

# Total Hip Joint Replacement Education Manual



## Please bring this booklet with you to:

- Every office visit with your doctor
- Your joint replacement class
- The hospital when you are admitted
- Every follow-up visit with your doctor
- Your physical therapy appointments

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# Appointments for Your Total Hip Joint Replacement Surgery

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## Medical clearance:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Doctor: \_\_\_\_\_

## Other necessary clearances:

\_\_\_\_\_  
\_\_\_\_\_

## Pre-admission phone call:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## Joint replacement class:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Class will take place at LMH Health. Report to the main lobby on the west side near admissions. Bring a list of your medications, allergies and questions, as well as this book and your compassionate coach.

## Surgery:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## Post-operative surgeon office visit:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

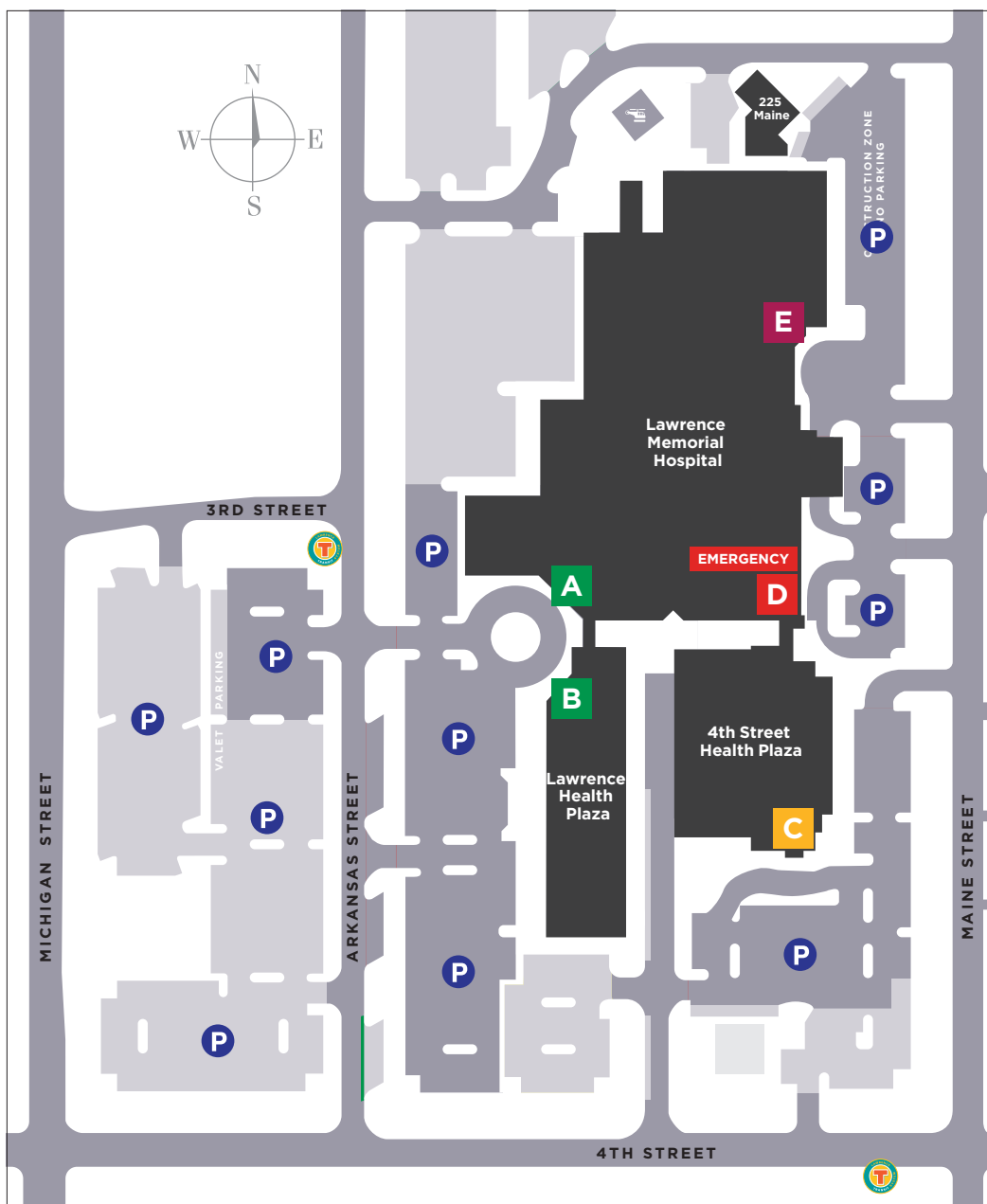
Doctor: \_\_\_\_\_



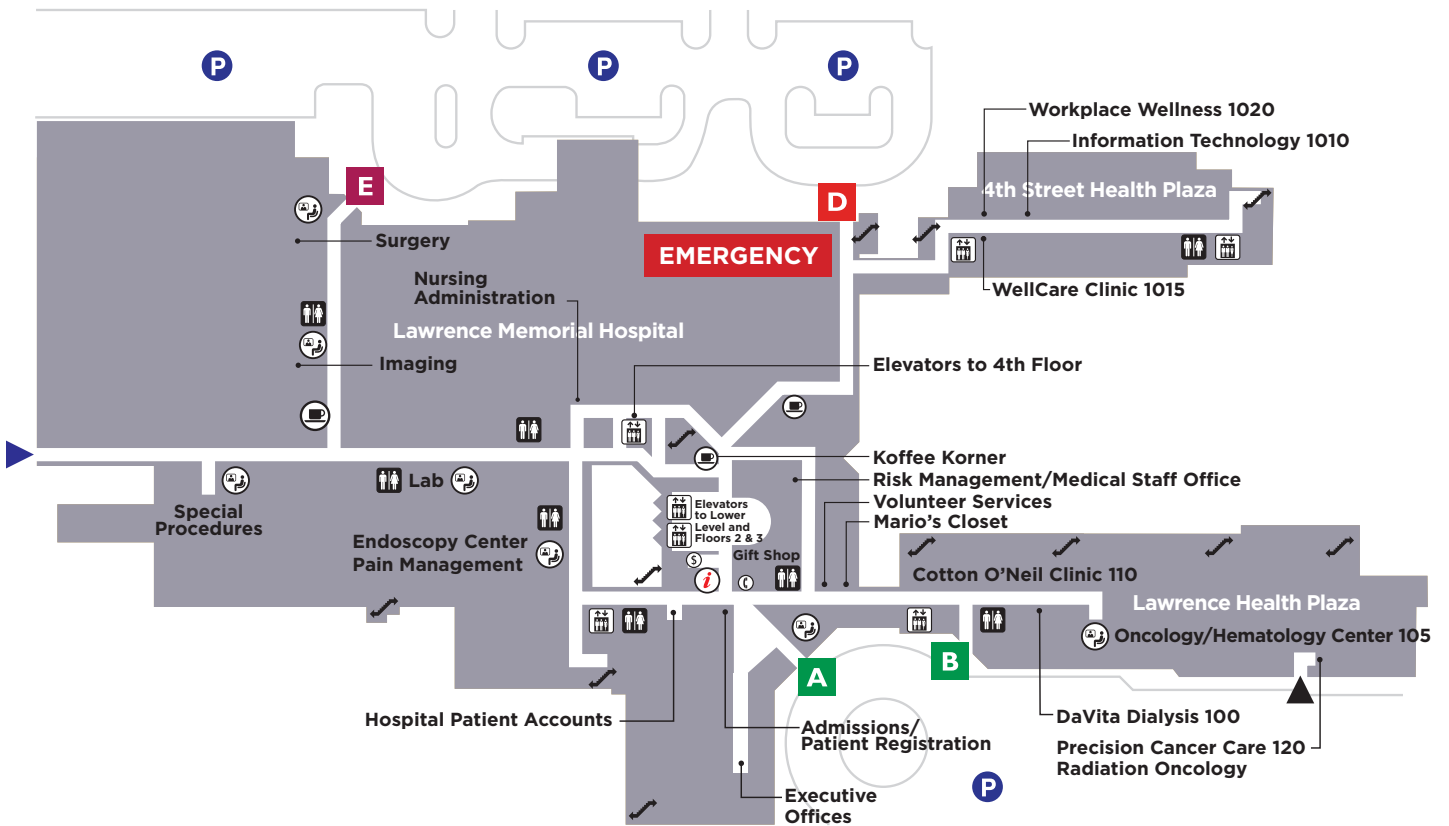
# Important Phone Numbers and Maps

LMH Health surgery department .....	785-505-6480
OrthoKansas .....	785-843-9125
Surgery pre-admission nurse .....	785-505-6268
OrthoKansas schedulers: (for an individual scheduler's phone number, see their business card) .....	785-843-9125
OrthoKansas nurse navigator .....	785-838-7815
Primary care physician .....	_____

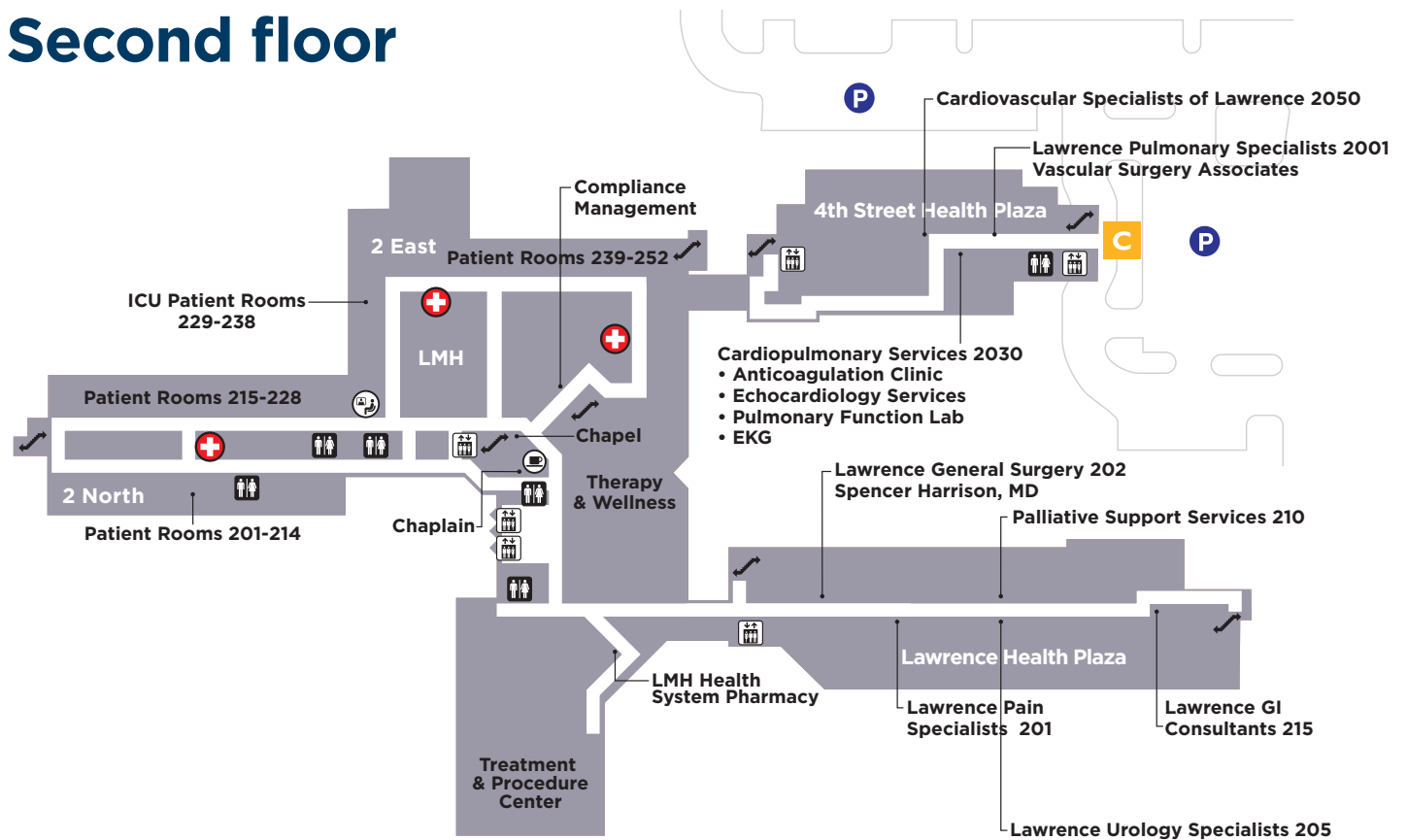
## Patient Parking



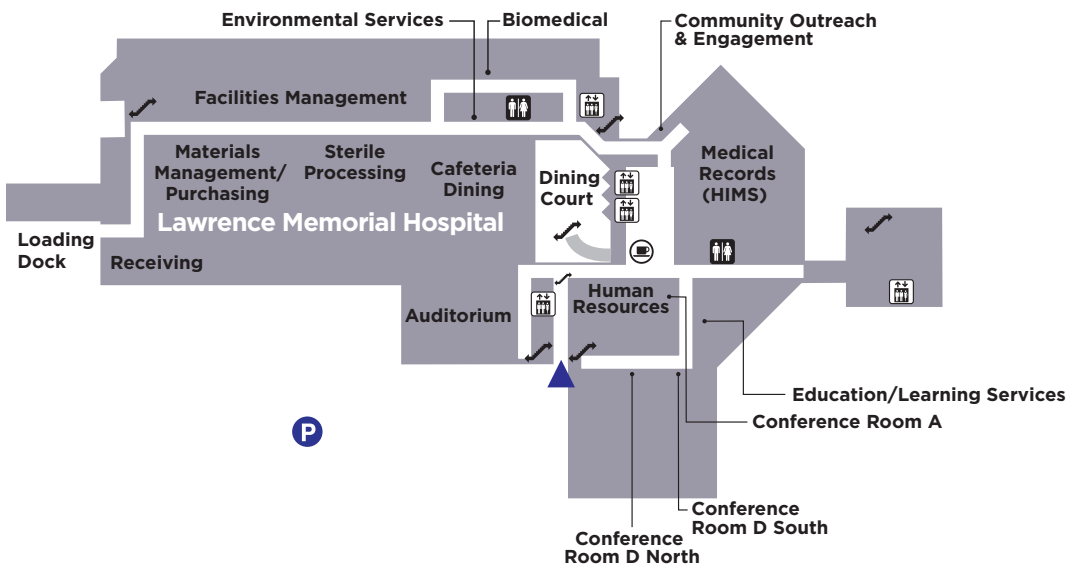
# First floor



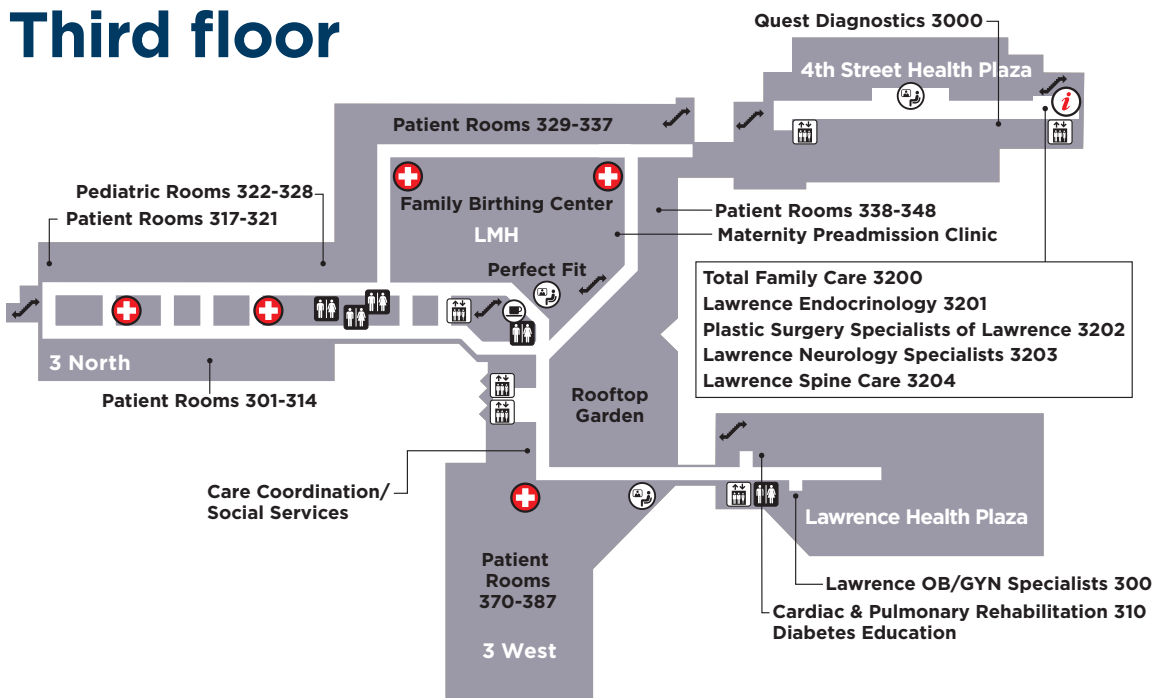
# Second floor



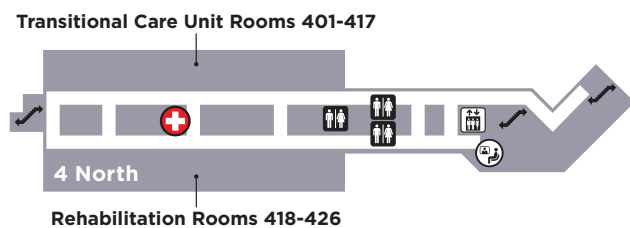
# Lower level



# Third floor



# Fourth floor



# Our Commitment to You

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Thank you for trusting LMH Health and OrthoKansas with your orthopedic surgery experience. We are committed to being your partner for lifelong health and assure you that our experienced team of physicians, nurses, therapists and other healthcare professionals are dedicated to providing excellent orthopedic care.

We want you to have a positive experience from the moment you schedule your surgery through your recovery process. Our goal is to assist you in getting back to your normal activity level as quickly as possible. We want to involve you in your treatment each step of the way.

The information in this book can help you understand the joint replacement process and make the preparation and recovery for your upcoming surgery easier. Any time you have questions, please ask your doctor, nurses or anyone involved in your care.

We thank you for choosing LMH Health and OrthoKansas. We value your trust in us and are committed to helping you achieve a speedy recovery

## Introduction to a new life

Joint replacement is an elective operation, meaning that it is a choice you make after consulting with your orthopedic surgeon. The decision to proceed can be difficult to make and should not be taken lightly. Joint replacement is considered a major operation, and recovery can be painful and challenging. The goals of this surgery include relief from pain, improved mobility and restored function – all of which can provide you with a new outlook on life.

The information in this book can guide you through the process by explaining general and specific medical and surgical risks, and by answering questions related to pre- and post-operative care and the healing process.

You are a partner in this process with your care team. You play a large role in shaping the outcome of your surgery. Support from your family and friends is also important. Each surgical experience is unique. Our main focus is your safety and well-being. Please do not hesitate to ask questions.

Individuals have the capacity to heal themselves to one degree or another. This varies and depends on multiple factors such as nutrition, weight, exercise and level of fitness, smoking and use of alcohol as well as overall general health.

Attitude is everything! The most important factors in a successful recovery are your overall attitude, motivation and efforts. A positive, can-do attitude and willingness to work hard will greatly increase your potential for a successful joint replacement and renewed outlook on life.

**Thank you for choosing  
LMH Health and OrthoKansas  
as your healthcare providers.**





# Preparing for Surgery



## Verify insurance benefits and coverage

It is important to verify benefits and coverage and obtain authorization when necessary prior to your surgery. You will receive statements for charges from multiple entities including, but not limited to: LMH Physician Billing, LMH Health, radiology and anesthesia.

OrthoKansas will provide you with a written estimate of the charges that our office will submit to your insurance if you have a non-Medicare insurance plan. These charges include all care provided by OrthoKansas doctors and physician assistants for what is known as the global period. This period starts on the day of your surgery and continues for 90 days after your surgery. You will be requested to pay any out-of-pocket costs prior to scheduling your surgery. Our financial counselor will review these costs with you.

If you have Medicare with a supplemental plan, you will not need to meet with the OrthoKansas financial counselor. However, if you have Medicare with no supplemental plan, you will be requested to pay any expected out-of-pocket expenses prior to scheduling surgery. If you have questions, you can contact the OrthoKansas financial counselor at 785-838-7854.

## Obtain medical clearance for your surgery

You will need to have a complete physical exam conducted by your primary care physician approximately one month before your surgery to assess your general health and rule out any conditions that could interfere with your surgery. You also may be required to obtain clearance from any specialist you see such as a cardiologist (heart doctor) or pulmonologist (lung doctor). It is important to have these exams and all testing done in a timely manner to avoid last-minute delays or cancellations. Several tests, including a blood test, an electrocardiogram (EKG) and a urine test will be performed to help your physician determine your ability to undergo surgery safely. You should review your medications with your physician to determine if there are any that you will need to stop taking prior to surgery.

The following medications should be stopped **seven days** prior to surgery. These are known as anti-inflammatories. If you feel that stopping these will cause undue increased pain, please talk with your surgeon.

- Celebrex
- Voltaren (diclofenac)
- Mobic (meloxicam)
- Relafen (nabumetone)
- Aleve (naproxen)
- Naproxyn, Motrin/Advil (ibuprofen)
- Feldene (piroxicam)
- Clinoril (sulindac)
- Lodine (etodolac)
- Toradol (ketorolac tromethamine)
- Indocin (indomethacin)

If you take medications such as aspirin, Coumadin (warfarin), Jantoven, Plavix, Effient, Brilinta, Pradaxa, Xarelto, Eliquis, any anti-coagulant or anti-platelet medication, you need to check with your primary physician or cardiologist about when to stop this medication prior to surgery. This will be resumed after surgery when your surgeon decides it is safe to do so.



If you take medications that suppress your immune system such as: **Humira, Remicade, Enbrel, Methotrexate, or Otezla**, you may need to discontinue use weeks prior to surgery. Your surgeon will discuss this with you and your prescribing provider.

Medications for weight loss such as **Phentermine** and **Contrave** need to be stopped two weeks prior to surgery. Please discuss with your prescribing provider.

Please notify the OrthoKansas nurse navigator of any medication changes prior to surgery.



## Additional activities

You will meet and visit with the nurse navigator when you schedule your surgery. He or she will help guide you through this process.

Identify someone as your compassionate coach. This may be a family member or close friend who will be available before and after surgery to help you prepare for and recover from your surgery. He or she should attend the joint replacement class with you and attend at least one physical therapy session with you during your stay at LMH Health. This person will help with your day-to-day needs and progress after discharge from the hospital and will likely be required to transport you to follow-up doctor visits and to therapy appointments. It is best if this person can stay with you for the first one or two weeks after surgery.

Attend joint replacement class with your compassionate coach. Don't forget to bring this book!

Stop smoking prior to surgery. You will not be able to smoke while at the hospital. Smoking reduces circulation to tissue and makes healing more difficult. It reduces the size of blood vessels and decreases the amount of oxygen circulated in the blood. It can increase the risk of blood clots

which is one of the biggest post-operative risks associated with total joint replacement surgery. Blood clots can lead to heart or lung damage and increase the risk of stroke. If you want help with smoking cessation, please ask us about available resources.

Prevent infections, especially in the teeth, skin and urinary tract. Report any symptoms to your primary physician. Although rare, an infection can occur around your replaced joint if bacteria is allowed into the bloodstream. To reduce the risk:

- Have a complete dental exam no closer than two weeks prior to your surgery date to be sure there are no potential problems.
- Avoid treatment of significant dental diseases for at least a month prior to surgery. We also recommend avoiding any elective dental work for three months after surgery.
- Notify your primary physician if you develop any urinary symptoms such as burning with urination, a change in urinary frequency or blood in urine.
- Notify your primary physician if you develop any skin infections or irritation on your operative leg, or if you develop chronic swelling of that leg.

Consider completing a Living Will and Durable Power of Attorney. This is simply a precaution. If already done, be sure to take a copy to the medical records department on the lower level of LMH Health or bring it with you the day of surgery.

Contact your preferred physical therapy location and let them know your date of surgery and what type of surgery you will have. If you intend to go to outpatient therapy immediately after discharge, plan to start this three or four days after surgery. If you will be having home health therapy, plan to start outpatient therapy 15-20 days after surgery.





## Pre-op instructions

A representative from the LMH Health surgery department will contact you by telephone prior to your surgery date. You will be given final pre-op instructions regarding when to stop taking medications the day before surgery. You will be instructed **not to take anything by mouth after midnight the night before surgery**. This includes fluids, gum, candy, tobacco and alcohol. You also will be instructed what time to arrive at the hospital the day of surgery. In rare instances, your arrival time may need to be changed due to a change in the surgery schedule. If this happens, you will be notified of your new time.

It is important to be careful with your legs in the days prior to surgery. Cuts, scrapes and scratches on your operative leg could pose an infection risk so please notify your surgeon if this occurs. You may be asked to go to the surgeon's office to have this evaluated.

Avoid using nail polish on your fingernails and toenails unless it is clear polish.

Practice or review breathing exercises. These exercises will be important after surgery to keep your lungs clear and reduce your risk of infection. You will receive an incentive spirometer after surgery for use in the hospital and at home, but practicing deep breathing and forced coughing before surgery will be helpful. Practicing in advance without the spirometer will strengthen the muscles of your abdomen and chest.

### For deep breathing:

- Breathe in through your nose as deeply as you can.
- Hold your breath for 5-10 seconds.
- Breathe out as if you were blowing out a candle. Try to breathe out for 10-20 seconds.
- Take a break between breaths then repeat this exercise 5-10 times.

### Coughing:

- Take in a slow, deep breath through your nose, filling lungs completely.
- Breathe out through your mouth and concentrate on emptying your lungs completely.
- Repeat breathing in, but this time hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat these steps 3-5 times.

## Preparing your home

There are many things you can do before surgery to prepare yourself and your home for a safe recovery.

### Safety

- Put items you use often on counters or shelves that are easy to reach.
- Make sure stair railings are secure.
- Be aware of all floor hazards such as pets, power cords and uneven surfaces.
- Remove all throw rugs from your walking or standing path.
- Install night lights in bathrooms, bedrooms and hallways.
- Have a non-slip mat in your shower.
- Have support lined up, especially if you live alone. If you have concerns about returning home after discharge, please discuss these with the nurse navigator.

### Comfort

- Shop ahead. Freeze meals for use after surgery. Consider stocking up on foods and beverages that will be easy to eat or drink when your appetite is poor, or you have nausea or bowel problems.
- Check chair and bed height by sitting on them. Your hips should be higher than your knees when seated.
- Check toilet height. Add a seat riser if it is too low.
- Arrange for care of pets and collection of mail.
- Clean your house.
- Do laundry and put it away.
- Put clean linens on your bed and in the bathroom.
- Have yard work done as needed.

## What to bring to the hospital

- Personal hygiene items (toothbrush, toothpaste, deodorant, battery operated razor, comb, etc.)
- Loose-fitting clothes (sweats, shorts, t-shirts, bathrobe)
- Slippers with non-stick soles, flat shoes or tennis shoes
- Walker or crutches if available, or borrow/purchase after surgery
- Cases for glasses, dentures, hearing aids and extra batteries
- Copy of your Advance Directives (if you have one)
- This handbook
- Your photo ID and insurance card
- A form of payment for Meds to Beds should you decide to use this service

## What to leave at home

- Home medications, except inhalers (check with the hospital pharmacist for more information)
- Valuables including money and jewelry

## Stop smoking

- Decide to quit.
- Choose the date.
- Talk with your primary doctor about smoking cessation resources and medications.
- Limit the area where you smoke; don't smoke at home.
- Throw away cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Stay positive.
- Take it one day at a time. You might slip, but if you do, get back to your decision to quit.



## Further preparation

### Handicap parking placard

You may want to obtain a handicap parking permit for the months following surgery. This will allow you easier access to your doctor's office, therapy clinics and shopping. Call your surgeon's nurse or clinical assistant to request an application. Once completed, take it to your local county treasurer's office.

### Therapy preparation

It is important to be as flexible and as strong as possible before having hip surgery. Many patients with arthritis tend to limit how much they use their painful leg. With less use, muscles become weaker which leads to a slower and more challenging recovery. Starting a therapy/exercise program before surgery can make your recovery faster and easier. Exercises are included with this handbook that also can be used after your surgery. Start the exercises with both legs about six weeks before surgery. Perform the exercises twice a day for 15-20 minutes for best results. If you are able, you should also perform light endurance activities to benefit your heart and lungs. Try walking or cycling for 10-15 minutes each day. Pool exercise is a good alternative if walking or cycling is too painful.

To help your physical therapist better prepare you to return home after surgery, please answer the questions below prior to your surgery.

1. Do you have main floor access to your bed, bath and toilet?
2. Which side of the bed do you get in and out of?
3. What is the height of the top of your bed mattress from the floor?
4. What is your tub/shower design?
5. Have you been fit to crutches or a walker?
6. How many stairs do you have to climb to get into your house?
7. Do you have railings on your stairs? On which side are the railings?





# Surgery and Hospitalization

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## The day of surgery

Remember not to eat or drink anything after midnight.

Arrive at the LMH Health east hospital entrance (Maine Street) promptly at your designated time. If there is a change to your arrival time you will be notified by a member of the hospital staff. If you have any last-minute issues that will prevent you from arriving at your scheduled time, please contact the surgery department at 785-505-6482.

A nurse will complete your admission activities and any additional necessary preparation. The nurse will ask you which, if any, medications you took today and the last time you ate or drank anything.

You will change into a hospital gown. Special support stockings (TED hose) and compression devices will be applied on your lower legs to help prevent blood clots. A representative from the laboratory will draw your blood to check your blood type. Should you need a blood transfusion, compatible blood will be available.

You will be asked to sign a surgical consent which details your surgical procedure.

An IV will be started for administration of fluids and medications. You will receive at least three doses of antibiotics through your IV. Be sure to mention any allergies to medications. If you have allergies, a special bracelet will be placed on your arm to alert staff.

An anesthesiologist will visit with you prior to going to the operating room. He or she will consider which type of anesthesia will be best for you, taking into account your health history and preferences. There are two main types of anesthesia that are used:

- General anesthesia produces temporary unconsciousness.
- Spinal anesthesia involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body. You also will receive a dose of medication through your IV that will relax you and create what is known as conscious sedation

Your surgeon will talk with you before you are taken to the operating room to review the planned surgery. The surgeon will sign the correct surgical hip prior to surgery. This is to ensure accuracy.

When you go to the operating room, your family will be directed to the surgery waiting room. They will be given instructions on how to check your progress and know when surgery is complete.

Some people experience anxiety prior to surgery. We encourage you to ask questions and communicate with the surgery staff if you have concerns.

There will be many people in the operating room. The surgical team includes an anesthesiologist, your surgeon and his or her physician assistant, nurses, and other professionals. They will be moving around the room before surgery making sure everything is ready for your procedure.

Once you enter the operating room and are situated on the operating table, you will be asked your name and what surgery you are having done.

You will have monitoring devices such as a blood pressure cuff and a heart monitor placed on you. The anesthesiologist uses these and other devices to monitor your condition throughout the surgery. He or she will manage your vital signs such as heart rate and rhythm, blood pressure, temperature and breathing. He or she also will monitor your IV fluid and need for blood replacement if necessary. Medication will be given to help you feel more comfortable.

Once you are asleep, a urinary catheter may be placed to help drain your bladder.

The entire surgery takes approximately one and a half to two hours. Once complete, your surgeon will visit with your family.



## **After surgery – Post Anesthesia Care Unit**

Following surgery, you will be moved to the Post Anesthesia Care Unit. You will be monitored by physicians and nurses for an additional one to two hours. Your vital signs and pain level will be monitored.

Depending on the type of anesthesia used, you may experience nausea, dry mouth, chills or other symptoms.

Medication will be given by mouth or by IV to help control your pain and other symptoms as needed.

Your hip will be covered with a dressing. If you have a cold therapy machine, the pad will be placed over your operative hip. You also will have compression devices around both lower legs that work by squeezing the calves to help prevent blood clots.

When you are awake, your vital signs are stable and your pain is controlled, you will be transported upstairs to your room on 3 West.

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## Pain control

Most of the worst discomfort will occur 12-24 hours after surgery. Pain control is a top priority for your nurses and physician. You will frequently be asked questions that help staff monitor and treat your pain. We encourage you to let the staff know if you are having pain or it is not well-controlled at any time. At LMH Health we use an assessment method called the Clinically Aligned Pain Assessment. This method involves a conversation that focuses on the quality of pain and how it affects your ability to comfortably perform daily activities, ambulate, or complete tests and therapies. You will be asked:

In regard to COMFORT, is your pain...

- Tolerable
- Tolerable with discomfort
- Comfortably manageable
- Little or no pain

In regard to FUNCTIONING, would you say...

- I can't do anything because of the pain.
- Pain keeps me from doing MOST of what I need to do.
- I can do most things, but pain gets in the way some.
- I can do everything that I need to do.

In regard to CHANGE IN PAIN, is your pain...

- Getting worse
- About the same
- Getting better

In regard to SLEEP, are you...

- Awake with pain most of the night
- Awake with occasional pain
- Sleeping normally

It is likely you will continue to need pain medication once you have been discharged from the hospital. You will be given a written prescription for this prior to leaving the hospital.

You may choose to have it filled at the hospital's pharmacy through the Meds to Beds program before discharge. Narcotic medications must be taken as prescribed as they can have serious consequences if not used correctly. Your surgeon will manage your pain medication following discharge so you will need to contact his or her office to request refills. You will want to plan ahead when you are running low on medication since your surgeon is often in surgery and out of the office. Allow two business days for refills to be written. **You must pick up a written prescription in the office to take to your pharmacy.** The office staff is unable to phone or fax the prescription in for you. A friend or relative on your HIPAA list may pick up the written prescription for you if needed.

## 3 West

Your stay on 3 West is designed to get you started on the road to recovery from your hip surgery.

Any time there is a shift change, the nurses will come to your bedside and discuss your plan of care which includes your healthcare needs and treatment goals. Your input in this process is encouraged. You and your compassionate coach may use this time to ask questions or raise concerns with your nurses. You are a partner in this process and should understand your plan of care. Please be aware that you may be awakened during the night for the nurse to monitor your condition. The staff will make every attempt to perform these necessary interruptions in an efficient manner.

Your safety is of the highest concern to the staff. You will wear a bracelet that will be scanned prior to receiving any medication to be sure you

receive the right medication. An additional red bracelet indicates any allergies to medications or products that contain latex or adhesives. You also may have on a yellow bracelet that indicates you might be a Fall Risk, meaning your risk of falling is greater due to medications, equipment or health conditions. Please use your call light to let the staff know if you need assistance or have other needs.

Your nurse will check your vital signs and condition frequently. Be sure to let him or her know if you have questions or concerns. Your compassionate coach also can be helpful in communicating with the staff since the medications to control pain may make you drowsy. Those medications, along with anesthesia, can cause nausea and/or vomiting. Your nurse can give you medication for this if needed. Another common problem after surgery is constipation, for which medication will be prescribed.

Once your pain is well-controlled with oral medications and you are tolerating oral fluids, your IV will be discontinued. Initially, you will be given clear liquids to drink, and your diet will be advanced as tolerated. You may not have much appetite after surgery, but you will be encouraged to eat and drink. Good nutrition is important for good healing. Meal times at LMH Health are flexible and a representative from dining services will come to your room to take your order off of a menu which corresponds with the diet your physician has ordered.

An incentive spirometer will be at your bedside. You will be encouraged to use it frequently, much like your pre-operative breathing exercises. This is to help decrease your risk of pneumonia.

You will be encouraged to do foot and ankle movements soon after surgery and throughout your hospital stay. Continue to wear your TED hose (compression stockings) until your first post-op appointment at your surgeon's office. Be sure that you have these on when you are discharged from the hospital. They help minimize

the risk of blood clots and reduce swelling.

You will be encouraged to use a commode or stand to urinate. If you are unable to urinate, a catheter may be placed temporarily to empty your bladder. Difficulty in urinating is not uncommon after surgery. If you have a urinary catheter in place from surgery, it will probably be removed the morning after surgery.

The cold therapy wrap on your hip will stay in place, as will the compression device for your lower legs. The goal is to minimize swelling as much as possible around the hip, which helps reduce pain.

In the evening on the same day as your surgery, you will likely be assisted to sit on the edge of your bed, and possibly to stand at the side of your bed. You also may begin walking with assistance the day of surgery. This may seem like a difficult task, but it is the first step toward your recovery.

We encourage you to have visitors during your hospital stay, but keep in mind that you also need time to rest. You may need your compassionate coach to limit how many people visit at a time, and remind visitors how long they may stay. 3 West has a designated **Quiet Time** from **3:30 to 5:00 p.m.** This is a good time to rest and recover from the day. The staff will try not to disturb you during this time, but you are encouraged to notify them using the call light if needed.

Planning for your discharge will begin after surgery. A team of professionals from LMH Health will work with you and your physician(s) to determine the timing and conditions of your discharge from 3 West. The team includes physical and occupational therapists, social workers, nurses, and pharmacy staff. Some patients are able to leave the hospital after one or two days, but some stay until the third day after surgery. Prior to surgery, you may want to consider what your options are after discharge.

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**3 West** continued on page 22

# Surgery and Hospitalization

**3 West** continued from page 21

The majority of people go home with a caregiver, but some people may need to transfer to a rehab or skilled facility. LMH Health has such a facility on the 4th floor and there are other options in the community. A social worker can help you explore your options. Social work will visit with you and your care team to help make whatever arrangements are needed. Do not hesitate to ask for information.

## After surgery, while you are in the hospital

Your goal for these days is to prepare physically and mentally to leave the hospital and continue your rehabilitation.

Laboratory personnel will draw your blood the morning after surgery to check your blood counts. Results of these tests will let your doctor know if you may have an infection or if you have become anemic. Anemia is having a low red blood cell count which can cause fatigue, weakness and pale skin. It is not uncommon for this to occur after total joint replacement surgery. If your red blood cell count goes too low, your doctor may order a blood transfusion. Red blood cells carry oxygen to vital organs including the brain, so it's important to make sure you maintain a healthy level.

Your surgeon and/or physician assistant will check on you daily, usually early in the morning. This is a good time to ask questions or communicate concerns with your physician. Ask your nurse what time you can expect your surgeon or physician assistant if you want to arrange to have your compassionate coach present during these visits.

You will be encouraged to change from a hospital gown into your own, loose-fitting clothes. You

may wear these for the duration of your stay. It will be more comfortable to be in your own clothes, especially when working with physical therapy outside of your room. You will continue to wear your TED hose at all times except while bathing.

Our goal is that you ambulate shortly after you arrive to your room on 3 West after surgery. You will be encouraged to sit in a chair for your meals rather than staying in bed. You also will be encouraged to get up to use the bathroom or commode for your toileting needs. A staff member will assist you with your daily hygiene. At some point, once you are able, you will be encouraged to take a shower. Instructions about how to keep your wound dry will be provided.

Always request assistance when getting out of bed. A staff member will need to be present to help with transfers to a chair or to escort you to the bathroom. You will be unstable on your feet and at a higher risk for falls, especially in the first several days after surgery.

Medication will be given to you to prevent blood clots. This medication will be given either orally or by injection, depending on your physician's preferences and your health history. This will be continued after discharge and you will be given instructions for taking this medication at home.

Physical therapy will begin right away. Therapy staff will work with you on your hip exercises and transfers from the bed to chair. They also will help you learn to use your walker or crutches. Your weight-bearing status (how much weight you can put on your operative leg) depends on the type of incision your surgeon used (anterior or anterior lateral) as well as other factors. Your compassionate coach is encouraged to be present for at least one therapy session to learn your routine so he or she can assist you at home.

You will be expected to exercise at least twice a day at home. The goal is to gradually improve the distance you are able to walk. This may seem like an impossible task in the days immediately following surgery, but is key for a successful recovery. You may have an occupational therapist work with you on activities of daily living if you need assistance with tasks such as dressing, bathing and using adaptive equipment. Therapy staff also will make sure your assistive devices such as a walker, cane and crutches fit appropriately. They will ask questions about your home environment to learn about any physical challenges you might face such as stairs inside and outside the house.

You will be instructed on what type of dressings you will need to purchase, as well as how often you will need to change your dressing. Your compassionate coach will need to be instructed on this as well.

## Discharge from LMH Health

Your discharge from LMH Health will occur when your healthcare team determines it is safe for you to leave 3 West. Depending on your continuing care needs, your options after discharge include:

- Home with compassionate coach
- Home with outpatient therapy
- Home with home care nurse and/or therapy
- Transfer to skilled or rehab facility

Most people go directly home after leaving 3 West as long as they have the ability to walk safely with a walker, transfer in and out of bed safely and independently, and navigate stairs.

There are qualifying factors set by Medicare and other insurances that have to be met in order for any patient to be transferred to a skilled or rehab facility. A social worker will explain these qualifying factors to you.

If you plan to have home health therapy, post-discharge therapy orders will be sent to the home health agency of your choice. Otherwise, the orders will be sent to the outpatient physical

therapy location of your choice. If you know prior to surgery that your plan is to go to an outpatient therapy facility, you will want to contact them a few weeks before surgery to set your first appointments. These should be scheduled for two or six weeks after surgery, depending on the type of incision you have. These facilities can be very busy and there may be a wait before you can get in to see a therapist. Planning ahead may help you avoid delays in receiving therapy after surgery. The type of therapy you will have in the first six weeks after surgery will depend again on your physician and the type of incision you have. During the first several weeks, you may only need formal therapy assistance with walking, gait and balance.

Prior to discharge, your nurse will review written care instructions with you and give you a copy to take home. These instructions will include information about wound care, dressing changes and how to protect your incision during a shower. Your surgeon will give you a prescription for pain medication and possibly a blood thinner. LMH Health has a pharmacy conveniently located on site. With the Meds to Beds program, you are able to have your prescription(s) filled at the hospital pharmacy and delivered directly to your room prior to discharge. Your compassionate coach will need to arrange to have your wallet available so you can pay for your medication. The benefits of this program are explained in the Frequently Asked Questions section of this book.

Be sure to take your assistive devices and equipment with you when you leave. These include your walker or crutches, TED hose, incentive spirometer and cold therapy machine. Don't forget this book!

If going home, you will need to arrange for someone to pick you up. If you are transferring to a skilled or rehab facility, transportation will be arranged. Your discharge will usually take place between 11 a.m. and 3 p.m.

# Recovery After Discharge



## Complications after joint replacement surgery

Two main complications following total joint replacement surgery are infection around the new joint and blood clots, often referred to as DVT (deep vein thrombosis).

### Infection:

Signs of infection include:

- Fever with temperature greater than 101 degrees
- Chills or shaking
- Increased redness, swelling or pain around the incision
- Change in color, amount or odor of drainage
- Increased joint pain

You should notify your surgeon if you develop any of these signs of infection.

### Blood clots:

Signs of a blood clot include:

- Increased pain, tenderness, warmth or redness in the leg (not directly around the hip)
- Swelling or tightness in the calf or ankle

Notify your surgeon immediately if you develop any of these symptoms. An ultrasound may be done to evaluate for blood clots. If clots develop, medication can be used to treat them.

An undiagnosed blood clot in the leg can travel to the lungs and become a pulmonary embolism.

Signs of this include:

- Sudden difficulty breathing, rapid breathing or feeling short of breath
- Chest or back pain
- Coughing up blood
- Sweating
- Change in mental status (confusion)

Notify your surgeon or go to the nearest Emergency Room immediately as this is a medical emergency. A pulmonary embolism can be fatal if not treated quickly.



## Recovery

The next several weeks will be very important in the successful recovery from your total hip replacement. These weeks can be difficult due to the challenges of adapting to being at home and working through physical therapy. Your goal will be to regain use of your hip and return to an active lifestyle that you may have been missing prior to surgery. Be realistic about your goals after recovery. If you could do certain activities prior to the hip becoming arthritic and painful, there is a good chance you can get back to those activities as long as they do not put too much stress on your new joint. But if you were limited by other health conditions prior to surgery, you may continue to have these same issues, but without the hip problem.

## Physical therapy

You will continue with physical therapy either at home with a home health physical therapist or at an outpatient facility. The arrangements for this will be made prior to you leaving the hospital. You should expect to work with a therapist about three times a week after the first two weeks following surgery if you have an anterior incision. If you have an anterior lateral incision, you will likely not begin formal therapy until about six weeks after surgery. Your physician's preference will determine how soon you begin formal therapy. Either way, you will be taught a home exercise program with exercises that you will be expected to perform twice a day. Your therapist will help set goals for function and activity. The therapist will take into consideration your level of activity prior to surgery and your goals for after surgery when working with you to advance your progress. You will continue with therapy until your goals have been met or you demonstrate the ability to work on your own. In some cases, your insurance will have a limit of how many therapy sessions they will cover after surgery.

## Incision care

Keep your incision covered and dry until you see your surgeon at your post-op appointment. Before leaving the hospital you will be taught how to change your dressing. Most patients will go home with an Aquacel dressing. This is changed every seven days unless there are circumstances that make it necessary to change it sooner. Some patients go home with a Tegaderm dressing. Tegaderm dressings should be changed every other day unless you are instructed to do otherwise. If you have increased drainage, you may need to change the dressing more often. If the Tegaderm dressing gets wet, you will need to remove it and replace it with a dry one. Both types can be purchased at local pharmacies, including the LMH Health Pharmacy.

Be sure your hands are clean before changing your dressing. While the dressing is off, check for any changes in the appearance of the incision. If there are any signs of infection, notify your surgeon. Do not apply any lotions, ointments or creams on or directly around your incision. You will be given additional wound care instructions at your first post-op appointment when you have your staples or sutures removed.

## Showering

Prior to your first post-operative appointment with your surgeon, you may shower as long as you protect your incision from getting wet. Tegaderm dressings will keep moisture out, but it is always good to reinforce this. Aquacel dressings are waterproof. Be sure they are intact and no moisture gets inside the dressing. Do not soak in a tub or similar until you are told you are cleared to do so. It may be many weeks after surgery before you will be allowed to soak your hip in a tub or pool. You will receive instructions regarding showering and bathing when you have your staples or sutures removed at your appointment with your surgeon.

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# Recovery After Discharge

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## Swelling

Swelling is common after total joint replacement, generally only in the operative leg. Areas most likely to become swollen are the foot, ankle, hip and thigh. Use of compression stockings (TED hose) can help avoid this. Continue to use cold therapy. This will also help reduce the amount of swelling in your hip. Swelling in the hip can make therapy more difficult. Do not allow your legs to hang lower than your waist for extended periods of time. Moving around frequently will also help reduce swelling by increasing blood flow to the legs.

## Bruising or redness on operative leg

You may notice bruising anywhere on the leg from your hip down to your feet. This is not uncommon after hip replacement. Gravity and blood flow can cause bruising all down the operative leg. Bruising around the replaced hip is very common.

## Diet

Some loss of appetite is common for several weeks after surgery. A balanced diet is important to promote proper tissue healing and restore muscle strength. Be sure you consume plenty of protein as this is especially important in healing. As you begin to be more active, your appetite should improve. Be sure you are drinking plenty of fluids. Hydration will help avoid constipation which is common after surgery. Constipation can occur because of decreased activity and narcotic pain medication use.

## Pain control

Continue to take your pain medication(s) as needed and as prescribed to keep your pain under control for the first few weeks. Keep in

mind that recovery from hip replacement surgery is painful, and medication may not eliminate all of your pain. Do not exceed recommended or prescribed doses of your medication. Some medications, if taken too often or in too high a dose, can cause over-sedation or otherwise put your health at risk. Do not exceed 3,000 mg of Tylenol in a 24-hour period. If you are prescribed a pain medication that contains Tylenol, you need to stay within that dosing limit. Refill requests must be called in to your surgeon's office and you will need to pick up the written prescription there. Over time, your surgeon will encourage you to back off of strong narcotic pain medication and begin using over-the-counter medications. Most people are able to reduce or eliminate the need for prescription pain medication within four to six weeks after surgery. If you have questions about what over-the-counter medications you can take, contact your surgeon's office.

Besides medication, there are other ways to help minimize the pain and discomfort from your surgery. Continue to use cold therapy over the hip to help reduce swelling. You also should elevate the leg when lying or sitting to aid in reducing swelling. You should get up, walk and change position. Although your exercises and therapy can be painful, they also can aid in reducing swelling by increasing circulation. Expect your new hip to feel stiff after sitting or lying for extended periods of time. You will be encouraged to move around frequently to avoid this.

## Sleeping position

In the weeks following surgery, you may have to adjust your normal sleeping position. You will not be able to lie on the side where the hip was replaced for several weeks. You will need to place

a pillow between your legs both for comfort and to avoid overextending the operative hip if you sleep on the opposite side.

## Traveling

Do not travel a long distance (over one hour) by vehicle or airplane until cleared by your surgeon. This restriction usually lasts six to eight weeks after surgery. Failure to follow this restriction increases your risk for blood clots. If you are traveling by car, be sure to stop every hour to get out and stretch your legs, otherwise you can become stiff and sore. If traveling by airplane, try to stand and stretch periodically as well as do some lower leg stretches or exercises while seated.

Your new joint will likely activate the metal detectors that are used in security checks at airports and in some buildings. You will receive a card at your surgeon's office that you can carry in your wallet to show to security personnel. Accommodations will be made to screen you for clearance.

## Dental work

For a period of at least two years after your total joint replacement, you will be required to take a single dose of antibiotics prior to all dental procedures. These include cleanings, periodontal procedures, fillings, etc. Your surgeon's office will prescribe the appropriate medication for you to take. You need to wait three months after surgery before having any dental work done. Although the risk is very small, your surgeon wants to minimize the risk of any infection in your new hip as a result of bacteria from your mouth.

## Activity after hip replacement

Exercise is the key to successful recovery following joint replacement surgery. Once cleared by your surgeon in the weeks after surgery, you should be able to resume most normal activities. At first, some activities may be a little painful, but

over time you will find yourself participating more in the activities you enjoy.

Start back into activity gradually. Slowly increase your activity in your home by walking around the house and resuming household chores. Eventually, you should be able to return to walking outside or going to a gym. Be sure to use caution to avoid falls and injuries. Swimming is an excellent form of exercise that helps strengthen your legs while you are recovering. Other activities that you might consider include golf, light hiking, recreational biking on improved surfaces, dancing, bowling, gardening and pickle ball. Plan to exercise at least three to four times each week for 20 to 30 minutes at a time.

Do not run or participate in high-impact activities. Avoid activities that require a lot of stops, starts, turns and twisting motions. Do not participate in contact sports that increase risk of injury to your hip. Specific activities to avoid include vigorous hiking, jogging, snow skiing, tennis, football, basketball, baseball, high impact aerobics and racquetball, to name several. You should also avoid climbing ladders that take you more than a few feet off the ground. These activities increase risk of injury or early wearing of the artificial joint.

## Sexual activity

It is not uncommon for you or your partner to experience anxiety about engaging in sexual activity after total joint replacement. The painful joint may have limited your ability to enjoy sexual activity prior to surgery. The joint surgery will alleviate a significant amount of that pain and joint stiffness and allow you to resume this activity more comfortably. It is generally safe to resume sexual activity about six weeks after surgery. You should avoid excessive bending of the hip and excessive abduction (spreading) of the legs during the recovery period. You should be able to resume a more active sex life over time. If you have questions, you can always check with your surgeon, nurse or physical therapist.

# Frequently Asked Questions



## **What is osteoarthritis and why does it make my hip hurt?**

Osteoarthritis is the most common form of arthritis. It is caused by the wearing down of joint cartilage, the tough, smooth tissue that covers the ends of bones where joints are located. Joint cartilage cushions the bones during movement and allows motion with minimal friction. As the cartilage wears down over time it exposes the ends of the bones which leads to painful bone-on-bone contact, swelling and loss of motion in the joint.

## **What is a total hip replacement?**

An implant will replace the worn end of the femur and a smooth cup is inserted into the socket in the pelvis where the implant sits. The head of the femur is replaced with a metal or ceramic ball and a metal stem which fits into a canal created in the femur. The existing socket is smoothed out and a metal and plastic cup is placed inside to

create a new, smooth cushion and a functional joint. Total hip replacement surgery will reduce or eliminate pain.

## **How long and where will my scar be?**

Depending on your surgeon's preference, your scar will either be located just in front of your hip or off to the side of your hip. Surgical scars will vary in length, but your surgeon makes it as small as possible. It will start just above your hip and extend down to just below the hip. As time goes by, this scar will fade and become much less noticeable. Some people notice numbness around the scar which may decrease over time, or may be permanent.

## **What is the recovery time after my hip surgery?**

Everyone heals from surgery at a different pace. People have different levels of pain tolerance and different levels of motivation, and both are factors that affect how soon an individual is

able to work toward recovery. You should plan to use an assistive device such as a walker, cane or crutches for a month or two after surgery. Physical therapy will help you get back normal use of your hip. By three months after surgery most people have regained full use of the hip and are able to resume most normal activities.

### **How long will I be on pain medication, and why do I have to pick up a written prescription from my surgeon's office?**

Most people are able to decrease or eliminate the use of narcotic pain medication four to six weeks after surgery. Refills will be at the discretion of your surgeon and based on your progress with therapy and the length of time that has passed since surgery. The strong narcotic pain medication that you received at the hospital will gradually be replaced with lower dose pain medications, and eventually you will be encouraged to use only over-the-counter medications such as Tylenol and/or anti-inflammatories. Narcotic pain medications are rigidly controlled by the Drug Enforcement Agency and per their guidelines, only written, signed prescriptions can be accepted at the pharmacy. The DEA monitors all controlled substance prescriptions written by doctors as well as prescriptions filled by individuals.

### **How long will my new hip last and can a second replacement be done?**

All implants have a limited life depending on an individual's age, weight, activity level and medical condition(s). The implant is a medical device and is subject to wear that may lead to mechanical failure over time. There is no guarantee that your implant will last for any specified length of time. However, most total hip implants last at least 15 to 20 years. An implant can be replaced, although the surgery is more complicated.

### **How often will I need to see the surgeon after surgery?**

You will have a series of appointments during the three months after surgery. Expect to see your surgeon two weeks after surgery and again at different intervals during that time period. You also will follow up with your surgeon at the one-year anniversary of your surgery. After that, expect to follow up annually or every three to five years after surgery, depending on your physician, to be sure everything is going well.

### **When will I be able to return to work after surgery?**

That answer depends a lot on what type of work you do. If you work at a sedentary job, you may be ready to return to work in four to six weeks, although there may be limitations in place and you may only be able to work part time for a few weeks. If you have a job that is more physically demanding, it may be up to three months before you can return to full duty.

### **Can I drink alcohol during my recovery?**

As long as you are taking narcotic pain medication, you should avoid any alcohol consumption. Both have a sedating effect and can suppress the central nervous system. Alcohol also can decrease your ability to walk safely and increase your risk of falling. You should avoid alcohol if you take certain prescription medications such as Warfarin. Check with your primary care doctor if you have questions about this.

### **Is it normal to feel depressed after surgery?**

It is not uncommon to have new symptoms of depression (or worsening symptoms if you had it prior to surgery) after joint replacement surgery. This may be due to a variety of factors such as limited mobility, discomfort, temporary loss of independence, lack of sleep, feeling homebound and medication side effects. These feelings

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# Frequently Asked Questions

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should diminish as you begin to resume regular activities. If the symptoms persist, check with your primary care physician.

## **Is it normal to have insomnia after surgery and what can I do about it?**

Insomnia is very common after total joint replacement surgery. Patients often report this as one of their chief complaints during their recovery. This can result from pain, too much day napping, anxiety or any number of other reasons. Your surgeon will not prescribe sleep medication for you because the sedating effect of that with your narcotic pain medication can be a dangerous combination. There are natural over-the-counter options such as melatonin that you might consider trying.

## **Is it normal for my leg with the joint replacement to feel longer now?**

In most cases, the length of your leg will not be different after surgery. However, in some cases leg length can be slightly altered. It may feel awkward at first, but most people become accustomed to the difference. In rare instances, a shoe lift may be necessary on the opposite leg.

## **How do I get the cold therapy unit and how long will I need it?**

When you schedule surgery you will be given information about who to contact and how to make arrangements to have the cold therapy machine available prior to surgery. You will have this in place immediately after surgery and will

use it as long as you feel it is effective for you. It is most effective if you use it at least three times a day for 10-15 minutes at a time. You should expect to use it for at least several weeks after surgery to help keep swelling under control and minimize pain. If you do not want to purchase the cold therapy machine, you can purchase or make your own cold packs.

## **Who do I call after surgery if I have questions?**

Contact your doctor's nurse or clinical assistant at OrthoKansas if you have questions or concerns. There also are clinical care coordinators at OrthoKansas available to discuss your concerns. If you believe you are having a medical emergency, however, you should contact 911 or go directly to the Emergency Room.

## **What are the benefits of using Meds to Beds?**

- Your prescriptions are conveniently delivered to you.
- You can avoid an additional stop at the pharmacy on your way home.
- A pharmacist or pharmacy intern will meet with you personally to provide on-on-one discharge medication education and answer medication questions to your satisfaction.
- Remaining refills will be transferred to your pharmacy of choice and medication changes will be communicated to your pharmacist.
- An updated medication list will be sent to your primary care provider.



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