Patient Notebook to Total Hip Replacement

Orthopedic and Spine Unit
Norman Regional HealthPlex
(405) 515-3700
NORMAN REGIONAL HEALTH SYSTEM
HAS CUSTOMIZED THESE EDUCATION MATERIALS FOR YOU.

Your surgery date is__________________________.

Please bring this notebook with you to the hospital on the day of your surgery.
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You can find the following information in our Patient Guide you receive during registration:
- Television Instructions
- Spiritual Needs
- Visitor Information
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Welcome
We are pleased that you have chosen to have your surgery at the Norman Regional Health System. We have been certified by the Joint Commission as a Center of Excellence in Total Knee and Total Hip replacement programs since 2010.

Your Healthcare Team Members

While you are in the hospital there will be a team of health care workers providing your care. Each team member has a specific function in helping you return to as maximum a level of health and independence as possible. All team members communicate with each other regularly to ensure that your own goals are being met. Your health care team members will include:

**Surgeon:** Your physician is the team leader, directing the care for your recovery. Your physician decides what plan of care is best for your recovery and writes specific orders for each of the team members to carry out. Your physician will discuss your health status with you and explain the benefits and risks associated with any surgery or procedures performed.

**Admissions Nurse:** This nurse will likely be the first hospital employee you see. This team member will co-ordinate your pre-admission appointment where lab work and other tests are completed. They will take basic information from you to initiate your medical record. This team member will verify hospitalization benefits with you. The pre-admission nurse will answer specific questions about your upcoming surgery and hospital stay.

**Surgical Team:** The same day surgery nurse, anesthesia, operating room and recovery room staff ensure safe and accurate care during surgical procedures and immediately afterward.

**Floor nurse:** The floor nurses are the people you will see more than any other team member. They provide for your most basic needs, administer medicines, answer questions about your surgery or diagnosis and communicate with other health care team members about your progress and special needs.

**Physical & Occupational Therapy:** Therapy services will begin the day of surgery or the following morning and continue until discharge. What time you arrive on the orthopedic floor following surgery will determine which day you will start on. The therapists will assist you in progressing physically towards independence and ensuring that you are as safe as possible upon discharge. These team members help you regain mobility, endurance and confidence through progressive activity and exercise.

**Case Management:** The case manager and social worker are the team members who coordinate your post discharge needs and discharge process. They are available to answer your questions about continuing care after discharge or the availability of benefits for home care or outpatient care. They will also assist you with obtaining any necessary equipment for discharge.
**Patient:** You are the most important team member as you are the one who is ultimately responsible for collaborating with the team in setting and achieving your goals.

Dependent upon your specialized needs, the following services may be provided: Dietary, Laboratory, Pastoral Care, Respiratory Therapy, Pharmacy, Orthotics, Radiology

**Before Your Admission**

**Section A**
**FLU AND PNEUMONIA VACCINES**

Check with your primary care physician a few weeks before your surgery date about flu and pneumonia vaccines. Should you need a vaccine, get it one to two weeks before your surgery. Flu season is September to March and getting the vaccine before your surgery is advised. Pneumonia vaccine is advised if you are 65 years or older and have a chronic illness and have not had the vaccine in the last five years.

**DENTAL WORK**

Although infections after a total joint replacement are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, you should consider getting treatment for significant dental diseases (including tooth extractions and periodontal work) before your joint replacement surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.

**SMOKING CESSATION & SURGERY**

Smokers also require special care when undergoing anesthesia for surgery and are at higher risk of cardiopulmonary and wound-related postoperative complications than nonsmokers. We recommend that you become smoke free as early as possible before surgery. Within 12 hours of quitting, your heart and lungs work better. The nicotine and carbon monoxide levels in your body get lower, improving blood flow and reducing the chance of problems. Quitting smoking speeds healing and helps prevent potential surgical incision infections.

If you are unable to stop smoking prior to surgery, remember that our facility is a smoke free environment. If you have difficulty not using tobacco products during your admission, notify your physician. Options are available in dealing with feelings/cravings. A smoking cessation nurse will visit with you during your hospital stay to assist with education and/or smoking cessation. NRHS offers smoking cessation classes for the community. Call Healthlink at (405) 440-8802 for enroll

**PRE-ADMISSION, LAB WORK, X-RAYS & FORMS**

Your lab work and x-rays must be completed prior to the day of surgery, unless other arrangements have been made with your surgeon’s office or the pre-admission nurse.

You will complete your pre-admission work at our patient registration located on the first floor just inside of the main entrance (entrance with the flag poles). Call (405) 515-1250 to schedule your lab work and x-rays. Both must be completed 10-14 days in advance of your surgery.

- You may have your lab work and x-rays done on Monday through Friday between 9 am and 5 pm.
- You do not have to fast for your lab work unless otherwise instructed by your physician.
- If you have any lab results pertaining to your surgery from any locations other than NRHS (Norman Regional Health Systems), bring them with you.
- Complete all forms sent or given to you and bring them with you to your appointment.
- If you already have executed Advanced Directives (Living Will) or any other forms
of health care directives, make certain you provide a copy to the pre-admissions nurse when you come for your appointment, even if you have already provided a copy during previous hospitalizations or to your physicians.

- You will complete your lab work, x-rays, visit with the nurse and schedule a pre-operative class. The preadmission process usually takes 2-3 hours.

- It is very important to sign up for the pre-operative education class during your pre-admission session. Studies have shown that patients have less anxiety and stress and enjoy their stay more when they attend the pre-operative education class. Classes are offered up to 4 times a week in order to provide you with a time that works favorably for your schedule.

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**Norman Healthplex**

**Pre-Operative Total Hip and Knee Replacement Education Classes**

NRHS provides a free pre operation class to prepare you and your family for your surgery and recovery.

You will learn about:

- what to expect before during and after your procedure
  - pain management
  - ways to prevent complications
  - therapy

**Held Every Monday at 1:00 pm**

**Held Every Tuesday at 11:00 am and 4:00 pm**

**Held Every Thursday at 4:00 pm**

Family members are encouraged to attend

Norman Regional HealthPlex Hospital
ITEMS TO BRING TO THE HOSPITAL

PATIENT NOTEBOOK
Bring your patient notebook (this notebook) to the hospital with you. You may want to refer to your patient notebook during your stay.

CLOTHING
Bring loose, comfortable clothing (shorts, sweats, or other loose pants) that have an elastic waistband. You do not want to bring anything with zippers or buttons. Bring shoes that provide good support and have a non-skid sole. No slip on shoes are allowed, all shoes worn while in the hospital must have a back.

PERSONAL ITEMS
Bring personal items such as a toothbrush, toothpaste, comb, brush, shampoo, razor, shaving cream and any other grooming items you might need.

SLEEP AIDS
If you use a CPAP or a Dental appliance, it is very important that you bring them to the hospital to be used after your surgery. If you know your CPAP measurements (prescription), bring that information as well.

ELECTRICAL POWERED APPLIANCES
Any electrical items must be approved for use in the hospital and checked for electrical safety. After you have been admitted, tell your nurse and he/she will have them checked and approved for use. Battery powered appliances do not need to be checked.

ORTHOPEDIC AIDS
Do not bring your walker, cane or crutches to the hospital right away. You will use the hospital’s walkers without charge initially. Your therapist may ask you to bring your walker on the morning of your last day (or the night before) at the hospital to ensure that it is properly fitted to you.

INSURANCE CARDS
Bring your insurance (ID) card (s). During the admitting process, we will verify current information concerning your health insurance. In some cases, you may need to bring your auto or home information. Should any information change between the time you schedule your surgery and the day of surgery, tell the admitting staff.

MEDICINES
An accurate current medication list is extremely important when you go to any health care provider. To that end, we ask that you make a list of your medications and all of the vitamins and/or herbal supplements that you take—this list needs to include the drug name, dosage amount and frequency that you take the medication. Many herbal supplements interact with anesthesia and other medicines, so they should be stopped at least 2 weeks before your surgery. Also, bring all
medicines you take in the original containers as well as over-counter medicines, drops, skin ointments and creams that you use. We may need to identify them if additional questions remain, or if we do not have a supply of one of your medications. The nurse will record the information from your list and/or the medicine labels and talk with you about your medicines. Your doctor or his assistant will review the list and write orders for medicines you will need while you are here. Your medicines may be sent home with you, or may be sent to our hospital pharmacy for additional identification or verification and secured there for safekeeping until you are discharged. You may request that a family member take them home for you.

In the interest of patient safety, the hospital does not permit medicines to be kept at the bedside. All medicines are dispensed by the Pharmacy, given by a nurse and recorded in your medical record. If we don’t keep your specific medication, we may substitute a similar medication with the same action.

**CANCELLATION**
If you must cancel your surgery for any reason (i.e. bad weather, illness, family emergency, etc.) call your surgeon’s office as well as Same Day Surgery at (405) 515-1250. If it is after hours, leave a message

11. Leave all jewelry, valuables, purses, wallets, money and watches at home or with a family member.
12. All body piercing must be removed prior to surgery.

**SURGERY INSTRUCTIONS**
Read and follow these instructions prior to your surgery:

1. Do not eat or drink anything after midnight the night before your surgery, unless our physician or pre-admissions nurse instructs you otherwise. This includes water, coffee, drinks, gum or chewing tobacco.
2. Do not use any alcohol or recreational drugs within 48 hours of surgery.
3. It is suggested that you refrain from smoking for at least 24 hours before surgery.
4. If you experience any changes in your physical condition, such as fever, chest congestions or skin problems at the operative site, call your physician’s office.
5. Before you come to the hospital, take a shower or bath using an antimicrobial soap (packet should be provided to you during your preadmission session) and use a clean towel to dry off with.
6. Nail polish and skin lotions are discouraged on the operative leg. No makeup.
7. Contact lenses and glasses cannot be worn during surgery. Be sure to bring your container or eyeglass case to protect your lenses while you are in surgery.
8. Wear loose, comfortable clothing with low heeled shoes.
9. You may brush your teeth the morning of surgery, but do not swallow any water.
10. Deodorant can be worn unless you are having shoulder surgery.

**PREPARING FOR ANESTHESIA**

**YOUR PRE-OPERATIVE VISIT WITH ANESTHESIA**
The pre-operative anesthesia interview is a good time for you to get answers to all of your questions.

Patients and families are best prepared for surgery and anesthesia if they know what to expect. Selection of anesthesia is a major decision that deserves careful consideration and discussion.

Several factors will be considered when selecting anesthesia, including:

- **Your past experiences and preferences. Have you had anesthesia before?**
  What kind? Did you have any reaction to anesthesia? What happened? How did other members of your family react to anesthesia?

- **Your current weight and health conditions**
  Do you smoke? Are you overweight? Do you drink or use recreational drugs? Are you being treated for any other condition other than joint replacement? Do you have any neurological, stomach, heart disease, breathing problems? Do you have any dental issues?
• **Your reaction to medications**
  Do you have any allergies? Have you experienced base side effects from any type of drug? What medications, nutritional supplements, vitamins or herbal remedies are you currently taking?

• **The risks involved**
  Risks vary, depending upon your health and selection of anesthesia and may include breathing difficulties, blood loss and allergic reactions. The surgeon and the anesthesiologist will discuss specific risks with you.

**TYPES OF ANESTHESIA**
There are 2 broad categories of anesthesia typically used for joint replacement: general and regional

In **regional anesthesia**, your anesthesiologist makes an injection near a cluster of nerves to numb the area of your body that requires surgery. You may remain awake, or you may be given a sedative. You do not see or feel the actual surgery take place.

There are several kinds of regional anesthesia. Two of the most frequently used are spinal anesthesia and epidural anesthesia, which are produced by injections made with great exactness in the appropriate areas.

In **general anesthesia**, you are unconscious and have no awareness of other sensation. There are a number of general anesthetic drugs. Some are gases or vapors inhaled through a breathing tube and others are medications introduced through a vein.

During anesthesia, you are carefully monitored, controlled and treated by your anesthesiologist, who uses sophisticated equipment to track all of your major bodily functions. A breathing tube may be inserted through your mouth and frequently into the windpipe to maintain proper breathing during this period. The length and level of anesthesia is calculated and constantly adjusted with great precision. At the conclusion your surgery, your anesthesiologist will reverse the process and you will regain awareness in the recovery room.

• **The preferences of your surgeon and surgical team**

**Also discuss during your pre-operative visit:**

- Tell the anesthesiologist about any loose teeth. You may need to remove partial plates from your mouth depending upon the number of teeth involved
- Tell the anesthesiologist about any upper or lower dentures you have—these may be left in your mouth
- Write down any specific questions you think of prior to your pre-operative visit.

**BLOOD ADMINISTRATION DURING YOUR JOINT REPLACEMENT**

There is frequently a need for some blood transfusion during total joint replacement surgery. Your blood pressure is lowered during the operation to cut down on bleeding. Cut blood vessels are cauterized and we use the smallest incision possible. Even so, there is a potential you may need to be transfused after the operation because of oozing from cut surfaces, much of it occurring after the operation is over.

**Four options for blood transfusion include:**

1. **Autologous Blood** is blood donated by you prior to surgery and later given back to you. The Oklahoma Blood Institute offers this service. Your physician must approve and request the donation in preparation for your surgery. Once you and your physician decide this is the method of blood administration that meets your needs, your physician will write a prescription for you to donate at the Oklahoma Blood Institute. Autologous donors usually donate one unit of blood per week. The last unit is drawn at least one week prior to the scheduled date of surgery. A maximum of four units may be donated depending upon your medical status and physician order. You will coordinate with the Oklahoma Blood Institute concerning your appointment to donate blood. The advantage is that it is your blood
and removes the risk of potentially acquiring diseases. But it requires preplanning on your part prior to the surgery as well as a fee. There is no age requirement for storing your own blood, and no specific weight requirement. However, if you are anemic (Hemoglobin under 11 gm/dl), we cannot take your blood. There are also some medical conditions, which might preclude your from donating your own blood, such as some heart disorders.

2. **Directed Donor Blood** is blood donated by a relative or friend. The blood is carefully labeled and reserved specifically for you. It is rigorously tested for disease, but it is still possible to contract disease through directed blood: the donor may not know they have a disease and tests may fail to detect it. This method has not been demonstrated to be safer than blood from volunteer donors. It requires preplanning on your part as well as your friends/relatives in order to have blood when needed. **Directed blood is only given to you after surgery if it is medically necessary to do so.**

3. **Volunteer Donor Blood** is blood donated by a member of the general public unknown to you. Potential donors fill out an extensive health questionnaire and the blood is rigorously tested. There are some risks associated with receiving volunteer blood. Sometimes, in an emergency situation, we may have to use volunteer blood if the amount of blood pre-stored for you is insufficient. But we would only do so in rare life-saving situations. Volunteer blood is rigorously tested and is safer now than it has ever been in the past.

4. **Auto Transfusion** is the return of the patient’s own blood in an attempt to avoid the potential risks associated with the transfusion of donor blood. It has been proven a safe and effective method for reducing the need for receiving blood from another source for the orthopedic surgery patient. The blood that is collected in the drainage system will be re-administered to you through a filtered IV tubing system. The advantages to this method are that the blood is readily available, a perfect match and risk of transfusion-transmitted disease is avoided. Freshly shed red blood cells may also be of higher quality than blood that has been stored under refrigeration.

**Remember, your physician will discuss these options with you and assist in deciding which one will meet your needs best before surgery**

Note: Blood donated by you or by volunteers is charged a fee to cover the cost of collecting, testing, processing and distributing the blood. The charges will be added to your hospital bill.
PREPARING FOR COMING HOME

THE DRIVE HOME

You will need to arrange for your family member or friend to drive you home. Riding in a compact car, sports car or truck is not recommended. You need to be able to recline your seat slightly. If your ride is long, we recommend you stop and stretch every 30-45 minutes or so.

HOME PREPARATION

There are a number of tips that you and your family can implement to help make your home more safe and comfortable.

- Check your home for tripping hazards like throw rugs and cords. Roll these up and tuck them away.

- Determine what items from dressers, cabinets and shelves you’ll need immediately after returning home. Any items that are currently stored either high or low and require excessive bending or reaching should be moved to counter height.

- Place your clothes at waist level—either on a counter or a higher drawer. Plan on wearing loose, comfortable clothing after your surgery.

- Make sure you have a cordless phone or cell phone while at home. These phones can be tucked away inside a pocket and carried with you easily or set close by.

- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can purchase individual serving sized meals for times you are alone. If friends, family members or church members are looking for ways to help, ask them to bring over meals.

- Make sure any stairs have at least one sturdy handrail that is fastened to a wall.

- If your bedroom is on an upper level, you should consider arranging temporary sleeping quarters on a lower level. You should plan to use this sleeping area for approximately 1 to 2 weeks after surgery.

- You should designate a chair where you’ll spend most of your time when you return home. Ideally, the chair should have a firm back, arm rests and a seat height of over 20 inches high. A chair or recliner with a foot rest so you can elevate your feet would be best. Chairs with wheels should not be used under any circumstances.

- Purchase nightlights and install them in bathrooms, bedrooms and hallways.

- Attend to any outdoor work, like gardening or cutting the grass, which may be necessary prior to surgery.
• If possible arrange for a family member, friend or church member to take care of household cleaning and outdoor work the first few weeks you are at home.

• Also arrange for a family member, friend or church member to take care of collecting your mail for the first few weeks you are at home.

• Put clean linens on your bed.

• Purchase a hip kit (not covered by insurance) which will be shown in pre-operative education class. Kits can be purchased at any local medical equipment supply store. These kits have tools that will allow you to maintain your hip precautions while performing activities of daily living.

We strongly encourage you to ask a family member or friend to stay with you at home until you are able to perform activities of daily living safely and independently. Typically, this occurs in the first week that you are home.

The better the condition your muscles are in prior to the surgery, the easier and faster your recuperation is expected to be. It is important to learn the exercises and be comfortable with them prior to the surgery so that you can continue them once you return home.

Starting the exercises prior to surgery will build muscle tone and pave the way for a quick recovery. If time allows, begin the exercise program located at the back of this notebook at least a few weeks prior to surgery. This exercise program will be reviewed during the pre-operative education class and is the same program you will perform following your surgery. Prior to surgery, attempt to perform each exercise twenty times, one time a day (note that you will perform the exercises 40 times each twice a day after surgery). If you experience increased pain or soreness with 20 repetitions, only perform as many repetitions as you are able to tolerate. If you experience increased pain or soreness with a specific exercise or two (but not with the remaining exercises), only perform those exercise that don’t increase your pain. Perform this exercise program in bed in order to provide the proper support for your back.

Nutrition

Prior to your surgery, your diet should include:
- Proteins 2-3 servings a day
- Meat, poultry, fish, dry beans, eggs and nuts

PLANNING FOR GOING HOME AFTER SURGERY

It is very rare that patients need to go to a rehabilitation center following total joint replacement. Medicare as well as most major insurance carriers no longer cover a rehab stay after joint replacement. Studies have shown patients have better outcomes and higher satisfaction rates following surgery if they are able to return home. In addition, you are less likely to have complications or be readmitted to the hospital within 30 days if you go home rather than to a facility. Therefore, it is important to have a plan in place to allow you to return home safely.

If you live alone, you should arrange to have a friend or family member stay with you for the first 4-7 days following your return home. Studies show that having a support system present at home (as opposed to having people just stopping by occasionally) is crucial to your well-being. Patients report less stress and anxiety if you plan ahead (even if it is Plan B).

PREPARING YOURSELF FOR SURGERY

Exercise
Carbohydrates 6-11 servings a day
Breads, rice, pasta and cereal—3 or more servings of whole grains
Fruits 2-4 servings a day
Choose a variety
Vegetables 3-5 servings a day
Choose a variety

Dairy/Milk 2-3 servings per day
Low fat milk, cheese and yogurt.
Fats use sparingly
Some fat is a necessary part of our daily diets but less is better. Avoid fats and trans fats when possible.
ENTERING THE HOSPITAL
SECTION B
WHAT WILL HAPPEN DURING YOUR SURGERY?

Hip Replacement Surgery

How long will it take?
The surgery takes approximately one hour. Afterwards you will spend about one hour in recovery.

What will your surgeon do?
Your surgeon will remove the damaged cartilage and bone, then position new metal and plastic joint surfaces to restore the alignment and function of your hip.

What materials will the surgeon use?
Different types of designs and materials are used in artificial hip joints. They all consist of two basic components:

- Ball (made of highly polished strong metal)
- Socket (a plastic cup that may have an outer metal shell)

Special surgical cement may be used to fill the gap between the prosthesis and the remaining natural bone. This cement will secure the artificial joint.

A non-cemented prosthesis has been developed which is used most often in younger or more active patients.

The prosthesis may be coated with textured metal or a special bone-like substance that allows bone to grow into the prosthesis. A combination of a cemented ball and a non-cemented socket may be used.

Your orthopedic surgeon will choose the type of prosthesis that best meets your needs.
When will you leave the hospital?
Most patients will be ready to be discharged from
the hospital on the second or possibly third day after
surgery.

DRAINS & STOCKINGS

Drainage Tubes
Occasionally we use suction drainage tubes
that are placed deep in the wound to remove
blood that collects after surgery. The drains
are usually removed 1-2 days after surgery.

Foley Catheters
Some patients may have difficulty passing
urine right after surgery and catheterization
is then necessary. If you have spinal anesthesia,
your legs may remain numb the night after surgery
which can make getting up difficult. For these
reasons, a urinary catheter is often placed
during anesthesia. It will be removed on the first
day after surgery. The catheter is removed as soon
as possible because urinary infections can develop.
Your physician will discuss the use of a urinary
catheter after surgery with you if one is going to be
used.

STOCKINGS
Your physician may want you to wear compression
stockings after surgery. These are typically known
as TED stockings, which help keep the swelling in
your legs down and reduce the chances of
developing blood clots.

- Initially, you will wear the stocking
  continuously, even at bedtime. You can
  remove them only for short periods during
  the day to wash your legs or give them a
  rest.
- You need to elevate your legs for periods
  throughout the day to help prevent swelling
  and discomfort.
- Notify your physician if you notice
  increased pain or swelling in either leg.
• Your physician will let you know how long to wear the stockings, usually these are worn for three to six weeks after surgery.

• The stockings can be difficult to put on, before you are discharged home your nurse or occupational therapy will show you tips to make putting on and taking off the stockings easier.

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<thead>
<tr>
<th>Total Hip Pathway</th>
<th>Before Surgery</th>
<th>Day of Surgery</th>
</tr>
</thead>
</table>
| **Education**     | • Pre surgery teaching  
                   • Plan of care reviewed  
                   • Attend pre-operative education class  
                   • Review patient notebook (this notebook) | • Complete the HOOS survey before surgery  
                   • Teaching before and after surgery  
                   • Plan of care reviewed  
                   • Total Hip precautions reviewed |
| **Discharge Planning** | • Discharge needs will be assessed and initiated. | • Education  
                   • Staff will ask what your goals are.  
                   • Depending upon what time you arrive to the orthopedic floor, case management may visit you. |
| **Tests & Assessments** | • Lab work, EKG, Chest x-ray as ordered.  
                             • Height and weight recorded.  
                             • Routine nursing assessments.  
                             • Pre-op cardiac clearance if necessary. | • Blood sugar tested and treated if necessary.  
                             • Vital signs will be frequently monitored.  
                             • Dressing checked every 8 hours and as needed.  
                             • Special neurovascular checks performed frequently.  
                             • Your nurse will assess your coughing and breathing, and encourage you to use your incentive spirometer. |
| **Treatments, Therapy & Activity** | • You will be asked to shower with special soap prior to surgery. | • Dressings will cover your incision.  
                             • A drain (tube) may be inserted |
- Do not apply lotion, powder or deodorant.
- Do not shave legs for 72 hours prior to surgery.
- Tell the nurse if you have insect bites, infections, opened or reddened areas on your skin.
- Do not use laxatives for 24 hours prior to your surgery.
- May have specific instructions to stop some of your routine medications.
- Activity as tolerated.

- Hip wedge in place.
- P.T. and O.T. may start today.
- Doctor may order special compression devices or stockings to be placed on one or both legs for circulation enhancement.
- Because of activity limitations, you will use a bedpan/urinal/bedside commode.
- Staff will assist you to sit on the side of the bed.
- Staff will assist you to reposition frequently.

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<tr>
<th>Total Hip Pathway</th>
<th>Before Surgery</th>
<th>Day of Surgery</th>
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</thead>
<tbody>
<tr>
<td>Medications</td>
<td>You will be told what medications to take (if any) or stop before surgery.</td>
<td>You will be given IV fluids and antibiotics.</td>
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<tr>
<td></td>
<td></td>
<td>You will be given a blood thinner to help prevent blood clots.</td>
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<tr>
<td>Pain Control</td>
<td>Become familiar with the pain scale 0-10.</td>
<td>Your pain will be assessed and treated.</td>
</tr>
<tr>
<td></td>
<td>Receive patient/family information about pain control (in this book).</td>
<td>You will be asked to rate your pain 0-10.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>You will be told when to stop eating and drinking prior to surgery.</td>
<td>Your diet will be advanced as tolerated.</td>
</tr>
<tr>
<td>Patient Goals</td>
<td>Follow all pre-op instructions.</td>
<td>Tell your nurse about your pain level so they can work with you to manage your pain.</td>
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<tr>
<td></td>
<td>Ask questions if needed.</td>
<td>Reposition frequently with staff assistance.</td>
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<td></td>
<td>Address advanced directives.</td>
<td>Sit on the side of the bed with staff assistance.</td>
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<td></td>
<td>Leave valuables at home or give to your family.</td>
<td>Use incentive spirometry every hour while awake.</td>
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<td>Read educational handouts.</td>
<td>Perform ankle pumps every hour while awake.</td>
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<tr>
<td>Family &amp; Friends</td>
<td>Offer support to the patient.</td>
<td>Register with the surgical information volunteer in the main lobby.</td>
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<td>Ask questions if needed.</td>
<td>Wait there to talk to the</td>
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• Visit the chapel if you desire.  
• Stay overnight with the patient if possible.  
• Take care of yourself - eat and rest.

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<tr>
<th>Education</th>
<th>Post Op Day One</th>
<th>Discharge day (day 2 &amp; 3 if needed)</th>
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<tr>
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<td>• Hip precautions will be reviewed with you.</td>
<td>• You will be given a patient</td>
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<td>• Therapy will review your exercise program with you</td>
<td>discharge booklet which includes</td>
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<td>• Patient and caregiver instruction will be reinforced</td>
<td>THA precautions, home exercise and</td>
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<td></td>
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<td>safety. Guide also explains signs</td>
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<td>and symptoms to report to your</td>
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<tr>
<td></td>
<td></td>
<td>physician.</td>
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<td></td>
<td></td>
<td>• Nursing will give you handouts</td>
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<td></td>
<td></td>
<td>on every medication you are to</td>
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<tr>
<td></td>
<td></td>
<td>take and instructions.</td>
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<tr>
<td></td>
<td></td>
<td>• Dressing care/change will be</td>
</tr>
<tr>
<td></td>
<td></td>
<td>given.</td>
</tr>
<tr>
<td>Discharge Planning</td>
<td>• The case manager will visit you (if they haven’t</td>
<td>• Discharge planning will be</td>
</tr>
<tr>
<td></td>
<td>already) and address your discharge needs.</td>
<td>finalized - you will receive all</td>
</tr>
<tr>
<td></td>
<td>• The plan of care will be reviewed.</td>
<td>necessary equipment and instructions</td>
</tr>
<tr>
<td></td>
<td>• The physician may determine that you are ready for</td>
<td>prior to discharge.</td>
</tr>
<tr>
<td></td>
<td>discharge on post op day 2.</td>
<td>• Follow up appointments with</td>
</tr>
<tr>
<td></td>
<td></td>
<td>physician will be scheduled</td>
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<tr>
<td></td>
<td></td>
<td>(generally 10-14 days after</td>
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<td></td>
<td></td>
<td>discharge).</td>
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<tr>
<td></td>
<td></td>
<td>• Follow up physical therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>services (either outpatient or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>home based) will be set up.</td>
</tr>
<tr>
<td>Tests &amp; Assessments</td>
<td>• Lab work as ordered.</td>
<td>• Vital signs will be monitored.</td>
</tr>
<tr>
<td></td>
<td>• Vital signs will be monitored.</td>
<td>• Dressing will be changed prior</td>
</tr>
<tr>
<td></td>
<td>• Dressings will be checked every 8 hours.</td>
<td>to discharge.</td>
</tr>
</tbody>
</table>

Total Hip Pathway
Treatments, Therapy & Activity

- Continue to cough and deep breathe. Use your incentive spirometer every hour while awake.
- Stockings and compression devices will continue.
- Your drain may be removed today.
- Your catheter will be removed today and you will use the bedside commode or bathroom.
- You will be encouraged to assist with your hygiene needs, staff will assist you.
- You will be encouraged to stay out of bed during the day.
- O.T. will see you in your room.
- You will begin gym sessions with P.T.

Home Care—You will be set up for continued Physical Therapy after discharge. It is extremely important to continue therapy at home.

Total Hip Pathway

<table>
<thead>
<tr>
<th>Medications</th>
<th>Post Op Day One</th>
<th>Discharge Day (day 2 &amp; 3 if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medications will be given as ordered.</td>
<td>Medications will be given as ordered.</td>
</tr>
<tr>
<td></td>
<td>Your pain will be assessed and treated regularly.</td>
<td>You will be asked to rate your pain from 0-10.</td>
</tr>
<tr>
<td></td>
<td>You will be asked to rate your pain from 0-10.</td>
<td>Tell the nurse when you need pain medication. Your therapy will be more beneficial if pain medication is taken before each session.</td>
</tr>
<tr>
<td></td>
<td>Tell the nurse when you need pain medications. Your therapy will be more beneficial if pain medication is taken before each session.</td>
<td>Pain medications will be given as needed.</td>
</tr>
<tr>
<td></td>
<td>Pain medications will be given as needed.</td>
<td>**Home Care—**Continue to take your pain medication as ordered. If you are not driving, take pain medications prior to your therapy appointments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain Control</th>
<th>Post Op Day One</th>
<th>Discharge Day (day 2 &amp; 3 if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water /fluids and eating fruit are greatly encouraged.</td>
<td>Water /fluids and eating fruit are greatly encouraged.</td>
<td></td>
</tr>
<tr>
<td>Protein, grain and probiotic intake is encouraged as well.</td>
<td>Protein, grain and probiotic intake is encouraged as well.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Post Op Day One</th>
<th>Discharge Day (day 2 &amp; 3 if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of bed with assistance as much as tolerated.</td>
<td>Out of bed with assistance as much as tolerated.</td>
<td></td>
</tr>
<tr>
<td>Work with nursing to manage your pain.</td>
<td>Work with nursing to manage your pain.</td>
<td></td>
</tr>
<tr>
<td>Have bowel movement (notify nursing if you have not).</td>
<td>Have bowel movement (notify nursing if you have not).</td>
<td></td>
</tr>
<tr>
<td>Verbalize understanding of medications and discharge instructions.</td>
<td>Verbalize understanding of medications and discharge instructions.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Goals</th>
<th>Post Op Day One</th>
<th>Discharge Day (day 2 &amp; 3 if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of bed with assistance as much as tolerated.</td>
<td>Out of bed with assistance as much as tolerated.</td>
<td></td>
</tr>
<tr>
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</table>
**MISCONCEPTIONS ABOUT PAIN/PAIN SCALE**

What you don’t know about pain and pain relief can hurt you. Great strides have been made in the understanding of pain and its treatment in the last decade. Pain that was once considered hopeless is now manageable. Medical evidence proves that many of the beliefs about pain and pain relief are false—especially post-operative pain management. Take a few minutes to read these questions and see if you know the answers!

**Question #1: How painful is replacement surgery?**

NO surgery is painless, and hip or knee replacement surgery is no exception. However, postoperative pain from replacement surgery is very manageable. Despite their surgical pain, it is not unusual for patients to relate how much relief they quickly notice from their preoperative arthritic pain. While the experience of pain is unique to each individual, most patients manage the immediate postoperative pain from surgery without difficulty.

**Question #2: Does everyone receive the same type of pain medication? What if my pain is worse?**

Managing your pain after surgery is important for your recovery, and there are many options for easing postoperative, acute pain. Our goal at NRHS is to work with your physician to develop a pain management plan that effectively controls your pain while, at the same time, minimizes potential side effects. Remember—there are several options for pain control specific to your surgery, history and pain needs. They include:

1. Pain pills
2. Pain injections
3. PCA (patient controlled analgesia) pump

**Question #3: What can I do to help manage my pain?**

The most important thing that patients can do is to let their treatment team know about the pain they are experiencing. This is usually expressed on a scale of 0 (little to no pain) to 10 (severe pain). This information helps the healthcare team to provide the right type and amount of pain medication.

**Question #4: When should I ask for pain medication?**

It often takes less medication to control a patient’s pain when the medicine is taken appropriately—that is, before the patient begins to experience real discomfort. In the early postoperative period, patients should not try to “hold off” on taking pain medicine because they think the pain will calm down in time. These patients who “hold off” until...
their pain becomes too severe often eventually need more medication to control their pain than they otherwise would have needed if they had taken their pain medicine earlier. Taking pain medicine prior to your scheduled physical therapy sessions (written on your patient board in your room) is strongly encouraged.

Question #5: Is medication the only way to relieve pain?
Patients can also relieve their pain with means other than pain medicine. There are countless options for pain relief. They include relaxation techniques, exercise, physical therapy, etc. For example, applying ice and elevation to the knee area after therapy can go a long way toward controlling the swelling that often causes discomfort after such activity. On the other hand, when patients have discomfort from stiffness, usually doing some exercises will help relieve this pain more than any medicine will. Pain medications work better when you are relaxed. Practice breathing in and out slowly to relax muscles, listen to soft music, dim lights, have a back massage, and talk to a nurse/friend / Pastoral Care. It may not always be possible to completely control your pain, but you can use many techniques to help you manage it much better.

Question #6: Will I get addicted to pain medication?
Some patients almost have a fear of taking pain medicine. Some patients think they will quickly become addicted to pain medications. This is simply not true. Postoperatively, patients have good reason to have pain medicine. Addiction is rarely a problem, unless you have a history of drug/alcohol addiction or chronic long term pain and narcotic use. If you do, discuss this with your health care provider.

Question #7: What are the side effects of pain medicine?
Side effects of pain medicine and anesthesia include nausea, constipation and sometime fatigue. Having these side effects does not mean that a patient is allergic to the medication. If a patient has a problem with these side effects, often the medication can be adjusted or a different medication tried in order to minimize these effects. You may be given a stool softener each day and should have a bowel movement at least every 3 days. Talk with your health care team if any of these areas are a concern.

Question #8: What about pain management after I go home?
You will be given instructions on how to manage your pain at home. Take pain medications as prescribed. Report to your physician any sudden increase in pain in your surgery joint or any concerns about your condition. If your physician is unavailable, you may need to seek emergency treatment. Remember, communication with healthcare providers is still key to a successful recovery after discharge home.

PAIN SCALE
Your pain is whatever you say it is. Pain can affect how well you eat and sleep, and can affect the healing process. If we can help control your pain, you will suffer less and likely heal faster. The nursing staff at Norman Regional Health Systems will frequently ask you about your pain, and will assess your level of sedation. Please do not wait for the nurse to ask. Tell the nurse right away if you start having pain that you feel needs to be treated. Physicians, therapists and nurses will ask you to rate your pain using a pain scale. Zero on the pain scale means you are having little to no pain. Ten on the scale means you are having the most severe pain you have ever had. After pain medications or relaxation techniques, the nurses will ask you to reevaluate your pain. This will help determine if the medicine or other treatment is working for you. Certain pain medications can affect your breathing. The nurses will closely monitor your sedation level. The amount of sedation will determine which pain management technique will be most appropriate for you.
### ACOMMODATIONS

#### Rooms
All of our rooms are private room. Each room has a bathroom, shower, television and telephone. Each room also has a pull out sleeping chair/sofa for family that stays overnight.

#### Room temperature control
Each patient room has a heating and air conditioning unit. The airflow and thermostat settings can be adjusted to your comfort level. Ask your nurse or any health care provider if you need assistance.

#### Nurse call system
The nurse call system is your line of communication from your bed to the nurse’s station. When you press the red button on your call light, a light goes on over the door of your room and the call goes to your nurse’s phone as well as the nursing station. Someone will either respond to you through the speaker or come to your room to see how they can assist you.
PATIENT SAFETY
**SPEAK UP**

Speak up if you have questions or concerns; and if you don’t understand, ask again. It’s your body and you have the right to know.

Pay attention to the care you are receiving. Make sure you’re getting the right treatments and medications by the right health care professional. Don’t assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes.

Use a hospital, clinic, surgery center of other type of health care organization that has undergone a rigorous on site evaluation against state of the art quality and safety standards, such as those provided by the Joint Commission.

Participate in all decisions about your treatment. You are the center of the health care team.

**FALL SAFETY**

You are at increased risk for falls after surgery. Always “CALL, DON’T FALL.”

**PATIENT IDENTIFICATION**

Staff will identify you before you receive any type of procedure or medications. The staff will identify you by checking your arm bracelet. If your arm bracelet comes off, you will not receive any medications or procedures until a new one is obtained for you. The staff will continually check your armband and ask your legal name. It isn’t that we don’t remember you, we just wanted to ensure we are doing the correct thing to the correct patient.
**BEDSIDE REPORT**

At change of shift your off-going and on-coming nurses will come to your bedside to give report on you. This allows for visual verification and provides time for your input and/or questions. If you are asleep you will not be awakened unless you request to be.

**MARKING YOUR SURGICAL SITE**

Before the surgery the surgical nurse will ask you to verify what procedure you are undergoing as well as the specific surgical site planned.

Your physician will mark “yes” and his/her name and/or initial over the correct surgical site before your procedure begins.

**HAND HYGIENE**

Your health and safety is very important to us. We protect you from infections by cleaning our hands before and after contact with you. Your health care providers will wash their hands with soap and water or use alcohol foam to disinfect their hands.

**SIGNS AND SYMPTOMS OF A DVT/PE**

Deep vein thrombosis or a DVT is a blood clot that forms in a vein deep in the body. Blood clots occur when blood thickens and clumps together. Most deep vein blood clots occur in the lower leg or thigh. They can also occur in other parts of the body. A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks blood flow, the condition is called a pulmonary embolism (PE). A PE is a very serious condition. It can damage the lungs and other organs in the body and cause death.

The signs and symptoms of a DVT may be related to the DVT itself or to a PE. Contact your nurse or doctor if you have symptoms of either. Both DVT and PE can cause serious, possible life-threatening complications if not treated.

**DVT**

Only about half of the people with DVT have symptoms. These symptoms occur in the leg affected by the deep vein clot. They include:

- Swelling of the leg or along a vein in the leg
- Significant increase in pain in the leg, which you may only feel when standing or walking
- Increased warmth in the area of the leg that is swollen or in pain
- Red or discolored skin on the leg

**PULMOMARY EMBOLISM**

Some people don’t know they have a DVT until they have signs or symptoms of a PE. Symptoms of a PE include:

- Unexplained shortness of breath
- Pain with deep breathing
- Coughing up blood

**RESPIRATORY HYGIENE/COUGH ETIQUETTE IN THE HOSPITAL**

To prevent the transmission of all respiratory infection at NRHS, the following measures have been implemented for you and your family’s health.

- Visual alerts are placed throughout the facility instructing patients and family/friends to inform the healthcare personnel of symptoms of a respiratory infection. These alerts emphasize covering nose/mouth to prevent the spread of disease.
- Use tissue to contain secretions and dispose of them in the nearest waste receptacle after use.
- Perform hand hygiene (wash with alcohol-based hand rub, soap and water, etc) after having contact with respiratory secretions and contaminated objects/materials.
- The hospital provides tissues and no-touch receptacles for used tissue disposal.
- Masks are available to persons who are coughing.
- If possible, have persons with cough sit 3 feet away from you and others.
PREVENTING DISLOCATIONS

What is a “total hip dislocation”?
Total hip replacement dislocation is a painful condition in which the prosthetic femoral head, or the “ball” on the proximal end of the femur or thigh bone, no longer articulates, or “comes out of joint”, with the socket in the acetabular cup of the pelvis.

How often does it happen and when does it happen?
The incidence of dislocation can vary from less than 1% to as high as 4%. Up to one third of dislocations occur within 6 weeks after surgery and the rest happen after 6 weeks.

Why is it a problem?
Total hip dislocation is very painful and distressing to the patient, preventing ambulation and mobility.

How can I prevent it?
Proper positioning is the key factor in preventing dislocation. In the early post-operative period, learning total hip precautions, or positions of potential instability to avoid, are critical. As surgical incision pain decreases beyond the immediate post-operative period, it is important for the patient to remember the presence of the prosthetic joint and not to come too careless about their activities.

Precautions after Hip Replacement Surgery

- **Note: These precautions apply to traditional posterior hip replacement only.**
  A number of important precautions will help prevent your new hip joint from dislocation (or popping out of place) while it heals.
  Your doctors and physical therapist will give you specific instructions, but here are a few of the most common precautions:

Don't bend at the waist beyond 90 degrees.
This means don’t bring your knee toward your chest or your chest toward your knee closer than a right angle.
To comply with the 90 degree rule, remember this:
- Don’t sit in low chairs, low stools, reclining chairs or soft couches.
- Don't bring your knee up higher than your hip.
- Don't lean forward while sitting or as you sit down.
- Don't try to pick up something on the floor while you are sitting.
- Don't reach down to pull up blankets when lying in bed.

It is important not to cross your legs.
To follow this rule, remember:
- Don’t cross your legs at the ankle or at the knee. Keep your knees apart.

It is also important not to turn your hip inward.
To follow this rule, remember:
- Don't turn your feet excessively inward or outward.
- Don't cross your legs at the knees for at least eight weeks.
- Don't stand pigeon-toed
FOLLOW YOUR TOTAL HIP PRECAUTIONS UNTIL YOUR PHYSICIAN TELLS YOU NOT TO.

Do not bend your operated hip beyond a 90° angle.
Do not cross your operated leg or ankle.
Do not turn your operated leg inward in a pigeon-toed position.
LEAVING THE HOSPITAL/HOME CARE

SECTION D
HOME SAFETY TIPS

DO NOT bend over to pick up items on the floor.

DO NOT go for long periods of time without moving. To help prevent stiffness and swelling, it is important that you get up and move at least every 30-45 minutes or so.

DO NOT sit in chairs that are low to the ground, chairs with wheels or chairs without armrests.

DO NOT drive a car until cleared to do so by your physician.

DO use your walker until your physician or therapist tells you not to.

DO maintain your hip precautions until your physician tells you not to.

DO use your walker bag that was provided to you, in order to carry small items that you may need. This will allow you to keep your hands free to use the walker properly.

DO put hot liquids in containers with covers.

DO slide objects along the countertops, instead of carrying them.

DO arrange for pets to be outside or in another room when you first arrive home. Pets tend to get excited when they haven’t seen you for a few days. Come inside and sit down before allowing the pets to greet you.

DO arrange for someone to stay with you for a few days.

SWELLING PREVENTION

Keep in mind that some swelling in your hip is normal and should not be a cause for concern. It is important that you watch for signs of increased or abnormal swelling each day. Notify your physician immediately if anything seems out of the ordinary.

There are several strategies to help keep normal swelling to a minimum:

- When you were in the hospital, nursing kept ice packs on your hip, continue to use ice packs several times a day (most patients use them after performing their exercise program) at home.

- Lie down for an hour each day, once in the morning and once in the afternoon.

- Keep your feet elevated when you sit, using a footstool or a bench.

- Continue doing your ankle pump exercises even when you are sitting still. These exercises are designed to help reduce swelling and boost circulation.

FOLLOW UP APPOINTMENTS

You will be scheduled for a follow up visit with your physician in approximately 10-14 days. You will also likely be scheduled for outpatient physical therapy treatments which are generally 3 times a week. It is extremely important that you keep all of your follow up visits. Remember, you will not be allowed to drive initially and need to arrange for transportation from a family member, friend or church member.

FOLLOW UP PHONE CALL AND SURVEY

Within a few days of discharge you will receive a phone call from us. The purpose of this phone call is to touch base with you, answer any questions you may have and make sure things are going well for you.

Approximately 9 months after your discharge you will receive a HOOS survey (Hip Osteoarthritis Outcome Survey) in the mail. This survey is the same one you completed at our hospital just before your surgery. By taking the time to complete and mail in this survey, you assist us in ensuring we provide the highest level of care possible.

COMMUNITY RESOURCES

The following links will connect you to resources that you may find helpful after discharge.

Meals on wheels—
www.mealsonwheelsnorman.com

Norman senior resource guide/transportation for seniors in Norman
http://www.unitedwaynorman.org/sites/itedno
rman.org/files/Seniors%20Resource%20Guide.p
df
AIR TRAVEL

For the first year after your joint replacement, use these precautions to protect your new joint and reduce your risk of problems.

- When booking your flight, tell them you have a total joint in place and request a bulkhead seat so you have more room to stretch out your leg.
- Be sure to tell the officers at the security check points that you have a total joint in place.
- Request assistance to travel through the airport.
- Stand frequently and do your ankle pumping exercises during the flight as you are able.

DRIVING AND RIDING IN A CAR

If you are riding in a car, stop every 30 minutes and get out of the car to stretch. Do your ankle pumping exercises while you are riding in the car. Do not resume driving until approved by your physician.

NUTRITION AFTER SURGERY

Calorie and protein needs are greater after your surgical procedure. It is recommended that you aim for 3 meals a day and snacks as tolerated.

Proteins: Aim to include 1-2 protein sources at each meal. Protein is a great source of amino acids that speed healing and help the body function at its optimal level.

The key to ingesting protein after surgery is to eat the right sources of protein. Avoid dense proteins such as red meat and try to take in proteins such as fish, chicken and almonds. These lighter proteins are not only a better source of amino acids, but are easier for the body to digest. This is especially important when your digestion is sluggish after surgery.

Protein sources
- Poultry
- Eggs
- Fish
- 3-4 ounces of beef

Vegetarian protein sources
- Soy
- Beans
- Tofu
- Nuts
- Seeds
- Peanut butter

Dairy protein sources
- Milk
- Yogurt
- Cheese

Grains and Fibers: Eating grains such as oatmeal and quinoa will help stimulate your digestive system and keep the system operating normally. Anesthetics and pain medication can be notorious for contributing to constipation in patients, so consuming good grains counters that effect and makes you feel full. Warm oatmeal not only provides essential fiber but also acts as a comfort food. Wheat bran and bran supplements have also been shown to diminish constipation following surgery.

Fruits: Fruits that are high in vitamin C also fight inflammation in the body. Pineapple is an especially effective food for healing as it contains bromelain, an enzyme shown to greatly help with inflammation and swelling. In addition, fruit has a high water content to assist with hydration, and antioxidants to speed healing.
**Probiotics:** Antibiotics are frequently prescribed following orthopedic surgery to prevent postsurgical infection. While this certainly improves the recovery outlook, it can cause an imbalance of the digestive system. Antibiotics kill both good and bad organisms in the body, so your intestinal flora can be destroyed along with the bacteria that cause infection. Probiotic foods such as yogurt with active cultures, pickles, sauerkraut, miso soup, and best of all, dark chocolate, can all aid in digestions.

**IRON NEEDS**

The smallest amount of blood loss during surgery can deplete your iron levels. Below is a list of high iron food that you can consume to improve your levels.

- Organ meat, like liver
- Oysters, clams, scallops and shrimp
- Lean beef, pork and lamb
- Chicken, turkey
- Dried apricots, dried peaches, prunes and raisins.
- Legumes, dried beans
- Whole grain and enriched breads
- Wheat germ
- Fortified breakfast cereals
- Prune juice
- Dark green leafy vegetables
- Egg (yolk)
- Dark molasses

Iron is needed to help carry oxygen throughout your body. If your iron is low you may feel tired, dizzy, get headaches, not be able to sleep and feel somewhat irritable.

Iron is best absorbed if you eat iron rich foods with foods that are high in vitamin C like orange, grapefruit, cranberry or tomato juice.

**Other Vitamin C Rich Foods Include:**
- Citrus juices
- Oranges, lemons, limes
- Cantaloupe, papaya
- Strawberries, kiwi
- Broccoli, cauliflower, brussel sprouts
- Potato
- Spinach and other greens
- Sweet peppers, chili peppers
- Tomatoes
Total Hip Replacement Exercise Guide

Regular exercise to restore your normal hip motion and strength and a gradual return to everyday activities are an important part in your full recovery. These exercises are important for increasing circulation to your legs and feet in order to prevent blood clots and decrease swelling. These exercises also are important to strengthen muscles and improve your hip movement.

You will begin these exercises the day after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and help reduce your post-operative pain. Your orthopedic surgeon and physical therapist recommend that you continue to perform this exercise program twice a day (once in the morning and once in afternoon/evening) at home during your early recovery.

It is important to keep legs elevated to continue to decrease swelling and improve circulation. Do not sit with feet on the floor for more than 30 minutes at a time.

Change positions frequently, do not sit still too long. It is better to get up more often for short periods then to wait and get up less, but for longer periods.

Do not forget to apply ice to your hip for no more than 15min following each exercise session.

Please do these exercises 40 Times each Twice daily.

If you have any questions once you are home, please feel free to contact the Physical Therapy Department at #515-1712
1. **Ankle Pumps**

Gently “pump” both ankles up and down, so that your toes point first up and in toward you, then forward and away from you.

2. **Quad Sets**

Slowly tighten muscles of the thigh pushing knee into the bed with your leg straight. Hold for a count of three to five seconds then relax the muscles.
3. Ham Sets

Push your heel into the bed with your legs straight or knee slightly bent, hold for five seconds, relax and repeat.

4. Gluteal Sets

Squeeze your buttock muscles as tightly as possible. Hold for a count of three to five seconds then relax the muscles.
5. Heel Slides

Slide your heel up toward your body by bending your knee. Keep your heel in contact with the bed.

6. Hip Abduction

With your knee straight and keeping your toes pointed toward the ceiling. Slide your leg out to the side as far as possible then back in. **Do not cross midline of the body.**
7. Straight Leg Raises

Straighten leg as much as possible by tightening the muscles on top of your thigh, Raise your heel approximately 4 inches, relax and repeat. Remember to keep your leg straight during this exercise.

8. Hamstring-Glut Bridge

Place feet hip width apart and knees slightly bent. (Figure A) Press down with the heels of the feet and lift the buttocks and lower back up. (Figure B). Keep abdominal and lower back tight so spine stays neutral.