Patient Discharge Guide
to Total Hip Replacement

Orthopedic and Spine Unit
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Hip Replacement: Aftercare at Home

When you are discharged, your healthcare team will provide you with information to support your recovery at home. Although the complication rate after total hip replacement is low, when complications occur they can prolong or limit full recovery. Here are some tips on managing pain as well the warning signs of an infection and blood clots to watch for and report to your physician.

Managing Your Pain

Pain medication will be prescribed for you; with pain under control, you’ll be able to get back to an active life sooner. Use pain medication only as directed, taking each dose before pain becomes severe; plan ahead by taking pain medication an hour prior to physical therapy or strenuous activities such as bathing. Tell your health care provider if the medication does not adequately control your pain, or if you suddenly feel worse. All pain medications are constipating; be sure to drink 6-8 glasses of water daily, unless your physician instructs you otherwise. A daily stool softener is recommended and use of laxative if it has been more than 2 days since your last bowel movement.

Warning Signs of Infection

Notify physician if you have any of the following symptoms.

- Persistent fever (greater than 101.5 degrees)
- Shaking chills
- Increasing redness, heat, tenderness or swelling of your wound
- Yellow or green drainage from your wound
- Increasing pain with both activity and rest

Warning Signs of a Blood Clot

Take your blood thinners as prescribed. If unable to get prescriptions, notify your physician. Notify physician if you have any of the following symptoms.

Blood clots can occur in the operative leg as well as non operative leg.

- Pain or tenderness in your leg or calf unrelated to your incision.
- Tenderness or redness above or below your knee
- Severe swelling of your thigh, calf, ankle or foot

In very rare cases, a blood clot may travel to your lungs and become life-threatening. Seek medical attention immediately if you develop any of the following symptoms.

- Shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing
Acetaminophen, frequently known as Tylenol® is found in many post-operative hip replacement pain medicines. Acetaminophen may be combined with a narcotic medicine to increase its effectiveness. Examples of these medicines include Norco®, Lortab®, Percocet®. Additionally, many over-the-counter (OTC) medicines also contain acetaminophen. These medicines include sleep aids, fever reducers, pain relievers, as well as cold and allergy medicines.

It’s important to know that while acetaminophen is safe and effective when used as directed, there is a limit to how much can be taken in one day: 4,000 milligrams (mg) daily limit for most adults. Taking more acetaminophen than directed is an overdose and can lead to liver damage or even cause death.

It is important to always read and follow medication labels. Please note that when checking labels acetaminophen may also be listed as Tylenol®, APAP® or Acetam®.

To help you take acetaminophen safely, please follow medication labels and avoid making these common acetaminophen dosing mistakes:
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 of 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 then 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.

What are the signs and symptoms of a hip dislocation?
Signs and symptoms of a hip dislocation include severe pain in the leg, inability to move leg, shortening and external rotation of the leg.

How can I help prevent it?
Proper body positioning is the key factor in preventing dislocation. In the early post-operative period, learning total hip precautions, or the positions of potential instability to avoid are critical. As surgical incision pain decreases beyond the immediate post-operative period, it is important to remember the presence of the prosthetic joint and not to become too careless about your activities. Follow your total hip precautions until your physician tells you otherwise.

Sexual Activity and Intimacy with Hip Precautions
Generally, most people wait to resume sexual activity for a few weeks after surgery. Your incision, muscles and body need time to heal. When you feel ready to resume sexual activity please talk to your occupational or physical therapist so they can provide and review the proper positions you can use to maintain your hip precautions during sexual activity.
Total Hip Replacement Precautions

To practice safe movement until your hip replacement has fully healed, you will need to take several precautions to avoid dislocating your hip:

1. **Do not bend your operated hip beyond a 90° angle.**

2. **Do not turn your operated leg inward in a pigeon-toed position.**

3. **Do not cross your operated leg.**

This section provides reminders about proper positions when sitting, standing and lying down. Let your therapist or your doctor know if you have questions about these precautions.

**Sitting:**

- Sit in raised seats (1-2 pillows if necessary) or on a raised toilet seat/commode with armrests.

- **Do not raise your knee higher than your hip** while sitting. Sit with the operated leg forward.

- Reach back for the arm rests of the chair with both hands. Bring the operated leg forward and slowly lower into the chair or raised toilet seat/commode.

- **Do not lean forward.** Your shoulders should stay behind your hips.
**Do Not Bend Down at the Waist** to pick items off the floor.

- Use a long-handled reacher or other adaptive aid to pick items off the floor.

**Do Not Twist Your Torso Inward when Lying, Sitting or Standing.**
Do Not Turn Your Operated Leg Inward in a Pigeon-Toed Stance.

- Keep this in mind when standing and lying down.

Do Not Cross Your Operated Leg or Ankle Over Your Non-Operated Leg.

- While sleeping or lying in bed, keep a pillow between your legs to prevent hip dislocation.
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 then 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 toward you, then down.

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.
After Hip Replacement: Home Safety

Becoming more aware of hazards in your home can help make your recovery safer. You might want to have furniture rearranged so it’s easier to get around. Don’t forget to watch out for hazards like wet floors or uneven surfaces.

1. Clear away throw rugs, cords and anything else that could cause you to trip, slip or fall.
2. Be very careful around pets and small children. They can be unpredictable and get in your path when you least expect it.
4. Have good lighting; a night light can make a big difference use them in the bedroom, bathroom and hallways.
5. Avoid long pants, night robes or nightgowns; these could cause you to trip.
6. Do not wear loose fitting or backless shoes. Wear well fitting shoes, with backs and non skid soles.

Have an emergency plan in case of a fall. Consider keeping a telephone close by or carrying a cell phone.
After Hip Replacement: Sleeping Positions

Your new hip needs extra care while it heals. Follow your “hip precautions” to help you avoid injuring it. Use the tips on this sheet to help keep your new hip safe while sleeping.

If You Lie on Your Back

If You Lie on Your Side

Remember Your Hip Precautions

- Keep the angle at your hip greater than 90°. (Don’t move your knees and chest too far toward each other.)
- Do not cross your legs or ankles or let your operated thigh cross the middle of your body.
- Do not turn your operated hip or knee inward.

Safe Sleeping

- Find a position that keeps your hip safe and comfortable.
- Use pillows to keep your hip in a safe position.
- Follow your health care provider’s instructions about which side to sleep on.
After Hip Replacement: Getting out of Bed

*Step 1* To get out of the bed, move your body towards the edge of the bed and turn on your hips using your elbows to help. Keep your body straight with your operated leg kept to the side. **Do not twist your operative leg inward.**

![Step 1](image1.png)

*Step 2* Move your unoperated leg around and sit on the edge of the bed keeping your operated leg straight. Hold onto your walker for support and stand. **Do not bend forward as you try to stand.**

![Step 2](image2.png)
After Hip Replacement: Walking

- **Step 1** Place the walker a few inches in front on you and hold on to the walker firmly with both hands. Keep your hip straight. Your first step forward should always be with operative leg (weak leg) into the center of the walker. To protect your hip, avoid rotating your hip or foot.

- **Step 2** Push down on the walker and let it support your weight. Next step forward with your non-operative (strong leg), bringing it even to your operative leg. Be careful to keep your feet inside of the walker.
After Hip Replacement: Sitting

**Step 1** Sit in firm, straight-backed chairs with high seats and armrests. You should avoid low, overstuffed chairs. Back your walker up until you feel the chair touching the back of your legs.

![Step 1 Image]

**Step 2** Release your hands from the walker and reach down and hold onto the arm rests. Slowly lower yourself keeping your operated leg straight out in front.

![Step 2 Image]

**Step 3** Sit then slide back in the chair bending your unoperated leg first. You use this technique when using a toilet with arm rails as well.

![Step 3 Image]
After Hip Replacement: Bathroom Safety

Becoming more aware of hazards in your bathroom can help make your recovery safer. Aids like a shower hose and a raised toilet seat can help you stay safe. Don’t forget to watch out for hazards like wet floors or uneven surfaces.

1. Place non-skid decals or mats in shower or tub. It may be helpful to install grab bars. Shower benches and elevated toilet seat can be very helpful as well.

2. Do not use she soap or towel holder as a grab bar or handrail: it is not designed to hold the weight of a human being.
After Hip Replacement: Using the Toilet

Using the bathroom can be challenging after hip surgery. Follow your hip precautions and the tips on this sheet to keep your new hip safe when using the toilet.

- Back up until you feel the toilet touch the back of your legs.
- Place your operated leg in front of you, keeping your weight on the other leg.
- Look behind you and grasp the grab bar (or side rails, if you’re using a toilet with rails).
- Lower yourself onto the front of the toilet, and then scoot back.
- To get up, reverse these steps.

**Remember Your Hip Precautions:**
- Keep the angle at your hip greater than 90°. (Don’t move your knees and chest too far toward each other.)
- Do not cross your legs or ankles or let your operated thigh cross the middle of your body.
- Do not turn your operated hip or knee inward.
After Hip Replacement: Bathing

Special shower chairs and tub benches are available for use while bathing. These chairs help you bathe safely.

**Note:** Try to make sure surfaces are dry before you walk on them. Non-skid mats can help prevent falls.

*Getting Into a Shower Stall*

1. Back up over the lip of the shower stall with your good leg until you feel the shower chair behind you. Reach back for the shower chair first with one hand, then the other, as you begin to sit down.

2. Lower yourself onto the chair. Lift each foot and turn to face the faucet.

*Getting Into a Tub*

3. Back up until you feel the tub bench behind you. Reach back for the bench first with one hand, then the other, as you begin to sit down.

4. Lower yourself onto the bench and turn to face the faucet. Use your hands to help lift each leg over the side of the tub. A handheld shower nozzle can make bathing on a bench easier.
After Hip Replacement: Dressing

Caution: Be careful not to bend forward or lift your knee above your hip.

To protect your hip, you must learn safe ways to do daily tasks. Your health care provider may suggest tools to help you. These include a reacher, sock aid, and dressing stick.

**Putting On Socks**

1. Sit on a chair or on the side of the bed.
2. Pull the sock onto the sock aid as you have been shown.
3. Hold the sock in front of the foot on your operated side.
   Slip your foot into the sock. Pull the sock aid out of the sock.
4. Put the other sock on with the sock aid, or bring your foot toward you and slip the sock on with your hands.

**Putting On Pants**

1. Sit on a chair or on the side of the bed.
2. Using a reacher, catch the waist of the underwear or pants with the reacher.
3. Slip the pants onto your operated leg first. Then slip your other leg into the pants.
4. Use the reacher to pull the pants over your feet and above your knee. Pull them to where you can reach them with your hands.
5. Hold the pants with one hand. Push up from the chair to stand.
   Steady yourself with your walker.
6. With your hands, pull the pants the rest of the way up.

**Putting On Shoes**

1. Wear slip-on shoes with a back or use elastic or velcro shoelaces so you don’t have to break your hip precautions by bending over to tie them.
2. Sit on a chair. Put your foot into the shoe. Use a reacher or long-handled shoehorn to pull the shoe on.
After Hip Replacement: Kitchen Tips and Safety

- Keep your walker with you.
- Get as close as you can to the counter, sink or refrigerator.
- Do not reach beyond arm’s length or lean on your walker. This can cause the walker to tip and you to fall.
- Slide items along counter to stove or microwave if needed.
- **Sit down to open containers, prepare or mix food.**
- Keep frequently used or heavy items on the counter or lower cabinet shelves.
- Remember your hip precautions. Do not bend over to pick up items from lower cabinets or floor.

- **DO NOT carry items in your hands when walking with your walker.** Use a walker tray, small handled plastic/paper bag or apron. Be cautious not to overload bags, this can cause the walker to tip and you to fall. Liquids and food should be carried in watertight containers.

To use the refrigerator:

- Position the walker at the side of refrigerator so that you are facing the door. Place one hand on the counter or side of appliance then reach to open the door with the other hand.
- You may need to move your walker inside the door slightly, so that you are close enough to reach items and so that the door does not shut before you retrieve your items.
- To help maintain your hip precautions, have a friend or family member organize your most frequently used items on the top shelves so that they are within easy reach prevent you from bending over to far.
Hip Safety: Getting Into and Out of a Car

After hip surgery, getting into or out of a car can be difficult. To keep your hip safe, follow your “hip precautions” and the tips on this sheet. The steps below help you get into a car. Reverse them to get out of a car.

Before Getting Into a Car

- Have someone move the seat as far back as it will go.
- Recline the back of the seat if possible.
- Place a pillow on the seat to keep your hips above your knees, especially if the seat is low.

Sit Down

1. Stand with your back to the car. Keep your operated leg straight and that foot slightly forward. Feel the car touch the back of your other knee.

2. Hold onto the side of the car and the walker or dashboard.

3. Lower yourself slowly onto the seat. Watch your head.

Bring Your Legs Into the Car

1. Slide back into the center of the seat.

2. Lift your legs one at a time into the car. As you do so, move your body. Do not twist.