



## TOTAL HIP REPLACEMENT

Patient Booklet



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# ABOUT US

## WELCOME

At Northwest Specialty Hospital our motto is Patients First. It defines our hospital, our culture and our life's work. The safety and satisfaction of our patients is at the core of everything we do. As one of the few remaining hospitals in the nation owned and operated by surgeons, our decisions as an organization are guided by their real-life experience with patients like you. We hope that you will enjoy our five-star cuisine and relaxing atmosphere as you receive care from some of the best surgeons in the area and our compassionate staff. Our goal is to provide you with the best experience possible, so we designed this document to help guide you through your upcoming surgical procedure. If there are any questions you may have about your procedure, please tell a team member. It is truly an honor that you have chosen us to care for you, and we would like to thank you for your trust in us.



Sincerely,

**RICK RASMUSSEN**  
*Chief Executive Officer*

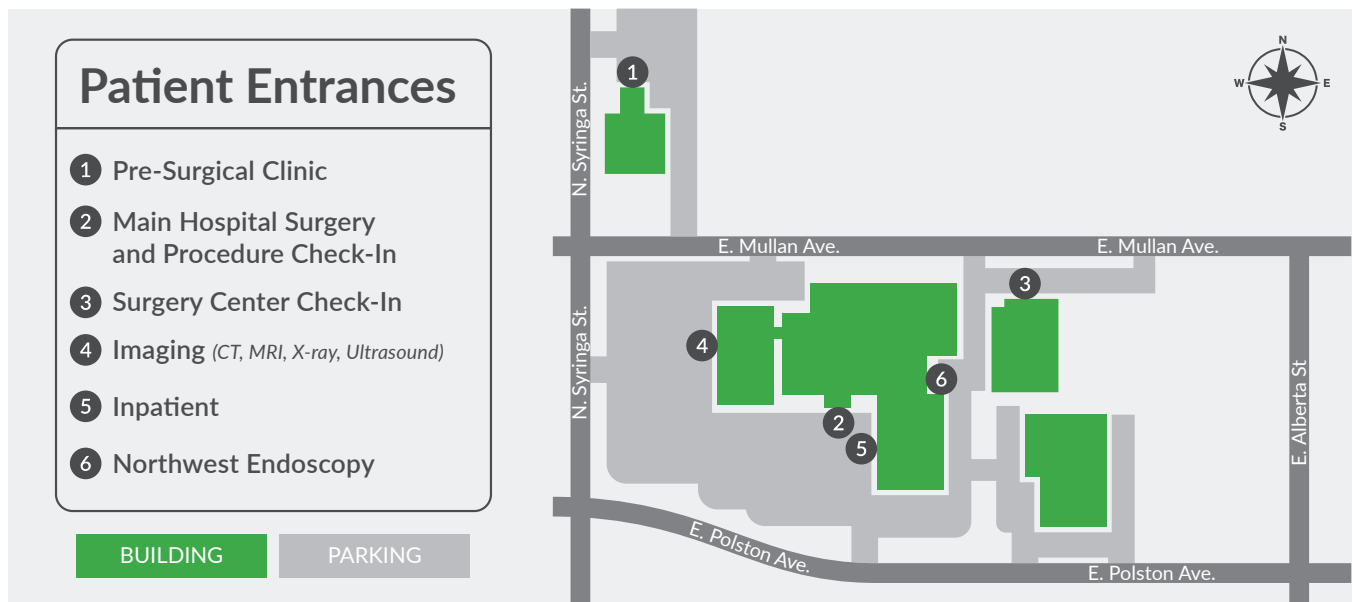


## OUR HOSPITAL

We are a physician owned and operated health care organization committed to providing the highest quality health care. At Northwest Specialty Hospital, patient care is our top priority. Our dedicated team of friendly and attentive medical professionals ensures that you receive the time and attention you deserve. What sets us apart?

- Low patient to nurse ratios
- Low infection rates
- Personalized education programs with our Orthopedic Nurse Navigator
- Dedicated nursing care throughout your entire stay

## FACILITY MAPS



## USING THE GUIDEBOOK

- Review General Information with your support person, a family member or friend that will be with you during your recovery
- Review Before Surgery Checklist and mark each line as you complete the item
- Review Surgical and Postoperative Information
- Look through the FAQ to answer common questions
- Bring your Guidebook with you to the surgery center, rehab, outpatient therapy and all physician visits for notes and references

*Note: This booklet is intended as a general guide. Please follow the specific instructions provided by your healthcare team.*

# TOTAL JOINT PROGRAM

## INTRODUCTION TO THE TOTAL JOINT REPLACEMENT PROGRAM

The NWSH Total Joint Replacement Program offers a comprehensive, planned course of treatment including:

- In person or virtual preoperative education so our patients know how to prepare for surgery and recovery.
- The opportunity for patients to walk using their new joint on the day of surgery paves the way to a same day discharge. It is our goal for patients to recover in the comfort of their own home with their support person's help
- A team-oriented approach that revolves around individual recovery needs

We are glad you have chosen Northwest Specialty Hospital to care for your hip.

## MEET YOUR NURSE NAVIGATION TEAM

The total joint program provides patients with information and guidance from an experienced Orthopedic Nurse Navigator and support staff.

Participation in our Joint Replacement Program includes:

- In person preoperative education available every week (a virtual option is available if preferred)
- Contact with a nurse, preoperatively, day of surgery and postoperatively
- Identifying your home recovery plan and support person
- Participation in the CMS Patient Reported Outcomes Performance Measure

If you have not had contact with your Orthopedic Nurse Navigator, please call NWSH at 208-500-9813 to schedule preoperative education.

# **CMS PATIENT REPORTED OUTCOMES PERFORMANCE MEASURE**

## **Goal**

Northwest Specialty Hospital works hand in hand with Medicare and the American Joint Replacement Registry to focus on the safety and quality of your total joint replacement. Your care team will contact you before and after your surgery to guide you through surveys focused on comfort and mobility. Your feedback will play a crucial role in the quality of care we provide.

Northwest Specialty Hospital is invested in your total joint replacement experience. We are interested in knowing whether your pain has improved, and how well your new joint performs as you resume your normal activity.

## **Q&A:**

### **What is the survey?**

Our Nurse Navigation team will guide you through a brief survey about your level of comfort and mobility. We will also ask about any other issues you have experienced resulting from your need for surgery. We understand that joint pain can impact the whole person and your ability to participate in activities you enjoy.

### **How long does the survey take to complete?**

The survey format is user friendly and takes approximately 5-10 minutes to complete.

### **How do I access and complete the surveys?**

Northwest Specialty Hospital uses AJRR (American Joint Replacement Registry) to email patients a link to access the survey.

Please contact the Nurse Navigation Team about the survey if you do not have access to email. The team will be happy to help you fill out the survey during the Total Joint Replacement class or over the phone if needed.

### **ANY QUESTIONS?**

Contact the Nurse Navigation Team  
208-500-9813

# PREPARING FOR SURGERY

## TOTAL HIP REPLACEMENT

Total hip replacement is a modern surgical procedure where damaged bone and cartilage are removed and replaced with prosthetic components. During the procedure, the damaged femoral head is removed, allowing a metal stem to be placed into the hollow center of the femur. Next, a metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed. The damaged cartilage surface of the socket, known as the acetabulum, is removed, and then replaced with a metal socket. A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface (American Academy of Orthopaedic Surgeons [AAOS], 2015a).



## YOUR SUPPORT PERSON

We advise all patients going home to designate a support person for at least 24–48 hours after the procedure. This person is commonly a family member, friend, or loved one that is capable and willing to care for you during your initial recovery. If you do not have someone that is willing or able to do this at your time of surgery, we strongly advise that you let your surgeon know. Your surgery may need to be postponed until appropriate care can be arranged.

**Total Joint surgery does not qualify for a post-surgical rehabilitation or skilled nursing stay even if a patient lives alone.**

Your support person must be willing to:

- Assist you in presurgical preparation
- Transport you to and from surgery
- Assist with postsurgical cares
- Stay with you for the first 24–48 hours

**Your support person must be over 18 years old and willing to assist you with your care.**



## HOME PREPARATIONS

Preparing for your surgery can minimize the amount of help needed post-op.

- Rearrange furniture and other household items to make it easier and safer to move around your home
- Pick up throw rugs and secure any cords
- Install nightlights in bathroom, bedroom, and hallways
- Prepare meals and freeze them
- Stairs: make sure handrails are secure

## PRE-SURGICAL CLINIC

Our Pre-surgical Clinic is designed to make sure you are ready for surgery. If your surgeon requests a medical consultation with a provider this can be done in our Pre-surgical Clinic or by your primary care physician. If it has been decided that you will go through our Pre-surgical Clinic, a scheduler will contact you to set up an appointment.

A pre-surgical clinic nurse will also contact you prior to surgery. They will go over your allergies, health, and surgical history. They will discuss how to prepare you for surgery including: what medications can be taken, when to stop eating and drinking, and any other questions you may have.



### Pre-Surgical Clinic

1551 E Mullan Ave.  
Post Falls, ID 83854

Hours: 8:00AM-4:00PM

Phone: (208) 262-2328

Fax: (208) 619-5057

# BEFORE SURGERY CHECKLIST

## 4 WEEKS BEFORE SURGERY

- Follow any providers preoperative orders
- Obtain medical clearance if applicable
- Complete lab and EKG *\*must be done within 30 days of surgery date*
- Attend preoperative education (virtual option available)
- Stop smoking *\*Northwest Specialty Hospital offers a FREE 7 week Smoking Cessation Program. Call 208-618-2570 to learn more*
- Make sure you have a ride to and from the hospital or surgery center
- Make sure you have a support person for 24-48 hours after surgery

## 1 WEEK BEFORE SURGERY

- Stop taking any non-steroidal anti-inflammatory (NSAID) medications such as: Advil, Meloxicam, Celebrex, Motrin, Ibuprofen, Excedrin
- Stop taking any herbal supplements or vitamins
- No alcohol or marijuana products
- Stop taking semaglutide/GLP1 inhibitors (e.g., Ozempic, Wegovy, Mounjaro)
- Notify your surgeon's office if you have a fever, productive cough, broken skin, or a rash
- Do not shave near your surgical area, underarms, or groin area
- Start home preparation

## DAY BEFORE SURGERY

- A Pre-op nurse will call in the afternoon to give you a check-in time
- If they leave a message, call back to confirm that you received your check-in-time
- No food or drinks after midnight including water, tea, coffee, gum, and breath mints
- No tobacco or CBD/Marijuana products of any kind after midnight including: Zyn pouches, chew, Nicorette gum, gummies, and vaping
- Pack an overnight bag, even if you are scheduled to go home the same day
- Complete the Skin Prep *\*see instructions on the next page*

## DAY OF SURGERY

- No food or drinks including water, tea, coffee, gum, and breath mints
- No tobacco, CBD/Marijuana products of any kind after midnight including Zyn pouches, chew, Nicorette gum, gummies, and vaping
- Take only the medications your doctor instructed you to take with a small sip of water
- Wear loose, comfortable clothing and slip-on shoes

## Bring the following items to the Hospital or Surgery Center

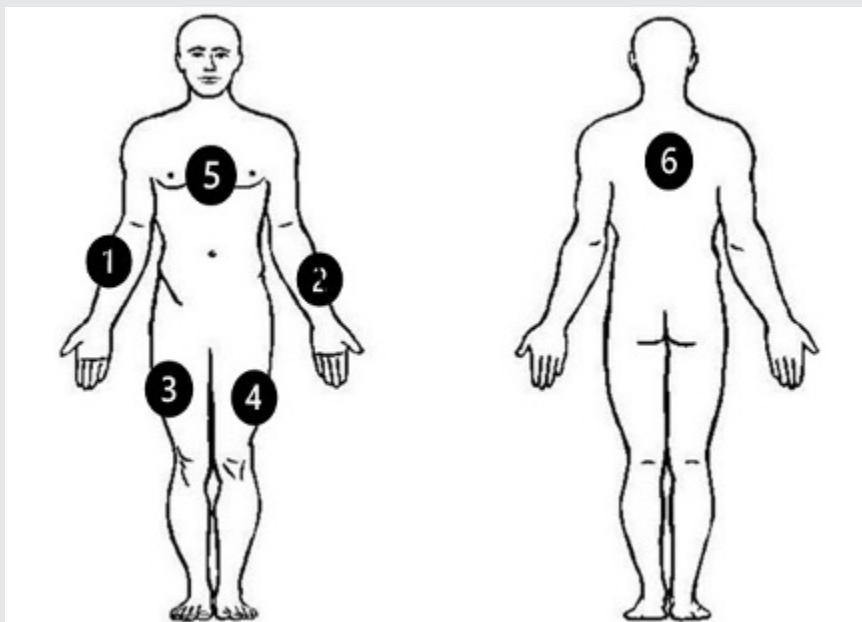
- This guide book
- Advanced Directive if applicable
- Insurance card and valid driver's license or photo ID
- Bring overnight bag with toiletries, loose fitting clothing and slip on shoes
- Home medications to review with preop nurse at check in
- Walker\* or Brace (if applicable)
- Medical devices such as CPAP or hearing aides

Leave all valuables at home or with your support person

*\*Walkers can be obtained from the hospital, and will be billed to your insurance*

## CHG Wipe Instructions

- This is done the night before surgery
- Shower as normal then wait one hour to use the CHG wipes
- There are 6 wipes to a pack, one for each extremity and one for the front of the body and one for the back of the body. Please see the picture below
- Do not use on face, groin, or any broken skin
- Do not flush in the toilet
- If you have a reaction, discontinue use and report this to the preop nurse at check in
- Do not use any lotions or creams on the skin after the CHG prep is done
- Sleep in clean sheets and wear clean clothing
- Remove all jewelry and leave at home



# YOUR SURGERY AND HOSPITAL STAY

## CHECKING IN

You will be instructed to check in at either the main hospital or surgery center. Please check in at the reception desk. Once you have been completely checked in, we will escort you back to the preoperative area.



### **NORTHWEST SPECIALTY HOSPITAL**

1593 E. Polston Ave., Post Falls, ID 83854

Phone: 208-262-2300

Fax: 208-262-2390

Hours: Monday-Friday 5:00AM – 5:00PM



### **NORTHWEST SURGERY CENTER**

1624 E. Mullan Ave., Post Falls, ID 83854

Phone: 208-770-2000

Fax: 208-770-2001

Hours: Monday-Friday 5:00AM – 5:30PM

## PRE-OP

In the preoperative area, you will be prepared for surgery. The anesthesia provider will meet with you to discuss types of anesthesia.

The types of anesthesia used:

- **General:** this type of anesthesia causes you to be unconscious for surgery with the use of medications.
- **Regional:** this type of anesthesia numbs a part of your body with an injection of local anesthetic. IV sedation will be administered in the OR so you are not awake during surgery.
- **Nerve Block:** This type of therapy may be used for total knee replacement and total shoulder replacement. It is the injection of a local anesthetic close to a targeted nerve or group of nerves to lessen pain.

## SURGERY

After surgery you will go to a recovery area. Based on your health history and what you and the provider discussed before surgery, you will discharge in one of the following ways:

### Same Day Discharge

If your surgical plan includes same day discharge, the following milestones need to be met prior to going home:

- Pain and nausea need to be controlled
- Surgical and medical team will clear you for discharge
- Physical therapy team will clear you for discharge
- You will need to be able to urinate adequately
- All home needs are arranged for a safe transition home
- All prescribed medications have been picked up

### Overnight Stay on the Inpatient Unit

If you need to stay overnight at the hospital:

- Managing your pain is a top priority
- Post operative pain is expected but should be tolerable at rest
- Physical therapy will work with you within hours of your surgery. Walking helps decrease post operative complications
- Do not attempt to get out of bed on your own, please call for assistance

# PHARMACY AND MEDICATIONS

## PAIN MANAGEMENT

Our goal at Northwest Specialty Hospital is to empower you with knowledge and understanding of your medications, including why you may be taking medications and what side effects you might experience. We encourage you to be as involved in your treatment as possible! Our goal is to provide the best outcome by utilizing the most advanced treatments available, including recommendations by clinical organizations such as the American Academy of Orthopedic Surgeons.

Northwest Specialty uses the Multimodal Approach to manage your pain after surgery. What does multimodal mean? This is the use of multiple types of medications to create a “layering affect” to control your pain. By utilizing this method, the use of opioids is usually decreased. Below are common medications used in the Multimodal Approach:

## MULTIMODAL APPROACH MEDICATIONS

Medication name	Benefits	Considerations
<b>Anesthetic</b> Lidocaine Bupivacaine Ropivacaine	<ul style="list-style-type: none"><li>• Slows nerve pain signals which decreases pain</li><li>• Usually lasts for 6-8 hours</li><li>• Allows for early postoperative movement</li></ul>	<ul style="list-style-type: none"><li>• Until these medications have worn off, only walk with physical therapy or hospital staff</li></ul>
<b>Acetaminophen</b> Tylenol APAP	<ul style="list-style-type: none"><li>• Medication is available over the counter</li><li>• Given around the clock (every six hours) for the first 2-3 weeks</li></ul>	<ul style="list-style-type: none"><li>• Check the labels of other products you are taking at home, they may contain acetaminophen</li><li>• Recommended daily dose should not exceed 4000mg in 24 hrs.</li><li>• Acetaminophen will not be recommended to anyone with liver disease</li><li>• Prescription pain medications such as Norco and Percocet have acetaminophen in them</li></ul>
<b>NSAIDS</b> Celebrex (celecoxib) Toradol (ketorolac)	<ul style="list-style-type: none"><li>• Helps with pain relief by reducing inflammation</li></ul>	<ul style="list-style-type: none"><li>• Other NSAIDS should be avoided while taking Celebrex, including Advil (ibuprofen) and Aleve (naproxen)</li></ul>



Medication name	Benefits	Considerations
<b>Opioids</b> Ultram (tramadol) Roxycodone (oxycodone) Dilaudid (hydromorphone)	<ul style="list-style-type: none"> <li>• Prescription pain medication</li> <li>• Tramadol for mild pain</li> <li>• Oxycodone for severe/ breakthrough pain</li> <li>• Dilaudid is only given while in the hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Side effects may include drowsiness, dizziness, nausea, and vomiting</li> <li>• If you notice any of these side effects while in the hospital, communicate your symptoms to nursing staff</li> <li>• Take all medications with some food to avoid nausea</li> <li>• <i>Constipation is a common side effect, please see below for more information</i></li> </ul>

## CONSTIPATION

Constipation is a common side effect after having surgery for many reasons, one of these being the use of opioids. Opioids decrease bowel motility (moving stool). A combination of a stool softener (Colace, Docusate), and stimulant laxative (Milk of Magnesia, Senna) is recommended to combat opioid induced constipation. If this combo of medications is not effective, an osmotic laxative (MiraLAX) can be added.

- Continue to take a stool softener and stimulant laxative while taking any opioids
- Call your doctor if you go longer than a few days without having a bowel movement
- If you are having loose stool, reduce the frequency of the constipation medications

## **BLOOD THINNER** (Anticoagulant)

Following surgery, you are not as mobile as you were preoperatively, so you could be at an increased risk for clotting. Physical therapy, movement and medication are keys to the prevention of blood clots. The specific anticoagulant (blood thinning medications) chosen is based on physician preference and patient history. The table below explains common terminology regarding blood clots:

<b>Blood Clot Terminology</b>	
<b>Term</b>	<b>Description</b>
VTE (venous thromboembolism)	blood clot in the vein
DVT (deep vein thrombosis)	blood clot in the deep veins of your leg/calf
PE (pulmonary embolism)	blood clot in the lung

*\*All anticoagulants carry some of the same side effects such as minor bruising and bleeding. Rare side effects may include blood in the urine/stool and severe headaches. If you notice any rare side effects, please contact your surgeon's office.*

## **COMMON MEDICATIONS PRESCRIBED AFTER SURGERY**

Below is a list of medications that may go home with you. If your surgeon prescribed your medications prior to your procedure, please pick these medications up prior to your surgery to avoid a stop on your way home to recovery.

<b>Medication</b>	<b>Class of Medication</b>	<b>Obtained</b>
Blood Thinning Medication	Blood thinner	Over the counter /Prescribed by Provider
Tylenol (Acetaminophen)	Pain reliever	Over the counter
Stool Softener	Laxative	Over the counter
Stimulant Laxative	Laxative	Over the counter
Celebrex	NSAID	Prescribed by Provider
Tramadol	Opioid	Prescribed by Provider
Oxycodone	Opioid	Prescribed by Provider

*\*Your medications will be individualized by patient allergies, surgeon preference, and other factors*



# MEDICATION TRACKING SHEET

Please use this chart to keep track of your medications during recovery.

Medication Name	Frequency	Time Taken	Time Due	Notes

# POST OP CARE

## RECOVERING AT HOME

When you go home, there are a variety of things you need to know for your safety, recovery and comfort. This section will provide you with information to customize your education on controlling your discomfort, body changes during recovery, areas of risk and identifying possible complications.

## HOME HEALTH CARE

Please keep in mind that our hospital and surgical center strive to select patients who are qualified to go home on the day of surgery and recover with their support person. Should you end up needing additional support at home during your recovery, the Case Management team will address this at discharge. (Home health care cannot be set up before surgery, but if you have concerns contact your Orthopedic Nurse Navigator).

## CONTROLLING DISCOMFORT

- Take your pain medicine as prescribed on a regular and timely basis
- Gradually wean yourself from prescription medication to non-narcotic medications
- Cold therapy to the surgical site can be effective in reducing postoperative pain and swelling
- Cold therapy will be provided to our total joint patients for home use *\*Provider preference*

## BODY CHANGES DURING RECOVERY

- Your appetite may be decreased for a few days after surgery
- Keep hydrated by drinking plenty of fluids
- You may have difficulty sleeping
- Your energy level might be decreased during the first month of recovery

## **CARING FOR YOUR INCISION AND PREVENTING INFECTION**

Do not remove the bandage unless instructed by your surgeon. Your hospital or the surgery center nursing staff will review the instructions for changing your dressing. The general rule of thumb is to keep your incision clean and dry.

### **HANDWASHING**

Hand washing will be critical. Hand hygiene is the single most important method of controlling the spread of bacteria. Please make sure and wash your hands before doing a dressing change or touching near your incision area.

### **SHOWERING INSTRUCTIONS**

- Most patients will have waterproof dressings. Please check with your surgeon to be sure what type of dressing has been applied.
- The type of dressing you have will determine when you can first get in the shower.
- You may be asked to cover your dressing with plastic so you don't get it wet, or you may be asked to take a sponge bath until your first post-op appointment.

### **DENTAL TREATMENTS**

When you see the dentist after your procedure, please be sure to remind them that you had a joint replacement, as you may be asked to take preventative antibiotics before any significant treatments. Take antibiotics as directed by your surgeon before having dental work or other invasive procedures.

# PREVENTING POTENTIAL COMPLICATIONS

## SIGNS OF INFECTION

- Increased swelling and/or redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- If you have a fever greater than 100.4°F call your surgeon

## PREVENTING BLOOD CLOTS

- Frequent mobility during recovery.
- Participate in physical therapy.
- Take blood thinning medications as prescribed by your physician.
- If you recognize a blood clot, call your physician promptly.
- Signs and symptoms of a blood clot in the leg/calf include:
  - Redness
  - Swelling
  - Skin warm to touch and/or tenderness.
- Signs and symptoms of a blood clot in the lung include:
  - Shortness of breath
  - Chest pain
  - Productive bloody cough
  - Pain in back
  - Feeling of doom

## MONITORING PROGRESS AT HOME

### Swelling

- Swelling of the lower leg on the side of surgery is normal
- Some of the swelling from the surgical site will be pushed down into the lower leg by gravity
- This can increase throughout the day while you are walking, seated, or participating in physical therapy
- Treat by elevating the limb, with the foot above the level of the heart throughout the day
- Swelling may persist for 2-3 months after surgery
- Compression is another way to treat swelling by using compression stocking or an ACE wrap bandage

## **Warmth**

- You may experience some warmth around the incision
- Warmth is a sign of inflammation and is part of the normal healing process
- Warmth around the incision is not from infection
- It can last for up to 6 months after surgery

## **Blisters**

- You may develop blisters or redness around the incision
- It may be a reaction to tape or adhesive but more commonly it is caused by swelling
- Do not touch or pop the blisters
- Place a dry sterile dressing over the blisters
- If the blisters pop, wash with soap and water and keep them clean and dry
- If you are concerned call your surgeons office or Orthopedic Nurse Navigator

## **Bruising**

- While on a blood thinner after surgery, extensive bruising may occur
- This may affect the upper thigh, in the area where a tourniquet is used during surgery
- It may also occur around the surgical incision or down the leg and in the bottom of the foot
- If bruising continues to worsen call your surgeon's office
- Bruises may remain for 3-4 weeks after surgery

## **Fever**

- You will likely run an elevated temperature for weeks after the surgery
- Elevated temperatures are a normal occurrence after surgery resulting from stress on the body
- A "fever" is considered a sustained temperature higher than 100.4°F
- Chills and the "inability to get warm" are also common complaints

*If you continue to have a fever greater than 100.4°F and you feel sick, please call your surgeon's office.*

## **Difficulty Sleeping**

- It is common to not be able to sleep well for weeks after surgery
- We do not commonly prescribe sleeping aids as they may interact with your pain medications

## **Urination**

- Frequent urination or burning can be a sign of urinary tract infection
- Call your surgeon's office if you experience pain or burning with urination

## **Nausea**

- It is common to have mild nausea after surgery
- Call the office if this persists. Anti-nausea medications can be given or prescribed medications can be changed

## **Itching**

- It is common to have some itching after surgery
- Pain medications or heat rash from moisture accumulation after lying in bed or chairs for prolonged periods can cause itching
- Narcotic medications will cause some degree of itching
- Wear loose-fitting dry clothing
- Call your surgeon's office if itching is not tolerable

# SAFETY AT HOME

*All total joint patients will use a walker for several weeks after surgery for safety and fall prevention.*

## **INSTRUCTIONS FOR GETTING INTO AN AUTOMOBILE AFTER YOUR OPERATION**

1. Push the car seat all the way back
2. Back up to the car until you feel it touch the back of your legs
3. Reach back for the car seat and lower yourself down
4. Keep your operated leg straight out in front of you
5. Turn forward, leaning back as you lift the operated leg into the car

## **INSTRUCTIONS FOR STAIR CLIMBING AFTER YOUR OPERATION**

1. Ascend with your unoperated leg first (up with the good)
2. Descend with your operated leg first (down with the bad)

## **INSTRUCTIONS FOR GETTING INTO BED AFTER YOUR OPERATION**

1. It is optimal to get in on the side of the bed where the surgical leg goes in last
2. Back up to the bed until you feel the bed on the back of your legs
3. Using your walker, reach back with one hand to help you sit down on the edge of the bed
4. Then scoot back toward the center of the mattress, keeping the other hand on the walker
5. Move your walker out of the way but keep it within reach
6. Scoot your hips around, so that you are facing the foot of the bed
7. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a rolled bed sheet, belt, or resistance band to assist with lifting that leg)
8. Keep scooting and lift your other leg into the bed
9. Scoot your hips toward the center of the bed

## **INSTRUCTIONS FOR GETTING OUT OF BED AFTER YOUR OPERATION**

1. Scoot your hips to the edge of the bed
2. Sit up while lowering your unoperated leg to the floor
3. If necessary, use a leg-lifter to lower your operated leg to the floor
4. Scoot to the edge of the bed
5. Use both hands to push off the bed
6. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other
7. Balance yourself before reaching for the walker

# PHYSICAL THERAPY

Your physical therapist at the hospital will educate you on safety at home after asking questions about your home environment. This includes equipment, vehicle transfers, showering, toileting, and stairs.

- Always ask questions if you have any concerns or unusual situations
- Your exercise program should be carried out 3–5 times per day or as directed by your physical therapist
- Use pillows to elevate your leg above your heart
- Short, frequent bouts of walking are essential for your recovery
- Choose loose fitting clothing and shoes that are easy to slip on

## ICE AND ELEVATION

Effective elevation is critical to the post-operation period. This should be done more often during the first 2–3 weeks after surgery.

- Your lower leg should be 6–10 inches above your heart all night and approximately 60% of the day
- You can elevate less frequently as swelling decreases
- Ice your hip frequently for the first 2 weeks
- Always use a towel or cloth to wrap the ice pack to avoid direct contact with the skin

## RESTRICTIONS

- You may perform light activities of daily living but limit heavy activities
- No driving until approved by your physician
- Try to avoid using manual recliners due to excessive force to lower leg
- Do not use hot packs/heating pads on the surgical area



## REHABILITATION EXERCISES

Exercise and walking are essential to strengthen your hip and ensure that you maintain your range of motion. Your physician and physical therapist recommend you perform the following exercises as part of your rehabilitation.

### Ankle Pumps

Move both of your ankles up and down in a toe-tapping fashion.

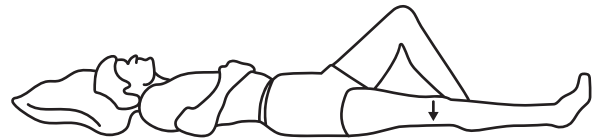
REPS: 15 | TIMES PER DAY: MANY TIMES



### Quad/Glute Sets

Tighten the muscles on both of your thighs (quads) and buttocks (glutes). Hold for 5 seconds.

REPS: 15 | TIMES PER DAY: 3-5



### Heel Slides

Slide your foot back toward your buttocks, allowing your hip and knee to bend.

REPS: 15 | TIMES PER DAY: 3-5



### Hip Abduction/Adductions (Leg Slides)

Keeping your leg straight, move your leg out to the side and back.

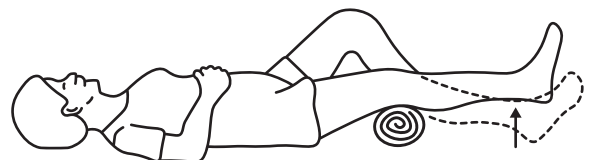
REPS: 15 | TIMES PER DAY: 3-5



### Short Arc Quad

With your knee bent over a pillow, straighten your knee, keeping the back of it on the pillow.

REPS: 15 | TIMES PER DAY: 3-5



# NUTRITION

## NUTRITION BEFORE SURGERY

- Eat smaller more frequent meals
- Eat well balanced nutrient dense foods
- Adequate fluid intake with non-caffeinated drinks to stay hydrated

## NUTRITION AFTER SURGERY

You may not feel hungry; try to eat nutrient dense snacks or protein drinks

- Eat protein rich foods with each meal like eggs, fish, beans, and chicken
- High fiber foods to avoid constipation like beans, greens, and quinoa
- Broths, dry or bland foods help with nausea
- Avoid alcohol; it can delay healing and should not be taken with pain medication
- If you would like to improve nutrition after surgery request to speak with our dietician

# PATIENT RESOURCES

There are several local resources available in the community for housekeeping, purchasing medical equipment, and transportation. Please contact your Orthopedic Nurse Navigator for an updated list.

Department	Phone Number
Main hospital	208-262-2300
Urgent Care	208-262-2600
Presurgical Clinic	208-262-2328
Imaging	208-262-2333
Billing	208-262-2085
Registration	208-262-2259
Orthopedic Nurse Navigator	208-500-9813

# SUMMARY OF POST-OPERATIVE CARE

## MEDICATIONS

### Pain Medications

- Take pain medications as prescribed
- Do not take the Tramadol and rescue pain medication (example Oxycodone) at the same time, separate them by 1-2 hours
- Weaning down to a non-narcotic pain medication is recommended as soon as possible. This is done by increasing the time between doses
- Allow 24-48 hours for pain medication refills

### Blood Clot prevention/blood thinning medication

- Most patients will take 81mg of Aspirin for 5 weeks after surgery
- Aspirin can cause GI upset take with food to help with this or call your provider
- Do not take any additional NSAIDs like ibuprofen or naproxen while on Aspirin therapy, this increases your risk for bleeding

### Constipation medication

- Take a combination of a stool softener and a stimulant laxative twice per day while on pain medication
- Add MiraLAX (osmotic laxative) if the above medications have not caused a bowel movement in two days
- Do not go longer than a few days (4-5) without a bowel movement

## INCISION/DRESSING CARE

- Hand hygiene is the single most important method of controlling the spread of bacteria
- Wash your hands before touching near your incision or doing a dressing change
- You may shower after surgery, but keep the dressing clean and dry
- You may cover dressing with plastic, so it does not get wet
- If a dressing change is needed your discharge nurse will supply instructions and extra dressings
- Do not soak incision once sutures/staples are removed for 6-8weeks

## PHYSICAL THERAPY

### Ice and Elevation

- Ice and elevation are critical for pain and swelling management
- Cold therapy will be provided to all patients to take home
- Elevation should be done while resting, with the foot above the heart
- Elevation can be done less often as swelling decreases

### **Activities**

- All patients will use a walker for the first few weeks
- Physical therapy will teach you exercises that you will continue to do 2–3 times per day
- Short frequent bouts of walking are essential
- No driving until you are off pain meds and cleared by your surgeon

### **NUTRITION**

- Advance diet as tolerated
- Eat protein rich foods
- You may not feel hungry, try nutrient dense snacks or protein drinks

### **CALL YOUR SURGEON IF:**

- Your incision is red, hot, swollen and has increased drainage
- Your incision is opening up
- You have a temperature over 100.4°F
- Your calf is red, swollen and painful

**There is an after-hours provider available for nights and weekend questions.**

### **SEEK CARE AT AN EMERGENCY DEPARTMENT IF YOU EXPERIENCE:**

- Sudden chest pain, shortness of breath, feeling of doom
- Temperature over 103°F
- A fall or potential injury to your surgical hip
- Numb, cold, pale or blue looking toes

# FREQUENTLY ASKED QUESTIONS

Patients have asked many questions about total hip replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that need to be answered, please contact your surgeon or Nurse Navigator.

## **What is arthritis and why does my hip hurt?**

There are many different types of arthritis, but the most common type we see for hip replacement surgery is osteoarthritis, the disease of wear and tear of the joint. Cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is wearing away of the smooth cartilage. Eventually, the cartilage wears down to the bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

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

A total hip replacement procedure replaces the cartilage of your natural anatomy with an artificial surface. The damaged parts are removed and capped with an artificial substitute on the end of the connecting bones. This creates a new, smooth cushion and a functioning joint that should not hurt. When should I have this type of surgery? Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your medical history, examinations, X-rays, and response to conservative treatment. Once you are informed, the decision will then be yours to move forward with the operation.

## **What should I expect after surgery?**

Many patients go home the same day or within 24 hours after surgery. With the assistance of pain management and physical therapy techniques, most patients can recover at home with the assistance of friends and family. Give yourself at least 6 weeks following surgery to heal and recover from muscle stiffness, swelling and other discomforts.

## **Should I exercise before the surgery?**

It is typically advised that the healthier and more active you are before surgery, the more likely it will be for a positive outcome. If tolerated physical activities are encouraged up until surgery. Consult with your surgeon about the exercises appropriate for you.

## **What kind of help will I need after my surgery?**

Our goal is that you go home the same day of surgery, but you may need to stay overnight in the hospital. **We would like you to recover with the help of a family member or friend. We call this person a support person**, and it is their job to help you with your immediate recovery needs. Your recovery needs should include assistance with medication, physical therapy, eating, grocery shopping, etc. If you do not have someone to appoint for this role, you may need to postpone surgery. Please tell your surgeon the kind of help you will have in the immediate recovery period (1-2 weeks).

## **How long will I need a support person for?**

Our best practice suggestion is that you have someone available to help you for the first 24-48 hours after the surgery. After this period, it is helpful to have assistance at least once a day to help with food, bathing, walking and chores for the next 1-2 weeks.

### **Why would my recovery after surgery not qualify for a rehab or skilled nursing stay if it is covered by my insurance?**

Even if a rehab or skilled nursing stay is a covered service by insurance a patient has to meet the criteria to receive the services. The criteria can include not passing physical therapy or a medical complication after surgery. Social issues are not considered qualifying criteria.

### **Will surgery be painful?**

A mild to moderate amount of pain and swelling is expected during your recovery from a Joint Replacement, but it should not exceed your comfort limitations. There are a variety of different methods to help control your pain including cold therapy, medications, and/or a multimodal pain management technique. Alternative therapies called complementary medicine including guided imagery, aromatherapy, relaxation, or massages can also be considered as tools to help manage your pain. It is essential to stay on a medication regimen very carefully for the first few days following surgery to effectively control your pain. Generally, we do find that patients can wean off the strong narcotic medication within 1–3 days. During your recovery, if your pain is unmanageable, please seek assistance from your surgeon.

### **Will I need a walker?**

It is recommended for safety that you use a walker. Walkers provide the most support for your immediate recovery; then you should transition to a cane or crutches. A walker can be obtained in several ways. You can purchase one through the hospital and it will be billed to your insurance or purchase one prior to surgery at a durable medical equipment sales location or thrift store.

### **What are the major risks?**

Infection, excessive bleeding, and blood clots are serious risks to be aware of. You can help reduce your risk for complications by following the instructions in this Guidebook and making sure you understand what is expected of you before your procedure.

These instructions may include:

- Monitor your wound for signs of infection and excessive bleeding.
- Take medication to reduce your chances of developing a blood clot.
- Following instructions for out-of-bed activity and lower extremity compression with ankle pumps.
- Use equipment to help reduce your risk of falling and injuring yourself at home.
- Choose a support coach to help prepare your home for recovery, ensure you have the appropriate equipment, assist with your medication administration instructions, and understand physical therapy guidelines for recovery.

### **How long until I can drive?**

You could be restricted from driving for as long as four to six weeks or until physical therapy clears you. Your ability to drive depends on when you stop taking narcotic medications, the status of your surgical side and if you drive an automatic or manual transmission car. Patients that are taking narcotic medication should not operate a vehicle.

**When will I get back to my normal routine?**

Getting back to your normal routine is dependent on the success of your recovery plan. This plan includes rest, nutrition, following medication instructions, physical therapy, and general health guidelines. Please follow your surgeon's instructions for recovery. Consult with your surgeon or physical therapist for their advice on your activity.

**When will I be able to get back to work?**

We advise that most people take at least one month off from work depending on the physicality of their job. It may be possible to return to work with crutches earlier. Speak with your surgeon or physical therapist to learn about recommendations.

**When can I have sexual intercourse?**

The time to resume sexual intercourse should be discussed with your surgeon. The rule of thumb is to take it easy, and only do what you are comfortable with and does not cause you pain or injury.

**When will I see my doctor following the surgery?**

A postoperative visit will be scheduled for you typically 14 days after your procedure. The frequency of visits after your initial post-op visit will depend on your progress.

**Will I have restrictions following this surgery?**

Injury-prone sports such as downhill skiing and other extreme sports are dangerous for the new joint. High-impact activities such as running, tennis and basketball are not recommended. After you have recovered from your surgery it is good to try low impact activities such as bike riding, hiking, swimming, and walking. Please speak to your surgeon about returning to specific activities.

**Will I notice anything different about my hip?**

Some patients notice some clicking when they move their hips, which is the result of the artificial surfaces.

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Patients *first.*