

## Surgery

Surgery Date:

Your Surgeon:

Surgery

Coordinator:

## Pre-op physical

Time:

Date:

Location:

Bring:

- Names and quantities of medications you take (some patients find it easiest to bring all of their bottles/dispensers)
- Any Clearance letter you have been instructed to bring

## Arrival Time

For your arrival time, a nurse from Michigan Medicine will contact you.

If scheduled at Main Campus: you will receive a call 1-2 business days before your surgery at the preferred number in your medical record. If you do not hear from them, you can call them at (866) 936-8800.

If your surgery is in Brighton, they will call you 2 business days before surgery. If you do not hear from them, you can call them at 810-263-4440

If your surgery is at Michigan Medicine Chelsea, you will be contacted 2 business days before surgery. If you do not hear from them, you can call them at 734-593-5803

Arrival Time for Surgery:

For more information about Joint Replacement Surgery at Michigan Medicine  
Go to: <https://medicine.umich.edu/dept/orthopaedic-surgery/>



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# Check List for Success

## Read

- Read this “Preparing and Recovering from My Hip Replacement Surgery” before surgery. Refer to it whenever you have any questions.

## Stop

- Taking medications listed on page 16.
- Taking any Vitamins and supplements.
- **Do not** stop taking your diabetes, high blood pressure or other prescription medications unless instructed to do so at your pre-op appointment.

## Purchase (see page 13)

- An over the toilet commode or raised toilet seat. Please install before your surgery.
- Laxatives (Miralax® and Colace® or Senna; no prescription necessary).

## Your surgery arrival time

- You will be contacted by the facility with your arrival time. See page 1.

## Prepare

- Shower the night before and the morning of surgery. Follow the instructions on page 45.
- Pack your bag following the instructions on page 18.

## Bring

- “Preparing and Recovering from my Hip Replacement Surgery” with you to the hospital.
- Blue Pre-Admission Type & Screen Information (given to you at your pre-op history and physical exam).

## Plan your recovery

- Plan to go home from the hospital 1 day after surgery.
- If you plan to go to a short-term care facility, bring the name of a first and second choice facility with you to the hospital. Our nurse case manager will make arrangements when she meets with you in the hospital.

## Why choose University of Michigan Hospitals and Health Systems?

The University of Michigan Joint Replacement Program offers many services that help to manage arthritis and other causes of hip pain. If you are a candidate for hip replacement, our team will see you through your recovery so you receive seamless care from start to finish.

Our surgeons are fellowship trained in joint replacement surgery. Research shows that fellowship trained surgeons in a high volume practice leads to better outcomes for patients. Our surgeons are active members in multiple societies, including the American Academy of Orthopaedic Surgeons and the American Association of Hip and Knee Surgeons. They also participate in a state-wide registry called Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI). This registry is dedicated to improving the quality of care for patients undergoing hip and knee replacement procedures in Michigan. If you would like more information on MARCQI, please refer to their website: <http://marcqi.org/>.

Our relationship with the Medical School improves the patient experience. This is a teaching hospital; Orthopaedic residents are part of our team and will be involved in your care, supervised by your surgeon. Our cutting edge institution offers high quality care, world-class facilities, partnerships with research, and the opportunity to work with the best and brightest educators. We offer data driven care focused on safety and early and full recovery.

## Team approach

- Physicians
- Residents
- Physician Assistants
- Nurse Practitioners
- Nurses
- Pharmacists
- Physical Therapists
- Occupational Therapists
- Dietitian/Nutritionist
- Other skilled professionals
- You, the patient
- Your support coach

We work together starting before your surgery and through the recovery process. This team approach works well to provide you with the best possible care.

**As you read through this book, you will see that you are an important part of this team.**

# Why do I need a hip replacement?

## Why does my hip hurt?

Some reasons for hip pain are:

- **Hip arthritis:** Your joints are covered with a smooth, glistening white surface called cartilage. The cartilage allows your joints to move easily, like ice on ice. Arthritis destroys the cartilage. This is the most common reason for hip pain. There are many types of arthritis including osteoarthritis, rheumatoid arthritis, and psoriatic arthritis. When the cartilage is damaged your joint does not move smoothly and causes you to have pain. If you have arthritis, symptoms may include, pain, stiffness, and difficulty with daily activities (e.g. putting on your socks and shoes).
- **Avascular necrosis:** Blood supply to the ball of the hip is interrupted and damages your bone tissue. This can cause pain and lead to arthritis.
- **Referred pain:** Sometimes movement problems in other areas, like your back, create pain in your hip joint. Not all “hip pain” comes from the hip joint itself.
- **Obesity:** Increased weight can lead to pain and wear in your hip joint.
- **Traumatic injury:** Some arthritis is caused suddenly from an accident or injury.

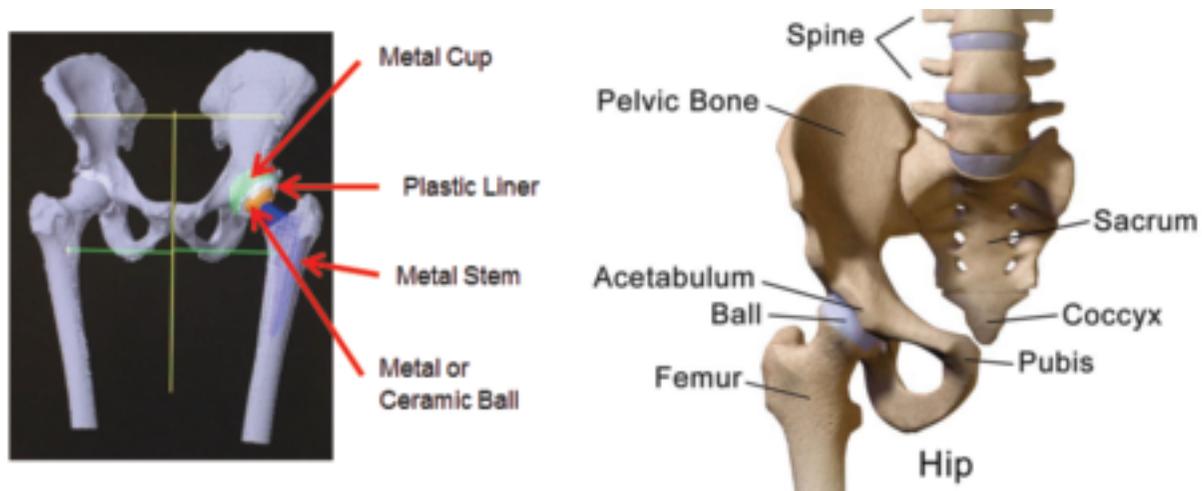
## What are my non-surgical treatment options?

We will explore various methods to help your hip pain without surgery, including:

- Physical therapy
- Modifying your activities
- Weight loss
- Devices to help you walk (cane or walker)
- Anti-inflammatory medications

## What is a hip replacement surgery?

Hip replacement is a very successful and long-lasting surgery that replaces the femoral head (ball), and the socket in your pelvis. Most patients receive a metal cup with a plastic liner and metal stem with a metal or ceramic ball.



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## What risks and complications might I have?

Like any surgery there are risks and complications that could occur. Some examples are:

- Bleeding
- Blood clots
- Heart attack
- Infection
- Stroke
- Pneumonia
- Pain or stiffness
- Damage to blood vessels, bones, nerves, or change in leg length.
- Loosening or wear of the implant
- Hip fracture or joint dislocation
- Anesthesia-related risks
- Death is a rare complication of any surgery

## What can I do to prevent surgery complications?

Before surgery:

- You will have a physical exam and pre-operative tests done.
- You may need to see a specialist depending on your personal health history.
- Lose weight. Obesity greatly increases your risk for complications. Ideally we want your Body Mass Index (BMI) to be 35 or less. Complications increase when BMI is greater than 35 and dramatically increase if BMI is 40 or higher. We have nutritionists on staff that can work with you to help you lose weight if necessary.
- Stop smoking. Your surgery will not be scheduled until you have a urine test showing you have quit all nicotine products. In order for the test to be negative, you must stop all products with nicotine in them for 2 weeks before testing (cigarettes, e-cigarettes, nicotine gum or patches, chewing tobacco etc..). We will test you before surgery to make sure you have not restarted.
- If you have diabetes, we will work with you to get your Hemoglobin A1c to 7.5 or less.
- If you have risk factors for obstructive sleep apnea (OSA), get a sleep study before surgery. We will review these risk factors with you at a clinic appointment before surgery and if necessary, refer you to the sleep clinic “fast track” scheduling. Risks of complications and death occur when patients have undiagnosed sleep apnea and then take narcotics after surgery that may decrease respirations when you sleep even more.

## How do I prepare for my surgery?

Once your surgeon determines you are candidate for hip replacement, you will start preparing for your hip replacement several weeks before surgery. Being well prepared will help reduce risks and complications.

### Find a support coach

A support coach is a relative or friend that helps you while you prepare for surgery. This person will also help you in the hospital and at home. You may have more than one support coach if one person is not available for all of the steps below.

A support coach must be available to:

- Attend the pre-op class with you.
- Bring you to the hospital the day of your surgery.
- Come to the hospital at 8:00 am the morning after surgery for education with nursing, PT and OT before discharge.
- Learn about your exercises, pain control, and important hip precautions.
- Take you home from the hospital (usually the day after surgery).
- Help you around your house with everyday activities.
- Drive you to post-op appointments.

### Pre-operative Education

To prepare for your upcoming surgery. Please go on-line to our Web page at <https://tinyurl.com/y8nlz7f4> and review the hip book and information available.

This information will also be useful after surgery.

For questions contact our Nurse Navigator 734-936-7299

### **Pre-op medical history and physical exam**

You will have an appointment scheduled for a pre-op physical.

- Bring a list of your medications and dosages or bring all your medicine bottles to this appointment.
- Pre-op testing may include blood tests, nasal swabs, and possibly an Electrocardiogram (ECG). An ECG is a test that measures the electrical activity of your heart.
- Depending on your personal health history, you may also need to see a medical specialist, such as a heart doctor or lung doctor, before surgery. We will make this decision when you are seen for your exam or when we receive test results.

### **Stop smoking before surgery**

It is important that you stop smoking at least 2 weeks before surgery. Smoking interferes with healing and increases the risk of infection.

### **Dentist**

- Do not have your teeth cleaned during the 2 weeks before your surgery.
- Bacteria from your gums can enter your blood stream and could infect your new hip joint.
- Any tooth or gum infections must be treated before surgery and your dentist must send us a note to say your infection is gone. Our fax number is: (734) 647-3125.

### **Prepare your home**

- Remove throw rugs, fasten down loose carpet, and tape down electrical cords to prevent tripping.
- Place a non-skid, latex-coated bath mat on the floor beside your tub and a non-skid mat in the tub.
- Remove clutter anywhere you may walk.

- Add night lights in halls and bathrooms.
- Put an extra pillow on chairs so that you will sit higher. It will be easier to get up from the chair.
- Find a chair with arms to use as your main chair because it is easier to stand up and sit down.
- Prepare meals ahead and freeze them.
- Wash your laundry and put clean linens on your bed.

### **Walker**

- If you have a walker, please have your coach bring it to your room on the day of surgery.
- The therapist will check it to make sure it is the right height and style for your needs.
- If you do not have a walker, one will be ordered and delivered to your room before discharge.
- If you are going to a short term care facility, the walker will be obtained for you there.

### **Buy supplies**

- Purchase or obtain an over the toilet commode or raised toilet seat and install it before your surgery.  
This is very important. It will help you maintain your hip precautions after surgery.
- Purchase laxatives and stool softeners before surgery to use when you get home from the hospital. Pain medication is very constipating. You should take laxatives and stool softeners daily, for as long as you are taking a prescription pain pill (narcotic). No prescription is necessary (examples: Senna, Colace®, Miralax®, Milk of Magnesia, or any over the counter laxative).
- A shower chair or tub transfer bench and hand-held shower hose are recommended but not required.



Note: Your insurance may not cover the commode, shower chair, or tub transfer bench. You can find these items at stores such as Home Depot®, Meijer® and Wal-Mart® for a low price. You can also check local churches, senior centers or the Salvation Army.

### **Begin exercising**

- Start the exercises listed on page 40.
- Start them today, even before surgery, and continue lifelong.
- These will improve muscle strength and help you recover faster.

### **Advance Directive or Durable Power of Attorney (DPOA)**

- We encourage everyone to create an advance directive. This helps us concerning future choices about your medical care.
- If you have an advance directive, please bring it to your pre-op appointment or surgery so we can add it to your health record.
- For more information, visit: [uofmhealth.org/pvg/patients/advance-directive](http://uofmhealth.org/pvg/patients/advance-directive).

### **Accommodations**

If you do not live in the area, you may want to make plans to stay locally.

- Our Patient & Visitor Accommodation Program can help patients and their families make area hotel reservations at a discounted rate.
- They are available 24 hours a day at (800) 544-8684.
- The Med-Inn, attached to the hospital is also available but fills up quickly. Their number is (734) 936-0100.

### **Short-term care facility**

- We would like you to go home with your support of your coach(es) after surgery.
- Studies show patients heal better and have fewer problems, less risk of infection and readmissions to the hospital when recovering at home.
- You may need to go to a short-term facility if you are having difficulties moving and completing tasks and it is not considered safe for you to go home with your support coach or home alone. Our therapists will make recommendations if they think you should go to a short-term care facility.



If you think you may need to go to a short-term facility, you should visit and tour a few facilities before your surgery and pick a first and second choice. To find short-term care facilities near you, follow the instructions below.

- Contact your insurance carrier, ask about coverage and if they have a preferred provider or designated short-term care facility (there is usually a phone number on the back of your insurance card).
- To find facilities near you online, visit [www.medicare.gov](http://www.medicare.gov)
  1. Click on the link on the left side of the page titled “Find Nursing Homes”.
  2. The next page will ask for a zip code.
  3. Facilities in that area will appear.

Facilities have ratings, but these ratings can be misleading. We strongly recommend you visit potential facilities.



## Seven (7) days before surgery

### Stop taking:

- Herbal supplements, vitamins, and weight loss product.
- All recreational drugs (heroin, cocaine, marijuana, LSD, Methamphetamine, etc.).
- Estrogen: If possible, stop 2 weeks before and for 4 weeks after surgery. This will decrease risk of a blood clot.
- All medications listed in the table below (these medications may cause you to bleed more easily).

**Do not stop your other medication if they are not listed below, unless instructed to do so (for example, blood pressure or diabetic medications).**

Actron <sup>®</sup>	Cope <sup>®</sup>	Indocin <sup>®</sup>	Oruvail <sup>®</sup> (Ketoprofen)
Advil <sup>®</sup> (Ibuprofen)	Daypro <sup>®</sup> (Oxaprozin)	Lodine <sup>®</sup> (Etodolac)	Pamprin - IB <sup>®</sup>
Aleve <sup>®</sup> (Naproxen)	Disalcid <sup>®</sup> (Salsalate)	Meclomen <sup>®</sup>	Pepto-Bismol <sup>®</sup>
Anaprox <sup>®</sup> (Naproxen)	Dolobid <sup>®</sup>	Medipren <sup>®</sup> (Ibuprofen)	Percodan <sup>®</sup>
Anacin <sup>®</sup>	Doan's <sup>®</sup>	Meloxicam <sup>®</sup> (Mobic)	Ponstel <sup>®</sup>
Ansaid <sup>®</sup> (Flurbiprofen)	Easprin <sup>®</sup>	Motrin <sup>®</sup> (Ibuprofen)	Relafen <sup>®</sup> (Nabumetone)
Aspirin	Empirin <sup>®</sup>	Nalfon <sup>®</sup> (Fenoprofen)	Rufen <sup>®</sup> (Ibuprofen)
Ascriptin <sup>®</sup> (Coated Aspirin)	Ecotrin <sup>®</sup>	Midol (Ibuprofen) <sup>®</sup>	Salflex <sup>®</sup>
Arthrotec <sup>®</sup> (Diclofenac)	Etodolac	Naprelan <sup>®</sup> (Naproxen)	Suprol <sup>®</sup>
Bayer Aspirin <sup>®</sup>	Excedrin <sup>®</sup>	Naprosyn <sup>®</sup> (Naproxen)	Tolectin <sup>®</sup> (Tolmetin)
Bufferin <sup>®</sup>	Feldene <sup>®</sup> (Piroxicam)	Naproxen	Trilisate <sup>®</sup> (Salicylate)
Butazolodin <sup>®</sup>	Fiornal <sup>®</sup>	Nuprin <sup>®</sup> (Ibuprofen)	Vanquish <sup>®</sup>
Cataflam <sup>®</sup> (Diclofenac)	Haltran <sup>®</sup> (Ibuprofen)	Orudis KT <sup>®</sup>	Voltaren <sup>®</sup> (Diclofenac)
Clinoril <sup>®</sup> (Sulindac)	Ibuprofen	Orudis <sup>®</sup> (Ketoprofen)	

## Prescription Blood Thinners

If you take Coumadin<sup>®</sup> (Warfarin), Plavix<sup>®</sup>, Aggrenox<sup>®</sup>, Pradaxa<sup>®</sup>, Fondaparinux<sup>®</sup> (Arixtra), Eliquis<sup>®</sup> (Apixaban), Xaralto<sup>®</sup> (Rivaroxaban) or other prescription blood thinners or Aspirin prescribed by your doctor, you will receive specific instructions at your physical exam about how and when to stop these medications.

## Tylenol<sup>®</sup>

To help manage your pain before surgery, you may take Tylenol<sup>®</sup> (Acetaminophen).

Tylenol<sup>®</sup> does not thin your blood.

Some recommended ways to take Tylenol<sup>®</sup> are listed below, choose **one** of the following:

- 500 mg (1 tablet every 4 hours or 2 tablets, 1000 mg, every 8 hours)
- 325 mg (2 tablets every 6 hours)
- 650 mg tablet (1 tablet every 6 hours)
- You should not take more than 3000 milligrams of Tylenol (Acetaminophen) in a day

Tylenol<sup>®</sup> will also be an important part of your pain management after surgery.

## Narcotic/Prescription Pain Medications

If you are taking a prescription narcotic pain medication before surgery, do not increase how much you are taking. You should minimize the amount of narcotic medication you take before surgery otherwise it will be very hard to manage your pain after surgery. If you are taking large amounts of narcotic pain medication, please let us know. If you are taking too much, your surgery may be postponed to allow you to wean this down.

We will not prescribe any narcotic pain medications before surgery.

## 1 Day before surgery

**Do not eat or drink anything after midnight, the night before surgery.**  
This means food, gum, hard candy, or water.

### How do I find out when to arrive at the hospital?

- A nurse from the hospital will contact you one day before your surgery at the preferred number in your medical record. If your surgery is on a Monday, you will get a call on Friday.
- If your surgery is scheduled at the Brighton Surgery Center, they will call you 2 days before your surgery. 810-263-4440  
Michigan Medicine Chelsea will call you 2 days before surgery. 734-593-5803

### What should I pack for the hospital?

- This book.
- Flat, sturdy, rubber soled shoes with a back (no clogs).
- Loose fitting clothes.
- Toiletries and personal care items.
- Copy of your advance directive, if you have one.
- Cash or credit card to pay for discharge medications if you plan to use our pharmacy.
- Eyeglasses, hearing aids, or dentures you usually use, labeled in containers.
- CPAP or Bipap machine, if you use one. Please bring to pre-op.
- Braces or orthotics, such as an ankle brace, if you regularly use them.
- If you have a walker, please arrange for your support coach to bring it to your hospital room the day of surgery; label it with your name.

Note: Do not bring jewelry or valuables of any kind such as watches or wedding rings

### When should I take my special shower?

Take a special shower the night before surgery and the morning of your surgery. See page 45 for detailed instructions.

## Day of surgery

### **Do not eat or drink anything**

Do not eat/drink food, gum, hard candy, or water.  
Only use a tiny sip of water to swallow any pills if you were instructed to take any of your medications.

### **What should I do the morning of surgery?**

- Shower again with antibacterial soap (see page 45 for instructions).
- Brush your teeth, but do not swallow any water.
- Take your medications, if any, as directed with a small sip of water.
- Do not wear makeup.
- Do not apply lotions, powder or any other products around the surgical site.
- Do not wear contact lenses into surgery.
- Do not bring valuables to the hospital.
- Bring your suitcase so your support coach can bring it to your room after surgery.
- Bring your walker, if you have one. Your support coach can bring it up to your room after surgery.

### **Where do I check-in?**

- Arrive at the hospital's main entrance at your instructed time. You may use the P2 parking structure near the Taubman Center or valet parking.
- Leave your suitcase in the car, but bring with you the blue pre-admission type and screen information sheet. If you require a CPAP machine, please bring that with you to check in.
- Check in at the Surgery Center on the first floor of the main hospital.
- Look for the red column down the first floor hallway.
- If your surgery is scheduled at our Brighton Center, 7500 Challis Road, follow the signs to the Surgery entrance.
- If your surgery is scheduled at Michigan Medicine Chelsea, 775 S. Main St., Chelsea. Follow the signs to the Surgery entrance.

### **What happens in the pre-op area?**

- Your anesthesiologist will discuss your different options for anesthesia and answer any questions you may have.

- One person may stay with you in the pre-op area until you go to the operating room.
- When you go into surgery, we will give your support coach/family/friend a pager.
- This pager will notify them when the surgery is complete and the surgeon can speak with them.

### **How long will my surgery take?**

Average surgery time is 1 ½ to 2 ½ hours but may be longer depending on your specific surgery.

### **What happens in the recovery room?**

After surgery, you will wake up in the recovery room. Nurses will check on you frequently. You might be hungry, but in these first few hours, you should only take tiny sips of water to avoid getting sick. Visitors are not allowed in the recovery room.

### **What happens in my hospital room?**

- Family and friends may visit you in your hospital room.
- Your support coach/friends should bring your suitcase and walker (if you have one) to your room after surgery.
- Once you get to your room, you may eat if you are not nauseated. We will start with Jell-O and broth and then advance SLOWLY to solid food.
- If you are doing well, staff will help you get out of bed; you may get to a chair or even walk in the hall.
- Ask for ice to help reduce pain and swelling. We recommend 20 minutes of ice every hour that you are awake.
- Start your exercises.
- Use your incentive spirometer (breathing machine), 10 times every hour when you are awake.
- Make sure your squeezers (SCDs) are on both legs at all times unless you are walking.

## What can I expect during my hospital stay?

- See the Inpatient Hip Replacement Pathway for more details about what to expect during your hospital stay. If you did not receive this, ask the staff to get you a copy.
- Most patients leave the day after surgery.
- Our physician assistant and residents will see you between 6:00 am and 7:00 am.
- If you have a Foley Catheter, it will be removed the morning after surgery. Removing the catheter and drinking plenty of fluids decreases the risk of a urinary tract infection.
- If you are tolerating fluids, have normal blood pressure and are not dizzy, your nurse or aide may disconnect your IV.

### How do I stay safe during my hospital stay?

You are at increased risk for falling

- When taking pain medications
- After recent hip or knee surgery
- When wearing the “squeezers” to prevent blood clots on your legs
- Attached to IV poles
- Dizziness, especially when getting up.
- Numbness or weakness in legs
- Confusion, decreased alertness
- Frequent urination
- Unfamiliar surroundings

### How do I prevent falls during my Hospital Stay?

- Always use your call light to ask for assistance to get up from bed, chair or to go to and from the bathroom
- Expect staff (RN, PT, OT or Aides) to use a gait belt & walker to assist you in walking
- Expect staff to remain with you in the bathroom for your safety for the first 24 hours (Effects of Anesthesia can last days after surgery)

## **What kind of therapy will I receive in the hospital?**

The Physical Therapist will:

- Review hip precautions with you.
- Work on walking and activities to make sure you are safe to go home.
- Review and make sure you understand the exercises shown on pages 40-42.
- Teach you how to get in/out of bed, and as needed, safely climb stairs and get in/out of a car.

The Occupational Therapist will:

- Teach you techniques to bathe, dress and use assistive devices for daily activities.

## **What symptoms might I have after surgery?**

### **Nausea**

- Medications are available to help relieve nausea.
- You will start eating Jell-O and broth. You will then slowly move to a solid food diet.
- Eat slowly and drink plenty of fluids.

### **Leg swelling**

- Your leg will swell for several weeks to months after surgery.
- You can decrease swelling by elevating your leg and icing your hip.
- Wear the white support stockings (TED hose) for 2 weeks following surgery. Remove them at night and put them back on in the morning.

### **Constipation**

- Constipation is common after surgery because of pain medications and a decrease in activity.
- We will give you laxatives while in the hospital.
- You should continue laxatives at home for as long as you are taking prescription narcotic pain pills. These are very constipating.

## **Pain**

Your nurse will monitor your pain and frequently check on how you are doing overall. The University of Michigan Health System has developed a pain protocol to minimize post-operative pain. Most patients are very comfortable and are able to go home the day after surgery. If you experience pain:

- Use your red call button to ask for pain medication and ice. Nurses do not always know when your ice has melted.
- Ice will help to decrease pain and swelling.
- Change your position in bed.
- Elevate your leg to reduce pain and swelling.

## **Blood clots**

A blood clot can occur following surgery. A blood clot happens when blood cells stick together and block blood flow inside of a blood vessel. A blood clot causes painful swelling of your leg. Rarely, they may break loose in the blood vessel and travel to your lungs, causing a blood clot in your lung called a pulmonary embolus (PE), which can be life threatening.

- To help prevent blood clots, you will have Sequential Compression Devices (SCDs) placed on both legs after surgery. These “squeezers” will help pump blood from your legs back up to your heart.
- Wear the SCDs at all times (in bed or sitting in a chair) while you are in the hospital. Only take them off when you are up walking.
- Please remind staff to put your SCDs back on when you return to your bed or chair.
- Do your Ankle Pump exercises 10 times an hour when you are awake. Continue to do them for about a month after surgery.

## **Medication to prevent blood clots**

- You will be placed on some type of blood thinning medication (e.g. Aspirin or Prescription) to help prevent blood clots from forming.
- You will be on this medication for 4 to 6 weeks after surgery.

### What are the signs of a blood clot in my legs?

- Painful swelling of your leg that does not go down after elevating your leg.

### What are the signs of a blood clot in my lungs (Pulmonary Embolus)?

- Chest pain
- Shortness of breath
- Difficult and/or rapid breathing
- Sweating
- Confusion

### Pneumonia

After surgery, you are at risk for lung complications because of lack of movement and pain. When you get to your room, you will get a breathing device called an incentive spirometer.

Use your incentive spirometer **at least 10 times per hour** when awake. This will help to:

- Reduce the risk of post-surgery lung complications (pneumonia).
- Bring down a spiking fever.
- Increase deep breathing, which keeps your airways open.
- Reduce your hospital length of stay.



## When will I be discharged?

Most patients leave the day after surgery. Our goal is for your discharge to be as timely and safe as possible. Your support coach will take you home on your discharge day. If you are going to a short-term care facility, your support coach may drive you or a wheelchair van can pick you up. There is a fee for the wheelchair van. Fees vary depending on the distance to the facility. The discharge planner can find out the cost and arrange for the van to pick you up. If you brought a CPAP or Bipap machine, remember to take it home with you. And don't forget your phone charger.

### Your support coach:

- Should arrive at the hospital by 8:00 am the morning after surgery. We suggest that the support coach use valet parking.
- They will learn about your hip precautions, exercises and how to help you move safely.
- They will be available to take you home.

### Your home care plan:

- Our case manager nurse will meet with you and discuss possible home care needs. We do not prescribe Physical Therapy for our hip patients. We want you to recover by walking and just doing the exercises shown in this book.
- The purpose of any home care we might arrange is to ensure that you are safe at home, understand your hip precautions and can get around your home without difficulty.

### What are the keys to discharge?

- Tolerate diet.
- Be comfortable on oral pain medication.
- Meet Physical Therapy goals.
  - Stair climbing, as needed.
  - Walking a household distance.
  - Getting in/out of our fake car.

- Meet Occupational Therapy goals.
  - Learn techniques for safely dressing.
  - Activities of daily living (e.g. bathing).
  - Learn how to use assistive equipment provided to you.
- Walker is delivered to room (if needed).
- Have no difficulties urinating after foley catheter is removed.
- Have two bladder scans less than 250 mL.
- Discharge order is placed in computer by MD/PA.
- Prescriptions are sent/e-prescribed to your pharmacy.
  - You will have prescriptions for your pain medicine and any other medications needed for recovery.
- Patient has copy of post-discharge pathway (handed out in pre-op class, additional copies available on 5A).

### **What are the final steps?**

- 1) Review written discharge instructions with your nurse.
- 2) Nurse will remove IV.
- 3) Your support coach or transport services will take you to the front entrance.  
Call the valet (810-360-1386) and they will bring your car to the front entrance.

## What will my recovery at home be like?

### Care Pathway After Discharge

The Care Pathway After Discharge, which also applies at a short term care facility, is available for your reference in the pocket of this book. It provides day to day instructions for your recovery at home. If you need an extra copy, ask for it before you leave the hospital.

### Home Safety Evaluation

Our case manager nurse might arrange for a therapist to come to your home for a few visits to make sure you:

- Feel safe getting around.
- Understand your hip precautions.
- Are doing your exercises correctly; we only want you to do the exercises listed on pages 40-42.

### How can I prevent blood clots?

- Continue looking for signs of blood clots after discharge (e.g. swelling that does not improve after elevation, chest pain, shortness of breath, confusion).
- You will be on some type of blood thinner for 4 weeks after surgery. Common medications include Aspirin, Coumadin<sup>®</sup> or X aralto.
- If you are on Coumadin<sup>®</sup>, the pharmacist will give you more specific instructions before you leave the hospital.

### Call the Nurse Navigator at (734) 936-7299

If you have increased pain and swelling in your leg, especially swelling that does not go away after an hour of elevating your leg. These symptoms are signs of a DVT (blood clot in your leg).

**CALL 911 if you have any of the following:**

- Chest Pain
- Shortness of Breath
- Difficult and/or Rapid Breathing
- Confusion

Call 911 to get to the nearest emergency room as quick as possible to evaluate you for a blood clot to your lungs.

**How do I prevent constipation?**

Constipation is a common complication after surgery because of narcotic pain medications and limited activity. To prevent constipation:

- Take a stool softener every day.
- Use a laxative as needed while on narcotic pain medications (laxative examples: Dulcolax®, Colace®, Miralax®, Milk of Magnesia).
- Drink lots of fluids (water and fruit juices) and minimize caffeine intake.
- Eat foods rich in fiber. We recommend 15-20 grams of fiber per day.
- Be as active as possible.

**Recipe for severe constipation**

- Mix together
  - 1 cup applesauce
  - 1 cup coarse unprocessed bran
  - ¾ cup prune juice
- Take 1-2 tablespoons every evening with a glass of water.
- Refrigerate between uses.
- Take until your bowel habits are regular.

**How do I prevent a wound infection?**

- Keep your incision clean and dry. If the incision is dry, no bandage is necessary.
- Do not use ointments or lotions or get your incision wet.
- You may shower if you cover your incision so it does not get wet. Taping saran wrap over the incision works well.
- Do not take a tub bath until the wound is completely healed with no scabs.

Orthopaedic Surgery

**Call the Clinic at number below if:**

- Increased pain, redness or swelling
- Drainage from your incision
- Incision is hotter
- If you have a fever over 101.5
- Chills
- Calf pain

Nurse Navigator: (734) 936-7299 (8:00 am - 4:30 pm, M-F).

After hours Paging Number: (734) 936-6267, ask for the Orthopaedic resident on call.

**How do I reduce swelling?**

Your leg will swell off and on for up to a year after surgery. Your thigh will swell the more you are standing and walking. Swelling may cause your hip to throb. Your entire leg may bruise, even down to your toes. This is normal and will go away in a few weeks.

**Wear support hose compression stockings**

- Wear your support stockings for 2 weeks after surgery. Your support coach should help you with putting your socks on and taking them off.
- Take your support hose off at night. Check skin for sores.
- Put the support hose back on in the morning.
- Hand wash and air-dry stockings.
- You can purchase an extra pair at pharmacies, Meijer®, or Walmart®.

**What if my leg feels longer?**

This may occur because your muscles are tight and they need to stretch out after surgery. Do not put a lift in your other shoe to “even things out” because this will prevent the muscles from stretching out over time. This feeling usually goes away within a month or 2, but allow 6 months for adjustment. Walking is the best therapy for this.

# Managing your Pain

## How do I manage my pain after surgery?

There are 4 things to help Manage your Pain, including both medication and non-medication options:

1. ICE often when you are awake: 20 minutes every hour or, if you can tolerate the cold, 20 minutes on and 20 minutes off. Use this treatment as needed for up to a month. Ice will help decrease swelling.
2. ELEVATE your leg on a recliner or ottoman when sitting. Then, 4 or 5 times a day you should lay flat and elevate your leg on pillows so your knee is higher than your heart. Shown in picture below. 20 minutes at a time. You should visibly see the swelling go down.
3. TYLENOL (Acetaminophen). No prescription needed. Take Tylenol on a regular basis; either 500 mg every 4 hours or 1000 mg every 8 hours. Studies show that if you take Tylenol on a regular basis and not just when painful, it will help reduce your need for a Narcotic pain medication. Always wean (see below) off the Narcotic pain medication before stopping the Tylenol.
4. NARCOTIC: Take the narcotic pain medication (usually an Opioid) only as needed and only as a last resort. This type of medication is very powerful and, if not used correctly, can be addictive. Think about it before you take it. Do you really need it or will elevating, ice and Tylenol work so you can wait a bit longer to take it? Wean off the Narcotic before stopping the Tylenol.

You will be given a prescription for pain medication (an Opioid/Narcotic). If you need a refill, you must call the clinic (734-936-7299) during regular business hours, 8a-4:30 p. Our Nurse Navigator can assist with refills. We cannot refill narcotics after hours, on weekends/holidays.

Do not drive or operate machinery while taking a narcotic pain medication.

It is recommended that you take a laxative such as milk of magnesia or Miralax while also taking narcotic pain medications. Narcotics are very constipating.



Orthopaedic Surgery

### **How do I get refills for pain medication?**

- you must call the clinic during regular business hours (M-F, 8-4:30).
- We cannot fill narcotic prescriptions after hours or weekends/holidays.

### **Weaning off your narcotic pain medication.**

We will give you a prescription for pain medication that should last until your 2-week post-op appointment. Your pain and need for medication should decrease slowly with each day.

- When you first get home, you should take your pain pills on a regular basis.
- Begin taking less medication as you get further along in your recovery. If you are taking 2 tablets at a time, decrease to 1 tablet.
- As you have less pain, increase the time between pain pills. For example, take 1 pill every 6 hours and then decrease to 1 pill every 8 hours.
- Eventually, you may only need to take pain pills when you expect a lot of activity or at night to help make you comfortable enough to sleep.
- Most patients are off narcotics in 1 to 3 weeks.
- We will only prescribe narcotics up to a maximum of 6 weeks after surgery.
- After 3-4 weeks, narcotic pain medicine can actually prolong pain and slow your recovery.
- We want to help you manage your pain and use pain medications when necessary, but it is important to switch to over the counter medications as soon as you can.
- Discuss with us when you may start using medications like Motrin<sup>®</sup>, Advil<sup>®</sup> or other non-steroidal anti-inflammatories. We usually will let you start these types of medications starting 2 weeks after surgery.
- Remember, icing and elevation are very important in helping to reduce your pain.

If you have questions about weaning your pain medicine, please call the clinic.

## When do I go back to the Orthopaedic clinic?

### **2 to 3 weeks**

You will see your Orthopaedic surgeon or a mid-level practitioner (PA or NP). During this appointment your healthcare provider will:

- Examine your hip and answer any questions you have.
- Remove any staples or stitches you may have and take x-rays.
- Discuss whether you need to continue wearing TED hose.

### **6 to 10 weeks**

- We might take x-rays.
- Most hip replacement patients do not need physical therapy. We will decide if this is needed at this visit.

### **1 year**

After 1 year of recovery, we will see how you are doing and take x-rays.

### **Every 5 years**

You should schedule an appointment with us every 5 years for the rest of your life. If you move out of the area, please follow up with an orthopaedic joint replacement surgeon in your new area.

## How will I live with my new hip?

### Everyday Activities

We encourage you to be active and participate in low impact activities such as:

- Walking
- Hiking
- Biking
- Dancing
- Swimming (after your incision has completely healed)
- Gardening

You can also use a treadmill, bike, or elliptical.

We recommend avoiding high impact activities that can shorten the life of your joint. If you participate in activities that include excessive bending, like yoga, you may need to modify some positions to avoid extreme ranges of motion. Avoid heavy lifting, jumping or twisting.

### Weight Control

- Keep your weight down reduces stress on your new joint.
- For every 10 lbs. you lose, you decrease stress on your joints by 50 lbs.

### Continue exercising for the rest of your life

- The thigh muscles help you get up from a low chair or off the toilet.
- Keeping thigh muscles strong are essential to help stabilize your hip and knee and keep you living independently as long as possible.
- Continue the exercises starting on page 40.

### Antibiotics for the rest of your life

- If you have any infections, you may need antibiotics promptly to prevent your joint from becoming infected.

- You may need to take antibiotics before some surgeries or diagnostic procedures. Always tell medical staff that you have had a total hip replacement.
- Ask your primary care physician, the person doing any procedures, or us for advice on when you should take antibiotics.

### Dental care

- Wait at least 3 months after your hip replacement before scheduling your first dental appointment, unless you have a dental emergency.
- Bacteria can get into your blood stream during a teeth cleaning or during some dental procedures and may cause an infection in your artificial joint.
- Taking antibiotics prevents your hip replacement from being infected by the bacteria that normally live along your gum lines.
- You will need to take antibiotics before all teeth cleanings and some dental procedures, for a minimum of 2 years. Our orthopedic surgeons would encourage you to do this lifelong  if you have diabetes, heart disease, are taking immunosuppressant's or have multiple medical problems.
- Tell your dentist that you have had a joint replacement. Your dentist can determine if you need antibiotics by going to the web site [www.orthoguidelines.org/](http://www.orthoguidelines.org/)  
Click on: Appropriate use criteria  
Click on: management of patients with orthopaedic implants undergoing dental procedures
- Take the antibiotics one hour before the scheduled dental appointment. No additional doses are required after the procedure. The antibiotic prescription can be called to your pharmacy by your orthopaedic surgeon, dentist, or primary care physician. The antibiotic will be one of these options:
  - Amoxicillin, 2 grams, by mouth, one hour before each dental procedure.
  - Clindamycin 600 mg, by mouth, one hour before each dental procedure (if allergic to penicillin).

### No injections

- Your new hip is made up of all artificial parts.
- We removed the arthritis. Steroid or cortisone type injections are not helpful now because the parts are artificial.
- **Do not** have any injections into your hip without checking with us first. This could cause an infection.

## How will I do everyday activities during my recovery?

### Getting out of bed

- When getting out of bed, try to keep your hips in line with your shoulders as you move your legs towards the edge of the bed.
- When getting out of bed, move your operated leg out of the bed first.
- When getting into bed, move your non-operated leg into the bed first.
- Use your support coach for assistance to guide your operated leg into bed.

### Standing up

- Place one hand on your walker and the other on the surface you are pushing up from to stand.
- Never start with both hands on your walker.
- Avoid chairs without armrests and add firm cushions to low chairs.

### Going up steps/curbs

- Remember “Up with the good, down with the bad”.
- When going up a step, lead with your good leg and then bring your operative leg up onto the same step
- When going down a step, lead with your operative leg and then bring your good leg down onto the same step.
- To prevent falls, have someone behind you as you go up steps and in front as you go down steps.

### Getting in/out of a car

- Have a support coach prepare the passenger seat by reclining the seat and moving it back as far as possible to make room.
- Back up to the seat and place your operative leg out in front of you.
- Leave one hand on your walker and reach back with the other hand for the seat.

- Sit down.
- Use your arms and non-operative leg to scoot yourself into the seat so you can move your operative leg into the car without twisting or bending past 90 degrees.
- Use your arms and hands to help to guide your operative leg into the car.

### **Toileting**

- Use a raised toilet seat or an over the toilet commode. You may find it easier to stand to perform toilet hygiene.



### **Bathing**

- Stand in the shower or use a shower chair or bench.
- Ask for help to get into and out of the shower.
- Do not attempt to cut your toenails or wash your feet without assistance.

### **Dressing (Pants, shorts and underwear)**

- Using a reacher or dressing stick, put pants, shorts or underwear on your operative leg first, pulling the garment up to your knee.
- Then place your non-operative leg into the garment, then stand and pull up the garment.

- Ask for help while getting dressed.



### Socks and stockings

- Slide sock onto sock aid making sure the heel of the sock is on back of sock aid and the toe is against the front end of the aid.
- Hold on to handles and drop the sock aid in front of your leg, slip your foot into the sock and pull the handles to pull it on.
- To take your socks off, use a reacher or a shoe horn to hook the back of the sock at the heel and push it off.
- You may want to ask for help while putting on socks, or you may choose not to wear socks.
- The sock aid will become easier with practice.



### Shoes

- If you choose to wear lace-up shoes, tie the laces loosely so you can slip your foot into the shoe.
- Use a reacher to hold the tongue of the shoe and a long handled shoe horn to hold the heel, then slip your foot into the shoe.
- In general, while you are putting on or taking off shoes, if you can see the inside of your foot, you are okay, but if you can see the outside of your foot, you are breaking precautions.



## Physical Therapy

We do not prescribe formal physical therapy for our hip patients. We want you to do the few exercises shown in this book and walk for the first 6 weeks. Sometimes physical therapy will increase your post-op discomfort and may even cause a dislocation.

If, at your 6-week post-op appointment you are having some difficulty walking, have a significant limp, then we may send you for some formal physical therapy but most patients do not need this.

### Home Safety Evaluation

We might send a physical therapist to your home for 2-3 visits just to make sure you

- Are getting around your house safely
- Remember your hip precautions
- Are performing the few exercises listed in this book correctly.

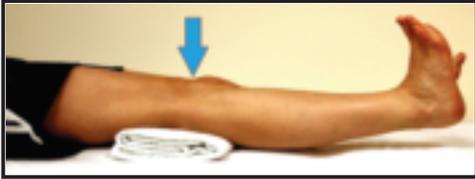
This is just a home safety evaluation and not formal physical therapy.

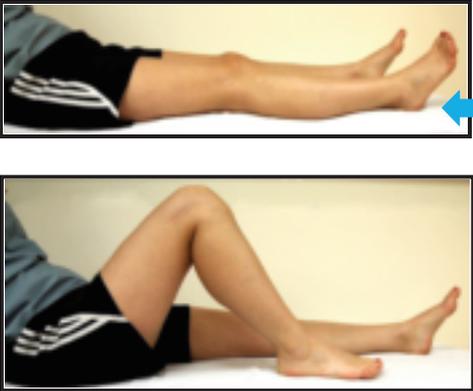
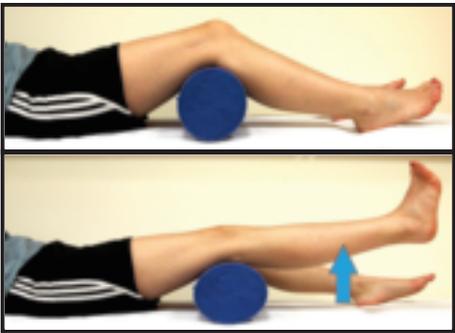
Check list for home safety evaluation

Patient Assessment	✓ Completed
<b>Patient demonstrates safe mobility</b>	
Bed transfers	
Sit to stand	
Stairs/steps	
Donning/doffing shoes, socks and pants	
Toilet/tub transfers	
Car transfers (if appropriate)	
<b>Ambulation goals</b>	
Encourage daily ambulation- focus on eliminating compensatory gait patterns.	
Assess baseline ambulation (distance or time) and establish a plan of progression based on gait pattern, pain/discomfort and endurance.	
Progress to Independent ambulation without an assistive device Discuss when it is appropriate to move from a walker → cane → independent ambulation.	
<b>Review home exercise program</b>	
Demonstrates proper exercise technique.	
Assess baseline function and discuss exercise progression.	
<b>Strength and flexibility goals</b>	
Focus on glut/quad <b>strength</b> (avoid ankle weights during first 6 weeks).	
Instruct in gentle <b>stretching</b> exercises to avoid excessive hip tightness: seated hip external rotation at less than 90° hip Flexion (work towards placing foot of involved extremity on uninvolved knee in sitting).	
<b>Review/discuss hip precautions</b>	
Review hip precautions during ADLs.	
Demonstrates understanding of hip precautions.	

## Total Hip Replacement Exercise Program

These exercises will help increase the motion and strength of your operated leg. Your physical therapist in the hospital will teach you these exercises, and you should continue to do your entire exercise program every day at home. Do not hold your breath while doing the exercises. Do the exercises with both legs.

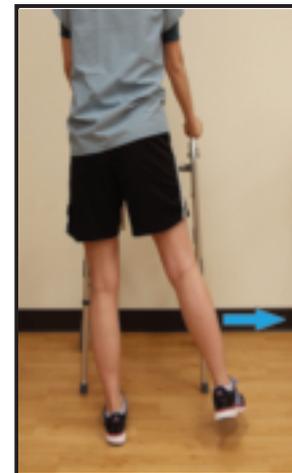
<p><b>1. Ankle pumps</b></p> <ul style="list-style-type: none"><li>• Pull your toes up toward your head and then point your toes down.</li><li>• Repeat 10 times per hour lying or sitting.</li></ul>	 
<p><b>2. Thigh squeeze</b></p> <ul style="list-style-type: none"><li>• Lying down, tighten your thigh muscles.</li><li>• Press the back of your knee into the bed and hold 5-10 seconds if able.</li><li>• Work up to 10 reps, 2-3 times per day.</li></ul>	
<p><b>3. Buttock squeeze</b></p> <ul style="list-style-type: none"><li>• Lying down, squeeze your buttocks together tightly (hips raise slightly).</li><li>• Hold for 5 seconds, then release.</li><li>• Work up to 10 reps, 2-3 times per day.</li></ul>	

<p><b>4. Heel slides</b> (not recommended for Anterior Hip replacement)</p> <ul style="list-style-type: none"> <li>• Lying down, start with your leg straight, then bend your knee.</li> <li>• Slide your heel toward your buttock.</li> <li>• Do not lift your heel off the bed or let your knee roll inward.</li> <li>• Work up to 10 reps, 2-3 times per day.</li> </ul>	
<p><b>5. Leg slide</b> (may be difficult the first week or two)</p> <ul style="list-style-type: none"> <li>• Lying down, slide your leg out to the side, keep your toes up and heel on the bed.</li> <li>• Slide it back to midline, do not cross the center of your body.</li> <li>• Work up to 10 reps, 2-3 times per day.</li> </ul>	
<p><b>6. Knee extensions</b> (not recommended for Anterior Hip replacement)</p> <ul style="list-style-type: none"> <li>• Lying down, place a rolled towel, blanket, pillow, foam roller or ball under your knee.</li> <li>• Lift your heel, straighten your knee and tighten your thigh.</li> <li>• Hold for 5-10 seconds.</li> <li>• Work up to 10 reps, 2-3 times per day.</li> </ul>	
<p><b>7. Walking</b></p> <ul style="list-style-type: none"> <li>• Start with short distances, such as walking around your house, to build endurance and then try to increase your walking time each day to build endurance.</li> <li>• Use a walker at first and slowly transition to a cane with guidance from your PT, walk comfortably and do not limp.</li> <li>• Make turns by taking small steps and picking up your feet to avoid twisting your operated leg.</li> </ul>	

**Exercise 8 is more advanced for patients recovering from hip replacement surgery. Begin this exercise when you are ready:**

**8. Standing side leg raise**  
(may be difficult the first week or two)

- Stand on the non-operative leg and hold your walker.
- Move your operative leg out to your side, keeping your toes forward.
- Do not rotate your leg or lean to the side.
- Hold for 5 seconds, then lower your leg slowly back to the floor and relax.
- Work up to 10 reps, 2-3 times per day.



- A more advanced version of the standing side leg raise may be done with you standing on the operative leg. This may be more uncomfortable so do not begin this version until at least 1 week after discharge from the hospital or until after your 2-week follow-up appointment.

## Posterior Hip Precautions

(Does not apply to an anterior hip replacement)

A therapist may come to your home to review your hip precautions and ability to safely get around your home. At 6 weeks your surgeon will decide if you need to have more therapy in an out-patient clinic. Not all hip replacement patients need to have outpatient physical therapy. Ask your physical therapist about anything that you do not understand. Follow these hip precautions for **12 weeks** or until further advised by your surgeon.

<p><b>Do not bend your hip past 90 degrees.</b></p> <ul style="list-style-type: none"><li>• When you are sitting upright in a chair with your feet on the floor, your hip is at 90 degrees.</li></ul>			
<ul style="list-style-type: none"><li>• Do not bend forward when you are sitting or when you get up from sitting.</li><li>• Do not lift your knee on your operated leg higher than your hip.</li><li>• Avoid sitting in low chairs or chairs without armrest.</li></ul>			

<p><b>Posterior Hips</b></p> <p><b>Do not cross your legs at your knees.</b></p> <ul style="list-style-type: none"> <li>You may cross your legs at your ankles.</li> </ul>			
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<p><b>Posterior Hips</b></p> <p><b>Avoid forceful twisting at your hips.</b></p> <ul style="list-style-type: none"> <li>Do not reach across your body to grab objects.</li> <li>Try to keep your hips in line with your shoulders.</li> <li>Keep your legs apart and pivot your whole body when getting out of bed to keep your hips in line with your shoulders.</li> </ul>		
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## Pre-Operative Showering Instructions

Before surgery, you can play an important role in your own health. Because your skin is not sterile, we need to be sure that your skin is as clean as possible. Your skin will be prepared with an antiseptic before your surgery, but the antiseptic can work better if your skin is clean.

To clean your skin before surgery, your surgeon has asked that you shower the night before and again the morning of surgery. You should use an antibacterial soap like Dial®, Lever®, or Safeguard® (bars or body wash). In addition, we will give you an antiseptic soap with Chlorhexidine gluconate (CHG) in it to wash your surgery site (hip). If you are allergic to any of these products, you should not use them and call the Nurse Navigator (734) 936-7299

If you did not receive the bottle of antiseptic soap, (CHG/Bactoshield®/Hibiclens®) you can purchase it at your local pharmacy. You do not need a prescription.

### **Showering instructions before surgery:**

1. Shower both the night before and again the morning of your surgery with an antibacterial soap such as Dial®, Lever® or Safeguard®.
2. Pay special attention to your neck, underarms, breasts, feet, groin, and skin fold regions.
3. Do not shave the area of your body where you are having surgery.
4. Wash your hair with your normal shampoo.
5. Rinse the antibacterial soap off and then apply the special CHG soap to your surgical site (hip, groin and buttock area).
6. Use gentle friction with a washcloth or soft sponge to remove dirt.
7. Avoid rough scrub brushes and harsh scrubbing.
8. Leave the special soap on for 1 minute, then rinse.
9. Do not use lotion, cream, powder or perfume after washing.
10. Remove nail polish and make up.
11. Put on clean clothes after each shower.

## Pre-Operative Screening for Staphylococcus Aureus

Staphylococcus aureus or “staph” is bacteria that live on the skin and in the noses of many healthy people. Staph bacteria do not cause problems for most people. Sometimes these bacteria can cause serious infections including surgical wound infections.

### There are two main kinds of Staph:

1. **Methicillin-resistant staphylococcus aureus or “MRSA”** is a type of staph that is resistant to some antibiotics that are commonly used to treat staph infections.
2. **Methicillin-sensitive staphylococcus aureus or “MSSA”** is a type of staph that is **not** resistant to antibiotics that are commonly used to treat staph infections.

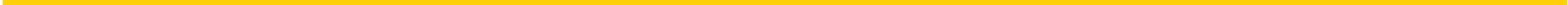
### How do we screen or test for Staph?

- To find out if you have Staph, we will swab the inside of your nose.
- We send the swab to the laboratory. It takes a few days for the results to come back.
- If the result is positive, the clinic will contact you and will call a prescription for an antibiotic nasal ointment to your pharmacy. You will use this antibiotic before surgery.
- This can help prevent some staph infections after surgery.
- **A positive screening test does not mean you have an infection and will not cancel or delay your surgery. It simply means you are a “carrier”.**

### If my test is positive, what treatment will I receive?

We will send a prescription for mupirocin nasal ointment (Bactroban®) and chlorhexidine 4% topical solution (CHG) to your pharmacy.

- Use 2 times a day for the 5 days before your surgery.

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1. Place a small amount of the nasal ointment on the tip of your finger or on a Q-tip.
  2. Swab the inside front part of each nostril with the ointment.
  3. Gently press or squeeze your nostrils together and release several times (for about a minute) to spread the ointment through your nostrils.
- Wash or shower with the chlorhexidine 4% topical soap solution (CHG) each day for the 5 days before your surgery. Only use the soap from the neck down.

## Frequently Asked Questions (FAQ)

### **What is a support coach?**

A relative or friend that can help you prepare for surgery, take you home from the hospital, and support you during recovery. See page 11 for more information about their role.

### **How will my pain be managed after surgery?**

The University of Michigan has a pain protocol that works very well to keep you comfortable after surgery. A spinal anesthetic is part of the pain protocol in addition to intravenous (I.V.) medications and pain pills. Please do not hesitate to let your nurse know if your pain is not under good control. Ask for ice which also helps with pain control.

### **How long will I be in the hospital?**

Most patients are discharged the day after surgery.

### **How do I help prevent blood clots?**

You will be on some type of blood thinning medication for 4-6 weeks after surgery. It is important to do ankle pump exercises, get up, and get moving.

### **Will I need a blood transfusion?**

The state of Michigan has the lowest transfusion rate in the country. You have less than 2.5% risk of needing a transfusion after surgery. We will monitor your blood count while you are in the hospital and will talk to you if we think you may need a transfusion.

### **What if my leg feels longer?**

This may occur because your muscles are tight and they need to stretch out after surgery. Do not put a lift in your other shoe to “even things out” because this will prevent the muscles from stretching out over time. This feeling usually goes away within a month or 2, but allow 6 months for adjustment. Walking is the best therapy for this.

### **When can I shower or bathe?**

You can shower right away. If you had a waterproof bandage placed in surgery, you don't need to cover the dressing. You should remove the waterproof dressing 10 days after surgery. If you do not have a waterproof dressing in place, cover the incision with saran wrap or press and seal to keep it dry in the shower.

Do not use ointments or lotions.

Do not take a tub bath until the wound is completely healed with no scabs.

### **Who helps coordinate my discharge?**

Your case manager nurse will arrange for possible home care needs if any, after you are discharged.

### **Short- Term care facility**

When you are at a Short Term Care facility, you are not under our medical care. Do not assume the facility is contacting us with any problems you are having. Please call us if you have questions about your recovery or notice problems with healing, such as drainage from your incision.

### **Can I go upstairs?**

Yes. The therapist will work with you in the hospital to teach you the safest way to do this. Discuss your home layout with the in-patient therapist so they can practice with you.

### **How do I prepare myself before surgery?**

See Pg 11

### **How do I prepare my home before surgery?**

See Pg 12

### **How do I make sure my joint lasts?**

See Pg 33

### **When can I drive?**

In general, it is about 4 weeks until you are able to drive. Even if it was not your right hip that was replaced, the surgery, anesthesia, and pain medications can slow your reflexes down for weeks. You must be off all narcotic pain medications. Practice in an empty parking lot first. To be safe, you should easily be able to move your foot back and forth from the gas to the brake and be able to slam on the brake in an emergency.

### **Why do I have to wear support hose? How often should I wear them?**

Support hose help reduce swelling in your leg. Wear them all day while awake for 2 weeks after surgery. You can take them off at night.

### **What therapy goals do I need to do in order to leave the hospital?**

- Walk household distances (with your assistive device),
- Climb and descend stairs as needed for your home.
- Perform a car transfer (get in and out of our fake car).
- Demonstrate safe use of adaptive equipment during bathing and dressing (or be able to identify a person that will assist you with these activities).

### **How long do I need a walker or assistive device?**

We like you to use your walker or cane until your limp is gone. The assistive device allows you to walk more normally, without a limp. Walking with a cane or walker helps to strengthen muscles needed to walk. If you get rid of the cane or walker too soon, you may limp longer.

### **How do I get refills for my pain medicine?**

See page 30

### **How do I control my pain?**

See page 30 for information on controlling your pain.

### **How do I taper my pain medication after I get home?**

See page 31 for information on weaning off medication.

### **Will I need to tell my dentist that I have a joint replacement?**

See pages 12 and 34 for details on dental care after joint replacement.

### **What if my dentist says I do not need to take an antibiotic?**

We recommend them for the first 2 years for everyone. We recommend them for life if you have multiple medical problems, for example, diabetes and/or heart disease, obesity, or take immunosuppressants.

### **Will I set off metal detectors?**

Possibly. Allow a little extra time at the airport or courthouse to get through security. A wallet card that indicates you have a metal implant is available for you, but security at the airport generally does not accept that as proof.

### **How do I avoid constipation?**

See page 28 for constipation treatments.

### **What is NOT normal for my incision?**

- Seek medical attention if your incision is painful, red or hot.
- Any amount of drainage is not normal. If you have drainage, call today, not tomorrow.
- A fever greater than 101.5 degrees is also not normal.

### **Do I need authorization from my insurance for surgery?**

Yes. Our surgical schedulers will seek authorization from your insurance company before your surgery.

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# FAQs

(frequently asked questions)

## about “Surgical Site Infections”

### *What is a Surgical Site Infection (SSI)?*

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

### *Can SSIs be treated?*

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

### *What are some of the things that hospitals are doing to prevent SSIs?*

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

### *What can I do to help prevent SSIs?*

#### **Before your surgery:**

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

#### **At the time of your surgery:**

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

#### **After your surgery:**

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

**If you do not see your providers clean their hands, please ask them to do so.**

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

#### **What do I need to do when I go home from the hospital?**

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

**If you have additional questions, please ask your doctor or nurse.**

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## Day of surgery:



Shower or bathe with a **liquid or new bar of antibacterial soap** such as Dial, Hibiclens, or the soap provided to you at your clinic visit. Pay special attention to skin folds, arm pits, groin, and belly button.



**Do not apply** any deodorant, lotions, creams, powders, makeup or perfume to your skin.



Dress in **freshly laundered, loose fitting clothes**. Make sure all comfort items being brought to the hospital are clean such as blankets, toys, and other comfort items.



**Brush your teeth** and rinse your mouth. This reduces your chances of pneumonia after surgery.

## After surgery:



Keep your **incision clean and dry**. Always **wash hands** before and after changing dressings or touching the incision. Scrub fingers, forearms, and under nails with soap for at least 20 seconds.



**Do not take a bath or submerge** your incision in water (such as in a pool or hot tub) until cleared by your care team. **Ask your team about when it is safe to start showering and what type of soap to use.**



**Wear clean clothes, sleep on clean linen, and keep pets away** from your incision.

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## Notes





## Notes