



Total Hip Replacement
It's a Joint Effort



TABLE OF CONTENTS

The hipbone is connected to the thighbone.....	3
Some reasons for hip surgery.....	4
Before your surgery.....	5
The morning of surgery.....	8
During surgery.....	10
After surgery.....	10
Before you leave the hospital.....	13
Hip Tips.....	14
When you go home.....	15
Your new hip.....	17
Complications to total hip replacement surgery.....	19
What you should know and discuss with your surgeon.....	20
Roper St. Francis Mount Pleasant Hospital Map.....	22
Roper Hospital Map.....	24

TOTAL HIP REPLACEMENT

You will soon be having hip replacement surgery. While it's normal to be nervous leading up to a surgery, the good news is hip replacement surgery is very common and the surgery will allow you to move more freely and with more comfort than you do now.

This booklet will answer many of the questions you may have about your upcoming surgery. It also includes important information on what to do before and after surgery to ensure the most successful result.

****There is a list of important information you may wish to review with your surgeon at the back of this booklet.***

THE HIPBONE IS CONNECTED TO THE THIGHBONE

Your hip joint, formed by your thighbone and hipbone, is a ball-and-socket joint. This kind of joint allows the hip to move freely in all directions. Hip joints let you do activities such as bending over, squatting down and pedaling a bike.

The thighbone (femur) is the largest bone in the body. It narrows to a “neck” that points toward the hipbone (pelvis) and ends in a ball-shaped knob (femoral head). The femoral head is about the size of a golf ball and fits into a curved socket (acetabulum) in the pelvis.



Without a ball-and-socket joint your movements would be stiff, much like a mummy or a robot. You may have noticed limited motion or stiffness in your hip.

The large muscles, tendons and ligaments of the thigh and pelvis surround the hip joint. The ligaments and tendons hold the ball and socket in the right position.

A thin membrane (synovial membrane) surrounds the joint. It produces tiny amounts of fluid that lubricate the joint. A shiny, smooth substance called articular cartilage covers the ends of the bones. The cartilage provides a smooth surface on your bones that makes movement easy and painless.

SOME REASONS FOR HIP SURGERY

Arthritis

Arthritis is a disease that affects millions of people. Arthritis is a wearing away of the articular cartilage or joint surface. An injury, disease or normal aging can cause articular cartilage to become thin or worn. When it does, the two bones begin to rub together. This results in painful movements and a slow wearing away of the bone surface.

Aseptic Necrosis

The ball part of the thighbone gets its blood supply through a small artery. If this artery becomes clogged or injured, the bone will die. This is called avascular or aseptic necrosis (AVN).

Fracture

A broken hip (fracture) is a common injury in people who have osteoporosis. Sometimes the best treatment for the fracture is hip replacement. Other times, the best treatment is fixing the fracture. Osteoporosis is common in women after menopause and in men over the age of 70. The hip most often breaks at the narrow neck of the thighbone.



BEFORE YOUR SURGERY

Getting Yourself Ready

Due to COVID 19, the pre-operative classes were cancelled and have not been restarted at this time.

We currently have a video as a replacement for our in-person classes. The video is very informative and should be watched by all patients planning to have joint replacement surgery.

Go to: www.rsfh.com/orthopaedics/joint-replacement

Scroll down the page to Patient Education Resources and click on Joint Replacement Surgery Patient Education Video.

If you have difficulty accessing the video, please contact:

Sandy Wilkin, RN

Patient Care Coordinator

(843) 724-2149

Discharge Plan

Your discharge plan should be in place prior to your surgery. Your goal at discharge should be to go home either the day of surgery or the next day, depending on your discussion with your surgeon. When you are discharged home, we will set up home health physical therapy (if ordered by your physician). These services will usually start within 48 hours of discharge.

If you will not be going to your home, please have a backup plan. Skilled nursing facilities (nursing homes) are sometimes an option, but there is no guarantee that you would be able to go to one after surgery.

Insurance guidelines will often dictate your coverage and benefits. **A list of skilled nursing facilities is available online at: www.medicare.gov.**

Preparing for Surgery

You will need to wash your entire body with a special soap for several days before your surgery. The soap will be given to you at your surgeon's office once your surgery has been scheduled. This will help to prevent infection during your hospital stay.

Take any supplements your doctor may order.

****If you smoke, now is the time to quit! Smoking greatly increases your risk of infection. Studies have shown that bones heal much faster in people who are non-smokers.***

Preparing Your Home

There are a few small changes you can make in your home that can make your recovery more comfortable.

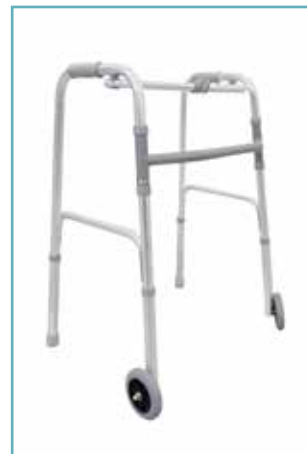
- Think about the room you are going to sleep in. Is it on the same floor as the bathroom and kitchen? If not, is the person caring for you able to carry meals upstairs?
- Put everything you might need on a bedside table so that it will be within easy reach. Make sure to include a phone and a lamp.
- Prepare and freeze healthy meals ahead of time so that you won't have to worry about cooking.
- Sit in several places such as the side of your bed, toilet and your favorite chair. If it is hard to stand up after sitting down, you may want to change the height of your seat.

Getting Ready for the Hospital

There are several items you will want to bring to the hospital to make your stay as safe and comfortable as possible. It's also a good idea to put your name on everything you take to the hospital.

Please plan to bring:

- A list of all medications you take (including over-the-counter meds)
- A list of any allergies you have (to food, clothing, medication, etc.) and how you react to each one
- Glasses, hearing aids and any other items you use each day
- Toiletries such as toothpaste, deodorant, etc.
- Loose comfortable clothes for therapy; short sleeve shirts and shorts or pants with an elastic waist band are recommended
- Knee length robe or cover-up for walking in the hall
- Two wheeled rolling walker
- CPAP machine if normally used



Consent Form

Before surgery you must sign a consent form. This is a legal paper that says your doctor has told you about your surgery and any risks. By signing this form, you are saying that you agree to have the operation and know the risks involved. Be sure to ask your doctor any questions you may have about the operation and the results before signing this form.



Tests Before Surgery

Your orthopedic surgeon may have you see your family doctor or the Pre-op Clinic for surgical clearance. It is important that your blood levels be within a certain range before surgery. Your surgeon will order blood tests to make sure you are healthy and ready for surgery.

The Night Before Surgery

Many surgeons prefer that you don't eat or drink after midnight. Check with your doctor or nurse about this. If you take insulin, heart or blood pressure pills daily, discuss this with your doctor or nurse. They will make sure you do not miss any medications that you need.

THE MORNING OF SURGERY

Once you are registered you will be escorted to the pre-op area where you will be asked to remove:

- Dentures and hearing aids
- Hairpins, wigs, etc.
- Jewelry
- Glasses and contact lenses
- All underwear

Please be sure to have the person who has come to stay with you during the surgery keep your personal belongings.

You will be able to visit with your family before going to the operating room. During this time, you will be dressed in only a hospital gown. If you need to, you should use the bathroom before you are taken to the operating room. You will ride on a stretcher (a bed with wheels) to the operating room. Once you are in the operating room, your hip will be cleaned with a special soap.

After you go to the operating room, someone will show your family where to wait. From time to time, a member of the surgical team will update your family on your progress. Most of the time, hip surgery can last anywhere between 45 minutes to 2 hours. You will also spend some time in the recovery room after surgery, so your time in the surgical area can be as long as 2 to 3 hours. Your doctor will tell you about how long your surgery will take. When the surgery is complete, your doctor will go to the waiting area or call from the operating room, and give your family a report.

Anesthesia

Your surgeon and the anesthesiologist will help you choose the best anesthesia. No matter what type of anesthesia you have, rest assured that you will not feel pain during the surgery. The types of anesthesia you may have are:

- **Spinal:** You are numbed from the waist down from medication injected into your spine.
- **General:** You are put to sleep and it is used as our alternative to spinal anesthesia.

****Anesthesia may cause nausea. Extreme cases of nausea can be treated with medication.***

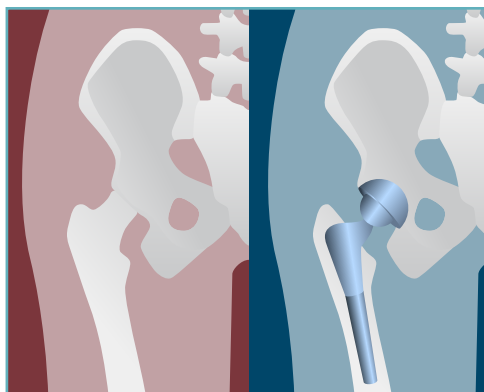
Other Procedures

You will have an intravenous catheter (IV) placed in your arm. This lets your doctor replace fluids lost during surgery and is also a way to give you pain medication, antibiotics and any other medications you may need. A tube may come from your bandage site. This is a drain tube that helps reduce blood and fluid buildup at the incision. This tube will be removed one to two days after surgery. All of your tubes will be removed before you leave the hospital.



DURING SURGERY

The ball portion of your hip will be removed, and a new metal/ceramic ball will be put in. The ball part of your new hip has a long stem that allows your doctor to position it firmly into the thighbone.



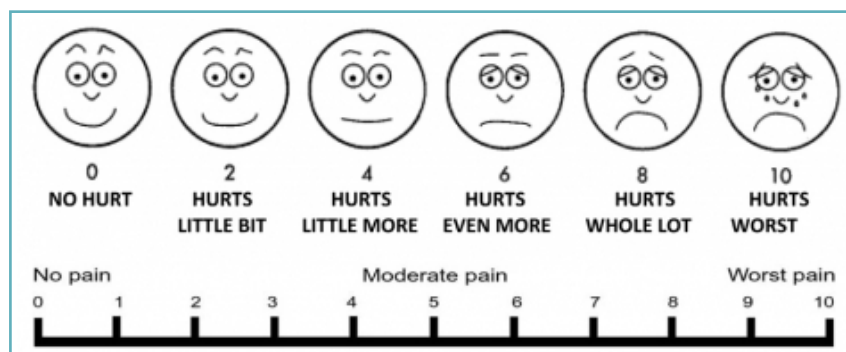
The socket part of your hip is replaced with a new one that perfectly fits the new ball. The new socket is made of plastic, metal or ceramic. After your surgery is complete, an X-ray is performed to ensure your hip is in the right position. The incision is closed with stitches, staples or Dermabond (super glue) and you are taken to a recovery room.

AFTER SURGERY

After surgery, you will spend some time in recovery. The length of time can vary from person to person. It's usually about one hour. In the recovery room, your blood pressure and heart rate are watched very closely. Later, you will be taken to your hospital room.

Pain

Talk with your doctor before surgery about your pain medicine options. There are many medications and techniques to help you feel more comfortable after surgery. Some options for pain control include pain medication, ice and relaxation techniques.



You will experience some pain. It is important that you begin moving around as soon as possible and to do this your pain needs to be well managed. Do not wait to tell someone if you are hurting. Waiting may make it harder to relieve the pain. With proper management, you will be able to do exercises and walk. This is important to your recovery.

Your nurse or doctor will use a pain scale to measure the amount of pain you are in. The pain scale helps to figure out how well medicines and/or treatments are working.

Usually, your pain is rated on a scale between 0 and 10, where 0 is no pain and 10 is the worst pain. Your pain treatment is adjusted according to the level of pain you are in. So, be honest.

****Many pain medicines can cause constipation. Prepare now and talk to your care team about what you can do to help prevent constipation and what to do if you become constipated.***

Breathing



Right after your surgery, it will seem as if your nurse is always reminding you to take deep breaths and cough. It is very important that you do this at least every two hours.

Deep breathing can help prevent pneumonia or other problems that can slow down your recovery and lengthen your hospital stay.

Your doctor will want you to use a device called an incentive spirometer. This device helps you breathe in and out the right way. Using it regularly and correctly can help keep your lungs clear.

Preventing Blood Clots

Blood clots called deep vein thrombosis (DVT) can occur after total hip surgery. Most of these are in the calf and not serious, but sometimes they occur in the abdomen or thigh. Even more rarely, one of these higher clots can break off and block the blood supply to your lungs. This is called a pulmonary embolus (PE) and can be life threatening.

To prevent blood clots, you will need to do foot pumps every hour to push the blood out of your legs. Keep doing these after you go home. You are still at risk for getting blood clots weeks after joint replacement surgery. Walking is the best activity to prevent blood clots.



You will have mechanical compression wraps on your legs or feet after surgery. These wraps keep the blood from pooling in your legs. Your doctor will also order a blood thinning medication to reduce the chance of blood clots.

Movement

Most people begin exercising their hip the day of or the day after surgery. A therapist will work with you on specific exercises to make your leg and new hip stronger.

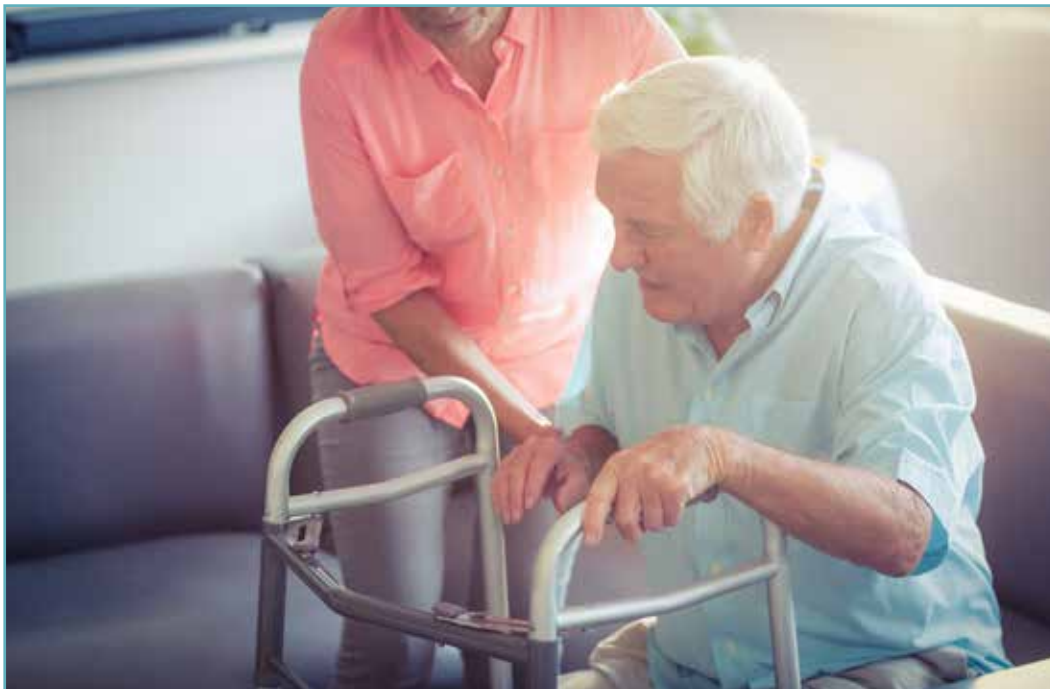
As you begin to move about in your room, you will notice your toilet seat and chair are raised. This is to make it easier for you to get up and down from a sitting position.

Moving around helps prevent blood clots after surgery. While you are in the hospital, the care team will encourage you to get out of bed and walk often. When you go home, it is still very important that you walk often because you are still at risk for blood clots for several weeks after surgery.

BEFORE YOU LEAVE THE HOSPITAL

Your care team wants to ensure you are comfortable caring for yourself before you leave the hospital to go home. Your care team will review with you how to:

- Get in and out of bed by yourself
- Walk down the hall using your walker or crutches
- Get in and out of a chair by yourself
- Manage steps at home
- Do your exercise program by yourself



In general, after hip replacement surgery you may have some safety rules that you need to follow to prevent dislocation of your new hip. Your healthcare team will remind you often of these guidelines. Ask your doctor how many months you will need to follow these precautions after surgery.

HIP TIPS

Posterior Hip Guidelines

Do's and don'ts (precautions) vary depending on your doctor's surgical technique. Your doctor and physical therapist will provide you with a list to remember with your new hip. These precautions will help to prevent the new joint from dislocating and ensure proper healing.

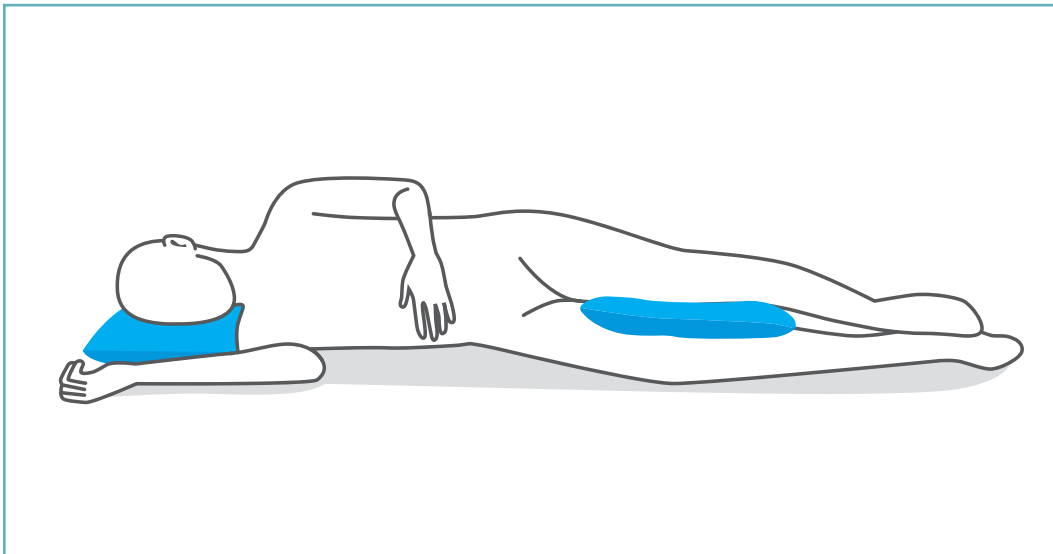
Keep in mind these hip precautions are only temporary.

DO NOT

- Bend at your hip past 90 degrees
- Let your knee move inward past your navel
- Turn your feet in or out
- Cross your feet at the ankles

DO

- Use pillows between your legs at night to keep your hips properly aligned



WHEN YOU GO HOME

You will be able to leave the hospital in one to two days. Your family may need to bring extra pillows for you to sit on in the car. You may find it most comfortable to sit in the front seat of the car. Drains will be removed, and a surgical bandage on your hip is all that should remain. Your home health physical therapist will remove your bandage in 7 to 10 days after surgery. If your doctor ordered an abduction wedge, you may still need pillows at night when you are sleeping.

Incision Care

If you have staples or stitches they will be removed about 10 to 14 days after surgery. Your incision will heal, and the swelling and bruising will get better over the next three weeks. However, increased swelling and redness after 3 to 4 weeks should be addressed with your surgeon. Look at your incision daily after the surgical bandage is removed, this will allow you to identify any new redness or swelling. Your home health physical therapist will also examine the area and will address any concerns.

Call your doctor if you notice any of these:

- Fever over 100 degrees F/37.7 degrees C
- Drainage from incision
- Redness around incision
- Increased swelling around incision
- Chest pain or congestion
- Increased hip pain with activity or at rest
- Problems with breathing
- Significant swelling of the whole leg



Exercise

Physical therapy at home will start within 48 hours after your discharge and will be arranged prior to your discharge.

When you get home, keep up the exercise program you learned in the hospital. Walking is an important part of your exercise program. It helps to prevent blood clots from forming. A good rule of thumb is to walk every hour. You will regain your strength and endurance as you begin to do your normal daily routine.

Home Safety

Special care should be taken when you get home. Some common things in your home may now be a danger to you.

To prevent falls, remove or watch out for:

- Long phone or electrical cords that lie across the floor
- Loose rugs or carpet
- Pets that run in your path
- Water spills on bare floors
- Wet bathroom tile or slippery floors
- Ice or mildew on outdoor steps

Activity After Hip Replacement

Your new hip is designed to return you to an active lifestyle. Talk with your doctor about the activities that are important to you such as walking, dancing, bike riding, golf, driving and sexual activity. High impact exercises such as jogging may cause your new hip to loosen.



YOUR NEW HIP

Congratulations on your new hip. The following are a few things to keep in mind now that you have a hip replacement and some important safety tips:

- Call your doctor right away, if you have a fever over 100 degrees F/37.7 degrees C.
- Keep your follow-up appointments with your doctor. It is important to monitor the healing and function of you new hip.
- Your new hip is a large, foreign substance to your body. Germs from other areas can move to the new hip and cause infection. Call your family doctor immediately if you have any signs of infection (urinary tract infection, abscessed teeth, etc.).

Preventive Antibiotics After Total Joint Replacement

Taking a prophylactic (preventive) antibiotic prior to procedures that might cause bleeding is recommended for the rest of your life. However, if you don't want to take prophylactic antibiotics do not worry about it. There is recent evidence that does not support their routine use.

If you do take prophylactic antibiotics the following are usage suggestions.

- **Dental procedures:**
 - The prophylactic antibiotics recommended are 2 g of oral cephalexin, cephradine or amoxicillin or 600 mg of oral clindamycin one hour before dental procedures.
 - Either your dentist, other healthcare provider planning a procedure or your joint replacement team can prescribe the antibiotics.
- **Bacterial infections:** Antibiotics are recommended to prevent the spread of germs to your joint replacement for all bacterial infections, especially of the skin close to your joint.
- **Colonoscopy:** Antibiotics are not generally recommended.
- **Cystoscopy (urinary bladder scope):** Antibiotics are only needed if there is an infection.
- **Eye surgery:** No special antibiotics are needed.
- **Other procedures:** Do what the provider usually does or recommends for your situation or call your orthopedic surgeon.

Driving

You can drive 4 to 6 weeks after surgery, and sometimes sooner, especially if the operative leg is the left leg. There is some literature that states that your reaction time will not be back to normal prior to six weeks. You should not drive while on narcotics and should discuss when you may begin driving with your surgeon.

Metal Detectors

Usually patients with joint replacement will set off metal detectors such as those at the airport, DMV and courthouse. It is reasonable for you to inform the TSA screening agent at the airport that you have had a joint replacement, however, you will still require screening and will need to follow the directions of the screening agent.

There are millions of individuals with joint replacements, and screening protocols recognize that people who have had joint replacements may set off detectors. You do not need to carry specific documentation to prove that you have a joint replacement.

Metal detector screenings follow universal protocols that allow for people with joint replacements to proceed after confirmation that no threat exists.



COMPLICATIONS TO TOTAL HIP REPLACEMENT SURGERY

Total hip replacement surgery is primarily a pain-relieving procedure, however, it may not relieve all pain, and there is a possibility of residual stiffness and swelling.

Although complications are relatively rare (1-2%), and it is impossible to list every possible complication, patients may experience a complication in the post-operative period. These include very serious and possibly life-threatening complications such as heart attack, stroke, pulmonary embolism and kidney failure.

Nerve injury causing loss of feeling or function, or unintended bone loss or fractures can occur. Infection (1%) is one of the most debilitating complications and often requires prolonged antibiotics with several additional surgeries to rid the infection.

The implants can also fail over time due to wear or loosening of the components, but this generally occurs many years after surgery.

While there are several possible complications, the overwhelming odds are that you will have a successful outcome that will improve your quality of life.

WHAT YOU SHOULD KNOW AND DISCUSS WITH YOUR SURGEON

Take time now while your thoughts are fresh to write down any questions you have for your doctor. Here are a few to help you get started:

Who do I call if I have questions before I go to the hospital?

Name_____

Phone #_____

- Which daily medications I should or should not take on the day of surgery?

- Where I plan to go after being discharged from the hospital?
Home or another care facility?
- Be sure to get a two-wheeled rolling walker before surgery and bring it to the hospital with you.
- Name of my support person who will be at the hospital on the day of discharge:

Name_____

Phone #_____

- Who can I call if I have questions after I leave the hospital?

Name_____

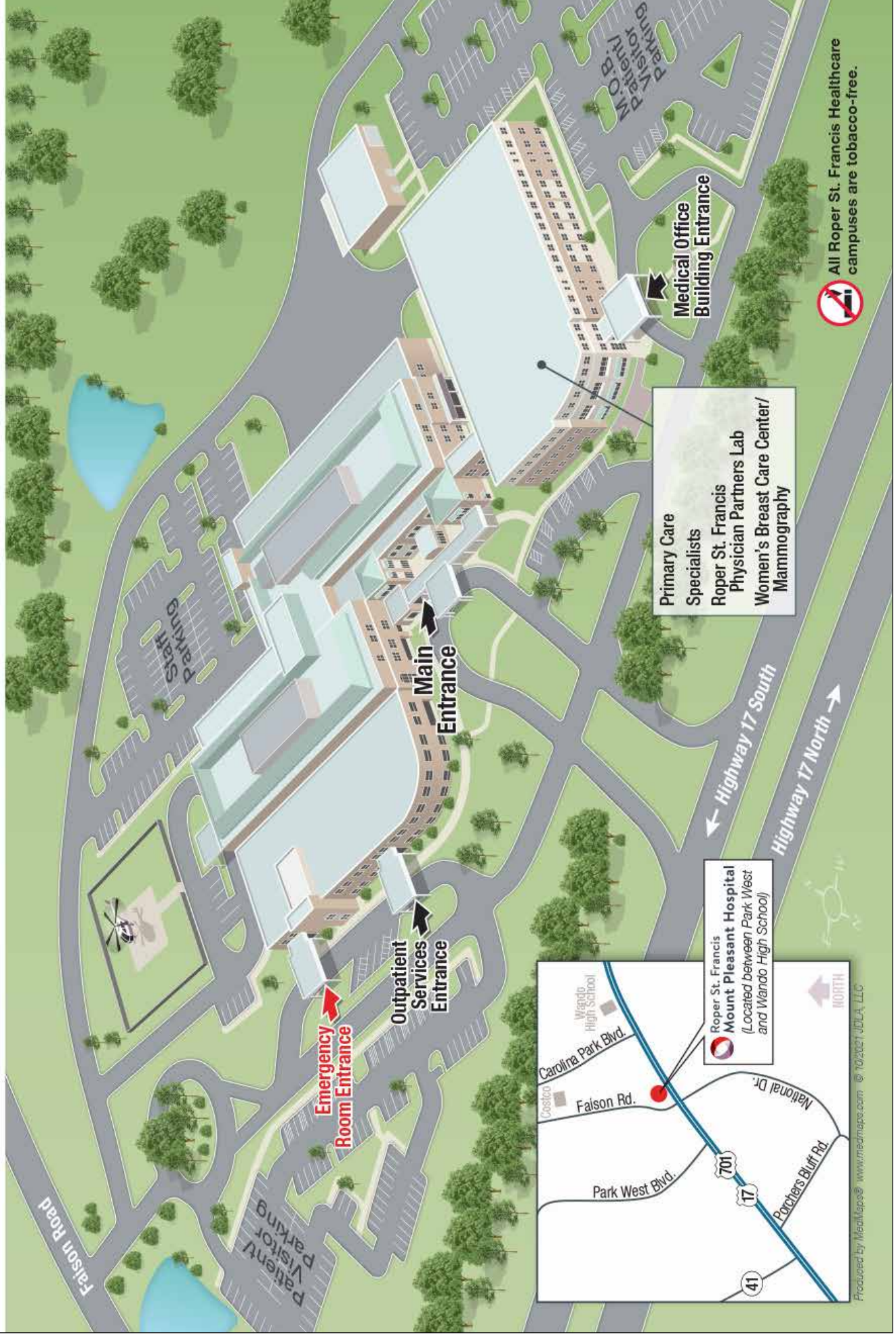
Phone #_____

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Roper St. Francis Mount Pleasant Hospital

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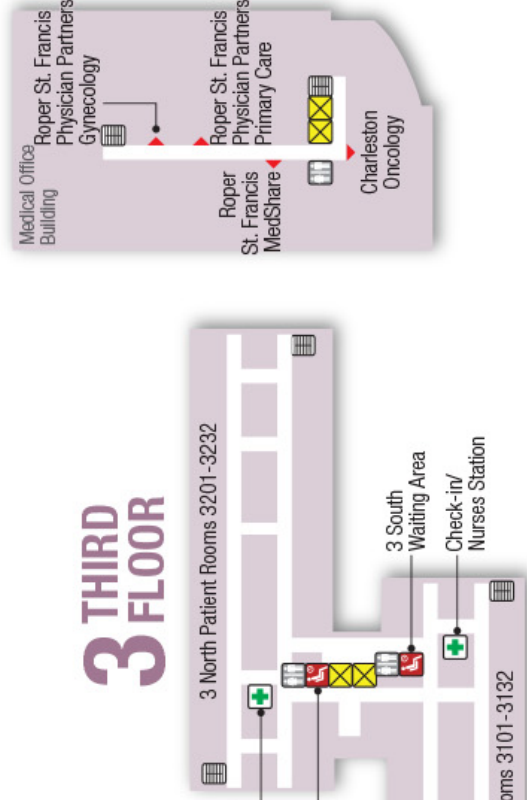
1 FIRST FLOOR



2 SECOND FLOOR



3 THIRD FLOOR



DEPARTMENT	FLOOR	DEPARTMENT	FLOOR
2 North Patient Room 2601-2613	..... 2	Roper St. Francis Primary Care	..... M.O.B., 3
3 South Patient Rooms 3101-3132	..... 3	Physical Therapy	..... M.O.B., 1
3 North Patient Rooms 3201-3232	..... 3	Physician Partners Lab (Suite 100)	..... M.O.B., 1
Café/Dining	..... 1	Radiology - CT, MRI, Nuclear Medicine, Ultrasound, Rad/Fluoro, X-ray	..... 1
Cardiovascular Services	..... 1	Rehab	..... 1
Chapel	..... 1	Roper St. Francis MedShare (Suite 325)	..... M.O.B., 3
Charleston ENT (Suite 135)	..... M.O.B., 1	Roper St. Francis Physician Partners Multi-Specialty Practice (Suite 110)	..... M.O.B., 1
Community Classrooms	..... M.O.B., 1	Roper St. Francis Physician Partners OB/GYN	..... M.O.B., 3
Emergency Room Registration	..... 1	Roper St. Francis Surgical Partners (Suite 220)	..... M.O.B., 2
Family Waiting	..... 3	Support Services	..... 1
Gift Shop	..... 1	Surgery Registration & Waiting	..... 2
ICU Patient Rooms 2102-2110	..... 2	Women's Imaging	..... M.O.B., 2
ICU Waiting	..... 2	Mount Pleasant Hospital Administration (Suite 200)	..... M.O.B., 2
Information	..... 1	Care-Medical Offices, Mammography, Ultrasound, Bone Density	..... M.O.B., 1
Lab	..... 1	Outpatient Services Registration	..... 1
Lowcountry Oncology	..... M.O.B., 2		
Mount Pleasant Hospital Administration (Suite 200)	..... M.O.B., 2		
Orthopedics (Suite 105)	..... M.O.B., 1		
Outpatient Services Registration	..... 1		

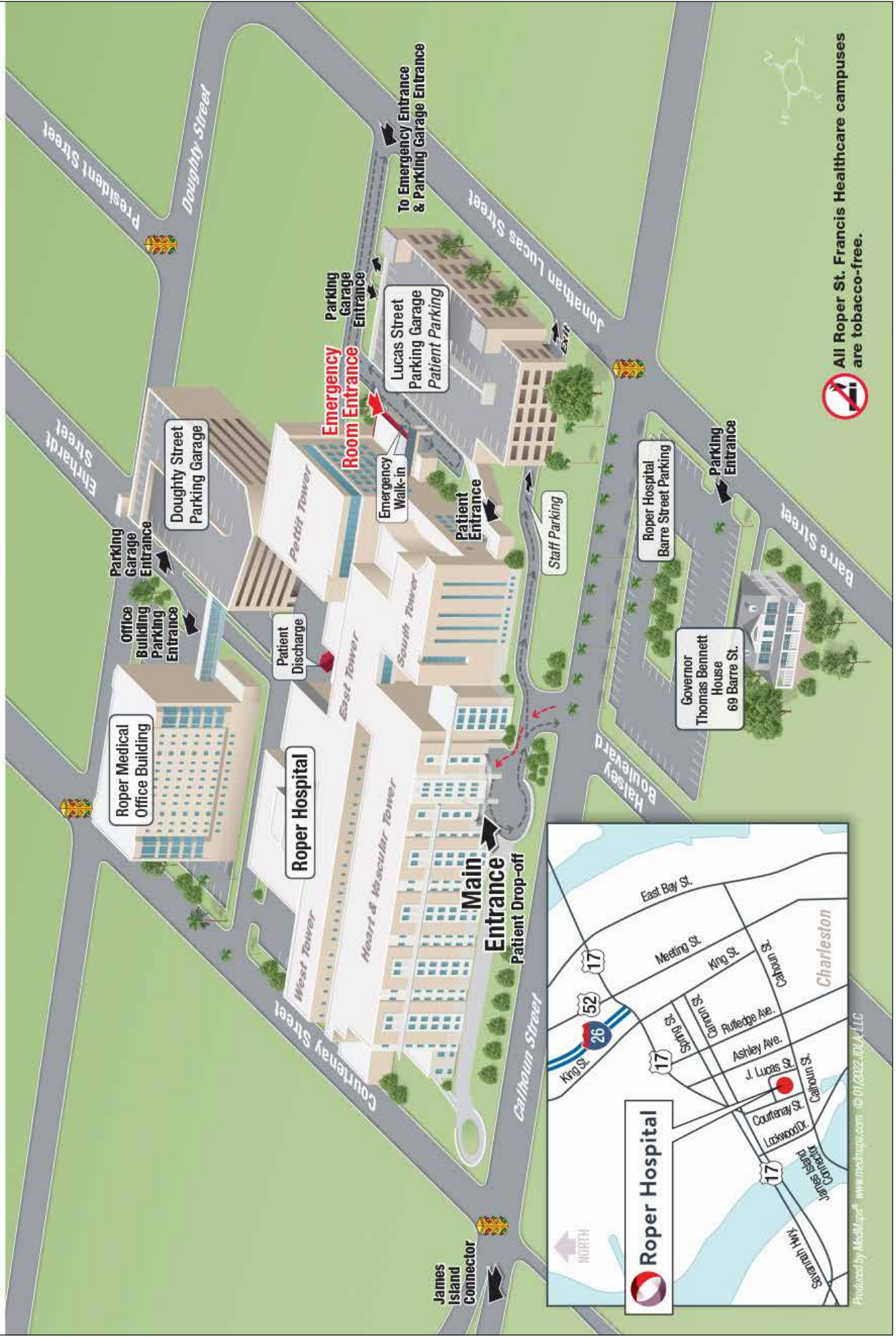
LEGEND



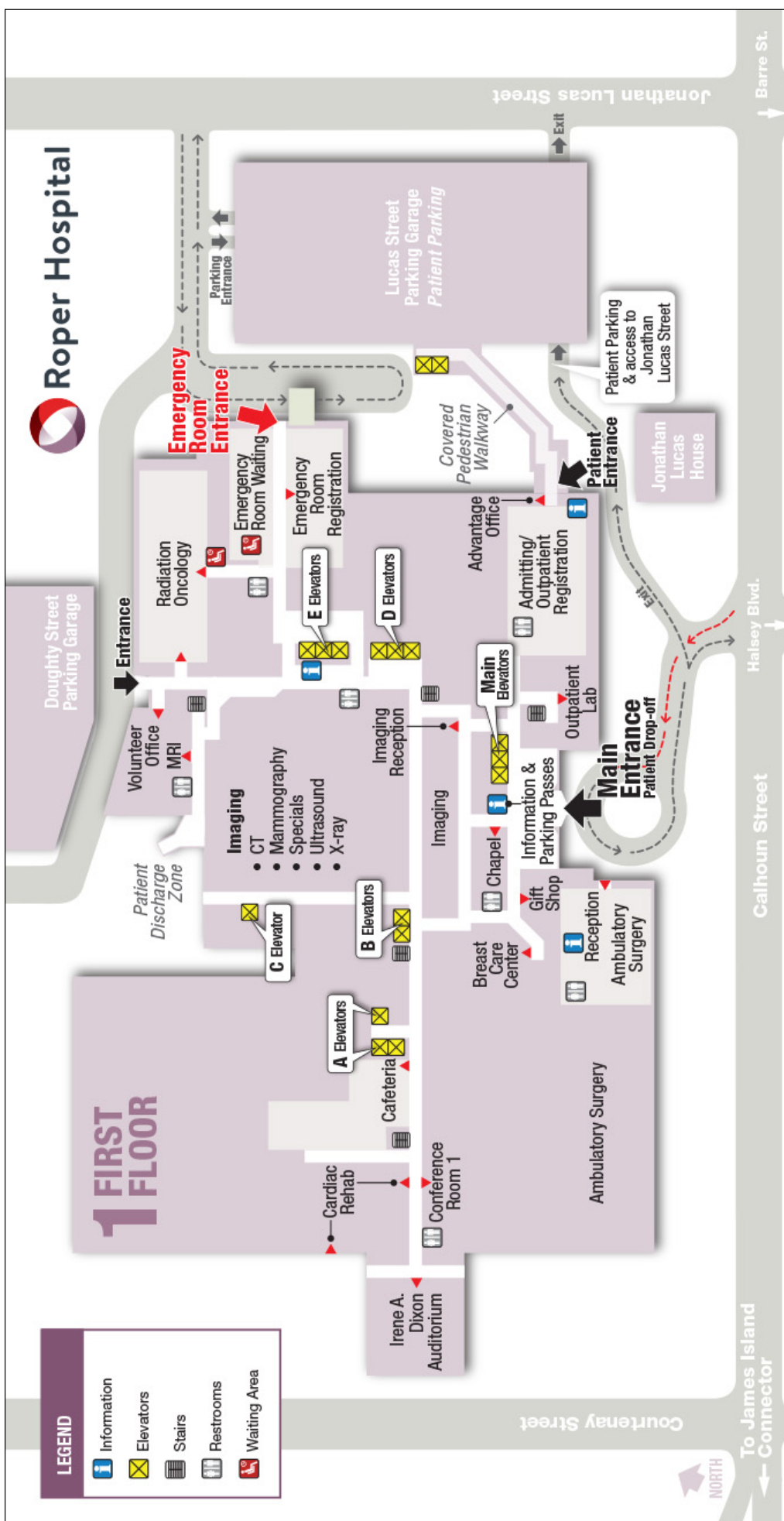


Roper Hospital

316 Calhoun Street • Charleston, SC 29401
843.724.2000 • www.rsfh.com/roperhospital



All Roper St. Francis Healthcare campuses are tobacco-free.



DEPARTMENT/SERVICE	FLOOR	ELEVATOR	DEPARTMENT/SERVICE	FLOOR	ELEVATOR	Directory Listing is for Floors 2 – 8
Administration	2	Main	Medical Records	2	A	
Bone Marrow Transplant	6 Pettit	E	Neurodiagnostic Lab/EEG	2 Pettit	E	
Cancer Center & Bratney Atrium	5	E	Nuclear Medicine	2	D	
Cardiac Care	4	Main	Physical/Occupational Therapy - Outpatient	6	E	
Cardiac Cath/Electrophysiology (EP)	2	Main	Rehabilitation Hospital	3 West & 8 Pettit	E Only	
Cardiac Surgical Care	3	Main	Sleep Center	2 Pettit	E	
Cardiology – Non-Invasive (EKG, Echo)	3	Main	Surgical Intensive Care Unit (SICU)	7	E	
Cardiovascular Intensive Care Unit (CVICU)	5	Main	7th Floor Reception Center – Waiting			
Endoscopy	1	Main	Teamate Health	Ground Level	Jonathan Lucas House	
General Medicine	6 South	D	Vascular Center	3	Main	
General Medicine/Nephrology	5	East	• Outpatient Vascular Clinic, Vascular Lab, Hyperbaric Medicine			
Hemodialysis Unit	2 South	Main	Wound Care	2 South	Main	
Joint Replacement Center	7 East	Main				
Julian Buxton Surgical Pavilion	7	Main				