

ROPER ST. FRANCIS

A PATIENT'S GUIDE TO JOINT REPLACEMENT





IMPORTANT NUMBERS

Physician's Name _____

Telephone Number _____

Pre-Admission Testing Nurses.....(843) 724-2824

Patient Case Manager.....(843) 720-8461

Patient Representative.....(843) 724-2964

Joint Replacement Clinical Manager.....(843) 724-2266

Joint Replacement Program Coordinator.....(843) 724-2149

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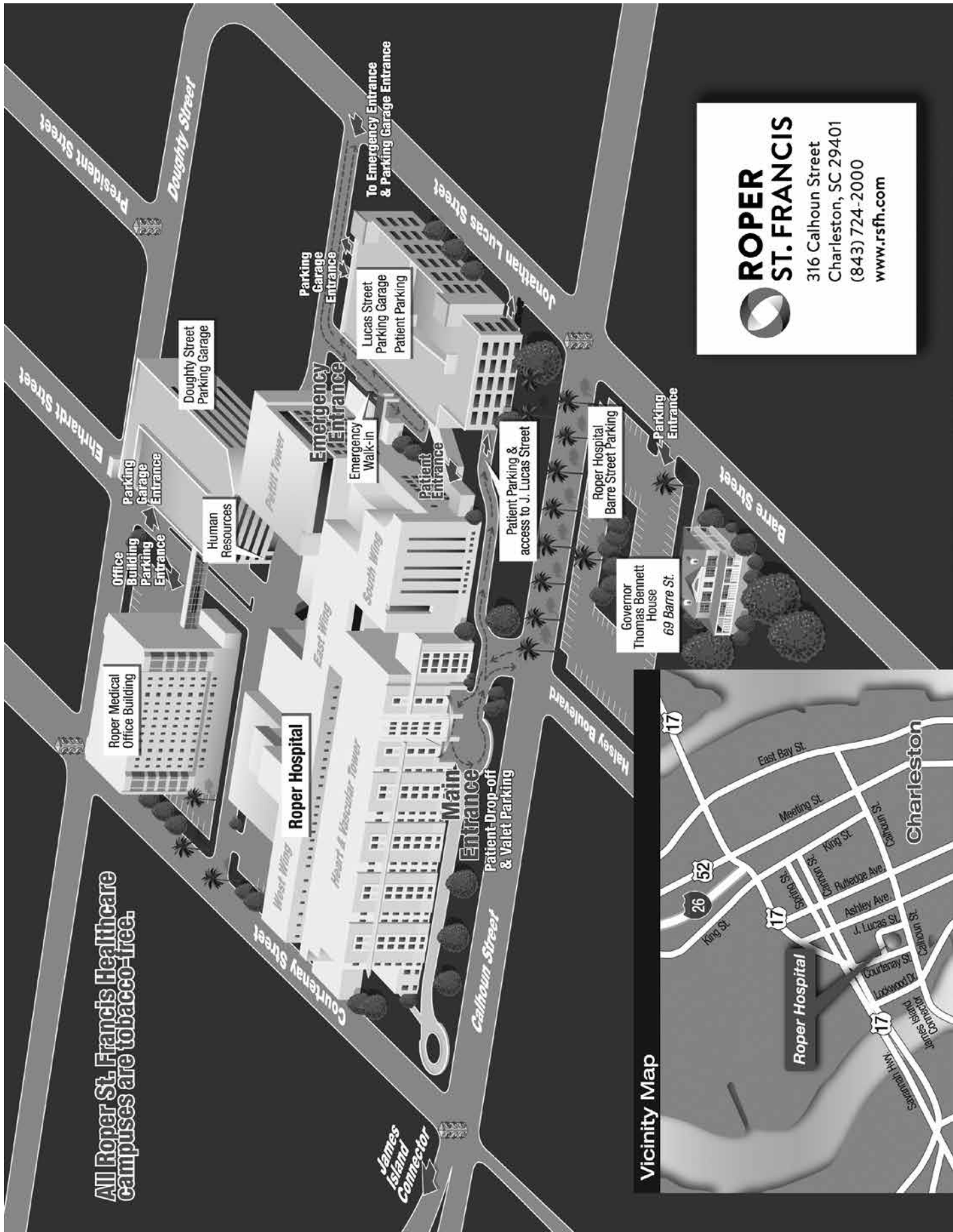
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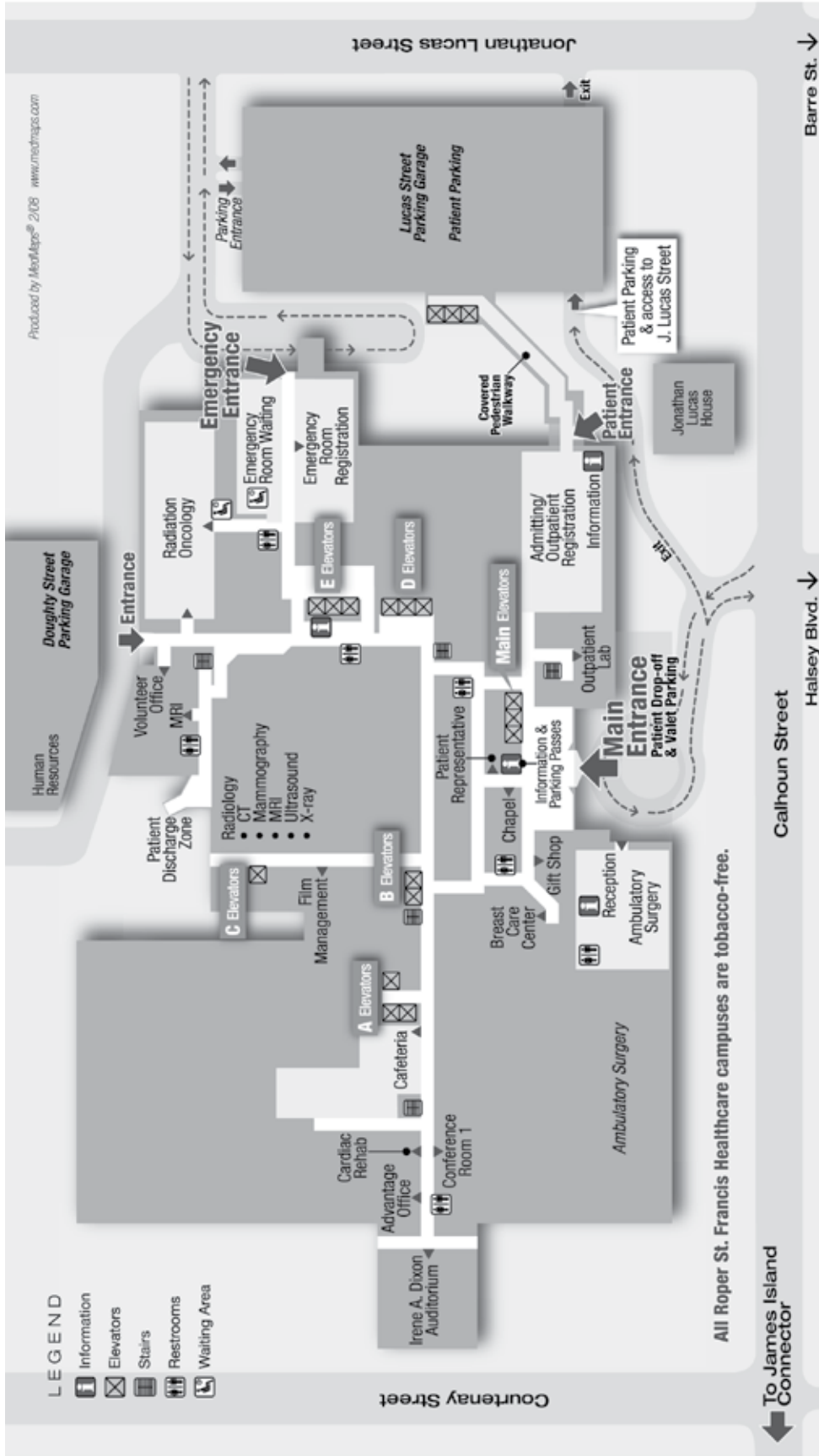
GENERAL INFORMATION




**ROPER
ST. FRANCIS**
 316 Calhoun Street
 Charleston, SC 29401
 (843) 724-2000
www.rsfh.com

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

Vicinity Map



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

← To James Island Connector

Calhoun Street

Halsey Blvd. ↓

Barre St. ↓

Department/Service	Floor	Elevator	Department/Service	Floor	Elevator
Administration	2	Main	Neurodiagnostic Lab/EEG	6	D
Cancer Center & Bratney Atrium	5	E	Neuroscience/Stroke Center	6	Pettit
Cardiac Cath/Electrophysiology (EP)	2	Main	Nuclear Medicine	2	D
Cardiac Intensive Care Unit (CICU)	2	Main	Orthopedics	2	D
Cardiology – Non-Invasive (EKG, Echo)	3	Main	Physical/Occupational Therapy - Outpatient	6	E
Cardiovascular Intensive Care Unit (CVICU)	5	Main	Rehabilitation Hospital	8	Pettit
Endoscopy	2	D	Sleep Center	2	Pettit
Hemodialysis, Nephrology	5	E	Surgical Intensive Care Unit (SICU)	7	E
Human Resources	Ground Level	Doughty Parking Garage	7th Floor Reception Center – Waiting	7	E
Infusion Therapy – Outpatient Chemo	7	E	Vascular Center	3	Main
Joint Replacement Center	6	D	• Outpatient Vascular Clinic, Vascular Lab, Wound Care & Hyperbaric Medicine		
Julian Buxton Surgical Pavilion	7	Main	• Women's Center	3	Pettit
Medical Records	2	A	• OB, Nursery, Gyn		

Directory Listing is for Floors 2 - 8

WELCOME

Thank you for choosing the Roper St. Francis Joint Replacement Center to help restore you to a higher quality of living with your new prosthetic joint.

Annually, over 700,000 people undergo total joint replacement surgery. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation and work. The surgery aims to relieve pain, restore your independence and to help you return to work and other daily activities.

Total joint replacement patients recover quickly. Some patients are able to walk with assistance the day of surgery, while other patients will be up the first day after surgery. Generally, patients are able to return to driving in two to four weeks, dance in four to six weeks and golf in six to 12 weeks.

OVERVIEW

The Roper St. Francis Joint Replacement Center

The Joint Replacement Center is a dedicated center located on the sixth floor of Roper Hospital in downtown Charleston.

Features of the Joint program include:

- Nurses and therapists who specialize in the care of joint replacement patients.
- Occupational therapists to educate how assistive devices, joint protection and energy conservation techniques can be used during activities of daily living (ADLs), work and leisure activities.
- Education for family and friends participating in the recovery process.
- Dedicated staff to coordinate all pre-op testing and discharge planning.
- A comprehensive notebook for you to follow from two weeks pre-op until three months post-op and beyond.
- Recommended pre-op class prior to your surgery at Roper Hospital.

THE PURPOSE OF THE NOTEBOOK

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. This notebook is a communication and education tool for patients, doctors, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint for life

REMEMBER THIS IS JUST A GUIDE.

Your doctor, nurse or therapist may add to or change many of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your notebook as a handy reference for at least the first year after your surgery.

USING THE NOTEBOOK

Instruction for Patients

- Read Section 1 for general information.
- Use Section 2 and 3 as a checklist.
- Read Sections 4 and 5 for surgical and post-op information.

FREQUENTLY ASKED QUESTIONS

About Total Joint Surgery

We are pleased that you have chosen the Roper St. Francis Joint Replacement Center for your joint surgery. Patients often have many questions about total joint replacements. Below is a list of the most frequently asked questions along with the answers. If there are any other questions that you have, please ask your surgeon. We want you to be completely informed about this procedure.

What is arthritis and why does my joint hurt?

Cartilage serves as a cushion and allows for smooth motion of the joint. Arthritis is the wearing away of this smooth cartilage. Eventually, it wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

What is a total hip replacement?

A total hip replacement is an operation that replaces the arthritic ball of the upper thighbone (femur) as well as damaged cartilage from the hip socket. The ball is replaced with a metal or ceramic ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is usually fixed inside a metal shell. This creates a smoothly functioning joint that does not hurt.

What is a total knee replacement?

A total knee replacement is really a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial substitute for the cartilage is inserted on the end of the bones. This is done with a metal alloy on the femur and plastic spacer on the tibia and kneecap. This creates a new smooth cushion and a functioning joint.

What are the results of total joint replacements?

Ninety to ninety-five percent of patients achieve good to excellent results with relief of discomfort and significantly increased activity and mobility.

When should I have this type of surgery?

Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam and X-rays. Your orthopedic surgeon will ask you to decide if your discomfort, stiffness and disability justify undergoing surgery. There is no harm in waiting if conservative, non-operative methods are controlling your discomfort.

Am I too old for this surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal doctor for his or her opinion about your general health and readiness for surgery.

How long will my new joint last?

We expect most joints to last more than 15-20 years. However, there is no guarantee and 10-15% may not last that long.

Why do they fail?

The most common reason for failure in total hip patients is loosening of the artificial ball where it is secured in the femur or loosening of the socket. Wearing of the plastic spacer may also result in the need for revision. In total knee patients, the most common reason for failure is the loosening of the artificial surface from the bone.

What are the major risks?

Most surgeries go well, without any complications. Infections and blood clots are two serious complications that concern us the most. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce risk of infections. For total hip patients, dislocation of the hip after surgery is a risk. Your orthopedist will discuss ways to reduce that risk. It is impossible to name every risk, but these surgeries very rarely have disastrous complications that can lead to loss of limb function, loss of limb, chronic pain, and even death.

Should I exercise before the surgery?

Yes. You should either consult an outpatient physical therapist or follow the exercises listed in your notebook. Exercises should begin as soon as possible.

Will I need blood?

The risk of a blood transfusion for a patient having a single hip or knee replacement is about 3%, or one in every 30-50 patients that have the surgery at Roper Hospital. We generally recommend that patients not donate their blood to save for their own surgery because that can make you slightly anemic and increase the chance that you will need blood. Even receiving your own blood can increase the risk of getting a bacterial infection, so it is best to minimize the risk of transfusion all together. The risk of needing a transfusion is increased for patients having both sides (bilateral), some re-do (revisions) surgeries, or patients starting out very anemic prior to surgery. For these patients and other patients that insist on using their own blood, pre-donating your own blood is an available option through Roper Hospital or the Red Cross.

How do I donate my own blood?

Your doctor's office will send an order to the Roper Hospital Blood Bank. The Blood Bank will then contact you to arrange an appointment date and time.

How long before I start physical therapy?

You may work with Physical Therapy the afternoon of your surgery. The next morning, you will get up, sit in a chair or recliner and should be up walking with a walker or crutches. Patients are expected to be out of bed as much as possible during the day.

How long will I be in the hospital?

Most joint replacement patients are hospitalized for 1-2 days after their surgery. There are several goals that you must achieve before you can be discharged.

Will I need a second opinion prior to the surgery?

The office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How do I make arrangements for surgery?

After your surgeon has scheduled your surgery, the pre-op testing nurse will contact you. She will guide you through the program and make arrangements for pre-op care.

How long does the surgery take?

We reserve approximately 2-2.5 hours for surgery. Some of this time is used by the operating room staff to prepare for the surgery.

Will I be given anesthesia during this surgery?

Decisions regarding your anesthesia are tailored to your personal needs. The choice is between you and the anesthesiologist. For more information, read "Anesthesia and You" in Section 2.

Will the surgery be painful?

You will have pain following the surgery, but we will keep you comfortable with appropriate medication. Generally most patients are able to stop very strong medication within one day. For more information, read "Pain Management Scale" in Section 3.

How long will my scar be?

The scar will be approximately 3-8 inches long for hips and 6-9 inches for knees. There may be some numbness around the scar. This will not cause any problems.

Will I need a walker, crutches or cane?

Yes. For a few weeks, we recommend that you use a walker, a cane or crutches. The Case Manager can arrange for them if necessary.

Will I need any other equipment?

You will require a rolling walker to assist you with walking for 1-2 weeks. Equipment needs will be decided on the day after surgery. Hip replacement patients will also be taught to use assistive devices to help with lower body dressing and bathing. Your case manager or nurse will provide you with information about how to obtain your equipment. Sometimes equipment will be delivered to the hospital, otherwise family may be expected to pick it up from a local company. Also, not every insurance company will cover the cost of equipment.

Where will I go after discharge from the hospital?

As an elective surgery, the goal is for you to return home upon discharge. Prior to coming to the hospital, you should arrange for family or friends to stay with you the first few days for assistance. Physical therapy provided by home health services may come to your house three times a week for up to four weeks, depending on your needs. The therapist will work with you and your doctor to decide when to discontinue your therapy or progress to outpatient therapy. The length of time required for this type of therapy varies with each patient.

If your incision is stapled, the home physical therapist will remove the staples 10-14 days after your surgery.

If you are discharged home on Coumadin, a home health nurse will come to your house and draw blood twice a week so your doctor can adjust your Coumadin dosage.

IMPORTANT NOTICE:

Very few patients meet the eligibility requirements for admission to a rehabilitation hospital. The Medicare criteria which most insurance companies follow are that the patient must meet one or more of the following:

- Patient underwent bilateral hip or knee replacement.
- Patient is extremely obese with BMI of at least 50.
- Patient is 85 or older at time of admission.

Will I need help at home?

Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals will reduce the need for extra help.

Will I need physical therapy when I go home?

We will arrange for a physical therapist to provide therapy at your home, if necessary. Following this, you may go to an outpatient facility two to three times a week to assist in your rehabilitation.

The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?

The ability to drive depends on whether surgery was on your right leg or your left leg and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving at two weeks. If the surgery was on your right leg, your driving could be restricted as long as six weeks. Getting "back to normal" will depend on your progress. Consult with your surgeon or therapist for their advice on your activity.

When will I be able to get back to work?

We recommended that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedist. The Joint Replacement Center has a guide on sexual intercourse and can give you a copy.

How often will I need to be seen by my doctor following the surgery?

Two to six weeks after discharge you will be seen for your first post-op office visit. The frequency of follow-up visits will depend on your progress and your physician.

Do you recommend any restrictions following this surgery?

Yes. High-impact activities, such as running, singles tennis and basketball are not recommended. Talk to your surgeon for specific restrictions and questions about activity level.

What physical/recreational activities may I participate in after my recovery?

After clearance from your surgeon, you are encouraged to participate in low impact activities such as walking, dancing, golf, hiking, swimming, bowling and gardening.

Will I notice anything different about my joint?

In most cases, patients with hip replacements think that the new joint feels completely natural. However, we recommend always avoiding extreme position or high impact physical activity. The leg with the new hip may be longer than it was before, either because of a previous shortening due to hip disease, or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time, or can use a small lift in the other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery.

For knee replacements, you may have a small area of numbness to the outside scar, which may last a year or more and is not serious. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is not serious.

FAMILY PARKING PASS

Roper Hospital is pleased to offer a new discount parking program, the Family Parking Pass. We recognize that families making frequent visits or staying for extended periods with a family member in the hospital may incur substantial parking fees. To ease some of these costs, we have created two discount parking options for the families admitted to Roper Hospital.

What are the parking pass options?

- The Family Parking Day Pass
- The Family Parking Day Pass costs \$3 and provides unlimited access in and out of the garage for 24 hours. The cost of parking for that 24-hour period will not exceed \$3.
- The Family Parking Week Pass
- The Family Parking Week Pass costs \$20 and provides 7 days unlimited access in and out of the garage.

Where do I purchase a pass?

Family Parking Passes may be purchased from the Parking Ambassador at the Information Desk located in the main hallway of the first floor.

When can I purchase a pass?

Family Parking Passes may be purchased from 8 a.m. to midnight Monday-Friday and from 9 a.m. – 9 p.m. on Saturday and Sunday.

How does the pass work?

Family Parking Day Pass

- The Parking Ambassador will ask for the name and room number of your family member.
- You will show identification, pay a \$3 fee and be issued a Family Parking Day Pass. A sticker will be placed on your parking ticket and you simply present the ticket to the garage cashier when you exit.

- Each time you enter the garage, you will pull a parking ticket. When you are ready to leave, stop by the Information Desk on your way to the garage, show identification and your Family Parking Day Pass to the Parking Ambassador and your ticket will be validated.
- If you leave the hospital between midnight and 8 a.m., the garage cashier will not be on duty so it is not necessary to have your ticket validated.
- The pass is valid for 24 hours from the time you first entered the garage and no additional parking fees will apply.
- This pass is good for garage parking only.

Family Parking Week Pass

- The Parking Ambassador will ask for the name and room number of your family member.
- You will show identification, pay \$20 and be issued a Family Parking Week Pass. The parking pass is valid for 7 days from the date of purchase. For example, if you purchase the card on a Monday it will be valid through the following Sunday.
- The pass is a plastic card that contains a magnetic strip on the back that allows you to swipe your card through a reader when you enter and exit the Roper garages (similar to using an ATM card).
- By swiping your card when you enter and exit the garage, you will not need to pull a parking ticket or stop at the cashier booth.
- If you leave the hospital between midnight and 8 a.m., the garage cashier will not be on duty so it is not necessary to swipe your card to leave.

What happens if I lose my parking pass?

- If you lose your Family Parking Day Pass, please see the Parking Ambassador. You will be asked for identification, the card information will be verified and a new pass will be issued for the remainder of the original 24-hour period.
- If you lose your Family Parking Week Pass, please see the Parking Ambassador. You will be asked for identification, the card information will be verified, and a \$1 replacement fee will be charged to cover the cost of the card. The original card will be deactivated and a new card will be issued for the remainder of the original 7-day period.

WHAT TO DO BEFORE SURGERY

CONTACT YOUR INSURANCE COMPANY BEFORE SURGERY

Before surgery, you will need to contact your insurance company to find out if pre-authorization, a second opinion or a referral form is required. It is very important to make this call, as failure to clarify these questions may result in a reduction of benefits or delay of surgery.

If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration procedure. However, you will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be completed.

If you do not have insurance, please advise the registration staff when they call you for pre-registration that you will need help in making arrangements for payment.

PRE-REGISTER

After your surgery has been scheduled, the admitting office will call you to gather your pre-registration information by phone. You will need to have the following information ready when you are contacted:

- Patient's full legal name and address, including county
- Home phone number
- Marital status
- Social Security number
- Name of insurance holder, his or her address and phone number
- Name of insurance company, mailing address, policy and group member number
- Patient's employer, address, phone number and occupation
- Name, address and phone number of someone to notify in case of emergency (this can be the same as the nearest relative)

OBTAIN MEDICAL & CARDIAC CLEARANCE

If ordered by your doctor

When you were scheduled for surgery, you should have received a medical clearance letter from your surgeon. This will tell you whether you need to see your primary care doctor and/or a specialist. Please follow the instructions in the letter. The pre-op testing nurse may order additional doctor consults after discussing your medication history with the anesthesiologist. Call (843) 724-2824 if you have any questions.

OBTAIN LABORATORY TESTS

When you were scheduled for surgery, you should have received a laboratory-testing letter from the pre-op testing nurse. Follow the instructions in this letter. The pre-op testing nurse may order additional testing. Call (843) 724-2824 if you have any questions.

ADVANCE MEDICAL DIRECTIVES

Put your healthcare decisions in writing. It is the policy of Roper St. Francis to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers the patient's wishes regarding healthcare. If a patient has a Living Will or has appointed a Healthcare Agent, and is no longer able to express his or her wishes to the doctor, family or hospital staff, Roper St. Francis is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

Types of Advance Directives

LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma, and are unable to communicate.

APPOINTMENT OF A HEALTHCARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you if you become unable to do so.

HEALTHCARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record. Advance Directives are not a requirement for hospital admission.

If you would like more information or forms for completing a Living Will, Appointment of a Healthcare Agent or Healthcare Instruction, you may contact:

Patient Representative
Roper Hospital
(843) 724-2965

ANESTHESIA & YOU

Who are the anesthesiologists?

The Operating Room, Post Anesthesia Care Unit (PACU) and Intensive Care Units at Roper Hospital are staffed by board certified and board eligible anesthesiologists. Each member of the anesthesiology staff is an individual practitioner with privileges to practice at Roper Hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- General anesthesia provides loss of consciousness.
- Regional anesthesia involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks. Medications can be given to make you drowsy and cloud your memory.

For Total Knee Replacement Only:

- On-Q is a nerve block that is used on some total knee patients to manage pain. You may have the On-Q pump at home for one day.

Will I have side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain-free.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, together you will determine the type of anesthesia best suited for you. The anesthesiologist will also answer any questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative medications may be given, if needed. Once in the operating room, monitoring devices will be attached, such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia. If you would like to speak to your anesthesiologist before you are admitted to the hospital, you may request this through the pre-op testing nurse.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing and remain with you during the entire procedure. The anesthesiologist also is responsible for fluid and blood replacement when necessary.

What can I expect after the operation?

After surgery, you will be taken to the PACU where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be closely observed. An anesthesiologist is available to provide care for your safe recovery.

May I choose an anesthesiologist?

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. Requests for specific anesthesiologists should be submitted in advance through your surgeon's office for coordination with the surgeon's availability.

PRE-OP CLASS

A pre-op class is held for patients scheduled for joint replacement surgery. All classes are held at Roper or Bon Secours St. Francis Hospitals from 9 to 11 a.m. You should register for the class by calling (843) 402-CARE (2273).

Although the class is not mandatory, attendance is strongly encouraged. Members of the Joint Team will be there to answer your questions. We encourage you to bring your support person to class, so they will be instructed on the best way to care for you as you recover. Please bring this book when attending the class.

The outline of the class is as follows:

- Joint Disease
- Pre-Admission Testing (PAT)
- Pre-Op Preparation
 - Day of Surgery & Hospital Stay
 - Pain Management
 - Infection Control
- Physical Therapy
- Discharge Planning/Equipment
- Questions and Answers

EXERCISING BEFORE SURGERY

Many patients with arthritis favor certain joints and thus become weaker. This interferes with their recovery. It is important that you begin an exercise program before surgery.

It is important to be as fit as possible before undergoing a total hip replacement. This will make your recovery much faster. Six exercises are shown here that you should start doing now and continue until your surgery. You should be able to do them in 10-15 minutes, and it is recommended that you do them all twice a day. It is not harmful for you to do more. Consider this a minimum amount of exercise prior to your surgery.

Strengthening Hip Muscles – Gluteal Sets



- Tighten buttocks together.
- Do not hold breath.
- Hold for 10 seconds.
- Relax.
- Repeat 10-20 times.
- This can be performed standing, sitting or lying on your back.

Keeping Range of Motion – Heel Slides



- Lie on back, slide heel towards your body.
- Hold for 10 seconds.
- Relax.
- Repeat 10-20 times.

Hip Abduction & Adduction



- Lie on back; bring leg out to side.
- Keep toes pointed up and knee straight.
- Bring leg back to starting point.
- Repeat 10-20 times.

Knee Extension – Long Arc Quad

- Sit with back straight.
- Straighten knee.
- Repeat 10-20 times.



Seated Hamstring Stretch

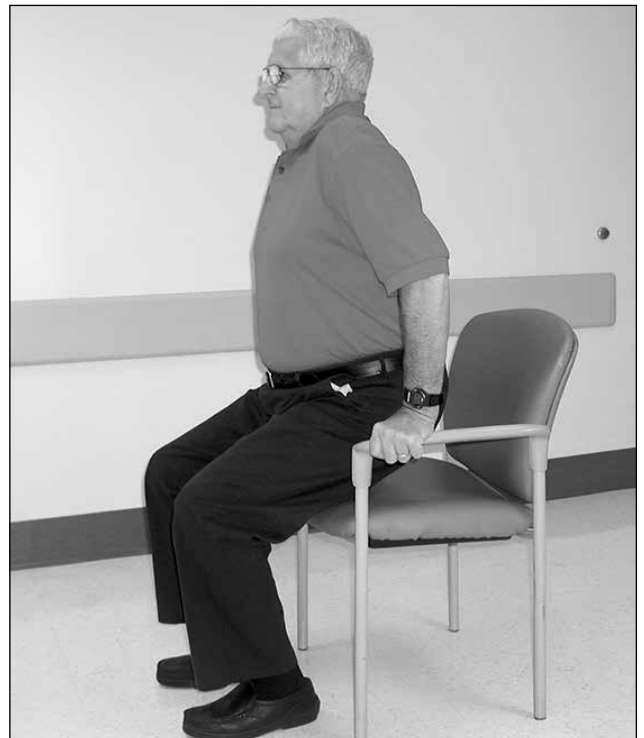


NOTE: If you have had prior hip surgery, you should not perform this exercise unless directed to do so by your surgeon.

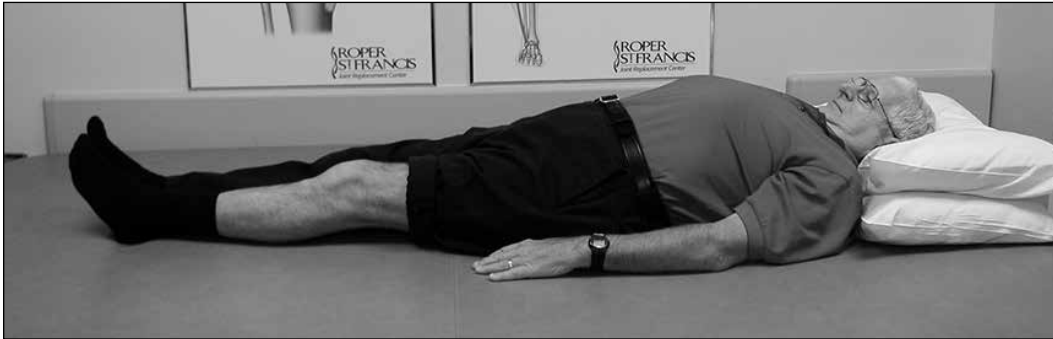
- Sit on couch or bed with leg extended.
- Lean forward with leg remaining on bed and pull toes toward you.
- Stretch until pull is felt.
- Hold for 20-30 seconds.
- Relax.
- Repeat 5 times.

Strengthening Your Arms – Chair Push-ups

- This exercise will help strengthen your arms for walking with crutches or a walker.
- Sit in armchair.
- Place hands on arm rests.
- Straighten arms, raising bottom up if possible.
- Repeat 10-20 times.



Quads Sets – Knee Extension



- Lie on back, press knee into mat, tightening muscle on front of thigh.
- Do not hold breath.
- Hold 10 seconds. Repeat 20 times

Straight Leg Raises/Knee Extension

**stop with increased pain for hip patients*



- Lie on back.
- Leave uninvolved knee bent and foot flat.
- Lift opposite leg up one foot. Hold for 5-10 seconds.
- Keep knee straight and toes pointed up. Lower slowly.
- Repeat 20 times.

Strengthening Your Arthritic Knee – Quad Set-Terminal Knee Extension



- Lie on couch or bed with a rolled towel under the knee to bend slightly.
- Lift foot, straightening knee.
- Do not raise thigh off roll. Do not lift at the hip.
- Hold for 10 seconds.
- Relax. Lower slowly. Control is important.
- Repeat 10-20 times.

STOP MEDICATIONS THAT INCREASE BLEEDING

Seven days before surgery, stop all anti-inflammatory medications such as aspirin, Motrin, Naproxen, etc. These medications may cause increased bleeding. If you are on Coumadin, you will need special instructions for stopping the medication. The Joint Program team will instruct you on what to do with your other medications.

FIND OUT YOUR ARRIVAL TIME AT THE HOSPITAL

If you have not been instructed on your arrival time, call 789-1659 on the day before the surgery (or on Friday if your surgery is on Monday) to find out what time your procedure is scheduled. You will be asked to come to the hospital two hours before the scheduled surgery to give the nursing staff sufficient time to start IVs, prep and answer questions. If your surgery is scheduled at 7:30 a.m., please arrive no later than 5:30 a.m.

It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time.

PREPARE YOUR HOME FOR YOUR RETURN FROM THE HOSPITAL

Have your house ready for your arrival back home. Clean. Do the laundry and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden and other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install nightlights in bathrooms, bedrooms and hallways. Stop the newspaper. Arrange to have someone collect your mail and take care of pets or loved ones, if necessary. Be sure that existing handrails are secured or have them installed prior to your surgery. It is very important that you plan to have help after surgery. Rehab is not generally an option. Ask family and friends to assist with making arrangements for care.

WHAT TO DO THE NIGHT BEFORE SURGERY

NPO-Do Not Eat or Drink Anything

Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.

What to Bring to the Hospital

- Personal hygiene items
(toothbrush, powder, deodorant, electric razor only, etc.)
- Hand-held mirror to use at bedside
- Loose fitting shorts or sweat pants with elastic waist
- Tops
- Flat shoes or tennis shoes with heels covered – for day of discharge. No flip-flops or heels should be worn.
- Bring this notebook to the hospital with you
- Bring a copy of your Advance Directives
- You may bring battery-operated items*
- You may have cell phones and laptops*

** NOTE: If any of these items are lost, misplaced or broken, Roper Hospital is not responsible for replacing or repairing them.*

Special Instructions

You will be instructed by your doctor about medications, skin care, etc.

HOSPITAL CARE

WHAT TO DO THE DAY OF SURGERY

Have someone drive you to the hospital. Valet park your car the morning of surgery. Check-in on the first floor at the Ambulatory Surgery check-in desk. After you have entered surgery, family members will be asked to wait in the waiting room. Your family will be notified when your surgery is completed. If family members are unable to stay, please inform the nurse in Same Day Admissions. Please read the Family Parking Pass information in Section I for information on parking charges.

WHAT TO EXPECT – DAY OF SURGERY

In the Same Day Admissions area you will be prepared for surgery. This includes starting an IV and scrubbing your operative site. Your operating room nurse, as well as your anesthesiologist will interview you. They will escort you to the operating room where you will see your surgeon, if you have NOT already seen him or her in the Same Day Admissions area.

For a single hip procedure, surgery will last approximately 1 to 1-1/2 hours and approximately 2 hours for a bilateral.

Following surgery, you will be taken to a recovery area where you will remain for one-two hours. During this time, pain management will be established, your vital signs will be monitored and an X-ray may be taken of your new joint.

You will then be taken to the Joint Center Unit where a total joint nurse will care for you. Only one or two very close family members or friends should visit you on this day. You may be up the evening of surgery. It is very important that you begin ankle pumps on this first day.

This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer that you learned how to use in class.

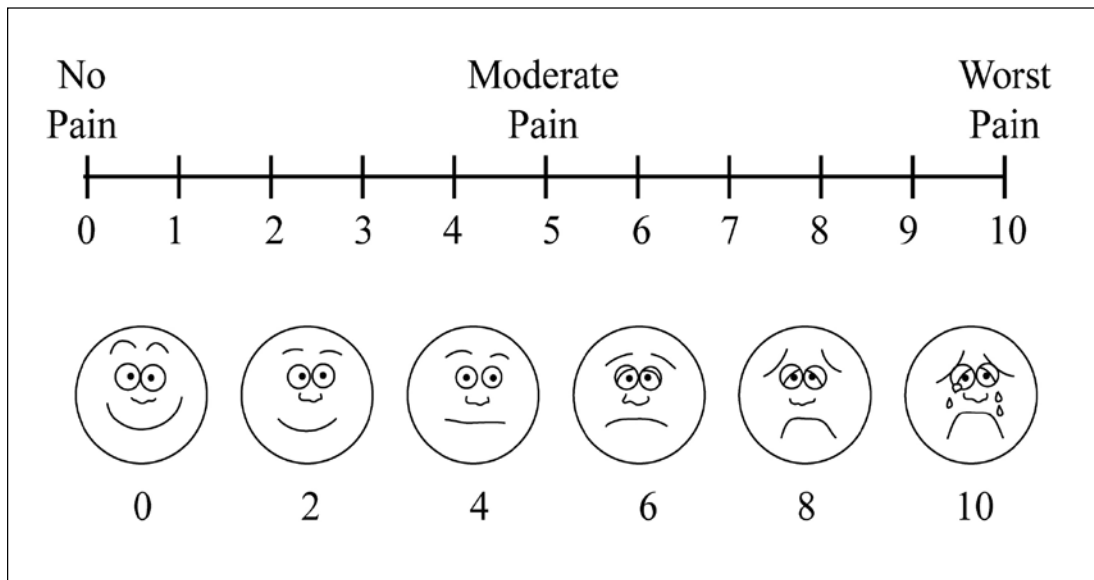
PAIN MANAGEMENT SCALE

This is a guide to help you evaluate your pain. You and your nurse will choose the methods that work best for you.

Pain is just one of the many ways that your body responds to injury or illness. It can affect you both physically and emotionally. It is important that pain is managed so that you can participate and receive the most benefit from your treatments.

There is no test to measure pain so we rely on you to tell us when you have pain and exactly how much it hurts. We use a pain scale to assess your level of discomfort. This is a scale of numbers from 0 to 10. Zero represents "No Pain," 5 represents "Moderate Pain," and 10 represents "Worst Pain Possible."

Your nurse or therapist will ask you to rate your pain using this scale to help decide which treatment is best.



Help, I'm Hurting!

The first thing that comes to mind when thinking about pain control is medication. There are many types of pain medications, both narcotic and non-narcotic, which all come in varying strengths. It is important that you help us understand your pain so that we can find the best medication for you. **Most pain medication is given on an "as needed basis."**

Therefore, ask at least 30 minutes before you need it.

Narcotics include drugs such as Oxycodone®, Lortab®, Morphine, Dilaudid® and Percocet®. These are stronger pain medications and are often used after surgery and for chronic pain. Many people report fear of using narcotics to control their pain because they are afraid they will become addicted. If these medications are used correctly, as instructed by your doctor, the risk is small.

Narcotics do have some **side effects** of which you should be aware. All of these are treatable and should be reported to staff promptly so side effects can be managed. Constipation is common and can be treated with a variety of stool softeners or laxatives. Sedation (sleepiness) and nausea may be a problem at first, but these problems often lessen after the first few days of taking the medication.

There are also non-narcotic medications such as Tylenol®, Celebrex®, Toradol® and other anti-inflammatory medications that may be useful in relieving your pain. Often people will use these when the stronger narcotics are no longer needed.

With regard to pain management, we suggest that you take your medication before therapy or treatment to ensure that your pain is kept at an "OK" level while you engage in the activities. This helps to keep pain from rising to a severe level that takes longer for medication to relieve. An easy way to remember this is to request pain medication with meals, if needed.

What if I Don't Want to Take a Pill?

There are also many methods of controlling pain that do not involve the use of drugs. Physical therapists often use the application of an ice pack to help with pain relief. Nurses can provide you with an ice pack when you return to your room after an activity.

Relaxation, breathing, distraction and imagery techniques lessen pain. Relaxation methods have been shown to reduce pain. When pain occurs, muscles tense and anxiety occurs. Relaxation breaks this cycle and helps lessen pain.

Relaxation Breathing

- Close your eyes.
- Inhale slowly and deeply through your nose.
- Hold your breath to the count of four.
- Exhale slowly through pursed lips (as if blowing out a candle).
- As you exhale, count slowly "1, 2, 3, 4, 5, 6."
- Notice that your chest expands as you inhale and shoulders relax as you exhale.

Create a relaxing environment. Choose what helps you.

For example:

- Natural light and plants/flowers
- Pleasant air temperatures and odors
- Reading
- Music
- Family photos, pet therapy
- TV (limit viewing)
- Write down your favorite pastime

While it may not be possible to stop your pain, it is our duty to help you keep your pain at a level that is okay for you. Good communication between you, the patient, and us, the staff, will lessen your discomfort as you progress.

If you have questions or concerns after you are discharged, call your doctor. Your healthcare team wishes you a pleasant return home.

WHAT TO EXPECT

Post-Op Day 1

On Day 1 after surgery, you will be assisted with bathing and dressing into the loose clothing you have brought to the hospital. An occupational therapist will help get you out of bed and seat you in a recliner. The physical therapist will assess your progress and get you walking with either crutches or a walker. IV pain medication will be discontinued and you will begin taking oral pain medication. You will be seen by the physical therapist again in the afternoon to walk, perform exercises and possibly begin walking stairs. The Case Manager will see you and firm up your discharge plan. Visitors are welcome preferably in the late afternoon or evening.

Post-Op Day 2: Discharge Day

On Day 2 after surgery, you will be helped out of bed and will dress in loose clothing that you have brought to the hospital. Depending on your progress, you may begin walking stairs on this day. It is possible for patients to be discharged home in the afternoon of Post-Op Day 2 if the physical therapist and physician agree that it is safe.

Going Home

Someone responsible will need to drive you home. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. The Case Manager will arrange home care physical therapy visits, if necessary. We will let you know when the home care physical therapist will begin the visits.

WHERE WILL I GO AFTER DISCHARGE FROM THE HOSPITAL?

As an elective surgery, the goal is for you to return home upon discharge. Prior to coming to the hospital, you should arrange for family or friends to stay with you for the first few days for assistance. Your typical length of stay in the hospital is 1-2 days; you will be discharged any day of the week.

There are three options following discharge:

1. RETURN HOME

If you return home the following will be arranged:

Durable Medical Equipment (DME): A rolling walker (two front wheels) and a three in one commode. Insurance will only pay for these pieces of equipment every five years.

Home Health Care: A physical therapist may be set up to come to your home at discharge three times per week, as long as you are homebound. The physical therapist will see you within 48 hours of discharge, unless we are unable to locate staffing right away. The physical therapist will work with you to advance your therapy to the next level. The physical therapist/nurse will remove your staples 10-14 days post surgery. If you are discharged home on Coumadin, the nurse/physical therapist will also come to your house and draw blood twice a week to monitor your Coumadin levels.

Home Health Care services will be arranged by the case manager while you are in the hospital. You do not need to make these arrangements ahead of time. You do need to choose a home care agency that you would like to use. You can research the available home care agencies at www.medicare.gov. The agency chosen will need to be in network with your insurance company.

Roper St. Francis Home Health is an option for your home care needs. Our home health agency is recognized for providing excellent care and attaining the highest outcomes in the Tri-county area (www.medicare.gov/homehealthcompare). Roper St. Francis Home Health has physical and occupational therapists with specific training in joint replacement

therapy. The home health team will assist you in returning to an optimal level of functioning in your home setting while focusing on your specific treatment program. For more information regarding Roper St. Francis Home Health services, please contact (843) 402-7000.

2. SKILLED NURSING FACILITY (Subacute rehab)

If you do not feel you are going to be safe to go home, we can make arrangements for placement at a skilled nursing facility (SNF). A SNF is a nursing home that can provide short term rehab. Please do research if you feel you may require skilled placement at discharge. SNF facilities can be located online at www.medicare.gov.

If this is an option please notify your nurse/case manager as soon as possible so arrangements can be made prior to discharge.

3. ACUTE REHAB

Acute rehab facilities provide intensive rehab services to patients at discharge who have altered functional ability as a result of their joint replacement. Acute rehab facilities in this area include: Roper Rehabilitation Hospital, Healthsouth, Colleton Rehab, Waccamaw Rehab, and Orangeburg Rehab (not a comprehensive list).

In order to be eligible for rehab, you must meet rehab specific criteria based on Medicare guidelines or the guidelines of your insurance companies. These include but are not limited to:

- Medically Stable
- Requiring two more more forms of therapy (PT&OT)
- Cognitively and physically able and willing to participate in three hours of therapy daily
- Have reasonable and attainable rehab goals
- Have a viable discharge plan

Each rehab case is looked at on a case by case basis and you must have a back-up plan.

POST-DISCHARGE CARE

CARING FOR YOURSELF AT HOME

When you go home there are a variety of things you need to know for your safety, recovery and comfort.

Manage Your Discomfort

- Take your pain medication at least 30 minutes before physical therapy.
- Gradually wean yourself from your prescription to Tylenol®.
You may take two extra-strength Tylenols® in place of your prescription medication up to three times per day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer (to be used as an ice pack later).

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is not abnormal. Don't sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medication contains narcotics, which promote constipation. Use stool softeners or laxatives such as Milk of Magnesia if absolutely necessary.

Preventing Blood Clots

You may be given a blood thinner to help avoid blood clots in your legs. You may need to take it for up to six weeks depending on your individual situation. Coumadin is a blood thinner in pill form that must be taken the same time each night. Lab draws twice a week will be necessary if you are on Coumadin to monitor your blood and make sure it is not too thick or too thin. You may be discharged home on a blood thinner by way of injection called Lovenox or Fragmin. These blood thinners need to be injected into the abdomen subcutaneously once a day in the morning for 10-14 days after discharge or up to one month if you have a history of blood clots. Your physician will decide what method is right for you.

Caring for Your Incision

Remove dressing 7-10 days after your surgery.

- If dressing is full of drainage, remove and apply a 4x4 inch piece of gauze with paper tape
- Call your doctor if incision is still draining 5-7 days after surgery
- A home health nurse will remove your staples 10-14 days after your surgery. Steri-strips will be put in their place
- You may shower with your dressing on
- You may also shower after dressing has been removed if there has been no drainage from your incision for 24 hours
- Clean area gently with mild soap and water
- Do NOT push water in your incision with shower massager
- If your incision stays clean and dry and the edges are together without redness or swelling, you may take a tub bath
- Do NOT apply any ointments or creams to incision until after your one month appointment with us
- Call if you experience any fever, or if the incision shows excessive swelling or redness, or if you have any other concerns

Infection Prevention:

We as a team at RSF are committed to doing everything we can to protect your new joint and prevent infections.

A surgical site infection (SSI) 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
- Most SSIs can be treated with antibiotics. The antibiotic given to you depends on the germ causing the infection
- Sometimes patients that develop an SSI may also need another surgery to treat an infection
- The good news is that between 40-60% of surgical site infections can be prevented

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

What are some of the things that our hospital team of doctors and nurses are doing to prevent Surgical Site Infections?

- 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 you do to help prevent Surgical Site Infections?

Before 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.
- If you are a diabetic make sure you are in good glucose control. You should have clearance from the doctor that is treating you for diabetes.
- Make sure you don't have major dental issues that need to be addressed prior to surgery (abscesses, root canals, loose teeth)

- If you are a smoker quit smoking. Patients who smoke are at greater risk for 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.

Bathing Prior to surgery: CHG Foam

Studies show that CHG (Chlorhexidine Gluconate) bathing or showering substantially reduces the density of germs on the skin that can lead to a surgical site infection.

- We ask that you use the CHG foam soap provided to bathe or shower as directed by your physician prior to surgery. Please follow the instructions provided with the soap.

Antibiotic ointment to the nostrils prior to surgery: Mupiricin

- We also ask that you apply mupiricin ointment to each nostril as directed by your physician prior to surgery. Your physician will provide you with a prescription for this ointment. The combination of intranasal mupiricin and CHG bathing or showering eliminates staph aureus, at least temporarily, from the nose and skin, the natural places on your body where staph is most often carried.

At the time of surgery:

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

After surgery:

- 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.

- 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.
- 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

RECOGNIZING & PREVENTING POTENTIAL COMPLICATIONS

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complications of pulmonary embolus. Pulmonary embolus is when a blood clot breaks off inside the vein and goes to the lungs.

Prevention of Blood Clots

- Continue foot and ankle pumps
- Walking
- Sequential Compression Devices
- Take blood thinners as directed by your physician

Signs of an Embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion
- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain or tenderness in calf

NOTE: blood clots may form in either leg.

FOR HIP REPLACEMENT PATIENTS

Hip Dislocation

- When the thighbone pops out of its socket

Signs of Hip Dislocation

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

Prevention of Hip Dislocation

Depending on your doctor and the type of procedure performed, your doctor may or may not give you precautions to follow to prevent dislocation. Some of these precautions may include:

- DO NOT cross legs
- DO NOT twist or rotate leg
- DO NOT bend at the hip past 90 degrees
- No hip abduction exercises
- No hip extension exercises

Your therapist and doctor will tell you which, if any, of these apply to you.

POST-DISCHARGE GOALS, EXERCISES & ACTIVITY GUIDELINES

POST-DISCHARGE GOALS

Exercising is important to obtain the best results from total hip surgery. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case you need to participate in an ongoing home exercise program as well.

Weeks 1-2

After three to four days you will be ready for discharge home from the hospital. During weeks one and two of your recovery your goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300-500 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Walk on curbs, ramps, etc.
- Straighten your hip completely.
- Independently sponge bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do home exercises prescribed for you by your physical therapist.
- *Actively bend your knee 90 degrees (KNEE ONLY)*

RANGE OF MOTION – STRENGTHENING EXERCISES

Ankle Pumps	20 reps	2 times/day
Quad Sets	20 reps	2 times/day
Gluteal Sets	20 reps	2 times/day
Terminal Knee Extension	20 reps	2 times/day
Heel Slides	20 reps	2 times/day
Knee Extension – Long Arc Quads	20 reps	2 times/day
Straight Leg Raises (Abduction/Adduction)	20 reps	2 times/day

Additional Comments _____

POST-DISCHARGE GOALS

Weeks 2-4

Weeks two to four will see you recovering to more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve 1-2 week goals.
- Wean from walker or two crutches to a cane or single crutch as instructed.
- Walk at least 1/4 mile.
- Climb and descend a flight of stairs (12-14) more than once daily.
- Independently shower and dress.
- Resume homemaking tasks.
- Do home exercise program as prescribed by your therapist.
- Your physician will inform you when you are able to start driving. Do not drive if taking prescription narcotic pain medications.
- *Bend your knee more than 90 degrees (KNEE ONLY)*

Weeks 4-6

Weeks four to six will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are to:

- Achieve prior goals.
- Walk with a cane or single crutch.
- Walk at least 1/2 mile.
- Begin progressing on stairs from one foot at a time to regular stair climbing (a few stairs at a time).
- Drive a car (either right or left hip surgery), if given permission by your doctor.
- Continue with home exercise program.
- *Actively bend knee at least 110 degrees (KNEE ONLY)*

Weeks 6-12

During weeks six to twelve you should be able to begin resuming all of your activities. Your goals for this time period are to:

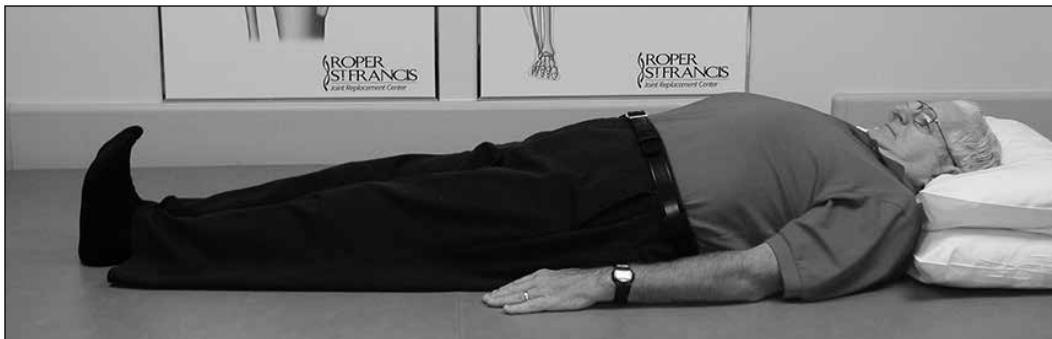
- Achieve prior goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk 1/2 mile to 1 mile.
- Improve strength to 80%.
- Resumption of all activities including dancing, bowling and golf, if cleared by your therapist or doctor.
- *Bend knee to 120 degrees (KNEE ONLY)*
- *Straighten Knee Completely*

POST-DISCHARGE EXERCISES

Ankle Pumps – Ankle Plantarflexion

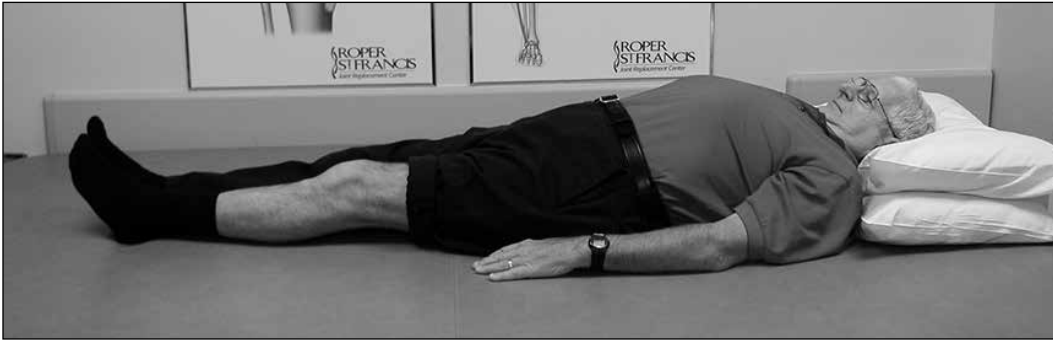


Ankle Pumps – Ankle Dorsiflexion



- Sitting on straight-back chair or when lying in bed, pump ankles upward and downward.
- Repeat 10-20 times.

Quads Sets – Knee Extension



- Lie on back, press knee into mat, tightening muscle on front of thigh.
- Do not hold breath.
- Hold 10 seconds. Repeat 10-20 times.

Gluteal Sets



- Tighten buttocks together.
- Do NOT hold breath.
- Hold for 10 seconds.
- Relax.
- Repeat 10-20 times.
- Can be done lying on back, sitting or standing.

Terminal Knee Extension



- Lie on back, towel roll under knee.
- Lift foot, straightening knee.
- Do not raise thigh off roll.
- Repeat 10-20 times.

Heel Slides - Knee and Hip Flexion



- Lie on back, and slide heel toward your bottom.
- CAUTION: Do NOT bend hip beyond a 90 degree angle if you had a posterior lateral hip replacement.
- Repeat 10-20 times.

Knee Extension – Long Arc Quads



- Sit with back straight.
- Straighten knee.
- Hold 5 seconds and slowly lower.
- Repeat 10-20 times.

Hip Abduction & Adduction

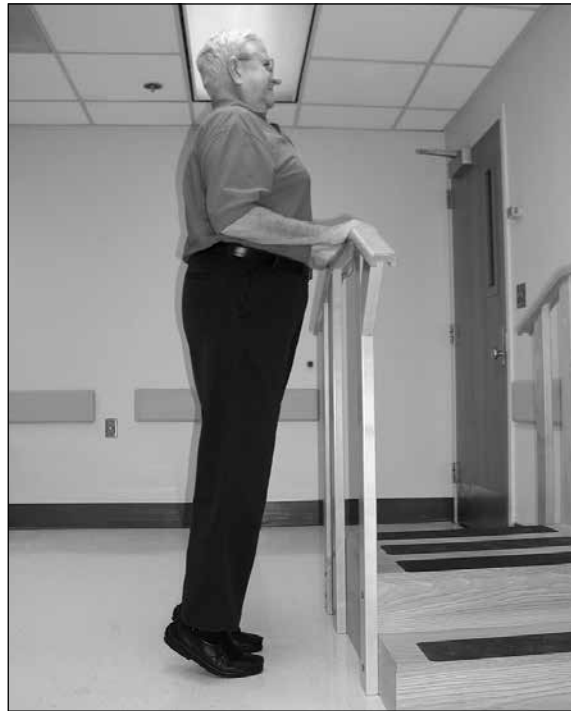


- Do not do this exercise if your surgery was an anterior lateral approach unless instructed by your doctor or therapist.
- Lie on back; bring leg out to side.
- Keep toes pointed up and knee straight.
- Bring leg back to starting point.
- Repeat 10-20 times.

Heel Raises – Ankle Plantarflexion

Note: Wait for the therapist to tell you when to begin these exercises.

- Standing, hold onto firm surface.
- Raise up to toes.
- Go back on heels.



Toe Raises – Ankle Dorsiflexion

Standing, hold onto firm surface.

Go back on heels without leaning body back.



Standing Knee Flexion – Hamstring Curl

- Standing, hold on to firm surface.
- Bend knee of involved leg bringing heel towards buttocks.
- Straighten to full stand.



Hip Flexion – Marching

- Standing, march in place.
- Can use countertop or railing to put both hands on for extra support.
- Don't bring hip past 90° angle if you had a posterior lateral hip replacement.



Small Squat

- With feet shoulder-width apart, bend knees to 30 degrees.
- Keep body straight.
- Return to upright position.
- Do this with your therapist first.

CAUTION: You should be able to see your toes throughout exercise.



FOR KNEE PATIENTS ONLY:

Range of Motion and Flexibility Exercises – Stretching Exercises

Sitting – Improving Knee Flexion (bend)



Sitting on straight-back chair, cross legs with affected leg on bottom. Slide feet underneath chair. Keep hips on chair. Try to gently stretch and bend knee as far as possible. Plant foot and move bottom forward on chair. Hold 30 seconds. Repeat 10 times.

Prone Knee Extension/Range of Motion

Wait for the home therapist to tell you to begin this exercise.



- Lie on bed.
- Put folded towel above knee.
- Allow operated leg to straighten as far as possible.
- If this bothers your back, keep pillow under stomach.
- Relax and hold 30 seconds.
- Repeat 10-20 times.

Straight Leg Raises/Knee Extension



- Lie on back.
- Leave uninvolved knee bent and foot flat.
- Lift opposite leg up one foot. Hold for 5-10 seconds.
- Keep knee straight and toes pointed up. Lower slowly.
- Repeat 20 times.

Single Leg Step-Up

- With foot of involved leg on step, straighten that leg.
- Return.
- Use a step or book. How high will depend on your strength.
- Start low. You may exercise good leg as well.

NOTE: Please do these with your therapist first.



Retro Leg Step-Up

Step backwards with one foot then the other.

- Step off forward in the same way.
- Do this with your therapist first.
- Use a step or book.
- Ask therapist how high it should be.



ACTIVITIES OF DAILY LIVING PRECAUTIONS & HOME SAFETY

When Standing Up from a Chair

Proper Method for Sit-Stand Transfer

- Sit in a chair with arm rests when possible.
- Scoot to the front edge of the chair.
- Push up with both hands on the arm rests. If sitting in a chair without arm rests, place one hand on the middle of the walker while pushing off the side of the chair with the other.
- Balance yourself before grabbing the walker.
- If you had a posterior-lateral approach for your hip replacement, slide your operated leg out straight in front of you to stand up or sit down.



Improper Method

- Do NOT pull up on the walker to stand!



Walker Ambulation

- Move the walker forward.
- With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. Do not move it past the front feet of the walker.
- Step forward with the nonsurgical foot.
- Repeat steps.



Proper Lying for Hip in Side-lying



For posterior lateral approach: When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll over to the operated side. Do not lie on the non-operated side until approved by your doctor.

For anterior lateral hip replacement: no restrictions unless otherwise instructed by physician and therapist.

Proper Lying for Hip on Back



For a posterior lateral approach: Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned in bed so the kneecap and toes are pointed towards the ceiling. Try not to let your toes roll inward or outward. A blanket or towel-roll on the outside of your leg may help you maintain this position.

For anterior lateral hip replacement: no restrictions unless otherwise instructed by physician and therapist.

Transfer – In and Out of Bed



When getting into bed:

- For posterior lateral approach, it is generally better to get in an out of bed on the side of your surgery.
- Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of your bed).
- Reaching back with both hands for the bed, straighten the operative leg, then sit down on the edge of the bed and scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier.)
- Move your walker out of the way, but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Lift your leg into the bed while scooting around.
- Keep scooting and lift your other leg into the bed.
- Remember to keep legs apart, no twisting or bending past 90°.
- Anterior lateral approach: there are no special precautions or restrictions.

When getting out of bed:

- Scoot your hips to the edge of the bed.
- Sit up while lowering your nonsurgical leg to the floor.
- Scoot to the edge of the bed.
- Use both hands to push off the bed.
- Balance yourself before grabbing for the walker.
- If you had a posterior lateral total hip replacement, keep operated leg straight out in front of you when you are ready to stand.



Transfer – Toilet

For posterior approach: you will need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery.



When sitting down on the toilet:

- Take small steps and turn until your back is to the toilet. Never pivot!
- Back up to the toilet until you feel it touch the back of your leg.
- Reach back both hands for arm rests.
- If you had posterior approach hip replacement, slide your operated leg out in front of you when sitting down.

When getting up from the toilet:

- Use the arm rests to push up.
- Balance yourself before grabbing the walker.
- Keep operated leg out in front of you.



Transfer – Tub

For posterior lateral approach hip replacement: getting into the tub using a bath seat:

- Place the bath seat in the tub facing the faucets.
- Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the tub bench.
- Reach both hands back for the tub bench.
- Slowly lower yourself onto the tub bench, keeping the operated leg out straight.
- Move the walker out of the way, but keep it within reach.
- Lift your legs over the edge of the tub.
- Remember to keep legs apart, no twisting or bending past 90 degrees.

Getting out of the tub using a bath seat:

- Lift your legs over the outside of the tub.
- Scoot to the edge of the bath seat.
- Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
- Balance yourself before grabbing the walker.

NOTE: Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

Anterior approach: no precautions.

Transfer – Car

- Push the car seat all the way back. Recline it if possible, but return it to the upright position for traveling.
- You can place a plastic trash bag on the seat of the car to help you slide and turn forward.
- Back up to the car until you feel it touch the back of your legs.
- Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you do not hit it on the doorframe.
- Recline the seat back. Turn forward, leaning back as you lift the operated leg into the car.
- Remember for posterior lateral hip replacement: no crossing legs, no twisting and no bending past 90 degrees.
- Do not lie in back seat with legs stretched out in front of you.
- In anterior lateral approach: no restrictions.



PERSONAL CARE

Using a Reacher to Get Dressed

For posterior lateral approach hip replacement. Putting on pants and underwear:

- Sit down.
- Put your operated leg in first and then your nonsurgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.



Taking off pants and underwear:

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
- Lower yourself down, keeping your operated leg out straight.
- Take your un-operated leg out first and then the operated leg.
- A reacher or dressing stick can help you remove your pants from your foot and off the floor.
- Remember, no crossing, twisting or bending past 90 degrees.
- For anterior lateral approach: no restrictions.

Using a Sock Aid

For posterior lateral approach hip replacement.

Putting socks on:

- Sit down.
- Do not bend over to put your sock on, or put your foot on a footstool.
- Do not cross your legs when putting on your socks. Use a sock aid if you are having difficulty reaching your feet.

How to use a sock aid:

- Slide the sock onto the sock aid with the toe completely tight at the end.
- Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent as much as possible.
- Slip your foot into the sock aid.
- Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.
- For anterior lateral approach: equipment will not be issued secondary to no flexion restrictions.



Using a Long-Handled Shoe Horn

- Use your reacher, dressing stick, or long-handled shoe horn to slide your shoe in front of your foot. Bend your knee as much as possible when doing this.
- Place the shoe horn inside the shoe against the back of the heel. Have the curve of the shoe horn match the curve of the shoe.
- Lean back, if necessary, as you lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoe horn.

NOTE: Wear sturdy slip-on shoes or shoes with Velcro® closures or elastic shoe laces. DO NOT wear high-heeled shoes or shoes without backs.



HOUSEHOLD CHORES

Saving Energy and Protecting Your Joints

Kitchen

- Do NOT get down on your knees to scrub floors. Use a mop and long handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool or put a cushion on your chair when preparing meals.

Bathroom

- Do NOT get down on your knees to scrub the bathtub. Use a mop or other long handled brush.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs. This is a fire hazard.
- Do NOT wear socks alone on vinyl, tile or wood floors. Wear shoes or slippers at all times.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.

- Do NOT lift heavy objects for the first three months, and then only with your surgeon's permission.
- Stop and think. Use good judgment.

DO'S & DON'TS FOR THE REST OF YOUR LIFE

Whether you have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopaedic and primary care doctors' permission you should be on a regular exercise program three or four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may be too much of a load on the joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis. Infections are always a potential problem and may need antibiotics for prevention.

General Guidelines

- Take antibiotics one hour before you are having dental work or other invasive procedures.
- Although the risks are very low for post-op infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101 degrees, or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid® on it and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change your position hourly to prevent your joint from tightening.
- See your surgeon yearly unless other wise recommended. (See yearly follow-up visits – next page)

What to Do for Exercise

Choose a Low Impact Activity

- Home program as outlined in Patient Guide
- Regular one to three mile walks
- Home treadmill
- Stationary bike
- Regular exercise at a fitness center
- Low impact sports such as golf, bowling, walking, gardening, dancing, etc.

What Not to Do

- Do NOT run or engage in high impact activities.
- Do NOT participate in high-risk activities such as downhill skiing, etc.

THE IMPORTANCE OF LIFETIME FOLLOW-UP VISITS

When should I follow up with my orthopedic surgeon?

These are some of the general rules:

- Every year, unless instructed differently by your doctor
- Anytime you have a mild pain for more than a week
- Anytime you have moderate pain or severe pain that requires medication

There are two good reasons for follow-up visits with your orthopedic surgeon:

1. If you have a cemented hip or knee, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. This does not often occur in the first 10 years, but occasionally can. After 10 years of use, the incidence is greater. Seeing a crack in cement doesn't necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your hip or knee could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone, called "osteolysis", which may cause the bone to thin out. In both cases you might not know this for years. Orthopedists are constantly learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

2. The plastic liner in your knee or hip may wear. Little wear particles may get in the bone and cause osteolysis, similar to what can happen with cement. (Again, this may cause the bone to thin out). Replacing a worn liner early can keep this from happening. X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your doctor's office. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.

NOTES _____
