

Dear Patient:

Your doctor has scheduled you for hip joint replacement. Hip joint replacement is a major surgery where the joint surface and underlying bone are replaced with an artificial joint (prosthesis) made of metal and polyethylene. This surgery is usually done to decrease hip pain and increase movement within the hip joint.

The prosthesis is usually made up of four parts. Bone cement and screws may be used to anchor the prosthesis to the bone.

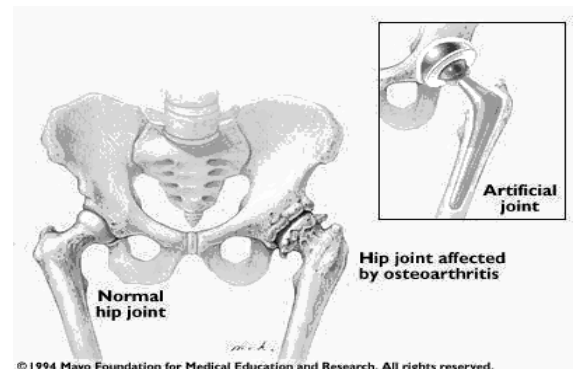
This operation carries possible risks of infection and blood clots in the legs or lungs.

Before your surgery

- Please inform the hospital nursing staff of all prescription medications, over the counter and/or herbal supplements which you are currently taking.
- Physical Therapy will meet with you to show your exercises and equipment used for your recovery. Exercising helps to increase your muscle strength and decrease the risk of blood clots.
- Testing and Monitoring:
 - Your doctor will order a medical examination which may include some or all of the following:
 1. Blood tests
 2. Physical therapy consult
 3. Chest x-ray
 4. Electrocardiogram (ECG)

Day of surgery

- **DO NOT** eat or drink anything after midnight on the night before the surgery.
- **DO NOT** wear make-up, jewelry or fingernail polish the day of surgery.
- **Please bring your own walker to the hospital.**
- Scrub your surgical hip area before coming to the hospital.
- Before going to surgery a thigh high surgical stocking will be placed on the non-operative leg. TED hose (thromboembolism deterrent) help prevent blood clot formation.
- A nurse anesthetist will visit you regarding the type of anesthesia you will receive.
- Before going to surgery, please tell the nursing personnel and anesthetist if you have dentures, partials, hearing aids, or contact lenses.



During your surgery

The surgery takes about 2 hours. You will have a heart monitor and blood pressure cuff applied, and a pulse oximeter(measures the oxygen in your blood) placed on your finger.

The anesthetist will give you medication through your IV which will help you relax during the surgery. Your doctor will make an 8 to 12 incision on the skin surface of the hip. The damaged joint is removed, then the prosthesis is inserted. The incision will be closed with suture and possible skin staples.

You will go to the recovery room for further observation following any type of anesthesia. You will be monitored in the recovery room for a minimum of 1 to 2 hours.

After the surgery

- You will be taken back to your room for further monitoring. You will be encouraged to cough and deep breath every hour. You will be given oxygen for approximately 24 hours.
- You will have an IV through which you will receive fluids.
- A dressing will cover the incision.
- You may have a tube (foley catheter) in your bladder which empties your bladder.
- A foam wedge will be placed between your legs to keep your hip in the correct position.
- You may have a drain tube from your joint to a container which collects the blood from your wound. If enough blood is collected in the first few hours after surgery, it may be given back to you through the IV.
- Special stockings (TED hose) will be placed on both legs. These help improve the circulation and decrease possible formation of blood clots. Having you do ankle and feet exercises also helps to prevent blood clots.
- The trapeze on your bed is to help you turn or lift yourself in bed.

Pain/Medications

- You will have pain after your surgery. You will receive pain medication through your IV by a medication pump which you control. If you continue to have pain, please ask the nurse for more medication. DO NOT ask your family to push the medication control button. This will allow the nurse to better evaluate your pain.
- When your IV is discontinued, you can ask for pain pills.
- Let your nurse know if you feel sick to your stomach. She can give you something for the nausea.
- You will be given a blood thinner by pill or injection.
- Your doctor may order antibiotics to be given through your IV or pills to take by mouth.

Diet You will be given ice chips by mouth after surgery. These will help to keep your mouth and tongue moist. The first diet will include clear liquids such as sprite, jello, broth, decaf coffee, etc. The liquid diet helps to decrease stomach upset. Then your diet will progress to a normal diet.

Post-Op Day 1

- The nurses will check your vital signs, dressing, and circulation every 4 hours; get you up for your meals, assist you with bathing, and walk you twice.
- Physical Therapy will exercise your legs and, with walker or crutches, walk you twice. Taking pain medication shortly before walking or exercising may help decrease the pain. Precautions for activities include:
 - Keeping the affected leg in a neutral position--
 - by NOT crossing your legs (keep knees at least 6" apart).
 - by NOT turning knee or foot in/out too much.
 - by keeping a pillow between your legs when sitting or lying down.
 - by NOT bending the hip more than 90°.
 - by NOT bending over to pick up items (use a reaching device).
- Lab will draw blood for tests.
- You will be started on pain pills and a stool softener.

Post-Op Day 2

- The nurses will check your vital signs every 4 hours, assist you with bathing, get you up for meals, and assist you to walk twice.
- The drain will be removed today.
- Your IV will be changed to a saline lock and the CADD pump, used for pain medication, discontinued. Let the nurse know when you have pain.
- Physical Therapy will exercise and walk you twice.
- The foley catheter will be removed from your bladder and the nurse will assist you to the bathroom.
- Lab may draw blood for tests.
- Social Services may come in to visit with you about home care needs or other discharge plans.

Post-Op Day 3

- The nurses will continue vital sign checks, assist you with bathing, and get you up to a chair for all meals, and assist you to walk twice.
- If you have not had a bowel movement, let your nurse know so you can be given a laxative.
- Social Services will assist you with discharge planning.

Post-Op Day 4

- You may be able to get out of bed by yourself. When in bed, turn with a pillow between your legs. You will use a walker or crutches to walk and will be able to do so with standby help.
- Physical Therapy will show you how to go up and down stairs.
- If you are sent to another facility, orders and instructions will be sent with you.
- If you are sent home:
 1. A nurse will go over your dismissal instructions.
 2. If your incision has staples, they will be removed later. If your incision has steri-strips, they should remain on for 12 - 14 days.

3. Wear your TED hose as instructed.
4. You may shower if able.
5. You will receive a prescription for medications.
6. A follow up visit will be scheduled.

Dismissal You will need to have someone drive you home from the hospital. Go directly home and keep all follow-up appointments with your doctor.

After Dismissal

Activity You are encouraged to walk after surgery. Short walks several times a day will speed up the healing process. Remember that you will tire easily when you go home. Go slowly and ask for help.

Safety Remove throw rugs and electrical cords in high traffic areas.
Wear rubber soled shoes.
You may need a rail and/or shower bench in the shower.

Pain The doctor may order pain medication. Please take as directed. **DO NOT** take with alcohol. Drink extra water or juices when taking a prescription pain medication to prevent constipation. A non-aspirin pain reliever, such as Tylenol or Ibuprofen can be taken for minor pain.

Infection If you have any of the following, call your doctor.

- Yellowish, green or foul smelling drainage from your incision
- Steady bleeding from your incision
- Temperature greater than your doctor's recommendation (see dismissal instructions)
- Chills or other flu like symptoms
- Increase in the severity of pain
- Chest pain or trouble breathing

Please refer to your dismissal instructions for further information.