



Good Shepherd Health Care System

A Patients Journey Guide for Hip Replacement



Our Mission Statement

We provide compassionate and exceptional care, close to home, that meets the needs of our growing community.

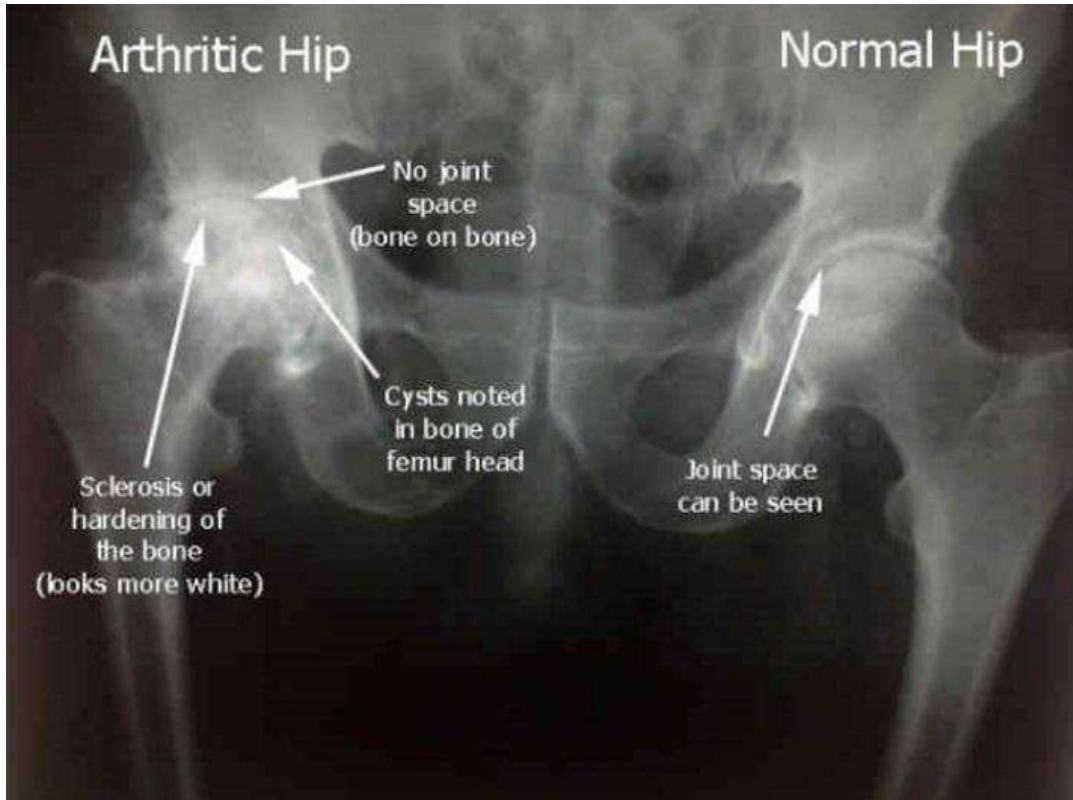
Thank you for choosing us!

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This handbook is intended to help you prepare for a successful hip joint replacement and recovery. It will help guide you through your journey and act as a reference for your recovery. It is important that you understand the information in this handbook and bring this handbook to your appointments and Joints Class. Good Shepherd Health Care System thanks you for choosing us and looks forward to helping you achieve your goals.

DECISION FOR HIP REPLACEMENT SURGERY



The hip joint, which is a ball-and-socket joint, is one of the largest and most important joints in your body. It connects the femur (thigh bone) to the pelvis via the acetabulum (hip socket) and is stabilized by strong ligaments and muscles.

This joint supports weight-bearing activities like standing, walking, and climbing stairs, while also allowing for a wide range of motion. The surfaces of the hip joint are covered with cartilage, which helps cushion the joint and allows for smooth movement. In cases of arthritis, the cartilage wears down, reducing joint space and causing painful bone-on-bone contact. Injuries or degenerative conditions can weaken the supporting structures, leading to instability, stiffness, and pain. When pain becomes severe enough to interfere with daily activities like walking, sitting, or rising from a chair, joint replacement is often recommended. During this procedure, the damaged bone and cartilage are removed, and metal and plastic components are implanted—either cemented or press-fit—into the reshaped bone surfaces.



DECISION FOR HIP REPLACEMENT SURGERY (continued)

Benefits of Surgery

Although results vary, many people experience significant improvements after hip replacement surgery. You can typically expect:

- **Less Pain:** Most patients report a major reduction in joint pain, especially when arthritis was the main cause. Pain relief is one of the most consistent benefits.
- **Better Mobility:** After healing, many people walk more comfortably and perform daily tasks with greater ease—like getting out of a chair or car.
- **Improved Sleep:** Chronic pain can interrupt sleep. With less pain, many patients sleep better at night.
- **Enhanced Quality of Life:** Being able to move with less pain often helps you enjoy hobbies, time with loved ones, and increased independence.
- **Improved Joint Function:** A new hip often moves more smoothly, helping you regain a more natural gait and posture.
- **Return to Activities:** Many patients return to light recreational activities such as walking, swimming, biking, and golfing. If you plan to return to high-impact activities, discuss it with your surgeon.



DECISION FOR HIP REPLACEMENT SURGERY (continued)

Risks of Surgery

As with all surgeries, joint replacements come with risks. Your care team will work with you to help prevent and minimize these risks. Prevention strategies are discussed throughout this handbook. Risks include:

- **Pain:** Sometimes, even after surgery, pain may not go away, especially if the pain comes from different problems, not just the joint.
- **Chronic Pain:** Rarely, some people might feel new or ongoing pain after surgery that can't be explained. This can be treated with therapy.
- **Bleeding:** Some bleeding is normal during the surgery, but it's rare to need a blood transfusion unless you have certain health problems.
- **Infection:** Any surgery carries a small risk of infection. If this happens, it could need more treatments, including more surgery.
- **Stiffness:** After surgery, some people may feel stiffness. Doing physical therapy helps a lot.
- **Damage to Arteries or Nerves:** In rare cases, the surgery might harm blood vessels or nerves, which could lead to swelling or weakness.
- **Fracture:** Sometimes, a bone might break during surgery, but it's usually treated right away.
- **Dislocation:** In some cases, the joint parts might come apart after surgery. If this happens, your doctor may need to help put it back in place.
- **Limb Length Change:** After hip surgery, your leg might feel a little longer or shorter, but most people get used to it over time.
- **Wound Problems:** The cut from the surgery may take longer to heal, or it might get infected.
- **Implant Issues:** While most implants work well, sometimes they fracture, wear out, or loosen, which may need more surgery.
- **Blood Clots:** Blood clots can happen after surgery, but there are ways to reduce this risk, like doing special exercises after surgery.
- **Other Health Problems:** Surgery can sometimes cause problems like heart issues, so it's important to make sure your overall health is good before surgery.

ORTHOPEDIC SURGERY JOURNEY CHECKLIST

Pre-Surgical Appointments & Requirements

<input checked="" type="checkbox"/>	Appointment / Task	Date	Time	Notes
<input type="checkbox"/>	Labs			
<input type="checkbox"/>	EKG			
<input type="checkbox"/>	CT: _____			
<input type="checkbox"/>	X-rays: Sit/Stand Lateral L/S Spine			
<input type="checkbox"/>	X-rays: 3-foot standing leg length			
<input type="checkbox"/>	Medical Clearance - PCP			
<input type="checkbox"/>	Medical Clearance - PAS Clinic			
<input type="checkbox"/>	Medical Clearance - Cardiology			
<input type="checkbox"/>	Medical Clearance - Other			
<input type="checkbox"/>	Dental Exam / Clearance			
<input type="checkbox"/>	Joint Replacement Education Class			
<input type="checkbox"/>	Preop Education - Occupational Therapy			
<input type="checkbox"/>	Preop - Physical Therapy (Walker/Crutch Training)			
<input type="checkbox"/>	Discharge Planning Discussion			
<input type="checkbox"/>	Preop Visit with Surgeon			
<input type="checkbox"/>	Skin Prep Instructions			
<input type="checkbox"/>				
<input type="checkbox"/>				

Surgical Date

<input checked="" type="checkbox"/>	Event	Date	Time	Notes
<input type="checkbox"/>	Surgery			
<input type="checkbox"/>	Plan for Ride Home Arranged			
<input type="checkbox"/>	Home Recovery Instructions Reviewed			
<input type="checkbox"/>				

Post-Surgery Recovery

<input checked="" type="checkbox"/>	Follow-Up Task	Date	Time	Notes
<input type="checkbox"/>	Postop Physical Therapy Begins			
<input type="checkbox"/>	Postop Visit with Surgeon			
<input type="checkbox"/>	Follow-up Appointments			
<input type="checkbox"/>				
<input type="checkbox"/>				

GETTING TO KNOW YOUR CARE TEAM

Orthopedic Surgeon



Patrick Dawson, MD



Matthew Thompson, MD



James Whittum, MD



Zhiqing Xing, MD

Nurse Navigator

This individual will help guide you through your journey of your joint replacement. They will help teach you and your care partner how to stay safe and healthy during your journey.

PAS Clinic Registered Nurses (RN) & Nurse Practitioner (NP)

This group of individuals will see you preoperatively for a PAS appointment. They will address your past medical history and current medications. The NP will complete your physical examination, clearing you for your upcoming surgery.

Case Manager

You will meet a member of Case Management during your Total Joints Class. This individual will help create a plan that will best assist your needs regarding discharge, home equipment, and answer insurance questions that you may have.

Occupational Therapist (OT)

You will meet a member of Occupational Therapy during your Total Joints Class. This individual will help you with determining the best plan to safely complete your daily activities such as bathing and dressing. They will help teach you how to be independent at home.

Physical Therapist (PT)

You will meet a member of Physical Therapy during your Total Joints Class. This individual will help teach you important strength training exercises for both before and after surgery. They will also teach you how to use your walker to help get you moving after your joint replacement.

Certified Registered Nurse Anesthetist (CRNA)

You will meet an individual from this team on your day of surgery. They will evaluate your needs and provide specific care to help keep you safe during your surgery and recovery. They are key team members to manage your pain.

Day of Surgery Surgical Team: RN's, CNA's, and Surgical Technologist (ST)

Your Day Surgery RN and CNA will admit you to the hospital. Your Circulating RN will take you to the operating room where a ST will be setting up your room for surgery. These individuals will assist your surgeon during your procedure. After your procedure, you will move once again to Day Surgery and then discharge home.

GETTING HEALTHY FOR SURGERY

Choose a Care Partner

Involving a friend or relative as your care partner is very important. Your care partner should go with you to attend preoperative education, provide support during therapy and keep you focused while healing. Please choose a care partner based on the following:

Your care partner must:

- Attend your Total Joint Class with you.
- Be in good physical health.
- Provide transportation for appointments & surgery.
- Stay with you for 24 hours after surgery and up to 1 week.

Your care partner will assist you with:

- Bathing, dressing and bathroom needs
- Position changes such as sit-to stand or getting out of bed.
- Pain and medication management
- Helping you follow the instructions provided by your surgeon.
- Helping you with your exercises and restrictions

Your care partner will:

- Help you stay on track and meet your goals for recovery.
- Reinforce and encourage the proper way to do home exercises.
- Be a second set of ears for all the information you will receive.
- Be your biggest supporter to help you become independent again.



GETTING HEALTHY FOR SURGERY (continued)



Stop Smoking / Vaping / Tobacco /

Nicotine As you're preparing for your upcoming surgery, we want to help you have the smoothest, safest recovery possible. One important step you can take is stopping all tobacco, vaping, and nicotine products at least 4–6 weeks before your procedure. Here's why it matters:

Did You Know?

Stopping smoking for 4–6 weeks before surgery and staying smoke-free for at least 4 weeks after can reduce your risk of complications by up to 50%. That's a huge benefit to your recovery!

How Smoking, Vaping, and Nicotine Affect Surgery:

- Reduces oxygen in your blood – This can slow down healing and increase the risk of infections.
- Constricts blood vessels – Nicotine makes it harder for your body to deliver blood and nutrients to surgical wounds.
- Increases anesthesia risks – Smokers may have more complications with breathing during and after surgery.
- Raises the risk of complications – Including poor wound healing, pneumonia, blood clots, and longer hospital stays.

Benefits of Quitting Before Surgery:

- Faster healing and fewer complications
- Better oxygen levels during recovery
- Stronger immune system
- Improved heart and lung function
- Less pain and better overall outcomes

Tips to Help You Quit:

- Set a quit date – Try to stop at least 4-6 weeks before your surgery.
- Talk to your doctor – They can offer medications or nicotine replacement therapy (like patches or lozenges) that are safer than smoking or vaping.
- Get support – Counseling, quit lines, and mobile apps can boost your chances of success.
- Remove triggers – Clean out lighters, ashtrays, or vape pens, and avoid places where you usually smoke or vape.

Need Help?

We're here to support you. Let us know if you'd like help creating a quit plan or connecting with resources. You can also call the free Oregon Tobacco Quit Line at 1-800-QUIT-NOW or visit www.quitnow.net/oregon or www.smokefree.gov.

GETTING HEALTHY FOR SURGERY (continued)

Healthy Eating

What you eat and how you treat your body in the weeks leading to surgery can impact how well and quickly you heal. A little preparation now can make a big difference in recovery later.

- A well-balanced diet consists of making ½ your plate fruit and vegetables, ¼ of your plate grains and ¼ protein.
- Eat a diet rich in iron, Vitamin C and calcium.
- Avoid alcohol, especially in the 48 hours before surgery.

If you are diabetic or on any type of restricted diet, you should consult your doctor prior to changing your diet regimen.



BENEFITS OF PROTEIN, IRON AND VITAMIN C

- Protein is needed for repair after surgery for damaged tissues, fighting infections and making collagen for tissue growth.
- Try to get protein with every meal.
- Iron is needed to build red blood cells and Vitamin C helps with the absorption of iron.
- During surgery, some blood loss is expected, therefore ample levels of iron and vitamin C will help with the replacement of red blood cells lost.

Recommended Foods Include:

Eggs	Nut and seeds
Steak	Cheese
Chicken breast	Greek Yogurt
Roasted turkey	Broccoli
Salmon/tuna	Spinach
Shrimp	Kiwi
Pork	Oranges
Beans	Strawberries
Peanut Butter	Tomato Juice

CALCIUM AND VITAMIN D

- Calcium is an important mineral needed for building new bone as well as maintaining existing strength.
- Vitamin D helps your body absorb calcium and regulate it within the blood stream.
- During joint replacement surgery, the bone is removed, and an implant is put in its place.
- Eventually, new bone will grow around parts of the implant and help make it more stable. A diet rich in calcium and vitamin D can help with this process.
- Calcium and Vitamin D also assist with nerve communication, immune system response, and blood flow.

Recommended Foods Include:

Almonds	Salmon
Tuna	Mushrooms
Milk	Orange Juice
Sardines	Tofu
Yogurt	

GETTING HEALTHY FOR SURGERY (continued)



Attend the Total Joints Class

- ❖ Remember to bring your care partner.

Attend Your PAS Appointment

Clearance from your Cardiologist

- ❖ A healthy heart is important.
- ❖ *If you have abnormal EKG results or are taking anticoagulants due to a medical condition, your surgeon may request clearance from your cardiologist.*

If you are Immunocompromised

- ❖ If you are currently taking immunosuppressive medications, your care team will obtain guidance from your doctor regarding your medication.

Clearance from your Dentist

- ❖ Healthy teeth are important. They help reduce the chance of infection after surgery.
- ❖ *If your surgeon requires dental screening for your surgery, you will be instructed to make an appointment with your dentist.*

Diabetes Control

- ❖ It is important to control your blood sugar levels during your joint replacement journey. Control will help your wound heal and prevent complications that could lead to infections.
- ❖ *If your A1C is higher than 7.5, your surgeon will refer you back to your regular doctor for stabilization & optimization.*

START YOUR PREOP EXERCISES

Start Your Pre-Op Exercises Today!

- Begin now to support a faster, easier recovery.
- Choose positions (lying, sitting, standing) based on comfort and ability.
- Expect mild discomfort—**stop if pain increases**.
- Stretch slowly and with control.
- Exercise **both legs** to maintain overall strength.
- Add light endurance (e.g., walking 10–15 minutes daily).
- Wear flat, supportive shoes.
- Avoid painful exercises.

Helpful Tips for Postoperative Exercising:

- Ice and elevate after exercise to reduce swelling.
- Take pain meds ~30 minutes before exercising if needed.
- Track progress if working with a remote physical therapist.

See page 48 for the complete list of Preoperative and Postoperative exercises.



HOW TO STAY SAFE AND AVOID FALLING

Falls can hurt, so it's important to keep your home safe. Here are some easy tips to help you avoid tripping or slipping:

- 🦶 Wear shoes that fit well and have non-slip bottoms. Socks with grips are also helpful.
- 🖱️ Move any loose wires or cords out of the way so you don't trip.
- 🚶 Make sure there's a clear path that's wide enough for a walker.
- 🏠 Pick up rugs that can slide and make sure carpets are stuck down tight.
- 🧼 Cover slippery floors with rugs that won't move.
- 📖 Fix any bumpy floors, especially in doorways, and make sure your home has good lighting.
- 💡 Use night lights in hallways or dark rooms so you can see better at night.
- 🐕 Be careful around pets! Small animals can get under your feet and make you trip. Try to know where they are when you walk or ask someone to keep them in another room.
- 🧑 Don't carry things while you're walking. You may need your hands to help keep your balance. Attach a small basket/bag on your walker to help hold things.
- Complete the Home Checklist on the following pages.

Staying safe at home is super important—these small changes can make a big difference!



HOME CHECKLIST

Flooring and Obstacles

- Ensure all walkways and hallways are free from clutter (rugs, cords, furniture).
- Ensure floors are non-slip or use non-slip mats for tile or hardwood floors.
- Remove any raised thresholds or uneven flooring that could be a tripping hazard.

Furniture and Layout

- Ensure furniture is at the correct height for easy sitting and standing.
- Ensure clear access to essential areas (bathroom, kitchen, bedroom).
- Ensure chairs are firm with armrests to help with standing.

Bathroom Modifications

- Install grab bars in the bathroom, especially around the shower, tub, and toilet.
- Consider using a raised toilet seat for easier sitting and standing.
- Install a shower chair or bench in the shower for safe bathing.
- Use non-slip mats in the bathtub or shower and on the bathroom floor.



Lighting

- Ensure sufficient lighting in hallways, bathrooms, and stairways.
- Install motion-sensor lights in frequently used areas.
- Use nightlights in hallways and bathrooms to assist with nighttime mobility.

Assistive Devices

- Ensure mobility aids (walker, cane, crutches) are well-fitted and in good condition.
- Ensure mobility aids are placed within easy reach.
- Receive training on proper use of mobility aids.

Stairs and Steps

- Ensure sturdy handrails are present on both sides of stairs.
- Check that all steps are even and install contrasting color tape to increase visibility.
- Consider adding extra handrails or securing loose ones if needed.

Emergency Access and Communication

- Ensure you have easy access to a phone (preferably mobile).
- Post emergency numbers (e.g., family, doctor, 911) in visible places near the bed or sitting areas.
- Ensure you know how to use the phone to call for help if needed.

HOME CHECKLIST (continued)

Bedroom Setup

- Ensure the bed is at an appropriate height for easy transfers.
- Provide a sturdy chair near the bed to assist with sitting or standing.
- Consider adding a grab bar next to the bed if needed.

Kitchen Adjustments

- Ensure frequently used items in the kitchen are within easy reach.
- Ensure there are no obstacles around the stove or cooking area.
- Prepare easy-to-eat meals for when you return home.

Safe Exercise Area

- Designate a space to safely perform exercises.
- Ensure the exercise area is free from clutter or tripping hazards.
- Set up a schedule to perform physical therapy exercises regularly.

Caregiver Support

- Ensure a care partner or family member is available to assist with activities of daily living (ADLs).
- Ensure your care partner has received training in proper techniques for assisting with transfers and mobility.

Environmental Adjustments

- Ensure proper ventilation and air quality in the home.
- Maintain a comfortable temperature in the home to avoid discomfort.



WHEN TO STOP YOUR MEDICATION

7 days before surgery, you will stop taking herbal supplements such as:

Fish Oil

Ginseng

Ginkgo Biloba

Turmeric

Ginger

Garlic

Vitamin E

If you take a GLP-1 medicine (like for diabetes or weight loss) and often have constipation, it can slow down how your stomach empties and make it hard to get the right nutrition.

Before surgery:

- ❖ Tell your surgeon you're taking a GLP-1.
- ❖ Your eating and fasting instructions might be different.

To help your body get ready:

- ❖ Drink plenty of water.
- ❖ Eat more fiber (like fruits, veggies, and whole grains).
- ❖ Eat enough protein (like eggs, chicken, beans, or protein shakes).

7 days before surgery, you will stop taking your GLP-1 (if applicable):

Exenatide (Bydureon)

tirzepatide (Mounjaro)

semaglutide (Ozempic,

Dulaglutide (Trulicity)

Wegovy, Rybelsus)

There are some medications that you should take and some that you should hold before your surgery. You will be given these instructions for all your medications at your Pre-Admission Services (PAS) appointment.

IMPORTANT: Some medications may need to be held for several days prior to your procedure. Examples include:

- Insulin/diabetes medications
- weight loss medications
- diuretics “Water Pills”
- anticoagulants or antiplatelets “blood thinners”



Please be sure to let the Pre-Admission Services team know about all the medications and supplements that you take. It is also **important to alert us if your medication list changes** as we are planning for your surgery so that we can also update your instructions.

PREPARING YOUR SKIN FOR SURGERY

The Ready. Set. Prep. Kit is a five day, five shower kit.

4 Nights before Surgery

1. Rinse your body with warm water.
2. Wash your hair with regular shampoo. Rinse your hair with water.
3. Wet your shower mitt provided. Turn off the water. Use half the bottle of CHG solution to wash your body. (The CHG solution will NOT foam). Be careful not to get CHG solution in your eyes, nose, ear canals, and mouth. CHG is for use below the chin only. Do not use any other soaps or body wash when using CHG solution.
4. Firmly massage all areas: neck, arms, chest, back, abdomen, hips, groin, genitals (external only) and buttocks. Clean your legs and feet and between your fingers and toes. Pay attention to your surgery site and all surrounding skin.
5. Wait 3 minutes using the sand timer.
6. Turn on the water and rinse CHG off your body.
7. Dry off with a clean towel.
8. Dress in clean clothes and use freshly laundered bed linens.

3 Nights before Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel, clean clothes, and fresh linen.

2 Nights before Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel, clean clothes, and fresh linen.

The Night before Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel, clean clothes, and fresh linen.

The Morning of Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel and dress in clean clothes.

IMPORTANT REMINDERS:

- ❖ After showering, do not apply any lotions, creams, powder, deodorant, or hair conditioner.
- ❖ Allergic reactions are rare but may occur. If you are allergic to CHG soap, stop using it and follow the bathing instructions above using your regular soap. Call your doctor if you have skin irritation.
- ❖ Do not shave your surgical site.



EXPECT A PREOP PHONE CALL

A Day Surgery nurse will call with instructions for your arrival. She/He will tell you:

1. What time to arrive in day surgery.
2. When to stop eating & drinking and remind you not to consume sugar, creamer, gum or candy, and no chewing tobacco or smoking.
3. Which medications to take at least 2 hours before arriving to day surgery.
4. Reminding you to have a ride home. Do you have someone to stay with you after surgery?
5. They will review special soap bathing.
 - Total joints will shower for 4 nights and morning of surgery.
6. Reminder to bring your walker on the day of surgery.
7. Wear loose-fitting clothing to help with comfort and bandages.
8. Leave all valuables at home, remove all jewelry and body piercing at home.
9. You may have one adult person to sit with you while in the surgery department.
10. If you become ill, please call the hospital's nursing supervisor to cancel at 541-667-3404 if after day surgery hours.
11. If female and of childbearing age, we will need urine for a pregnancy test upon arrival.



CARBOHYDRATE LOADING BEFORE SURGERY

Drinking extra carbohydrates before your surgery helps your body better handle the stress of the procedure. This simple step can improve your recovery and overall outcome.

How to Carbohydrate Load:

1. The night before surgery:
Drink 1 bottle before bedtime.
2. The morning of surgery:
Drink 1 bottle 4 hours before your scheduled surgery time.

Benefits of Carbohydrate Loading:

Drinking a clear carbohydrate drink such as Ensure Pre-Surgery:

- Gives your body energy for surgery.
- Helps you feel less tired after surgery.
- May help you feel less sick or dizzy.
- Helps your muscles heal better
- Can lower stress on your body.



I Have Diabetes — Is This Safe?

Yes! Drinking Ensure Pre-Surgery is safe for most diabetics, especially if your A1C is less than 7. It gives your body gentle, easy-to-use sugar and usually does not cause a big spike in blood sugar.

If your A1C is above 7.0, you will not drink the Ensure Pre-Surgery beverage.

WHAT TO BRING TO THE HOSPITAL ON THE DAY OF SURGERY

- ❖ *An attitude of success!*
- ❖ Comfortable, loose-fitting clothes for discharge.
- ❖ Your CPAP machine mask & settings if you use one.
- ❖ Phone numbers of people you may want to call during your stay.
- ❖ Your walker.
- ❖ A copy of your Advance Medical Directives (if you have one)
 - Advance Medical Directives are printed instructions that communicate your wishes regarding healthcare. As there are different directives, it is a good idea to consult your attorney regarding the legal implications of each. For example:
 - A Living Will explains your wishes if you have a terminal condition, irreversible coma, or are unable to communicate.
 - Appointment of a Healthcare Agent (Medical power of attorney) lets you name a person to make medical decisions if you become unable to do so.
 - Healthcare instructions are your choices regarding the use of life sustaining equipment, hydration, nutrition and pain medications.

WHAT NOT TO BRING TO THE HOSPITAL

- ❖ Your home medications.
- ❖ Any valuables such as purses, wallets, money, or jewelry.



SPECIAL EQUIPMENT YOU'LL SEE ON THE DAY OF SURGERY

As part of your care before, during, and after surgery, several pieces of equipment will be used to keep you safe, comfortable, and help you recover. Here's what to expect:

IV (Intravenous Line)

An IV is a small, flexible tube placed into a vein, usually in your hand or arm. It allows your care team to give you fluids, medications, and anesthesia during surgery and recovery.



Sequential Compression Devices (SCDs or "Sequentials")

These are soft wraps placed around your lower legs that gently inflate and deflate to improve blood flow and help prevent blood clots. They'll be used while you're in bed, especially right after surgery.

Stretcher

You'll be transported to and from the operating room on a stretcher for safety and comfort. It looks like a hospital bed on wheels and helps staff move you easily.

Call Light

This button is always within reach in your hospital bed. If you need help at any time, simply press it to call a nurse or staff member.

TED Hose (Compression Stockings)

These tight-fitting stockings help improve circulation and reduce the risk of blood clots. Some surgeons may require you to wear them during your stay and even after you go home. Follow your specific instructions.



Bair Hugger (Warming Blanket)

This is a special warming system that gently blows warm air through your gown to keep your body temperature normal during and after surgery. Staying warm helps with healing and reduces the risk of complications.



Walker

Your walker will help you safely get up and move around after surgery. Physical therapy will help you learn how to use it correctly.

ANESTHESIA AND PAIN MANAGEMENT DAY OF SURGERY

Types of Anesthesia

Your anesthesia team will discuss the best option for you based on your health and surgical needs.

Common types include:

- ❖ Regional Anesthesia – Involves injecting a local anesthetic to block pain and sensation in specific areas of the body. Common types include:
 - Spinal block
 - Nerve block (e.g., leg block)
- ❖ General Anesthesia – Uses medications to place you in a temporary state of unconsciousness during surgery.
- ❖ Local anesthetics are given near the incision to numb the surrounding area.

Your anesthesia provider will explain the risks and benefits of each type. Some patients may experience side effects such as nausea or vomiting, which can be treated with medication if needed.

Pain Management After Surgery

Pain control is one of the most common concerns for patients after joint replacement surgery. The goal is to keep your pain at a manageable level so you can begin recovery comfortably and safely. While you won't be completely pain-free, your discomfort should be tolerable.

To help understand and manage your pain, a pain scale from 0 to 10 is used:

0 = No pain

10 = The worst pain you can imagine

Your care team will ask you to rate your pain and will adjust your medications or other treatments based on your responses.

Please let your care team know if:

- ❖ Your pain is not tolerable.
- ❖ You are feeling nauseous.
- ❖ You are more drowsy or confused than expected.



Your comfort and safety are our top priorities. Open communication with your care team is key to your recovery.

TRANEXAMIC ACID (TXA) AND YOUR SURGERY

What is TXA?

- Tranexamic Acid (TXA) reduces bleeding during and after surgery.
- It helps your body form clots to prevent excessive blood loss.

Why Am I Receiving TXA?

- You're having joint replacement surgery, which can cause blood loss.

TXA helps:

- Reduce bleeding
- Lower transfusion risk
- Support quicker recovery

How Is TXA Given?

- By mouth (tablet) before surgery
- Through an IV during surgery
- Applied directly to the joint by your surgeon

Is TXA Safe?

- Yes, it's widely used and safe for most patients.
- When used appropriately, it does not increase clotting risk in most people.

Who Should Not Get TXA?

- Tell your provider if you have:
 - History of blood clots, stroke, heart attack
 - Kidney issues or seizures
 - Medication allergies

Possible Side Effects

- Most have none. Rarely:
 - Nausea or vomiting
 - Headache
 - Seizures (extremely rare, high-dose related)

Other Key Info

- TXA improves safety and recovery.
- You'll also receive standard clot-prevention care (blood thinners, mobility).



LENGTH OF HOSPITAL STAY AND WHAT TO EXPECT UPON DISCHARGE

Your care team will work closely with you and your family to create a personalized discharge plan that supports your recovery. This multidisciplinary team typically includes:

- ❖ A physical and/or occupational therapist (PT/OT)
- ❖ Nursing staff
- ❖ A case manager

Most patients are discharged the day of surgery, with very few spending one or more nights in the hospital. Your specific discharge plan will be based on your progress, mobility, support at home, and medical needs.

Plans for a Safe Discharge Home

To ensure a safe and smooth transition home, please keep the following in mind:

- ❖ You must have a responsible adult to drive you home and stay with you for at least 24 hours after surgery.
- ❖ You will be asked to provide the name and contact information of this individual on your surgery day.
- ❖ If you cannot arrange transportation or assistance at home, contact your surgeon's office as soon as possible to reschedule.
- ❖ You will receive detailed discharge instructions covering medications, therapy, activity restrictions, and follow-up care.
- ❖ Your surgeon may provide prescriptions during your preoperative visit; we recommend filling these before surgery.
- ❖ Confirm that any necessary medical equipment (e.g., walker, elevated toilet seat) is delivered and available at home.
- ❖ Know whether you will attend outpatient PT/OT or receive home health services.



Planning for Alternative Post-Discharge Needs

If recovery at home is not appropriate, planning for alternative care may be required:

- ❖ Ensure transportation is arranged to the rehabilitation or skilled nursing facility.
- ❖ Nursing staff will complete the required transfer paperwork and medical orders.

LENGTH OF HOSPITAL STAY AND WHAT TO EXPECT UPON DISCHARGE (continued)

Medication Reconciliation with Home Regimen



Medication reconciliation is a key part of your discharge instructions:

- ❖ A thorough review of your medications will be performed prior to discharge.
- ❖ This information will be included in your discharge instructions.
- ❖ Your updated medication list will identify which medications to start, continue, adjust, or discontinue.
- ❖ Contact your care team if you have any questions or concerns about your medications.

Special equipment needed prior to going home:

- ❖ You will have your walker and will bring this home with you.

Post-Discharge Follow-Up:

To monitor your recovery and support your progress, the following follow-up care is planned:

- ❖ Discharge instructions: Keep these important documents and refer to them throughout your recovery.
- ❖ Phone call: Expect a follow-up call from our team within 1–2 days after surgery.
- ❖ 2–3 week follow-up: Your first appointment with your surgeon after your surgery.
- ❖ 6 week follow-up: A second visit to assess mid-term healing and mobility.
- ❖ 1 year follow-up: A final check-in to review long-term recovery and outcomes.



BREATHING EXERCISES & INCENTIVE SPIROMETER

To help prevent pneumonia and other respiratory problems after surgery, it is important to practice breathing exercises using the muscles of your abdomen and chest. This includes deep breathing, coughing and using an incentive spirometer.

Deep Breathing

- ❖ Breathe in through your nose as deep as you can.
- ❖ Hold your breath for 5–10 seconds.
- ❖ Breathe out as if you were blowing out a candle for 10–20 seconds.
- ❖ Take a breath and repeat 10 times.

Coughing

- ❖ Take a slow deep breath in through your nose and out through your mouth.
- ❖ Take another breath and hold, then cough as you exhale.
- ❖ Repeat 2 times.



Incentive Spirometry – What You Need to Know!

What is it?

- ❖ An incentive spirometer is a plastic device that helps you take deep breaths. It looks like a little tube with a mouthpiece and a ball or piston inside. It shows you how well your lungs are working!

Why do I need it?

- ❖ When you're not moving around much—like after surgery or if you're sick, your lungs don't work as hard. That can make it easier to get an infection, like pneumonia. Using the spirometer keeps your lungs strong and healthy!

How to use it:

1. Sit up straight.
2. Hold the spirometer in front of you.
3. Put the mouthpiece in your mouth and close your lips around it.
4. Take a slow, deep breath in (like you're sucking through a straw) and try to make the ball or piston rise to the smiley face.
5. Hold your breath for about 3 seconds, then breathe out normally.
6. Rest and do it again—about 10 times every hour you're awake.

Helpful tips:

- ❖ Try to cough after using it to clear your lungs.
- ❖ Ask someone to help remind you to use it often.



WOUND CARE

Follow your discharge instructions: Your discharge nurse will explain how to care for your dressing.

Showering:

- ❖ You may shower with the waterproof dressing in place.
- ❖ If the dressing becomes loose or damaged, you may shower without it only after at least 5 days from surgery.
- ❖ If you see small white strips ("steri-strips") on your incision, leave them alone, they will fall off naturally.

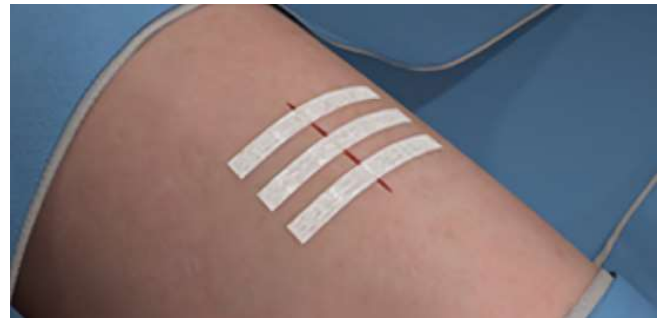


No baths or soaking:

- ❖ Do not submerge your incision in water (no baths, pools, or hot tubs) until it is fully healed and there is no scabbing—this may take up to 6 weeks.

Surgical glue:

- ❖ You may notice clear glue on your skin. This will dissolve on its own.
- ❖ Do not pick at it.



Watch for signs of infection:

Call your surgeon if you notice:

- ❖ Increased drainage
- ❖ Redness
- ❖ Pain
- ❖ Odor
- ❖ Warmth around the incision

Preventing Infection:

- ❖ Wash hands frequently, especially after using the bathroom or coming into contact with pets.
- ❖ Wash your hands before completing wound care.

Fever:

- ❖ If you feel warm or unwell, take your temperature.
- ❖ Notify your surgeon if your temperature is over 101.4°F and stays elevated.

Need help?

- ❖ If you have any questions or concerns, contact your surgeon's office.

WOUND CARE (continued)

Ice Therapy Machine (Purpose of Ice Therapy)

The Ice Therapy Machine helps reduce pain and swelling after surgery or injury by delivering consistent cold therapy to the affected area.

Getting Started

1. Supplies You'll Receive:

- Ice Machine
- Power adapter
- Cold therapy pad
- Insulated cooler with lid
- Ice and water

2. Setup Instructions:

- Fill the cooler with ice to the top line, then add cold water to the fill line.
- Attach the cold therapy pad to the hose on the cooler until you hear a click.
- Plug the machine into a wall outlet.
- Wrap the therapy pad around your hip, using the straps provided. Always place a thin barrier (like a pillowcase or cloth) between your skin and the pad to prevent frostbite.
- Turn the unit ON. Cold water will circulate through the pad.



Usage Guidelines

Use the machine as directed by your surgeon or care team.

Typical use is:

- 20 minutes per hour while awake, for the first 48–72 hours after surgery.
- Do not sleep with the machine running.
- Always check your skin for excessive redness, numbness, or blisters—signs of overexposure.

Cleaning & Maintenance

- After each use:
 - Unplug the unit.
 - Drain the water.
 - Wipe the pad and hoses with a clean, dry cloth.
 - Allow all components to air dry completely before storing.

When to Call Your Provider

Call your surgeon or healthcare provider if you notice:

- Increased swelling or pain.
- Numbness, tingling, or changes in skin color.
- Leaking or malfunctioning equipment.

Safety Reminders

- Never apply pad directly to skin.
- Do not use on areas with poor circulation or open wounds unless approved by your provider.
- Keep cords and machine away from water sources when plugged in.



WOUND CARE (continued)

Prevena™ 125 Therapy

In certain cases, your surgeon may determine that placing a wound vacuum (wound vac) is the best option to support healing and reduce the risk of infection.



What is Prevena™ Therapy?

Prevena™ 125 is a portable, battery-powered wound therapy device that uses continuous negative pressure (-125 mmHg) to help protect your surgical incision and promote healing. It's commonly used after orthopedic, vascular, abdominal, and other surgeries where there's a risk of infection or delayed healing.

How It Works:

- ❖ Gently pulls fluid and infectious materials away from the incision.
- ❖ Helps hold incision edges together.
- ❖ Provides a barrier from external contamination.
- ❖ Promotes a closed environment that supports healing.

What to Expect:

- ❖ The device runs quietly and continuously.
- ❖ It's usually worn for up to 7 days.
- ❖ The dressing is not changed during this period.
- ❖ The therapy is single-use.

Patient Instructions:

⚠ Do Not:

- ❖ Remove or tamper with the dressing or tubing.
- ❖ Get the dressing wet (avoid showering unless cleared by your provider).
- ❖ Ignore device alarms.

✅ Do:

- ❖ Keep the device on at all times.
- ❖ Make sure tubing isn't kinked or blocked.
- ❖ Charge the device if needed (some versions are rechargeable).
- ❖ Monitor for signs of complications like increased pain, swelling, redness, or unusual drainage.



When to Call Your Provider:

- ❖ Device alarms and you cannot resolve it.
- ❖ You see signs of infection (fever, foul odor, warmth, excessive drainage).
- ❖ The dressing becomes loose or falls off.
- ❖ You experience increased discomfort or pain.

Mobility and Daily Life:

- ❖ The Prevena™ 125 unit is lightweight and portable.
- ❖ It can be worn in a pouch or clipped to clothing.
- ❖ Most patients can resume light daily activities with clearance from their provider.

WAYS TO MANAGE PAIN AT HOME

Preventing and Understanding the Pain Cycle

Pain can sometimes turn into a tricky cycle. It might start out small but get worse over time if it's not treated the right way. The best way to stop this is by using a good plan to manage the pain early. One smart tip: take your pain medicine about 30 to 45 minutes before you do any exercise or physical therapy. That way, you can stay ahead of the pain and feel better while you move.

Methods to Help Decrease Pain

- ❖ **Relaxation:** Listening to calming or favorite music can ease tension and promote relaxation.
- ❖ **Position Changes:** Change your position often to avoid stiffness and reduce pressure on sore areas.
- ❖ **Cold Therapy:** Use ice or a cold pack for 20 minutes per hour while awake. This helps reduce swelling and numb the area.
- ❖ **Elevation:** Elevating the affected area above the level of your heart can help decrease swelling and improve comfort. Use pillows to support the area comfortably.



Non-Drug Pain Relief Techniques

- ❖ Deep breathing exercises
- ❖ Regular rest breaks
- ❖ **Controlled movement:** Move slowly and with purpose.
- ❖ **Stay active:** Gentle movement will get easier over time.

Types of Pain Medications

• **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**

Examples: Aspirin, Ibuprofen (Advil, Motrin)

Use: Light to moderate pain, swelling, and soreness

Possible side effects:
Nausea, bleeding, kidney problems

• **Acetaminophen**

Brand example: Tylenol

Use: Light to moderate pain

Note: Does not reduce inflammation

Possible side effects: Rash, hives, liver damage

• **Opioids**

Examples: Oxycodone, Hydrocodone

Use: Moderate to severe pain

Possible side effects:

Drowsiness, nausea, constipation, itching

Important: You may be asked to sign a medication agreement when these are prescribed for post-surgical pain.

Remember

Pain control is part of your recovery. Managing it well helps you move more, heal faster, and feel better overall. Always talk with your care team if you have any concerns or questions about your pain management plan.

REDUCING SWELLING AND DISCOMFORT AFTER SURGERY

Recovering from total hip replacement involves a balance of rest, movement, and proper care. The following strategies can help manage swelling and discomfort, promoting healing and improving mobility:

1. Elevate the Surgical Leg

- ✓ Keep your operated leg elevated above heart level when resting, ideally using pillows under the ankle (not directly under the knee) to allow gravity to help drain excess fluid. This is most effective when lying down. Elevation reduces swelling by improving blood return and lymphatic drainage. Avoid crossing your legs or twisting the hip—use a wedge or abduction pillow if recommended.

2. Apply Ice Regularly

- ✓ Use the Ice Therapy Machine on your hip for 20 minutes at a time, every hour while awake. Always place a thin cloth between the ice and your skin to prevent frostbite. Icing helps control pain and inflammation by reducing blood flow to the area temporarily.

3. Compression Garments or Wraps

- ✓ If your surgeon prescribed compression garments, wear them as directed. These can include compression stockings or ACE bandages and are useful in minimizing swelling and supporting blood flow.

4. Gentle Activity and Movement

- ✓ Engage in short, frequent walks throughout the day to encourage circulation and prevent stiffness. However, avoid overexertion—listen to your body and rest when needed. Too much activity too soon can increase swelling.

5. Adhere to Your Physical Therapy Plan

- ✓ Physical therapy is crucial to your recovery. Follow your therapist's instructions carefully, including specific exercises for range of motion and strength. These movements help pump fluid away from the joint and reduce joint stiffness.

6. Stay Hydrated

- ✓ Proper hydration supports your body's natural healing processes and helps flush out excess sodium, which can contribute to swelling. Aim for water over sugary or caffeinated beverages.

7. Take Medications as Prescribed

- ✓ Use pain relievers and anti-inflammatory medications according to your doctor's instructions. These not only manage discomfort but also help minimize inflammation in the hip joint.

8. Avoid Prolonged Static Positions

- ✓ Sitting or standing in one position for too long can cause blood and lymph to pool, increasing swelling. Try to change positions every 30–60 minutes—whether it's standing up briefly, walking a few steps, or stretching.



PREVENTING NAUSEA

- Avoid common triggers such as car rides, alcohol, strong smells, and overeating.
- Try early interventions: light walking, hydration, cool cloths, aromatherapy, acupressure bands, or prescribed anti-nausea medications/patches.
- Always take pain medication with a snack to reduce stomach irritation.
- Use non-narcotic pain relievers when possible and combine with non-medication strategies.



CONSTIPATION MANAGEMENT

Prevention Tips:

- Stay hydrated: Drink 6–8 glasses of water daily (8 oz each).
- Eat a high-fiber diet with fruits, vegetables, and whole grains (bran, oats, whole wheat).
- Walk as often as tolerated.
- Reduce or stop narcotic pain medications as soon as possible.
- Use stool softeners (e.g., Docusate) or laxatives (e.g., Senna) as directed.
- Avoid caffeine, as it can cause dehydration and harder stools.

If Constipation Occurs:

- Try natural remedies like prune juice or dried fruits (prunes, apricots).
- If needed, use an over-the-counter remedy such as Milk of Magnesia (follow label instructions).



UNDERSTANDING POSTOPERATIVE BRUISING

What causes bruising?

- ❖ After hip replacement surgery, it's common to develop bruising around your hip, thigh, or even down to your knee and ankle. This happens because:
 - Small blood vessels (capillaries) are injured during surgery.
 - Blood naturally travels through tissue and settles in lower areas due to gravity.

What does the bruising look like?

- ❖ The bruises may appear dark purple, blue, green, or yellow.
- ❖ They often spread over several days before gradually fading.
- ❖ It can look dramatic, but it's usually harmless.

Day 1 Getting Out Of Hospital



Day 6 Getting Out Of Hospital



Is it normal?

- ❖ Yes! Bruising is a normal part of healing for many patients. It usually peaks within the first 5–7 days and can take 2–3 weeks to fade completely.

What can I do about it?

- ❖ Rest and elevate your leg when possible.
- ❖ Ice the area for 20 minutes per hour while awake during the first 48-72 hours.
- ❖ Gentle movement helps improve circulation and reduce pooling.
- ❖ Avoid massaging the bruised area directly.

When to call your doctor:

- ❖ If bruising becomes severely painful, swollen, or hot to the touch.
- ❖ If you see new, rapid bruising that spreads quickly.
- ❖ If you have difficulty breathing, chest pain, or leg swelling, these could be signs of a blood clot and need immediate medical attention.

ACTIVITIES AND MEDICATION USED TO PREVENT BLOOD CLOTS

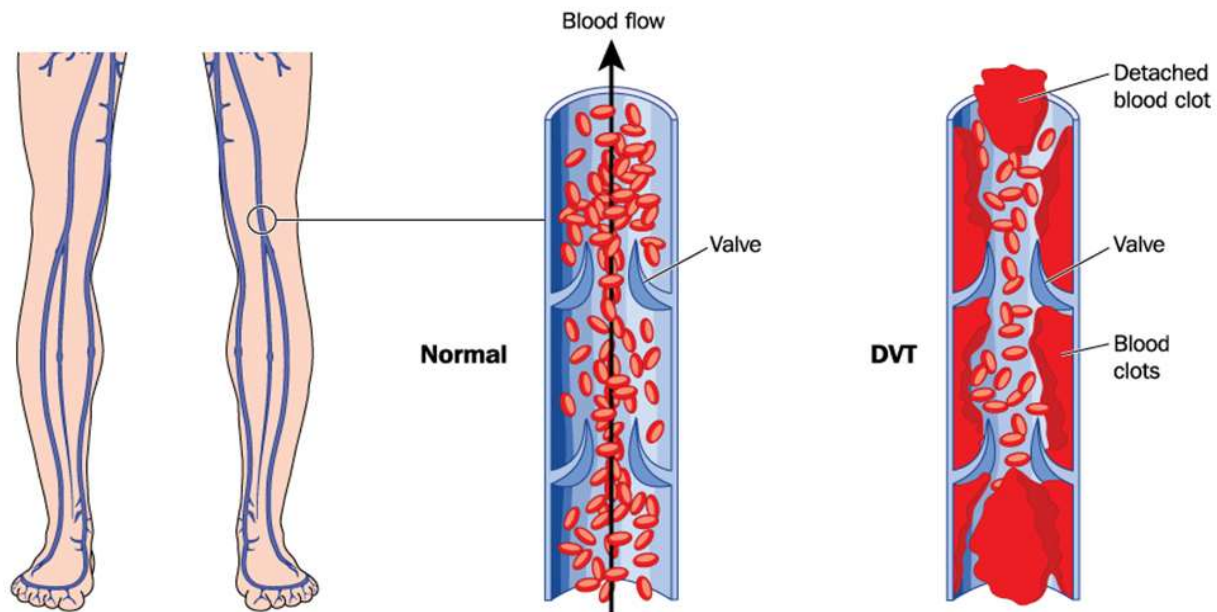
After surgery, your blood may move more slowly. This can cause clots, or clumps of blood, to form in the veins of your legs. Blood clots can be dangerous. They can happen in either leg. If a blood clot forms, you might need to go back to the hospital and take medicine to thin your blood.

The good news is there are things we can do to help stop clots from forming. Your care team will help you move around and may give you medicine or special socks to keep your blood flowing.

PREVENTION

- If you have been prescribed an anticoagulant medication or a blood thinning medication, please take as directed by the physician.
- Remember to do your foot/ankle pumps. The goal is at least 10 times per hour while you are awake.
- If the swelling in your surgery leg doesn't get better after resting with it up, you might need to wear knee-high compression stockings while you're awake. You can buy these at most pharmacies, like Walmart or Rite Aid. Your occupational therapy team can also help you get a pair. Only wear them if your surgeon or doctor tells you to.
- Go for walks several times a day.

Report any large amounts of bleeding and/or bruising immediately!



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ACTIVITIES AND MEDICATION USED TO PREVENT BLOOD CLOTS (continued)

BLOOD THINNING MEDICATION

There are many types of blood thinning medications. Your surgeon will select the best medication for you. When on blood thinners, there are extra signs for bleeding to be aware of.

- Bleeding or oozing from surgical wound
- Nosebleeds
- Blood in urine
- Excessive bleeding when brushing teeth.
- Spontaneous bruising
- Dizziness, numbness or tingling
- Rapid or unusual heartbeat
- Chest pain or shortness of breath
- Increased swelling, tightness or pain in calf
- Vomiting, nausea, fever
- Confusion

If you fall, call your surgeon immediately.

THINGS TO AVOID WHILE TAKING BLOOD THINNERS

When you are taking blood thinners, your blood does not clot as easily. This helps prevent clots, but it also means you can bleed more easily. Here are some important things to avoid:

- Don't take over-the-counter medicines unless your doctor says it's okay. Approved medication will be listed in your discharge instructions.
- Try to eat the same amount of dark green vegetables (like spinach or kale) each day. These have vitamin K, which can change how your blood thinner works.
- Don't drink alcohol.
- Wait to have dental work or other procedures that might cause bleeding.
- Stay away from anything that could cause injury, like power tools or sharp objects. Always check with your surgeon or nurse if you're unsure about something.

SIGNS TO WATCH FOR

- It's important to know the signs of a blood clot after surgery. Call your surgeon if you notice any of these:
 - Swelling in your thigh, calf, or ankle that doesn't go down after resting with your leg up.
 - Pain, warmth, or tenderness in your calf, behind your knee, or in your groin.
 - New pain, swelling, or tenderness in your lower leg that does not get better after resting for 2–3 hours with your leg up.
 - Some muscle pain is normal after surgery. But if something doesn't feel right, it's always okay to call your surgeon.

AFTER-SURGERY PRECAUTIONS

Activity & Movement

- ❖ Avoid strenuous exercise, heavy lifting, or extreme joint movements near the surgical site until cleared by your surgeon.
- ❖ Avoid direct pressure on the incision and stay away from dirty environments to prevent infection.
- ❖ Take precautions to prevent falls—use assistive devices as needed.
- ❖ Ask for help with daily activities and self-care during your recovery.



Driving

- ❖ Do not drive while taking narcotic pain medications.
- ❖ Do not drive until your limb reaction time has returned to normal—typically between 4 to 9 weeks after major joint replacement surgery.

Travel

- ❖ Avoid long car rides for 6 weeks after surgery.
- ❖ Avoid air travel for 90 days to reduce the risk of blood clots and other complications.

Dental Care

- ❖ Avoid all non-emergent dental procedures for 3 months after surgery to prevent the risk of infection.

POSSIBLE POST-SURGICAL COMPLICATIONS

🩸 Early Postoperative Complications

- ❖ Infection: Superficial (wound) or deep (prosthetic joint infection). May require antibiotics, debridement, or even revision surgery.
- ❖ Venous Thromboembolism (VTE): Deep vein thrombosis (DVT) and pulmonary embolism (PE). Prevention includes early mobilization, anticoagulants, and compression devices.
- ❖ Bleeding/Hematoma: Can lead to wound issues or need for drainage.
- ❖ Wound Healing Problems: Dehiscence, drainage, or necrosis.

🦴 Intermediate to Long-Term Complications

- ❖ Stiffness/Loss of Range of Motion: May require physical therapy or manipulation under anesthesia (MUA).
- ❖ Persistent Pain: From various causes (implant positioning, soft tissue irritation, infection, etc.).
- ❖ Instability or Mechanical Loosening: Can cause a sensation of giving way or discomfort.
- ❖ Prosthesis Failure or Wear: May lead to need for revision surgery.
- ❖ Heterotopic Ossification: Abnormal bone growth in soft tissues.

🧠 Systemic Complications

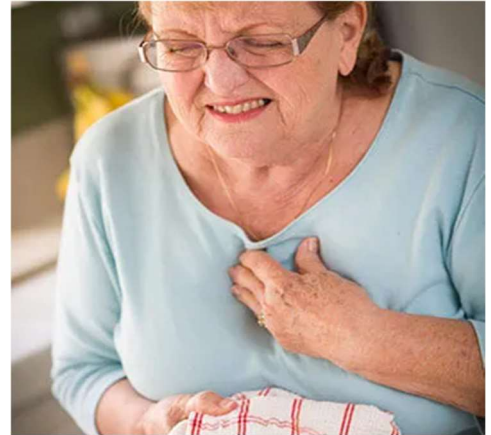
- ❖ Cardiopulmonary Events: Myocardial infarction, arrhythmias, pneumonia.
- ❖ Urinary Retention or UTI: Especially with catheter use or spinal anesthesia.
- ❖ Delirium or Cognitive Changes: More common in elderly patients' post-anesthesia.

WHEN TO SEEK MEDICAL ATTENTION INCLUDING AFTER HOURS

Call 911 Immediately If You Experience:

- ❖ Chest pain or tightness
- ❖ Shortness of breath or difficulty breathing
- ❖ Sudden numbness or weakness in the face, arm, or leg (especially on one side)
- ❖ Loss of consciousness
- ❖ Signs of a stroke (slurred speech, confusion, vision changes)
- ❖ Severe bleeding that doesn't stop
- ❖ Rapid or irregular heartbeat

These symptoms may indicate life-threatening conditions such as pulmonary embolism, heart attack, or stroke.



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Contact Your Surgeon or Seek Medical Attention If You Experience:

- ❖ Increasing redness, warmth, or drainage at the surgical site
- ❖ Fever above 101.4°F
- ❖ Chills or night sweats
- ❖ Increased or sudden pain in the joint not relieved with prescribed medication
- ❖ Swelling in the leg that is new or significantly worse than before
- ❖ Calf pain or tenderness (may be a sign of a blood clot)
- ❖ Difficulty bearing weight on the operated joint
- ❖ Unusual popping, grinding, or joint instability



Routine Situations – Contact Your Surgeon During Office Hours If:

- ❖ You have questions about medications, mobility, equipment or rehab exercises
- ❖ If you experience a saturated dressing (see Fig 3) or are concerned about mild swelling or bruising
- ❖ You notice mild warmth around the joint without other symptoms
- ❖ You need to schedule a follow-up or refill a prescription

Call us anytime (24/7) to speak with your Surgeon: [541-667-3404]

- ❖ We are here for you, even outside of regular hours.
- ❖ **Helpful Tips**
 - Keep your surgery discharge instructions nearby.
 - Write down your symptoms before calling, it helps us help you faster.
 - If you're unsure, don't wait—call us.

SLEEP DIFFICULTIES

It's completely normal to experience trouble sleeping after your surgery. This can happen for several reasons, including the effects of anesthesia, your body's natural response to the stress of surgery, and changes to your usual daily routine.

Tips to Improve Your Sleep:

- ❖ Try to avoid taking naps during the day.
- ❖ Limit or avoid caffeine in the late afternoon and evening.
- ❖ Listen to calming or relaxing music before bed.
- ❖ Take a warm shower before bedtime if your care team has cleared you to do so.
- ❖ Be patient—your usual sleep patterns should return within a few weeks.



CHANGES IN YOUR BODY

You may also notice some temporary changes in how your body feels and functions as you recover:

- ❖ Appetite: It's normal for your appetite to be reduced at first. Don't worry, your desire for solid food will return as your body heals.
- ❖ Hydration: Be sure to drink plenty of water throughout the day to stay hydrated.
- ❖ Energy Levels: Your energy level may be lower than usual. This is normal and can last for up to 4 weeks after surgery.



SAFETY WHILE MOVING AND CHANGING POSITIONS

- ❖ Use assistive devices (walker or cane) as directed.
- ❖ Move slowly and avoid sudden movements or twisting.
- ❖ Keep your operative leg in front when sitting or standing.
- ❖ Use sturdy chairs with arms and firm seats.
- ❖ Avoid low or overly soft furniture.
- ❖ Change positions regularly to avoid stiffness.
- ❖ Follow movement restrictions.

Chair Transfer Using a Walker

✔ Before You Begin:

- ✔ Always wear non-slip shoes.
- ✔ Make sure your walker and chair are stable.
- ✔ The chair should ideally have armrests and a firm seat, not too low or too soft.

To Sit Down:

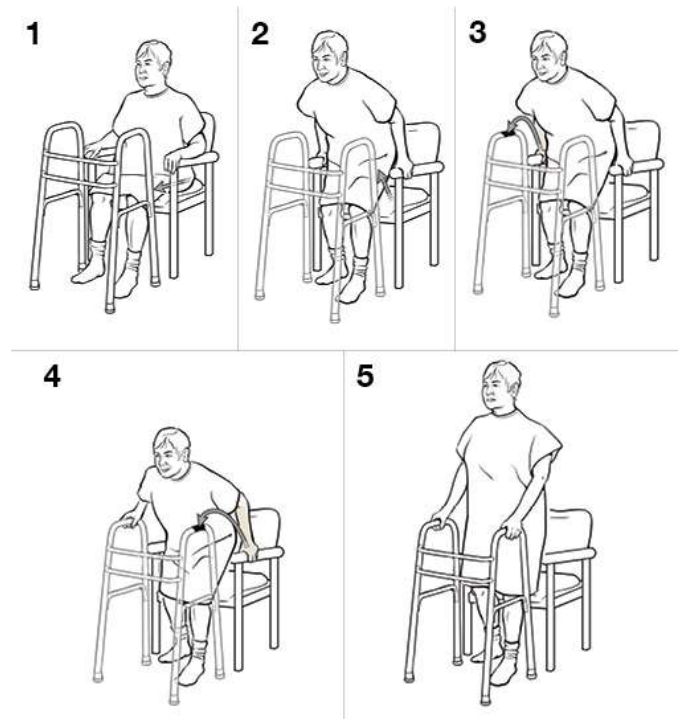
- ✔ Back up to the chair until you feel the back of your legs touch the chair.
- ✔ Reach back one hand at a time to grasp the armrests (or seat, if no armrests).
- ✔ Do NOT try to sit while holding onto the walker.
- ✔ Slowly lower yourself down into the chair using your arms and your unoperated leg for support.
- ✔ Slide your operated leg forward slightly as you sit to reduce strain.

To Stand Up:

- ✔ Scoot forward in the chair until your operated leg is slightly extended and your good leg is under you.
- ✔ Place both hands on the armrests (or on the seat if there are no armrests).
- ✔ Do not pull on the walker to stand.
- ✔ Push up with your arms and good leg until standing.
- ✔ Once stable, place your hands on the walker handles.
- ✔ Check your balance before walking.

⚠ Safety Tips:

- ✔ Move slowly and carefully – no rushing.
- ✔ Avoid chairs that swivel or roll.
- ✔ If you feel weak or dizzy, sit back down and try again later or ask for help.



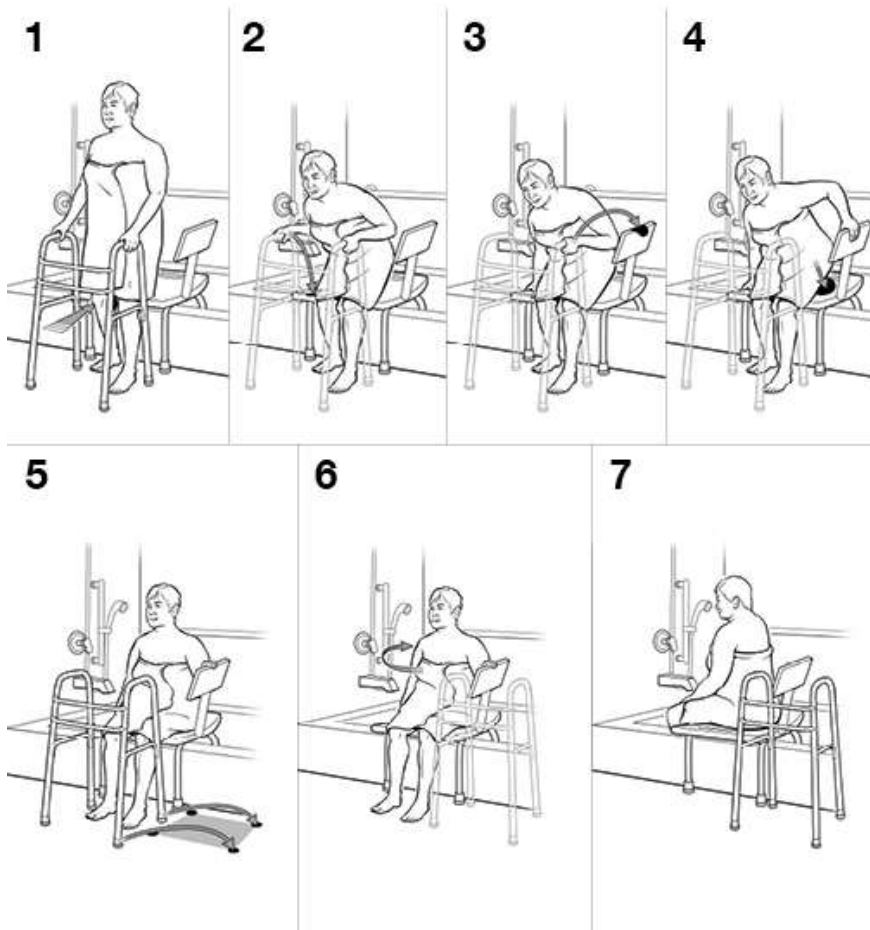
Tub Transfer Using a Walker

✓ Before You Start

- ✓ Make sure your bathroom is safe:
 - Use non-slip mats inside and outside the tub.
 - Install grab bars (not towel racks) for support.
 - Use a tub bench or shower chair—do not sit directly in the tub.
 - Keep your walker nearby.

Getting Into the Tub (Using a Tub Bench)

- ✓ Position the walker in front of the tub, ensuring it's stable.
- ✓ Back up to the tub bench until you feel it against the back of your knees.
- ✓ Reach back for the bench with one hand at a time while holding the walker for balance.
- ✓ Sit down slowly on the bench, keeping your surgical leg extended slightly out in front.
- ✓ Scoot back onto the bench.
- ✓ Lift one leg at a time over the tub wall, starting with the non-surgical leg, while staying seated. A caregiver can assist if needed.
- ✓ Slide yourself over until you're fully inside the tub.



Getting Out of the Tub

- ✓ Scoot to the edge of the tub bench, bringing your legs out one at a time—start with the surgical leg this time.
- ✓ Use the grab bar and walker for balance.
- ✓ Stand up slowly, using your non-surgical leg for support.
- ✓ Turn and grab the walker when steady.

⚠ Safety Tips

- ✓ Never try to step over the tub wall while standing.
- ✓ Do not rush—take your time with each step.
- ✓ Ask for help if you're unsure or feel unstable.

Car Transfer Using a Walker

✔ Before You Begin:

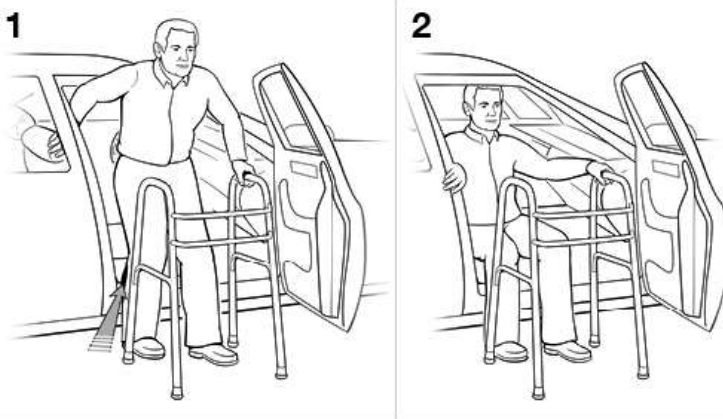
- ✔ Use a stable car seat: Preferably the front passenger seat, pushed fully back and slightly reclined.
- ✔ Prepare the walker: Place it close by and ensure brakes are locked if using a wheeled walker.
- ✔ Avoid low or high vehicles if possible (mid-height cars like sedans or SUVs are best).
- ✔ Wear non-slip footwear and avoid loose clothing.

Getting Into the Car:

- ✔ Position the walker:
 - Stand beside the car door with your walker in front of you.
 - Ensure the car door is fully open.
- ✔ Back up to the car seat:
 - Walk backward using the walker until you feel the seat against the back of your legs.
- ✔ Reach for the seat:
 - Let go of the walker and place one hand on the car seat or dashboard.
 - Place your other hand on the car frame.
- ✔ Sit down slowly:
 - Lower yourself slowly onto the seat, keeping your surgical leg extended.
 - Use your arms for support, and don't flop into the seat.
- ✔ Swing legs into the car:
 - Scoot back as needed.
 - Use your hands to assist your legs if needed.
 - Keep knees and hips aligned and avoid crossing legs.

Getting Out of the Car:

- ✔ Scoot to the edge of the seat:
 - Swing both legs out slowly and keep your surgical leg extended if needed.
- ✔ Position the walker:
 - Place the walker in front of you, close enough to reach safely.
- ✔ Push up from the seat:
 - Place one hand on the seat or dashboard, the other on the walker (if stable).
 - Stand up slowly, keeping your balance.
 - Grab the walker handles and ensure stability before walking.



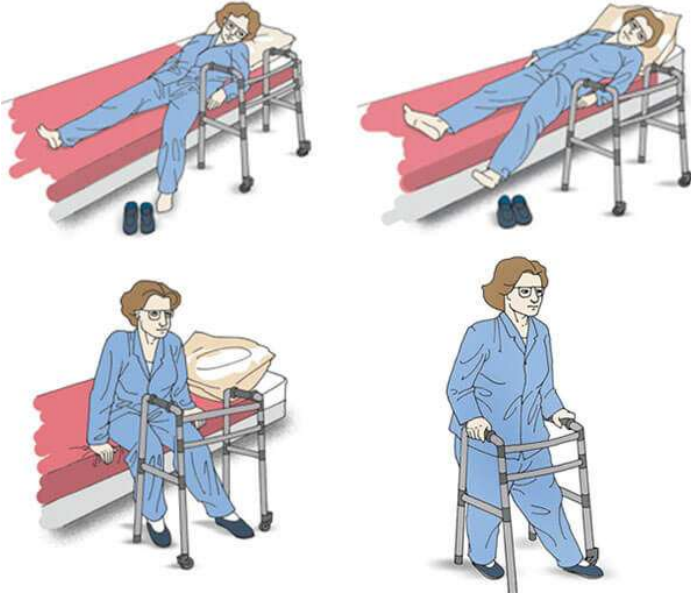
⚠ Safety Tips

- ✔ Never use the car door for support—it can move and cause a fall.
- ✔ Have someone assist you the first few times.
- ✔ Take your time—don't rush the process.

Bed Transfer Using a Walker

✓ Goals:

- ✓ Promote independence
- ✓ Prevent falls
- ✓ Protect your new hip
- ✓ Follow joint precautions from your care team



To Get Out of Bed:

- ✓ Position Yourself:
 - Scoot to the edge of the bed with your operated leg straight out in front of you.
 - Keep your non-operated leg bent to help push.
- ✓ Set Up the Walker:
 - Place the walker close, in front of you.
 - Make sure all four legs are on the floor and stable.
- ✓ Push to Sit Up:
 - Push off the bed with both hands (do not pull on the walker).
 - Lean forward slightly as you stand up.
- ✓ Stand Up Slowly:
 - Use your arms to push up from the bed.
 - Stand & place both hands on the walker.

To Get Into Bed:

- ✓ Back Up to the Bed:
 - Walk backward using the walker until you feel the bed behind your legs.
- ✓ Position Your Legs:
 - Extend your operated leg straight out in front of you.
- ✓ Reach Back:
 - Reach back with one hand at a time to the bed (don't lean on the walker).
- ✓ Sit Down Slowly:
 - Lower yourself slowly and carefully, keeping the operated leg straight.
- ✓ Swing Legs Up:
 - Use your hands and non-operated leg to help lift both legs onto the bed.
 - Keep the operated leg supported and straight during this movement.

⚠ Tips for Safety:

- ✓ Use a firm, high bed to make transfers easier.
- ✓ Keep a nightlight or flashlight nearby.
- ✓ Don't rush—take your time with each step.
- ✓ Use non-slip socks or shoes.
- ✓ Follow your therapist's precautions on weight-bearing and hip positioning.

Using Stairs After Total Hip Replacement

✔ General Safety Tips:

- ✔ Always use a handrail if one is available.
- ✔ Take your time — no rushing.
- ✔ Always wear non-slip shoes.
- ✔ Start with one step at a time.

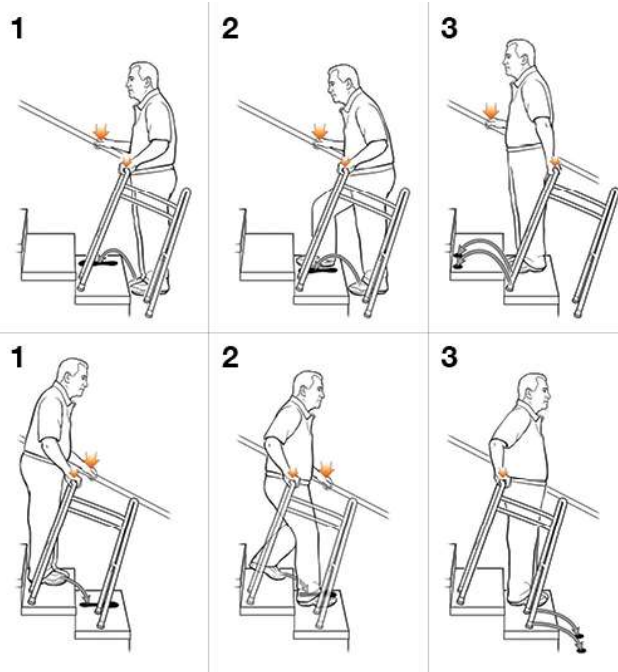
▲ Going Up Stairs: "Good goes up."

- ✔ Hold onto the rail with one hand and hold your cane or walker in the opposite hand.
- ✔ Step up with your non-operated (good) leg first.
- ✔ Then bring up your operated (surgical) leg.
- ✔ Lastly, bring up your cane/walker if used.
- ✔ Example:
 - Step 1: Right (good) leg
 - Step 2: Left (surgical) leg
 - Step 3: Cane or walker



▼ Going Down Stairs: "Bad goes down."

- ✔ Hold onto the rail with one hand and hold your cane/walker in the other.
- ✔ Step down with your operated (surgical) leg first.
- ✔ Then bring down your non-operated (good) leg.
- ✔ Lastly, bring down your cane/walker.
- ✔ Example:
 - Step 1: Left (surgical) leg
 - Step 2: Right (good) leg
 - Step 3: Cane or walker



⚠ Remember:

- ✔ This method helps reduce strain on your healing hip.
- ✔ Your physical therapist may adjust this based on your progress.
- ✔ Don't try stairs alone until your provider or therapist says you're ready.

USING DRESSING AIDS

After hip surgery, it's important to avoid bending or twisting in ways that could strain your healing joint. The tools listed below can help you dress safely and independently.

Reacher or Dressing Stick-A reacher or dressing stick helps you reach your feet, pull up clothing, and pick up items from the floor.

✓ Putting on Pants and Underwear

- Sit in a sturdy chair.
- Use the reacher or dressing stick to guide your surgical leg into the pants first, then the non-surgical leg.
- Pull pants up to your knees while seated.
- Stand up using your walker, then pull pants up over your hips.



✓ Taking Off Pants and Underwear

- Back up to a chair or bed and lower your pants to the floor.
- Sit down slowly, keeping your surgical leg straight out in front.
- Remove your non-surgical leg first, then the surgical leg.
- Use the reacher to pick up your clothing from the floor.

Sock Aid-The sock aid helps you put on socks without bending over.

- ✓ Slide your sock onto the sock aid while it's resting in your lap.
- ✓ Hold the cords and lower the sock aid in front of your foot.
- ✓ Tip: This works best if your knee is slightly bent.
- ✓ Slip your foot into the sock opening.
- ✓ Point your toe and straighten your leg as you pull the cords, sliding the sock onto your foot. The sock aid will come out on its own.



Long-Handled Shoehorn-This tool helps you put on shoes while sitting or standing.

- ✓ Use a reacher or the shoehorn to position your shoe in front of your foot.
- ✓ Slide the shoehorn inside the back of the shoe.
- ✓ Lift your leg and place your toes into the shoe.
- ✓ Step down gently, letting your heel slide down the shoehorn into the shoe.
- ✓ Important: Wear supportive shoes with Velcro or elastic laces. Avoid high heels or backless shoes.



Long-Handled Sponge-Use this in the shower or bath to wash your legs and feet without bending over. It helps you stay clean while protecting your new hip.

Elastic Shoelaces- make it easier and safer to put on your shoes during recovery. You won't need to bend down or tie and untie your shoes each time.

- ✓ Take out your regular shoelaces and put in the elastic ones.
- ✓ Lace your shoes like normal and adjust them so they feel snug but comfortable.
- ✓ Tie the laces one time while holding the shoe in your lap.
- ✓ After that, you won't need to tie them again!
- ✓ Use a long-handled shoehorn to help slide your foot into the shoe.



Final Tips

Move slowly and carefully as you get used to these tools. Practice makes perfect—don't be discouraged if it feels awkward at first. Always keep your walker nearby for support when standing.

GOALS & PRECAUTIONS

Regaining movement in your new hip is a key part of recovery. Here's what to expect week by week—and some important precautions to keep you safe.

Weeks 0–2

✔ ROM Goals:

Hip flexion: 0–90°
Abduction: up to 20°
Extension: neutral (0° only)
Rotation: minimal, avoid extremes

⚠ Precautions:

Reference precautions specific to your surgery on pg. 51
No leg crossing (adduction)
Use walker for support
Sit in high chairs with hips above knees

Weeks 2–6

✔ ROM Goals:

Hip flexion: progress to 90–100° as tolerated
Abduction: increase gradually to 30°
Begin light functional movements (bed mobility, transfers)

⚠ Precautions:

Continue posterior hip precautions
Begin gentle active-assisted ROM exercises
May start light strengthening (glutes, quads)

Weeks 6–12

✔ ROM Goals:

Flexion: 100–110° (if cleared)
Abduction: full functional range
Rotation: gradual reintroduction (external only if safe)
Extension: gentle progress beyond neutral

⚠ Precautions:

Surgeon may relax precautions at week 6–8 if healing is good
Still avoid sudden twisting, deep bending, or high-impact activity

Weeks 12+

✔ ROM Goals:

Restore full, pain-free functional ROM for daily activities
Safe to resume bending past 90° if cleared
Return to modified or low-impact activity (e.g., walking, biking)

⚠ Precautions:

Most formal precautions may be lifted
Still avoid extreme or high-impact activities unless advised

Final Tips:

- Everyone heals at their own pace, this is just a guide.
- Stick to your physical therapy and home exercises.
- Let your care team know about pain, swelling, or concerns.

STRENGTH TRAINING-Preoperative and Postoperative

Frequency: 3–5 times per day

Repetitions: 10–15 each

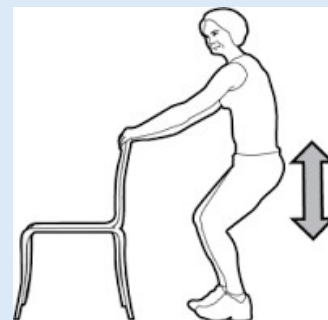
Armchair Push-ups

- ✓ Sit in a chair with armrests
- ✓ Push down on the armrests so your elbows straighten to lift your body off the seat of the chair
- ✓ To make it harder, hold your feet off the floor while lifting your body off the seat of the chair



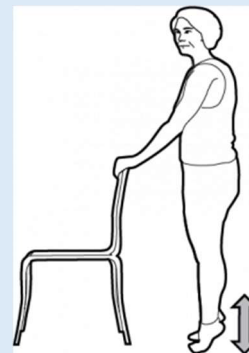
Mini Squat

- ✓ Stand with your feet shoulder distance apart. Your hands can rest on the front of your thighs or reach in front of you. If needed, hold on to the back of a chair or wall for balance.
- ✓ Keep your chest lifted and slowly lower your hips about 10 inches, as if you are sitting down onto a chair
- ✓ Plant your weight in your heels and hold the squat for 5 seconds
- ✓ Push through your heels and bring your body back up to standing



Heel Raises

- ✓ While standing and holding on to a surface, lift up onto your toes, hold for 5 seconds, then go back to feet flat on the floor.



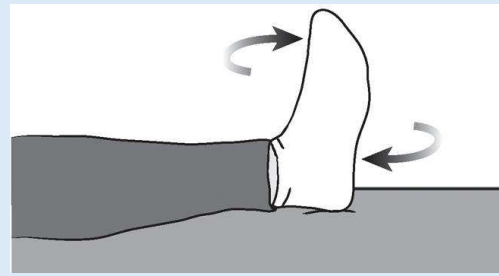
Ankle Pumps

- ✓ Slowly bend ankle up
- ✓ Hold for 3 seconds
- ✓ Point toe away from body
- ✓ Hold for 3 seconds



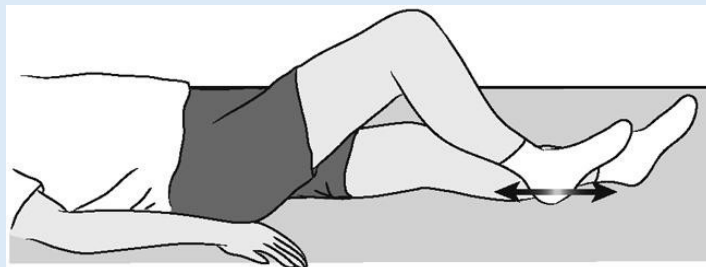
Ankle Rotations

- ✓ Move your ankle inward toward your other foot and then outward away from your other foot.
- ✓ Repeat 5 times in each direction.



Heel Slides

- ✓ Lie flat on your back
- ✓ Slide heel toward your buttocks, bending the knee
- ✓ Hold for 5 seconds and slowly lower



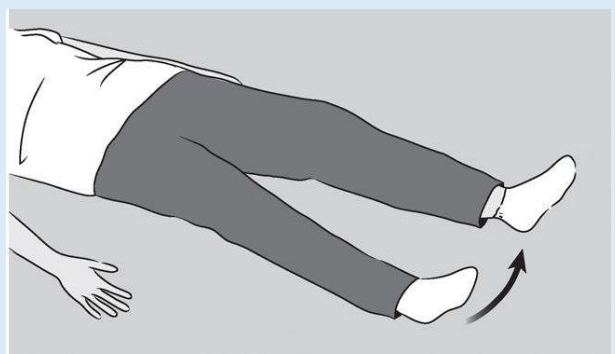
Gluteal Sets

- ✓ Lie flat on your back
- ✓ Squeeze buttocks together and hold 5 seconds then release



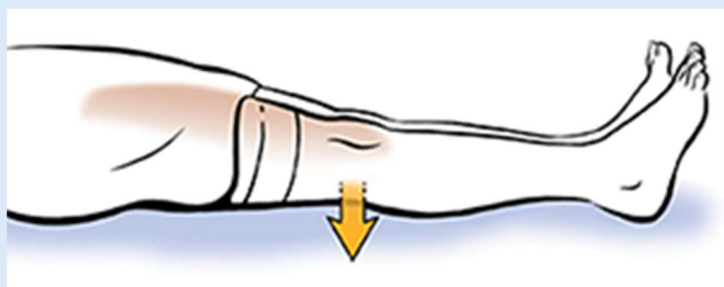
Outward Leg Slides

- ✓ Lie flat on your back
- ✓ Slowly slide your leg out to the side, keeping it straight with toes pointed up to the ceiling to prevent leg rotation
- ✓ Only go as far as is comfortable—do not push into pain.
- ✓ Slowly slide the leg back to the starting position.



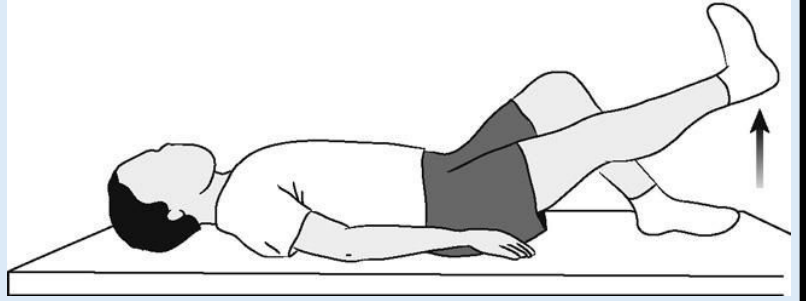
Quad Sets

- ✓ Lie flat on your back
- ✓ Press the back of your knee downward
- ✓ This will tighten the muscle on the top of the thigh
- ✓ Hold for 5 seconds



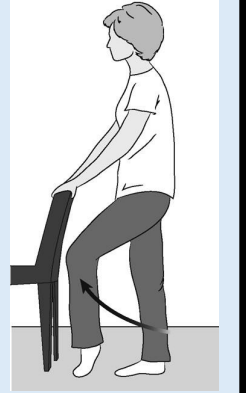
Straight Leg Raises

- ✓ Lie flat on your back, keep your surgical leg straight, tighten your thigh muscle, and slowly lift your leg about 12 inches off the bed.
- ✓ Lower it slowly.



Standing Knee Raises

- ✓ Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts.
- ✓ Put your leg down.
- ✓ Repeat 10 times.



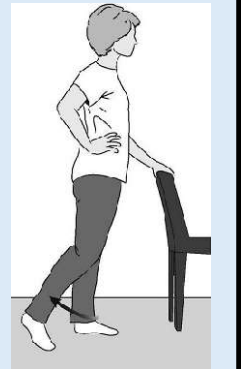
Standing Hip Abduction

- ✓ Stand holding onto a firm surface.
- ✓ Move your surgical leg out to the side without leaning your body.
- ✓ Return to standing



Standing Hip Extensions

- ✓ Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts.
- ✓ Return your foot to the floor.
- ✓ Repeat 10 times.
- ✓ This exercise should take 2 minutes.



Stationary Cycling






- ✓ If cleared



FOLLOW HIP PRECAUTIONS

- Anterior Approach** - no hyperextension or external rotation beyond normal foot progression angle, do not sleep on your stomach.
- Posterior Approach** – no flexion beyond 90 degrees, avoid internal rotation past neutral, no adduction beyond neutral (do not cross your legs)
- Global** - Anterior and Posterior precautions

Do and Don'ts

	<p style="text-align: center;">DO AND DON'TS</p>  <p>In sitting Do Not bend hip above 90 degree</p>  <p>Do Not cross legs when sitting</p>
	 <p>Do Not bend body forward to pick objects</p>  <p>Do Not rotate leg when standing. Keep leg straight.</p>

While general precautions are listed in this patient education book, your specific precautions may differ. *Always refer to your after-surgery discharge instructions for the most accurate and personalized guidance.*

FREQUENTLY ASKED QUESTIONS

WHAT IS OSTEOARTHRITIS AND WHY DO I HURT? Osteoarthritis is the most common form of arthritis. It is a 'wear and tear' condition that destroys joint cartilage. Cartilage is a durable, smooth tissue that covers the ends of bones in joints. It cushions the bones during movement and allows for minimal friction. When the cartilage wears down, the bone ends are exposed. Over time, this can result in painful bone-on-bone contact, swelling and loss of motion.

WHAT IS TOTAL JOINT REPLACEMENT? If you have questions about the details of your surgery or implants that will be used, you should discuss them with your surgeon before surgery. Often, an illustration or physical model can be helpful. The basics of joint replacement surgery include: - removal of damaged cartilage, bone, and scar tissue - placement of metal alloy implants on or within the ends of the bones to replace the worn joint surfaces while restoring (or correcting) alignment - and the use of a polyethylene liner that acts as a bearing between the metal implants to allow low-friction joint motion.

HOW LONG WILL MY NEW JOINT LAST AND CAN A SECOND REPLACEMENT BE DONE? All implants have a limited life depending on age, weight, activity level and medical conditions. A joint implant's longevity will vary with each patient. An implant is a medical device subject to wear and tear and there is no guarantee that it will last for any specified length of time. The need for revision surgery generally becomes more probable after 10-15 years but some implants last for 30 years or more under the right conditions.

WHAT ARE THE MAJOR RISKS? Most surgeries go well, without complications. Infection and blood clots are two serious complications to be on the lookout for. Antibiotics and blood thinners may be used to prevent these complications. You should review the first section of this booklet. If you have any questions, you should address them with your surgeon.

WILL SURGERY BE PAINFUL? You will have discomfort following surgery, but your pain will be managed with a comprehensive pain management plan.

HOW LONG AND WHERE WILL MY SCAR BE? The type of surgical technique will determine the location and length of the scar. There may be some numbness around the scar after it is healed. You should discuss the specifics of your surgery with your surgeon.

WILL I NEED A WALKER, CRUTCHES OR A CANE? You will progress at your own rate and will be assessed by a healthcare provider on the day of surgery, prior to leaving hospital. Walker and cane are the most common devices recommended to improve stability and decrease risk for falls.

HOW LONG WILL I BE IN THE HOSPITAL? The majority of patients undergoing joint replacement will go home on the day of surgery. A healthcare provider will come and assess you in recovery to determine ability to sit, stand and walk safely prior to discharge. In the event you are admitted to the hospital post-surgery, expect to be seen by occupational therapy and/or physical therapy for evaluation and continued treatment.

COMMUNITY RESOURCES & PHONE NUMBERS

Nursing Supervisor 541-667-3404

Good Shepherd Department of Orthopedic Surgery: 541-289-7075

Good Shepherd Hospital, Hermiston

Good Shepherd Physical Therapy: 541-667-3657

Good Shepherd Occupational Therapy: 541-667-3657

Good Shepherd Home Health: 541-667-3542

Additional options for outpatient therapy and home health:

Premier Physical Therapy, Hermiston: 541-701-0708

Eastern Oregon Physical Therapy

Hermiston: 541-567-5678

Boardman: 541-481-2533

Pendleton: 541-276-4011

St. Anthony's, Pendleton

Physical Therapy: 541-278-6610

Occupational Therapy: 541-278-6610

Grande Ronde Hospital, La Grande

Physical Therapy and Occupational Therapy: 541-963-1437

Home health: 541-963-2273

Mountain Valley Therapy: 541-962-0830

Enhabit home health: 877-330-7657

Pioneer Memorial, Heppner

Physical Therapy and Occupational Therapy: 541-676-1123

Home Health: 541-676-2946

ADDITIONAL RESOURCES

Total Hip Replacement

<https://hipkneeinfo.org/hip-care/total-hip-replacement/>

<https://hipkneeinfo.org/hip-care/total-hip-replacement/>





541.667.3404 | www.gshealth.org