HOSPITAL FOR **SPECIAL SURGERY**

YOUR PATHWAY TO RECOVERY

A Patient's Guide to

Total Hip Replacement (THR) Surgery

WHERE THE WORLD COMES TO GET BACK IN THE GAME

Volume 1, 7th Edition

Patient Education Series

Your Pathway to Recovery:

A Patient's Guide to

Total Hip Replacement (THR)

Developed by:

Members of the Interdisciplinary Patient/Family Centered Education Committee
and the Adult Reconstruction and Joint Replacement Service

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and Mark P. Figgie, MD, Steven Haas, MD, and Geoffrey Westrich, MD, for editorial review.

About Hospital for Special Surgery

Founded in 1863, Hospital for Special Surgery (HSS) is a world leader in orthopedics, rheumatology, and rehabilitation. HSS has received Magnet Recognition for Excellence in Nursing Service from the American Nurses Credentialing Center and has one of the lowest infection rates in the country. For the last three years HSS has received the HealthGrades Joint Replacement Excellence Award. A member of the NewYork-Presbyterian Healthcare System and an affiliate of Weill Cornell Medical College, HSS provides orthopedic and rheumatologic patient care at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. All Hospital for Special Surgery medical staff are on the faculty of Weill Cornell Medical College. The Hospital's research division is internationally recognized as a leader in the investigation of musculoskeletal and autoimmune diseases.

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A Patient's Guide to Total Hip Replacement Surgery

Dear Patient,

Welcome to Hospital for Special Surgery (HSS). We are very pleased that you have chosen HSS for your hip replacement surgery and we are committed to making your recovery a comfortable and successful one. It is with great pleasure that we on the Adult Reconstruction and Joint Replacement (ARJR) Service provide you with a comprehensive overview of your upcoming experience. This manual is your guide. We urge you to read and refer to it frequently and bring it with you during your hospital appointments and visits. Additional information and patient education materials are available for your review on our website www.hss.edu.

Members of the ARJR service are dedicated to improving the design of hip replacements and the development of newer and less invasive techniques to facilitate a rapid and successful recovery. We appreciate your participation in our research studies and welcome your comments and input to help improve our Hip Replacement Program. On behalf of all members of our service, we hope that this educational booklet helps answer many of the questions regarding your condition and treatment.

Please feel free to contact the Patient Education staff at 212.606.1263 if you have questions or require additional information.

Sincerely,

Thomas P. Sculco, MD
Surgeon-in-Chief

Douglas E. Padgett, MD
Chief, Adult Reconstruction
and Joint Replacement Service

Jack Davis, MSN, RN, ONC
Manager, Patient Education Programs

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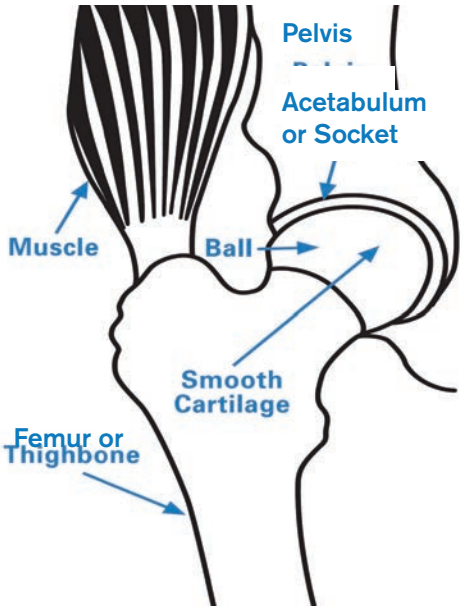
IMPORTANT TELEPHONE NUMBERS

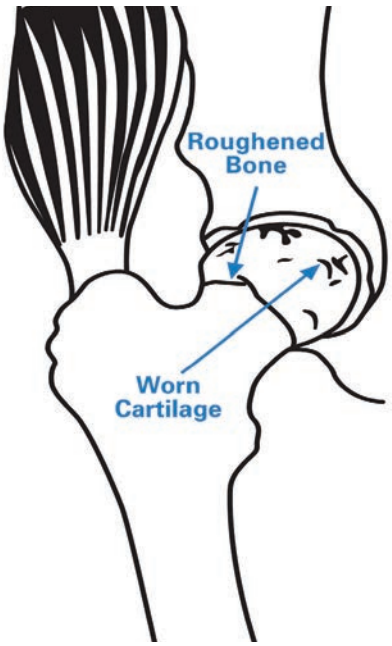
Hospital for Special Surgery, Main Building	212.606.1000
Admitting	212.606.1241
Patient Education	212.606.1263
Case Management	212.606.1271
Same Day Surgery Unit	212.606.1326
Pastoral Care	212.606.1757
Access Private Nursing Service	212.774.7187
Physical Therapy	212.606.1221
Food and Nutrition Services	212.606.1293

A Closer Look at Total Hip Replacement (THR)

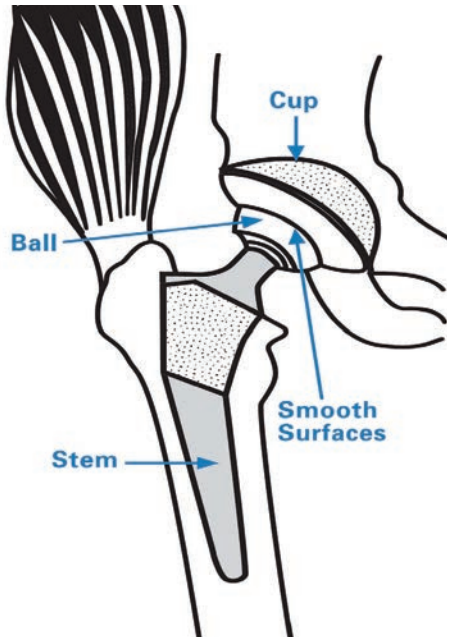
To understand THR, you should be familiar with the structure of the hip joint, a ball-and-socket joint. The ball component is attached to the top of the femur (long bone of the thigh). The acetabulum (socket) is part of the pelvis. The ball rotating in the socket permits you to move your leg forward, backward and sideways, i.e., in all planes of motion.



With a healthy hip, smooth cartilage covering the ends of the thigh bone and pelvis allows the ball to glide easily inside the socket.



With a problem hip, the worn cartilage no longer serves as a cushion. As the diseased or damaged bones rub together, they become rough, and the resulting pain causes difficulty in walking.



THR consists of replacing the worn out socket with a durable plastic or polyethylene cup with or without a metal titanium shell. The femoral head is replaced with a chromium-cobalt alloy metal ball that is attached to a metal stem of titanium or chromium cobalt metal alloy.

There are several ways to fasten the components (implant to the bone) during the hip replacement procedure. With a cemented THR, the prosthesis is held in place by bone cement. In a non-cemented THR, fixation occurs as the bone grows on and into the implant surface.

Bearing surfaces include metal-on-polyethylene (plastic), ceramic-on-ceramic, and metal-on-metal. The most commonly used FDA approved bearing surface is metal with highly cross-linked polyethylene. The best bearing surface for you will be decided in consultation with your surgeon.

Clinical and biomechanical research has steadily improved the methods and materials available for THR. Prosthesis durability varies with the usage demands of each patient.

Before You Come to the Hospital

THR can enhance your quality of life by providing many years of improved mobility and reduced pain. Each year, more than 300,000 Americans benefit from THR. In the last decade, remarkable advances in technology have transformed THR into an efficient and widely performed procedure.

Before, during, and after your hospital stay, the members of the Adult Reconstruction and Joint Replacement (ARJR) Service and HSS staff are committed to your well-being and satisfaction. Each attending surgeon is supported by a large staff of fellows, residents, physician assistants, anesthesiologists, nurses, physical therapists, social workers, and administrative personnel.

In bringing you the latest advances in THR, Hospital for Special Surgery, a major teaching affiliate of Weill Cornell Medical College, combines world-class professionalism with personalized care. The hospital's outstanding diagnostic, surgical, and rehabilitation divisions offer a complete array of services.

The staff at HSS is here to serve you. Help us help you; any medical concerns should be discussed with your surgeon and unresolved administrative issues with your surgeon's office manager. Your active participation in treatment, with full understanding of all issues, is vital to your full and uneventful recovery.

Things To Do

1. Before your surgery, the surgeon's office staff will **make an appointment for you with an internist** at HSS who will:
   - Review and/or perform any necessary diagnostic tests.
   - Perform a medical exam to make sure you are safe for surgery.

2. Unless you are told otherwise, continue to take medicines already prescribed by your own physician.
   - Fish oils should be **discontinued** 7 days prior to surgery.
   - Anti-inflammatory medications, nutritional supplements (vitamins, herbals, minerals, iron, and calcium) should be discontinued 7 days prior to surgery.
   - Consult your physician regarding aspirin products. Patients with cardiac stents should continue to take their aspirin (81 mg.).

3. The surgeon's office staff will also **make an appointment for you for pre-surgical testing** approximately 1 to 3 weeks prior to surgery where:
   - The pre-surgical screening staff will perform routine diagnostic testing to be sure you are ready for surgery, including taking a blood sample for testing, a urine specimen, and an electrocardiogram (EKG).
   - You should bring a list of current medications and a detailed account of prior medical, surgical, and family health history.
   - The nursing staff will request information as part of a comprehensive medical history to add to your patient database profile.
   - The nursing staff will provide instruction on preparation for surgery.

4. The surgeon's office staff will **make an appointment for you to attend the pre-operative patient education** class. The class is approximately 60 to 90 minutes long. During the class, patient educators will:
   - Review the surgical process.
   - Discuss setting realistic expectations, patient safety, mobility, pain management and the prevention of complications (infection and blood clots).

- Provide instruction on bowel and skin preparation.
- Provide information about:
  - nutrition and diet restrictions before surgery;
  - the preoperative patient phone call and how patients obtain general pre-surgical information;
  - the staff phone call to the patient the day before surgery with detailed and specific preparation instructions;
  - the time and place to arrive for surgery; and
  - discharge planning.

5. You may be asked to donate your blood for the surgery. If a donation is recommended, the surgeon's office staff **will provide information and schedule one for you,** usually 1 to 2 weeks prior to date of surgery.
   - It is important to drink plenty of fluids before and after you donate and **be sure to eat a substantial meal prior to your donation.**

All patients must call the hospital's pre-surgical information line at 212.606.1630 and listen to a pre-recorded message within 48 hours of your scheduled surgery for general instructions and a review of the pre-hospital process.

6. You may wish to review and plan your post-hospital care with **Case Management Services** (212.606.1271) before admission. The **Pre-Admission Program** offers patients and their families the opportunity to receive assistance before the patient is admitted for surgery. This program enables you to begin understanding and planning your hospitalization and your discharge needs in a timely, comprehensive manner. It helps you maximize your options and make decisions in a more relaxed way.

7. Prepare for your return home from the hospital.

8. Before your admission, please complete the **Health Care Proxy** form authorizing another person, designated by you, to make decisions with your physician about your care, should this become necessary.

9. A nurse from the **Same Day Surgical (SDS)** unit will contact you one business day prior to your surgical date (Friday for Monday surgical cases) with more detailed instructions.

10. The night before your surgery and 2 hours after your dinner, administer your Fleet enema.

11. The surgical area from waistline to knee (front side and back) should be washed with the antiseptic soap solution at the end of your last bath or shower before surgery. Do not shave your legs during this last shower. The solution should be rinsed and removed after application. Specific instructions will be provided through the pre-surgical screening appointment, the pre-operative education class, and pre-operative phone call.

12. The Call Center nurse will review when you should stop eating and drinking, but realize that it is likely that **only clear fluids** (no milk products) **after midnight** (i.e., water, ginger ale, black coffee or tea) will be allowed on the day of your surgery and **nothing** should be consumed 3 hours prior to your surgical time. A detailed pre-operative nutritional guideline is described in this booklet and will be reviewed during the pre-operative education class.

13. For patients who have Sleep Apnea and use a Sleep Apnea device, please bring your mask attachment and a record of the settings you normally use. Please DO NOT bring the Sleep Apnea machine. Patients with Sleep Apnea are generally required to stay overnight in the Post-Anesthesia Care Unit (PACU) to be monitored and observed.

14. The use of nicotine products (i.e., cigarettes, cigars, gums, or patches) has been shown to increase risk of complications following surgery. They can inhibit bone and wound healing by decreasing blood flow to the surgical site. They can also increase the risk of deep vein thrombosis (DVT, a.k.a. blood clots). Please discuss smoking cessation with your doctor.

15. You and your support system will be instructed to go to the Family Atrium on the **4th Floor** of the hospital.

Extremely Important

Always have a list of your current medications and the dosages, so that the correct medication and dosage can be prescribed for you while you are in the hospital. You should also have contact information for your local physician, and any details on medical information, allergies, or past reactions to anesthesia.

Be sure you understand all pre-operative instructions. If you have questions or concerns, please discuss them with your surgeon or call the HSS Patient Education team at 212.606.1263.

Diet

- **Preparing for Surgery**

One Week Prior to Surgery

- Stop all nutritional supplements (vitamins/minerals, including iron and calcium).

The Day Before Surgery

- Follow the Low Fiber/Low Residue Diet outlined on the following pages (refer to "recommendations" and "sample menus").
- Do not eat any solid food after midnight. ONLY clear fluids are allowed.

Day of Surgery

- Take CLEAR FLUIDS ONLY up to 3 hours before surgery OR up until ARRIVAL AT THE HOSPITAL. Do not eat or drink anything after arriving at the hospital.

DAY OF SURGERY: CLEAR FLUID DIET (ANY MEAL)

ALLOWED

- Water
- Apple, Cranberry & Grape Juice
- Gatorade
- **Black** Coffee or Tea
- Clear Broth
- Ginger Ale and Seltzer
- Jello and Italian Ice

NOT ALLOWED

- Milk or Dairy Products (including in coffee and tea)
- Citrus Juices
- Prune Juice
- Juices with Pulp
- Any food or beverage not listed in the "allowed" column

DAY BEFORE SURGERY: LOW FIBER/LOW RESIDUE DIET

The Low Fiber/Low Residue diet is to be used the day before surgery. A low fiber/low residue diet reduces the amount of waste that moves through the intestines, which is helpful in preparing for surgery. This diet is not nutritionally complete, and is intended to be used for a short duration only.

RECOMMENDED FOODS

Food Group	
Milk and dairy ***limit to 2 servings daily (check package for serving size)	Milk or lactose-free milk; almond, rice or soymilk; yogurt (plain or vanilla), soy yogurt (plain or vanilla flavor); cottage cheese, cream cheese, ricotta cheese and aged cheese; ice cream or frozen yogurt; butter or margarine
Meat and other proteins	Ground or tender, well-cooked lean meats, poultry, fish, eggs and soy prepared without added fat
Grains	Enriched white bread and rolls; white rice, noodles, pasta, and cooked potatoes (no skin); plain crackers; farina, cream of wheat, and grits; cold cereal: Rice Krispies, Puffed Rice and Corn Flakes
Fruits	Fruit juice without pulp; canned or cooked fruits without skins or seeds; ripe banana; soft cantaloupes, honeydew melons, seedless watermelon; peeled apple
Vegetables	Strained vegetable juice; most well cooked or canned vegetables without seeds and skin, such as potato without skin, tomato sauce, pureed spinach, green beans, carrots and asparagus tips; iceberg lettuce
Beverages	Water, apple or cranberry juice, coffee, tea, carbonated drinks; bouillon or strained broth
Fats, snacks, sweets and condiments	Vegetable oil, butter, margarine, ketchup, vinegar, mayonnaise; plain cookies and cakes; fruit ice, jello, custard, jelly (seedless), honey, sugar or syrup

FOODS TO AVOID

Food Group	
Milk and dairy ***limit to 2 servings daily (check package for serving size)	Yogurt or ice cream with nuts, seeds or fruit; more than 2 cups daily from milk and dairy group
Meat and other proteins	Legumes (dried beans), nuts, nut butters, seeds and tough fibrous meats
Grains	Whole grain, whole wheat, rye, cornbread or pumpernickel bread; breads made with nuts, seeds or fruits; whole wheat pasta; whole grains such as brown rice, buckwheat, bulgur, oats, corn and kasha, whole grain cereals, bran cereals, granola-type cereals, and cereals with nuts, seeds, coconut or dried fruit
Fruits	All other raw fruits including berries, citrus fruits, grapes, pears and pineapple; prunes and prune juice; dried fruit
Vegetables	ALL raw or partially cooked vegetables AND beets, broccoli, cauliflower, brussels sprouts, cabbage, sauerkraut and corn; greens (mustard, turnip, spinach, collards); lima beans, peas, mushrooms, okra, onions, parsnips, peppers, potato skins, tomatoes and winter squash
Beverages	Limit milk and dairy products to 2 servings per day
Fats, snacks, sweets and condiments	Any made with whole grain flour, bran, seeds, nuts, coconut or dried fruit; nuts, seeds, and popcorn

SAMPLE LOW FIBER/LOW RESIDUE DIET

GENERAL

Breakfast

½ cup apple juice
¾ cup corn flakes
1 slice white toast
1 tsp. margarine
2 tsp jelly
1 cup lowfat milk
coffee/tea

Lunch

1 cup chicken noodle soup
3 oz lean hamburger on bun (white, no seeds)
1 cup vanilla yogurt (no fruit/seeds) OR 1 cup lowfat milk
½ cup canned peaches
tea

Dinner

½ cup cranberry juice
3 oz chicken breast
½ cup mashed potato
½ cup well cooked green beans
1 slice white bread
1 tsp margarine
½ cup applesauce
tea

Snack

1 cup lowfat milk
4 graham crackers

Breakfast

½ cup orange juice (strained, no pulp)
1 cup cream of wheat
1 scrambled egg
1 slice white toast
1 tsp margarine
2 tsp jelly
1 cup lowfat milk
coffee/tea

Lunch

½ cup grape juice
3 oz lean roast beef
baked potato (no skin)
½ cup well cooked carrots
1 small white dinner roll
1 tsp margarine
1/2 cup canned pears
tea

Dinner

3 oz baked fish
½ cup white rice
½ cup well cooked asparagus tips
1 slice white bread
1 tsp margarine
½ cup Italian ice
tea

LACTOSE RESTRICTED AND DIABETIC

Breakfast

1 scrambled egg
1 slice white toast
1 tsp margarine or butter
1 cup cream of wheat or farina
½ cup apple juice
coffee/tea

Lunch

1 cup chicken noodle soup
3 oz turkey
2 slices white bread
1 tsp mayonnaise
½ cup soft melon or cantaloupe
tea

Dinner

3 oz baked fish
½ cup white rice
½ cup well cooked green beans
1 white dinner roll
1 tsp margarine or butter
½ cup canned peaches in
natural juice
tea

Snack

5 vanilla wafers
1 cup soymilk or 1 cup Lactaid milk

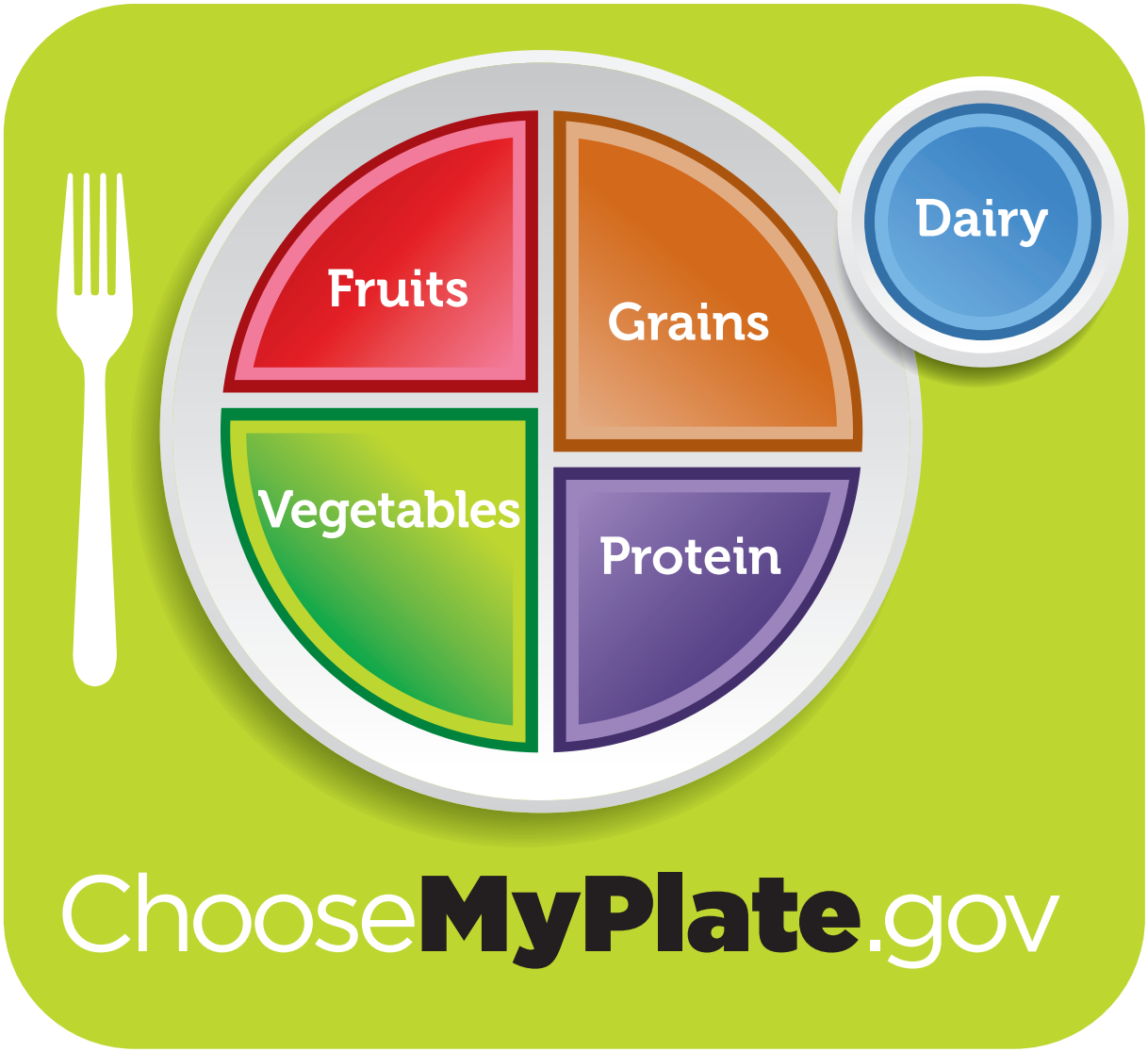
During your hospital stay, eat balanced, nutritious meals with adequate calories and protein to enable your body to replenish proteins depleted by surgery, and to reduce the risk of complications such as infection or poor wound healing. Being adequately nourished is an important component of your overall health and promotes your recovery.

During your hospitalization, your physician is responsible for ordering the appropriate diet for you. There is no special diet for THR patients.

After surgery, some patients will be placed on a liquid diet for 1 or 2 days, as appetite may be poor and the effect of anesthesia on intestinal function can last a few days. We encourage you to eat only when you feel hungry to prevent nausea. Not having a bowel movement for 2 to 3 days following surgery is normal.

MyPlate

MyPlate is the current nutrition guide published by the United States Department of Agriculture. It helps you to choose a healthy meal plan. It is divided into sections of approximately 30% grains, 30% vegetables, 20% protein and accompanied by a smaller circle representing dairy. MyPlate emphasizes portion control while providing the necessary nutrients you need and the right amount of calories to maintain a healthy weight.



Things to Bring When You Come to the Hospital

A Checklist for a Two Night Stay

- [ ] A legal picture identification (i.e., driver's license, passport, birth certificate, social security card, green card/permanent resident card, military i.d.)
- [ ] Your hospitalization insurance and prescription cards
- [ ] X-rays or laboratory reports (if instructed by the staff)
- [ ] A cane, if you use one, for your therapist to evaluate
- [ ] Your completed Health Care Proxy form
- [ ] Paperwork, including consent forms, sent to you by your surgeon. Also bring a list of your current medications with dosages, and medical information from your physician.
- [ ] This manual: *Total Hip Replacement: Your Pathway to Recovery*
- [ ] Non-slip, flat, supportive athletic or walking shoes
- [ ] Personal toiletries
- [ ] A small amount of money for newspapers
- [ ] One credit card for TV, telephone rental, or to purchase necessary medical equipment
- [ ] A book, magazine, or hobby item to occupy time
- [ ] Eyeglasses, NOT contact lenses

Please Do Not Bring

- [ ] Medication (unless instructed by your medical doctor or HSS pharmacy representative, as HSS may not stock specific brands of medications)
- [ ] Valuables (except those mentioned above)
- [ ] Jewelry

Your Surgery and Hospital Stay

The Day of Surgery

- **Traveling to HSS**

  The hospital is located at 535 East 70th Street on the Upper East Side of Manhattan, between the East River and York Avenue. For physicians, patients, and families visiting from out of town, the hospital is readily accessible by automobile and taxi via all of the major bridges and tunnel routes. Garage parking is available nearby; street parking is subject to local restrictions.

- **On the Day of Surgery**

  You and your family, or the person accompanying you, should come to the Family Atrium on the 4th floor of the hospital. The **Same Day Surgery (SDS)** nurse will contact you one business day before surgery between 1PM and 7PM to discuss the scheduled surgery and time to arrive. The **Family Atrium** is a lounge area and central hub where our patients and family members meet and wait for information following surgery. It is equipped with comfortable chairs and offers amenities that include a coffee bar, food cart, television services, and computer access. The area is equipped with Wi-Fi and cell phone use is allowed.

  Members of the **SDS nursing staff** will greet and escort you and one person accompanying you to the pre-surgical holding area. This is where you will meet a **Physician Assistant (PA)** who will reassess your condition and medical/surgical history. **PAs** are healthcare professionals licensed to practice medicine with physician supervision. As part of their comprehensive responsibilities, **PAs** conduct physical exams, diagnose and treat illnesses, order and review tests, counsel on preventive healthcare, assist in surgery, and prescribe medications. **PAs** work closely with other members of the **Operating Room (OR)** and **Anesthesia team** to finalize your pre-surgical preparations.

The **SDS nursing staff** will complete your admission process, check your identification band, and assist you with changing into our hospital gown. Your belongings, which should fit in one small bag, will be gathered and labeled, and will stay with the security department until you are in a room. You should ask the person accompanying you to hold onto your eyeglasses and hearing aids, and to return them following surgery.

The **SDS nursing staff** will wash, scrub, and prepare the surgical site area. They will also start an intravenous (IV) line. The IV provides a route for fluids, medications, and blood products, if necessary. It is also the main route for your antibiotics to prevent and reduce the risk of infection. Your IV will be in place for approximately 48 to 72 hours and will be removed when your medication is complete, when your normal diet is resumed and tolerated, and when the team feels you no longer require it.

A **PA** and other members of your **surgical team** will take your latest information and perform some additional safety cross-checks and tasks. They will review the surgical consent with you, and have you sign the actual consent paperwork. Your surgeon will confirm your identity, review, and then sign your surgical site with a surgical marker. These steps are an important part of the process designed to ensure patient safety.

Members of your **Anesthesia team** will review and explain the plan for anesthesia, including the type of anesthesia (epidural or spinal), your level of sedation, and your post-surgical pain management. The anesthesiologist will also ask you to sign the consent to perform anesthesia. A majority of our THR patients will receive IV sedation and a combined spinal or epidural anesthetic, in which a narrow catheter (tube) is inserted in the lower spine and allows a continuous flow of anesthetic medication to block all feeling during the surgery. The level of sedation and anesthesia is tailored to your specific needs and will allow you to awaken very soon after the surgical procedure is completed.

Members of the **OR staff** will recheck that all of the appropriate paperwork and tasks have been performed. They will then escort you on a gurney or stretcher into one of the operating room suites. Your family member will be instructed to return to the **Family Atrium.**

THR surgery generally takes approximately 1 to 1 ½ hours, but the actual elapsed time from operating room to post-anesthesia care unit is usually about 2 ½ hours. Your surgeon will provide more specific details and will make arrangements to meet with your family in the **Family Atrium** following surgery, or will make other arrangements to contact them. Please provide the surgeon with specific contact information as to where and how your family can be reached.

- **After Surgery**

  In the **Post-Anesthesia Care Unit (PACU)**, also called the R**ecovery Room,** you will be given oxygen, and your vital signs (breaths, heart rate, and blood pressure) will be monitored. The team will also focus on managing your pain, so you will be comfortable when you begin rehabilitation. Once in the **PACU**, your family and friends will be provided an update. To maintain patient privacy, as well as to reduce the risk of infection, **PACU** visits are limited, but will be facilitated through the **Family Atrium** patient liaisons.

  When the anesthesiologist determines that you are sufficiently recovered, approximately 4 to 5 hours after surgery, you will be transported to an inpatient unit. While most patients are transferred to inpatient units, some remain overnight in the **PACU** for close monitoring and observation.

- **Spiritual Support**

  HSS formally recognizes the role that spiritual support can play in coping with and recovering from physical illness. To help meet your spiritual and emotional needs, HSS provides a Chaplaincy Service as an integral part of the healthcare team. The chaplains are here to serve you and your family and can provide pastoral support in any faith. Please call 212.606.1757 to contact the Pastoral Care Office.

- **Private Nursing Service**

  If you wish to have a private nurse during your hospital stay, the hospital can arrange this service for you. Please call 212.774.7187.

Recovering in the Hospital

An ace-bandaged dressing will be applied around your hip. You may also have a thin tube inserted at the surgical site attached to a drain to prevent accumulation of blood around the muscles and bones of the hip. The tube and drain are removed the day after surgery, and the bandage is removed the first or second post-surgical day.

Members of the nursing staff will position you in bed and help you turn until you are able to move on your own. A pillow between your legs will help maintain the proper position of your hip. Because anesthesia may temporarily inhibit urination after surgery, a foley catheter may be inserted into the bladder to remove urine. This catheter is usually removed within 24 hours.

In collaboration with you and your support system, the hospital staff, including a physician, physician assistant, nurse, physical therapist, and social worker will plan, provide, and monitor your care.

- **Exercise**
  Gentle exercises to improve your range of motion can help prevent circulation problems as well as strengthen your muscles. Very soon after surgery, a physical therapist will teach and review your exercise program.

- **Deep Breathing**
  It is extremely important to perform deep breathing exercises after surgery to rid your airway and lung passages of mucus. Normally, you take deep breaths almost every hour, usually without being aware of it, whenever you sigh or yawn. When you are in pain or are drowsy from anesthesia or pain medication, your breathing may be shallow. To ensure that you take deep breathes daily, the nursing staff will provide you with a device called an incentive spirometer, along with instructions on its use.

How to Use the Incentive Spirometer

1. With the unit in an upright position, place your lips tightly around the mouthpiece and exhale normally.

2. To achieve a deep and sustained breath, inhale at a rate sufficient to raise the ball in the chamber.

3. Exhale. After performing the exercise, remove the mouthpiece from your lips.

4. Relax and breathe normally for a moment after each deep breath.

5. Repeat this exercise 10 times every hour.

Managing Pain

- **How does it feel?**

  Recovering from any surgery involves pain and discomfort. The hospital's team approach to pain management can help reduce your discomfort and thus speed your recovery. Pain management, however, begins with you. Since no objective tests exist to measure what you are feeling, you must help the staff by describing the pain, pinpointing its location, and judging its intensity, as well as reporting any changes. Pain may be constant or sporadic, as well as sharp, burning, tingling, or aching. A pain scale is used to help you and the staff gauge the level of pain and effectiveness of treatment.

  People used to think that severe pain after surgery was something they "just had to put up with." While it is reasonable to expect some discomfort following surgery, the current treatment options greatly reduce the level of pain most patients have.

  Your description will help us provide you with a plan of care. Even under your personal Pain Management Program, your pain level may change at times. Be sure to tell your nurse if it becomes worse.

  You will be asked to rate how much pain you have on the Pain Scale below:

PAIN SCALE

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Pain Ever

- **Your treatment plan**

  Pain control following surgery is an important part of your care. The pain management team will use a multi-faceted approach to manage your pain. This may include a combination of nerve blocks, oral medications, injections, IV medications, and catheters connected to computerized pumps with a button that is controlled by the patient (Patient Controlled Analgesia or PCA). We try to refrain from giving injections, but sometimes this is unavoidable. The goal is to try to recognize and treat your pain quickly, which allows you to participate in the exercise program.

  The plan is to transition you to oral pain medications. Usually the oral pain medication is an opioid or narcotic, but whenever possible, an anti-inflammatory medication will be ordered as well. This transition is usually a smooth one, enabling you to progress with your activities with minimal discomfort.

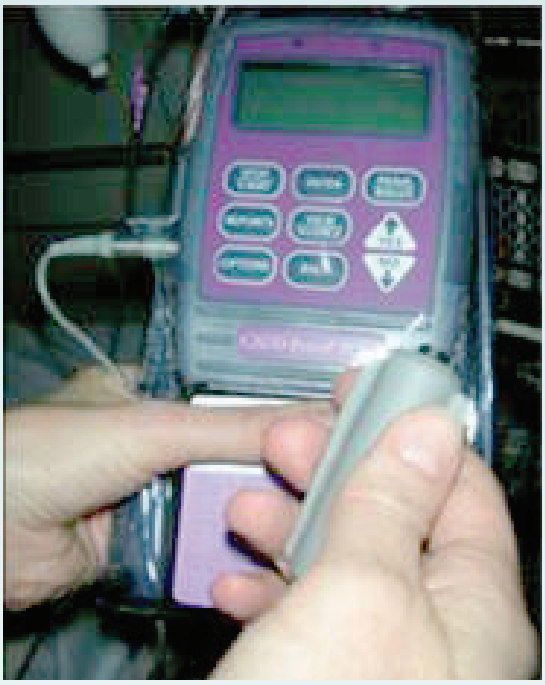
  Every patient's experience is unique. So, if you need pain medication, tell your nurse as soon as the pain starts. Keep in mind that your pain is easier to control if you do not allow it to become severe before taking pain medication. Usually medications are available every three to four hours as needed.

  Regardless of which pain relief method is started, **if you are not getting pain relief, please notify your nurse or doctor.** We want you to be as comfortable as possible while you heal. Being able to participate in your own recovery activities is a goal of the recovery process.

It is extremely important that you inform your anesthesiologist about any problems encountered with medications of any type in the past, and if you are currently using prescription medications for pain (pills, patch, pump).

- **What is Patient-Controlled Analgesia (PCA)?**

  PCA is a type of pain medication delivery system which utilizes a microprocessor (computerized pump) to give a prescribed amount of medication at desired intervals. This pump is prepared and programmed for you at Hospital for Special Surgery by an anesthesiologist. A special pain management team consisting of anesthesiologists, nurses, and pharmacists supervises your use of the medication.



PCA Pump

The pump is programmed to deliver a pain medication either when you push the button (demand dose) or by a continuous flow (basal rate). It can be attached through either your intravenous line or epidural tubing in your back during your surgery. It is called "Patient Controlled" because, if needed, you can press a button attached to the pump to give yourself a dose of pain medication.

Precautions against an overdose have been incorporated into PCA. The pump is programmed not to deliver the dose of pain medication requested if it is not time to safely do so. There is an hourly limit of medication available. The PCA system automatically records both the doses delivered and denied. Your nurse checks this machine frequently and records the amount of medication used. If you are having pain after using your PCA hourly limit, tell your nurse. The nurse can call the anesthesiologist or other members of the pain management team who will check on you and adjust the medication or PCA settings as needed.

The nurses regularly check on you to evaluate your level of pain relief and assess for side effects. An anesthesiologist visits daily when you are on the PCA pump, even if your pain management is going well. If any problems arise, an anesthesiologist is on call 24 hours a day, 7 days a week.

- **Epidural PCA**
  Patients who have surgery on the hips, knees, or ankles will usually have epidural anesthesia. After a local anesthetic injection, a catheter (very thin tubing) is placed in your back for administering the anesthesia for your operation. Afterwards, by starting a flow of pain medicine through this catheter, pain relief can be continued into the post-operative period. The PCA is attached to the epidural catheter in your back. As described above, you will be able to give yourself an extra dose of medication, if needed, to make the pain tolerable.
- **IV PCA**
  If the anesthesia used for your surgery was not epidural anesthesia, or if your surgeon and anesthesiologist feel an IV is the preferred method of applying pain control, the PCA pump will be attached to IV tubing. This means that the PCA pump will be programmed to inject pain medication directly into your blood stream. Again, you can give yourself an extra dose of medication, if needed, just by pressing the button attached to the PCA pump.
- **Local injections during surgery**
  Some surgeons prefer to treat pain during the surgical procedure by injecting a combination of medications directly into the tissues close to the surgical site (local).
- **Oral medication**
  Approximately 12 to 24 hours after surgery, as pain decreases, you will be given oral pain medication, to control any discomfort and pain.
- **About your pain medications**
  Medications used to control pain are carefully prepared by our own HSS pharmacists to assure quality and safety. Some of these medications include opioids like dilaudid (hydromorphone) and morphine, and bupivacaine, also known as Marcaine™, which is a local anesthetic.
- **Cold Therapy**
  The application of cold has been shown to reduce swelling and pain associated with inflammation at the surgical site. Ice packs or cold pads should be applied for 15 minute intervals every 3 to 4 hours on a daily basis for the first few weeks following surgery.

Rehabilitation in the Hospital

Your rehabilitation program will begin once you are medically stable and there are orders from your doctor to begin post-operative mobility. For some patients, rehabilitation will begin the day of surgery, for others it will start the day after surgery. Everyone will begin rehabilitation within 24 hours of surgery.

It is critical to understand that motivation and participation in your physical therapy program is a vital element in the success of your surgery and your overall recovery. It is imperative that you play an active role in your recovery and rehabilitation from the start!

The physical therapist will assist you in the following activities:

- Sitting at bedside with your feet on the floor
- Transferring in and out of bed safely
- Walking with the aid of a walker or cane
- Climbing stairs

- **Beginning to Walk**

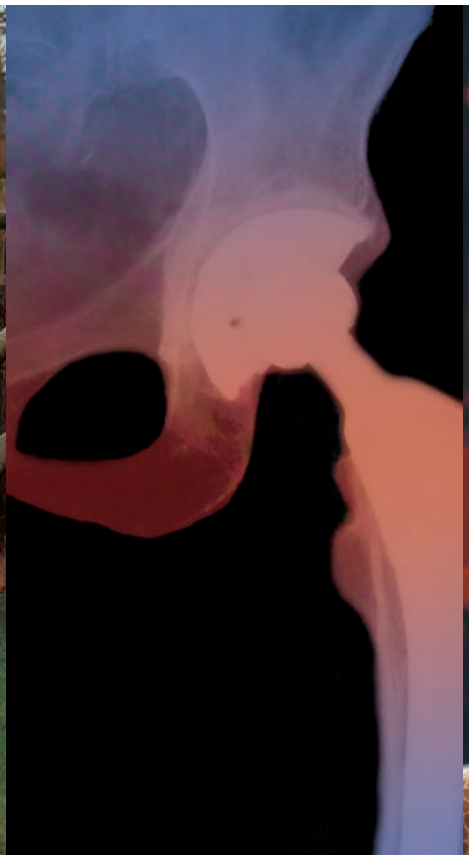
  Your therapist will assist you in sitting up with your feet over the bedside with feet resting on the floor. You will then stand with the use of a walker and the continued help of your therapist.

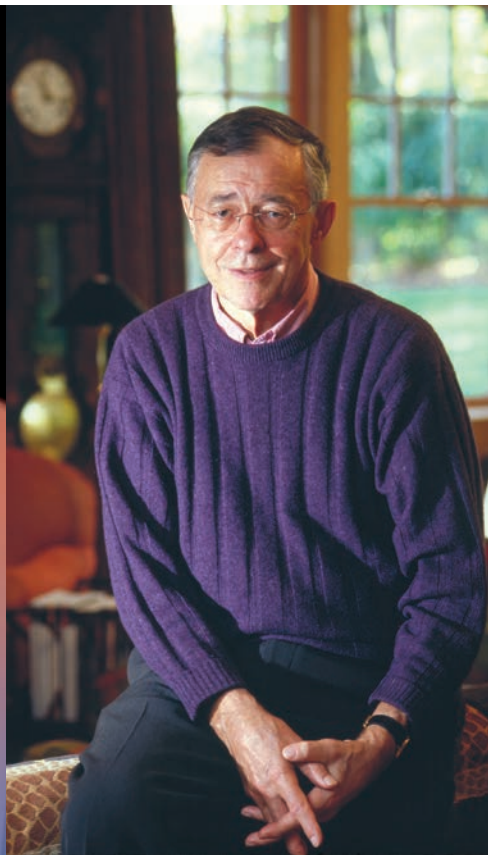
  As the days progress, you will increase the distance and frequency of walking. Most patients progress to a straight cane or crutches within a few days after surgery.

  Always make sure to ring your call bell for nursing or physical therapy staff for assistance getting in and out of bed.

- **Looking Ahead**
  Before leaving the hospital, you will be instructed in a home exercise program.

- **Remember, *you* make the difference!**
  Your participation in a physical therapy program is essential to the success of your surgery. The more committed and enthusiastic you are, the quicker your improvement will be.





Tips for a Successful Recovery at HSS…

Physical Therapy

- Participate in physical therapy daily.
- A physical therapy schedule is AVAILABLE by 9AM 7 days a week. Ask your nurse when you are scheduled for therapy so you can be prepared and ready to participate.

Patient Safety and Falls Prevention

- Do not get out of bed by yourself! Always ask for assistance.
- HSS has developed a Safety and Falls Prevention pamphlet that you should read…if you don't already have one, ask your nurse or therapist for a copy.

Pain Medication

- Take pain medication at regular intervals throughout the day, not just before physical therapy.
- You must ask your nurse for your pain medication. It will not be brought to you automatically.
- You are not expected to recover without using pain medication…if you need it, ask for it!
- Use cold therapy every 3 to 4 hours.

Bathroom Privileges

- Once you are able to tolerate being out of bed for at least 20 minutes, you will be safe to use the bathroom with assistance.
- If possible, use the bathroom prior to physical therapy so you can use your treatment session to improve functional mobility.
- Bedside commodes or bedpans are alternatives to getting out of bed to use the bathroom.

Car transfers and traveling by car

- Sit in the front passenger seat on two pillows. Be sure to remind whoever is picking you up to bring two pillows.
- Make sure the car seat is all the way back and slightly reclined before entering.
- In a regular car, enter from the street level rather than the curb in order to avoid bending your hip too much.
- In an SUV you may need to enter from the curb to make it easier to get into the car.

NOTE: Do NOT resume driving until you have your surgeon's permission.

The amount of weight you can support with your operated leg will depend on your surgery. Your physical therapist will instruct you on the weight-bearing status designated by your surgeon.

- Toe-touch weight-bearing = 20% of weight during ambulation
- Partial weight-bearing = 30-50% of weight during ambulation
- Weight-bearing as tolerated = Full weight during ambulation

Leg length after surgery

After surgery, it is common for the operated leg to "feel longer" than the non-operated leg. This is usually due to tight muscles, especially your hip abductors, which are located on the outside of the leg. These muscles, which are usually tight before surgery, can create imbalances in your pelvis, creating an apparent discrepancy in your leg lengths. After surgery, the natural joint space of your hip is restored, and **it will take time** for your pelvis and muscles to adapt to this new normal position. This unevenness can resolve within a week or may take up to 6-8 weeks. Please speak with your surgeon if you have any specific questions.

Occupational Therapy

In order to prepare you for returning home, an Occupational Therapist will instruct you in functional activities, such as bathing, showering, and toileting, based on your specific precautions as determined by your surgeon.

The *Activities of Daily Living Series* can be viewed online by typing www.hss.edu/adl into the address bar of your web browser.

Preventing Blood Clots

After THR surgery, clots, called deep vein thromboses (DVT), may form in the leg veins. In rare cases, these leg clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of clot formation, mechanical devices (foot or calf pumps) are used while you are in the hospital to squeeze the leg muscles, thus maintaining blood flow in the veins. Also, a medication to minimize clot formation, such as Coumadin, Lovenox, or Aspirin, will be prescribed.

- **Leg Swelling**

  Following THR, most patients develop swelling in the operated leg. Although the amount of swelling can vary from patient to patient, the swelling itself, in the leg, knee, ankle, or foot, is normal and may be accompanied by "black and blue" bruising that will usually resolve gradually over several weeks.

  For the first month after your operation, prolonged sitting with your foot in a down position tends to worsen the swelling. You should not sit for more than **30 to 45 minutes** at a time. Periods of walking should be alternated with periods of elevating your leg in bed. When elevating the leg, the ankle should be above the level of the heart. Lying down for an hour in the late morning or afternoon helps reduce swelling.

  To prevent or reduce leg and ankle swelling:

  - Elevate operated leg in bed on 1 to 2 pillows while lying flat.
  - Avoid sitting for longer than 30 to 45 minutes at a time.
  - Perform ankle exercises.
  - Apply ice to your hip for 20 minutes a few times a day (before and after exercises).
  - Some doctors may recommend the use of support hose.

Preparing to Return Home

The majority of patients who undergo a THR are usually discharged from the hospital within two nights after the surgery and many of them are able to return to their home environment.

- **How the Hospital Can Help**
  As soon as you decide to have a THR, you and members of your support system must look ahead, and plan for discharge and home recovery. Preparing enables you to concentrate on your main task—getting well. To help you plan for discharge and home recovery, the hospital's Case Management Department is available at your request.

  A Case Manager is available to you prior to surgery to address any concerns you may have about your discharge from the hospital. The case manager will review the alternatives available to you based on your medical condition, home and healthcare needs, care arrangements you have already made, geographic location, insurance coverage, and financial situation.

  Some of the ways the hospital Social Work Case Manager can assist you include:
  - Helping you to cope with illness or disability
  - Discharge planning
  - Long-term planning
  - Assessing your eligibility and advising you on benefits you may be entitled to, including SSI (Supplemental Security Income), SSD (Social Security Disability), Medicaid, and New York State Disability

  The Social Work Case Manager will discuss your post-discharge needs in consultation with your surgeon and other members of your primary healthcare team. Your involvement is essential in formulating a discharge plan that will suit your needs.

  The hospital's Case Management Department (tel: 212.606.1271)is available to assist you in planning for your discharge and home recovery.

Final Steps: At Home

Guidelines for Recovering at Home

Please do not hesitate to contact your surgeon with any questions you have about the following instructions.

Consult with your internist about duration and dosage of iron (ferrous sulfate) after your discharge.

- **Caring for the Surgical Site**
  1) A dry sterile dressing can be applied over the incision until your staples or sutures are removed. The incision can often be left open to air without a dressing.
  2) After suture or staple removal, leave the incision uncovered unless instructed otherwise.
  3) Please inform your surgeon if you notice increasing redness or drainage from your incision.

- **Pain Medication**
  1) Take your pain medication as prescribed.
  2) To control pain, take your pain medication before the pain becomes severe.
  3) If your pain medication seems weak or you are experiencing unpleasant side effects, do not hesitate to call your surgeon's office.
  4) If you are taking pain medication, avoid alcoholic beverages.
  5) It is important to notify your surgeon's office if you require additional pain medications. It will take a few days to mail you a new prescription, so call the surgeon's office before your supply runs too low. Call when you have one week's supply to be safe.

If you experience discomfort during your ongoing physical therapy, take your pain medication at least 45 minutes prior to your subsequent therapy sessions. This will allow enough time for the medication to take effect.

Preventing Infection (Antibiotic Prophylaxis)

It is very important that you protect your artificial joint from potential infection. Some patients have increased risk following total joint surgery as an infection can spread to the new joint through the bloodstream (the medical term for this is "hematogenous" spread) from another source in your body. Please tell all of your health providers that you have an artificial joint as they may need to prescribe antibiotics before treatment. This is especially important before dental procedures and invasive urinary procedures. If you are not sure whether a procedure you are having is invasive, play it safe and inform your surgeon, who will provide additional instructions.

The following is based on the American Academy of Orthopaedic Surgeons (AAOS) guidelines and recommendations published in The AAOS Bulletin, July, 1997, and also in the Journal of American Dental Association, 1997, 128:1004-1008, to help show when antibiotic treatment is indicated.

Patients at potential increased risk of hematogenous total joint infection include:

- Patients who are immunocompromised or immunosuppressed.
  - Inflammatory joint arthritis, rheumatoid arthritis, systemic lupus erythematosus
  - Disease, drug or radiation-induced immunosupression
- Other patients
  - Insulin-dependent (Type 1) diabetes
  - Within two years following joint replacement
  - Previous prosthetic joint infections
  - Malnourishment
  - Hemophilia

There is a higher incidence of infection with certain dental procedures (procedures more likely to have bacteria enter the bloodstream):

- Dental extractions
- Periodontal procedures including surgery, subgingival placement of antibiotic fibers/strip, scaling and root planning, probing, recall maintenance
- Dental implant placement and reimplantation of avulsed teeth
- Endodontic (root canal) instrumentation or surgery only beyond the apex
- Initial placement of orthodontic bands, but not brackets
- Intraligamentary local anesthetic injections
- Prophylactic cleaning of teeth or implants where bleeding is anticipated.

For at least two years following surgery, please be sure to tell your internist and dentist that you have an artificial joint so that they can prescribe antibiotics prior to the above procedures. If you have any questions or concerns, please call your surgeon's office.

The suggested antibiotic regimen is as follows:

- For patients not allergic to Penicillin:
  - Cephalexin, Cephradine or Amoxicilin 2 grams orally 1 hour prior to the dental procedure
- For patients not allergic to Penicillin but unable to take oral medications:
  - Cefazolin 1gram IM/IV 1 hour prior to the dental procedure
- For patients allergic to Penicillin:
  - Clindamycin 600mg orally 1 hour prior to the dental procedure
- For patients allergic to Penicillin and unable to take oral medications:
  - Clindamycin 600 mg IM/IV 1 hour prior to dental procedure

All total joint replacement patients should adhere to this regimen **for at least two years following joint replacement surgery**. Some surgeons may recommend using antibiotics for longer than two years and will communicate that to their patients. Immuno-compromised patients, including those with inflammatory arthropathies, rheumatoid arthritis, drug or radiation induced immuno-suppression, insulin-dependent diabetes, or any other major medical problems, should follow this antibiotic routine indefinitely.

Antibiotics may reduce the risk of infection, but cannot completely eliminate that risk. Preventing infection must be the concern of you (the patient) and all the healthcare professionals who treat you.

The lower incidence of bacteremic dental procedures (procedures less likely to have bacteria enter the bloodstream) occurs with the following dental procedures and therefore, you do not need to take antibiotics before receiving them:

- Restorative dentistry (operative and prosthodontic) with/without retraction cord
- Local anesthetic injections (non-intraligamentary)
- Intracanal endodontic treatment; post placement and buildup
- Placement of rubber dam
- Postoperative suture removal
- Placement of removable prosthodontic/orthodontic appliances
- Taking oral impressions
- Fluoride treatments
- Taking oral radiographs
- Orthodontic appliance adjustment

Please note that these are guidelines for suggested regimens. The clinical judgment of the care provider may indicate antibiotic use in selected circumstances with procedures that may create significant bleeding.

Your New Hip is Different

Recovery from surgery takes time. You will likely feel tired and fatigued for several weeks and this is a normal response. It is important to plan periods of rest throughout the day. You may experience skin numbness around your incision and hip stiffness. This is normal. At times, you may notice clicking. This is common and is due to the plastic and metal implant surfaces rubbing together. These symptoms will gradually improve over several weeks and months. The benefits of THR usually become fully evident 6 to 8 months after surgery.

Sports Activities

After full recovery, some patients enjoy light sports activities. Activities you can enjoy after THR include walking, bicycling, bowling, swimming, golf, and doubles tennis. Skiing may be allowed, but likely on green and blue trails only. Avoid high-impact activities, such as jogging, running, or jumping. Please check with your surgeon about specific sports activies.

Recovery at Home

During the first few weeks at home you will begin to adapt what you learned in the hospital to your own setting. **Prior to surgery**, you will need to prepare your home for recovery.

- You may prefer to have a firm chair with arms. Add two firm pillows to your chairs to provide a comfortable height, or use the "Easy Up Cushion."
- Store items within easy reach. Take items you may need out of low cabinets or shelves prior to surgery because you will not be able to reach them after surgery.
- Prepare meals ahead of time and store in the freezer. Have your favorite home delivery numbers handy!

Safety Checklist

- ☐ Reduce clutter
- ☐ Remove loose wires and cords
- ☐ Rugs should be smooth and anchored to the floor
- ☐ Place non-skid tape or mats at the sink
- ☐ Use a night light in the bathroom
- ☐ Turn on lights when you get up at night
- ☐ Secure rugs and treads on the stairs

Stairs

Your physical therapist will teach you how to properly go up and down stairs prior to being discharged home. It is helpful to have a handrail to hold onto when going up and down the stairs for safety after surgery. Think about your stairs at home and make sure they are safe prior to surgery so that proper arrangements can be made.

One Total Hip Replacement

Upstairs:
1. The nonoperated leg goes first.
2. Operated leg goes second.
3. The cane or crutches go last.

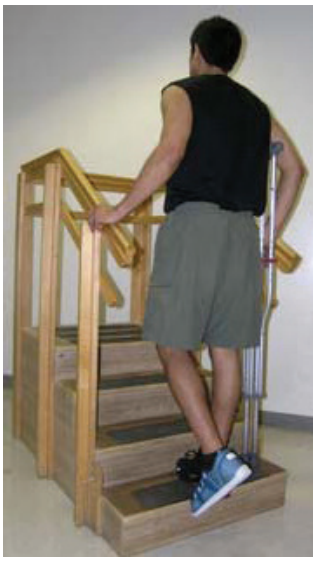
Downstairs:
1. The cane or crutches go first.
2. The operated leg goes second.
3. The nonoperated leg goes last.

Bilateral Total Hip Replacements

Upstairs:
1. The stronger leg goes first.
2. The weaker leg goes second.
3. The cane or crutches go last.

Downstairs:
1. The cane or crutches go first.
2. The weaker leg goes second.
3. The stronger leg goes last.

Upstairs



Downstairs

Physical Therapy Exercise Program

The following pages review a list of basic exercises that you should continue to do at home. You do not have to do every exercise at each session. You can choose different exercises each day to vary your program. Here are few things to remember about exercise:

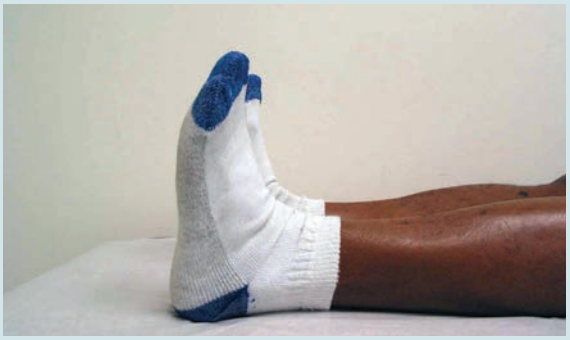
- The number of repetitions and frequency of each exercise depends on your capabilities. As your strength and endurance improves, the number of repetitions and frequency should increase.
- It is normal to experience some stiffness and mild soreness in various muscles while you exercise as your body adapts to your new hip.
- **The exercises should not increase your pain**. If this occurs, hold off for a few days or speak to your physical therapist.
- **At home, do your exercises based on your physical therapist's instructions.**
- If you have any questions about your exercises once you have been discharged home, please feel free to contact your physical therapist from the hospital.

Physical Therapist: _____

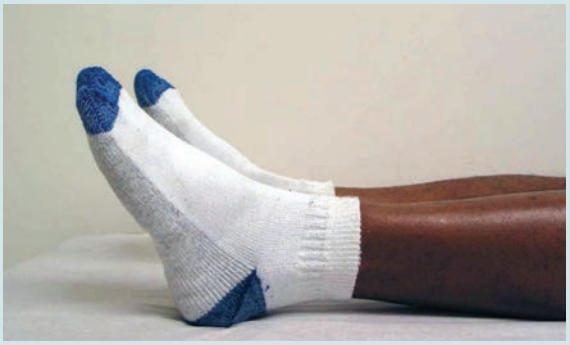
HSS Inpatient Rehabilitation Department 212.606.1221

1) Ankle Pumps:

Purpose: To promote blood circulation in the lower legs



- Lie on your back with both legs straight.
- Bring your feet upwards, "toes to your nose," moving them from the ankle.



- Now point both feet downwards, like pressing on a gas pedal.
- Make sure to move the feet and ankles up and down through the full range of motion.
- Perform _____ repetitions, _____ times daily.

2) Gluteal Set

Purpose: To help improve the strength of the buttock (gluteal) muscles.

- Lie on your back with both legs straight.
- Gently squeeze your buttocks together so that your pelvis rises slightly.
- Hold this contraction for 5 seconds then slowly release.
- Rest between each contraction.
- Perform _____ repetitions, _____ times daily.

NOTE: You do not need to use your hands to complete this exercise. Use only your buttocks muscles to complete the exercise.

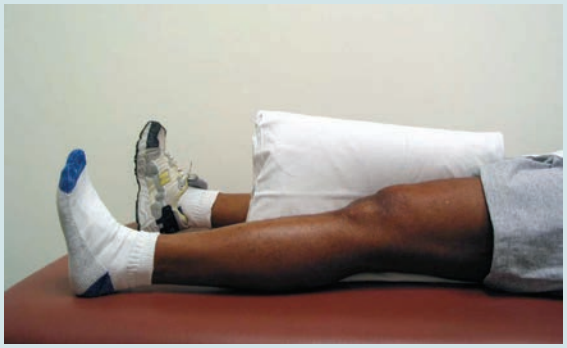
3) Quadricep Set

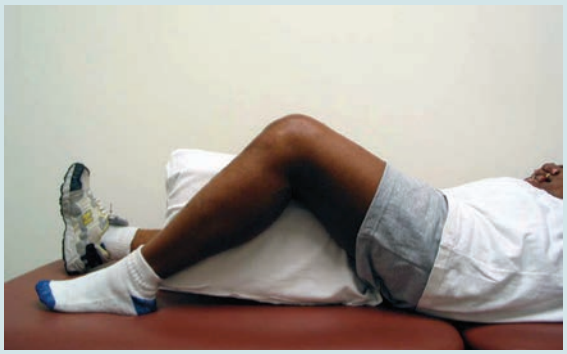
Purpose: To help strengthen the front thigh muscles (quadriceps).

- Lie on your back with a small towel under the knee on the operated side. Towel under the knee is optional, and may improve comfort.
- Slowly tighten your thigh muscle (quadriceps) by pushing the back of your knee down into the bed.
- Do not let your heel come off the bed
- Hold this contraction for 5 seconds, and then slowly release.
- Rest between each contraction.
- Perform _____ repetitions, _____ times daily.

4) Heel Slides

Purpose: To help strengthen the hip/thigh muscles and encourage movement of the entire lower extremity.





- Lie on your back with both legs straight.
- Slowly slide your heel toward your buttock.
- Bend the hip and knee of your operated leg to a 45° angle.
- Perform _____ repetitions, _____ times daily.
- Maintain your hip precautions by making sure the head of the bed is not elevated and that you do not bend the hip more than 45°.

NOTE: This is one of the harder exercises that you will perform. Do not be discouraged if you are unable to immediately bend your hip and knee all the way to a 45° angle. This exercise will become easier as you practice.

Advanced Home Exercise Program

5) Seated Knee Extension

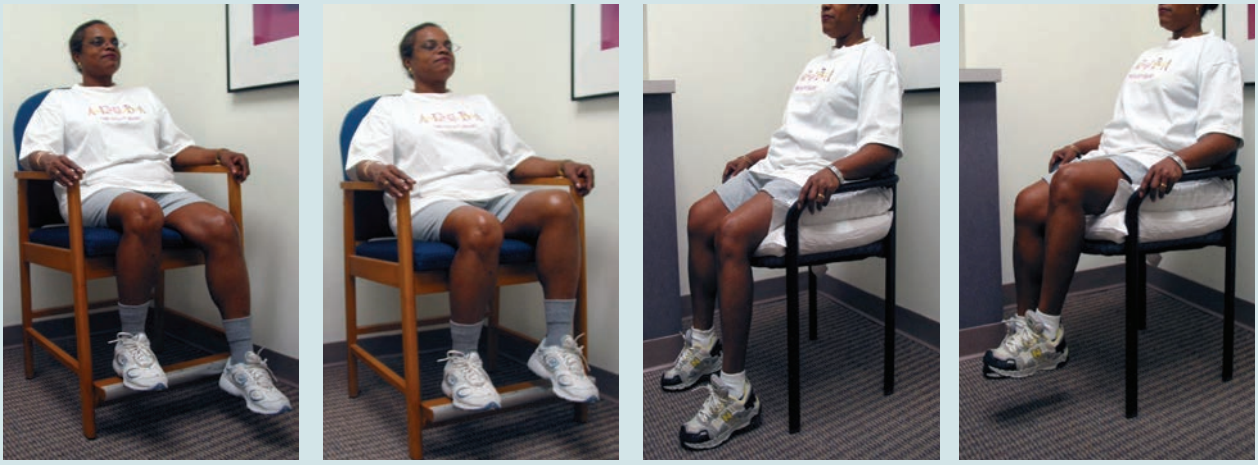
Purpose: To help strengthen the front thigh muscles (quadriceps).

- Sit in a high chair or a regular chair with 2 firm pillows. Lean back in chair, maintain your hip precautions.
- Slowly straighten the knee by contracting your front thigh muscle (quadriceps).
- Slowly lower leg back to start position.
- Perform _____ repetitions, _____ times daily.

6) Seated Hip Flexion (less than 90°)

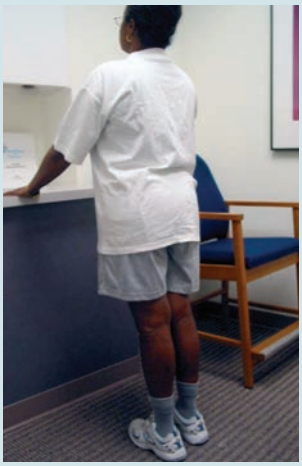
Purpose: To help strengthen the front hip muscles (hip flexors).

- Sit in a high chair or a regular chair with 2 firm pillows. Lean back in chair, maintain your hip precautions.
- Slowly flex your hip by lifting the foot of your operated leg off the floor keeping your knee bent.
- Slowly lower the foot back down to floor.
- Perform _____ repetitions, _____ times daily.



7) Standing Hip Extension

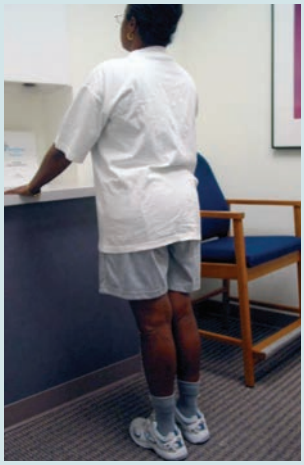
Purpose: To help strengthen the muscles that extend the hip (hamstring and gluteal muscles).



- Stand with trunk straight and hold on to a stable object that is approximately waist height (i.e. a counter or sturdy chair) for support.
- Extend operated leg backwards, moving from the hip and keeping leg straight at the knee.
- DO NOT bend forward, keep trunk straight.
- Perform _____ repetitions, _____ times daily.

8) Standing Hip Abduction

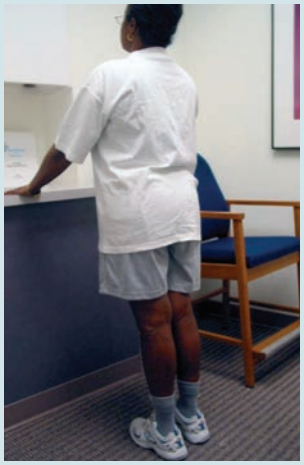
Purpose: To help strengthen the muscles that moves the leg out to the side of the body (abductors).



- Stand with trunk straight, hold on to a stable object that is approximately waist height (counter, sturdy chair) for support.
- Slowly raise leg out and away from the side of the body.
- DO NOT lean sideways, keep trunk straight.
- Perform _____ repetitions, _____ times daily.

9) Standing Knee Flexion

Purpose: To help strengthen the muscles behind the thigh (hamstrings).



- Stand with trunk straight, hold on to a stable object that is approximately waist height (counter, sturdy chair) for support.
- Slowly bend the knee of your operated leg.
- DO NOT let your hip or knee come forward. DO NOT lean forward.
- Perform _____ repetitions, _____ times daily.

Outpatient Physical Therapy

Some patients may require outpatient physical therapy. This can be provided at HSS, if you can arrange transportation to our physical therapy center on 70th Street. If this is not convenient, we can make a referral for outpatient physical therapy at a physical therapy center in your community. To obtain services at these facilities, you will need a prescription from your surgeon, and in most cases, authorization from your insurance provider.

Remember, You Make the Difference!

It is extremely important that you understand that your motivation and your participation in your physical therapy program are vital elements in the speed and success of your long-range rehabilitation.

Strategies to Reduce Postoperative Swelling

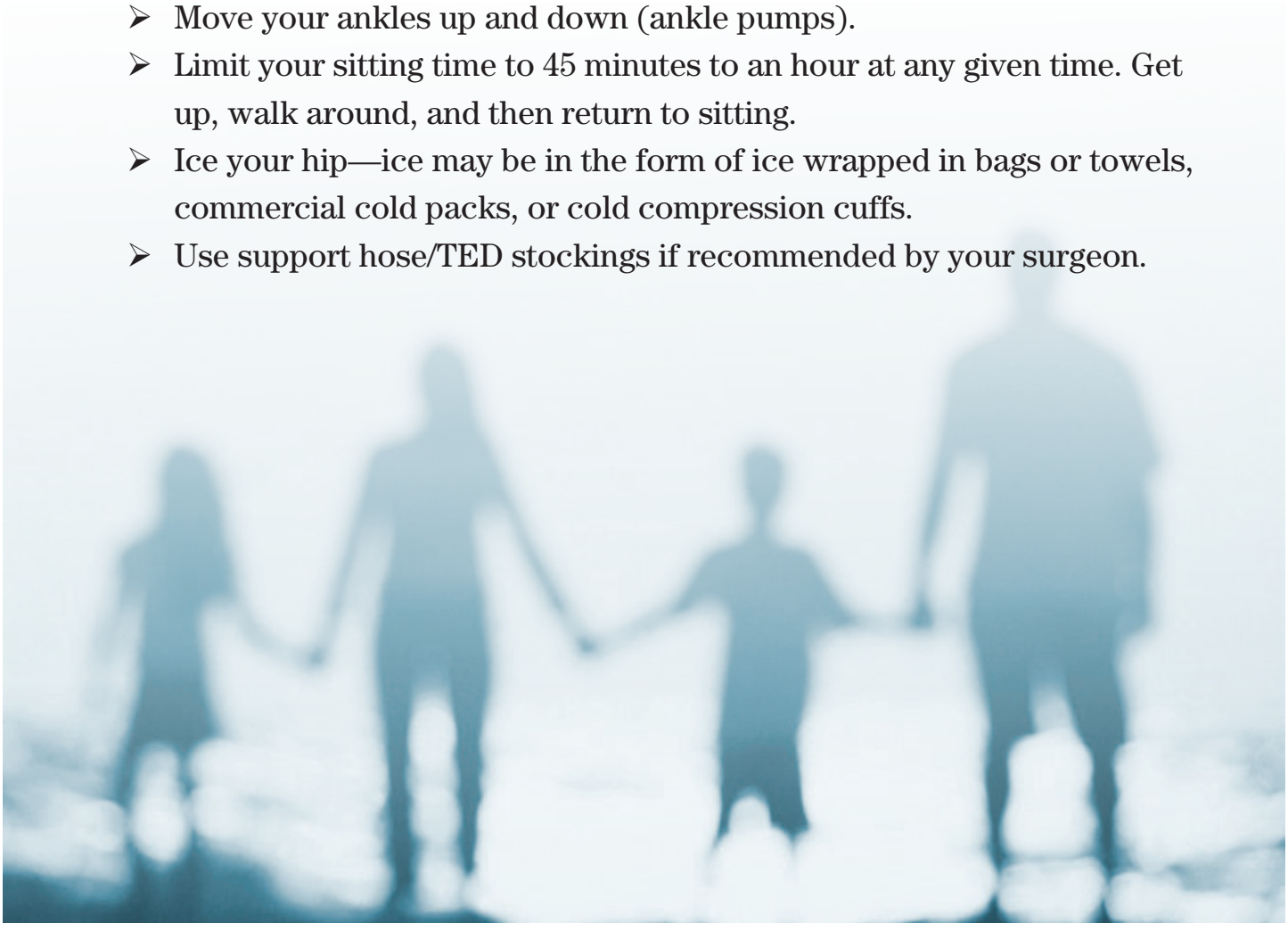
Swelling is common after hip surgery. The more swelling you have in your leg/hip, the more pain you may have, the more difficult it may be to bend, straighten or even lift your leg, and it may be more uncomfortable to bear weight on your leg. Therefore, it is important to minimize the harmful effects of swelling to enhance your recovery.

To reduce swelling, apply cold therapy to your hip frequently for the first two weeks for 10-15 minutes at a time. After two weeks, ice for 10-15 minutes after long walks, when soreness or pain is present or after exercise.

If you advance your activity too quickly or overdo it, your operated hip or leg may become more swollen.

Here are some suggestions that will help reduce swelling if it occurs:

- Lie in bed for 20 minutes periodically during the day.
- Move your ankles up and down (ankle pumps).
- Limit your sitting time to 45 minutes to an hour at any given time. Get up, walk around, and then return to sitting.
- Ice your hip—ice may be in the form of ice wrapped in bags or towels, commercial cold packs, or cold compression cuffs.
- Use support hose/TED stockings if recommended by your surgeon.



Additional Discharge Instructions

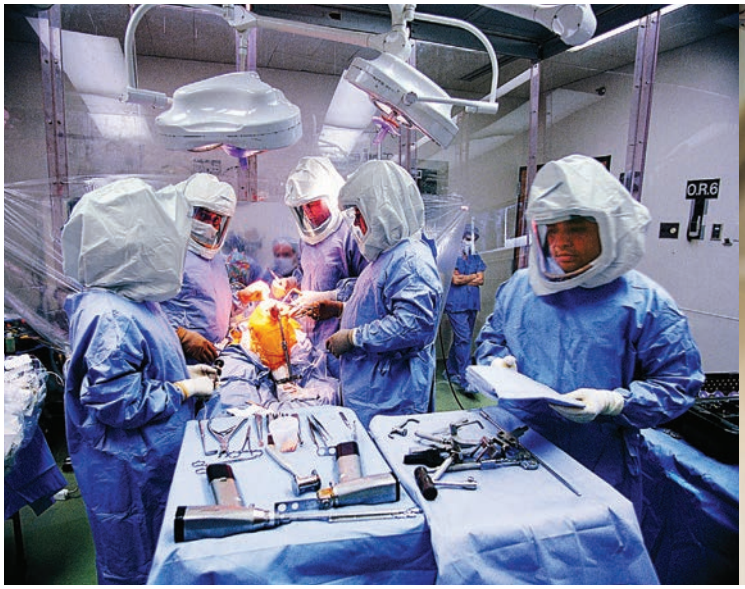
- You may have physical therapy at home if it is prescribed by your surgeon. If so, the physical therapist will come to your home and will advance your exercises and walking program as tolerated.

- Gradually increase your walking distance daily. A daily walking program on level surfaces is an essential component of your home exercise program. Avoid hills, steep ramps, and uneven surfaces.

- Once your mobility has improved, you may consider continuing physical therapy at an outpatient physical therapy center to continue to increase strength and endurance.

- You can stop using your assistive device when you can walk relatively pain-free and without a limp, or when advised to do so by your physical therapist or surgeon.

- If you have protective weight-bearing status and were instructed by your surgeon to limit the amount of weight you can put through your operated leg, then you MUST use your assistive device until you are told you can resume full weight-bearing through your operated leg.



Medical Equipment Order Information

Biodynamic Technologies has been supplying HSS and its patients with medical equipment for many years. However, you can also find these items in your local surgical supply store if you prefer.

If you would like to use Biodynamic Technologies, you can call 1.800.879.2276 to order medical equipment that you will need after your hospital stay. The equipment will be delivered to you during your hospital stay or it can shipped to your home.

Payment must be made at the time of delivery by cash, check or credit card. If you do not see what you need, please ask.

Shoe Horn	$9.40
Long-Handled Sponge	$8.40
Stocking Aide or Sock Aide	$11.50
Easy-Up Cushion	$50.00
Elastic Shoelaces	$5.00
Shower Chair with Back	$85.00
Standard Reacher	$16.95
Gel Cold Pack, Standard	$26.95
Gel Cold Pack, Oversized	$40.00

Sexual Concerns Following Total Hip Replacement

Patients and their partners may have concerns about sexual relations after hip surgery. The following information may answer some questions, but please feel free to ask your surgeon, physical therapist, or nurse if you have other concerns.

- *Will I be able to resume sexual relations?*
  The vast majority of patients are able to resume safe and enjoyable intercourse after hip replacement. In fact, patients who, in the past, have had impaired sexual function caused by pre-operative hip pain and stiffness usually find that, after surgery, their hips are pain-free and have better motion. However, after gaining new hip(s), it may take several weeks to become completely comfortable during intercourse.

- *When can I resume sexual intercourse?*
  In general, it is safe to resume intercourse approximately **four to six** weeks after surgery. This allows time for the incision and muscles around your hip to heal.

- *What positions are safe during intercourse?*
  THR precautions need to be observed during all your activities of daily living, including sexual intercourse. Remember that you need to follow the hip precautions for your everyday activities. Think about how the precautions relate to your traditional position(s) for intercourse, and then, whether you may need to vary your position(s).

- *What should I tell my partner?*
  Good communication between you and your partner is essential because you may have to adopt new position(s) for intercourse. We suggest that you share this information with your partner. In addition, you can talk about the precautions related to hip movement as previously discussed.

Positions for Intercourse that Do Conform to Precautions of THR

Pillows can be used under the knees, back, and side for comfort and support.

Patient on the top: partner on the bottom

Patient on the bottom: partner on the top

Patient lying on side with operated leg on top.

Standing position for both the patient and partner.

Positions for Intercourse to Be Avoided Following THR

Too much hip rotation

Too much hip abduction

Too much hip flexion

Too much hip flexion

Obviously, there are other safe and unsafe positions and methods of obtaining sexual satisfaction. Please think them through. You may need to try new positions to help protect your new hip(s) for **4 to 6 weeks**.

Schedule of Follow-Up Visits

Expect to have **routine** follow-up visits at your surgeon's office. The follow-up schedule may vary slightly from patient to patient and from surgeon to surgeon. You must call your surgeon's office to schedule the appointments. Please notify us if you have a change of name, address, telephone number, or insurance carrier.

- 6 weeks following date of surgery
- 3 months following THR (*The frequency is based on the surgeon's preference.*)
- 1 year following THR
- 3 years following THR
- 5-6 years following THR
- 8-10 years following THR

Conclusion

The Patient Education staff and members of the ARJR Service at HSS hope that you find this booklet helpful on your journey to recovery. The process of a THR is indeed a journey. Its endpoint—improved health and mobility—is well worth the effort. We stand ready to assist you every step of the way. If you have any questions, please feel free to ask any member of our staff. Your well-being is our first concern. We encourage you to seek out additional information that is located on the HSS website at **www.hss.edu**. There will be many opportunities to review the material provided in this booklet. During each visit, the staff will reinforce the information and will likely provide additional and more specific instructions. In addition, our Patient Education staff will review the information during the pre-operative education class and will respond to any questions that you may have.

Can We Help Someone Else?

Now or later, you may have family members or friends who may need the services of an orthopedist (in any specialty area) or a rheumatologist. An easy way for them to get in touch with Hospital for Special Surgery is to call the **HSS Physician Referral Service at 1.800.854.0071.**

Providing Feedback to HSS

You may be able to help us!

Hospital for Special Surgery has achieved a national reputation for excellence in orthopedics, rheumatology, and patient-centered care. All of us on the HSS team strive to provide you with the care you need to achieve the best health outcomes.

Feedback from our patients has been a critical component in achieving this excellence. We listen. And we respond…especially when we learn of new opportunities for further improvement.

Another important part of achieving excellence is to know when things go right! We also want to know when our staff members provide outstanding care.

When you have a moment to reflect, we would appreciate your feedback. You can, of course, send a letter or note to any HSS staff person, or to your doctor. You already know your doctor's address. He or she appreciates hearing from you.

To address a hospital staff person whom you know, you can write to that person at the hospital's address below. Or, you can contact us through the Hospital's website. Otherwise, please feel free to address your feedback to:

Louis A. Shapiro, FACHE
President & Chief Executive Officer
Hospital for Special Surgery
535 East 70th Street
New York, NY 10021

Thank you for choosing Hospital for Special Surgery for your surgery.

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