

Your Guide to Hip Replacement

Introduction

This booklet has been written to help you and your family understand hip replacement. All of the information in the booklet will be reviewed with you while you are in the hospital. The exercises will be planned with you to meet your special needs. An entire team will work with you as you recover. Please write down any questions you have so you will remember them when you see the members of your team.

Normal Hip Design

Your hip is a ball and socket joint. It is made up of the top end of your femur (thigh bone) and a cup-shaped portion of the pelvis called the *acetabulum* (as-et-ab-ul-um). The top end of your femur is called the *femoral head*. The femoral head is a round surface that looks like a ball. It fits into the acetabulum and allows smooth motion of the hip. (See Figure 1.)

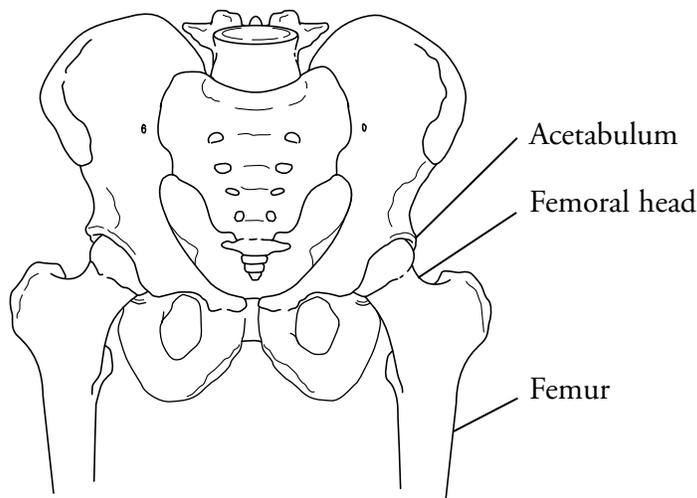


Figure 1

Design of the Prosthesis

There are two types of surgery for hip replacement. One type is a *Bipolar Prosthesis*. During this surgery the prosthetic device replaces the ball of the hip. It is secured in the femur with a stem that is inserted into the bone. The stem can be cemented in place or covered with a porous material. In this case, bone grows into the pores. The bipolar cup (Figure 2) snaps on the ball of your new hip. It rotates in your own hip socket.

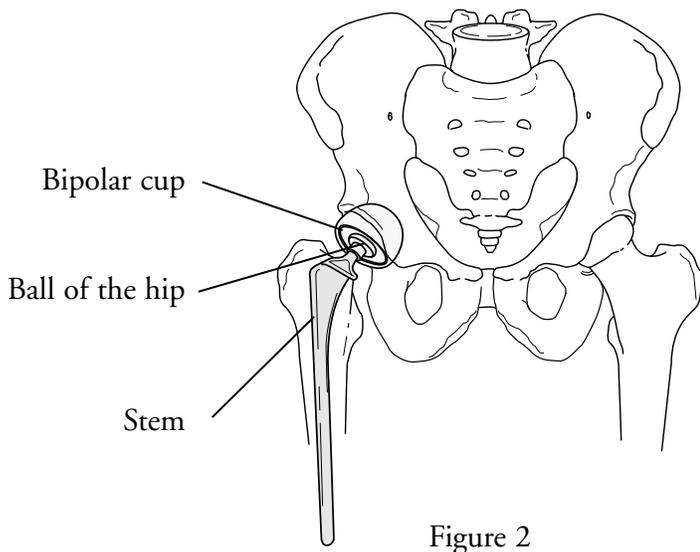


Figure 2

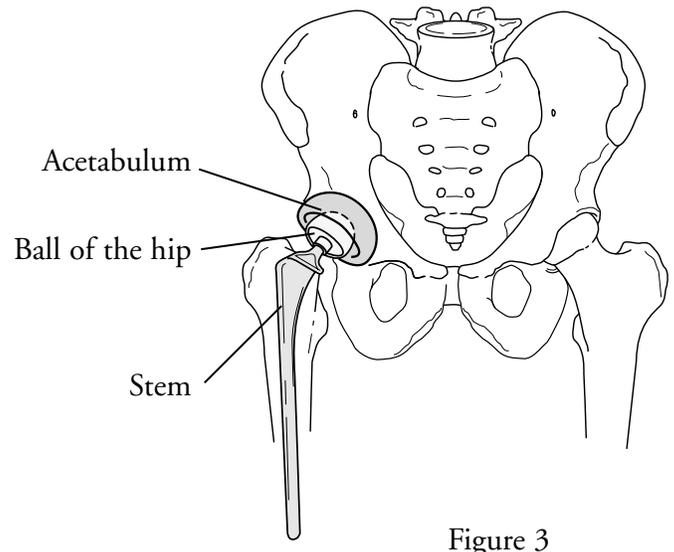


Figure 3

The second type is a *Total Hip Prosthesis*. The piece secured in the femur is the same as in the bipolar device. However, if the acetabulum is worn or diseased, it will be replaced. It is secured in the bone by cement, screws, or just the porous surface of the bone. (See Figure 3.)

Before Surgery

Your surgeon will discuss the procedure, risks, benefits, and options with you. Your nurse will review the information with you. You will need to sign a consent form and have a physical exam. You will have an appointment scheduled for pre-surgical testing (PST) that will take place two to seven days before your surgery. Your PST will include blood work, a urine test, and x-rays. If necessary, you will meet with the anesthesiologist. You do not need to fast for this testing.

You will be called the day before surgery and told what time to come to the hospital. Do not eat or drink anything after midnight on the night before your surgery.

The Day of Surgery

When you get to the hospital, go to the PreSurgical Center on the 6th floor. Take the “B” elevators up to six.

A nurse will greet you and get you ready to go to the operating room. You will change into a gown. An intravenous (IV) line will be put in your arm. You will receive medicine and fluids during surgery through the IV. In

the operating room, a blood pressure cuff and EKG pads will be placed on you to monitor you during surgery. Before the surgery begins, a plastic boot will be placed on your leg of the unaffected hip to assist with circulation. It is called a Venodyne boot. It gently inflates and deflates.

Description of the Surgery

Your surgeon will make an incision that will run about five inches above the hip to about six inches below the hip. The diseased portion of the bone will be removed. It will be sent to the pathology lab. The replacement implant will be fitted and fixed in place.

During your surgery, plastic drainage tubes will be placed in the area of the replacement implant and will exit near your incision. These tubes will drain fluid from the surgical area to help reduce swelling. The drainage contains old blood cells and other body fluids. The drainage tubes may be stitched in place so they will not fall out. They are connected to a container that collects the drainage.

The incision may be closed with stitches or staples. A bulky gauze dressing will cover the incision.

After Surgery

After the surgery, you will be taken to the Post-Anesthesia Care Unit (PACU). You will still be sleepy when you get to the PACU. You may have boots on both legs. It is important to begin your breathing and leg exercises as soon as possible. Ask for pain medicine if you are uncomfortable. Adequate control of your pain will allow you to do the necessary breathing and leg exercises after surgery. The PACU nurses will coach you through your exercises and help make you comfortable. After you leave the PACU, you will be taken to your room.

The nurse will encourage you to exercise your ankles to prevent a blood clot. Do the exercises 10 times an hour while you are awake. You will use an incentive spirometer to keep your lungs clear. Your nurse will show you how to use it. Use it ten times an hour while you are awake. For the first few days after surgery you will have blood tests done to make sure that your blood counts are stable. Your diet is very important during your recovery. Your body needs nutrients to heal. If you are having problems with your appetite, the nurse can arrange for you to see a dietitian.

You will receive a daily shot to thin your blood and prevent blood clots. This will continue for your whole hospital stay. An ultrasound (doppler) test will often be done before you leave the hospital. It tells us if you have developed a clot. We can then decide what blood thinners you should take when you go home. You will also get antibiotics by vein to prevent infection.

Self-Care Activities

Pain Control

Many patients have a Patient Controlled Analgesia (PCA) pump. It allows you to deliver pain medicine directly into a vein or under the skin when you need it. If you have a PCA pump, your nurse will give you the booklet telling you how to use it.

Your pain will begin to decrease a few days after surgery. You may not need the PCA if pills give you effective pain control. Once your PCA is stopped, pain medicine is often given on an “as needed” basis. You must ask for it. However, it is important that you ask for pain medicine as soon as you need it. Do not wait too long. It usually takes at least 15 minutes for an injection and 30 minutes for pills to take effect. Be sure to ask for pain medicine 45 minutes before you do any activities. It is important to keep your pain under control. That will let you do the activities needed for your recovery.

Pain medicine may cause constipation, especially if you are less active. To prevent constipation, make sure you drink plenty of fluids. Eat a diet rich in fiber. Good sources of fiber are fresh fruit, bran, and vegetables. Stay as active as your doctor permits. Taking medicines such as stool softeners or laxatives may also help.

Drainage System

The drainage tubes usually remain in place for a few days after surgery. The amount of time they remain in place depends on the amount of drainage you are having. Your nurse will measure the drainage three times a day. Your doctor decides when the amount is small enough to remove the drain. The removal of these tubes is usually a quick procedure. It is done in your room and does not require pain medicine. You may feel a stinging sensation, which lasts only a few minutes.

Incision

Your sutures or stitches will remain in your incision until your doctor removes them. This will take place during your first postoperative visit. After you leave the hospital you may change your dressing every other day. Use sterile gauze to cover the incision. To help prevent an infection, do not put any powder or lotion near your incision. Do not let it get wet when you take a sponge bath. You may wash your incision once the stitches are removed and your surgeon approves. Ask your surgeon when you can use powder, lotion, or soap near the incision.

Feelings

You may have strong feelings about your illness, surgery, treatment, or all of these. These feelings are normal. They may include depression, anxiety, irritability, or sadness. Talking with your family and friends may help. Here at the hospital, you can talk with:

- Your doctor
- Your nurse.
- Your social worker.
- A chaplain.
- A psychologist or psychiatrist.

Please ask your doctor or nurse about these resources.

Discharge Planning

A case manager will help you with your discharge planning needs. He or she can make arrangements for your equipment, nursing, and physical therapy needs at home. Others on your treatment team may also be involved. You may be given the names of agencies in your community that can help you after you are discharged from the hospital.

Basic Hip Precautions

Right after surgery your activity will be limited to your bed. **You must follow some basic hip precautions for at least three months. This is to keep your prosthesis in place and to prevent the dislocation of your hip.** Your physical therapist will teach you these hip precautions. You will be very familiar with them before you leave the hospital. Please ask your surgeon whether you need additional instructions. Review the “Do’s and Don’ts after Hip Surgery.” They are listed at the back of this booklet. Your doctor will tell you when you can stop the hip precautions.

Exercises After Your Hip Replacement

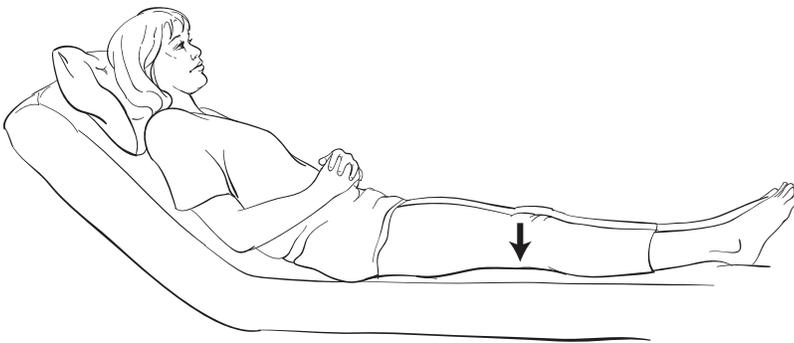
We recommend that you do the following exercises. They will increase your comfort and make it easier to move your hip. They will also make the joint stronger. Your surgeon and physical therapist will tell you which exercises to do and the number of times you should do each one. Do not do any exercises until the staff has told you to do them. Your therapist will customize the exercise program to meet your needs. Please call your therapist if you have any questions. The number is at the end of the booklet.

General Instructions

1. Count out loud so you don't hold your breath.
2. You will probably feel some discomfort when exercising. If you have new or intense pain, stop the exercise. Call your surgeon.

Exercises to Perform in Bed

1. Quadriceps sets
 - a. Straighten your knees as much as possible.
 - b. Press the back of both knees into the bed at the same time.
 - c. Hold this position and count to five.
 - d. Relax.
 - e. Repeat the exercise 10 times each waking hour.

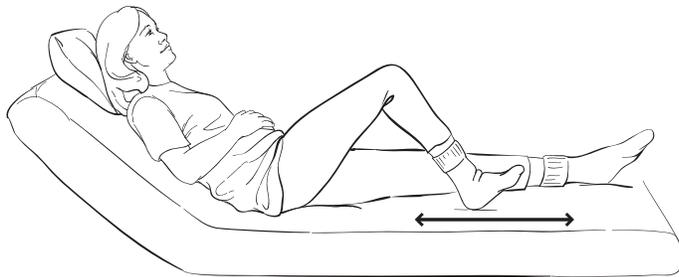


2. Gluteal sets
 - a. Tighten your buttocks (squeeze them together) and keep your knees straight.
 - b. Hold this position and count to five.
 - c. Relax.
 - d. Repeat the exercise 10 times each waking hour.

3. Leg flex

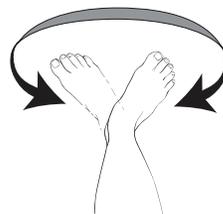
- a. Slide the foot or heel of your operated leg towards your buttocks as you bend that knee. **DO NOT BEND YOUR HIP MORE THAN 45 DEGREES.**
- b. Hold this position and count to five.
- c. Slide the operated leg down slowly until your leg is straight.
- d. Relax.
- e. Repeat with the unoperated leg.
- f. Repeat once every waking hour.

If you have difficulty doing the leg flex, have someone help you by supporting your knee and foot.



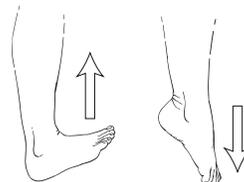
4. Ankle circles

- a. Lift your leg slightly off the bed.
- b. Circle your ankle 10 times clockwise, then 10 times counter clockwise.
- c. Repeat with your other ankle.
- d. Repeat 10 times each waking hour.



5. Foot flex/extend

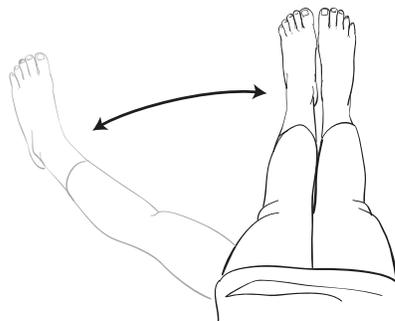
- a. Point your toes toward your nose.
- b. Then point them toward the floor.
- c. Repeat 10 times during each waking hour.



Do this exercise only if instructed by your physician:

6. Abductor exercises

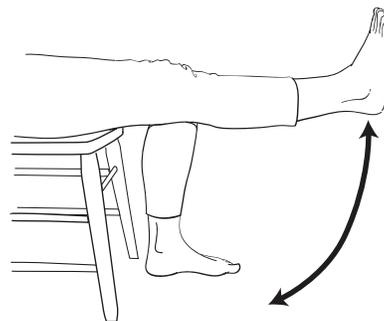
- a. Slide the operated leg out to the side while keeping your knee and toes pointed toward the ceiling.
- b. Slide the leg back to its original position.
- c. Relax.
- d. Repeat with the unoperated leg.
- e. Repeat once every hour.



If you have difficulty doing the abductor exercise, have someone help you by supporting your heel and assisting you through this motion.

Once you are sitting on the edge of the bed:

- a. Lift your foot and straighten your knee on the operated side until your knee is straight.
- b. Hold this position and count to five.
- c. Lower your leg slowly.
- d. Relax.
- e. Begin with 5 repetitions and increase them as your muscles become stronger.
- f. Do this exercise once in the morning and once in the evening.



Transfers

Follow these instructions to help you move about more easily. **Do not do any of these things without help** until your therapist or nurse tells you that you may do them by yourself.

You may need special equipment at home to move comfortably and safely. You will practice with many pieces of equipment before you are discharged. Your therapist, nurse, or case manager will help you get any equipment you need.

Bed transfers

Getting out of bed

1. *Right hip* replacement – If possible, get out on the left side of the bed.
Left hip replacement – If possible, get out on the right side of the bed.
2. Slide to the edge of the bed. Push up on your elbows or press the “head up” button on your bed to the uppermost position that is comfortable.
3. Make sure you observe the hip precautions while you pivot on your buttocks to sit on the edge of the bed.

Getting into bed

1. *Right hip* replacement – If possible, get into the bed on the right side.
Left hip replacement – If possible, get into the bed on the left side.
2. Slide to the edge of the bed, pushing as far back into the bed as possible.
3. Pivot on your buttocks. Push back with both arms and your unoperated leg, until both legs are on the bed.

Chairs

Sit in a firm, straight-back chair with armrests and a raised seat, e.g., hip chair or bar stool. Or place a thick, firm cushion or pillow on the seat of a standard-size chair to raise its height. Do not lean forward when sitting.

Sitting Down

1. Use a walker or crutches while backing toward the chair. Stop when the chair seat is touching the back of both of your knees.
2. Place the operated leg forward while keeping the knee straight.
3. Reach for the armrest with the hand on your unoperated side. Place the other hand on the opposite armrest. Lower your buttocks to the chair while sliding your operated leg forward.
4. Slide back into the chair while making sure you observe the hip precautions.

Standing Up

Slide toward the edge of the chair. Using your arm on the unoperated side, push up from the arm rest until you are standing.

Toilet

Tell the therapist where your toilet is located in the bathroom. You will need to use a bedside commode or an elevated toilet seat.

Sitting Down

1. Use a walker or crutches while backing toward the toilet or commode. Stop when the seat touches the back of both of your knees.
2. Place your operated leg forward, while keeping the knee straight.
3. Reach for the sink, grab-bar, or the arm rests of the commode for support. Sit down slowly, sliding your operated leg forward.

Standing up

Slide your operated leg forward. Place your hand on the unoperated side on a sink, grab-bar, the arm rests of the commode, or other means of support. Push down or pull until you are in a standing position.

Getting in and out of the bathtub

Use an elevated tub bench or bath seat and a flexible shower hose. Have the bench or seat face the water source.

1. Use a walker or crutches while backing toward the bathtub. Stop when the tub or the tub transfer bench is touching the back of both knees.
2. Place the operated leg forward while keeping your knee straight.
3. Using your free hand, reach for the bench. Lower yourself gently onto the bench.
4. Lift each leg separately into the tub. **Do not bend your operated hip beyond 90 degrees.**
5. Reverse the process to get out of the tub.

Be careful of water spills on the floor when you step out of the tub.

Shower

If you stand while showering, we advise that a grab-bar be installed inside the shower. This will make it safer for you. An elevated shower chair may be useful. A flexible shower hose is optional.

Stairs

Whenever possible, use the handrail and one crutch to negotiate stairs. If there is no handrail available, you must use both crutches.

1. To go upstairs: Place your unoperated leg on the first step. Then lift the operated leg and the crutch(es) to that step.
2. To go downstairs: Place the crutch(es) on the first step. Then lower the operated leg. You may move both the crutch(es) and your operated leg together.

Riding in a Car

1. When you are discharged from the hospital, avoid cars with a low seat height. These include sports cars and cars with bucket seats.

2. If you have a four-door car, sit in the back seat.
 - a. Have the car parked several feet away from the curb. Stand in the street, turn your back to the car seat and sit down.
 - b. Slowly slide back onto the seat, while pushing with your arms and strong leg.
 - c. Support your back with pillows.
 - d. Keep your operated leg stretched out on the seat. Do not turn to face the front of the car.
 - e. Reverse the process to get out of the car.
3. If you have a two-door car, slide the front seat as far back as possible and sit in the front seat.
 - a. Have the car parked several feet away from the curb. Stand in the street, turn your back to the car seat and sit down.
 - b. Slowly slide back on the seat while keeping your legs straight. Remember not to lean forward.
 - c. Swing your legs around to the front of the seat, again keeping your legs straight.
 - d. Reverse the process to get out of the car.

Do not drive a car until your surgeon tells you it is safe.

Occupational Therapy

You cannot reach down toward your feet or lift your legs toward your body. Therefore, you will use adaptive devices to get dressed and bath. You may need them for other general activities that require reaching or lifting your legs. Your occupational therapist will show you how to use the equipment you will need. (Please review the Basic Hip Precautions on page 7.)

You may not do all of the following tasks each day you are in the hospital. It is very important though, that you practice them while you are here. That way, when you need to do them at home, you will know how and can do them safely.

Items

1. Long-handled reacher – A necessity. – It is used to pick up objects from the floor. They vary in length from 15 inches to 24 inches. Some styles have a magnet at the end to pick up small metal objects. A reacher can also be used to begin some dressing tasks, such as putting on undergarments or slacks.
2. Stocking aid – A plastic shell with long straps. It is used to put on socks or stockings. The plastic shell is placed inside the sock or stocking. The sock or stocking is pulled up with the long straps.

Pantyhose aid – It is similar to a sock or stocking aid but has two shells. There is one for each leg of the pantyhose.
3. Long-handled shoehorn – Either plastic or metal. It is usually 18 inches or 24 inches long. This will allow you to put on shoes without bending too much at your hip and knee. Slip-on shoes are preferable to laced shoes. If you wear laced shoes, use elastic shoelaces. These can remain tied on the shoe and will stretch to allow you to slip your foot into the shoe. There are also several styles of Velcro-closing footwear available. They can be opened and closed using the long-handled reacher or a dressing stick.
4. Dressing stick – A 24-inch dowel with hooks on both ends. You can use this to help you pull up lower extremity garments (such as underpants and slacks) and also to push them off. It can also be used to push off your socks. The Long-handled shoehorn and the dressing stick can be combined into one tool, called a Dress-eze. The Dress-eze can be used to perform the same activities as the individual pieces.

5. Long-handled sponge or bath brush – This is for washing the lower part of your legs and feet without bending over too far.

You may think of other activities or tasks that these do not cover. Ask your therapist for suggestions.

Discharge Information

As the time for your discharge approaches, your healthcare team will review your home care needs with you. If needed, we will arrange for you to go to a short term rehabilitation center. If you are going home immediately after discharge, we will arrange for any special needs you have. For example, you may need a home health aid or more physical therapy in your home. We will also help you get any equipment you will need at home.

Post-Operative Appointment

You must see your doctor about two weeks after you are discharged from the hospital. Please call your doctor's office as soon as possible after your discharge to make the appointment.

Energy Conservation Techniques

Once you leave the hospital, you can expect your surgery to change your lifestyle. Some weakness after your surgery is normal. It will take time for your energy level to return. You will have good and bad days but there will be fewer bad days as your healing progresses. You must be careful not to do too much, but too little activity is not good either.

Here are several ways you can pace yourself to use your energy in the best way possible.

1. Plan your day
 - a. Do your most tiring activities for the time of day when you have the most energy.
 - b. Alternate hard tasks with easier tasks.
 - c. Plan frequent rest periods. Sit down several times a day. However, do not sit with your legs dangling for more than one hour at a time.
 - d. Cluster activities that require stair climbing. That way, you only need to climb stairs once or twice a day.
 - e. Gather all of the supplies or equipment you will use for an activity. Then begin the task. Use a cart or bag to load supplies if you can. That might save some trips back and forth.
2. Plan ahead
 - a. When you cook, prepare enough for several meals and freeze them for future use.
 - b. Plan only one major task each day. For example, clean one day and iron the next.
3. At first, you will find it easier to rise from a higher chair. Sit on a bar stool or a chair with an additional firm cushion. This will help you maintain your hip precautions and save energy. Avoid sitting in a soft-cushioned chair or low furniture.
4. Sit down to do activities of daily living or household tasks.
 - a. Use a bar stool or place an additional firm cushion on your chair. When bathing, you can use a tub chair that is adjustable in height.
 - b. Many household tasks can be done while you sit on a high stool. For example, you can sit to peel vegetables and iron.

5. Consider your environment

- a. You may need to change the place you store things you often use. Things that are stored on a bottom shelf may need to be moved up. Things that are stored on a high shelf may need to be moved down. This will prevent bending and reaching.
- b. You may need to remove scatter or throw rugs. That will increase your safety and reduce the risk of falling while walking.
- c. Describe your home to your therapist. You can mentally walk through each room and talk about things that might make it easier and safer for you to move about.

Sexuality

Many patients ask whether they may resume sexual relations after surgery. You should ask your doctor how soon after going home you may resume having sex. For most patients, it will be two weeks after discharge. The only limitation is in the positions you may assume. Even during sexual activity you will need to observe the “Hip Precautions” listed on page 7 of this booklet. You may either be in the dependent position (“on the bottom”) or lie on your side. Keep two pillows between your knees to keep a space of 6-10 inches between them.

Try to plan your lovemaking for a time when you are the most comfortable. Some people find they feel better in the morning. Others feel stiff and sore at that time. Taking your pain medicine about 45 minutes before the desired time may also be helpful. An interesting fact to keep in mind is that sexual activity helps to stimulate the body’s production of adrenalin and cortisone. These two chemicals help to decrease pain.

Finally, ask your doctor when you can:

1. Drive a car

Do not drive while you are taking narcotic pain medicine. It may take up to three months for your reaction time to return to normal after your hip replacement.

2. Resume exercise

Avoid playing vigorous sports until your doctor permits it. Please tell your doctor what sports or physical activities you do. Ask for specific instructions.

3. Return to work

Most people are able to return to their previous occupation. The length of time before you are able to do so will vary. It depends on the type of work you do, the amount of surgery you have had, and your rate of recovery.

Do’s and Don’ts

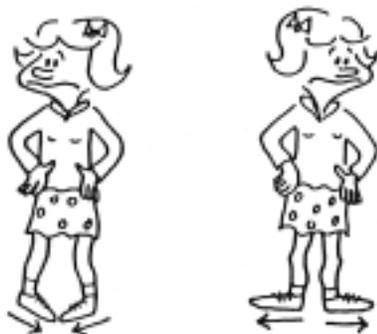
DO: Use your reacher.



DO: Stand with your toes pointing straight ahead.



DON'T: Stand with your toes in or out.



DO: Move your upper and lower body as one unit.



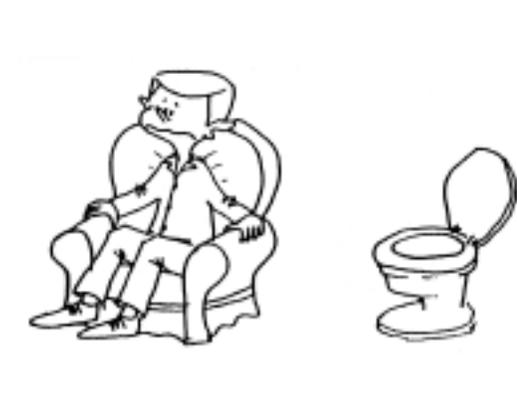
DON'T: Twist your upper body toward the side of the affected hip with your feet stationary because this movement indirectly turns your toes inward.



DO: Sit on a raised toilet seat or on a firm cushion in a chair.



DON'T: Sit on a low toilet seat or chair.



DO: Pull the blanket and sheets half way up before getting into bed.



DON'T: Lean forward to pull the linen up after getting into bed.



DO: Sleep with one pillow between your legs when lying on your back. Sleep with two pillows when lying on your unoperated side.



DON'T: Lie on your operated side or your stomach unless your doctor tells you that you can.



After You Are Discharged

You should not sit with your legs dangling for more than one hour at a time. For each one hour that you are sitting, standing, or walking you should spend one hour lying down with your feet elevated **above the level of your heart.**

Follow the exercises that the therapist taught you. You may also be told to have more physical therapy.

You may feel frustrated, this is perfectly normal. You will find that your energy level has decreased and may be slow in returning to its usual level. It will take time for you to be able to get back to your routine. It is best not to increase your activities unless instructed in order to avoid injury. Remember, healing takes time.

Call Your Doctor or Nurse If You Have:

- Numbness, tingling (pins and needles), or burning of your toes.
- Pain not relieved by medicine or pain that is getting worse.
- Drainage or a foul odor from the site treated.
- Difficulty moving your toes.
- Increased swelling that is unrelieved by elevation of the operative limb.
- Toes that are very cold and not warmed by covering them.
- Increased redness around your incision.
- Difficulty breathing.
- A temperature greater than 101° F (38.3° C).
- Any unexpected, unexplained problems.
- Any questions or concerns.

If you experience chest pain, call Emergency Medical Services or your local ambulance provider before calling your doctor.

Please call your doctor at the telephone number below if you have questions. Even if the office is closed, you will be able to reach a doctor at all times. Follow the instructions on the recorded message. If you prefer, during non-office hours you may call the page operator at (212) 639-7900. Ask to speak with the fellow on call for your doctor.

If you are going to have any procedure that might cause bleeding, you must tell your doctor or dentist that you have a hip prosthesis. You should take an antibiotic. If any infection should develop in your body, it may infect your new hip joint.

Conclusion

We hope this booklet has helped you learn how you can help during your recovery from surgery. If you have any further questions, please ask. Once you have returned home you can reach us at the following telephone numbers.

Surgeon _____

Telephone _____

Nurse _____

Telephone _____

Social Worker _____

Telephone _____

Physical/Occupational Therapist _____

Telephone _____