

Total Hip Replacement

Patient Education Package

Provided by

Charlotte Orthopaedic Clinic P.A.

Charlotte Orthopaedic Clinic P.A.

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Preparing for Total Joint Replacement Surgery

By planning ahead and following these recommendations, you can help ensure a smooth surgery and a speedy recovery.

The more you know about this procedure the better you will be able to face the challenges and changes that joint replacement surgery will make in your life. Don't ever hesitate to ask questions, voice concerns or speak up when you don't understand something.

Assemble your personal and medical information

During the time prior to your surgery, many people will be asking about your medical history, insurance coverage and legal arrangements. You may feel that you are answering the same questions over and over again, but this redundancy is necessary to meet quality and medical insurance guidelines. If you have everything written down you can reduce your frustration and speed the process. Please be sure to include the following information:

- ▶ A designated family member or friend as your primary contact to receive information from your doctor and disseminate it to other family members and/or friends.
- ▶ A list of all the doctors you currently see and your reasons for seeing them. Provide names, and phone numbers.
- ▶ A list of medical conditions and all previous operations, including those that are not "bone and muscle" related.
- ▶ A current list of ALL of the medications you take on a regular basis. Copy the name of medication, the dosage and the frequency (once a day, twice a day etc). Take this information directly from the prescription bottle. Don't forget to include all vitamins and any over the counter medications you take. You may be asked to stop using some of these medications prior to surgery so the list needs to be complete.
- ▶ A complete list of any allergies or adverse response to medications or anesthesia that you have had in the past. Provide the name of the drug, why you were taking it and what happened to you when you took it.

- ▶ Any dietary restrictions or other health problems you have, such as diabetes, high blood pressure, asthma, HIV or hepatitis.
- ▶ A list of your insurance coverage, including the name of the insurance company, the plan or group number and contact information. Be sure to bring your insurance cards with you to the hospital.
- ▶ Information about any legal arrangements you've made, such as a living will or durable power of attorney. Bring a copy of the documents with you to the hospital.

Get In Shape For Surgery

The physical preparations you make can affect both the outcome of the surgery and your recovery time.

- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.
- If you drink alcohol, don't for at least 48 hours before surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Eat well. Eat healthy.

Plan Ahead For Your Homecoming

Recovering from joint replacement surgery takes time. But you can take steps now that will help make your recovery easier and faster. Planning ahead is key to minimizing stress and optimizing your outcome.

- If you do the cooking, make double batches of everything for a week or two prior to surgery. Freeze half, and you'll have two weeks of ready-made meals when you get home. Another option is to stock up on ready-made foods that you enjoy.
- While you are in the kitchen (and other rooms as well), place items you regularly use at arm level so you don't have to reach up or bend down for them.
- Remove any throw or area rugs that could cause you to slip. Securely fasten all electrical cords around the perimeter of the room.
- Set up a "recovery center" where you will spend most of your time. Things like the phone, television and remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach.

Medical Preparations

Several health care professional will be involved in your surgery. As an active participant in health care decisions, you should ensure that each professional has the information necessary for proper decision-making.

- Your primary care physician or an internist will conduct a general medical evaluation in the weeks prior to your surgery. This examination will assess your overall health and identify any risks for anesthesia. The results of the examination should be forwarded to our office along with the surgical clearance.
- The anesthesiologist will meet with you to discuss the type of anesthesia that will be used.
- You will undergo several types of tests, including blood test, urine test, possibly a cardiogram, and chest X-ray.
- If you are also planning dental work such as extractions or periodontal treatments, scheduled them well in advance of your surgery. Do not schedule any dental work including routine cleanings, for several weeks after surgery. Post surgery you will need antibiotics prior to dental work including cleaning.
- Notify our office if you come down with a fever, cold or any other illness within a week of your scheduled surgery. Notify our office of any abrasions, insect/ant bites or any reddened area on your skin prior to surgery.

Last Minute Preparations

The 24 hours before your surgery will be busy. Use this checklist to make sure you don't forget anything:

- Take a shower or bath the night before your surgery.
- Do NOT shave the area of surgery.
- Do NOT wear any make-up, lipstick or nail polish. If you have acrylic nails please have at least one removed prior to surgery.
- Do Not eat or drink anything after midnight the night before surgery. If you have been instructed by the anesthesiologist to take certain medications with a "sip" of water, you may do so.
- Do bring a bag to the hospital, here is a list of a few items to include:
 - A) A pair of comfortable, sturdy bedroom slippers with non skid soles
 - B) A knee length robe or gown
 - C) A light weight camisole or cotton shirt to wear under you hospital gown.
 - D) Something to read
 - E) Copies of your insurance cards, advance medical directives and medial history.
 - F) Personal care item such as a hair brush, denture case, eyeglass case. **Leave your cash at home.**

Medical Information

Name: _____

Address: _____

Telephone _____

Date of Birth: _____

Social Security Number: _____

Emergency Contact Person _____

Relationship to patient _____

Insurance: Primary Company _____

Group or Policy # _____

Secondary Company _____

Group or Policy # _____

Primary Doctor _____

Other Doctor _____

Other Doctor _____

Other Doctor _____

Past Medical History (Include Surgery) _____

TOTAL JOINT REPLACEMENT SURGERY

CHARLOTTE ORTHOPAEDIC CLINIC, P.A.

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We are requesting that each patient purchase Hibiclens at your local pharmacy and wash from the neck down once a day for three (3) days prior to surgery. No prescription is needed for this product.

Setting the Standard of Orthopaedic Excellence for 25 years

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Activities After Your Total Hip Replacement

If you are considering a total hip replacement, you probably anticipate that life after the surgery will be as it is presently only without the pain. While this is correct in many ways, this change doesn't happen overnight and your active participation in the healing process is necessary to ensure a successful outcome. In an effort to facilitate your recovery process, we have created this information sheet regarding events and activities surrounding your surgery.

Activities in the hospital

Total hip replacement is a major surgery. Although you'll probably want to take it easy at first, early mobilization is important. If you had considerable pain in your hip, you probably cut back on your activities before surgery and your leg muscles are weak. You will need to buildup your strength in your muscles to develop control of your new joint. Early activity is also important to counteract the effects of the anesthesia and to aid in the healing process. Your doctor will work with a group of professionals which include other physicians, nurses and physical therapists to provide you specific instructions on wound care, pain control, diet, and exercise.

Pain management is very important in your early recovery. Although pain after surgery is quite variable and not entirely predictable, it can be controlled with medication. Initially, you will receive pain medication through an intravenous (IV) connection or through an epidural catheter that is placed by the anesthesiologist or a one time epidural shot of Depadur, a long lasting Morphine. If this is an intravenous connection, YOU will be able to regulate the dosing of medication within the dosing limits as ordered by your doctor. Remember, it is easier to prevent pain than to control it. You do not need to worry about becoming dependent on the medication. After two days, this medication will be changed to oral medications.

In addition to pain management, you will receive intravenous fluids, antibiotics and an injectable medication that is a blood-thinning agent in an effort to reduce the possibilities of infection and blood clot formation. You will have a urinary catheter placed during surgery. This will be removed when the IV fluids are discontinued.

Blood loss during surgery is expected. In most circumstances, replacement of blood loss is adequately managed with the blood recovery system called "Cell Saver". This process is performed with the use of a machine that recovers your own blood lost during surgery and then "washes" the blood cells. Your own

blood is then returned to you through your intravenous line (IV). If in the event that you should require additional blood replacement, you would be advised of the need for additional transfusion (s). Today blood transfusions are carefully tested, however, testing does not totally eliminate the risk of transmission of illnesses such as HIV, AIDS and hepatitis. Some individuals, due to religious beliefs, elect not to have transfusions and/or recover lost blood through the use of “Cell Saver”. The choice of receiving blood is YOUR choice. We will advise you of the risks and benefits of receiving blood should the need arise. Again, the choice is yours.

You may lose your appetite, feel nauseated, or constipated for a couple of days. These are normal reactions to surgery/anesthesia. We will provide medications for these concerns.

You will also be taught breathing exercises to prevent congestion from developing in your chest and lungs. It is important to perform these exercises every two (2) hours while you are awake.

The initial dressing on your hip will be slightly bulky and you will most likely have a “drain”. The “drain” is a device that is placed during the time of your surgery to remove any fluid buildup around the hip. The drain is removed on the first or second postoperative day. You may also be wearing an elastic hose and/or a pulsating “boot”. These type of boots are placed to help prevent blood clots within your legs and are used until you can begin the injections to prevent blood clots.

Three other devices that you will use are: 1) a trapeze, this piece of equipment is attached to your hospital bed and facilitates your efforts to “reposition” yourself in your bed. 2) Abduction pillow, this wedge shaped piece of foam is placed between your legs while you are at rest in an effort to prevent possible “dislocation of the hip”. The abduction pillow is used for a minimum of 3 months but may be used for 6 months depending on your individual healing. 3) The “Grabber”, this is a long handled device that is used by you to pick things up. This helps to prevent you from bending over “too far”, thus allowing your new joint to heal.

Hospital Stay and Discharge

Your hospital stay may last from three (3) to five (5) days depending on how well you heal. You may be discharged to:

- A) Home: If you have progressed within the initial three to five-day acute hospital stay to the point that you have met the goals, you may want to go home.
 - 1) Get in and out of bed by yourself.
 - 2) Safely ambulate, short distances, with the use of a walker
 - 3) Demonstrate ability to use devices, like the grabber, to perform limited activities such as dressing.
 - 4) Do the prescribed home exercises.

Upon discharge from the hospital arrangements will be made for a home health nurse and physical therapist to visit you. Under the direction of your doctor, these professionals will remove your staples, sutures, provide wound care, and continue your therapy.

- B) **Out-of- Hospital Based Rehabilitation Unit:** These units are dedicated to continue therapy in the fact that the focus is on your rehabilitation to your normal activities in a safe manner. These units are usually associated with nursing facilities. A list is available from the discharge planner at the hospital.

Upon discharge from the facility, a home health nurse and home physical therapist will be arranged pending your needs.

Safety Tips for Home

- ▶ Rearrange furniture so you can maneuver with a walker. You may need to temporarily change rooms (make your living room your bedroom) to facilitate use of the walker.
- ▶ Remove any throw or area rugs that could cause you to slip.
- ▶ Securely fasten any electrical cords to the perimeter of the room.
- ▶ Install a “gripping” bar in the shower, use a shower chair, use a raised toilet seat. A bedside commode may be able to be provided for you under your insurance plan.
- ▶ Get a good chair, one that is firm and has a higher than average seat.

General guidelines for wound care include:

- ▶ Keep the incision line clean and dry. The home health nurse will provide the cleansing of the hip.
- ▶ Don't shower or bathe the hip until after the staples are removed (staples will be removed 14 days postoperatively) and you are directed to do so by the home visiting nurse or our office.
- ▶ **Report any drainage, increased pain, redness or sudden increased swelling** of the leg. Please call our office and notify us if you experience any of these symptoms.
- ▶ Take your temperature twice daily. Please notify our office if your temperature exceeds 100.5°F.
- ▶ **Notify our office IMMEDIATELY of any calf pain or shortness of breath** as these are signs of a possible blood clot.

Medications Now and in the Future

Take all medications as directed. You may still be taking “blood thinning” medications. These medications are important as they can help prevent blood clots from forming. Blood clots can be life threatening.

Pain Medication Refills: You may call the office for pain medication refills. Kindly provide our office 48 hours notice of your refill need. Please note that some of the pain medications require the writing of a prescription and must be picked up by a family member. Advance notice of your needs helps our office to provide for your needs in a timely manner.

Because you have an **artificial joint**, it is especially **important to prevent any bacterial infection** from “settling” into your joint implant. Please notify any and all physicians that treat you of your artificial joint as **you will need to take antibiotics prior to any procedure that may result in the introduction of bacteria into your system.** This includes **DENTAL WORK and DENTAL CLEANING.**

Diet

By the time you go home from the hospital, you should be eating your normal diet. Please avoid foods that are high in vitamin K while you are taking the blood thinning medication. Foods high in vitamin K include: broccoli, cauliflower, brussel sprouts, liver, green beans, garbanzo beans, lentils, soybean oil, spinach, kale, lettuce, turnip greens, cabbage and onions. These foods rich in vitamin K interfere with blood thinning medications. Also, avoid excessive caffeine (coffee, colas) and alcohol. Smoking also interferes with the healing process as nicotine constricts blood vessels and it is recommended that you stop for your total-health benefit.

Resuming Normal Activities

Once you get home, you should continue to stay active. The key to remember is not to overdo it! You can expect some good days and some days that are more difficult either due to pain, fatigue, etc. You should notice a gradual improvement and a gradual increase in your endurance over the following three to six months. Some individuals may take longer depending on his/her overall health.

Driving: Each case is individual, however, as a general rule you may resume driving approximately six to eight weeks postoperatively. **REMEMBER**, you may not drive while you are taking narcotic pain medications as these types of medications do interfere with your reflexes and judgment.

Travel: Airport metal detectors are not likely to set off an alarm, however, you will be provided with a medic alert card indicating you have an artificial joint just in case.

Sleeping Positions: Sleep on your back with your legs secured in the abduction pillow or with your legs slightly separated with a pillow. You may turn on to your side as long as a pillow is between your knees and lower legs. Again these sleeping positions are used to prevent “dislocation” of your new joint and will be continued for approximately 3 to 6 months.

Sitting: For at least the first 3 months, sit only in chairs that have arms. **Do NOT sit in low chairs. Do NOT cross you legs.**

Sexual Relations: You can resume sexual activity approximately six weeks postoperatively.

Return to Work: Depending on your type of work, your doctor will make those decisions with you at your follow-up appointment. level surfaces. **AVOID** activities such as jogging, squats, skiing, contact sports, racquetball. **Do NOT** do any heavy lifting (more than 40 pounds).

Other Activities: Walk as much as you like, but remember that walking is no substitute for the exercises provided by the therapist. Swimming is also recommended; you may begin to swim after the staples and sutures are removed and the wound is healed. The timing is approximately six to eight weeks postoperatively. Acceptable activities also include: dancing, golfing (with spikeless shoes and a cart), bicycling on level surfaces. Avoid activities that put stress on the joint such as tennis or badminton, horseback riding, contact sports (football, baseball), squash or racquetball, jumping or jogging. Do not do any heavy lifting (more than 40 pounds) or weight lifting.

Do's and Don'ts

Your Doctor will monitor your healing process and will direct your activity level on an individual basis. These are general rules:

- Don't cross you legs for at least 12 weeks.
- Don't bring your knee up higher than your hip.
- Don't lean forward while sitting or as you sit down.
- Don't try to pick up something off the floor while you are sitting.
- Don't turn your feet excessively inward or outward.
- Don't reach down to pull up blankets when lying in bed.
- Don't bend at the waist beyond 90 degrees.
- Don't stand pigeon-toed.
- Do keep your leg facing forward at all times.
- Do keep the operated leg in front as you sit or stand.
- Do use ice to reduce pain and swelling, but remember that ice will diminish sensation. Do not apply ice directly on the skin and do not leave ice in place for longer than 20 minutes at one time.
- Do apply heat before exercising to assist with range of motion. Do not use a heating pad longer than 20 minutes at one time.

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Total Hip Replacement Exercise Guide

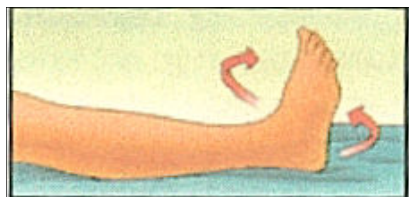
Regular exercises to restore your normal hip motion and strength and a gradual return to everyday activities are important for your full recovery. Your doctor recommends that you exercise 20 to 30 minutes 2 or 3 times a day during your early recovery. The doctor has provided this information packet to help you better understand your exercise and activity program.

Early Postoperative Exercises

These exercises are important for increasing circulation to your legs and feet to prevent blood clots. They are also important to strengthen muscles and to improve your hip movement. The exercises may feel uncomfortable at first but these exercises will speed your recovery and reduce your postoperative pain. These exercises should be done as you lie on your back with your legs spread slightly apart.

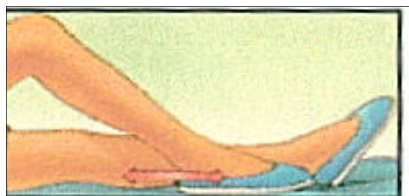


Ankle Pumps—Slowly push your foot up and down. Do this exercise several times as often as every 5 to 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.

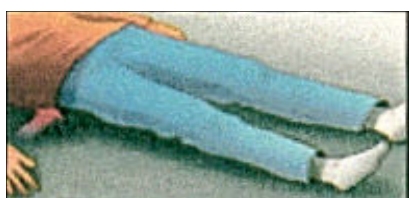


Ankle Rotations—Move your ankle inward toward your other foot and then outward away from your other foot. Repeat 5 times in each direction 3 or 4 times a day.

Repeat the following three exercises 10 times, 3 times a day



Bed-Supported Knee Bends—Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.



Buttock Contractions—Tighten your buttock muscles and hold to the count of 5.