



The Centers
for Advanced Orthopaedics

NoVa Orthopedic & Spine Care

Pre-Operative Hip Replacement Guide

Dr. Asheesh Gupta

Patient Name: _____

Please review this guide with your nurse and family. Bring guide with you on the day of your surgery.

WELCOME

Choosing the right facility for your total hip replacement is no small decision. We are pleased that you have selected Dr. Asheesh Gupta as your medical provider. Dr. Gupta is a board certified orthopedic surgeon with a specialty practice in hip repair.

REMEMBER, THIS IS ONLY A GUIDE!

This booklet is meant as a general guide to your care; however, your individual care will be directed by your physician. You are not expected to read it all in one day, nor memorize any of it. Keep this guide as a handy reference as you prepare for your surgery.

We are very proud of our Total Joint Program and we are confident that you will be very satisfied with the care you receive.

Our mission is to provide our patients with cost-effective, friendly outpatient surgical services through friendly staff, caring doctors, state-of-the-art technology, and a well-equipped, comfortable facility.

About Dr. Asheesh Gupta



Dr. Gupta is a fellowship trained orthopedic surgeon specializing in hip arthroscopy, hip preservation, hip replacement, sports medicine, shoulder, and knee injury. His practice emphasis is on minimally invasive techniques in hip arthroscopy, total hip replacement, knee ligament reconstruction, and shoulder arthroscopy. His practice philosophy focuses on patient-centered care utilizing the latest evidence-based medicine, including an emphasis on initial non-operative treatment prior to surgical intervention.

A native of Scotland, Dr. Gupta moved to the United States in high school and completed a dual bachelor's of science degree in Economics and Biology at the University of Michigan in 2000. He then pursued a master of Public Health with a focus on Toxicology in 2003 also from the University of Michigan. He obtained his medical degree in 2007 from Michigan State University College of Human Medicine.

Dr. Gupta completed his residency in 2012 at the University of Illinois Medical Center in the Department of Orthopedic Surgery where he participated in the coverage of the UIC Flames athletic program (Division I).

Upon completion of his residency, he pursued a sports fellowship at the prestigious New York University Hospital for Joint Diseases where he was involved with team coverage for the New York Rangers hockey team (NHL). He subsequently pursued another fellowship in hip arthroplasty at The American Hip Institute in Chicago, IL. Dr. Gupta utilizes the latest techniques in hip arthroscopy, sports medicine, and minimally-invasive robotic-assisted total hip arthroplasty. He has authored multiple papers, book chapters, and presented internationally on the treatment of hip arthroscopy, robotic-assisted total hip arthroplasty, athletic sports, and ankle injuries. He has worked extensively with the New York Rangers hockey team and Chicago Sky basketball team (WNBA). He also serves as a reviewer of manuscripts for multiple orthopedic journals. He enjoys being active - including soccer, tennis, running, biking, and hiking.

Dr. Gupta remains an avid Michigan Wolverine and Detroit sports fan. His professional affiliations include Candidate Member of the American Academy of Orthopaedic Surgeons (AAOS), the Arthroscopy Association of North America (AANA), and the American Orthopaedic Society for Sports Medicine (AOSSM), the International Society for Hip Arthroscopy (ISHA), and the American Orthopaedic Association (AOA).

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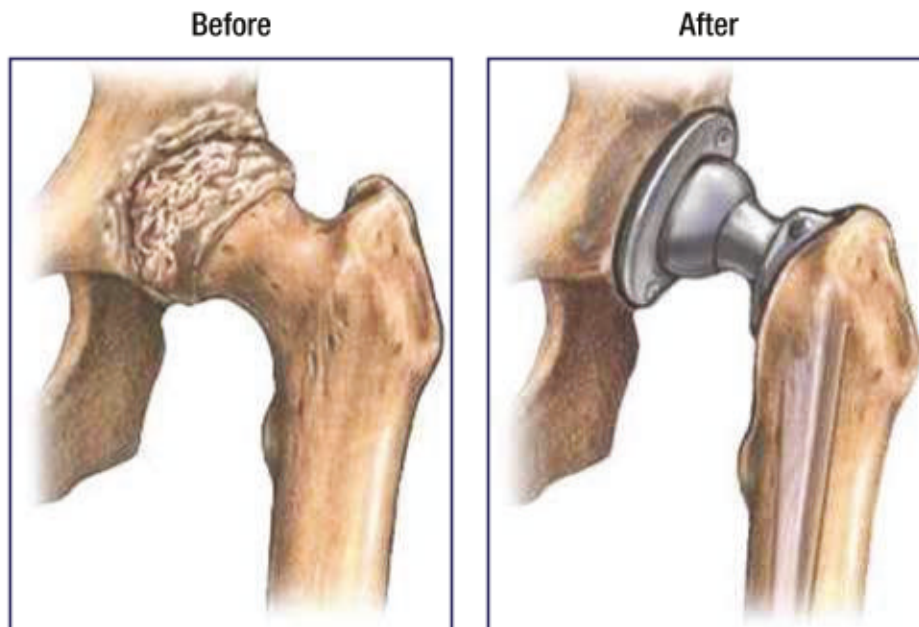
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TOTAL HIP REPLACEMENT

You are entering a mutual relationship in which my staff and I are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool to answer questions pertaining to your procedure.

Total hip replacement is a surgery to replace a badly damaged hip joint with man-made parts. These man-made parts are called a prosthesis. The man-made joint is made of metal, ceramic and plastic.

Total Hip Replacement is a surgery to replace all or part of the hip joint with a prosthesis. The surgery is done after more conservative therapies have failed; its goals are to lessen pain and restore joint movement. It is mostly for people with severe osteoarthritis or rheumatoid arthritis of the hip. Most hip replacements are totally successful. It takes most patients three to five months to recover from surgery and complete most of the rehabilitation process.



Minimally Invasive Hip Replacement - Anterior Approach

Using the anterior approach may allow your surgeon to do the surgery through a smaller surgical incision. The incision is in the front of the hip. There are many advantages to doing an anterior approach. The advantages include less muscle trauma, less pain, earlier and easier recovery, less limping, shorter hospital stay (may also be done as an outpatient depending on health status), decreasing the chance of a hip dislocation. There are no restrictions after surgery such as, bending over or sitting with legs crossed.

TOTAL HIP REPLACEMENT

Risks involved with Total Hip Replacement include but are not limited to the following:

- Bleeding
- Blood clots
- Infection
- Respiratory issues
- Reaction to anesthesia
- Dislocation of joint
- Damage to nearby blood vessels, bones, or nerves
- Leg length difference

Please discuss any questions regarding risks with your surgeon.

PREPARATION CHECKLIST (Overview)

APPROXIMATELY 6 WEEKS PRIOR TO SURGERY

- Make pre-op appointments (see checklist on next page)
- Make outpatient therapy appointments
- Begin pre-op exercises/deep breathing exercises
- Begin nutrition management
- Begin using the pain scale
- Begin Smoking Cessation (STOP SMOKING)

APPROXIMATELY 30 DAYS PRIOR TO SURGERY

- Complete medical clearance appointment
- Determine who will be your Care Coach

APPROXIMATELY 2 WEEKS PRIOR TO SURGERY

- Complete pre-op screening telephone interview
- Complete pre-op appointment with surgeon
- Begin preparing your home/meals for your return
- Begin preparing for pet care

APPROXIMATELY 2-3 DAYS PRIOR TO SURGERY

- Clear clutter, remove rugs, clean home environment

THE NIGHT BEFORE SURGERY

- Shower using antibacterial soap

PRE-SURGICAL CHECKLIST

As soon as you get your surgery date: _____
(WRITE THE DATE HERE)

You will need to:

- Contact the pre-operative department at the selected surgical facility to schedule a **telephone** interview for your medical history. Refer to page 6 for information regarding this interview.

(WRITE THE DATE/TIME HERE)

- Schedule a **Pre-op** Appointment with your Surgeon and/or Physician Assistant (PA) if requested.

(WRITE THE DATE/TIME HERE)

- Schedule a **Pre-op** appointment with your Primary Care Physician (PCP) for a Medical Clearance letter. This may include an EKG and lab work.

(WRITE THE DATE/TIME HERE)

- Schedule your **Outpatient** Physical Therapy appointments.

(WRITE THE DATE/TIME HERE)

Your surgery will take place at _____. Please allow yourself ample travel time to ensure an on time start for your procedure.

PRE-OPERATIVE SCREENING TELEPHONE APPOINTMENT

Call the surgical facility as soon as you are scheduled for surgery to make an appointment for a telephone interview. You must have the following information available during the interview:

1. Name and phone number of your Primary Care Physician
2. Completed medication list found on page 7
3. List of previous surgeries and hospitalizations

A nurse in the pre-op department will obtain your health history and medication list for the Anesthesia Department.

At the end of the interview the nurse will give you instructions for the day of surgery. The instructions will include food and fluid restrictions, medications to take on the day of surgery as well as the time and location of arrival on the day of surgery.

REGISTRATION FOR YOUR SURGERY

Registration: You will be registered for your surgery. Bring your photo identification and insurance cards for registration.

Pre-Op: You will be escorted to a private room prior to surgery. A nurse will review several questions with you to ensure safety during and after your procedure.

MEDICATION FORM

You may complete this form and email to your surgical coordinator prior to your interview.

PLEASE LIST ALL MEDICATIONS PRESCRIBED BY A PHYSICIAN <i>(include pain medications)</i>				
Name	Dose	Route/Frequency	Reason/Diagnosis	Date & Time of Last Dose Taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

PLEASE LIST ALL OVER-THE-COUNTER MEDICATIONS				
<i>Examples include: Aspirin, Motrin, Metamucil, laxatives, cold medicine, etc.</i>				
Name	Dose	Route/Frequency	Reason/Diagnosis	Date & Time of Last Dose Taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				

PLEASE LIST ALL HERBAL SUPPLEMENTS/VITAMINS				
Name	Dose	Route/Frequency	Reason/Diagnosis	Date & Time of Last Dose Taken
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Name: _____ Date of Birth: _____ Date of Surgery: _____

BREATHING EXERCISES

It is very important to take deep breaths both before your surgery when doing your pre-operative exercises and after surgery as you wake up from anesthesia and begin your recovery. Deep breathing will increase oxygen flow to the lungs to prevent complications and also help you to stay relaxed to manage your pain level and enable you to begin using your new joint. Practice taking a deep breath by using the following two (2) step technique:

1. Inhale deeply through your nose.
2. Exhale slowly through pursed lips while counting to five.

Remember to take slow, deep breaths as you change positions during daily activities and also throughout your exercise routine. Deep breathing will keep you relaxed and ease your discomfort as you move before and after your surgery.

NUTRITION

It's best to approach your surgery in a good nutritional state so that you are at your strongest. **Eating a well-balanced diet, consuming an adequate amount of lean protein, and increasing your fluid intake will help to reduce the chance of infection after surgery.**

If you have a tendency to be anemic, you may benefit from increasing your iron intake with your physician's recommendation. The following foods are rich in Iron:

- Spinach
- Iron-enriched whole grain breads/cereals (oatmeal, cream of wheat, grits)
- Beans
- Calf and chicken liver, turkey, chicken and beef
- Oysters, clams, scallops and shrimp

Foods high in vitamin C (citrus juice and fruits, melons, dark green leafy vegetables, and potatoes) help your body to absorb iron. **Limit tea and coffee at meal times so as to not decrease iron absorption.**

If you take an Iron supplement, drink plenty of water and fruit juices to stay well-hydrated as Iron supplements can be constipating.

Pay attention to your elimination. Increase daily fiber and fluids to maintain regular bowel movements. You may take over-the-counter laxatives and/or stool softeners if needed to stay regular in the weeks prior to admission.

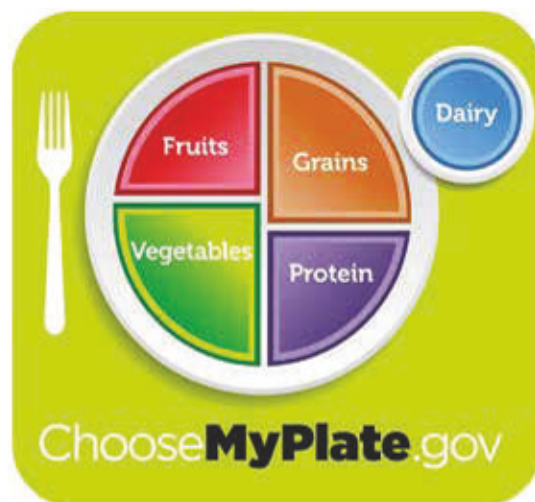
Limit your daily caffeine intake for one week prior to surgery, as caffeine tends to increase urination, potentially causing dehydration.

Alcohol consumption should be decreased or eliminated. Please discuss alcohol consumption with your primary care doctor.

Drink 6-8 full glasses of water each day for three days prior to surgery. This will prepare your body to be well-hydrated for surgery and will help you to eliminate the anesthetic agents. It may also minimize any dizziness or light-headedness when you get out of bed.

NUTRITION TIPS BASED ON THE U.S. DIETARY GUIDELINES (USDA)

- **Make ½ your plate fruits and vegetables.** Eat the color of the rainbow.
- **Make ¼ your plate lean protein** (beef—loin, round chuck, skinless chicken, turkey, beans or tofu).
- **Take your time.** Enjoy your food but eat less.
- **Avoid oversized portions.** Use a smaller plate, bowl and glass. Portion out foods before you eat.
- **Switch to fat-free or low fat (1%) milk.** They have the same amount of calcium and other essential nutrients as whole milk, but less calories and saturated fat.
- **Make half your grains whole grains.** Substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread.
- **Compare sodium in foods.** Use the Nutrition Facts label to choose lower sodium versions of foods. Select canned foods labeled “low sodium”, “reduced sodium” or “no added salt”.
- **Drink water instead of sugary drinks.** Cut calories by drinking water. Soda, energy drinks and sports drinks are a major source of added sugar and calories in American diets.



ON THE DAY BEFORE YOUR SURGERY

- Avoid red meat, beans, nuts, fresh vegetables and whole grain products. This will reduce the amount of waste that moves through your intestine.
- Pay attention to your portions. Eat a light meal on evening prior to surgery.

NIGHT BEFORE SURGERY

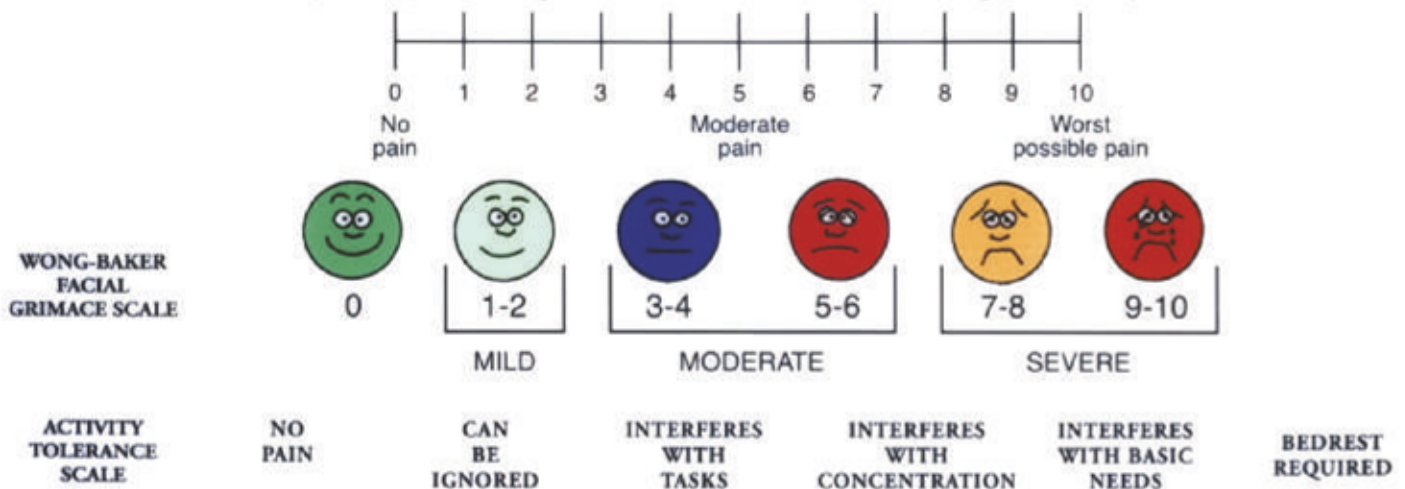
- No eating or drinking after midnight. This includes hard candy and gum.

PAIN MANAGEMENT

You will experience surgical pain after your joint replacement. Pain is evaluated on a numeric scale. While everyone experiences pain differently, these descriptions will help you determine your level of pain on the scale. **Please begin to use this pain scale before surgery by assigning a number to your pain or discomfort as you move through your daily activities.** This will allow you to become familiar with using a number to describe your pain and will be helpful to you and the Total Joint Team in managing your surgical pain during your recovery.

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.



- 0 = No pain.
- 2 = Discomfort or mild pain.
- 5 = Pain that interrupts your ability to relax and rest. Best described as: you'd like to take a nap, but can't because it hurts too much.
- 7 = Best described as pain that wakes you up from a sound sleep.
- 10 = Excruciating

Zero to four is generally considered the reasonable range for post-operative pain.

PRE-OPERATIVE HIP EXERCISES

Begin the exercises on the next page as soon as you receive this booklet.

Exercises three through seven should be done while lying in bed. Please do not do these on the floor. **Stretch to comfort only and do the exercises with both the right and left legs.** The exercises should never cause pain or go beyond the normal movement of that joint. They are stretching exercises to keep your leg flexible and ready to accept a new joint.

Remember to **take slow deep breaths** as you do each exercise. This will provide oxygen to your muscle tissue and help you stay relaxed as you stretch your muscles. You may want to **count out loud slowly from one to ten as you hold each stretch.** This will prevent you from holding your breath during the stretch.

PRE-OPERATIVE HIP EXERCISES

1. Arm Chair Push-up

Put hands on arms of chair and push body up out of chair.

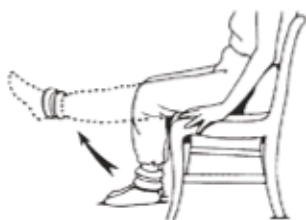
Repeat: 10 times. 2-3 times daily.



2. Long Arc Quad

Straighten your leg and try to hold it for 10 seconds. Slowly bend knee to return.

Repeat: 10 times. 2-3 times daily.



3. Heel Slide

Bend knee and pull heel towards buttocks. Hold for 10 seconds. Return. Repeat with other knee.

Repeat: 10 times. 2-3 times daily.



4. Gluteal Squeezes

Squeeze buttock muscles as tightly as possible for 10 seconds.

Repeat: 10 times. 2-3 times daily.



5. Quad Set

Slowly tighten muscles on thigh of straight leg, which will press the back of your knee down onto the floor or mat. Hold for 10 seconds.

Repeat: 10 times. 2-3 times daily.



6. Knee Abduction

Slide one leg out to the side. Keep kneecap pointing toward the ceiling. Gently bring leg back to midline.

Repeat: 10 times. 2-3 times daily.



7. Ankle Pumps

Bend ankles up and down alternating feet.

Repeat: 10 times. 2-3 times daily.



HOME PREPARATION

Since you will initially experience limited movement after your surgery, please prepare your home for safety.

- Move things that you use frequently to waist level if they are down low in the kitchen, bathroom, bedroom, etc.
- Consider buying or preparing food ahead of time and freezing it so that only reheating is required.
- To maintain safety and independence on the stairs, consider having a stair railing installed on any stairwell you must use during your recovery.
- Items such as tub/shower seats and hand-held shower attachments should be purchased and installed before your surgery date.
- Assess the level of the following items to determine if they are at the appropriate height for use after surgery:
 - » Bed
 - » Chair with arms
 - » Car you will be riding in
 - » Toilet seat

This level can be measured by backing yourself up to each item. Check to see that the seat top of each item is at the level of the back of your knee crease or above your knee

- Decide what chair you will use when you are recovering. If it is low, put a pillow in it to make it higher or use a higher chair. This will assist you to maintain comfort since you might not be able to bend your knee fully.
- Consider the car that will take you home. A four-door sedan is usually preferable but a two-door car will do if the front seat can be pushed back and a pillow raises the seat high enough. This will assist you to maintain comfort since you might not be able to bend your knee fully.
- Shoes need to be supportive, secure on your feet, slip resistant and not too tight fitting as your feet may be slightly swollen immediately after surgery. Clogs and Crocs are not appropriate.

GENERAL SURGICAL INFORMATION

- Please arrive at least one (1) to two (2) hours prior to your scheduled surgery, as directed by your surgical facility. Report to the selected surgical facility.
- Family and visitors are welcome to accompany you, but space is limited.
- Wear comfortable clothes. Wear into the facility what you are going to wear home. Upon arrival, you will change into a hospital gown, robe and socks.
- Do not wear jewelry, including your wedding band, as absolutely no jewelry or metal objects may be worn during the operation.
- Contacts may not be worn during surgery. Consider wearing eyeglasses to the facility. Bring a case to keep your glasses safe. Plan to leave your glasses with a family member while you are in surgery.
- Hearing aids may not be worn during surgery. You will be asked to remove them just prior to going to the operating room. Bring a container to keep your hearing aids safe. Plan to leave your hearing aids with a family member while you are in surgery.
- Dentures may not be worn during surgery. You will be asked to remove them prior to going into the operating room.
- Remove eye makeup and nail polish before surgery.
- To reduce the potential risk of infection
 - » Have all types of artificial nails removed before surgery.
 - » Have tooth and gum problems treated before surgery. See your dentist prior to surgery to have a cleaning and to ensure you have no cavities or mouth infections.

DAY OF SURGERY CHECKLIST

Date and Time of your Surgery: _____

Arrival Time: _____

Bring the Following:

Picture ID and Insurance Cards

Overnight Bag with:

(only needed if your doctor prefers you to stay for observation)

Personal toiletries

Case or container for eye glasses, dentures and/or hearing aids

Any sleep apnea equipment i.e. CPAP machine, mask and tubing

Cell phone charger

Cane, walker and/or crutches

Wear

Shorts or pants that are one size larger than you normally wear with loose fitting legs

Slip resistant shoes

DO NOT BRING:

Medications unless directed by Pre Operative Screening nurse.

Valuables

DAY OF SURGERY

You will arrive 1 to 2 hours before your surgical time and get changed into hospital clothing. Your blood pressure, pulse, temperature and oxygen level will be taken. The nurse will review your chart and answer any questions you or your family may have prior to surgery.

You will meet your surgeon or nurse and anesthesiologist to discuss and finalize the plans involved with your surgery. At this time please feel free to ask any questions you might have regarding your surgery and anesthesia. You will be asleep during your surgery. A member of the Anesthesia Department is always available should you have any issues or concerns about your anesthesia care during your hospital stay.

When it is time for your surgery you will travel to the operating room by stretcher and be placed on equipment to monitor your heart, blood pressure and oxygen level.

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU). You will be on oxygen and your vital signs will be watched carefully by a PACU nurse as you recover from anesthesia. Your pain level will be assessed and you will be given medication to keep your pain tolerable.

An intravenous line (IV), placed during surgery to provide hydration, will continue to run until you are taking adequate amounts of oral fluid. The infusion will then be discontinued. The IV will remain in place until discharge. Prophylactic (preventative) antibiotics will be given to reduce the risk of infection in the artificial joint. You will be wearing anti-embolism stockings and compression stockings which are used to reduce your risk of developing blood clots.

You will leave surgery with a dressing to the hip area.

The nursing staff will continue to closely monitor your condition. Throughout your stay the nurses will coordinate your care, provide pain management, and assist in your daily activities.

POST OPERATIVE CARE

(Day of surgery through Discharge Day)

Nursing:

- Your vital signs will be monitored.
- You will receive pain medications as needed. If you have any questions or concerns regarding the effectiveness of your pain medication, please contact a member of your nursing care team. With your cooperation, surgical pain can be safely and effectively managed.

Physical and Occupational Therapy:

- You will be taught ankle and calf exercises that help prevent blood clots.
- You will practice using your walker and cane.
- You will practice walking the stairs.
- You will practice getting dressed.

PHYSICAL THERAPY PROTOCOL

DIRECTOR ANTERIOR TOTAL HIP REPLACEMENT

Please instruct patients on safe methods of ambulation, sitting, reaching, bathing and personal care.

There are no dislocation precautions following anterior hip replacement.

Avoid and educate patient upon risky extreme positions for dislocation:

- Combined hip extension and external rotation
- Combined hip flexion and internal rotation

Uncemented Hip Replacements take 6-12 weeks for bone ingrowth - during this time-frame it is important not to overload the hip replacement

Uncemented Femoral components are good at resisting axial loading (weight bearing), they are less supportive to rotational loads (cycling with resistance or squats)

Patients will all be weight bearing as tolerated unless otherwise instructed

Week 0-6:

Walking Goals:

- 1 mile by 4-6 weeks
- 2 miles by 6-8 weeks

Weight bearing as tolerated

Assess need for appropriate assistive device for discharge

Active / Active assisted / Passive HIP ROM

Active and Active assisted KNEE ROM

Transfer training

Gait Training, slowly wean assisted devices as gait normalizes to avoid the development of a persistent limp

Stair training

Quad sets and short arc quads

4-direction straight leg raises, begin upright and progress to horizontal as appropriate

Avoid painful active hip flexion early

Hip abductor sets without weights

Week 7-12:

Progress gluteus, hip abductor / adductor, quadriceps, hamstring strengthening

Advanced gait training

Proprioceptive / Balance Training

Endurance exercises as appropriate: swimming, bicycle, elliptical - start with minimal resistance and gradually increase

At 12 weeks patients may return to all activities such as golf, tennis, cycling, weight training, surfing etc.

AT HOME FOLLOWING YOUR SURGERY

It is common to have the following reactions after surgery:

- Low-grade fever (<101.4° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling and discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-9 months

The following **reactions are abnormal**. If you should have any of the following symptoms, please contact Dr. Gupta or go to the nearest emergency room:

- Fever of >101.4° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

The following **reactions may require emergent intervention** or a visit to the Emergency Room:

- Chest pain
- Shortness of breath
- Fainting or loss of consciousness
- Persistent fevers >100.5° F
- Weakness, numbness, or inability to move operative extremity
- Red, swollen, or painful calf and/or increases numbness or tingling in your foot

***For any **urgent medical questions after business hours**

- Please call our main line at 703-490-1112 and the answering service will contact the Doctor on-call

INCISION AND WOUND CARE

Initial Wound:

- Your hip will have an antibacterial dressing in place. This should stay in place until your post operative appointment.
- Sutures under the skin and glue tape dressing will be in place. This protects the skin from bacteria.
- When your surgical dressing is removed, the glue tape will be left in place. Do not attempt to pull this off. The glue tape holds the skin edges together.
- If you have an abdominal fold that lays over the incision, it is important to keep this off the incision for 2-3 weeks. A clean, dry wash cloth, rolled up, will help keep the incision protected from the abdomen.

Caring For Your Incision:

- Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you see any of these signs, please call our office at 703-490-1112.
- If you feel warm or feverish, please take your temperature - call our office for temperatures >100.5° F
- To properly clean your incision, wash with soap and water and pat dry. Avoid rubbing or applying lotions.
- Do not soak your hip in water by taking a bath, using a hot tub or swimming.

BLOOD CLOT PREVENTION

Blood clots are the most common complication after knee replacement surgery. There are several things you can do to help decrease your risk. This page discusses signs and symptoms of a blood clot and what you can do to help prevent one.

What are Signs of Blood Clot?

If you experience chest pain, difficulty breathing or severe headache, call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- Redness
- Pain
- Warmth
- Swelling

What Steps Can I Take to Help Decrease My Risk?

- Stay mobile and avoid long bouts of sitting or laying in bed
- Wear your compression stockings
- Use your sequential compression devices (if applicable)
- Ankle pumps (pictured to the right)



There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for between 2-6 weeks after surgery. You may notice that you bruise more easily when using this medicine. Your health care team will discuss the best medication options for you, for use after surgery.

Medications We Use to Help Prevent Blood Clots Include:

- Aspirin
- Lovenox, Xarelto, Coumadin

PHYSICAL THERAPY

Physical therapy is an important part of your recovery. Everyone receives physical therapy, but your schedule may differ depending on whether you stay overnight in the hospital or are discharge the same day.

In Hospital:

- Physical therapy will see you the same day of surgery
- First session usually involves sitting up on the side of your bed, then progresses to walking with the help of an assistive device
- Goal is to be able to walk as much as possible
- You will then progress:
 - Taking more steps in your room
 - Walking down the hall
 - Climbing steps

Home:

- Perform the same exercises you learned after surgery while at home

Outpatient Therapy:

- Most patients start outpatient physical therapy around one to two weeks after surgery
- Your physical therapist will develop an individualized plan for you

SELF MANAGEMENT

Reducing Leg Stiffness and Swelling:

- Continue exercises regularly after surgery to strengthen the muscles and stabilize your joint.
 - Ankle pumps - point and flex your feet 10-30 times an hour
- Wear your compression stocking or TED hose as directed after surgery.
 - Wear TED hose daily. Take TED hose off for showering. You may leave off for 1-2 hours, then put back on.
 - Wash stockings daily
 - Check skin under stockings daily
- Elevate your leg(s) above your heart daily to help lessen swelling
- Use an ice pack. Do not place the ice pack directly on your skin. Use a towel or pillowcase to avoid direct contact with your skin.



Ankle Pumps



Compression Stockings

Help Keep Your Pain Managed:

- Take pain medications with food and at least 30 minutes before a physical therapy session.
- Tylenol or acetaminophen may be used instead of a narcotic
- Use your ice pack frequently as tolerated. Use it after you exercise to help decrease swelling and pain.

Avoid Constipation:

- This can be a common side effect from pain medications
- Drink plenty of fluids; water is preferred
- Use a stool softener, like Colace, while taking pain medicines
- Take a laxative like Dulcolax, as needed
- Eat a high fiber diet

Sleeping:

- Avoid long naps during the day to help get back to a more normal sleep pattern
- Sleeping positions
 - Anterior Approach:
 - Avoid laying on stomach
 - Lay/sleep on back or side
 - Place a pillow between knees and lay on opposite hip
 - Posterior Approach:
 - Lay/sleep on back or side
 - Place a pillow between knees and lay on opposite hip

TRAVELING

Driving:

You are not able to drive while taking pain medications. Driving should not be undertaken until you can drive safely.

If you drive:

- If right leg is surgical leg: Must be able to quickly apply and hold pressure on brake
- You can apply for a temporary three to six month sticker from the state of Virginia. You need the DMV application form which the team can assist you with; please ask about this prior to your surgery, as a health care provider's signature is needed on the form. You may obtain the form at your preoperative visit or the form can be mailed to you.

Flying:

For airplane travel in the first six weeks after your surgery, please notify our staff so we can prescribe a dose of medication needed for safer travel.

If you do fly:

- Make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.
- Your new hip will most likely set off the alarms when going through Security. The best option is to select the body scanner when applicable.

GOING BACK TO WORK

Returning to work is different for each individual as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your health care team so you can start talking with your employer about returning to work before surgery. Make sure you provide time for going to outpatient therapy.

Return to Work Low to Medium Demand:

Sitting job:	1-3 weeks after surgery
Combination sitting and standing:	1-4 weeks after surgery
Standing:	1-4 weeks after surgery

Return to Work High Demand / Heavy Labor:

Full unrestricted duty will be determined on an individual basis, usually between 3-6 months.

FAMILY MEDICAL LEAVE ACT (FMLA) PAPERWORK

Many patients require completion of FMLA paperwork for their job. As this paperwork is long, please allow 7-10 days for completion

- **Please submit paperwork prior to your preoperative appointment.**
- Fax to: 703-878-8735
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.



GOING TO THE DENTIST

In order to best protect your new hip, you will need to take prescribed antibiotics when going to the dentist. This is required for routine cleanings and other invasive dental work. Using antibiotics can lower the chance that slight bleeding from your gums will cause bacteria from your mouth to travel to your joint and cause an infection.

You will need to contact your dentist and let them know you have a hip replacement. Your dentist will prescribe the number and type of antibiotics you need to take before coming to the dentist. This recommendation stands for as long as you have your hip.

Do not schedule a dentist appointment during the first six months after your surgery.

Please write down questions here that you would like the team to answer or discuss during your preoperative visit.
