

# Total Hip Replacement Handbook: Your Passport to Surgery and Recovery



We look forward to  
working with you on  
a smooth recovery so  
you can return to the  
things you love.



As a patient, your role before and after total hip replacement is important for a fast and full recovery.

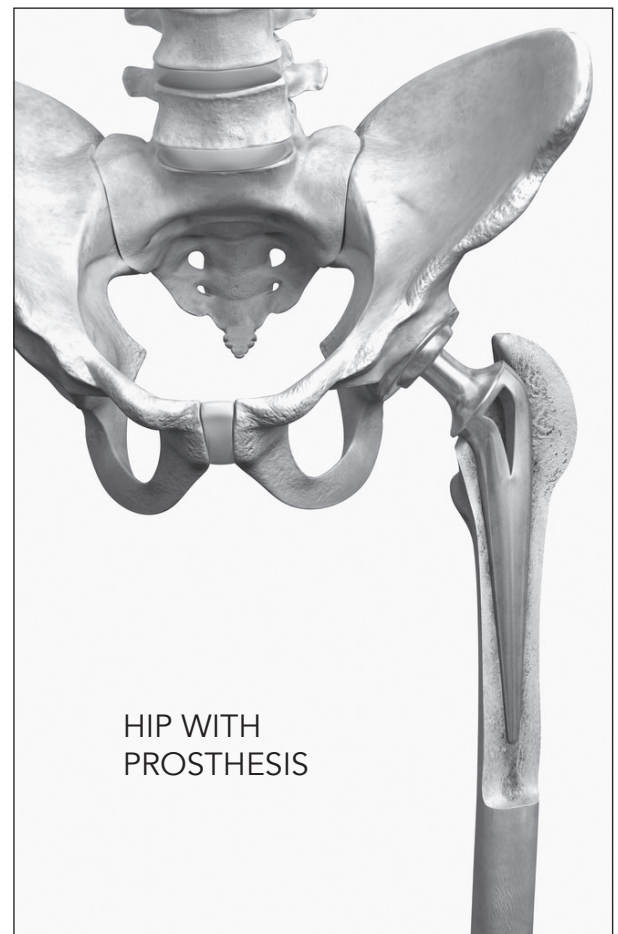
A team of healthcare providers is ready to help you prepare for your hip replacement and care during your recovery. Physicians, nurses, physical therapists, and patient care coordinators (PCCs) are the principal players on your team. An occupational therapist may also be a player.

This handbook has been developed to give you information and to help you plan for your surgery and recovery. Look it over and keep it with you. Taking an active role in your care is very important to a fast and smooth recovery.

## Your New Hip

Technological advances have made it possible for your painful hip to be replaced with a prosthesis (artificial hip). The hip is a ball and socket joint and is formed where the thigh and pelvis meet.

Your orthopedic surgeon has recommended a total hip replacement to lessen your pain and make walking easier. Unlike your present hip, your prosthesis has a limited safe range of motion and will need special care after surgery.



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## Before Your Hospital Stay

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## **PREPARING FOR YOUR SURGERY**

Preparing for surgery varies depending upon your surgeon. For example, you may be told to take a multivitamin or iron tablet for 3 to 4 weeks prior to your operation.

The day before your operation, you will most likely be instructed by your doctor not to eat or drink anything after midnight. The following pages will explain some of the other preparations you may need to make.

### **Hip Kit/Adaptive Equipment**

Prior to coming into the hospital for your hip surgery you will want to consider purchasing a "Hip Kit" or adaptive equipment to maximize your independence and protect your hip from dislocation after surgery.

#### **The Hip Kit may include:**

- Reacher
- Contoured scrub sponge
- Dressing stick
- Elastic shoe laces
- Long-handled shoehorn
- Leg lifter
- Sock-aid

Check with your local Gift Shop to see if they carry these items. They are also available at most medical supply stores. Try out your new equipment at home before your surgery.

### **Preoperative Lab Work**

You will need some blood work and possibly some other tests before your surgery. The labs will be ordered on the computer and should be completed as soon as you decide you want to proceed with surgery. You may need additional tests as well. The surgery scheduler will instruct you on when to get these.

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## **Blood Tests**

- CBC evaluates how well your body carries oxygen, the number of red blood cells and white blood cells in your body.
- Electrolytes – evaluates percentages of potassium, sodium, chloride and other chemical substances in your body.
- PT and PTT – evaluates the time it takes for your blood to clot.
- Blood typing and blood cross matching as needed.

## **Other Tests**

- EKG – required if you are 50 years of age or have a history of heart problems
- Urinalysis – is requested to ensure your urine is free of bacteria
- Pulmonary Function Test – may be required if you have a history of breathing problems
- Other heart tests as needed

You will likely have an in-person visit with a Perioperative Medicine Specialist to help prepare you for your surgery.

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## BLOOD DONATION

During joint replacement surgery, there can be considerable blood loss and in some cases blood transfusion might be necessary. While 20 years ago there were major concerns about the risk of contracting HIV and hepatitis from blood transfusions, since then, excellent screening tests for those viruses have developed, and volunteer donors are carefully screened for risk factors.

In 2008 (the data is even more favorable now) the risk for contracting HIV from donated blood was 1 per 1,467,000 units transfused, the risk of contracting hepatitis C was 1 per 1,149,000 per units transfused and the risk of contracting hepatitis B was 1 per 282,000 per units transfused. Clearly the donated blood supply ("blood bank blood") is very safe, and convenient, but it is possible to donate one's own blood prior to surgery. Your doctor will discuss this issue with you.

Blood loss is anticipated during total hip replacement surgery. You might need a blood transfusion to replace blood lost during the procedure. Blood donated by volunteer donors is carefully screened by blood banks and we consider it safe. You have the right to donate your own blood. This is called an autologous donation. We recommend that you discuss the possibility of blood transfusion and your options with your surgeon.

### Notes:



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## RESTRICTED PRE-SURGERY MEDICATION

### Warning:

ALL DRUGS (prescription, over-the-counter and illegal) CAN BE DANGEROUS DURING YOUR SURGERY!

#### Important

PLEASE tell your doctors and nurses about any drugs you have taken in the last 30 days, including herbal products such as Ginkgo or garlic supplements as they may impact clotting.

BLOOD PRESSURE AND HEART MEDICINES are important for your doctors to know about. Most need to be continued until your surgery. Your doctors will tell you which ones to take.

### Surgical Bleeding

- Some medicines can cause serious bleeding during an operation.

### Blood Thinners

- Coumadin (warfarin) – ask your doctors when, and if, you should stop. Usually 7 days before surgery.
- Ticlid (ticlopidine) – stop 14 days before surgery.
- Lovenox (enoxaparin) a type of heparin – stop 24 hours before surgery.
- Plavix (Clopidogrel) – stop 10 days before surgery.
- Xarelto (rivaroxaban) – consult your prescribing physician and your surgeon

## MEDICATION TO AVOID BEFORE SURGERY

### Stop 10 Days Before Surgery

- Aspirin (salicylates) - many products contain salicylates. Examples are: Anacin, Excedrin, Darvon, Talwin, Bufferin, Midol, Sine-Off, etc.
- Patients with coronary stents should continue to take Aspirin. Please check with the Perioperative Medicine Department if you have questions.

### Stop 3 Days Before Surgery

- NSAIDS (Non Steroidal Anti-inflammatory Drugs)

Note: Acetaminophen (Tylenol) and Codeine DO NOT cause bleeding and may be continued.

Some Drugs can react with anesthetic medicines and may cause heart damage.



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All Illegal Drugs – stop at least 3 weeks before surgery.

You should also avoid Ginkgo, Vitamin E, Fever Few, and Green Tea capsules. All of these can thin your blood, increasing the risk of blood loss during surgery.

Bring a list of ALL medications you take to your medical appointments. Be sure to include both prescription and over the counter medications, food supplements, and include the dose and frequency.

**Please also inform the Perioperative Medicine Specialist if you have had stents placed in your coronary (heart) arteries.**

## **Important and Additional Information**

### **Smoking**

Smoking is not only harmful to your lungs, heart, and blood vessels; it slows the healing process and places you at increased risk during surgery. It is very important that you stop smoking. If you need help, call the Health Education Department at **(650) 299-2433** for available smoking cessation programs.

### **Illness**

If you develop any illness such as a cold, flu, temperature, skin rash or infection, or “flare-up” of a health problem in the 10 days prior to your surgery, it is important that you notify your surgeon’s office immediately. Sometimes minor health problems can be quite serious when combined with the stress of surgery. Please try not to damage, cut, or scratch the skin, especially on your operated leg. Animal scratches/bites or infection, etc., could result in your surgery being postponed.

### **Have Help Available**

Until you learn to become more independent, you will need help with your daily activities. It is important that you arrange for someone such as family or friends to be available to assist you for about 2 weeks after you are discharged from the hospital. It is important that you make these arrangements **BEFORE** coming to the hospital. Help at home would not be provided by Kaiser Permanente. The Social Services Department can give you resources that are available if you plan to pay privately. Social Services Department **(650) 299-3207**.

**If you do not have the appropriate help available, your surgery may be postponed.**

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## PRE-SURGERY EXERCISES

It is important to begin to exercise as soon as you know you are having surgery. These exercises strengthen your arms, thighs, and hip muscles, increase range of motion, and promote mobility after surgery.

Start slowly, and if exercise causes pain, fatigue, or shortness of breath, call your orthopedic surgeon.

### 1. Begin a cardiovascular conditioning program

Start slowly and increase your time as your endurance and hip will allow. If your pain increases, slow down, decrease your time or stop the program. Work up to a 20 minute program per day. You should be able to converse normally while exercising, but feel as though you are working fairly hard.

- Swim: This would ideally be done in a warm pool. Swim laps or perform general exercise in the pool to get your cardiovascular exercise.
- Bike: If you are unable to use a pool, biking would be the next choice. If balance is challenging for you, use a stationary bike.

### 2. Chair Push Ups

Put your hands on the arms of the chair and push down in order to lift your body up.

Repeat 10 times,  
2 – 3x per day as able.



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## PRE-SURGERY EXERCISES CONTINUED

### 3. Long Arc Quads

While sitting in a chair, slowly raise your foot until your knee is completely straight.

Repeat 15 times, 2–3 times per day as able. Don't forget to exercise both legs.



### 4. Straight Leg Raises

Lie down on your back with your good knee bent and foot flat on the ground. Lift the other leg up while keeping the knee straight. Raise your leg no higher than the height of the other leg's knee.

Repeat 15 times, 2 – 3x per day as able for both legs.



### 5. Bridging

Lie on your back with your knees bent and your feet flat on the floor. Gently tighten your stomach and buttock muscles. Lift your hips 3-5 inches from the floor without arching your back. Hold bridge for 5-10 seconds, and then slowly lower your hips to the floor.

Repeat 10 times, 2-4 times per day.



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## PRE-SURGERY EXERCISES CONTINUED

### 6. Hip Abduction

Lie on your side. Keeping your leg straight, lift your leg toward the ceiling so that your foot is 6-8 inches of the bed or floor. If it is too difficult, try performing this exercise while lying on your back.

Repeat 10 times, 3 times per day as able.



### 7. Abdominal Crunches / Partial Situps

Lie on your back with your knees bent. Support your head with your hands. Raise shoulders up until they clear the floor and then return to the starting position.

Repeat 10 times, 3 times per day.



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## Getting Your Home Ready

For your safety, it is important to make some changes in your home environment. This should be done before you come to the hospital for surgery.

### Bedroom

- If you have a 2-story home, arrange a bed/sleeping area on the ground floor.
- Make sure that you have lighting at night between your bed and bathroom.
- Keep a flashlight beside your bed.
- Place a phone within reach on a nightstand without having to turn or twist in bed. Consider purchasing a cordless phone if you don't already have one.

### Bathroom

- Consider installing grab bars on walls of the shower or tub.
- Use a raised toilet seat or commode over the toilet.
- To bathe: Use a nonskid rubber mat in the tub or shower and a long handled bath brush to wash legs. Hand held showers and an adjustable height bath seat will make it easier too.
- Hang your bath brush so you will not have to bend over to reach it.
- Stall showers will be easier to get in and out of. To sit and shower safely, use of a bath seat is recommended.
- Tubs: Remove sliding glass doors, hang a curtain. Consider purchasing a "tub transfer bench" for safest bathing. Be careful not to exceed your hip precautions getting in and out.
- Toilet Hygiene: Position toilet paper so that you do not have to bend forward to reach it.
- Stand for personal hygiene after toileting.
- Dressing: Sit for dressing. Place clothes over the walker to take to the chair. Place your hip kit equipment within reach of where you will sit to get dressed.

Note: High rise toilet seats and shower chairs are not covered by Kaiser Permanente or Medicare and must be purchased at your own cost.

### Kitchen

- Precook meals (have some already prepared meals available).
- Stock up refrigerator and pantry with frozen and convenience foods.
- Place frequently used pans/utensils and foods within reach without bending or climbing.
- Remove throw rugs from your home.
- Use only non-skid floor wax on linoleum floors.

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## **Kitchen (continued)**

- Prepare serving carts to push food from stove to table.
- Teach others in the home how to use stove, microwave, dishwasher, clothes washer/dryer as needed.
- Explore using Meals on Wheels.
- Slide items along the counter tops to get items from place to place.
- Use a tall stool to sit at the counter to prepare your food.
- Keep a small ice chest of food and beverages next to you where you sit.

## **Living Space**

- Remove throw rugs or other objects on the floor, (such as electrical or telephone cords) which could cause you to trip and fall.
- Have a firm chair with arm rests, a high seat, and a straight back available.
- Low chairs, swivel chairs, rocking or rolling chairs are not safe for you to sit in after surgery.
- Arrange your furniture so there is clearance for a walker. Walkers are at least 2 feet wide.
- Place a list of emergency numbers by each telephone.
- Use the assisting device recommended by your PT for walking all the way to the toilet, to your bedside, etc. (don't leave it behind.) Clear the path from bed to toilet to chair: remove throw rugs, move hampers and scales out of the way.

## **Wardrobe/Closet**

- You will need low, broad-heelled or flat shoes that are properly fitted.
- Allow ease in dressing by wearing elastic waist or draw string garments.
- Find some knee length gowns/night shirts and robes that won't get in the way when you are walking.
- Find a garment with pockets to hold things like a cordless or cell phone, tissues, TV remote, medications, juice boxes, etc.
- Place frequently worn items in dresser drawers that do not require bending or stooping.

## **Useful Items**

- Purchase a grabber to pick up dropped items; practice using it before surgery. These can be found at most retail pharmacies.
- Consider a long shoe horn to reach your feet.
- Attach a plastic grocery bag or walker bag to your walker to safely carry items like cordless phone, cell phone, glasses, water bottle, snacks etc. with your walker. Walker bags and walker trays can also help carry food to table.

## **Cars**

- You may need to use a cushion to raise seat height 2" higher than your knee height. A plastic bag on the seat will help you turn. Park the car so that you can sit into the car from ground level, not from the sidewalk (which might make the seat too low).

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## During Your Hospital Stay

### WHAT TO BRING TO THE HOSPITAL

- This Total Hip Replacement Handbook.
- List of all medications and supplements you take, including dose and frequency.
- Loose slippers with non-skid soles and heel backs. Your feet will be swollen after surgery. No open back shoes.
- Knee-length or short bathrobe.
- Toiletries such as a toothbrush, toothpaste, comb, brush, etc.
- Glasses, hearing aids with extra batteries and their containers.
- A container for dentures or partials.
- Comfortable clothing to wear home.
- Kaiser Permanente and other medical insurance card(s), photo identification.
- Co-payment (If your health plan coverage requires a co-payment for hospitalization or discharge medications, bring **ONLY** the amount of cash necessary, a check or a credit card to cover these expenses.)
- Copy of your Advance Health Care Directive if you have one.
- Leave valuable items such as money, jewelry, watches, additional credit cards, laptop computers, and cell phones at home.
- Please consider that a check or credit card should be used for the cost of transportation services, if friends or family are not able to transport you.
- Do not wear any metal products such as hair clips, bobby pins, jewelry, or metallic nail polish on the day of surgery.
- Inform hospital staff of any medication and non-medication allergies you may have. Non-medication allergies include latex, flower/plants, surgical or paper tape.
- Your CPAP machine if you use one when sleeping

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## MOBILITY AND COMFORT MEASURES

Shortly after your surgery, the nurse or physical therapist will get you out of bed. Getting up and out of bed will help prevent blood clots, constipation and pneumonia.

The goal is to keep you comfortable. If the medication to control your pain is not working, tell your nurse. You and your nurse will plan together to control your pain.

You may not have a bowel movement while you are in the hospital; however, constipation is a common problem following surgery, so please request a laxative if you think you need one.

PLEASE SPEAK UP IF YOU ARE UNCOMFORTABLE!

## TREATMENTS

There may be a plastic drainage tube leading to a container which removes fluids that collect at the surgical site. Your doctor will remove the drain 24 to 48 hours after surgery if you have one.

A small tube (Foley catheter) may be inserted into your bladder to drain urine and will be removed 24 to 48 hours after surgery. It is important to remove the catheter within 48 hours to prevent infection. If you don't have a catheter and you think your bladder is full, please let your nurse know.

You will need to take deep breaths using your incentive spirometer (ICS) to open your lungs and clear secretions. This will decrease complications after surgery, such as pneumonia or poor lung volume. You should use your incentive spirometer 10 times every hour while you are awake.

## Posterior Total Hip Precautions

Certain positions cause undue stress on your hip and could cause the prosthesis to dislocate. Your surgeon will determine which precautions, Posterior Hip Precautions or Modified Posterior Hip Precautions, you should follow to make your recovery safe and comfortable. Please follow your precautions until cleared by your physician.

1. Do not bend your hip past 90 degrees in lying, standing, or sitting.  
See examples below and next page.

**Incorrect**



**Correct**





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Posterior Total Hip Precautions examples continued below.

**Incorrect**



**Correct**



**Incorrect**



**Correct**



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2. Do not cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side). See examples below.

**Incorrect**



**Correct**



**Incorrect**



**Correct**



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## Modified Posterior Total Hip Precautions

You may be cleared by your doctor to use the Modified Posterior Total Hip Precautions. Your therapist will help determine if it is safe for you to use these modified precautions. Once this is determined you will need to continue using the precautions deemed safe for you to help prevent your hip from dislocating.

1. While getting out of bed, you may bend you hip more than 90 degrees only if:
  - a. You are getting out of bed on the same side as your operated hip.
  - b. You are able to keep your knees wide apart
  - c. You are able to keep your toes pointed out.
  
2. While going from sitting to standing, you may bend your hip more than 90 degrees only if:
  - a. You are able to keep your knees wide apart.
  - b. You are able to keep your toes pointed out.

### Notes:



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## DAILY ACTIVITIES AFTER YOUR TOTAL HIP REPLACEMENT

The following instructions are a guide to help you manage daily activities after your hip replacement surgery. The physical therapist or the occupational therapist may instruct you to use slightly different techniques to meet your individual needs.

Do not bend forward more than 90 degrees until your doctor says you may. Do not lift your knee higher than your hip height on the operated side. Do not cross your legs (at the knees or ankles) until your doctor says you may.

### SITTING

**Incorrect**



**Incorrect**



**Incorrect**



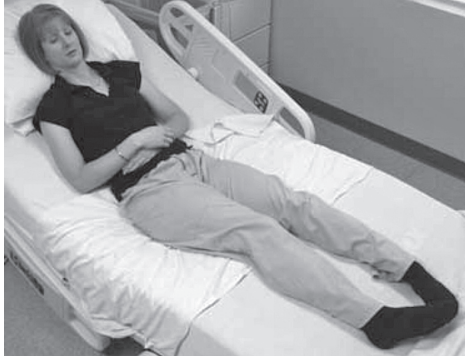
**Correct**

Keep your knee lower than your hip joint at all times. In other words don't flex your hip past 90 degrees. Avoid low chairs or use pillows if needed.

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## BED POSITIONING

Keep pillows or your post op wedge between your legs when you are lying on your side. This is to keep your legs apart and to keep your leg from rotating inward. It is generally recommended that you lie on your non-operated side.



### **Incorrect**

When laying on your back,  
**Do not** inwardly rotate your hip  
(don't point your toes inward).



### **Correct**



### **Correct**

**Do** keep a pillow between your legs  
when lying on your back or side.

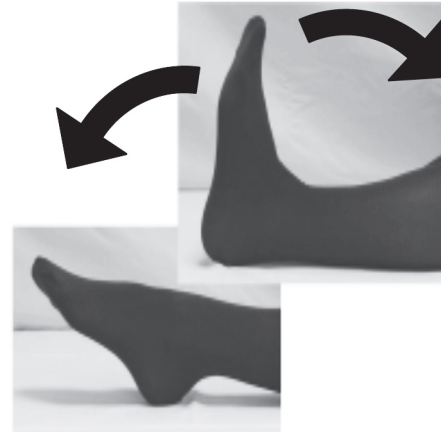
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## PHYSICAL THERAPY EXERCISES AFTER SURGERY

In order to help improve your range of motion, strengthen your legs, decrease your pain, and increase circulation, it is important to do your exercises often during the day.

### 1. Ankle Pumps

Bring your toes towards your shin as far as possible and then point your toes down as far as possible.  
Do both feet together.  
Repeat 10 – 20 times, every hour if possible.



### 2. Quad sets

Place a small towel roll behind your operated side knee.  
Try to slowly push down on the towel by tightening the muscles in the thigh.  
Hold for 6 – 8 seconds and repeat 10 – 20 times, 3 – 4 times per day.



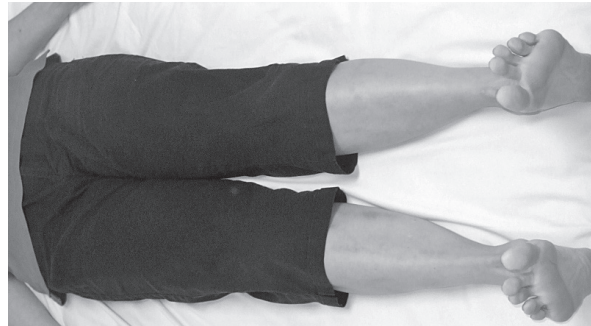
### 3. Gluteal Set

Squeeze your buttocks muscles together as tightly as possible.  
Hold for 6-8 seconds and repeat 10-20 times.



#### 4. Hip Abduction/Adduction

Lying on your back with your legs straight, slide the operated leg out to the side then back to the starting position. Repeat 10 times.



#### 5. Heel Slides

Loop a towel behind your knee. Bend your knee as much as possible by pulling your heel toward your buttocks using the towel to assist the motion. Allow the heel to slide back down slowly until the knee is straight again. Repeat 10-20 times, 3-4 times per day.



#### 6. Straight Leg Raises

Lie down on your back with your good knee bent and foot flat on the ground. Lift the other leg up while keeping the knee straight. Raise your leg no higher than the height of the other leg's knee. Repeat 15 times, 2-3x per day as able for both legs.



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## **THERAPY IN THE HOSPITAL**

Starting your exercise program and early mobility is vital to making your rehabilitation successful. You will see a physical therapist and in many cases an occupational therapist.

- Your first session with a therapist may be on the day of your surgery, but more often on the day following surgery.
- You will participate in therapy 1-2 times each day while you are in the hospital.
- Your physical therapist will go over the exercises that you will be doing in the hospital and when you go home to make sure you are performing them correctly. This will include range of motion and strengthening exercises.
- Your therapist will assist and instruct you in activities of daily living, (getting in and out of bed, using the restroom, etc).
- Your physical therapist will teach you how to use a walker to walk while you are in the hospital.
- Occupational therapy makes recommendations on toileting and showering, as well as teaches patients how to use the items in the hip kit.
- Your surgeon will monitor your progress with physical therapy and determine your rehab needs after discharge. The goal is to discharge you home with outpatient therapy or in some cases with Home Health and/or Home Health therapy.

## **Planning for Your Discharge**

### **DISCHARGE PLANNING**

Discharge planning is an integral part of your hospitalization. Coordinating services, medical equipment and care (as ordered by your physician) after hospitalization can sometimes take a few hours to several days. This is why discharge planning begins on the day you are admitted to the hospital.

Patient Care Coordinators (also known as PCCs) are registered nurses. They are available to assess and discuss your needs for post hospitalization care. By doing this they hope to achieve a smooth and successful discharge for you and your family when your doctor feels you are ready.

Some of the ways patient care coordinators can assist you and your family are:

- Assistance in determining your medical benefits
- Obtaining medical equipment
- Medical social worker referrals
- Transportation coordination
- Home Health coordination
- Skilled nursing facility referrals and placement if qualified and medically necessary
- Board and care/residential home referrals if needed



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Patients that have hip replacement surgery are generally discharged on the 2nd post-operative day. Please make sure someone is available to give you a ride home as soon as you are discharged.

Transportation home or to a skilled nursing facility is generally not a covered benefit under most health plans. The PCCs can assist you in arranging transportation at your expense, if needed.

## MEDICAL EQUIPMENT

Medical equipment and the amount of insurance coverage vary and are determined by your health plan. It is important that you understand which equipment will be covered and which you will need to take on as an additional expense of your surgery.

1. Standard medical equipment that will be needed at the time of your discharge from the hospital is a front wheeled walker.
2. The doctor may also recommend a bedside commode; this may be covered under your insurance policy if specific criteria are met.
3. Elevated toilet seats are NOT a covered benefit by any health plan. They can be purchased at any medical supply store.

The physical therapist will recommend to your surgeon any durable medical equipment (DME) you may need at the time of your discharge from the hospital. As ordered by your physician, the Discharge Planning Department will arrange for DME delivery to your home or the hospital.

If your specific health plan coverage does not include a DME benefit, you may still receive preferred rates from our contracted vendors.

You will need medications to prevent blood clots after your surgery. If necessary, your nurse will teach you and those involved with your post surgery care how to administer injections at home. Most people learn quickly and are able to accomplish the injections without difficulty. Coumadin therapy will require blood test monitoring. A home health nurse will visit to monitor this. Many patients will need only aspirin therapy.

### Notes:



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## HOME CARE

- You will need to walk with an assisting device for up to 6 weeks. Your therapist will help guide you when you are ready to walk without one. If you notice increased swelling after walking, elevate your leg until the swelling decreases.
- Use an adjustable commode seat if needed.
- Put frequently used items on counter tops within easy reach.
- Use an assisting device for dressing, such as a sock-aid or dressing stick for pulling pants up if needed.
- Use your wedge pillow while sleeping for 6 weeks after surgery.
- Remember your hip precautions as instructed by your therapist.

## DRESSING

### Pants and Underwear

1. Sit on the side of the bed or in an armchair.
2. Put on underwear and pants first. Using the dressing stick, catch the waist of the underwear or pants with the hook. Lower the stick to the floor and slip the pant over your operated leg first. Then do the same for your non-operated leg.
3. Pull the pants up over your knees. Stand, with the walker in front of you, and pull the pants up.
4. When undressing, take the pants and underwear off with your non-operated leg first, reversing step #3 above.





### **Socks and Stockings**

1. Slide the sock or stocking onto the sock-aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.
2. Holding onto the cords, drop the sock-aid out in front of the operated foot. Slip your foot into the sock and pull it on (see picture).
3. To take socks or stockings off, use the hook on the dressing stick to hook the back of the heel and then push the sock off your foot.



### **Shoes**

1. Wear slip-on shoes or use elastic shoelaces so you won't have to bend over to put the shoes on and tie the laces.
2. Use the dressing stick or a long-handled shoehorn to put on or take off your shoes.



### Household Activities

1. Use a reacher to pick up objects on the floor.  
Do not bend down to pick up objects.
2. Use a garment with several pockets to carry small items.
3. Carry hot liquid in containers with covers.
4. Slide objects along the counter top, rather than carrying them.
5. Sit on a high stool when doing counter top tasks.
6. Get a walker bag or walker tray, or tie a plastic shopping bag to your walker. Any of these can be used to carry items including plates, silverware, food, sealed containers, etc.
7. Remove throw rugs from the floor to avoid tripping over them.

### Notes:





## Car Transfers

It is recommended that you use the front seat when riding as a passenger.

1. Have the front seat moved all the way back.
2. Recline the backrest as far as possible.
3. Back up to the car seat with the walker. Sit down as you would in a chair keeping your operated leg out straight. Watch your head as you sit down in the seat.
4. Slide up into the seat far enough to bring your operated leg into the car while leaning back. Remember to keep your operated leg rolled out and don't bend your hip more than 90 degrees.
5. Sit semi-reclined using pillows between your legs.
6. Do not reach forward to close the door, ask for help.
7. For getting out of the car, reverse these instructions.



### Notes:



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## PAIN CONTROL

It is normal to have pain in your hip following surgery.  
Pain at night can persist for 8 –12 weeks after surgery.

- Use your pain medication as needed to manage the pain.  
Keeping your pain managed will help you do your exercises and prevent loss of motion.
- Keep the leg elevated to reduce the swelling and pressure.
- Use ice on your hip for 15-20 minutes at a time.  
Always place a wet or dry hand towel over your hip first to prevent burning your skin.  
Repeat this as often as you wish but no more than once per hour.
- Do not leave your leg down for long periods.
- If you experience significant pain or swelling, contact your doctor immediately.
- Increase activities gradually as instructed by your health care provider.  
Use your crutches or walker for the full amount of time that your doctor recommends.  
You need to exercise, but don't overdo.

## WOUND CARE

- Keep a clean, dry dressing on your incision until your doctor says it is okay to leave it exposed.
- Change the dressing if it becomes wet or dirty.
- Check with your doctor about bathing or showering.  
It is usually okay in 5 –10 days.

### Notes:



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## When to Call Your Doctor

Call your doctor for the following:

1. Incision becomes swollen, red, or if you notice drainage.
2. Pain develops with weight bearing or if the leg looks misaligned.
3. Pain develops in calf or chest.
4. Temperature over 100.5 degrees Fahrenheit.

### Notes:



#### IMPORTANT REMINDERS

Be aware that your artificial hip may activate metal detectors.

You may acquire a temporary disabled parking permit from the Department of Motor Vehicles. Forms are available in the Orthopedic Clinic.

If you are scheduled for dental work, you may need to take antibiotics. Please discuss this with your surgeon.

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## Online Resources

Looking for answers online about your surgery or procedure? The interactive programs, "Prepare for Your Procedure (Emmi®)" on your doctor's home page can help you learn more about what to expect.

"Prepare for Your Procedure" is an interactive program that uses a friendly voice and helpful graphics to guide you through each step of your procedure. Start, stop and go back through the program as needed.

Visit your doctor's home page at [kp.org/mydoctor](http://kp.org/mydoctor). Select the "Tools & Classes" tab and click on "Prepare for Your Procedure – Emmi." Select the program you wish to view and register to begin. "Prepare for Your Procedure" includes programs on a variety of procedures including Total Hip Replacement, Preparing for Childbirth, Cataract Surgery and many more!

### "Prepare for Your Procedure" covers:

- Your Body
- Your Condition
- Before Your Procedure
- Your Procedure
- After Your Procedure
- Risks and Benefits
- Alternatives

### I would like you to watch the following "Prepare for Your Procedure" programs:

- ACL Reconstruction
- Anesthesia for an Adult**
- Anesthesia for Your Child
- Bunionectomy w/ Possible Osteotomy
- Carpal Tunnel Release
- Knee Arthroscopy
- Shoulder Arthroscopy
- Shoulder Replacement
- Taking Warfarin (Coumadin®)**
- Total Hip Replacement**
- Total Knee Replacement

### How did "Prepare for Your Procedure" impact over 13,000 other patients?\*

**98%** Improved my understanding of what to expect

**95%** Provided me with new information

**93%** Increased my comfort level

**86%** Covered risks I didn't know before

**91%** Better understanding of what to do before procedure

**91%** Better understanding of how to take care of myself after procedure

*\* Emmi satisfaction survey data based on 13,756 respondents as of February 2010.*



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## Frequently Asked Questions

### 1. When can I drive?

Approximately 6-8 weeks after surgery. Manual transmission may require a longer waiting time.

### 2. When can I travel?

Long distance travel should be minimal for 6 to 8 weeks. Make frequent stops where you can get out and walk. You are at high risk for developing blood clots in your legs because of the surgery. Support stockings are recommended for travel to help with your circulation.

### 3. When are my sutures/staples removed?

Most patients have dissolving sutures that do not need to be removed. If you do have staples, they will be removed 10-21 days after surgery.

### 4. When can I shower?

When your doctor says you can, which is usually after discharge from the hospital, and there is no drainage from the surgical wound. You should use a shower chair to assure your safety since your leg is still weak.

### 5. How long will I need a walker or crutches?

An assisting device such as a walker may be required for 6 weeks. This time depends on the progress you make.

### 6. When can I put full weight on my new hip?

Usually immediately unless your doctor tells you otherwise.

### 7. Will I set off the alarm at airport security?

It commonly happens. You will need to allow extra time to go through a secondary security check.

### 8. When can I have intercourse with my partner?

Waiting 4 to 6 weeks after surgery will allow your new hip time to begin healing. During your 4 week follow-up appointment your doctor can assess the stability of your new joint and make recommendations. Sexual desire may be diminished after surgery due to the amount of energy being directed towards relearning walking skills. A woman may benefit from placing a pillow under her thighs. Your doctor can provide you with more information on safe positions.

### 9. How can I obtain a handicapped parking permit?

An application can be obtained from the Department of Motor Vehicles, or from the Orthopedic office. Your doctor can assist you by completing the portion requiring his or her signature.

### 10. How long will I need physical therapy?

Your progress and participation will determine this answer. Walking and your daily attention to the exercises given to you by your physical therapist in the hospital are the key. You should continue these exercises for at least 6-8 weeks or until your recheck with your doctor.

### 11. How long will the new joint last?

Implant longevity will vary depending on your age, weight, activity level and bone quality. Your hip is part of a registry which tracks the longevity of the prosthesis your doctor chose for you.

### 12. When should I resume my regular medication?

When you are discharged, you will be provided with a list from your doctor of medications to resume, change, start and stop.

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**Notes:**



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**Notes:**



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**Notes:**



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**Notes:**



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**Notes:**





# My Doctor Online

Sign up at [kp.org/mydoctor](http://kp.org/mydoctor)

Visit **My Doctor Online** to access trusted health information 24/7.  
Your journey to good health just got a little easier at [kp.org/mydoctor](http://kp.org/mydoctor).

## Connect with Your Doctor

- Learn about your doctor's background
- Send a secure e-mail to your doctor
- Make a routine appointment

## Manage Your Health

- Check your lab results
- Meet with an online health coach
- Refill your prescriptions
- Review your medical visit notes

## Expand Your Knowledge

- Read about your health conditions and treatments
- Access videos, interactive health tools and podcasts
- Prepare for Your Procedure with Emmi<sup>®</sup>

## IMPORTANT PHONE NUMBERS

### **Orthopedics Surgery Scheduler**

Monday–Friday

8:30 am–12:30 pm and 1:30 pm–5 pm

(650) 299–2081 or (650) 299–2082

### **Orthopedics Department**

Monday–Friday

8 am–12:30 pm and 1:30 pm–5 pm

(650) 299–2160

### **Surgical Support Services/Advice**

(650) 299–2079

### **Perioperative Medicine Department**

(650) 299–4895

### **Surgery Cancellation Line**

(650) 299–2266

### **Kaiser Permanente**

Patient Care Coordination

(650) 299–3290

### **Kaiser Permanente**

Social Services

(650) 299–3207

### **Blood Centers of the Pacific**

(800) 215–6225 (Blood Donation)

### **Kaiser Permanente**

Appointments and Advice

(650) 299–2000

### **Kaiser Permanente**

Member Service Call Centers

English: (800) 464–4000

Senior Advantage (Medicare members)

(800) 443–0815

Spanish: (800) 788–0616

Chinese Dialects: (800) 757–7585

TTY (800) 777–1370

TTY California Relay 711

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[kp.org/mydoctor](http://kp.org/mydoctor)

More details on page 30

