TOTAL HIP REPLACEMENT

Your Pathway to Recovery

Kaiser Permanente
TOTAL HIP REPLACEMENT
Table of Contents

Orthopedists .................................................................................................................. 4
Orthopedic Pre-op Appointment Questionnaire .......................................................... 7
Total Joint Class .............................................................................................................. 8
Anesthesia .......................................................................................................................... 8
Your Surgery Appointments ........................................................................................... 11
Preoperative Laboratory Tests ...................................................................................... 12
Surgery Date ..................................................................................................................... 12
Blood Donation ................................................................................................................. 12
Home Readiness ............................................................................................................... 13
Physical and Mental Readiness ....................................................................................... 15
  Weight Loss ..................................................................................................................... 15
  Balanced Nutrition ......................................................................................................... 15
  Smoking Cessation .......................................................................................................... 15
  Stopping Alcohol ........................................................................................................... 15
  Cardiac Strengthening .................................................................................................... 15
  Dental Care ..................................................................................................................... 16
  Muscle Strengthening ..................................................................................................... 16
  Mental Preparedness ...................................................................................................... 19
Counting Down to Surgery ............................................................................................. 19
  Automobile Issues ......................................................................................................... 19
  Medication Restrictions ................................................................................................. 19
  Illness Before Surgery .................................................................................................. 19
  Preparing for Surgery ................................................................................................... 20
  Preoperative Visit ........................................................................................................... 20
  Anesthesia Evaluation ................................................................................................... 20
  Preoperative Studies ...................................................................................................... 20
  Your Surgeon's Homepage ............................................................................................ 20
  Bowel Care ..................................................................................................................... 21
Final Preparations .............................................................................................................. 21
  Blood Work ..................................................................................................................... 21
  Packing for your Hospital Stay ....................................................................................... 21
  Preoperative Bathing ..................................................................................................... 21
Day of Surgery .................................................................................................................. 22
Managing Your Pain .......................................................................................................... 23
New Day, New Hip ........................................................................................................... 24
Recovery Days .................................................................................................................. 25
  Physical Therapy ............................................................................................................ 26
Frequently Asked Questions .......................................................................................... 26
Discharge Criteria ........................................................................................................... 29
Discharge Day .................................................................................................................. 30
Activities of Daily Living ............................................................................................... 30
Nutrition for the Surgical Patient ................................................................................... 33
Daily Food Guide ............................................................................................................. 35
Restricted Pre-Surgery Medication ................................................................................. 36
A Team Approach
The Kaiser Permanente Orthopedic Department utilizes a team approach to all areas of orthopedic care. This is especially important when it is decided a joint must be replaced. Your physician and his associates work closely together to determine the best path of treatment specifically for your needs. Our Orthopedic Surgeons include:

Dr. Eugene Bobroff
kp.org/mydoctor/bobroff
University of California San Diego Medical School
Harbor University of California Los Angeles - Internship
Harbor University of California Los Angeles - Orthopedic Surgical Residency
Board Certified - Orthopedic Surgery

Dr. Craig Bouris
kp.org/mydoctor/bouris
Columbia Presbyterian University School of Medicine
Columbia Presbyterian University, Internship
Columbia Presbyterian University, Residency
Center for Sports Medicine, Long Beach, Fellowship
Board Certified - Orthopedic Surgery

Dr. William R. Cimino
kp.org/mydoctor/williamcimino
Yale University Medical School
University of California, San Francisco - Internship
University of California, San Francisco - Orthopedic Residency
University of California, Los Angeles - Foot and Ankle Fellowship
Board Certified - Orthopedic Surgery

Dr. Craig Gyory
kp.org/mydoctor/gyory
Johns Hopkins Medical School
George Washington University, Internship
George Washington University, Orthopedic Surgery Residency
Board Certified - Orthopedic Surgery

Dr. Jason Ho
kp.org/mydoctor/jasonho
Columbia University College of Physicians and Surgeons
Northwestern University, Chicago, Illinois - Internship
Northwestern University, Chicago, Illinois - Residency
New England, Baptist Hospital - Sports Medicine Fellowship
Board Certified – Orthopedic Surgery
Dr. Stefan Jibodh
kp.org/mydoctor/stefanjibodh
John Hopkins University, School of Medicine
Harvard Combined – Orthopedic Residency Program
Massachusetts General Hospital – Fellowship
Board Certified - Orthopedic Surgery

Dr. Joanne Y. Kim
kp.org/mydoctor/joannekim
George Washington University Medical School
University of California, Irvine Medical School - Residency
Sports Medicine/Arthroscopy Shoulder Reconstruction - Fellowship
Board Certified - Orthopedic Surgery

Dr. Thomas Phuriphan
kp.org/mydoctor/phuriphan
Mahidol University, Bangkok, Thailand, Medical School
Memorial Hospital, New York, Internship
Albany Medical Center, New York, Orthopedic Surgery Residency
Board Certified - Orthopedic Surgery

Dr. Abhindrajeet Sandhu
kp.org/mydoctor/abhindrajeetsandhu
St. Louis University, Missouri, Medical School
State University of New York, Brooklyn - Internship
State University of New York, Brooklyn - Orthopedic Residency
Florida Orthopedic Institute, Tampa - Fellowship Adult Reconstruction
Board Certified - Orthopedic Surgery

Dr. Debra Schenk
kp.org/mydoctor/schenk
University of California, San Francisco Medical School
UC Irvine (Internship - General Surgery)
UC Irvine (Residency - Orthopedic Surgery)
Board Certified - Orthopedic Surgery

Dr. Kenneth Seiber
kp.org/mydoctor/kennethseiber
The George Washington University, School of Medicine
University of California at Irvine - Residency
Orthopedic Sports Medicine, Stanford University - Fellowship
Board Certified - Orthopedic Surgery
Dr. Sabine von Glinski
kp.org/mydoctor/vonglinski
University of Colorado Medical School
University of San Francisco (Orthopedic Residency)
Hanover, Germany (Trauma Fellowship)
Board Certified - Orthopedic Surgery

Dr. John Woll
kp.org/mydoctor/jwoll
University of California, San Francisco Medical School
University of California, San Francisco - Internship
University of California, San Francisco - Orthopedic Surgery Residency
Board Certified - Orthopedic Surgery

Dr. Vincent Yamamoto
kp.org/mydoctor/yamamoto
University of California, Los Angeles, Medical School
University of California, Irvine, Internship
University of California, Irvine, Orthopedic Surgery Residency
Johns Hopkins University, Total Hip and Knee Reconstruction Fellowship
Board Certified - Orthopedic Surgery

These physicians are assisted by specialized nursing staff, physical therapists, dietitians, discharge planners and social workers dedicated to working with you to ensure the best outcome is achieved for your needs.

**The most important member of the team, however, is you!**

Your willingness to actively participate in the pre-surgical preparation and post-surgical recovery requirements will have the greatest influence on your ability to return to a more comfortable and active lifestyle.
ORTHOPEDIC PRE-OP QUESTIONNAIRE

Please complete the medical questionnaire below to the best of your ability before your Orthopedic pre-op appointment.

Age: ____ Sex: ____ Weight (lbs): _______ Height: ____ Occupation: _______________

Do you or have you ever had any of the following conditions? Check Yes or No (Family, friends and relatives may help to complete this section)

Your interviewer will ask for the details.

Heart: 1. Heart attack or angina (chest pains), treadmill test ___ ___
2. Rhythm (skipped beats, missed beats, extra beats, palpitations, very fast heart rate) ___ ___
3. Heart failure (fluid on the lungs) ___ ___
4. Other (murmur, rheumatic fever, ankle swelling, shortness of breath when laying flat) ___ ___

Circulation (high blood pressure, low blood pressure, pain in the legs with exercise) ___ ___

Lungs: 1. Asthma, bronchitis, or emphysema ___ ___
2. Shortness of breath or cough ___ ___
3. Recent cold involving the lungs (within 2 weeks) ___ ___
4. Other Lung problems ___ ___

Nervous system (stroke, seizure, numbness, weakness, headache; disease of the brain or spine) ___ ___

Liver (hepatitis, cirrhosis, jaundice, gallbladder disease, or other problem) ___ ___

Kidney disease (difficult urination, infection, etc) ___ ___

Diabetes (high or low blood sugars) ___ ___

Thyroid disease ___ ___

Stomach (ulcers, hiatal hernia, heartburn, reflux, diarrhea, constipation, bleeding with bowel movements, abdominal pain) ___ ___

Bleeding disorders (inability to stop bleeding once cut, or after dental procedures) ___ ___

Teeth (loose, chipped, capped, cracked, or removable) ___ ___

Musculoskeletal System (back or neck pain, injuries, or arthritis) ___ ___

Skin (psoriasis, abrasions, bruises, ulcerations) ___ ___

Cancer (ever received chemotherapy, radiation treatments) ___ ___

(For women) Is there any possibility that you are pregnant at this time? ___ ___

Other medical problems? ___ ___

List all medicines that you have taken regularly anytime during the last six months. Include eye dropper, water pills, steroids and aspirin.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do you have allergies or bad reactions to any medicines?  

Yes  No

(Please list medicines and your reaction to them).

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List all previous surgeries (from the most recent)

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>Type of Anesthesia</th>
<th>Problems (With the anesthesia)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has any blood relative of yours had a serious reaction to anesthesia?  

Yes  No

Do you or have you ever smoked?  

_____ packs/day for  

years

Do you drink alcohol?  

oz. a day / week / month (circle one)

Do you or have you ever used drugs? (I.e. marijuana, cocaine, intravenous drugs)

TOTAL JOINT CLASS

It is very important that you attend this class as part of your preparation for surgery. The combination of this booklet and the class will answer many of your questions. You will have the opportunity to meet with a representative from discharge planning/social service, nursing, dietary and physical therapy. You will have an opportunity to learn many of the exercises required for your full recovery.

Your physician will make a referral to the Physical Therapy Department once it is determined you will need surgery. A Surgery Scheduler will contact you to schedule you for the Total Joint Class. It is best to attend at least 4-6 weeks before your surgery.

ANESTHESIA

Anesthesia Pre-Op Evaluation

One week prior to the day of surgery your chart will be reviewed in detail by an anesthesiologist. If additional information or clarification is required, you will receive a telephone call. If you do not receive a call, please be assured that the Anesthesia Department will be prepared for you on the day of the surgery and will review your medical history and the anesthetic option with you then.

If you do not receive a call and you wish to speak with an anesthesiologist prior to your surgery day, please call (925) 295-4739.
Final Pre-Op Instructions/Information
A few days prior to your surgery you will receive a call from a Perioperative Nurse Educator, who will give you day of surgery medication instructions, fasting instructions, and inform you of any preoperative tests that may still need to be completed. Any other questions you have may have been answered at that time. This is an important phone call in preparing you for the day of surgery. If you cannot be reached, the nurse will leave a message for you to return the call at 925) 813-7578.

On the day prior to your surgery you will receive a call from the Operating Room staff to inform you of when you will be expected to arrive.

Types of Anesthesia

Local Anesthesia/Monitored Anesthesia Care
Local anesthesia is when the anesthetic is injected directly into the surgical site and numbs only that area. Medications are often given intravenously to make you comfortable and drowsy.

Regional Anesthesia
Regional anesthesia is for more extensive surgery and blocks a major system of nerves so that feeling is lost in a major part, but not all, of the body. Medications are often given intravenously to make you comfortable and drowsy.

General Anesthesia
General Anesthesia affects the brain and entire body. Sometimes the medications are given intravenously or inhaled with oxygen.

Before Anesthesia
Please follow these instructions carefully so that your procedure is not cancelled or delayed.

Eating and Drinking
After midnight: No food, alcohol, or tobacco. Clear liquids are okay until 3 hours before your arrival for surgery (unless an anesthesiologist or surgeon instructed you otherwise).

The last 3 hours prior to arrival for surgery, nothing at all (including gum and mints) except:

1. medications with sips of water;
2. brushing your teeth is okay (don't swallow the water or toothpaste)

Medications
Non-steroidal anti-inflammatory drugs like Motrin (ibuprofen) should be stopped 2 days before surgery. Exceptions: Naproxen, Nabumetone, Meroxian - stop 4 days prior; Feldene, Daypro – stop 14 days prior.

Tylenol or Vicodin: okay to continue because they do not interfere with bleeding.

Aspirin: Continue aspirin unless otherwise instructed by your surgeon.

If you have a coronary stent(s) or are taking aspirin for stroke prevention or poor circulation, notify your surgeon and do not stop your aspirin, Plavix, or Ticlid without discussing this with your cardiologist, neurologist, or vascular surgeon.
**Day of Surgery Medications:** Instructions will be given to you prior to the day of surgery by an anesthesiologist or preoperative nurse.

**Clothing/Accessories:** Wear casual clothing which is easy to remove and replace. Remove eye makeup, artificial eyelashes, contact lenses, all jewelry, hairpieces, hairpins, and barrettes. Please bring your Kaiser Permanente card.

**After Outpatient Surgery:** (including surgery using local anesthesia):
- You must have a responsible adult:
  - Drive you home (or ride in a taxi cab with you)
  - Help you for 8 hours after leaving the hospital
YOUR SURGERY APPOINTMENTS

Surgeon: _______________________________ Date of Surgery: ________________

Type of Surgery: _______________________

The Admitting Office will call you one day prior to the date of your surgery with your arrival time. If you do not receive this call by the evening before your surgery (for Monday surgery, call Friday) please call:
• For surgery at Antioch Medical Center, call: 925-813-7578
• For surgery at Walnut Creek Medical Center, call: 925-295-4770
• For surgery at Pleasanton Medical Center, call: 925-847-5368

Preop or POM Appointment:

With: Dr./NP/PA _______________________ Date: ___________ Time: ____________

___ Deer Valley ___ Walnut Creek ___ Pleasanton

PCP Clearance:

With: Dr. ___________________ Date: __________ Time: _______ Location: __________

Joint Class:

Date: __________ Time: _________ ___ Deer Valley ___ Walnut Creek

Anesthesia Evaluation: Anesthesia will review your medical history and call you if needed.

The following tests have been ordered for you: (Note: Labs are non-fasting and orders are in the computer)

___________ EKG _______________ Lab # 1 _______________ Lab # 2

Post-operative Appointments:

With: Dr./NP/PA _______________________ Date: __________ Time: ____________

___ Deer Valley ___ Walnut Creek ___ Pleasanton

Physical Therapy (if necessary):

With: ___________________________ Date: __________ Time: ____________ Locations: __________
PREOPERATIVE LABORATORY TESTS

Preoperative laboratory tests will be ordered and must be completed prior to your surgery. Please wear clothing with loose fitting sleeves so blood can be drawn.

These tests may include:
- **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
- **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

SURGERY DATE

You will be called with your admission time on the day prior to your surgery.

Antioch Medical Center patients will be called between the hours of 9:00am-3:00pm. Walnut Creek Medical Center patients will be called between the hours of 10:00am-3:00pm.

If you have not received a call by 3:00pm, please call Antioch Medical Center at 925-813-7578 or Walnut Creek Medical Center at 25-295-4770 to verify the time you will be admitted. If your surgery is on a Monday or on a Tuesday after a holiday, call the Friday before.

Arrive at the Antioch Medical Center/Walnut Creek Medical Center admitting office on the day of surgery at am/pm. You are asked to arrive early to allow time for the pre-operative nurses to prepare you and your medical record for surgery.

BLOOD DONATION

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. You should discuss the possibility of blood transfusion and your options with your surgeon.

If autologous donation is planned, you will need to schedule your donation appointments as soon as possible. Blood may be stored for up to 42 days, but you need time between donations and your surgery date to rebuild your blood iron level. The blood bank needs at least 5 days to process your donation. All blood donations should be completed at least 3 weeks before surgery.

The autologous donation site for Kaiser Permanente Walnut Creek/Kaiser Permanente Antioch Medical Center is the Blood Centers of the Pacific Blood Bank. A completed “Request for Autologous Donation” should be taken to your appointment. Your Surgery Scheduler will provide you with this form during one of your visits. The form can
also be obtained at the Kaiser Permanente Antioch Medical Center / Kaiser Permanente Walnut Creek laboratory between 7 a.m. and 7 p.m. weekdays and between 9 a.m. and 2:30 p.m. on Saturday or Sunday.

Staff in the Orthopedic Clinic or Blood Bank can answer further questions you may have about Autologous or Designated Donor Blood donation.

**Getting Ready to Donate**

It is recommended that your diet include foods high in iron to ensure an adequate blood level. These foods include:
- Cream of wheat, or other iron fortified cereals such as “Total” (read nutritional labels)
- Meats such as liver, lean red meats, oysters, tuna in oil
- Dried fruit and prune juice
- Dark green leafy vegetables such as broccoli or spinach
- Beans such as navy or kidney beans

If your doctor recommends an iron pill:
- Do NOT take on an empty stomach
- Drink plenty of orange or other citrus juices when taking the pill
- Eat foods high in Vitamin C to help iron be better absorbed
- Wait one hour after taking the pill before drinking caffeine drinks such as coffee or tea to ensure good absorption
- Cook foods in an iron skillet - some iron is absorbed into foods this way

**Donation Day**

Eat a well-balanced meal and drink extra water or juices before donating your own blood. The procedure takes about one hour. The staff will monitor your blood pressure, pulse, and temperature and make sure your blood level is high enough to donate. Snacks such as orange juice and cookies are available after you have completed the donation. The blood bank staff will not let you leave until they feel it is safe for you to do so. Do not plan to participate in any strenuous activity for the remainder of the day. Fluids and good nutrition are important after the donation as well.

Call to reschedule your appointment should you become sick on the day you planned to donate.

**HOME READINESS**

Since you will still be recovering from your surgery when you return home, it is important that you make it a safe and convenient environment before you have your surgery. The following tips will make your home healthier for you and your new hip.

Plan to have someone available to help you at home for several days or arrange for in home help if you live alone.

**Kitchen**
- Precook foods
- Stock up refrigerator, freezer, and pantry with convenience foods
- Place frequently used pans/utensils within reach without bending or climbing
- Omit throw rugs from your home
- Use non-skid floor wax only on linoleum floors
- 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

Senior Outreach Services: Antioch area - 925-778-1158
Senior Outreach Services: Walnut Creek and Martinez area - 925-937-8311.

Bedroom
• If two story home, ensure some bed/sleeping areas are on ground floor
• Ensure sufficient nightlights illuminating bed to bathroom route
• Keep flashlight at bedside
• Practice getting up from lying position slowly
• Place phone within reach on nightstand without having to turn or twist in bed, consider purchasing a cordless phone

Bathroom
• Consider installing grab bars on walls of shower or tub
• Obtain high rise toilet seat; better brands secure to the commode for greater stability and have arms which help you to push up from the seat (prices vary)
• Move toilet paper so you do not have to reach forward or twist around when using the bathroom
• Explore purchase of hand-held shower head and shower chairs which allow sitting while bathing once showers are allowed; a long handled sponge is useful.
• A high raise toilet seat and shower chairs are not covered by Kaiser Permanente or Medicare and must be purchased by the patient.

Living Space
• Remove scatter rugs or other objects on floor which could cause you to trip and fall (electrical or telephone cords)
• A firm chair with arm rests, high seat, straight back and no wheels is needed
• Enlist help to rearrange furniture allowing clearance for walker or crutches (walker dimensions: height varies with patient, minimum width is 2 feet)
• Label chairs such as low chairs, swivel chairs, or rolling chairs as not appropriate for you to use after surgery with reminder note “do not sit”
• Place list of emergency numbers by each telephone

Wardrobe/Closet
• Obtain properly fitted low, broad or flat shoes with laces as feet may swell after surgery
• Allow ease in dressing by wearing elastic waist or draw string garments
• Acquire knee length gowns/nightshirt and robes that do not interfere with walking
• Borrow an apron with pockets to hold a cordless or cellular telephone, tissues, TV remote control, medications, juice box, etc.
• Place frequently worn items in dresser drawers that do not require bending or stooping
• Rent or purchase a grabber to pick up dropped items; practice using it before surgery
• Obtain shoe horn with extension to reach your feet

Other Equipment
• Walker – the nurse from Continuing Care will assist you in making arrangements for a walker. Coverage for the walker depends on the type of Kaiser Permanente insurance you have.
PHYSICAL AND MENTAL READINESS

It is very important to the success of your surgery that you are ready physically and mentally for the challenge ahead. Your decision to proceed with the hip replacement indicates your willingness to make necessary changes and preparations before surgery. Changes in areas below will enhance your recovery.

Weight Loss
If your physician has recommended a weight loss prior to surgery, it is important that you attempt this goal. Extra weight causes undue stress on the new hip and surrounding bone as well as the non-operative hip. Every time you step you are actually placing about two times your weight on the leg touching the floor (a weight of 200 lbs = 400 lbs of pressure). If you need assistance in planning a diet which will help with weight loss yet enable your body to obtain all the nutrients it needs, you may call the Weight and Lifestyle Clinic. To register for classes call:
779-5147 for classes in Delta Fair
813-3100 for classes in Antioch Medical Center
372-1999 for classes in Martinez
847-5172 for classes in Pleasanton (6 week class)
295-4070 for classes in Walnut Creek Medical Center (10 week class)

Balanced Nutrition
It is important to prepare your body for surgery. This can in part be accomplished by eating a well-balanced diet. The enclosed “Good Nutrition for the Surgical Patient” should be read and followed in the weeks before surgery. Prior to admission you will be asked to complete a nutrition screening card. This will enable the dietitians to meet your unique dietary needs while you are hospitalized.

Smoking Cessation
It is important that you attempt to stop smoking before surgery. Not only will it reduce the chances of postoperative lung complications, but you will have better oxygen delivery through your body which aids in wound and bone healing. If you need assistance to stop this habit, you may call the Stop Smoking Program to register for evening classes (Antioch Medical Center - 813-3560, Walnut Creek Medical Center - 295-4190).

Stopping Alcohol
Alcohol interferes with your body’s ability to absorb medication properly. This includes anesthetic agents and pain medications which are vital to you throughout your hospitalization. Alcohol can also cause confusion in your postoperative recovery. It is vital that you remain alert and able to think clearly. Initially your balance may be unsteady. Alcohol is known to increase the risk of falling and should be avoided in the recovery period after discharge to reduce the chance of self-injury. If you are unable to manage your alcohol intake, the Drug and Alcohol Program may help you (Antioch – 779-5810, Walnut Creek – 295-4145).

Cardiac Strengthening
The pain in your hip may have restricted your ability to participate in a regular exercise program. After your new hip is in place, you will be required to exercise daily with Physical Therapy in the hospital. With your medical doctor’s permission, it is recommended you exercise before surgery to help improve your tolerance.

Participation in a water exercise program is suggested. These low intensity programs reduce the pressure on painful joints yet allow you to strengthen your heart.
Aquatic or pool exercise programs in the East Bay area include:

- **Antioch Recreation Center**  Heather Farms  YMCA
  - 213 F Street  1750 Heather Drive  350 Civic Drive
  - Antioch, CA 94509  Walnut Creek, CA 94596  Pleasant Hill, CA 94523
  - 779-7070  943-5856  687-8900

Other programs may be found through your local Park and Recreational Facilities.

**Dental Care**

If you anticipate needing work on your teeth or gums this should be completed before your orthopedic surgery is scheduled.

**Muscle Strengthening (Pre-surgery and Post-surgery)**

The muscles in your arms and non-surgical leg will be required to support you after your surgery. The following exercises need to be performed daily to strengthen these muscles before surgery. Build slowly to a goal of repeating each exercise several times a day. Add additional weight as tolerated. These exercises will be reviewed during the Total Hip Class. Exercises can be done twice daily 5-10 repetitions.

**Arms:**

1. Sitting in a chair with side arms practice lifting your weight off the chair by pushing with your hands on the side arms of the chair like you are going to stand up.

2. Lying on your back, your arms by your side, thumbs pointing towards the roof; press arms into the mattress, tensing entire arm, hold for a count of 5, relax.

**Total Joint Replacement Exercises:**

1. Tighten your buttocks, hold for a count of 5, relax.

2. Quadriceps set: Keeping your legs straight, tighten the thigh muscles on top of your leg as much as possible and hold for 5 seconds. This will cause the knee to flatten and the kneecap to move upward slightly. Try to tighten even more during each second as you count to 5.

3. Move your leg straight out to the side. Keep your knee straight and pointing up to prevent your knee from turning inward.
Bring your leg back to the center.
Begin this exercise lying on your back.

4. Active hip and knee flexion: Lay flat on your back. Bend your hip and knee. Then straighten your leg while sliding your heel; make sure to keep your heel and knee in a straight line.

5. Ankle Pumps:
With each foot, pump your ankles up and down.

6. Static hold exercise:
Place rolled towels under your knee. Attempt to straighten the knee. Hold for 5 seconds then slowly return to the starting position.

7. Bridging:
Lie on back with both legs bent, lift up the hips and hold for 5 seconds.

8. Bend your knee up and out. Bring your heel toward your opposite knee.
**Standing Exercises:**
Start all of these exercises standing with a stationary support on both sides.

1. Bend your knee up toward your chest (no greater than 90 degrees). Keep your trunk up straight. Do not raise up your hip.

2. Take your leg straight back so it is behind you. Keep your trunk up straight and bend at the hip joint. Bring your leg back to the starting position.

3. Keep your hip straight. Bend your knee back as if trying to kick yourself.

4. Hip Abduction moving away from your body: Move your leg straight out to the side, keep your knee straight and pointing up to prevent your knee from turning inward. Then bring your leg back to the center.
**Mental Preparedness**

The choice to undergo a total hip replacement can be a difficult decision. It is important that you fully understand the benefits and risks of the surgery. If you have any questions concerning your surgery please ask your surgeon. If you are told something that you do not understand, you must seek clarification. You should be able to approach your surgery with all the knowledge that you desire and with the fullest confidence in your decision.

**COUNTING DOWN TO SURGERY**

Some final considerations must be reviewed before your surgery day.

**Automobile Issues**

You must be able to get in and out of your vehicle safely after your operation. If your car requires you to bend at the hip more than 90 degrees due to its size, bucket/low seats, or inability to slide the car seat back for full leg extension, you need to make alternative arrangements for car travel (i.e., home, to and from the medical office). Cars with a reclining front seat are the best.

Since you will be restricted from driving for at least 4-8 weeks after surgery you need to consider the driving ability of the significant other who will be helping you during your recovery. Your driving partner must be available to take you to and from your outpatient medical appointments.

**Medication Restrictions**

Your surgeon and anesthesiologist need to know all the medications you are currently taking. In addition to your prescription drugs, this includes any over-the-counter medications such as aspirin, vitamins, allergy pills, anti-inflammatory medication, and anything else you take. Because some of these medications affect your body’s ability to control bleeding, they must be restricted. Your physician will tell you which medicines to stop before surgery. Space is provided below to write down the medications you are currently taking. This list can be used as a resource during your office visits.

**Medications I am currently taking:**

<table>
<thead>
<tr>
<th>Name of Medications</th>
<th>Dose</th>
<th>Frequency</th>
<th>Why Taken</th>
<th>Times Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Illness Before Surgery**

If you develop any type of infection in the two weeks before surgery, Walnut Creek and Antioch patients need to report this to the Orthopedic Department by calling 295-4130. Surgery may be postponed for you until the infection has resolved. It can be dangerous to you if you do not report this infection. Bacteria in the body can travel to your new joint and cause an infection in this area. In some cases, patients must return to the operating room for removal of the hip prosthesis as part of the treatment for a hip infection. Infections include:

- urinary tract infections, prostate infections
- skin infections due to broken skin, pimples, rash, cuts from razors, thorny pricks, eczema, hang-nail
- respiratory infections with cough, fever or sputum
- dental abscesses
In addition, if a regular medical problem such as asthma, high blood pressure, diabetes or other chronic condition requires additional attention other than routine management; your surgery may have to be canceled.

Again, it is important that you have your surgery during a time of optimum health.

**Preparing for Surgery**
Now that you have decided on having surgery, we need to get you ready for the operating room. Generally, this process will include a final Preoperative Visit, and Anesthesia Evaluation, and Preoperative Studies.

**Preoperative Visit**
For most patients a final preoperative visit will be scheduled for a check up and to review the risks and benefits of surgery as well as any alternative treatment. In addition, important medical information will be discussed including current and past medical problems, current medications, allergies, prior surgeries, and advanced health care directives. The process will be greatly facilitated by filling out the medical questionnaire that is available on your surgeon’s homepage. Please not for individuals with multiple medical problems, you may be asked to visit your primary care physician before surgery to make sure surgery and anesthesia is safe for you. If you take blood thinning medications like aspirin, ibuprofen, naproxen, iodine, Relafen, coumadin, or plavix, please discuss whether and when these medications should be discontinued before surgery. These drugs usually continue to interfere with clotting for 7 or more days after the last day. If you have a coronary stent(s) or are taking aspirin for stroke prevention or poor circulation, notify your surgeon and do not stop taking your aspirin, plavix or Ticlid without discussing this with your cardiologist, neurologist or vascular surgeon.

**Anesthesia Evaluation**
An important part of your preoperative workup is an evaluation by our anesthesia department. This assessment can usually be performed over the phone. You will be given instructions regarding which current medications to continue and which to stop and when you must stop eating and drinking.

**Preoperative Studies**
Blood work, an electrocardiogram and a chest X-ray may be ordered for you by your surgeon. These tests should be performed 2-4 weeks before your procedure. A urine pregnancy test within 7 days of surgery will be required of all females between ages 13 to 50 years of age who have not had a hysterectomy. All tests are ordered by your surgeon through the Kaiser Permanente computer system and can be performed at any site within the Diablo Service Area. No paperwork is required.

**Your Surgeon’s Home Page**
A great deal of information is available on your surgeon’s homepage. Your surgeon’s link is listed under the Orthopedists section of this booklet on page 4.

Go to your surgeon’s homepage and click on the “Pre-Op Instructions” link in the left hand menu of the page. You can explore topics such as Advance Directive information, Anesthesia, Medication Restrictions, Pre-op Forms, Patient’s Legal Right and Bill of Rights, etc. Click on the “Pre-Op Pre-Admission Questionnaire.” Complete this form and bring it with you to your final preoperative visit/appointment and on the day of surgery. You can also take a virtual tour about your procedure by clicking on: “Prepare For Your Procedure”. You may email your surgeon with any questions regarding your surgery by clicking on the “Email Your Doctor” link next to your surgeon’s photo.

**A Final Word…**Surgery is often a major event in your health care. Thank you for giving us the opportunity to care for you.
Bowel Care
If you tend to become constipated easily, are dependent upon laxatives or bulk substances, it is requested that you ensure that you have a bowel movement the day before surgery. This can be accomplished through increasing the fiber in your diet, gentle laxatives, or enemas. The Health Education Library has pamphlets available on high fiber diets. Do NOT use one of these products the night before surgery.

FINAL PREPARATIONS

Complete those tasks which must be accomplished in the 24 hours before surgery.

Blood Work
A “type and screen” of your blood is often performed 10-14 days before surgery. This is good for 14 days. You must not remove the identification band on your wrist. This insures that the blood you receive matches yours. Since this test is only useful for 72 hours, it is drawn as close to your surgery date as possible, yet still allow enough time for the blood bank workers to process the test. You must not remove the identification band placed on your wrist. This ensures that blood you might receive matches only you.

Packing for Your Hospital Stay
Since your hospital stay is only 2-3 days, only the following items are suggested:

• plan to wear home what you wear to the hospital; this should be loose fitting so you can easily get into and out of the clothing with minimal or no assistance. Sweat pants work well if there is no elastic in the pant legs. Good fitting, low-heeled or flat shoes. Your feet swell after surgery
• toothbrush, toothpaste, comb/brush, deodorant
• knee length, open front gown or nightshirt, robes, loose-fitting shorts
• hearing aid batteries, glasses, dentures
• bring walker to hospital for proper sizing (labeled with your name). If not, walker will be provided for your use during hospitalization.
• one book/magazine. You will be busy.
• Pen/pencil to write out your meal menu, questions, phone numbers, etc.
• THIS BOOKLET
• Phone card for out-of-area calls

REMEMBER: Leave jewelry, contact lenses, and all valuables at home. Leave routine medications at home unless otherwise directed by the Surgeon or Anesthesiologist. The nurses will supply your medications.

Preoperative Bathing
Your cooperation is required to assure a successful outcome of your surgery. The purpose of the Hibiclens soap is to reduce the normal bacteria on your skin that may be a potential source of infection at the surgical site. Follow these instructions carefully:

2. Shower the night before surgery AND the morning of the surgery, using ½ bottle for each shower.
3. Please remove any body piercing jewelry prior to showering and leave it out until after your surgery.
4. Hair may be shampooed with regular shampoo and rinsed thoroughly PRIOR to use of Hibiclens on the body.
5. Use a clean washcloth to apply Hibiclens.
6. Wash your body from the neck down to your toes with Hibiclens.
7. Be sure to clean the area well where your surgical incision will be.
8. This is an effective cleaner, even though it doesn’t lather (make suds) well.
9. Rinse thoroughly with running water. DO NOT use any other soap or body rinse on your skin.
10. Pat dry with a clean absorbent towel.
11. Do not use lotion, powder, deodorant, or perfume/aftershave of any kind on the skin after bathing with Hibiclens.
12. The admitting nurse will ask you if you have taken your pre-op antimicrobial showers.

**DAY OF SURGERY**

Once you have reached this day, you have already traveled far to insure your readiness for surgery. The day of surgery begins early so some helpful reminders for the morning need to be reviewed:

- do not drink any water while brushing your teeth (a note on the bathroom mirror may be helpful)
- do not drink any liquids or eat anything (remember this includes NO coffee, tea, juice, candy, gum, hard candy)
- take only those medicines that the Anesthesiologist ordered with a sip of water (sip = 1 ounce)

**Surgical Co-Pay Alert**

Fees for surgical procedures done in the Antioch Medical Center, Walnut Creek Medical Center or the Pleasanton Ambulatory Surgery Center, may be changing, depending upon your coverage. In addition, if you have any questions about these fees, please contact Member Services at 800-464-4000, or your local Member Services number for further information.

**Preoperative Setting**

Staff in this environment will ensure you and your chart are ready for surgery by completing the steps below:

- providing you with a hospital gown, placing special stockings on your leg, starting an IV (intravenous fluid line)
- obtaining your vital signs: temperature, pulse, blood pressure, and respiration; giving you medications
- shaving, scrubbing and wrapping your hip
- storing your belongings until after surgery when they will be delivered to your room
- reviewing all preoperative orders for chart readiness
- escorting you to the bathroom or inserting a tube to drain your bladder
- assisting you to manage your preoperative anxiety through meditation, relaxation methods and further time to answer questions

**Transport Team**

These individuals will push you on a rolling stretcher to the operating room after they have made sure you have removed your dentures, contact lenses, and glasses. Your significant other who has been waiting with you in the preoperative setting will be directed to a place to wait for the surgeon to report on the surgery.

**Operating and Anesthesia Team**

Professional staff in this setting will greet you and again review your surgical plan. These repeated checks are safeguards to ensure absolute accuracy in our operating room environment. Make sure to inform the staff if you are cold in this setting. Warming blankets can be provided.

In the operating room, because of the trust in the professionals you have chosen to perform your needed surgery, you will be able to relax as they talk you through each step of the anesthesia process. You will be given either a spinal or a general anesthetic as agreed upon during your preoperative anesthesia interview. You may be in this setting 3-4 hours.
PACU (Post Anesthesia Recovery Care)
Nursing staff in this setting monitor your vital signs closely, manage any pain, shivering or nausea you might have as you recover. You will have a drain emerging from your surgical hip. This drainage system gently suctions blood from your incision so that it can not pool and slow the healing process. Another drain, a Foley, is used to remove urine from your bladder. The IV supplies fluids. You may also be receiving some of your blood that was collected during surgery. The doctor talks to you in this area and then speaks to your waiting significant other. You stay at least one hour in the PACU or until you are considered stable to be moved to your room.

Post-Surgical Care
Key responsibilities for your healthcare team in this setting include:

MANAGING YOUR PAIN

As you learn more about the actual surgical procedure, you can understand why you will have pain. What is important to remember is pain can be controlled. Many patients relate that before the surgery they had been in such pain that the discomfort associated with the surgery was minimal.

You will be given the opportunity to determine your “Comfort Zone,” the level of pain that you will tolerate. If your pain exceeds this level your nurses will work to better manage your pain through repositioning you in bed, ice compresses, or providing you with pain medicine. If these measures are still ineffective, your surgeon or one of his associates will be contacted. Your nurses will frequently ask you to rate your pain from 0-10 using the scale below to determine if the interventions they provide are effective. All nurses throughout the hospital are trained to use this scale and will know what you mean when you say, “My pain is a five.” Initially, after surgery the pain medication will be given in the form of a shot or through the intravenous line. Do not be hesitant to ask for pain medication.

Determine your desired comfort zone from the choices below. The nurses in the pre-surgical setting will ask you what you chose for your comfort zone.

![Functional Pain Scale](image_url)

*Adapted from Child and Barry, Ph.D.*
My desired comfort zone is _______

You can also reduce your own pain by using any of these relaxation exercises:

• Clench your fists; breathe in deeply and hold your air; breathe out slowly and go limp; start yawning.
• Slow and rhythmic breathing.
• Recall a peaceful past event.
• Listen to soothing music via a headset.

Again, be assured the staff will work with you to manage your pain.

**Monitoring Vital Signs, Intake and Output**
During the first 24 hours after the surgery, the nursing staff will be checking your temperature, pulse, blood pressure and respirations frequently. Taking deep breaths every hour when you are awake will keep your lungs clear. A device will be placed at your bedside to encourage deep breathing.

How much you are allowed to drink or eat after surgery will depend on what you can tolerate. Sometimes patients are nauseated after surgery. Again, your nurses will provide you with medication if necessary to reduce your nausea. You will continue to have an IV giving you fluid until you can drink fluids easily.

The drain from your hip and the tube draining your bladder will be checked often. If the drainage is more or less than it should be, your physician will be notified.

As you can see, there is frequent communication between the doctors and nurses about your well-being.

**Activity**
The nursing staff will help to turn you off your back, propping you up with pillows. A special pillow is strapped between your legs to assure good alignment for your legs. Flexing your ankles up and down is encouraged.

**NEW DAY, NEW HIP**

This day is exciting! This is your first full day with a new hip joint. All of your health care team is focused on getting you moving again. This is accomplished through different avenues. Today includes monitoring of:

• **Pain Control:** you must be comfortable in order to participate in activity. You should ask for pain medication before your pain becomes too high on the Pain Scale.
• **Blood Count:** a laboratory technician will draw a sample of blood. You must have an adequate blood level to tolerate the activity of getting out of bed.
• **Your Nutrition:** the body needs food and fluids in order to help wounds heal.
• **Your General Well Being:** assessments are made of your body’s functioning status.
• **Participation in Physical Therapy:** getting out of your bed to a chair and practicing leg exercises are the first steps to walking again.

**Testing Your Knowledge of Hip Dislocation**
Precautions - preventing your hip from dislocating by following the rules listed below must always be foremost in your mind as you enter this phase of your recovery path.
The basic 3 precautions to remember are:
1. Do not cross your legs. Imagine you have a distance of 2 fists between your knees at all times.
2. Do not bend more than 90° at the surgery hip.
3. Do not roll your surgery leg inward.

**Hip Dislocation Prevention**

**DO:**
- Keep the abductor (foam wedge) pillow between your legs while lying on your back.
- Turn off your back only when the wedge pillow is secured between your legs and someone is able to help you turn. The wedge is recommended because it can be strapped into position, not slipping out like regular pillows.
- Initially, only turn on your non-operative side with help.
- Use only toilets with an elevated seat adjusted for your height.
- Sit only in chairs with arms which will help you to stand; use pillows to make chair higher.
- Slouch in the chair with your operative leg extended to prevent too much flexion.
- Use your extended reach device.
- Keep knees apart.
- Slide your operative leg forward to sit.
- Use crutches or walker until cleared by your therapist.
- Use cane once you have progressed to this stage until you no longer have a limp.

**DO NOT:**
- Do not cross your legs whether you are lying, sitting or standing.
- Do not pivot – take small steps when turning.
- Do not stand with your toes turned in or roll the surgery leg inward.
- Do not sit erect; remember to recline when sitting.
- Do not sit on low chairs so your knees are higher than your hip level.
- Do not get up from a chair by bending forward at the waist.
- Do not turn your leg inward with toes pointing at your other foot.
- Do not raise your feet on a foot rest higher than your hip.
- Do not lie down without a pillow between your legs.
- Do not bend:
  - down to pick up objects off the floor
  - forward to reach the phone or toilet paper
  - forward to pull your blankets up to your chest
  - over to tie your shoe
  - around in a twisting motion
- Do not twist to the side while sitting.

**RECOVERY DAYS**

The following days continue to focus on helping you gain independence. Basic areas of focus remain the same but with the following changes:

- **Pain** will be managed with pills.
- A low blood count may be improved through a blood transfusion.
- **General Assessments** of your well-being will continue.
- **Drainage tubes and fluid lines** will be discontinued.
• **Meals** will be eaten out of bed for better digestion.
• **Bowel and Bladder** routines will return. Pain medication and lower activity levels can cause constipation, so it is important to eat high fiber foods, exercise frequently, and drink plenty of fluids.

**Physical Therapy** will continue to promote strengthening exercises and walking. All healthcare members on your team will reinforce these exercises since you must learn them so you can use them after discharge. Your knowledge about reportable conditions after discharge will be evaluated. You must know....

1. Watch for signs of infection such as fevers of 101º F or greater that persist; increasing and quite noticeable areas of redness around your incision; a pain level that becomes increasingly severe over a couple of days that does not improve with rest and is not related to activity level increase or recent physical therapy session; drainage that does not lessen over several days after hospital discharge.
2. Watch for signs of deep thrombophlebitis (blood clots in the deep veins of the leg), such as tender cords, red streaks, or firm swelling in the back of the calf, knee and/or thigh.
3. Report immediately to your Internal Medicine physician or go to the Emergency Department if you develop sudden moderate to severe chest pain, difficulty breathing, fainting or near fainting episode(s), or a noticeable worsening of pre-existing medical conditions such as elevated blood sugar or blood pressure.
4. Pain medications can become addictive and have side effects such as nausea, vomiting, lightheadedness, constipation, fatigue and/or depression. However, they are often necessary during the period immediately following hospital discharge. Use them judiciously, however, and gradually wean from them over the first 2-6 weeks after surgery. Use over-the-counter medications such as Tylenol, Enteric-Coated Aspirin, Aleve or Ibuprofen for less severe pain.

**FREQUENTLY ASKED QUESTIONS**

During the recovery days, as you experience the initial limitations of a new joint, you may find yourself thinking of questions you might not have previously raised with your physician or healthcare team. Listed below are some questions you may have. Your physician will tell you if there are any differences unique to you.

1. **When can I drive?**
   Approximately 4-8 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 during the most common time of dislocation. You should make frequent stops where you can get out and walk. You are a 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 can I shower?**
   When your doctor says you can or once your staples have been removed. You should use a shower chair to assure your safety since your leg is still weak.

4. **How do I get in and out of my car?**
   It is recommended that you use the front seat when riding as a passenger. Ask that the front seat be moved all the way back. Recline back rest as far as possible. Back up to the car seat with the walker. Sit down as you would in a chair keeping your operated leg out straight and following your total hip precautions. Staying semi-reclined, slide up into the seat far enough to bring your operated leg into the car. Remember to keep your operated leg rolled out. Sit semi-reclined using pillows between your legs. **DO NOT** reach forward to close the door, ask for help. Reverse these steps for getting out of the car. Remember to keep your operated leg rolled out.
5. **When are my staples removed?**
   Anywhere from 10-21 days after surgery during your first outpatient visit or during a visit from a home health nurse.

6. **How do I use a walker or crutches in the correct sequence?**
   *Flat surfaces*
   - walker/crutches first
   - operative leg second
   - non-operative leg third
   *Up stairs (with crutches)*
   - non-operative leg first
   - operative leg next
   - crutches last
   *Down stairs*
   - walker/crutch first
   - operative leg next
   - non-operative leg last

7. **How long will I need a walker or crutches?**
   An ambulatory assistive device such as a walker may be required for 6 weeks. This time depends on the progress you make.

8. **When can I put full weight on my new hip?**
   Your weight bearing status will be determined by your surgeon and by the type of implant used.

9. **Do I need antibiotics if I am having dental work?**
   Your physician may decide to have you take antibiotics for 2 years after the joint replacement surgery prior to dental appointments. The incidence of joint infection after a dental procedure may be extremely rare, however. In addition to dental work, always identify to healthcare providers that you have a joint replacement anytime you require the following procedures:
   - cystoscopy, colonoscopy, proctoscopy
   - surgery of any kind
   - urinary catheterization

10. **Why do I need to wear support stockings?**
    In the month following your surgery, until you are active again, you are at a greater risk for forming blood clots in your legs. Supportive stockings help your circulation and help control the swelling in your leg which almost invariably occurs.

11. **Can I lift my grandchild?**
    You should not engage in any heavy lifting for 6-12 weeks after your surgery.

12. **Do I have to have a pillow between my knees?**
    Yes, for 6 weeks.
13. Will I set off the alarm at the airport security booth?
On occasion it has happened. Cards are no longer accepted. You may be asked to undergo a second scan check. Please allocate extra time for this when traveling by plane.

14. When can I return to gardening which requires stooping and bending?
Consider gardening in elevated planter boxes. You are restricted from stooping and bending for at least 3 months.

15. When can I have intercourse with my partner?
Waiting four to six weeks after surgery will allow your new hip to begin healing. During your six week follow-up appointment your physician can assess the stability of your new joint and make recommendations. The partner with the new hip should assume a passive position on the bottom until flexion has returned to full strength. 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.

16. When can I sit without slouching?
You must continue to guard against over flexing your hip for 3 months. Even then you should not sit in a Lazyboy-type chair for an additional 3 months.

17. How long will I need physical therapy?
Your progress will determine this answer. Your daily attention to your exercises and walking is the key. Usually physical therapy continues for 2-4 weeks from surgery. Your physician will decide if any further physical therapy will be necessary.

18. If I feel okay do I really need to return to the doctor’s office for a follow-up visit?
Yes. An appointment will be made for you at the time of your discharge from the hospital. You will receive a notice in the mail detailing your appointment time, date and location. Your physician needs to evaluate your progress and how well your wound is healing.

19. How long will the prosthesis last?
Average implant longevity is 15 years but may 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 physician chose for you.

20. When should I resume my regular medications?
When you are discharged, you should resume your regular medications unless otherwise instructed by your physician.

21. How can I obtain a handicapped parking permit?
An application can be obtained from the Department of Motor Vehicles. Your physician can assist you by completing the portion requiring his signature.

22. What if I get a cold before surgery?
There is a small but definite risk of significant respiratory complications if anesthesia is given within 2 weeks of an upper respiratory infection (“cold”). If you develop cold symptoms within 2 weeks of your surgery, please inform your surgeon or the anesthesia department.
23. Why can't I eat or drink?
Protective reflexes may be decreased or lost during anesthesia with sedation. If stomach contents enter the lungs, serious, possibly lethal, complications will result. Therefore, an empty stomach is essential.

24. What are clear liquids?
Clear liquids have no residue (solid particles and fat) and digest quickly. They include water, tea, black coffee, Kool-Aid, clear Jell-O, fat-free broth or bouillon, and juices you can see through. Sugar may be added to your beverage as it dissolves with no residue. Do not add milk, milk products, or non-dairy creamers to your beverages.

25. Why can't I wear contact lenses, eye makeup, and artificial eyelashes?
They can cause eye injury during anesthesia; also, contacts and eyelashes can be lost or damaged.

26. Why can't I wear my jewelry and hairpiece?
They may become pressure point areas while you are under anesthesia and can cause damage to your body. Rings should be removed as fingers may swell during surgery. These items can be lost or damaged. Leave your valuables at home.

27. Can I wear my dentures?
If you are to receive a general anesthetic, the dentures will have to be taken out before you go to sleep, at the latest—though in this situation it may be better to take them out at home or on the ward to reduce the risk of loss or damage. If you are to receive a local or regional anesthetic with sedation, the dentures are often left in place during the surgery.

28. Will I feel nauseated after the surgery?
Postoperative nausea or vomiting may be related not only to anesthesia, but to the type of surgical procedure and/or pain medications. Because of improved anesthetic agents and techniques today, the majority of patients do not become nauseated. Nevertheless, medications to minimize symptoms will be given in the recovery room if necessary.

Write down your own questions which come to you during your recovery. Your physician or others on your team will be willing to answer them for you.

DISCHARGE CRITERIA

In order to return home after surgery you must satisfy the following criteria:

- demonstrate knowledge and understanding about your surgery
- identify activities you can or cannot perform due to range of motion limitations
- identify resources in the home, family, or community you can use to maintain your safety
- explain the purpose of all medications you will be taking
- obtain assistive devices to aid with walking and Activities of Daily Living
- demonstrate safe mobility, transfers and independent ambulation on a flat surface
- recognize signs or symptoms of hip dislocation, wound infection or phlebitis
- identify contact numbers for emergencies
- identify when your follow-up appointment is scheduled

If you feel you would be unable to manage on your own once discharged, the Continuity of Care Coordinator can provide you with names and telephone numbers of agencies that you can hire to assist in the home. (You may wish
to interview these individuals before being admitted to the hospital.) These services can help with simple housekeeping, cooking or bathing activities.

Home Health may be ordered for you to begin after discharge. Outpatient Physical Therapy may be ordered later at the Deer Valley, Delta Fair, Martinez, Park Shadelands, or Pleasanton clinic settings. They will work on improving your ability to:

- walk
- transfer bed, chair
- shower safely
- perform movement of the hip joint

**DISCHARGE DAY – Usually 2 days after surgery**

On the day of discharge final arrangements will be made for you. If your destination is home, the following steps take place:

- Your nurse will review final discharge instructions from the physician. You will sign the form provided indicating your understanding and willingness to follow the outlined restrictions.
- Any prescriptions your physician has ordered will be sent to the Kaiser Permanente Antioch (Sand Creek) or Walnut Creek Pharmacy for filling. If you normally get your prescription at another pharmacy, notify your nurse. Your significant other will be asked to pick up the prescription from the pharmacy.
- Physical therapy may work with you one more time. The Discharge Nurse will tell your ride where to park their vehicle. You will be transported to your vehicle in a wheelchair.
- Antioch patients-have your ride park the car in the circle drive at the West main hospital entrance. Walnut Creek patients-have your ride park the car in the alley south of the hospital between the hospital and Hickory Pit restaurant.
- If outpatient physical therapy is required; this will be arranged for you.
- If Home Health is requested to monitor your condition, this service will be notified. You will return home with all the knowledge and skills to become progressively stronger and independent.

Once home, you will be contacted by these health providers to set up scheduled visits. You will return home with all the knowledge and skills to become progressively stronger and independent.

**ACTIVITIES OF DAILY LIVING**

**Hip Precautions:**

1. Limit Hip Flexion
   DO NOT bend forward at hips past 90° while standing, sitting, or lying down.
2. Limit Lifting Leg
DO NOT prop or lift leg up past 90° at affected hip. Some activities such as cutting toenails or shaving legs will require assistance from others.

3. Sitting
NO NOT sit on low or soft seats as this forces bending at hips and rolling inward at knees. Avoid recliners, rocking chairs, low stools, and swivel chairs.

Dressing:
1. Socks
A. Use a sock aid to pull on sock.
B. Use a dressing stick to remove sock wear.
Special Precautions:
• Do not bend affected hip past 90°.
• Keep knees apart.

2. Shoes
Step-in shoes or elastic shoelaces eliminate bending. Use long-handed shoehorn to don. May also use dressing stick.
Special Precautions:
• Do not bend affected hip past 90°.
• Avoid crossing legs.
• Do not twist affected leg inward.

3. Pants Donning
• Use dressing stick to pull pants up affected leg above knee.
• Hold waistband out to side, lift unaffected leg into pant.
Stand with hand support to pull pants up.
Special Precautions:
• Do not bend operated hip past 90°.

4. Pants Doffing
• Ease pants off hips while standing with hand support.
• Remove from unaffected leg first. Use dressing stick to push off. Then remove from affected leg. To put on, start with affected leg.
Special Precautions:
• Do not bend operated hip past 90°.

Limited Hip Flexion
• Always use long-handled devices for self-care.
• Keep reachers handy to pick up dropped items.

Grooming: Applying Lotion
Use long-handled lotion applicator or soft rubber spatula for hard to reach areas such as legs and back.
Special Precautions:
• Do not twist trunk.
• Do not bend past 90° at hip.
• Do not cross legs.

Bathing: Legs and Feet
• Use a long-handled sponge or brush for soaping.
Rinse off with hand-held shower. Special brushes allow reaching between toes to wash and dry.
• After showering, dry off by stepping on cotton bath mat. May also use a hair dryer when out of bathroom.
Special Precautions:
• Do not bend hip past 90°.
• Do not cross legs.

Hygiene: Toileting
Use pre-moistened and flushable wipes. Can also apply lotion to tissue. May use toilet aid to assist in reaching to wipe. Consult your therapist to find one that works for you. Special Precautions:
• Keep knees apart.
• Do not twist trunk.
• Do not bend affected hip past 90°

Conclusion
The Total Hip Pathway to Recovery is not an easy one. Through your determined effort, however, and the support of your healthcare team, you will once again have the ability to return to those simple things in life which mean so much, relieved of the pain that greeted you with every step. Now you will have a supportive hip to stand on and the opportunity to try new challenges ahead.

If you have any questions after discharge, please call the Orthopedic Department at 295-4130 in Walnut Creek between 9 and 5 or after hours and on weekends call 295-4070 in Walnut Creek. Your Orthopedic Surgeon or one of his staff will assist you.

NUTRITION FOR THE SURGICAL PATIENT
Nutrition is an important part of staying healthy and is especially important for healing from surgery. In preparing for your surgery, the following guidelines will help improve your nutrition. This is important in order:

• to speed healing
• to decrease complications
• to return quickly to an active lifestyle

Eat a Variety of Foods: The Daily Food Guide illustrates the major food groups and the recommended number of servings to be eaten daily. In order to prevent constipation, increase your fiber and fluid intake when planning your meals. Contact your MD if your constipation is not resolved. In order to prevent constipation, increase your fiber and fluid intake when planning your meals. Contact your MD if your constipation is not resolved. Use this chart when planning your meals.

Increase Protein Intake
PROTEIN is necessary for the maintenance and repair of body tissues. Good sources of protein include milk and milk products, eggs, meat, poultry, and fish. Vegetable protein sources include soybeans, lentils, garbanzos, beans, peanut butter, nuts, and seeds.

To Increase Protein:
• Add extra chopped or pureed meats to soups, stews, casseroles.
• Add chopped nuts to salads, sandwiches or desserts.
• Use nut butter on celery, apples, bananas, crackers, or toast. Try adding nut butters to cookie recipes or frostings.
• Add powdered milk to a variety of foods such as hot cereals, soups, casseroles, puddings, sauces, gravies, and scrambled eggs.
• Try fruit with yogurt or cottage cheese for an easy nutritious food.

Iron Needs

Females:  
11 - 50 years: 18 mg/d

Males:  
11 - 18 years: 18 mg/d

Select iron-rich foods from the following food group

Protein Foods

Iron mg
Beef, cooked - 2 oz.  2.0
Pork, cooked - 2 oz.  2.0
Eggs - 2 large  1.5
Tofu - 1/4 cup  2.0
Peanut butter - 4 TB  2.0
Beans - 1 cup cooked  
  - Red, Kidney, Pinto  5.0
  - Black-eyed Peas  4.0
  - Lentils  3.0
  - Chili con carne with beans  3.0
  - Soup, split pea or bean with pork  2.0

Breads & Cereals

Iron mg
Product 19, Total - 3/4 cup  18.0
Kellogg's Raisin Bran, Kix - 3/4 cup  4.0
Cream of Wheat, Malt-o-Meal - 1/2 cup  4.0
Iron-Fortified Infant Cereals - 4 TB dry  6.5
All Bran - 1/2 cup; Wheat Chex - 2/3 cup  4.5
Cheerios - 1 1/4 cup; Special K - 1 1/3 cup; 
  Wheaties, Rice Chex, Rice Krispies, Cornflakes - 1 cup  2.0

Fruits & Vegetables

Iron mg
Prune juice - 1/2 cup; raisins - 1/3 cup  1.5
Prunes - 5 medium dried  1.0
Spinach - 1/2 cup cooked  1.4
Greens - 1/2 cup cooked  2.0
Mushrooms - 1/2 cup cooked  1.0

Vitamin C helps your body use iron. Plan to have a good source of Vitamin C when eating iron rich foods such as orange juice and other juices with Vitamin C added.

Multiple Vitamin Supplements
A multiple vitamin/mineral with no more than 100% RDA (with iron, zinc, and magnesium) may be helpful to increase body stores prior to surgery. This is important if you are unable to eat the recommended number of servings in each food group. If the iron supplement you are using causes intestinal problems, i.e., constipation, diarrhea, etc., a time-release type iron supplement may be better tolerated.
Fluids
Make sure you get adequate fluids; six 8-ounce glasses per day are recommended. Check this with your doctor.

DAILY FOOD GUIDE

<table>
<thead>
<tr>
<th>Food Group (key nutrients supplied)</th>
<th>Minimum Daily Servings</th>
<th>Example of one Serving</th>
<th>Tips for Good Food Selections</th>
</tr>
</thead>
</table>
| Fruits & Vegetables (fiber, Vitamins A and C) | 5 | • 1 cup Swiss chard or spinach  
• 3/4 cup cooked broccoli or asparagus  
• 2 medium tomatoes  
• 4 Brussels sprouts  
• 1/2 cup carrots, squash, or green beans  
• 1 small potato  
• 1/2 cantaloupe  
• 1/2 cup orange or tomato juice  
• 1 small apple, banana | Limit fruits canned in sugar syrups and vegetables in rich sauces.  
Daily: choose a food high in Vitamin C such as orange or tomato juice, cantaloupe  
Choose a dark green or yellow vegetable as a Vitamin A source such as carrots, spinach, or broccoli. |
| Bread, Cereals & Starches (B vitamins, iron, fiber) | 6 | • 1 slice bread  
• 1 tortilla  
• 1/2 cup hot cereal  
• 3/4 cup dry cereal  
• 1/2 cup cooked rice, noodles, pasta, or potatoes | Emphasize whole grain products and watch your serving sizes. Limit bread and cereals high in sugar and fat. |
| Milk and Milk Products (Calcium, Vitamin A, Vitamin D) | 2-3 | • 1 cup milk  
• 1 1/2 oz. cheese  
• 1 cup plain yogurt  
• 1 1/3 cup cottage cheese | Nonfat milk or low fat dairy products are recommended. This is a good source of protein. |
| Protein Foods (protein, iron, B vitamins) | 2 or more | • 2 eggs  
• 2-3 oz. lean meat, fish, or poultry  
• 1/2 cup tuna  
• 1 cup cooked beans  
• 1/4 cup nut butter  
• 1/2 cup nuts or seeds | Select lean beef, poultry, fish, tofu or veal. Remove skin from poultry and trim all visible fat from meat. Limit bacon, frankfurters, and luncheon meats which tend to be high in calories, fat, and salt. |

OTHER FOODS: Some foods do not belong in any of the food groups such as cake, cookies, butter, oil, jelly, and alcohol. These foods tend to be high in calories and contain no nutrients or are low in most nutrients.
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. 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
• Ask your physician when, and if you should discontinue your blood thinning medication. You may be instructed to contact the Coumadin clinic to clarify your specific regimen.

NSAIDs (Nonsteroidal Anti-Inflammatory Drugs)
These include many headache, cold and arthritis pain remedies. Please check the ingredients of medicines you are taking. If you are not sure what is in them, ask the Pharmacy.

Stop 7 Days Before Surgery
• Aspirin (salicylates) - many products contain salicylates. Examples are: Anacin, Excedrin, Darvon, Talwin, Bufferin, Midol, Sine-Off, etc.
• All other NSAIDs
• Diclofenac (Voltaren)
• Fenoprofen (Nalfon)
• Meclofenamate (Meclomen)
• Ibuprofen (Motrin, Advil, DayQuil, etc.)
• Indomethacin (Indocin)
• Naproxen (Aleve, Naprosyn, Anaprox)
• Sulindac (Clinoril)
• Difunisal (Dolobid)
• Tolmetin (Tolectin)
• Sulfapyrazone (Aturane)
• Dipyridamole (Persantine)
• Piroxicam (Feldene)

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

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

All Illegal Drugs - stop at least 14 days before surgery.

Some Diet Pills

MAO (monoamine oxidase) Inhibitors - for depression
• Please check with the prescribing doctor and Anesthesia (usually stop 14 days before surgery.)
### FREQUENTLY CALLED NUMBERS

**Antioch Delta Fair**
- General Information: 779-5000
- Health Education: 779-5147
- Hearing Impaired Telephone Number (TTY): 711
- Laboratory: 779-5153
- Pharmacy: 779-5171
- Physical Therapy: 779-5154
- Radiology: 779-5159

**Antioch Medical Center**
- General Information: 813-6500
- Anesthesia: 813-7510
- Health Education: 813-3560
- Hearing Impaired Telephone Number (TTY): 711
- Laboratory: 813-3200
- Member Services: 813-3485
- Orthopedics: 813-3475
- Patient Assistance: 813-6051
- Pharmacy: 813-6100
- Radiology: 813-6400
- Social Services: 813-3270

**Martinez**
- General Information: 372-1000
- Health Education: 372-1198
- Hearing Impaired Telephone Number (TTY): 372-6412
- Laboratory: 372-1152
- Pharmacy: 372-1900
- Physical Therapy: 313-0133
- Radiology: 372-1105

**Park Shadelands**
- General Information: 906-2000
- Health Education: 906-2190
- Hearing Impaired Telephone Number (TTY): 932-4739
- Laboratory: 906-2380
- Pharmacy: 906-2500
- Physical Therapy: 906-2055
- Radiology: 906-2400