



St. Croix HEALTH

Hip Replacement
Anterior Approach
Patient Handbook

Welcome!

Thank you for choosing St. Croix Health (SCH) for your surgery. Our expert staff are committed to providing excellent care throughout your experience with our rapid recovery Total Joint Replacement Program. Our focus on our patients allows you to easily navigate the surgical experience and to take the first step toward getting back to your active lifestyle. You are our guest and we are here to serve you.

We have carefully planned your care with the goal of a speedy and successful journey to recovery. The healthcare process can seem complicated so we developed this guide to answer your questions, assist you in the process, and provide you the resources you will need to resume your normal activities.

We encourage you to use this handbook as a journal. The important dates to remember and the countdown to surgery checklist will help keep you organized. It is a great place to record information from your provider visits.

Even though our team has cared for many patients, we understand your needs are unique. Our specialized team will take care of you and your family or caregivers. From your physician, to the surgery staff, your after surgery therapists, and nursing staff, our combined efforts are focused on you! You can find a wealth of information about our providers, services, and locations on our website, **SaintCroixHealth.org**, or call us at **800.828.3627**.

Thank you for choosing St. Croix Health. If you have any questions, please call the Surgery Nurse Educator at **715.483.0442**.

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Surgery Checklist

Surgery Appointment

Date: _____ Arrival Time: _____

Pre- and Post-Operative Appointments

☐ **Pre-operative physical exam** with your primary care provider before surgery.

Date: _____ Time: _____

Provider: _____ Location: _____

- You will likely have blood tests and possibly an EKG.
- Your doctor will talk with you about health issues, such as diabetes and high blood pressure, which need to be controlled before surgery.
- **Discuss medications and supplements that should be stopped.**
- Work with your doctor to clear up any infections before surgery. Doing so helps ensure a better recovery.
- Staff at St. Croix Health will call to schedule your initial Physical Therapy (PT) visit. If you need to make changes, please call **715.483.0265 or 800.828.3627.**

Post-operative appointments with your surgeon or assistant after your surgery.

☐ **3-week appointment** Date: _____ Time: _____

Provider: _____ Location: _____

☐ **6-week appointment** Date: _____ Time: _____

Provider: _____ Location: _____

4 Weeks Before Surgery

- ☐ **Good nutrition.** Adequate calories and protein are important to healing and recovering after major surgery.
- ☐ **If you smoke, quit before surgery.** This may improve healing and reduce complications after joint replacement. Talk with your doctor about smoking cessation
- ☐ **Finish Dental Work.** Have any tooth or gum problems treated before surgery, and complete any dental work that may be under way.
It is recommended that you do not schedule routine dental work for 3 months after surgery.

1 Week before Surgery

- ☐ **Please review page 12 for medication list.** You should discuss these medications at your pre-operative appointment with your primary care provider.

2 Days before Surgery

- ☐ **Shower with antibacterial (Chlorhexidine) soap** (*more information on page 11*).

The Day before Surgery

- ☐ **Shower with antibacterial (Chlorhexidine) soap.**

The Day of Surgery

- ☐ Do not eat or drink anything after midnight including chewing tobacco, lozenges, gum, breath mints, and hard candies. *It is ok to take your instructed medication with a sip of water.*
- ☐ Shower with antibacterial (Chlorhexidine) soap.
- ☐ Wear loose-fitting clothing on the day of your surgery.
- ☐ Report to the Lloyd Olson Surgery Center entrance located at 235 State Street, St. Croix Falls, WI. You will be directed to registration and sign in.
- ☐ **Bring with you:**
 - ☐ All insurance information.
 - ☐ A complete list of all the medications you have taken in the last 24 hours.
 - ☐ Medications as directed by the Surgery Nurse Educator.

Surgery Checklist

Helpful Adaptive Equipment for Home

- ☐ Walker
- ☐ Cane
- ☐ Reacher
- ☐ Raised Toilet Seat
- ☐ Commode
- ☐ Toilet Safety Frame
- ☐ Tub Bench
- ☐ Tub/Shower Chair
- ☐ Handheld Shower
- ☐ Long-Handled Bath Sponge
- ☐ Grab Bars
- ☐ Sock Aide
- ☐ Shoe Horn
- ☐ Elastic Shoelaces /Slip-On Shoes

If you would like, you can purchase or order an adaptive equipment kit (sock aide, long-handled shoe horn, reacher, long-handled sponge), canes, grab bars, tub benches or tub chairs, raised toilet seats, commodes, sock aide, shoe horn, and long-handled bath sponge from the St. Croix Falls, Frederic, or Unity Pharmacy. Some of these items may be available to borrow from the ADRC in Balsam Lake through their equipment lending program.

Most insurance plans do not cover expenses around purchasing or renting these items. It is important to check with your insurance before purchasing them. Please feel free to contact us if you have any questions.

Your insurance may cover the cost of a walker. We can provide you with a walker when you go home. Please discuss this with your Care Coordinator and Physical Therapist.

St. Croix Falls Pharmacy: 715.483.0426

Frederic Pharmacy: 715.327.4208

Unity Pharmacy: 715.825.4498

ADRC: 877.485.2372

Physical/Occupational Rehabilitation
715.483.0265 or **800.828.3627**

Questions regarding your equipment needs at home:

What items do you already own?

Will you have a support person to assist you with dressing/bathing?

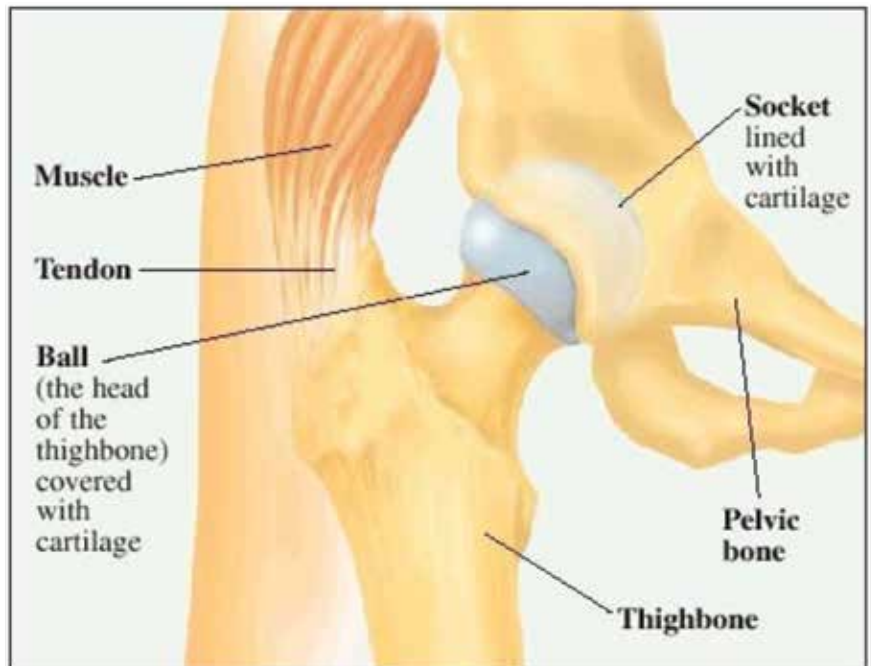
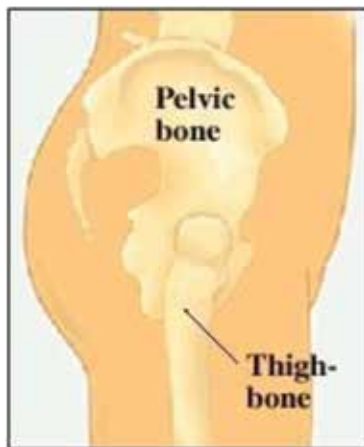
Do you have friends/family who have any of these items that you could use while you recover?

How the Hip Works

The hip joint is one of the body's largest weight-bearing joints. It's a ball-and-socket joint. This helps the hip remain stable even during twisting and extreme ranges of motion. A healthy hip joint allows you to walk, squat, and turn without pain.

A Healthy Hip

The hip joint is formed where the rounded head of the thighbone (femur) joins the pelvic bone. The joint is covered with tissue and powered by large muscles. When all of the parts listed below are healthy, a hip should move easily and without pain.

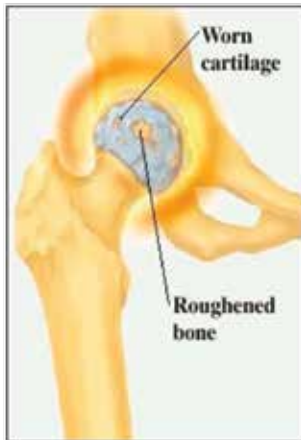


- **Cartilage** is a layer of smooth tissue. It covers the ball of the thighbone, and lines the socket of the pelvic bone. Healthy cartilage absorbs stress and allows the ball to glide easily in the socket.
- **Muscles** power the hip and leg for movement. They support your weight so the joint moves smoothly and you can walk painlessly.
- **Tendons** attach the muscles to the bones.

Understanding Your Surgery

Understanding Hip Replacement

When a hip joint is damaged, it is likely to hurt when you move. If a natural hip must be replaced, a prosthesis is used.



A Problem Hip

In a problem hip, the worn cartilage no longer serves as a cushion. As the roughened bones rub together, they become irregular, with a surface like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness.

A Prosthesis

An artificial ball replaces the head of the thighbone, and an artificial cup replaces the worn socket. A stem is inserted into the bone for stability. These parts connect to restore friction-free movement in your hip. The muscles and tendons are not replaced, but are able to move the hip easily and without pain.



Total Hip Replacement Surgery Almost Always:

- Stops or greatly reduces hip pain. Even the pain from surgery should go away within weeks.
- Increases leg strength. Without hip pain, you'll be able to use your leg more. This will build up your muscles.
- Improves quality of life by allowing you to do daily tasks and low-impact activities with greater comfort.
- Provides years of easier movement. Most total hip replacements last for decades.

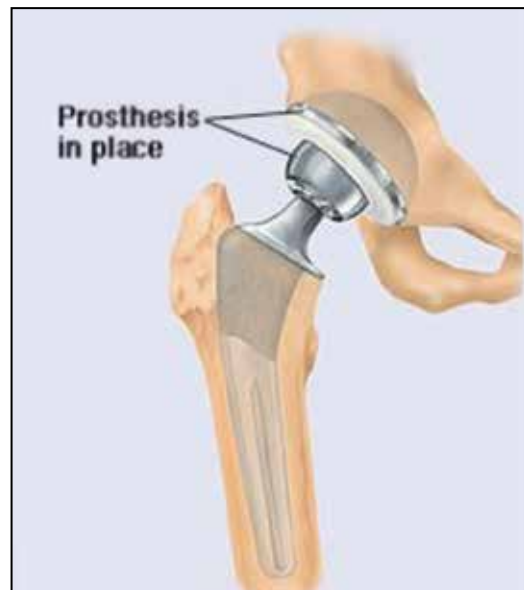
The Surgical Procedure

When the surgical team is ready, you'll be taken to the operating room. There, you'll be given anesthesia. The anesthesia will help you sleep through surgery and it will make you numb from the waist down. Then, an incision is made, giving the surgeon access to your hip joint. The damaged ball is removed, and the socket is prepared to hold the prosthesis. After the new joint is in place, the incision is closed with staples or stitches.

- **Preparing the bone.** The hip is a ball-and-socket joint. The ball is cut from the thigh-bone, and the surface of the old socket is smoothed. Then the new socket is put into the pelvis. The socket is usually press-fit and may be held in place with screws. A press-fit prosthesis has tiny pores on its surface that your bone will grow into.



- **Joining the new parts.** The new hip stem is inserted into the hollow marrow portion of your thigh bone. Rarely is cement used. Your surgeon will choose the method that is best for you. A new ball, usually ceramic, is placed on the stem and then placed back within the socket.



Understanding Your Surgery

The 3 Main Approaches

There are three main techniques used to perform hip replacement surgery. While each technique uses the same or identical artificial parts, the location of the incision and the muscles affected are different. The technique used is called an “approach,” and describes the method a surgeon uses to access the hip joint.

Lateral Approach

An incision is made on the side of the thigh and the underlying muscle, called the gluteus medius or hip abductor, is partially or completely detached (and later repaired) in order to visualize the hip joint. This is a safe method with a very low rate of dislocation. Hip replacement surgery was invented using this technique and it is still commonly used. But it has become less popular, especially in America, as some research has shown a slower recovery and a higher rate of limping after surgery.

Posterior Approach

This is the most common approach in the United States. The incision is made on the buttock and the gluteus maximus muscle is split (not detached) in order to see the hip joint. It has a faster recovery time than the lateral approach but increases the risk for dislocation from around 1% to ~2-3%. Because of this, many surgeons recommend precautions (avoiding certain movements) to protect the hip initially after surgery.

Anterior Approach

While this technique has been described since the 1950s, newer technologies have allowed it to be done with more precision and safety and is growing in popularity. The incision is made on the front of the leg and spares the muscles (typically no muscles are detached or split). Because no muscles are damaged, patients usually have less pain and a quicker recovery than with either of the other approaches. It also has the lowest dislocation risk (~0.5%) so there are no restrictions on movement of the hip after surgery. Studies show that posterior and anterior approaches seldom have different outcomes.

Summary

Hip replacement is a very effective and safe surgery regardless of the surgical technique used. There are detectable differences in research studies comparing outcomes between the techniques, but these differences are typically both modest and temporary.

The Risks of Surgery

- **Infection:** The infection rate is low (~1%) but can be very difficult to treat. Your surgeon will work with you to decrease this risk as much as possible through the use of soaps, antiseptics, antibiotics, and sterile techniques. However, the risk cannot be fully eliminated. Further surgery is sometimes required if an infection develops.
- **Dislocation:** The artificial ball can pop out of the socket resulting in pain, limited movement, and shortening of the leg. This can usually be put back in place at the nearest emergency room. The overall risk is low (around 2%) and is even lower (around 0.5%) with the anterior approach.
- **Leg length discrepancy:** During surgery, the length of the leg can be adjusted slightly. This can allow for correction of a pre-existing discrepancy as some patients do have significant shortening of the leg due to their arthritis. The surgery can also inadvertently produce a discrepancy. The risk for a discrepancy 1cm or greater after surgery is lower with the anterior approach (1.2%) than with the posterior approach (3.7%)
- **Blood clot:** 0.5-1.5% of patients will develop a blood clot after hip or knee replacement surgery. There has been a great deal of research on the best method for lowering this risk, and a simple aspirin regimen after surgery is recommended for most patients who are not already on a blood thinner.
- **Bleeding:** Surgery on bones does result in bleeding as there is good blood flow within the bones themselves. With newer techniques, the risk for needing a blood transfusion after hip replacement surgery is now about 2.5%. This risk had been 20+% in the early 2000s.
- **Loosening/wearing out:** The artificial parts do not last forever. It is estimated that 95+% of hip replacements are functioning well 15 years after surgery. Predictions beyond that are hypothetical due to technological advances in the last 20 years, but it is expected that the current technology hip replacements will last 30+ years in older patients. The artificial parts do wear out sooner, on average, in younger patients.
- **Fracture:** When placing the artificial parts, the bone can crack, particularly on the thigh bone side. The overall risk is about 1%. If noted during surgery, this is sometimes treated with wires or screws to secure the fracture.
- **Damage to surrounding structures:** There is a small risk (<1%) for damage to one of the major nerves or arteries in the leg during surgery. With the anterior approach, there is also a risk for dysfunction of the nerve which provides feeling on the side of the thigh.
- **Medical/anesthesia risks:** Surgery and anesthesia is a stress on your overall body, particularly your heart and your kidneys, and so it is important to have an evaluation of your overall health prior to surgery. Our staff will help arrange this and will review the results prior to surgery.

Preparing for Surgery

Helpful Hints for Preparing You and Your Home for Surgery

- ☐ Throw rugs should be removed in the areas where you will be walking to prevent tripping and falling.
- ☐ Furniture should be arranged so that you will have plenty of room to move around. You may need wider walkways while using a walker.
- ☐ If doorways are not wide enough for you to go through, you will need to turn sideways (you may need assistance for this).
- ☐ Clutter should be kept out of the way to prevent tripping and falling.
- ☐ House pets should be kept in another room or attended to while you are up walking.
- ☐ Place a small table by the chair and bed for the convenient reach of frequently used items.
- ☐ The telephone should be located where it can easily be reached, or carry your cell phone with you.
- ☐ If you don't have someone with you all the time, it would be helpful to have a planned schedule when relatives and/or friends come to help with your care (i.e. bath time, meals, outside walking, etc.).
- ☐ If you do the cooking, make double batches of everything for a week or two before your surgery. Freeze half and you'll have two weeks of ready-made meals when you get home. You can also stock up on healthy, ready-made foods that you enjoy.
- ☐ While you are in the kitchen (and other rooms as well), place items you regularly use at waist level so you do not have to reach up or bend down.
- ☐ Consider modifying your bathroom to include a shower chair, grab bar, or raised toilet.
- ☐ Shop for things that will make your life easier after surgery. Your list might include a long-handled shoehorn, a long-handled sponge, a grabbing tool or reacher, a footstool, and big pocket shirts or soft shoulder bag for carrying things around.
- ☐ You are eligible for a handicapped parking permit. Your provider can give you the form to bring to the license bureau.

Ways to Prepare Before Hip Replacement Surgery

Take steps ahead of time to make recovery easier.

Support Person

Having a support person is especially important while you recover and readjust. They remind you of what you learned in the hospital and assist you with equipment until you can use it on your own. This will help you make the transition to your home environment. Ask them to encourage you to do things for yourself. They can also cheer you on and celebrate when you walk a little farther or accomplish a new task.



Discharge Plan

It is important to have a discharge plan in place prior to surgery. Once you are medically stable, you are able to discharge from the hospital. You may discharge home with a support person to help you with your daily activities and return to the clinic for outpatient therapy.

Arrange for a support person to drive you to and from appointments.

You won't be able to drive for the first few weeks.

If you live alone, ask someone to stay with you after surgery. If additional services are needed, a Care Coordinator will work with you to arrange services or care in another setting, if you qualify.

Prepare at Home

You can make life easier and safer after surgery. By planning ahead, you'll have less to worry about during recovery.

- Prepare a room on the main living level if you usually sleep upstairs. Or set things up so you have to go upstairs only once a day.
- Practice using adaptive equipment and practice transfers. Adaptive equipment can help you have a safer and easier recovery. You may want to use a grasping device to pull on socks and shoes or have a support person available to put them on and take them off for you until you have enough motion in your hip. Practice using a walker, completing stairs, and car transfers so that you are more confident following surgery.



Preparing for Surgery

Medication Dos and Don'ts Before Surgery

Medications are a very important piece of your Surgery Plan. Keep your medication list current including all prescribed medications, over-the-counter (OTC), herbal, and vitamin supplements. Make sure that your provider has told you what to take and not to take on the day before and day of surgery.

Anti-inflammatory Medications

Many anti-inflammatory medications (both prescription and OTC) can increase the bleeding risk after surgery. Your primary care provider will discuss these with you and instruct you when and if some should be stopped prior to the surgery.

Common Anti-inflammatories: Ibuprofen (Motrin®, Advil®), Naproxen (Aleve®), Celecoxib (Celebrex®), Sulindac (Clinoril®) diclofenac, indomethacin, ketorolac, meloxicam

Diabetes medications

Your primary care provider will also discuss whether any adjustments of diabetic medications are appropriate in the day or week before surgery.

Weight Loss medications

Some weight loss medications (oral and injectable) need to be held prior to surgery. Your primary care provider will instruct you on these medications at the time of your preoperative visit.

OTC, herbal, or vitamin supplements—Make sure to give an accurate list of supplements to your provider before surgery. Some of the supplements may need to be stopped before surgery.

Steroids—If you take Prednisone, Methylprednisolone, Hydrocortisone or Fludrocortisone, your provider will have to decide what to give you after surgery.

If you have questions, please call and speak with a Surgery Nurse Educator at 715-483-0442.

Start Date: _____ Use 1/3 Bottle for each shower.

Chlorhexidine (klor-hex-ah-deen) Soap

What is Chlorhexidine soap?

Why should I start using it two (2) days before surgery?

- Chlorhexidine is an antiseptic that will help clean your skin and help lower the chance of an infection.
- Shower with Chlorhexidine every day starting two (2) days before surgery and on the morning of your surgery (*for a total of three (3) times*).
- You will be provided with a bottle of Chlorhexidine soap.

How to shower with Chlorhexidine:

- Use the Chlorhexidine soap from your neck to feet. (*Do not use on your groin or anal areas; use your usual soap for those areas.*) Rinse the soap from your body.
- Use your usual soap or cleanser on your face.
- Use your usual shampoo on your hair.
- Use a clean towel each time to dry yourself. Dry the groin and anal areas last.

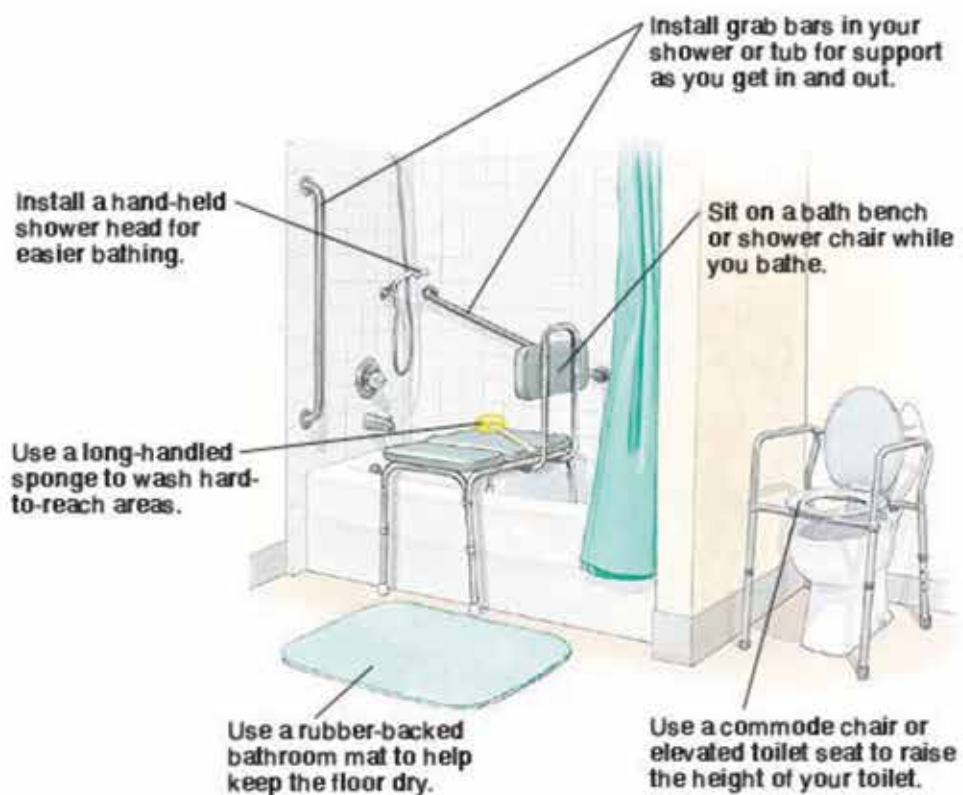
Important:

- **DO NOT** use Chlorhexidine soap if you are sensitive or allergic to it.
- **DO NOT** use Chlorhexidine soap on your face because it is not safe for your eyes or ears.
- Go back to using your usual soap if your skin is irritated by the Chlorhexidine soap, following the same steps above.
- **DO NOT** use lotion or powder after your shower.

Preparing for Recovery

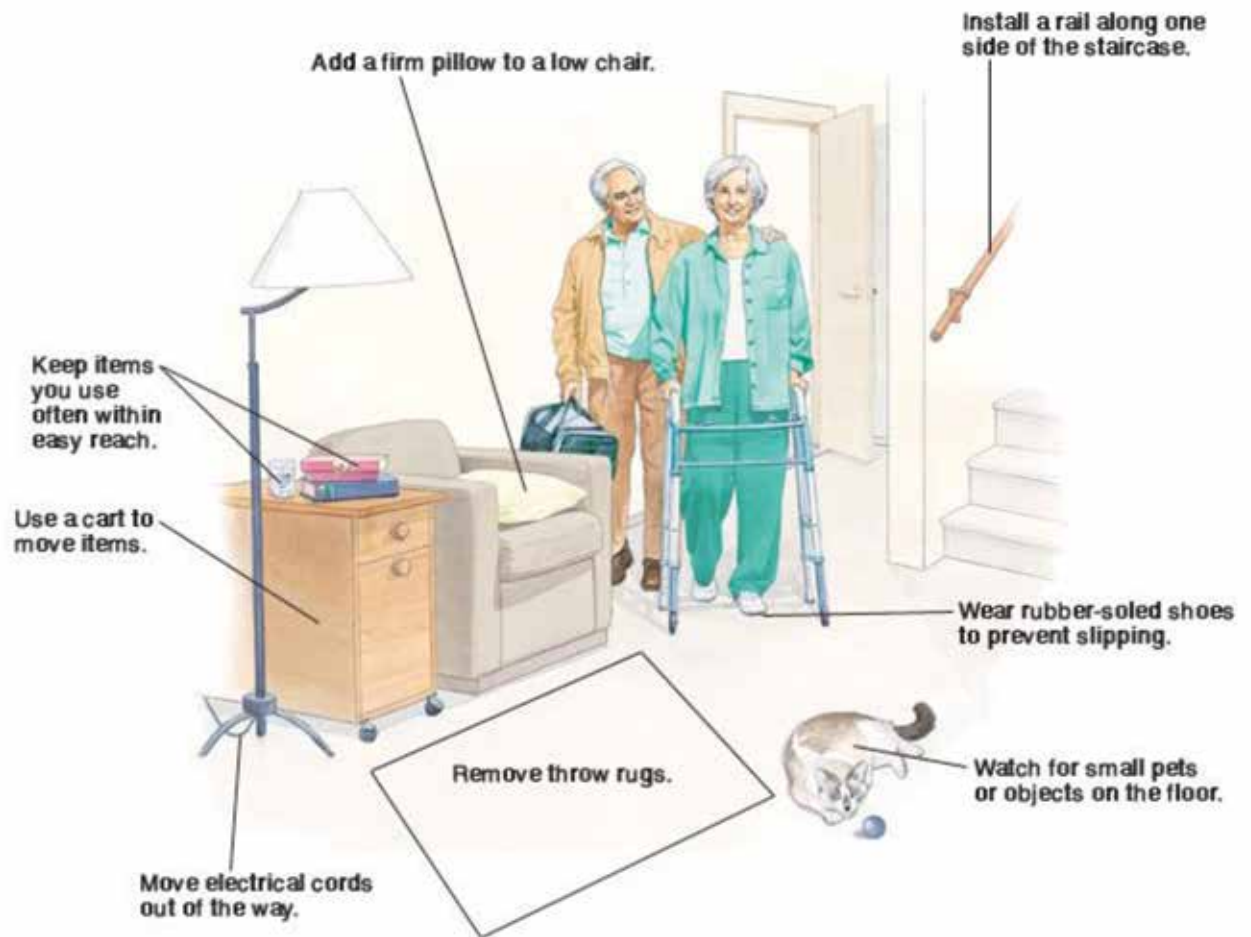
Home Safety in the Bathroom

Becoming more aware of hazards in your home can help make your recovery safer. In the bathroom, aids like a shower hose and a raised toilet seat can help you stay safe. Don't forget to watch out for hazards like wet floors or uneven surfaces.



Additional Ideas For Home Safety

In addition to safety in the bathroom, you might want to have furniture rearranged so it's easier to get around and to help make your recovery safer.



Preparing for Recovery

Getting Into and Out of a Car

After hip surgery, getting into or out of a car can be difficult. The steps below help you get into a car. Reverse them to get out of a car.



Before Getting Into a Car

- Have someone move the seat as far back as it will go.
- Recline the back of the seat, if possible.
- Place a plastic bag on the seat to help you slide back on the seat.

1. Sit Down

- Stand with your back to the car. Feel the car touch the back of your other knee.
- Hold onto the side of the car and the walker or dashboard.
- Lower yourself slowly onto the seat. Watch your head.



2. Bring Your Legs Into the Car

- Slide back into the center of the seat.
- Lift your legs one at a time into the car.

Preventing Falls: Moving Safely Outside

Moving safely outside your home can be a challenge. Take care when walking up and down stairs and curbs. Be sure to wear sturdy, comfortable shoes, and pay attention to where you step. Here are more tips to keep you from falling.

Wearing Shoes That Keep You Safe

When you shop for shoes, keep these things in mind:

- Choose shoes with rubber or nonskid soles. Athletic shoes are a good choice.
- Choose flats or shoes with low heels. Avoid high heels or platforms.
- All footwear should be sturdy and well-fitting. Don't wear flip-flops, backless shoes, or slippers.
- Don't walk around in stocking feet. Shoes are your safest bet, even when indoors. If you like, keep one pair of shoes just for indoors.

Moving Objects from Place to Place

Carrying objects can be hard, especially if you use a walker or cane. These tips can make it easier:

- Use a rolling cart to carry things like groceries.
- Wear clothes with large pockets for carrying small objects or wear a fanny pack.
- Divide large loads into smaller loads. That way, you can always keep one hand free for grasping railings.
- Don't carry objects that block your view. That's a sure way to trip.

Preparing for Recovery

Ways to Help Your Recovery from Hip Replacement

Preparing for your hip replacement helps make your recovery faster and smoother.

Why Preparing for Recovery Helps

The more in shape you are before surgery, the sooner you'll be able to get back to activities you enjoy. You will recover faster by:

- **Building muscles that support your hip joint.** This helps keep your hip stable while you're healing. It also gives you a head start on your rehabilitation.
- **Preparing to use a walker or crutches.** Learn to use walking aids before surgery. This will help you get up and move around sooner. Strengthening your upper body can also make it easier to use walking aids.
- **Preparing your home.** By making some simple arrangements at home, you can prevent falls. It can also make daily tasks easier as you recover. This includes moving objects you will need within reach and asking in advance for help with certain chores (i.e. laundry).



Understanding Your Role

When it comes to preparing for recovery, much of the work is up to you. So make time each day for the exercises your healthcare provider gives you. Always follow your Physical Therapist's or surgeon's instructions. Do not be afraid to ask questions along the way because each surgery and recovery is unique.

Fitting Your Walker

Proper fitting helps you use your walker safely and effectively. When fitting your walker, stand up straight and wear the shoes you will normally use to walk. If your walker doesn't feel right, ask your Occupational Therapist (OT) or Physical Therapist (PT) to check the fit.

A Walker Fits If:

- Your wrists are even with the handgrips when your arms hang at your sides.
- Your arms are slightly bent at the elbows when your hands are on the grips.

Precautions

- If you're using a folding walker, be sure you know how to lock it open. Check that it's locked open before use.
- Keep all four legs of the walker at the same length.
- Keep your back straight. Don't hunch over the walker.



To check fit: Stand in the center of the walker. Make sure that the walker is locked open and that all four legs are on a level floor.

Therapy Exercises

Ankle Pumps, Quad Sets, Gluteal Sets

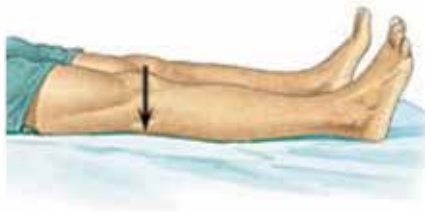
The following exercises can be done in bed and some help improve blood flow and while others help build strength. Your Physical Therapist may give you special instructions. Do them at least twice each day or as prescribed by your therapist.

Stop any exercise that causes sharp or increased hip pain, dizziness, shortness of breath, or chest pain.



Ankle Pumps

- Ankle pumps can help prevent circulation problems, such as blood clots. Do ankle pumps by pointing and flexing your feet 10 times.



Quadriceps Sets

- Lie on your back in bed, legs straight.
- Tighten the muscle at the front of the thigh as you press the back of your knee down toward the bed. Hold for 5 seconds, then relax the leg.



Gluteal Sets

- Squeeze your buttocks together tightly.
- Your hips will rise slightly off the bed. Hold for 5 seconds, then release.

Heel Slides and Supine Knee Extension Strengthening

These exercises improve range of motion and strength. Your Physical Therapist may give you special instructions. Do them at least twice each day or as prescribed by your therapist.

Stop any exercise that causes sharp or increased hip pain, dizziness, shortness of breath, or chest pain.



Heel Slides

- Lie down or sit with your surgical leg stretched out in front of you. Put a plastic bag or cookie sheet under your foot to help it slide.
- Slide the heel toward your buttocks while keeping it on the bed. Move it as far as you comfortably can. Hold for five seconds, then return to starting position with your leg stretched out in front of you.

Supine Knee Extension Strengthening

- Begin lying on your back with one knee bent and the other resting on a ball.
- Straighten your knee by contracting your thigh muscles, keeping the back of your knee on the ball.

Tip: Make sure not to arch your back during the exercise.



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Day Before Surgery

What should I do the day before surgery?

- Have a light supper (no fried or fatty foods) on the night before surgery.
- **DO NOT drink alcohol 24 hours before surgery.**
- **Do not eat or drink anything after midnight.**

- Take off all piercings and jewelry.
- Remove nail polish or fake nails.

What should I bring to the hospital?

Limit the personal things you bring to the hospital. Only bring the most important items such as:

Medical Items:

- ☐ A copy of your Health Care Directive
- ☐ Any test results or forms you were told to bring
- ☐ Home medications as directed by surgery scheduling
- ☐ CPAP machine if you have sleep apnea
- ☐ Insurance details
- ☐ If you have a walker, please bring it with you

Toiletry Items:

- ☐ Comb and brush
- ☐ Razor and shaving cream (*electric razor preferred*)
- ☐ Body wash or soap (*if you want your own brand*) and deodorant
- ☐ Toothpaste and toothbrush, denture cleanser, and denture cup

Clothing: (*You will be getting dressed in your own clothes the day after surgery.*)

- ☐ Loose-fitting clothing, such as sweats
- ☐ Loose, non-slip footwear, such as shoes with Velcro
- ☐ Underwear, pajamas, and/or robe
- ☐ Cases for glasses, hearing aids, dentures, or contacts

DO NOT bring valuables to the hospital with you. You may bring your cell phone and charger.

Leaving for the Hospital

Before leaving for the hospital:

- Please shower and use the Chlorhexidine soap provided to you during the pre-operative physical appointment. **DO NOT use bath brushes or loofahs.** These items can cause tiny cuts in the skin, and make it easier to develop an infection.
- Brush your teeth and rinse with water but avoid swallowing the water.
Do not chew gum or use breath mints.
- **Take your approved medications as soon as you wake with only a small sip of water.** You may take heart, blood pressure, pain medication, or those medications as instructed by your surgeon and pre-operative screening nurse.

Meds to take:

- Wear loose-fitting clothes which are easily removed. Do not wear boots, high heels, or panty hose.
- Leave your valuables at home.
- **DO NOT** use perfume, deodorant, shaving creams, lotions, or hair products.
- Bring a small container or case with your name clearly marked to store your eyeglasses, contact lenses, hearing aids, or dentures.
- **If you use a C-Pap or Bi-Pap machine, bring your machine.**

Arrival at the Hospital

- **Report to the Lloyd Olson Surgery Center entrance** at 235 State Street, St. Croix Falls, WI. You will be directed to registration and check in.

Day of Your Surgery

You must designate one person to be contacted (preferably the family member or friend you have designated as your support person) when your surgery is complete.

Before Surgery

Pre-operative Preparation

- After you meet with the registration staff, you will be taken to the pre-operative preparation area. You'll be asked to change into a hospital gown and your clothes will be placed into a plastic bag with your name on it. You will remove your dentures, eyeglasses, contact lenses, and hearing aids just before surgery.
- The pre-op nurse will review your medical records, conduct a brief physical evaluation, and take your vital signs (pulse and blood pressure). An intravenous line (IV) will be started and you will meet with the anesthetist. Your surgeon will verify and mark the surgical site with their initials while you are awake, and will ask for your confirmation.
- Your nose will be swabbed with iodine to reduce the risk of surgical site infection.
If you have a known allergy to iodine, please let your care provider know.
- Your support person(s) can be with you in the pre-operative preparation area until the time of surgery. While you're in surgery, they will wait in the pre-operative bay area where the surgeon/nursing staff will update them on your progress.
- Surgery may take two to three hours or longer, depending on the surgery you are having, from the time you leave your support person until your surgery is completed. Your support person may ask questions at the surgical services nurse station during your procedure and sign up to receive text updates regarding the surgery. Immediately following surgery, you will be brought to the PACU (Post Anesthesia Care Unit). Once you are ready to be moved from the PACU, your support person/family will be notified. If you are having a same-day procedure, your support person will be brought back to your surgery center suite. Otherwise, they will be notified of your room number on the Medical/Surgical Unit and can meet you there. **For safety reasons, visitors are not allowed in the PACU.**

Anesthesia

- Your anesthesiologist will meet with you prior to your surgery to thoroughly review your medical history. Your anesthesiologist will speak with you about the type of anesthesia you will receive and you will sign a consent form prior to surgery.
- **Report any difficulty or complications you may have had with anesthesia, or other health concerns, to your anesthesiologist and pre-op nurse.**
- Most of our patients have spinal anesthesia with sedation. Spinal anesthesia provides local anesthesia in your lower back. Local anesthetics block the nerves that provide feeling to your legs and hips. Sedating medications are given through your intravenous (IV) fluids before and during surgery.
- If you are not able to have spinal anesthesia with sedation, you may have general anesthesia.
- Some joint replacement procedures combine more than one type of anesthesia to provide the best benefits of both techniques. Your anesthesiologist will review your anesthesia plan.
- During surgery, medications will be given as needed to keep you relaxed and pain free.
- After surgery, you will wake up quickly in the PACU. You may receive oxygen through a nasal cannula (tube in the nostrils) or mask to promote healing. You may receive supplemental oxygen throughout the first night and maybe throughout your stay. Your nurse and respiratory therapist will monitor your oxygen levels regularly.

Post Surgical Care

Post Surgical Care

After your stay in the Post Anesthesia Care Unit (PACU), you will be transferred to your hospital room if you are staying overnight. Otherwise you will be discharged home when appropriate. When you awaken, you may feel groggy. Your nurse will assess you for pain and administer the ordered pain medications. Below are some things you can expect to experience:

- **Intravenous Fluids, Antibiotics:** You will receive fluids and antibiotics intravenously (IV) to hydrate you and prevent infection post surgery. As you progress, the IV fluids will be stopped and only an IV access line will remain.
- **Dressings:** Your incision will be covered with either surgical glue or an adhesive bandage. You may shower with your dressing on, but do NOT take baths or allow your hip or dressing to go under water. Follow your provider's recommendations about removing your dressing. Once the dressing is removed, your incision does not need to be covered. You may shower and get your incision wet, but continue to refrain from submerging the incision in water until directed by your surgeon.
- **Catheter:** On the occasion that you have difficulty urinating after surgery, a catheter may be placed. This is rare.
- **Oxygen:** After surgery, you may receive oxygen through a tube under your nose called a nasal cannula. A nurse or respiratory therapist may place a small clip on your finger to monitor the level of oxygen in your blood frequently while you are receiving oxygen.
- **Blood Transfusions:** Although rare, a blood transfusion may be ordered by your provider if your blood count is low after surgery.
- **Cold Therapy:** Ice packs will be placed on your incision to help decrease swelling. The nursing staff will change them frequently. This is an important part of your recovery for the first 48 hours, but can be continued at home to help decrease pain.

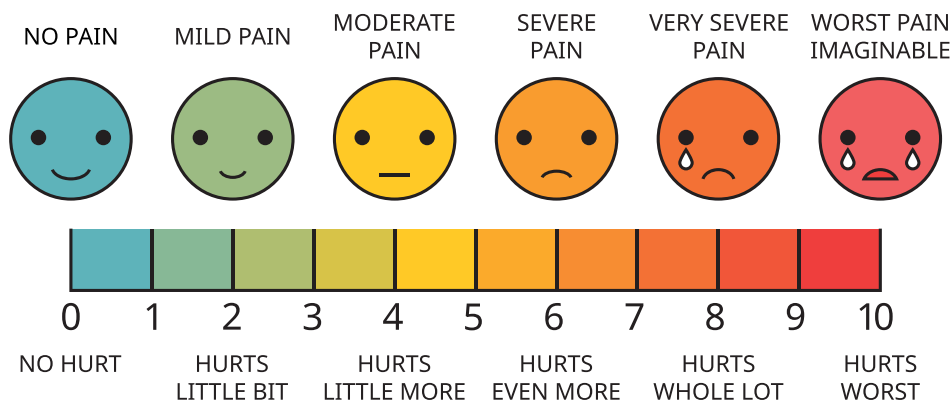
Medications

- **Insulin (non-diabetic patient):** It is normal for patients to have high blood sugars after a major surgery such as total hip replacement. This is one way the body reacts to major surgery. Insulin will be used to control your blood sugar if it is high. Controlling blood sugars can help healing and help prevent problems after surgery. Your blood sugar will be taken before and after surgery. During your stay, your blood sugar will be monitored.
- **Insulin (diabetic patient):** You will continue to take your insulin or blood sugar medication as you do at home. Oral medications for diabetes are commonly withheld while you are in the hospital. Your care team will help manage your diabetes while you are in the hospital. Dosage may need to be adjusted slightly after surgery.
- **Blood thinners:** You will most likely be instructed to take a blood thinner after surgery to prevent a blood clot. This may be over-the-counter aspirin or a prescription blood thinner. Be sure to take this as instructed by your surgeon.

Pain Medications and Pain Management

You will experience pain after your surgery. Your care team is committed to minimizing your post-operative pain throughout your hospital stay. You will be asked frequently by staff to rate the intensity of your pain. **See the pain scale below.**

- **Pain Scale:** A pain scale will be used and is numbered 0 to 10 with each number representing a degree of pain. “0” is considered no pain and “10” is worst pain imaginable.
- **Pain Medication:** Pain medication will be administered by the nurse as needed to help control pain and discomfort. Let your nurse know if your pain prevents you from tolerating movement or activity as other options may be available to manage your pain.



Recovering After Surgery

- You will be monitored closely after surgery. Nursing will be in your room often checking your vital signs, managing your IVs, and monitoring your symptoms. This will decrease once your vital signs are stable.
- The spinal block may last for an hour or up to 12 hours. It is important to notify your nurse by using your call light when you start to feel discomfort in your hip. Your nurse will provide you with oral pain medication so you are able to continue to manage your pain and complete your daily activities.
- Ice packs will be placed on your hip for 20 minutes at a time while resting in bed or when seated in a chair. This will help relieve discomfort and decrease swelling.
- You will be given an incentive spirometer to help with deep breathing exercises. This is important to use after surgery to prevent pneumonia and keep your lungs clear.
- Notify staff if you feel sick to your stomach. Medication can be given for nausea.
- After surgery, you will feel some discomfort and pain in your hip. With the use of pain medications, you should be able to tolerate activities and movement. If your pain is sharp, you may need other pain relief options.
- Constipation is a common side effect of using pain medication. There are medications available to help prevent this. Please report any concerns to your care team.
- You will sit up for all meals and are encouraged to change position at least every two hours while awake. This will help decrease stiffness.
- Shortly after surgery, you will begin working with Physical Therapy and Occupational Therapy. Physical Therapy will work with you on transfers in/out of bed and up/down from chairs, increasing walking distances, and completing your strengthening and range of motion exercises. Occupational Therapy will work with you on strategies to improve daily activities, including showering, dressing, and toileting.

Discharge Goals:

Our goal is to get you home safely as soon as possible. We will create a customized list of goals that may include the following:

- ☐ Urinate
- ☐ Tolerate fluid and foods
- ☐ Walk 50 feet with minimal assistance
- ☐ Get in/out of bed with minimal assistance
- ☐ Go up/down stairs with minimal assistance

Dressing

Your Occupational Therapist may suggest adaptive equipment (*see page 4*) to help you. This may include a reacher, sock aide, and/or dressing stick to help you have an easier recovery.



Putting on Socks

- Sit on a chair or on the side of the bed.
- Pull the sock onto the sock aid as you have been shown.
- Hold the sock in front of the foot on your operated side. Slip your foot into the sock. Pull the sock aid out of the sock.
- Put the other sock on with the sock aid, or bring your foot toward you and slip the sock on with your hands.



Putting on Pants

- Sit on a chair or the side of the bed. If needed, use a reacher to catch the waist of the underwear or pants with the grasper.
- Slip the pants onto your operated leg first. Then slip your other leg into the pants.
- Use the reacher to pull the pants over your feet and above your knee. Pull them to where you can reach them with your hands.
- Hold the pants with one hand. Push up from the chair to stand. Steady yourself with your walker.
- With your hands, pull the pants the rest of the way up.

Putting on Shoes

- Wear slip-on shoes or use elastic or Velcro shoelaces so you don't have to bend over.
- Sit on a chair. Put your foot into the shoe. Use a reacher or long-handled shoehorn to pull the shoe on.

Post Surgical Care

Getting Into a Shower and In a Tub

Special shower chairs and tub benches are available for use while bathing. These chairs help you bathe safely.

NOTE: Make sure surfaces are dry before you walk on them. Non-skid mats can help prevent falls.



Getting into a Shower Stall

1. Back up over the lip of the shower stall with your surgical leg until you feel the shower chair behind you. Reach back for the shower chair first with one hand, then the other, as you begin to sit down. Place your surgical leg forward as you sit down.
2. Lower yourself onto the chair. Lift each foot and turn to face the faucet.



Getting into a Tub

3. Back up until you feel the tub bench behind you. Reach back for the bench first with one hand, then the other, as you begin to sit down. Place your surgical leg forward as you sit down.
4. Lower yourself onto the bench and turn to face the faucet. Use your hands to help lift each leg over the side of the tub. A hand-held shower nozzle can make bathing on a bench easier.

Managing Stairs and Curbs

At first, always have your support person stand below you for safety. If you have two (2) rails, use both rails when walking up the stairs if they both are in reach or as directed by your Physical Therapist.

If you have one rail, use the rail and a cane while stepping. If you have no rails, have assistance from your support person and use a cane.

UP Stairs and Curbs

- If there is a railing, hold on to it with your free hand.
- Step up with your non-surgical leg first.
Then move the cane and surgical leg together as a unit.



DOWN Stairs and Curbs

- When going down stairs, step down with your surgical leg and the cane and then step with your non-surgical leg.



When stepping off a curb with a walker, lower the walker onto the street first, then step off the curb.

“Up with the good and down with the bad” is an easy way to remember which leg to use first.

Post-operative Discharge Instructions

Your hip has been replaced with a prosthesis. Your hip will continue to heal and strengthen after you are home. Therapy will help strengthen your knee, back, and leg muscles. Physical Therapy is important to your recovery. Follow your exercise schedule to prevent complications. Your specific discharge instructions will be given to you prior to leaving the hospital.

- Within 72 hours after discharge, you will be contacted by a nurse to discuss your medications, post-op pain, and any questions you may have.

Activity instructions until you see your doctor to get further instructions:

- Continue the exercises as instructed by Physical Therapy.
- You may take a shower the day after surgery.
- Wash your hands before touching the dressing or incision area.
- Do not sit on armless chairs—you need to use the arms to assist you to a standing position from sitting.
- Check with your provider before driving.

Special instructions:

- To avoid trouble with constipation:
 - Drink at least eight (8) glasses of water or juice each day.
 - Eat high fiber foods (whole grain breads and cereals, vegetables, and fruits).
- You will need to take a blood thinner, normally aspirin, for a month after surgery to lower the risk of blood clots.
- With the advancement in materials, many artificial joints do not set off the metal detectors at airport security and documentation is not required.

Blood Clots

Blood clots can sometimes occur after surgery. Proven ways to decrease the risk of clot formation include medication prescribed by your provider. However, it is also important to recognize the warning signs for blood clots.



Call 911 immediately if you experience any of these warning signs below.

Warning signs of blood clots in the lung:

- Sudden shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing or when taking a deep breath
- Coughing up blood
- Stroke-like symptoms

Know the symptoms of stroke:

- n **Weakness:** Sudden numbness or weakness of face, arm, or leg; especially on one side of the body.
- n **Speech Problems:** Sudden confusion, trouble speaking or understanding.
- n **Vision Problems:** Sudden trouble seeing in one or both eyes.
- n **Movement Problems:** Sudden trouble walking, dizziness, loss of balance or coordination.



Call your provider immediately if you experience any of these warning signs below.

Warning signs of blood clots in the leg:

- Increased pain in the calf
- Tenderness or redness in your leg
- Increased swelling of the thigh, calf, ankle, or foot
- Change in color and/or change in temperature of the foot

If you have questions, please call 715.483.0442.

Preventing Surgical Site Infection (SSI)

What you need to do when you get home from the hospital:

- Before you go home, your provider or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands with soap and water or an alcohol-based hand rub before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have a question or problem after you get home.
- If you have any symptoms of an infection, such as redness or pain at the surgical site, drainage or fever, **call your provider immediately.**

If you have questions, please call 715.483.0442.



Call your provider immediately if you experience any of these warning signs of infection.

- Persistent fever (oral temperature greater than 101.5 degrees)
- Shaking or chills
- Increased redness, tenderness, swelling, or drainage from incision
- Increased pain during activity or at rest
- Urgency or frequency when urinating or blood-streaked urine may be signs of a urinary tract infection.

Your Provider's Surgical Nurse Educator: 715.483.0442

Pain Medications

Your prescription pain medication should be taken as directed by your provider. You should gradually be able to decrease the number of pills or increase the length of time between pills as you progress in recovery.

You should take your pain medication 20 to 30 minutes prior to exercising or therapy, as this will allow you to perform your exercises with reduced pain. You might want to apply a cold pack to your hip for about 20 minutes after exercising to ease pain and swelling.

Managing Post-Op Pain at Home: Non-Medication Relief

Medications are not the only way to manage pain after your surgery. You may also try the following to manage your pain:

- **Visualization**

Visualization helps to take your mind off the pain:

- Close your eyes. Breathe deeply.
- Picture yourself in a quiet, peaceful place. Imagine how you feel in that place.
- If other thoughts enter your mind, take a deep breath and try again.

- **Deep Breathing**

Deep breathing relaxes your whole body:

- Inhale slowly and deeply as you count to 5.
- Hold your breath a few seconds. Release.
- Exhale through your mouth as you count to 10.

Laxatives and stool softeners

Sometimes, inactivity or pain medications can cause constipation. At the time of surgery, your surgeon will prescribe Miralax® (polyethylene glycol) and Senna-S (sennosides-docusate).

You should notify your provider if you experience any unusual bleeding or dark stools.

Recovery at Home

DO

- Walk as much as possible, beginning with short trips and increasing time and distances as you progress. A good goal is to start by using household distances, gradually progressing 20-30 feet at a time.
- Complete exercises as directed by your Physical Therapist, usually two (2) - three (3) times daily.
- Use the spirometer to decrease risk for pneumonia and increase oxygen for healing.
- Use a raised toilet seat as needed.
- Use dressing equipment to put on and take off your socks and shoes or have assistance from your support person as needed.
- Try to do as much as possible for yourself!

DON'T

- **DO NOT** drive a car
- **DO NOT** return to work
- **DO NOT** participate in sports
- **DO NOT** take a tub bath
- **DO NOT** use a pool, hot tub, or Jacuzzi
- **DO NOT** remove steri-strips or surgical dressing
- **DO NOT** soak in a tub

Intimacy After Joint Replacement

- Hip replacement is a major surgery and healing takes time. At first, you may be afraid that any activity, including sex, could cause pain or injury. Your partner may also be afraid of hurting you. These fears are normal. Having concerns about the way your body looks is also normal. Discuss such issues with your partner.
- As you heal, you will find you have less pain and better movement than before surgery. You may feel ready to be more active again. You may also find a renewed desire for sex. When you and your partner are ready, it is safe to return to intimacy without concerns for the healing of your hip.

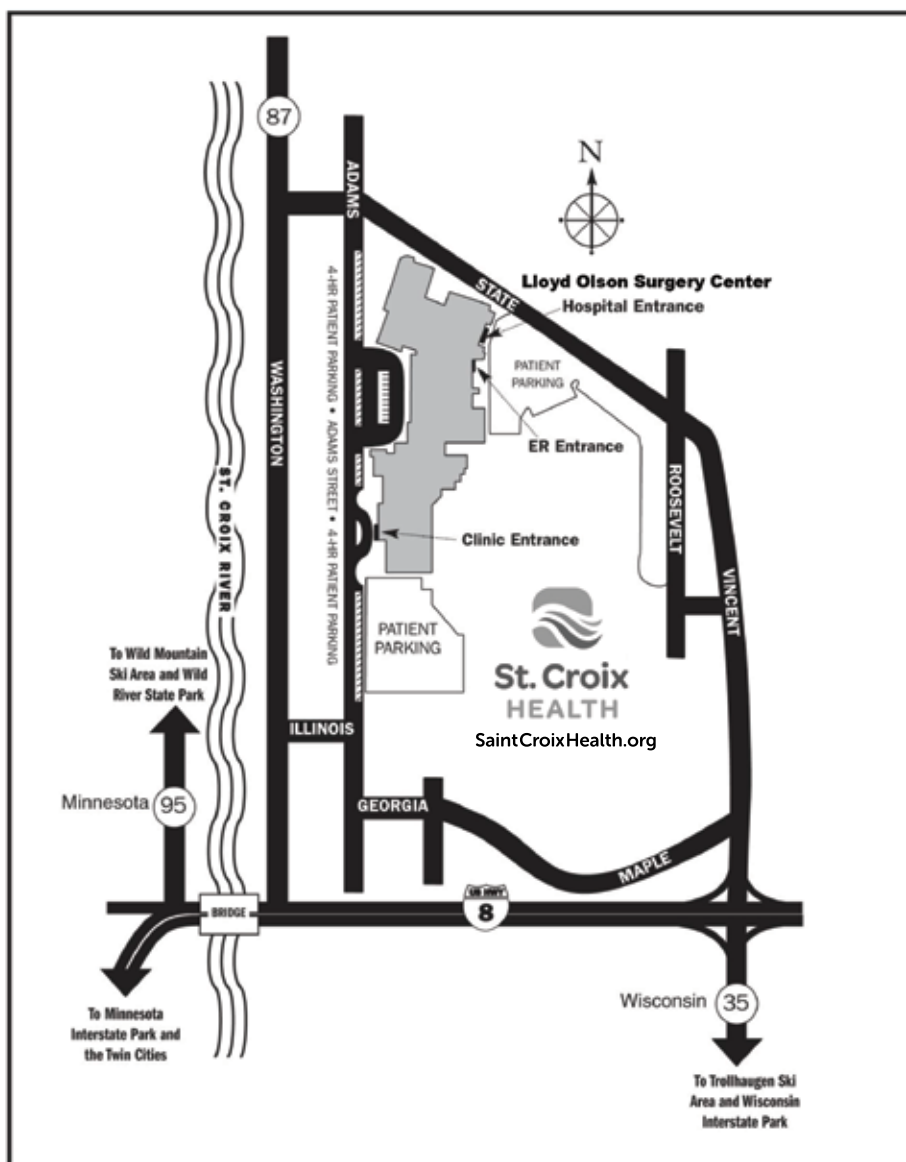
Visiting Hours

Visitors are welcome at any time. We do not have designated visiting hours. Two designated support persons may accompany you to the hospital. **Note: Visitors with known communicable diseases are not allowed at anytime.**

Parking

Emergency and short-term parking for patients and families is available near the entrance to the hospital/surgery center.

Note: Additional information for patients and visitors can be found at SaintCroixHealth.org





St. Croix HEALTH

Hip Replacement **Anterior Approach
Patient Handbook**

800.828.3627 SaintCroixHealth.org