



Joint Replacements

**A PATIENT'S GUIDE TO
JOINT REPLACEMENT SURGERY**
TOTAL HIP REPLACEMENT

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A PATIENT'S GUIDE TO
Joint Replacement Surgery
TOTAL HIP REPLACEMENT



Introduction

What is a joint replacement?

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- Preparing your home

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QR Codes

Throughout this brochure are QR codes. These codes, once scanned, will take you to different informational websites that give more details about the topic at hand. To scan a QR code you will first need to open the camera app on your smart phone. Then aim your camera at the QR code. It should then present a link that you can tap.

■ Introduction

Thank you for trusting myself, Firelands Physician Group, and Firelands Regional Medical Center with your joint replacement surgery. This guide is designed to give you the most important information you need to achieve the best outcome after your joint replacement surgery. You will reference this guide throughout the preop process, the day of surgery, and your recovery. Your care team may modify some material to meet your specific needs.

This guide will discuss all of the following:

- What is a joint replacement.
- An overview of the process from the moment we decide on a joint replacement until you see me postoperatively.
- How to prepare for your upcoming surgery.
- What to expect before, during, and after your surgery.
- How to continue your successful recovery at home.

If you have any joint replacement questions before or after your surgery, below are important contact numbers for reference.

Firelands Regional Medical Center

1111 Hayes Avenue
Sandusky, Ohio 44870
Phone (419) 557-7400

Firelands Physical Therapy

1401 Bone Creek Drive
Sandusky, Ohio 44870
Phone (419) 621-0035

Firelands Physician Group

Sandusky Orthopedics
1401 Bone Creek Drive
Sandusky, Ohio 44870
Phone (419) 625-4900

Firelands Home Health

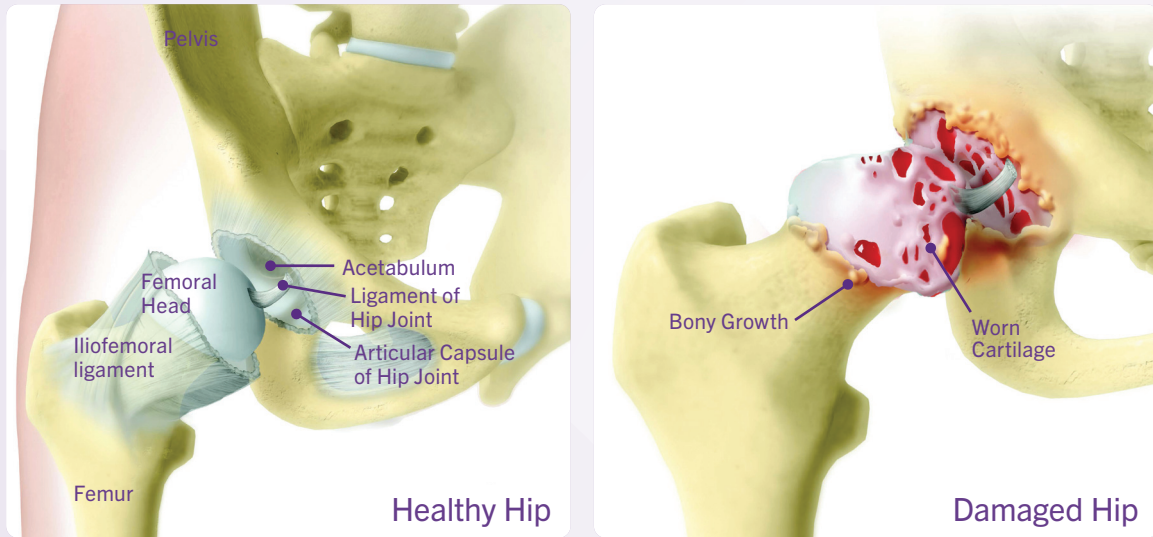
Physical Therapy
5420 Milan Road
Sandusky, OH 44870
Phone (419) 557-6590

Thank you again for the opportunity to be involved with your care. I look forward to working with you during your joint replacement journey.



Robert M. Carlisle, II, MD

■ Total Hip Replacement Surgery



Your hip is referred to as a ball and socket joint with rotation and gliding movements. The socket (*acetabulum*) sits inside your pelvis and the ball is the top of your thigh bone (*femur*); together these make up the hip joint. A covering on the moving parts of the joint, called articular cartilage, reduces friction as the surfaces of the joint roll, rotate and glide. The fluid within the joint, synovial fluid, lubricates the cartilage to ensure smooth painless motion. Age, injury, and disease may affect the joint. The surfaces of the joint then become rough and irregular as the cartilage is worn away, decreasing movement and causing pain.

The replacement part for your hip is called a prosthesis. It has smooth surfaces that allow your hip to move easily again. The prosthesis is made up of four parts, each made with special materials:

- Femoral component made of special metal that fits inside the thigh bone (femur).
- Ball component that fits on the femoral component.
- Socket (acetabular) component made of special metal that fits in the pelvis.
- Plastic (polyethylene) liner that fits within the socket component.

Special instruments are used to reshape the top of your thigh bone and socket so the femoral and acetabular (*ball and socket*) parts of your prosthesis will fit correctly.

Below are examples of components used for a hip replacement:



Avenir Complete™ Hip System



G7® Acetabulum System



A healthcare professional, a man with short blonde hair wearing a light blue button-down shirt and a lanyard with an ID badge, is gesturing with his hands while talking to an elderly woman with short grey hair. They are in a hospital or clinic setting, with a wooden rack of brochures visible in the background. The entire image has a light purple overlay.

PREPARING FOR SURGERY

■ PREPARING FOR SURGERY

Preparing for surgery is a threefold process: preparing yourself, your family, and your home. You are the one undergoing surgery so you need to make sure you have prepared appropriately to give yourself the best chance for a good outcome. You will also need to have discussions with family to inform them of what you will be going through preoperatively, the day of surgery, and postoperatively as you recover from your joint replacement surgery. Your family or care partner will be vital to your successful recovery from joint replacement surgery. They may even be the one to help you prepare your home. Home safety preparation is also an integral part to your recovery process.

■ PREPARING YOURSELF FOR SURGERY

Exercise

Exercising up to the day before surgery helps create a successful outcome and recovery. Ask about a referral to physical therapy if you would like help developing an exercise program. In addition, see the “Home Therapy Exercises Before Hip or Knee Replacement” section in your folder or scan this QR code for more information.



Why is exercise so important for your recovery?

- Strengthening exercises for the hip or knee joint improves recovery.
- Familiarity with exercises before surgery mentally prepares you for rehab after surgery.
- Upper body conditioning exercises help reduce muscle soreness and fatigue caused by the use of a walker, a cane, or other aids.
- A walking or water exercise program increases endurance, flexibility, and overall strength.

Diet and Nutrition

- Healthy eating and proper nutrition before your surgery aids in the healing process.
- Drink plenty of fluids and stay hydrated.
- Eat more fiber to help avoid constipation often caused by pain medications. Foods that contain fiber include corn, peas, beans, avocados, whole wheat pasta and breads, broccoli, and almonds.

- Eat foods rich in iron, such as lean red meat, dark green leafy vegetables, raisins, and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. Foods that are high in Vitamin C include oranges, cantaloupes, and tomatoes.
- Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens, and fortified cereal.
- Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medication may slow down your bowel function which can cause constipation after surgery.

Smoking

Smoking causes breathing problems, increases the risk of medical complications, and slows recovery. Smoking also increases the risk of infection and blood clots after surgery. As was discussed when we first decided on surgery, quitting smoking and all tobacco products prior to surgery will give you the best possible chance for a good outcome. If for whatever reason, your preop labs demonstrate concern for tobacco use, we will discuss this and the likely delay in your surgery.



Even when patients put in the effort and dedication of quitting smoking and becoming tobacco free, we know the postoperative period and recovery from a joint replacement surgery is a stressful time. You have worked so hard to make the best decision for your overall health by quitting tobacco, we want to do everything possible to help maintain that accomplishment throughout the recovery period. If at any point during your recovery, you are concerned that you may restart tobacco, please call our office or the Tobacco Cessation Program so we can help you get through the stressful times tobacco free.

Firelands Regional Medical Center Tobacco Cessation Program offers a variety of methods to help people become and stay nonsmokers. For more information and locations, please call 419-557-6550, choose option 5 when prompted.

Alcohol Use

Before surgery, it is important to be honest with your healthcare provider about your alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. We are here to help you prepare for and recover from your surgery as quickly and safely as possible.

Blood Glucose Management and Diabetes

Managing your blood glucose is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of complications after surgery, especially infection. Surgery can affect your blood glucose control in many ways. Your diet may not be normal immediately following surgery. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. For patients with diabetes, these stresses may mean adjusting your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during your Primary Care Provider (PCP) surgical clearance appointment. Your medications will again be reviewed at your pre-surgical testing (PST) appointment. Our anesthesia staff will closely monitor your blood glucose levels during surgery. If you stay in the hospital, our hospitalist physicians will help manage your medications. Any further adjustments of medications after surgery will be done by your PCP, the one who knows you and your diabetes management best. If you have questions about your medications, please contact your PCP's office.

Medications

Some medications thin your blood, increasing the risk of bleeding after surgery. These medications may need to be stopped before surgery. If you take medications that contain aspirin, anti-inflammatories (such as *Ibuprofen [Motrin®]*, *Advil®*), *naproxen [Aleve®]*, *diclofenac sodium [Voltaren®]*, *Meloxicam [Mobic®]*, blood thinners (such as *warfarin [Coumadin®]*) or arthritis medications, guidelines on when to stop these medications will be given to you at your PST appointment. These medications (plus all your other medications) will be reviewed with you at your PST appointment or by our office in coordination with your PCP. If you have questions about your medications, please contact our office.

■ PREPARING YOUR FAMILY FOR SURGERY

While you are the one going through the surgery and the recovery, your family, friends, and/or care partner will be with you every step of the way. It is important that you have discussed your needs and expectations with your care partner before surgery (see *next page*). They should plan to stay with you for at least 48 hours after you have come home from surgery. This may require your care partner to take time off work and coordinate their daily life so they can help you during this recovery process. Giving your care partner as much notice to get all these things set up is all part of preparing for your surgery.

Care Partner Expectations:

- Accompanying you to your preop physical therapy assessment.
- Being present at your orthopedic history and physical to help you remember important information discussed about surgery and recovery.
- Bringing you to the hospital and staying there for your surgery.
- Driving you home after surgery (requires a vehicle with a backseat for you to sit across).
- Staying with you for at least 48 hours after coming home from surgery.
- Transporting you for daily life activities and your appointments until you are able to drive safely.

■ PREPARING YOUR HOME FOR SURGERY

Home safety may be the most important aspect of preparing for surgery. Everyone involved with your care wants to ensure you have a safe environment in which to recover after your joint replacement. It is imperative that you set yourself up for success by following the below suggestions for your home; a safe home environment is part of a safe recovery. Any specific questions regarding home safety can be discussed with your physical therapist at your Physical Therapy Preop Evaluation. Please see the “Falling is not a normal part of aging” flyer in your folder for free home safety information and devices.

Traffic Pattern

Move obstacles – such as throw rugs, extension cords, and footstools – out of your walk way. Create a wide, clear path from your bedroom to your bathroom and kitchen so you can quickly move about with a walker.

Bathroom

Ask your physical therapist for suggestions on how to adapt your bathroom to meet your needs during recovery. You will likely need an elevated toilet seat or commode and a shower chair.

Sitting

Sit in chairs with arms to help you when rising. Chairs that keep your knees lower than your hips will also be helpful. Choose a firm, straight-back chair with armrests. A dining room chair may work if you don't have other chairs. Add a foam cushion or folded blanket if you need to raise yourself up, but avoid sitting on a soft pillow.

Children and Pets

Small children and pets can pose a safety hazard. Small children may need to be taught how to interact with you in ways that keep you safe. If you have pets, make arrangements to keep them in another area of the house when you arrive home. Additionally, you may want someone to walk and/or even take care of your pets until you feel able.

Home Matters

Consider taking care of any financial matters such as paying bills ahead of time. Arrange for any lawn care or snow removal prior to surgery.

Other Health Matters

Schedule any routine procedures or visits, such as the eye doctor or dentist, before the surgery.

Access to Items

To avoid reaching or bending, keep frequently used items within easy reach, especially in the kitchen, bathroom, and bedroom. For example, food, medications, and phone. It's a good idea to carry a cell phone or portable phone with you at all times during your recovery.

Stair Climbing

It's okay to climb stairs without assistance, if you are able. However, you may need help with climbing stairs when you first get home. Consider installing handrails or make sure existing handrails are secure.

Laundry and Cleaning

Get help with cleaning and laundry. Have a few weeks of clean clothes available. Be sure to change the bed linens before you leave for the hospital.

Mail

Arrange for somebody to collect mail or place delivery on hold (*same with newspaper*).

Meals

Arrange for help with your meals and perishable foods (*milk, salad, fruits, and vegetables*). Freeze pre-made dinners before your surgery. Stock up on non-perishable foods (*boxed, canned, and frozen*) to make it easier to prepare meals after surgery.

Driving

Arrange for someone to drive you to and from your surgery. You will also need transportation for daily life activities and any postoperative appointments. **DO NOT** drive while taking narcotic pain medication. Do not drive until you have regained the range of motion, strength, and reaction time needed to drive safely. Only you can determine when you are safe to drive. I will not “clear” you to drive.

Adaptive or Durable Medical Equipment (DME)

A walker and cane are standard equipment used by all patients recovering from joint replacement surgery. It is highly recommended that you contact your insurance company to find out what is covered under your policy.

For patients with hip replacements, an elevated toilet seat or bedside commode may be needed for safety. Both provide increased height, while the bedside commode also has arms and can usually fit directly over your home toilet. It may also fit in the shower.

Below is a list of suggested items that can make your life easier and keep you safe. Most of the items can be found at a medical supply store or at pharmacies, home improvement stores, or thrift stores. Be sure to talk with your physical therapist at your preop evaluation about your specific needs. Talk with your insurance company to verify whether they will cover the cost of the items below.

Person Aids

- Walker (with 5 inch wheels, not a Rollator or walker with seat)
- Cane
- Reacher (or grabber)
- Sock aid
- Long-handled shoehorn
- Elastic shoe laces

Bathroom

- Elevated commode seat
- Toilet seat riser
- Shower chair
- Grab bar for shower/tub
- Hand-held shower head
- Long-handled bath sponge



BEFORE SURGERY
(PRE-OP)

■ BEFORE SURGERY (PREOP)

Preparing yourself, your family/friends/care partner, and your home for surgery is a dynamic process. You may have already been working on this prior to your office visit. As you go through the preop process you will get more information and advice from various healthcare providers that can help you get prepared for surgery.

SURGEON PREOP SCREENING

Those six labs we ordered at your initial visit are extremely important. They are tools we can use to gauge what modifications, if any, are needed to increase the likelihood of a great outcome for you after surgery. I want to do everything I can before, during, and after surgery to give you a joint replacement you can enjoy for many years to come.

Location:

Firelands Regional Medical Center Laboratory

1111 Hayes Avenue, Sandusky OH 44870

Phone: 419-557-5485 **Fax:** 419-557-7489

Hours: Monday-Friday 6:00am-6:00pm

While it is recommended to obtain these labs within the Firelands Health System, we can discuss other options at your request. Furthermore, if you have had labs performed within the past few months, please let us know and we may be able to use those results for our screening process.

PCP SURGICAL CLEARANCE

Date & Time: _____

From a medical perspective, who knows you best? Your primary care provider typically has a long-term relationship with you and knows your medical history better than anyone. We rely on their expertise to help get you/keep you in the best possible medical shape prior to scheduling your surgery.

If you do not currently have a PCP, please let us know and we can make recommendations as well as assist you with scheduling an appointment.

SPECIALIST SURGICAL CLEARANCE

Date & Time: _____

Based on some of our screening questions during your office visit, we may feel it is best for you to be evaluated by a medical specialist as part of your surgical clearance. If you have a cardiologist or have seen one in the past, we may need to obtain a specific cardiac clearance from them prior to scheduling surgery. These medical specialists work directly with your PCP and us to ensure you are in the best possible medical shape to tackle the rigors of the surgery and the recovery process.

PHYSICAL THERAPY PREOP EVALUATION **Date & Time:** _____

Your physical therapist will be with you every step of the recovery process. We feel it is important you are introduced to physical therapy before surgery. You will go over the exercises to perform before and after surgery. Make sure you understand how to perform these correctly and safely. You and your physical therapist will also discuss what assistive devices/durable medical equipment you will need after surgery. Depending on your specific insurance situation, you may be able to get your walker at this visit and even have it sized by your physical therapist. Be sure to put your name on your walker. Your therapist is also a great resource for home safety recommendations to ensure a safe recovery environment.

Location:

Firelands Physical Therapy
1401 Bone Creek Drive
Sandusky OH 44870

In an effort to coordinate your care, we will try to schedule your physical therapy preop evaluation and your orthopedic history & physical on the same day. In the event this is not possible, we will schedule your physical therapy eval and then your history & physical visit at a later date.

ORTHOPEDIC HISTORY & PHYSICAL **Date & Time:** _____

This will be the last visit with me prior to your surgery day. You will be asked various questions about your medical history and medications to ensure these are all up to date. It is also your opportunity to ask any questions regarding your surgery and the recovery process. It is imperative that your care partner be present for this visit so they are informed about details of your surgery and what to expect in the recovery process. You will also sign your informed consent; a medical form stating your understanding of the risks of the procedure.

Location:

Firelands Physician Group
Sandusky Orthopedics
1401 Bone Creek Drive
Sandusky OH 44870

PRE-SURGICAL TESTING

Date & Time: _____

Location:**Firelands Regional Medical Center****Presurgical Testing**

1111 Hayes Avenue, Sandusky OH 44870

Phone: 419-557-7668 **Fax:** 419-557-6215**Hours:** Monday-Friday 7:00am-4:30pm

Your PST appointment allows our anesthesia physicians to go through a final checklist of your medical information to ensure your surgery can be performed as safely as possible. In order to do so, you will be asked to fill out a questionnaire regarding your health. Please bring a list of your current medications, both prescriptions and over the counter including vitamins, herbal preparations, and any other supplements. Please note, if upon review of your medical information, the anesthesiologist feels you need further lab work, testing, or even medical specialist evaluation, this could delay your surgery date.

Components of the PST visit.

- 1.** Your medical history will be documented and updated if necessary.
 - General medical history
 - Family medical history
 - Previous surgeries- type of surgery, date, hospital
 - Current medications and dosages
 - Previous cardiac testing if any, where and when it was completed
- 2. Diagnostic Testing:** The diagnostic testing is done as requested by our anesthesia department and myself. For the anesthesia physicians, the testing is based on your health history, age, and type of procedure. It can and often differs from my request and additional tests may be required. Your height and weight will be measured as well as the vital signs taken. Blood work, a urinalysis, an EKG, and an x-ray may be included in the PST diagnostic testing.
- 3. Surgical Anesthesia:** You will be given information on the various surgical anesthesia options including general anesthesia, spinal anesthesia, and regional anesthesia. The anesthesia team and I will discuss these options and make a final mutual recommendation for you the morning of surgery.

- 4. Instruction/Education:** Instructions and reinforcement of the information is given to you concerning arrival time, surgery time, and medications to be taken the morning of the surgery as requested by anesthesia, when to stop eating/drinking, and clear instructions of where to report. One of the PST staff will talk with you and will go through a step-by-step overview of the surgery experience. If you or your family have any questions or concerns they will be addressed. Also, if you have any special needs, such as requiring an interpreter, it would be helpful to inform our staff prior to the PST appointment.
- 5. Preop Bathing:** One of the PST staff will provide you with special soap and instructions on bathing prior to surgery. You will use this soap to bathe beginning 5 days prior to surgery and the morning of surgery. The instruction sheet will go over all these details.

THE DAY BEFORE SURGERY

You should receive a call from my office to confirm your procedure and the time you need to arrive at the hospital. If you do not receive a call by 3:00p.m. the day before surgery, please call the office. For Monday surgery, call Friday morning before 11:30a.m.

Do

- Remove nail polish.
- Shower and wash your hair the night before. Bathing helps reduce the amount of bacteria on the skin and may lessen the risk of infection after surgery. Use the antibacterial soap provided at your PST appointment and follow the instructions.
- Sleep in clean pajamas or clothes.
- Sleep on freshly laundered linens.
- Get a good night's sleep – it's important to be well rested before surgery.

Do Not

- Do NOT use lotions or powders.
- Do NOT shave before surgery.

■ SAME DAY DISCHARGE

Checklist: What to bring to the hospital

- ☑ **This Guide**
- ☑ **Your signed and completed bathing instructions sheet**
- ☑ **Shoes/socks** - A pair of supportive rubber-soled shoes (athletic or tennis shoes) are preferred. These rubber-soled shoes may be slip-on (with back), Velcro® or lace-up. Please do not bring leather or smooth-soled shoes or shoes with an open back because they have a tendency to cause falls.
- ☑ **Clothing** - You may wear whatever you would like the morning of surgery; you will be changing into a surgical gown upon your arrival in the preop area. However, clothing should be loose fitting and casual with no elastic cuffs. Shorts, baggy sweat pants, jogging suits, and capri or cropped pants are acceptable. This type of attire will ensure your clothing can accommodate your surgical dressing, ice pack, and knee immobilizer.
- ☑ **Toiletry/personal items** - If you use dentures, contacts, glasses and/or hearing aids, please bring a case with you and keep them in a safe place when not in use. Do not lay them in your bed or wrap them in tissues.
- ☑ **Assistive and adaptive equipment** - Please bring items that your physical therapist or nurses have instructed you to bring including your walker and any other related items. Make sure that your name is clearly visible on these items.

DO NOT BRING

- ☒ **Slippers** - They do not provide enough support. The nursing staff will assist you to put your shoes on at discharge.
- ☒ **Personal items, valuables, jewelry** - If you happen to bring these items, please arrange for your care partner to hold onto these during your surgery. The hospital cannot be responsible for lost or broken personal belongings.

■ INPATIENT

Checklist: What to bring to the hospital

- ☑ **This Guide**
- ☑ **Your signed and completed bathing instructions sheet**
- ☑ **Shoes/Socks** - A pair of supportive rubber-soled shoes (athletic or tennis shoes) are preferred. These rubber-soled shoes may be slip-on (with back), Velcro® or lace-up. Please do not bring leather or smooth-soled shoes or shoes with an open back because they have a tendency to cause falls.
- ☑ **Clothing** - You may wear whatever you would like the morning of surgery; you will be changing into a surgical gown upon your arrival in the preop area. Pack regular clothing for the first post-operative day. Clothing should be loose fitting and casual with no elastic cuffs. Shorts, baggy sweat pants, jogging suits, and capri or cropped pants are acceptable. This type of attire will ensure your clothing can accommodate your surgical dressing and ice pack.
- ☑ **Pajamas/Robe** - After your intravenous (IV) and catheter are removed, you may wear your own pajamas or robe during the night. This usually occurs on the first post-operative day. Knee-length gowns, pajamas, or robes are necessary because long gowns become easily twisted and caught in walkers. You may also continue to wear a hospital gown if desired at night.
- ☑ **Toiletry/personal items** - You may bring toothbrush, toothpaste, razor, shampoo, and other toiletry items. If you use dentures, contacts, glasses, and/or hearing aids, please bring a case with you and keep them in a safe place when not in use. Do not lay them in your bed or wrap them in tissues.
- ☑ **Assistive and adaptive equipment** - Please bring items that your physical therapist or nurses have instructed you to bring including your walker and any other related items. Make sure your name is clearly visible on these items.
- ☑ **CPAP/BiPAP** - If you use a CPAP or BiPAP machine for sleep apnea, please bring it with you. Sterile water will be provided.

DO NOT BRING

- ☒ **Slippers** - They do not provide enough support. The nursing staff will assist you to put your shoes on when you get up.
- ☒ **Personal items, valuables, jewelry** - If you happen to bring these items, please send them home with your family members. The hospital cannot be responsible for lost or broken personal belongings.

A photograph of a surgical team in an operating room, with the word "SURGERY" overlaid in a white box. The scene is viewed from a high angle, showing several surgeons in blue scrubs and masks, focused on a patient lying on an operating table. A large overhead surgical light is visible, and the room is filled with medical equipment. The entire image has a purple tint.

SURGERY

■ SURGERY

Today is the day you continue the journey toward regaining your independence and function. Your health care team, your care partner, and you have done everything possible to set you up for success. Today is a small snapshot in the joint replacement journey, but a very important one.

The recovery process may begin in your own home later today if we have decided you are a good candidate for a same-day discharge surgery. The recovery may also begin with a night in the hospital or plans for a stay at a rehabilitation center. All this will have been discussed with you during your orthopedic history and physical. Regardless of where your recovery will begin, your specific recovery process has been determined to be best for you.

THE DAY OF SURGERY

Things to remember:

- Do NOT eat or drink anything after midnight; ice chips, gum, or mints are NOT allowed.
- Take only the medications you have been told to take as instructed at your PST appointment; take them with a small sip of water only.
- Do not wear make-up or jewelry.

Where to Check-in

- You and your care partner may park and come in the main entrance.
- You will check-in at the front desk.
- You will be directed to the 2nd floor preop area.
- Your care partner may wait anywhere within the hospital, but they must stay here during your surgery.

When You Arrive in Preop

- You will be asked to empty your bladder.
- Any glasses, contacts, hearing aids, or dentures will be removed before surgery and returned after surgery.
- Advanced directives will be noted.

- You will have your vital signs checked (vital signs are your heart rate (pulse), breathing rate, body temperature, and blood pressure).
- You will put your initials on the joint we will be replacing.
- You will also receive some medications to preemptively help control your pain.
- Your operative site will be cleaned and prepared for surgery.
- An intravenous (IV) line will be started to give you fluids and medication including your preop antibiotics.

ANESTHESIA

A member of the anesthesia staff will talk with you about the types of anesthesia used during joint replacement surgery. While the anesthesia team and I will have already discussed your surgery and what type of anesthesia that will be recommended to you on the day of surgery, the choice is ultimately yours.

While various types of combinations of anesthesia can be performed safely and effectively for joint replacement surgery, there are 2 main types:

General anesthesia makes you completely unconscious so you can't feel, see, or hear anything during surgery. Some medicines are given through an IV while others are gases that you breathe. You might also get a breathing tube or other breathing device in your mouth or throat that will be carefully placed by the anesthesia provider while you are asleep and then subsequently removed before you wake up. General anesthetic is beneficial in longer operations, instances when spinal or epidural anesthetic is unable to be performed (such as back problems or previous back surgery, scoliosis, severe aortic stenosis, etc.), or if it is your preference.

Regional anesthesia blocks pain in the lower half of your body. Examples include a spinal block, epidural, or both. This consists of placing numbing medicine around the spinal nerves to provide a numbing sensation to the legs. The medicine is administered through a small needle (spinal block) or catheter (epidural) – similar to how women have an epidural anesthetic during childbirth. If you have a regional anesthetic, various levels of sedation are possible depending on your health history and/or your comfort level. Some of the benefits of regional anesthesia include the possibility of awakening faster after surgery with less side effects such as pain, nausea, confusion and/or breathing problems, as well as less opioid pain medications and less chance of blood clots.

In addition to the anesthesia received in the operating room, a **nerve block** can sometimes be performed to block pain coming from the knee or hip after surgery. This is typically done before surgery in the preoperative area and consists of an injection of numbing medicine around the nerves in your leg that can last anywhere from 12-36 hours. The goal is to provide adequate pain relief while minimizing the amounts of intravenous or oral pain medications required. Furthermore, a **local injection** within the tissues around your surgical site can be performed during your surgery for more local pain control. While nerve blocks are performed by our anesthesia staff in the preop holding area, I perform the local injections during surgery.

If you have any questions, please do not hesitate to ask myself and/or anesthesia staff.

THE SURGERY

Your surgery takes about one to three hours to complete. While you are in the operating room, your care partner will wait in the surgical waiting room. I will speak with them at the completion of your surgery.

RECOVERY

You will recover in the Post-Anesthesia Unit (*PACU*) and be cared for by a nurse. The average time in this unit is about 30 minutes to an hour. While here:

- Your vital signs will be checked.
- You will be asked questions to determine if anesthesia is wearing off.
- You will get x-rays of your hip.
- You will be warmed with blankets if you are cold.
- You will be given oxygen to help you breathe (if needed).
- When you leave the OR, you will have a surgical dressing, compression hose on your legs, an ice machine on your replaced joint, and a knee immobilizer.
- You might have a temporary urinary catheter placed to empty your bladder.

■ SAME DAY DISCHARGE

DAY OF SURGERY

Once you have recovered in the PACU, you will be transferred to Phase II Recovery. This is a private room for you to continue your recovery process. Your care partner is encouraged to be with you during your time in Phase II.

Phase II Expectations:

- You will continue to recover from anesthesia. Nursing staff will monitor vitals and give medications as necessary.
- The pharmacy staff will bring your discharge medications to your Phase II room and go over instructions with you and your care partner.
- Respiratory Therapy will show you how to use your incentive spirometer; this helps your lungs recover from surgery and prevent pneumonia.
- Once your nursing staff has determined you are ready for discharge, they will go over your discharge instructions. It is important to follow these instructions. If you have any questions or concerns prior to discharge, ask your nurse to contact me for clarification. If questions arise when you get home, do not hesitate to call our office. We want you and your care partner to have confidence in and feel comfortable with the recovery process.
- Your care partner will need to bring your walker to you in Phase II so you can use it to transfer to a wheelchair for discharge.
- Nursing staff will assist you and your care partner during your discharge to ensure you are safely in the vehicle for your ride home.

First Night at Home Expectations:

- Follow your discharge instructions.
- REST! You have been through a major surgery and your body needs to rest.
- Drink plenty of water and/or electrolyte drinks such as Gatorade®.
- Eat small meals more frequently for the first 24-48 hours. This is especially important when taking pain medication.
- Your care partner will be sure you get the appropriate medications at the correct times.
- If you or your care partner have any questions or concerns, call our office at 419-625-4900.

Things to watch for after surgery:

■ Constipation

Bowel movements should resume post-surgery. However, should you go 2 to 3 days without a bowel movement, please contact our office for assistance. An ER visit is not necessary.

■ Incision

It is important to keep your incision clean and dry. There is information in your discharge instruction packet on how to care for each type of surgical dressing. Notify our office if your incision drainage increases, exhibits unusual redness, produces an odor, or is noticeably hot. Additionally, if you feel warm or sick, monitor your temperature, and notify our office if it rises above 101° F.

■ Hydration

Drink plenty of fluids prior to and following your surgery. It is important to stay hydrated so your body can heal.

■ Compression Hose

Continue to wear your stockings which prevent some swelling and protects against blood clots.

HOME HEALTH PHYSICAL THERAPY

You have put in all the work up front to prepare yourself for surgery. Now you have had your surgery and it's time to push through your rehab so you can enjoy your new joint replacement.

Day 1 after surgery:**Date & Time:** _____

Your home health physical therapist will come to your home before noon. Things to expect during this visit include the following:

- Your therapist will assess your hip and remove your knee immobilizer.
- Any sort of gauze dressing will be removed by your therapist. The dressings that I have circled in your discharge packet will be left in place until I see you in the office for your initial postop visit.
- If there is any sort of drainage or oozing, your therapist will recommend placing a gauze dressing.
- You will also begin working on walking and range of motion for your joint replacement. Your therapist will instruct you on using your walker.
- Your therapist may also make recommendations on your home safety to ensure you are able to use your walker, get to and from the bathroom, and manage any stairs if necessary.

Day 2 and Day 3 after surgery:**Date & Time:** _____

Your home health physical therapist will come to your home before noon. Things to expect during these visits include the following:

- Any questions or concerns about your recovery can be addressed with your therapist.
- You will continue working on walking and range of motion.
- Your home health physical therapist will develop a plan with you to determine how many more days they will come out to work with you until I see you in the office for your first postoperative visit. At minimum, they will work with you one time during your second week after surgery.
- The most important part of your recovery during these first 2 weeks is listening to your home health physical therapist and doing the exercises they have recommended. You also have your exercise sheets that you used to familiarize yourself with when you were preparing for surgery. These can be an excellent resource during your physical therapy and recovery. If you need videos to remind you about certain exercises, scan the QR code:



■ INPATIENT STAY

DAY OF SURGERY

Once you have recovered in PACU, you will be moved to a nursing unit that specializes in the care of patients with joint replacements. Some patients, for various other reasons, are moved to another nursing unit.

It is normal to drift in and out of sleep until the anesthesia completely wears off. Because it's important to rest as much as possible, we encourage friends and family to limit their visits.

While in your hospital room, your nurse will:

- Monitor your vital signs frequently.
- Check your incision.
- Give IV fluids and antibiotics.
- Check your urinary catheter (if one is present).
- Check your oxygen level.
- Help you use an incentive spirometer (this breathing device helps keep your lungs clear and helps prevent pneumonia).
- Check your compression devices, special stockings that help prevent blood clots.
- Assess blood clot prevention, administer oral blood-thinning drugs, and assist with getting out of bed and starting to walk.
- Physical therapy and occupational therapy may come to see you for an evaluation.

Remember: Do not get out of your bed without assistance. While getting out of bed and walking is encouraged in the rehab process, you **MUST NOT** do so without assistance.

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

A therapist or nurse will help with bedside activities. Physical therapy and occupational therapy after your joint replacement surgery are critical parts of your recovery. Although you may feel pain during and after your therapy sessions, it is necessary for your recovery.

Your physical therapist and your occupational therapist will teach you how to:

- Lay in your bed in comfortable positions.
- Move from sitting to standing.
- Walk with an assistive device (walker or cane).
- Perform a home exercise program on your own.
- Walk up and down stairs with an appropriate assistive device.
- Comply with hip precautions while performing functional activities.
- Perform transfer techniques, such as getting on and off a toilet seat with and without assistance or getting into and out of a vehicle.
- Perform self-care activities, such as dressing with adaptive equipment and assistance if needed.

Precautions:

While recovering from surgery, you will follow specific precautions provided to you by your therapists. These precautions allow you to heal properly and help prevent potential complications.

Hip

Note: Precautions may vary, depending on the surgical approach. Your therapist will discuss your specific precautions. There are no specific precautions with an anterior hip approach. With a posterior hip approach, the general precautions are as follows:

- ☒ Do not bend or operate leg beyond a 90 degree angle.
- ☒ Do not pivot or twist on your operated leg.
- ☒ Do not cross your operated leg or ankle.

Day 1 after surgery:

Your physical therapist will begin the rehab process with you the morning after surgery. Things to expect during this visit include the following:

- Your therapist will assess your hip and remove your knee immobilizer.
- Any sort of gauze dressing will be removed by your therapist and/or nurse. Your nurse will discuss the specific dressings and how to care for them. Information regarding these dressings will also be in your discharge packet for reference at home.
- If there is any sort of drainage or oozing, your nurse will place a gauze dressing.
- You will also begin working on walking and range of motion for your joint replacement. Your therapist will instruct you on using your walker.
- Your therapist may also make recommendations for home safety. Be sure to ask any questions you may have regarding your specific home set-up.

The average length of stay after a joint replacement surgery is one night, but some patients may need more time, and that's ok. Everyone progresses at a different pace. We want you to feel safe and comfortable when you go home.


For patients that do stay more than one night, your physical therapist will likely work with you again in the afternoon.

CASE MANAGERS

Case managers, registered nurses, and licensed social workers work closely with me, your medical team, and you to coordinate your discharge needs. After surgery, most patients return home with the care and support of their care partner, friends, or family members. You will have a case manager assigned to you after your surgery to assist with a smooth transition to home. If for any reason you need some extra help after discharge, your case manager will make the necessary referrals for services and contact your insurance company regarding benefits and authorizations. Your case manager will also help with any unforeseen discharge needs if they arise. Furthermore, case managers are available to discuss any worries or concerns you may have related to your planned surgery at Firelands Regional Medical Center. If you have any questions or concerns, please contact the Case Management Department at 419-557-7919.

HOME HEALTH PHYSICAL THERAPY

Firelands Regional Medical Center has a home health program that can assist you until your first follow up appointment. Based on how you progress with physical therapy during your hospital stay, your physical therapist may recommend the assistance of home health physical therapy until your two week post-op appointment. Your case manager will help coordinate this for you. They will meet with you or your representative to make all arrangements, including verifying benefits, so when you arrive home, services can begin within 24-48 hours after discharge. Typically, we will have a home health physical therapist visit you the day after you go home from the hospital. You and your home health physical therapist will set up a schedule moving forward.

A woman with blonde hair and glasses, wearing a white jacket and black pants, is walking a bulldog on a leash. She is smiling and holding a green water bottle in her right hand. The background is a blurred outdoor setting. A white rectangular box is overlaid on the image, containing the text "AFTER SURGERY (POST-OP)".

AFTER SURGERY
(POST-OP)

■ AFTER SURGERY (POST-OP)

This is when the real work begins: the rehab and recovery process. You have done all your homework to prepare for your joint replacement. You have gone through the actual surgery. Now, you need to recover from surgery and begin rehabbing your joint replacement. This process will include rest, physical therapy, home exercises, and time. Your joint replacement will take time to heal; the bone and soft tissue typically takes 3 months, and sometimes longer. During this time, it is extremely important to follow the instructions in this guide, your discharge instructions, and the instructions outlined by your therapist. If at any time you have questions or concerns, do not hesitate to call our office at 419-625-4900.

■ EXPECTATIONS AT HOME

- No matter how much you prepared for your homecoming, it will be an adjustment. Myself, your physical therapist, your other medical doctors, your care partner, family, friends, and yourself have been preparing for this homecoming since we all decided on a joint replacement. Trust the process and don't be afraid to ask questions; we are all here to help you get through your rehab successfully. You will experience pain in your operated hip, and you will have difficulty sleeping at night. The blocks performed by anesthesia and the medications provided are meant to help manage the pain, but we are not trying to take the pain completely away; this is unrealistic. It is important you follow the discharge instructions regarding your medications, especially during the first 24-hours after surgery. Pain is part of the recovery process.
- You will be tired from surgery and the anesthesia. It is important to rest as this assists in the healing process.
- Remember to use your walker anytime you get up to move around. Getting up and moving around relieves some discomfort. If you are a same day discharge patient, keep your knee immobilizer on at all times; your home health physical therapist will tell you when you can remove it.
- Try to stay hydrated with water and other electrolyte drinks like Gatorade®. Try to eat small meals/snacks more frequently; timing them with your pain medication can help prevent nausea.

If you have any questions or concerns, call our office at: 419-625-4900

Activity

- Continue your exercise program and increase activity gradually; your goal is to regain range of motion, strength, and function, typically in that order as well.
- Follow all therapy instructions.
- Resume activity as you gain strength and confidence.
- Continued exercise at this early stage is important to achieve the best outcome with your new joint replacement. Based on your needs, your therapy may be continued at home or at an outpatient setting of your choice. You will be given an exercise program to continue exercising at home.
- You should climb stairs with support. Climb one step at a time—“good” leg up, “bad” leg down. Hold onto a railing, if available.
- You may be a passenger in a car, but you should sit on a firm cushion or folded blanket to avoid sitting too low.
- You may not drive if you are still taking any narcotic pain medication. I will not “clear” you to drive. You may begin doing so when you feel safe.

Lifting

- Do not lift anything heavy after surgery. Avoid lifting objects in a position where you need to squat or bend. Avoid climbing ladders.

■ THERAPY VIDEOS



Use this QR code for a refresher on your post-operative therapy.

Videos include demonstrations and explanations on how to walk with and without a knee immobilizer, appropriate walker/cane use, and getting into/out of a car.

■ POST-OP VISITS:

2-WEEKS

This visit will be the first time you see me after surgery. We will remove your surgical dressing and check your incision. More importantly, we want to see how you are progressing during the two weeks after your surgery. This is the time to ask any questions and get any concerns addressed. For a hip replacement, our goal is beginning to transition from a walker to a cane. Remember, every patient is different. These are general goals, but we will tailor your recovery to your specific needs. We will begin outpatient physical therapy after this visit. Our office staff will ensure you are set up so you can continue the recovery process.

6-WEEKS

This visit is the first time we will be getting x-rays of your new joint. We will do this periodically to ensure everything looks good. At this point in the recovery process, patients are typically getting closer to “normal.” Remember, everyone progresses differently. We will discuss your individual rehab progress at this visit including the potential for more physical therapy if necessary. Depending on your job and your recovery, we can discuss when to go back to work.

3-MONTHS

Most patients are close to a full recovery at this time, but again, everyone progresses at different rates. Do not be discouraged if you require more physical therapy or more time in general to recover. We will get another x-ray at this visit. If you have not already, most patients are able to go back to work at this time in the recovery process. You can talk with your physical therapist about how to go about easing back into more physically demanding jobs.

1-YEAR

Most patients have been enjoying their new joint and this visit is simply a quick check-up. We can discuss any concerns you may have at this time. We will also get an x-ray. Moving forward, we will plan to see you yearly for an x-ray just to check on your joint replacement. If for any reason you would like to be seen sooner than your annual appointment, please call the office to schedule.

■ POTENTIAL COMPLICATIONS

Blood Clots

A major surgery like a joint replacement can increase your risk for a blood clot. A blood clot from your leg can travel to your lungs and cause serious health complications. Preventing a blood clot from forming is the best treatment method.

You can lower your risk of developing a blood clot by:

- Exercising and staying active (moving about).
- Taking blood thinners as directed by myself or your other providers.
- Wearing support stockings (TED hose).

The symptoms of a blood clot include:

- Pain and/or redness in your calf and leg, unrelated to your incision.
- Increased swelling of your thigh, calf, ankle, or foot.
- Increased skin temperature at the site of the incision.

If you develop any of these symptoms, call our office to further discuss the symptoms. Sometimes we may order a test to be done at the hospital to assess for blood clots.

If you develop shortness of breath, chest pain, or pain when breathing, go to the nearest emergency department or call 911. If you are unsure about any symptoms, call our office for assistance.

Surgical Site Infection

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. Nonetheless, we take extra precautions before, during, and after surgery to prevent infection.

Some common symptoms of surgical site infection are:

- Increased redness and pain around the area where you had surgery.
- Any drainage, in particular, cloudy fluid from your surgical wound.
- Fever.

If any of these symptoms occur, contact our office immediately at 419-625-4900.

Preventing Infection

Preventing infection is extremely important for the rest of your life. Your new joint is artificial and does not have your body's natural protection against infection. As a result, it is possible to develop an infection in your artificial joint, especially after invasive procedures. These procedures may include:

- Dental procedures such as routine cleanings
- Colonoscopy/Sigmoidoscopy
- Cystoscopy/Genitourinary instrumentation
- Prostate and/or bladder surgery
- Kidney surgery
- Cardiac catheterization
- Barium enema
- Endoscopy

As a precaution, however, I would recommend scheduling any of these or other invasive procedures at least 3 months after your joint replacement. During one of your post-op visits, we will discuss whether or not antibiotic prophylaxis is recommended for you prior to having any of the above procedures performed.

A photograph of a healthcare professional, a man in a light blue polo shirt with a name tag, shaking hands with an elderly woman with short, curly grey hair. The woman is seated on a grey examination table. The background is a plain, light-colored wall. The entire image is overlaid with a semi-transparent purple filter. A white rectangular box is centered over the image, containing the text 'FREQUENTLY ASKED QUESTIONS' in white, bold, uppercase letters.

FREQUENTLY ASKED QUESTIONS

■ FREQUENTLY ASKED QUESTIONS

Hip Replacement FAQs

1. Am I too old for hip replacement surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You will be asked to obtain medical clearance from your PCP so that we know more about your general health and your readiness for surgery.

2. How long will my new hip last, and can a second replacement be done?

We expect most hips to last more than 15-20 years due to the advancement in the technologies. However, there is no guarantee, and 5-10 percent may not last that long. A second replacement may be necessary.

3. Why do hip replacements fail?

The most common reason for failure is loosening of the artificial ball where it is secured in the femur, or loosening of the socket. Wearing of the plastic spacer may also result in the need for revision. However, the newer materials that are used today minimize the chances of loosening.

4. What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications that concern us the most. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. The chances of this happening in your lifetime are around one percent.

5. When will I be able to get out of bed?

You will be required to get out of bed the day of your surgery. Additionally, physical therapy will start the day after surgery. Your commitment to working hard through the pain and discomfort during the first few weeks will help with the overall success of the surgery.

6. When can I shower after the surgery?

You may shower once the therapist evaluates you. However, no baths and always keep your dressing and incision site clean and dry.

7. When can I get in the bath or go swimming in a pool.

Typically, once your dressings are removed and the scabs heal over completely, you may feel free to immerse your incision in water. This is typically 4 weeks after surgery. We can discuss this at your first postop appointment.

8. How long will the surgery take?

We reserve approximately one to three hours for surgery. Some of this time is taken by the operating staff to prepare for the surgery. In most cases the actual surgery takes about an hour.

9. Will I have pain after surgery?

Yes, but we will keep you comfortable with appropriate medication. Generally, most patients are able to stop very strong medication within one day.

10. Is it normal to have pain in my groin after hip replacement?

Yes. About a month or two after surgery, it is common to have some discomfort around the groin area. The soft tissue in that area will rub against the replacement and become irritated. This will disappear once that soft tissue adjusts to the prosthesis. With that said, there are many people who have little or no pain at all.

11. Will the swelling/pain go away?

It is normal to have some residual swelling and discomfort for even a few months after surgery. Keep in mind, the more active you are, the more likely you are to have discomfort and swelling. You may experience bouts with this for up to a year after surgery. The best method of relief is to use ice and elevate that limb above the level of your heart.

12. Is the numbness around my incision normal? Will it go away?

The numbness is normal around the incision. It may shrink over time, or it may last forever.

13. Is it normal for my hip to feel warm after surgery?

Warmth at the surgical site is to be expected after surgery and should resolve over time. Notify our office if you develop other symptoms such as fever (temperature greater than 101°F), swelling, redness, or drainage from your incision.

14. How long and where will my scar be?

The scar will be approximately 3-5 inches long. It will be along the side of your hip.

15. Will I need a walker, crutches, or cane?

Yes. Until your muscle strength returns after the surgery, you will need a walker or cane. Your equipment needs will be determined by the physical therapist at your preop evaluation.

16. Will I need help at home?

Yes. For the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, housekeeping, etc. Family members or friends must be available to help. Preparing ahead of time, before your surgery, can minimize the amount of help required. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single-portion frozen meals will reduce the need for extra help.

17. Will I need physical therapy when I go home?

Yes. Physical therapy will continue after you go home. The length of time required for this type of therapy varies with each patient. At a minimum, home health physical therapy will see you daily for 3 days after surgery and at least one more time in the second week after surgery. We will help you with these arrangements before you go home.

18. When will I be able to get back to work?

We recommend that most people take at least one month off from work, even if your job allows you to sit frequently. More strenuous jobs will require a longer absence from work.

19. How soon after surgery can I have sexual intercourse?

Hip – Generally, it is safe to resume sexual activity six weeks after surgery as long as there is not significant pain. Initially, being on your back will be the safest and most comfortable positioning. As your hip heals, you will be able to take a more active role. Please discuss any specific concerns with your physical therapist. You can also find more information at the following website:

<https://hipknee.aahks.org/a-guide-to-returning-to-sexual-activity-following-total-hip-and-knee-replacement>



20. Is it normal to experience stiffness after periods of inactivity?

Yes. It is normal to have some discomfort and difficulty getting started after being at rest, either sitting or getting up in the morning, but should decrease once you get going. This may occur for several months after surgery.

21. Why can't I sleep?

Mild insomnia is a common occurrence after surgery and should resolve over time. You may take over-the-counter sleep aid medication as directed, or contact our office if it becomes severe.

22. How will my physical activities be restricted after surgery?

High-impact activities such as contact sports, long distance running, and basketball are not recommended. Injury-prone sports such as downhill skiing are also dangerous for your new joint. Myself and your therapist will discuss further limitations with you following surgery. You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling, and gardening.

23. Will I notice anything different about my hip?

In many cases, patients with hip replacements think that the new joint feels completely natural. However, we recommend always avoiding extreme positions or high-impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease, or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in the other shoe. Some patients have aching in the thigh when bearing weight for a few months after surgery.

Notes
