

The Patient's Guide to
OUTPATIENT HIP REPLACEMENT



THE PAIN STOPS HERE
austinpaindoctor.com



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WELCOME...

As we age, doing the things we love to do without arthritis pain often becomes challenging.

Arthritis affects about 40 million Americans, one in eight people. As we age, doing the things we love to do without arthritis pain often becomes challenging.

The physicians and the staff of Advanced Orthopedics are working to restore the quality of life of people with arthritis throughout the area... one joint at a time.

For many, a great quality of life means spending time with family, enjoying a round of golf, a bicycle ride or the pleasure of a simple walk. No matter what your definition, being able to walk and move without pain is an important part of living well.

Our physicians have spent their professional lives studying how to combat the effects of arthritis and have helped to develop advanced surgical techniques to reliably help you revitalize your life.

Total Hip Replacement involves replacing the damaged portions of your hip joint and is one of the most effective ways to reduce pain and restore mobility.

Our outpatient, Rapid Recovery Joint Replacement Program eliminates hospital stays and supports your recovery.

With pre-surgical patient education and a comprehensive continuum of care, this program is designed to ensure you have the information, care and support you need every step of the way.

PARTNERING FOR SUCCESS

Our goal is to help you achieve a great result. We are committed to helping you reclaim your quality of life.

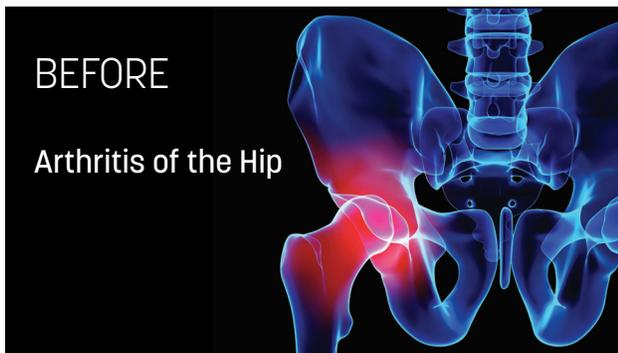
You and your physician have agreed that surgery is necessary. You will be an active participant in a unique treatment model that begins at diagnosis, continues with surgery and is completed at home.

Understanding what is happening will make your time spent with us – and the time spent throughout your entire journey to a better quality of life – smoother and more comfortable.

We ask you to arrange for a responsible adult to team with your providers as a coach. This should be someone who can attend pre-surgical visits, take you home after surgery and help you once you've returned home.

We encourage you to share information with your coach and all the other important people in your life who will assist you. Your understanding, participation and commitment – and that of your coach – are important to the success of your procedure.

Please read and complete everything given to you. Items we ask you to complete play a significant role in helping us better understand your lifestyle, objectives and current health.



>>>>>>> IMPORTANT:

AS SOON AS YOU GET THIS BOOKLET, BEGIN DOING PRE-SURGICAL EXERCISES TO BUILD STRENGTH AND STAMINA. DON'T DO ANY IF THEY CAUSE YOU PAIN.

RAPID RECOVERY JOINT REPLACEMENT

> OUTPATIENT TOTAL HIP REPLACEMENT

What is it? An outpatient hip replacement is an advanced alternative to traditional inpatient care to replace the damaged components of your hip in the outpatient setting. The surgery can eliminate hip pain and allows for complete recovery at home.

How long will surgery take? Your surgery will take one to one and a half hours on average. Plan to be at the center about five to six hours.

How is the hip replaced? An incision is made on the front or side of the hip. The damaged bone is cleared away. The surfaces are prepped and shaped to hold the new components. The new components are aligned and secured to the thigh bone and pelvis.

What are the risks of surgery? Our physicians have performed many hip replacement procedures safely. However, there are potential complications associated with any surgery.

Infection With all surgery there is a risk of infection. Your pre-admission test results will confirm you have no active infections before surgery. Antibiotics administered before and after surgery, and other precautions such as cleaning the surgical site with antimicrobials prior to surgery, will further help prevent infection.

Blood clots To reduce the risk of blood clots and promote circulation, you will be asked to pump your feet and exercise your ankles to increase circulation following surgery and during recovery. After surgery, you will take one Aspirin 325 mg twice a day to further help prevent blood clots. Other medications may be used if there's an increased risk or history of blood clots.

Pneumonia Breathing deeply after surgery and frequent coughing are important ways to prevent congestion from building up in your lungs, which can lead to pneumonia.

Bladder infections Bladder infections may also occur, so it is particularly important to drink plenty of fluids to help prevent this type of infection.

Dislocation With newer surgical techniques, dislocation of the prosthetic hip is extremely rare. You will be given detailed instructions to prevent this rare occurrence.

Severe complications As with all major surgery, there is a possibility that complications from any of the above, or from the anesthesia, could be severe enough to result in death. Please discuss all questions and concerns with your surgeon or your anesthesiologist.

What kind of anesthetic will I have? In most cases, a spinal anesthetic will be administered by an anesthesiologist or CRNA. In addition, medications for sedation will be given through an IV line.

PREPARING FOR SURGERY



> SCHEDULING

Most insurance companies require pre-authorization prior to scheduling surgery. Our staff will call your insurance company to check eligibility and get pre-authorization as needed. This may take several days, depending on the insurance company. Once we have received approval from your insurance, you will be contacted to discuss available surgery dates, and other important appointments.

> MEDICATIONS

Once your surgery is scheduled, please inform our office if you are currently taking any of these medications, as they need to be stopped prior to your surgery:

- ▶ Coumadin: 5 days
- ▶ Plavix (Clopidogrel): 7 days
- ▶ Aspirin 325 mg : 4-5 days (Aspirin 81 mg does not need to be stopped prior to surgery)
- ▶ Eliquis: 2-3 days
- ▶ Xarelto: 2-3 days
- ▶ Prescription diet pills: 2 weeks
- ▶ All vitamins and supplements: 7 days
- ▶ Anti-inflammatory medications: 7-10 days (Advil, ibuprofen, Aleve, Naprosyn, Relafin, Diclofenac)
- ▶ Anti-Rheumatologic Agents 2 weeks before & 4 weeks after (i.e. Enbrel®, Remicade®, Humira®, Orencia®, Kineret®, Plaquenil®)
- ▶ Hormone replacement therapy: 7 days
- ▶ Birth control pills or patch: 6 weeks
- ▶ Methotrexate: Discuss with Rheumatologist
- ▶ Celebrex can be taken until surgery

NOTE: ALERT YOUR SURGEON IF YOU ARE ON ANY OTHER BLOOD THINNERS. BLOOD THINNING MEDICATIONS WILL NOT BE DISCONTINUED WITHOUT WRITTEN PERMISSION FROM YOUR PRESCRIBING PHYSICIAN.

PREPARING FOR SURGERY (cont.)



> MEDICAL HISTORY & HEALTH STATUS

Before your surgery, we will ask questions regarding your medical history and health status, or for insurance verification. These are some of the questions frequently asked:

- ▶ Do you have health problems such as diabetes, heart disease or high blood pressure?
- ▶ Are you taking any medications (This includes over-the-counter products such as aspirin, ibuprofen, vitamins, herbs and teas)? Please have your medication bottles or a complete list available for your physician to review.
- ▶ Do you use tobacco, alcohol or recreational drugs?
- ▶ Do you have allergies?
- ▶ Do you currently have a fever, cold, rash or history of recurring infection?
- ▶ Have you had previous surgeries or illnesses?
- ▶ Are you or could you be pregnant?
- ▶ Have you or any blood relatives had previous problems with anesthesia?
- ▶ Have you or any blood relatives had a history of blood clots?

> PRE-SURGICAL TESTING

Depending upon your age and medical status, we may ask you to go for an appointment with our Pre-Admissions Testing Hospitalist for pre-operative testing. These tests may include:

- ▶ Chest X-ray
- ▶ Urine test
- ▶ Blood test
- ▶ Electrocardiogram (EKG)
- ▶ Nasal MRSA culture

IMPORTANT: IF YOU GET A FEVER, COLD OR RASH, CALL OUR OFFICE REGARDING YOUR CHANGE OF HEALTH. YOUR SURGERY MAY NEED TO BE POSTPONED.

PREPARING FOR SURGERY (cont.)



> PRE-SURGICAL ORIENTATION

We ask that you schedule an office visit, or attend a pre-operative class, about one week prior to your surgery for the purpose of pre-surgical orientation. At this visit, you will learn in detail about the procedure and:

- ▶ How to prepare your home
- ▶ What to bring to the surgery center
- ▶ What equipment you'll need
- ▶ What to expect during and after surgery
- ▶ Exercises to prepare for surgery

PRIOR TO SURGERY, WE WILL ALSO:

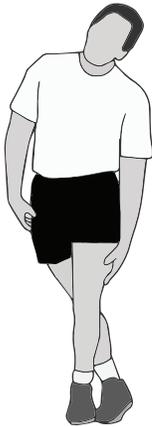
- ▶ Provide all necessary prescriptions for post-operative medications and provide you with a walker or crutches and a bedside commode.
- ▶ Confirm that home health care has been arranged and approved by your insurance. Confirm the date and time of surgery with the surgery center.
- ▶ Review your home medication sheet and make sure you are aware of which medications to continue and which to discontinue before surgery.
- ▶ Review any pre-operative diagnostic studies.
- ▶ Review clearance information from your primary medical physician and/or specialist.

PREPARING FOR SURGERY (cont.)

> PRE-SURGICAL EXERCISES / HIP CONDITIONING PROGRAM

GETTING STARTED

Beginning a hip exercise and conditioning program prior to surgery is one of the best ways to insure quick and complete recovery. It's best to begin this program several weeks before surgery. Perform exercises two times a day. They should take about 15-20 minutes to complete. Don't do any exercises that are too painful.



STANDING ILIOTIBIAL BAND STRETCH

1. Stand next to a wall for support.
2. Cross the leg closest to the wall behind the other leg.
3. Lean your hip toward the wall until you feel a stretch at the outside of the hip.
4. Hold for 30 seconds.
5. Repeat the sequence 4 times.



SEATED ROTATION STRETCH

1. Sit on the floor with both legs straight in front.
2. Cross one leg over the other.
3. Slowly twist the bent leg, put your hand behind you for support.
4. Look over your shoulder and hold the stretch for 30 seconds.
5. Repeat 4 times.

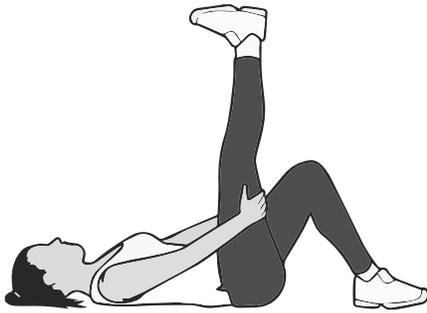


KNEE TO CHEST STRETCH

1. Lie on your back with your legs extended.
2. Bend one knee and grasp that knee with your hands.
3. Pull your knee to your chest as far as it will go.
4. Hold for 30 seconds and then relax for 30 seconds.
5. Repeat on the opposite knee.
6. Repeat 4 times.

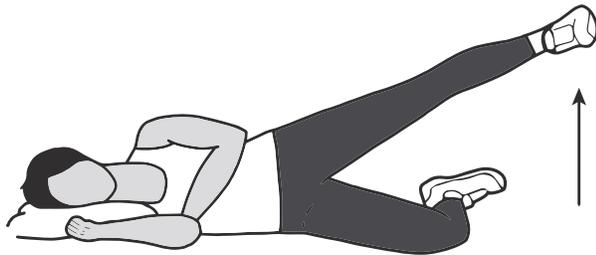
PREPARING FOR SURGERY (cont.)

> PRE-SURGICAL EXERCISES / HIP CONDITIONING PROGRAM (cont.)



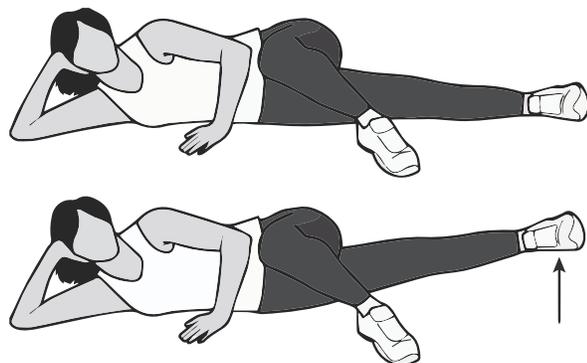
HAMSTRING STRETCH

1. Lie on the floor with both knees bent.
2. Bring your knee toward your chest – place your hands behind your thigh below your knee – if you have difficulty doing this, you can loop a towel around your thigh.
3. Straighten your knee and pull your leg toward your head until you feel a stretch.
4. Hold for 30 seconds, then relax for 30 seconds.
5. Repeat 4 times.



HIP ABDUCTION

1. Lie on your side with the bottom leg bent to give support.
2. Straighten the top leg and raise to 45 degrees, keep the knee straight.
3. Hold this position for 5 seconds, then relax for 5 seconds.
4. Repeat 4 times.

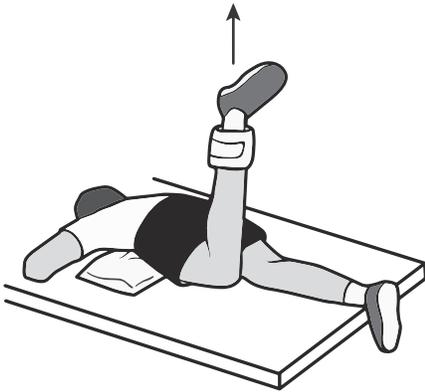


HIP ADDUCTION

1. Lie on the side of the affected hip with both legs straight.
2. Bend the top leg across the lower leg.
3. Raise the lower leg 6 inches off the floor.
4. Hold for 5 seconds, then relax for 5 seconds.
5. Repeat 4 times.

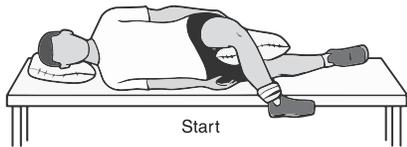
PREPARING FOR SURGERY (cont.)

> PRE-SURGICAL EXERCISES / HIP CONDITIONING PROGRAM (cont.)



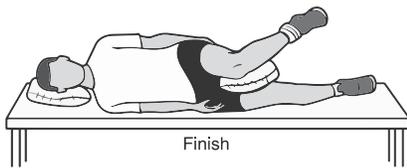
PRONE HIP EXTENSION

1. Lie on your stomach on a firm surface and bend the knee to 90 degrees.
2. Lift the knee, hold for 5 seconds, then slowly lower the knee, and relax for 5 seconds.
3. Repeat 4 times.



HIP ROTATION

1. Lie on your side with the bottom leg bent to give support.
2. Straighten the top leg and raise to 45 degrees, keep the knee straight.
3. Hold this position for 5 seconds, then relax for 5 second.
4. Repeat 4 times.



>>>>>>> IMPORTANT:

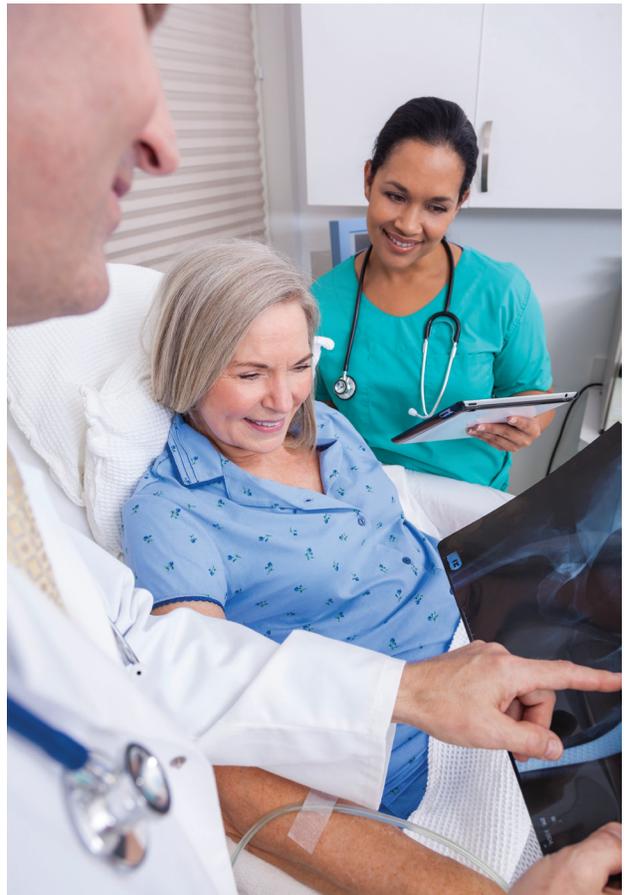
EXERCISE REGULARLY AND IN MODERATION TO PREPARE FOR YOUR SURGERY - DON'T OVERDO IT OR INJURE YOURSELF BY BEING TOO AGGRESSIVE.

PREPARING FOR SURGERY (cont.)

> PREPARING YOUR HOME FOR YOUR RETURN

It is important that you have a safe environment at home, to prevent injury, and speed recovery. The following are some of the things to do in preparation for your surgery.

- ▶ Prepare meals ahead of time and put fresh linens on your bed.
- ▶ Make sure you have an armchair with a firm cushion that you can sit on.
- ▶ Water beds are not recommended after your surgery. A flat, firm mattress should be in place.
- ▶ Have an ample supply of your prescription medications available.
- ▶ Pick up throw rugs and make sure long electrical cords are out of the way.
- ▶ Put night lights in bathrooms and dark areas.
- ▶ Have non-skid surfaces (strips, etc.) in place in tubs and showers.
- ▶ Arrange for pet care if needed.
- ▶ Prepare a comfortable rest area with tissues, phone, TV, remote control, etc. nearby. You don't want to rush for the phone.
- ▶ If you are going to be alone part of the day, carry a portable phone and/or personal alarm with you to call for help in case of an emergency.
- ▶ Have footwear available with non-skid soles.
- ▶ Arrange transportation for follow-up visits.



PREPARING FOR SURGERY (cont.)

> SIX WEEKS PRIOR TO SURGERY

STOP SMOKING!!!

A cotinine test will be performed prior to surgery to confirm.

> ONE WEEK PRIOR TO SURGERY

- ▶ Schedule office visit for pre-operative conference.
- ▶ Receive prescriptions: If established with one of our Pain Management clinics, pain medications will be prescribed via your Pain Physician. Otherwise, oxycodone-acetaminophen (Percocet) may be prescribed along with Celebrex and Lyrica to help with post-op pain control. If you have a history of post-operative or opioid induced nausea, Zofran can also be prescribed.
- ▶ Receive Hibiclens, antimicrobial wipes, walker, single-prong cane.
- ▶ Obtain over-the-counter medications: Aspirin 325 mg (#60), laxative, and Extra-Strength-Tylenol.
- ▶ Stop all anticoagulants, anti-inflammatories, aspirin, fish oil, Vitamin E and supplements. IT IS OK TO CONTINUE CELEBREX if you are taking it pre-op.
- ▶ Continue pre-surgical exercises.

> TWO DAYS PRIOR TO SURGERY

- ▶ Shower with Hibiclens .
- ▶ Continue pre-surgical exercises to build strength and stamina.

> ONE DAY PRIOR TO SURGERY

- ▶ Shower with Hibiclens.
- ▶ Use antimicrobial wipes over surgical site.
- ▶ Have nothing to eat or drink after midnight - including mints, gum or water. Your surgery may be cancelled or delayed if you do.
- ▶ Eat a 'regular-sized' dinner - the day before surgery is not the time to "feast" on large quantities of heavy or rich foods.

PREPARING FOR SURGERY (cont.)

> DAY OF SURGERY: AT HOME

- ▶ Use the last set of anti-microbial wipes over the surgical site – DO NOT SHOWER.
- ▶ Wear comfortable, loose clothing.
- ▶ Do not use lotions, talcum, perfume, make-up or nail polish.
- ▶ Take heart and blood pressure medications with sip of water.
- ▶ Do not take insulin or diabetes medications unless instructed to do so.
- ▶ Take 400 mg of Celebrex.
- ▶ Take 300 mg of Lyrica.
- ▶ Nothing to eat or drink.

> DAY OF SURGERY: AT THE SURGERY CENTER

- ▶ Bring your walker.
- ▶ Bring photo-ID, bag for dentures, cases for contact lenses, glasses.
- ▶ Family member or significant other must accompany you to the surgery center.

> DAY OF SURGERY: IN THE PRE-OP AREA

- ▶ You will sign the surgical and anesthesia consent forms.
- ▶ IV will be started and pre-op sedatives and antibiotics will be administered.
- ▶ Your surgeon will meet you and your family in the pre-op area, confirm and mark the surgical site, and answer any last questions you may have.
- ▶ You will then be transferred to the OR (family members to the waiting area).

PREPARING FOR SURGERY (cont.)

> DAY OF SURGERY: POST-OP/ RECOVERY

- ▶ At the end of the surgery, you will transfer to the recovery room.
- ▶ If you have had a spinal anesthetic, it may take 1-2 hours for feeling to return to your legs.
- ▶ In the recovery area, the nurses will monitor your vital signs and keep you comfortable. Medications will be administered as necessary for pain or nausea.
- ▶ You will be monitored in the recovery area from 2 to 23 hours. This stay will be decided upon by your care team. You will be discharged home once we are sure that you are stable and comfortable. The medications administered at the surgery center should provide excellent pain relief at home. It is extremely important, however, to follow the post-operative pain management protocol to insure ongoing pain relief.
- ▶ Prior to discharge, a physical therapy will have you walk and confirm that you are stable for discharge. You will be given a brief home instruction sheet – detailed home instructions are on the next several pages of this booklet.

> DAY OF SURGERY: DISCHARGE CHECKLIST

- Home health agency contacted – visit by nurse and therapist confirmed for the day after surgery.
- All necessary home equipment has been acquired – walker, cane.
- Post-op appointment scheduled.
- OK to shower on post-op day 1.
- Family member/ significant other will be with present for 24 hours after discharge.



AFTER SURGERY

> MANAGING YOUR PAIN

Our primary goal is to keep you as comfortable as possible following your surgery.

Your pain will be assessed from the time you leave the operating room until the time you leave the surgery center. You will frequently be asked to rate your discomfort on a pain scale of 1 to 10 that will help us determine if your current method of pain control is adequate or if changes need to be made. Oral or injected pain medications may be used to relieve discomfort.

> HOME CARE

A visiting nurse will be scheduled for the day after surgery to assist you with post-op care and monitor your progress.

The nurse may return as needed to evaluate your wound and change your dressings, to review your diet and hydration, to review your medications and evaluate your pain.

A physical therapist will visit you at home the day after surgery. It's important to practice your exercises and walking program several times a day as instructed. It is also very important to continue taking your pain medication consistently as ordered to more effectively exercise on your own.

> HAND WASHING HELPS PREVENT INFECTION

A serious form of bacteria known as MRSA frequently inhabits the skin or nose of healthy people. When introduced into the home setting during recovery, it can be harmful to patients. Hand hygiene is the single most important method of controlling the spread of bacteria. We ask all visitors and caregivers to wash their hands before and after contact with patients and their surroundings. This simple act can provide for a safer environment for all.

> TOILET

- ▶ Do not attempt to use your walker to pull yourself up to stand. Push up from the seat, reaching forward with one hand at a time to your walker.
- ▶ When out in the community, use the bathrooms that accommodate people with disabilities. They will have grab bars.

> STALL SHOWER

- ▶ If your walker fits into the shower stall, step in with the affected leg first. If you are unable to fit the walker into the stall, step in backwards with your strong leg first.
- ▶ Make sure surfaces inside and outside the shower are non-skid to decrease your risk of slipping.

AFTER SURGERY (cont.)

> STALL SHOWER (cont.)

- ▶ You can make a soap holder from the cut off legs of panty hose. Cut them down the center leaving the foot end mostly intact. Put a bar of soap in the foot end. Tie the two top ends together. Hang around your neck.
- ▶ Use a long-handled sponge or brush to wash and dry legs.

> PRECAUTIONS

- ▶ Use your walker or cane when walking, and weight bearing (as tolerated).
- ▶ Do not lift or carry things while walking.
- ▶ Avoid small pets, remove throw rugs, and secure electrical and phone cords on the floor where you may walk.
- ▶ Do not drive for two weeks or as instructed.
- ▶ Allow for adequate room at the side of your bed to walk. Avoid pivoting on your affected leg.
- ▶ Avoid slippery or unstable surfaces.
- ▶ Do not allow yourself to get exhausted.
- ▶ Use a cart to move items.
- ▶ Wear an apron with several pockets to keep your hands free.
- ▶ Avoid reaching far overhead or down low.
- ▶ It's easier to take out the trash if you use small plastic grocery bags and tie them to your walker.
- ▶ Slide bowls, containers, pots and pans along the counter. Don't carry them.

>>>>CALL OUR OFFICE (737-781-8489) IF:

- ▶ You have a fever of over 101 degrees.
- ▶ Your incision becomes redder, swollen, painful, or if it has a discharge that has an offensive odor.
- ▶ If your incision opens or bleeds a lot.
- ▶ Your pain medication is not controlling your pain.
- ▶ You have side effects from your medications such as nausea, a rash, or itching.
- ▶ You have fallen.

AFTER SURGERY (cont.)

> HIP POSITIONING PRECAUTIONS

Depending upon the exact nature of your specific surgical procedure, and the location of the incision, your surgeon may instruct you to follow some temporary positioning precautions. These are not always necessary, but your surgeon may feel that some short-term restrictions regarding certain motions and positions are necessary to optimize healing and prevent dislocation.

If recommended by your surgeon, you may be asked to follow one of the two protocols listed below. This will be confirmed in more detail by your surgeon at the time of your surgery, prior to your discharge from the surgery center.

ANTERIOR APPROACH SURGERY

- ▶ Do not extend your hip more than 10 degrees.
- ▶ Do not cross your legs.
- ▶ Do not lean forward when sitting.
- ▶ Do not turn your operated leg out.

> HIP POSITIONING PRECAUTIONS

POSTERIOR APPROACH SURGERY

- ▶ Do not flex your hip more than 90°.
- ▶ Do not cross your legs.
- ▶ Do not turn your operated leg in.
- ▶ Do not lean forward when sitting.
- ▶ You may be given an abduction pillow to use at home for several weeks after surgery.

AFTER SURGERY (cont.)

> HOME: POST-OP NIGHT OF SURGERY

- ▶ Keep the surgical dressing dry and intact.
- ▶ Take one Aspirin - 325 mg - at 8 PM.
- ▶ Take one Lyrica 150 mg - at 8 PM.
- ▶ Begin Percocet 5-10mg/325mg every 4-6 hours for the first 24 hours - take first dose immediately upon arriving home.
- ▶ Use Zofran as needed for nausea.
- ▶ Take one dose of an over-the-counter laxative to prevent constipation.
- ▶ OK to supplement prescription pain medication with Extra-Strength Tylenol - do not take more than 6 in 24 hours (maximum 3000 mg Tylenol).
- ▶ Be careful getting in and out of bed and chairs - Do not bend the hip past 90 degrees and do not cross the legs.



POST-OP PHYSICAL THERAPY

> REMINDERS FOR ALL PATIENTS

Safe Use of Your Walker

Keep your hips straight when using the walker FWBAT (Full Weight Bearing as Tolerated) normal amount of body weight as able/tolerated.

- ▶ Do not use the walker as a support when getting in or out of bed, up from a chair, or off a toilet. It is not stable enough in that position. Back up to the chair until you feel the front of the chair on the back of your legs. Reach down for the arms and lower yourself safely into the chair.
- ▶ Follow all precautions for 2 to 4 weeks.

In and Out of Bed

- ▶ Sit on the edge of the bed in the same manner as you would a chair.
- ▶ Scoot your buttocks back across the bed until hips and thighs are on the bed.
- ▶ Rotate your body until you are straight on the bed.
- ▶ Get into bed with the non-affected leg first, get out of bed with affected leg first.
- ▶ Use sheets and pajamas made of a slippery fabric to make scooting easier.

Car: Front Seat

- ▶ With the passenger seat pushed back, back up to the seat using your walker. Lower yourself into the seat.
- ▶ Tip: a plastic trash bag can help you rotate side to front.

Car: Back Seat

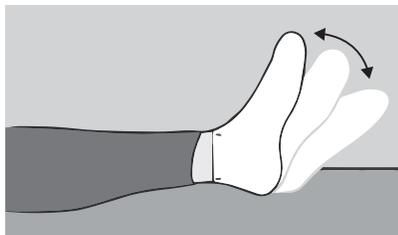
- ▶ If surgery was on your right leg, enter on the passenger side.
- ▶ If surgery was on the left leg, enter on the driver's side.
- ▶ Back up to the open rear car door with your walker or cane.
- ▶ Lower yourself carefully into the seat.
- ▶ Scoot across the back seat and have pillows stacked so you can semi-recline.

POST-OP PHYSICAL THERAPY (cont.)

Regular exercises to restore your normal hip motion and strength and a gradual return to everyday activities are important for your full recovery. We recommend that you exercise 20 to 30 minutes 2 or 3 times a day during your early recovery.

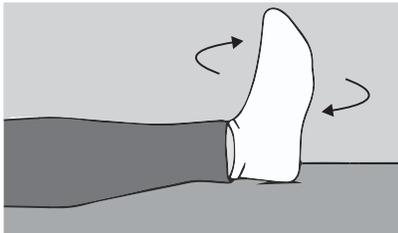
> EARLY POST-OP EXERCISES

These exercises are important for increasing circulation to your legs and feet to prevent blood clots. They also are important to strengthen muscles and to improve your hip movement. These exercises should be done as you lie on your back with your legs spread slightly apart.



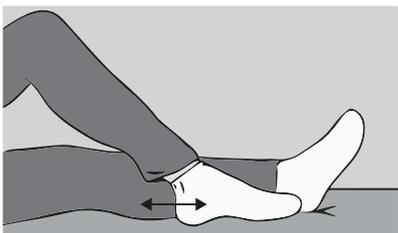
ANKLE PUMPS

1. Slowly push your foot up and down.
2. Do this exercise several times as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



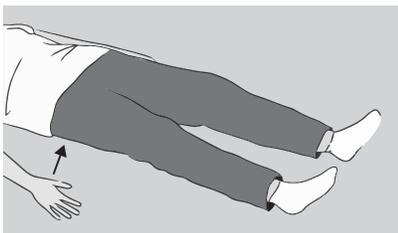
ANKLE ROTATIONS

1. Move your ankle inward toward your other foot and then outward away from your other foot.
2. Repeat 5 times in each direction 3 or 4 times a day.



BED-SUPPORTED KNEE BENDS

1. Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.
2. Repeat 10 times 3 or 4 times a day.

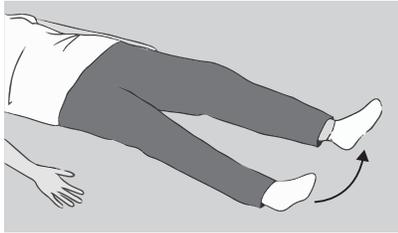


BUTTOCK CONTRACTIONS

1. Tighten buttock muscles and hold to a count of 5.
2. Repeat 10 times 3 or 4 times a day.

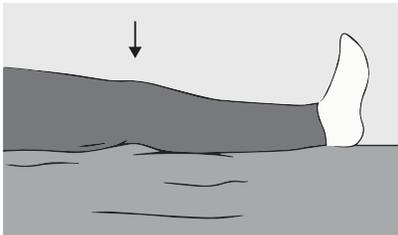
POST-OP PHYSICAL THERAPY (cont.)

> EARLY POST-OP EXERCISES (cont.)



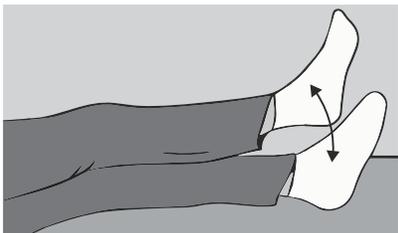
HIP ABDUCTION

1. Slide your leg out to the side as far as you can and then back.
2. Repeat 10 times 3 or 4 times a day.



QUADRICEPS SET

1. Tighten your thigh muscle.
2. Try to straighten your knee.
3. Hold for 5 to 10 seconds.
4. Repeat this exercise 10 times during a 10- minute period.
5. Continue until your thigh feels fatigued.



STRAIGHT LEG RAISES

1. Tighten your thigh muscle with your knee fully straightened on the bed.
2. As your thigh muscle tightens, lift your leg several inches off the bed.
3. Hold for 5 to 10 seconds.
4. Slowly lower.
5. Repeat until your thigh feels fatigued.

> STANDING EXERCISES

Soon after your surgery, you will be out of bed and able to stand. You will require help since you may be weak the first several times you stand. As you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding on to a firm surface such as a bar attached to your bed or a wall.

POST-OP PHYSICAL THERAPY (cont.)

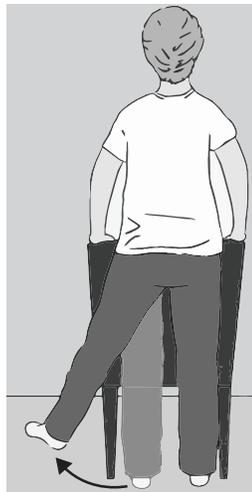
> STANDING EXERCISES (cont.)



STANDING KNEE RAISES

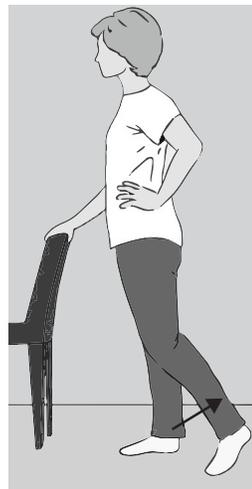
Lift your operated leg toward your chest.

1. Do not lift your knee higher than your waist.
2. Hold for 2 or 3 counts and put your leg down.
3. Repeat 10 times 3 or 4 times a day.



STANDING HIP ABDUCTION

1. Be sure your hip, knee and foot are pointing straight forward.
2. Keep your body straight.
3. With your knee straight, lift your leg out to the side.
4. Slowly lower your leg so your foot is back on the floor.
5. Repeat 10 times 3 or 4 times a day.



STANDING HIP EXTENSION

1. Lift your operated leg backward slowly.
2. Try to keep your back straight. Hold for 2 or 3 counts.
3. Return your foot to the floor.
4. Repeat 10 times 3 or 4 times a day.

POST-OP PHYSICAL THERAPY (cont.)

> WALKING AND EARLY ACTIVITY

Soon after surgery, you may begin to walk short distances and perform light everyday activities. This early activity helps your recovery by helping your hip muscles regain strength and movement.

Walking with Walker, Full Weightbearing

Stand comfortably and erect with your weight evenly balanced on your walker or crutches. Move your walker or crutches forward a short distance. Then move forward, lifting your operated leg so that the heel of your foot will touch the floor first. As you move, your knee and ankle will bend, and your entire foot will rest evenly on the floor. As you complete the step allow your toe to lift off the floor. Move the walker again and your knee and hip will again reach forward for your next step. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor. Try to walk as smoothly as you can. Don't hurry. As your muscle strength and endurance improve, you may spend more time walking. Gradually, you will put more and more weight on your leg.

Walking with Cane or Crutch

A walker is often used for the first several weeks to help your balance and to avoid falls. A cane or a crutch is then used for several more weeks until your full strength and balance skills have returned. Use the cane or crutch in the hand opposite the operated hip. You are ready to use a cane or single crutch when you can stand and balance without your walker, when your weight is placed fully on both feet, and when you are no longer leaning on your hands while using your walker.

Stair Climbing and Descending

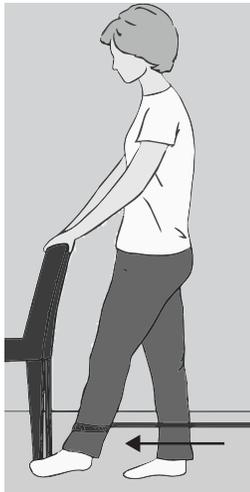
The ability to go up and down stairs requires both flexibility and strength. At first, you will need a handrail for support, and you will only be able to go one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember "up with the good" and "down with the bad." You may want to have someone help you until you have regained most of your strength and mobility. Stair climbing is an excellent strengthening and endurance activity. Do not try to climb steps higher than those of the standard height of seven inches and always use the handrail for balance.

POST-OP PHYSICAL THERAPY (cont.)

> ADVANCED EXERCISES AND ACTIVITIES: ELASTIC TUBE EXERCISES

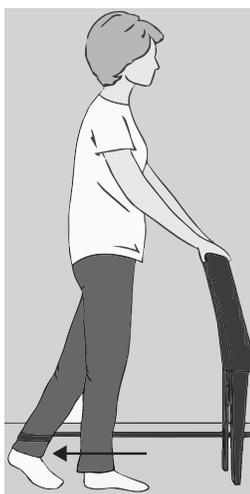
A full recovery will take a few months. The pain from your problem hip before your surgery and the surgery itself may have weakened your hip muscles. The following exercises and activities will help your hip muscles recover fully.

These exercises should be done in 10 repetitions four times a day with one end of the tubing around the ankle of your operated leg and the opposite end of the tubing attached to a stationary object such as a locked door or heavy furniture. Hold on to a chair or bar for balance.



RESISTIVE HIP FLEXION

1. Stand with your feet slightly apart.
2. Bring your operated leg forward keeping the knee straight.
3. Allow your leg to return to its previous position.



RESISTIVE HIP EXTENSION

1. Face the door or heavy object to which the tubing is attached and pull your leg straight back.
2. Allow your leg to return to its previous position.

POST-OP PHYSICAL THERAPY (cont.)

> EXERCISE BIKE



Cycling is an excellent activity to help you regain muscle strength and hip mobility. Adjust the seat height so that the bottom of your foot just touches the pedal with your knee almost straight. Pedal backwards at first. Pedal forward only after comfortable cycling motion is possible backwards. As you become stronger (at about 4 to 6 weeks) slowly increase the tension on the exercycle.

Exercycle forward 10 to 15 minutes twice a day, gradually building up to 20 to 30 minutes 3 to 4 times a week.

> WALKING



Take a cane with you until you have regained your balance skills. In the beginning, walk 5 or 10 minutes 3 or 4 times a day. As your strength and endurance improves, you can walk for 20 or 30 minutes 2 or 3 times a day.

Once you have fully recovered, regular walks, 20 or 30 minutes 3 or 4 times a week, will help maintain your strength.

LIVING WITH YOUR NEW HIP

Your new joint components have resulted from many years of research, but like any device, its life span depends on how well you care for it. To ensure the health of your new hip it's important you take care of it for the rest of your life.



LIVING WITH YOUR NEW HIP (cont.)

SPORTS AND ACTIVITIES

Your new joint is designed for activities of daily living and lower-impact sports. Walking, swimming, cycling is recommended once your physician has cleared them. Aggressive sports, such as jogging or running, jumping, repeated climbing and heavy lifting may impair or compromise the function and long-term success of your joint, and therefore should be avoided.

INFECTION

Your joint components are made of metal, ceramic, and polyethylene, and the body considers them a foreign object. If you get a serious infection bacterium can gather around your components and your hip joint can become infected. If you become ill with an infection or high fever, you should be treated immediately.

SURGICAL PROCEDURES

If you're scheduled for any kind of surgery, no matter how minor, you must take antibiotics before and after. Please see the detailed protocols on the next page. Make sure your surgeon is aware that you have a joint implant.

DENTAL WORK

You should take antibiotics before having any dental work completed including routine cleanings. Bacteria present in the mouth can scatter throughout the bloodstream and accumulate around your hip. It's essential you let your dentist know about your hip replacement. Please call our office – 737-781-8489 to obtain a prescription for antibiotics prior to scheduled dental appointments.

NOTE: THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS STATES THAT YOU SHOULD TAKE ANTI-BIOTICS BEFORE SEEING YOUR DENTIST FOR THE REST OF YOUR LIFE.

> ANTIBIOTIC PROTECTION FOR IMPLANTED JOINT PROSTHESES

TEETH CLEANING, FILLINGS:

AMOXICILLIN, 2 grams one hour prior to the procedure; 1 gram six hours after the initial dose. Alternative: (allergy to Amoxicillin or penicillin) EES (Erythromycin Ethyl-Succinate), 800 mg two hours prior to procedure, 400 mg. 6 hours after the initial dose.

DENTAL EXTRACTIONS, ROOT CANAL:

Same as #1 but continue every 6 hours for two days.

LIVING WITH YOUR NEW HIP (cont.)

URINARY TRACT PROCEDURES (CYSTOSCOPY, TRANSURETHRAL RESECTION OF PROSTATE (TUR):

AMPICILLIN, 2 grams plus GENTAMYCIN 80 mg IV or by injection 1/2 hour prior to procedure.

GASTROINTESTINAL TRACT PROCEDURES, SUCH AS COLONOSCOPY, SIGMOIDOSCOPY, ENDOSCOPY WITH BIOPSY:

AMOXCILLIN, 3 grams by mouth, one hour prior to the procedure then AMOXCILLIN, 1.5 grams by mouth six hours after initial dose.

Alternatives: VANCOMYCIN, 1 gram I.V. one hour prior to procedure, plus GENTAMICIN, 80 mg. I.V., one hour prior to procedure.

ENDOSCOPY WITHOUT BIOPSY, SIGMOIDOSCOPY, BARIUM ENEMA:

AMOXCILLIN, 3 grams by mouth, one hour prior to the procedure, then 1.5 grams 6 hours after the initial dose. Alternative: VANCOMYCIN, 1 gram I.V. one hour prior to the procedure.

SKIN BOILS, INFECTED LESIONS, PODIATRY PROCEDURES, SUCH AS NAIL CUTTING, INGROWN TOENAILS:

DICLOXACILLIN, 500 mg. by mouth or KEFLEX, 500 mg. every six hours by mouth, until lesion has improved.

Alternative: EES, 400mg.

BREAST BIOPSY, PAP SMEARS:

Not needed.

SURGERY:

Inform the surgeon that you have had a joint replacement.

CARDIAC CATHETERIZATION:

Inform your cardiologist that you have had a joint replacement. We recommend that you have anti-biotics before the procedure.

NOTE: AMPICILLIN, VANCOMYCIN, GENTAMICIN, GIVEN I.V. OR BY INJECTION, MUST BE ADMINISTERED AND PRESCRIBED BY YOUR TREATING PHYSICIAN.

The Patient's Guide to **OUTPATIENT HIP REPLACEMENT**

ADVANCED ORTHOPEDICS

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THE PAIN STOPS HERE
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