EVERYTHING YOU NEED TO KNOW ABOUT YOUR SURGERY AT ADENA

TOTAL HIP JOINT REPLACEMENT
WE ARE DELIGHTED THAT YOU HAVE CHOSEN ADENA MEDICAL CENTER FOR YOUR TOTAL HIP JOINT REPLACEMENT. WE ARE COMMITTED TO PROVIDING STATE-OF-THE-ART, HIGH QUALITY, PATIENT-CENTERED ORTHOPAEDIC CARE.

OUR MISSION: TO HEAL, TO EDUCATE, TO CARE

OUR VISION: TO BE THE BEST HEALTHCARE SYSTEM IN THE NATION

OUR VALUES: INTEGRITY, COMMUNICATION, TEAMWORK, INNOVATION
WHY CHOOSE ADENA FOR YOUR HIP REPLACEMENT?

OUR DEDICATED PROFESSIONALS ARE PASSIONATE ABOUT HELPING PATIENTS REGAIN THEIR MOBILITY SO THEY CAN ENJOY LIFE.

Our medical team includes physical and occupational therapists, nurses, technicians, board-certified neurologists, physiatrists, sports medicine physicians, orthopaedic surgeons, ortho-spine surgeons and neuro-spine surgeons. You’ve been living with debilitating pain, and we want to help you get back to enjoying a full and active life.

ADENA HAS THE BEST JOINT REPLACEMENT SURGEONS

Our orthopaedic surgeons and neuro-spine and ortho-spine surgeons have trained at some of the best programs in the country. They’re at the top of their field and represent the largest group of fellowship-trained physicians in the region. This is why Adena is able to provide our patients with the most advanced care available, from diagnosis through discharge and beyond.

WE OFFER PATIENT EDUCATION

Adena Medical Center offers a free 90-minute Joint Replacement Class, where you’ll learn what to expect throughout your joint replacement journey. You’ll meet some of the members of the Adena joint replacement team, and they’ll be happy to answer any questions you might have about joint replacement surgery.

YOU GET YOUR OWN PATIENT NAVIGATOR

An important part of the joint replacement team is the patient navigator. After you and your orthopaedic surgeon decide that surgery is the best option, you will be assigned a patient navigator. This is the person who will help you schedule your appointments before and after surgery, arrange pre-admission testing and work to make sure that all your needs are met.

“My fellowship training helps give me the deeper insight I need to provide the best possible care.”

- DR. BRIAN COHEN - ORTHOPAEDIC SURGEON
YOUR HOSPITAL STAY

ALONG WITH STATE-OF-THE-ART MEDICAL CARE, WE GO OUT OF OUR WAY TO MAKE SURE YOU HAVE A COMFORTABLE AND CONVENIENT VISIT WITH US AND THAT YOUR FAMILY AND FRIENDS HAVE A PLEASANT EXPERIENCE WHILE VISITING YOU.

PARKING AND VALET SERVICES
Adena offers free valet parking at four locations on the main campus:
- Main (North) entrance
- Emergency Department entrance (West)
- The Medical Office Building (MOB)
- The Pavilion

VISITING HOURS
We encourage family and friends to visit with patients from noon to 8 p.m. daily. Our new patient rooms have ample space for visitors. If you know that a friend or family member will be visiting during mealtime, you may request a guest meal tray for a small fee.

TV AND PHONE SERVICES
Each patient room has a local phone for your convenience, and you may make outgoing calls at any time. You may also receive phone calls daily from 10 a.m. to 9 p.m. You will be charged a fee for long distance calls.

PAY PHONES
There are pay phones in the Emergency Department waiting room, outside the third floor Wound Care Unit and near the Same-Day Surgery Unit on the second floor.

MOBILE PHONES
Because mobile phones and similar devices can interfere with medical equipment, we require you and your visitors to restrict mobile phone use to specially marked, “safe zone” areas.

COFFEE SHOP
The Joy of Java Coffee Shop serves a variety of coffees and treats. It is located near the Emergency Room, at the West Entrance of the hospital, and is open Monday through Friday from 6 a.m. to 9 p.m., Saturday from 8 a.m. to 9 p.m. and Sunday from noon to 9 p.m.

SUGARLOAF GIFT SHOP
The Sugarloaf Gift Shop is located on the first floor of the hospital. It has a variety of flowers, cards, candy and other gift items. The gift shop is open Monday through Friday from 8 a.m. to 7:45 p.m. and Saturday and Sunday from noon to 7:45 p.m.
THE ADENA MEDICAL CENTER CAFETERIA
The hospital cafeteria offers a wide variety of nutritious foods and beverages. It is open every day between 6:30 a.m. and 6:30 p.m. – except for 10 a.m. to 11 a.m. and 3 p.m. to 4 p.m. for daily cleaning.

SMOKING
Adena Health System is a smoke-free campus for the health and comfort of all our patients and guests. Smoking is not permitted anywhere inside or on the property of any Adena Health System facility, including parking lots.

VENDING MACHINES
Vending machines are accessible 24 hours a day in the Emergency Department waiting room, the Maternity waiting room, and in the cafeteria seating area. Additional vending machines are located near the elevator on the 2nd and 3rd floors.

ATM MACHINES
A Homeland Credit Union ATM is located in the North Entrance Lobby. A Huntington National Bank ATM is available in the Emergency Department waiting area.

PATIENT MAIL SERVICES
We deliver mail to patient rooms every day. Once you are discharged from the hospital, we will forward any mail to your home. Each hospital unit also has an outgoing mailbox. The Sugarloaf Gift Shop sells single stamps and books of stamps for your convenience.

INTERPRETERS
We offer foreign language interpreting services for patients and caregivers whose primary language is not English. We also offer sign language interpreting services for the hearing impaired. Please let us know when scheduling your surgery if you will need an interpreter during your visit. These services are offered free of charge.

CHAPEL HOURS AND CHAPLAIN SERVICES
Our nondenominational hospital chapel is open 24 hours a day, 7 days a week, for prayer and reflection. A hospital chaplain is available from 8 a.m. to 4:30 p.m., Monday through Friday. We also have an on-call chaplain available 24 hours a day. If you would like to speak with the chaplain, you may ask any member of the staff or dial extension 27529.

WIRELESS INTERNET ACCESS
Adena provides free wireless Internet access throughout the hospital.

INPATIENT ROOMS
Our inpatient rooms are located on the third floor of the newly constructed Northeast Wing. These rooms were designed with the patient, friends and visitors in mind.

The rooms are private and have a pull-out sofa, chairs and a private bathroom. The dedicated Total Joint floor - 3 Northeast offers specialized nursing care for orthopaedic patients.
OUR LOCATIONS

WE HAVE MANY LOCATIONS IN SOUTH-CENTRAL OHIO THAT MAKE IT EASY TO GET THE CARE YOU NEED. EACH LOCATION OFFERS SKILLED PROFESSIONALS AND MANY STATE-OF-THE-ART SERVICES. OUR GOAL IS TO HELP PATIENTS GET BACK TO ENJOYING LIFE AS SOON AS THEY CAN. HERE IS A LISTING OF ALL OF THE SERVICES WE OFFER TO THE RESIDENTS OF SOUTH CENTRAL OHIO.

ADENA MEDICAL CENTER
272 HOSPITAL ROAD
CHILlicothe, OHIO 45601
(740) 779-7500

Located in Chillicothe, the Adena Medical Center is our main hospital, with 233 beds for adults and children. Our hospital offers emergency care, cancer care, cardiac (heart) care, intensive care, orthopaedic (bone) care, surgical care and general medical care. We also offer CT and MRI scans. Our medical team will work together to diagnose and treat your medical condition.

Adena Medical Center is also the location of our new and beautiful inpatient facility. The inpatient facility has a dedicated floor for total joint replacements and is filled with luxurious, spacious, private patient rooms. Each room has free TV and phone, along with a pull-out sofa bed for family members to sleep on and plenty of space for wheelchairs and walkers. When you enter the new inpatient facility, you will feel like you are walking into a beautiful hotel. Free valet parking is provided at this building.

ADENA HEALTH PAVILION
4437 STATE ROUTE 159
CHILlicothe, OHIO 45601
(740) 779-7500

The Adena Health Pavilion is on the main campus of the Adena Regional Medical Center. This is where you receive CT and MRI scans, lab work, and outpatient surgery. Our team of skilled professionals is ready to serve you at the Adena Health Pavilion. Valet parking is also available at this entrance.

ADENA MEDICAL OFFICE BUILDING
4439 STATE ROUTE 159
CHILlicothe, OHIO 45601
(740) 779-7500

The Adena Medical Office Building, next door to the Adena Regional Medical Center, houses offices for many of our physicians. Free valet parking is provided at this building.
ADENA REHABILITATION AND WELLNESS CENTER
445 SHAWNEE LANE
CHILlicoTHE, OHIO 45601
(740) 779-7661

The Adena Rehabilitation and Wellness Center helps patients recover from injuries and surgeries. With a full staff of physical and occupational therapists and state-of-the-art exercise equipment to help you recover faster, you can get back to living a full and active life more quickly.

ADENA HEALTH CENTER - JACKSON
1000 VETERANS DRIVE
JACKSON, OHIO 45640
(740) 395-8050

The Adena Health Center in Jackson began serving the community in November 2003. We provide blood tests, mammograms, MRIs, X-rays, heart testing and bone density testing. We also offer lung testing, speech, occupational and physical therapy and diabetes education. There are four family doctors and one pediatric doctor here. Specialists in Orthopaedics (bone), Obstetrics and Gynecology (women’s health), Cardiology (heart), Neurology (the nervous system), Nephrology (kidneys) and General Surgery all come here to see patients. Our specialists come here to make it easy for you to get the care you need, close to home.

ADENA GREENFIELD MEDICAL CENTER
550 MIRABEAU STREET
GREENFIELD, OHIO 45123
(937) 981-9400

The Adena Greenfield Medical Center has been serving the community since 1918. At Greenfield, we offer 24-hour emergency care, employment physicals, pre-employment drug screening, inpatient rehabilitation and many other outpatient services. We care about all of our patients and want you to feel like you are family.

ADENA HEALTH CENTER AND URGENT CARE - WESTERN AVENUE
55 CENTENNIAL BLVD.
CHILlicoTHE, OHIO 45601
(740) 779-4000

The Adena Health Center on Western Avenue offers mammograms, X-rays, cardiac testing, an outpatient lab and lung function testing.

There is an adult urgent care at this location as well, which can help you with most minor medical concerns when they occur after hours, such as the flu, cuts and sprains. The Adena Urgent Care on Western Avenue is open from 10 a.m. until 8 p.m. every day and most holidays.
ADENA HEALTH CENTER AND ADULT URGENT CARE - WAVERLY
12340 STATE ROUTE 104
WAVERLY, OHIO 45690
(740) 941-5100

The Adena Health Center in Waverly offers mammograms, cardiac (heart) testing, an outpatient lab, speech, physical and occupational therapy, X-rays and a pediatrician. An on-staff dietician can help you learn how to have a healthy diet and control your weight.

The Adult Urgent Care in Waverly can help you with most minor medical concerns when they occur after hours, such as the flu, cuts and sprains. The facility is open from 10 a.m. until 8 p.m. every day and on most holidays.

ADENA HEALTH CENTER - WASHINGTON COURT HOUSE
308 HIGHLAND AVENUE, SUITE C
WASHINGTON C.H., OH 43160
1-855-232-9274

The Adena Health Center in Washington Court House offers patients convenient access to physicians and specialists who provide care through a wide range of services. We also provide x-rays and outpatient lab services.

ADENA HEALTH CENTER - CIRCLEVILLE
798 NORTH COURT STREET
CIRCLEVILLE, OHIO 43113
740-420-3000

The Adena Health Center in Circleville offers patients convenient access to physicians and specialists who provide care through a wide range of services. We also provide x-rays and outpatient lab services.
WITH YOU EVERY STEP OF THE WAY

YOUR TEAM OF NURSES, PHYSICIANS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, CASE WORKERS AND SOCIAL WORKERS HAS EXTENSIVE EXPERIENCE IN PAIN MANAGEMENT, PHYSICAL REHABILITATION PLANNING AND DISCHARGE PLANNING.

SURGEON/PHYSICIAN ASSISTANT
The surgeon performs the hip replacement procedure and directs your care throughout your hospital stay. The surgeon may also have a Physician Assistant who is able to conduct physical exams, diagnose and treat, order and interpret tests, assist in surgery and write prescriptions.

PATIENT NAVIGATOR
This individual will assist you throughout the entire pre-surgical, surgical and post-surgical experience by offering individual and group education sessions, providing assistance during your hospital stay and planning for your discharge from the hospital.

ANESTHESIOLOGIST & CERTIFIED NURSE ANESTHETISTS
The anesthesia group oversees the administration of the medication you will receive during your surgical procedure. They will also closely monitor your condition while under anesthesia.

OPERATING ROOM (OR) TEAM
This team consists of registered nurses and other surgical professionals who assist the surgeon and take care of you in the operating room.

POST-ANESTHESIA CARE UNIT (PACU)
This team consists of registered nurses and other technicians who will take care of you during your recovery. They will assist you with waking up from anesthesia, assess your pain level and administer pain medication as ordered by the surgeon or anesthesiologist.

3 NORTHEAST MEDICAL SURGICAL TEAM
This team consists of licensed nursing staff and numerous other technicians who provide specialized orthopaedic care after your surgery.

HOSPITALIST GROUP
The Hospitalist Group is committed to providing you with high quality hospital care. This group of board-certified internal medicine physicians is available 24 hours a day and 7 days a week if you have any medical needs arise when your surgeon is not on site.

CASE MANAGER
The case manager will assist you with discharge planning by calling your insurance company for equipment and/or facility planning as needed. They also work with your surgeon and navigator to ensure you are receiving the best care possible.

PHYSICAL/OCcupATIONAL THERAPISTS
Beginning the day of or the day following your surgery, therapists will work with you to perform daily exercises geared toward increasing your strength and range of motion. You’ll learn the correct way to walk and perform daily activities, as well as learn how to adapt to the temporary lifestyle changes that are required after joint replacement surgery.
# SCHEDULED APPOINTMENTS

## PRE ADMISSION TESTING
- **Date:**
- **Time:**

## SURGERY
- **Date:**
- **Time:**
- *(You will receive a phone call with surgery and arrival times 48 hours prior to the surgery)*

## JOINT EDUCATION CLASS
- **Date:**
- **Time:**
- **Location:**

## OTHER APPOINTMENTS
- **Date:**
- **Time:**
- **Location:**
- **Speciality:**

## OTHER APPOINTMENTS
- **Date:**
- **Time:**
- **Location:**
- **Speciality:**
YOUR ORTHOPAEDIC TEAM

BRIAN COHEN, MD

Education: Mount Sinai School of Medicine  
Residency: Mount Sinai Medical Center, New York City  
Fellowship: Fellow in sports medicine, Rush-Presbyterian-St. Luke’s Medical Center, Chicago  
Certifications: Board certified, American Board of Orthopaedic surgery

PAM COLMER, BSN, RN, CASE MANAGER

Education: Bachelor of Science in Nursing from Hocking College

HANNAH BACHTEL, RN PATIENT NAVIGATOR

Education: Associate Degree Nursing, University of Rio Grande

SURGERY SCHEDULER

Name: ____________________________  
Contact: __________________________

IF AT ANY POINT DURING YOUR TREATMENT YOU HAVE QUESTIONS OR CONCERNS, FEEL FREE TO CONTACT YOUR PATIENT NAVIGATOR, HANNAH BACHTEL, RN AT 740-779-8389.
MAKING A CONFIDENT DECISION

HERE YOU’LL FIND ALL THE INFORMATION YOU NEED TO UNDERSTAND YOUR TREATMENT OPTIONS AND MAKE AN EDUCATED DECISION ABOUT YOUR SURGERY.

We are pleased that you have chosen Adena Medical Center for your orthopaedic needs. We’ve brought together physicians who are leaders in their fields. With their expertise, we’re helping people with bone and joint problems that couldn’t be helped before. Our fellowship-trained physicians and orthopaedic surgeons offer a comprehensive range of services to help you decrease pain as soon as possible. Most patients consider hip replacement once they experience any of the following:

- Pain that is not controlled with medications.
- Walking and other activities that are restricted due to pain and joint stiffness.
- The hip joint is very stiff and does not move well.
- X-rays show advanced problems within the hip joint.

The choice is up to you. And we’re committed to helping you make it confidently and comfortably.
IS SURGERY RIGHT FOR YOU?

IF MEDICATIONS HAVE NOT HELPED, IT MIGHT BE TIME TO CONSIDER A JOINT REPLACEMENT IN ONE OR BOTH HIPS.

But as with any major elective surgery, it’s important to consider both the benefits and the risks so you can make the choice that’s right for you.

**BENEFITS**
- Having less pain in your hip joint means you’ll be able to move with greater ease. This increased movement will help to strengthen your leg muscles.
- Being able to complete daily tasks and other activities without pain (or with significantly less pain) will help improve your quality of life.
- A new hip joint today will provide up to 20 years of easier movement.

**RISKS**
- Any surgery carries a risk of adverse reaction to anesthesia.
- Blood clots could develop in the leg, pelvis or lungs. Blood-thinning medication, compression stockings and beginning physical therapy soon after surgery can help lessen this risk.
- There is a small risk that nearby bones, nerves or blood vessels could be damaged in surgery.
- Your hip could become dislocated.
- Per the American Academy of Orthopaedic Surgeons (AAOS), nationally, only about 2% of patients develop infection after surgery.
- There is a small chance of developing new pain after hip replacement surgery.
- There is a small chance of developing lung congestion or pneumonia.
- There is an increased risk of fracturing your leg if you slip and fall. This risk can be reduced by maintaining leg strength and balance.
- Your new hip may make your leg longer or shorter than the other one.
- Preventive measures for avoiding infection, blood clots and pneumonia will be further discussed later in this handbook.
YOUR ORTHOPAEDIC EVALUATION

YOUR FIRST APPOINTMENT WITH THE ORTHOPAEDIC SURGEON IS MOSTLY FOR GETTING TO KNOW EACH OTHER AND FOR THE SURGEON TO EVALUATE YOUR HIP.

You will most likely have X-rays taken of your hip so the surgeon can better see the condition of your joint. X-rays will show the surgeon how badly your hip is damaged. They’ll also show any bone deformity, spurs on the edges of bone, cysts in the bone and narrowing of the space between the bones in your hip joint. Your orthopaedic surgeon may also order an MRI or a bone scan. All of these tests will provide important information about the condition of your bones and the ligaments, tendons and muscles around them.

AT THE EVALUATION, YOUR ORTHOPAEDIC SURGEON WILL:

- Talk with you about your medical history.
- Review how well you can stand, sit, lie down and walk.
- Check the condition of your skin.
- Look for signs of swelling in your hip joints.

- Evaluate the strength, range of motion and size of your hips.
- Check your reflexes.
- Evaluate the length of your legs.

QUESTIONS TO ASK YOUR SURGEON

As the patient, you are the most important member of your surgical team. We want you to feel like you have all the information you need to feel comfortable. Following are some questions to consider asking your surgeon:

- Are there any other treatment options besides hip replacement?
- Will I be in much pain after the surgery?
- What level of activity will I be able to expect once I have my new hip joint?
- What are the risks of hip replacement surgery?
- How long will I be in the hospital after surgery?
- How soon can I get back to all of my normal activities?

- Will my insurance cover the surgery?
- How many replacements have you completed?
- What kind of help will I need at home after the surgery?
- How many weeks of physical therapy will I need?
- When can I begin driving began after surgery?
- What medicines will I have to take after surgery?

ADDITIONAL QUESTIONS FOR YOUR SURGEON
AFTER COMPLETING YOUR EVALUATION, YOUR ORTHOPAEDIC SURGEON WILL DISCUSS YOUR POSSIBLE TREATMENT OPTIONS.

The options will depend on your situation and may include the following:
- Trying a new medication
- Physical therapy
- Arthroscopic surgery (where a very small incision is made and a catheter is inserted into the hip area to clean out the joint)
- Injections of joint fluid supplements to help relieve your pain
- A total hip joint replacement

If you decide on hip joint replacement, your orthopaedic surgeon will explain the surgery and recommend the best type of artificial joint for you. The surgeon will also talk to you about getting ready for surgery and explain what to expect after surgery.

IN THE UNITED STATES, APPROXIMATELY HALF A MILLION KNEE AND HIP REPLACEMENTS ARE PERFORMED EACH YEAR. TODAY’S HIP REPLACEMENTS USUALLY LAST UP TO 20 YEARS. THEY ARE MADE OUT OF CERAMIC, TITANIUM OR OTHER METALS, AND HAVE PLASTIC JOINT LINERS.
DEFINITIONS OF MEDICAL TERMS RELATED TO JOINT DISEASE

WHAT DOES IT ALL MEAN?

OSTEOPOROSIS
Osteoporosis is the loss of bone density that causes bones to become weak and brittle, so that a fall or even mild physical stress – such as a cough – can cause a fracture. It is often associated with women, but can occur in men, too. Lifestyle-related risk factors include low calcium intake, smoking, being sedentary, excessive alcohol consumption and long-term use of steroids and other medications. Other risk factors, which you can’t control, include being female, getting older, having a family history of osteoporosis, being thin or having a small frame and certain medical conditions (such as celiac disease or Crohn’s disease).

Osteoporosis has no symptoms in its early stages. Late-stage symptoms of osteoporosis include bone tenderness, pain, loss of height, lower-back pain, neck pain, stooped posture, and fractures caused by little or no injury. Osteoporosis may be treated with prescription medications called bisphosphonates or other anabolic agents, parathyroid hormones, or selective estrogen receptor modulators. These medications are available only through a prescription from your doctor. Taking daily calcium supplements that contain vitamin D also may help to prevent osteoporosis or help reduce bone loss in patients who have osteoporosis. These supplements are available over-the-counter.

TYPES OF ARTHRITIS

OSTEOARTHRITIS
Osteoarthritis is the most common form of arthritis. It occurs when the cartilage that cushions the bone surfaces become rough over time. This roughness causes irritation, and eventually the cartilage can wear away altogether. Osteoarthritis usually occurs in people over age 50. It can be caused by simple aging, being overweight, taking certain medications or by old injuries. It also tends to run in families.

RHEUMATOID ARTHRITIS
Rheumatoid arthritis is a chronic inflammatory disorder that most often affects smaller joints, such as those in your hands and feet. Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints – called the synovium – causing painful swelling that can lead to bone erosion and joint deformity.

Rheumatoid arthritis is an autoimmune disorder, which means that your immune system mistakenly attacks your body’s own tissues. It usually runs in families, is more common in women than in men, and generally occurs between the ages of 40 and 60.

POST-TRAUMATIC ARTHRITIS
An injury to the joint can cause a roughening of the surface, which wears out the cartilage over time, causing pain and stiffness.

AVASCULAR NECROSIS, OR OSTEONECROSIS
Bone that does not receive its normal blood supply becomes weak and might collapse, causing damage to the cartilage. This can happen in patients who do not eat a balanced diet, in patients who take steroids for long periods, and in patients who have received organ transplants that require certain medications.
The hip is a ball-and-socket joint—one of the largest weight-bearing joints in the body. The rounded head of the femur, or thighbone, rests in the cup-like portion of the pelvic bone. This joint allows movement in more directions than any other joint in the body. It consists of:

- Cartilage, which acts like a cushion and allows bones to move easily
- Tissue liner called the synovial membrane, which covers the entire joint and produces fluid to lubricate the bones
- Bands of tissue called ligaments, which connect the hip joint and keeping it stable

After making an incision on the side of the hip, your surgeon will remove damaged cartilage and bone. A new ceramic or metal femoral head and metal hip socket will then be implanted.

ARTHRITIS MEDICATIONS
There are many medications that treat symptoms of all types of arthritis. Some are available over-the-counter and some are only available through a prescription by your doctor. Each of these has its own benefits and risks, including side effects, and they should only be taken as directed by your doctor. When taking medications that are available over-the-counter, follow the instructions on the package label and feel free to ask your doctor if these medications are right for you.

- ACETAMINOPHEN
For mild arthritis pain, acetaminophen is a useful medication because it has relatively few side effects and is safe for most people to take. You can buy acetaminophen without a prescription at your pharmacy or grocery store. While it will relieve pain, acetaminophen will not reduce swelling or inflammation that may be associated with your condition.

- ANTI-INFLAMMATORIES
Non-Steroidal Anti-Inflammatory Drugs, or NSAIDs, are effective for relieving both pain and inflammation. Common NSAIDs include Naproxen, Aspirin, Celecoxib, and Ibuprofen. Some NSAIDs are available over-the-counter at your pharmacy or grocery store. Others require a doctor’s prescription.

- METHOTREXATE AND TNF BLOCKERS
Other medications used in the treatment of severe rheumatoid arthritis that do not respond to NSAIDs include methotrexate. Adalimumab and Infliximab are known as “TNF blockers.” These drugs are prescription medications given by a shot or IV.

Corticosteroids, such as Cortisone or Prednisone, can be given topically (cream or ointment), by mouth (orally) or by injection (shot).

- JOINT FLUID SUPPLEMENTS
Glucosamine and Chondroitin are part of your healthy cartilage. Dietary supplements containing these compounds are available and can be purchased over-the-counter. Some people claim that they experience relief from pain and stiffness from these supplements.

ANTHONY OF THE HIP

HOW DOES SURGERY CHANGE MY HIP?
WHAT TO KNOW BEFORE YOU GO

BEFORE SURGERY

☐ Call your insurance company and ask what your coverage is for the surgery, the hospital stay, therapy after surgery and medical equipment. Also ask for any information you may need regarding co-pays and deductibles.

☐ Have needed dental work done to prevent any existing infection in the teeth or gums from spreading to the new hip implant.

☐ Have a complete physical to make sure you are healthy enough for surgery. The physical will include blood tests, a chest X-ray, an EKG (heart test) and a urine test. We will work with you to arrange this appointment with your primary care physician. If you don’t have a primary care physician, we will work with a provider to arrange these services for you or you can locate one and request an appointment at www.adena.org.

PREPARING YOUR HOME FOR YOUR RETURN
Following these safety tips will help you be safer at home and reduce your risk of falling while you are recovering from surgery:

☐ Make sure you have chairs with firm arms so it will be easier to get up and sit down.

☐ Make sure you have a rubber-backed shower mat to avoid slipping in the bathtub. Better yet, plan to use a walk-in shower if you have one.

☐ Remove all throw rugs, as these are a tripping hazard.

☐ Make sure electrical cords are secured out of the path of walkways.

☐ Make sure you have comfortable, low-heeled shoes with a closed back and nonslip sole.

☐ Place frequently used supplies, clothes, foods and other items within easy reach.

☐ Make sure your rooms are well lit at nighttime and during the day.

☐ When using a walker, you will need a wider space. Make certain you have a wide enough walking path to use the walker safely.

☐ Small pets may need to be managed differently as they pose a tripping hazard.

PREPARING YOURSELF FOR YOUR SURGERY

☐ Arrange to have someone help you at home for at least two weeks after surgery.

☐ Stop smoking.

☐ Lose weight if needed. Besides making recovery easier, a healthy weight will also help your new joint last longer.

☐ If your orthopaedic surgeon recommends it, stop taking certain over-the-counter and prescription medications.

☐ If your doctor approves, begin weight-bearing exercises to increase your arm and upper-body strength. A strong upper body helps you to use a walker or crutches without tiring after surgery.

☐ DO NOT shave your legs within 3 days of having your surgical procedure. Shaving your legs can lead to additional portals of infection through broken skin.
PRE-SURGERY EXERCISES

AS SOON AS YOU DECIDE TO PROCEED WITH HIP REPLACEMENT SURGERY, YOUR DOCTOR MAY RECOMMEND THAT YOU START THE FOLLOWING EXERCISE PROGRAM TO HELP STRENGTHEN THE MUSCLES SURROUNDING YOUR HIP. YOUR DOCTOR ALSO MAY RECOMMEND THAT YOU CONTINUE THESE EXERCISES, IN ADDITION TO OTHERS, AFTER SURGERY.

WHILE LYING ON YOUR BACK

ANKLE PUMPS
Slowly flex your foot and then point your toes repeatedly while lying on your back or in a sitting position. Do this 10-20 times each hour.

ANKLE ROTATIONS
Move your foot side to side from the ankle several times and then make large circles with your toes. Repeat 5 times in each direction 3 or 4 times a day.

QUAD SET
With legs straight, point your toes toward the ceiling, tighten the thigh muscles, and push your knee down firmly against the bed as if trying to straighten it. Hold for 3-5 seconds, relax and then repeat. Repeat this exercise several times throughout the day.

GLUTEAL SET
While lying on your back or in a sitting position, squeeze your buttocks firmly together and hold for 3-5 seconds, relax and repeat. Do this exercise throughout the day. (Hint: It’s a great way to pass the time while sitting at a traffic light!)

HEEL SLIDE
Keeping your heel on the bed, bend your knee by sliding your heel toward your body. Then straighten your leg back out to the starting position. Begin with 10 repetitions, 2-3 times a day and work up to 30 repetitions.
WHILE SITTING DOWN

HEEL AND TOE RAISES
While sitting, come up on your toes and then rock back to your heel, lifting your toes up. Rock back and forth multiple times. Perform this exercise throughout the day whenever you are sitting.

SEATED KICKS
Pull your toes up, tighten your thigh muscles and straighten your knee. Start with 10 repetitions, 2-3 times a day, working up to 30 repetitions.

KNEE RANGE OF MOTION
Slide the heel of the foot on the surgery side toward you, trying to bend the knee as much as possible. You should feel a stretch in the knee and possibly the thigh. Start with 10 repetitions and then work up to 30 repetitions, 2-3 times a day.
THE NIGHT BEFORE SURGERY

FOLLOWING THESE INSTRUCTIONS WILL HELP YOU HAVE A SAFER SURGERY AND A BETTER RECOVERY.

- Do not eat or drink anything after midnight the night before your surgery. The reason for this is that anesthesia often causes nausea and vomiting, which can be very dangerous during surgery. If you eat or drink anything after midnight, your surgery will have to be rescheduled.

- Remove all nail polish. A device that monitors the level of oxygen in the blood is often attached to a finger during surgery, and nail polish or artificial nails can hinder the device’s ability to get an accurate reading. Nail polish can also harbor bacteria, which you don’t want anywhere near your exposed hip joint.

- The night before and the morning of surgery, shower as instructed below. Do not shave at or around the surgical site.

NIGHT BEFORE SURGERY

- Thoroughly wet the skin with water, then apply antibacterial soap and wash from the neck down. Rub gently for at least one minute, paying special attention to cleaning the site where you will be having surgery. Use entire 15 ml package and keep washing until soap is gone.

- After showering put on clean pajamas and sleep on fresh, clean sheets

MORNING OF SURGERY

- Repeat the showering procedure used the night before. Rinse your skin thoroughly, pat dry with a clean towel and put on clean clothes.

PRECAUTIONS

- Use soap product on skin only, do not allow to get into your ears, eyes, nose or mouth
- Do not use in genital or rectal area
- Do not use if you are pregnant or nursing a baby
- Do not use if you are allergic to ingredients on the label
- Stop if irritation or allergic reaction occurs. If irritation lasts for more than 2 days, call the doctor
- Keep out of reach of children
- Some products may stain towels or washcloths if they are washed with chlorine bleach-containing products.
THE DAY OF SURGERY

BEFORE YOU LEAVE FOR THE HOSPITAL
- Do not wear any makeup to the hospital.
- Do not wear contact lenses to the hospital. Wear your glasses instead.
- Leave all jewelry, valuables and money at home. We cannot be responsible for lost or stolen items.
- If you were instructed to take medicine, take it with just a small sip of water.

WHEN YOU ARRIVE AT THE HOSPITAL
- Pull up to the West Entrance – there is free valet parking for your convenience from 7 a.m. to 7 p.m. Monday-Friday.
- Check in at the Adena Surgery Center inside the hospital.
- After you have checked in, you will be taken to the pre-op area.
- A nurse will verify your medical history and help you change into a gown.
- An IV line will be inserted in your arm or hand, through which you’ll receive any needed medication during your stay.
- The anesthesiologist and your orthopaedic surgeon will talk with you about your procedure. (You will be asked to sign a form allowing a blood transfusion if needed during surgery.)
- You will be asked to point to the hip to be replaced, and the surgeon will mark it with a marker.
- You’ll be able to visit with friends and/or family for a few minutes before surgery. Then they’ll be asked to go to the waiting room and you will be taken to surgery.

BEFORE YOUR SURGERY
Before surgery, you will be assigned a patient number, which will be given to your family and/or friends. There is a TV monitor in the waiting room that provides patient status updates. Your family and/or friends can simply look up your patient number on the monitor to keep track of whether you are still in surgery or have moved to recovery.

THE SURGERY CENTER STAFF WILL LET YOUR FAMILY AND FRIENDS KNOW OF YOUR ASSIGNED ROOM ON 3 NORTHEAST.
WHAT TO EXPECT AFTER YOUR SURGERY

AFTER SURGERY, YOUR ORTHOPAEDIC SURGEON WILL TALK WITH YOUR FAMILY AND/OR FRIENDS. YOU WILL STAY IN THE RECOVERY ROOM FOR AN HOUR OR LESS. HERE, YOUR VITAL SIGNS WILL BE MONITORED AND YOU’LL BE GIVEN ANY NEEDED MEDICATIONS. IT IS NORMAL TO FEEL GROGGY AND CONFUSED FOR THESE FIRST FEW HOURS AFTER SURGERY.

POST-OPERATIVE MANAGEMENT AND PAIN CONTROL
While you are in the recovery room, the nursing staff will continue to monitor your vital signs, such as blood pressure, pulse, temperature and pain levels. Once you are transported to 3 Northeast, the nursing staff will begin regular assessments of the surgical site, making any dressing changes as ordered by your surgeon. At this time, compression devices will be applied on each leg or foot to decrease the risk of blood clots developing.

Do not attempt to get out of bed. Please use your call light and a member of the nursing staff will assist you. It’s important to drink plenty of fluids as soon as you are able, to prevent constipation and begin recovering any fluids you lost during surgery. You will need to use your incentive spirometer several times each hour to prevent lung infection.
A catheter will be inserted during surgery to drain your bladder. This will be removed within the first day after your procedure.

POST OPERATIVE PAIN
Pain after surgery varies from person to person. There are a variety of options for controlling your pain, including IV medications, oral medications or a patient-controlled medication pump. Your surgeon will decide on the best combination for you. Your pain levels will be monitored on a scale of 1-10 by the nursing staff, therapist and surgeon.

RECOVERY IS DIFFERENT FOR EVERY PATIENT. WE’LL HELP YOU GET BACK UP TO SPEED IN THE WAY THAT SUITS YOU.
THE FIRST DAYS AFTER SURGERY

DAY ONE
The nursing staff on 3 Northeast will continue to monitor your vitals and pain levels and watch for complications such as signs of a blood clot or infection. They will also help you get out of bed and sit up in a chair several times per day. Your surgeon will stop by to discuss your surgery and perform a post-operative assessment. A case manager will visit, as will a patient navigator. They will begin to plan and discuss your discharge options with you.

GETTING OUT OF BED AFTER YOUR SURGERY
It’s important that you let the nursing staff help you get out of bed during your entire hospital stay. Use your call light and do not try to get out of bed on your own. The occupational and physical therapist will show you the proper way to get out of bed without falling. They’ll also talk with you about bearing weight on your hip. Typically, patients can bear as much weight on their new joint as they feel comfortable with.

PHYSICAL AND OCCUPATIONAL EVALUATIONS
Within a day after your surgery, your physical therapist and occupational therapist will evaluate you and begin to make a plan for your rehabilitation. They’ll ask questions to determine your level of functioning before surgery, find out what your home environment is like (does your house have stairs? Do you normally take a shower or bath?) and so on. They will help you get out of bed and begin teaching you exercises to help restore your strength and joint mobility. Getting out of bed is the first and most important goal because this decreases the risk of complications such as blood clots.

The overall goal of physical and occupational therapies is to maximize your level of independence while in the hospital. Physical therapy focuses on restoring movement and physical function through exercise. Its specific goals are to improve range of motion, muscle strength, coordination, endurance and motor skills. Occupational therapy focuses on activities of daily living and self-care skills, as well as education on adaptive equipment to maximize your independence in bathing, dressing and toileting.

Your therapists will also determine what special equipment you might need when you return home.
PREVENTING FALLS
Many factors can increase your risk of falling while in the hospital for joint replacement surgery.
- Medications may affect your balance and make you dizzy.
- Loss of fluid during surgery may cause your blood pressure to drop quickly when you stand.
- Being in a different environment can make you disoriented or unaware of obstacles.
- Being attached to equipment may present an additional hindrance.

Throughout your hospital stay, please use your call light any time you need to get up. The hospital staff will assist and support you while you are getting up and will make sure your call light is within reach. Even though you may feel strong enough to get up on your own, do not do so without a staff person beside you for support.

DAYS TWO AND THREE
The nursing staff will continue to monitor your vital signs and assess your pain level. Your surgeon will likely switch you to oral pain medications that you can continue to take at home. You will probably no longer receive intravenous fluids, although the intravenous port in your arm may remain in place until you are discharged from the hospital.

Many people experience constipation after surgery because of inactivity, change in diet, anesthesia and pain medication. You can help “move things along” by drinking plenty of water and eating lots of fruits and vegetables. Let your nurse know if constipation becomes a problem.

By the third day after joint replacement surgery, most patients are able to be safely discharged from the hospital. Any necessary equipment that you need at home will be given to you before you are discharged. At this time, it's a good idea to check with your case manager to make sure any needed equipment is covered by your insurance provider.

THE MOSBY® PAIN SCALE
Describing your pain level in exact terms can be difficult. That’s why we encourage our patients to use a pain scale including both numbers and facial expressions. If you’re unable to speak about your pain, point to one of the faces to show your physician how you feel. Or use the numbers at the bottom of the scale to describe the intensity of your pain.
YOUR GOALS AFTER HIP REPLACEMENT SURGERY

BY WORKING TOWARD THESE GOALS, YOU’LL ALSO BE WORKING TOWARD A FULL RECOVERY.

PAIN MANAGEMENT
Experiencing some pain after hip replacement surgery is normal. During your recovery in the hospital, you will be given pain medication through your IV line to help manage your pain levels. You may also be given a patient-controlled analgesia, or PCA. A PCA is a device that allows you to push a button when you are in pain, delivering a controlled dose of pain medicine through your IV line. Your physician will gradually discontinue the IV pain medicine and start you on pain pills. Please let the healthcare team know if your pain medications are not working for you. Effectively controlling pain is an important part of recovery after a hip replacement.

PHYSICAL AND OCCUPATIONAL THERAPY
The sooner you get moving, the easier your recovery will be. In the beginning, if recommended by your doctor, you should take a dose of pain medication right before working with your physical and occupational therapist. This will enable you to focus more on your therapy.

Physical and occupational therapy will help you regain muscle strength and increase the range of motion in your joints. The therapists will also show you how to get dressed, sit up in bed, go to the bathroom, stand and walk with a walker. They will also give you exercises to do while in bed and while sitting. It is very important that you continue to do these exercises every day because they will strengthen your hip, which will help you get back to doing the things you enjoy.

SHOW US WHAT YOU CAN DO
To be able to go directly home, you will need to be able to
- Move independently and/or have a caregiver to help you.
- Get in and out of the car with minimal assistance.
- Negotiate steps into and out of your house with minimal assistance.
- Walk at least 150 feet at a moderate pace for household safety.
- Get into or out of bed with minimal assistance.
TIPS FOR YOUR FIRST SIX WEEKS AFTER GETTING YOUR NEW HIP
- Keep your knees lower than your hips at all times. You can put a pillow on a chair to keep your knees lower than your hips when you are sitting.
- Do not cross your knees or ankles when lying in bed, sitting or standing.
- Keep your back straight when sitting down, and avoid leaning forward.
- Keep your toes pointed straight ahead. Turning them inward on the hip replacement leg could cause your hip joint to become dislocated.
- Do not bend at the waist more than 90 degrees.
- Do not twist your leg when standing.
- Sit in high chairs with firm armrests so that you can get up easily.
- Keep a pillow between your knees when lying on your side.
- Try to bend down as little as possible while getting dressed.
- If you need something that is on the floor, ask for help.

PREVENTING LUNG INFECTION (PNEUMONIA)
After any surgery involving general anesthesia, taking care of your lungs is important because fluid build-up in the lungs can lead to pneumonia. To keep your lungs clear, you will be given a simple device called an incentive spirometer that will allow oxygen to flow to the bottom portion of your lung.

PROPER WOUND CARE
You will have staples or stitches running along your incision. It is important that you keep these clean and dry until the surgeon removes them. You may wear a bandage over the incision to avoid irritation from clothing. The surgeon will remove the stitches or staples about two weeks after surgery.
- Wash your hip daily with antibacterial soap and water. Gently pat the area dry.
- Do not take tub baths or soak your hip. Take showers or sponge baths instead.

PREVENTING BLOOD CLOTS
After hip replacement surgery, there is a risk of a blood clot forming in a leg vein. Blood clots can be dangerous if they block blood flow from the leg back to the heart or move to the lungs. If you are among those at increased risk of developing blood clots, you will likely be sent home on medication in pill form or injections that help prevent blood clots from forming.
Patients who are taking Warfarin to prevent blood clots need to have their blood drawn twice a week. The doctor will adjust the Warfarin dose based on the lab results.
YOUR DISCHARGE FROM THE HOSPITAL

WHAT HAPPENS ONCE YOU’VE LEFT THE HOSPITAL? WE’LL HELP YOU CREATE A PLAN YOU FEEL GOOD ABOUT.

When you are ready to leave the hospital, you will either go home or to a rehabilitation facility. It is normal to feel a little unsure and shaky for a day or two after you are discharged. Once you become more confident with your new joint, the shakiness should go away.

The physical and occupational therapists will review your at-home safety information with you. They will give you instructions on any needed modifications to your home.

Your case manager will help you make certain all of your needs will be met at home. The case manager will help you get items such as a raised toilet seat, crutches and a walker or cane to use while you recover. You will need the walker or crutches for six to eight weeks after surgery. Most patients use a cane for another six to eight weeks after surgery. You will also be given or have the opportunity to purchase any other equipment you may need to help you with dressing, bathing or picking things up from the floor.

And if you ever have questions along the way, remember – We’re here to help.
YOU SHOULD BEGIN THINKING ABOUT YOUR DISCHARGE FROM THE HOSPITAL WELL BEFORE YOUR SURGICAL PROCEDURE. WHERE IS THE BEST PLACE FOR YOU TO GO IMMEDIATELY AFTER LEAVING THE HOSPITAL’S CARE?

HOSPITAL-BASED INPATIENT REHAB
A hospital-based inpatient rehabilitation facility offers intensive physical and occupational therapy. This is a good option for those who live alone or who don’t have a lot of support available. While at the inpatient rehab facility, you’ll become stronger, more independent and better able to function on your own. We recommend that you tour several rehabilitation facilities before your surgery to choose one that is right for you.

Questions to ask about a rehabilitation facility stay:
- What is a typical day like in rehab?
- How much therapy will I receive daily?
- What is the average length of time a hip replacement patient stays before being able to return home?
- Are the physical and occupational therapists on staff trained in the rehabilitation of joint replacement patients?
- What types of personal services are offered to patients (laundry, food, recreation)?
- What are the visiting hours?
- What is the per-day cost?
- What portion of the bill is covered by insurance?
- What will my co-pay be?

ADENA GREENFIELD MEDICAL CENTER INPATIENT REHABILITATION
Adena offers inpatient rehabilitation services at the Adena Greenfield Medical Center. Here, patients have physical and occupational therapy three hours or more each day, six days a week. Our therapists will work with you on walking, bathing, dressing and other activities of daily living. An on-staff recreational therapist also will assist you with a variety of enjoyable recreational activities.

Adena Greenfield Medical Center’s laundry service will wash your clothes every evening and return them to your room the next morning. You’ll also receive meals and snacks throughout your rehabilitation stay.
SKILLED NURSING FACILITY, EXTENDED CARE FACILITY OR NURSING HOME

A nursing facility may be a good option for patients who will require more time to regain their strength and get back on their feet. If you are not sure if you should stay in an extended care facility or inpatient rehab, your case manager or your physical and occupational therapists can help you determine which option is best for you.

YOUR HOME

If your home is equipped for it and you live with a friend or family member who is able to provide all the support you will need in the days and weeks following your hip replacement surgery, then going home might be an option. After reading this document, talk with that person and make sure he or she knows what to expect. The person should also be strong enough to help you up in the event of a fall.

WHY CHOOSE GREENFIELD MEDICAL CENTER INPATIENT REHABILITATION?

NATION-LEADING CARE

- We’re proud to provide a top-rated facility, accredited by the prestigious Commission on Accreditation for Rehabilitation Services (CARF).
- The average length of stay for most joint replacement patients is 4-7 days. The national average for a rehabilitation stay is 14-18 days. Our patients have shorter rehabilitation stays because we provide more therapy services.

COMPREHENSIVE SERVICES

- We offer a wide variety of treatment options to assist you in your recovery, such as Home Safety Visits, a Community Re-Entry Program and an Enabling Garden.
- Rehabilitation patients at Adena Greenfield Medical Center receive at least 3 hours of therapy a day – more than many other facilities provide. This helps you recover faster and get back to enjoying life sooner.

PROVEN EXPERTS

- Our therapists have many years of experience working with joint replacement patients.
- An on-staff physician is available 24 hours a day to handle any medical needs that may arise during your stay.
- Your Patient Navigator will be happy to coordinate a tour of the facility – just ask.
PHYSICAL THERAPY

HOME THERAPY
If you go directly home from the hospital after surgery, a physical therapist may come to your home two to three times a week. The physical therapist will give you exercises to do on your own two or three times a day. Daily exercise is the optimum way to regain strength and range of motion in your leg. At all times, wear comfortable shoes with good traction. Most insurance companies will cover the cost of in-home physical therapy only if you are homebound, which means that you are able to leave your home only to go to church, to the doctor or for an emergency.

OUTPATIENT THERAPY
When you are discharged to your home directly from the hospital, you will leave with an appointment for outpatient physical therapy within seven days of your discharge. It is extremely important that not more than seven days go by between your discharge and the first physical therapy appointment. While awaiting your first outpatient therapy appointment, continue to do the exercises you learned in the hospital two-to-three times a day or as otherwise recommended by your physical therapist.

FOLLOW THESE GUIDELINES TO MAINTAIN YOUR HEALTH AND SAFETY IN THE MONTHS AND YEARS AFTER YOUR HIP SURGERY.

- Notify your dentist that you have had a hip replacement. You will need to take antibiotics before any dental procedure for at least two years after your hip replacement surgery. Your dentist or primary care physician will prescribe the antibiotics needed for pre-treatment.
- Keep all follow-up appointments with your orthopaedic surgeon. This will allow your surgeon to monitor the status of your leg and the hip replacement. Let the orthopaedic surgeon know if the joint swells, has a decrease in range of motion or starts to feel different.
- You should maintain a healthy body weight for the rest of your life. Extra weight puts more stress on the hip joint, which may cause it to wear out sooner.
- Make exercise a part of your daily routine. This will keep the muscles around your new hip – and the rest of your body – strong.

WHATEVER AVENUE FOR DISCHARGE YOU TAKE, OUR GOAL IS THE SAME – GETTING YOU ONE STEP CLOSER TO HOME AND YOUR FULL LIFE.
WHEN YOU GET HOME

FOR A SMOOTH TRANSITION FROM HOSPITAL TO HOME, STICK CLOSELY TO THESE SUGGESTIONS.

- Once home, you can leave the dressing off the surgical site. Wash your knee daily with antibacterial soap and water and dry the area gently but thoroughly. If you have had an antimicrobial dressing applied prior to discharge, you may remove the dressing after 48 hours. If the incision is not draining, you can just reapply the ACE wrap. If the incision is draining, you will need to apply a light gauze dressing and then put the ACE bandage back on.
- You may have skin staples running along your wound, which will be removed several weeks after surgery. Your wound also may be held together by skin glue. In either instance, the incision needs to kept clean and dry. You will need an appointment with your surgeon 1-2 weeks after discharge.
- Do not soak the incision or take a bath. Take showers or sponge baths instead.
- While taking pain medication, do not drive or operate heavy machinery.
- Continue doing the leg exercises that your physical therapist taught you.
- Examine your hip incision every day for signs of infection such as increased pain, redness, swelling or drainage. Call the surgeon’s office if you notice any of these changes.
- Be alert to signs of blood clots in your legs, including pain in your calf, tenderness or redness above or below your hip and increased swelling in your calf, ankle and foot. Notify your doctor or call 911 immediately if you develop any of these symptoms.
- You should have a follow-up appointment with your surgeon two weeks after surgery. If you are not given an appointment when you are discharged, please call to schedule one.
- Most patients are sent home on medication to avoid blood clots, called Warfarin. Patients who are taking Warfarin need to have their blood drawn twice a week. Your doctor may adjust the Warfarin dose based on these lab results.

GETTING HELP AT HOME AFTER SURGERY

You will likely need help at home for several weeks after returning home following your surgery. Don’t be shy about asking others to help with cooking, house cleaning, laundry, grocery shopping and running errands. It may be several weeks before you can drive, so you’ll need someone to drive you until you recover.

MEDICATION

Your doctor may prescribe iron pills for you. Iron pills may cause black stools and constipation, which should be alleviated by drinking lots of fluids and eating lots of fruits and vegetables and other high-fiber foods. If necessary, you may also use an over-the-counter stool softener.

Your doctor may provide you with a prescription for pain pills. Because pain pills can become addictive, be very careful to use these only as prescribed.
WHEN TO CALL THE DOCTOR

You may have questions once you get home. We are here to help you, so please feel free to call us during office hours if you have general questions about your hip replacement.

Call your surgeon’s office right away if you experience any of the following:

- Fever higher than 101 degrees
- Unusual pain in your newly replaced hip
- Extreme swelling in the hip or leg
- Redness of or fluid draining from the incision site
- Increasing pain in your calf (could be a sign of a blood clot)
- Swelling in your foot, ankle or calf (could be a sign of a blood clot)
- The tenderness around your hip increases (could be a sign of a blood clot)

While taking blood thinners, contact us immediately if you develop any of the following:

- Nosebleeds
- Bruises that get bigger and do not heal
- Brown or red urine
- Feeling weak or faint
- Black or red stools
- Unusual physical weakness

If you call after hours, your call will be answered by our answering service. Tell the answering service the specific symptom or symptoms you are having, and he or she will have the doctor on call contact you.

If you experience any of the following, it could be a sign that you have a blood clot in your lung. **Call 911 immediately** if you develop any of these symptoms:

- Sudden shortness of breath
- Chest pain and coughing
- Any sudden chest pain that you cannot explain
RESUMING ACTIVITY

OUR GOAL IS TO GET YOU BACK TO YOUR NORMAL LIFE SAFELY AND HEALTHY.

For the first few weeks after your hip replacement surgery, you should not try to jump, run, kneel or bend excessively. Even after you have fully recovered, it’s best to avoid sports such as basketball, baseball, skiing, contact sports, frequent jumping and distance running. All of these activities place a great deal of stress on the hip joints. Swimming, golf, upper-body exercises and other moderate activities can all be enjoyed once you have recovered. You should also avoid doing construction or home-improvement work and other jobs that require frequent climbing and bending.

Remember that physical activity after a hip joint replacement should be fun! If an activity causes pain or an uncomfortable stretching in your hip while you are doing it or afterward, it’s probably best to avoid that activity.

USING WALKING AIDS

You’ll need assistance walking for six to eight weeks after your hip replacement surgery. Walking aids such as walkers and canes will help you as you become accustomed to your new joint and help you keep your balance. Your physical therapist will teach you how to use your walker or cane.

WALKERS
A walker is a three-sided metal frame with four legs. Using a walker can be helpful if you need extra support to walk or maintain your balance. It can be adjusted for your height.

CANES
A cane is a straight stick made of wood, metal or fiberglass with a handle at the top. Some canes have four feet at the bottom for extra stability. Your cane should be the proper length so that your arm is bent at a slight angle when the cane is beside you. You should not have to hunch over or lean forward while using the cane.

You should hold the cane on the opposite side of the body from the joint replacement – if your right hip was replaced, you should hold the cane with your left hand.

To walk, move the cane forward, using your wrist, at the same time as you take a step with your surgical leg. Your foot and the cane should meet the ground at the same time. As you are moving forward, step past the cane with your good leg. As you move forward, the cane provides some support, taking part of the load off your new hip.
CONTINUED REHABILITATION: PHYSICAL THERAPY AFTER YOU ARE HOME

Once you go home, you will need to continue physical therapy until you recover completely. Physical therapy will help you strengthen your arms, legs and your new hip joint. Doing your home exercises every day is an important part of your recovery. In fact, now that you have a new, healthy hip joint, why not make daily exercise a part of your daily routine?

TIPS FOR YOUR FIRST SIX WEEKS AFTER GETTING YOUR NEW HIP

- Keep your knees lower than your hips at all times. You can put a pillow on a chair to keep your knees lower than your hips when you are sitting.
- Do not cross your knees or ankles when lying in bed, sitting or standing.
- Keep your back straight when sitting down, and avoid leaning forward.
- Keep your toes pointed straight ahead. Turning them inward on the hip replacement leg could cause your hip joint to become dislocated.
- Do not bend at the waist more than 90 degrees.
- Do not twist your leg when standing.
- Sit in high chairs with firm armrests so that you can get up easily.
- Keep a pillow between your knees when lying on your side.
- Try to bend down as little as possible while getting dressed.
- If you need something that is on the floor, ask for help.

It’s important to remember that your new hip is a mechanical device inserted into living bone. While you should experience better joint stability, less pain and better range of motion with your new hip joint, you might have discomfort when kneeling, set off metal detectors at airports, and feel stiffness in the joint after any period of inactivity – such as first thing in the morning. Hip replacement patients also often experience a clicking sound in the joint surfaces when walking and going up and down stairs. This is normal and should not be cause for alarm.
## WHAT TO EXPECT WEEK BY WEEK

<table>
<thead>
<tr>
<th>WEEK</th>
<th>GOALS FOR PHYSICAL THERAPY</th>
<th>GOALS FOR INDEPENDENT FUNCTION</th>
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<tbody>
<tr>
<td>ONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Maintain full mobility of ankle and knee on surgical lower extremity</td>
<td>- Transfer independently onto and out of bed</td>
</tr>
<tr>
<td></td>
<td>- Flex your hip 90 degrees with assistance</td>
<td>- Transfer independently onto and out of chair/commode</td>
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<td></td>
<td>- Perform your exercise routine as given to you by your therapist 3 times per day</td>
<td>- Walk 150 feet with a walker</td>
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<td></td>
<td>- Become knowledgeable in hip precautions regarding patient surgery</td>
<td>- Get in and out of a car with minimal assistance</td>
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<tr>
<td>1-3</td>
<td></td>
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<tr>
<td></td>
<td>- Perform your exercises 3 times per day</td>
<td>- Walk up to 200 feet several times per day</td>
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<tr>
<td></td>
<td>- Actively flex your hip to 90 degrees</td>
<td>- Independently get in and out of a car without assistance</td>
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<td>- Walk while bearing weight equally on both legs and when cleared by your surgeon</td>
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<tr>
<td>WEEK</td>
<td>GOALS FOR PHYSICAL THERAPY</td>
<td>GOALS FOR INDEPENDENT FUNCTION</td>
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</tbody>
</table>
| 3-6  | - Perform your exercises 3 times per day  
- Obtain 3/5 strength in hip flexors and quadriceps muscle  
- Begin Isotonic exercises except for hip abduction at 4 weeks | - Walk normally with a walker or cane as directed by your surgeon and physical therapist  
- Able to sleep through the night  
- Go up and down stairs without difficulty |
| 6-8  | - Perform exercises 3 times per day  
- Progress to full strength 5/5 in hip flexion, extension, quadriceps, hamstrings  
- Begin hip abduction exercises | - Walk 5 blocks  
- Balance on surgical leg for 10 seconds  
- Walk normally with the help of a single-point cane as needed  
- Able to independently perform all activities of daily living  
- Able to sit down and stand up without using hands |