APPOINTMENTS

Your surgeon has scheduled your joint replacement surgery at Jordan Hospital for ________________________________.

Your pre-admission testing appointment at Jordan Hospital is ________________________________.
Please allow 2½-3 hours for completion of this important process.

You may be required to get medical clearance for your surgery. Your primary care physician and/or cardiologist must provide that for you:
Your appointment with Dr. ______________________________ is ______________________________ at ______________________________.

The scheduled date of your Joint Replacement Education Class is ________________________________.

Please be sure to bring this notebook to every appointment!
JORDAN HOSPITAL ORTHOPEDIC EDUCATION

In order to provide you superior care, we are providing these instructions and information.

This notebook contains easy-to-read sections regarding your preparation for surgery, the surgery itself, your post-operative care, and your discharge plans.

It is for you to have as the single place to organize and keep all of your education materials, appointments, and information sheets.

Please bring this with you to every appointment along the way, following the path to success!

All of our staff members look forward to working with you!
ORTHOPEDIC PHYSICIANS PERFORMING
JOINT REPLACEMENT SURGERY

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# Table of Contents

**Step 1 – Starting the Journey**
- a) Common Terms .......................................................... 1
- b) Pre-Admission Testing ................................................... 3
- c) Joint Replacement Education ......................................... 4
- d) Joint Replacement Class Outline .................................... 5
- e) Total Hip Replacement – General Overview .................... 6
- f) How We Minimize Risks and Complications .................... 7

**Step 2 – Preparing Your Home**
- a) Meet Our Orthopedic Home Nurse Liaisons .................... 8
- b) Home Safety Assessment .............................................. 9
- c) Home Assessment Recommendations ............................. 10

**Step 3 – Learning the Basics**
- a) About Your Pain ........................................................ 11
- b) Important Medications ................................................. 12
- c) A Word About Commitment ......................................... 14

**Step 4 – Getting Ready**
- a) Why Using Hibiclens (Chlorhexidine Gluconate) Is Important .............................................................. 15
- b) Why Using Nasal Mupirocin Is Important ........................ 17
- c) Agreement to Comply with the Plan to Minimize Infection Risk ................................................................. 19
- d) What to Bring to the Hospital ........................................ 20
- e) Telephone and Television Service Instructions ................ 21
- f) A Review of the Pain Scale and Pain Control ................ 23

(continued)
Table of Contents

Step 5 – Surgery and Hospital Stay
a) The Day of Surgery .................................................................24
b) Post Anesthesia Care Unit (PACU) .........................................25
c) 3 East B – the Orthopedic Unit of Jordan Hospital .............26
d) Meet the Clinical Leaders of 3 East B ...............................27
e) Your Total Hip Replacement Pathway ................................28

Step 6 – Rehabilitation
a) Hip Replacement Precautions .............................................32
b) Meet the Therapists ..............................................................37
c) Exercises Following a Total Hip Replacement ....................39
d) Typical Outcomes Following Joint Replacement ..................42

Step 7 – Working Toward Discharge
a) Meet the Discharge Coordinators ......................................43
b) Planning Your Discharge .....................................................44
c) Discharge Instructions Following Hip Replacement ...........45
d) Know the Signs and Symptoms of: ....................................46
e) Remember: ..........................................................................47

Step 8 – Returning Home
a) Coumadin Flow Sheet .........................................................48
b) Pain Log .............................................................................49
c) Total Hip Replacement Discharge Instructions ..................50
d) T-Shirt Coupon ...................................................................52
COMMON TERMS

You will see these terms in this book and hear them often in discussions around your surgery and during your hospital stay.

Activities of Daily Living (ADLs) – Another name for our everyday routines such as performing personal hygiene care, making something to eat, getting around the house, going to the bathroom, etc.

Abductor Splint – A triangular-shaped foam wedge that is placed between your legs after hip replacement surgery. Its purpose is to keep the new hip joint aligned while healing takes place.

Clinical Pathway – An expected course of care and treatment that coincides with a predicted path of progress. In our Clinical Pathway, orthopedic team members will provide consistent quality care for total joint replacement patients, and strive for expected results within each pre-defined step of their surgical experience and recovery process.

Compression Devices (Venodyne Boots) – Inflatable cloth sleeves placed around your lower legs to improve circulation in your legs and decrease the risk of clots forming.

Durable Medical Equipment (DME) – The broad name for all of the various assistive devices that are available for you to use during your rehabilitation such as the reacher, the long-handled sponge, the commode, the tub seat, etc.

Foley Catheter – A narrow tube that drains urine from your bladder. It is used during surgery and for a short time afterward.

Incentive Spirometer – A breathing exercise device designed to help you improve your ability to expand your lungs after surgery.

Intravenous Catheter or IV – This catheter, usually inserted in your arm or hand, allows for fluids and medications to be delivered directly to your bloodstream.

Post Anesthesia Care Unit – Also known PACU (pronounced PACK-you), this area is familiar to some as the Recovery Room. It is the specialty area where patients stay after surgery until they are stabilized and have recovered from anesthesia. From here patients are transferred to their private hospital room.

(continued)
**COMMON TERMS**

**Pulse Oximeter, also Pulse Ox** – A clip placed on one of your fingers to monitor the amount of oxygen in your blood.

**Wong-Baker Pain Scale, also Pain Scale** – A visual pain rating scale used at hospitals, and you will hear about it frequently during your stay. It is a series of six faces with expressions reflecting escalating emotion from complete comfort to excruciating pain. Each face is also labeled with a number range that allows the patient to accurately inform the staff about how much pain they are having. It has been found to be an accurate and reliable way for staff to know how much pain medicine is needed to keep you comfortable.

![Wong-Baker Pain Scale Diagram](attachment:image.png)

Created in the 1980s by two nurses, Donna Wong and Connie Moran Baker, the scale was first used for children in a burn unit as a way to help them explain how much pain they were having. It has been adapted many times, and has long proven to be a wonderful clinical assessment tool.
PRE-ADMISSION TESTING

Your surgeon will schedule an appointment in Pre-admission Testing (PAT) to prepare you for your joint replacement surgery at Jordan Hospital. The hospital requires you to meet with a Pre-admission Testing nurse, anesthesiologist and/or nurse practitioner before your surgery.

• Please bring ALL medications, vitamins, herbals or over-the-counter drugs to your appointment for the staff to review.

• Be prepared to discuss information regarding your medical and surgical history
  • If you have any implantable devices, such as pacemakers, you need to bring any information cards you have to your appointment. This is essential information for your surgery!

• A plan of care specific to your surgery, the type of anesthesia and pain management options will be initiated in partnership with you.

• There may be additional testing performed at this time, (such as lab, X-ray, EKG).

• Please come to the Pre-admission Testing Department at your designated time and allow 2-3 hours for the completion of this process.

A representative from the surgical department will call you the day before your surgery or the Friday before a Monday surgery with the time your arrival time. Calls are made between 3:00 p.m.-8:00 p.m.
JOINT REPLACEMENT EDUCATION

No doubt you have many questions regarding your joint replacement surgery. We want to answer all of them.

You have already spoken with your surgeon. You may even have met one of the Orthopedic Nurse Liaisons who visit patients, like you, at home before surgery.

It is time to attend the Joint Replacement Education Class. At the class, we will review preparation for surgery, post-operative care, pain control and discharge information.

You will meet a physical therapist, an occupational therapist and an orthopedic discharge coordinator. That is also where you will find detailed answers to any questions you might still have.

On the day of your scheduled class, please arrive and park at the Main Entrance, off Obery Street. You will be directed to the pre-arranged conference room.

We encourage you to bring a family member with you.

We look forward to seeing you!

Please remember to bring this notebook with you.
1. **What to Expect Before Surgery**
   a. Pre-Admission Testing
   b. Home Visit
   c. Other Considerations

2. **What to Expect After Surgery**
   a. Critical Pathway
   b. Equipment
   c. Complications
   d. Medications
   e. Pain Scale and Pain Control

3. **Brief Overview of Surgery**

4. **Mobility After Replacement**
   a. Precautions
   b. Equipment
   c. Adaptive Equipment
   d. Home Safety

5. **Discharge Coordination**
   a. Home Care
   b. Rehabilitation Facilities
   c. Medical Equipment
   d. Insurance Company Requirements
**TOTAL HIP REPLACEMENT**

*General Overview*

**What is a total hip replacement?**

Total hip replacement is surgery to replace a badly damaged or worn out hip joint with manmade parts. The surgery is done to decrease pain and to help you move more easily.

![Hip joint diagram](image)

**What does the surgery involve?**

The hip joint is located where the upper end of the thigh bone (known as the femur) meets the hip bone (pelvis).

The ball at the end of the femur is called the femoral head. This fits in a socket (the acetabulum) in the pelvis, to allow normal wide range of movement.

In hip replacement surgery, the diseased bone tissue and cartilage are removed, leaving the healthy parts of the joint intact. The surgeon then replaces the head of the femur and the acetabulum with new artificial parts.

An artificial part, known as a prosthesis, can be made from metal or a mixture of metal and plastic. These materials allow a natural, gliding motion of the joint. Ninety percent of prosthetics are expected to last longer than ten years.
## HOW WE MINIMIZE RISKS AND COMPLICATIONS

<table>
<thead>
<tr>
<th>Risk</th>
<th>How We Reduce the Risk</th>
</tr>
</thead>
</table>
| **1. Surgical Site Infection**            | 1. You received an antibiotic 1 hour prior to your surgery.  
2. We frequently assess your surgical site and the surrounding tissue.  
3. Daily sterile dressing changes when the surgeon’s orders state the original dressing can be removed.  
4. We frequently check your temperature.                                                                 |
| **2. Blood Clots in the Legs**            | 1. We place venodyne boots on your legs immediately after surgery. These are a type of compression boots that keep blood circulating, lessening the chance of a clot.  
2. We frequently turn you, move you, get you out of bed, and have you walk as soon as possible.  
3. Physical Therapy helps you with exercises and mobility.  
4. You are on a blood thinner for 3-6 weeks.  
5. We frequently check the degree of swelling, pain, and strength of the pulses in your leg. |
| *Also known as Deep Vein Thrombosis (DVT)*|                                                                                                                                                        |
| **3. Pulmonary Embolus**                  | Greatly minimized by all of the nursing care listed above.                                                                                              |
| *A blood clot from the leg that breaks loose and goes to the lungs* |                                                                                                                                                        |
| **4. Pneumonia**                          | 1. We have you turn, move, do exercises, get out of bed, deep breathe, and cough often!  
2. We listen to your lungs frequently.  
3. Ten times every hour that you are awake, you will use an incentive spirometer. It is a plastic device that will help you take those deep breaths. |
| *Inflammation of the lungs caused by infection* |                                                                                                                                                        |
| **5. Dislocation of the Hip Replacement** | 1. You will be taught all hip precautions to keep your hip in proper alignment  
2. You will use a foam “wedge” to keep your leg and hip in proper alignment.  
3. When you sit, your chair must be at the correct height to keep your knees lower than your hips. |
| *The ball dislodges from the socket*       |                                                                                                                                                        |
MEET OUR ORTHOPEDIC HOME NURSE LIAISONS

One of the nurses from our Orthopedic Team will contact you to schedule a home visit before your surgery. This gives you the opportunity to ask questions and voice any concerns regarding your upcoming surgery in the comfort of your own home. A family member is encouraged to be present.

This is the first step in designing a custom plan of care for you. The nurse performs a safety evaluation during the visit. Recommendations are made for any minor, but important modifications in preparation for your discharge home.

These may include such things as removing scatter rugs, installing grab bars in the tub/shower area and making note of any equipment you may need. The nurse further educates and prepares you and your family with a comprehensive review of what to expect in the hospital, in rehabilitation and at home to alleviate anxiety.

Our orthopedic program also includes a visit from the same nurse while you are in the hospital, an additional visit if you are discharged to a short-term rehabilitation center and a final follow-up visit once you are home. This is part of our coordinated care to provide continuity and to ensure a smooth transition from hospital to home and the best possible outcome.

Robin Archer
BSN., RN-BC

Edna Carleton
RN
HOME SAFETY ASSESSMENT

The majority of falls that occur happen at home. The good news is that most falls can be prevented through environmental changes and safety precautions. In order to decrease your risk of falling after your total joint surgery, we recommend that you ask your spouse, family member or a neighbor to go through your home and answer the following questions. You may wish to stay on the main floor for the first several weeks.

If you answer “no” to any of the questions, it is recommended that you change the environment to allow for better safety. While correcting these common errors will decrease your risk of a fall, it is also recommended that you have a safety network of friends, family or neighbors to provide a daily check-in, either by phone or in person, should you fall and be unable to solicit help independently.

### General Household Areas:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are light switches easily accessible upon entering a room?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are throw rugs tacked down or is non-skid backing applied?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are hallways free from clutter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are raised door thresholds clearly marked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are electrical cords and telephone cords away from hallways?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a portable phone with emergency numbers easily at hand?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have furniture with good back and arm support that you can get in and out of easily?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Stairways:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are stair treads in good condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a sturdy handrail on both sides of the stairs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the stairs brightly lit?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Bedroom:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a lighted pathway from the bedroom to the bathroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you keep a charged flashlight near your bed for emergencies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you place commonly-used items in the 1st and 2nd bureau drawers?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Bathroom:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you remove sliding shower doors and replace them with a curtain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have safety rails or grab bars?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have skid resistant strips or a rubber mat both in and in front of your bathtub?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Kitchen:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use a wide-based sturdy step stool to reach high cabinets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are spills immediately wiped up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you avoid using a high-gloss floor wax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you store frequently-used items at waist level, and less frequently used items in higher cabinets?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HOME ASSESSMENT RECOMMENDATIONS

Total Joint Replacement Safety Recommendations

- Place charged flashlight at bedside for emergencies.
- Keep a phone and lamp at bedside.
- Place night-lights in bedroom and bathroom.
- Remove scatter rugs. Tack down or apply non-skid backing to other rugs.
- Keep a cordless phone with you.
- Install hand-held shower hose.
- If shower has sliding doors, remove them and replace with curtain.
- Place non-skid surfaces inside and around the tub to prevent slipping.
- Install safety rails or grab bars.
- Have Life Line or other call system for those living alone.
- Select firm chair with arms and with the seat at a level to keep hips above knees.
- Remove any extra furniture or items to provide clear walking space.
- Rearrange furniture to provide adequate room for your walker.
- Keep hallways and stairs clean and free of clutter.
- Organize refrigerator and kitchen cabinets so items are above waist level and can be reached easily.
- Organize dresser drawers so commonly used items are in top drawers.
- Arrange for assistance with the care of your pets (feeding, cleaning and walking).

Other:  ______________________________________________________
        ______________________________________________________
        ______________________________________________________
        ______________________________________________________
        ______________________________________________________

RN Signature: _________________  Date: _______  Phone #:  __________
ABOUT YOUR PAIN

1. Our goal is to have you as **comfortable as possible**.

2. Your pain **should not interrupt** your ability to relax, rest, or move around in bed.

3. It is better to manage your pain **before it becomes severe**.

4. **Frequently describing** your level of pain on the Wong-Baker 1-10 pain scale (shown below) will help us successfully give you the amount of medicine you need.

   ![Wong-Baker Pain Scale](chart.png)

5. Referring to the pain scale, what number do you expect your pain to be if you are taking pain medication? __________

6. Please let us help you to be as comfortable as possible. **Do not try** to “tough it out” or “save” your medication.

7. Remember, **if your pain is well controlled, you will heal faster**!
IMPORTANT MEDICATIONS

Your doctor will order some of the following medications:

Antibiotics:

**Cefazolin:** Used in orthopedic procedures to prevent bone and joint infections following surgery.

**Clindamycin:** Used in orthopedic procedures, when the patient is allergic to Cefazolin, to prevent bone and joint infections following surgery.

**Vancomycin:** Used in orthopedic procedures when the patient has tested positive for MRSA (Methicillin Resistant Staph Aureus)

Pain Medications:

**Celebrex (Celecoxib):** A non-steroidal anti-inflammatory medication used for pain, including pain related to arthritis.

**Dilaudid:** A narcotic that may be prescribed after surgery for moderate to severe pain, especially if the patient is allergic to Morphine.

**Morphine:** A narcotic that may be prescribed after surgery for moderate to severe pain.

**Oxycontin (Oxycodone HCl):** A narcotic that is a long-acting pain medication used to treat moderate to severe pain. It is taken after surgery, usually combined with another pain medication to be taken as needed for breakthrough pain.

**Percocet (Oxycodone with Acetaminophen [APAP]):** A narcotic that may be prescribed after surgery for moderate to severe pain.

**Toradol:** A non-steroidal anti-inflammatory medication that may be used after surgery for pain and inflammation following joint replacement surgery.

**Tylenol (Acetaminophen [APAP]):** Used to treat mild pain or fever which may occur after surgery.

**Vicodin (Hydrocodone with APAP):** A narcotic that may be prescribed after surgery for moderate to severe pain.

**Tylenol #3 (Acetaminophen with Codeine):** Used to treat mild to severe pain after surgery.

(continued)
**IMPORTANT MEDICATIONS**

**Blood Thinners:**

**Coumadin (Warfarin):** Medication given once per day. Used to reduce the risk of blood clots after orthopedic procedures. Requires a blood test 2x per week for monitoring dosage.

**Lovenox (Enoxaparin):** An injection given twice a day. Used to reduce the risk of blood clots after orthopedic procedures.

**Laxatives and Bowel Medications:**

**Colace (Docusate Sodium):** A stool-softening agent, which reduces constipation that may occur during narcotic usage or during times of immobility.

**Dulcolax (Biscodyl):** A laxative given to treat constipation.

**Milk of Magnesia:** Used for the relief of occasional constipation.

**Senokot (Senna):** A gentle and natural vegetable laxative used to relieve constipation.

**Vitamins:**

**Multivitamin with Iron:** Given to prevent vitamin deficiencies, as well as to achieve higher intakes of nutrients believed to benefit the patient recovering from surgery. The iron is included to prevent iron deficiency and enhance the production of red blood cells.

**Sleep Medication:**

**Ambien:** This medication is taken just before bedtime, or when the patient is having trouble falling asleep.

**Anti-nausea and Anti-ulcer Medications:**

**Metoclopramide:** Can be used to control post-operative nausea and vomiting.

**Protonix:** Used to reduce stomach acid and to prevent the occurrence of a stress ulcer in patients after surgery.
A WORD ABOUT COMMITMENT

• We are proud to tell you most patients do extremely well with our joint replacement surgery.

• Our orthopedic program staff is dedicated to your full and successful recovery, but we cannot do this alone.

• When you complete this educational program, you will be well prepared to be a partner in your care.

• Remember, we are here to support you every step along the way.

• If there is a day when you don’t want to do what is necessary, please remember we will always be at your side.

• No one will encourage you more than we will, but this is elective surgery, one that you have chosen to have. Please enter this experience with determination and commitment.

• You definitely have the power to determine how well you will recover and progress through rehabilitation.

• Look ahead! • Be positive! • Stay motivated!

YOU CAN DO IT!

The Entire Total Joint Team at Jordan Hospital
WHY USING HIBICLENS  
(CHLORHEXIDINE GLUCONATE)  
SKIN CLEANSER IS IMPORTANT

Research has proven several ways to reduce the risk of infection for patients having surgery. Jordan Hospital is committed to providing excellent care and minimizing any possible risk of infection. Along with hospitals nationwide, we have new protocols, or processes, that further minimize the chances of surgical site infections.

Some sources of bacteria that can add to the infection risk actually live on everyone’s skin. However, we also know there is something very important you, the patient, can do to help reduce your risk of infection.

Therefore, we ask that you shower with Hibiclens, a liquid chlorhexidine gluconate wash, to kill certain bacteria known to be resistant to common antibiotics.

Shower with this cleanser the night before your surgery and the morning of surgery before you come to the hospital.

If your pre-admission nasal culture shows you harbor a form of staphylococcal bacteria, known as MRSA, then you will be asked to wash with Hibiclens for a total of 5 days before your surgery.

Please use the instructions on the following page to help you wash with Hibiclens correctly:

Following these instructions will help reduce the possibility of infection.

Thank you for your cooperation.
Showering with Hibiclens

- Do not shave the area where your surgery will be performed.

- To prepare for your shower gather the following:
  1. Antiseptic soap (Hibiclens).
  2. A clean wash cloth and clean towel.
  3. Fresh clothes or pajamas.

- Showering/bathing:
  1. With each shower or bath, wash your hair as usual with your normal shampoo.
  2. Rinse your hair and body well after you shampoo your hair to remove the shampoo residue.
  3. Apply the Hibiclens to your entire body FROM THE NECK DOWN using the wash cloth, paying special attention to the area where your surgery will be performed.
  4. Turn off the water to prevent rinsing off the Hibiclens, then gently wash your body for 5 minutes. Do not scrub too hard and do not wash with your regular soap after using Hibiclens. Be careful not to get the cleanser in your vagina, penis, eyes, mouth or ears.
  5. Turn the water back on and rinse your body thoroughly.
  6. Pat yourself dry with a clean, soft towel.
  7. Put on clean clothes or pajamas.
  8. Do not apply any powders.
  9. Do not apply any deodorants the night before or the morning of surgery.
WHY USING NASAL MUPIROCIN
(BACTROBAN)
IS IMPORTANT

Mupirocin (Bactroban) is used to kill certain bacteria, known as staple, staphyloccus aureus, that have become resistant to some common antibiotics.

If we ask you to use BACTROBAN before your surgery, it is because your nasal culture done in Pre-Admission Testing has shown that you are one of many, many people who harbor the bacteria.

This is not usually a problem, but when having surgery, it can put you at higher risk for infection.

Therefore, to minimize infection risk, we ask that you apply the BACTROBAN in both nostrils for the 5 days before your surgery.

The prescription for BACTROBAN will be called in to your pharmacy for you.

Please use the instructions on the following pages to help you apply the BACTROBAN correctly:

Following these instructions will help reduce the possibility of infection.

Thank you for your cooperation.
How to Apply Bactroban

1. Wash your hands.

2. Place ointment (about the size of a pea) to a cotton swab. Swirl the cotton tip in a gentle circular motion a few times around the inside of the nostril.

3. With the clean end of the cotton swab, place another pea-sized amount of ointment and apply to the other nostril the same way.

4. To help spread the ointment in the nose, gently squeeze your nostrils together and release. Do this several times for about one minute.

5. Be careful not to touch your eyes.

6. Wash your hands immediately after using the ointment.

7. Do this twice a day, every morning and evening, faithfully for the 5 days before your surgery.
AGREEMENT TO COMPLY WITH THE PLAN TO MINIMIZE INFECTION RISK

In preparation for my joint replacement surgery, I agree to perform the following steps to help minimize the chance of infection:

1. I will take a shower using HIBICLENS the night before surgery and the morning of surgery.

2. If I am notified my nasal culture shows the presence of MRSA, I will shower daily with HIBICLENS for the 5 days before my surgery. The last shower will be done the morning of surgery.

3. In addition, if my nasal culture shows the presence of MRSA, I will apply BACTROBAN ointment to each nostril every morning and evening for the 5 days before my surgery.

   Patient signature: ________________________________

   Date: ________________________________________
WHAT TO BRING TO THE HOSPITAL

Please try to pack light as you will be in the hospital only a few days.

☐ The most important thing to pack is a pair of non-skid or rubber-soled shoes that allow for swelling

☐ A lightweight robe or sweater

☐ Personal items and preferred toiletries

☐ A copy of your Health Care Proxy form

☐ Any specific medications or special stool softeners/laxatives that you absolutely need and are unsure if we carry them. You should discuss this during your pre-admission testing visit.

☐ Please do not bring valuables or large amounts of cash

☐ Bring only a small amount of money for magazines and incidentals. The TV/phone service can be billed to your home phone for a one-time setup charge or to a credit card. (See Telephone and Television Service Instructions on the next page.)

Thank you!
TELEPHONE AND TELEVISION SERVICE INSTRUCTIONS

We are pleased to provide you with service for television and local phone calls (508 & 781 area codes) during your stay (see TV channel listing in your admission folder). These services are provided by Telehealth and are offered at the following prices:

<table>
<thead>
<tr>
<th>Service</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television &amp; Local Phone Calls</td>
<td>$7.00 per calendar day</td>
</tr>
<tr>
<td>Television only</td>
<td>$6.00 per calendar day</td>
</tr>
<tr>
<td>Local Phone Calls only</td>
<td>$3.00 per calendar day</td>
</tr>
</tbody>
</table>

Your phone and/or television service will begin as soon as you initiate the service and it is active until noon the following day. If you are still a patient after noon, you will be charged for another day if you choose to continue service.

**Payment methods:**

**Credit card** – Telehealth accepts MasterCard, Visa, American Express and Discover Card.

**Cash** – Turn on service by dialing extension 4050 and choose the cash option. Service will start immediately and a TV concierge will visit you shortly thereafter to complete the transaction.

**Home Telephone Billing** – You may also charge your service to your home phone bill. A one-time $6.00 charge will be applied by the organization that validates the phone number and attaches the charge to your home phone bill.

1. **To initiate service:**
   - Dial extension 4050 from your patient telephone to connect to Telehealth’s payment system. Follow the prompts to select the type of service you desire and to enter your payment information.

(continued)
2. **If you have a problem setting up service:**
   - After dialing extension **4050**, press “0” and this will connect you to the Telehealth Call Center. If the Call Center is not available to take your call, leave a message and your TV/phone service will begin immediately and Telehealth will call you back to assist with setting up payment. Call Center hours are 7:00 a.m. to 9:00 p.m. each day. The return call from Telehealth may happen the next day if your call is placed after their business hours. If you are trying to order service after the hours mentioned above, you may leave a message by following the prompts after dialing 4050 and your television service will turn on automatically until call center personnel have a chance to call you back to set up payment arrangements.

3. **If you have a problem with your TV or pillow speaker:**
   - Dial extension **4050**. After the call is connected, press “0” to be connected to the Telehealth Call Center. The Call Center is open every day from 7:00 a.m. to 9:00 p.m. If the Call Center is not available to take your call, they will call you back to determine your problem. Telehealth has service personnel on site each day for three hours in the early afternoon. They will replace broken televisions and pillow speakers during this time.
A REVIEW OF PAIN CONTROL
AND THE PAIN SCALE

You may wonder why we keep coming back to pain control and the pain scale. The reason is that our goal is for your recovery process to be as comfortable as possible.

We need a good indication from you about your level of pain so we can adequately treat it. In order to do this, we must rely on your complete understanding of the pain scale.

Remember, you will be able to move better if you are not in severe pain. Your goal is to be at 1 to 4 on the pain scale.

We also want you to keep us informed about how you are feeling in general, such as nausea, aches, pain, worry, fatigue, etc.

Anything we know in the early stages is easier to treat.

Please tell us, we are here to help in every way possible.
All surgical patients are asked to check in at the Surgical Reception Area in the PIDC Pavilion (main entrance off Obery St.) at their given arrival time.

Your family/friends will be asked to wait in the surgical waiting area. One person will be allowed to see you after you are ready for surgery.

You will be escorted into the pre-operative holding area. Here the nurse will complete your admission assessment and answer any questions you may have.

You will change into a hospital gown. You will be asked to remove all clothing, including underwear, any piercings and jewelry (including wedding bands.) You may want to leave these at home.

Dentures and hearing aids must be removed before entering the operating room.

An anesthesiologist will see you in the pre-operative holding area, and an intravenous (IV) line will be started.

A liaison will be present in the waiting room. If your family decides to leave the hospital, they will be asked to supply a phone number where they can be reached when you come out of surgery.

Your surgery will take approximately 2-3 hours. Afterward, the surgeon will call one designated contact person.

My contact person is ____________________________ at ________________
Once you are in the PACU, your pain will be continually assessed and treated by the nursing staff.

You are already familiar with the pain scale, so you will easily be able to communicate your pain level. Your comfort is always a priority.

- Patients remain in the recovery room approximately 2-4 hours after total joint surgery.

- Visitors may be allowed, but only at the discretion of your nurse.

- Once you are fully recovered from anesthesia, we will transport you to a private room on 3 East B, our orthopedic unit.

- If your physician wants you to have cardiac monitoring after surgery, you will be placed temporarily on one of the telemetry units.

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>No Pain</td>
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<tr>
<td>0-2</td>
<td>Mild Pain</td>
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<tr>
<td>3-4</td>
<td>Discomfort Pain</td>
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<td>5-6</td>
<td>Moderate Pain</td>
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<tr>
<td>7-8</td>
<td>Severe Pain</td>
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<tr>
<td>9-10</td>
<td>Excruciating Pain</td>
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</table>
The Orthopedic Unit at Jordan Hospital

We welcome you and will introduce our unit.

Three East B is a 31-bed medical-surgical unit. Although we care for patients with various medical and surgical conditions, our clinical pathway-guided specialty is the care of orthopedic patients; specifically those who have had total knee, total hip, or shoulder replacement surgery.

What is a clinical pathway? Put simply, it’s an expected course of patient care and treatment. You may think of it as a journey with predicted progress. The pathway, or journey, began the moment you agreed to have joint replacement surgery and you will follow it until your discharge from the hospital. There is a team of health care professionals walking this path to success with you, and the nurses on 3 East B are pleased to join you.

We have three goals in this process:

1. to keep you well informed;
2. to ensure you are an active participant in your care; and
3. to help you remain as comfortable as possible. This may be the most important of all.

Making sure your pain is well-controlled is very important to us. We will teach you about pain control; we ask that you work with us in this partnership. This is not a time to see how tough you can be, or how long you can go without medication. Good pain control gives you the ability to perform all activities and exercises, and still get good rest. Rest is the key to successful healing and rehabilitation.

Your nurses and therapists will combine our skills to promote consistent, safe and effective progress. We seek to improve your mobility, strength, and confidence.

We look forward to caring for you. See you soon!

The Team on 3 East B
One of our main focuses as Clinical Leaders is ensuring the quality of care you experience through your stay. You will see one or both of us while you are here as a patient on 3 East B because we will be coming around to see very patient, every day. We’d love to hear everything you can share with us...what is going well, and any suggestions on areas to improve. Our goal is to continue providing excellent care and maintaining the success of our orthopedic program.

We are pleased to welcome you to our unit and look forward to meeting you and your families!
YOUR TOTAL HIP REPLACEMENT PATHWAY

You will arrive from the PACU to your room on 3East B with a large dressing on your hip. It is common to have some degree of bleeding from the incision, so we frequently will assess your dressing. We may turn you onto your dressing to apply some pressure to the area.

You will have the IV infusing, oxygen in your nose, a triangular foam wedge aligning your legs, a catheter in your bladder, a clip on your finger reading your oxygen level, and compression boots on your lower legs.

You will be awake and a bit sleepy, but you will be able to easily converse with us and with your family. At this time you do need some rest, so we advise keeping visitors to a minimum. Remember, whomever you have designated as your contact person can call us for updates at any time, day or night.

We frequently will assess all your vital signs, your leg pulses, your dressing, and the status of your pain. We will have you help us reposition you often; from your back, to your operative side, to a semi-sitting position in bed. Movement and activity are very important in your recovery. You will be asked to take deep breaths and cough, use the incentive spirometer, and also start to sip fluids. We get you on the road to recovery right away!

This is when everything you have learned about the 1-10 pain scale and pain control becomes very important.

Remember, we want you to be as comfortable as possible, and to be able to both move and rest. We will do everything possible to keep you that way, but we need you to help us know your pain level. **Good pain control is the key to successful recovery.**

Please tell us anything else, too! Any nausea, itching, headache, dizziness, funny feelings, worries, etc; we can better help if we know things right away. **Never hesitate to call for your nurse!**
You’re not a pest; you’re not a burden.
You are our patient and we take that responsibility very seriously.

*(continued)*
Post-operative Day 1

The Physical Therapist and the Occupational Therapist will see you today to review exercises and the overall therapy plan. They may also help you get up and stand at your bedside with a walker, and possibly sit in the chair for a bit. Feeling a little dizzy at first is normal. Take slow, deep breaths to relieve the feeling. Usually the nurse assisting you to move and reposition frequently the previous night helps to minimize any dizziness this first day.

Remember to pay attention to your pain control, and let us know what else you need to be comfortable.

Nurses will continue to assess you, move you, and urge your participation in your daily care. The trapeze bar over your bed is for you to grasp and help us reposition you. The more you try to do, the more you will have success!

You will start to use what you learned about your hip precautions. You will see how the foam wedge between your legs allows your hip to stay correctly aligned.

It is not unusual to have a decreased appetite at first, and you may prefer just drinking fluids. At mealtime, try to eat a little, even if you are not very hungry, because you need protein and calories for strength and healing. We will leave the foley catheter in today, and your IV may continue to run if we assess that you need fluids. Usually, you will receive a laxative tonight.

You will continue to use the incentive spirometer, cough to clear your lungs, and wear the venodyne boots while in bed.
Post-operative Day 2

Your foley catheter will be discontinued at 6:00 a.m. Keep drinking to fill your bladder and help the feeling you need to urinate.

Your therapists will review exercises, transferring to a commode or chair, using your “reacher” equipment and other adaptive equipment, and walking a bit further.

We hope to have you sit in the chair for all meals. You will continue to move, deep breathe, exercise, eat, and have good pain control. To keep your nutrition status up, let us and your family members help you by providing between-meal snacks.

We encourage you to assist in your care as much as possible.

Post-operative Day 3

By now you know the routine! You have a good grasp on how to define your pain level and what you need for good pain control.

You are increasing your independence performing your daily personal care, positioning for comfort, doing exercises, using adaptive equipment, getting out of bed, and ambulating with a walker.

You continue to work with your therapists and nurses, learning how to move safely.

Your therapists will determine if you have enough strength and balance to be discharged home. If it is felt you need a bit more time and assistance with recovery, they will suggest a short-term rehabilitation facility.

(continued)
Looking Ahead

Your hospital stay is three days, but the total recovery period varies from two months to a year.

Our goal is that you have a positive experience at Jordan Hospital. We have successfully cared for total joint replacement patients using our orthopedic pathway approach since 1993.

As newer surgical procedures have been instituted by our surgeons, we have worked tirelessly to revise and improve our treatment and rehabilitative care. We seek to continue to provide excellent patient care and maintain positive patient outcomes.

Thank you for choosing the Orthopedic Team of Jordan Hospital.
HIP REPLACEMENT PRECAUTIONS

- The following precautions are important to avoid undue stress on your new hip.

- *These precautions should be followed both while you are in the hospital and after you have been discharged from the hospital until your physician tells you otherwise.*

IN BED

- *Keep your knees apart.*
- Use a pillow or abductor splint between your knees when you are in bed.
- *Roll only onto your operated side.*

(continued)
GETTING OUT OF BED

- Get out of bed on your operated side.
- Bring yourself over to the edge of the bed using your arms and your good leg.
- Keep your knees apart.
- Use your arms to push up to a sitting position while swinging your legs over the edge of the bed.
- Come to the edge of the bed and slide your operated leg out in front of you.

- Push up from the bed to come to a standing position.
- Place your hands on the walker.

GETTING INTO BED

- Get back to bed on your operated side.
- Follow the same procedure as for sitting down.
- Scoot back onto the bed until your thighs are well supported.
- Keep your legs apart as you lift them onto the bed.

(continued)
GETTING INTO A CHAIR

- Back up to the chair until you feel it against the back of your good leg.
- Reach back to grasp the arms of the chair.
- **Slide your operated leg out in front of you.**
- Slowly ease yourself down to the edge of the chair.
- Slide your hips back into the chair.
- **Keep your knees apart.**

GETTING OUT OF A CHAIR

- Come to the edge of the chair. **Keep your knees apart** and slide your operated leg out in front of you. Push up from the arms of the chair and place your hands on the walker. **Follow the same procedure getting on or off a commode or raised toilet seat.**
HIP REPLACEMENT PRECAUTIONS

SITTING

- Do not bend your operated hip more than 90 degrees.
- Always sit upright in the chair and avoid bending forward.
- Avoid low chairs.
- Use a raised toilet seat or commode.
- Keep your knees lower than your hips when sitting.
- Keep your knees apart.

- Do not cross your legs.
  - Always keep your legs apart.
  - Use a pillow between your knees when sitting.

- Do not bend forward when sitting.
  - Use a long-handled reacher to retrieve objects from the floor and to assist with dressing.
  - Use a long-handled sponge to help you bathe.
  - Use a long-handled shoe horn between your legs to put on your shoes.

(continued)
HIP REPLACEMENT PRECAUTIONS

STANDING

- Do not twist or pivot on your operated leg.
- Always keep your toes and knee cap pointing straight ahead when walking.

WALKING

- Use a walker or crutches to walk _________ weight bearing until you are given further instructions by your physician.

  Level Surfaces:  - Advance the device (crutches, walker)
                   - Then the operative leg
                   - Then the good leg

  Going up the Stairs:                      Going down the Stairs:
    - Good leg                             - Crutches or cane (with a rail)
    - Operative leg                        - Operative leg
    - Crutches or cane (with a rail)       - Good leg

CAR TRANSFER

- Position the car seat back as far as it will go.
- Recline the back of the seat.
- Back up to the car and sit down using the same procedure as getting into a chair.
- In a semireclined position with your knees apart, turn your body toward the front of the car bringing one foot in at a time.
MEET THE THERAPISTS

Your physical therapist will teach you about your joint precautions, safe movement techniques, proper use of your walker and cane, and the home exercise program that will strengthen your new joint.

Shawn Johnson
Inpatient Site Manager
*Special Interests:*
Geriatrics and Neurology

Deborah Gallant, PT
*Special Interests:*
Joint Replacements, Orthopedics

Michelle Joyce, MSPT
*Special Interests:*
Orthopedics, Injury Prevention, Critical Care

Joyce Wall, PT
*Special Interests:*
Geriatrics, Neurology

Katherine (Maffini) Coe
PTA
*Special Interests:*
Oncology, Orthopedics, Cardiopulmonary Disorders

Janice Sheeley, PTA
*Special Interests:*
Geriatrics, Orthopedics, Pulmonary Disorders

(continued)
MEET THE THERAPISTS

Your occupational therapist will review important information and instruct you on how to safely perform your personal care using adaptive equipment that you will receive or use while in the hospital. The goal of occupational therapy is to teach you how to dress, bathe, prepare food, and function independently at home after surgery.

Sherri Stephenson. OTR/L
*Special Interests:*
Orthopedics and Geriatrics

Carol LeBlanc, COTA
*Special Interests:*
Orthopedics

Julie Sullivan, COTA
*Special Interests:*
Work Conditioning, Orthopedics
EXERCISES FOLLOWING A HIP REPLACEMENT

- Avoid holding your breath while exercising.
- Perform only those exercises checked by your physical therapist or physician.

1. ANKLE PUMPS: Slowly move your foot up and down.
   Repeat __ times, __ times a day.

2. QUAD SET: Slowly tighten the muscle on top of your thigh while pressing the back of your knee towards the bed.
   Hold for a count of 5, then relax.
   Repeat __ times, __ times a day.

3. GLUT SET: Slowly squeeze your buttocks together.
   Hold for a count of 5, then relax.
   Repeat __ times, __ times a day.

(continued)
EXERCISES FOLLOWING A HIP REPLACEMENT

4. HEEL SLIDE: Slowly bend your hip and knee while sliding your heel along the bed toward your buttocks. Slowly straighten your hip and knee while sliding your heel along the bed away from your buttocks. Repeat ___ times, ___ times a day.

5. HIP ABDUCTION: Slowly move your leg out to the side. Keep your knee straight and your toes pointed toward the ceiling. Slowly return to the starting position. Repeat ___ times, ___ times a day.

(continued)
EXERCISES FOLLOWING A HIP REPLACEMENT

6. SHORT ARC QUAD: Place a rolled towel or pillow under your knee. Raise your foot off the bed until your knee is straight. Hold for the count of 5. Slowly bend your knee lowering your foot back onto the bed. Repeat __ times, __ times a day.

7. LONG ARC QUAD: Sit on the edge of the bed or in a chair. Slowly straighten your knee. Hold for the count of 5. Slowly bend your knee, returning to the starting position. Repeat __ times, __ times a day.
TYPICAL OUTCOMES FOLLOWING JOINT REPLACEMENT

Upon discharge from the hospital to your home:

- Walking moderate distances with a rolling walker throughout your home.
- Independent with basic activities of daily living such as toileting, getting in and out of a bed or chair, dressing, grooming and bathing using appropriate adaptive equipment.

Three to four weeks after surgery:

- Walking moderate distances outside the home with a cane.
- Advanced to outpatient therapy.
- Follow-up appointment with your surgeon.

Six weeks after surgery:

- Walking without a cane.
- Driving per your physician’s recommendation.
- High-impact activities still should be avoided.

Two to three months after surgery:

- Continuing to follow hip precautions per your physician’s recommendation.
meet the discharge coordinator

Bette Christie,
BSN., RN-BC

The discharge coordinator participates in the Total Joint Class and continues working with you in the hospital if you are being discharged directly back home. She will help you understand your personal insurance coverage, how she is responsible for setting up home care for you after surgery, and arranges for any medical equipment or assistive durable medical equipment devices you will need.

She is also responsible for assisting all patients who will require transfer to a rehabilitation facility for additional care. She will work with you to find a facility that meets your personal needs, insurance guidelines, and individual preferences.
PLANNING YOUR DISCHARGE

The day after surgery you will be seen by the discharge nurse or social worker to discuss your discharge plan. You also will discuss any needed durable medical equipment.

Your plan will be either:
1) discharge home with visiting nurses and visiting therapists.
2) transfer to a short-term rehabilitation facility (rehab).

If you are going home:
1) We will discuss the Visiting Nurse Associations (VNAs) available in your area.
   a) If you previously had a positive relationship with a specific VNA, we will make every effort to use them.
2) Any medical equipment that you need will be ordered prior to discharge. It will be delivered to your room and can be brought home by family/friends.
   a) Another option is to have it delivered directly to your home as long as someone can be there to sign for the delivery.

If you are planning to go to short-term rehab:
1) Before your surgery, we encourage you to visit rehab facilities that you are interested in. List them in order of preference, and let us know upon admission. Our Social Workers will work hard to place you where you choose.
2) Before admission, it will be helpful to check with your insurance to see if it will cover a stay at your rehab facility of choice.

We look forward to working with you to make your transition from Jordan Hospital to home or rehab a positive one!
DISCHARGE INSTRUCTIONS FOLLOWING HIP REPLACEMENT

• To avoid undue stress, maintain your hip precautions until otherwise instructed by your physician.

• Always maintain the weight-bearing status prescribed by your physician.

• Continue to walk with crutches or a walker until your physician allows you to progress to a cane.

• Continue with your exercise program at home until otherwise instructed by your therapist or physician.

• Notify your physician if you have increased hip pain, calf pain, swelling, drainage from your incision, chest pain, shortness of breath or any other symptoms you don’t understand.

• Use a commode or a raised toilet seat.

• When dressing, put the affected leg into the garment first.

• Wear low-heeled, non-slip shoes for safety.

• Remove scatter rugs and electrical cords that might trip you.

• Go for short walks regularly, rather than long walks which may tire you.

• Avoid long journeys as a passenger in a vehicle.
### KNOW THE SIGNS AND SYMPTOMS OF:

<table>
<thead>
<tr>
<th>HIP LOCATION:</th>
<th>WHAT TO DO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Extreme discomfort and inability to move your leg.</td>
<td>CALL 911</td>
</tr>
<tr>
<td>b. A sudden “giving way” of your hip and inability to bear weight.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BLOOD CLOT:</th>
<th>WHAT TO DO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A red, swollen leg, especially in the calf area.</td>
<td>CALL 911</td>
</tr>
<tr>
<td>b. Sudden onset of severe pain or limited motion in your joint.</td>
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<table>
<thead>
<tr>
<th>INFECTION:</th>
<th>WHAT TO DO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fever above 101 degrees.</td>
<td>CALL YOUR DOCTOR</td>
</tr>
<tr>
<td>b. Colored drainage, pus, or foul smell from the suture line.</td>
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<tr>
<td>c. Redness spreading from the incision area.</td>
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<tr>
<td>d. Incision hot or painful to touch.</td>
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</table>

Call your doctor with any question, any time!
REMEMBER:

1. The possibility of infection to your artificial joint may exist in some conditions. Let all of your physicians and dentists know you have had a joint replacement. You will most likely need antibiotic treatment BEFORE any of the following procedures:
   a. Any dental procedure, including routine cleanings
   b. Sigmoidoscopy, colonoscopy, vaginal procedures
   c. Any biopsies or general surgical procedures

2. Maintaining good blood flow is key to preventing blood clot formation. You can do this by:
   a. Frequent ankle pump exercises while you are seated or lying down.
   b. Continuing your exercise and walking program.
   c. Your Coumadin medication helps prevent clots from forming, so continue it faithfully until the physician discontinues it.

3. It is easy to become constipated after a time of decreased activity. To help prevent this:
   a. Eat plenty of fruits, vegetables, and higher fiber cereals.
   b. Drink more water.
   c. Use your stool softeners (and a laxative if needed).
   d. Continue to increase your activity every day.
COUMADIN FLOW SHEET

For Patient Use

We recommend that you use this as a great way to keep track of your INR and the dose of coumadin you were instructed to take.

<table>
<thead>
<tr>
<th>DATE</th>
<th>PT/INR VALUE</th>
<th>ANTICOAGULANT</th>
<th>DOSE</th>
<th>TIME</th>
<th>NEED NEW ORDER?</th>
<th>NURSE INITIAL</th>
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</table>
We recommend that you use this pain log. It is a great way to keep track of how well you are controlling your pain, and when you last took pain medication.

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<th>DATE</th>
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<th>PAIN LEVEL</th>
<th>MEDICATION</th>
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General Information

- Call your orthopedic surgeon’s office when you get home for a follow-up appointment.
  Dr. ______________________ at ______________________.
- Recuperation takes approximately 12 weeks. You may feel fatigued and experience a variety of emotions during this time. This is very normal, and will pass as you improve.
- Maintain your hip precautions faithfully, especially for the first eight weeks to minimize the chance of dislocating your new hip.
- Remember, never cross your legs or move your knees close together. Keep your knees lower than your hips, and do not twist your foot inward.

Pain

- Have someone fill your prescriptions for pain medications before you leave the hospital so that your medications are ready when you are discharged.
- Maintain the provided pain log to record the date and time of each pain medication taken, so you will always be sure when you took your last dose.
- Take pain medication as prescribed, especially before exercise and activity.
- Be safe! Remember, pain medication can make you tired, dizzy and a little forgetful

Incision

- Keep your incision clean and dry.
- Your staples will be removed by the visiting nurse or physician in 10-14 days.
- It is normal to have some numbness around your incision.
- Expect soreness, swelling, and some bruising. It will improve over four-six weeks.
- If there is no drainage, you may leave the incision open to the air. Place a dry dressing over the incision each day if it is draining.
- Be safe! Remember, pain medication can make you tired, dizzy and a little forgetful.
- It is normal to have numbness around the incision.

Showering

- Your incision should not get wet until after your staples are removed. You may cover your incision with a waterproof dressing, such as the Tegaderm we have provided, then remove after your shower.
- Be sure to use a shower chair and grab bars if recommended by the Occupational Therapist.
TOTAL HIP REPLACEMENT DISCHARGE INSTRUCTIONS

Activity and Safety

- Avoid bending at the hip more than 90 degrees. This means that when seated, your hips must be higher than your knees. Avoid low couches and chairs.
- Pick a sturdy chair with arms. This provides leverage to help you push yourself up to a standing position. Please avoid beach-style webbed chairs.
- Keep the foam wedge or a pillow between your knees, even while seated.
- Use your “reacher” tool. Never lean sideways or bend to pick up something.
- Get in and out of bed on your operative side only.
- No twisting or pivoting on operative leg.
- Remember to always wear non-side footwear.
- Always use a raised toilet seat or commode.
- Patients use a walker for three-four weeks then usually progress to a cane, however use a walker until your doctor or physical therapist allows you to progress to a cane. Always use the correct weight-bearing status.
- Continue the exercise program created for you by your physical therapist unless otherwise instructed. Exercise at least three times a day, every day.
- Observe your operative leg throughout the day. If the swelling increases, elevating the leg will help reduce swelling and discomfort, BUT, remember to maintain hip precautions.
- You may sleep on your non-operative side after four weeks, but you need to use your foam wedge or a pillow between your knees.
- Do not drive until permitted by your physician.

Medications

- You will be given prescriptions for pain medication and Coumadin.
- Take Coumadin as prescribed by your doctor. Lab work will be needed to monitor this medication’s effect. Usually, you will need to have a protime lab test drawn twice a week. This is important in making sure your dose of Coumadin remains at the correct level. Always take your Coumadin with your evening meal.
- Take a multivitamin with iron daily for a month after surgery.
- Continue to take the same type of stool softeners given you in the hospital (Colace and Senekot) as needed to manage constipation that can be caused by pain medication and decreased activity levels. If these are not as effective as what you routinely use at home, please return to using those. Occasional laxatives also may be used if needed.
- Remember the pain scale and how to use your pain medication.