



# Hip replacement guide



**Baylor Scott & White**

**SURGICAL HOSPITAL**

**FORT WORTH**

*Joint ownership with physicians*

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# Welcome

Our goal is to help you return to the life you want to live free of joint pain. This book explains the hip replacement journey from getting ready for surgery to going home after surgery. While you are in the hospital, we will work with you to plan your care. The plan may change based on what you need. By the time you leave the hospital, you will know how to better help yourself while you continue to recover at home.

Our joint program includes:

- A dedicated area for patients having joint replacement surgery
- A team trained to work with you after your joint replacement

- A plan to get you feeling like yourself soon after surgery, including getting out of bed, sitting up for meals, and helping you dress in your own clothes
- An exercise program
- Updates to keep you informed about your progress
- Patient and family education
- Coordinated care for going home
- Written instructions to take home

## Mission

Baylor Scott & White Surgical Hospital Fort Worth's mission is to care for every patient and their family as if they were our own. Each patient, each family, each and every time.



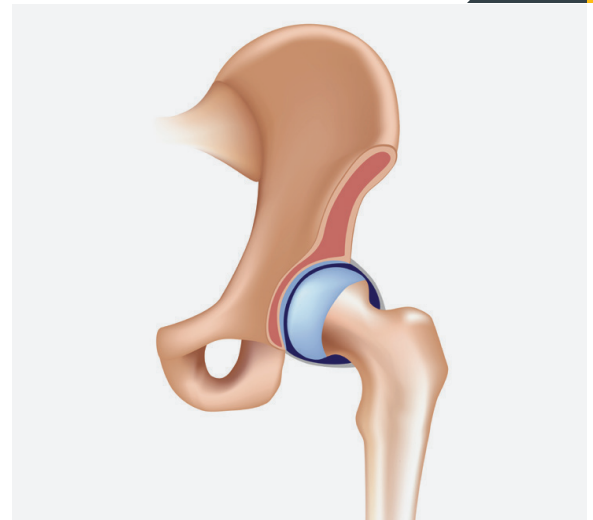
## Your operation

### How the hip works

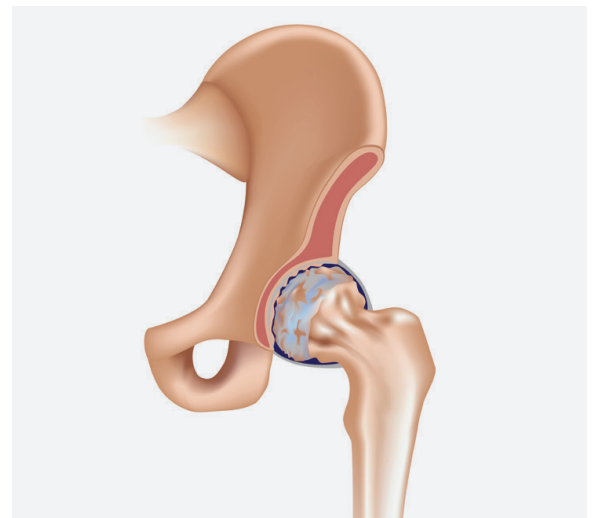
The hip joint allows the upper leg to bend and rotate at the pelvis. The hip socket (acetabulum) forms a deep cup that surrounds the ball (femoral head) of the thighbone. There is a thin covering, called cartilage, on the cup and the ball where they come together. Cartilage is smooth in a healthy hip. The parts of the joint that touch slide smoothly against each other with healthy cartilage. Over time, from an injury or for other reasons, the cartilage can wear out, causing the bones to rub together. The bones get rough and grind against each other, causing stiffness or pain.

### Total hip replacement

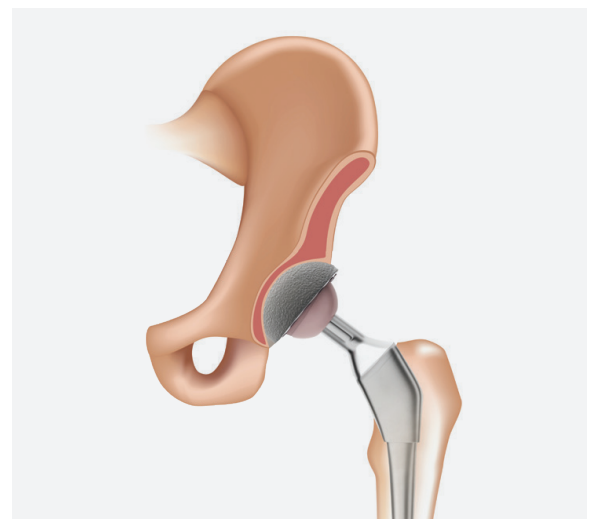
The operation you will have replaces your worn hip joint with an artificial hip joint. This artificial hip joint is called a prosthesis. The prosthesis works like a normal hip. The prosthesis is made of plastic and metal and has two parts. One part is the ball, which is like the ball of the thighbone. The ball has a stem that goes down into the thighbone. This stem holds the ball in place. The second part is the cup, which is like the socket. The cup replaces the socket in the pelvis. The ball moves inside it like your own hip. The parts of the prosthesis that touch each other are smooth. They move easily against each other, just like a healthy hip.



Healthy hip



Worn hip



**Pre-certification and authorization**

Many insurance companies require pre-certification or pre-authorization for surgery. Please contact your insurance company or notify it of your upcoming surgery. It will then contact your physician for clinical information.

Workman’s compensation and some managed care plans require approval for surgery before a surgical date can be selected.

You may log on to **BSHFW.com** for a current list of contracts with insurance plans along with contact phone numbers for individual departments throughout the hospital.

**Registration: pre-op class**

We offer both in-person and virtual classes for our patients. They may visit our website and click on “For Patients” to register for the online class or they can call Maureen Madewell, Nurse Navigator for more information on the in-person classes.

Your surgeon may request that you undergo pre-admission testing. Please call **682.703.5600** to make an appointment.

**Contact numbers**

Main hospital number.....	682.703.5600
Pre-admission testing .....	682.703.5622
Case management department.....	682.703.5744
Patient advocate.....	682.703.5634
Nurse navigator and joint class educator .....	682.703.5759
Post-surgical unit .....	682.703.5731
Post- surgical unit manager .....	682.703.5781
Emergency room .....	682.703.5636
Billing questions.....	682.703.5712

**Press Ganey**

Keep an eye out for a short survey from us. We value your feedback and use it to provide the best possible care for all of our patients.

**Employee recognition**

Our nurses and hospital staff strive to make your stay a pleasant experience. If you feel someone has gone above and beyond to care for you or your family member, please take time to fill out a Daisy (Nurse Award) or Bee (Non- Nursing staff award) nomination form located at every nurse station, patient advocate desk in the waiting area, or by asking any staff member.

## Preparing for surgery

### Understanding the risks of hip surgery

As with any type of surgical procedure, there are risks to hip surgery. Though problems are rare, measures are taken to minimize these risks. Your doctor will discuss these risks with you and answer any questions you have. We suggest that you write down any questions before meeting with your doctor so you do not forget them. After you discuss the surgery with your doctor, After discussing the surgery with your doctor, you will be asked to sign a consent form. This form states that you understand the risks, benefits, and potential problems that could occur during and after your surgery. Some of the potential risks include, but are not limited to:

- Nerve damage
- Infection
- Bleeding
- Blood clots in legs or lungs
- Failure to fuse
- Hardware problems
- No improvement or worsening pain
- Paralysis refers to the loss of muscle function in a part of the body.
- Heart attack, stroke or death

### Your important role in your health care

You can make your experience safer and more successful by being an active and informed member of your health care team.

Speak up about the concerns you have, your health is important! Ask questions if there is anything you don't understand. You have the right to know:

- Look for information about illnesses or conditions that affect you
- Keep records about your medical history and medications you take to share with doctors
- Ask your doctors, nurses, pharmacists, and other health care providers about how the surgery may affect your current condition
- Take notes when you talk with your doctor
- You may want to ask for a second opinion to feel confident in your plan of care



- Learn about any equipment you may need to use after your surgery
- Make sure you read and understand any forms you are required to sign
- Attending our joint class will help prepare you for what is to come. Also, you get to meet some of our staff and ask any questions you have
- Begin the exercises that are pictured in this book today. It will greatly improve your ability to do them after surgery and speed up your recovery
- Looking for equipment you already have at home, such as walkers, shower chairs, and elevated toilets, will help you put items you need where you will need them prior to discharge from the hospital. Take notes when you talk with your doctor
- Look around your home for stairs, high or low bed/chair surfaces, and narrow doorways that you typically use. Telling us about these items will help us work on goals for your success
- Some level of assistance is typically needed for the first few weeks at home. Plan to have some help available such as family, friends, or a caregiver if possible

## Prior to surgery

### Pre-surgery testing

Pre-surgery testing involves several steps to ensure your safety and well-being. These plans are coordinated among you, the surgical hospital, and your doctor's office. The tests include:

- Laboratory tests
- History/physical examination
- X-rays
- Dental clearance (within 6 months)
- Other evaluations, as indicated (MRSA screening)

### Lowering the risk of infection

Baylor Scott & White Surgical Hospital Fort Worth takes every precaution to reduce your risk of infection after your surgery. Certain bacteria – called Methicillin Resistant Staphylococcus Aureus or MRSA – can cause an infection after an operation. Typically patients who get an infection already carry this bacteria in or on their body without symptoms before surgery.

Those who carry these organisms typically have it in their nose and may have it on their hands and skin. MRSA is passed from person to person by touch from someone who carries it. Without precautions, this bacteria can get into a MRSA carrier's surgical incision after surgery.

Your doctor may test you for this bacteria before your surgery. If it is present they will prescribe a regimen for you to follow to remove the bacteria from your body. Testing for MRSA is simple, and treatment is also very easy. Based on your doctor's orders we may swab your nose to check for MRSA. If it is present your doctor will prescribe a nasal ointment or preoperative skin scrub in order to limit the chances of an infection.

### Preoperative skin preparation

The purpose of a pre-surgical bathing is to lower the risk of infection. During your pre-surgery education, the Joint Team will review the bathing instructions and how to use the special soap. You will find instructions for use of the special soap below. If you have questions about the process, please contact the Joint Team.

### Pre-surgery bathing instructions

We take every precaution to prevent surgical infections, and you are an important part of the process. On the morning of your surgery, your doctor wants you to shower with a special soap, called Chlorhexidine Gluconate [CHG], to lower the risk of infection during surgery. The soap removes bacteria from your skin to prevent surgical site infection. This product should not be used if you are allergic to Chlorhexidine Gluconate (CHG).

### Pre-surgery shower (no baths) schedule

- Night prior to surgery, shower from neck to feet
- Morning of surgery, shower from neck to feet
- Change bed linens

### Showering steps (Rinse off)

1. In the shower rinse your body with water and wash your hair with your normal shampoo
2. Rinse hair and body thoroughly to remove shampoo
3. Turn water off to prevent rinsing off the CHG soap too quickly
4. Use at least 2 tablespoons (enough to fill up a ping pong ball) of the CHG soap
  - Do not use CHG near the eyes, ears or genitals to avoid irritation to those areas
  - Use a new bath scrunchie or a freshly laundered cloth for each shower
  - Wash your body gently for five full minutes
  - Do not scrub the skin too hard
5. Wash your whole body with CHG, pay attention to the area where the surgery or procedure will be done
  - Do not wash with regular soap after the CHG is used



6. Pat dry with a clean, soft towel

- If possible allow the area of the surgical procedure to air dry

7. If you lose the special soap, CHG soap can be purchased at most pharmacies without a doctor's order

8. Be sure to use the entire bottle of CHG during the two shower schedule

### **Home safety steps**

It is important to set up your home prior to surgery so it is as safe as possible for you while you are recovering. Consider these points before surgery.

#### **Stairs**

- Look at the number of stairs you have to get in and around your home
- Having a family member or caregiver present to assist you up and down stairs is recommended

#### **Bathroom**

- Patients with stand-up shower stalls may need a shower chair for safety while bathing
- Grab bars are helpful when getting in and out of the tub or shower
- Your physical therapist will make equipment recommendations to ensure safety at home
- Please consult with the physical therapist prior to buying any equipment

#### **Bedroom and common living areas**

- Before surgery move items that could be a trip hazard such as low tables, rugs, and cords
- Organize items in cabinets and dresser drawers so that things you commonly use are within easy reach. This avoids unnecessary bending or stretching.
- Aim for a counter height that is neither too high nor too low. Avoid bending over for items below your waist, and refrain from standing on stools. Measure the height of bed from the top of the mattress to the bottom of the floor
- Record this measurement in inches for your physical therapist's reference



#### **Children and pets**

- You may need to explain to children that they have to be careful around you for a few weeks. You should not carry them and they should not jump on you
- Have sanitizing hand gel available for guests, children, and caregivers. Everyone should use sanitizing hand gel often to avoid potential infections
- Make a plan for your pets for your recovery. Pets can trip you or knock you over if they get too excited
- Pets may also be a source of germs so keep your pet clean and avoid letting them sleep on you until your surgery site is completely healed (no scab or skin breakage)

### **Pre-surgery medication safety checklist**

Some medications you take may lead to a higher risk surgery because they cause your blood to thin and a lead to a higher risk of bleeding after surgery. If you take medications that contain aspirin, anti-inflammatories (such as Ibuprofen, Naproxen, Motrin®, Advil®, Aleve®, etc.), blood thinners (such as Coumadin®, Xarelto®, Eliquis®, Plavix®, Lovenox® or Pradaxa®) or arthritis medications, ask your doctor when to stop taking these medications. Also, let your doctor know if you are taking any vitamins or herbal supplements. Your doctor and pre-assessment nurse will instruct you on which medications or supplements to stop taking before surgery.

Below are the some medications that can affect your surgery. Be sure to tell your doctor about ALL the medications you take including over-the-counter products. Please do not take your usual medications the morning of your surgery unless you are told to do so by your doctor; take these medication with a small sip of water.

#### **Heart medications**

Heart medications are usually taken the morning of surgery. If you see the cardiologist on a regular basis, your doctor may require a clearance from your cardiologist.

#### **Blood pressure/anti-hypertensive medications**

Blood pressure medications are usually taken the morning of surgery and following surgery. Even if you are not supposed to eat or drink on the day of surgery, your doctor may recommend that you take your blood pressure medicine with a sip of water. If your blood pressure is not under control the day of surgery, your surgery could be delayed or rescheduled.

### **Blood thinners/anti-coagulants**

Blood thinners such as aspirin, Coumadin®, Xarelto®, Eliquis®, Lovenox® or Pradaxa® should be stopped before surgery. Your doctor will tell you how far ahead of time to stop your medication. In some cases, you take a shorter acting blood thinner that can be taken up until a few hours before surgery. You will restart blood thinners after surgery as soon as your doctor feels it is safe, usually within 24 hours

#### **Diabetes medications**

If you take insulin or oral diabetes medications, tell your doctor. Surgery can raise your blood sugar, so your insulin dose may need to be adjusted on the day of surgery and during recovery. In addition, some oral diabetic medications should be stopped before you are given anesthesia.

#### **Steroid medications**

If you have recently taken a course of steroids, make sure to tell your doctor and anesthesiologist. Steroid medications, such as Prednisone®, can interfere with the healing process.

#### **Dietary and herbal supplements**

Tell your doctor about any over-the-counter dietary supplements and herbals you are taking because they can interact with medications that may be needed during or after your surgery.

## Pre-surgery nutrition

### Drink enough fluids prior to surgery

Drink enough water, about 8 glasses a day, prior to surgery. Limit the number of drinks high in sugar, caffeine, or sodium. Your doctor may change these guidelines if you have other medical conditions, please discuss your case before your surgery.

### Make sure your protein intake is adequate EVERY day: 2 or more servings a day

Protein helps your body heal. It can be found in meat, fish, poultry, eggs, dairy products and beans.

### Eat more fiber

Some of the medications you will be taking can lead to constipation, difficulty having a bowel movement, after surgery. By eating more fiber, found in foods like raw fruits, vegetables, whole-grain breads or muffins, cereals, nuts and beans you can avoid constipation. You may need a stool softener after surgery which can be bought from your local pharmacy.

### Make sure you are getting enough iron

Take iron and vitamin C as directed by your doctor. Dietary iron is in lean red meat, dark green leafy vegetables, egg yolks, raisins and prunes. Avoid taking iron with milk.

### Make sure you are getting enough calcium: 1,500 mg daily is recommended

Calcium is needed by your body to strengthen your bones. Milk, yogurt or cheese all have calcium, spread out how these foods throughout the day.

REMEMBER: You need vitamin D to absorb calcium. Vitamin D is found in multiple vitamins, milk products, fortified cereals and calcium supplements.

## Stop smoking

Patients who smoke get more infections. Talk to your doctor about how you can quit smoking. Some doctors will not perform surgery until their patient stops smoking.

## Limit your alcohol intake

It is recommended that you drink less than two alcoholic drink per day and none at all for two days before your surgery. Excessive alcohol intake can lead to complications with healing. Talk to your doctor about ways to quit or limit your drinking.



## Exercises

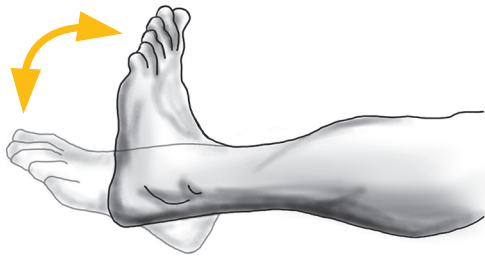
Continue your normal activities for as long as you can until your surgery. Do not begin any new stressful exercise or activities. You may have a pre-physical therapy appointment or your doctor may recommend pre-surgery exercises to improve your strength and range of motion.

### Exercises to prepare for recovery

The following exercises will help prepare you for surgery. If you experience extreme pain change the order of exercises or don't do the certain exercise that cause the extreme pain. This is the first step of your recovery after surgery, it is important that you know these before surgery.

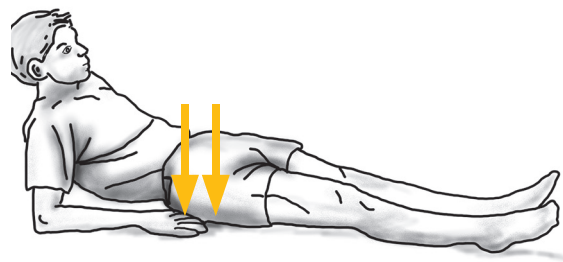
### Exercises prior to knee surgery

Do 10 each of the following exercises twice a day, unless your doctor tells you otherwise.



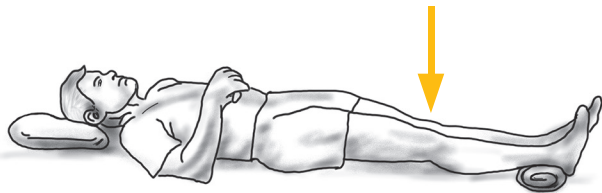
#### Ankle pumps

1. Lie on your back or sit in a chair.
2. Gently point and flex your ankles.
3. Repeat.



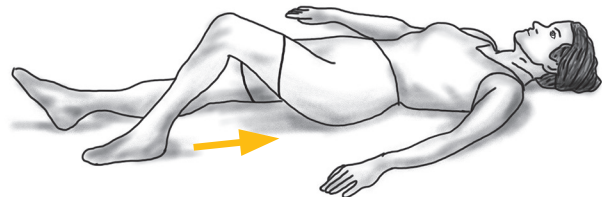
#### Gluteal sets (buttocks squeezes)

1. Lie on your back.
2. Squeeze the muscles in your buttocks together.
3. Hold 5 seconds.
4. Relax.
5. Repeat.



#### Quad sets (thigh squeezes)

1. Tighten the muscles on top of both thighs, and push the backs of your knees into the bed.
2. Hold 5 seconds.
3. Relax.
4. Repeat.



#### Heel slides

1. Lie on your back with your legs straight.
2. Bend your operated leg and slide your foot toward your body.
3. Straighten your leg slowly.
4. Repeat.

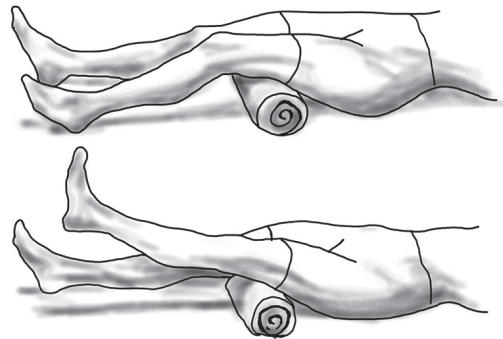


## Day after surgery and beyond

Keep doing the exercises on page 14, repeating each exercise 15 times. Start doing the exercises below the day after surgery.

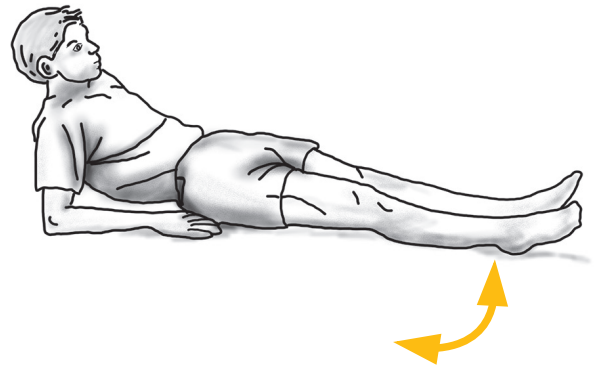
### Short arc quads (kick ups lying down)

1. Lie on your back.
2. Put a towel roll under the knee of your operated leg.
3. Keep your thigh on the towel roll. Lift your foot up until your knee is straight.
4. Repeat.



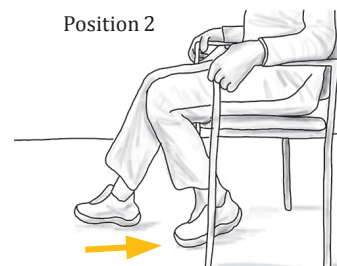
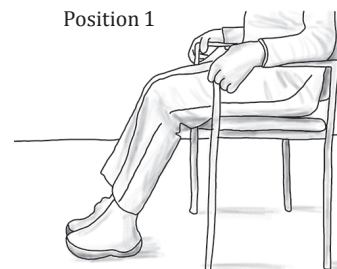
### Hip abduction/adduction

1. Lie on your back with your legs straight.
2. Push your operative leg out to the side and then pull back into mid-line.
3. Repeat.



### Seated knee flexion (knee bends)

1. Sit in a straight-back chair (Position 1).
2. Keep your thighs on the chair and slide the foot of your operated leg under the chair as much as you can (Position 2).
3. Gradually increase how far you slide your foot back under the chair to bend your knee more.
4. Slide your foot back to Position 1.
5. Repeat 15 times.



## Everyday living

You may not need to change the way you do some of the following activities depending on your surgery. Talk to your therapist before leaving the hospital about what you need to do.

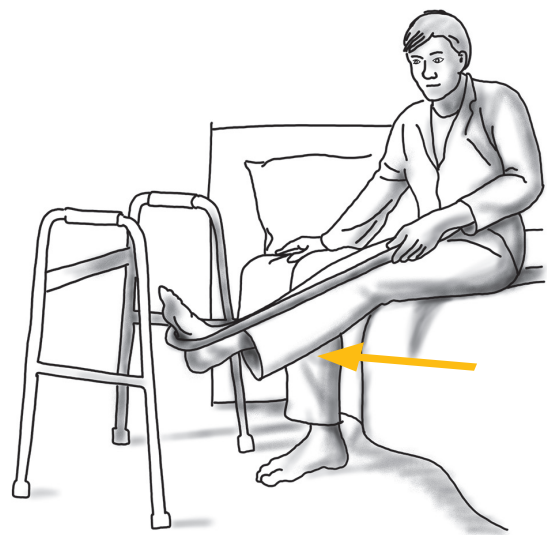
### Getting into bed

1. Stand at the side of the bed halfway between the head and foot of the bed.
2. Back up to the bed until you feel the edge of the bed touch the backs of your legs.
3. Reach back, put your hands on the bed and slowly sit down on the bed.
4. Scoot your hips back toward the middle of the bed.
5. Once you are stable on the bed, move the walker out of the way, but keep it in reach.
6. First lift one leg and turn so your leg is on the bed. Then lift your other leg onto the bed. You can use a cane, rolled bed sheet, or belt to help lift your operated leg.
7. Move your hips toward the middle of the bed.
8. Lie back.



### Getting out of bed

1. Sit up in the bed by pushing up with both arms.
2. Move your legs toward the side of the bed and turn your body to face the same direction.
3. Scoot your hips to the edge of the bed.
4. Lower your feet to the floor. You can use a cane, a rolled bed sheet, or a belt to help you lower your operated leg.
5. Use both hands to push yourself up off the bed. If your bed is low, put one hand on the walker as you push yourself up off the bed with your other hand.
6. Stand at the side of the bed with both hands on the walker before you start walking to make sure you are stable.



### **Getting in and out of a chair**

Use a chair that has armrests for 12 weeks after surgery.

#### **Getting into a chair**

1. Take small steps and turn until your back is toward the chair.
2. Slowly back up to the chair until you feel the chair against the backs of your legs.
3. Slide your operated leg forward.
4. Hold the arm of the chair with one hand and hold the walker with the other hand. Slowly lower your body into the chair.
5. Move the walker out of the way, but keep it within reach.

#### **Getting out of a chair**

1. Scoot your hips toward the front edge of the chair.
2. Hold the arm of the chair with one hand and hold the walker with the other hand. DO NOT put both hands on the walker while getting out of the chair.
3. Lift yourself off the chair.
4. Balance yourself before trying to walk.



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3. Lift yourself off the chair.
4. Balance yourself before trying to walk.





## Using the toilet

When sitting down on the toilet

### Getting into a chair

1. Take small steps and turn until your back is toward the toilet.
2. Back up to the toilet until you feel it touch the back of your legs.
3. Slide your operated leg out in front as you sit down.
4. If using a toilet with arm rests, reach back for both arm rests and lower yourself onto the toilet.
5. If using a raised toilet seat without arm rests, keep one hand on the walker as you reach back for the toilet seat with your other hand.

### When getting up from the toilet

1. Slide your operated leg out in front of you before you stand up.
2. If you are using a toilet with arm rests, put your hands on the arm rests and push yourself up, then move your hands to the walker.
3. If you are using a toilet without arm rests, put one hand on the walker and push off the toilet seat with your other hand.
4. Balance yourself before you start to walk.



### **Getting in and out of a walk-in shower**

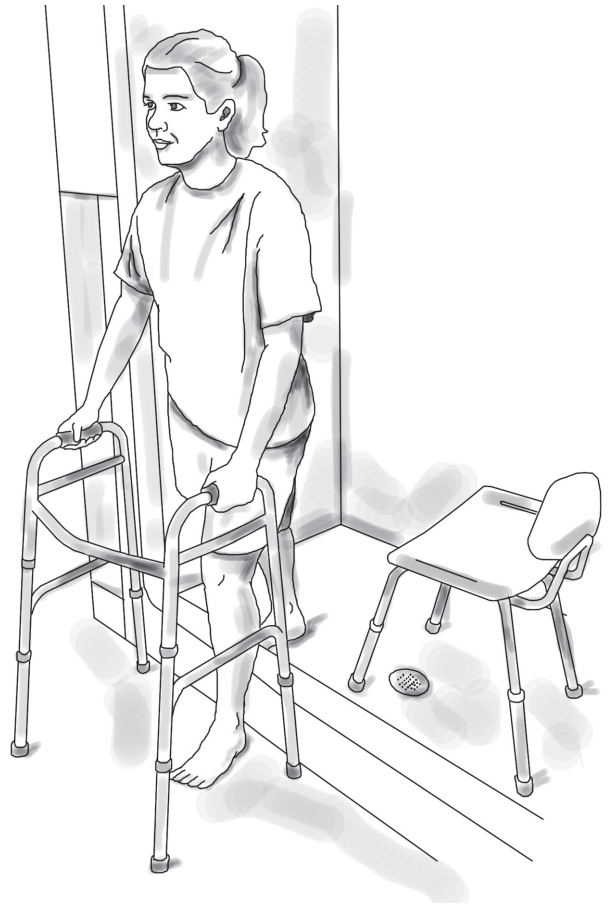
Always use nonslip mats both inside and outside of the shower for safety.

#### **Getting into the shower using a shower chair**

1. Back up to the shower lip. Feel the lip behind both heels.
2. Place the walker or crutches against the lip.
3. Push through your arms and step slowly over the lip with your good leg.
4. Step over the lip with your operated leg.
5. Turn, without twisting, so you face the faucet with a shower chair behind you.
6. Sit on the shower chair. Leave the walker or crutches outside of the shower.

#### **Getting out of the shower using a shower chair**

1. Use both hands to push yourself up from the shower chair to get to a standing position.
2. Turn toward the shower door so you are facing the walker. Use either a grab bar or place your hand flat against the shower wall for balance.
3. Place both hands on the walker.
4. Step up over the lip with your operated leg.
5. Step up and over the lip with your good leg. Balance yourself using the walker before trying to walk.

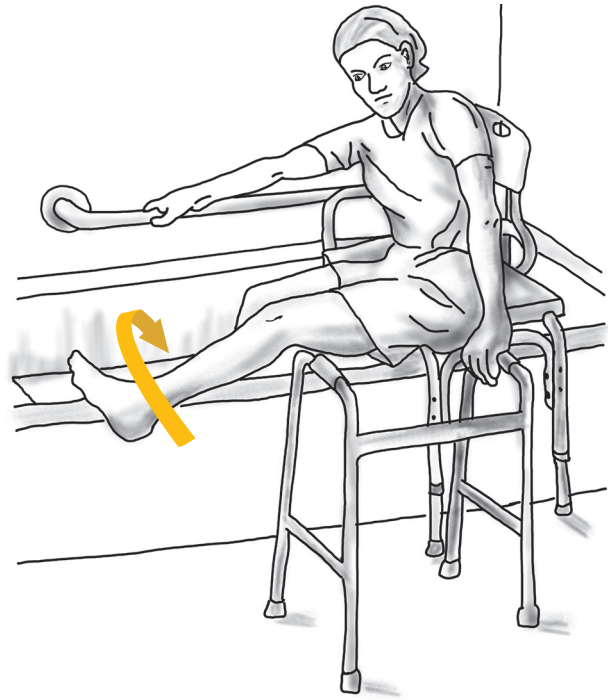


### **Getting in and out of the bathtub**

Always use a rubber mat in the tub. If you do not have one, put nonskid strips in the bottom of the bathtub.

#### **Getting into the bathtub using a tub bench**

1. Place the tub bench in the bathtub with the seat facing the faucets.
2. Stand in front of the tub bench and back up to the bathtub until you feel the edge of the tub bench behind your legs.
3. Reach back for the tub bench with one hand. Keep your other hand on the walker.
4. Slowly lower yourself to sit on the tub bench.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs one at a time over the side of the bathtub as shown in the picture.
7. Scoot your hips to the middle of the tub bench.



#### **Getting out of the bathtub using a tub bench**

1. Scoot your hips to the edge of the tub bench.
2. Lift each leg over the side of the tub – you may need to scoot your hips closer to the edge of the tub bench as you lift your legs over.
3. Turn your body so you are facing the walker.
4. Hold onto the walker with one hand. Use your other hand to push up on the back of the tub bench.
5. Stand up from the tub bench.
6. Balance yourself before trying to walk.

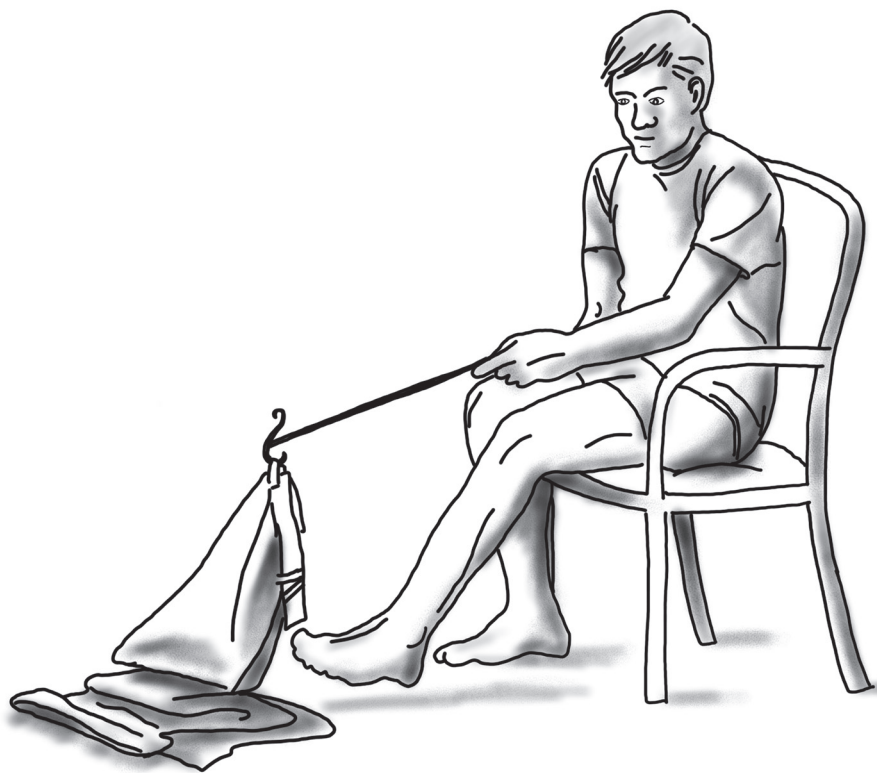
### Putting on pants

Use a “reacher” or “dressing stick” to pull on pants and underwear.

1. Sit down. Have your walker within reach.
2. Grab the underwear or pants with the reacher.
3. Move the reacher so your clothing is by your feet.
4. First put your foot from your operated leg into the clothing, then put your other foot in.
5. Use the reacher to pull your pants up over your knees where you can reach them.
6. Stand up with your walker, then pull your pants up the rest of the way.

### Taking off pants and underwear

1. Back up to the chair or bed where you will be undressing.
2. Undo your pants and let them drop to the floor.
3. Push your underwear down to your knees.
4. Keep your operated leg straight and lower yourself to sit on the chair or bed.
5. Use the reacher to help get your good leg and foot out of the pants and underwear. Next take your operated leg out of the clothing.
6. Use the reacher to move the pants and underwear off the floor so you do not trip over the clothes.





### Putting on socks

Use a sock aid to put on socks.

1. Sit on a chair or bed. Slide the sock all the way onto the sock aid.
2. Hold the cords and drop the sock aid in front of your foot. It is easiest to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock on.
5. Keep pulling until the sock is on your foot and the sock aid hangs free.



### Putting on shoes

Use a long-handled shoehorn to put on shoes.

1. Sit on a chair or bed.
2. Wear sturdy shoes or shoes with Velcro® closures or elastic shoelaces. DO NOT wear high heeled shoes or shoes without backs.
3. Use the long-handled shoehorn to slide your shoes in front of your feet.
4. Put the shoehorn inside the shoe against the back of the heel. Line up the curve of the shoehorn with the inside curve of the shoe heel.
5. Lean back if you need to, lift your leg, and put your toes in your shoe.
6. Step down into your shoe and slide your heel down the shoehorn.



## Getting in and out of the car

1. Have someone move the front passenger seat all the way back to allow more legroom.
2. Lean the seat back if needed.
3. If you have cloth seat covers, put a plastic trash bag on the seat cushion to help you slide once you are seated.
4. Using your walker, back up to the front passenger seat.
5. Steady yourself with one hand on the walker.
6. With your other hand, reach back for the seat and lower yourself down, keeping your operated leg straight out in front of you as shown in Figure 1, below. Be careful not to hit your head when getting in.
7. Turn frontward and lift your operated leg into the car as shown in Figure 2 below.
8. Put the seat back up in a sitting position if you leaned it back.
9. To get out of the car, reverse these steps.

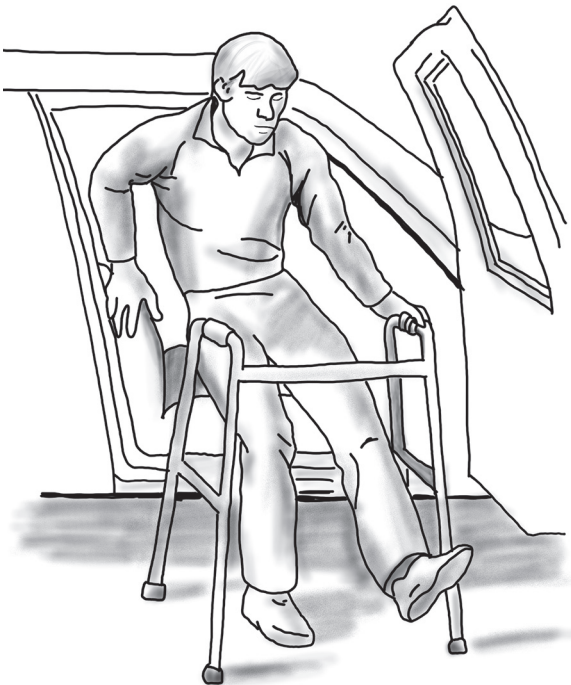


Figure 1

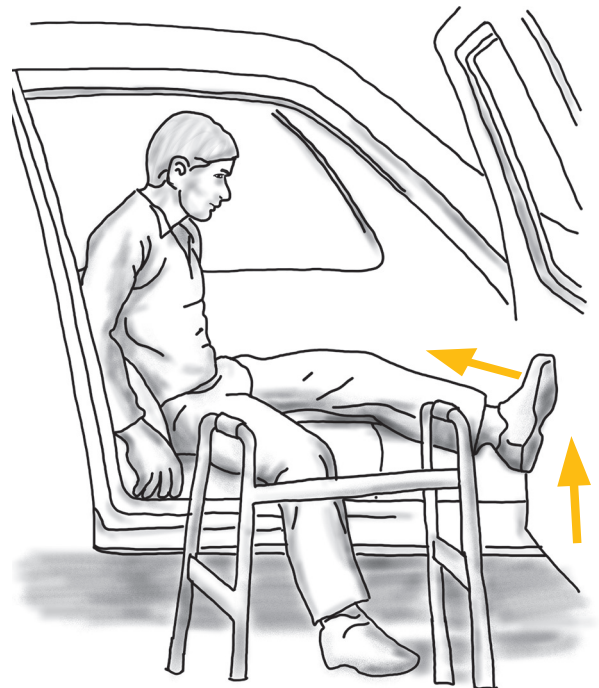


Figure 2

### Going up and down stairs

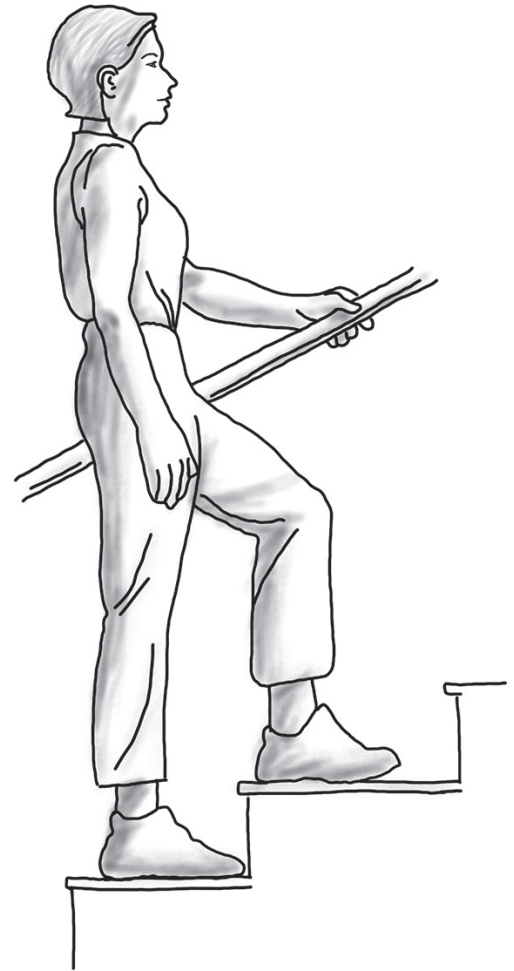
Do not go up and down stairs until your doctor or therapist says it is okay. An easy way to remember which leg goes first is: up with the good, down with the bad.

#### Going up stairs

1. Using the handrail for support, start by placing your good leg up on the first step.
2. Bring the operated leg (bad leg) up to the same step.
3. Repeat until you reach the top.
4. DO NOT climb the stairs in the normal foot over foot way until your surgeon or therapist tells you it is safe.

#### Going down stairs

1. Using the handrail for support, place your operated leg (bad leg) down on the first step.
2. Bring your good leg down to the same step.
3. DO NOT go down the stairs in the foot over foot way until your surgeon or therapist tells you that it is safe.



# The day before surgery

## Preoperative phone call

A nurse will call you prior to your surgery to answer any remaining questions and verify your arrival time. You will also be given directions to the surgical hospital.

During this phone call you will be told to avoid all food and liquid after midnight the night before surgery.

DO NOT eat or drink anything (including water, candy, gum and mints) after midnight the night before your surgery.

Medications to take the morning of surgery:

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## What to bring to the surgical facility

Things to bring or do:

- Advanced directive or living will
- Wear loose-fitting comfortable clothing
- Medical equipment that you have been told to bring

Leave all medications at home UNLESS directed to you by the Medical/ Nursing Staff:

- Valuables that are not essential during your stay
- Medications from home – in original containers (except sedatives,narcotics, and anxiety medications)

Your doctor has asked that you wear “street clothes“ as soon as possible in order to easily participate in rehabilitation. Keep clothes loose fitting, such as:

- Loose shorts/pants with wide leg openings
- Avoid sweat pants with elastic cuffs
- T-shirt tops
- Loose undergarments

It is important that you bring appropriate shoes to the surgical hospital. Things to consider when deciding what shoes to bring:

- Shoe with a low heel (less than 1 inch, gym or walking shoes are fine)
- DO NOT bring bedroom slippers or flip flop style shoes
- DO NOT bring shoes with an open toe or no heel
- The foot on your operated leg may be swollen after surgery, so bring a shoe that could fit the larger size (can be a slip-on or tie shoe)

NOTE: You may want to purchase elastic shoe strings (available at most pharmacies). This product will help avoid the need to tie your shoes following surgery.



# The day of surgery

## Check-in

Upon arrival at the hospital, you will register and finish any business office details.

## Pre-surgery holding

Following your check-in at the hospital, the staff will prepare you for surgery. A family member or caregiver may stay with you in pre-surgery holding area until you are moved to the operating room. You may be in pre-surgery holding for a few hours. In pre-surgery holding, you can expect the following:

### Nursing (PreOp)

- Confirm name, date of birth, medication allergies, surgical site and procedure will
- Review of all medications included:
  - Names of all medications you currently take – including over-the-counter medications
  - Dose of each medication
  - How often you take each medication
  - Last dose taken
- Review of advanced directive
- Current vital signs
- IV start
- Clipping shaving of the operative site
- Neck to toe CHG wipe skin prep

### Doctor (surgeon)

- Bedside interview
- Legible mark surgical site
- Answer final questions

### Anesthesiologist/anesthesia provider

- Bedside review
- Answer any questions related to anesthesia

### Operating room

- Reconfirm necessary information on surgery consents and essential health history

### Infection prevention

An antibiotic will be given within an hour of your surgery and may be continued for 24 hours after

surgery based on your doctor's orders. Your doctor may give you a prescription for the antibiotic to continue at home.

### Anesthesia care team

Anesthesia care is directed by board- certified anesthesiologists. You will meet the anesthesia team in the pre-surgery holding area. The anesthesia team works together to provide you with a safe anesthetic experience.

### Pre-surgery preparatory work

Preparatory work for your surgery begins in the pre-surgery area. The anesthesia care team will review your medical history and laboratory reports followed by a brief physical exam. The available anesthesia options will be based on your medical history, preferences and the planned surgical procedure. After discussing your various anesthetic options with you, the anesthesiologist will explain the specific anesthesia plan.

### General anesthesia

General anesthesia will put you to sleep following an injection of medications into your IV. After you are asleep, a breathing tube will be placed into your mouth to help you breath during the surgery.

During the surgery, you will be receiving additional medications in your IV and through your breathing tube that will ensure that you remain asleep. At the end of the operation, the breathing tube will be removed when appropriate.

### Regional anesthesia (nerve block)

Regional anesthesia refers to numbing a part of your body with an injection of local anesthetic. For joint replacement surgery, regional anesthesia will involve an injection near the nerves in your leg. This medication is very effective for pain management, because it blocks the message of pain that the nerve is trying to send to the brain.

It is very important that you inform your surgeon and anesthesiologist if you are on blood thinners

such as Warfarin. If you are using a prescription blood thinner, additional blood tests may be needed to decide if it is safe to use this type of anesthesia.

Should you choose to have a nerve block, sedative medications will be given to you through your IV during the procedure. A small amount of these medications may be given to you before starting a regional anesthetic to relax you and to minimize your discomfort or anxiety. Because of the effects of these medications, it is very unusual that a patient would remember any of this process.

### **What to expect**

Following a nerve block, you can expect the leg to be very numb, tingling or feel heavy for much of the first day. As all the numbing medication wears off, you will notice more movement and sensation. When you begin to experience pain, take your pain medication before the pain becomes severe.

### **Pain medications**

As part of the pain management program you will be offered oral and IV medications to help with pain management before and after your surgery. These medications are to be taken in addition to the other modalities described above.

### **Risks**

Anesthesia is very safe, but it does have recognized risks and complications. At the time of your surgery, your anesthesia care team will discuss the anesthetic risks with you in detail.

### **Operating room**

Inside the operating room, you will be cared for by doctors, nurses and surgical technicians. The total time for surgery differs from patient to patient based on the procedure and work required. Generally, most surgeries last from 1 to 3 hours, however this does NOT include the preparation and recovery times.

Family members and caregivers will be updated if there is a delay. Keep in mind that a delay does not necessarily mean the doctor is having any problems.

## **PACU (Recovery)**

After your surgery, you will be transported to the recovery area. Your doctor will meet with your family members and caregivers to provide a post-surgery update.

### **Phase 1 of recovery**

During the first stage of recovery, a nurse will monitor you as the effects of anesthesia wear off. Common side effects include feeling groggy and disoriented. You will spend about 45 minutes in this area.

### **Phase 2 of recovery**

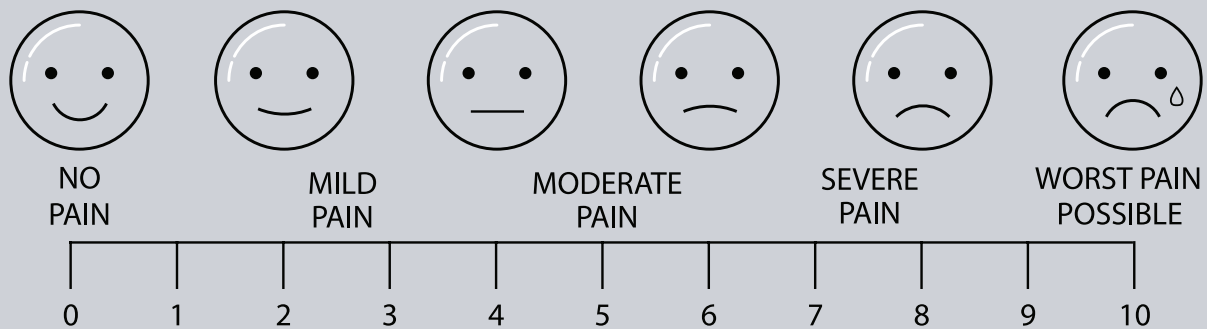
Your family will join you at your bedside as the effects of anesthesia continue to wear off. Our nursing staff will complete the following:

- Vital signs
- Administer IV fluids and antibiotics
- Check your blood oxygen level with a sensor on your finger
- Check the dressing for drainage
- Neurologic checks
- Manage your pain
- Monitor the compression devices that help prevent blood clots

### **Post-surgical unit**

Once you have met criteria from a Recovery Room standpoint, you will be transferred to a patient room on the Post-Surgical Unit, where Phase 2 of Recovery will continue. Additionally, you will be evaluated by members of the Physical Therapy Team who will assess your activity level and work with you to create an exercise program that will assist in your recovery.

# Pain management



## Pain assessments and management

Talking about pain is an important to help nursing manage your pain successfully. We want you to talk with your nurses and doctors about any pain you experience.

Tell us as much as possible:

- Where is the pain?
- How often do you feel pain?
- On a scale of 0 to 10, where 10 is the worst pain imaginable (example: surgery without anesthesia), how would you rate your pain?
- Is there anything that makes the pain go away?

You will have some pain, which is normal, after surgery. Our goal is to get your pain to a mild level where you can participate in physical therapy. When you have outpatient physical therapy, if you are still having pain, be sure to take pain medication 30 to 45 minutes before your scheduled therapy session.

The pain related with therapy will be managed with oral medications and the dose will become smaller when your pain level is lower.

My home pain medication:

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# Understanding blood clots

## Pulmonary embolism (PE)

A blood clot in the lung (pulmonary embolism) are difficulty breathing, sudden feelings of chest pain, cough and sometimes fainting. If you have these symptoms seek emergency care right away and call your doctor.

## Deep vein thrombosis (DVT)

DVT is a disorder in which a blood clot forms in the deeper blood vessels, particularly in the legs. Having orthopedic surgery increases this risk so does being inactive.

The following symptoms may indicate the formation of a clot. If you notice any of these symptoms, please call your doctor right away.

## Pain medications

As part of the pain management program you will be offered oral and IV medications to help with pain management before and after your surgery. These medications are to be taken in addition to the other modalities described above.

- Calf is painful and feels warm to the touch
- Swelling of the foot, ankle or calf that does not go away with elevation of the leg
- Chest pain or difficulty breathing (If you have chest pain or shortness of breath that is sudden or severe, call 911 and seek emergency care right away)

## Spiro-meters

Your health care provider or their staff will tell you how to use the device, your targeted volumes, and provide other helpful tips to prevent complications (such as pain, dizziness, feeling lightheaded) when using the incentive spirometer.

Steps to clear lungs

Step 1. And exhale normally. Then, inhale normally.

- Relax and breathe out.

Step 2. Place your lips tightly around the mouthpiece.

- Make sure the device is upright and not tilted.
- Sit up and breathe out (exhale) fully.
- Tightly seal your lips around the mouthpiece

Step 3. Inhale as much air as you can through the mouthpiece. Don't breathe through your nose.

- Breathe in (inhale) slowly and deeply.
- Hold your breath long enough to keep the balls, piston, or disc race for at least three to five seconds, or as instructed by your health care provider.
- Exhale slowly to allow the balls, piston, or disc to fall before repeating again.

Note: some spirometers have an indicator to let you know that you are breathing into fast. If the indicator goes off, breathe in more slowly.

# Preventing blood clots

## Clot prevention

The following devices, activities and medications may be used during or after your surgery to prevent blood clots. Your doctor will tell you which options apply to your surgery and recovery.

- Intermittent pneumatic compression (IPC) or sequential compression device (SCD)
- Ankle pumps
- Oral or injectable blood thinning medications such as Warfarin, Aspirin, Xarelto®, or Lovenox®
- Early activity such as walking

If your doctor has prescribed the blood thinner Lovenox®, please bring your medication with you for your surgery. The nursing staff will show you how to take this medication.

## **Oral anti-coagulant medications (blood thinners)**

### **Why is this drug prescribed?**

Anti-coagulant medications, also known as blood thinners, lower the body's ability to form clots and prevent harmful clots from forming in the blood vessels. These clots can cause serious medical problems because they can move to other parts of your body.

### **When should it be used?**

Your doctor will tell you when to begin taking your blood thinners. It is important to take your blood thinners at the SAME TIME EVERY DAY so find a time that works with your life.

### **What special instructions should I follow while using this drug?**

Upon discharge from the hospital, you will be given instructions about the blood thinner your doctor has decided to give you. Please follow these instructions carefully, and contact your doctor if you have any questions.

### **What should I do if I forget to take a dose?**

Take the missed dose as soon as possible on the same day. DO NOT take a double dose of blood thinners the next day to make up for the missed dose. Finally, if you forget to take a dose and cannot take a dose on the same day, call your doctor.

### **What side effects can this drug cause?**

Patients taking blood thinners have an increased risk of bleeding complications.

Call your healthcare provider right away if you have:

- Bleeding that does not stop from cuts or from your nose
- Red or dark brown colored urine or red or black stool you go to the bathroom
- More bleeding than usual when you brush your teeth

- Bruising for unknown reasons anywhere on your body
- Vomiting or coughing up blood
- More bleeding than usual when you get your menstrual period or unexpected bleeding from the vagina
- Severe headache, dizziness, weakness or trouble breathing

## **Physical therapy**

Following your joint surgery Physical Therapy (PT) is an important part of your recovery. PT will help you regain strength and range of motion with your new joint! Although you may feel more pain during and after PT, in the long run it helps with your recovery. Your nurses and doctors will work with you to manage your pain before and after PT.

## **Rehabilitation in the hospital**

- PT will begin shortly after surgery, on the same day in most cases
- We encouraged you to have a family member or caregiver watch and participate in the therapy sessions. They will learn what to expect once you go home so they can provide you with better support.
- Hopefully, the same person that will be with you at the hospital and at home following your surgery can attend the joint class. Our team can help train them to provide you with assistance as you recover
- We have a goal-oriented approach to care. This means that PT, nursing, case management and your doctor work together to prepare you for success after you leave the hospital.
- Some of these goals are getting in and out of bed, sitting and standing from a chair/toilet, moving around safely using a walker, and knowing the do's and don'ts for your surgery
- Typically some level of assistance needed for the first few weeks at home. Plan to have some help available such as family, friend or caregiver if possible.



Note: DO NOT attempt to get in/out of bed or on/off toilets or chairs on your own immediately after surgery. After any surgery you are at a higher risk of falling. Please use the hand held nurse call button when you need help. Also, your family member or caregiver should NOT try to get you out of bed. Let our highly trained staff help you while you are here because safety is our top priority. WE ARE HERE TO HELP YOU! Remember to call, and don't fall!

### **Continued success at home**

- The best place for you to recover is at home. Because of this, your time at the hospital may be brief. We want to help you prepare for and understand the need to stay active and safe at home
- Use the P.R.I.C.E. method to help improve your comfort at home. Your symptoms and risks such as pain and blood clots may remain for some time
- Continue to perform the activities you have practiced at the hospital. In the first few weeks at home you will probably need assistance from your family, friends or caregiver to stay active.
- Based on your needs, services such as home health and out-patient physical therapy will be setup by our case managers before you leave the hospital.
- Continue to practice the basic exercises you have been doing before and after your surgery to prepare for continued success with your next PT!

### **Home care planning process**

Planning for your home care begins with education. Your care team begins getting ready for you to leave the hospital and go home from the moment you walk through the doors. You can help us by working with physical therapy and learning what you need to do to care for yourself when you get home. After all home care criteria are met, your doctor will send you home. If you require more therapy before you go home, our team will work with you to find the best place for you to continue recovering.

The best place for you to recover is in your own home. Because of this, our case manager will work with you to help you go home following surgery. Your recovery is important to the care team, so we will follow up after your discharge. A member of your care team will call you two or three days after you leave the hospital so we can track your progress and answer questions that you may have about your postoperative recovery. We may contact you a few more times up until three months after your surgery to check on your recovery.

### **General home care criteria**

The following are general criteria used to assess if you are ready to leave the hospital:

- You are medically healthy enough to leave the hospital setting
- All post-surgery goals have been achieved
- Physical therapy services have been set up
- Home support is available from a family member or caregivers

If you are being sent directly to home following your surgery. Please remember, your doctor has determined based on your pre-surgical status that you are safe to recover in the comfort of your home.

Once you get home, your recovery will be supported through an outpatient physical therapist that has specific instructions from your doctor. They will be there to support you as return to your normal activity level.

## **Home care instructions**

### **Medications**

- Look over the medication instruction sheet given to you by your nurse for your prescription medications
- Take prescription pain medication as directed by your doctor
- DO NOT take over-the-counter anti-inflammatory medications (Aspirin, ibuprofen, Aleve®, Advil®) until cleared by your doctor

## **Diet**

- Enjoy a well-balanced diet
- We suggest that you take a multi-vitamin pill each morning for at least one month
- Pain medication may cause constipation – drink lots of fluids and increase your intake of fiber
- If your doctor prescribes Warfarin, please reference “Important Drug and Food Information” which can be found in this book

## **Incision care**

If you have any of these symptoms please call the surgeon’s office right away because they can indicate an infection:

- Lots of bright red drainage from your incision that does not change with rest and elevation
- Any green or bad smelling drainage from your incision
- If your incision becomes red and hot
- An oral temperature over 101 degrees

## **Showers (no baths or soaking)**

- Your nurse will tell you if you have a special dressing on your surgical incision. This dressing is waterproof and designed to cover the incision for up to 7 days after surgery. When showering, you should pat the incision dry—DO NOT rub your incision or apply creams or lotions. If you are unsteady standing, you should use a shower chair. If you have a traditional dressing over your incision, you will be instructed how to care for it prior to your discharge. You should not get this dressing wet until told to remove the dressing and shower by your doctor.

## **Support stockings (TED Hose)**

Your doctor may suggest that you wear support stockings after your surgery. The length of time that you wear them depends on your activity level and the amount of swelling. Most patients wear these stockings for 4 to 6 weeks after surgery. Report any heel pain, burning, itching, blisters or redness that does not go away to your doctor.

## **Swelling of the ankle**

You may have ankle swelling for about 3 months. If you lie down during the day and elevate your legs (follow your knee and hip precautions), the swelling should go away. If you still have swelling or if you have the swelling in both legs, call your doctor.

## **Assistive devices**

It is important that you use assistive devices, such as walkers, as instructed by your doctor or physical therapist. By your first post-surgery visit, the doctor may tell you to use a cane instead of a walker or crutches.

## **P.R.I.C.E.**

Here are ways that you can manage your pain and protect yourself after surgery:

- Protection: Using a walker to decrease the amount of weight on your leg.
- Rest: Allow for rest in between activities like walking and doing the dishes.
- Ice: Cold packs should be used for less than 30 minutes during times of increased pain.
- Compress: TED hose and ACE wrap are used to decrease swelling and prevent blood clots.
- Elevation: Has similar benefits to compression and should be done with a straight knee.

## **Daily activity**

Walking and exercise is very important for the success of your surgery – but, you must avoid the extremes of too little or too much.

- Use chairs with arms and do not sit for longer than 30 to 45 minutes at a time
- You may experience discomfort in your operated joint, and you may have difficulty sleeping at night. This is part of the recovery process, getting up and moving around can ease some of the discomfort
- You may nap during the day if you are tired, but DO NOT stay in bed all day
- It is okay to go up and down stairs, but do one step at a time using your “good” leg up and

surgical leg down. Always use a railing if one is available and have someone close by to help you as needed

- You may be a passenger in a car, but you should sit on a firm cushion or folded blanket to avoid sitting too low and be careful to avoid excessive bending of the operated joint getting in and out of the car
- Your doctor will tell you as to when you may resume driving and normal physical activity

### **Lifelong fitness**

The goal of your surgery is a joint that will enable you good motion and the ability to perform everyday activities without pain. Avoid sports or other activities that put a pounding stress on the joint until cleared by your doctor. It is important to stay as active while you are recovering from your surgery. Talk with your doctor and therapist about activities and exercises that are right for you following your surgery

## **.After surgery – at home**

### **Postoperative exercises**

Your rehabilitation process continues once you leave the surgical facility. Doing your post-surgery daily exercises is important for recovery and for maintaining your strength. These exercises are in the section called “Staying Active Prior to Surgery” of this book.

### **Home follow-up**

Prior to surgery, your doctor’s office will schedule a post-surgery follow-up appointment. If you do not have this appointment, please call your doctor’s office to schedule one.

### **Preventing infection**

Preventing infection is extremely important for the rest of your life. Bacteria from different sources can pass into your body and enter the area surrounding your new joint. This can cause it to become loose and painful. A list of possible sources of infection are

listed below along with what you can do to lower the risk of infection.

### **Future procedures and sources of infection**

Prior to any of the following procedures, you may need antibiotics to lower the risk of infection risk:.

- Dental work (cleaning, drilling, extraction, root canal)
  - Take antibiotics the day of your dental work
  - Call your doctor’s office for a prescription
- Urinary tract or bladder infection
  - Symptoms: Pain, burning, fever, blood in the urine, increased need to urinate
  - See your general doctor immediately
- Infection in the ears, throat, vagina, cut, etc.
  - Pain, fever, redness or drainage
  - See your general doctor immediately
- Any medical procedure (proctoscope, cystoscope, endoscope)
  - Inform the doctor doing the procedure that you have a joint replacement and you may need to be given antibiotics.

### **Controlling pain at home**

You need to control you pain so you can walking more and gradually increase your activity level. Following the prescribed exercise program will lead to decrease reliance on pain medications.

- You should understand that you cannot expect to be pain-free immediately after your surgery
- Not moving to avoid pain will ultimately contribute to more pain and swelling
- It is okay to take medication when pain is limiting your walking, exercises or sleep

### **Guidelines for use of pain medication**

- Only take pain medications according to the directions from your doctor. Be sure not exceed the number of tablets for each dose or how often you can take the medication
- Many medications, including over-the-counter medications and prescriptions, contain acetaminophen (Tylenol)

- Limit the total amount of acetaminophen (Tylenol) to 4,000mg a day. Taking more than this amount can be harmful to your liver
  - Include your prescription medications that contain acetaminophen (Tylenol) when calculating your daily total
- Take pain medication with meals or with something in your stomach
- Do not wait until the pain is severe
  - Pills take 30 to 45 minutes to begin to work
  - If the pain is severe, relief will be slower and less effective
- Use pain medication at night and before therapy as needed
- Notify your doctor if pain medication causes you vomit, be nauseated, shaky, disoriented, or unsteady when walking
- Do not drink alcohol while you are taking pain medication
- Some pain medications cause constipation which can be avoided by drinking extra fluids, increasing activity, and eating prunes or other foods high in fiber

#### **Alternative measures to increase comfort**

- Establish a pattern of activity that does not increase pain or swelling from over use
- Plan for time to rest after activities
- Get dressed every day (this makes you feel less like a patient)
- Use ice frequently, especially after physical therapy for 20-30 minutes See the instructions below
- Talk with your physical therapist about positions that help relieve pain
- Gradually increase walking and other activities
  - Change positions every 30 to 60 minutes
  - Do not sit too long without moving
- Find activities that will take your mind off surgery
- Use relaxation techniques such as deep breathing and meditation

#### **Icing and elevation**

After any joint surgery swelling is expected. Swelling can cause increased joint pain and limit your range of motion, it helps to take steps to reduce the swelling. Using a cooling unit or an ice pack can help with swelling.

There are several types of “ice packs” you can use:

- A cooling unit (“Ice Man”)
- A commercial ice bag
- Ziploc bags, one inside of another, half filled with ice
- Commercial gel packs that you refreeze
- Large bags of frozen peas that can be refrozen

Here are some tips to avoid injuring your skin when using ice:

- Never apply ice directly to the skin
- Place a towel or cloth between your skin and the ice pack
- Ice should never be applied longer than 30 minutes. (Exception: a cooling unit may be applied continuously throughout the day)
- Ice should be removed if the area becomes numb regardless of how long it has been applied

Tips for effective knee icing:

- An ACE™ bandage wrapped loosely around your knee will help hold the ice pack in place
- Ice can be placed both on top of the knee and under the knee so the entire joint is covered
- Ice for 20 - 30 minutes
- Ice can be applied as often as once an hour to help with pain and swelling

#### **Instructions for elevation**

Knee Patients: You may use pillows to help elevate your leg. Elevating your leg, along with ice can help reduce swelling. If you use pillows to help elevate your leg, elevate your entire leg all the way down to your ankle. DO NOT put a pillow behind your knee. Your knee should always be straight when it is elevated.

## Frequently asked questions

### **What are the benefits to being able to go home so soon?**

Being at home speeds up recovery because you are more comfortable and have a lower risk of infection. Also, by recovering at home your bill will be smaller because you are not using hospital services. Because we are focused on your surgery and recovery, you have more chances to work with physical therapy and nursing so you are ready to go home within a few days of your surgery. However, if your doctor and the care team do not think you are ready to go home, we will work with you to find the best place for you to recover.

### **How do I prepare myself for recovery at home?**

This handbook will help explain the plan of care from the pre-surgery phase through recovery and rehab. Before surgery, you and your family will be educated on what to expect, how to prepare your home and what you will need to do to care for yourself well before you have your surgery. Your plan of care will contain educational material that you can refer to before and after your surgery. During your stay, the nurses will review all of the post-surgery instructions with you and your family to make sure that you are ready to recovery in the comfort of your home.

### **What if something happens after I get home?**

The caring staff in the surgical hospital will not send you home without carefully preparing you for a successful recovery. If you have chest pain or shortness of breath, you should call 9-1-1 right away. If you have problems with pain, nausea, vomiting, problems going to the bathroom, or any other non-life threatening problem, please call your doctor's office any time of the day or night.

### **Will I be able to keep my pets after my surgery?**

Yes, but when you first arrive home it is best to have them out of the house for few days or in another area of the house. Also, pets can lead to falls if they get excited or rest under your feet. Also, pets can carry germs be sure to use hand sanitizer or wash your hands after touching or holding pets.

### **How can I prevent falls at home?**

Falls typically happen when you are weak, tired, or when you are still under the influence of medications. Also, floors and walkways that are slippery, wet, or obstructed can cause you to fall. You can prevent falls by identifying and removing obstacles before your surgery. Remove rugs and watch for uneven flooring or low-level items that might pose as tripping hazards. Each year, millions of people are injured by falls that can be prevented. Educate yourself and take the necessary steps to avoid falling after surgery.

### **How can I prevent infection at home?**

Infections can happen under the best of circumstances, but just a few, small habits can greatly reduce your risk. First of all, hand washing with soap and water prior to changing dressings and touching your incision can go a long way in preventing infection. If soap and water is not available then use anti-bacterial gel. Remember, everything that is on your hands will transfer to anything you touch – including your incision site. Encourage the people around you to keep their hands clean and remind them to do so often. It's also important to keep your living space clean. Change bed linens frequently and pajamas. Keep your clothes clean during the day and bathe regularly to keep bacteria off of your skin.



### **Are there any other risks that I need to be aware of?**

As with any surgery there is a risk of blood clot formation, also known as deep vein thrombosis. Preoperatively, your care team will design a plan of care to minimize this risk and will review this with you and your care partner before your surgery and again after your surgery.

## **‘Normal activities’ FAQs**

### **When can I walk up and down stairs?**

The physical therapist and nurses will practice stair with you before you leave the hospital.

### **When can I drive?**

When you are allowed to drive again depends on your type of surgery and the side of surgery (right vs. left). You can work with your physical therapist and speak with your doctor at your follow-up office visit to determine when you are safe to drive.

### **When can I go back to work?**

This varies depending on what your job entails and the physical demands of your job. You can work with your home therapist on simulating your work environment and speak to your doctor at your follow-up office visit to determine when you are safe to return to work.

### **Can I do water aerobics, swim and take baths?**

You must wait until your incision is well healed to avoid infection. You can speak to your doctor to discuss when your incision is healed enough to perform these activities.

### **When can I return to golfing, jogging or other sports?**

Your new joint can take up to a year to be completely healed. Strenuous activities should be avoided until your doctor gives you clearance to perform them.

### **When can I resume sexual activity?**

In general, it is safe to resume intercourse approximately 4 to 6 weeks after surgery if okay with

your doctor. Both males and females may prefer to resume intercourse in a passive manner as this generally requires less energy expenditure. After a few months, you can resume sexual activity in any comfortable position. If you still have questions, feel free to ask your doctor.

### **Following surgery, do I need to make special considerations when I travel?**

Airlines have various accommodations for people traveling with assistive devices (crutches, wheelchairs, etc.). It is best to call the airline ahead of time to explain your specific needs to make sure yours will be accommodated. Consider how you might need assistance, such as help entering the aircraft and getting to your seat or assistance with luggage. Try to choose nonstop flights if possible, and make reservations early so the best seats for you will be available. Flying has some unique characteristics that can further increase your risk for blood clots. If you intend to travel within 90 days of your surgery or if you have a history of blood clots, you need to take extra preventive measures. The following is a list of things you should discuss with your surgeon before getting aboard the plane:

- Wear loose-fitting clothing during the flight
- Walk around the cabin every 30 to 60 minutes if possible during flights of 3 hours or longer
  - If you have a layover, take a brisk walk in the airport
- If possible, elevate your legs during travel and do ankle flexion exercises while seated
- Stay hydrated before, during and after the flight
  - Limit alcohol and caffeine, which may contribute to dehydration
- Allow extra time for TSA screening at the airport
- There is no card available which will preclude you from screening
- Inform the attendant that you have a joint replacement and he or she will instruct you further for your screening
- You may request a private screening as well

# Financial information

## Your hospital and surgery financial responsibility

Baylor Scott & White Surgical Hospital Fort Worth focuses on caring for the needs of our patients and their families. Below is information related to the bills you will receive from the hospital, doctors, and other professionals involved in your care.

### The hospital

- Using the information your doctor gives us we will talk with your insurance company to estimate your total out of pocket bill
- The estimated out of pocket bill can change if your hospital stay is longer than planned
- Your hospital fee covers the costs associated with the hospital, nursing care, and supplies used for your surgery
- One of our Patient Financial Advocates will call you before your surgery total about payment options

### Your doctors

- You will get a separate bill from your doctor’s office
- Please talk with your doctor’s office to get an estimated cost for your surgery

### Anesthesia

- The anesthesiologist, the doctor that puts you to sleep for the surgery, and their team are not employees of the hospital
- You will get a bill from this group, you can ask your doctor the name of the group they use to get an estimate

### Doctor’s surgery team

- If your doctor uses a Physician’s Assistant (PA), Nurse Practitioner (NP) or a Registered Nurse First Assist (RNFA), they may bill for their services separately
- Please ask your doctor if they will use any of these specialist for your surgery

## Lab work and pathology

If you have lab work drawn at our hospital before or after your surgery you may receive a separate bill for this service.

## Medical equipment

- Medical equipment, such as a walker, cane, crutches or sequential compression sleeves (SCD/IPC sleeves), that you use at home are not a part of your hospital fee
- The case managers and physical therapy team will help you decide what items you will need to purchase

## Questions to ask your insurance company

1. Is the anesthesia group in my network?

ANESTHESIA GROUP

2. Does my policy cover home physical therapy care?

- a. How many sessions per calendar year?
- b. What is the co-payment for each session?

3. Does my policy cover outpatient physical therapy care?

- a. How many sessions per calendar year?
- b. What is the co-payment for each session?

4. Does my policy cover durable medical equipment and is there a co-payment?

- a. Walker or cane \_\_\_\_\_
- b. Raised toilet seat \_\_\_\_\_
- c. Shower chair \_\_\_\_\_
- d. Bedside commode \_\_\_\_\_

## Equipment options

Below are options of equipment that make everyday activities safer and easier after surgery.

### Rolling walker

Helps you balance when walking.



### Elevated toilet seat

Raises the toilet seat and gives you arm rests for support. Attaches to your toilet.



### Bedside commode or 3-in-1 commode

Raises the toilet seat and gives you arm rests for support. Can be used as a bedside commode, over a toilet, or as a shower chair in a walk-in shower.



### Tub transfer bench

Gives you something to sit on in a bathtub type shower.



### Shower chair

Used in a walk-in shower.



### Handheld shower nozzle

Gives you control of the water spray while you sit down to bathe.



### Dressing kit

Includes a reacher, a dressing stick, a long-handled sponge, a long handled shoehorn, a sock aid, and elastic shoelaces.



## Notes

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## Notes

[illegible]





# Baylor Scott & White

**SURGICAL HOSPITAL**

**FORT WORTH**

*Joint ownership with physicians*

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**[BSHFW.com](https://www.bshfw.com)**

**682.703.5600 Main**

Baylor Scott & White Surgical Hospital Fort Worth is a facility in which physicians have an ownership or investment interest. The list of physician owners or investors is available to you upon request. We are fully licensed by the state of Texas and are Medicare certified. Our facility is also accredited by The Joint Commission. We are an affiliate of United Surgical Partners International, and partnered with local physicians. Physicians are members of the medical staff and are neither employees nor agents of Baylor Scott & White Surgical Hospital Fort Worth, United Surgical Partners International, Baylor Scott & White Health, or any of their subsidiaries or affiliates. Baylor Scott & White Surgical Hospital Fort Worth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ©2022 Baylor Scott & White Health 99-xxxx\_KP