Dear Patient,

Thank you for choosing Frisbie Memorial Hospital’s Total Joint Replacement Center. We believe in providing to our patients as much information as possible before, during and after Total Joint Replacement surgery.

Please take the time to read the Total Joint Replacement Center booklet provided to you. You will find information about each member of your Total Joint Replacement Team as well as instructions to help you prepare for surgery, what you can expect during your hospital stay, and what you need to know after you have been discharged from the hospital. In your booklet you will find also exercises to be completed at home.

We ask that you complete the Medication, Medical History, and Questions Form on pages 12 and 13 prior to your Pre-Op appointment. We encourage you to write down on this form any questions that you have so that we may address these at the hospital Pre-Op appointment.

If you have any questions, please contact the Total Joint Replacement Center’s Patient Navigator at (603) 330-7916.

Sincerely,

The Total Joint Replacement Center Team at Frisbie Memorial Hospital
Frisbie Memorial Hospital’s ‘First Steps’ Joint Replacement Center takes a team approach—with the patient as the most important member of the team.

Our goal is simple: to help you regain freedom and mobility

To achieve the best results it is important to be knowledgeable about your upcoming procedure. This guide contains information to help you understand what to expect before, during, and after your hospital stay.

We highly encourage you to ask any questions you may have.
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INTRODUCTION

ANATOMY OF THE HIP JOINT
The hip joint is one of the true ball-and-socket joints of the body. The hip socket is called the acetabulum, and forms a deep cup that surrounds the ball of the upper thigh bone, known as the femoral head.

The connection of the ball-and-socket is held in place by a capsule, which is a soft tissue sheath that encloses the joint. The hip is also surrounded by the thick muscles of the buttocks in the back, and the muscles of the thigh in the front. The inside of the acetabulum, and the surface of the femoral head, are covered with cartilage, which is smooth tough tissue that absorbs stress and allows the hip joint to glide and rotate without damage to bone surfaces.

REASONS FOR SURGERY
The hip can be damaged by trauma, chronic disease such as arthritis, or simply from years of normal use. As the cartilage wears away, the bones rub against one another, causing pain and stiffness. Joint replacement keeps the bones from rubbing against each other, which will reduce pain and help you move more easily.

WHAT IS TOTAL HIP REPLACEMENT?
A total hip replacement is a surgical procedure that involves the replacement of the worn-out parts of the hip with an artificial joint, called a prosthesis. The components of the prosthesis are designed to act like the normal joint. The bones of the joint are resurfaced, removing all of the damaged bone and cartilage. Specialized tools are used to make precise cuts and to shape the bone so that the prosthesis will fit properly. The type of implants recommended for you will depend on your age, weight and activity level.
YOUR TOTAL JOINT TEAM

THE PATIENT
You and your family are the most essential members of the team. Designate a family member to be your coach and to attend the Frisbie Pre-Op appointment with you. Please take the time to learn about your surgery and your role in rehabilitation; this will help your overall recovery process.

THE ORTHOPEDIC SURGEON
Your orthopedic surgeon is the leader of the team. He will meet with you to formulate the best joint replacement plan for you individually to ensure your success. Your surgeon works closely with a Physician Assistant who will also be very involved in your care throughout the process of preparing for surgery, your hospital stay, and follow-up visits.

THE ANESTHESIOLOGIST
Prior to your surgery, your Anesthesiologist will meet with you to help you decide which type of anesthesia is best, given your medical history and physical exam. The Anesthesia team, which includes your Anesthesiologist and a Certified Registered Nurse Anesthetist, will provide expert care throughout your surgical experience.

PATIENT NAVIGATOR
You will meet the Patient Navigator during your hospital stay. They will supply you with their direct phone line to assist you with any questions you may have.

RNS AND OTHER SKILLED STAFF
Our specialists in medical-surgical care will assist you throughout your surgical experience. Our Pre-Op Anesthesia RNs will meet with you to review your medical history and explain the many aspects of the care you can expect throughout your stay. Our admitting and operating room RNs will greet you the day of your surgery and answer any further questions. In the recovery room and throughout your hospital stay our skilled, dedicated, and caring total joint Post-Op RNs will be at your side.

THE OCCUPATIONAL THERAPIST
A highly skilled member of our team, the Occupational Therapist will meet with you to assess your physical abilities, to review any precautions and limitations, and to recommend what you will need for adaptive equipment such as a raised toilet seat, hand rails, bathing equipment, etc. The therapist will teach you how to use this equipment safely and how to perform your daily activities as independently as possible.

THE PHYSICAL THERAPIST
A member of our highly skilled Physical Therapy team will meet with you at your Pre-Op appointment. They will perform a complete evaluation, develop an individual plan of care for you, and work with you throughout your hospital stay. After surgery, the therapist will get you up out of bed and have you walk using a walker. The therapist will instruct you in climbing stairs and will also teach you how to safely perform your exercises while your new joint heals.
THE CASE MANAGER
A resource throughout your surgical experience. Your Case Manager will meet with you after your surgery to start a discharge plan to meet your level of function, level of support, and living situation.

FOOD AND NUTRITION SERVICES
During your recovery you will take comfort in knowing that it is our mission to deliver a fresh food dining experience that exceeds your expectations. Our Registered Dietitians are here to assist you in achieving your health goals and are available upon your request.

FRISBIE FINANCIAL COUNSELORS
Counselors are available to address financial concerns you might have.
CASE MANAGEMENT

After your surgery and before you leave the hospital, a Case Manager will review with you your options for discharge. While you are in the hospital, your progress will be monitored by the Case Manager and other members of your joint replacement team. If your medical progress is consistent with the existing plan, the Case Manager will finalize referrals. If your medical progress is different than expected, the Case Manager will coordinate a new plan with you, your family, your providers, and available resources. The Case Manager will assist with your transfer to an appropriate setting where you can continue your rehabilitation.

DISCHARGE PLANNING

There are several factors that impact your hospital discharge plan:

- Your age and current level of functioning
- The presence of other diagnoses that may impact your recovery
- The type of surgery you are having
- The level of support and assistance available to you from family and friends
- Your insurance benefit coverage
- Your own expectations and post-operative progress

The most common discharge options include going home and attending physical therapy outpatient visits, or home visits with a physical/occupational therapist coming to your home.

OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY

Your surgeon may order outpatient therapy or “pre-hab” prior to your surgery. You will meet with a physical therapist to assess your areas of concern and design a home exercise program for you to work on before having surgery. Plans for outpatient therapy will be discussed at this time.

HOME WITH SERVICES

If you are home bound we will provide to you a list of home health agency choices. Please keep in mind, where you live, who your insurance carrier is, and agency availability may affect which options are available to you. The home health agency will contact you to schedule a visit the day following your hospital discharge. You may only require a physical therapist from the home health agency, but a referral can also be made for occupational therapy and/or nursing services, if indicated. An RN will review with you specific written discharge instructions before you leave the hospital.

INPATIENT REHABILITATION

Under rare circumstances, usually associated with pre-existing conditions, an inpatient rehab stay may be recommended. Case Management will work with you and your doctor to determine if medical necessity is met, and the appropriate setting to meet your needs.
MEDICARE
On January 1, 2018, Medicare removed Total Hip Replacement off the “inpatient only” list. In many cases, Total Hip Replacement is considered an outpatient procedure.

Medicare will pay for home-based skilled services (physical therapy, occupational therapy, and nursing) if you are considered “home bound.” If you are considered “home bound,” you will be allowed to leave your residence for medical appointments or for short periods of time. However, you will not be able to drive for several weeks after your surgery.

Medicare Part B covers 80% of outpatient physical therapy and durable medical equipment (walkers and commodes). You are responsible for the remaining 20%, unless you have a supplemental plan that covers this. The physical and occupational therapists can provide you with estimated costs for different types of equipment. This equipment can be purchased, and sometimes rented, at a local pharmacy, medical supply store, or department store.

OTHER INSURANCE
If you have questions about your benefits or participating providers, please call the customer service number listed on your insurance card. Some patients may also have benefits through a Short-Term Disability policy, or may be eligible to take time from work through the Family Medical Leave Act. If you have questions about these, please speak with your employer’s Human Resource department.

ABOUT INSURANCE
Your orthopedic surgeon’s office will obtain approval for the surgery itself. Most insurance has benefits for care in other types of facilities and at home. During your hospital stay, your physical progress will be monitored, and your discharge plan will be adjusted accordingly.
GETTING READY FOR SURGERY

“There are many different factors that impact the success of your surgery, but if you take the time to prepare before your surgery, you can improve your overall experience and outcome.”

PRE-ADMISSION TESTING AT THE HOSPITAL
Approximately 10 days before your surgery, you will be scheduled for a pre-operative appointment at the hospital. Please plan approximately three hours for this appointment. During this time, the Pre-Op RN will ask you questions about your medical history. You will undergo testing that may include: blood tests, nasal swabs to rule out antibiotic resistant bacteria, and an electrocardiogram (EKG or heart tracing). You will also meet with the other members of your joint team, including the anesthesiologist and physical or occupational therapist. Representatives from our Financial Counselors and Dietary departments will meet with you upon your request.

Please complete the Medication and Medical History form on pages 12 and 13 of this booklet. You may also write down any questions/concerns you may have prior, during, and after surgery on this form. Bring this booklet and completed form to your Frisbie Pre-Op appointment. Anti-inflammatories such as ibuprofen, Motrin, Advil, Naproxen, Aleve, Naprosyn, or other anti-inflammatory prescription medications should be stopped two weeks prior to surgery. You may also need to stop taking aspirin, anticoagulation or blood thinning medications such as Coumadin, Plavix, Eliquis, Aggraenox, and Xarel. Please contact your doctor regarding these as soon as your surgery is booked.

SEE YOUR PRIMARY CARE DOCTOR AND DENTIST
If you have any diagnoses that may impact your ability to have surgery, you may need to see your primary care provider, or another specialist who will “clear” you for joint replacement surgery. In some cases, you may need to have additional testing or imaging. It is also important to treat any tooth or gum problems that you have before surgery, as these issues can increase the risk of infection during your recovery.

PRE-OPERATIVE VISIT WITH YOUR ORTHOPEDIC SURGEON
Prior to your surgery, you will be scheduled to meet with your orthopedic surgeon and their Physician’s Assistant. They will perform a physical exam and obtain a detailed history. Your surgeon will explain the benefits and the risks associated with surgery, and you will sign a form consenting to the procedure. You are encouraged to ask questions and talk with your doctor about your expectations. Remember to let your Surgeon and Physician Assistant know if you have any of the issues listed below:

- Recent exposure to lice or bed bugs
- Cuts, open wounds, bug bites
- History of MRSA/VRE infections
# MEDICATION, MEDICAL HISTORY & QUESTIONS FORM

**LIST ALL MEDICATIONS HERE.**

**IF YOU ARE TAKING ANY VITAMINS AND/OR HERBAL SUPPLEMENTS, PLEASE INCLUDE HERE.**

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**Phone Numbers (Please list all of the phone numbers where you can be reached)**

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### MEDICATION, MEDICAL HISTORY & QUESTIONS FORM

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ADVANCE DIRECTIVES
An advance directive, also called a living will, is a legal document that provides guidance to health care providers about your wishes should you become unable to make or communicate decisions. An advance directive, called Durable Power of Attorney for Healthcare, appoints a representative or agent to make decisions for you. If you have already completed these documents, please bring a copy with you to the hospital. If you have not yet completed these documents, but are interested in learning more, the hospital will provide information to you. A case manager also will be available to answer questions.

PREPARE YOUR HOME
It is important to prepare your home for your return after surgery. We recommend that you should not schedule activities or projects right away, but rather save your energy for the recovery process. We also recommend that you set up a personal space where you likely will be spending most of your recovery time. This space may include a chair, a light source that you can reach, and a table with needed items (cordless phone, cooler, reading material, remote control, list of exercises, or pain medication). To reduce your risk of slipping and falling, remove throw rugs.

ARRANGE FOR HELP/PICK A COACH
Arrange for help/pick a coach to be in charge of those who will be involved in your care after discharge who can help with the following:
- Checking on your home while you are in the hospital or at rehabilitation
- Collecting mail and newspapers
- Transportation
- Grocery shopping
- Meal preparation
- Running errands
- Laundry
- Housekeeping
- Lawn care and snow removal
- Pet care

PREPARE YOURSELF
To maximize your recovery, we suggest:
- Exercise to improve your muscle strength going into the surgery.
- If you smoke or drink alcohol, stop altogether or cut back.
- Eat well-balanced meals that contain protein (meat, fish, peanut butter)
- Get plenty of rest.
- Talk with your doctor about taking vitamin or iron supplements.
- Buy a stool softener to have available at home to use with narcotic pain medication after surgery
- Report any injury or changes in your health to your physician.
THE DAY BEFORE SURGERY

• When you bathe, wash your hip and surrounding areas thoroughly. Then follow the instructions for the skin prep that you received at the Frisbie Pre-Op appointment.
• Pack personal hygiene items, such as a toothbrush, deodorant, hairbrush, etc.
• Bring non-skid, comfortable, low-heeled shoes. Slip-on styles or Velcro closures are best.
• Bring shorts and a tee shirt.
• Consider bringing “comfort” items—personal music player, computer, a book, pillow, or phone numbers of family.
• Please leave jewelry and other valuables home.
• You will receive a call the evening before your surgery to let you know what time you should arrive at the hospital. If you are having surgery on a Monday this call will be on Friday.
• Do not eat any food or drink after midnight the night before surgery. This includes water, gum and hard candy. You may be instructed by the Frisbie Pre-Op team to take some medication with a sip of water on the morning before surgery.

THE DAY OF SURGERY

• Complete your morning skin prep as instructed by the Frisbie Pre-Op RNs
• Take the medication as directed by the Frisbie Pre-Op staff with a sip of water.
• Do not wear makeup or nail polish.
• Wear glasses instead of contacts, or bring a lens case with solution.
• Wear loose fitting clothing, such as sweatpants or shorts, that you can also wear upon discharge from the hospital.
• If you have an advance directive, please bring copies with you.

CHECKING INTO THE HOSPITAL

• Arrive on time and check-in at the Surgical Services reception area.
• Bring proof of identification and insurance information.
• Your coach and family members may stay with you while you prepare for surgery.

GETTING READY TO GO TO THE OPERATING ROOM

Once checked in, you will be escorted to your Pre-Op room where you will change into a hospital gown and your Pre-Op RN will review your medical history. Your consent will be reviewed and your surgeon will put their initials on the hip to be operated on. You will be introduced to your Operating Room RN to review what will be happening in the operating room and answer any questions you may have. An intravenous (IV) will be placed. A needle is used to start the line, but the needle, once it is in place, is then replaced by a plastic catheter or sheath that slides over the needle. This line will be used to administer fluids, medications, and an antibiotic to help reduce the risk of infection. You may be asked to remove your dentures or partial plates just prior to going into the operating room.
ANESTHESIA
You will also meet your Anesthesiologist and CRNA (Certified Registered Nurse Anesthetist) at this time to once again review your medical history, to discuss new issues, if any, and to make a decision with the anesthesiologist as to what anesthesia will be best for you. You will sign an Anesthesia consent form. The most common type of anesthesia used for this type of surgery is called regional anesthesia, which includes spinal and local nerve blocks to numb the leg(s), depending on whether you have one or both knees operated on. General anesthesia is another type of anesthesia that uses a combination of gases and medications to keep you unconscious during the surgery. Before surgery, the anesthesiologist, or RN anesthetist, will review options and answer your questions. Occasionally, a patient may experience temporary incontinence after the surgery. If this happens, don’t be alarmed. It is only temporary until you regain all of the normal sensations once the spinal anesthesia wears off.

OPERATING ROOM

• The RN and anesthesia provider will bring you into the operating room on the stretcher. Once in the room, your team will help you to move to the operating room bed and provide you with warm blankets. You may notice that the room temperature is cooler.
• In addition to the surgeon, anesthesiologist, and the CRNA, your operating room team will include the circulating RNs who are there to assist in the monitoring and documenting of your care as well as the scrub technician who will set up the instruments and assist the surgeon.
• The surgery will last between two to three hours.
• The surgeon will talk with your coach and family when the surgery is finished, and you will be transferred to the recovery room.

POSSIBLE COMPLICATIONS
To lessen risks associated with surgical procedures, scheduled treatments and recommended precautions will be ordered during your hospital stay. Two common complications include:

Thrombus Formation
Thrombus, also called a deep vein thrombosis, or DVT, can develop when a blood clot forms in the large veins of the leg. Symptoms may include leg swelling, redness, warmth and pain. Precautions taken to prevent this include leg compression devices, and use of blood thinning, Ankle Pump exercises (Page 26), or anticoagulation medications. If you are a smoker, it is highly recommended that you stop prior to surgery to reduce this risk.

Infection
Your hip will be cleaned again with an antibacterial solution in the operating room and your surgery will be performed using sterile technique. However infection can still occur. An infection may show up early, or may not become apparent for months after the operation. Signs or symptoms of infection can include a temperature greater than 100 degrees Fahrenheit, redness, swelling, or drainage from the surgical site. You will be given antibiotics at the time of your surgery, but as a precaution, the surgeon may recommend you take antibiotics when you have dental work or other surgical procedures in the future. Inquire with your surgeon regarding future dental work.
YOUR HOSPITAL STAY

RECOVERY ROOM
When you awaken, you will be in your hospital bed and you will be attached to several pieces of equipment and lines, including:

• Oxygen in your nose
• An intravenous line in your arm for fluids and medications
• Cold compression devices or mechanical wraps on your legs to prevent blood clot formation;
• V-shaped foam wedge (abductor) strapped between your legs (see photo);
• Possible drain at the surgical site, coming out from beneath the dressing
• Depending on the type of anesthesia you have selected, you may be unable to move one or both of your legs for a brief period of time. Your neuromuscular block will now be in full effect and you should be experiencing numbness on the operative site. You may still be experiencing some discomfort outside of the area of the nerve block. Your recovery RN will work to ensure that this is manageable for you.

ON THE MEDICAL-SURGICAL UNIT

• When you are stable for transfer, you will be taken to the medical-surgical unit where you will spend the remainder of your hospital stay. Your vital signs will be checked often.
• The RNs will keep track of your fluid intake (both from the IV and by mouth), and your fluid output (how much you urinate). They will work with you and HIGHLY encourage you to use a device called an incentive spirometer to prevent pneumonia after surgery. You will be instructed on how to use this at your Frisbie Pre-Op appointment. You also will be asked to use this at home.
• The bulky dressing on your hip will be changed by the Physician Assistant 1-2 days after surgery.
• Thigh high TED compression stockings will be put on you to help improve circulation and reduce the risk for blood clots.
• In some cases, a hospitalist may be consulted if you have other diagnoses, or develop a condition that requires additional medical management during your stay.
• Most patients who have joint replacement surgery are in the hospital for one overnight.
• You will be encouraged to get out of bed the day of surgery.
• Because of the spinal anesthesia used for surgery, there is a slight risk of urinary incontinence, just after surgery. Do not be alarmed as this is temporary.
**PAIN MANAGEMENT**
You are expected to have discomfort and swelling after surgery. As the local anesthesia wears off, you will be given oral pain medications. At first, you will probably need to take them regularly to maintain a constant level of the medicine in your bloodstream. Please inform your RN promptly when you have pain. The staff will instruct you about the use of a pain scale, using numbers from 0 (no pain) to 10 (extreme pain). It is normal to have some pain, even with the medications, but please feel free to tell your RN if the medication does not reduce your pain at all. Please note that pain medications can reduce your overall sense of awareness, both physically and mentally, so it is important to call for assistance when you need something.

**OCCUPATIONAL AND PHYSICAL THERAPIES**
Your therapy will begin day of surgery to increase your mobility and build strength. Depending on the time of your surgery, your first time out of bed may be in the afternoon or early evening. Activities during your hospital stay may include:

- Bed-level exercises for range of motion
- Functional transfer training (how to sit and stand from the bed, chair and toilet)
- Instruction for proper use of assistive equipment, such as a walker, crutches, or long-handled devices
- Strengthening exercises
- Learning to perform functional daily activities, such as bathing and dressing
- Home safety, including stair climbing, if indicated
- Progressive walking with an assistive device, such as a walker

**ADAPTIVE EQUIPMENT**

- You will need different types of equipment to assist in your recovery. The hospital will provide a walker or crutches for you to use during your stay but you will be responsible for obtaining one for your home.
- After meeting with a therapist at Pre-Op, ask your doctor for a script prior to surgery if you think you will need equipment.
- The amount of benefit coverage for this equipment will vary depending on the type of insurance you have. You may also have the option of renting equipment from your local pharmacy or medical supply company.
- If you already have a walker or crutches, and plan to go home upon discharge, have someone bring them in to ensure proper fit before you go home.
- Rental walkers are available locally for a nominal fee.

**WEIGHT BEARING**
You will be allowed to bear full weight, as tolerated, on your new joint, unless your surgery involved additional soft tissue or bone repair.
ACTIVITIES OF DAILY LIVING
Following your surgery, you will need to learn how to accommodate your limitations and perform some simple daily activities with precautions.

GETTING OUT OF BED & STANDING
Your therapist will instruct you how to get out of bed.

MOVING YOUR LEG
Your therapist may recommend a leg lifter. To use this device, first secure the foot loop around your shoe or foot. Pull the wrist end to help move your leg slowly onto the floor or up into position.

SITTING
Chairs, recliners and beds can be elevated to make it easier to sit down and stand up. Using four-by-four blocks or bricks may be helpful, but be sure the surface is steady before you sit down. You may simply want to use pillows or cushions for a chair, or an extra mattress for a bed. However, when possible, use firm chairs with a straight back, high seat, and armrests to make sitting and standing easier.

• Back up until you feel the chair touching you.
• Reach for the armrests.
• Keep your operated leg straight out in front, and lower yourself without leaning forward.
• Sit, and then slide back in the chair.
• Reverse this method to stand.
• Reverse this method to stand.
**WALKING**

- When using a walker, wheel your walker forward, step halfway into the walker with your operated leg first, keeping your hip straight.
- If the walker does not have wheels, lift it straight up but be sure to place all four legs down before stepping forward.
- When using crutches, put your weight on your palms, not your armpits.

**STAIR CLIMBING**

Going up, lead with the good (non-operated) leg with the assistive device and the operated leg following. Coming down, lead with the assistive device, then the operated leg, and then the non-operated leg.
PREVENTION OF BLOOD CLOTS
The RN will give you blood thinning medications as ordered by your physician. These medications may come in the form of an injection and/or a pill. Your doctor will determine the amount of time that you will need to take these medications.

Mechanical pulse boots and thigh high TED compression stockings are also used until you are able to move around.

INCENTIVE SPIROMETRY/POST-OPERATIVE PNEUMONIA PREVENTION TOOL
You will be instructed on how to use this in your Frisbie Pre-Op appointment. It is used by inhaling through the tube to reinflate your lungs completely after having anesthesia. You will be HIGHLY encouraged to use this every hour while you are awake after your surgery and at your home.

BOWEL FUNCTION
Constipation is an expected side effect of pain medications because they slow down the gastrointestinal tract. A stool softener and/or laxative will be prescribed for you. It is a good idea to make sure before the surgery that you have some at your house to help prevent constipation caused by pain medication. Please plan to take these as long as you are taking the pain medications. Drinking fluids, eating high fiber foods, and exercise can also help with this.

Remember that joint replacement is a major surgery and rehabilitation will require several weeks’ time. Be aware that you will feel better on some days than on others. It is normal to have an overall decreased level of energy for the first few weeks. This is due to a combination of the surgery, changes in your function, and effects of the medications.

GENERAL GUIDELINES AND RECOMMENDATIONS
Upon discharge you will go through a very thorough review of your discharge instructions. If you go directly home upon discharge from the hospital, you may be tempted to resume your previous routine. However, remember to pace yourself and focus on the basics of pain management, personal care, and exercise during the first couple of weeks:

• Ice your hip as directed by your provider to reduce swelling. Ice before and after your exercises.
• Take your pain medication a half hour to one hour before therapy.
• Drink plenty of fluids and eat high fiber foods.
• Be consistent with your exercises (three times a day) and practice walking every day.
• Please note that it is normal to have a difficult time with sleeping. If you are uncomfortable, please ask for assistance to reposition yourself.
RETURNING HOME

CARING FOR YOUR INCISION

• Avoid direct contact with ice pack or other cooling pad with your skin. Place a cloth or clothing directly on skin.
• Please consult with your doctor prior to showering.
• Your staples will be removed about two weeks after your surgery. The staples will be replaced with a special type of adhesive, called steri-strips. Do not pull these off as they will eventually fall off on their own.
• Continue to wear your compression stockings.

Notify your physician if any of the following occur:

• Increased or new redness, swelling or drainage from the incision site
• An opening in your incision site
• You have a temperature of 100 degrees Fahrenheit for more than 24 hours
• Your knee feels as if it is decreasing in flexion (bending) rather than increasing
• Swelling, tenderness, warmth, and/or redness in the calf or ankle of either leg
• You are short of breath, develop sudden chest pain, and/or sweating or confusion
• You have questions about blood thinning medications such as Coumadin or Lovenox

CAR TRANSFERS

Use a vehicle that is easy to get in and out of. If possible, the vehicle should have large doors and high seats. Add cushions to raise the seat if needed. Avoid pickup trucks and sport utility vehicles with elevated running boards. Plan in advance the closest and clearest path between passenger side and the door you will use to enter your home. Sitting on a plastic bag can help assist with sliding.

• Have the front passenger seat of the car all the way back and have the back of the seat reclined.
• Don’t attempt to put equipment into the car by yourself.
• Have the car parked several feet away from the curb.
• Step off the curb and back up to the car. Give your walker or crutches to the person helping you.
• Reach for the seat with one hand, and hold onto the door/dash with the other. Lower yourself slowly onto the seat, sliding operated leg a little out in front of your as you sit. Lean back while sliding yourself back and across the seat.
• Bring your legs into the car by alternately moving each leg a few inches at a time with your hands.
• Continue this until you are facing forward.
• Reverse this procedure to get out of the car.
• A plastic bag or satin pillowcase on the car seat can help you pivot on the seat more easily.
BATHING
Some people require the use of a shower chair after surgery. You may buy or rent a shower chair from a medical supply store, but any sturdy, above-the-knee, waterproof chair will do. You may want to consider using a rubber mat on the floor of the shower or bathtub, a portable grab bar, and/or long-handled sponge. A hand-held shower head can be very helpful. Talk with your occupational therapist to determine what would be safest for you.

SHOWER TRANSFERS
For a walk-in shower that you step into, place your walker in the shower first. Follow with the non-operated leg, then the operated leg. In the bathtub, you may want to use a stool or tub transfer bench, where one pair of the bench’s legs sit in the tub and the other pair is outside the tub. If you must step into a tub, you can extend your operated leg behind you and lift it into the tub. You can slide across the seat and avoid stepping over the tub wall. Remember, you must maintain total hip precautions during shower/tub transfers.

DRESSING
Before your surgery, store comfortable, loose-fitting clothing in a convenient place that is easy to reach. When dressing, do not bend over, or raise, or cross your legs. Sit down when putting on your pants and use adaptive equipment, such as a long-handled shoehorn or sock aid. To use a sock aid, pull the sock over the form, insert your foot, and pull the tow straps to pull the sock over the foot.

Wear stretchy socks and supportive, rubber-soled, flat-heeled shoes. Slip-on or Velcro closures are best, but if you only have laced shoes, you can replace them with elastic shoelaces. Avoid twisting your foot into the shoe as you put it on.
**TOILETING**
A toilet can be elevated with a raised, locking seat to make it easier to sit down and stand up. A toilet safety frame or grab bars can also help. If there is no bathroom access on the floor where you will be staying, you may need a portable toilet (commode) until you can climb stairs as often as needed.

**HOUSEHOLD SAFETY**
Remove scatter rugs, cords, and clutter from halls, stairways, and rooms. Be aware of bedspread corners, and keep clothes off the floor. A reacher can come in handy when you need to grasp objects that are too far below or above you (see photo). Be wary of spills on the floor, and snow and ice on walkways. Spread sand or salt outside. Leave heavy housework to someone else, or let it wait. Do not stand on a stool, chair, or step ladder.

There are many different kinds of packs or pouches to help you carry things. You may want to wear a top with pockets, or use other equipment for carrying items around the house with a walker or crutches. It may be possible to attach a tray or basket to the walker. An apron or jacket with pockets may prove helpful, and a travel mug or Thermos with a cover can reduce spillage of liquids or soups.

To avoid excessive bending and lifting, arrange your kitchen shelves and cupboards with frequently used items at waist to shoulder height. Place pots and pans at waist to eye level for easy access. Prepare and freeze meals in containers that can be heated in the microwave. Stock up on grocery staples such as paper products, non-perishables, and pet food. Buy small containers of liquids for lifting and carrying ease. Consider using disposable plates and cups for less clean up.
HIP PRECAUTIONS

PROTECTING YOUR NEW HIP
After your total hip replacement, your new hip will have a limited range of motion. Until it is fully healed, protect your new joint by using the tips on this page.

SIT DOWN SAFELY
- Always choose a chair with a firm seat and armrests
- Back up to the seat until its front edge touches your leg
- Using the armrests to support your weight, lower yourself into the seat

AVOID RISKY MOVEMENTS
At first, some movements may strain your new hip. This could cause the ball to slip from its socket. Until your hip has healed, avoid the risky movements shown below.

Don’t let your knees cross the midline of your body.

Don’t plant your foot and twist your upper body

Don’t bend over from the waist.

Instead, sit with both feet on the floor, keeping your knees 6 inches apart.

Instead, move your feet to turn your body.

Instead, use a device, such as a long-handled grasper, to reach down.
HOME EXERCISES

HOME INSTRUCTIONS
The following exercises are recommended specifically for knee replacement. The exercises are typically done in sets of ten, **three times a day**. Remember to do the exercises on both sides to build equal strength and make sure to complete the sets.

1. **Ankle Pumps**
   Bend ankles to move feet up and down, alternating feet. Repeat 10 times, 3 times per day.

2. **Gluteal (Buttocks) Squeeze**
   Either lying flat on your back or sitting, squeeze your buttocks together as tightly as possible while counting to 10. Relax. Repeat 10 times, 3 times per day.

3. **Quadriceps (Quad) Set**
   Keeping your knee straight, tighten your thigh muscle by pushing the back of your knee down on the bed. Hold for a count of 10. Relax. Repeat 10 times, 3 times per day.

4. **Short Arc Quad (Knee Extensions)**
   Place a rolled towel under your knee. Straighten your knee and leg and hold for three seconds. Do not lift your leg off the roll. Relax. Repeat 10 times, 3 times per day.
5 Heel Side
Lying flat on your back, bend your knee and slide your heel toward your buttocks. Slide your leg back down straight. Repeat 10 times, 3 times per day.

6 Hip Abduction
Lying flat on your back with a pillow between your legs, slide one leg out to your side, keeping your kneecap pointing toward the ceiling. Gently bring your leg back in to the pillow. Repeat 10 times, 3 times per day.

7 External Rotation
With a pillow between your legs, gently turn legs and feet outward and then inward only until your kneecap is pointed up toward the ceiling. Repeat 10 times, 3 times per day.
Standing Hip Abduction

(Leg out to the side)

Using a chair for support while you stand, slowly bring your leg out to the side. Be sure your hip, knee, and foot are pointing forward. Keeping the same posture, slowly return your leg to its original position. Repeat 10 times, 3 times per day.

8 Long Arc Quad

(Sitting Knee Bends)

Sit in a chair with a towel under the knee. Straighten your operated leg and hold for a count of 3-5 seconds. Then bend your leg back as far as you can. Hold for a count of 3-5 seconds. Repeat 10 times, 3 times per day.
10 Standing Hip Extension
(Leg to the back)

Using a chair for support while you stand, bring your leg back as far as possible and return it to its original position. Repeat 10 times, 3 times per day.

11 Toe Ups

Hold onto a stable object, such as a chair or counter top. Rise up on your toes and hold for five seconds. Repeat 15 times, 3 times per day.
Other Recommendations:
FOLLOW-UP MEDICAL CARE

If you are discharged home, your first follow-up appointment will be scheduled about two weeks after your surgery. You can expect to see the surgeon at least once after your surgery, but most of your appointments will be scheduled with a physician’s assistant (PA). Your therapist will share your progress with your orthopedic physician. The frequency of your follow-up visits will depend on your individualized progress.

Please keep in mind that every patient is different, and will progress at different levels. If you have questions about your own personal timetable for performance of any activity, you are encouraged to speak with your doctor.

DENTAL WORK AND OTHER PROCEDURES

After a joint replacement, it is important that you check with your providers about taking antibiotics before any dental check-ups or other surgical procedures. This is done to prevent any bacteria from possibly traveling through the bloodstream and settling at the new joint site.
CONTACT US

FRISBIE MEMORIAL HOSPITAL

• Hospital Main Number ........................................... 603-332-5211
• Case Management .................................................. 603-335-8144
• Medical Records .................................................... 603-335-8470
• Patient Accounts ..................................................... 603-335-8155
• Scheduling .............................................................. 603-335-8197
• Total Joint Navigator .................................................. 603-332-5211, ext. 4263

OUTPATIENT PHYSICAL THERAPY

FMH Rehabilitation Services

• Rochester: 95 South Main Street ........................................ 603-330-8952
• Sanbornville: 2531 White Mountain Highway .......................... 603-522-6184
GENERAL INFORMATION

COUMADIN INSTRUCTIONS
Coumadin, also called warfarin, is a medication that thins your blood (anticoagulant). If you have been prescribed Coumadin, please review the following information.

WHY IS THIS MEDICATION PRESCRIBED?
After joint replacement surgery, some patients may be prescribed this medication to prevent blood clots from forming, or from growing larger in your blood and blood vessels. It works by decreasing the clotting ability of the blood. The time frame for its use will depend on your individual situation and provider recommendations.

BLOOD TESTING
The prescribed dose of Coumadin may not require any lab work, but depending on your situation, your doctor may want to monitor a blood test called INR (international normalized ratio). The INR level is used to assess how thin your blood is, and it helps the doctor determine the dose of Coumadin to prescribe.

HOW TO TAKE COUMADIN
• Take it exactly as prescribed by your physician;
• By mouth, with or without food;
• Once daily, around the same time every day;
• If you miss a dose, take the missed dose as soon as you remember it, if it is the same day you were to take the dose—do not take a double dose the next day to make up for a missed one;
• Tell your doctor if you miss more than one dose of Coumadin, or if you take more than your prescribed dose.

POSSIBLE SIDE EFFECTS
A side effect of too much Coumadin can include bleeding. Call your doctor if you develop any of the following signs or symptoms of bleeding:
• Blood, red or tarry bowel movements
• Bleeding from your gums while brushing your teeth
• Nose bleed for no apparent reason
• Pink, red or dark urine
• Spitting or coughing up blood
• Small, flat, round red spots under the skin
• Any unusual bruising or continued oozing or bleeding from minor cuts

DIETARY MODIFICATIONS
Certain foods that contain vitamin K and/or alcohol, can change the effects of Coumadin. While taking Coumadin, please:
• Avoid drinking alcohol.
• Do not eat large amounts of green, leafy vegetables or certain vegetable oils (soybean or canola) several days in a row. Be consistent with your vegetables and maintain a well-balanced diet.
**PRECAUTIONS**

- Unless directed by your healthcare provider, do not take Coumadin with other medications that can also cause blood thinning: aspirin, aspirin-containing products, or nonsteroidal anti-inflammatory drugs such as ibuprofen (Advil, Motrin) and Naproxen (Aleve, Naprosyn).
- If you need to have surgery while you are taking Coumadin, including dental surgery, tell the doctor or dentist that you are taking Coumadin. Your doctor may tell you to change your dosage or stop taking Coumadin before the surgery or the procedure.
- If you are going to receive an immunization, such as a flu shot, or any other injection into a muscle, tell the healthcare professional that you are taking Coumadin.
- Do not take any new medications, or stop taking any new medications, without first talking with your doctor.

**QUESTIONS FOR MY DOCTOR AND PHYSICIAN’S ASSISTANT**

You may want to take notes or prepare a list of questions for the providers involved in your care. Keep this list with you before, during and after your surgery, so when you have the opportunity to speak with your providers, it will be readily available.

**DENTAL WORK AFTER A TOTAL JOINT REPLACEMENT**

Remember to ask your surgeon if you need to take antibiotics prior to future dental appointments.
NOTES/QUESTIONS