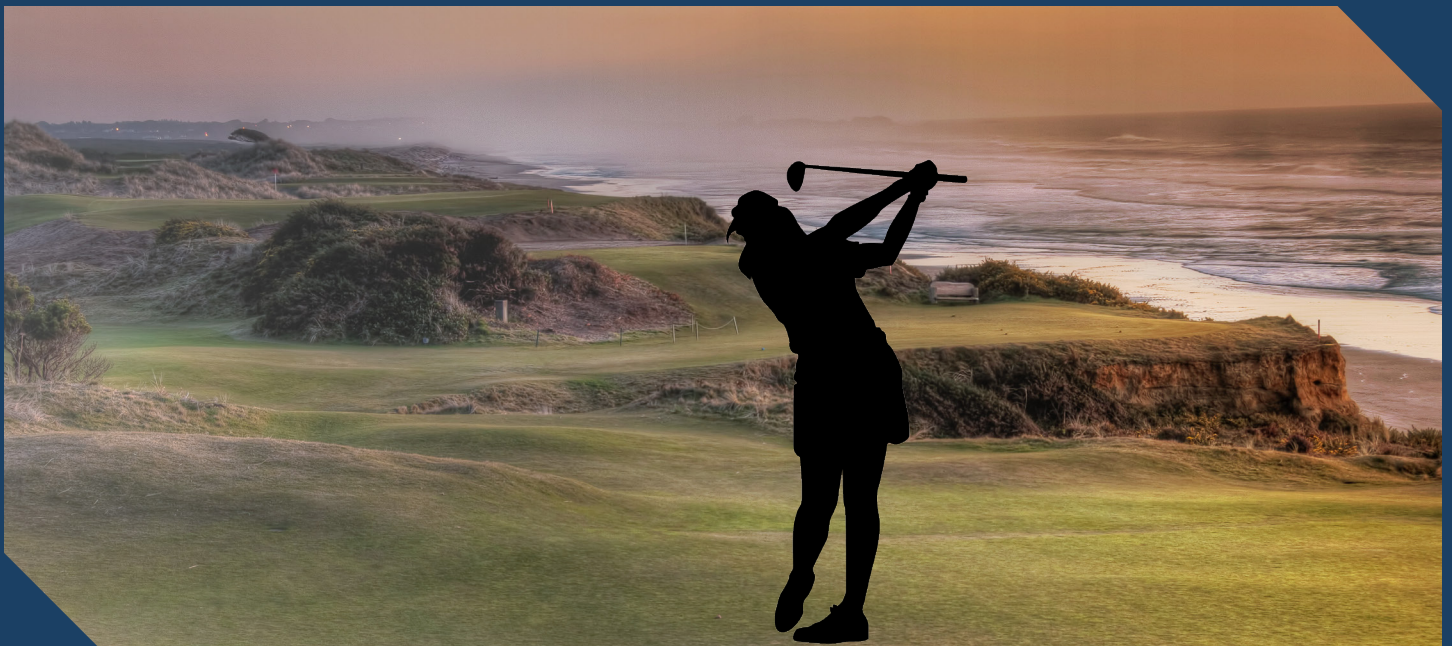


Hiip

Replacement

A patient's guide to

Surgery &
Recovery



ORTHOPEDIC
+ **FRACTURE**
SPECIALISTS

Put Your Life in Motion

IMPORTANT APPOINTMENTS

Your hip replacement is scheduled at:
Center for Specialty Surgery
11782 SW Barnes Rd. Suite 200
Portland, OR 97225
503-906-4300

ORTHOPEDIC
+ FRACTURE
SPECIALISTS

Put Your Life in Motion

Main 503-214-5200

Date/Time of Surgery:

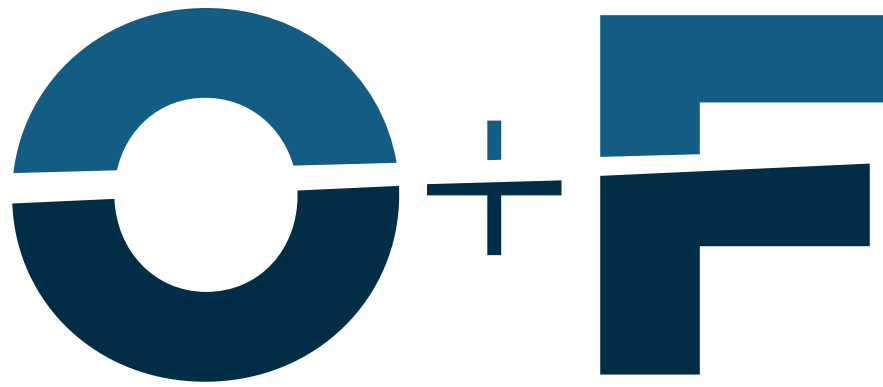
Your Surgeon:

Pre-Operative Appointment (Date/Time):

Your Physical Therapist:



Center for
Specialty Surgery



SPECIALISTS

WELCOME!

A life well lived tends to be an active one, but sometimes, an active life leads to injuries to bones, joints, or both. That's where Orthopedic + Fracture Specialists comes in. Our physicians are passionate about their work and compassionate for their patients. They're here to help you ***Put Your Life in Motion.***

The physicians of Orthopedic + Fracture Specialists stand at the forefront of surgical treatment of bone and joint problems, including fractures, arthritis, and inflammatory conditions for both adults and adolescents, degenerative problems, and joint replacement surgery of hip, knee, and shoulder joints.

Effective joint reconstruction requires a combination of surgical expertise and collaboration among a variety of specialists throughout the patient's entire course of treatment. The patient care and research collaboration among the physicians of Orthopedic + Fracture Specialists and other area specialists allow progressive treatment alternatives and new technologies for joint reconstruction, including application and development of joint arthroplasty or prosthetic joint replacement. Our joint reconstruction specialists have been leading the way nationally in current surgical techniques, which significantly shortens recovery time, allowing you to recuperate in the comfort of your own home.

TOTAL HIP REPLACEMENT BOOK

Your surgeon, nurses, physical and occupational therapists, and discharge planners have worked cohesively to provide this information about your surgical experience and your recovery. These are general guidelines designed to help you and those assisting you through all phases of your surgical treatment: pre-surgery; day-of-surgery; post-surgical expectations; and recuperation and healing. Each person is unique; therefore, your recovery and rehabilitation may vary from these general guidelines. Protocols listed in this book may vary slightly based on provider/surgeon preference - please follow your provider's post-operative protocols as that will be tailored to your specific needs.

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Section 1:

PREPARING FOR SURGERY

PREPARING FOR SURGERY

FAMILY/FRIEND SUPPORT

Please:

- Arrange for someone to take you to the surgery center and bring you home the day of surgery, please have their name and contact information available at check-in. We recommend large two or four (2 or 4) door cars, SUV's, vans, or trucks. A compact car can be used if no other vehicle is available.
- Arrange for someone to assist you at home for a minimum of three (3) days following surgery.
- Consider bringing a friend or family member to pre-operative appointments, follow-up appointments, and physical therapy.
 - During these sessions, you will learn precautions concerning your hip and how these affect everyday activities. The importance of positioning and exercise will be explained. It is important to have a friend or family member at these appointments so they can understand their role in assisting you with activities at home after your surgery.

We offer free Wi-Fi service in the reception area for your family or friends to enjoy.

HOME SAFETY CHECKLIST

The greatest priority is safety following surgery. Please review the information below to ensure that your risk of fall/injury is minimized.

You may need some equipment at home to ease your recovery process (See Appendix 4 on pg. 39-40). Your therapist will review and assist you with the use of these items during your pre-operative meeting.

Living Area

- Clear stairs and pathways of clutter
- Remove throw rugs
- Remove telephone or electrical cords from walk areas

Pet Care

- Arrange for someone to care for your pet for the first week after your surgery

Bathroom

- Place slip-proof mats or strips in the bath/shower
- Determine the need for grab bars (Appendix 4, pg. 40) - **NOT** towel racks - in the bathroom for added support
- Optional use of a shower bench (Appendix 4, pg. 40)

Kitchen

- Store items that are used most often within easy reach (hip height or above)
- Purchase necessary food and essential household products prior to surgery

PRE-OPERATIVE TIMELINE: MEDICATION, SKIN PREPARATION

Two (2) Weeks Before Surgery:

STOP taking all supplements, including herbal remedies and vitamins. We want to avoid any interactions with anesthesia or medications you will receive in the surgery center.

One (1) Week Before Surgery:

STOP taking aspirin products. If you are taking aspirin as prescribed by your cardiologist, consult with him/her prior to stopping.

Three (3) Days Before Surgery:

STOP taking any medications that may cause bleeding. Examples include anti-inflammatories: Meloxicam, Motrin, Aleve, Voltaren, Ibuprofen and Advil. If you currently take Celebrex, you may continue until the day before surgery. If you have questions, please call your doctor's office.

Notify your physician before coming to the surgery center if there is any change in your physical condition, such as a cold, fever, rash, sunburn, or skin disruption.

Night Before Surgery:

- Take a shower and wash with Hibiclens (See Appendix 1 on pg. 35 for instructions).
 - **DO NOT** use oils, lotions, or make-up after bathing.
- Sleep in clean clothes and on clean sheets.
 - **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT!** This includes water or coffee. This will reduce the likelihood of nausea and vomiting following anesthesia.
 - You may brush your teeth, but do not swallow anything. Refrain from consuming mints, chewing gum, cigarettes, or chewing tobacco.

Day of Surgery (prior to arriving at the surgery center):

- Take your usual morning medications as reviewed by your surgeon with a sip of water unless otherwise instructed by your primary care physician, nurse and/or anesthesiologist at the surgery center.
- Take a shower with Hibiclens in the morning.
- Wear clean, loose, and comfortable shoes and clothes such as sweats, shorts, and light t-shirt with loose fitting sleeves or zip up sweatshirt.
 - **NO** high heels!
- Arrive at the surgery center no later than the time given to you by the Center for Specialty Surgery.

PACKING FOR THE SURGERY CENTER

You will be returning home the day of surgery so you only need to pack a few items:

- This book
- Clothing: We will have you back in your own clothes shortly after surgery.
 - A sweatshirt, t-shirt, easy to button shirt or blouse, or light sweater.
 - Easy fit or slip on shoes with flat, non-skid soles and an enclosed heel to practice walking
- Personal devices: hearing aids, eyeglasses, and dentures. If you wear contact lenses or glasses, bring a case for their safekeeping. We will provide containers for removable dentures and bridgework.

DO NOT bring any medications from home unless specifically requested to do so.

Leave all valuables, including jewelry and cash at home. We cannot be held responsible for damaged or lost property. Cell phone use is permitted in non-patient areas for you and your visitors.

We will provide non-skid socks. Please bring your walker with you.

NUTRITION

Food

Protein helps your body heal, therefore, it's essential to consume adequate protein every day. Have at least two servings of beef, fish, poultry, eggs, dairy products, or legumes per day.

Increase your fiber intake for bowel health; include raw fruits and vegetables, whole-grain breads, muffins, cereals, nuts, and beans.

Make sure you are getting sufficient iron; eat lean red meat, dark green leafy vegetables, egg yolks, raisins, and prunes.

Include 1,500 mg of calcium and vitamin D spread out through the entire day in your diet. Milk, yogurt, or cheese can be an excellent source of calcium and multivitamin or fortified cereals provide the necessary vitamin D.

Stay well hydrated for the weeks leading up to surgery.

Remember: DO NOT CONSUME ANYTHING BY MOUTH AFTER MIDNIGHT THE DAY BEFORE SURGERY!

SMOKING AND ALCOHOL

Smoking

You must **STOP** smoking at least one (1) month prior to surgery. Smoking is proven to decrease your healing rate and increase the rate of post-operative complications.

Alcohol

Decrease your alcohol intake to no more than one (1) drink per day.

STAYING ACTIVE PRIOR TO SURGERY

Continue normal activities for as long as you are able to up until your surgery date. Do not begin new activities unless instructed by your surgeon or physical therapist as needed for pre-operative preparation.

EDUCATIONAL RESOURCES

If you would like to learn more about your procedure, here are some good resources:

- Check out www.OrthopedicandFractureSpecialists.com to gather more information about hip replacement surgery
- Research “total hip replacement” on the American Academy of Orthopaedic Surgeons website at <http://orthoinfo.aaos.org/>

Section 2:

AT THE CENTER FOR SPECIALTY SURGERY

AT THE CENTER FOR SPECIALITY SURGERY

TEAM ROLES AND FUNCTIONS

All members of the Orthopedic + Fracture Specialists/Center for Specialty Surgery team work with one another to provide the best individualized care to each patient. We are committed to making your time with us as comfortable and informative as possible. Please let us know if there is anything we can do to help you at any time.

Our team members include:

Front Office Staff: Our front desk coordinators are there to assist you with the registration process. They are our first line of support for questions that you or your family might have during your progression through the facility.

Registered Nurse: You will meet a number of our registered nurses during the continuity of your care at The Center for Specialty Surgery - from pre-op to operating room to recovery and discharge. During every step of your care, the assigned team will coordinate your nursing care and assure that you and your family receive proper education about medications, diet, and activity to prepare you for discharge to your home.

Surgeon(s): Your surgeon will visit you prior to surgery. Any questions specific to your surgery can be answered by your surgeon.

Anesthesiologist: The anesthesiologists at the Center for Specialty Surgery are all Board Certified. They will contact you prior to your surgery to review your medical history. If you have any particular concerns, you should discuss them with the anesthesiologist at that time.

On the day of your surgery, you and your anesthesiologist will review your anesthetic plan prior to you receiving any sedatives or anesthetics. They will discuss the risks and benefits associated with anesthetics.

Physical/Occupational Therapist: The physical and/or occupational therapist will help you develop in your ability to follow precautions safely and independently while moving in bed, walking, going up and down stairs, and getting in and out of chairs or a car. The physical therapist will teach you how to use your walker or crutches. They will also instruct you in the exercises that your surgeon suggests.

MORNING OF SURGERY

When you arrive, enter using the Corby Drive entrance, park on the top floor of the parking structure, and enter through the main entrance on your right as you approach the building. Take the elevator to the second floor where you will be greeted by our front office staff.

Once you are in the pre-operative area, a nurse will provide you with a gown, non-skid socks and a bag to store all your clothing and personal belongings in a locker.

They will begin preparing you for surgery by:

- Reviewing your health history
- Starting an IV line to give you fluids
- Administering any pre-ordered medications
- Taking your vital signs (blood pressure, pulse, and temperature)
- Answering any questions you may have

You will meet your anesthesiologist who will review their role and their anesthesia plan. Your surgeon will also greet you and answer any final questions, confirm your procedure, and mark the surgical site.

Your family member(s) may stay with you until the surgical suite is ready for you. At that time, they may wait in the surgery center reception area. Our front desk staff will coordinate notification for them when you are ready for visitors.

GOING TO OUR OPERATING ROOM

Your surgery will be performed in one of our state-of-the-art operating suites. Your surgeon and their team, using modern equipment and techniques, will attend to you. Your team will begin to introduce themselves and the role they will be playing in your surgery.

When it is time, you will be escorted to your surgery suite. The staff will do everything possible to make you feel comfortable on our padded operating bed, and to ensure your safety, our staff will connect you to monitoring devices. You will begin to feel drowsy as the anesthesiologist starts adding medications through your IV.

When the surgery comes to completion and your dressings are in place, you will be moved to the recovery room with your monitoring equipment connected to you at all times. During this period, you will have a trained recovery room nurse that will take care of you and remain with you at all times.

AFTER SURGERY

Hip replacement surgery patients usually spend one and half (1.5) hours in the operating room. You will then be transferred to the immediate post-surgical recovery area (PACU) where you will remain until you're awake and alert before being moved to StepDown, the return to home recovery area. This is where you will switch to oral pain medications, eat lunch, complete physical therapy, and prepare to return home once discharge criteria are met. You may have one (1) visitor with you in this area if you desire.

Nursing Care

The area around your hip will have a dressing and may have a tube for drainage. We try to avoid using urinary catheters; however, if you require one, it will be removed as soon as you are mobile and able to use a toilet. Nurses will have you cough often and practice deep breathing to prevent pneumonia. If your doctor has ordered a deep breathing device (called an incentive spirometer), you will use this as well. Your nurse will regularly check your temperature, pulse, blood pressure and the blood flow to your feet.

A loss of appetite is common after surgery, and your nurse will assess when you are able to drink and eat.

Pain

Although all pain cannot be eliminated, it is important that you are comfortable enough to participate and make progress in physical therapy, do the necessary exercises, and perform deep breathing. Talk with your nurse about how you feel and your need for pain medication. As you progress, you can expect your pain to lessen.

Physical Therapy and Occupational Therapy

A physical therapist will begin working with you within a few hours after surgery as the second phase of your recovery and discharge plan. They will review your movement precautions, how to move in and out of bed, how to walk and use stairs, and teach you a home exercise program. Be sure to communicate how you are feeling with your therapist. Your therapist will ensure your safety and understands the steps to recovery and the steps required to allow you to return to home safely. You will complete as many sessions of physical therapy as needed to allow your safe return to your home.

DISCHARGE PLANNING TIMELINE

Discharge Goals

Plan to be discharged home in the afternoon. In order to be safely discharged home, our team will be sure you meet the following goals and are cleared by your physical therapist:

- Be in stable physical and medical condition
- Understand all precautions need to be followed
- Receive adequate pain control from oral pain medications
- Demonstrate safe movement in and out of bed and safe use of bathroom
- Demonstrate independence with walking or have sufficient help at home to ensure safety
- Be able to care for yourself or have help in your home
- Have family or a caregiver arranged for pickup and immediate home care for three days
- Have needed equipment and/or services at home
- Navigate stairs safely

It is not unusual for patients to have nausea or vomiting after surgery. If you are having nausea and vomiting, you may still be discharged to home as the sensation often passes within a few hours.

BACK AT HOME

After you have returned home, be sure to follow your surgeon and therapist's orders regarding diet and rest, and make sure you take medication for pain as directed. You can resume your normal diet when you are ready to do so. It is not unusual to feel a little sleepy, light headed, or dizzy for several hours after surgery.

A nurse from the Center for Specialty Surgery will contact you the day after your surgery to see how you are and answer any additional questions that you might have.

Section 3:

POST-OPERATIVE SAFETY AT HOME

POST-OPERATIVE SAFETY AT HOME

GENERAL HEALTH

It is normal to feel tired after surgery; however, it is important to maintain activity and exercises outlined by your surgeon and therapist. This will ensure proper blood flow, range of motion, strength development, and bowel/bladder health.

MEDICAL APPOINTMENTS

It is very important to keep all follow-up medical appointments.

INCISIONS AND PREVENTION OF INFECTION

- You may notice swelling of your operative leg for several weeks after surgery. This is normal. Lay down flat and elevate your leg on four to five (4-5) pillows so your leg is higher than your heart. Elevate for 30-60 minutes several times per day.
- You may notice bruising of your operative leg that may extend down to your ankle. This is a normal result of gravity and will resolve with time.
- You may notice numbness along the outside edge of your operated hip. This is normal and may last up to 18 months.
- Showering: Unless told otherwise by your surgeon, you may shower three (3) days after your surgery. The dressing on your hip is waterproof. Make sure all edges of the dressing are securely sticking to the skin, wash gently around the dressing and pat dry. Do not immerse in a bathtub or swimming pool for at least six (6) weeks unless otherwise directed.
- Your dressing may be removed seven (7) days after surgery. You may then cover the incisions with a loose dressing if you are worried about it rubbing against clothing or leave the incision open to the air. You will have steri-strips (thin Band-Aids) placed by the surgeon over your incision - **do not** remove these strips. They will fall off on their own after a few weeks.
- Infection: Your chance of infection is very low, however, please contact your surgeon if you notice or experience any of the following:
 - Warmth, redness, increased pain or swelling around the incision
 - Increased drainage/leakage from the incision
 - Thick, green, or foul-smelling drainage
 - Separation of wound edges
 - Body Temperature above 101 degrees Fahrenheit

An infection in your body could cause an infection in your hip replacement area. If you are treated for any infection, please notify your surgeon. If you plan to have dental work, consult your surgeon regarding antibiotics. It is advised that you avoid dental cleaning for three (3) months after hip replacement surgery – see Appendix 2 on pg. 35 for more details. If you develop symptoms of a bladder infection (e.g., frequent urination, pain or burning with urination, cloudy urine), consult your PCP. Be sure to inform your PCP that you have had a total hip replacement.

DRIVING AND ACTIVITIES

Driving and returning to work can be different for every patient as it is very much dependent upon your job, pain level, and restored movement. Your surgeon and therapist will help determine when it is appropriate to begin driving and working. You **may not** drive if you are taking narcotic pain medication (Oxycodone, Norco, Percocet, etc.)

PAIN MEDICATION

- The goal is to get you off of all pain medications as soon as possible. Narcotic medications are highly addictive and have side effects including constipation, nausea/vomiting, dizziness and sedation.
- You will be sent home with a prescription and instructions about medications for pain. As a general rule, Tylenol is effective for baseline pain relief. We encourage you to take this continually for four (4) days. Do not exceed 4000 mg of Tylenol per day.
- You may be prescribed Oxycodone, Norco, or Percocet upon discharge; these are narcotic medications and should be used for very elevated or “breakthrough pain”. Again, the goal is for you to transition off of these medications as soon as you are able. A week after surgery, evaluate your pain level without narcotics and begin to spread out the time in between each dose and lower the dose as you are able. Please Note: Norco and Percocet both have Tylenol, so make sure to monitor your daily intake of Tylenol - don’t exceed 4000 mg/day.

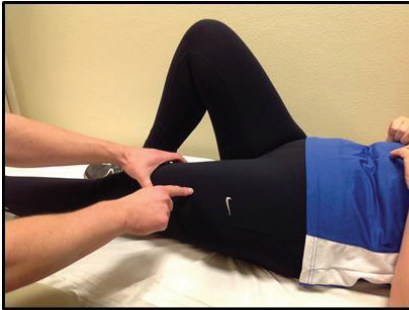
PREVENTION OF BLOOD CLOTS

Blood clots can develop in either leg, not just the surgical leg, up to three (3) months after surgery.

Review this list for things you need to do to reduce your risk:

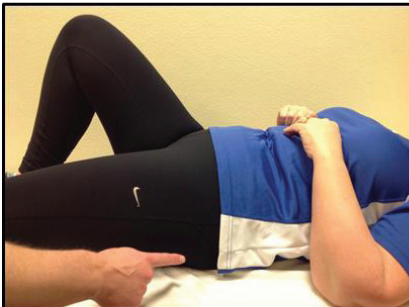
- Activity: walk frequently, do your exercises and ankle pumps listed on the next page.
- Medications: your surgeon will prescribe you medication to help thin your blood (Aspirin, Lovenox, Coumadin, Xarelto), it is very important you take this as directed.
- Stockings: the compression stockings will help to promote circulation and reduce swelling. Wear the stockings every day for two - six (2-6) weeks as indicated by your surgeon. You may remove them twice a day for two (2) hours to wash them or bathe.
 - To make it easier to put on your stockings, put powder on your leg, or put a sandwich bag over your toe and pull the sock over it. When the stocking is on, pull the sandwich bag out through the hole in the toe.
- **Signs and symptoms of a blood clot in your leg: Call your surgeon immediately.**
 - Localized swelling or redness of your calf that is not relieved by elevation
 - Your calf is painful when touched or squeezed or is warm to the touch
- **Signs and symptoms of a blood clot in your lungs: Call 911!**
 - Coughing up blood, shortness of breath, or chest pain

It is recommended that you complete the following exercises as soon as you return to home to assist in improving your circulation and the prevention of blood clots:



Quad Sets

- Tighten muscle on top of thigh
 - Hold for 5 seconds
 - Relax
- Repeat 30 times every 30 minutes.



Glute Sets

- Tighten buttocks muscle
 - Hold for 5 seconds
 - Relax
- Repeat 30 times every 30 minutes.



Ankle Pumps

- Bend and straighten ankle through full range
- Repeat 30 times every 30 minutes.

HIP PRECAUTIONS

For a period of time during the healing process, you will be required to follow some hip and body movement restrictions directed by your surgeon. These are called, “hip precautions” and they will help you avoid dislocation and undue stress on your sutures and healing structures. Some patients follow posterior precautions while others follow anterior precautions. Your anatomy, the surgical approach that was used, and your surgeon’s assessment will determine the precautions that you need to follow. Your physical therapist will review all of these precautions with you. Place two (2) pillows between your legs when you are in bed, this will help prevent your legs from crossing while you sleep.

Posterior Hip Surgery Precautions

Precautions will vary from patient to patient. Your physician will determine which precautions apply to you.

Your physical therapist will review the precautions specific to your surgeon's guidelines.

- **Do not** turn your toes/knees inward (no internal rotation)
 - No twisting in - "pigeon-toed" (no leg shaving position AND no Heisman Trophy pose)

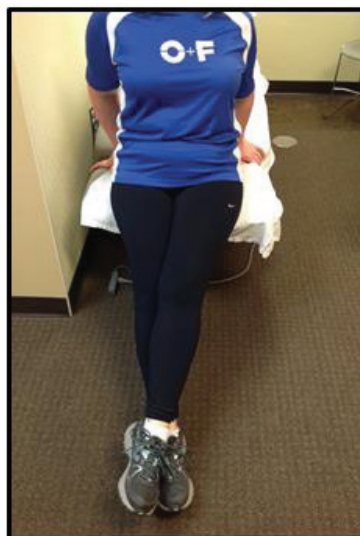


Lateral Hip Surgery Precautions

Precautions will vary from patient to patient. Your physician will determine which precautions apply to you. Follow for the first 12 weeks after surgery.

Your physical therapist will review the precautions specific to your surgeon's guidelines.

- **Do not** cross your surgical leg past midline (passive adduction)
- **Do not** actively lift your leg out to the side (active abduction)



Anterior Hip Surgery Precautions

Your surgeon may have no hip precautions after your anterior hip surgery.

Your physical therapist will review the precautions specific to your surgeon's guidelines.

- **Do not** stretch your leg back behind your body forcefully and twist out. Review this with your physical therapist.

HIP DISLOCATION

It is possible for your new hip to slip out of the socket (dislocate) during the healing process.

Signs of Hip Dislocation

Dislocation is rare, but may result from a fall or other trauma after surgery. Call 911 if you notice any of the following:

- Sudden change in your ability to walk or stand (bear weight) on your surgical leg
- Sudden, severe hip pain that continues when you move your hip. Spasms may be included
- A bulge on your hip with the pain described above
- Abnormal rotation of the surgical leg, either inward or outward
- Change to a shortening of the leg on the surgery side

Tips to Prevent Hip Dislocation

- Use a reacher when getting items from the floor
- Sit in high armchairs and use a high toilet seat
- Raise your bed to ensure you don't bend your hips more than 90 degrees

DRESSING THE LOWER BODY

- Use a reacher to bring your pants over your foot and lower leg if you cannot perform independently. Dress the operated side first and undress the operated side second.
- If needed, use a sock aid for socks. Push socks off from the inside of your leg with a reacher. Wear slip-on shoes with a no-slip sole. Elastic shoelaces often help. Use a long-handled shoehorn.

SAFE SEXUAL POSITIONING

Sexual activity can resume when your pain has diminished and you are comfortable. Do not compromise your hip precautions at any time. If you experience hip pain, **STOP!** See Appendix 3 on pgs. 37-38 for safe sexual positioning following a total hip replacement.

WALKING

- Stand up straight and look ahead, not down
- Use crutches or a walker to assist with walking
- Keep the length of your steps equal for both legs
- Keep your knee pointing straight forward
- Avoid uneven surfaces
- Remove throw rugs to avoid tripping over loose edges
- Be cautious with entry ways
- Be cautious of wet surfaces: our local weather can make wet surfaces, leaves, and gravel hazardous
- Be cautious in kitchens and bathrooms where there might be water on the floor
- Wear non-slip shoes and do not wear high heels
- Walk as normal as possible

Sequence for Stairs

- “Up with the good, down with the bad”
- Your crutches or walker move with your operated leg
- Go one step at a time

Upstairs: “Up with the good”

First, step up with your “good” (non-operated) leg. Follow with your operated leg and crutches/walker.

- Use a handrail, if available
- Have someone stand by for safety

Downstairs: “Down with the bad”

Step down with your crutches or walker, then your “bad” (operated) leg. Then, your non-operated leg follows to the same step.

OTHER TIPS

Peri-care: Thorough washing can be difficult after surgery; for assistance we recommend Cottonelle or Charmin flushable wet wipes found in the toilet paper aisle.

Inclement Weather: Due to risk of falling, do not go out in bad weather until your doctor advises you is it okay to do so. A fall could cause serious injury and future problems with your hip replacement.

It is normal to experience fatigue and abnormal sleep patterns during the first few weeks after surgery. To help with this, maintain normal sleep/wake cycles, stay hydrated and continue to exercise.

Section 4:

HOME RECOVERY

HOME RECOVERY

EQUIPMENT YOU MAY NEED AT HOME

Your physical therapist will help you decide on the type of equipment you will need after surgery. You will require an assistive walking device. Typically, a front-wheeled walker is used post-operatively, followed by a cane or crutches. Other items you may need are a raised toilet seat or dressing tools. See Appendix 4 on pgs. 39-40 for the most common types of personal and bathroom equipment you might require.

Insurance Coverage for Equipment

Your insurance plan will have coverage policies for types of equipment covered and which companies you may obtain the equipment from. Some insurance companies will pay for all of your items; some have no coverage, and most have partial coverage. Equipment companies may request cash payment upon delivery as reimbursement is unlikely from your insurance plan. It is your responsibility to check with your insurance company before surgery if you have questions about equipment coverage policies. If you are thinking about borrowing equipment from a friend, discuss this with your therapist. They will help you decide if this equipment will work for you. We will work with you to adjust the equipment to meet your needs, but will not take liability for any equipment not purchased from our facility.

Patients may purchase equipment through many local vendors in the area. Commonly used companies are:

Evergreen Prosthetics & Orthotics, LLC

11782 SW Barnes Rd., Bldg. C, Suite 160 E
Portland, OR 97225
503.641.2020

Beaverton Pharmacy

12250 SW Canyon Road
Beaverton, OR 97005
503.644.2101

EXERCISE PROGRAM

For most patients, exercise after hip replacement begins with walking. Walking is the best way to strengthen muscles, develop balance and coordination after hip surgery. You should emphasize walking with good form versus walking fast. Gradually improve your ability to walk further. Avoid impact activities such as jogging, running, tennis, and skiing until you are cleared by your surgeon. A walker is often used for the first few weeks to help maintain balance, avoid falls, and enable a more normal gait. Occasionally, a cane or a crutch is then used for a few weeks until full strength and coordination have returned. Use the cane or crutch in the hand opposite your operated hip. You are ready to use a cane or a single crutch when you can stand

and balance without a walker with your weight placed fully on both feet, and when you no longer lean on your hands while using a walker. Take a cane with you outside until you are able to walk normally without loss of balance in the house for a few weeks.

To begin your walking program, walk for five (5) minutes every hour to reduce the risk of blood clots. As your strength and endurance improve, you can walk for 20-30 minutes, two or three (2 or 3) times a day. Walk with a gradual pace. Cycling on a stationary bike is an excellent activity to help you regain muscle strength and hip mobility, but should not replace walking. Set the seat height so that the bottom of your foot just touches the pedal with your knee almost straight. Pedal backwards initially. Pedal forward after the backward pedaling becomes easy. You can start with five (5) minutes, two (2) times per day if you have a bike at home. If you are going to a gym, three or four (3 or 4) times per week is recommended. As you become stronger, typically four to six (4-6) weeks after surgery, gradually increase the duration you ride up to 20 minutes one (1) time per day or every other day, then gradually increase your tension.

Remember: Perform the recommended exercise routines on pg. 17 to assist in improving your circulation and the prevention of blood clots.

PHYSICAL THERAPY

You may benefit from physical therapy to assist in restoring your normal walking pattern and returning to full activities safely. Not all patients require physical therapy. Consult your surgeon if you feel you require extra assistance with your rehabilitation.

Scheduling:

Orthopedic + Fracture Specialists in Physical Therapy @ Barnes Location

11782 SW Barnes Rd., Suite 100
Portland, OR 97225
503.906.4323

Orthopedic + Fracture Specialists in Physical Therapy @ Muray Scholls Location

14795 SW Murray Scholls Dr., Suite 109
Beaverton, OR 97007
503.906.4323

Section 5:

BILLING INFORMATION

BILLING INFORMATION

As a courtesy, our office will contact your insurance company to get pre-authorization for your upcoming surgery. At that time, we will also check on your benefits. It is our policy to collect a deposit prior to your procedure or surgery for any unmet deductible and your coinsurance. If, according to your insurance company there will be a patient responsibility for the surgery charges, an account representative will contact you to go over your deductible and coinsurance amounts and collect a deposit.

Anesthesia charges will be separate from the surgeon and facility charges. If you have questions concerning the anesthesia billing, please contact them directly at 503.517.3785.

You may incur additional charges for lab work that is separate from the surgery and facility charges. We outsource our lab work, so any lab work that is deemed necessary will be sent out and billed separately.

If you have any questions concerning your insurance coverage or billing, please contact us at 503.608.5172.

Thank you for choosing Orthopedic + Fracture Specialists and the Center for Specialty Surgery to help you *Put Your Life in Motion*. We appreciate that you have many options and have made us your choice.

Additional Questions? Call us!

Section 6:

IMPORTANT RESOURCES

IMPORTANT RESOURCES

IMPORTANT PHONE NUMBERS

Orthopedic + Fracture Specialists

Scheduling	503.214.5255
After Hours Answering Machine	503.214.5200 #9
Center for Specialty Surgery	503.906.4300
Billing Department	503.608.5172
Physical Therapy	503.906.4323

Physicians/Medical Assistants

Dr. Paul J. Duwelius/Leslie	503.214.5267
Dr. Robert E. Tennant/Chelsea	503.214.5252
Dr. Alec E. Denes/Kelcy	503.214.5283
Dr. Alex M. DeHaan/Maddy	503.214.5226
Dr. Mark W. Manoso/Kayla	503.214.5287
Dr. Richard D. Southgate/Kelsey C.	503.214.5241

DURABLE MEDICAL EQUIPMENT

Evergreen Prosthetics & Orthotics, LLC	503.641.2020
Beaverton Pharmacy	503.644.2101

Section 7:

APPENDICES

APPENDICES

APPENDIX 1: HIBICLENS INSTRUCTIONS – Pre-Operative Bathing

Your cooperation is required to ensure a successful outcome of your surgery. The purpose of Hibiclens soap is to reduce the normal bacteria on your skin that may be a potential source of infection at the surgical site.

Follow these instructions carefully:

1. You will be given an 8 oz. container of Hibiclens.
2. Shower the night before surgery **AND** the morning of the surgery, using 1/2 bottle for each shower.
3. Please remove any body piercing jewelry prior to showering and leave it out until after your surgery.
4. Hair may be shampooed with regular shampoo and rinsed thoroughly **PRIOR** to use of Hibiclens on the body.
5. Use a fresh, clean washcloth to apply Hibiclens for each shower. Clean in all the skin folds. Have someone help wash your back, or any areas that you are unable to reach.
6. Wash your body from the neck down to your toes with Hibiclens. **DO NOT** get Hibiclens into your EYES or EARS. If you do, rinse with water immediately.
7. Be sure to clean the area well where your surgical incision will be.
8. This is an effective cleanser, even though it doesn't lather (make suds) well.
9. Rinse thoroughly with running water. **DO NOT** use any other soap or body rinse on your skin.
10. Use a clean towel for each shower, clean sheets on the bed the night before surgery, and clean freshly laundered clothing after each shower.
11. Do not use lotion, powder, deodorant or perfume/aftershave of any kind on the skin after bathing with Hibiclens.

The admitting nurse will ask you if you have taken your pre-operative Hibiclens showers.

APPENDIX 2: FUTURE PROCEDURES

DENTAL PROCEDURES/CLEANINGS:

To minimize your risk of infection following your total hip replacement surgery, it is the surgeon's recommendation that you avoid any procedures, including dental cleanings, for three (3) months following your surgery.

After this three (3) month post-operative period, you will need to take antibiotics prior to any dental procedure (other than a routine cleaning) that involves manipulations of gingival or periapical tissue or perforation of the oral mucosa. These procedures include, but are not limited to, dental extractions, dental implant placement, root canals, periodontal procedures, and periodontal surgery. Antibiotics given for dental antibiotics prophylaxis are as follows:

- Amoxicillin 2g orally one (1) hour prior to dental procedure
- If allergic to penicillin (non-anaphylaxis), cephalexin 2 g is taken orally one (1) hour prior to dental procedure
- If allergic to penicillin (anaphylaxis), refer for allergy testing prior to administering antibiotic prophylaxis

Available evidence does **NOT** support routine antimicrobial prophylaxis before dental cleaning in patients who have undergone total hip replacement surgery.

For high risk patients such as those who are immunocompromised / immunosuppressed (rheumatoid arthritis, uncontrolled diabetes, systemic lupus erythematosus) or patients with previous prosthetic joint infections, your orthopedic provider **MAY** recommend antimicrobial prophylaxis before routine dental cleaning for life.

Please call your orthopedic surgeon's office to obtain these prescriptions.

UROLOGICAL PROCEDURES:

For patients with a total hip replacement undergoing a urologic procedure such as kidney stone manipulation, upper urinary tract manipulation (ureteroscopy, percutaneous nephrolithotomy, extracorporeal shock wave lithotripsy), transrectal prostate biopsy, or bowel manipulation, we recommend antimicrobial prophylaxis as follows:

- Ciprofloxacin 500 mg taken orally one (1) hour prior to procedure

Please call your orthopedic surgeon's office to obtain these prescriptions.

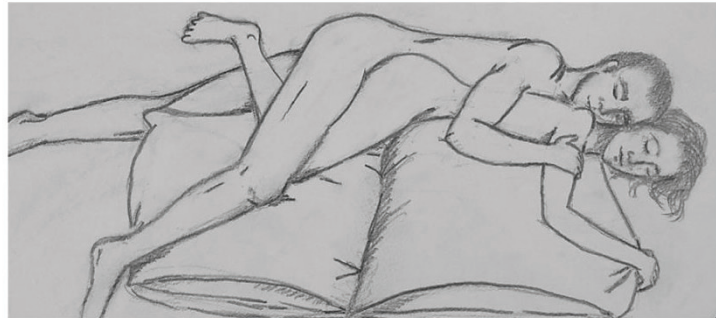
APPENDIX 3: SAFE SEXUAL POSITIONING FOLLOWING A TOTAL HIP REPLACEMENT

Sexual activity can resume when your pain has diminished and you are comfortable. Do not compromise your hip precautions at any given time. If you experience any hip pain, **STOP!**

Safe for: **BOTH**



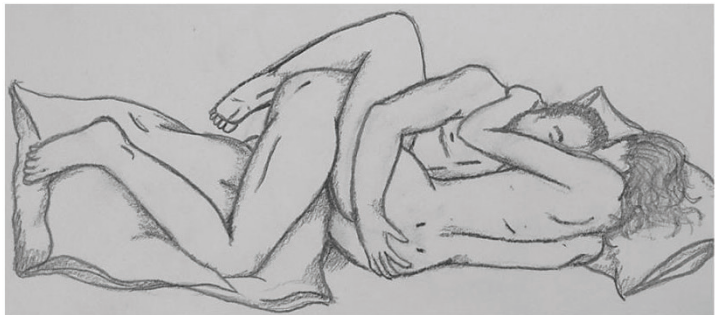
Safe for: **MALE**



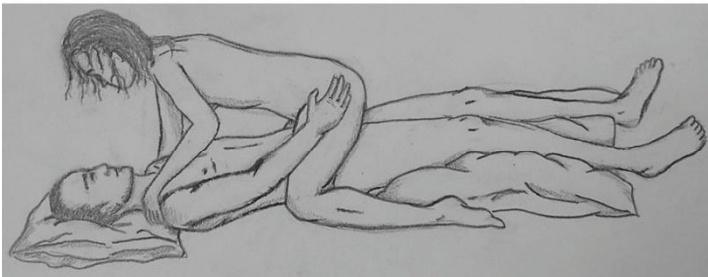
Safe for: **BOTH**



Safe for: **BOTH**



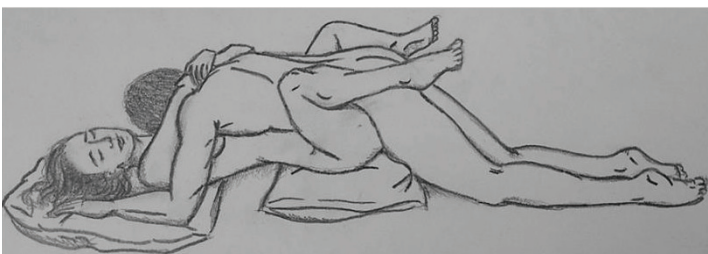
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Safe for: **BOTH**



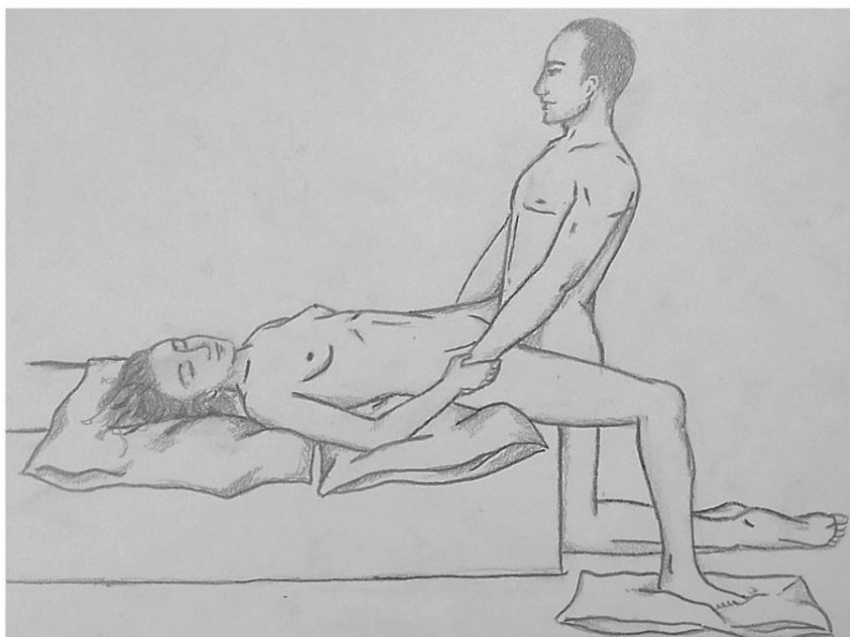
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Safe for: **BOTH**



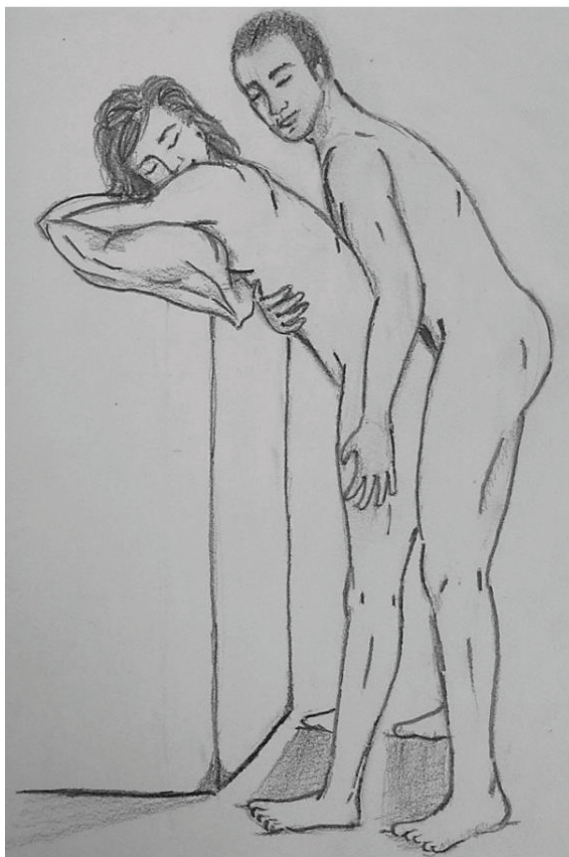
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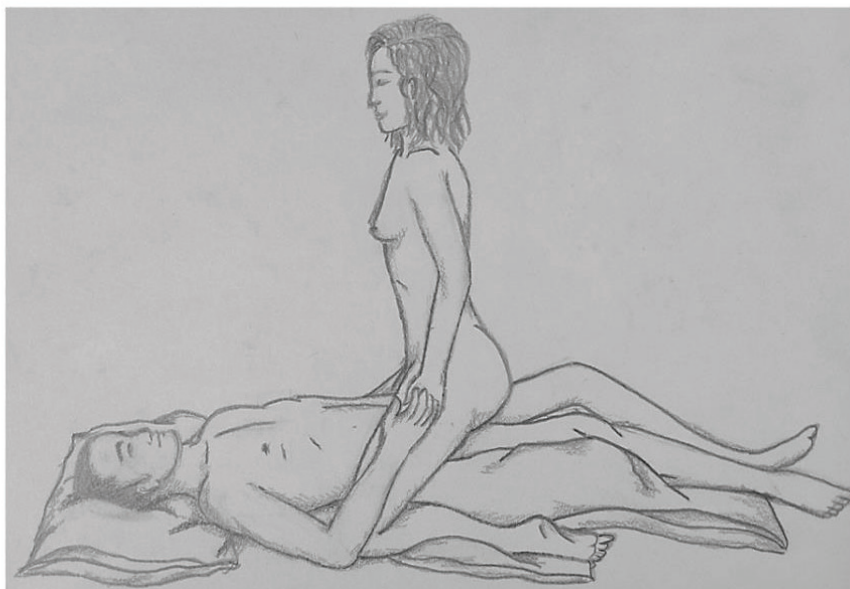
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Safe for: **BOTH**



Safe for: **BOTH**



APPENDIX 4: COMMON OPTIONAL HOUSEHOLD/BATHROOM EQUIPMENT

ASSISTIVE MOBILITY DEVICES:

These assistive mobility devices may be purchased at Orthopedic + Fracture Specialists either before or after your scheduled surgery.

Walker



Crutches



Cane



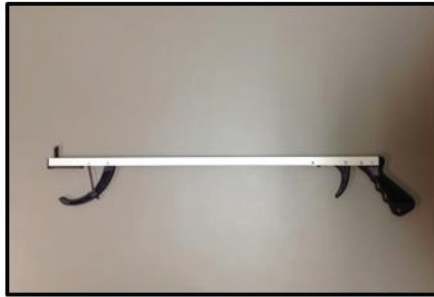
DRESSING AIDS:

These dressing aids come in a “Hip Packet” along with the Bath Sponge (pg. 40) that may be purchased at Orthopedic + Fracture Specialists.

Sock Aid



Reacher



Shoehorn



Dressing Stick



BATHROOM EQUIPMENT:

The Bath Sponge may be purchased in a kit along with the Dressing Aids (pg.39). The other bathroom equipment may be purchased at:

Evergreen Prosthetics & Orthotics, LLC
11782 SW Barnes Rd. Bldg. C, Suite 160 E
Portland, OR 97225
503.641.2020

Shower Bench



Toilet Seat Riser



Bath Sponge



Grab Bar



NOTES

NOTES

ORTHOPEDIC
+ FRACTURE
SPECIALISTS

Put Your Life in Motion

Barnes/Corby

11782 SW Barnes Rd.
Suite 100
Portland, OR 97225

Murray/Scholls

14795 SW Murray Scholls Dr.
Suite 109
Beaverton, OR 97007

www.OrthopedicandFractureSpecialists.com | Tel: 503.214.5200 | Fax: 503.906.6613