

Total Hip Replacement

at Reedsburg Area Medical Center

RAMC Orthopedic, Surgery and Rehab Departments



Reedsburg
AREA MEDICAL CENTER



About Your Surgery Appointments

Bring this binder and your medication list to all appointments.

Name _____

Surgical Procedure _____

Date of Your Surgery _____

Pre-surgery appointment with primary care provider date and time _____

Nasal Swab/Culture date and time _____

Pre-surgery images (MRI/CT/X-ray) Appointment(s) date and time (if indicated) _____

Total Joint Education Class _____

Date _____

Time _____

Location _____

Two week post op with Amanda or Krista _____

Six week post op with Dr. Niesen _____

My Support Person(s) _____

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Ask Me 3

Every time you talk with a health care provider **ASK THESE 3 QUESTIONS**

1

**What is
my main
problem?**

When to ask questions

You can ask questions when:

- You see a doctor, nurse, pharmacist, or other health care provider.
- You prepare for a medical test or procedure.
- You get your medicine.

2

**What do
I need
to do?**

What if I ask and still don't understand?

- Let your health care provider know if you still don't understand what you need.
- You might say, "This is new to me. Will you please explain that to me one more time?"

3

**Why is it
important
for me to
do this?**

Who needs to ask 3?

Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.

**Ask
Me³**
Good Questions
for Your Good Health



TOGETHER FOR SAFER CARE

To learn more, visit ihi.org/AskMe3

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Ask Me 3

Write your health care provider's answers to the 3 questions here:

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Asking these questions can help me:

- Take care of my health
- Prepare for medical tests
- Take my medicines the right way

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my health care provider again.

When I Ask 3, I am prepared. I know what to do for my health.

Your provider wants to answer 3

Are you nervous to ask your provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, health care providers have busy schedules. Yet they want you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

Bring your medicines with you the next time you visit a health care provider. Or, write the names of the medicines you take on the lines below.

Like many people, you may see more than one health care provider. It is important that they all know about all of the medicines you are taking so that you can stay healthy.

Ask Me 3[®] is an educational program provided by the Institute for Healthcare Improvement / National Patient Safety Foundation to encourage open communication between patients and health care providers.



TOGETHER FOR SAFER CARE



A Letter from Our President

Dear Patient,

Welcome to Reedsburg Area Medical Center (RAMC). Our hospital's mission is to provide care that is *"beyond the expected,"* and I feel we do just that.

As President and CEO of RAMC, I highly value the physician's role as the patient's advocate. Our physicians make decisions based on the best interests of you, the patient, which enables our facility to provide the highest quality care for you.



When you visit our Surgery Center you will find it to be light, airy and modern, offering you and your support person(s), a comfortable and private environment. Our exceptional team members will do everything possible to make your stay as pleasant as it can be, while providing the finest in healthcare services.

As a patient, you play a vital role in making your hospital stay a safe one by becoming an active, involved and informed member of your own healthcare team. I encourage you to:

- Speak out if you have any questions or concerns;
- Pay attention to the care you are receiving;
- Educate yourself about your condition including the medications you are taking, and;
- Participate in all decisions about your treatment.

Thank you for choosing Reedsburg Area Medical Center. It is our honor to serve you and I wish you well.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob", written in a cursive style.

Robert Van Meeteren
President/CEO
Reedsburg Area Medical Center

Important Contact Information

Reedsburg Area Medical Center main line....(608) 524-6487

RAMC Orthopedics.....(608) 768-3900

Orthopedic Nurse Navigator(608) 768-3912

Pre-Surgery Coordinator/Anesthesia.....(608) 768-6221

Insurance Questions (Pre-surgery)(608) 768-6195

Billing Questions (Post surgery)(608) 768-6255

Social Services/Discharge Planning.....(608) 768-6225 or (608) 768-6151

Rehabilitation Services.....(608) 768-6120

Services and Conveniences

Hospital Hours

The hospital is open to visitors from 6:00 am to 8:00 pm. After hours requires using the security call system on the wall inside ER entrance.

Parking

Parking is available in front of the hospital. At RAMC Orthopedics, located at the Specialty Group, parking is available in front of and at the side of the building.

Handicap Parking

Several areas near the hospital entrances have been designated for handicap parking. Please notify the front or volunteer desk if you are unable to find parking to fit your needs.

Shops

Our Gift Shop, managed and staffed by RAMC volunteers, offers gift, home decor and self-care items for all ages. Also available are a nice selection of snack items.

Sunshine Café

For visitors, Reedsburg Area Medical Center has a full service dining room offering a delicious variety of nutritional food choices including a salad bar and snack foods.

- The Sunshine Café is open
Monday - Friday 8:00 a.m. - 2:00 p.m.
- We offer Room Service dining for inpatients so you can order your meals whenever it is convenient for you.

Vending Area

There are snacks and soda vending machines as well as a microwave near the dining room (Sunshine Café) on the first floor of the hospital. The Vending Area is open 24 hours a day.

Tobacco/Nicotine/Vaping/Weapon-free Campus

The entire medical center campus is tobacco/nicotine/vaping and weapon-free.

RAMC Community Pharmacy

Reedsburg Area Medical Center Community Pharmacy is conveniently located on the RAMC campus within the Physicians Group. Patients can fill new prescriptions in the pharmacy so they don't need to stop on the way home. And the convenient hours make it easy to call in and pick up refills.

We offer EasyMedPak™. EasyMedPak™ is a safe, easy and convenient way to organize your medications and it's FREE at RAMC Community Pharmacy. We take all the medications you need, including prescription products, over-the-counter medications, vitamins and supplements, and put them into packets. Simply tear off the packet you need, open it, and take your medications.

(608) 524-6177

- Hours:
Monday-Friday 8:30 am - 6:00 pm
(closed daily from 1:00 p.m. - 1:40 p.m.)
Saturday & Sunday closed

RAMC Viking Pharmacy

Located inside Viking Village Foods, this is another convenient option for your prescription needs.

(608) 524-6868

- Hours:
Monday-Friday 8:00 am - 7:00 pm
Saturday 9:00 am - 5:00 pm
Sunday 9:00 am - 5:00 pm
(closed daily from 1:00 p.m. - 1:40 p.m.)

Consumer Advocate

Consumer Advocate/Marketplace Specialist, Denise Sobczak, can assist you with Medicare, insurance, EOBs (Explanation of Benefits), consumer resources, and more. This is a complimentary service. Denise is available Monday - Friday. Appointments are not required, but are encouraged. Call (608) 768-6132.

Meet the Orthopedic Team



Matthew Niesen, MD | Orthopedic Surgeon

“I absolutely love my job and treat everyone like my own family. Getting to know my patients on a personal level and making a connection with them is incredibly rewarding and the most important thing to me. I want my patients to know me as their partner. Together we will work to understand what is happening and I will be there for every step of the journey.”

Medical School: University of Wisconsin, Madison, WI

Residency: University of California (UCLA), Los Angeles, CA

Fellowship: Mayo Clinic, Joint Replacement (Hip and Knee)



Krista Dahl-Koehler, Physician Assistant | Orthopedics

“I find Orthopedics fascinating and enjoy helping patients understand their condition and treatment plan. The opportunity to improve someone’s quality of life is truly rewarding.”

Graduate School: Master of Health Sciences, Lock Haven University, Lock Haven, PA

Fellowship: APP Orthopedic Fellowship, Medical College of Wisconsin, Milwaukee, WI



Amanda Stittleburg, Nurse Practitioner | Orthopedics

“I grew up in a small town in Midwest Wisconsin and I want my patients to know that I value their voice when making decisions about their care.”

Undergrad: Bachelor of Science in Nursing, Viterbo University

Graduate: Doctor of Nursing Practice—Viterbo University, La Crosse, WI



Kimberly Hare, RN, Orthopedic Nurse Navigator

“I’ve worked in surgery for over 10 years and Orthopedics has always been my favorite specialty. My goal is to improve the overall experience and part of that, I think, is decreasing the anxiety level and making sure patients are prepared throughout the entire process for their surgery. It’s important to me to have a good relationship with our patients.”

College: Madison Area Technical College, Madison, WI

Your Care Team

Every part of your surgical experience requires coordinated efforts between many departments. Before you even enter the hospital there is a dedicated group of people who are preparing for YOUR arrival. All members of your care team are working to provide you the best possible experience here at Reedsburg Area Medical Center.

You

You are the most important person on the care team. We need you to communicate openly about your needs, your questions and your concerns to other members of the care team so we can all work together towards a safe and successful surgery for you.

Your Surgeon

A Board-Certified Orthopedic Surgeon, fellowship trained in hip replacement and revision and knee replacement and revision, oversees all phases of your surgery from the day you decide to have surgery until you are released from their care.

Advance Practice Providers (APP)

Our APPs are a highly trained team of physician assistants and nurse practitioners who assist the surgeon in all phases of your care including clinic visits, first assist during surgery and inpatient hospital management. You will be scheduled with an APP for your first post-op follow up.

Anesthesia Staff

Our anesthesiologists are board certified in anesthesia medicine and they work closely with your surgeon to provide you a safe and satisfying surgical experience. Our anesthesia team also works with your surgeon to determine what pain management procedures are the right option for your pain management needs.



Pharmacists

The pharmacy staff at RAMC is here to meet your medication needs while you are at the hospital. They work with the doctors and nurses to make sure that the correct medications are safely delivered to you.

Nursing

You will encounter a highly specialized and knowledgeable nursing staff throughout your stay at RAMC. The pre-op nurses will get you ready for surgery, the surgical nurses assist the surgeon throughout the surgery, the recovery room and post-op nurses will ensure your safety after surgery. You will be cared for by the dedicated nursing staff of the Med Surg (inpatient unit) on the second floor. We also have a trained patient care staff who work with the nurses to meet your care needs.

Spiritual Care

At RAMC your spiritual care is important to us. Please let your nurse know if you would like to meet with your spiritual care provider.

Your Care Team

Rehabilitation (Physical/Occupational Therapy)

Physical and Occupational Therapy will work with you shortly after your surgery to begin your rehab process and goal of returning home. Therapy may begin as soon as the day of surgery or the day after your surgery. Physical Therapy will work toward helping you regain range of motion, muscle strength, and balance to walk safely with your new joint. You will learn how to use an assistive device such as a walker or cane, which will be needed temporarily after your surgery.

Occupational Therapy will assist in teaching you safe ways to complete your daily activities, such as bathing, and offer ideas to assist you in creating a safe home environment. Adaptive equipment is used to simplify self-care tasks while conserving your energy.

Behind the Scenes

There is a team of other staff members working hard to make your surgery the best experience possible. These include surgery technicians, housekeeping, dietitians, schedulers, maintenance specialists, supply staff, registration staff and volunteers all working together for YOU.



Medical Evaluation



Please bring this binder, your insurance card(s) and medication list to all of your pre-surgery evaluations.

A proper medical evaluation helps to reduce the risk of problems that may occur after surgery. These include blood clots, heart attack, stroke, breathing difficulties or infection.

Primary Care Doctor

Your medical clearance is to be done by your regular physician within 30 days of your scheduled surgery. Your surgeon's staff and the staff of the Pre-Anesthesia surgery department at RAMC will provide information for your doctor to make sure that all necessary testing is done. This information will be gathered and reviewed by the nurses at the hospital who will consult with the anesthetist for special concerns if needed.

Cardiologist

If you need further evaluation by your own cardiologist or a special test done by a cardiologist, the staff can help arrange for special testing or appointments and will evaluate the results and communicate them to your surgeon.

MRSA/MSSA Test

- A nasal swab is performed no more than 30 days prior to your scheduled surgery. This nasal culture screens for the presence of both Staph Aureus and MRSA, which are types of bacteria.
- If this swab is positive, you will receive an additional antibiotic called Vancomycin through your IV just before surgery.
- If you have an Iodine allergy and your swab is positive, nursing staff will contact you for treatment using an antibiotic nasal ointment called Mupirocin. This ointment is applied in the nose 2 times a day for 5 days before surgery.



Focus on Family and Friends

Patient surgery process

We have multiple options to keep your support person(s) updated during your procedure:

Your support person(s) will be provided a patient specific locator number. The patient specific locator number will match to a number on our Surgery waiting area monitor with updates on your progress in surgery.

Text updates can be set up to one or more phone numbers of your choice.

We can also contact your support person(s) by phone if preferred.

Since family members are not allowed in the recovery room area, they will be directed to the waiting room on the inpatient unit until you are settled into your hospital room. Nursing staff will notify them when you are able to receive visitors.

Pager

Your family and friends will be provided a pager at the ACU nurses station that will alert them to any updates and when your surgery is over. Pager can only be used on the RAMC campus.

When the pager sounds, family should check in at the ACU nurses station where they will be escorted to a private area to review the surgical findings with your surgeon.

The pager transmits throughout the hospital, Sunshine Café, waiting rooms and clinic areas next door, allowing family to move about while you are in surgery. If family leaves the premises while you are still in the operating area, they are asked to inform the ACU nurses station.

Waiting Area/Wi-Fi

The Surgery waiting area provides comfortable seating for television viewing and a view of the outdoors. All areas in the hospital are Wi-Fi, computer accessible for your convenience. There are additional seating areas on the second floor, adjacent to a hallway where family can stretch their legs with a walk. The elevator is conveniently located nearby as well.

Restrooms

Restrooms are located throughout the facility. Please ask a staff member or volunteer for assistance in locating one.

Information

Your family and friends can always check with desk staff for any questions about the waiting room. Sleeper sofas are in each Med Surg patient room for overnight guests.

Dining

If family or friends would like to dine with you in your room, you may order guest trays. Guest trays may be purchased in the Sunshine Café.

Hospitality Center

Our ACU waiting room and Med Surg Center have Hospitality Centers with complimentary coffee, tea, hot chocolate, soda, juice and light snacks.

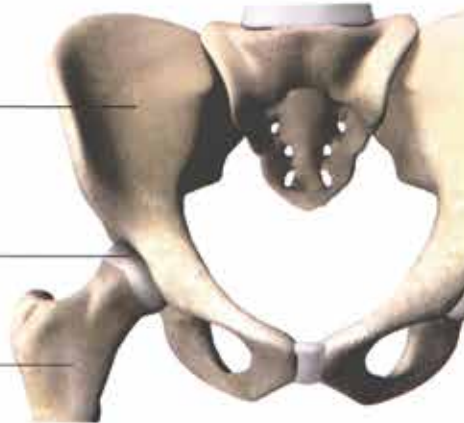
Total Hip Replacement

A Normal Hip

Pelvic Bone

Healthy Cartilage

Femur (thigh bone)

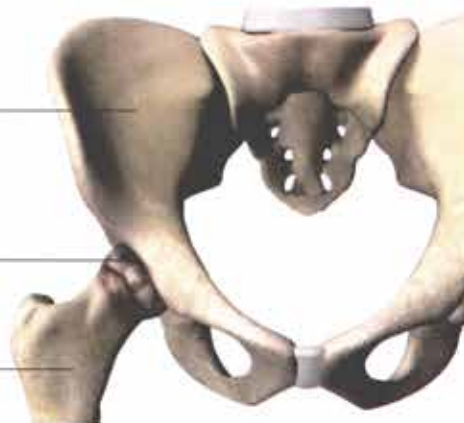


An Arthritic Hip

Pelvic Bone

Diseased Cartilage

Femur (thigh bone)

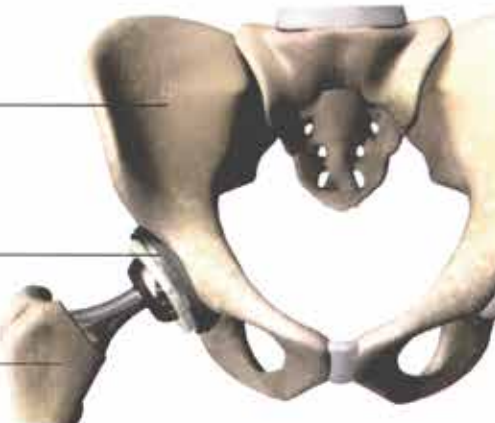


A Replaced Hip

Pelvic Bone

Hip Implant

Femur (thigh bone)



Total Hip Replacement

Total joint replacement is one of the greatest orthopedic surgical advances of this century.

During this procedure, an orthopedic surgeon replaces an arthritic or damaged joint with an artificial joint, called a prosthesis. According to the American Academy of Orthopedic Surgeons, there are more than 300,000 hip replacements annually in the U.S.

Some of the conditions that lead to surgery include:

- Osteoarthritis in which the cartilage that normally cushions the bones begins to wear down, leaving the bones to rub together while causing pain. Osteoarthritis results from aging and general wear and tear, and occurs most often in the hips, spine, knees, ankles, toes and fingers — the joints that you use most often.
- Rheumatoid arthritis occurs when the body's own immune system attacks the synovial lining of the joints that produces synovial fluid. Synovial fluid is a clear, smooth oil-like lubricating liquid that makes it easier for the joints to move. The loss of synovium causes destruction of the joint.
- Traumatic arthritis results when the joint wears out because of a previous injury.

Other conditions which cause similar damage and may lead to total joint replacement include congenital birth defects and avascular necrosis (diseased bone from poor blood supply).

All these conditions result in pain, stiffness, swelling, and the loss of motion that progress over time, affecting your ability to perform activities of daily living.

Living with arthritis involves adjusting to and managing the pain

Although there is no cure for osteoarthritis, conservative measures such as proper diet with weight loss, physical therapy, exercise, therapeutic joint injections, joint protection by wearing a brace, and medications often help to alleviate the pain. When these treatments fail, the answer for many patients is total joint replacement.

If joint replacement is recommended, patients can expect significant relief from pain — often dramatically. Motion of the joint will also improve. The extent of improvement will depend on how stiff the joint was before the operation.

What is done during Total Joint Replacement Surgery?

After you have been prepared for surgery and given an anesthetic, the surgeon will make an incision. It is needed to expose the ends of both bones so that the surgeon can reach the areas needed during the surgery.

Using special instruments, the damaged ends of the bones are removed and shaped to accept the prosthesis. Bone cement may or may not be used to hold the prosthesis in place, depending on the condition of your bones and the preference of your surgeon.

Total Hip Replacement

Total Hip Replacement Options

Joint replacement is also called joint arthroplasty. The surfaces in the joint where the bones meet are resurfaced. There is very minimal to no risk that your body will reject these components. Types of joint replacements offered at RAMC include:

- **Total Hip Replacement (THR, THA)**
The ball of the femur is replaced with a metal or ceramic ball on a stem. The ball is fitted into a cup with a plastic, metal or ceramic liner.
- **Revision of Hip Replacement**
A re-operation on a previously performed hip replacement that has worn out or become loose. Part or all of the previous implant is removed and replaced with a new one.
- **Hemi Arthroplasty/Partial Hip Arthroplasty**
Only the ball of the femur (femoral head) is replaced. This procedure is often used to treat hip fractures.

Types of Incisions

Incisions will be as long as necessary, but as short as possible to ensure proper placement of your prosthesis. Minimally invasive techniques are used and your surgeon will make the smallest incision possible. For more information, please speak with your surgeon.

Most hip replacement patients are expected to be safe to return home 23 hours after surgery

Make sure family, neighbors, and friends know when you're coming home. Your safety is very important. Someone will need to stay with you at your home for up to one week, possibly longer depending on your recovery.

Possible complications associated with total joint replacement surgery

There are always risks involved in any surgery and should be discussed with your surgeon. Although joint replacement surgery is quite safe and predictable, you should be aware of the following potential complications which include:

Infection

Certain medical conditions or lifestyles can increase the risk of infection, including obesity, diabetes, nicotine or alcohol abuse, immune suppression, chronic anemia.

The following precautions will help to reduce the risk of infection:

- Intravenous antibiotics before, during, and after surgery
- Laminar airflow system in the operating room that minimizes the bacteria in the air
- Complete any dental work before your surgery
- Good nutritional intake
- Blood sugar control for diabetics
- Frequent hand washing
- Stop the use of nicotine (smoking, chewing tobacco, e-cigarettes and vaping products) at least 6 weeks prior to surgery.

Total Hip Replacement

Blood clots in the legs (DVT: Deep Vein Thrombosis)

This is caused by decreased activity and swelling (1 or 2 in 100 occurrence). You may be treated with a blood thinner to lower this risk. Depending on where the clot is located, you may need to be readmitted to the hospital for intravenous blood thinners. The most common symptoms are calf pain, swelling, and redness.

Blood clots in the lungs (PE: Pulmonary Embolism)

The clot can travel to your heart or lungs causing a heart attack or even death. If you experience sudden shortness of breath and chest pain while in the hospital, contact your nurse. Post discharge, go to the nearest emergency room or call 911. This complication is extremely rare, occurring in approximately 1 in 1,000 patients.

Blood loss requiring a transfusion

- Females over 60 years old are at a slightly higher risk.
- Your surgeon will take precautions during your surgery to minimize blood loss.

Leg length discrepancy

Your surgeon will do everything possible to equalize your leg lengths, depending on what needs to be done in surgery in order to ensure a stable and well functioning prosthesis. Correcting this with a small lift inside your shoe is better than an unstable prosthesis.

Neurovascular Damage

- Numbness and weakness or persistent pain in the leg and foot.
- Rare loss of muscle function. The risk is higher when the joint replacement surgery involves straightening a severely “knock-kneed” knee. Nerve injuries of this type can

lead to a “foot drop” or the inability to raise your ankles or toes.

- An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This “superficial” skin numbness does not interfere with the function of the leg or knee.

Loosening of the Prosthesis

This can happen over time and may require a revision surgery to repair.

Abnormal or Heavy Wear

As wear over time may not cause any symptoms, routine x-rays are taken periodically to determine whether replacement of the weight-bearing surface is required.

Reaction of Body to Particles

Osteolysis is an inflammatory response to particle debris in the joint. Osteolysis, or weakening of the bone surrounding the implant, can occur when the implants wear down and your body reacts to the particles. This may lead to loosening of the implants.

Metal Sensitivity

Metal Sensitivity is extremely rare. If you have concerns talk to your surgeon.

Risks of General Anesthesia

See page 25.

Dislocation of the joint prosthesis or fractures (femur, pelvis)

Observe all precautions to help reduce the risk of dislocation. These will be taught to you by your physical therapist. See pages 34-36 for more information.

Medications Before Surgery

What to Know About Taking Medications Before Your Surgery

NSAIDs

It is very important that you stop taking NSAIDs (*non-steroidal anti-inflammatory drugs widely used to relieve pain, reduce inflammation, bring down high temperature*) **one week before your surgery.** These medications can reduce your body's ability to form blood clots. **CHECK WITH YOUR PRIMARY CARE PROVIDER ABOUT CONTINUING ASPIRIN IF YOU ARE TAKING IT TO REDUCE THE RISK OF HEART ATTACK OR STROKE.**

NSAIDs include

- Aspirin (Bayer, Excedrin, Ecotrin)
- Ibuprofen (Advil, Motrin)
- Naproxen (Aleve, Naprosyn)
- Celecoxib (Celebrex)
- Relafen (nabumetone)
- Athrotec (diclofenac / misoprostol)
- Daypro (oxaprozin)
- Meloxicam (mobic)
- Lodine (etodolac)
- Indocin / Tivorbex (indomethacin)
- Feldene (piroxicam)

Anticoagulants / Antiplatelets

Anticoagulants are medications that are used to reduce your risk of blood clots.

You may need to stop or adjust these medications one week before surgery.

Always check with the provider that manages these medications if and when you should stop taking these medications.

Anticoagulants / Antiplatelets include

- Warfarin (Coumadin)
- Rivaroxaban (Xarelto)
- Dabigatran (Pradaxa)
- Apixaban (Eliquis)
- Edoxaban (Lixiana)
- Plavix (Clopidogrel)
- Ticagrelor (Brilinta)

Corticosteroids/Immunosuppressants

To reduce the risk of infection, please tell your surgeon, anesthetist, and family doctor about how much medication you are taking and how long you have been taking it. **These may need to be stopped prior to surgery. Discuss the medications with your surgeon and provider.**

Insulin

For Day of Surgery – Check with the doctor who monitors your insulin about any adjustments needed the day of surgery.

Herbal Supplements

Herbal Supplements can interfere with anesthesia or medications that you may be given while you are a patient at RAMC. **Two weeks prior, stop ALL herbal supplements including:**

- Ephedra
- Ginseng
- Ginko
- St. John's Wart

Medications Before Surgery

All Vitamin Supplements

Vitamins can interfere with your body's ability to stop bleeding and vitamins can react with other medications you may receive the day of surgery.

Weight Loss Supplements

Weight loss supplements contain chemicals that can raise your blood pressure and your heart rate during and may cause lung problems with anesthesia. **Your surgery may be cancelled if you have taken a weight loss supplement containing Phentermine within two weeks of surgery.** Phentermine (Fen-Phen) can increase your heart rate and blood pressure during and after surgery.

Estrogen Supplements

If possible, stop two weeks before surgery if cleared by your prescriber. Stop ALL hormone replacements with estrogen (includes Evista) to reduce risk of blood clot.

Blood Pressure Medications

Check with your Primary Care Provider.

You may be given specific instructions about taking your blood pressure medications before surgery. Do not adjust your medication schedule unless instructed to do so.

Other Medications

Certain medications should be taken the morning of your surgery. Your primary care provider will discuss which medications and when to stop medications prior to surgery.

Ask your Primary Care Provider about any supplements or medications if you are unsure.

Exercises BEFORE Surgery

Perform the following exercises on the leg you will be having surgery on.

Hip Abduction and Adduction

Lie on your back. Slide your leg out to the side. Keep toes and knee cap pointed up towards the ceiling. Return to starting point. This exercise is done to help strengthen your inner and outer thigh muscles used to get in and out of bed.



Heel slides.

Lie on your bed. Slide heel towards your bottom. Hold 5 seconds then return to the start position. This exercise helps loosen your knee and get good range of motion.



Short Arc Quads

Lie on your back with towel roll or large coffee can under your thigh. Lift foot, straightening your knee. Do not lift your thigh off the roll. This exercise will help strengthen your quadriceps (thigh muscle) to prevent your knee from buckling.



Exercises BEFORE Surgery

Before Surgery Upper Extremity Exercises

These exercises are designed to improve the strength of your arms and upper trunk muscles. You will use these muscles when using a walker or crutches to get around.

1. Sit facing the door with your arm at your side. Keep elbow straight, pull the band back with a slow controlled motion. Hold five seconds and release back towards the door slowly with control.



2. With therapy-band wrapped around one hand, and the other end secured under foot, curl arm up as far as possible toward shoulder.



3. With hands on armrests of chair, push up from chair. Use legs as necessary. Hold five seconds. Return slowly.

Important Checklist

WITHIN 30 DAYS BEFORE SURGERY

- Pre-op Physical / Medical Clearance
- MRSA / MSSA swab
- You will receive a call from your Pre-Op Coordinator to complete your preadmission assessment.
- Ok to take Tylenol / acetaminophen up until day of surgery.

2 WEEKS BEFORE SURGERY

- Stop taking estrogen supplements.
- Stop herbal supplements (including glucosamine and chondroitin).
- Stop all vitamin supplements.
- Stop all weight loss supplements.
- Prepare your home for after surgery. See page 27.

1 WEEK BEFORE SURGERY

- Stop taking NSAIDs (see page 19 for list)
- Begin nasal treatment for Staph aureus / MRSA if you have an iodine allergy.
- Check with your primary care provider for specific instructions on the following medications:
 - Coumadin, Plavix or any other blood thinner
 - Insulin
 - Corticosteroids (prednisone, dexamethasone, hydrocortisone, etc)
- Stop drinking alcohol.
- Stop taking any street drugs.
- Reminder – have your adaptive equipment at home and ready to use.

72 HOURS BEFORE SURGERY

- Stop taking Erectile Dysfunction medications.

24 – 48 HOURS BEFORE SURGERY

- You will receive a phone call from Pre-Op Coordinator providing your arrival time.

NIGHT BEFORE SURGERY

- Nothing to eat or drink after midnight.
- No smoking, chewing tobacco, vaping products or e-cigarettes.
- Shower. Wait 1 hour. Use CHG cloths. Instructions on page 23-24.

MORNING OF SURGERY

- Take only medications you've been instructed to take by your primary care provider with a small sip of water.
- Brush your teeth and rinse but do not swallow water.
- DO NOT SHOWER. Use CHG cloths. Instructions on page 23-24.

Important Checklist

Items to bring the day of surgery

- Binder**
- List of all medications including vitamins, supplements and herbals**
- Toiletries, such as toothbrush, toothpaste, deodorant, comb/brush
- Paperwork: Picture ID, insurance card, proof of legal guardianship/power of attorney if applicable
- Electric shaver instead of razor with razor blade, if planning to shave
- Loose fitting comfortable clothes such as shorts, t-shirt, flat rubber-soled shoes, not slippers
- Wheeled walker that you already have and plan to use. Please label with your name and bring in with you when you arrive for surgery.
- Orthotics or braces you normally wear when walking
- Containers for items such as glasses, contacts, dentures, hearing aids
- CPAP machine if you use one while sleeping at night
- Inhalers, insulins, eye drops, creams (keep all other medications at home)
- Pacemaker or defibrillator information

Items to leave at home

- Money, jewelry and any other valuables
- Do not wear makeup. Fingernails must be free of any polish, acrylic or gel. This is where the pulse oximeter is usually placed to measure oxygen levels in your blood and it may not work as well when nails are covered with polish / acrylic.

Optional

- Reading materials
- Cell phone and charger
- CD player, mp3 or iPod player with headphones and your favorite music (relaxing music helps with pain control)
- A copy of your Advance Directive if you have one
- Laptop computer and charger

Where to Buy Adaptive Equipment



RAMC Gift Shop

2000 North Dewey Avenue
Reedsburg, WI 53959
608-524-6487

Resale Beyond the Expected

502 South Albert Avenue
Reedsburg, WI 53959
608-524-8757

St. Vincent's, Reedsburg

675 South Albert Avenue
Reedsburg, WI 53959
608-524-7714

SSM Health at Home

164 Second Street #B
Reedsburg, WI 53959-
608-524-2567

Walgreen's, Reedsburg

1100 East Main Street
Reedsburg, WI 53959
608-524-1228

St. Vincent's, Baraboo

100 South Boulevard
Baraboo, WI 53913
608-356-4649

Walgreen's, Baraboo

603 West Pine Street
Baraboo, WI 53913
608-356-1171

Wal-Mart, Baraboo

920 Hwy 12
Baraboo, WI
608-356-1765

Wal-Mart, Lake Delton

130 Commerce Street
Wisconsin Dells, WI 53965
608-253-3490

Phillips Drug Store

123 East State Street
Mauston, WI 53948
608-847-5949

Amazon

[amazon.com](https://www.amazon.com)

Cleansing Instructions Before Surgery

Cleansing of the skin before surgery can reduce the risk of infection at the surgical site.

At the time your surgery is scheduled, you will be given **CHG* Cloths**.

*CHG is Chlorhexidine Gluconate to reduce the number of bacteria present on your skin.

The day you come into the Surgery Center for your surgery, CHG cloths will be used one more time prior to surgery.

To Cleanse with **CHG Cloths** (adolescent and adult)

CHG disposable cloths are moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) antiseptic solution.

CAUTION

- Do not use CHG cloths if you have an allergy or skin irritation to CHG or chlorhexidine. You will need to use an antibacterial soap instead.
- If you develop any itching, redness, burning or irritation of your skin, rinse immediately and do not reapply. You can complete your cleansing with an antibacterial soap.
- Tell your surgeon about a skin reaction.
- DO NOT SHAVE near the site of your operation for three (3) days before your surgery.

The following steps outline the cleansing process and should be carefully followed.

Night Before Surgery

- Shower or bathe and shampoo as normal. Avoid using hot water.
- Wait at least one (1) hour to ensure skin is dry and cool before you can prep your skin with CHG Cloths.

Cleanse the Skin Process

1. Open first packet. There are 6 cloths per pack. You will use all 6 cloths.
2. Use one (1) clean CHG cloth to gently wipe each area *shown in picture on next page*. Do not use CHG cloths in eyes, ears, or mouth. IF you do rinse area immediately. STOP if skin gets red, itchy or irritated. Rinse areas immediately. Do not use again.
3. DO NOT rinse with water or apply powders, lotions, moisturizers, deodorant, makeup or perfume after prepping your skin. These reduce the benefits of CHG.
4. Allow each area to air dry for one minute. It is normal for the skin to have a temporary "tacky" feel for several minutes after using CHG cloths.
5. Dress in clean loose fitting clothes or sleepwear.
6. Discard used cloths in the trash.

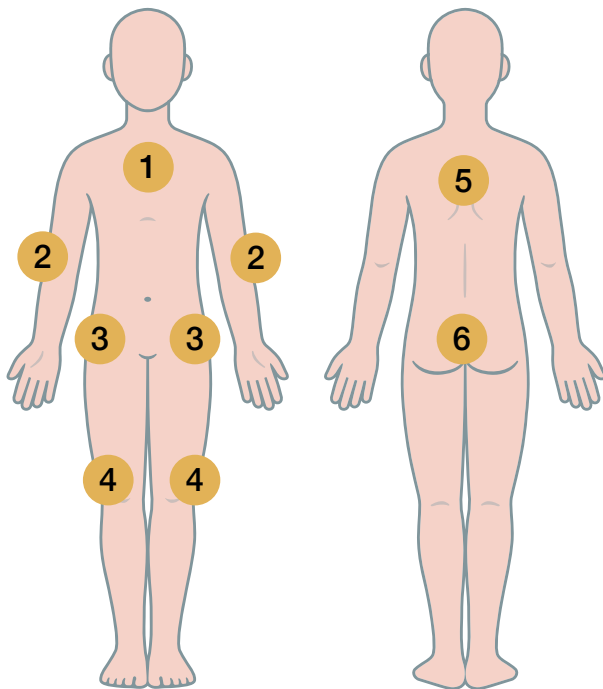
Morning of Surgery

Do not shower, bathe or shampoo unless absolutely necessary.

REPEAT "Cleanse the Skin Process" above with the second pack.

Cleansing Instructions Before Surgery

Cleansing Instructions Before Surgery



Using CHG Cloths

Cloth 1: Wipe the neck, chest and abdomen.

Cloth 2: Wipe both arms, starting with the shoulder and ending at fingertips. Wipe the arm pit areas last.

Cloth 3: Wipe the right and left hip then the groin. Be sure to wipe folds in the abdominal and groin areas. **DO NOT** wipe the vagina or penis.

Cloth 4: Wipe both legs, starting at the thigh and ending at the toes. Be sure to wipe behind the knees.

Cloth 5: Wipe the back, starting at the base of the neck and ending at the waist line. Cover as much area as possible. You may need help with this.

Cloth 6: Wipe the buttocks. **DO NOT** wipe the rectum.

Anesthesia Information

Nothing to EAT after Midnight

IMPORTANT

An empty stomach protects you from the risk of choking after surgery. This also means no gum, no mints, no hard candies. Your surgery may have to be rescheduled if you have eaten or had something to drink unless instructed to do so by the surgeon, the nursing staff or anesthesia. You may have SIPS of water up to 2 hours before your arrival time.

Stop Smoking / Stop All Tobacco / Nicotine / Vaping / E-cigs Use

Stop Right Away — Smoking and nicotine can increase your risk for infection after surgery and can have a negative effect on your body's ability to heal wounds and bones. This includes smoking, chewing tobacco, vaping products and e-cigarettes.

You may be required to take a nicotine test prior to surgery. If you fail the nicotine test, your surgery may be postponed so you may continue to work on nicotine cessation.

Alcohol or Street Drugs

Stop seven DAYS before surgery — these substances can interfere with anesthesia and may cause significant side effects as you recover from surgery.

CPAP

Please bring your CPAP machine with tubing and mask with you the day of surgery.

Inhalers

IMPORTANT

Please bring your inhaler to the hospital the day of surgery. The anesthetist will instruct you on how to use it before surgery. Your family can take it back home when your surgery is over.



Pacemaker or Defibrillator

IMPORTANT

Please bring all information about your pacemaker or defibrillator to the hospital.

Call Your Surgeon's Office

Call Right Away

If there are any changes in your health before surgery such as chest pain, the flu, a fever, a skin infection or a new illness.

Do not wear makeup

Remove any nail covering —

nail polish, acrylic, gel or nail dip.

Anesthesia Q & A

Here are some of the most frequently asked questions about anesthesia. If you have other questions, you will be able to talk to your anesthesiologist the day of surgery or may arrange to speak to a member of the anesthesia staff by calling your surgery scheduler.

Can I choose my anesthesiologist?

RAMC has five (5) Board Certified Registered Nurse Anesthesiologists on staff. If you request a certain anesthesiologist, we try to honor your request but cannot guarantee that provider because of schedule changes and emergency surgeries.

Are there different kinds of anesthesia?

Yes, and the type of anesthesia you get depends on your surgery, your surgeon, and your health. The most common types of anesthesia at RAMC include:

- **General Anesthesia:** you are given medication through your IV or may be given an inhaled (gas) anesthetic so that you are completely asleep during the entire surgery.
- **Monitored Anesthesia:** you are given medication through your IV that will make you sleepy during the procedure and you may be given a nerve block to numb your leg for your surgery.
- **Epidural Anesthesia:** a catheter is inserted into the back for continuous medication administration to numb your leg for surgery.
- **Spinal Anesthesia:** a single dose of medication is injected through a small needle into the back to numb your lower body for surgery.

Are there any risks to anesthesia?

All surgeries and anesthesia have some small risk which depends on your health and the type of surgery you are having. You should ask your anesthesiologist about any risks that may be associated with your surgery.

Why is my medical history so important to the nurse anesthetist?

Your nurse anesthetist needs to know all about your medical conditions as well as any problems you have had with anesthesia in the past so they can plan the best anesthesia care for you during surgery.

Why can't I eat or drink before anesthesia?

It is important to keep your stomach as empty as possible in case you get nauseated or vomit when waking from surgery.

Do you have to stop smoking or drinking before you have anesthesia?

Cigarettes, chewing tobacco, e-cigarettes, vaping products, alcohol and street drugs can change the way an anesthetic medicine works during surgery. Please provide accurate information so we can provide you a safe anesthetic experience.

Are there any side effects from anesthesia?

Some patients may experience nausea, a minor sore throat or muscle pain lasting a day or more after general anesthesia. Please contact your nurse anesthetist or surgeon if any of these symptoms last more than a week after surgery.

Preparing for After Your Surgery

Controlling pain after surgery is important for your recovery. Your surgeon may use different medications to help reduce and control your pain.

Your Recovery

When your pain is under control, your body can better focus on healing. This is not the time to test your pain tolerance, or grin and bear it. Work with your surgeon, APP, nurse, or physical therapist—your healthcare team—to develop a treatment plan that will make your recovery as speedy and pain-free as possible.

- Follow the postsurgical orders given to you at discharge.
- Be sure to communicate any discomfort you may be feeling to your healthcare team.

It is very important to plan ahead for your needs at home after your surgery. Here is a list of things to do before you have your surgery.

Prepare Your Home **IMPORTANT**

- Remove all loose scatter-type rugs. These increase your risk for slipping and falling at home. Tape down any loose edges of carpet.
- Find a FIRM chair with arms that you will use after surgery. It is very difficult to get in and out of low and soft chairs or chairs with no arms after surgery.
- Minimize clutter that may cause you to trip or stumble.
- Make sure you have handrails in the bathroom near the toilet and in the shower. Check with your surgeon about when he will let you shower after surgery.
- Get your cleaning done before the surgery. You won't have the energy or the interest to clean for a while after your surgery.
- Do your grocery shopping. Plan your meals for two weeks and make sure you have lots of nutritious foods like vegetables and fruits available. If you are usually bothered by nausea after surgery, be sure to have ginger

ale, 7 Up or Sprite on hand as well as soda crackers.

- Gatorade is an easy way to maintain fluids and keep electrolytes balanced.
- Identify an adult family member or friend who is able to stay with you for up to one week, when you go home from the hospital. Your surgery will be cancelled or postponed until these arrangements are made.
- You may need help with bathing, dressing, even walking for the first few days you are home.

Optimize your health

To optimize your health and your outcomes, talk to your provider about: weight control, diabetes, smoking cessation, minimizing alcohol intake, exercise program that works for you and dental work.

Plan for the Unexpected **IMPORTANT**

- For non-emergent medical questions call RAMC Orthopedic nurse navigator at (608) 768-3912. Place this phone number by the phone so it's easy to find in the case of an unexpected problem.
- You can ALWAYS reach someone at RAMC by calling (608) 524-6487.
- Call 911 for any medical emergencies like chest pain, difficulty breathing or significant bleeding.
- Make sure you have the phone number of a family member or friend who can come to your house for any non-emergency needs.
- Be sure you have your regular prescriptions filled and ready for you when you come home after your surgery.

Safe Surgery Plan

**Your safety is our number one priority at
Reedsburg Area Medical Center.**

Safe Surgery Plan

From the moment you arrive, the staff will begin a process known as our Safe Surgery Plan. This plan is designed to make sure that all the important information about you and your surgery is communicated to all staff involved in your surgical experience.

To Assure You Have a Safe Surgery

- Confirming your name and date of birth throughout the surgery process.
- Identification wrist bands for your personal identification, for significant allergies and for any significant health information.
- Education for you and your family about proposed procedures and care issues for after surgery.
- Explaining procedures and obtaining your permission for all proposed procedures including anesthesia procedures and surgical procedures.
- Repeated confirmation for the correct site for surgery. Your surgeon will mark and initial the correct site for surgery with a marking pen on the day of the surgery. Please do not draw pictures or write messages on that limb prior to the day of surgery.



Fall Prevention

Are you at risk?

Because you have had surgery and will have had medications, IV tubings, bandages, etc. this puts you at a greater risk for injury if you would fall.

How we keep you safe:

- We will use screening criteria to assess your risk.
- If you are at risk you will have a yellow wrist band applied. We will also give you special yellow slippers and a hospital gown. These are all items that discreetly notify all hospital staff that you are at risk for falls.
- It is important that you always call for help getting out of bed, a chair, or when toileting.
- When we assist you in getting up and/or walking we will place an assistive belt around you called a gait belt.
- In some circumstances we may initiate other preventive measures to alert staff if your risk increases.
- As you recover we may discontinue fall risk measures.

Discharge Planning

In most cases, your insurance or Medicare approves you to stay 23 hours or less. It is common that you will be able to go home after that time, with the right help. If you have the need for continued rehab or care, our Discharge Planning Team will discuss the options available to you. This may include a short stay in our Swing Bed Program or at a skilled nursing facility. The Swing Bed Program is a short-stay program designed to serve those individuals who are in a transition phase of recovery and no longer require acute care services. Your options will be explained to you at that time, if needed. **Unfortunately, we are unable to set up any sort of rehab stay prior to your surgery.**

Your discharge needs for after surgery will be addressed by your surgeon and a team that includes staff from Nursing, Social Services, Case Management, Rehab, Dietary, Pharmacy and Respiratory. This team meets often to help plan your discharge. As you are an important part of this plan, we try to involve you and family members by planning at your bedside. This team will help plan and arrange for the following.

Transportation Home

Getting home after your surgery will require help from family or friends. Consider any movement restrictions that may require larger car or a minivan.

Home Health Needs

You may have special needs for equipment, medications or nursing care.

Insurance

A member of the Case Management and Social Services staff can talk to you about insurance questions related to home care or after surgery care issues.

Appointments

Your post operative follow-up appointments with your surgeon or his staff will be arranged prior to your surgery.

Prescriptions After Surgery

You may need to stop by your pharmacy to pick up prescriptions after surgery.

Rehab

Shortly after surgery you will begin therapy and you will be provided with information on how to continue with this therapy after your discharge home. Once home, therapy through a Home Health agency or coming to RAMC for outpatient therapies are options. If you're unable to return home directly from the hospital, a short rehab stay at a skilled nursing facility, such as our own Reedsburg Area Senior Life Center, or swing bed are other options.

Help at Home

When you return home you will need a responsible adult to stay with you for up to one week. You may also need someone to drive you to your appointments for several weeks after surgery.



Safety After Surgery

- Take your pain medicine with a small snack, such as clear liquid and crackers to help avoid nausea.
- Consider taking an over-the-counter stool softener while you are taking narcotic pain medicine to avoid constipation.
- Wash your hands frequently with soap and water. This includes before and after handling food and especially before changing or touching your dressing.
- Keep your incision clean and dry according to your surgeon's instructions. Do not bathe or soak in a tub, lake or pool until OK with your surgeon.
- Do NOT apply creams, lotions or ointments to a healing incision. These can inhibit new skin cell growth and/or introduce bacteria.
- You should refrain from any sexual activity that could jeopardize your surgical site for at least six weeks.
- If possible avoid any non-emergency procedures for three months following your surgery. These include routine dental work, such as dental cleaning and any other routine medical procedures, such as colonoscopy screening. Discuss need for preventative antibiotic with your surgeon or dentist.
- Remember that preventative antibiotics one hour before procedures such as dental cleanings, dental procedures, urological procedures and colonoscopy. Antibiotics are recommended for two years, up to a lifetime depending on your individual health status.
- Do not drive while you are still taking narcotic medications as they can make you too sleepy.
- Discuss when it is safe to return to driving with an ortho team member
- Follow the exercise guidelines given to you by Rehab but always check with your surgeon before starting any new exercise regimens including home exercises.

Hip Dislocation Precautions

Hip precautions may be required and will be specified by your provider.

What is a hip dislocation?

A hip dislocation occurs when the ball of the hip comes out of the socket. This is an uncommon and preventable complication to a hip surgery. Knowing which activities are acceptable to perform and which activities should be avoided can prevent hip dislocation.

What leads to a hip dislocation and how can I prevent it?

A hip dislocation can occur anytime after surgery, but it is more likely in the first 6 weeks. During these 6 weeks, the muscles around your hip socket are still healing and are not strong enough to hold the ball in the socket when under stress. In the hospital, you will be taught how to avoid stressful positions. The therapy staff in the hospital will teach you the precautions specific to your surgery and will make sure you are comfortable with them before leaving the hospital. You will be asked to maintain dislocation precautions until the doctor has told you otherwise.

Will I know if I dislocate my hip?

Yes, you will have an increase in pain in your groin and/or buttocks. You may feel a 'pop' or hear a noise. You will be unable to apply weight on the affected side (unable to walk), and your leg may appear much shorter than the leg on your unaffected side. Your foot may be rotated either inward or outward.

What should I do if I do dislocate my hip?

You will need to go to an emergency room to have your hip joint put back into place. If you happen to dislocate your hip and are treated by someone other than your surgeon, please call your surgeon about your dislocation.

Hip Precautions After Surgery

POSTERIOR HIP PRECAUTIONS

DO NOT bend beyond 90 degrees to reach objects on the floor or to put on your shoes and socks. Do not bend your operated leg to bring foot within reach. Instead, use your long-handled adaptive devices.



DO NOT bend forward when getting out of your chair (past 90 degrees). Instead, remain upright. Slide your surgical leg forward before standing.



DO NOT sit on a low toilet or chair lower than your knees. Instead, sit on an elevated toilet seat and keep a cushion on your chair so your hips are higher than your knees while seated.

Hip Precautions After Surgery

POSTERIOR HIP PRECAUTIONS

DO NOT stand with your toes turned in or roll your knee inward with your foot out to the side. Avoid rolling your leg in toward other leg when lying on your back.



DO NOT lie on your side without a pillow. Instead, place a pillow between your knees to prevent them from touching each other. **DO NOT** lie on your surgical side without your physician's approval.



DO NOT cross your legs past the midline of your body. For example, do not cross your operative leg over your other leg.



ANTERIOR HIP PRECAUTIONS—Your therapist will go over precautions with you.

Additional Precautions

- **DO NOT** twist or reach across your body.
- **DO NOT** pivot on the operated leg.
- **DO NOT** extend your leg backwards beyond a neutral position.
- **DO NOT** press your knees together, especially when sitting.

Nutrition Suggestions to Speed Your Recovery After Surgery

General Guidelines

- Now is not the time to “diet” or lose weight. Even though you may be less active after surgery, do not decrease your food intake. Your body actually needs more calories, protein and other nutrients for healing than you did before your surgery.
- A well-balanced diet including a variety of foods from all of the food groups—fruits, vegetables, grains, protein and dairy—should provide you all that you need for healing.
 - If larger meals are difficult to manage try smaller snacks or meals that include a variety of foods from each food group.
 - If your appetite is poor you may want to consider supplements such as Carnation Instant Breakfast, Boost or Ensure drinks.
- Plan ahead for how you will get snacks and meals after your surgery. Think about how you will be able to get around to prepare these foods or recruit a helper to assist you with meals for a few days.
 - Stock up on easy to make meals and snacks including individual containers of yogurt, fruit cups, healthy frozen dinners (store bought or homemade), canned soups, frozen or canned fruits and vegetables, instant cereals, and protein or granola bars.



iron Eating foods rich in **iron** after surgery will help to rebuild your supply of red blood cells. Iron is found in lean meats, fish, fortified breads and cereals, beans and green leafy vegetables all with 3-5 mg per serving. Try to get about 15-18 mg per day.

Eating iron rich foods *with* Vitamin C rich foods can help better absorb the iron. Citrus fruits, tomatoes and green peppers are all high in Vitamin C.

calcium To help rebuild and maintain bone strength as well as muscle contractions, **calcium** intake should be increased during your healing. Try to get 1500 mg per day. Foods rich in calcium include milk, cheese, yogurt, soy products, dark leafy greens and almonds. Milk, cheese, yogurt and soy milk provide the most calcium with over 200 mg per serving!

fiber Fruits, vegetables and whole grains are great sources of **fiber**. Pain medications and low mobility after surgery can often cause constipation. Eating a diet high in fiber will help alleviate this symptom. Aim for 25 to grams of fiber per day. Be sure to drink plenty of fluids (6 to 8 8-ounce glasses per day). And if you don't usually have that much fiber, work up to it slowly to avoid stomach upset. Good sources of fiber (with 2 or more grams per serving) include whole wheat bread, oatmeal, barley, beans, berries, peas, potatoes with skin, whole fruit with skin, Brussels sprouts, corn, broccoli, cauliflower and spinach.

Protein is essential in the body after surgery both for healing and repairing tissues as well as for the immune system to fight infection. If the body does not get enough protein from food, it will steal it from our muscles, causing weakness and weight loss.

Aim for a total of 60-90 grams per day. Good sources are lean meats, eggs, low fat dairy products, fish, nuts, seeds and beans with 6-10 grams of protein per serving.

Blood Clot Prevention

This risk of developing a blood clot (DVT – deep vein thrombosis) increases when you have had surgery and are inactive. Therefore, both mechanical and pharmacological (medicinal) measures are taken to reduce that risk. These measures are based on your surgeon's preference.

Mechanical Prevention

- Ankle pumps — your nurse will remind you to pull your toes up toward your chest and point your toes down. This action contracts and relaxes your calf muscles and increases circulation throughout your lower leg.
- Walking — gentle activity such as walking helps to increase circulation. Therapy will help you determine when you are ready to walk safely.
- Sequential Compression Device (SCD) — this will be wrapped around the foot and/or lower leg and worn while in bed while you are in the hospital. Air is pumped into compartments of this wrap which gently compresses the foot or lower leg. This helps to mechanically move the blood along in your veins. This is removed before getting out of bed.
- T.E.D. stockings — will be applied to your legs during surgery and need to be worn for six (6) weeks. In addition to providing blood clot prevention, they also help with post-op swelling.

Medication Prevention

- Your surgeon will prescribe anticoagulation therapy. Aspirin or Xarelto may be prescribed following surgery. Your surgeon will instruct you on how long to take this medication. **If prescribed Xarelto please check insurance coverage with your insurance provider prior to surgery.**
- If you already take a blood thinner on a regular basis prior to surgery, make sure you have clear instructions on how to handle your anticoagulation. Most often, your regular anticoagulant will be restarted immediately and will be used instead of aspirin.
- If you notice blood in your bowel movements or urine, or are having frequent bloody noses, contact your surgeon or physician immediately.

When to Call Your Surgeon

Your surgeon will review your surgical findings and recovery plan with your family or friends after surgery, as able.

The following information is to be used as a guideline only. If you were given specific printed instructions from your surgeon, please refer to those instructions first. You may contact your surgeon by calling your Orthopedic Nurse Navigator at **608-768-3912**.

When to Call Your Surgeon

- If you are experiencing increased pain not controlled by your prescribed medication(s) and recommended over-the-counter medication(s).
- If you are experiencing increased bleeding, drainage or redness and warmth at the wound.
- If you have a fever over 101.5 degrees, notify your surgeon.
- If you are having side effects from any of your medications such as a rash, itching, nausea or vomiting, call your surgeon immediately.
- If you fall or feel you may have reinjured your surgical area, call your surgeon for instructions.
- If you are feeling constant numbness, swelling or increased pain in the area that had surgery, call your surgeon.
- If you have pain, tenderness, or swelling in your calf (lower leg), call your surgeon immediately.
- **IF YOU ARE EXPERIENCING CHEST PAIN OR SEVERE SHORTNESS OF BREATH, CALL 911.**

The Following Symptoms are Common After Surgery:

- Low grade fevers can be common at this point in your recovery. It is advisable to monitor your temperature if you feel feverish and report any temperatures above 101.5 to our office staff as necessary.
- Warmth or numbness around your incision
- Spotty drainage, red or clear in color
- Swelling and bruising

It is important to monitor your symptoms every day to make sure your incision is healing properly.

Bruising, Swelling and Your Dressing

Bruising and swelling after a Total Hip Replacement is normal. Some people may only have little bruising, while others may experience more severe bruising.

Although severe bruising may seem alarming, they are common and temporary.

Typically, two weeks after surgery are when bruising starts to fade and disappear. You will notice the change in color of the bruising, going from a deep red/purple, to greenish, to a yellowish type hue before fading completely.

Sometimes, gravity causes the bruising to spread down your leg and into your foot. This is normal.

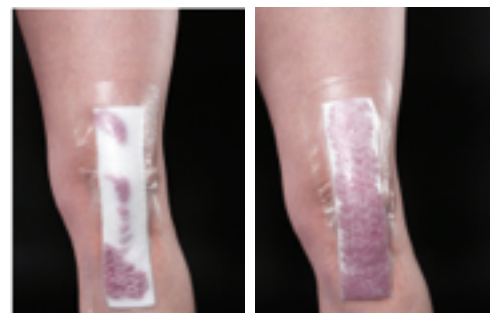


You will have a Mepilex surgical dressing after surgery.

- This will stay on until your two week post op appointment.
- You may shower with your dressing on but **NO BATHS or SWIMMING!**
- Pat dressing dry gently when finished.
- Do not peel off your dressing yourself. This could result in disruption of your incision.

Images at right, top: You do not need to change your dressing if it looks like this.

Images at right, bottom: Your dressing will need to be changed if it looks like this.



Infection

Why This May Happen

Infection can occur during surgery or post-operatively.

- Germs may get into the hip joint and cause infection of the hip implant
- Germs may get into the skin and cause a wound infection

The chances of this happening are more likely if you have diabetes, rheumatoid arthritis, use tobacco products, or if you have frequent infections.

If It Happens To You

Implant Infection:

You may have hip pain, chills, fever, and your implant may become loose.

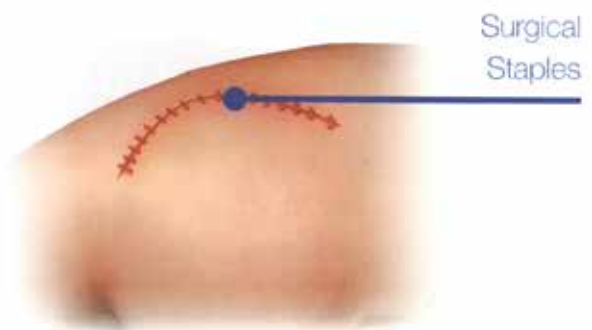
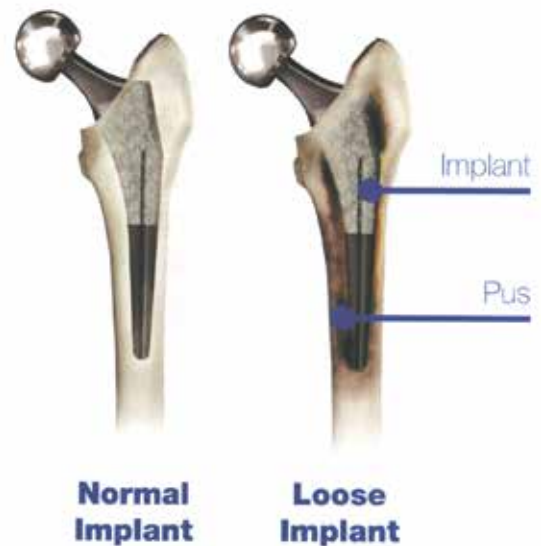
Wound Infection:

Your wound may become red or painful. It may open and drain pus.

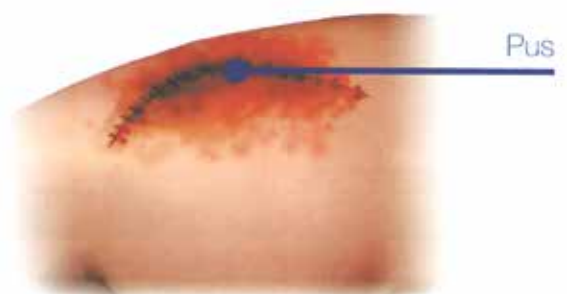
Call your doctor if you experience any of these symptoms.

Treatment

- Antibiotics
- Surgery may be necessary to clean the skin wound or hip joint
- For deeper infections, there may be a possibility of revision implant surgery



Normal Wound Healing



Infected Wound

Medications After Surgery

Prescription Medications

The nursing staff can provide you guidance about resuming your medications after surgery. Following are some additional recommendations:

Insulin or Pills for Diabetes

Diabetic patients are advised to check with the doctor who manages their diabetes if they are uncertain how to resume taking their medications for blood sugar after surgery.

Blood Thinners

Patients taking Coumadin, Lovenox, Heparin, Xarelto or any medication prescribed to prevent blood clots should have clear instructions on how to take the medication, how long to take the medication and when to contact their physician.

If you notice blood in your bowel movements or urine, or are having frequent bloody noses, contact your surgeon or physician immediately.

Blood Pressure and Heart Medications

Patients should resume their medications for blood pressure or heart disease unless told otherwise by their cardiologist or physician.

Pain Medications

You may be prescribed some type of pain medication to take at home after your surgery. It is very important to take these medications only as directed.

Types of Pain Medications

Opioids

(Norco/Hydrocodone, Percocet/Oxycodone, Oxycontin) – these medications are for severe pain and only to be used as directed. Many patients worry about addiction to these types of medications but addiction is unlikely for a short course in patients who have never had a medication addiction problem. These pain medications can cause constipation and drowsiness. Do not drive while taking these medications.

Tylenol

Tylenol provides the foundation of your pain relief so it is important to take your scheduled dose of Tylenol to boost the effect of your narcotic and provide baseline pain relief.

Anti-Inflammatories

(Celebrex/Celecoxib, Naproxen/Aleve, Advil/Ibuprofen, Ketorlac/Toradol, Nabumetone/Relafen, Voltaren/Diclofenac) These medications can be used to manage moderate discomfort. They are only to be used if directed by your surgeon. These medications can cause bleeding problems and stomach irritation, so they cannot be taken if you are on blood thinners. Check with your surgeon if you have questions.

Muscle Relaxers

(Flexeril/Cyclobenzaprine or Tizanidine) These medications can be used to manage pain caused by muscle spasms. They are only to be used if directed by your surgeon. These medications may cause drowsiness. If prescribed do not take at the same time as narcotic. Take a few hours apart as it could cause over sedation.

Vitamins/Supplements

You may take your vitamins and other herbal type supplements after surgery unless your surgeon instructs you otherwise.

If you are not sure about medications after surgery, contact your physician.

Menu of Pain Control and Comfort Options

This Menu of Pain Control & Comfort Options was designed by patients and caregivers to help you and your nurse and/or doctor make pain goal decisions together.

Depending on your individual plan of care, some options may be restricted for a time until your condition improves.

Please discuss your pain control goals and comfort options with your nurse and/or doctor. You know how you're feeling better than anyone, so we hope this menu makes it easier for you to talk to us about your pain control throughout your diagnosis and treatment.

Comfort items

- Warm compress
- Ice pack
- Warm blanket
- Warm washcloth
- Extra pillow
- Neck pillow
- Pillow to raise your knees or ankles
- Humidification for your oxygen tube
- Saline nose spray (requires a physician order)
- Mouth swab
- Pet Therapy
- Socks
- Extra gown

Comfort actions

- Re-positioning
- Walk in the hall
- Gentle stretching/range of motion
- Visit from Physical Therapy (will require an order from your provider)
- Visit from Massage Therapy (if a therapist is available)

Personal care items

- Lip balm
- Toothbrush/toothpaste
- Dental floss
- Comb/brush
- Hair tie
- Nail file
- Note pad
- Pen or pencil

Relaxation options

- Ear plugs
- Sleep mask
- Stress ball
- Personal ear buds/music
- Aromatherapy patch
- Bible to read
- Sound machine
- Massage
- Catch up on your favorite TV show

How to keep boredom at bay

- Use your personal laptop computer to surf the web or watch a movie. In-room Wi-Fi is available free of charge.

- Use your personal MP3/ phone/lpad to listen to music
- Book or magazine
- Deck of cards
- Puzzle book (crossword puzzles, word searches, Sudoku)
- Coloring pages

For those times when medication is needed

- Talk to your nurse if you think your pain requires medication.
- Ask for your pain medication before the pain returns; ask your nurse when your pain medication is scheduled next.
- Discuss pain medication combinations with your nurse or doctor.
- Let your nurse know after 45 minutes if your pain medication is not working.
- Discuss with your nurse if you have a pain regimen at home that works.

Menu of Pain Control and Comfort Options

Not everyone feels pain the same way. Only you know how badly you hurt. We will always work with you to manage your pain.

Our commitment to you:

- We will ask about your pain.
- We will be prompt with helping you.
- We understand and treat your pain.
- We care about your pain.

What can I expect from my care team?

Your caregivers will ask you often about your pain. You will be asked to rate your pain on a 0 - 10 pain rating scale. This tells us whether the pain medication your doctor has prescribed is working or if it needs to be adjusted or changed.

When your pain decreases by two to three levels, we are making progress towards your goal.

It is not possible or safe to eliminate all of your pain. The goal is to keep your pain at a level where you may feel some discomfort but you are able to do activities to help you recover, like sitting in a chair, walking, eating and caring for yourself.

Side effects from pain medications

You may experience some side effects from your pain medication. Some of these include:

- **Nausea** – if you have nausea, inform your caregiver. There are medications which can help. Also, after you leave the hospital, make sure oral pain medications are taken with food.
- **Constipation** – if you have constipation, inform your caregiver. Medications such as laxatives or stool softeners can help you.
- **Drowsiness** – your care team will watch you carefully for this side effect.

In addition to pain medications, we may use other techniques to help manage your pain, like positioning, ice packs, warm packs and relaxation.

Please call for assistance to get out of your bed or chair

You are the most important person to help manage your pain. We are here to help you as well.



Frequently Asked Questions

Q: What if I do not have anyone to stay with me for the first few nights?

A: For your safety, your surgery will be canceled or postponed until these arrangements can be made.

Q: How long do I have to wear the compression socks?

A: The purpose for the compression socks are to prevent swelling and promote healthy circulation as a patient recovers after surgery. You are required to wear these on both legs for 6 weeks. For the first two weeks, you should wear them at all times with exceptions for hygiene and laundering. For weeks 3-6, you can wear them during the day and remove them at night.

Q: Will I have bruising after surgery?

A: Yes, it is common to experience bruising after surgery; especially being on a blood thinner. The bruising may even go down your leg to your foot. It is normal to have bruising in locations away from your incision. The bruising may or may not be uncomfortable to the touch but should resolve in 2-4 weeks.

Q: I had surgery 6 months ago but I still feel swelling, and sometimes my new joint feels warmer than my other one. Will that go away?

A: Yes, it will go away. It's extremely common to have swelling and warmth after surgery. As tissues are swollen that will give off heat, that's a natural reaction to the swelling. As the swelling goes away the heat will get less. When you're active that causes swelling as well and that will cause heat. These are normal findings, this is a healthy response to surgery.

Q: Will my new joint set off airport security? Do I need to carry a travel card?

A: If your joint replacement has metal, it may set off the metal detectors in airports. It is recommended to tell the security officer that you have a metal implant and where it is located before you go through security screening. The security officer may offer you a private security screening. We have travel cards available, but they are no longer needed or recommended.

Q: When can I resume sexual activity?

A: Sex should only be considered when your orthopedic surgeon gives you permission. This may take around four to six weeks. It is important for you and your partner to communicate. There are different ways to be intimate, explore these options as well.

Q: How much pain will I have after surgery?

A: There will definitely be some pain after your joint replacement. Pain at a level of 6-7 on the pain scale, even with pain medication, can be expected for the first week. However, your surgery team will do everything possible to keep it manageable. You may receive a nerve block prior to your operation and your surgeon may also use a long-acting local anesthetic during the procedure to help with pain relief after the procedure. When you leave the hospital, the doctor will prescribe you pain relief medication.

Frequently Asked Questions

Q: When will I be able to drive?

A: You can NOT drive while you are taking narcotic pain medication! Usually you can resume driving after you are off your pain medication and feel strong enough and safe enough to drive. If surgery was performed on your left leg, assuming you don't drive a manual transmission vehicle you can start driving once off narcotic pain medication.

Q: When can I shower?

A: Immediately. NO BATHS or soaking. Your dressing is water-resistant. Pat dry after shower.

Q: Do I have to take antibiotics prior to going to the dentist?

A: Yes, we recommend dental prophylaxis for two years from surgery for all cleanings/ procedures to reduce the risk of peri-prosthetic infection. There are some select patients that require dental prophylaxis for a lifetime, such as, immunocompromised, history of joint infection or uncontrolled diabetes. We will discuss your specific health history and dental guidelines in your follow up visits.

Q: Can I sleep on my side?

A: Yes, you may sleep on your non-operative side as long as you place a pillow between your legs. Your physical therapist will assist you initially into this position and give you proper instructions. Do not do it on your own the first time.

Q: Can I cross my legs?

A: No. Crossing your legs can cause a dislocation.

**Please contact your orthopedic nurse navigator at 608-768-3912
with any questions.**

Rehabilitation After Surgery - Total Hip

Personal Care Following Posterior Approach

Lower extremity dressing equipment may be needed to maintain your hip precautions. Your occupational therapist will evaluate and teach you how to use these items.

Using a “reacher” or “dressing stick”

Putting on Pants and Underwear:

- Put your surgical leg in first and then your non-surgical leg. Use reacher or dressing stick to guide waistband over your foot.
- Pull your pants/underwear up to your knees, within easy reach.
- Stand with walker in front of you, making sure to maintain good balance, and pull up your pants/underwear.

Taking off pants and underwear:

- Back up to chair/bed where you will be undressing.
- Unfasten pants and push pants/underwear down letting them drop to the floor.
- Lower yourself down to the chair, keeping your surgical leg out straight if needed.
- With reacher or dressing stick, remove your pants by taking your non-surgical leg out first and then surgical leg.



Using a “sock aid” and “reacher”

Putting on Socks:

- Slide the sock or stocking onto the sock aid, making sure bottom of sock is on bottom of sock aid.
- Holding onto the strings, drop the sock aid in front of your operated foot.
- Slip your foot into the sock aid and pull it up, pulling sock onto foot.

Taking off socks:

- To take the socks off, use the hook on the reacher or dressing stick. Hook the top of the sock toward the back of the heel and push the sock off your foot.



Rehabilitation After Surgery - Total Hip

Bathtub & Shower Transfers

Your surgeon will tell you when you may get your incision wet. When you first begin bathing in a tub or shower after surgery, have someone assist you until you have a routine and feel safe.

Bathtub Transfer - Getting in the bathtub

- The shower seat should be placed firmly in the tub, facing the faucets.
- **1** Back up to the seat until you can feel it at the back of your knees.
- **2** Reach back with one hand for the bath seat, the other hand on the walker, and slowly lower yourself to the bath seat.
- Move the walker out of the way, but keep it within reach.
- **3** Lift your legs over the tub, using a leg lifter for surgical leg if necessary.

Bathtub Transfer — Getting out of the bathtub

- Slide to the outside edge of the tub transfer bench.
- Lift your legs out of the bathtub.
- Turn to the edge of the tub transfer bench with both legs before standing.

Things to remember:

- Although bath seats, grab bars, long handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- These supplies are often available for loan at St. Vincent's or available for purchase in RAMC's gift shop or a home medical supply store.
- Always use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- Keep soap and shampoo within easy reach while seated.



Rehabilitation After Surgery - Total Hip

Standing up from a chair:

1. Scoot to edge of chair.
2. Slide surgical leg forward if needed.
3. Push up with both hands from the arm rests, keeping your body upright. Do not pull up on the walker.
4. After you have balanced yourself, reach for your walker.



Walking:

1. Move the walker forward and make sure all 4 legs are on the floor.
2. Step forward with surgical leg.
3. Push through your hands and step forward with non-surgical leg. Make sure you maintain your weight-bearing status.



Rehabilitation After Surgery - Total Hip

Stairs:

1. Go up the stairs leading with your non-surgical leg (up with the good).
2. Go down the stairs leading with your surgical leg (down with the bad).
3. Use crutches, cane, or railings to maintain your weight bearing status and balance. Your physical therapist will teach you how to perform stairs prior to going home.



Rehabilitation After Surgery - Total Hip

Getting into the Car with a Walker

When completing a car transfer, think about your size, the size of the front and back seats, and height of your vehicle. Try out the seating situation prior to surgery.

Front Seat

- Move the seat all the way back to allow for as much legroom as possible.
- Recline the seat back if needed, for extra room to complete transfer.
- Back up to the car with walker and find handholds.
- Ease yourself down to the seat and transfer legs into car.
- It may help to enter the car on the side of non-surgical leg.

Back Seat

If unable to bring in your legs using the front passenger seat, consider the back seat.

- Back up to the car with walker and find handholds.
- Ease yourself down to the seat.
- Use your strong leg, your arms, and hands to scoot and slide your body onto the seat.
- Continue moving backwards until your operated leg is totally supported by the seat bench.



General Exercise Guidelines

- Exercises should be performed in your bed unless otherwise directed.
- Any exercises that cause increase in back or hip pain should be discussed with your physical therapist.
- Start with 10 repetitions of each exercise unless otherwise stated. Gradually increase this until you can perform 20-30 repetitions.
- Exercises should be performed 2 times a day unless otherwise instructed.
- Take short rest breaks as needed.
- Use slow, steady motions.
- Take slow deep breaths. DO NOT HOLD YOUR BREATH. Counting the repetitions out loud may help you remember to breath.
- Discuss any problems with the exercises with your therapist. Modifications may be needed to be able to perform the exercises.
- Ice after exercise as needed to control any pain.

Exercises After Surgery

Ankle pumps

Move your feet up and down through the full range of movement available. This exercise helps with circulation to your legs.



Quad sets

Lie on your back, tighten muscles on front of thigh, pressing knee into the bed. This exercise helps strengthen your quad muscles (muscles on top of thigh).



Gluteal Sets

Squeeze buttocks together. Hold 5 seconds then relax. Repeat. This exercise helps strengthen your buttocks muscles which help you stand and get out of bed.



Perform the following exercise on the leg you will be having surgery on.

Hip Abduction and Adduction

Lie on your back. Slide your leg out to the side. Keep toes and knee cap pointed up towards the ceiling. Return to starting point. This exercise is done to help strengthen your inner and outer thigh muscles used to get in and out of bed.



Exercises After Surgery

Perform the following exercises on the leg you will be having surgery on.

Heel slides

Lie on your bed. Slide heel towards your bottom. Hold 5 seconds then return to the start position.

This exercise helps loosen your knee and achieve good range of motion.



Hamstring Sets

Bend knee slightly and push heel into bed without bending further. Hold 5 seconds. This exercise is done to strengthen the back of your leg to help you walk.



Short Arc Quads

Lie on your back with towel roll or large coffee can under your thigh. Lift foot, straightening your knee. Do not lift your thigh off the roll. This exercise will help strengthen your quadriceps (thigh muscle) to prevent your knee from buckling.



Straight Leg Raise

Lie on your back with knee bent and foot flat. Lift right/left leg 6-12 inches from the bed with knee straight and toes pointed upward. Lower slowly.

Rest then repeat. **Do not start this exercise until directed by your therapist.** This exercise helps strengthen your thigh muscles to help lift your leg into bed and keep knee from buckling.



Advanced Exercises After Surgery

These exercises should begin as directed by your physical therapist. They will start a few weeks into your recovery. Start on: _____

Hip Abduction

Standing straight while holding onto a sturdy object, kick leg out to the side, keeping toes straight ahead. Do not lean trunk (body) to the side. May progress with ankle weights.



Hip Extension

Standing up straight, holding onto a sturdy object, kick your surgical leg straight back. Do not lean forward, and keep the knee straight.



Partial Squat

Stand with feet flat on floor and shoulder width apart. Squat as low as possible. Make sure knees do not go past toes. Return to standing position. Use support as needed.



Advanced Exercises After Surgery

Marching

Stand by heavy chair or countertop. March in place. This exercise will help strength your hip muscles and help improve your balance.



Step ups:

Put surgical leg up on bottom stair. Attempt to lift yourself up using surgical leg. Use railings as needed to stabilize self. This exercise will help strengthen the muscles in your leg.



Advanced Exercises After Surgery

Heel/Toe Raises

Stand holding onto a firm surface. Raise up on toes. Go back on heels. This exercise will help strengthen your calf muscles and help with your balance.



Straight Leg Raise

Lie on your back with knee bent and foot flat. Lift right/left leg 6-12 inches from the bed with knee straight and toes pointed upward. Lower slowly. Rest then repeat. This exercise helps strengthen your thigh muscles to help lift your leg into bed and keep knee from buckling.

