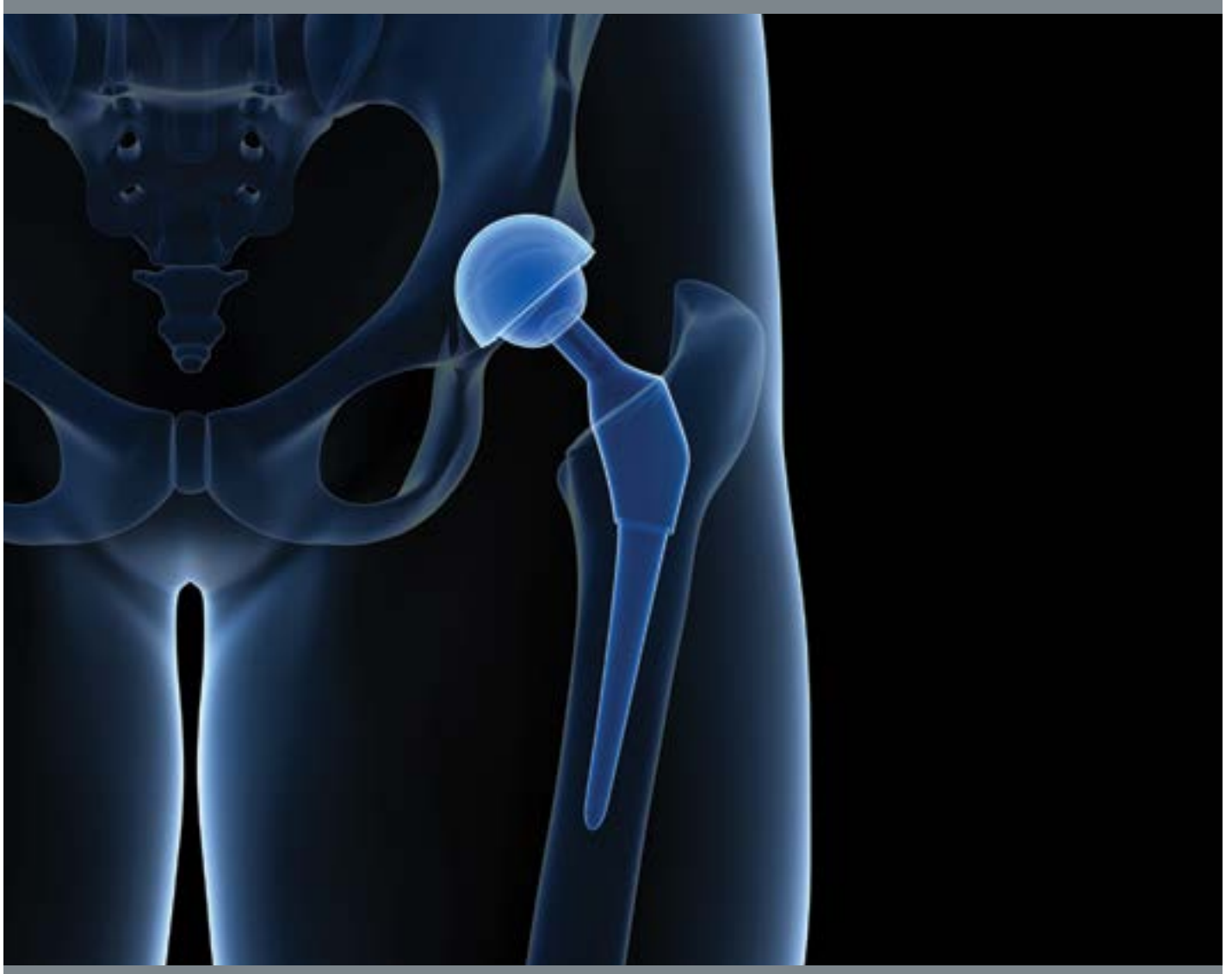


Patient Guide Book:

# TOTAL HIP REPLACEMENT



St. Peter's Health



# THANKS FOR CHOOSING ST. PETER'S FOR YOUR TOTAL HIP REPLACEMENT

We are excited to serve you before, during and after your surgery. One of the most important ways we can do that before surgery is by making sure you have the information you need to have the best outcome.

We have developed this guide to highlight a few things to address prior to surgery, what to expect during your hospital stay, and important considerations for after surgery.



# TABLE OF CONTENTS

Your joint replacement team.....2

## PRIOR TO SURGERY

Important numbers and appointment checklist.....5  
Home medical equipment .....6  
Prehab for your total joint replacement.....8  
Home safety checklist .....10  
What you can do to help your surgery be successful.....12  
What to pack .....12  
Critical instructions .....13  
Preoperative instructions .....14  
Recap checklist .....17

## AT THE HOSPITAL

What to expect on your day of surgery .....23  
Campus map .....24  
hipRAP.....25  
Daily plan .....26  
Pain control .....27  
Medications .....28  
Case management .....30

## PHYSICAL THERAPY & OCCUPATIONAL THERAPY

Lateral, posterior or anterior approach .....33  
Exercises.....38  
Hip precautions with daily activities .....42

## AT HOME AFTER SURGERY

What to do if... .....49  
Resuming sexual activity .....52

## FREQUENTLY ASKED QUESTIONS

## ATTACHMENTS

- Parking permit application
- Patient Guide
- Community Resource Directory

---

# YOUR JOINT REPLACEMENT TEAM

## YOUR SUPPORT SYSTEM

It is very important to involve your family and/or friends along this journey. We want a successful recovery for you and for this to occur it is vital you have a proper support system in place both pre-operatively and post-operatively, for physical and emotional support. Surgery is stressful, and having someone you can count on can help with the process. Bring this individual with you to attend your pre-operative appointments for an extra pair of ears. Following surgery you will have some physical restrictions, including no driving, and your support system can help provide transportation to and from various post-operative appointments, including physical therapy, and assist you with daily activities at home until you are back on your feet to help prevent you from falls and possible injuries.

## ORTHOPAEDIC SURGEON

Your orthopaedic surgeon is the skilled physician who has undergone extensive training to repair your damaged hip joint. She/he will direct your care before, during, and after surgery, while working closely with you and the other members of your care team to ensure a successful recovery.

## PHYSICIAN ASSISTANT (PA) OR NURSE PRACTITIONER (NP)

Your physician assistant or nurse practitioner is involved in your care before, during, and after your joint replacement. They will assist your orthopaedic surgeon in the operating room and check in on you during your hospital stay. You may also see them when you return to your surgeon's office for post-operative visits.

## REGISTERED NURSES (RN)

Your care while in the hospital will be performed by nursing staff. Your primary caregiver will be an RN with the assistance of a certified nurse's assistant (CNA). Your nurse will be responsible for monitoring your recovery and delivering care as ordered by your surgeon, including pain control and hygiene.

## ANESTHESIOLOGIST

Your loss of sensation and awareness during surgery will be closely monitored by your anesthesiologist whose priority is to maintain your comfort while maintaining vital life functions.

## PHYSICAL THERAPIST (PT)

Your physical therapists will work with you to promote strength and range of motion, improve transfers in and out of the bed and chair, and increase your overall mobility including walking and stairs.

## OCCUPATIONAL THERAPIST (OT)

Your occupational therapists will address your ability to complete daily activities safely and as independently as possible. After an initial evaluation, treatment sessions will focus on bathing, dressing, and toileting. The OT will also instruct you on transferring in/out of a tub or shower as appropriate for your home, and address home equipment needs and safety education.

## PHARMACIST (RPh)

Your pharmacist will be working with your doctor and nurses to review and optimize your medications before and after surgery. A pharmacist is available to you to answer questions about any of your medications throughout your stay.

## CASE MANAGER

Your case manager will work with you, your family, and the rest of your orthopaedic team to ensure all necessary steps have been completed for discharge. Their goal is to make your transition from preoperative to post-operative settings as smooth as possible.



PRIOR TO  
SURGERY



## IMPORTANT PHONE NUMBERS

Your Surgeon: \_\_\_\_\_

Your Primary Care Provider: \_\_\_\_\_

### Pre-Op Contacts

St. Peter's Health Pre-Op Clinic..... 406-457-4215

Joint Camp Class ..... 406-457-4215

St. Peter's Health Billing ..... 406-447-2783

### Surgery/Clinic Contacts

St. Peter's Health ..... 406-442-2480

St. Peter's Health Orthopaedic Clinic .. 406-457-4160

## JOINT REPLACEMENT APPOINTMENT CHECKLIST

### Dental Clearance:

Not applicable

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

### Primary Care Pre-op Appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

### Cardiac Clearance Appointment:

Not applicable

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

### Pre-op Visit with Surgeon:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

### Pre-hab Appointment:

Required for same day discharge

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Report to a St. Peter's Health  
Rehabilitation location:

Regional Medical Center  
2475 Broadway

Capital City Health Club  
1280 North Montana Avenue

Physical Rehabilitation – North  
3439 Ptarmigan Lane

### Surgery Day:

Date: \_\_\_\_\_

Location: St. Peter's Health Regional  
Medical Center

*You will be called the afternoon prior to your  
surgery with your surgery and arrival time.*

### 1-Week Post-Operative Appointment:

Not applicable

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### 2-Week Post-Operative Appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

### 6-16 Week Post-Operative Appointment:

Not applicable

6-Week

4-Month

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

## HOME MEDICAL EQUIPMENT

### Where to find home medical equipment:

- Online sites such as Amazon
- Local big box stores (Walmart, Target)
- Thrift stores often have equipment but check the safety/stability of items before purchasing

- Your surgeon's office also has resources for home medical equipment

If you already have a higher toilet, consider a safety frame for arm support.

Generally equipment is rated for a 250-300 pound weight limit unless specified otherwise. Equipment for use with individuals over 300 lbs. or over 6' 2" is heavy duty/bariatric and requires special order.

## CONSIDER OBTAINING PRIOR TO YOUR SURGERY:

*More information is also available in the "Occupational Health" section starting on page 38.*

ONLY REQUIRED PIECE OF EQUIPMENT  
(DISCUSS OTHER ITEMS WITH YOUR CARE TEAM):

### 1 FRONT-WHEELED WALKER, AND WALKER BASKET OR BAG



#### Note:

Walkers come in different heights: short, regular and tall, as well as heavy duty. To gauge for proper height, the hand rest should be at your wrist level.

### 2 NON-SKID SHOWER SURFACE (MAT OR DECALS)



### 3 REACHER – for posterior surgical approach



### 4 SOCK AID

### 5 LONG SHOE HORN – for posterior surgical approach



**Before your surgery:**

- Make sure that you have a supportive, comfortable chair with armrests to use during your recovery.
- Prepare meals in advance and freeze in single portions or purchase pre-made meals.
- Review the home safety checklist on the next page. Following these safety suggestions may prevent injuries, and help you maintain your independence at home.

**6 3-IN-1 BEDSIDE COMMODE OR TOILET RISER** — for posterior surgical approach  
 Not always necessary. Discuss with your surgeon’s office.



**Commode**

- Most versatile
- Purchase with a splash guard



**Toilet Riser**

- Available in 2” incremental heights depending on your height
- Elongated seat version is recommended
- Comes with or without handles

**7 SHOWER CHAIR**



**Chair**



**Chair**

**Note:**  
 Bath stools  
 are not  
 recommended

# PREHAB FOR YOUR TOTAL JOINT REPLACEMENT

## REQUIREMENT FOR A SAME DAY JOINT REPLACEMENT DISCHARGE

### BENEFITS OF PREHAB

A prehab appointment is to help prepare you for the day of surgery and provide information on what to expect after surgery. Our job is to help you be comfortable with your procedure and answer any questions you may have. We have found that this appointment makes getting on your feet and taking care of yourself after surgery a much easier process.

### WHAT TO EXPECT AT YOUR PREHAB APPOINTMENT

During your prehab visit, you will spend approximately 45 minutes with a Physical Therapist who will help you understand:

- What your surgery day will look like
- How to get around after surgery while using a walker
- Precautions for after your surgery
- Exercises to get you moving after surgery.

If your physician orders it, you will also spend approximately 45 minutes with an Occupational Therapist who will help you identify equipment you may need for your home, help you identify modifications to consider for your environment once home, and will teach you techniques to manage basic self-cares after your surgery.

### WHAT TO DO BEFORE YOUR APPOINTMENT

Before your appointment, it is important to read through your information packet. It provides important information about your surgery. Be sure to write down any questions or concerns you have to discuss with your therapist at your appointment.

You should also take a look at your living situation.

- How many stairs do you have?
- Do your stairs have railings?
- Can you maneuver a walker in your bathroom to the toilet and to the shower?
- Do you have a walk in shower or a tub shower?
- Is your shower big enough to use a shower bench or chair?
- Is your toilet high or low and do you have grab bars in your bathroom anywhere?
- How tall your bed is and which side do you get in?
- Are there stairs between where you will sleep after surgery and the bathroom?
- Any other concerns with getting into, out of, or around your house?

### WHAT TO BRING TO YOUR APPOINTMENT

Make sure to bring your front wheeled walker (two wheels on the front, 2 posts in the rear) to your appointment. Your therapist will make sure that this is sized correctly for you and help you learn how to use it. We also recommend that you wear comfortable clothes as you will have to move around, practice post-op exercises, and bend your hip and knees for initial range of motion and strength measurements. You will learn about adaptive equipment that you may need to use after surgery for getting dressed. You may want to practice using this equipment during your appointment so we suggest bringing an extra pair of loose pants or shorts. If you do not have a front-wheeled walker, we will issue you one at this appointment from a local DME vendor. This can be billed to your insurance or billed to you as an out of pocket expense.

### WHO TO BRING TO YOUR APPOINTMENT

We ask that you bring your support person, whomever will be there to help you after surgery to your prehab appointment. This will help them understand all of the same information and exercises, as well as learn techniques to help you after surgery. This is beneficial because you may be on pain medications and/or disoriented from anesthesia after surgery and they will be there to help. If they cannot make it to your appointment bringing another friend or family member is helpful. If you cannot arrange a person to come with you to your appointment do not cancel your appointment. It is most important that you come to your prehab appointment.



# HOME SAFETY CHECKLIST

Consider the following items to reduce the risk of falling and hurting yourself at home:

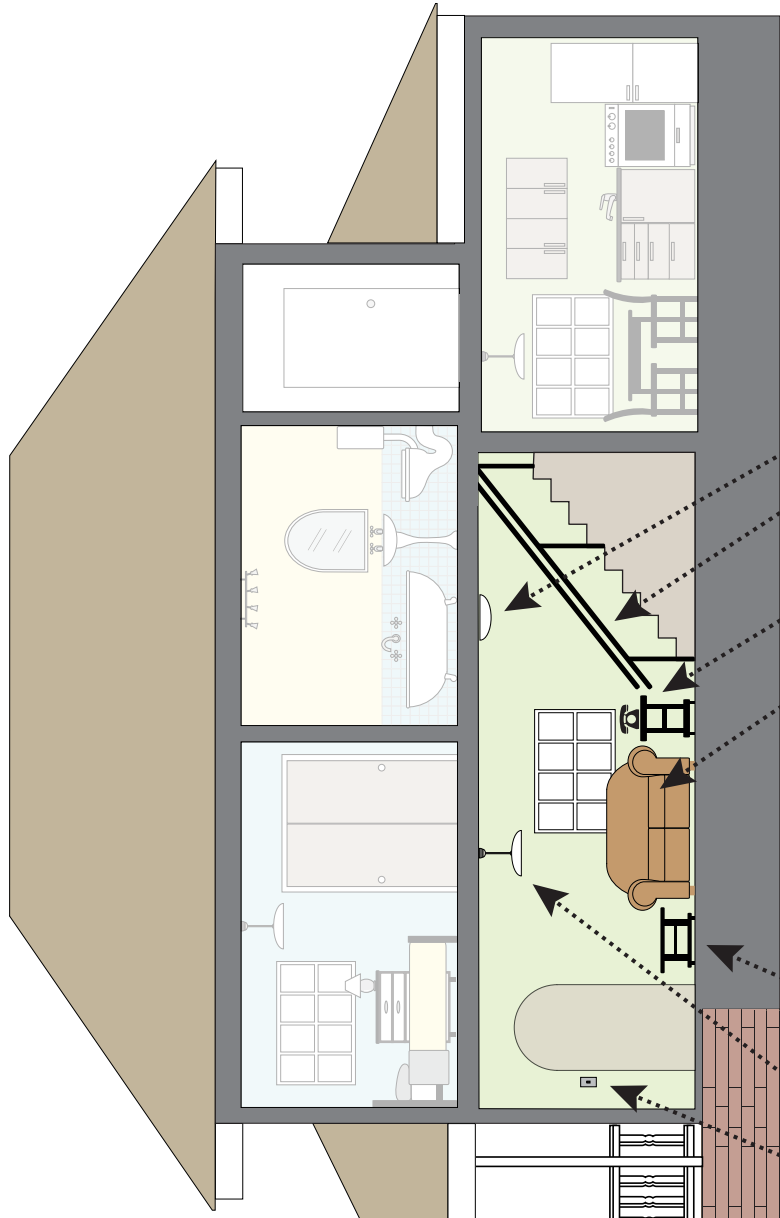
## 1. EXTERIOR

- Is there adequate lighting for night time use?
- Do the steps have handrails? On both sides? Are they securely fastened?
- Are the steps in good repair?
- Are the step surfaces non-slip?
- Are the edges of the steps marked clearly?
- Are the walkways dry, wide, with nothing to stumble on?

## 2. INTERIOR

- Are the light switches at the doorways and within reach?
- Do the lights provide good visibility? Are they glare free?
- Do low-lying objects (foot stools, coffee tables, flower pots, stuffed toys) present a tripping hazard?
- Have all the throw rugs been removed from the home?
- Are carpet edges taped or tacked down?
- Are the rooms uncluttered with wide paths to walk easily without bumping into things?
- Are electrical cords, phone lines, etc. tucked against the walls or above doorways to prevent tripping over them?
- Are the stairways and hallways well lit?
- Are the handrails on the steps on both sides? Securely fastened? Are the edges of steps marked clearly? Are they slip-resistant?
- Are the telephones within easy reach?
- Are the chairs steady (no wheels), with solid armrests, and high enough to be easy to get in and out of?

*Following these safety suggestions may prevent injuries, and help you maintain your independence at home.*

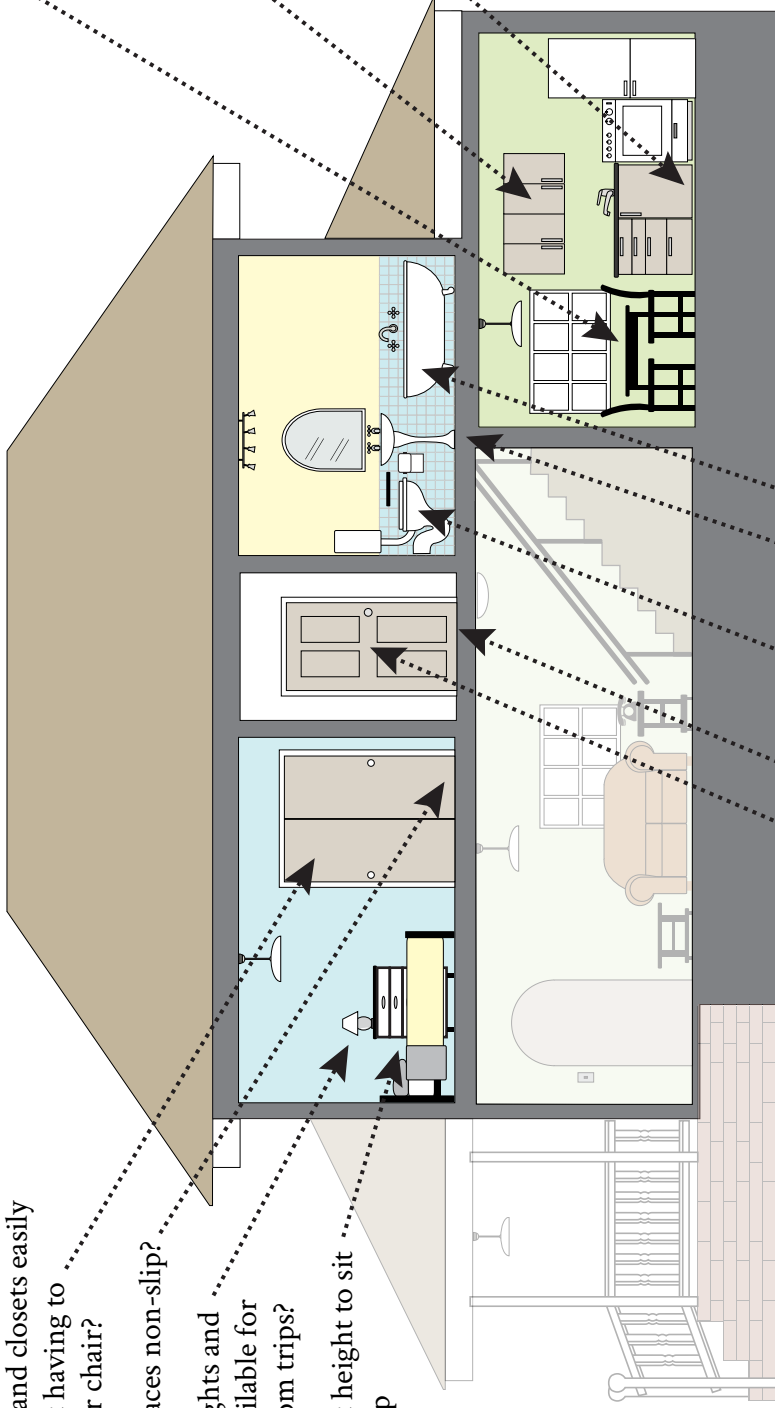


### 3. BEDROOM

- Are storage areas and closets easily reached? Without having to stand on tiptoes or chair?
- Are the floor surfaces non-slip?
- Are there night lights and bedside lamps available for nighttime bathroom trips?
- Are beds the right height to sit down and stand up from easily?

### 5. KITCHEN

- Are the tables (in dining room, kitchen, etc.) sturdy enough to provide support when leaning on them?
- Are the storage areas easily reached? Without having to stand on tiptoes or a chair?
- Are the linoleum floors slippery? Do you wear non-slip shoes? Do you wipe up water spills?



### 4. BATHROOM

- Is the door wide enough to go through with a walker device? With a wheel chair?
- Does the threshold present a tripping hazard?
- Is the toilet high enough to sit easily down and stand up from?
- Is toilet paper within easy reach?
- Does it have grab bars or hand holds?
- Do the floors become slippery when wet?
- In the bathtub, are there non-slip decals or mats in the bathtub and shower? Are the grab bars within easy reach?

## WHAT YOU CAN DO TO HELP YOUR SURGERY BE SUCCESSFUL

### STOP NICOTINE

Nicotine products reduce the blood flow to the skin and may impair healing. Quitting all nicotine products including cigarettes, cigars, electronic cigarettes, smokeless tobacco, and nicotine gum/patches drastically improves your healing process after surgery.

#### Tips to help you quit:

- Make a firm decision to quit and choose a date.
- Decide on a reward for each day you go without cigarettes.
- When ready, throw out all ashtrays and cigarettes.
- Stay away from places that allow smoking.
- Consider using an aid to help you quit—talk with your doctor about options.

#### Remain positive; quitting can be done!

St. Peter's is a tobacco free organization; making our facilities tobacco-free requires the cooperation and participation of the entire community—including hospital and clinic physicians, employees, volunteers, patients, and visitors.

### START A BALANCED NUTRITION PLAN

Good nutrition is important to helping you heal after surgery. Here are some tips to boost your nutrition before and after surgery:

- Drink plenty of water- this helps prevent constipation.
- Eat plenty of fruits- fresh, frozen, canned or dried are all fine. These are better than fruit juice, which is high in sugar and low in fiber.
- Eat lots of green, leafy vegetables, like kale, broccoli, and spinach. Carrots, sweet potatoes, squash, beans, peas are also a good source of fiber and nutrients.
- Whole grains can add fiber to your diet, which may help relieve constipation.

- Lean protein, like fish, chicken and turkey, are also good options to help you heal. Protein is very important for wound healing and tissue health.
- Eat plenty of calcium rich foods, such as dairy products, dark green leafy veggies, beans, and canned fish. This helps promote bone healing.
- Try to limit your intake of salts and sugars.

### EXERCISES

Practice the exercises described in this packet before your surgery. Many people with osteoarthritis favor the weaker leg, making the muscles weaker. Starting your exercises beforehand can help improve strength, and help with recovery. Exercising your heart and lungs are also important for a faster and easier recovery. This can be done with light endurance activities like walking for 10-15 minutes a day.

## WHAT TO PACK FOR THE HOSPITAL:

### CLOTHING

- Pack loose, comfortable clothing
- Slip on shoes
- Footwear should have nonskid soles, and allow for some swelling, but should fit securely. Loose footwear can be a safety hazard.

### TOILETRIES (FOR AN OVERNIGHT STAY)

- Bring cases for glasses, contacts, dentures, hearing aids
- Electric/battery operated razor (if needed)
- Avoid strongly smelling items, like perfume or scented lotions
- CPAP machine (if used)
- Tooth brush, hair brush, shampoo/conditioner

## WHAT NOT TO PACK FOR THE HOSPITAL:

- Jewelry, including body piercings
- Medications
- Large suitcases (storage is limited in your room); a soft duffle bag is best
- Valuables

If possible, belongings should be left in your vehicle and retrieved by a family member or friend once you are in your surgical floor room as there is no place to store your belongings until you reach the floor.

Laptops, cell phones and tablets are allowed in most patient care areas. These items are not allowed in the operating room.

## SUPPORT AT HOME

We encourage you to choose a caregiver as you get ready for surgery. This person will be needed most in the first couple of weeks after surgery. You may need some help for as long as 2 to 6 weeks after surgery for things like transportation, shopping, exercises and home maintenance. **An identified caregiver is required for same day discharge.** Your caregiver should be:

- **Available.** It is recommended that someone be with you 24 hours a day for the first few days after you arrive home while you adjust to your environment and activity limitations.
- **Physically able to meet your needs.** You may need help getting in and out of your bed, chairs and cars for the first few weeks after surgery.
- **Willing to help with your personal needs.** You may need help with exercise, bathing, toileting or dressing, especially in the first 1 to 2 weeks after surgery.

We welcome and encourage your caregiver's participation in every step of your recovery.

## CRITICAL INSTRUCTIONS

### TO HELP YOUR BODY PREPARE FOR SURGERY

#### 7 DAYS BEFORE SURGERY

- Stop taking anti-inflammatories and herbal supplements listed on page 13 of this booklet.

#### THE NIGHT BEFORE SURGERY

- Take your normal shower or bath.
- Sleep in fresh, clean sheets and garments

- Cleanse your skin with your rinse-free 2% Chlorhexidine Gluconate (CHG) antiseptic cloths (see page 14 for instructions).
- Check-in time will be given to you by our preoperative clinic the day before surgery, this is the time to arrive for checking in. This is not the time your surgery will start.

## PRE-OPERATIVE INSTRUCTIONS

### PRE-ADMISSION CONTACTS FROM ST. PETER'S

You will be called by several people from the hospital before your surgery. Registration will occur a few weeks before surgery with our pre-registration department. This will include:

- Review of your contact information (address, phone numbers, etc)
- Review of insurance information

If you have not been contacted within 5 days of your surgery, call 447-2728.

You will be contacted by a Nurse from the St. Peter's Health Pre-Op Clinic to help guide you through your pre-op journey. This call takes about 15 minutes and will include a detailed review of:

- Your health history
- Your allergies and the reaction they cause
- Current medications, vitamins and herbal supplements you are taking
- Your preferred pharmacy
- Instructions for the morning of surgery, including diet restrictions and your arrival time

Instruction will be provided by the Pre-Op Nurse on which medications you are to take or hold on the day of surgery. ***Do not bring your own medications to the hospital. You will be contacted by the pharmacy for instructions on Meds-to-Beds.***

### EMMI EDUCATIONAL VIDEOS

We also partner with Emmi Solutions, LLC, which provides programs that make complex medical information easy to understand and helps you prepare for your upcoming procedure or manage your chronic condition.

Most Emmi programs take about 20 minutes to complete. You can view them from the comfort of your home or anywhere that has internet access. These videos will take you step-by-step through:

- Your condition
- Why your doctor has recommended surgery
- What to expect before surgery
- An overview of your procedure
- What to expect after surgery
- Alternatives

**Already have an Emmi Code?** If you have already been registered for an Emmi program, log in and view your EMMI program.

**Questions on how to access your EMMI program?** Call (866) 294-3664 or contact your surgeon's office.



It is likely that your provider will prescribe and order medications they know you will need after your upcoming procedure. We participate in our pharmacy's **Meds 2 Beds** program to help make this process quick and easy.

**Meds 2 Beds** offers direct delivery and one-on-one medication counseling for any post-operative medications you've been prescribed. The process is guided by St. Peter's pharmacists, who will provide all that you need before discharge.

- Quick and easy enrollment
- Direct prescription delivery
- One-on-one medication counseling

## MEDICATIONS TO AVOID PRIOR TO SURGERY

It's important to avoid certain medications prior to surgery. Please make sure your surgeon's office has a complete and accurate list of the medications, vitamins and herbal supplements you take.

**The following medications can affect bleeding and should be avoided for at least one week prior to surgery:**

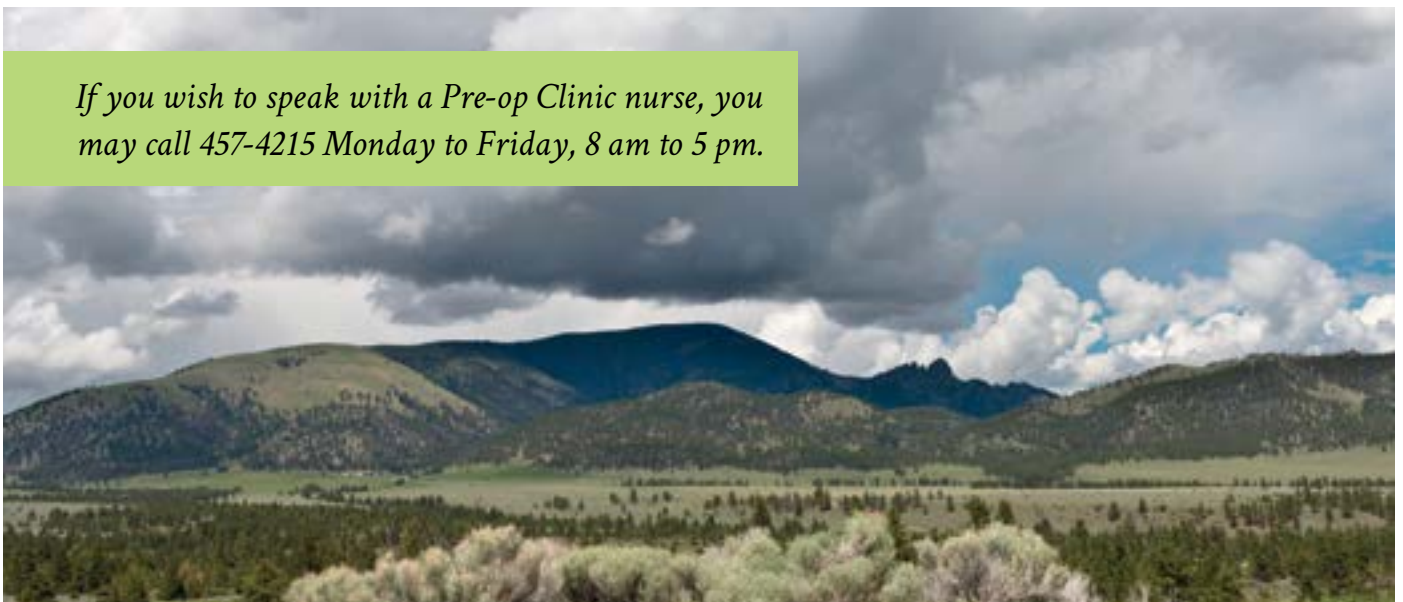
Aleve (Naproxen, Naprosyn)	Midol, PediaCare Children's	St. Joseph's Cold Tab
Alka-Seltzer	Reliever/Fever Reducer)	Sulindac (Clinoril)
Arthritis Pain Reliever	Indomethacin (Indocin)	Tagament
Bufferin	Midol	Toradol (Ketorolac)
Darvon	Mobic (Meloxicam)	Voltaren (Diclofenac Sodium)
Excedrin	Pamelor (Nortriptyline)	Lodine (Etodolac)
Fiorinal	Pepto-Bismol	Celebrex
Flagyl (Metronidazole, MetroGel)	Phentermine	Ozempic and similar
Ibuprofen (Advil, Motrin,	Piroxicam (Feldene)	Rheumatoid medications

**The following medications can have undesirable side effects that may affect your anesthesia. Please let us know if you are currently taking any of these medications:**

Amitriptyline (Elavil)	Flexeril (Cyclobenzaprine)	Oral Contraceptives
Dilantin	Nortriptyline (Pamelor)	Viagra (Sildenafil Citrate)
Doxepin	Pseudoephedrine (Sudafed)	
Effexor (Venlafaxine)	Tetracycline (Doxycycline)	

*\*Please follow specific medication instructions given by your provider prior to surgery, as some medications may not be on this list.*

*If you wish to speak with a Pre-op Clinic nurse, you may call 457-4215 Monday to Friday, 8 am to 5 pm.*



## PRE-OPERATIVE SKIN CARE INSTRUCTIONS

Patients play a key role in preventing surgical site infections. Research has found that most surgical site infections are caused by patients' own germs. You can help prevent surgical site infections by decreasing the number of germs on your skin before your surgery.

Please follow these pre-operative instructions. If you have any questions, do not hesitate to call your pre-operative nurse at 457-4215.

- A** You will receive your 2% Chlorhexidine Gluconate (CHG) Cloths from your surgeon's office.
- B** The night before surgery take your normal shower or bath:
- WAIT TWO HOURS AFTER YOUR SHOWER/BATH before prepping your skin with the CHG cloths.
  - DO NOT use CHG cloths if you are allergic to any of the ingredients.
  - DO NOT microwave or attempt to heat cloths.
  - Open the package, cutting straight across the top. After you start using the cloths, DO NOT touch your eyes, ears or mouth.
  - Follow the skin cleansing steps below: use both sides of the cloth for full effectiveness. Wipe each area thoroughly in a back and forth motion, but DO NOT scrub.
  - STOP using the CHG cloths if you develop a skin reaction such as severe burning, itching or redness, and rinse the area with clean water.
- C** The night before your surgery sleep in fresh, clean sheets and garments.
- D** The morning of surgery: **DO NOT shower, bathe, or shampoo hair. DO NOT apply any powder, lotions, makeup, or deodorant to your body.**

### CHG CLOTH INSTRUCTIONS

Use first cloth to clean your neck, shoulders, and chest.

**1ST CLOTH** *DO NOT* use cloths on face, near eyes, or ears

*DO NOT* apply cloths to broken skin or open wounds

Use second cloth to clean both arms, using one side of the cloth for each arm. Start near the shoulder, ending at your fingertips. Clean your armpits last.

**2ND CLOTH**

Have someone assist you to use the third cloth to clean your entire back, starting at the base of your neck and ending at your waistline.

**3RD CLOTH**

Use fourth cloth to wipe the front of both legs thoroughly, starting at the top of your thigh and ending with your toes; use one side of the cloth for each leg.

**4TH CLOTH**

Use fifth cloth to wipe the back of both legs thoroughly, starting at the top of your thigh and ending with your toes; use one side of the cloth for each leg.

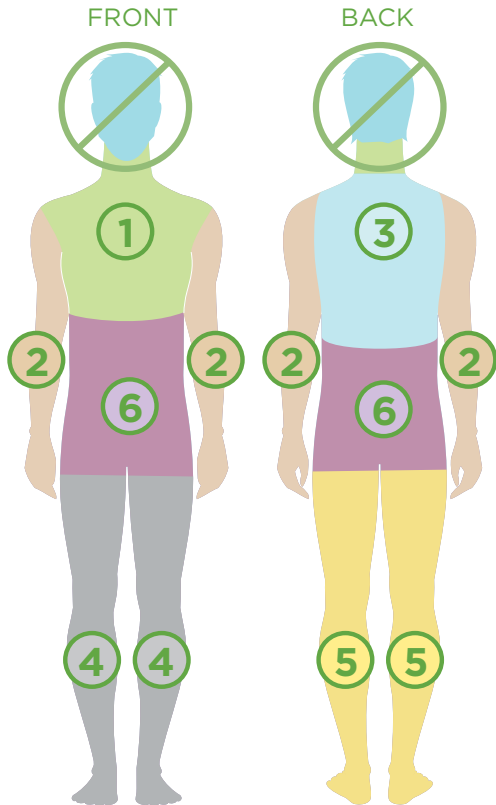
**5TH CLOTH**

**6TH cloth**

Use sixth (last) cloth to wipe your abdomen, buttocks, and groin; be sure to wipe the folds in the abdominal and groin areas. This is an external wipe only, *DO NOT* use on genitalia.

- E** An additional package will be given to you in the pre-operative area on the day of surgery to repeat.

## A RECAP: THINGS TO DO BEFORE SURGERY



- Let your skin air dry for one to three minutes. **DO NOT** rinse or towel off. It is normal for the skin to feel tacky or sticky for several minutes after application.
- Throw used CHG cloths in the garbage.  
**DO NOT** flush down the toilet.

- Parking Permit:** If needed, complete your application for a temporary special parking permit for a physically handicapped person. Have your physician sign the form and then submit it to the Motor Vehicle Division.
- Organize:** Organize/clear your home area to make it safe and accessible, including installing a handrail for your stairs if necessary.
- Exercises:** Practice and familiarize yourself with the exercises you will be doing following surgery (see page 36), including chair push-ups.
- Consent:** Please review the sample anesthesia and surgical consent forms on the following pages and note the area to decline the use of blood products on the surgical consent form.
- Equipment:** Consider home equipment needs. Remember that most insurance companies will cover a walker or crutches but usually do not cover other adaptive equipment. Be aware that walkers and crutches come in different heights. To gauge for proper height, the hand rest should be at your wrist level.
- Support:** ensure that you have a family member or friend able to assist you in the first few days after surgery.
- This Packet:** Please bring this packet with you to the hospital and use it as a resource during your stay.

For more information regarding CHG Cloths, contact St. Peter's Health Infection Control at 444-2124.

# PROCEDURAL CONSENT

**Language interpretation and sign language services are available free of charge**

**TO THE PATIENT:** You have the right, as the patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr(s). \_\_\_\_\_ as my physician(s), and such associates, technical assistants and other health care providers as they deem necessary to treat my condition.

With Moderate Sedation – Medication used to decrease awareness which a patient can respond to verbal commands and/or light touch and can breathe on their own as well as maintain heart function. May be performed by an RN or Provider.

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures:

I understand the surgical/procedural site/side will be verified by me or a family member, and by the nurse / technologist, anesthesiologist / surgeon / or radiologist and will be marked.

Check appropriate sites		Procedure(s)
LEFT	RIGHT	_____
ABOVE	BELOW	_____
FRONT	BACK	_____
BOTH		_____

If applicable, I consent to the disposal by hospital authorities of any tissues, organs, or amputations which may be removed. I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures that are advisable in their professional judgement.

If applicable, I consent to the use of blood and blood products as deemed necessary. I understand that if my physician determines treatment of my medical condition requires transfusions of blood, blood components, or derivatives, I voluntarily consent to and authorize such transfusion(s). It is my understanding that this consent to transfusion applies to this procedure and this hospital stay only. I understand that there are risks and hazards related to transfusion, however unlikely, including, but not limited to the following:

- |                                                                                                                                    |                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1. Allergic reaction, including hives and itching.                                                                                 | 6. Human Immunodeficiency Virus (HIV):<br>Risk = 1/1,467,000                    |
| 2. Fever, sometimes accompanied by chills                                                                                          | 7. Human T-Cell Lymphotropic Virus:<br>Risk = 1/50,000-100,000                  |
| 3. Heart failure                                                                                                                   | 8. Hepatitis B Virus: Risk = 1/843,000-1,208,000                                |
| 4. Infection by bacteria, parasites or viruses, including malaria, hepatitis and AIDS.                                             | 9. Hepatitis C Virus: Risk = 1/1,149,000                                        |
| 5. The possibility of blood incompatibility, which can result in severe complications, including kidney failure and rarely, death. | 10. Other (bacteria, parasites, West Nile Virus, etc...):<br>Risk = 1/1,000,000 |

I request that NO blood or blood derivatives be administered. (Complete the Transfusion Refusal form) I have been given an opportunity to ask questions, and my physician has explained the benefits and the likelihood of success, possible alternate forms of treatment, the associated risks of treatment and of non-treatment, the procedures to be used, including the use of advanced technology, and the hazards involved. Advanced technology includes, but is not limited to, the use of electronic, sonic, laser, microwave, and radio frequency technology. I understand that no warranty or guarantee has been made to me as to result or cure.

**Continued on page 2 >**

**St. Peter's Health**  
2475 Broadway • Helena, MT (406) 442 -2480  
**PROCEDURAL CONSENT**



Patient Identification:

**Continued from page 1**

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, skin injury, nerve damage, even death. My physician has also informed me of complications and hazards specific to this treatment, procedure, and/or recuperation.

If applicable, I consent to all forms of anesthesia/sedation involve additional risks and hazards, but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I realize the level of anesthesia might have to be changed possibly without explanation to me. I understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I understand that other risks and hazards resulting from spinal or epidural anesthesia include headaches and chronic pain.

I have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non - treatment, likelihood of success and the procedures to be used, and the risk and hazards involved. This included the understanding that all DNR orders and/or advance directives are suspended while in the Procedural Area unless special circumstances are discussed prior to the procedure on an individual case basis by the proceduralist, surgeon, anesthesiologist and patient or legal representative. I believe that I have sufficient information to give this informed consent.

If applicable, I understand personal belongings kept on me may be removed, cut, or destroyed if it inhibits or impedes my care.

In compliance with the Safe Medical Device Act of 1990, if an FDA designated medical device is implanted during surgery, I understand that my Social Security number and name will be released to the manufacturer.

If applicable, I understand that company representative(s) may be present during my procedure to serve as resource personnel for products used during my procedure. I also understand that St. Peter's Health may provide health care through the services of student nurses, medical students, interns and residents, or others performing services under the supervision of the hospital and/or medical staff.

If applicable, I authorize the Staff of the St. Peter's Health and/or the attending physician to photograph or permit other persons to take photographs during the above listed procedures and to use the photographs for teaching / educational / or patient care purposes.

I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in and that I understand its contents.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**(Applicable for patient and witness as they are done at the same time)**

\_\_\_\_\_  
Signature of the Patient

If the patient is unable to personally sign, please indicate reason:

Incapacitated     Minor child     \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent, Personal Representative or Medical Durable Power of Attorney

\_\_\_\_\_  
Printed Name of Parent, Personal Representative or Medical Durable Power of Attorney

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider (Print Name)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

If sign language or limited English proficiency interpretive services were utilized:

\_\_\_\_\_  
Interpreter Printed Name

\_\_\_\_\_  
Interpreter Identification Number

**St. Peter's Health**

2475 Broadway • Helena, MT (406) 442 -2480

**PROCEDURAL CONSENT**



A long-exposure photograph of a river flowing over mossy rocks. The water is blurred, creating a sense of motion and tranquility. The rocks are covered in vibrant green moss and some have small yellow flowers growing on them. The overall scene is peaceful and natural.

AT THE  
HOSPITAL



## WHAT TO EXPECT ON YOUR DAY OF SURGERY

### WHAT HAPPENS THE DAY OF SURGERY?

Enter through the main entrance. You will be taken to Same Day Surgery to be checked in. This is where you will have an IV started, labs drawn if needed, and where you will get ready for surgery. If you have hair on the site that you are going to have surgery, it may be clipped. This helps prevent infections. You will need to remove all clothing, including underwear, and put on the hospital gown provided.

If you have any jewelry on, you may be asked to remove it before going to the operating room. This is done to prevent injury. Some swelling is common in surgery, and rings can cause unnecessary injury to fingers if left on.

Before going to the operating room, you will meet the nurse who will be involved in your case, the anesthesia provider, and see your surgeon again. Your surgeon will mark the side you are having operated on, and confirm this with you. Please speak up if you have any questions or concerns. When the operating room is ready, you will go to your O.R. suite for surgery.

### ANESTHESIA SERVICES

#### What is anesthesia?

Anesthesia is the caring for, preventing and managing of pain. In this case, it is pain control and prevention during and immediately after your actual surgical procedure.

#### General anesthesia

This type of anesthesia affects your whole body, and you go into a total deep sleep. Because of this, the anesthesia provider will have to support your breathing with a tube or other device. This is how we deliver oxygen to you during surgery. Your vital signs and condition are monitored closely by the anesthesia provider.

#### Regional anesthesia

This type of anesthesia focuses on a specific area of your body, and should not affect your brain or breathing. Patients are usually given some sort of sedative so that you are relaxed for when they place the regional block.

A spinal block is often used for total hip replacements. This type of block involves injecting medication into the fluid around your spinal cord in your lower back. Most patients tolerate these blocks well, and get good post operative pain relief from them.

### WHAT HAPPENS IN THE OPERATING ROOM?

When you arrive to the O.R., you will notice lots of equipment, supplies, and instruments. It will be bright and may be a bit cold in the room, but the nurse will make sure you are warm and comfortable. The O.R. team will have you move onto another bed and connect you to our monitors. If you are having a spinal block, the anesthesia provider may have you sit up on the bed, to make it easier to administer the medication. This block can help with pain control during and after your surgery.

You may also have wraps around your calves that squeeze to help push blood back to your heart. These are to help prevent blood clots while you are not mobile.

The operating room team will get you in the right position for the surgery, and make sure you are comfortable. It is possible that you may sleep through your procedure. You should not be in any pain during this time.

ER, ICU Entrance

Broadway St.

East Entrance & Urgent Care

ST. PETER'S MEDICAL  
GROUP BROADWAY



California St.

ER & ICU Parking

ER/ICU  
ENTRANCE

ER, ICU & Dialysis  
Parking

DIALYSIS  
ENTRANCE

URGENT  
CARE  
ENTRANCE

Maria Dean  
Medical  
Building

EAST  
ENTRANCE

PATIENT &  
VISITOR  
PARKING

**EAST ENTRANCE**  
Open Monday - Friday  
6:30 am to 6:00 pm  
closed weekends & holidays  
Use for **Physical/Occupational Therapy**

Saddle Dr.

ST. PETER'S  
REGIONAL  
MEDICAL  
CENTER

ICU

PATIENT &  
VISITOR  
PARKING

MAIN  
ENTRANCE

**MAIN ENTRANCE**  
Open Monday - Friday  
5:30 am to 9:00 pm  
Use this entrance the  
day of your surgery

**ER ENTRANCE**  
Open 24 hours daily;  
access for visitors  
after 9:00 pm  
Monday - Friday  
and 4:00 pm  
on weekends  
and holidays

3/26

Winne Clinic  
Surgi  
Center

Winne  
Clinic

Behavioral  
Health Unit

Patient  
Care  
Wing

Education  
Center

Rehab

Winne Clinic

Winne Ave.

Main Entrance

## WHAT HAPPENS RIGHT AFTER THE SURGERY IS OVER?

When the procedure is over, sterile dressings will be put on your incision. When you are ready, we will move you back onto your bed and take you to the post anesthesia care unit (PACU). This is where you will wake up and become more alert. A nurse will be at your bedside in case you have any pain or nausea.

The nurse may ask you to cough and deep breath. This helps prevent any respiratory problems.

You may have x-rays taken in the PACU. These are reviewed by your surgeon to make sure everything looks good.

After about an hour or two in the PACU, you will go to the surgical or same day surgery floor. This is where family can meet up with you.

## hipRAP™

A hipRAP will be applied immediately after surgery and is used for post-operative wound care. It provides soft tissue support and secures sterile dressings in place without the use of medical tapes. The hipRAP is latex-free and features a special pocket to hold a cold pack in place for cold therapy/pain relief.

Once you are discharged from the hospital, you will reapply the hipRAP with the help of a family member or friend

1. The hipRAP is placed directly over the sterile dressing on the lateral waist-hip-thigh areas. You should be able to read “right” after it is applied to the right hip; “left” when applied to the left hip.
2. Adjust the hipRAP so the groin areas have ample space for peroneal care and body functions.
3. Slide the waist portion around the back and attach the Velcro over the stomach as shown in figure 1.
4. Apply the thigh portion across the buttock, around the inner thigh and connect the Velcro. Use your natural contours to guide the position of the Velcro so the support is uniform. See figure 2.
5. Place a koolPAK in between the layers of fabric for cold therapy/pain relief. See figure 3.
6. Smooth and adjust the hipRAP so that there are no wrinkles and that the edges do not bunch. Adjust the wrap often to ensure comfort. For obese patients, an extension is available.



FIGURE 1



FIGURE 2



FIGURE 3

## DAILY PLAN

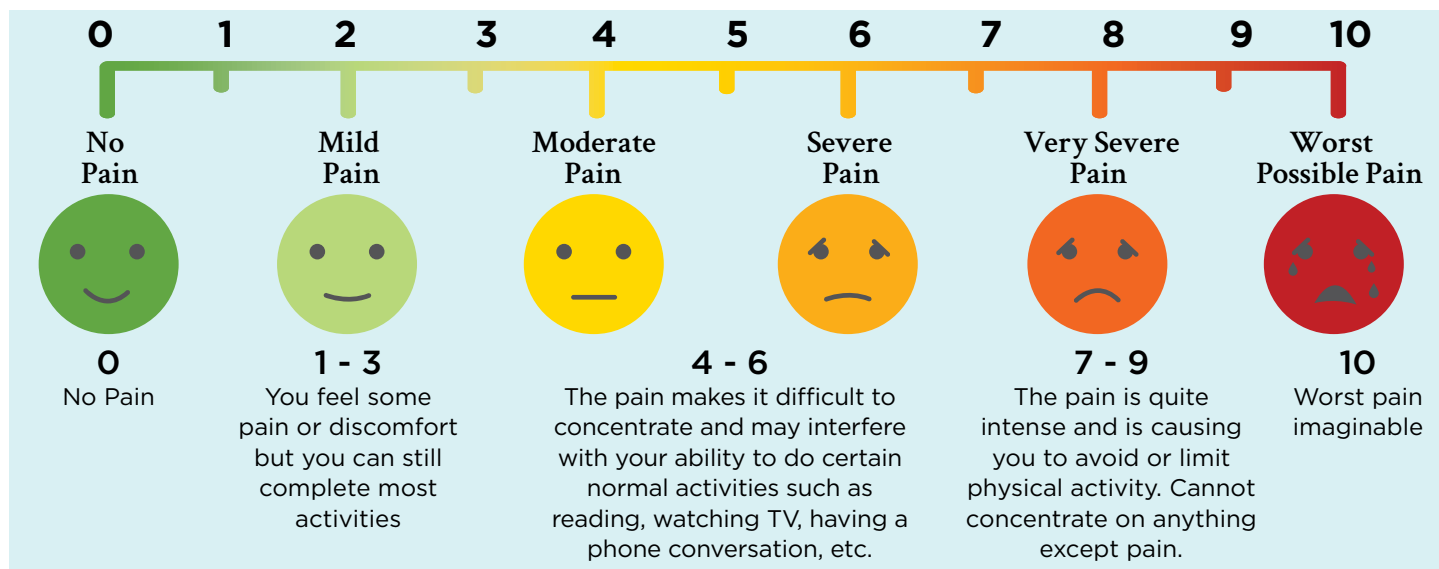
	Diet	Activity	Precautions	Pain Management	Discharge Plan
<p><b>Day of Surgery—Goal Discharge Day</b></p>	<p><b>Before surgery:</b> NO food</p> <p><b>After surgery:</b> clear liquids, advanced to small meal as tolerated</p>	<p><b>To prevent falls, please call for help if you need to get out of bed</b></p> <ul style="list-style-type: none"> <li>• Sitting on the edge of the bed</li> <li>• Stand with walker</li> <li>• Up to chair for 30-45 minutes</li> <li>• Physical and Occupational Therapy begins</li> <li>• Walk at least 100 feet with walker</li> </ul>	<p><b>Posterior surgical approach</b></p> <ul style="list-style-type: none"> <li>• <b>Do not bend, at the hip, more than 90 degrees</b></li> <li>• <b>Do not turn your toes or leg in while standing or lying</b></li> <li>• <b>Do not cross your legs while sitting, standing, or lying down</b></li> </ul> <p><b>Anterior surgical approach</b></p> <ul style="list-style-type: none"> <li>• <b>Avoid hyper-extending your operative hip</b></li> <li>• <b>Do not step backwards with operated leg first</b></li> </ul>	<ul style="list-style-type: none"> <li>• Oral medications as needed for pain</li> <li>• Epidural/Peripheral Nerve Block</li> <li>• IV Pain medication available if needed</li> <li>• Non-medication techniques: icing, relaxation, music</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge plan finalized</li> <li>• Potential discharge to home</li> <li>• Review medications with pharmacist.</li> <li>• For those discharging home same day, pharmacist will provide you with your discharge medications to take home</li> </ul>

<p><b>Post-Op Day 1—Discharge Day</b></p>	<ul style="list-style-type: none"> <li>• Regular diet</li> <li>• Up in chair for meals</li> <li>• Increase fiber intake</li> </ul> <p><b>Good Sources of Fiber:</b> Whole grains Fruits Vegetables Legumes Nuts &amp; seeds</p>	<ul style="list-style-type: none"> <li>• Walk with walker</li> <li>• Increase walking distance</li> <li>• Exercises</li> <li>• Physical therapy 2x/day</li> <li>• Occupational therapy 1x/day</li> </ul>	<ul style="list-style-type: none"> <li>• Do you understand your precautions?</li> <li>• Ask Questions</li> <li>• Continue precautions for a minimum of 3 months</li> </ul>	<ul style="list-style-type: none"> <li>• Oral medications as needed for pain</li> <li>• Epidural/peripheral nerve block</li> <li>• Non-medication techniques: icing, relaxation, music</li> <li>• Review medications with nurse and pharmacist before you leave</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge plan finalized</li> <li>• Discharge to home</li> </ul> <p><i>If Discharging to a skilled nursing facility or rehab center your insurance may require you stay in the hospital an additional night for a 3 night hospital stay.</i></p>
-------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ON THE SURGICAL OR SAME DAY SURGERY FLOOR

## PAIN CONTROL

After surgery, controlling any pain you have is a top priority. In the PACU, and on the surgical or same day surgery floor, nurses will be asking you your pain level. This is the scale they will ask you to use to rate your pain:



At St. Peter's Health, our goal pain score while you are rehabilitating from your joint replacement is a "3" to "4"; this might go up to a "6" while you're up working with physical therapy (PT). Let your nursing staff know where your pain ranking is at so it can be adequately addressed. An important consideration is to take pain medication about an hour prior to working with PT. Our PT staff are great about talking to the nurses about your schedule, as well.

Your nurse will not automatically bring you pain medications, so be sure you ask for it. Additionally, if your pain medications are not working, notify your nurse so that they can alert your surgeon. You should avoid taking pain medication on an empty stomach, so ask for a snack like crackers.

### POST SURGICAL ACTIVITIES

When you return from surgery you will have inflatable compression devices, known as sequential compression devices—or SCD's, on both legs to help improve blood flow in your legs and to help prevent you from developing blood clots.

When inspecting your skin, watch for areas of redness or breakdown. Apply lotion as needed. You may have oxygen following surgery; this will

be weaned off by the time you return home. Make sure you cough and deep breathe 10 times an hour while awake.

When you aren't moving a lot, pressure can build under your skin and cause sores—especially around your tailbone, heels and elbows. If any of these areas hurt while you are in bed or sitting, notify your nurse.

Don't be afraid to speak up and let your nurse know if you have any questions or concerns. Please review the attached Community Resource Directory and Patient Guide which includes information on:

- Fall prevention
- Controlling your pain after surgery
- Your voice matters, so speak up!

## MEDICATIONS

### PAIN MANAGEMENT

- During your hospital stay, staff will work with you to keep your pain under control. Having proper pain control after surgery will help you feel better and recover faster. After your surgery there will be a combination of medicines used to help manage your pain. NSAIDs, Tylenol and opioids are the most common medicines used.
- Our scale starts with “0” meaning no pain and ends with “10” meaning the worst pain possible. By communicating your pain level, staff can help keep you comfortable. 1-3 is considered mild pain; 4-6 is moderate pain; and 7-10 is severe. (Refer to page 25.)
- Let your healthcare team know if your pain is not well controlled, adjustments can be made to make you more comfortable.
- It is important to have a realistic pain goal. St. Peter’s pain expectation is in the range of “3” to “4” for post surgical patients. You may experience up to a “6” with activity, such as working with your Physical Therapist.
- Pain medication will provide short term relief while your body heals from surgery.
- Once you get home, gradually decrease the amount of medication and how often you take it as you are able.

### MEDICATION SAFETY AND FALL RISK

Some medicines or combinations of medicines have side effects that make you feel drowsy, dizzy or light-headed. These may cause you to lose your balance or feel unsteady on your feet.

- Falling has serious consequences, such as a fracture or injury of your recently repaired joint.
- Talk to your doctor, nurse or pharmacist about your side effects.

- Always alert your nurse or caregiver for assistance before attempting to get out of bed.
- When getting out of bed, always dangle your legs over the side of the bed for a few moments before slowly standing.

### BOWEL CARE MANAGEMENT

- Medications and lack of movement can result in constipation. It is our goal to prevent constipation rather than treat it once it occurs.
- After surgery, prolonged constipation can occur and may result in more serious complications.
- You will be given a stool softener or stimulant laxative, and your bowel movements will be monitored daily. Additional medications will be provided until you have a bowel movement.
- Increased fluids and foods high in fiber will also help.



## POST-OP NAUSEA AND VOMITING

It is not uncommon to feel nauseated after surgery. Your surgeon will order anti-nausea medications to be used on an as needed basis. Please communicate with your nurse if you feel queasy.

## NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

NSAIDs help with swelling and soreness by getting rid of inflammation. Some are available without a prescription. Common NSAIDs include Advil®, Aleve® and Celebrex®. Using NSAIDs after surgery will lower the need for opioids, which will likely reduce opioid side effects.

## ACETAMINOPHEN (TYLENOL®)

Acetaminophen may be given after surgery to help control mild to moderate pain. Unlike NSAIDs, acetaminophen does not have anti-inflammatory properties.

## OPIOIDS

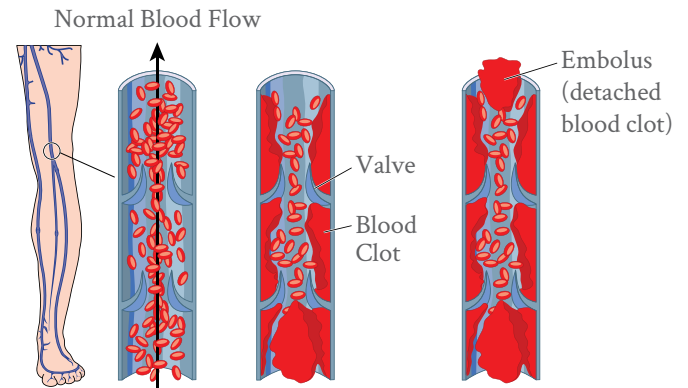
Opioids work by stopping pain signals to your brain, and are the best option for moderate to severe pain after surgery. Common opioids are Tramadol®, Norco®, Percocet®, Roxycodone® and Dilaudid®. These medicines are very useful but do have some side effects, such as drowsiness and constipation. These medications can be habit forming. Talk with your healthcare team about what to do if these side effects occur.

### Important Note:

There is a limit on how much acetaminophen can be safely taken each day. Our recommended maximum intake of acetaminophen is 3000mg in a 24 hour period. Many pain medicines combine opioids and acetaminophen (Norco®, Percocet®). Acetaminophen is also in several products that are available without prescription: some cough and cold medications, sleep aids, and arthritis medications. If you are taking a medicine with acetaminophen in it, be sure to include this in your daily acetaminophen intake/calculation, so you do not exceed 3000mg in a 24-hour period.

## DEEP VEIN THROMBOSIS (DVT)

A DVT is a thickened mass of blood “clot” in your leg. This is your body’s natural way to stop bleeding, like when you get a cut. When your movement is limited, blood can slow and a clot may form inside your body.



### Prevention of DVT's

Depending on the patient, medications can be used during your admission and after discharge to prevent DVT's.

- After surgery, you will be encouraged to move with the guidance of our physical therapists and hospital staff in order to prevent blood clots and help with your overall recovery.
- You will also be given a medication to prevent clotting. This medication will be started in the hospital and will continue for a limited time after discharge. Your pharmacist and nurse will be available for any questions you have regarding medications.
- You **MUST** take your medication as ordered or you have a much higher likelihood of getting a blood clot after surgery.
- Perform ankle pumps regularly.

Your surgeon will determine which anticoagulant medication is best suited for you.

treatment is covered by Medicare.

## CASE MANAGEMENT

### WHAT HAPPENS WHEN I LEAVE THE HOSPITAL? (THREE OPTIONS)

#### OPTION ONE:

##### **Home with Outpatient Services**

You may be seen at your surgeon's office one week after surgery depending on the type of dressing used. In which case, a nurse or medical assistant will change your surgical dressing and check in with you to see how your first few days at home have been going and address any questions or concerns you may have.

At 2 weeks post-operative you will follow-up with your surgeon's PA or NP for x-rays, evaluation, and removal of your surgical dressing.

At the 2-4 month mark post-operative you will follow-up with your surgeon's office.

Best option if you have:

- Good mobility
- Help with transport
- Help at home

#### OPTION TWO:

##### **Home with Home Care Services**

You may be seen at your surgeon's office one week after surgery depending on the type of dressing used. In which case, a nurse or medical assistant will change your surgical dressing and check in with you to see how your first few days at home have been going and address any questions or concerns you may have.

At 2 weeks post-operative you will follow-up with your surgeon's PA or NP for x-rays, evaluation, and removal of your surgical dressing.

At 2-4 months post-operative you will follow-up with your surgeon's office.

A Physical therapist will come to your home to instruct in post-operative exercises and walking with crutches or walker.

An occupational therapist will provide education for home safety and practice home management and self-care tasks as needed.

Your case manager will help make arrangements prior to your discharge from the hospital. Please ask your case manager to provide you with the names of home care service providers. Home care treatment is covered by Medicare.

You will be recommended to transfer to an outpatient facility when able.

Best option if you have:

- Help at home, but still have limited mobility
- Limited help with transportation

#### OPTION THREE:

##### **Skilled Nursing Facility/Rehab**

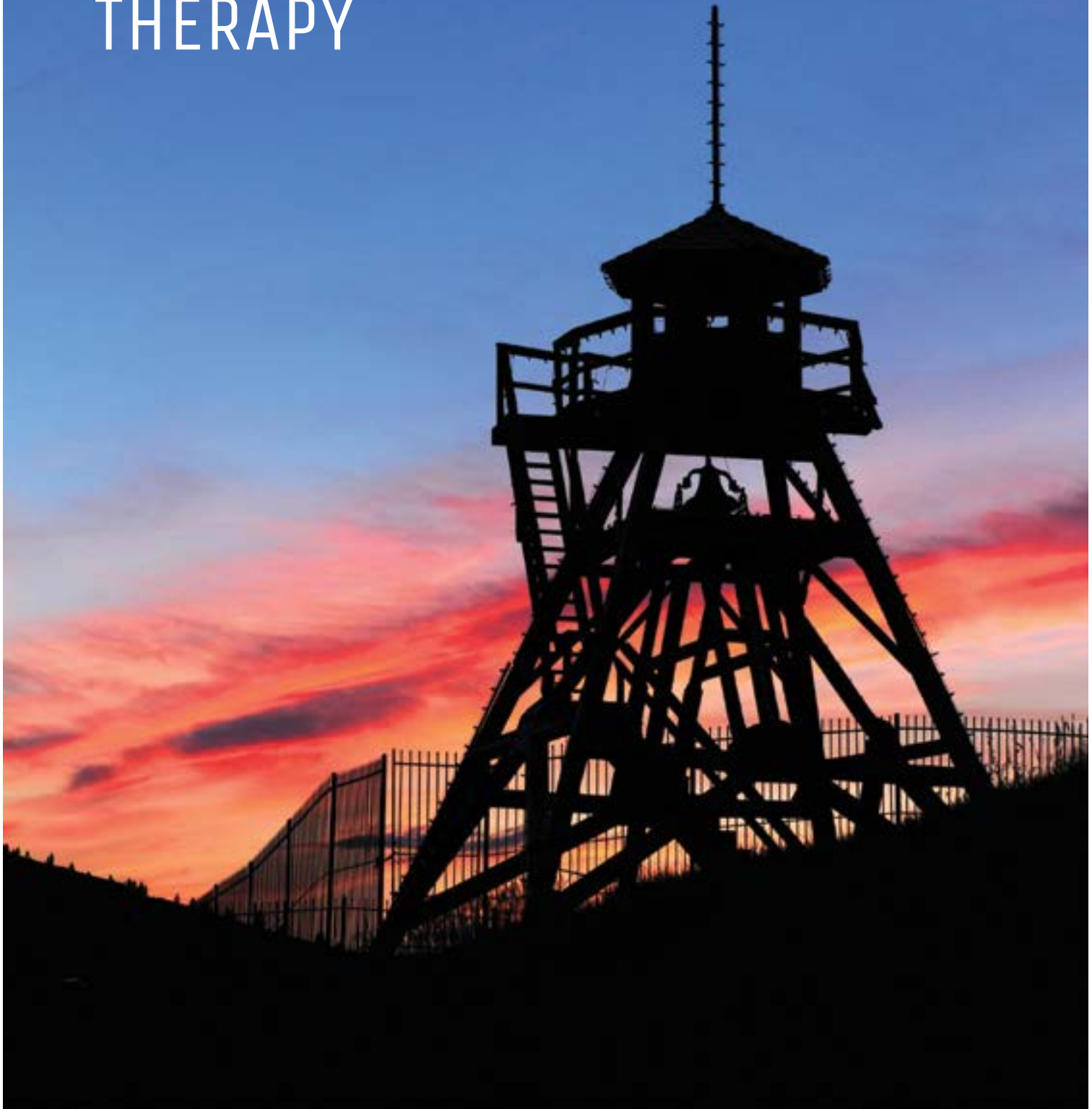
Nursing, physical therapy, and occupational therapy will be provided on site. The goal is to build up strength and independence prior to going home. The facility will have 24-hour nursing care and nurse aide assistance for mobility and routine activities.

Best option if:

- You live alone
- You need assistance with activities such as transfers up and down from a chair, bathing, preparing meals or need help in and out of bed.
- You have difficulty getting up and down stairs.

*A case manager will help you come up with a plan to meet your needs.* If you have questions, please call us at 444-2285.

# PHYSICAL THERAPY & OCCUPATIONAL THERAPY



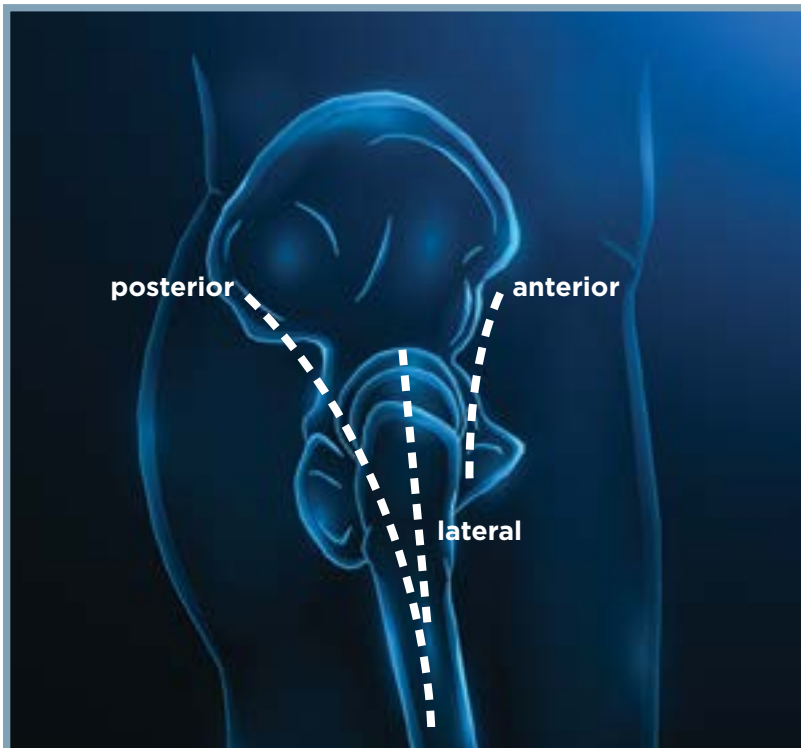


## PHYSICAL THERAPY

The Physical Therapist (PT) will be working with you to promote strength and range of motion, improve transfers in and out of the bed and chair, and increase overall mobility including walking and stairs.

### LATERAL, POSTERIOR OR ANTERIOR APPROACH

During hip replacement, an orthopedic surgeon removes the damaged section of your hip joint and replaces it with parts usually constructed of metal or ceramic, and a very hard plastic. To replace your hip, your surgeon will use one of three different surgical “approaches.”



#### Lateral Approach:

The surgeon operates on the hip from the **side** of your body.

#### Posterior Approach:

The surgeon operates on the hip from the **back** of your body.

#### Anterior Approach:

The surgeon operates on the hip from the **front** of your body.

Not all hip replacement patients are candidates for the direct anterior approach — most surgeries are lateral or posterior approach. However, an advantage of the anterior approach is that no tendons are detached during surgery and the recovery is quicker in the first 6 weeks after surgery. There is also no need for protecting the hip from dislocating after surgery.

As a result, the hip precautions following an anterior total hip replacement are different than those for a traditional posterior or lateral surgical approach.

**Please take special note of the areas in the following pages where movements or exercises are NOT recommended for patients that have had an anterior approach surgery.**

### TOTAL HIP REPLACEMENT (THR) CONSIDERATIONS FOR POSTERIOR OR LATERAL APPROACH

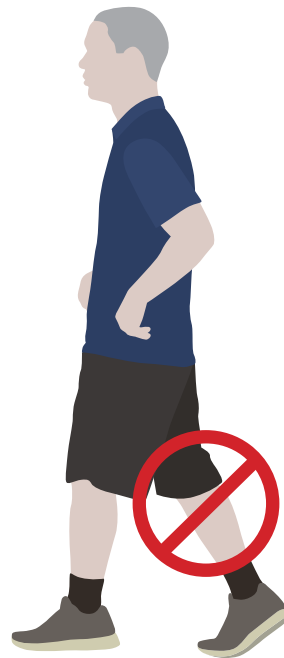
Your hip joint is surrounded and stabilized by a fibrous capsule. To replace the joint, this capsule must be opened, and then repaired once the joint has been replaced. The capsule itself has a poor blood supply and needs **3 months** to completely heal. During that period, you are at risk of dislocation if the precautions are not followed.

- **Do not bend, at the hip, over 90 degrees.**
- **Do not turn your operated leg inward.**
- **Do not cross your operated leg over your midline.**

After surgery, you may have a wedge or pillow between your legs to prevent you from breaking these precautions.

### TOTAL HIP REPLACEMENT CONSIDERATIONS FOR ANTERIOR APPROACH

- **Avoid hyperextending your operated hip.**
- **Do not step backwards with the operated leg first.**
- **Keep hips bent when repositioning in bed.**



## SCHEDULE OF EVENTS FOR THR'S

- Physical therapy will begin on the day of surgery.
- The goal of the first treatment is to assist you in performing the exercises as described on page 34—to help you to sit on the edge of the bed, stand with the assistance of a walker, and perhaps take a few steps. We will typically assist you back to bed, but if you feel able you can sit in the bedside chair for 30-45 minutes.
- Additional PT treatments usually follow this same basic schedule but we will increase your walking distance, make sure you follow any precautions that you have, practice stairs if appropriate, and ensure that you understand and can perform your exercise program.
- To prepare for this surgery, please review and practice the attached exercises.

## AFTER SURGERY

- When you wake in the recovery room, begin any of the exercises that you can recall. The sooner you begin moving your leg the better. The first two exercises are the most important at this time.
- Try and reposition yourself if you are uncomfortable or ask your nurse to assist you. Do not stay in an uncomfortable position because you feel that you are not allowed to move. You are encouraged to move.
- Your surgeon will decide the amount of weight you will be allowed to bear through your leg. We will have to wait until after surgery to tell you what your status will be.
- You will use a walker to help you move around for some time, which can stress the muscles of your arms. To prepare yourself, perform chair push-ups at home several times a day up until your surgery.
- You will be instructed in a post surgery icing protocol to reduce edema and help with pain control.

## WALKER HEIGHT:



Be aware that walkers and crutches come in different sizes.

To gauge for proper height, the hand rest should be at your wrist level.

Walker height parameters are generally:

Short/youth ..... for individuals 4' to 5'2" tall

Standard/medium .... for individuals 5'3" to 6' tall

Tall..... for individuals 5'4" to 6'4" tall

## USING STAIRS:



### Going Upstairs

*"Up with the good"*

- Lead with the good leg.
- Then move the crutch and put the operated leg up the step.
- Continue the sequence, one step at a time.

**Note:** When using stairs, that have a sturdy railing, use the rail and one crutch.



### Going Downstairs

*"Down with the bad"*

- Lead with the crutch and operated leg.
- Bring the good leg down to the same step.
- Continue the sequence, one step at a time.



### Assistance

If you have a helper, they are on the step *below* you:

- In front of you if you are going down
- Behind you if you are going up

## EXERCISES AFTER YOUR TOTAL HIP REPLACEMENT

- Begin these exercises on your own as soon as you wake up after surgery.
- Try to perform the first four exercises every hour and the other exercises at least 6 times a day.
- Continue these exercises at home after you leave the hospital.
- Your weight bearing status is \_\_\_\_\_.
- Know and follow your hip replacement **precautions for 3 months.**  
(No bending your hip past 90 degrees. No twisting your leg inward. No crossing your legs.)

### 1. Ankle Pumps

Point your foot up and down.

Do 25 Ankle Pumps every hour.



### 2. Quadricep Sets

Straighten your leg by pushing the back of your knee into the bed.

Hold 5 seconds and then relax.

Do 10 Quadricep Sets every hour.



### 3. Gluteal Sets

Tighten, squeeze and lift your buttocks together.

Hold 5 seconds and then relax.

Repeat 10 times.



#### 4. Hamstring Sets:

Gently pull with your heel into the bed.

Hold 5 seconds then relax your knee straight.

Repeat 10 times.



#### 5. Hip Abduction:

Lock your knee straight. Keep your knee straight as you try to move your leg outward, then back to the midline.

Attempt 5-10 times.



#### 6. Heel Slides:

Slowly bend your knee as far as possible. (Do not bend your hip past 90 degrees however).

Hold 5 seconds.

Repeat 10 times.



#### 7. Short Arc Quads

Place a towel roll under your knee.

Straighten your leg by slowly lifting your foot into the air.

Hold 5 seconds and then relax.

Repeat 10 times.



## STANDING HIP EXERCISES

### 8. Heel Raises

Go up and down on your tip toes.

Repeat 10 times.



### 9. Mini-Squats

Gently bend and straighten your knees.

Do not bend at your hip more than 90 degrees.



### 10. Hip Abduction

Slowly move your operated leg out to the side.

Hold 3-5 seconds then relax.

When able, you may try to switch legs and move your non-operated leg outward.



## 11. Hip Extension

Not to be done if you have had an anterior approach surgery

Slowly move your operated leg backward.

Focus on getting movement at your hip: do not lean your body forward.

Hold 3-5 seconds then relax.

When able, you may try to switch legs and move your non-operated leg backward.



---

## 12. Marching

Slowly march in place.

Do not bend at your hip more than 90 degrees.



## OCCUPATIONAL THERAPY

The Occupational Therapist (OT) will address your ability to complete daily activities safely and as independently as possible.

### TREATMENT SCHEDULING

- An evaluation will be initiated prior to surgery for same day discharge patients, or on the day of surgery.
- Additional treatment sessions will focus on bathing, dressing, and toileting techniques with hip precautions. The OT will also instruct you on transferring in/out of a tub or shower as appropriate for your home.
- Equipment needs and home safety education will also be addressed.

*\*Please wear or bring a pair of loose, comfortable pants and slip-on shoes to the hospital that will be used for practice.*

## POSTERIOR APPROACH HIP PRECAUTIONS WITH DAILY ACTIVITIES

### Bed positioning

- Remember to use a thick pillow or wedge between your legs to avoid crossing your legs or internally rotating if you have had a posterior approach.
- If you like to sleep on your side, use 2 or 3 pillows to support your operated leg and avoid crossing your midline.



### Toileting

- Utilize a bedside commode or toilet riser to elevate the height of your toilet.
- Scoot forward and lean back or stand to complete toilet hygiene.
- To gauge for optimal seat height, top of seat should be about 2 inches higher than the back of your knee.



- If you have a high toilet, but lack arm support, consider installing a toilet safety frame that fastens onto your toilet seat.



Toilet Safety Frame

## Bathing

- Utilize a shower chair or tub transfer bench for safety
- Handheld shower heads, grab bars and non-skid strips/mats are recommended for increased safety while bathing.

Non-skid shower mat



Grab bar

## Tub Transfer Method

- Back up to the tub seat/bench and reach for the back rest.
- Extend your operated leg out in front and sit down.
- Spin on your bottom and lift one leg over the side of the tub at a time.
- Use your reacher to pull the shower curtain and tuck it in to avoid flooding the bathroom.



## Dressing

- Do not reach past your knees with your hands
- Dress your operated leg first using a reacher or dressing stick to lower pants to your feet.
- Utilize a sock aide to put your socks on
- Use a long shoe horn to put on/ take off your shoes; slip-on shoes are recommended
- Turn your favorite lace-up shoes into slip-ons with elastic shoe laces.



## Household

- Use a walker bag or basket or a backpack to carry items



- Do not rely on the walker for support when reaching for items. Brace yourself on solid counters, stable surfaces and extend your operated leg back when bending forward and reaching low. **Do not perform this move if you have had an anterior approach.**



## Car Transfers

- It is easier to get into a higher vehicle.
- Push the seat back and recline it back a little. Add a pillow/blanket if the seat is low.
- Back up to the car seat, brace yourself on the seat, dash or handle—not the car door.
- Sit, then lift one leg in at a time, lean back when lifting the operated leg in or out.
- Use the running board or a step stool to boost yourself back onto the seat, if needed.
- Check with your doctor as to when you are allowed to drive again.





A close-up photograph of a ground squirrel standing upright in a field of green grass and yellow flowers. The squirrel is holding a large, messy bundle of dry sticks and twigs in its mouth, which is a common behavior for ground squirrels as they gather nesting material. The squirrel's fur is a mix of brown, tan, and grey. The background is a soft-focus green field with several bright yellow flowers.

AT HOME  
AFTER  
SURGERY



## WHAT TO DO IF . . .

### You suspect you have a blood clot in your leg

- Call your surgeon's office immediately or report to the Emergency Room or Urgent Care if after-hours or on the weekend.

#### *Signs and Symptoms of a Blood Clot in the Legs:*

- Pain or tenderness in the calf, back of the knee, or groin area
- Swelling in the calf/leg that does not go down with elevation
- Heat and redness of the skin

### You develop shortness of breath or chest pain

- You may have a pulmonary embolus (blood clot in a lung) which is an emergency and you need to call 911 as soon as possible.

#### *Signs and Symptoms of a Pulmonary Embolus*

- Sudden chest pain
- Shortness of breath or difficulty breathing
- Confusion
- Light-headedness or fainting
- Feeling of doom (anxiety)

### You think you may have an infection

- If you develop a fever above 101, notice any excessive redness, heat, drainage, or swelling around your incision please call your surgeons office as soon as possible for further instruction.
- If you believe you may have an infection elsewhere, such as a bladder or sinus infection, please contact your primary care provider for urgent treatment, especially if this occurs in the first few weeks following surgery. It is very important that anytime you have a bacterial infection from now on it needs to be treated promptly to decrease your chance of developing an infection in your new hip. The common cold and flu are viral infections and do not require antibiotics.

### You have difficulty sleeping

- This is not unusual for patients the first few weeks after surgery, but should improve with time.
- Avoid naps during the day.
- You may try an over the counter sleep aid such as Tylenol PM or Benadryl.



### You have swelling in your leg

- Some swelling in your leg after surgery is expected and should improve the more you are able to get up and move around.
- Elevate your leg above your heart level—"Toes above Nose." This promotes venous drainage and improves circulation to reduce swelling. Be sure to follow your hip precautions if you had a posterior surgical approach.

- Ice after exercise while you rest. 20 minutes on, 20 minutes off.
- **If you have swelling in your leg that does not go down with rest/elevation, or you have pain in the calf, call your surgeon's office ASAP as you may have a blood clot.**

### You have bruising in your leg

- Bruising can be very common following a total hip replacement.

## MENTAL HEALTH CHALLENGES

---

### TO EXPECT BEFORE/AFTER YOUR SURGERY

1. Anxiety about the surgical process, healing time, fear of the unknown, pain control, etc.  
*Helpful strategies:*
  - Spirituality
  - Mindfulness
  - Preparation/education
  - Ask questions to your provider
  - Set up appointments with your mental health provider before and after your surgery if you have a pre-existing mental illness
  - Mental visualization/progressive relaxation/meditation exercises
  - Prayer
  - Journaling
  - Art therapy (coloring books, drawing, music playlists, writing)
2. Mental side effects of medication—anesthesia can correlate with post-surgical depression, or delirium in the geriatric population. Steroids can cause psychiatric reactions in some populations (psychosis, mania).  
*Helpful strategies:*
  - Make appointments with your mental health provider or your medication management provider
  - 988 – suicide and crisis lifeline
  - Utilize the resources of your Primary Care Team: care manager, social worker, Behavioral Health Professionals

3. Depression or anxiety with delayed healing, loss of independence, isolation from people and activities, pain, being sidelined from sports and your team, etc.

*Helpful strategies:*

- Workbooks
- Spirituality
- Mindfulness
- Preparation/education
- Ask questions to your provider
- Set up appointments with your mental health provider before and after your surgery if you have a pre-existing mental illness
- Mental visualization/progressive relaxation/meditation exercises
- Journaling
- Art therapy (coloring books, drawing, music playlists, writing)
- Mediterranean diet – evidence-based diet for healing, improving mental health and reducing inflammation, osteoarthritis and depression
- Medications can help with depression, anxiety and pain. Contact your Primary Care Team or mental health provider for help.

### **Mental health resources/education**

[nami.org](http://nami.org)

National Alliance on Mental Illness

[samhsa.gov](http://samhsa.gov)

Substance Abuse and Mental Health Services Administration

[psychologytoday.com](http://psychologytoday.com)

Psychology Today

This site has a feature to search for therapists in your community.

### **Workbooks**

- Managing Chronic Pain (ISBN 978-0195329179)
- The Cognitive Behavioral Workbook for Depression (ISBN 978-1608823802)
- The Mindfulness and Acceptance Workbook for Depression (ISBN 978-1626258457)
- The Teens' Workbook to Self Regulate (ISBN 978-1958350119)

### **Apps**

- Calm
- Headspace

### **Community psychiatrists**

**St. Peter's Health**

406-447-5901

**Pureview**

406-457-0000

**Big Sky Psychiatry**

406-204-2151

**Intermountain**

406-442-7949

**Treeline Psychiatry**

406-422-6355

## RESUMING SEXUAL ACTIVITY

Generally most people are able to resume sexual activity 6-8 weeks after surgery once cleared by your surgeon to do so. Resuming intercourse too early can increase your risk for developing a surgical site infection or hip dislocation. Remember to follow your hip precautions as listed on page 31 if you had a **posterior approach**:

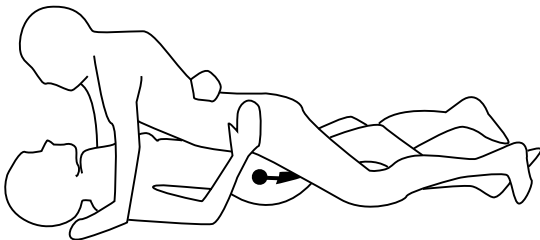
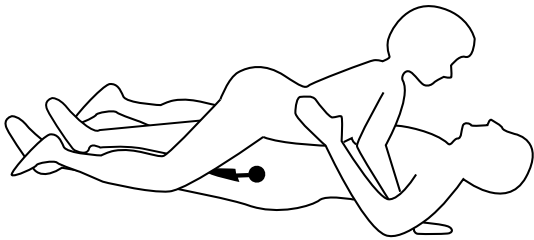
- **Do not bend, at the hip, over 90 degrees.**
- **Do not turn your operated leg inward.**
- **Do not cross your operated leg over your midline.**

If you had an **anterior approach**:

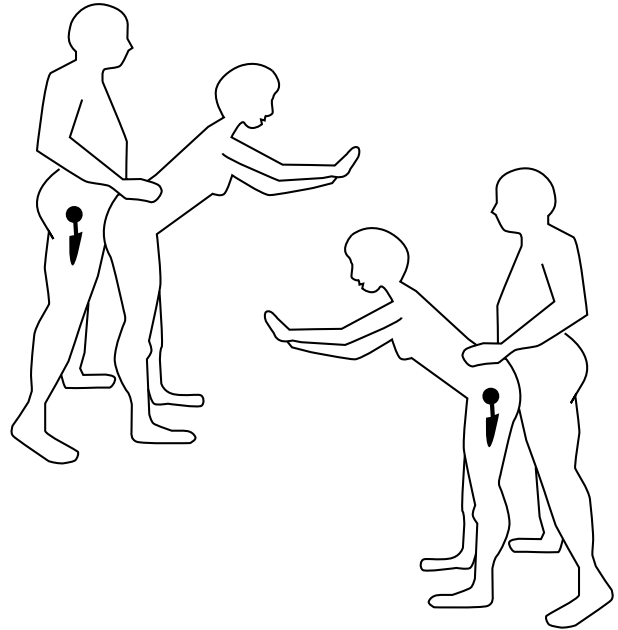
- **Do no hyperextend your operative leg**

The following suggestions should make sexual activity safe and comfortable for you.

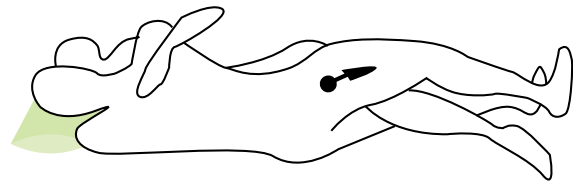
1. Assume a more passive position such as lying on your back.



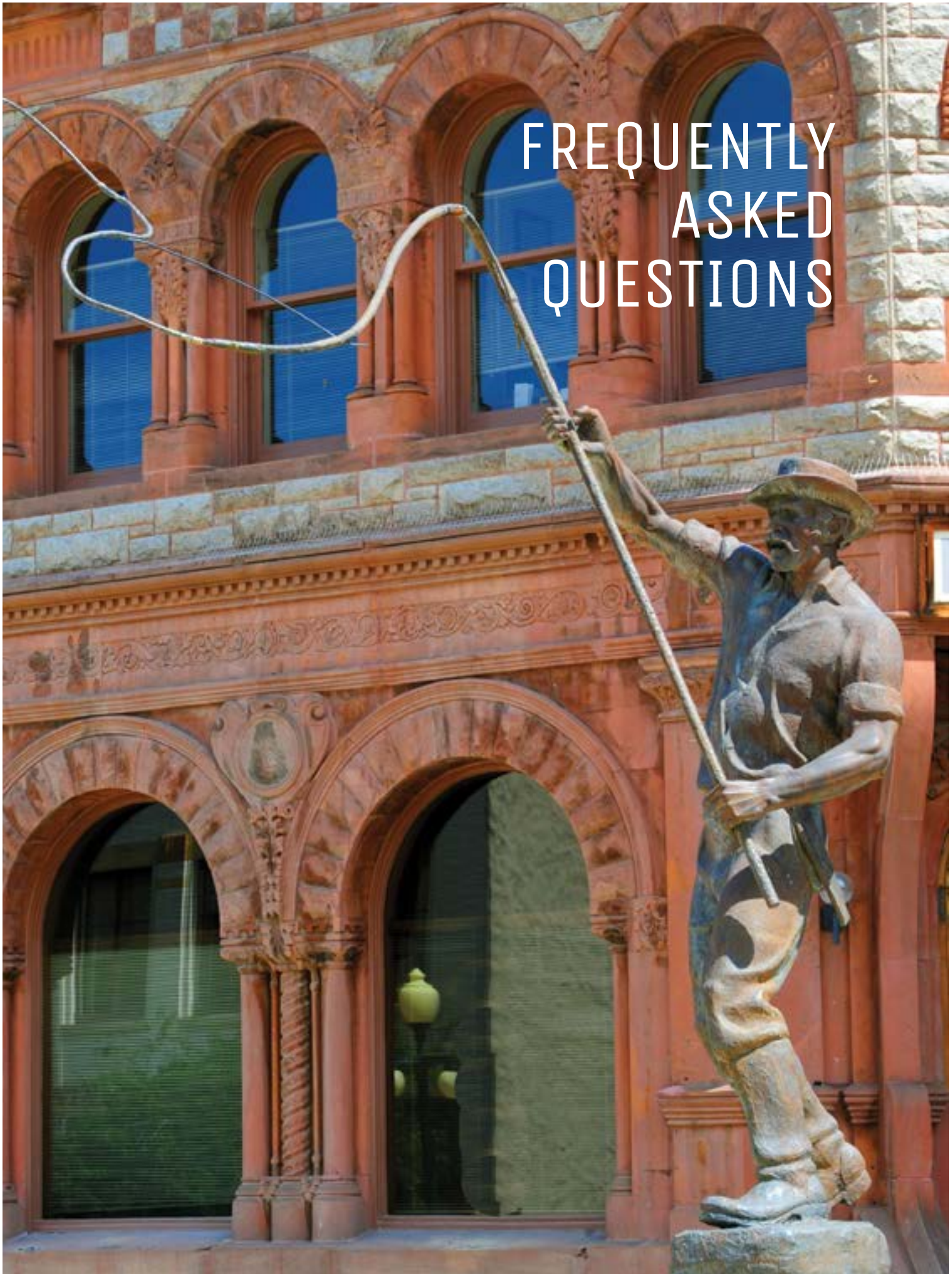
2. You can also stand, using a steady piece of furniture or a wall for support.



3. Another position is lying on your side with the operated leg resting on your partner's leg to prevent rotation of the leg.



# FREQUENTLY ASKED QUESTIONS





### Can I donate my own blood before surgery in case I require a blood transfusion (Autologous Blood Donation)?

No. We do not endorse autologous blood donations. Not only is your risk for needing a blood transfusion following your surgery exceptionally low, the process of an autologous donation often causes you to become anemic before surgery, increasing your risk for then needing a transfusion, prolonging your hospital stay, and increasing your out-of-pocket costs. With the advancements in technology, the risk of acquiring a viral transfusion-transmitted infection by donor blood is near obsolete.

### How long will I be in the hospital?

We like to get you home as soon as you are safe to do so, as your risk for infection is lower at home. A typical hospital stay is a same day discharge or 1 night for a total hip replacement. Your medical team will determine if you need more time in the hospital. Insurance does not pay for extra hospital days for continued therapy since this service can be provided outside of the hospital, however, if you have a medical condition that requires further evaluation/treatment extended stays are then covered by insurance. If you are discharged to a rehabilitation facility, your stay might be a little longer.

### Do I need to purchase the Chlorhexadine Gluconate (CHG) cloths?

No. Your surgeon's office will give these to you at your preoperative appointment.

### Can I shower after surgery?

Yes. It is important to keep your incision clean and dry for the first two weeks after surgery to help prevent wound infection so you will have a surgical dressing in place after surgery that is waterproof when intact and can be worn in the shower. There is no need to cover this dressing with Saran wrap when showering. While you can wear this dressing

in the shower, you may not immerse/soak your incision under water for at least a month after surgery, so no bathing/swimming until given the okay by your surgeon (typically okay at 4 weeks after surgery).

### When do my "staples" or sutures come out?

We generally do not use staples to close your incision, unless you are undergoing a total hip revision or there is question of impaired skin integrity. In most cases, your surgeon will use a dissolvable suture material and steri-strips to close your incision.

### Do I need physical therapy after surgery?

You will begin physical therapy at the hospital the day of surgery to begin working on your hip precautions and walking. Outpatient physical therapy is not generally ordered, however, if you feel like you would benefit from additional therapy please let your medical team know.

### Can I still sleep on my side?

For the first six weeks following your surgery, sleep on your back or on the uninvolved side with a pillow between your knees. After the first 6 weeks, you may lie on either side, without the need for any pillows. Most patients do not feel quite comfortable, however, to sleep on their operative side until a couple of months after surgery.

### How long do I need to wear the hipRAP?

Your hipRAP is applied immediately after surgery and should be worn for a minimum of 2 weeks after surgery. The hipRAP provides soft tissue support to help decrease swelling and provide support/stability to your hip. Your hipRAP also contains a pocket on the side to hold ice packs for cold therapy/pain relief.

### What is my implant made of?

There are several different types of implants that we use. Titanium alloy is the typical material for the cup and stem, while the head of the prosthesis is cobalt chrome or ceramic. The liner that locks into the cup is made of a highly cross-linked polyethylene.

### How long will my implant last?

The expected life expectancy of your new implant will be dependent on your age, weight, and activity level; the more you do the more wear and tear on your new hip. Most hip replacements are now lasting 20+ years. Maintaining a healthy weight, abstaining from nicotine, and partaking in low-impact forms of exercise such as walking, bicycling, yoga, and swimming can help extend the life of your implant, however, there is no guarantee that your implant will last for any specific length of time.

### How soon can I drive after my total hip replacement?

We do not recommend driving until you are off the opioid pain medications as these can cause dizziness/drowsiness, and impair your judgment and reaction time. If you are off your opioid pain relievers you may begin driving 4 weeks after surgery for a right total hip replacement and 2 weeks after surgery for a left total hip replacement, unless your vehicle has a manual transmission, in which case you would need to wait until the 4 week mark. These are the recommendations made by the American Academy of Orthopaedic Surgeons.

### When can I resume intercourse?

We do not advise resuming sexual activity until 6-8 weeks after surgery when you have been cleared by your surgeon to do so. Resuming intercourse

too early can increase your risk for developing a surgical site infection or hip dislocation. Remember to follow your hip precautions.

### When can I return to work?

Return to work depends on a variety of things, including your job duties. Those in more sedentary jobs may be able to return to work within 3-4 weeks following surgery. However, if you do more active work you may need to wait 2-3 months before returning. Your surgeon and our physical therapists will work with you to help you make the decision to return to work.

### How long will I be on pain medication?

Opioid pain medication may be prescribed for you after surgery. If prescribed, this will be tapered down in a dosage over a maximum 6-week post-operative period. Opioid pain medications are not routinely prescribed longer than 6 weeks following surgery. If you should need a refill of your pain medication, **please contact your surgeon's office 48 hours in advance of running out of your pain medication.**

### Do I need a card for airport security to notify them of my metal hip?

No. While hip implants can set off metal detectors at airports and other high security areas, these locations no longer accept a card or note from your doctor. Just tell security about your implant. Security may use a wand to assess/confirm; however, most airports now have a full body scanner in place making this easily verifiable. This should not cause any major delays.

### How long will I have to take antibiotics prior to dental appointments and any colonoscopies and bladder surgeries? Who will prescribe these?

Our surgeons recommend one year post-operatively antibiotic prophylaxis for all total joint replacement patients prior to any invasive procedure that may cause bacteria to seed in your new joint, given the potential adverse outcomes and cost of treating an infected joint replacement. While your risk for infection should decrease over time, your implant always represents a possible site for infection. We strongly encourage the use of an antibiotic before all dental/oral appointments, including regular dental cleanings, all gastrointestinal procedures such as colonoscopies and endoscopies as well as all genitourinary procedures. Please call your surgeon's office prior to a dental visit or other invasive procedure so they may prescribe the correct antibiotic for you. This is typically a single dose antibiotic taken usually an hour or so beforehand.

### POSTERIOR SURGICAL APPROACH

#### How long do I need to follow the hip precautions?

Your hip precautions are put in place to prevent your hip from dislocating and should be followed for a minimum of 6 weeks. The precautions given to you in the hospital should be followed until your surgeon or his/her team discuss your hip precautions with you at your 6 week follow-up visit. While your risk for dislocation decreases as your body heals, crossing your legs is never recommended as it places stress on the hip joint increasing your risk for dislocation even years out from surgery.



## PRESCRIPTION DRUG DISPOSAL

According to the 2013 National Survey on Drug Use and Health, nearly 70% of prescription substance abusers got the drugs they most recently took for a non-medical purpose from a friend or family member. Removing leftover and expired medications from our homes and responsibly disposing of them makes our communities and families safer.

### WHAT TO DO WITH THE DRUGS THAT ARE SITTING IN YOUR MEDICINE CABINET

If possible, keep drugs locked up and out of reach of children. Maintain a medications log to track the number of pills you have and regularly check that none are missing. Be mindful of guests and strangers who enter your home, and keep medications and bottles out of sight.

### HOW TO PROPERLY DISPOSE OF UNWANTED OR UNUSED PRESCRIPTIONS

Properly dispose of unwanted drugs in one of two ways:

1. Drop your unwanted prescription drugs at one of the prescription drop locations below, or participate in a drug take-back in your community.

#### Permanent Prescription Drug Drop Locations:

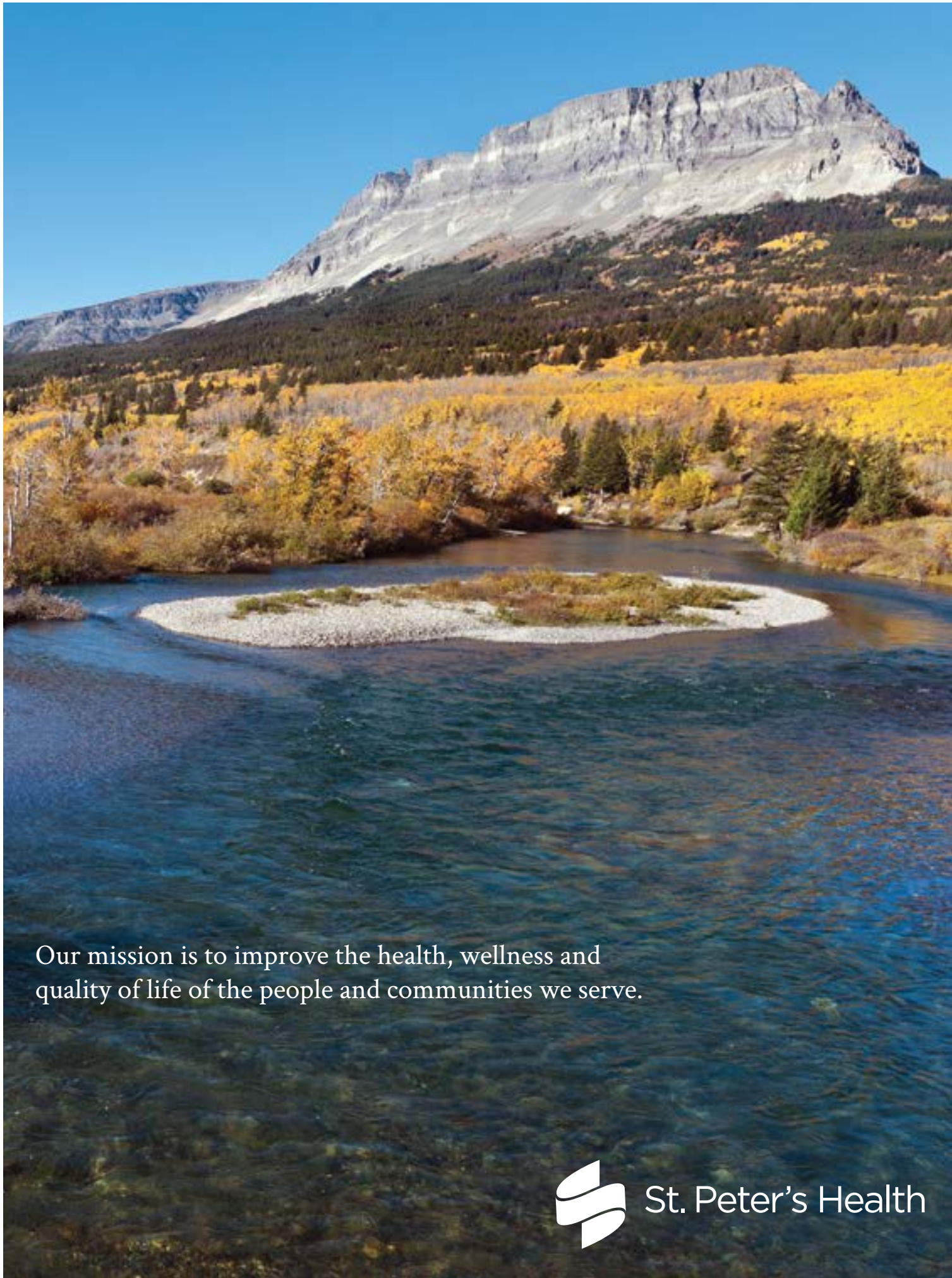
Helena				
<b>Helena Police Dept.</b> 221 Breckenridge (406) 457-8830	<b>Pureview</b> 1930 9th Ave 630 N Last Chance Gulch (406) 457-0000	<b>CVS</b> 603 N Montana (406) 442-9800	<b>Safeway</b> 611 N Montana (406) 443-1598	<b>Walmart</b> 2750 Prospect (406) 443-3455
<b>Albertsons/Osco</b> 3151 N Montana (406) 443-8557	<b>St. Peter's Health Pharmacy Broadway Clinic</b> 2550 E Broadway St (406) 444-2200	<b>CVS</b> 3095 N Montana (406) 443-3331	<b>Walgreens</b> 1150 11th Ave (406) 442-1265	
Townsend				
<b>Broadwater County Sheriff's Office</b> 519 Broadway (406) 266-3441		<b>Townsend Drug</b> 318 Broadway (406) 266-4379		

2. If a drug take-back is not accessible, follow these office of National Drug Control Policy recommendations:
  - Take prescription drugs out of their original containers.
  - Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
  - Put the mixture in a disposable container with a lid, such as an empty margarine tub, or in a sealable bag.
  - Conceal or remove any personal information, including the prescription number on the empty containers, by covering it with black permanent marker or duct tape, or by scratching it off.
  - Place the sealed container with the mixture and the empty drug containers in the trash.

### CONTACT

**Resolve Montana  
Prescription Drug Abuse Awareness Program**  
(406) 444-2026





Our mission is to improve the health, wellness and quality of life of the people and communities we serve.



St. Peter's Health