

Congress Orthopaedics

Restoring Your Function and Keeping You Active

Outpatient Surgery Guide

Preparing for your
Total Hip Replacement



Congress Orthopaedics: **Restoring Your Function and Keeping You Active**

A Step-by-Step Guide to Outpatient Total Hip Replacement

Table of Contents

Introduction	2
The Place to Begin: Planning for Success	3
Outpatient Total Hip Replacement Explained	4
Preparing for Surgery	5-7
Surgical Timeline	7-12
Preparing Your Home	8
After Surgery: Physician’s Post-Op Instructions	13-16
Safety Reminders for Patients	16-22
Medication Information	20-21
Enjoying Life After Hip Replacement Surgery	23
Antibiotic Protection Protocol	24-25
Daily pre-and post-operative exercises	26-27
Safe use of a walker on stairs	28-31
Pre-Surgery CHG Body Cleaning Instructions	32

For additional educational information about knee replacement surgery please visit www.AAHKS.org

Congress Orthopaedics: **Restoring Mobility and Keeping You Active**

Introduction

Approximately 40 million Americans suffer from Arthritis. This means that one in eight people are affected. Arthritis shows up as we age and can reduce the quality of our lives and keep us from doing the things we love to do.

At Congress Orthopedics, we are dedicated to your health and wellness. Our mission is to help you to maintain an active lifestyle by improving your mobility through pain-free motion. Our Physicians have dedicated their professional lives to combat the effects of arthritis and use state of art surgical techniques to improve your function, restore your health and help you to stay active.

Arthroplasty or Total Hip Replacement is the surgical procedure in which damaged parts of the hip joint are replaced. Arthroplasty is one of the most effective ways to reduce knee pain and restore your health, wellness and mobility.

At Congress Orthopedics, we offer outpatient Hip Replacement Surgery that eliminates hospital stays and gets you on the road to recovery and living pain free quickly and safely. This guide is designed to help you navigate Total Hip Replacement from pre-surgery through to post surgery in an easy step-by-step manner.

Congress Orthopaedics: **Restoring Mobility and Keeping You Active**

The Place to Begin: Planning for Success and Wellness

Congratulations! You and your physician have determined that you are a candidate for Hip Replacement. You and your Congress Orthopedics Physician, along with the Congress staff, will partner with you to ensure that this unique treatment model is successful from the diagnosis, surgery and finally through to your post-operative recovery at home. Following our clear and transparent surgical plan will ensure the process is a success.

- To start, we advise you to arrange for help from a “coach” –an adult friend or family member who can attend pre-surgical appointments, take you home after surgery, and help you recover once you are home. Be sure to share all the information in this guide with your coach and all other friends and family that will help you through this process. Full comprehension of the entire Hip Replacement process from start to finish is critical to ensuring that all goes smoothly and that your health is restored as quickly as possible.
- Please read the guide, complete any forms given to you, and follow all the instructions listed. Doing this will help you to have a successful operation and recovery.
- **IMPORTANT:** Please start the Pre-Surgical exercises (**pages 26-27**) immediately. These will help to prepare your body for surgery and ensure a speedy recovery. **Refrain from doing any exercise that causes pain.**

Total Hip Replacement Procedure Explained:

- Outpatient Total Hip Replacement is a procedure which replaces the damaged surfaces of the hip joint.
- These areas of the hip are replaced with an artificial covering made from titanium, ceramic, and polyethylene.
- Surgery will take on average one and a half hours. Total time at the surgical suite will be two hours, followed by two hours in the recovery room.
- Hip replacement is done by making incision in the front of the hip (anterior approach). The damaged joint is removed and replaced with a ceramic ball and a plastic (polyethylene) liner. These components are attached to the bone with titanium, which will allow permanent fixation as the bone heals to implant over time (generally 3 months).

Potential Complications or Risks of the Surgery

- **Infection:** As with all surgery, there is a risk of infection. Pre-surgery, your test results will have confirmed that you have no active infections. Antibiotics administered before and after surgery along with a sterile surgical site will further help to prevent infection.
- **Blood Clots:** Following surgery and during recovery, you will need to pump your feet and exercise your ankles to reduce the risk of blood clots. Post-surgery, you will take one aspirin daily to help prevent blood clots for 4 weeks. Heparin given under the skin or other medications
- **Pneumonia:** To prevent congestion in the lungs after surgery, breathing deeply and frequent coughing are important to do. Built up congestion in the lungs can lead to pneumonia.
- **Bladder Infections:** Post-surgery, be sure to drink plenty of water to help prevent bladder infections.
- **Numbness:** Numbness is common next to the incision after surgery and may be permanent. It will not affect the function of your hip or extremity.
- **Fracture, dislocation, leg length discrepancy** are all potential complications known to occur during or after surgery. Care is taken to minimize these risks with careful pre-operative planning and limiting activities during the healing period post-operatively.
- **Severe Complications:** There is a possibility that any complication listed above, or from the anesthesia, could be severe enough to result in death. Please discuss all questions and concerns with your surgeon or your anesthesiologist.

Anesthesia Used During the Procedure

- A short-acting spinal anesthetic is preferred to limit pain and blood loss during surgery.
- General anesthesia is given through an IV or by breathing through a mask.
- Other medications for pain or relaxation may also be given.

Preparing for Surgery:

Being Ready for surgery is critical to the success of the procedure and the healing process. Follow this step-by-step guide carefully. Please read it carefully and follow the instructions completely. Be sure to consult with your physician's office with any questions.

Medical History and Health Status

The following questions will be asked regarding your medical history and health status or for insurance verification:

- Do you have diabetes, high blood pressure or heart disease?
- Are you taking any medications: prescription, over the counter, herbs and teas, or vitamins? Please provide a complete list for your physician to review.
- Do you use alcohol, tobacco or any recreational drugs?
- Do you have allergies?
- Do you currently have a fever, cold, rash or history of recurring infection?
- Have you had previous surgeries or illnesses?
- Are you or could you be pregnant?
- Have you or any blood relative had any problem with anesthesia?
- Have you or any blood relative had any previous problems with blood clots?

Pre-Surgical Tests

Depending on your age and medical history, Congress Orthopedics may ask you to go to a local laboratory, diagnostic center, specialty physician, or to your primary care physician for pre-operative testing and clearance. These tests may include but are not limited to:

- Chest X-Ray
- Blood Test
- Nasal MRSA Culture
- Urine Test
- Electrocardiogram (EKG)

IMPORTANT: If you get a fever, cold or rash, call our office immediately. Your surgery may need to be postponed.

Preparing for Surgery:

Scheduling

Pre-authorization is typically required by insurance companies prior to surgery. Our staff at Congress Orthopedics will call your insurance company to confirm eligibility and get pre-authorization as needed. This may take several days depending on the insurance company. Once we have received authorization from your insurance company, we will contact you to discuss available surgery dates plus any other important appointments.

Medications

Once surgery has been scheduled, please inform our office if you are taking any of the following medications. It is important that you curtail taking these medications before surgery. **See below for when each medication needs to be stopped prior to surgery:**

- Methotrexate 14 Days
- St. John's Wort 14 Days
- Prescription diet pills 14 Days
- All Vitamins & Supplements 10 Days
- Plavix 7 Days
- Aspirin 7 Days
- Anti-Inflammatory Meds 7 Days
(Advil, Ibuprofen, Aleve, Naproxen, Relafin, Diclofenac, Meloxicam, Motrin)
- Turmeric, Fish Oil, Glucosamine, Claritin 7 Days
- Hormone Replacement Therapy 7 Days
- Coumadin 5 days
- Xarelto, Eliquis 4 Days

****Celebrex does not need to be stopped before surgery***

Preparing for Surgery:

Surgical Timeline:

The following timeline and tips will help you get organized and prepare for surgery. Be sure to complete each step at the prescribed time.

4 Weeks Before Surgery

- Schedule pre-operation visits:
 - Orthopedic Surgeon Pre-Op visit(1-2 weeks prior to surgery)
 - Primary Care Physician medical clearance visit(1-4 weeks prior to surgery)
 - Cardiologist (if advised by Primary Care Physician or your surgeon)(1-4 weeks prior to surgery)
 - The hospital/surgery center will call you to schedule pre-op testing/registration for 2-4 days prior to your surgical date.
- Begin taking Vitamin D Supplement (2000 IU daily)- this helps your immune system
- Drink protein shakes daily(Ensure shakes daily are fine)- this will improve your nutritional status and improve your immune system prior to surgery
- **Stop smoking!**
- **Wean off/discontinue all narcotic pain medications**
- Start Pre-Surgery exercises immediately---*see pages 26-27 for instructions*. **Follow the instructions carefully and note that most exercises need to be done 2 to 3 times per day.**
- Prepare house—*see pages 8 for instructions*.

Preparing for Surgery:

Surgical Timeline

Preparing Your Home for your Return After Surgery—

Complete these tasks 4 weeks before surgery

Below is a step-by step guide for preparing your home to make recovery more comfortable. This list will ensure that your transition from surgery center to your home will be smooth:

- Prepare meals ahead of time and put fresh linens on your bed. Be sure to bathe pets (if necessary) prior to surgery. Have plenty of pet food on hand as well.
- Arrange to have a comfortable armchair with a firm cushion for you to sit on.
- Make sure you have a flat, firm mattress for sleeping. No water beds post-surgery.
- Be sure to restock all your prescription medications.
- Remove throw rugs and tie up or remove all long electrical cords.
- Install night lights in bathrooms and hallways.
- Install non-skid surfaces (adhesive strips) in bathtubs and showers.
- Arrange for pet care and dog walking help if needed.
- Prepare a comfortable rest area with phone, TV, remote control, tissues nearby. Anything you need, have it within arm's reach of your armchair.
- If you will be alone for a large part of the day, arrange to carry a cell phone or cordless phone. A personal alarm that allows you to call for help in case of emergency is also a good idea.
- Make sure you have footwear with non-skid soles ready for your post-surgery recovery.
- Arrange transportation help for your follow-up medical appointments.
- Install hand-held shower head to make bathing easier(optional)
- Clear away clutter from all pathways, hallways and anywhere else you walk in your home.

Preparing for Surgery:

Surgical Timeline

2 Weeks Before Surgery

- Obtain medical and (if indicated) cardiac clearance from your Primary Care Physician/Cardiologist
- Attend Pre-op visit with Dr. Dietrick
 - Pick up prescription medication for surgery
 - Pick up pre-surgical scrub and instructions(see page 32)
 - (If your surgery is at the hospital this will be provided at the pre-surgical visit/registration at the hospital)
 - Pick up durable medical equipment
 - Non-rolling walker & cane(alternatively, this can be obtained on the day of surgery or borrowed from the Convalescent Aid Society)
- Congress Orthopedics will schedule a Physical Therapist to visit you at your home for the first two weeks after surgery.
- Continue daily exercise program, daily vitamin D supplements, daily protein shakes.

7 Days before Surgery

- Stop taking all blood thinning medications/supplements.
 - This includes all NSAIDS, Advil, Motrin, Aleve, Aspirin, Plavix, fish oil, vitamin E, turmeric, glucosamine, chondroitin, ginko, and St. John's Wort.
 - **Exception: Coumadin should be stopped 5 days before surgery.**
 - **Exception: Xarelto and Eliquis should be stopped 4 days before surgery.**
 - **Exception: Celebrex is okay to continue all the way up to surgery.**
- Continue daily exercise program, daily vitamin D supplement, daily protein shakes.
- Limit alcohol intake. Stop smoking!

Preparing for Surgery:

Surgical Timeline

3 days Before Surgery

- Medications(if prescribed):
 - Start taking Extra-Strength Tylenol, 2 pills (1000mg) 3 times daily (every 8 hours—morning, noon, night).
 - Start taking Celebrex 200mg once daily in the morning (8AM).
- Use pre-surgical scrub as instructed(see page 32).
- Continue home exercise program.
- Start drinking plenty of fluids to make sure that you are well-hydrated for surgery.

2 Days Before Surgery

- Medications(if prescribed):
 - Continue taking Tylenol, 2 pills (1000mg) 3 times daily (every 8 hours—morning, noon, night).
 - Continue taking Celebrex 200mg once daily in the morning (8AM).
- Use pre-surgical scrub as instructed(see page 32).
- Continue home exercise program.
- Continue to drink plenty of fluids to make sure that you are well-hydrated for surgery.

Preparing for Surgery:

Surgical Timeline

One Day Before Surgery—Important!

- Medications(if prescribed):
 - Continue taking Tylenol, 2 pills (1000mg) 3 times daily (every 8 hours—morning, noon, night).
 - Continue taking Celebrex 200mg once daily in the morning (8AM).
- Take all routine medications **except those already stopped (see page 6)**. If there is any question about which medications to take, please check with our office.
- No smoking, vaping or marijuana use 24 hours prior to surgery
- Use pre-surgical scrub as instructed(see page 32)
- Eat a regular sized meal at dinner and drink plenty of fluids.
- **Have nothing to eat or drink after midnight (12:00am) the night before surgery. This includes mints, gum or water. Surgery may be cancelled if anything ingested after midnight.**

Day of Surgery:

At Home, in the Morning Before Surgery

- Use Surgical Scrub as instructed(see page 32).
- Wear comfortable, loose clothing.
- Do not use lotions, talcum powder, perfume, make-up or nail polish
- Take heart and blood pressure medications with only a sip of water. Do not take insulin or other diabetes medications unless instructed to do by our office.
- If Prescribed, take 200mg of Celebrex (1 tablet).
- **Do not eat or drink anything!!!**

Preparing for Surgery:

Surgical Timeline

At the Surgery Center

- Bring photo ID, zip lock bag or case for dentures, cases for contact lenses or glasses.
- In the Pre-Op area:
 - You will sign the surgical and anesthesia consent forms.
 - An IV will be started and pre-op sedatives and antibiotics will be administered.
 - Your knee will be shaved and prepped with Chlorhexidine wipes
 - Your surgeon will meet you in the pre-op area to confirm and mark the surgical site and answer any questions you may have before surgery.
 - Your Anesthesiologist will answer any questions you have before you sign a consent for anesthesia.
 - Finally, you will be transferred to the Operating Room.

After Surgery

- You will wake up in the recovery room after surgery
- Pain should be minimal at this point due to the spinal anesthesia.
- Once the Spinal anesthesia is worn off you will be able to get up with assistance and go to the bathroom.
- You will walk with a walker before you are allowed to go home.

At Home, in the Evening after Surgery

(if you are in the hospital, all medications will be available and scheduled medications described below will be ordered for you)

- Resume drinking fluids and eating a healthy diet.
- Begin taking colace 100mg twice daily, first dose this evening, to prevent constipation. You will continue this for 14 days post-op.
- Keep your operated leg elevated and perform calf pumps to increase circulation 10 times per hour while awake
- Use your incentive spirometer 10 timer per hour while awake to improve your breathing.
- Use your walker at all times for the first night and have someone assist you if you need to use the bathroom!!!

Day 1 Post-Op

- Resume drinking fluids and eating a healthy diet.
- Medications(if prescribed):
 - Begin taking Colace 100mg twice a day(8AM,8PM) to help prevent constipation. You will continue this for 14 days post-op.
 - Begin taking Protonix 20 mg once a day in the morning (8AM) to prevent upset stomach. Continue this for 4 weeks post-op.
 - Take one aspirin (325mg) in the morning (8AM) to help prevent blood clots. Continue this regimen for 4 weeks post op. Patients with a history of blood clots may be prescribed stronger blood thinning medication.
 - Take 200 mg of Celebrex in the morning(8AM). Continue this for 4 weeks post-op.
 - Take Oxycodone 5-10mg as needed every 4 hours for severe pain.
 - If you only take one Oxycodone and it is not strong enough, you may take another one 2 hours later.
 - Take Tramadol 50mg every 6 hours as needed for moderate pain.
 - Take Tylenol 1000mg 3 times daily (morning, noon, evening) for 7 days post-op.
- Continue post-operative exercises.
- Use Ice for pain relief and to control swelling. Do not apply for more than 30 minutes at a time.
- Perform calf pumps to improve circulation of both limbs while recovering.
- Use incentive spirometer 10X per hour while awake.
- While moving from bed to chair, use the walker or cane.

After Surgery:

Physician's Post-Op Instructions

Day 2 Post- Op:

- Continue fluids and resume healthy diet. Continue laxative (Colace) to prevent constipation.
- Ok to shower. Make sure waterproof dressing is in place.
 - It is normal to have swelling, tenderness and a pink color at the incision site. This may turn purple over the next few days.
 - It is normal to have pain in the thigh down to the knee after hip surgery. This should resolve after 2-4 weeks.
 - *Any excessive drainage or blisters should be reported to your physician- call Tony at 626 396-1249 or 626 795-8051.*

- Medications(if prescribed):
 - Continue Protonix 20mg once in the morning (8am) for 4 weeks post-op
 - Continue Tylenol1000mg 3 times daily for the first 7 days post-op.
 - Continue Oxycodone 5-10mg (1 or 2 pills) every 4-6 hours as needed for pain.
 - Take Tramadol 50mg every six hours as needed for moderate pain.
 - Continue Aspirin 325 mg once in the morning (8AM) until one-month post-op.
 - Continue Celebrex 200 mg once daily in the morning (8AM) until 4 weeks post-op.
 - **If you are taking Norco or Percocet for pain, do not take additional Tylenol as part of your pain medicine regimen – maximum daily dose of Tylenol(or Acetaminophen) is 3000mg/day.**

- Walk using a walker.
- Continue elevation, calf pumps, and ice while sitting or lying down.

Day Three Post-Op:

- Medications(if prescribed):
 - Continue Tylenol 1000mg 3 times a day.
 - Continue Protonix 20mg once a day in the morning (8AM) until 4 weeks post-op.
 - Continue Aspirin 325mg once a day in the morning (8AM) until 4 weeks post-op.
 - Continue Celebrex 200mg daily in the morning (8AM) until 4 weeks post-op.
- Continue to diminish the use of pain medication as tolerated.
- Continue physical therapy protocol, independent exercises.
- Continue limb elevation, ice, calf pumps.

Day 4 through 13 Post-Op:

- Medications(if prescribed):
 - Continue Tylenol 1000mg 3 times a day through day 7 post-op.
 - Continue Protonix 20mg once a day in the morning (8AM) until 4 weeks post-op.
 - Continue Aspirin 325mg once a day in the morning (8AM) until 4 weeks post-op.
 - Continue Celebrex 200mg daily in the morning (8AM) until 4 weeks post-op.
- Confirm post-op visit with Dr. Dietrick (between post-op day 10-14). - call Tony at 626 396-1249 or 626 795-8051 to confirm appointment.

Two Weeks Post-Op:

- Medications(if prescribed):
 - Continue Protonix 20mg once a day in the morning (8AM) until 4 weeks post-op.
 - Continue Aspirin 325mg once a day in the morning (8AM) until 4 weeks post-op.
 - Continue Celebrex 200mg daily in the morning (8AM) until 4 weeks post-op.
- Post-op visit with your surgeon:
 - X-ray, incision check, evaluation of functional status, monitor medication.
- Resume activity as tolerated.
- You can drive when you have discontinued the narcotic medications and you feel comfortable using your right leg going from gas to brake. Practice this before going out for your first drive!

Although you may feel that you are doing extremely well at this point in your recovery, it is important to be seen in our office for routine follow-up at 6 weeks, 4 months and annually after surgery.

IMPORTANT:

Please call our office 626-795-8051 if you are experiencing any of the following:

- Recurrent fever greater than 101.5 degrees.
- Increased hip pain despite rest, elevation, and ice.
- Increased drainage, redness or swelling to the incision.
- Calf pain, tenderness or swelling of the legs.
- Chest pain.
- Chest congestion.
- Problems with breathing or shortness of breath.

DO NOT HESITATE TO CALL 911 IF YOUR SYMPTOMS ARE SEVERE

Congress Orthopaedics: **Restoring Your Function and Keeping You Active**

After Surgery:

Home Care and Recovery

A physical therapy visit will be scheduled for the day after you return home. You will be given post-op exercises similar to those on **pages 28-29**. The physical therapist may customize the exercise for you based on your recovery. Be sure to practice your exercise and walking program several times per day as instructed by your PT. Following the prescribed exercise program is critical to your recovery.

Hand Washing to Prevent Infection

MRSA, a serious form of bacteria, can inhabit the skin or nose of otherwise healthy people. When MRSA is introduced into the home setting during recovery, it can be harmful to patients. Hand washing is critical to controlling the spread of MRSA. Washing your hands is the single-most important method of controlling the spread of bacteria. **Request that all visitors and caregivers wash their hands before and after contact with you and your surroundings.** This very simple act of handwashing can prevent the spread of harmful bacteria and provide a safer environment for everyone.

Using your Walker

- Always use your walker. Be sure to use “Step Thru Pattern” when using your walker—see pages 30-33 for instructions for stairs.
- Take natural reciprocal steps with the walker. Your foot should land within the walker with each step.
- You can bear as much weight on your affected leg as you feel comfortable.

Congress Orthopaedics: **Restoring Your Function and Keeping You Active**

After Surgery:

Position while Sleeping or Resting

- Do not sleep on your replaced hip for the first two weeks after surgery; after the incision has healed it is fine to rest on the operated side.

Using the Toilet

- Do not attempt to pull yourself up from the toilet by using your walker. Instead, push yourself up from the seat and reach forward, one hand at a time to your walker.
- When out in public, be sure to use restroom that accommodate people with disabilities. These restrooms are equipped with side rails for your safety.

Using the Shower

- If your cane fits in the shower stall, step in with the affected leg first. If the cane does not fit into the stall, step in backwards using your strong leg first.
- Make sure the floor outside and inside the shower are non-skid to prevent slipping.
- Make a soap holder out of a cut off panty-hose leg. Put a bar of soap in the foot end and tie the top ends together. You can hang the soap around your neck while showering.
- Use a long-handled sponge or brush to wash and dry your legs.

After Surgery:

Helpful Safety Tips (cont.)

Other Precautions

- Do not lift or carry things while walking.
- Remove throw rugs and electrical and phone cords in pathways.
- Avoid small pets while walking.
- Do not drive for the first 2 weeks or as instructed by your physician.
- Allow for adequate clearance around your bed for walking. Avoid pivoting on your affected leg.
- Avoid all slippery or unstable surfaces
- Avoid exhausting yourself. Be sure to rest when you feel tired.
- Use a cart to move items.
- Avoid reaching high overhead or down low.
- Take out your trash by using smaller garbage bags and tying them to your walker.

Important: Call Congress Orthopaedics if any of the following occurs:

- You have a fever over 101.5 degrees.
- Your incision becomes more red, swollen, painful, or if it has a strong-smelling discharge.
- Your incision opens or bleeds profusely.
- Your pain medication is not adequately controlling your pain.
- You show side effects from medications such as rash, nausea, or itching.
- You have fallen.

A Few Notes About Medications:

Occasionally patients either cannot tolerate the above medications or insurance cannot cover them. For example, **Celebrex** is sometimes not covered by insurance, so if that is the case we will substitute **Meloxicam (Mobic)** 15mg daily instead. In addition, you have a sulfa allergy, then you will be prescribed Meloxicam instead of Celebrex.

- **Celebrex** is an anti-inflammatory medication which causes less bleeding than regular anti-inflammatory medication. **Meloxicam** is also an anti-inflammatory medication that causes less bleeding than regular anti-inflammatory medications. Both medications are very effective for relieving pain and decreasing inflammation/swelling.
- **Aspirin**, or **ECASA**, is an anti-inflammatory medication that thins your blood. This helps to decrease the risk of developing blood clots after surgery.
- **Lyrica**, or **Pregabalin**, is a medication that decreases nerve pain and hypersensitivity. It also can cause dizziness or drowsiness. If you are experiencing this, simply discontinue the medication.
- **Tramadol** is an effective pain medication for moderate pain. However, it should not be taken if you also routinely take SSRI medication (Selective Serotonin Reuptake Inhibitors) for treatment of depression or chronic pain. If there is any question about this, please ask your physician.
- **Oxycodone** is a strong pain medication which is habit forming and constipating. It is helpful in the immediate post-operative period to control pain, but should be used only as needed and weaned off as soon as possible.
- **Percocet** is a strong narcotic medication which contains **oxycodone** and **acetaminophen(Tylenol)**. It is habit forming and constipating. It is helpful in the immediate post-operative period to control pain, but should be used only as needed and discontinued as soon as possible.
- **Norco** is a strong narcotic medication which contains **hydrocodone** and **acetaminophen(Tylenol)**. It is habit forming and constipating. It is helpful in the immediate post-operative period to control pain, but should be used only as needed and discontinued as soon as possible.

A Few Notes About Medications (cont.):

Percocet and **Norco** both contain 325mg of **Acetaminophen(Tylenol)**, so it is important to not exceed more than 3000mg of Tylenol per day if you are combining this medication with regular Tylenol for pain.

- **Acetaminophen (Tylenol)** is an over the counter pain medicine which is effective in controlling pain as part of our multi-modal regimen. It is important to not take more than 3000mg daily.
- **Protonix** is a proton-pump inhibitor which helps to reduce stomach acid. This is prescribed to decrease your chances of developing upset stomach after surgery while taking multiple medications.
- **Colace** is a stool softener which will decrease the risk of constipation after surgery, which is common while taking pain medication. Prunes with pulp, or prune juice with plenty of water can also help with constipation.
- **Zofran** is an anti-nausea medication that can be taken every six hours as needed to help control nausea.

Important: If you have an upset stomach or develop a rash after taking any of these medications, please discontinue the medication and call your physician immediately.

Congress Orthopaedics: **Restoring Your Function and Keeping You Active**

After Surgery:

Safety Reminders for Patients

Safe use of Your Walker(see pages 30-33 for images):

- Keep your hips straight when using the walker.
- Practice FWBAT (full weight bearing as tolerated), normal amount of body weight as much as you are able to bear.
- Do not use the walker as a support when getting in or out of bed, up from a chair, or off the toilet. The walker is NOT stable enough to help in those actions.
- To sit, back up to the chair until your legs/calves can feel the chair. Reach down for the arms of the chair to lower yourself safely into the chair.

Climbing Stairs:

- To climb stairs using your cane, first step up with your unaffected foot. Raise your body, your affected leg AND cane to the same step. To descending stairs using a cane, first step down with affected leg AND cane. Then lower your body and unaffected to the same step.
- Remember “Good Leg up, Bad leg Down!”

In and Out of Bed:

- Sit on the edge of your just as you would a chair. Scoot your buttocks back across the bed until your hips and thighs are on the bed. Then, rotate your body until you are straight on the bed.
- Get in to bed with the non-affected leg first.
- Use sheets and wear pajamas made of slippery fabric to make scooting easier.

Getting in a Car

- **Front Seat:** Passenger seat needs to be pushed back. Back your body up to the car seat using your walker. Lower yourself into the seat. Swing your legs into the car.
- **Back Seat:** If surgery was on your right leg, then enter the car on the passenger side. If surgery was on your left leg, then enter the car on the driver’s side. In either case, back up to the open back door using your walker or cane. Lower yourself carefully into the car. Scoot across the back seat and have pillows stacked so that you can semi-recline.

Congress Orthopaedics: **Restoring Your Function and Keeping You Active**

Enjoying Life After Hip Replacement Surgery:

A few Considerations

Your new hip joint is the result of extensive scientific research over many years. Like any device or instrument though, your new joint components' life span depends on how well you care for it. To ensure the overall health of your hip, it is critical that you take care of it for the rest of your life.

Sports and Activities

Your new hip is designed for activities of daily living (ADL's). The new joint is also designed for low-impact sports such as walking, swimming and cycling. Aggressive and high-impact sports such as jogging or running, jumping, repeated climbing and heavy lifting may compromise your new hip. These activities are to be avoided in order to ensure long-term success of your new hip joint.

Infection

Your new hip joint components are made of metal, ceramic and plastic. The body considers these materials to be foreign objects. Bacteria can gather around the new components and your hip joint can become infected. Infection symptoms may include a high fever and pain. If this occurs, contact our office immediately for treatment.

Other Surgical Procedures

If you have a scheduled surgery, be sure to tell your surgeon about your joint implant. You will need to take antibiotics before the surgery. See page 24-25 for detailed instructions.

Dental Work

Antibiotics are recommended to be taken before all dental procedures including a routine cleaning for the first two years after surgery. Bacteria present in the mouth can be introduced into the bloodstream during dental visits and accumulate around your implant. This can theoretically increase the risk of infection. Call Congress at 626-795-8051 to obtain a prescription prior to any dental appointments.

If your immune system is compromised it is recommended that antibiotics be taken prior to dental visits for the rest of your life.

Enjoying Life After Total Hip Replacement Surgery: Antibiotic Protection Protocol

Teeth Cleanings and Fillings:

- Amoxicillin, 2 grams one hour prior to the procedure.
- Alternative: Clindamycin, 600mg one hour prior to the procedure.

Dental Extractions, Root Canal:

- Amoxicillin, 2 grams one hour prior to procedure then continue every 6 hours for 2 days.
- Alternative: Clindamycin, 600mg one hour prior to the procedure. Continue every 6 hours for days.

Urinary Tract Procedures—Cystoscopy, Transurethral Resection of Prostate (TUR):

- Ampicillin, 2 grams plus Gentamycin 80mg IV or by injection ½ hour (30 minutes) prior to procedure.

Gastrointestinal Tract Procedures—Colonoscopy, Sigmoidoscopy, Endoscopy with Biopsy:

- Amoxicillin, 2 grams one hour prior to the procedure.
- Alternative: Clindamycin, 600mg one hour prior to the procedure.

Endoscopy Without Biopsy, Sigmoidoscopy, Barium Enema:

- Amoxicillin, 2 grams by mouth one hour prior to procedure.
- Alternative: Clindamycin, 600mg one hour prior to the procedure

Skin Boils, Infected Lesions, Podiatry Procedures such as Nail Cutting and Ingrown Toenails:

- Keflex, 500mg every 6hours by mouth until lesion has improved.
- Alternative: Doxycycline, 100mg 2 times per day until lesion has improved

Enjoying Life After Total Knee Replacement Surgery: Antibiotic Protection Protocol (cont.)

Breast Biopsy, PAP Smears:

- **Antibiotics Not Needed.**

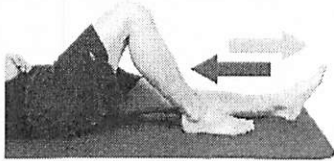
Surgery:

- Inform your surgeon that you have had joint replacement.

Cardiac Catheterization:

- Inform your cardiologist that you have had joint replacement. We recommend that you take antibiotics before the procedure.

Pre and post-operative hip exercises




HEEL SLIDES - SUPINE

Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee.

Hold a gentle stretch in this position and then return to original position.

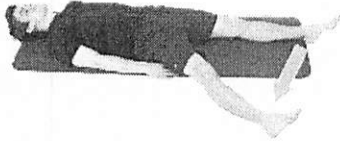
Repeat **10 Times**
Complete **3 Sets**
Perform **3 Time(s) a Day**

 Watch Video


 Enlarge

HIP ABDUCTION - SUPINE

While lying on your back, slowly bring your leg out to the side. Keep your knee straight the entire time.

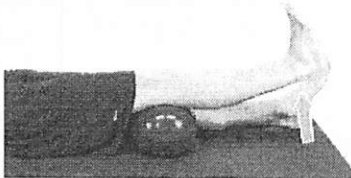


Repeat **10 Times**
Complete **2 Sets**
Perform **3 Time(s) a Day**

 Watch Video


 Enlarge


SHORT ARC QUAD - SAQ



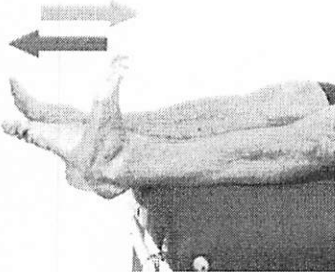
Place a rolled up towel or object under your knee and slowly straighten your knee as you raise up your foot.

Repeat **10 Times**
Hold **2 Seconds**
Complete **2 Sets**
Perform **3 Time(s) a Day**

 Watch Video

 Enlarge

Pre and post-operative hip exercises (continued)



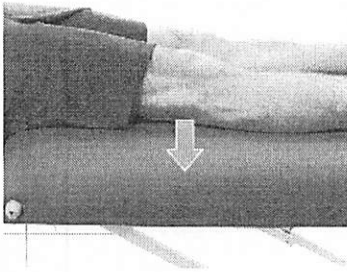
Ankle Pumps

Bend your foot up and down at your ankle joint

Note: Keep on doing Ankle Pumps throughout the day, as it is most important exercise for leg blood circulation, prevents blood clotting and swelling

Repeat 10 Times
Complete 3 Sets
Perform 2 Time(s) a Day

Enlarge

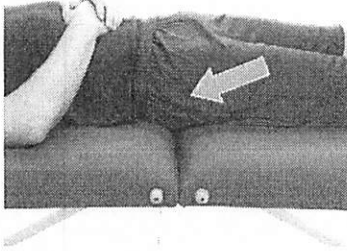


QUAD SET

Tighten your top thigh muscle as you attempt to press the back of your knee downward towards the table.

Repeat 10 Times
Hold 5 Seconds
Complete 3 Sets
Perform 2 Time(s) a Day

Enlarge



GLUTE SET - SUPINE

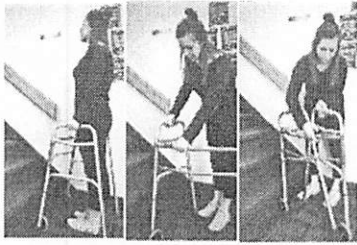
While lying on your back, squeeze your buttocks and hold. Repeat.

Repeat 10 Times
Hold 5 Seconds
Complete 2 Sets
Perform 3 Time(s) a Day

Enlarge

Walker Education: Up Stairs Part 1

 [Enlarge](#)



Starting at the bottom of the stairs, get as close as possible to the railing, and fold up your walker as shown. If possible, use the railing on the affected side of your body.

Walker Education: Up Stairs Part 2

 [Enlarge](#)



Using the railing closest to your affected side, turn the walker sideways and grip the top with your other hand as shown. Place the first legs on the step above you.



Walker Education: Up Stairs Part 3

Support your weight evenly between the handrail and walker. Step up with your unaffected leg.

 [Enlarge](#)



Walker Education: Up Stairs Part 4

Bring your affected leg up. Then lift the walker to the next step.

 [Enlarge](#)



Walker Education: Down Stairs Part 1

 [Enlarge](#)

If possible, choose to use the railing closest to your affected side. Grip the railing with one hand, and hold your folded walker in the other as shown. Place the back two legs of the walker on the step beside you.



Walker Education: Down Stairs Part 2

 [Enlarge](#)

Support your weight on your unaffected leg. Step down with your affected leg.



Walker Education: Down Stairs Part 3

 [Enlarge](#)

Support your weight evenly between the handrail and your walker. Slowly bring your unaffected leg down. Then move the walker down to the next step. Repeat these motions until you reach the bottom of the stairs, and unfold your walker.

Pre-Surgery CHG Body Cleansing: INSTRUCTIONS

Getting your skin ready for surgery is extremely important! To do this, one must cleanse your skin with CHG. CHG is a special chemical found in soaps such as Hibiclens and other brands.

First preparation is to gather clean, freshly laundered washcloths, towels and clothes needed for each shower. Read all the instructions before using!

Frequency for bathing must be once a day, for 3 days prior to surgery, and the morning of surgery for best results!

Steps for showering or bathing with CHG/4% Hibiclens: If allergic reaction occurs, stop using.

1. Wash and rinse your hair, face and body using your normal shampoo and soap.
2. Make sure you thoroughly rinse off.
3. Turn the shower off, or step out of the bath water.
4. Pour a quarter size amount of liquid CHG/Hibiclens soap onto a wet, clean washcloth, and apply to your entire body FROM THE NECK DOWN. Do NOT use on your face, hair or genital areas.
5. Rub the soap filled washcloth over your entire body for 3 minutes: apply more soap as needed (1/4 of bottle should be used with each of the 4 showers/cleansing). Avoid scrubbing your skin too hard.
6. Turn on the shower/return to the bath, and rinse the soap completely off your body with warm water.
7. Do NOT use regular soap after washing with the Hibiclens.
8. After each shower/bath cleansing, Pat your skin dry with a freshly-laundered clean towel.
9. Dress with freshly-laundered clothes after each shower/bath cleansing.
10. It is important the night before surgery, upon the 3rd day of bathing to sleep with clean bed linens.
11. Do NOT apply any lotions, deodorant, powders or perfumes to your body.
12. Do NOT shave your legs or remove any hair below the neck the night before or the day of surgery! Facial shaving is the only thing permitted before surgery.
13. Throughout this process, good hand hygiene is a must throughout the entire day. Wash hands with soap and water for the time frame it takes you to sing "ABC's song" to ensure adequate cleansing.

PLEASE BRING THIS FORM WITH YOU TO THE SURGERY CENTER ON YOUR SURGERY DAY

I, the patient, DID complete the following showers/baths Hibiclens/CHG Cleansing as instructed.

____ 3 days before surgery ____ 2 days before surgery ____ 1 day before surgery

____ Morning of surgery (After shower, dry surgical site and apply 2% chlorhexidine gluconate cloth to surgical site area rubbing back and forth for 3 minutes). Allow area to dry.

Patient's Signature: _____ Date: _____

**Staff: Please place this page in patient's chart- by request of Infection Prevention Nurse.*