



Your Total Hip Replacement Planning Guide

Patients, please be sure to

- Attend all appointments
- Bring this planning guide with you to all appointments
- Bring your coach to all appointments

Steindler's Hip Replacement Surgeons



Dr. Derek Breder



Dr. Brent Overton



Dr. David Steinbronn



Dr. Brent Whited

Since 1950, Steindler Orthopedic Clinic has remained the region's most preferred orthopedic practice. Our experienced team of joint replacement and revision specialists work with local hospitals to provide excellence in total joint care and will get you back to doing the things you love.

**To schedule your joint evaluation, call
Steindler Orthopedic Clinic at (319) 338-3606.**



STEINDLER
ORTHOPEDIC CLINIC

Please review the following information prior to your surgery.

- Read all the instructions in your packet carefully and take the packet with you each time you go to an appointment
- If scheduled at UIHC, complete the patient Health History form and mail it to UIHC Medical Center Downtown in the enclosed envelope within 48 hours.
- A preadmission interview (PAS) appointment may have been scheduled for you. Steindler Surgery Scheduling will pre-certify your surgery with your insurance company. **If you do not have a preadmission appointment, you must be sure to call the hospital to pre-register. The telephone numbers for this are listed in the pamphlet entitled "A Patient's Guide to Surgery".**

In addition to the above instructions, if you are scheduled as an OUTPATIENT or AM ADMIT, the following instructions will apply.

- Be sure you **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.**
- We are in the process of confirming arrival times 1-2 days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time MAY change due to cancellations or urgent added cases.
- If scheduled at the ASC, visit iowacityasc.com website to fill out health information for anesthesia. It is located on the "Preadmission" tab, and will take you to "One Medical Passport" where you will register.

IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY:

Not all insurance companies will cover all areas of your care. The Steindler Orthopedic Clinic surgeons utilize physician assistants, co-surgeons, and first assistants to perform your surgery. You may be responsible for non-covered charges if your insurance company does not cover the use of certain surgical assistants.

Please call Steindler Orthopedic Clinic if you have any questions about this.

Important Phone Numbers

| | |
|---|----------------|
| UIHC Pre-Admission Services..... | (319) 358-2688 |
| (Hours: M-F 8:00AM - 4:00PM) | Nurses Line |
| UIHCI Home Care | (319) 358-2740 |
| Steindler Orthopedic Clinic..... | (319) 338-3606 |
| Steindler Physical Therapy | (319) 354-5114 |
| UIHC On Call (After Hours) | (319) 358-2767 |
| Iowa City Ambulatory Surgical Center..... | (319) 248-1500 |

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Hip Replacement Planning Guide

Please bring this guide to all appointments as well as to the hospital.

Your Pre-Surgical Schedule

We're pleased that you have chosen Steindler Orthopedic Clinic for your joint replacement surgery. To prepare you for a successful surgery and outcome, you will be scheduled for several appointments 10-14 days before your surgery (pre-op). It is **HIGHLY RECOMMENDED** that a friend or family member (your COACH) attend each appointment with you. Once scheduled, your appointment times will be sent to you. Your appointments will likely include:

Pre-Admission Screening (PAS)

The Pre-Admission Screening nurses will review your medical health, history and medicines. Additionally, routine blood tests, and, possibly, other tests such as an EKG, may be performed. You will be given instructions to follow in the days leading up to surgery. This is also an appropriate time for you to express requests or concerns about your upcoming surgery.

University of Iowa Health Care Medical Center Downtown

Please complete the requested forms and medicine list in your packet and mail them to the Pre-Admission Screening team before your first appointment.

Iowa City Ambulatory Surgical Center

Please complete the requested forms online at the ASC website.

Physical and Occupational Therapy

Location: Steindler Orthopedic Clinic

Physical and occupational therapists will guide you through exercises and assistive equipment you will need before and after surgery. You will learn about home equipment needs and be able to practice with walkers, etc. prior to your surgery. You will learn what you need to be safe after you return home from surgery. Therapy staff will see that you have the self-care equipment that is needed. (This visit may not be required if you have had a recent joint replacement.)

Durable Medical Equipment (DME)

Location: Steindler Orthopedic Clinic

You may be directed to Steindler Durable Medical Equipment (DME) Staff to be sure you have all appropriate home equipment ready. DME may be sized and prepared for you before your surgery.

Primary Care Physician

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

We ask that you, your family and/or COACH read the enclosed materials, especially the Frequently Asked Questions (FAQs). **Reminder: Please bring this packet of materials to all appointments.** You may find it helpful to save the FAQs for later reference during your recovery.

If you have had a joint replacement in the past, it is possible that you may not require some of the above appointments. In any event, because our protocols and treatments constantly evolve, it is best to be familiar with the enclosed material as your post-op plan, length of stay and discharge-planning continue to evolve.

Getting Ready For Your Surgery

Your COACH

Your coach is a person to support you in your recovery in the hospital and at home. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physical therapy or physician appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and taking part in therapy and home exercises. Because more than 90 percent of our patients go directly home after surgery, it is important to plan ahead to have a helping hand(s).

Checklist for your COACH:

- _____ Attend the Pre-Admission Screening (PAS) visit in the hospital to learn about the procedure and more information
- _____ Attend physical therapy sessions before surgery and in the hospital to learn the exercises
- _____ Be present at discharge to learn home instructions
- _____ Check in on you during your recovery process
- _____ Run errands, prepare meals, and help with household chores
- _____ Make arrangements for transportation to therapy

Watch Out! (Things to think about)

Be cautious with your legs prior to surgery.

- Do not shave your legs for one week prior to surgery
- Cuts, scrapes and scratches on your leg can cause your surgery to be postponed
- Notify your surgeon should anything happen to your leg prior to surgery

If you use tobacco (or nicotine of any kind), stop prior to surgery.

- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

If you drink alcohol, be honest with your doctors about how much you drink.

- Alcohol impairs liver function
- Going through withdrawal during your stay can be serious

Think ahead about the space you live in.

- You may want a safety bar or handrail for your bath or shower
- Stairs with a secure handrail
- May want to remove all loose carpets, rugs and cords
- A recliner to elevate your leg could be helpful
- Consider a temporary living space on your first floor to avoid frequent stair climbing

What to Bring to the Hospital

- _____ This Planning Guide
- _____ Your COACH
- _____ Loose-fitting clothes
- _____ Your front-wheeled walker
- _____ Self-care equipment as directed by occupational therapy (OT)
- _____ Toiletries (deodorant, toothbrush, comb, etc.) and personal items
- _____ Supportive shoes
- _____ Glasses/glasses case
- _____ Hearing aid, extra batteries, case
- _____ CPAP or BiPAP from home
- _____ Copy of Living Will, Durable Power of Attorney, etc.

For your Family

Please designate one family member (perhaps your COACH) to coordinate information about your hospital stay for other family members.

It is most convenient for you to receive personal phone calls in the late afternoon or early evening to avoid disruption of your care. The best visiting hours are noon to 8:00 pm.

Consult with hospital staff for wireless internet access.

Guest Lodging

The Highlander Hotel offers a discounted rate to Steindler joint replacement patients and their families. You can call the Highlander Hotel at (319) 354-2000 and mention you are receiving surgery and the date of your surgery. The discounted rate for a night is \$130.00 with fees included. This discount may be unavailable on some dates such as Fridays before Iowa home football games or holidays.

2525 Highlander Place, Iowa City, Iowa 52245

Staying at University of Iowa Health Center guest lodging the night before surgery is an option. Family members may also stay in your room. For a reservation call Volunteer Services at (319) 339-3658.

TOTAL HIP REPLACEMENT

Frequently Asked Questions (FAQs) and answers.

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PRIOR TO SURGERY

1. Q: Do I need to do exercises prior to surgery?

A: Pre-operative exercises are not mandatory, but they are helpful. You may learn some exercises at your pre-instruction screening appointment with physical therapy. You may choose to see your therapist prior to surgery and we can provide you with a referral.

2. Q: Do I need to stop taking certain medications prior to surgery?

A: Possibly. It depends on your circumstances. These questions are answered at your pre-admission screening appointment which is why you should provide a complete and detailed medical history during your pre-admission screening appointment.

3. Q: Can I have a steroid injection in my hip joint prior to surgery?

A: Only if it is given at least 6 weeks prior to your surgery.

4. Q: What if I get an infection prior to surgery?

A: You must call the office if you develop any infection, such as a cold, sinus infection or urinary infection prior to surgery. We handle this on a case-by-case basis.

5. Q: What equipment will I need?

A: At a minimum you will need a front-wheeled walker. A stool riser will be mandatory unless you already have elevated toilets. Specific equipment needs and sizing for you will be addressed at your Physical Therapy pre-instruction appointment. Occupational Therapy will see that you have needed self-care equipment and this can be purchased at your pre-instruction appointment. You may also need a single tip cane for stairs or later in your recovery. It may be wise to have at least one railing installed for stairs inside your home. A recliner works well to elevate your leg and maintain your hip position precautions.

6. Q: How long will I be in the hospital?

A: If you have surgery at the ASC, you will go home later in the afternoon on the day of surgery. If you have surgery at UIHC, you may be home the day of surgery or the day after. Outpatient joint replacement procedures are not for everyone. If you do go home the day of surgery, you will need to have a responsible adult stay with you for 24 hours from the end of your anesthesia.

7. Q: Will I need to have someone at home with me when I am discharged?

A: As stated in question 6, if you go home the day of your surgery, you will need to have a responsible adult stay with you for 24 hours from the end of your anesthesia. When you leave the hospital, you will be able to get in and out of bed, get in and out of a chair, walk to and from the bathroom, and be able to go up and down stairs. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. Occupational therapy may be ordered for you while in the hospital to work on self-care, including using the toilet, dressing and bathing/showering. You may need some initial help at home for showering, as well as laundry and meals. If family or friends are not able to assist, some outside help can be arranged, usually at your cost. Physical therapy and occupational therapy will address this with the discharge planner.

8. Q: I live alone, will I need to rely on others?

A: Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Hip replacement is best accomplished when you have a COACH and others help you. Success is best achieved by going to your home after surgery, working on your exercises several times a day and frequent walking. Home Physical Therapy and skilled care units are used as a last resort. You are free to contact a nursing home to pay privately when you are discharged from the hospital. You must contact the nursing home pre-op to initiate intake and provide insurance information. YOU MUST then contact the hospital discharge planner on the surgical floor (319) 887-2933 prior to surgery for recent updates on insurance coverage.

9. Q: How long will I be off work after my hip replacement?

A: You should consult with your surgeon, you may need to be off work for up to 12 weeks.

10. Q: Do I go to Physical Therapy once I return home?

A: No. You will see a physical therapist at Steindler as part of your 2 week follow-up appointment. Your surgeon may initiate further outpatient physical therapy if needed.

11. Q: Do I need to remove nail polish prior to surgery?

A: You will need to remove fingernail polish or gel coat prior to surgery so that we can monitor your vitals during surgery. Toenail polish does not need to be removed.

12. Q: I get very nauseous and vomit after surgery, what can I do?

A: Let your surgeon know beforehand, and medicine can be prescribed to take the morning of surgery.

DAY OF SURGERY:

13. Q: What will happen the day of surgery?

A: You will be informed of what time to arrive the day of surgery (about 2 hours before the scheduled surgery time) and will be admitted to the Surgical Care Unit/Pre-Surgery Unit. Nurses will record basic information, you will get into a surgical gown and an IV will be started. Your hip may be cleaned and shaved. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions and identify and mark your surgical leg.

14. Q: Will I be asleep for surgery?

A: Your anesthesia will consist of a general (completely asleep) or a spinal (numbing medicine in your spine with a sedative). You do not have to be awake for the surgery. We may also use a local anesthesia to decrease pain the first 24 hours. All of this is done to keep you the most comfortable and have the least amount of pain.

15. Q: How long is the surgery?

A: The surgery itself takes about 1 hour.

16. Q: Where is the incision?

A: The incision is typically on the outside of your hip. Your surgeon will discuss with you pre-op if a different approach is planned.

17. Q: Will I have stitches?

A: Typically all the stitches are buried under the skin and there are no stitches to come out. There is a clear mesh glued on the skin over the incision that is water tight for showers. Occasionally, the incision will be closed with buried stitches and then sealed with steri-strips and you will be instructed to cover the incision for showers and be provided with these covers at hospital discharge.

18. Q: Will I have a bandage/dressing over my knee?

A: There will be a dressing called Mepilex that will cover the clear mesh that is glued on the skin over the incision. You may remove this dressing 2 days after surgery. Make sure the clear mesh does not come off your incision with the dressing. The clear mesh will be removed at your 2-week post-op appointment.

19. Q: Will I have a catheter in my bladder?

A: Not usually.

20. Q: Will I get out of bed the same day of surgery?

A: Yes, if medically stable. Nursing and/or Physical Therapy will assist you getting in and out of bed, walking to and from the bathroom and sitting in a recliner. You will also start learning your hip position precautions.

21. Q: What will I use for pain control?

A: Oral pain pills, similar to the ones you will take at home. Nursing and Physical Therapy will routinely assess your pain, and there is a range of medical options to be sure your pain is controlled. You will also be instructed on alternative, non-medical ways to control your pain. Ice packs will also be routinely offered while in the hospital.

22. Q: I have sleep apnea, should I bring my CPAP?

A: If you will be staying the night at the hospital, yes. Please inform nursing when you reach your room post-op so that engineering can complete an electrical safety check.

23. Q: How often will I have Physical Therapy while in the hospital?

A: You will usually start with Physical Therapy the same day as surgery. You will do sessions 1-3 times/day until discharged home.

GOING HOME:

24. Q: How will I get home?

A: On the day of discharge, a staff member will go with you to the car and teach you and your family and/or coach how to get you in and out of a vehicle while maintaining your hip position precautions.

25. Q: What will I use for pain control when I get home?

A: Your prescription will be sent electronically to your pharmacy. Any refills can only be done during Steindler business hours. Your prescription will likely be Tylenol with hydrocodone or Tylenol with oxycodone. Each tablet contains 325mg of Tylenol (acetaminophen). At home, you can take 1 or 2 tablets, separated by the time instructions on the prescription. Narcotics can affect your alertness, can be constipating and can be addictive. You should try to get off of them as soon as you can by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You can substitute plain Tylenol (acetaminophen). You can safely take up to 4000mg of Tylenol (acetaminophen) a day. Plain Tylenol contains 325mg of acetaminophen and the narcotics also contain Tylenol (325mg of acetaminophen), so be sure to count both medicines in your daily limit. If you do need a refill on your pain medicine, that can only be done during Steindler business hours. Please try to plan ahead so that you do not run out on the weekend. You should allow 2-3 business days to complete a refill so your surgeon has time to receive your request. Ice packs are also VERY helpful and several should be purchased and frozen pre-operatively.

26. Q: I live far away, what if my pharmacy is closed by the time I get home to pick up my pain medication?

A: You should review the hours that your pharmacy is available for picking up prescriptions prior to your surgery. You may want to have your prescriptions sent to a pharmacy in Iowa City so that you can pick them up before you leave town.

27. Q: How long will it take to recover?

A: When you get home you will be able to navigate around the house by yourself. You will be able to do stairs. You will know and be reliable with your hip position precautions. You will use a walker for approximately 2 weeks; your outpatient Physical Therapist will help you decide when to quit using the walker. Driving and returning to work will be discussed with your surgeon at your 2 week appointment. The bottom line is you CANNOT drive until you can do so safely. You need to have good muscle and reflex control and not have taken narcotic pain medicine for 4 hours. Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. Labor work and construction work may require 3-4 months. Again, your surgeon is your best resource for these questions. At about 6 weeks you will feel about 50% recovered, at 3 months you will feel about 75% recovered. You should be close to 100% recovered by the first anniversary of your surgery.

28. Q: Can I take over the counter ibuprofen or Aleve (naproxen) with my pain medications?

A: You may be on a blood thinner for up to 6 weeks after surgery, depending on your physician. Some NSAIDs (like ibuprofen or naproxen) may be prescribed on a case-by-case basis. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

29. Q: Will I need to elevate my leg at home?

A: YES. Elevation of the leg and foot is the key to reducing swelling and controlling pain. It is MANDATORY that you also maintain your hip position precautions. During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down. Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your lower leg. Try to have your "toes higher than your nose" for 30 minutes, 2-3 times a day.

30. Q: Should I be using ice on my hip?

A: YES. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 20-30 minutes as often as needed. You can start timing once you feel the coolness on your hip. You will need several ice packs and you should purchase these prior to your surgery.

31. Q: What is the most important thing for me to do once I am home?

A: The first 2-6 weeks it is important to be reliable with your hip position precautions and walking around with your walker every 1-2 hours while awake. Spend time reclined or flat with your foot elevated above your heart after walks. Physical Therapy will teach and assign home exercises for 3-4 times/day.

32. Q: Narcotic pain meds can cause constipation, what should I do?

A: Fruit and fiber intake should be increased. Frequent walking and drinking a lot of water will also help manage constipation. Your physician may also recommend a laxative, such as Miralax or Colace.

33. Q: What are the signs of infection?

A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain and worsening redness are signs of possible infection. If you are concerned about infection, please call Steindler weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417. If you had surgery at UIHC, you can also call the UIHC On Call number after hours at (800) 358-2767.

34. Q: How can I prevent blood clots?

A: Foot pumpers and support stockings (TED's) will be used in the hospital. Instruction for using TED's at home will be given at hospital discharge. Early and frequent mobilization like walking and changing positions is recommended. Aspirin or other blood thinners will also be ordered. Frequently move your ankles and toes.

35. Q: What are the signs of a blood clot?

A: A blood clot or deep vein thrombosis (DVT) begins in a vein in your calf muscle. It usually starts with a sharp pain in the calf that is different than the usual swelling. Sometimes swelling below the calf will increase. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call Steindler at (319) 338-3606 or (800) 373-6417. Shortness of breath, changes in your pulse or heartbeat are cause for calling 911 immediately.

36. Q: Can I shower over the incision and let it get wet?

A: Yes, if there is a clear mesh on the incision you will not need a cover. If sealed with steri-strips you will be instructed to cover the incision for 2 weeks and will be provided with these covers at hospital discharge.

37. Q: How do I clean myself after going to the bathroom without breaking my hip precautions?

A: This will be discussed with the Occupational Therapist at your pre-operative appointment, but to be safe you should plan on standing up instead of bending forward to clean yourself after toileting. There are adaptive aides that can make this easier that you may want to purchase on your own before your surgery.

1–2 WEEKS FOLLOWING SURGERY:

38. Q: How long after surgery do I have to follow the hip precautions?

A: You should consult with your surgeon, you may be able to discontinue the precautions after 6 weeks.

39. Q: When is it safe for me to drive after having my hip replaced?

A: If you have had surgery on your right leg, you will need to wait 4 weeks to drive. If it was your left leg, you may be able to drive with permission from your surgeon after 2 weeks. To operate a motor vehicle, you cannot be currently taking narcotic pain medication, and you must be able to move your right foot from the gas to the brake better than you could do prior to surgery.

40. Q: When can I get rid of the support stockings?

A: You may discontinue the support stocking once you go home, but your physician may recommend that you use them if you are struggling with leg and ankle swelling.

41. Q: When can I stop the blood thinner?

A: Not until 6 weeks after surgery. This will be discussed at follow-up appointments.

42. Q: Is it normal that I am not hungry?

A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

43. Q: Why can't I sleep?

A: Surgery definitely interrupts your sleep-wake cycle. Also, the pain from the recovery is often more noticeable at night. It is recommended that you take your pain medicine before bed and ice at bedtime. Limiting daytime naps to 20 minutes is also helpful. Call Steindler weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 if you are having trouble sleeping. Sometimes a sleeping medication can be prescribed for a short period.

44. Q: Is it normal that my hip is red/swollen/hot?

A: A light pink is very common after surgery. Redness that extends up the thigh or is accompanied by increasing pain and fever is a sign of infection. Hip warmth and swelling may continue for up to a year. It will get better, but it may take months.

45. Q: Will I be able to sleep on my operated side?

A: No, not for at least 2 weeks and then your surgeon will discuss with you at your 2 week appointment. Physical Therapy will teach you and your family or coach how to sleep on your non-operative side with pillows to maintain hip position precautions prior to your discharge.

46. Q: When is it safe to resume intercourse after having hip replacement?

A: You may discuss this with your surgeon, but generally you can resume intercourse 6 weeks after your hip replacement surgery.

47. Q: What is my goal in therapy?

A: It's MANDATORY you remain reliable with your hip position precautions for the first 6 weeks and then your surgeon will instruct you when and how to gradually decrease the need for these. You need to be walking around every 1-2 hours while awake using your walker until your 2 week appointment. At your 2 week post-op, your surgeon will discuss gradual progression to walking with a cane. You need to perform your assigned home exercise program 3-4 times/day.

48. Q: What can I put on my incision?

A: You may shower and use soap right away on the incision if it is covered with a clear glue mesh. Vitamin E oil can be used after the mesh is removed.

6 WEEKS AFTER SURGERY:

49. Q: Is it still supposed to be swollen?

A: Yes, this is still normal.

50. Q: Is it still supposed to be stiff?

A: Yes, stiffness is still common (especially after sitting).

51. Q: Is it still supposed to ache and hurt and feel restless at night?

A: Yes, this is common.

52. Q: Shouldn't it be completely healed by now?

A: No, complete healing takes several months.

53. Q: Should I still be taking a blood thinner?

A: Not because of your surgery. You may be taking one for an unrelated medical condition.

54. Q: Can I take Ibuprofen or Aleve (Naproxen) now?

A: Yes.

55. Q: Can I stop maintaining the hip position precautions?

A: Your surgeon will discuss this with you at your 6 week appointment.

12 WEEKS AFTER SURGERY:

56. Q: Shouldn't it be healed by now?

A: No, you are 75% healed. Your hip may continue to have some warmth and swelling until about 1 year.

57. Q: Is it normal for my hip to still be stiff?

A: Yes. This is most noticeable first thing in the morning and when you have been sitting for a length of time.

58. Q: Is it normal for my hip to be sore and ache later in the day?

A: Yes, this is normal.

59. Q: What can't I do?

A: You can't run or jump on your hip. No running or jogging but walking, biking and hiking is OK. You should not jump off the last few rungs of a ladder, the tailgate of a pickup or farm machinery. You should not do high risk activities like water skiing. Discuss with your surgeon any other questions you might have about your activity levels.

60. Q: What about going through the airport after my hip replacement?

A: Inform the TSA staff as you enter security. Your surgeon may provide you with an ID card but you will still need some level of security screening.

61. Q: Can I go to the dentist now?

A: Yes, now that it has been 3 months since your surgery. Remember, you must take your antibiotics at least 1 hour BEFORE your dental appointment. Typically, you should take antibiotics after joint replacement for one year after surgery. Contact the office for your initial prescription for antibiotics.

WHAT ABOUT THE FUTURE?

62. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental, or urinary tract infection?

A: You should call your primary physician as you normally would.

63. Q: What are the symptoms of infection in my new hip?

A: These may include drainage, increased swelling, redness and pain not associated with increased activity. You should call Steindler 8:00-4:30 at (319) 338-3606 or (800) 373-6417 at the earliest signs of infection.

64. Q: Do I need antibiotics for dental work?

A: Yes. Please wait for 3 months after surgery to do any routine dental work. Remember, you must take your antibiotic 1 hour BEFORE your dental appointment. It is recommended that you take these for at least the first year from surgery if you are healthy. If you have any of the following medical conditions, it is recommended that you continue these for a lifetime:

History of organ transplant (liver, kidney, lung, etc), previous joint infection, or immunocompromised patients with:

- Rheumatoid arthritis
- Cancer and being treated with chemotherapy
- Psoriatic arthritis

Contact Steindler at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (319) 338-3606 or (800) 373-6417.

Your surgeon will ask you to schedule x-rays every 1–5 years to assess for wear or loosening.

What Are the Risks of Hip Replacement?

- **Infection.** We prevent infection by giving you antibiotics on the day of surgery. Sometimes patients will also take antibiotics for a few days after surgery to reduce their risk of infection. Infections can occur at the site of your incision and in the deeper tissue near your new hip. Most infections are treated with antibiotics, but a major infection near your prosthesis might require surgery to remove and replace the prosthesis.
- **Blood clots.** Clots can form in the deep veins of your leg after surgery. This can be dangerous because a piece of a clot can break off and travel to your lung. We prescribe blood thinner to take after your surgery to help prevent any clots.
- **Dislocation.** Certain positions can cause the ball of your new joint to come out of the socket, particularly in the first few months after surgery. If the hip dislocates, you will need to go to the ER. The hip is then put back into place under sedation. If your hip keeps dislocating, surgery is often required to stabilize it.
- **Change in leg length.** We always try to make the leg lengths equal, but occasionally a new hip makes one leg longer or shorter than the other. Sometimes more length is needed to make the hip more stable. Sometimes this is caused by a contracture of muscles around the hip. In this case, progressively strengthening and stretching those muscles might help. You're not likely to notice small differences in leg length after a few months. Rarely, a lift is needed in one of your shoes to make the legs feel equal.
- **Medical complications.** All surgeries carry the risk of medical complications. These are rare, but include stroke, heart attack, lung problems, or other issues. In order to prevent these issues, we evaluate you medically before the surgery is performed. A physical, labs, and x-rays may all be performed prior to surgery.

More rare complications:

- **Loosening.** Although this complication is rare with newer implants, your new joint might not become solidly fixed to your bone or might loosen over time, causing pain in your hip. That part of the hip may need to be replaced through further surgery.
- **Fracture.** During surgery, healthy portions of your hip joint might fracture. Sometimes the fractures are small enough to heal on their own, but larger fractures might need to be stabilized with wires, screws, and possibly a metal plate or bone grafts.
- **Nerve damage.** Rarely, nerves in the area where the implant is placed can be injured. Nerve damage can cause numbness, weakness and pain.

Need for second hip replacement:

Your prosthetic hip joint might wear out eventually, especially if you have hip replacement surgery when you're relatively young and active. You might require either all or part of the hip replacement revised. However, new materials are making implants last longer.

Infection Control and Showering Before Surgery

Our goal is to keep you safe and free from infection. You can help with this goal by following these special showering instructions. Doing so will help reduce the number of germs on your skin, which lowers the risk of you getting an infection after surgery. It is also important for your skin to be as clean as possible so that the antiseptic cleaning we do before surgery on your skin will work to its full potential.

Showering Before Surgery Instructions:

- Shower the night before or day of your surgery using antibacterial soap such as Dial, and shampoo your hair with regular shampoo.
- Do not shave. Men may shave facial hair if surgery is not in the head/neck area. Any cut, abrasion, or rash near your surgical site will be evaluated and may cause a delay in your procedure.

After Showering:

- Dry yourself off with a freshly cleaned, dry towel.
- Do not apply lotions, ointments, perfumes, deodorants, hair products, or powders.
- Put on clean clothes or pajamas.
- Put clean sheets on your bed to sleep on the night before surgery.
- Do not allow pets to sleep in your bed.

If you have any questions, please contact Steindler Orthopedic Clinic at (319) 338-3606.

Physical Therapy for THA (Posterior Approach)

Hip Precautions – Follow for first 6 weeks after surgery

- No crossing legs, bringing operated leg across midline or twisting over planted feet (move feet first then walker when turning)
- Do not bend the hip past 90 degrees of flexion (keep leg straight with heel on the floor when you move from sit to standing)
- Do not let the foot or knee on the operated leg turn inward (keep toes pointing forward)

Please bring the following items for use during your hospital stay:

- Front-wheeled walker
- Reacher, long-handled shoe horn, and sock aid
- Slip-on shoes
- Loose fitting clothing to practice dressing (such as sweat pants)

Equipment you will need for home:

- Front-wheeled walker
- Commode or stool riser (preferably with handles)
- Reacher, long-handled shoe horn, sock aid, and long handled sponge

Physical therapy goals at the time of hospital discharge:

- Able to get in/out of bed safely on your own while following hip precautions
- Able to get up/down from chairs safely on your own while following hip precautions
- Able to walk 100-150 feet safely on your own with your walker
- Able to get up/down stairs safely if you have them at home
- Independent with your home exercises

At home after discharge:

- Perform exercises 3-4 times/day to gain strength and hip stability for full return to function
- Follow precautions to avoid dislocation

Occupational Therapy Services for THA (Posterior Approach)

Hip Precautions – Follow for first 6 weeks after surgery

- No crossing legs, bringing operated leg across midline or twisting over planted feet (move feet first then walker when turning)
- Do not bend the hip past 90 degrees of flexion (keep leg straight with heel on the floor when you move from sit to standing)
- Do not let the foot or knee on the operated leg turn inward (keep toes pointing forward)

Sitting and Choosing the Right Kind of Chair

- You should choose a firm, sturdy chair with armrests, avoid rocking chairs, wheeled chairs, low chairs/couches
- Your hips should be higher than your knees when seated
- Add a firm cushion to a chair if it is too low

Lying in Bed

- Keep a pillow or cushion between your legs when lying on your back
- If you prefer side lying, lie on your non-operated side with pillows between your knees

Dressing

- Use lower body dressing adaptive equipment
- Utilize the shoe horn and reacher on the inside of the leg to avoid rotation inward
- Good shoe choices include: slip on shoes, shoes with Velcro closures, or shoes with elastic laces to avoid having to bend over

Using the Toilet

- Avoid low or conventional toilet seats
- Use an elevated toilet seat to stay within your precautions

* Bring your adaptive equipment with you to the hospital. You will be using this equipment during your stay to practice activities of daily living without breaking hip precautions.



Hip Abduction - Standing

While standing, raise your leg out to the side. Keep your knee straight and maintain your toes pointed forward the entire time.

Hold for 5 seconds, 10 times.



Standing Hip Flexion

Holding on to a chair or a countertop, raise your knee in the air, staying below your hip.

Hold for 5 seconds, 10 times.



Glut Sets

Squeeze and tighten your buttocks together.

Hold for 5 seconds, 10 times.



No Hip Flexion Greater than 90 Degrees

Do not bend at your hip greater than 90 degrees at any time.

*Failure to comply with these precautions may cause your hip to dislocate which may require surgical intervention to repair.



No Crossing Legs

Do not cross your legs at any time.

*Failure to comply with these precautions may cause your hip to dislocate which may require surgical intervention to repair.



No Hip or Knee Internal Rotation

Do not roll your hip inward at any time.

*Failure to comply with these precautions may cause your hip to dislocate which may require surgical intervention to repair.



No Excessive Twisting

No excessive twisting when in a standing position.

*Failure to comply with these precautions may cause your hip to dislocate which may require surgical intervention to repair.

Car Ride Home

Depending on how far you have to drive to get home after leaving the hospital, you may want to think about several things so that you can be more comfortable on the ride home:

- The hospital rehab staff will help you into the front seat of your car. Depending on the shape of your car seats, you may want to bring several pillows to help keep yourself comfortable.
- You may want to put a plastic bag/grocery sack on the seat to help you swivel as you bring your legs into the car.
- You may also want to have a blanket along if you get cold. You can also use the blanket to support your knee, back, or head/neck depending on how you position yourself in the car.
- The hospital may provide you with a water bottle during your stay. If you decide you do not want to keep the water bottle you may want to bring your own, or have extra water along for the ride home.
- You may want to bring 1 or 2 ice packs along to help with pain/swelling.
- Pain medication can make you nauseous, as can riding in a car. You may want to bring a bag along in case you have an upset stomach and get sick.

Car Transfer

Walk to the passenger side of the vehicle.

The window should be rolled down and the seat pushed back.

Turn so that the back of your legs touch the car. Transfer your hand to the vehicle and then sit down.

Next, move the walker out of the way and then turn your trunk as you bring in your legs to a forward seated position.



Sleeping on your Side

Lying on the **non-operated side** use a medium pillow to support the neck musculature, place a pillow or two between the knees to keep your thigh and leg in line with your body.



Sleeping Position - Supine

While lying down on your back, place a pillow in-between your legs to prevent your toes from rolling inward.

Other Considerations:

- DO NOT get in the bathtub and sit down; you may shower if you can do so safely. To step over the tub, stand sideways, step in and out with operated leg first.
- DO NOT take prolonged rides in a car; keep in mind the above precautions as you get in/out of the car. A plastic bag on the front seat may help you slide into the seat more easily. Drive only after your physician has given approval.
- DO use your walker until you see your physician.
- DO remember to take antibiotics before any surgery or dental work* (even cleanings). This for the first year after surgery (longer if you have conditions that predispose to infection).

* It is important that you inform your dentist that you now have an artificial joint.



Bed Transfer With Walker And Hip Precautions

When transferring from standing with a walker to lying on your bed

Walk up to the bed, then turn and back up with your walker until the backs of your legs are touching the edge of the bed. (Image 1)



Keeping your surgical leg extended forward so you do not bend your hip past 90 degrees, reach back with your hands and slowly lower yourself into a seated position on the bed. (Image 2)

Move your walker out of the way. Slide your leg lifter (or a towel loop) onto the foot of your surgical leg.

Then slowly shift your bottom back as you use the leg lifter to lift your surgical leg up onto the mattress, without letting your leg turn inward or outward. (Image 3)

Continue shifting until you are lying comfortably on your bed and slide the leg lifter off your foot.



To return to standing:

Slide the leg lifter onto the foot of your surgical leg.

Using the leg lifter to support your surgical leg, slowly shift your weight to bring your legs over the edge of the bed without letting your surgical leg turn inward or outward.

Push up with your hands into a sitting position as you use the leg lifter to gently lower your surgical leg onto the floor, making sure to keep your leg extended forward so you do not bend your hip past 90 degrees.

Once the foot of your surgical leg is resting on the floor, slide the leg lifter off your foot and pull your walker towards you.

Using your bed for support, press up with both hands to push yourself off the bed into a standing position. Make sure you do not pull up on your walker. Once you are standing, hold onto the handles of your walker.



Sock Aide

Place your sock completely over the sock aid.

Next, hold the straps/rope and lower the sock aid to the floor in front of your foot.

Pull the straps/rope so that your foot goes inside the sock and sock aid.



Use a Reacher

Use a reacher when you can to avoid bending over towards the floor. This works well for small items such as clothing, trash and other small objects.



Putting on a Shoe with Long-Handled Shoe Horn

Grab the tongue of your shoe with a reacher and place your foot partially inside your shoe.

Next, use a long-handled shoe horn to assist getting your heel inside the shoe to complete the process.

How to Measure for a Front-Wheeled Walker

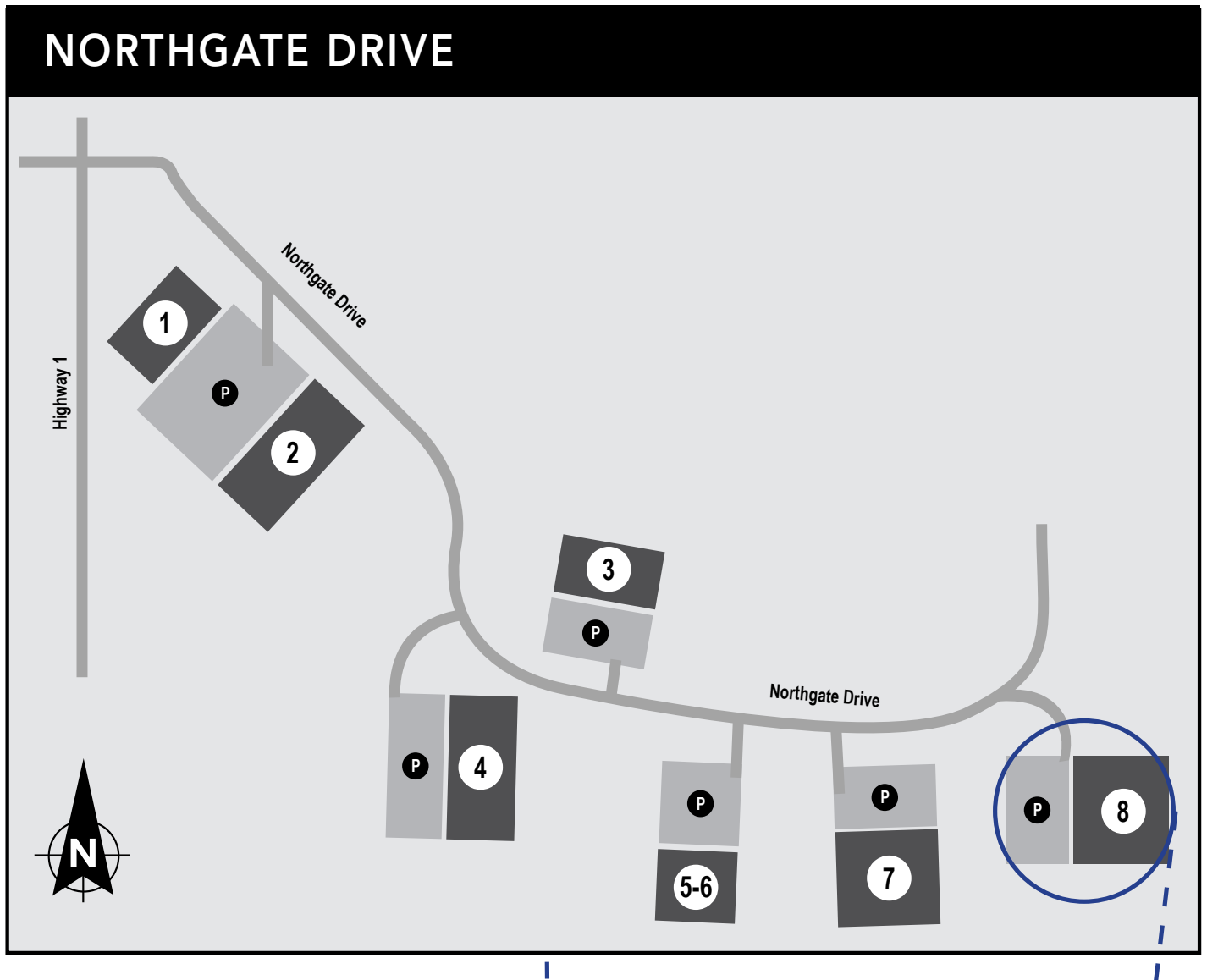
When preparing to use a walker, you need to make sure it can accommodate your height, especially if you are very tall or short. Walkers can come in different sizes of frames, and you may need a special petite walker, or walker leg extensions. Get a friend or family member to help you measure yourself.



1. Start by standing up straight with your shoes on.
2. Allow your hands to hang naturally at your sides.
3. Locate the crease in your wrist, this should be your handle height.
4. If possible, choose a walker that adjusts at least one inch higher and lower than your actual measurement so you can adjust it as necessary.

We recommend that you use a walker with wheels on the front only. 4-wheel walkers can be unstable and are not recommended due to safety concerns.

It is not recommended to use your walker on a flight of stairs. You may use a railing and a crutch or cane in the other hand. Have a family member bring your walker up/down the stairs, or have a walker for each level of your home.



1. ENT Medical Services, PC
2615 Northgate Drive
2. Eye Physicians & Surgeons
2629 Northgate Drive
3. Oral Surgery Associates
2814 Northgate Drive

- 5-6. ENT Sleep Center
Facial Rejuvenation Center
2901/2903 Northgate Drive
7. Mercy Specialty Clinics, Urology
2943 Northgate Drive

8. **Iowa City Ambulatory
Surgery Center**
2963 Northgate Drive

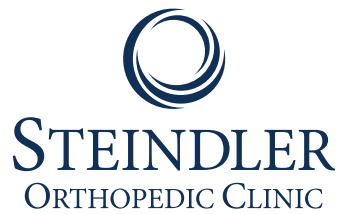
UIHC MEDICAL CENTER DOWNTOWN



500 East Market Street • Iowa City, IA 52245

Your Questions and Notes

While you are reading through this guide, write any questions below and bring them to your appointments:



2301 Steindler Way, Suite B, North Liberty, IA 52317
(319) 338-3606 • www.steindler.com