



Hip replacement guide



Baylor Scott & White

MEDICAL CENTER

FRISCO

Joint ownership with physicians

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Introduction

Welcome,

We believe that healthcare should be about you and your family. We strive to deliver healthcare compassionately and to act with absolute integrity. Our team of professionals will work closely with you and your family to provide an ideal patient experience. We want to help you heal quickly and get back to the life you enjoy.

We want to put your mind at ease by including you as an active participant in your care. Our goal is to involve you in every aspect of your care. We will rely on you to give us accurate information regarding your medical history, home medications and pain level and to voice any concerns you may have during your stay. It is important to remember that you play a significant role in your recovery.

Our goal is to make you feel comfortable and secure throughout this process. Please ask any questions or share any concerns with the staff so that we can make this experience the best for you. We are committed to you, our patient, and want you to receive quality care during your visit with us. Thank you for allowing us to care for you. It is our privilege to be your healthcare provider.

The information in this guide will help you prepare for surgery and to recover following surgery. Please read through this material several times. Identify any topics you want to discuss with your physician or with the hospital staff. Write down any questions you have, and be sure to ask your nurse and physician. We are here to help you through this experience and to meet your individual needs.

Sincerely,

Your care team

Baylor Scott & White Medical Center – Frisco

Mission

The mission of Baylor Scott & White – Frisco is to provide the opportunity to every individual within Frisco and the surrounding communities the highest standard of healthcare services, designed with excellence, delivered with dignity, and demonstrated with respect to those we serve.

Vision

Baylor Scott & White – Frisco, through the combined efforts of our board of managers, physicians and our staff, desires to provide healthcare that is recognized as a new standard for excellence and patient satisfaction.

Accommodations near Baylor Scott & White – Frisco

Comfort Suites

4796 Memorial Drive
The Colony, TX 75056
972.668.5555 (direct)
1.800.4CHOICE (reservations)
ChoiceHotels.com

Embassy Suites

7600 John Q. Hammons Drive
Frisco, TX 75034
972.712.7200 (direct)
EmbassySuites.com

Fairfield Inn by Marriott

4712 W. Plano Parkway
Plano, TX 75093
972.519.0303 (direct)
1.800.228.2800 (reservations)
FairfieldInn.com

Hampton Inn & Suites

3199 Parkwood Boulevard
Frisco, TX 75034
972.712.8400 (direct)
1.866.751.8400 (reservations)

Holiday Inn

3400 Parkwood Boulevard
Frisco, TX 75034
972.668.5959 (direct)
1.888.465.4329 (reservations)
HolidayInn.com

Microtel Inn & Suites (Plano)

19373 Preston Road
Dallas, TX 75252
972.248.7045 (direct)
1.888.771.7171 (reservations)
MicrotelInn.com

Westin Stonebriar Resort

1549 Legacy Drive
Frisco, TX 75034
972.668.8000 (direct)
1.888.627.8441 (reservations)
Westin.com/Stonebriar

Pre-certification and authorization

Many insurance companies require pre-certification or pre-authorization for surgery. Please contact your insurance company or notify it of your upcoming surgery. It will then contact your physician for clinical information.

Workman's compensation and some managed care plans require approval for surgery before a surgical date can be selected.

You may log on to [BSWHealth.com/Frisco](https://www.BSWHealth.com/Frisco) for a current list of contracts with insurance plans along with contact phone numbers for individual departments throughout the hospital.

Registration: pre-op class

We offer a virtual class. A link will be emailed to you. For questions, email us at: BMCF-TJP@BMCF.com.

Registration: surgery

You may register for your surgery online at [BSWHealth.com/Frisco](https://www.BSWHealth.com/Frisco). Our patient registration form is listed under "Patients and Visitors."

Your surgeon may request that you undergo pre-admission testing. Please call 214.407.5166 to make an appointment.

Contact phone number

Registration	214.407.5066
Pre-admission nurse	214.407.5166
Social services	214.407.5437
Patient experience liaison	214.407.5497
Center of excellence director	214.407.5128
Total joint nurses	214.407.5169
Manager post-surgical unit	214.407.5188
Chief nursing officer	214.407.5428

Complaints or compliments

We appreciate your comments. The employees at Baylor Scott & White – Frisco believe your comments allow us the opportunity to grow.

Complaints

At Baylor Scott & White – Frisco, we pride ourselves in the customer service we provide for our patients and their families. If at any time, you are not satisfied with the care you receive, room environment, etc., please let us know immediately.

Compliments

Our nurses and hospital staff strive to make your stay a pleasant experience. If you feel someone has gone above and beyond to care for you or your family member, please take the time to fill out a Pursuit of Excellence card. Pursuit of Excellence cards are located in the front lobby outside the cafeteria and at the nurses stations or may be obtained by asking one of our staff members.

Pursuit of Excellence cards are read by senior administration, the department director, the department manager and the employee.

Information about hip replacement

General facts

Your hip joint is basically a ball and socket joint. Arthritis, congenital or developmental problems, or trauma can work against the natural function of your joint, causing pain in the hip and severely restricting your range of motion. These problems may force you to walk with a limp or restrict your everyday activities.

The medical term for total hip replacement is arthroplasty, and it is a proven method of treatment for individuals with arthritis or any disabling hip problem. During the past two decades, the science of total hip replacement has made great strides, resulting in several types of prostheses available for use. Using a combination of metal and/or plastic materials, your physician will create a new joint—a new ball and socket—for you, which will glide smoothly. The metal used is either a chrome cobalt alloy or a titanium alloy. These space-age metals were originally developed for the aerospace industry but have been adapted for many other uses, including joint replacement. The plastic we use is a high-density polymer called polyethylene.

Currently, there are two methods used for attaching your new joint, or prosthesis, to the bone and providing a stable fixation.

Bone cement

Poly methyl methacrylate is used to attach the prosthesis to the bone like a glue or grouting material.

Biological ingrowth

No cement is used. The metal prosthesis is fabricated with a porous coating, which encourages the bone to grow directly onto the metal surface of the prosthesis. The majority of hip replacements are press-fit or biological ingrowth. Your general health, weight, age, bone structure and activity level are some of the factors your physicians will use to determine the type of prosthesis that will be right for your surgery. A total hip replacement consists of removing the arthritic joint and replacing the surfaces with a metal prosthesis. Then a plastic or metal bearing is placed between the surfaces.

Our goal

Our goal is to see you through your total hip replacement surgery with few complications and the greatest result—both in your recovery and in the relief and comfort total hip replacement can provide. That's why we continue to strive to provide you with the best environment for surgery and recovery. And why we look to you to be conscientious in adhering to the program developed for you.

Preparing for surgery - a timeline

One month prior to surgery

- ▼ If you require a letter of medical necessity for a leave of absence for your employer, please submit your request in writing to your physician's office at this time.
- ▼ Purchase immunonutrition recovery drink if directed by your surgeon. Your surgeon's office will give you instructions regarding this drink.

Two weeks prior to surgery

- ▼ Two or three weeks before your surgery, you will have a medical evaluation performed by an internist. This evaluation may include lab tests, a chest X-ray and an electrocardiogram. The results of these tests will allow us to decide if you are ready for surgery. After your surgery, the hospitalist will see you every day while you are in the hospital and will monitor your progress medically. They will be responsible for ordering your diet and medications and will handle any medical problems that might arise.

10 days prior to surgery

- ▼ Your surgeon will give you specific instructions about your home medications. As a general rule, you must discontinue use of any aspirin, aspirin-containing products, ibuprofen or certain anti-inflammatory drugs 10 days before surgery. In addition, please stop fish oil, Ginkgo biloba and ginseng. Most arthritis medications should also be discontinued. These products tend to increase bleeding during and after surgery. You may take Tylenol as a substitute. Discuss any other medications you are taking, such as those for heart, diabetes or high blood pressure, with the internist clearing you for surgery.

Five days prior to surgery

- ▼ Drink one immunonutrition recovery drink two times per day for five days (if directed by your surgeon).

If you or your family has any questions about getting ready for surgery, medications, diet or any other problems, please contact your physician's office.

The night before and the day of surgery

Do not eat or drink anything after midnight. If directed by your surgeon, you make drink a clear carbohydrate drink three hours before surgery.

You will receive a timeline with instructions.

To decrease the bacterial count on your skin, we recommend cleaning the skin with a solution, such as a 2% chlorhexidine gluconate cloth. Your physician has requested that we give or send this product to you for use prior to surgery for killing and stopping the growth of germs on your skin. There is a total of six cloths. (Three packets with two cloths in each packet). Please do not put lotion on your body.

Directions for use of 2% chlorhexidine gluconate cloth

(If your doctor has given you other instructions, follow those instead of this list.)

The night before surgery

- ▼ Please shower using a freshly laundered washcloth and towels. Leave a minimum of one hour between shower and application of chlorhexidine gluconate cloths. Use one cloth to moderately scrub the part of your body where the surgery is planned. Scrub for about three minutes. Use another two cloths to apply the product to the rest of your body. If you open a pack and only use one cloth, leave the other cloth in the packet to use in the morning.
- ▼ When the product dries (it might be tacky or slightly sticky), put on clean sleepwear and, if possible, sleep on clean bed linens. The goal is to have the product remain on your skin so that it will start to kill germs.

The morning of surgery at home

- ▼ Do not shampoo your hair, shower or bathe because we want to keep the product you applied the night before on your skin.

Using the remaining cloths, apply the product in the same manner as the night before.

At the hospital

- ▼ The hospital staff may give you more cloths and ask you to repeat this process when you arrive in the preoperative area. If you do not have the exact amount of product, don't worry; concentrate on the area of skin that will be involved in the surgery. If you have any questions, please call the infection preventionist at 214.407.5434.

You should not use this product if you are allergic to chlorhexidine gluconate. Keep out of eyes, ears, mouth, mucous membranes and vaginal/perineal area.

After surgery - home care

While in the hospital, a social worker will meet with you to arrange home care after surgery if ordered. All equipment needed after surgery will be arranged before you leave the hospital. A physical therapist will discuss several issues with you, such as the width of your doorways, the height of the chair you should sit in, unsafe rugs on the floor, the best location for your bed and any other areas as needed.

Preoperative checklists

Home safety checklist:

- ▼ Remove rugs or uneven surfaces
- ▼ Check height of mattress
- ▼ Place common items close by
- ▼ Evaluate the need for help taking care of your pets
- ▼ Make clear pathways for your walker
- ▼ Count your stairs
- ▼ Plan easy meals in advance
- ▼ Place nonskid bathmat in your tub/shower

If you already own a walker, our physical therapist will need to examine it prior to use. Please bring it to the hospital, but leave it in the car, labeled with your name.

A family member or friend can bring the walker to you after you have been admitted to the inpatient orthopedic unit.

Packing list

Medical items:

- ▼ CPAP or BIPAP machine (if applicable)
- ▼ Home medications in their original bottles, excluding:
 - Anxiety or sleep medications: Lorazepam, Alprazolam, Ambien
 - Pain medications: Oxycodone, Hydrocodone, Morphine, Tramadol, Lyrica
 - Supplements or over-the-counter medications

Paperwork:

- ▼ Copy of Advanced Health Directive (if applicable)
- ▼ Driver's license or photo ID
- ▼ Insurance card

Personal items:

- ▼ Loose-fitting clothes (e.g., nightshirt, shorts, sweats, etc.)
- ▼ Underwear, socks, nonskid slippers or tennis shoes
- ▼ Personal toiletries
- ▼ Eyeglasses, contact lenses with case/solution, hearing aid and batteries
- ▼ Phone charger with extra-long cord

Do not bring:

- ▼ Valuables, including jewelry

Your hospital stay

Day of admission

Enter through the main lobby doors and go to the registration desk at the main entrance. The person at registration will verify or obtain your admission information, and you will be given a pager. At the appropriate time, your pager will sound, and a nurse will take you to your room in pre-op. You will then be asked to complete any remaining paperwork, your vital signs will be checked, and you will meet the anesthesiologist.

Your anesthesiologist will discuss the anesthesia options available to you and determine the best anesthesia technique for your unique medical history. An IV will be started, and the anesthesiologist may give you some medication to help you relax.

Once your surgery is complete, you will be taken to the recovery room for approximately one to two hours. No visitors are allowed in the recovery area. Your person will be notified when you are discharged from the recovery area and sent to your hospital room.

What to expect after your hip replacement surgery

You will be taken to the orthopedic unit from the recovery room. All patient rooms are private. Your nurse will be monitoring your vital signs (pulse, temperature and respiration rates) frequently, and an automatic blood pressure cuff will check your blood pressure. You may be placed on a monitor to watch your heartbeat and oxygen levels.

Pain control: Tell your nurse if your pain is not controlled. You may be given your pain medication by IV or orally.

Other medications: You will receive several doses of IV antibiotics to prevent infection.

Diet: With your physician's approval, you may start taking clear liquids. You will be given a menu and instructions to order your meal tray through Dine on Demand.

Bathroom activities: A Foley catheter may be inserted into your bladder during surgery to drain urine. This will be removed at the discretion of your surgeon. If you do not have a catheter, you will be assisted to the bathroom by hospital staff. Please use the call light to request assistance.

Continued

Breathing exercises: A nurse will remind you to deep breathe every two hours while awake, An incentive spirometer will be provided by the respiratory therapist to assist you in your breathing exercises. This will help keep your lungs expanded and help prevent pneumonia.

Special equipment: An IV line, usually placed on the back of your hand, wrist or forearm, will provide the fluids and medications your body needs during and after your surgery.

Personal care: The nursing staff or patient care technician will assist you with your personal hygiene.

Activity and movement: A special wedge-shaped pillow or a standard pillow may be placed between your legs to keep them in alignment. You will see a representative from physical and occupational therapy today. They will teach hip precautions, and with their assistance, you may dangle your legs from the bed, stand with a walker and use the walker to walk around the room. Do not get out of bed without assistance from the staff.

Discharge plans: You may be discharged home today. A social worker will visit you to discuss your discharge needs, including discharge disposition, home health physical therapy or outpatient physical therapy. Equipment needs will also be discussed. A total joint nurse will meet with you to discuss your discharge plans and to review discharge instructions.

Post-surgery - day one

If needed for medical reasons, your vital signs will be checked by the staff.

Pain control: Please notify your nurse when you start to feel discomfort, as it takes about 30 minutes for your pain medication to start working. You must ask for your pain medication.

Diet: Please order your food using the Dine on Demand menu.

Bathroom activities: Please call for assistance for help to the bathroom or bedside commode.

Breathing exercises: You will be reminded to deep breathe using the incentive spirometer every two hours.

Personal care: The hospital staff will assist you with personal care.

Activity and movement: Your physical therapy will continue today. Please notify your nurse if you'd like to take a shower.

Discharge plans: Discharge instructions reviewed and questions answered.

At home

The anticipation is over. You have spent weeks waiting for the hospital, the surgery and the ability to walk with your new hip joint. Now it's time to readjust. It will take your new hip six to eight weeks to heal, and you must learn to balance exercise periods with rest periods. It is very important to not overdo or push yourself beyond the limits of pain. It is also very important to take your pain medication, especially if pain is preventing you from doing your exercises.

You may need to call your physician's office for a follow-up appointment approximately one to four weeks after your surgery.

Do not take any medication other than what has been prescribed without checking with your surgeon's office first.

Shower

The therapy team will review the safest shower techniques.

Care of your incision

You will be given detailed verbal and written instructions on the care of your incision and dressing at home.

Anticoagulation medication

To reduce the risk of blood clots, your surgeon may prescribe a blood thinner after surgery. The length of this prescription will vary depending on each patient's individual needs. Anticoagulant medications are of critical importance if you have a history of blood clots or if you were on an anticoagulant medication before surgery. It is important to take this medication exactly as prescribed.

Pain medication

It is our intention to provide you with as much relief from this pain as possible. Once home, many of our patients find they only require Tylenol for mild pain control. A few patients may require a narcotic medication to alleviate pain.

However, your physician will work with you to determine the best pain medication for you. You may also receive an anti-inflammatory medication.

During surgery, a numbing medicine that blocks nerve impulses in your body is injected into the tissue around your hip joint and will usually last 24 to 72 hours.

All narcotic-based pain medications can cause constipation. Most people have a bowel movement two to three days after surgery. If you do not, you will need to take an over-the-counter laxative and stool softener such as MiraLAX or Senokot.

Please remember pain medications can be habit forming. Follow your surgeon's instructions on dosage.

Recognizing and preventing complications

As with any surgery, you run the risk of potential complications when you have your joint replaced. If you have further questions regarding potential complications of your surgery, please speak with your surgeon.

Deep vein thrombosis (DVT)

A deep vein thrombosis occurs when a blood clot forms in one or more of the deep veins in your body, usually in the legs. Symptoms of a DVT can occur in either leg and may include:

- ▼ Swelling in the calf, thigh or ankle that does not go down with elevation
- ▼ Pain or tenderness in the calf area

If you experience any signs of a DVT after your surgery, please notify your surgeon. When you are in the hospital, there will be measures taken to prevent blood clots. Some of them may include:

Foot pumps (AVI)/sequential compression device (SCD)

These are devices that will be put on either your feet or calf area, depending on what has been ordered by your surgeon. These devices help to prevent blood clots by gently compressing and then relaxing in a sequential sequence, mimicking blood flow during ambulation. Some surgeons recommend these for home use.

Early ambulation

Ambulation is a critical part of DVT prevention. After you are discharged from the hospital, take a short walk (approximately 10 minutes) every hour you are awake.

Blood thinners

Your surgeon will prescribe a blood thinner after surgery, as well as when you are discharged from the hospital. The blood thinner is chosen based on your surgeon's preference. Some common examples include:

- ▼ Aspirin
- ▼ Xarelto®
- ▼ Eliquis®

Pulmonary embolism

A pulmonary embolism is an obstruction of a blood vessel in the lungs, most commonly caused by a blood clot that has traveled from elsewhere in the body, most frequently the legs. Symptoms of a pulmonary embolism may include:

- ▼ Sudden chest pains
- ▼ Difficult or rapid breathing
- ▼ Shortness of breath
- ▼ Sweating
- ▼ Confusion

If you experience any signs of a pulmonary embolism, please call 911. Although very treatable, this is considered to be a medical emergency and needs to be treated quickly. The measures taken to prevent a pulmonary embolism are the same as that of a DVT. Please see the DVT paragraph above for detailed information.

Infection

Signs and symptoms of infection may include:

- ▼ Red around the incision site and hot to the touch
- ▼ Increasing pain
- ▼ Increasing swelling (normal swelling is often greatest four to five days after surgery)
- ▼ Drainage from the incision site
- ▼ Temperature ($>101.5^{\circ}$)

If you experience any symptoms of an infection, please notify your surgeon.

There are a few things you can do to prevent an infection:

- ▼ Keep your incision clean. Do not let animals' paws or children touch your incision.
- ▼ Take antibiotics before going to the dentist or any invasive procedure if recommended by your surgeon.

Pneumonia

Pneumonia is inflammation in the lungs that is caused by a bacterial or viral infection. Symptoms of pneumonia may include cough and/or fever. If you experience any symptoms of pneumonia, please contact your surgeon. While you are in the hospital, you will be instructed on activities to help prevent pneumonia. It is recommended to continue these instructions after discharge.

Incentive spirometer (IS)

An incentive spirometer is a breathing exercise that helps you take long, deep breaths, opening up your lung bases and helping to prevent pneumonia. It is encouraged to continue using your IS approximately 10 times every two hours while awake for the first few weeks after surgery.

Early ambulation

After you are discharged from the hospital, it is recommended to walk approximately 10 minutes every hour while you are awake.

Hip dislocation

Hip dislocation occurs when the ball of the new hip implant comes out of the socket. Signs and symptoms of a hip dislocation may include:

- ▼ Severe pain
- ▼ Rotation or shortening of the operative leg
- ▼ Inability to walk or move the operative leg

If you experience any symptoms of hip dislocation, call 911 and notify your surgeon. The key to preventing a hip dislocation is to follow your hip precautions. Thorough instructions regarding your hip precautions will be provided to you by your physical therapist while you are in the hospital. Your surgeon will give you further instructions regarding the length of time, and you need to follow these precautions.

Hip precautions

- ▼ Do not cross your legs
- ▼ Do not twist side to side
- ▼ Do not bend at the hip past 90 degrees

Physical therapy

Safe transfers

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. Then, scoot your bottom back toward the center console to support thighs, and then turn your trunk as you bring in your legs to a forward seated position.

Reverse action to exit the vehicle.



Shower and tub set up

1. Grab bars: Install sturdy grab bars in places that will be convenient for you. Typically, grab bars are inside the tub along the main wall and in front or back depending on how you expect to get in and out of the tub.

2. Long-handled showerhead: Install a long-handled showerhead so that you can sit on a shower bench or chair and use this to wash yourself without needing to stand as in a traditional shower set up.

3. Long-handled sponge: Use this to be able to wash hard to reach areas of your body.

4. Shower chair: A shower chair is used so that you can sit and wash yourself.



A tub transfer bench is preferred

Shower chair tub transfer

Getting in the tub:

Using your assistive device (walker, cane or hemi-walker), walk to the bench so that the back of your legs touch the tub wall/shower bench. Reach back with your hand to the tub wall or shower bench and hold it as you lower yourself down to sit using your unaffected leg to do the work. As you lower to sit, slide your affected leg forward to keep weight off of it. Move your assistive device out of the way but within reach to use later.

Once seated, scoot back further on the bench and turn so that you can lift one leg into the tub. Scoot farther down the bench and then lift your other leg into the tub. Use your arms if needed to help lift your leg(s) in the tub. Use secured grab bars during the transfer.

Getting out of the tub:

While seated on the shower chair, lift one leg over the tub wall. Then scoot yourself closer to the tub wall so that you can lift your other leg over as well. Use your arms to help with the lifting of your leg if needed.

While seated, turn yourself so that you are sitting facing forward on the edge of the tub/shower bench. Reach for your assistive device and bring it close to you. With one hand on the tub wall for support, stand up using your unaffected leg doing the work.



Hip exercise rehabilitation

Ankle pumps - AP

Bend your foot up and down at your ankle joint as shown.

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

Repeat 20 times
Complete 4 sets
Perform 3 times a day



Quad set - towel under knee - isometric quads

Place a small towel roll under your knee and tighten your top thigh muscle to press the back of your knee downward while pressing on the towel.

Repeat 15 times
Hold 3 seconds
Complete 1 set
Perform 3 times a day



Hamstring set

Lie down on your back and then bend your knee. Next, press your heel into the ground and hold. Relax and repeat.

Repeat 15 times
Hold 3 seconds
Complete 1 set
Perform 3 times a day



Gluteal set - supine

Squeeze your buttocks and hold. Repeat.

Repeat 10 times
Hold 10 seconds
Complete 1 set
Perform 3 times a day



Gait with walker - step to pattern

Move the walker forward and take a step into the frame with your affected leg.

Next, push down with your arms and step forward with your unaffected leg so that it lines up with the other leg.

You can bear as much weight on your affected leg as you feel comfortable.



Stair training with walker: weight bearing as tolerated

ASCENDING STEPS: Fold the walker and hold it on the opposite side of the rail. Place one end of the walker on a higher step. Step up with the unaffected foot first. Then raise your body up and then move your affected leg and walker up to the next higher step. Repeat.

DESCENDING STEPS: Fold the walker and hold it on the opposite side of the rail. Place one end of the walker on a lower step. Step down with the affected foot. Then lower your body down and move your unaffected leg and the walker to the next lower step. Repeat.



Hip precautions

- ▶ **No hip flexion greater than 90 degrees**

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



- ▶ **No crossing legs**

Do not cross your legs at any time.



- ▶ **No hip internal rotation**

Do not let your hip roll inward, beyond the straight up position. A pillow bolstered in between feet/ankles can help prevent “toeing-in.”



Helpful hints

Hip kit

A hip kit that includes a shoehorn, long-handled sponge, grabber, sock applicator, and a dressing stick will be provided to you at discharge.

Showering

- ▼ If possible, have someone help you the first time you get into the tub.
- ▼ Make sure someone is in the house in case you need assistance.
- ▼ If you need a shower stool, make sure it is placed firmly in the tub.
- ▼ Put nonskid strips or pads in your bathtub for safety.
- ▼ Have a secure place to put your soap to avoid dropping it. Try soap-on-a-rope, a deep soap dish or an octopus soap holder.
- ▼ Use a long-handled sponge or bath brush if you cannot reach your lower legs and feet.
- ▼ Try a portable shower hose so you can sit while you shower.
- ▼ Turn on cold water first to avoid burning yourself.

The commode

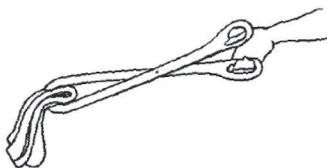
An elevated toilet seat will make it easier to sit down and get up from the toilet. Regular size commodes are too low and will increase the risk of dislocation.

The elevated toilet seat should also be used as a shower chair in the shower.



Reaching

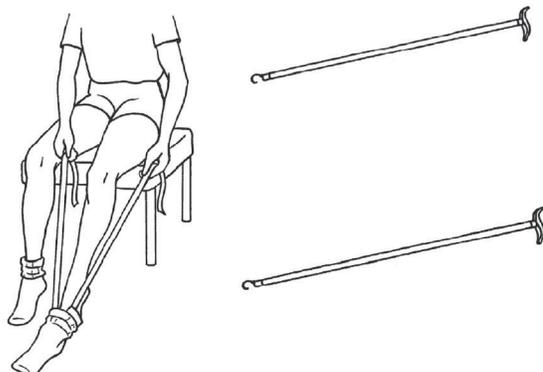
If you have difficulty bending over to reach items, a pair of reachers may be helpful.



Dressing

Hip kits are available to help you be as independent as possible when dressing. These will be given to you at the hospital.

- ▶ If you have trouble reaching your feet, wear slip-on shoes or use elastic shoelaces.
- ▶ A long shoehorn will help you put shoes on or take stockings and socks off.
- ▶ A dressing stick may be used for putting on slacks and for removing stockings or socks.



Getting into the car

It is important to know how to get into the car in a safe manner. It is preferable for you to ride in a mid-size or larger-size car with regular bench seats rather than bucket seats. On a long trip, you may need to make a rest stop approximately every 90 minutes. When you stop, get out and shift your weight from one leg to the other or walk around.

- ▶ On the passenger side, make sure the seat is as far back as possible.
- ▶ Stand with your back toward the car. Sit and scoot back.
- ▶ Swing your legs into the car. If you have extra-long legs, be sure to scoot back as far as you can. You may also want to recline the seat so you will have as much room as possible to swing your legs in.

Exiting the car

- ▶ Open the door that your feet are closest to.
- ▶ Use your hands and good leg and slide toward the door.
- ▶ Push up to stand using the back of the seat and the walker or crutches.
- ▶ Once standing, reach for your walker.

You may want to bring a pillow or two to place between your back and the car.



Precautions and guidelines

Sitting precautions

- ▼ Chair height should be set so that when you are seated, your hip is higher than your knee joint—normally 18 inches. Sit on a folded blanket for extra height.
- ▼ Sit only in a firm, upright chair with arms.
- ▼ Short and frequent sitting is allowed daily for approximately 30 minutes at a time.
- ▼ It is important that your hip remains comfortable, and swelling is kept to a minimum. Prolonged sitting may cause increased swelling and stiffness, which may lead to blood clot formation.

Walking guidelines

Do not walk without proper support. Use the equipment you were instructed to use at the time of your discharge from the hospital. Walk around the house several times daily. If you would like to walk outside, your home physical therapist needs to walk with you the first time. Frequent, short walks are preferred. Do not take trips until you have been seen by your doctor.

Rest periods

Rest in bed or lying on a sofa with feet elevated, not in a chair. Rest periods must be taken to control swelling.

Swelling

Swelling is common following total hip replacement. Some people experience swelling while still in the hospital. Others may notice it once they are home and become more active. Still, others may never have swelling. Areas most likely to become swollen are the foot, ankle, knee and, at times, the thigh. To counter swelling:

- ▼ Elevate your feet higher than hip level while you are lying down.
- ▼ Prop your legs on two to three pillows.
- ▼ Do this during your rest periods for 45 minutes to one hour, two to three times per day. If swelling does not decrease after sleeping all night and elevating your legs during your daytime rest periods, contact your surgeon's office. However, be sure to try the recommended measures before notifying your surgeon.
- ▼ Use the ice machine or ice packs as instructed.

Bed precautions

- ▼ Remember to always slide your leg along the bed when getting in and out of bed.
- ▼ Place your hands on the bed, either pressed flat or with clenched fists.
- ▼ Push with your hands while you inch across the bed, keeping your surgery thigh supported on the bed.

Under no circumstances should straight leg raises be included in your exercise program.

Sleeping

Side sleepers should sleep on the non-operative hip with a pillow between the knees for support.

Exercise

Do your exercises three times a day as instructed in the hospital. Follow your surgeon's orders in regard to changes in your activity at home. Do not use any weights.

Driving

Clearance for driving must be obtained from your physician's office after your first postoperative visit. Before driving, you must be in complete control of your operative leg and not be taking any narcotic medications. This is a matter of state law.

Sexual relations

Consult your surgeon for instructions.

Sports participation

Do not participate in any sports until released by your surgeon.

Frequently asked questions

When will I have my first postoperative visit?

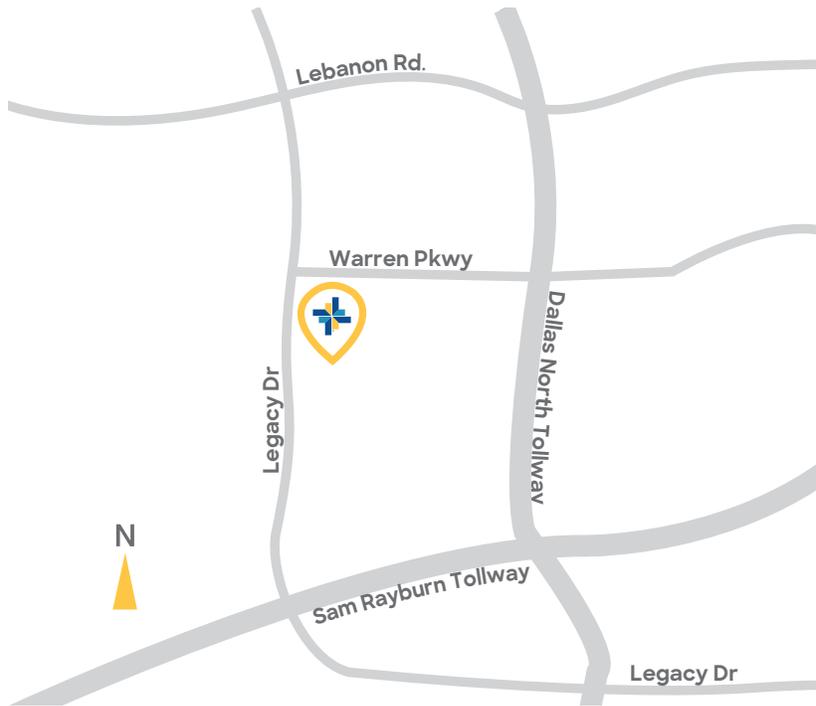
Your first postoperative visit will be scheduled by your surgeon's office. If not previously scheduled, please contact your surgeon's office. This first visit is very important because this is the time your physician will assess your progress and make changes that will allow you to be more active and independent. Your first visit will include an assessment, X-rays, and possibly, a revised exercise and activity program.

What about long-term maintenance?

- ▶ Some surgeons recommend avoiding high-impact activities, like jogging, running, tennis and volleyball. Please refer to your surgeon for questions.
- ▶ Participate in low-impact activities, such as golf, swimming, walking, cycling, bowling, dancing or yoga. If there is an instructor, be sure to let them know about your new hip joint.
- ▶ Yearly X-rays and doctor visits are vital in the long-term maintenance of your new joint. If you are moving out of town, we would like to make sure that you use the services of another orthopedic surgeon in your new community.
- ▶ Be proactive in working to prevent infection in your new hip. Consult with your dentist or surgeon in advance of any procedure.

Will I set off the alarm at the airport?

Sometimes the implant may cause the metal detector alarm to sound at the airport. If that happens, airport security will scan you. Due to security reasons, implant companies no longer provide joint replacement identification cards.



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