



Hip replacement guide



Baylor Scott & White
MEDICAL CENTER

FRISCO

Joint ownership with physicians



What you will find in this guide

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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.

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.



From your care team

We're pleased that you are considering us for your joint replacement. We are excited to walk alongside you during this process.

As a patient undergoing joint replacement with us, we want your experience to be as stress-free as possible. This joint replacement surgery guide is designed to offer additional information regarding your preparation before surgery, the surgery itself and your road to recovery. Our hope is to help reduce your anxiety around your hospital stay by helping you understand what to expect and when to expect it.

As a patient, you will play an active role during your hospitalization. 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 voice any concerns you may have during your stay with us.

It is important to remember that you are in charge of your own recovery. Thank you for your dedication to preparing for your surgery. We look forward to meeting you.

About our hospital

Complimentary valet services – Patients and visitors may use our complimentary valet services at the main entrance of the hospital. Valet services are available Monday – Friday from 6:00 AM – 6:00 PM.

Guest information – Our hospital's main entrance is open seven days a week, 24 hours per day.

We do not have set visiting hours, but we ask that your family and friends be sensitive to your recovery needs. Children under 12 must be accompanied by an adult.

Inpatient rooms – All rooms are private and furnished with a couch that folds into a bed if an adult family member would like to stay overnight.

Dining – During your stay with us, you will order your food through our Dine on Demand service. A room ambassador will take your order, or you may place an order at any time by dialing extension 5757 on your hospital room phone. Each patient meal also comes with a complimentary guest meal if a family member would like to eat with you.

Tobacco-free campus – Our campus is tobacco-free with no designated smoking areas.

Our goal is to promote a healthy lifestyle for our patients, staff and families.



Useful phone numbers

Registration.....	214.407.5271
Pre-admission testing	214.407.5166
Social services.....	214.407.5437
Total joint coordinator	214.407.5753
Manager, post-surgical unit.....	214.407.5188
Chief nursing officer.....	214.407.5428
House supervisor (after hours).....	972.369.2947
Manager, center of excellence	214.407.5168



Complaints and compliments

We appreciate your comments. Our employees believe your comments allow us the opportunity to grow. You will receive a survey about your hospital stay after you return home. Please fill this survey out and return it as indicated. We value your input.

Complaints

We pride ourselves on the customer service we provide for our patients and their families. If at any time you are not satisfied with the care you received, room environment, etc., please let us know immediately. You may file a complaint by contacting any of the following personnel:

Post-surgical unit manager.....	ext. 5188
Patient advocate	ext. 5497
Manager, center of excellence	ext. 5168
Total joint coordinator	ext. 5753
Chief nursing officer.....	ext. 5428

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. These cards are located in the front lobby outside the cafeteria, the nurses stations or may be obtained by asking one of our staff members.

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

Your care team

The following team of healthcare providers is dedicated to helping you have a successful outcome with your surgery:

- Your **surgeon** and **physician assistant** will direct your surgical care and will check on you daily to monitor your progress.
- Your **internal medicine physician or nurse practitioner** will direct your medical care and will check on you daily to monitor your progress.
- Your **anesthesiologist** or **certified registered nurse anesthetist** (CRNA) will provide your anesthesia throughout your operation.
- Your **circulating nurse** and **surgical scrub tech** will assist your surgeon during your operation.
- Your **registered nurses** (RNs) will assess your progress, assist with any needs, give you medication, and provide education before your surgery, in the recovery room and on the surgical floor.
- Your **patient care technicians** (PCTs) will assist with needs, help you walk to the bathroom and take your vital signs.
- Your **respiratory therapists** will monitor your breathing and oxygenation and provide education/assistance as needed.
- Your **physical therapists** will evaluate your needs and help you learn how to safely walk around after your surgery.
- If requested by your surgeon, your **social worker** will evaluate your discharge needs. They can assist you in ordering equipment, discharge planning and follow-up needs.
- Your **room ambassador** will visit you around mealtimes and take orders for your meals for both you and your support person.



Keeping you safe

Keeping you safe is our top priority. We will ask you numerous times throughout your hospital stay to state your name and date of birth and compare it to your identification armband. This ensures that we are providing the right treatment, medication or test during your stay with us.

We want to ensure that we perform the correct procedure on the correct patient at the correct site every time. You will play an active role in this process by verifying your surgery and surgical site with your surgeon as they mark your surgery site in the pre-op waiting area.

Preventing the spread of germs is of utmost importance. Your healthcare team will wash their hands with soap and water or use gel hand sanitizer every time they enter or exit your room. This should also be done by your family members/visitors. If you have concerns that your healthcare provider or family has not washed their hands, please voice your concerns. You will also be provided with hand sanitizing wipes that may be kept at your bedside.

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 the greatest result—both in your recovery and in the relief and comfort a 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

Find your support person

Joint replacement surgery is a journey, and it is important to have someone with you during this time. Your support person can be your spouse, family member, friend or relative who will help you during recovery.

Pre-certification and authorization

Many insurance companies require pre-certification or pre-authorization for surgery. Please contact your insurance company or notify them of your upcoming surgery. If pre-authorizations or pre-determinations are required by your insurance company, contact your physician's office and have them contact your insurance provider.

- Workers' 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.
- If you work, remember to notify your employer and have your surgeon's office complete any FMLA or short-term disability paperwork prior to your surgery.

Pre-admission testing and appointments

To make sure you are healthy enough to tolerate your surgery well, your surgeon may require you to be seen by an internal medicine doctor prior to your surgery. At this appointment, you may have tests completed, such as blood, urine or an electrocardiogram (EKG), to evaluate your heart. You will discuss your medical history with the pre-admission nurse and the internal medicine physician. The results of this appointment will let us decide if you are ready for surgery. If necessary, you may be required to see a heart or lung doctor as well. To schedule an appointment for pre-admission testing, please call [214.407.5166](tel:214.407.5166).



Pre-operative education

Prior to surgery, a link to our pre-operative education video will be emailed to you. You may also access this video by visiting [BSWHealth.com/Frisco](https://www.bswhealth.com/frisco), select the "Specialties" tab, choose "Total Joint Replacement," then scroll down to the "Joint Replacement Education Video" section and follow the prompts to watch the video.

If you have any questions regarding your pre-operative education, please reach out to the total joint coordinator at [214.407.5753](tel:214.407.5753) or email us at BMCF-TJP@BMCF.com.

Home modifications

To make your home safer and more practical after your surgery, a number of simple changes can be made. Your physical therapist may have additional suggestions for you during your hospitalization.

- Remove any trip hazards around your home (rugs, cords) and move frequently used items to places you can easily reach them.
- Arrange for assistance with household chores, driving and errands.
- Arrange for help with childcare and pets.
- Purchase groceries and prepare meals in advance.
- Make sure lamps can be turned on and off easily, preferably from bed.
- Have available a high, stable chair with a firm seat cushion and armrests.

Pre-operative checklists

Use these checklists to help prepare you for surgery.

Surgical checklist:

- ☐ Medical clearance appointment date/time:

- ☐ Specialist appointment date/time: (if applicable)

- ☐ Call received from pre-admission nurse
- ☐ Call received from registration
- ☐ Quit smoking
For help, call 1.800.NO.BUTTS (662.8887).
- ☐ Medical equipment received (if applicable)
- ☐ Discuss my discharge plan with my family and friends
- ☐ Surgery date/time:

- ☐ Arrival time (given to you by your surgeon's office)



Packing checklist

Medical items:

- ☐ CPAP or BIPAP machine (if applicable)
 - ☐ Medical equipment as instructed by your surgeon (e.g., ice machine, brace, etc.)
 - ☐ Home medications in the original bottles
- Do not bring:
- 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., shorts, sweats, etc.)
- ☐ Underwear and socks
- ☐ Personal toiletries
- ☐ Eyeglasses, contact lenses with case/solution (if preferred after surgery)
- ☐ Hearing aids or dentures with working batteries
- ☐ Phone charger

Do not bring:

- Valuables, such as jewelry, credit cards or debit cards

The night before surgery

- To decrease the bacterial count on your skin, we recommend cleaning the skin with a solution, such as a 2% chlorhexidine gluconate cloth. Prior to surgery, please ensure that you have received these cloths from the Pre-Admission Testing Department or from your surgeon's office. These cloths are used for killing and stopping the growth of germs on your skin. There are a total of six cloths. (Three packets with two cloths in each packet).
- **Directions for use of 2% chlorhexidine gluconate cloth.** (If your doctor has given you other instructions, follow those instead of this list.)
- 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.
- Please do not put lotion on your body.
- 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.

The morning of surgery

- 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.
- If directed by your surgeon, you may drink a clear carbohydrate drink three hours before surgery.



Arriving for surgery

- Please report to the front desk in the main lobby. When you check in at the desk, you will be asked for your insurance card and identification and will receive a pager.
- A staff member will escort you to your pre-op room. You will change into a gown, and a nurse will start your IV.
- You will meet your anesthesiologist. They will discuss the anesthesia with you, options available and the best anesthesia technique for your medical history.
- You will meet with your surgeon. They will talk with you and will answer any final questions you may have.
- Two family members or support people may wait with you before your surgery.

During surgery

While you are in surgery, your family will wait in the front lobby with the pager. Complimentary refreshments and coffee are available in the waiting area. Surgery times vary depending on the type of surgical procedure. If at any time your family would like an update on your status, they can request that information from our team at the front desk. When your surgery is complete, the staff will escort your family to a consultation room where your surgeon will discuss your progress.

After surgery

You will wake up in the Post-Anesthesia (PACU) and typically will remain here for one to two hours. During this time, you will be closely monitored until you wake up and your heart rate, blood pressure and breathing are normal. Because this is a small area, your family will remain in the lobby area until you are transferred to your inpatient room.

In the PACU:

- You will have an IV in your arm so you can receive medication and fluid.
- You will have oxygen delivered through a tube in your nose.
- You will have a blood pressure cuff on your arm to monitor your blood pressure and a monitor on your finger to watch your oxygen levels.
- You will have a compression device on your legs to help prevent blood clots.
- Your nurse will frequently ask you about your pain and will manage your pain as indicated.

When you meet discharge criteria from the PACU, you will be transferred to your inpatient room. A member of the staff will notify your family, and they will be escorted to your room soon after.

In your inpatient room

When you are transferred to your inpatient room, your nurse will be monitoring your vital signs (heart rate, temperature, blood pressure and breathing) frequently. You will be placed on a monitor to continuously watch your heart rate and oxygen levels. Our staff will notify your family members and direct them to your inpatient room.



Your care plan

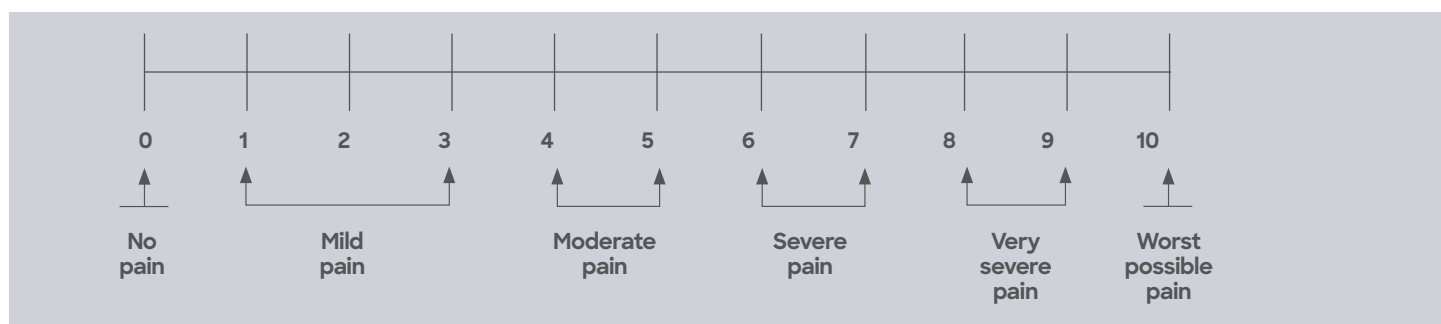
The following is an example of what to expect the first few days after your surgery.

	Day of surgery	First day after surgery
Participate in physical therapy	<ul style="list-style-type: none"> • Walk a short distance with physical therapist. • Physical therapist to teach hip exercises. • Do not get out of bed by yourself. 	<ul style="list-style-type: none"> • Walk a short distance with physical therapist. • Review of hip exercises. • Do not get out of bed by yourself.
Participate in occupational therapy activities	<ul style="list-style-type: none"> • Work with occupational therapist to review activities of daily living training. • Occupational therapist to review hip precautions and hip kit. 	<ul style="list-style-type: none"> • Review of hip precautions and activities of daily living.
Diet	<ul style="list-style-type: none"> • When it is time to start eating, you will start with clear liquids (chicken broth, juice, Jell-O). • If you are tolerating liquids, your diet will be advanced to a regular diet. 	<ul style="list-style-type: none"> • Drink plenty of fluids and include fresh fruits and vegetables. • Continue drinking Ensure shakes if you purchased them prior to surgery.
Medication	<ul style="list-style-type: none"> • Begin oral pain medications. IV pain medication may be given if needed. Notify your nurse if your pain is not under control. • Your home medications will be restarted as approved by your doctor and will be given to you by your nurse. 	<ul style="list-style-type: none"> • Continue your home medications that are given to you by your nurse. • Continue to manage your pain with oral pain pills.
Bathroom	<ul style="list-style-type: none"> • You may have a Foley catheter to drain your bladder. If not, call for help when you need to get up to go to the bathroom. 	<ul style="list-style-type: none"> • Your catheter will be removed early in the morning. Call for help when you need to get up to go to the bathroom.
Dressing	<ul style="list-style-type: none"> • You will have a bandage over your incision. 	<ul style="list-style-type: none"> • You will be instructed on how to care for your dressing at home.
Other	<ul style="list-style-type: none"> • To help prevent pneumonia, use the incentive spirometer 10 times every hour while awake. • To prevent blood clots, wear your leg compression device while in bed. 	<ul style="list-style-type: none"> • To help prevent pneumonia, use the incentive spirometer 10 times every hour while awake. • To prevent blood clots, wear your leg compression device while in bed.
Discharge planning	<ul style="list-style-type: none"> • You will meet with a social worker to discuss discharge needs. 	<ul style="list-style-type: none"> • Arrange to have someone take you home when you leave the hospital.

Pain

It is important to realize that pain is an integral part of the surgical process. Post-surgical pain helps us to understand your limits when working with physical therapy or when you are moving or walking with your nurse. An increase in pain medication can result in decreased breathing and drowsiness. Because of this, it is important that you are not over sedated with pain medication. We will do our best to keep your pain at a tolerable level; however, **it is likely that you will experience some pain after surgery**. Your doctor will prescribe different types of pain medications depending on your type of surgery, medical history and pain level.

You will be asked to rate your pain level on a scale of 0-10 multiple times throughout your hospital stay. Please familiarize yourself with the pain scale below.



Do not hesitate to ask for pain medication at the first sign of discomfort. Asking for the medication early is better than letting the pain become more severe. If it is too soon for more medication, or if it is not safe to give more medication because of your vital signs or breathing, the nurse may change your position, turn your pillow or try other alternatives until it is safe for more medication.

Types of pain medication

The type and amount of pain medication you will receive will be determined by your surgeon based on your medication history and pain level. The different methods in which we will give you pain medications are:

- **Regional nerve block:** 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.

- **Oral:** After your surgery, you will be started on oral pain medication as soon as possible. This medication will be continued throughout your hospital stay. Common pain medications include Norco (Hydrocodone) and Percocet (Oxycodone).
- **IV:** The most common IV pain medications that are given after surgery are Dilaudid or Morphine. If oral pain medicine is not controlling your pain, IV medication may be given.

Common side effects of pain medication include decreased respirations/breathing, drowsiness, nausea, vomiting, dizziness, constipation, rash, itching, dry mouth and decreased appetite.

Returning home

When you meet discharge criteria, your surgeon will discharge you from the hospital. Most patients will be discharged home, but if you need help getting stronger before going home safely or if you have a medical condition that requires further care, you may be transferred to:

- Inpatient rehab facility
- Skilled nursing facility
- Home healthcare

This decision is made between you, your surgeon, and your social worker. For further questions regarding care at home, please call a member of our social work team at **214.407.5437**.

Transitional care clinic

Our commitment to your care and safety doesn't end at discharge. Our Transitional Care Team is here to help bridge the gap between discharge and follow-up appointments. You will receive a telehealth call from one of our transitional care clinic nurse practitioners within 48 hours of discharge to monitor your progress. To improve overall quality of care and to prevent readmissions, participation in this call is highly encouraged. If you have any questions or concerns, you may call or text **214.247.1670** to reach one of our nurse practitioners. Our Transitional Care Team is available seven days a week during normal business hours.

Remember

- It is normal to feel anxious about returning home after joint replacement. It is OK to ask your support person, family or friends for help.
- Stay active! Continue the exercises that were taught to you while in the hospital and walk frequently during the day.
- Follow any restrictions given to you by your surgeon.

- Keep an eye on your food and fluid intake. Remember to drink plenty of fluids and eat a well-balanced diet.
- Be aware of constipation. This is a common side effect of your pain medication and can cause many problems. Increase fiber and fluids in your diet.

Equipment for home

To assist in your recovery, a hip kit and elevated toilet seat will be provided to you prior to discharge. If you do not already have one, a hip kit includes a shoehorn, a long-handled sponge, a grabber, a sock applicator and a dressing stick. Our Occupational Therapy Department will provide detailed education on the equipment prior to your discharge.



Recognizing and preventing complications

Complication	Signs and symptoms	What do I do?	Prevention
Blood clot in your leg (deep vein thrombosis, DVT)	(Signs and symptoms are usually located in the calf of either leg) <ul style="list-style-type: none"> • Swelling • Warmth/redness • Pain 	Call your surgeon	<ul style="list-style-type: none"> • Short, frequent walks during the day • Rest with your legs elevated • Take blood thinner as ordered • Wear leg compression sleeves if ordered by your surgeon
Blood clot in your lungs (pulmonary embolism, PE)	<ul style="list-style-type: none"> • Shortness of breath • Coughing • Chest pain or chest pain with deep breaths • Rapid heartbeat 	Call 911	<ul style="list-style-type: none"> • Short, frequent walks • Rest with your legs elevated • Take blood thinner as ordered • Wear leg compression sleeves if ordered by your surgeon
Infection	<ul style="list-style-type: none"> • Temperature >101.5° (*It is common to run a low-grade temperature (<101.5°) after surgery) • Bright red color around your incision • Increased pain or swelling around your incision • Drainage from your incision site 	Call your surgeon	<ul style="list-style-type: none"> • Follow your surgeon's instructions regarding care of your dressing • Keep pets away from your incision
Constipation	<ul style="list-style-type: none"> • Having fewer than three bowel movements in one week • Straining to have a bowel movement • Stools that are hard, dry or larger than normal • Pain in the lower abdomen 	Call your surgeon or primary care physician	<ul style="list-style-type: none"> • Drink lots of fluid • Eat high-fiber foods (fruits, vegetables, whole grains) • Walk frequently • Take constipation medication as ordered by your surgeon
Hip dislocation	<ul style="list-style-type: none"> • Hearing a popping sound or feeling that the hip bone has “slipped” out • Rotation or shortening of affected leg • Intense, severe pain • Inability to bear weight or move affected leg 	Call 911	<ul style="list-style-type: none"> • Do not bend past 90 degrees • Do not cross ankles • Do not twist legs

Activity guidelines

Sitting guidelines

- 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.

Resting guidelines

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.
- 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.

Physical therapy

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	Perform	3 times a day
Complete	4 sets		

Quad set - towel under knee - isometric quads

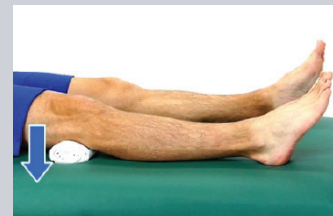
Place a small towel roll under your knee and tighten your top thigh muscle to press the back of your knee downward while pressing on the towel.

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

Gluteal set - supine

Squeeze your buttocks and hold. Repeat.

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



Physical therapy

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, unless directed otherwise.



Stair training with walker: weight bearing as tolerated

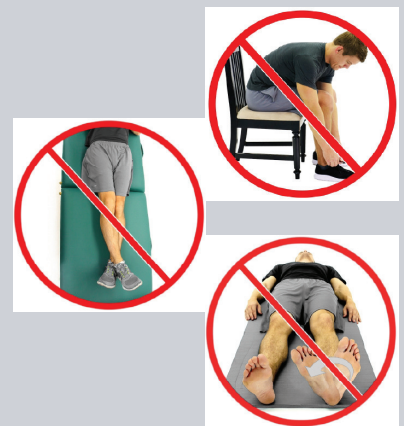
Ascending steps: Fold the walker and hold it on the opposite side of the rail. Place one end of the walker on a higher step. Step up with the unaffected foot first. Then raise your body up and move your affected leg and walker up to the next higher step. Repeat.

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.”



Safe transfers

Car transfers

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 your thighs and turn your trunk as you bring in your legs to a forward seated position.

Reverse action to exit the vehicle.



Shower chair tub transfers

Getting in the tub

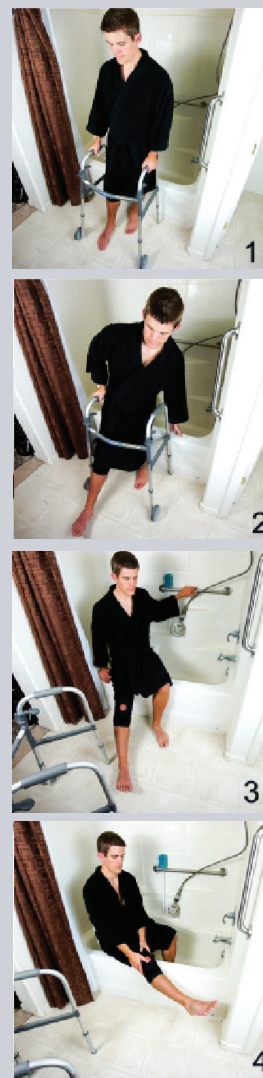
Using your assistive device (walker, cane or hemi-walker), walk to the bench so that the back of your legs touch the tub wall/shower bench. Reach back with your hand to the tub wall or shower bench and hold it as you lower yourself down to sit using your unaffected leg to do the work. As you lower to 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.



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.

How should I sleep after hip replacement surgery?

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



When can I drive?

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.

When can I resume sexual relations?

Consult your surgeon for instructions.

Can I participate in sports?

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

Additional notes

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Additional notes

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6:00 AM – 6:00 PM. Registration desk open 5:30 AM – 6:30 PM.
The concierge can direct you to destinations throughout the hospital.

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