



Beaufort Memorial
JOINT REPLACEMENT CENTER



THE JOINT CONNECTION
Hip Replacement

LIVE
Well

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WELCOME TO Beaufort Memorial

Congratulations on your decision to have hip replacement surgery.

The experts at the Beaufort Memorial Joint Replacement Center have carefully planned every step of your care. We feel that the better informed you are about your surgery, the more likely it is that you will feel less anxious, and that you will have a positive experience and an excellent outcome.

Total joint replacement requires you to be an ACTIVE team member in your recovery and rehabilitation. We will educate, support, and assist you in returning to your optimal state of health before you are discharged from the hospital. Your doctors, therapists, nurses, and YOU will determine your goals for discharge.

It is important that you COMMUNICATE with all team members. Ask questions and seek clarification if you are not sure or do not understand. Our goal is to help you understand what is involved and participate in your care.

Thank you for choosing BMH for your total joint replacement care. You have selected a joint replacement center that has several advantages:

- A Total Joint Coordinator to serve as your personal navigator
- Low complication rates
- A pre-operative education class
- Minimally invasive techniques
- A blood conservation program
- Experienced staff, specially trained to care for joint replacement patients just like you
- Outpatient therapy services to help you maximize your recovery



**Our mission is to
deliver excellent orthopedic
care to our patients, bringing you
the best medical options to restore
and/or improve your quality of life.**

UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

COMMON CAUSES OF HIP PROBLEMS

What is osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together, causing pain and discomfort.

What are the symptoms of osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache, especially after periods of activity
- Pain that develops after overuse or when joints are inactive for long periods of time

What are the causes of osteoarthritis?

There are several factors that increase a person's chances of developing osteoarthritis including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse.

What is rheumatoid arthritis?

Rheumatoid arthritis is an inflammatory form of

arthritis meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about one percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.

What are the symptoms of rheumatoid arthritis?

Symptoms of rheumatoid arthritis can include:

- Joint symptoms developing gradually over years or developing very quickly
- Stiffness and joint swelling
- Ligaments that stretch and become loose
- Decreased range of motion
- Pain
- Joint swelling

HIP REPLACEMENT SURGERY

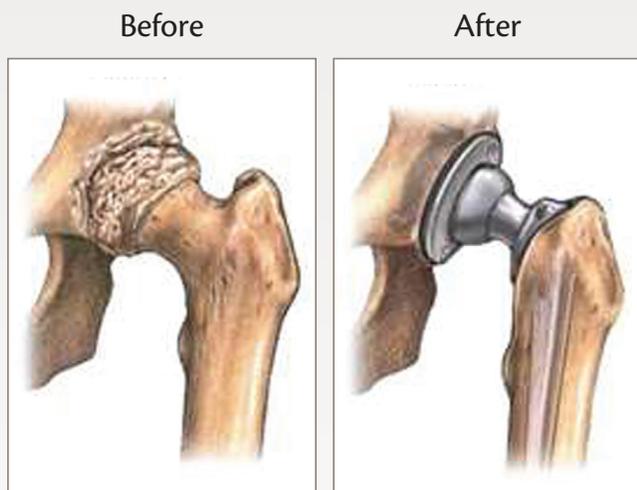
Your hip is made up of two basic parts that move and work together to ensure smooth motion and function. When arthritis affects the joint and the cartilage that cushions the hip, wears away or is destroyed, the hip joint requires replacement.

The materials used in your artificial joint are very strong and are designed to last a very long time inside your body. Your orthopedic surgeon will consider many factors like age, bone density, and the shape of your joints to determine the exact kind of hip replacement you'll receive and how it will be inserted.

Total joint replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new, artificial joint surfaces. In hip replacement your orthopedic surgeon will replace the upper part of your femur (the long bone in the thigh of your leg) with an artificial ball. The hip socket in your pelvis will be lined with metal and plastic. The new ball will glide normally in the newly lined hip socket. Your surgeon may decide to attach your new joint with or without bone cement. If your doctor decides not to use cement, a special implant will be used that allows your bone to grow into it.

UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

HIP REPLACEMENT SURGERY



THE RISKS OF HIP REPLACEMENT SURGERY

Joint replacement surgery is major surgery and although advances in technology and medical care have made the procedure very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider and your family.

Our team of experts will take every measure to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. We will do our very best to avoid the most common risks, which include:

Blood clots: Blood clots can form in a leg vein and in your lungs after hip replacement surgery and can be dangerous. Blood clots are more common in older patients, patients who are obese, have a history of blood clots, smoke, or have cancer.

Infection: Infection is very rare in healthy patients having hip replacement. Patients with chronic health conditions, like diabetes, or patients who take some forms of corticosteroids, and those who

use tobacco/nicotine, are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery.

Nerve, blood vessel, and ligament injuries:

Damage to the surrounding structures in the hip, including nerves, blood vessels and ligaments, are possible but extremely rare. More commonly there is numbness in the area of the incision which usually, but not always, resolves in 6-12 months.

Wound healing: Sometimes the surgical incision heals slowly, particularly if you take corticosteroids or have a disease that affects the immune system, such as rheumatoid arthritis or diabetes, or if you are a smoker.

Hematoma: Bleeding into the hip can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling, and is sometimes confused with infection.

Dislocation of the hip: A patient's hip may move out of place after surgery (2-3% of patients). If this occurs your surgeon will put the hip joint back in place. Some patients may be required to wear a brace for a short time after the dislocated hip is reset. In very rare cases, surgery may be required to put the hip back in the socket.

Changes in the length of your leg: After hip replacement, slight changes in the length of your leg may occur. The change is typically very small (less than 3/8") and is usually not noticeable to patients.

Loosening of the joint: Over the long term, loosening of the artificial ball and socket is the most common risk associated with total hip replacement. Loosening may occur with trauma, wear and tear, or changes related to osteoporosis.

UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

Continued

WHAT RESULTS ARE TYPICAL?

You can expect a successful outcome from your hip replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis. Long-term studies show that 85-90% of artificial joints are intact and functional after 20 years. Your artificial joint will last longer if you maintain your ideal weight and if you avoid high-impact activities.

YOU CAN ALSO HELP REDUCE YOUR RISKS OF MANY OF THESE COMPLICATIONS BY:

- Reducing or eliminating the use of tobacco and alcohol
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand washing techniques
- Performing your exercises or walking program as directed by physical therapy
- Limiting high-impact activities as directed by your surgeon

PREPARING FOR YOUR JOINT REPLACEMENT SURGERY

Your Joint Replacement Center (JRC) experience begins long before your actual surgery. These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and a healthier lifestyle.

To make sure you and your First Mate are prepared for your joint replacement surgery, it is important that you carefully and thoroughly review this Joint Connection Patient Education Book and practice your exercises before surgery. The information will help you better understand your diagnosis, the joint replacement process, and what to expect every step of the way as you prepare for your JRC experience.

Please call us at 843-522-7435 if you have any questions or concerns regarding this information.

HELP FROM YOUR FIRST MATE (COACH) –

Recovering from knee replacement is a team effort. Your First Mate's (family member or friend) support, encouragement and companionship can make all the difference, not just in the hospital, but also throughout the weeks before and after your surgery. We strongly recommend that you bring your First Mate with you to your preoperative education class. This person should be someone who is willing to support you every step of the way and who can participate fully in activities before surgery and during your recovery.

PREPARING FOR YOUR JOINT REPLACEMENT SURGERY

PRACTICING YOUR EXERCISES

During your preoperative class, you'll learn exercises to do before surgery designed by our therapists in the JRC. After surgery you will learn the post-operative exercises. All of these exercises are listed in the appendix of this book. Continuing your walking program and performing exercises as instructed are important factors in recovery and long term success of your new joint. Keep in mind that the exercises are designed to strengthen muscles around the hip and improve mobility. The exercises and walking are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve overtime.

If you experience severe pain with any exercise, you should stop immediately.

MEDICATIONS YOU MAY TAKE PRIOR TO SURGERY

– You may take your prescription medications as directed by your JRC surgeon. These may include over the counter medications such as Tylenol®, Claritin® and Benadryl®. During your pre-admission testing appointment, a nurse will review which medications you should take the morning of surgery. Take the designated medications with small sips of water.

MEDICATIONS YOU MAY NEED TO STOP TAKING PRIOR TO SURGERY

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding after surgery. If you take the following medications you must stop taking them prior to your surgery:

- **Two weeks prior:** Prescription diet medications, Methotrexate™ and other rheumatoid arthritis medications.

The American Society of Anesthesiology has recommended you stop the following supplements: Ginkgo Biloba, Garlic or Garlique, Ginseng, Glucosamine, Green Tea (capsule form), Kava, Echinacea, St John's Wort, Valerian, Vitamins A, D, and E and Fish Oil.

- **Seven days prior:** Blood thinners, anticoagulants, and antiplatelet agents (such as Coumadin®, Plavix®, Effient®), aspirin, compounds containing aspirin, hormone replacement therapy. Anti-inflammatory medications (such as Ibuprofen®, Motrin®, Advil®, Aleve®, Naproxyn®, Relafin® or Diclofenac®) may need to be stopped prior to surgery. You physician will advise you which medications to stop.



BLOOD CONSERVATION PROGRAM HELPS RECOVERY

Reducing your risk of needing a blood transfusion

Even though blood is safer than ever before, transfusions still carry risks. Avoiding transfusions when possible offers multiple benefits to you. Through our Blood Conservation Program, alternative treatments and methods may be used by your doctors to **reduce your chances of having to receive blood.**

Ask your doctor if you qualify for any blood conservation treatments. Let your doctor know if you have concerns about receiving a blood transfusion or if you do not wish to receive blood due to religious or personal beliefs.

BMH has a dedicated Blood Conservation Coordinator. The coordinator is an RN who has specialized training in blood conservation techniques. If you have any questions about blood transfusions and how to avoid them, contact the Blood Conservation Coordinator at 843-522-5293.

REDUCING RISK OF INFECTION

Your overall health is important when you are having a planned surgery. Here are some things you can do to help decrease your risk of developing a surgical site infection.

- Avoid shaving near the surgical area for 48 hours prior to surgery. This may contribute to microscopic cuts in the skin that allow bacteria to enter.
- Make sure you eat nutritiously.
- Control your blood sugar. Research has shown better outcomes with better controlled blood sugars.
- Shower with antiseptic soap as instructed.
- Stop tobacco use at least 30 days prior to surgery.

While the risk of infection following joint replacement surgery is relatively low, it is important to take the possibility seriously.

- If possible, lose those extra pounds but don't sacrifice nutritional balance.
- Tell your surgeon if you have any other infections (i.e., colds/skin infections/tooth abscess).
- Dental care: You must call the surgeon's office if any dental problems arise prior to your scheduled surgery. Dental work should be completed at least three weeks prior to your surgery and avoided three months after surgery, if possible.
- Clean hands: Hand hygiene is very important for you and your caregivers. Please wash frequently or use the alcohol-based sanitizer products.

Notify your orthopedic surgeon if:

- You have increased hip or knee pain at rest or when active.
- You undergo a procedure or have a condition through which bacteria might spread into your bloodstream.
- You have a persistent fever above 101 degrees for two days.



SHOWER PREP INSTRUCTIONS

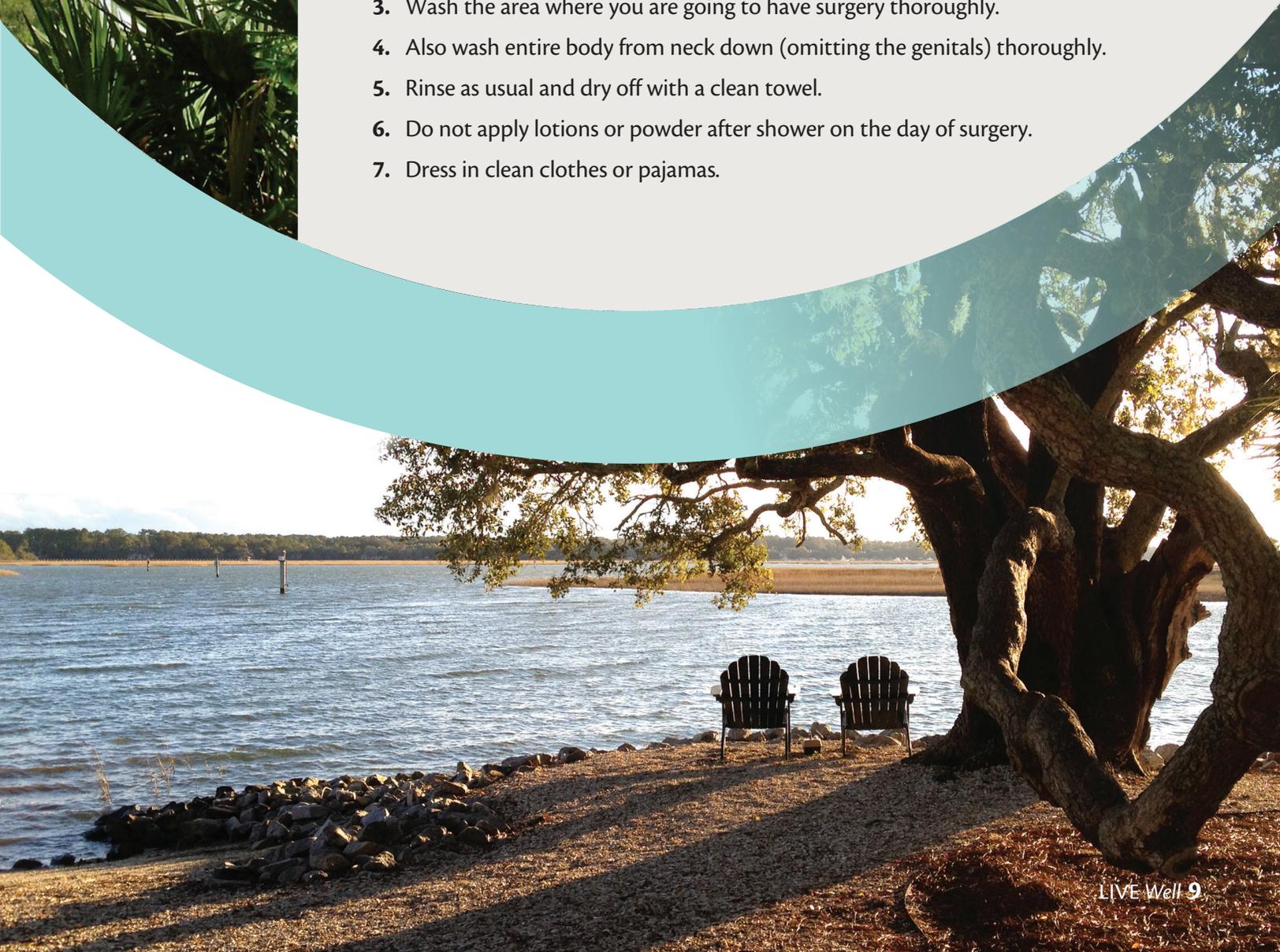
Your surgeon recommends Chlorhexidine Gluconate (Hibiclens) soap to reduce the amount of germs on your skin prior to surgery to decrease your chances of infection. It will be given to you at your pre-op appointment. You may also purchase it at local drug stores.

Take a shower using Chlorhexidine Gluconate (Hibiclens) each day for five days, including the morning of surgery.

On the day you start your Hibiclens shower, make your bed with clean sheets. Do not sleep with pets during this time or after your surgery until your incision has healed.

Directions:

1. Wash all areas as normal, using your regular soap – then rinse.
2. Use the Chlorhexidine Gluconate (Hibiclens) on a clean washcloth.
3. Wash the area where you are going to have surgery thoroughly.
4. Also wash entire body from neck down (omitting the genitals) thoroughly.
5. Rinse as usual and dry off with a clean towel.
6. Do not apply lotions or powder after shower on the day of surgery.
7. Dress in clean clothes or pajamas.



HOME SAFETY PREPARATIONS

There are a number of tips that you and your family can implement to help make your home safe and comfortable for your return home:

- Check your home for tripping hazards like throw rugs and cords. Area rugs should be picked up, removed, tacked down or secured with a non-skid pad. All electrical cords should be tucked out of the way.
- Have nightlights installed in the bathrooms, bedrooms and hallways.
- Make sure stairs have handrails that are securely fastened to the wall.
- Arrange furniture so that it doesn't block walking areas.
- Check the bed and chairs that you will spend most of your time in when you return home. The seat height should not allow your hips to be below your knees; if your chairs or bed are much higher or lower, consider adjusting the height.
- Chairs with wheels should not be used under any circumstance. Arrange your "nest," or where you will spend most of your time, with conveniences (i.e., music, TV, lap desk, water pitcher, pillows, etc.).
- Determine what items from dressers, cabinets and shelves you will need immediately after returning home. Any items that are currently stored either high or low and require excessive bending or reaching should be moved to counter height. This includes items in bathrooms and kitchens.
- Have non-slip bath strips or rubber mats in the tub or shower. Replace bar soap with easier to hold liquid soap or soap on a rope.
- If you have pets of any kind, you may want to consider boarding or finding a caretaker for them for a few days after your return.
- A cordless phone or cell phone should be available. It should be tucked in a pocket and carried with you for easy use. Emergency numbers need to be close to the phone and easy to access.
- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can also purchase individual serving-size meals for times when you are alone. The goal is to plan ahead.
- Attend to any outdoor work, like gardening or cutting the grass, prior to your surgery.
- Wash any laundry that you may have. Have loose-fitting, comfortable, wash-and-wear clothing for your first days at home.
- Clean your home prior to surgery. Put clean linens on your bed.
- Plan to have a support person stay with you at home until you are able to perform activities of daily living independently and safely. Typically, this occurs in the first few days after you return home.

Remember DO NOT shave the surgical limb prior to surgery. Women, please do not shave your legs for 48 hours prior to surgery day. DO SHOWER. You will be given an anti-bacterial soap and specific showering instructions prior to surgery.

WHAT TO BRING TO THE HOSPITAL

- Bring this book to the hospital for reference.
- Bring all the medications you take in the original bottles-prescriptions, over the counter, and herbal supplements except controlled substances (like narcotic pain medication or sleeping pills). Just write those down on a list with the dosages and include it in your medication bag.
- Personal toiletries (electric razor if you want to shave).
- Footwear that you can easily slip into or has Velcro fasteners and is close-toed. It may be difficult for you to bend and tie your shoes, and you may have some swelling in your ankles that will make your footwear tight at first.
- Comfortable, loose-fitting clothing like pajamas or gym clothes. You will need at least two changes of clothing to wear for group therapy. Think comfort and modesty.
- Eye glasses, contact lenses, and dentures **in their cases, marked with your name.**
- If you have bladder issues, you may want to bring Depends® or pads.
- If you would like, you may bring your cell phone, computer, or tablet. However, make sure it is secure while you are here. WiFi is available throughout the hospital; the network is “Beaufort.”
- BiPAP or CPAP machine and mask if you sleep with one at home.
- ID and insurance cards.

DO NOT BRING

- Large amounts of money.
- Jewelry.
- Valuables of any type – If you do bring valuables, they must be secured in the hospital safe.

YOUR ITINERARY: COUNTDOWN TO SURGERY

4 WEEKS BEFORE SURGERY

- Attend pre-operative education class.
- Begin your exercise program.
- Stop smoking tobacco/nicotine products.

2 WEEKS BEFORE SURGERY

- Start making home preparations.
- Stop taking prescription diet medications, herbal supplements as stated previously, Methotrexate and other rheumatoid arthritis medications. THESE ARE EXAMPLES ONLY. Please discuss all your current medications and supplements with your surgeon and/or nurse liaison and follow their directions.

7-10 DAYS BEFORE SURGERY

- Stop taking NSAIDS, aspirin, and blood thinners as directed by your physician.
- Reduce alcohol consumption.

4 DAYS BEFORE SURGERY

- Change bed linens
- Stop sleeping with pets
- Start the Hibiclens shower process

DAY BEFORE SURGERY

- Pack your bag for the JRC.
- Do not eat or drink after midnight or as instructed.

DAY OF SURGERY

- Take a shower and clean your body, focusing on the hip with the special cleanser as you were instructed.
- It's ok to brush your teeth, but do not swallow any water.
- Wear clean, comfortable clothes. Avoid wearing any fragrance, deodorant, cream, lotion or nail polish.
- Take any medications with a small sip of water as instructed during your pre-operative testing. Report to the check-in area on time.



ARRIVING AT THE HOSPITAL

Beaufort Memorial Hospital and its campuses are tobacco-free. This is for your health and the health of those around you.

Your First Mate is welcome to stay with you at all times, except surgery and recovery. One person is allowed to stay overnight. A recliner is provided for sleeping.

The day of your surgery will be a busy one. Several hours will pass between the time you check in at the hospital and the time that your surgery is completed.



- It is important that you arrive at the hospital at the designated time. This will give you plenty of time to check-in and prepare for surgery. In most cases, you will be told to arrive several hours prior to your scheduled surgery start time. You will check-in at the desk in the surgical lobby, entrance four (see campus map in the back of this book). The nurse will help you prepare for surgery. Once you are taken to the operating room area, your family member can wait for updates in the surgical lobby or leave a phone number so we can contact them.
- A “tracking number” will be assigned to you and instructions will be given on the use of the tracking board. This enables your family/friends to “track” you throughout your surgical process.



CHECKING IN TO THE JOINT REPLACEMENT CENTER (JRC)

A nurse will review your planned procedure and allergies with you, along with additional information.

- You will be placed on several monitors – a blood pressure cuff on your arm, oxygen-sensing device on your finger (similar to a clothespin), as well as three sticky circles on your chest for the heart monitor. Your temperature and breathing rate will be monitored. These are known as your vital signs. Your vital signs will be monitored continuously until you are discharged to your hospital room post-operatively.
- All pre-operative orders given by your surgeon will be completed. These may include:
 - An intravenous line (IV) started for administration of fluids and medications during and after your surgery.
 - Hair removal by appropriate means, as needed.
 - Application of special compression wraps called Sequential Compression Devices (SCDs) to aid the circulation in your legs and feet, which helps reduce the risk of blood clots.
- Additional procedures and/or treatments will be completed based on your individual needs. Your surgeon will mark and verify the operative site in the peri-operative area.
- When the surgical room and your surgeon are both ready, you will be taken to the operating room and moved to the operating table.

ANESTHESIA SERVICES

General Information

- While you are in the peri-operative area, your anesthesia care provider will examine you, discuss your medical history and determine the best plan for your anesthesia care.
- It is important that you tell your anesthesia care provider of any prior problems or difficulties you have had with anesthesia.
- Some joint replacement surgeries use general anesthesia, while most utilize regional anesthesia such as a spinal block.
- Your anesthesia care provider will discuss the risks and benefits associated with the various anesthesia options, as well as the potential side effects that can occur with each.

THE OPERATING ROOM

You will be transported to the O.R. on a stretcher. The staff will help you slide onto the operating table. You will then receive a spinal block or general anesthesia by the anesthesia staff. Your hip also will be cleansed and prepared with a colored surgical scrub.

- The anesthesiologist or nurse anesthetist will continue to monitor your vital signs and care for you during your procedure. A registered nurse assigned to your case also will assist in your care throughout surgery.
- While you are in surgery, family/friends may wait in the Surgery Center lobby.
- When surgery is complete, you will be transported to the Post-Anesthesia Care Unit (PACU) by your surgical nurse and a member of your anesthesia care team. Your surgeon will contact your family to discuss your procedure.

In PACU you will receive constant care from a specially trained registered nurse knowledgeable in post-anesthesia care. The PACU may seem bright and busy. You will hear monitors beeping and may see other patients. Your nurse will be close by your bedside and will ask you frequently to move your legs and feet, cough and take deep breaths. He or she will perform frequent checks of your surgical site and pain management.

WHAT TO EXPECT AFTER SURGERY

AFTER YOUR SURGERY – After your stay in the PACU, you will be transported to your room in your own hospital bed. Your nurse and his/her team will provide your care. Communication with your health care team will provide the best outcome possible. Do not be afraid to ask them for assistance.

Your nurse will closely monitor you for the first several hours. The nursing team will monitor and observe the following:

- Vital signs hourly at first, then as needed.
- Your bandage will be checked frequently for excessive bleeding. Some bleeding is expected and completely normal. You may have a drain in place to assist in decreasing fluid accumulation at your surgical site.
- Cough and Deep Breathing (C&DB) – You will be encouraged to C&DB every hour while you are awake. This helps prevent fluid from accumulating in your lungs and reduces the risk of pneumonia.
- Incentive Spirometer instruction, a breathing exercise tool, will be given. You will be asked to do this frequently throughout your hospital stay.

Pain management – Your surgeon and JRC team will work with you to make sure you are as comfortable as possible, keeping your pain under control.

Diet – You will start with ice chips and liquids, then eat lightly on the evening after your surgery. Your diet will be progressed as you can tolerate. If you experience nausea, ask your nurse for medication that can help.

Medications – Your nurse will make sure you receive your home medications as ordered by your doctor and you will be started on a blood thinner to help prevent blood clots.

Activity – Physical Therapy or your nursing staff will be assisting you to get out of bed, take a few steps, and sit in the chair for a short period. Keeping the head of the bed up, doing your exercises including ankle pumps, and using your Incentive Spirometer are all important to your recovery.



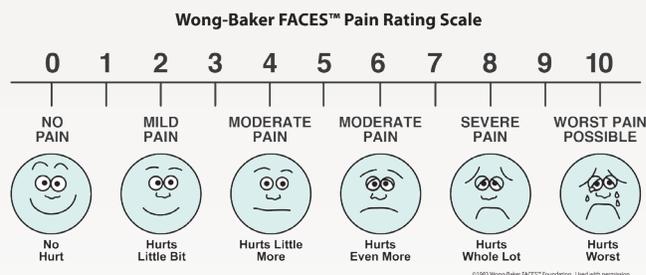
WHAT TO EXPECT AFTER SURGERY

Continued

MANAGING YOUR PAIN

- Each of us feels and reacts to pain in different ways. How you feel can depend on experiences you have had in the past, anxiety, stress and other factors.
- Make sure to tell your healthcare team if you are allergic to any pain medicine, if you have had pain medicine that did not work well in the past, or if you have had side-effects to pain medicine such as itching, vomiting, blurred vision, or confusion.
- It is our goal to minimize and control your pain as much as possible. We may not be able to make you pain-free immediately after surgery, but we will make the pain as tolerable as possible.
- Staff will often ask about your pain, where it hurts and what type of pain you are having. The following pain scale will help your caregivers understand how you are feeling.

PAIN RATING SCALE – You are the only one who knows how much pain you feel. Be honest with your caregivers. Always let them know if your pain suddenly changes. Medication is our primary defense against pain, but there are additional methods to relieve pain including repositioning, cold therapy and relaxation techniques. Using these techniques alone or with medication will improve the effects of the medication. When you leave the hospital, your doctor will provide a prescription for pain medicine. Do not be afraid to take pain medicine when you need it, following the directions provided.



PREVENTING NAUSEA AND VOMITING

– Nausea can be a result of surgery, pain medications or both. Let your nurse know when you feel nauseated so that he/she can administer medication to help, if needed. Tell your nurse if there are other methods that you have used in the past to relieve nausea. Often taking pain medication with a meal or snack may help to decrease nausea. Also, be aware of possible constipation issues. This is a common side effect of pain medications and can contribute to nausea. Have an over the counter laxative available at home if needed.



YOUR RECOVERY SCHEDULE

FOLLOWING YOUR SURGERY – Your surgeon will request that you begin activity and therapy on the day of your surgery. This may be simply sitting at the edge of the bed, getting into a chair, or doing a little walking. Although each patient is different, here are things you can expect on the day of surgery:

- The nurses will closely monitor you to make sure you can urinate. During this time you will need to drink plenty of fluids and save all urine so the staff can record the amount.
 - The IV that was placed pre-operatively will be left in place to provide you with fluids, pain medications, antibiotics and other medications, as necessary. It will be removed when you no longer need it.
 - You will wear foot or leg pumps (SCDs) which are used to reduce the risk of blood clots. For the pumps to be most effective, they must be worn while in bed or while resting in your recliner. Ask for assistance before getting out of bed, to remove the devices and prevent tangling and falling.
 - Oxygen is sometimes used after surgery, delivered to you through a tube in your nose.
- Your health care team will continue to observe and monitor you after your surgery. They will assist you with activities as needed, including getting up and walking around. Please ask for assistance at all times, as your safety is our primary concern.
 - It is vital to your recovery that you fully participate in all your therapy treatments. Physical therapy will continue with your plan of care and help you regain your independence. We will be teaching you what you need to know to be safe when you go home. Here are activities we will be helping you with in the hospital:
 - Learning to walk with your new hip
 - Learning to get in and out of bed and chairs, on and off the toilet, and in and out of the shower
 - Learning to get in and out of the car
 - Circulation exercises
 - Strengthening exercises
 - Reviewing precautions and safety concerns



YOUR RECOVERY SCHEDULE

Continued

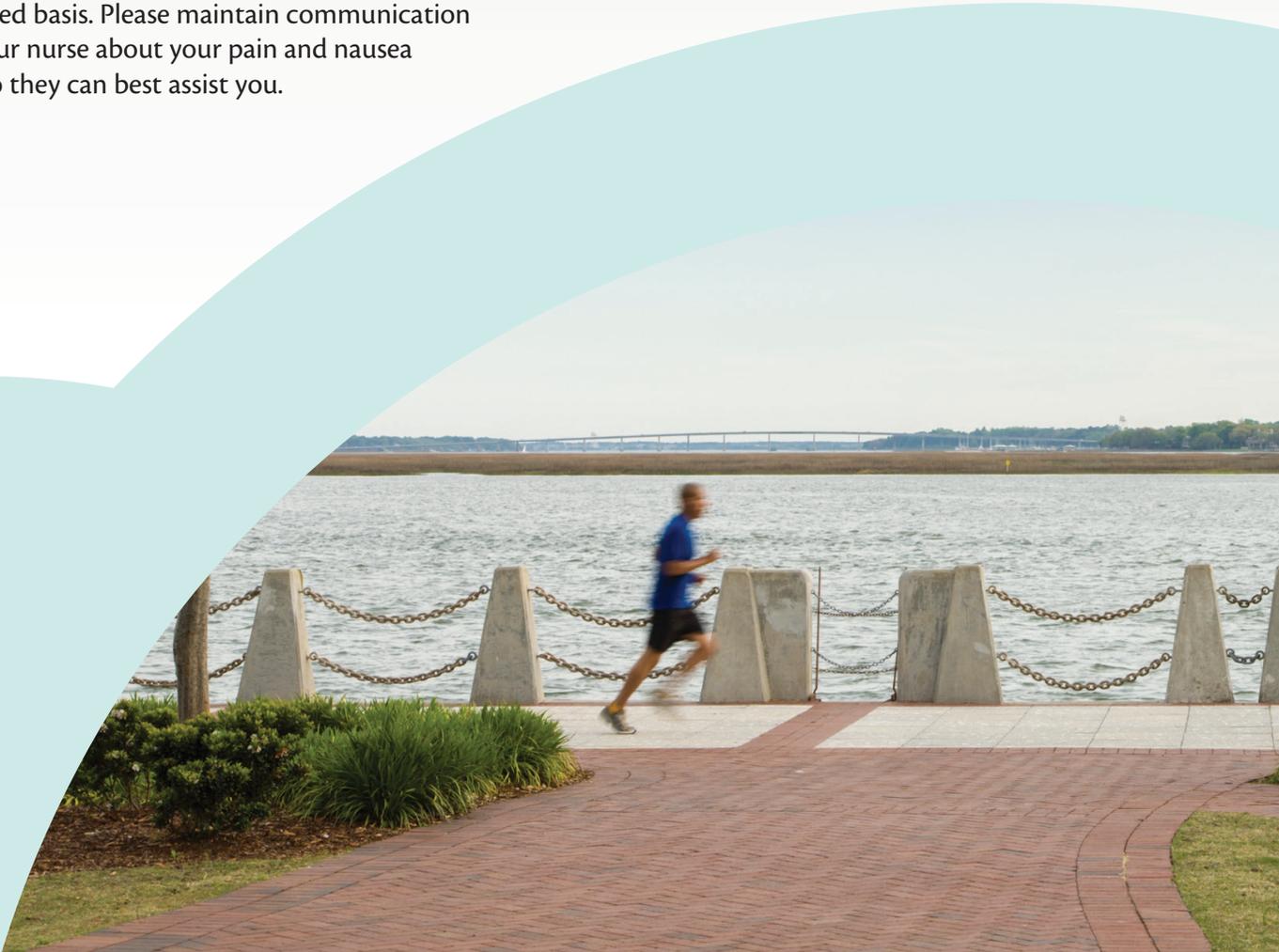
- Occupational Therapy (OT) staff will assist you in independence with activities of daily living (ADLs). The OT will evaluate your ability to perform your ADLs, recommend any special equipment you may need, and begin instruction on using special techniques and equipment for completing self-care, including: bathing, dressing, and toileting without risking damage to your new joint.

Some equipment you may learn to use:

- Long-handled sponge
 - Long-handled shoe horn
 - Reacher
 - Sock Aide
 - Shower chair/bench with hand-held shower
 - Bedside commode or raised toilet seat
 - Walker or cane
- Your care coordinator will visit to discuss discharge planning for any home needs.
 - Pain and nausea medication are available on an as-needed basis. Please maintain communication with your nurse about your pain and nausea levels so they can best assist you.

Your goals for your independent and safe discharge from BMH JRC are as follows:

- Understand all precautions and safety concerns.
- Understand and be able to do your home exercise program.
- Get up and down from a chair or toilet safely.
- Walk on a level surface using a walker.
- Do self-care tasks using adaptive equipment if needed such as: bathing, dressing, grooming and hygiene.
- Walk up and down steps, using banister or assistive device if you have them at home.
- You will go home when you have met your goals.



PREPARING TO RETURN HOME

Care Coordination Services

The care coordinators can help you with any discharge needs you may have, such as physical therapy or equipment needs. They can also give you information about community resources.

Things you can do prior to surgery to assist with your discharge plan:

- Talk to your family and support system about how they are able to help at home upon discharge. We ask you to choose a caregiver or “First Mate” to support you during your recovery from joint replacement surgery. Please talk to your surgeon prior to your hospital stay about concerns you have about going home.
- We will make every effort to have everything ready for your planned discharge. We recommend you obtain a front wheeled walker, bedside commode, and/or shower seat (if needed) prior to the surgery. You can order them online, purchase them at a medical supply store or

pharmacy, shop thrift store, or borrow from a friend or family member. Our goal is for you to be ready to leave our JRC when your goals are met. Having your equipment early ensures you have what is needed for a safe discharge home. First Mates should plan to be here throughout the surgical day and by 9 am to attend PT and receive nursing education.

- If possible, try to ride in a high-seated vehicle, such as an SUV or car with spacious passenger seating.

Care coordinators are available on the JRC and one will visit with you after surgery. If you or your family would like to speak to them sooner, please alert your nurse and she will contact them.

Continued therapy is key to your recovery. You will be working with your surgeon and a team of professionals who will care for you during your hospital stay. When you have met your therapy goals, you will be discharged from the hospital to home with continued therapy as an outpatient or with home health.

HOME HEALTH – Your care coordinator will work with you to arrange home care services if ordered by your doctor. She will also tell you if your insurance has preferred providers of these services. Once you make your choice, your coordinator will forward your orders to that agency.



PREPARING TO RETURN HOME

Care Coordination Services

OUTPATIENT THERAPY – Your doctor will want you to continue your therapy for a while after you leave the hospital. Beaufort Memorial offers three convenient locations for outpatient therapy following joint replacement. Ask your care coordinator to assist you in making your first post-discharge appointment.

IN BEAUFORT:

Orthopedic Specialty Clinic

1251-C Ribaut Rd.

843-522-5850

**Beaufort Memorial Medical and
Administrative Center
Outpatient Rehabilitation Services**

990 Ribaut Road

843-522-5960

IN BLUFFTON:

Bluffton Medical Services

11 Arley Way, Suite 201

843-706-8841

Discharge Checklist

for the for the Patient and First Mate

- How do I manage my blood thinner?
- How do I use my pain medication?
- How do I change my dressing? And how often?
- What are the signs and symptoms of infection?
- What are my “Do’s and Don’ts”?
- Do I use ice or heat for my pain and swelling?
- Do I have all necessary equipment?
- What is my therapy plan after discharge?
- Do I know my exercises and have my home exercise program?
- What will I need help with at home?
- What questions do I have that have not been addressed?
- When would I need to call my doctor?
 - Signs/Symptoms of an infection
 - Signs/Symptoms of a blood clot
 - New onset of surgical joint area pain

YOUR CONTINUED RECOVERY

PREVENTING BLOOD CLOTS/ PULMONARY EMBOLI (VTE/PE)

After joint replacement surgery, you are at increased risk of developing a blood clot. There are many ways to decrease this risk, including: being as mobile as possible, as early as possible; wearing sequential compression devices (SCDs) on your feet while in bed; using an anticoagulant (blood thinner) after your surgery; and, performing exercises as instructed by your therapist.

What is an Anticoagulant/Blood Thinner?

An anticoagulant (blood thinner) is used to help prevent and treat blood clots. It is normal for the body to form blood clots to stop bleeding. However, if a blood clot develops inside a vein, it can block the normal flow of blood and cause problems, such as a DVT in the leg or arm. If a DVT travels from the legs or arms and goes to the lungs, it is known as a PE (pulmonary embolism).

Your physician will prescribe a blood thinner. Medication should be taken at the same time each day. (You may be on a blood thinner for four weeks or longer.)

While on a blood thinner, there are precautions you should know. Because your blood will take longer than normal to clot, you will need to watch for bleeding. Here is a list of what to look for every day:

- Bleeding from your nose
- Bleeding from your gums when brushing your teeth
- Excessive bruising
- Small bleeds under the skin which may look like red freckles
- Coughing or spitting up blood
- Bleeding for more than 10-15 minutes from new cuts and scrapes
- Oozing from old cuts or scrapes
- Blood in your urine
- Blood when you have a bowel movement (this may look like red streaks in your stool or may look like black stool.)

Call your doctor's office to report any of these signs or go to the Emergency Room if you cannot make the bleeding stop.

While taking your anticoagulant, here are other ways you can reduce the risk of developing blood clots or bleeding:

- Be sure to reduce your risk of falling. Review the "Safety in the Home" section of this book.
- When sitting down for a prolonged period of time, recline and rest with your feet elevated and avoid crossing your legs.
- Do not smoke.
- Do not have more than one alcoholic drink per day, as too much alcohol can interfere with how the medication works in your body.
- Take extra precautions outdoors and on wet surfaces.



YOUR CONTINUED RECOVERY

Continued

ALSO:

- Avoid using power tools, i.e. lawnmower, drills.
- Wear gloves while gardening.
- Tell all your doctors and dentists that you are taking an anticoagulant and are on bleeding precautions.
- Keep ALL of your doctor appointments.
- Do NOT use a straight razor. Instead, use an ELECTRIC razor to decrease the risk of nicks or cuts.
- Do NOT use bath oils or trim corns or calluses. Use caution when nail-clipping.
- Do NOT go barefoot. Wear shoes or slippers, especially when outside.
- Do NOT take any new medications (prescription or over-the-counter) without checking with your doctor first. Many prescription and over-the-counter medications interact with blood thinners such as:
 - Aspirin, aspirin-containing preparations
 - Ibuprofen (Motrin, Advil)
 - Naproxen (Aleve, Orudis KT)
 - Cimetidine (Tagamet)
 - Chondroitin
 - Ranitidine (Zantac)
 - Coenzyme Q10
 - Pepto-Bismol

Herbal supplements may also interact with anticoagulants, including: fish oil capsules, Vitamins E and K, Gingko Biloba, Bilberry, Ginseng, Devil's Claw, Dong Quai, green tea (limit to 2-3 cups per day), herbal teas with tonka beans, melilot (sweet clover), or sweet woodruff (papain), garlic and ginger (in larger amounts – not the amount to season foods), Chinese herbal medicines (like danshen and methyl salicylate oil), Vitamins A, E, and possibly C. The amounts in a multivitamin supplement are not a problem, but if you wish to take larger amounts, let your doctor know.



AT HOME CARE

Incision Care

- Keep incision clean and dry to help prevent infection.
- If your dressing is not waterproof, cover with plastic wrap before showering.
- Check the incision for any sign of infection (redness around the incision, foul smelling or pus-like drainage, or if you experience fever/chills)
- Change your dressing as instructed by your physician.
- Gauze bandages and tape are available at a drugstore.

Prevention of Blood Clots (DVT/PE)

- Foot and ankle pump exercises
- Walking
- Blood thinners such as Eliquis or Aspirin, as prescribed by your surgeon

Signs of Blood Clots in Legs

- Swelling in the thigh, calf, or ankle that does not go down with elevation
- Unusual pain in the leg
- Pain, heat, and tenderness in calf, back of knee, or groin area

NOTE: Blood clots can form in either leg.

Please call your physician if you experience any of these symptoms.

Signs of Pulmonary Embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Coughing up blood

Dial 911 if you experience any of these symptoms.

Control Discomfort

Take your pain medication as prescribed, and always at least 30 minutes before physical therapy. Use ice and elevation above the heart therapy for comfort and to decrease swelling, especially after physical activity.

Appetite Changes

Your appetite may not be normal. Drink plenty of fluids so that you do not become dehydrated. Your appetite will return to normal gradually.

Sleep and Rest

You may have trouble sleeping at first. Try not to sleep or nap too much during the day. You will return to your usual sleep pattern.

Other Changes

Pain medicine contains an ingredient that can constipate you. You may use an over-the-counter laxative or stool softener. Drinking lots of fluid and walking will also help to decrease constipation.



LIFE AFTER YOUR JOINT REPLACEMENT



How long will I be in the hospital? Generally, patients who have had hip replacements stay one-two nights in the Hospital.

Will I need more therapy after I leave the hospital? Yes, most patients need some continued physical therapy. The duration and type of therapy is determined by your performance and your doctor's plan of care. A general rule is approximately four weeks.

What can I do to prepare my home and my body for surgery? Refer to the home safety checklist in this book. We have also provided exercises to begin NOW that will assist you after surgery.

Are there activities that may damage my new joint? Yes. Avoid high-impact activities like running and jumping, unless cleared by your doctor. You will have hip dislocation precautions that you will have to follow for 6-12 weeks. Refer to your surgeon for the

exact duration of these limitations. Your therapy and nursing staff will frequently remind you of these precautions during your stay. Occupational therapy may give you some special equipment to help with bathing and dressing and instruct you in how to use it to keep your hip in a safe position.

What about sleep and rest positions? You can sleep on your back or side with a pillow between your knees. To prevent blood clots and stiffness it is recommended that while awake you do not remain in the same position for longer than two hours.

When can I drive? This depends on which side you're having repaired. Left-sided repairs generally return to driving much sooner than do right. Right-sided repairs may need to wait six weeks to drive.

When can I swim, take a bath or shower? Most people can shower within 48 hours after surgery, but remember your incision needs to remain clean and dry until healed. For this reason, you need to speak to your doctor before resuming these activities. No soaking in water until your incision is fully healed. This may be longer than a month.

When can I resume sexual activity? This is dependent upon following your precautions and should be discussed with your physician.

Can I ever have an MRI after joint replacement surgery? Yes, but always remind the technician and all your doctors of your joint replacement.

Will I set off an airport metal detector? Maybe, and you will then need to be checked with a hand wand. Identity cards are no longer allowed, since they are so easy to reproduce. Allow extra time for this when you travel.

What about precautions when seeing the dentist or having minor surgical procedures? Your dentist or health care provider may wish to order preventive antibiotics when you have any dental work. Always let health care professionals know that you have had a joint replacement.

HELPFUL PHONE NUMBERS

Beaufort Memorial Hospital

(843) 522-5200 or TOLL FREE: (877) 532-6472

TO YOUR ROOM:

(843) 522-5xxx – your room number

WEB ADDRESS: www.bmhsc.org

ADDRESS: 955 Ribaut Road, Beaufort, SC 29902.

Please ask that cards and flowers have your name and room number on them.

Total Joint Coordinator

Andrea Sadler, PT • (843) 522-7435
asadler@bmhsc.org

Surgical Liaison

PRE-OPERATIVE QUESTIONS:

(843) 522-5954 or (843) 522-5118

(843) 522-5654

Blood Conservation Coordinator

Mary Ann Taylor, RN • (843) 522-5293
mtaylor2@bmhsc.org

For more information about the Blood Conservation Program at BMH, visit our website. Look under Services, then, Blood Conservation Program.

Care Coordination Director

Carrie Confare • (843) 522-5052
cconfare@bmhsc.org

BMH Outpatient Physical Therapy

BEAUFORT MEDICAL PLAZA:

(843) 522-5593

ORTHOPEDIC SPECIALTY CLINIC:

(843) 522-5850 • 1251-B Ribaut Road

BMH Bluffton Medical Services

MAIN DESK: (843) 706-8660

BLUFFTON REHAB SERVICES:

(843) 706-8841 • 11 Arley Way, Suite 201

JRC Nurses Station (24 hours)

843-522-5488

Beaufort Memorial Orthopaedic Specialists

Dr. H. Kevin Jones – 843-524-3015

Dr. Ned Blocker – 843-522-7100

Dr. Vandit Sardana – 843-524-3015

Dr. Leland Stoddard – 843-522-7100

Beaufort Orthopaedic Sports & Spine Center

Dr. Ralph Salzer

Dr. Carson Sanders

BEAUFORT 843-525-0045

HILTON HEAD 843-681-2363

To find out more details about anesthesia, please review Lowcountry Anesthesia's website at www.lcanesthesia.com.

HOME EXERCISE PROGRAM

Heel Slide

Slide the heel along the surface towards your buttocks while bending your knee. Try to take your knee through the entire range of motion. **Repeat 10 times, 2 sets.**



Long Arc Quads

In a seated position with knee bent, straighten your leg as much as possible then slowly return to the bent position. **Repeat 10 times, 2 sets.**



Triceps Extension Chair push up

Sit in a chair with hands on the armrests. Push yourself up from the chair by straightening your elbows. Slowly lower yourself back to the chair by bending your elbows. **Repeat 10 times, 2 sets.**



Sit to Stands with butt squeeze

Start by scooting to the front edge of the chair. Lean forward with caution to avoid bending more than 90 degrees at the hip following surgery. Rise to standing using your arms for support. When standing fully, squeeze the buttocks pushing the hips forward. To make this exercise harder, try without using your hands to push up. **Repeat 10 times, 2 sets.**



Heel-Toe Raises

While standing and holding to a counter or chair back for support, rock back on your heels raising your forefoot and toes then rock onto the toes and balls of the feet lifting your heels. **Repeat 10 times, 2 sets.**



Weight Shifts

While in a standing position using a counter or chair back for support if needed, place one foot forward and one back in a staggered stance. Next, slowly shift your body weight to the front foot then towards the back foot. **Repeat 10 times, 2 sets.**



Ankle Pumps

Move your foot up and down through the entire ankle range of motion like you are working a gas pedal.



Quad Sets

Tighten the muscle on the front of the thigh and press the back of the knee down into the surface. *Hold for 3-5 seconds, then relax.*



Glute Sets

Glute sets – Squeeze your butt cheeks together and hold for 3-5 seconds, then relax. *Repeat 10 times, 2 sets.*



TOTAL HIP PRECAUTIONS

No hip flexion greater than 90 degrees. Do not bend more than "L" or 90 degrees during any activity. Do not bend forward in sitting.



No crossing/adduction. Do not cross midline or the imaginary line that runs down from your nose to belly button and down.



No Internal Rotation or turning toes inward. Do not rotate your surgical leg inward. Keep the kneecap straight in all positions.



SPECIAL REHABILITATION CONSIDERATIONS

after Joint Replacement

It may be necessary for you to follow some of the limitations listed below while you are recovering. Your specific precautions will be determined by your doctor based on your individual situation. Generally these precautions are followed for 6-12 weeks as instructed by your surgeon to allow time for the joint capsule to heal and muscles to strengthen.

Remember your HIP PRECAUTIONS.

- Do not bend more than “L” or 90 degrees during any activity.
 - Do not cross midline (the imaginary line that runs from your nose down your belly button and on) with your operative leg.
 - Do not rotate your toes or knee inward on your operative leg.
 - While sitting, do not bend forward or lift your knee higher than your operative hip.
 - Maintain less than 90-degree angle while taking your pants, shoes, and socks on and off. You may use your reacher to get to your feet for self-care tasks.
 - Do not cross your legs.
 - Toes and kneecap should point toward ceiling when in bed and straight ahead when standing.
- If you sleep on your back, place a pillow between your legs to keep them in best position to prevent hip dislocation.
 - You may sleep on your operative side without pillows.
 - If you tend to sleep on your non-operative side, you must work hard to keep your legs separated (avoid crossing midline) by placing two pillows between your legs to assure good hip position. Use caution, as this is not easy to maintain.
 - When preparing to sit or return to standing, always place operative leg out in front in a “ballerina toe” position. This will prevent excessive pressure in hip and avoid over-bending (past 90 degrees or “L” shape). Studies show a hip receives more pressure during a sit and stand transfer than actual walking.
 - The riskiest stand-to-sit-to-stand transfer is getting in and out of a car. Until you are well healed, this transfer deserves extra time and caution to avoid dislocation of your new hip.

SPECIAL REHABILITATION CONSIDERATIONS

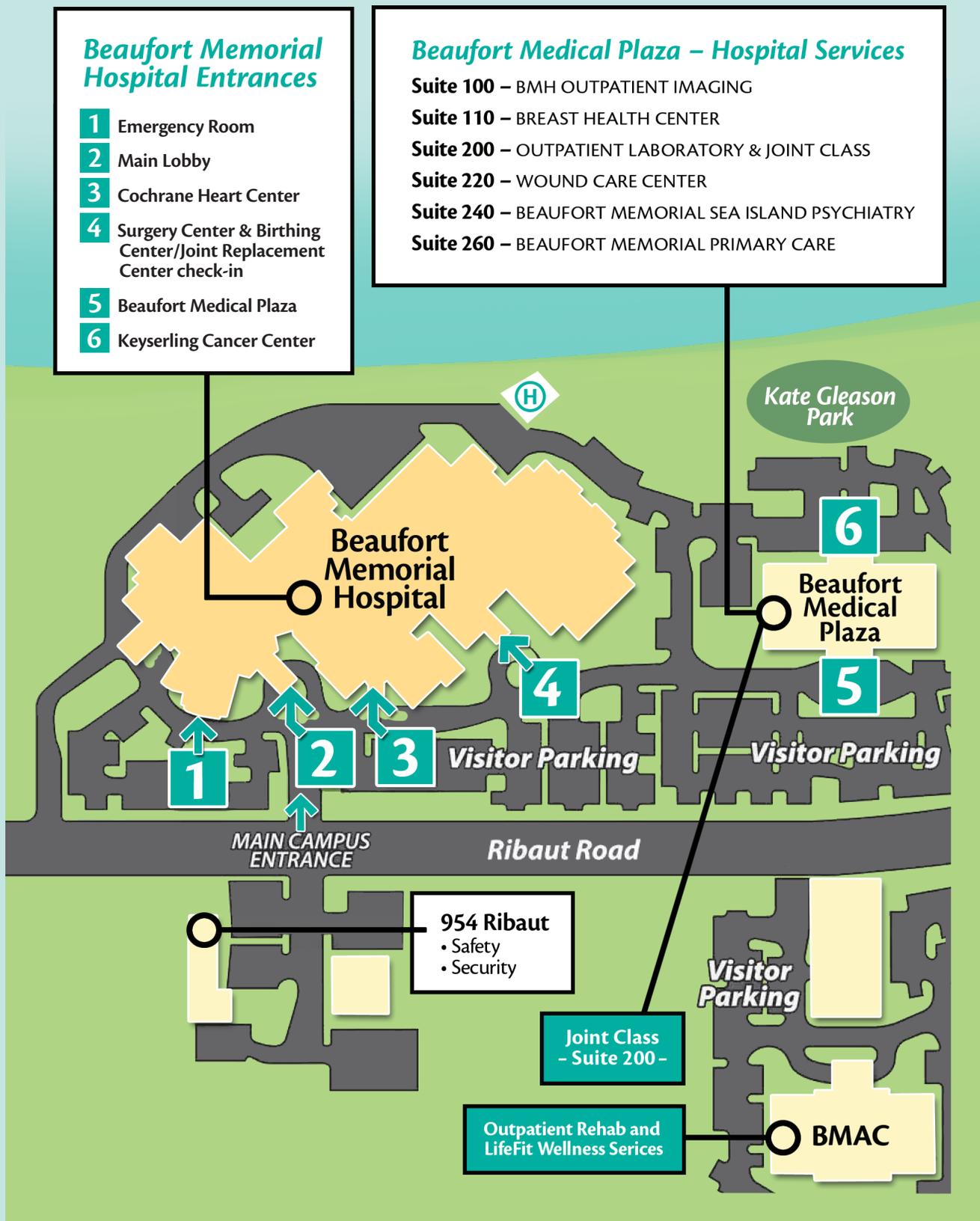
after Joint Replacement

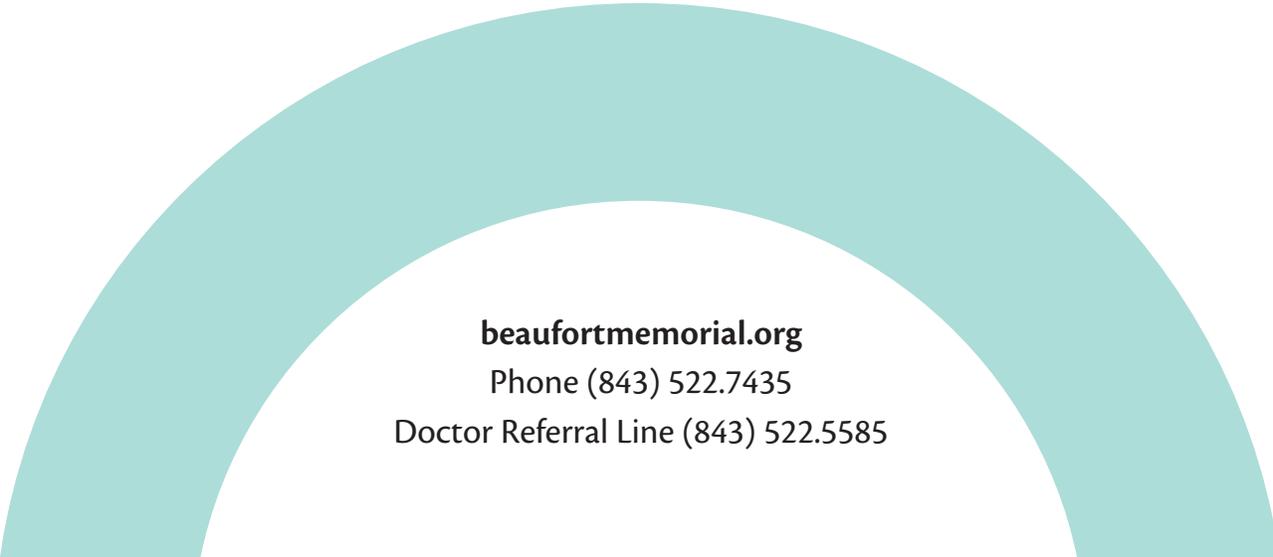
PATIENTS WHO HAVE HAD HIP REPLACEMENT

- You can expect swelling in your leg for a few months after surgery.
- To help reduce swelling, perform RICE – Rest, Ice, Compress, Elevate.
- Put ice packs on operative hip.
- Do ankle pumps at least every hour to compress your muscles and support circulation.
- Always go up steps with your stronger leg first, followed by the weaker (operative leg). To go down, the weaker (operative leg), then the stronger leg. Remember to always use a handrail.
- Walking is an excellent exercise to help build strength and general conditioning.
- Avoid tennis, jogging, or other sports that require a lot of stop-start or jarring, unless you are given permission by your doctor.
- Avoid prolonged sitting (more than two hours) at a time. Stand up, walk, or lie down instead.
- When sitting, avoid low chairs and sofas. Instead sit on a higher chair or a chair with a firm pillow in the seat.
- Perch on a stable stool, if prolonged standing is anticipated.
- Avoid wearing high-heeled shoes or open-heeled slippers/shoes.
- Adhere to precautions for 6-12 weeks as instructed:
 - No crossing legs
 - No rotating leg inward
 - No bending past 90° at the hip
- Use your new tools – i.e. reacher/sock aid and long handle shoe horn for dressing and activities of daily living.
- **When can I resume sexual intercourse?** This needs to be cleared by your doctor, but in general, it is safe to resume intercourse approximately four-six weeks after surgery. This allows time for the incision and muscles around your hip to heal.
- **What positions are safe for me during intercourse?** Total hip replacement precautions need to be observed during all your activities of daily living, including sexual intercourse. Think about how the precautions relate to your traditional position(s) for intercourse, and then whether you may need to vary your position(s). If there is pain, stop and reposition.



BEAUFORT MEMORIAL CAMPUS MAP



A large, thick teal arc is positioned at the bottom of the page, curving upwards from the left and right edges towards the center. It frames the contact information text.

beaufortmemorial.org
Phone (843) 522.7435
Doctor Referral Line (843) 522.5585