


Total Hip Replacement Class

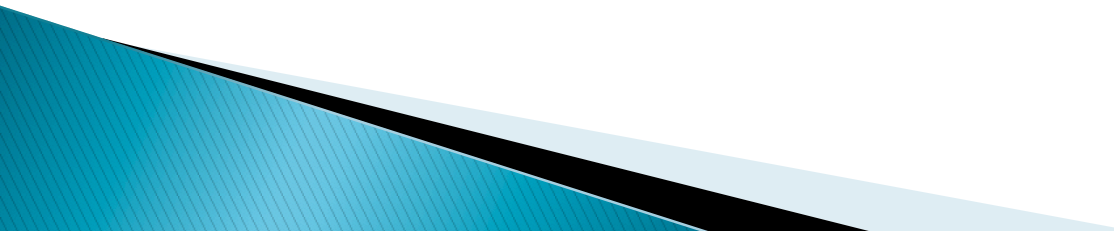
The Orthopedic Clinic at the
University of Virginia



Thank you.....

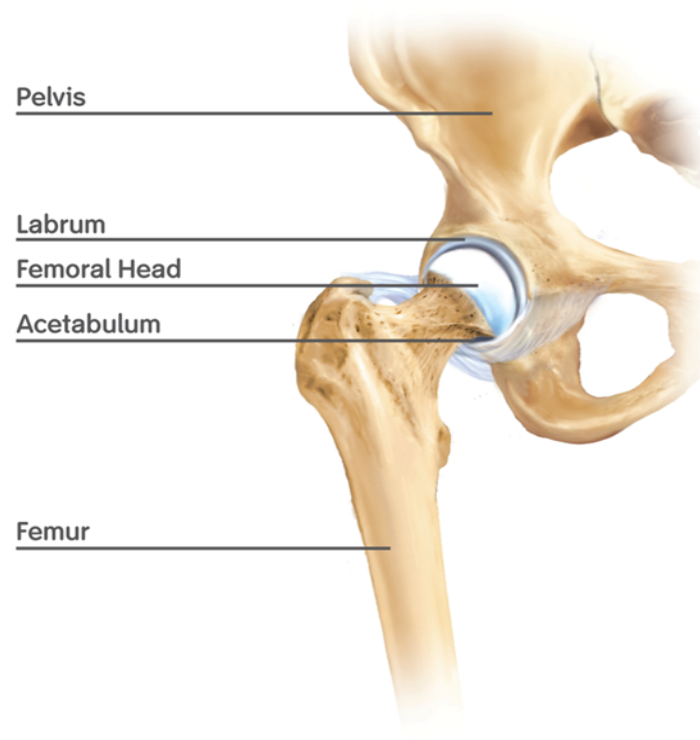
- ▶ Thank you for choosing to have your joint replacement surgery at the University of Virginia Health System.
 - ▶ All of our surgeons are board-certified in Orthopaedics and specialize in joint replacement surgery. Each of them has completed a Fellowship in joint replacement as well. Our patients stay on 6 East, a floor that is equipped with specially designed beds, care plans, and physical therapy equipment.
 - ▶ The Adult Reconstruction Service of the University of Virginia Health System strives to provide superlative care to each of our patients. We are here to meet all of your needs and answer any questions you and/or your family may have. Please do not hesitate to ask any member of your healthcare team if you have questions. Again, thank you for allowing the University of Virginia Health System to care for you.
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Your Healthcare Team

- ▶ Orthopedic Surgeon
 - ▶ Registered Nurse
 - ▶ Physician Assistant or Nurse Practitioner
 - ▶ Residents
 - ▶ Physical Therapist
 - ▶ Occupational Therapist
 - ▶ Case manager
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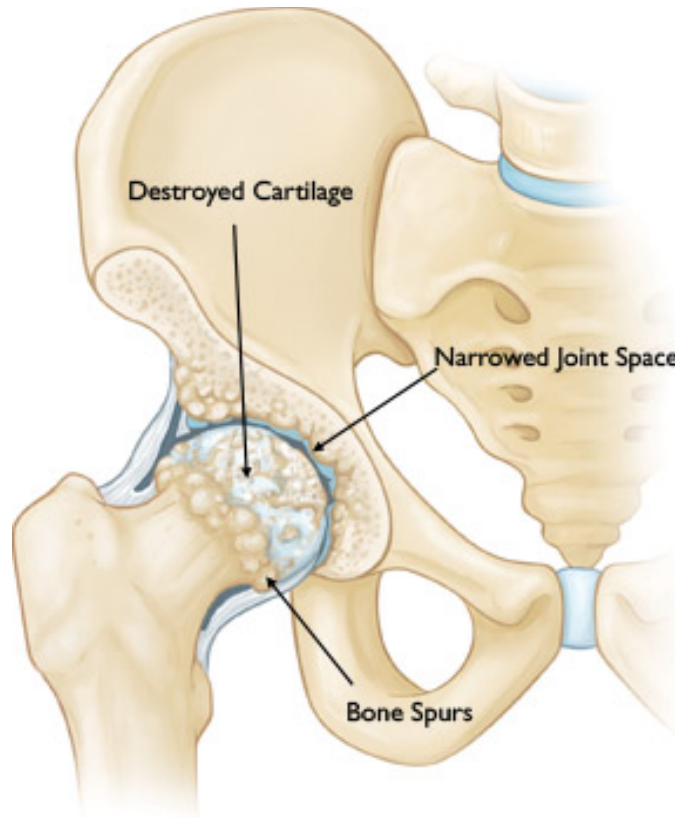
Normal Hip joint

- ▶ The hip is one of the body's largest joints
- ▶ It is a ball and socket joint
 - The ball (femoral head)
 - The socket (the acetabulum or cup)



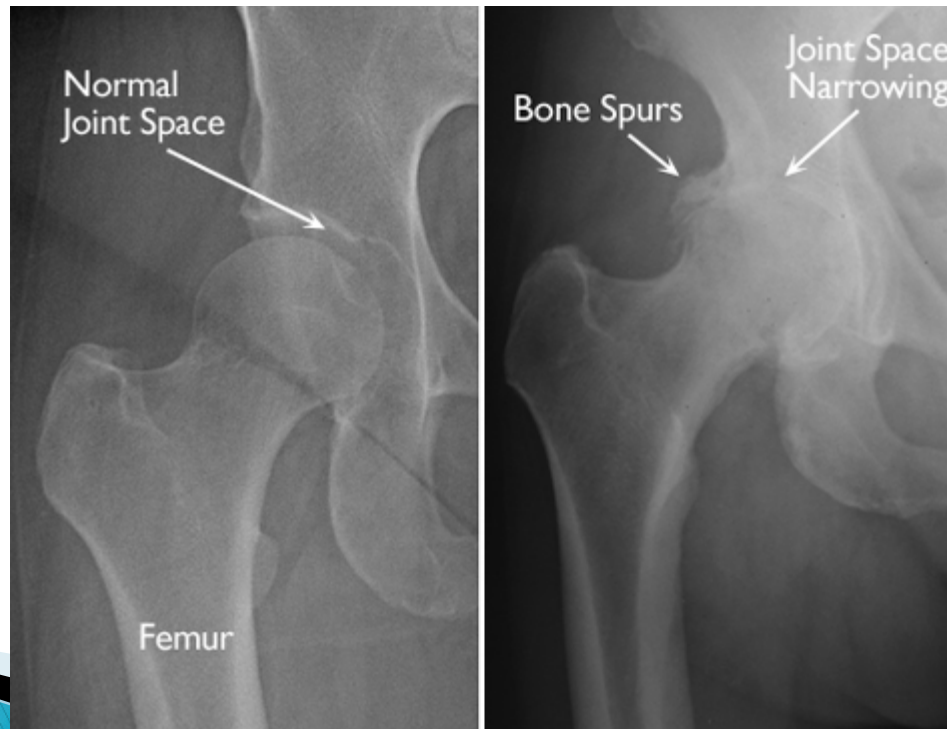
Arthritic Hip

- ▶ The most common reason for hip replacement surgery is osteoarthritis
- ▶ Arthritis is defined as inflammation of the joint



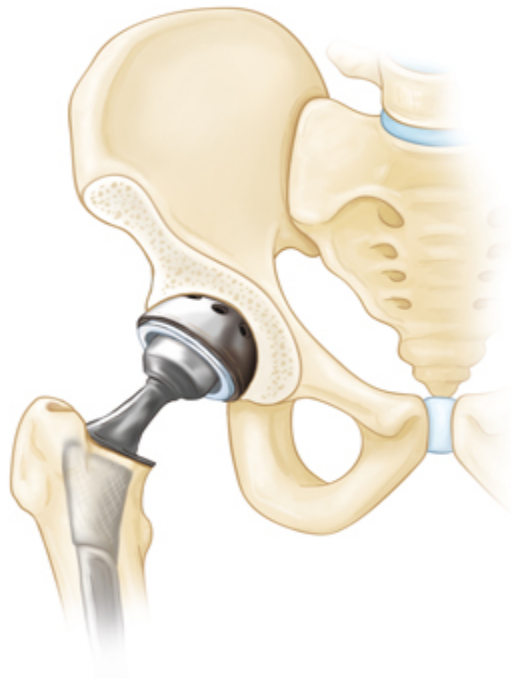
Arthritic Hip

- ▶ In osteoarthritis, the cartilage in the hip joint gradually wears away resulting in frayed and rough bone. The joint space between the bones decreases. This can result in bone rubbing on bone and the development of bone spurs.

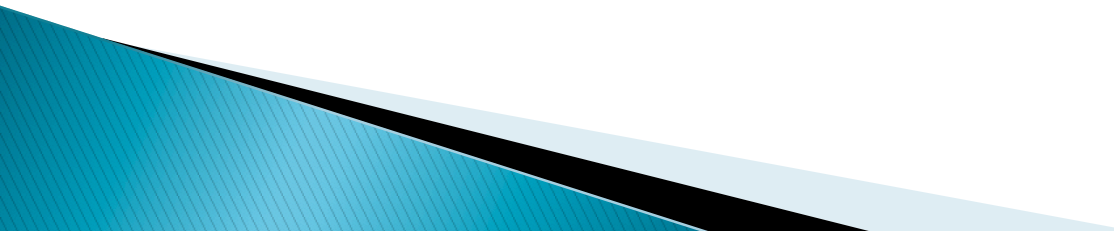


Hip Replacement Surgery


- ▶ Hip replacement is a surgical procedure in which the parts of your hip are replaced with artificial components:
 - A [femoral stem](#) is placed into the thigh bone
 - A [ball](#), usually metal replaces the worn out femoral head
 - A [metal cup](#) is placed into the acetabulum (pelvis)
 - A [liner \(insert\)](#) is then fixed into the metal cup



Preparing for Surgery


- ▶ Medical Clearance with your Primary Care Physician(PCP) or one of UVA's medical clinics in order to get the go ahead with your surgery. THIS IS VERY IMPORTANT!!! Please have this done prior to your workup appointment!
 - ▶ Your medical clearance will include blood work, EKG and chest x-ray if appropriate.
 - ▶ Work-up appointment is approximately 2 weeks before your surgery date to sign consent forms and meet with the joint coordinator to review discharge plans and answer questions.
 - ▶ PETC- Pre-anesthesia Evaluation and Testing Center- after your workup appointment in the clinic, you will then go for your anesthesia screening at PETC which is located at the UVA Medical Center in the admissions office
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Preparing for Surgery

- We want you to be well informed about what your out of pocket cost will be after your surgery
 - If you have private insurance: call the number on the back of your card and ask for coverage and co-pay for:
 - Home Health
 - Skilled Nursing Facility Care
 - Inpatient Rehabilitation
 - Out-Patient Physical Therapy
 - Medicare
 - Social work is available for planning and resource identification
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Preparing for surgery

Getting in the best physical shape possible before surgery can lessen the chance for complications and shorten your recovery time.

- ▶ Reduce your risk of infection– vigorous hand washing
 - ▶ Stay as active as possible
 - ▶ Perform your pre–surgical exercises that are located in your joint replacement workbook– TODAY
 - ▶ **STOP SMOKING** –If you smoke, cut down or quit. Smoking affects blood circulation, delays healing and slows recovery.
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Preparing for Surgery

- ▶ 14 DAYS before surgery: **STOP** taking multivitamins, Vitamin E, fish oil, flaxseed oil and all other herbal products
- ▶ 7 DAYS before surgery: **STOP** taking Aspirin, all Aspirin containing products and anti-inflammatory medications (NSAIDs) such as ibuprofen, Naprosyn, Voltaren, Mobic and Celebrex
- ▶ If you are currently taking a blood thinner medication such as Coumadin, Plavix or Eliquis, please consult your primary care physician about when to stop



Preparing your home

- ▶ Preparing your home in advance will make things easier and more comfortable. A family member or friend will need to be with you 24 hrs a day for the first few days.
- ▶ Get your house as free of clutter as possible
- ▶ Remove loose throw rugs
- ▶ Have a path wide enough for a walker
- ▶ Prepare a recovery table with a lamp, cell phone or cordless phone, glass of water, pain medications and other necessary items
- ▶ Move electrical cords out of the way



Preparing your home

- ▶ Bathtub/shower should have rubber floor mat, grab bars and place a nonslip rug outside of the tub or shower
- ▶ Add a couple of night lights in bedroom and hallways
- ▶ Prepare meals that can be stored and frozen. Stock up on prepared foods
- ▶ While you are in the kitchen (and in other rooms, as well), place items you use regularly at arm level so you do not have to reach up or bend down.



Home safety equipment



Bedside commode, 3 in 1



front wheeled walker



Elevated toilet seat



Grab bars & shower head extension

Home Safety Equipment



Shower chair



Transfer tub bench

Care Partners

- ▶ When patients are admitted to UVA Hospital they are given the opportunity to name 1 or 2 Care Partners. Care Partners are adults identified by the patient to be an active part of their healthcare team.
- ▶ A Care Partner may visit or stay with the patient around the clock. The Care Partners receive an identifying armband to wear at all times, and a security code to get information when they call the unit. The security code allows the Care Partner to receive information directly from the health care team and to manage information to friends and family.
- ▶ Care Partners must adhere to hospital rules and are not able to shower at the hospital. Shower facilities are available at the Hospitality House from 10–2pm. They will have towels and supplies for you to use. A staff member must make these arrangements for you.

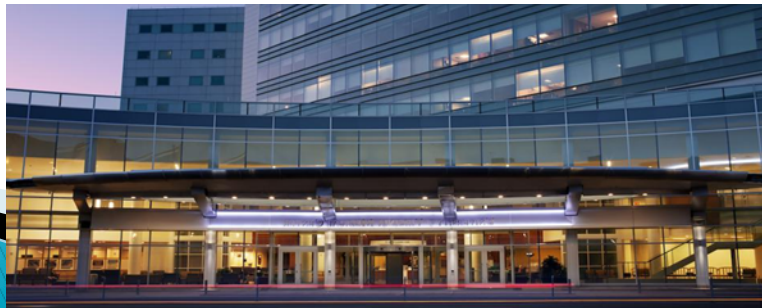


Day Before Surgery

- ▶ You will be called by the operating room scheduler who will tell you what time to report to the hospital the next day. They will call between 2 and 5 PM. If you don't hear from them by 5 PM call the number on the first page of your workbook.
- ▶ Use the soap and cleansing cloths provided for you . Shower with the soap 5 days before surgery, the night before and morning of surgery. Use special cleansing cloths after shower the night before and the morning of surgery.
- ▶ Nothing to eat or drink after midnight except small sips of clear fluids to take your prescribed pills. The PETC staff will let you know which medications to take before surgery
- ▶ If you have any infection prior to surgery, please call the clinic to discuss. Depending on what type of infection you have, your surgery may need to be rescheduled.

Day of surgery

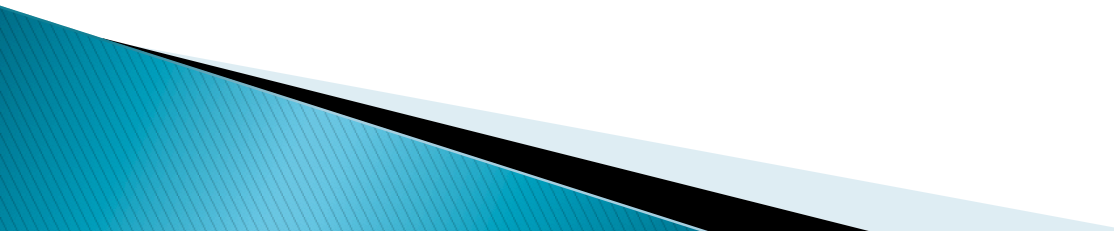
- ▶ Report to Hospital Admissions on the first floor to the right of the Information Desk in the lobby of the hospital.
- ▶ You will be taken to the Surgical Admission Suite (SAS) for preparation for your surgery.
- ▶ Please bring no more than 2 family members as space is limited.
- ▶ Your family or friends will stay in the surgery waiting room.



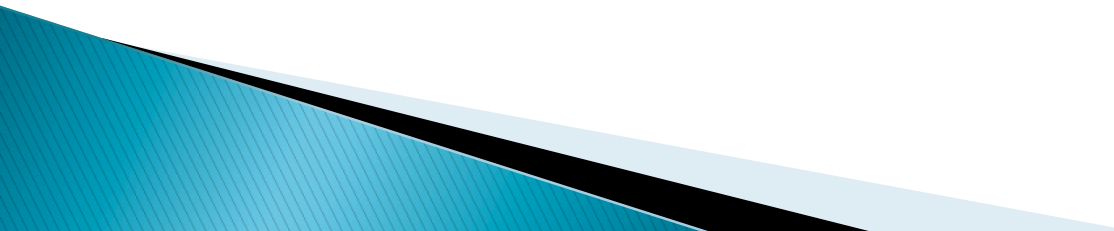
Day of surgery

- ▶ Bring to following with you the day of surgery:
 - ✓ Do bring your blood bracelet if given one
 - ✓ Do wear comfortable, loose clothes
 - ✓ Do bring insurance cards and ID
 - ✓ Do bring lip balm to apply to your lips after surgery
 - ✓ Do bring any paperwork given to you by the doctor
 - ✓ Do bring an Advance Directive form if you have filled one out

Surgery

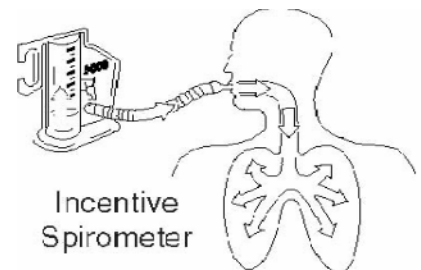
- ▶ Surgery generally takes 1.5 – 2 hours for primary hip replacement. Revision surgery may take longer
 - ▶ Post- operative recovery takes place in the PACU
 - ▶ When you are awake and your pain is under control, you will be transferred to your room on our joint replacement unit, 6 East
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Your Recovery

- ▶ The dedicated Orthopedic unit is 6East
 - ▶ Average total length of stay is 2 days
 - ▶ During your recovery, you will be evaluated by a physical therapist and occupational therapist throughout your hospital stay
 - ▶ GOAL– to have you out of bed on the day of surgery or morning after
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Your Recovery

- ▶ You may have a drain in your hip incision which removes fluid from the surgical site. This drain will be removed by a doctor prior to your discharge from the hospital.
- ▶ You will be encouraged to perform deep breathing exercises with an incentive spirometer (IS) every hour for the approximately 24 hrs. This may prevent lung infections that can occur after anesthesia and surgery
- ▶ IV fluids will be used to keep you hydrated and administer pain medication
- ▶ An antibiotic dressing will be applied over your incision and should remain in place for 7 days after surgery



Pain Management

Our goal is to help you manage pain and ease your recovery.

Post-operative pain, swelling and bruising are a normal part of the recovery process following hip surgery

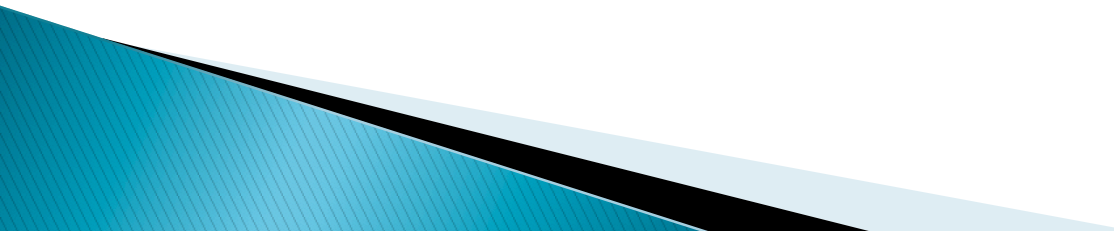
- Your Healthcare team will routinely ask you to rate your pain using the UVA pain scale– it is important that you set a realistic pain goal for yourself.

Treatments for Pain

- ❑ Medication– IV/oral
 - ❑ Cold therapy–ice packs
 - ❑ Physical therapy
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Pain Management

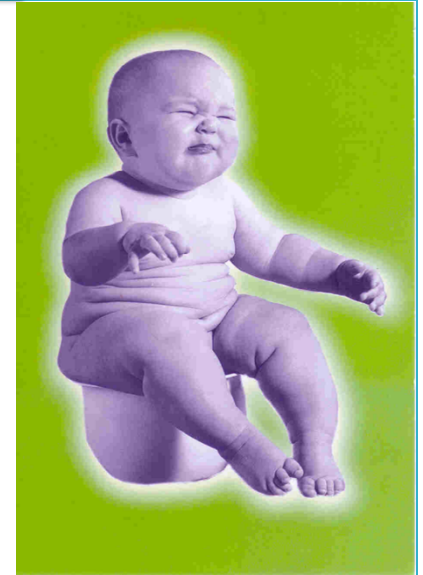
Oral Medication

- Pain pills are started as soon as you can tolerate sips of water and regular diet
 - You will be sent home with a prescription for pain medication
 - The orthopedic clinic can refill your pain medication for 3 months after surgery
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Pain Management

Side effects of pain medications

- Sleepy
- Nausea
- Itchy skin
- Constipation

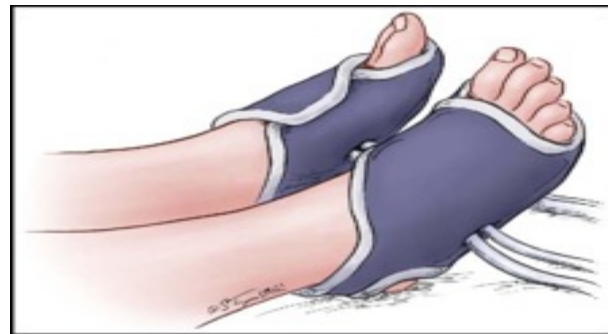


Ways to prevent constipation after surgery

- Take an over the counter stool softener 7 days before surgery and every evening that you take pain medication
- Increase fiber in your diet
- Increase fluid intake
- Orange juice with iron

Prevention of blood clots

- ▶ Mechanical Foot pumps will be applied while you are in the hospital bed
- ▶ Perform ankle pumps while resting in bed
- ▶ Aspirin or other blood thinner medication such as Coumadin or Lovenox will be started in the hospital
- ▶ Getting out of bed the day of surgery or the next morning
- ▶ Activity is **VERY IMPORTANT** in preventing blood clots after orthopedic surgery



Mechanical foot pumps are used to reduce the risk of blood clots.

Blood thinning medications

You will be on blood thinner medication when you leave the hospital. Your surgeon will determine which medication is best for you


Patients using Aspirin

- ❑ Take 325mg ASA twice a day for 6 weeks

Patients taking Coumadin

- ❑ Take Coumadin for 4 weeks followed by 2 weeks of Aspirin
- ❑ Lab work is needed with Coumadin therapy
- ❑ Your Coumadin dose will depend on a blood test called an INR

Patients taking Lovenox

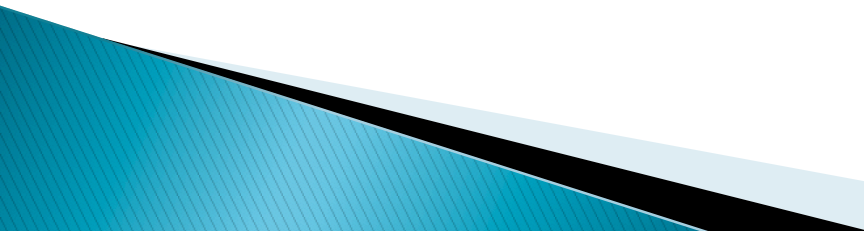
- ❑ Injectable medication
 - ❑ Take for 14 days after surgery
 - ❑ Lab work is required on time
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Blood thinning medication

Do not take the following while on blood thinner medications

- Alcohol
- OTC medications unless cleared by your pharmacist or doctor
- Arthritis medications
- OTC herbal products

Please contact your nurse or doctor if you experience:

- Bleeding that doesn't stop
 - Dark brown urine or red urine
 - Blood in stools– red or black
 - Nosebleeds
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Prevention of blood clots

Warning signs of blood clots

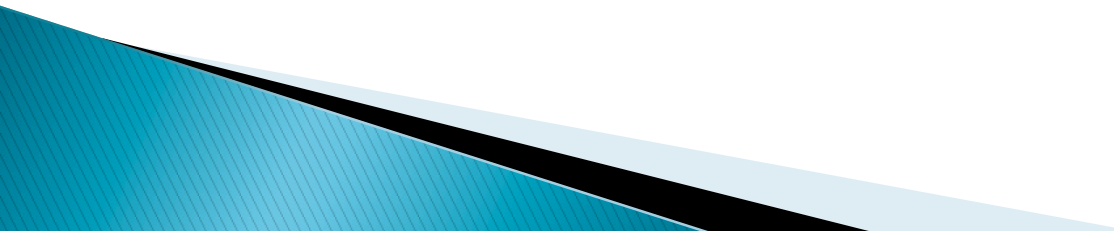
- Pain in your leg or calf that is unrelated to your surgical incision
- Tenderness or redness around or below the knee
- Swelling of our thigh, calf, ankle or foot

Warning signs of pulmonary embolism

- Sudden chest pain
- Difficulty breathing
- Shortness of breath

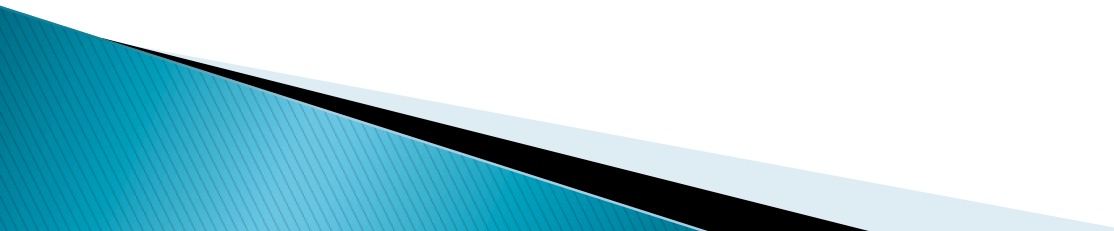
Notify your doctor immediately if you develop any of these signs

Physical Therapy

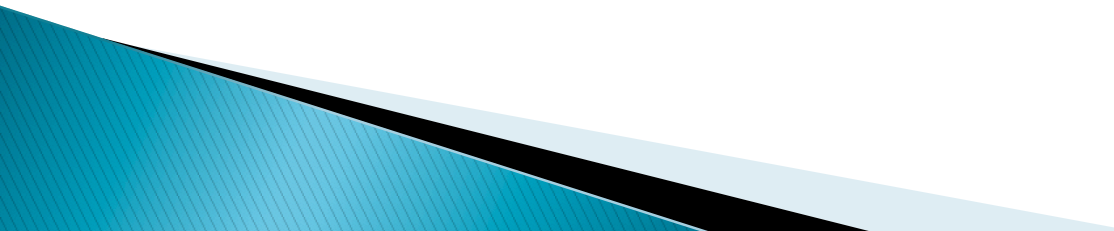
- ▶ A physical therapist will help you with exercises that you can do in the hospital and at home to speed recovery.
 - ▶ Activity and exercise must be a regular part of your day to regain the use of your joint and muscles. Your physical therapist will recommend strengthening and mobility exercises and will help you learn how to use a walking aid, such as a walker.
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Discharge from Hospital

You will be discharged from the hospital according to your chosen Plan A or Plan B.

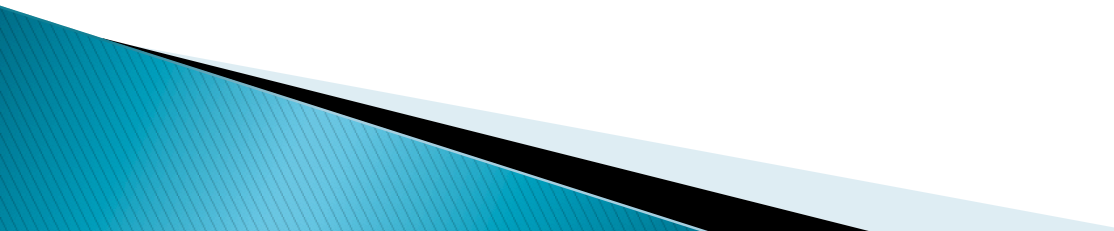
- Most patients can go directly home as long as they have someone staying with them for the first few days and the surgeon and physical therapist feel safe
 - If you cannot go home directly after discharge from the hospital, you should have a 1st and 2nd choice for a skilled nursing facility
 - Your assigned case manager at the hospital will contact your agency or facility to let them know you are discharged
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Care of your incision

- No shower for 10–14 days until staples are removed
 - An antibiotic dressing will be applied over your incision and should remain in place for 7 days
 - Once the dressing is removed begin daily dressing changes with gauze and tape to maintain a clean and dry incision
 - Do not put ointments or gels on your incision
 - Do not take tub baths, get in hot tubs or swimming pools
 - Do not allow pets in your bed while your incision is healing
- 

Driving Precautions

Usually your surgeon will not want you to drive until you have been seen in the clinic 6 weeks after surgery, however below are the general rules for driving after hip replacement

- Right Hip Replacement– no driving for 6 weeks
 - Left Hip Replacement– no driving until off narcotic pain medications and able to walk with a cane
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Preventative Care

- ▶ Keep hands clean and take proper care of your incision
- ▶ Keep pets out of your bed and away from your incision
- ▶ After your joint replacement, you will need to take antibiotics before any potentially invasive procedures for the rest of your life
- ▶ The most common of these are dental procedures and colonoscopies– speak with the person performing this procedure and have them prescribe antibiotics
- ▶ You will be given a medical alert card to carry in your wallet which outlines which procedures require antibiotics
- ▶ Contact your family physician to get treated as soon as possible for any infections (ie bladder, sinus, UTI)

Follow up visits

6 weeks

- You will be seen at the Orthopedic Clinic and x-rays of your hip will be taken
- Your surgeon will evaluate your progress

Additional follow up visits

- Typically your surgeon will see you three months, six months and one year after your surgery to evaluate your progress
 - If you are doing well at your 6 week visit, you may not have to see your surgeon until your 1 year anniversary of your surgery
 - You can expect x-rays to be taken at each visit
- 