

Hip Replacement

Modified Hip Precautions



**DORR ARTHRITIS INSTITUTE
MEDICAL ASSOCIATES**

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Please visit our website at
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Table of Contents

Welcome _____	Page 3
Your Healthcare Team _____	Page 3
Before Surgery _____	Page 4
Your Hospital Stay _____	Page 4
Total Hip Replacement Home Program _____	Page 5
Bed Mobility _____	Page 5
Getting Out of Bed _____	Page 5
Getting Into Bed _____	Page 5
Sleeping _____	Page 5
Sitting _____	Page 5
Sitting Down _____	Page 5
Standing Up _____	Page 5
Activities of Daily Living _____	Page 6
Toileting _____	Page 6
Dressing _____	Page 6
Bathing _____	Page 6
Tips When Walking With Crutch(es) or a Cane _____	Page 7
Stair Climbing _____	Page 7
Going Up _____	Page 7
Going Down _____	Page 7
Getting In/Out of a Car _____	Page 8
Discharge Instructions _____	Page 8
Aspirin _____	Page 9
Incision Care _____	Page 9
Diet _____	Page 10
Driving _____	Page 10
Handicap- Parking _____	Page 10
Travel _____	Page 10
Sexual Activities _____	Page 10
Follow-up Visit _____	Page 11
Exercise and Walking Guidelines _____	Page 11
Important Numbers for the Dorr Arthritis Institute _____	Page 12

Welcome to the Total Joint Replacement Program

This booklet will help you understand what total joint replacement is all about. You will find answers to many of your questions about what you can expect before and after surgery. You will be required to attend a pre-operative class approximately two weeks prior to surgery. If you have more questions, please call the clinic 213-977-2511.

Our joint replacement team includes many people. You will be working closely with physician assistants, orthopedic nurses, physical therapists, occupational therapists, and discharge planners/case managers. All of our staff has one goal: getting you back on your feet so that you can return home safely. Your active participation during your recovery period will aid in your rehabilitation.

Your Healthcare Team

The following health care members will work with you:

An Orthopedic Nurse Coordinator will...

Perform your pre-operative nursing assessment and pre-operative teaching 2 weeks prior to surgery.

Be actively involved in your care and treatment during your hospital stay.

An Orthopedic Nurse and Certified Nursing Assistant will...

Help keep your pain under control and help make you as comfortable as possible. Help you get in and out of the bed, transfer to a chair, assist with daily bathing activities, and walk to the bathroom. Watch for any changes in your condition and coordinate your care during your hospital stay. Act as a liaison between you and your physician.

A Physician's Assistant (PA) will...

Assist with your surgical procedure.

See you on daily ward rounds.

Change your dressing and check your incision.

Help manage your hospital care.

See you in the clinic for the follow-up visits, as directed by your physician.

A Physical Therapist (PT) will...

Teach you how to get in/out of bed, walk with the appropriate ambulatory device, get into/out of a chair, and negotiate stairs.

Teach you the movement precautions and weight bearing restrictions if any.

Teach you exercises to increase hip motion and strength.

Recommend and order the appropriate equipment for ambulation.

Educate and instruct family or caregivers that may be assisting you after discharge.

An Occupational Therapist (OT) will...

Teach you safe techniques for dressing and bathing activities. Teach you how to transfer in/out of the shower stall or bath tub. Teach you how to transfer on/off of the toilet or commode.

Recommend and order the appropriate equipment to perform your self-care activities.

Educate and instruct family or caregivers that may be assisting you after discharge.

A Case Manager will...

Arrange home health services as ordered by the physician. Work with your insurance company or workers compensation insurance to obtain authorization for services ordered by the physician.

Before Your Surgery

Getting your home ready

There are several things you can do before your surgery to make your return home easier.

Prepare food ahead of time.

Move frequently used pots, pans and dishes for easier access.

Remove loose throw rugs so that you will not trip.

Make necessary arrangements for pet and child care.

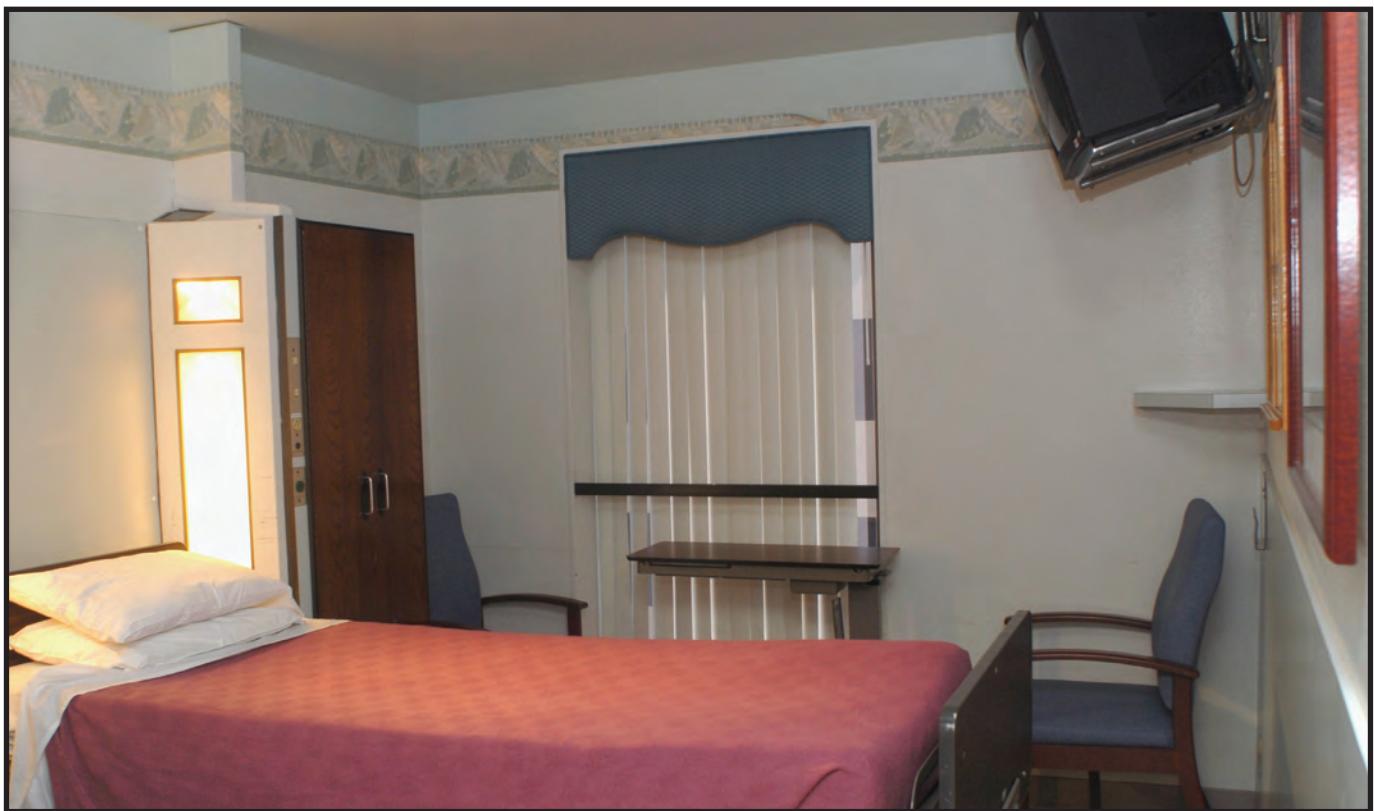
Place grip strips in the shower stall or tub so you will not slip.

Remove electrical and phone cords out of walking areas.

Your Hospital Stay

Pack a small bag for your hospital stay. This should include non-slip shoes (e.g. tennis shoes or loafers) and one pair of loose fitting, comfortable clothing (e.g. shorts/warm-up suits).

The hospital can provide you with the basic toiletries but you may bring your own (i.e. razor, make-up, shampoo, toothbrush etc). All rooms are private and equipped with a television and telephone. Cell phones are permitted for use in the hospital. Do not bring medications, jewelry, credit cards, or large amounts of money with you.



All rooms on 7 north are private rooms.

Total Hip Replacement Home Program

This booklet contains activities that we will teach you during your hospital stay.

Activities of Daily Living

Bed Mobility:

Getting out of the bed

Scoot to the edge of the bed by using your non-operative leg. (Figure 1)

Angle your body so that your legs are nearing the edge of the bed. (Figure 2)

Push up onto your hands so that your hands are positioned behind your hips. (Figure 3)

Use your hands to help scoot hips forward to the edge of the bed. (Figure 4)



Figure 1



Figure 2



Figure 3



Figure 4

Getting into the bed (reverse the process)

Sit on the edge of the bed.

Slide your buttocks backward by supporting yourself with your arms.

Try angling towards the head of the bed.

Keep scooting back using your non-operative leg until both legs are on the bed.

Sleeping

You can sleep on your side with a pillow placed between your legs (knees/ankles). (Figure 5)

This is to prevent your hip from rotating inward.

You can lie on either side depending on comfort.



Figure 5

Sitting

Use a firm, sturdy chair with arm rest (e.g. dining room chair).

Sitting Down

Back up to the chair until you can feel it with the back of your legs.

Place the crutches/cane aside.

Reach back for the armrest and lower yourself slowly, keeping your operative leg extended in front of you. (Figure 6)

You may sit up straight with your hips scooted back into the chair and knees bent underneath you. (Figure 7)



Figure 6



Figure 7

Standing Up

Scoot forward in the chair while extending and un-weighting your operative leg.

Push up using the armrest. (Figure 8)

Toileting

You may use a raised toilet seat for comfort. (Figure 9)



Figure 8



Figure 9

Dressing

You may bend over to put on your shoes and socks, as long as you work in between your legs. Make sure you **un-weight** your operative hip when reaching down. (Figure 10) Both knees and toes should be pointed outward.

You may bring the foot of your operative leg and rest it on the non-operative knee to put your shoes and socks on. (Figure 11)

If you experienced difficulty or were unable to put your shoes and socks on prior to your surgery, you may temporarily need to use adaptive equipment for your lower body self care.

Adaptive equipment may include: long handled reacher, long handled sponge or brush, long handled shoehorn, sock aid, and/or dressing stick.



Figure 10



Figure 11

Bathing

Most patients will shower prior to being discharged. The occupational therapist will determine if any bathroom equipment is needed for safety.

Tips when walking with crutch(es) or a cane

Do not be afraid to put weight on your operative leg (unless you are instructed otherwise). Take even stride lengths to emphasize a normal heel-toe walking pattern.

Do not lean over on the crutches or on the cane. Remember to stand straight.

If you are ready to progress to one crutch or to a cane, use the device on the opposite side (e.g. device in left hand if right hip replaced). (Figure 12 -13)



(Figure 12)



(Figure 13)

Stair climbing

Going up

Remember to step up with the non-operative leg or the “good” leg first.

Use handrails if available. (Figure 14)

Going down

Remember to step down with the device and the operative leg or the “bad” leg first.

Use handrails if available. (Figure 15)



(Figure 14)



(Figure 15)

Getting in/out of a car

Try to park the car away from the curb, allowing entry from a level surface. Recline the seat and position it as far back as possible to maximize leg room. Back up to the front passenger car seat using the crutches/cane.

Slide your operative leg forward and reach back for the seat. (Figure 16)

Lower yourself slowly onto the seat.

Scoot back onto the seat. (Figure 17)

Back onto the seat in a semi-reclining position.

Pivot into the seat bringing your legs into the car and face forward. (Figure 18)



(Figure 16)



(Figure 17)



(Figure 18)

Discharge Instructions

T.E.D HOSE

Wear the T.E.D. hose (white stockings) for 4 weeks from the date of surgery (or you may stop before then if you can walk a mile each day). Wear all day on both legs.

Remove at night. Make sure there are no wrinkles in the stockings. The stockings prevent blood from pooling in your legs during the post-operative period when you are not as active as usual.

ASPIRIN

You should take coated aspirin (Ecotrin* or Ascriptin*) for one month after surgery. You will be prescribed a different medication if you are allergic to it. Aspirin has a mild blood thinning quality that is helpful during the post-operative period. It is important to take the coated aspirin because it will not upset your stomach. If you take Ecotrin* or Ascriptin*, you should take 325 mg twice a day. Remember acetaminophen (e.g. Tylenol*) or Ibuprofen (e.g. Advil*, Motrin*, or Nuprin*) are NOT substitutes for aspirin. If you take Coumadin* or Persantine* do NOT take aspirin. Coumadin* and Persantine* have blood thinning qualities of their own.

INCISION CARE

Most patients will take a shower prior to discharge from the hospital. The incision will be covered during your entire hospitalization. However, once you are discharged from the hospital, you **MUST** comply with the following instructions. These guidelines are for your safety to prevent an infection. The nurse or the physician assistant will provide you with additional bandages to cover your incision for the first couple of days upon discharge from the hospital.

Your skin incision will be closed with DERMABOND, a surgical “glue”. The Dermabond sticks to the skin for about 2 weeks. It has a purplish cast to it, and sometimes wrinkles up like saran wrap. You can shower, and you do not need to cover it as the Dermabond is water proof. Do not scrub the surgical site. Just let the water run over it gently, then pat it dry after you shower. No tub bath until approved by the surgeon (usually 3 months). Do not put any ointment, alcohol, peroxide, or Betadine on the Dermabond as it will break the Dermabond down too soon. After 2 weeks the Dermabond will start to peel or flake off on its own.

You might notice clear pieces of suture that look like fishing line coming from the top and bottom of the incision. These are the “tail ends” of the absorbable suture that is under the skin. If they bother you, clip them off closer to the skin, and as the suture absorbs (4-6 weeks) the ends will drop off on their own. Do not pull or tug at them.

Some patients will have several non absorbable sutures on the hip area where the surgeon uses the navigation system (pin sites). These will be black sutures and there is usually one or two of them. These sutures must be removed by the physician or nurse. If you have pin site sutures we will arrange for you to come into the office for removal, or someone from our team will remove them at your home.

If you notice any of these symptoms, please call the Arthritis Institute. Do NOT shower or get the incision wet.

1. Drainage from the incision or the computer pin sites.
2. Areas of the incision that are not sealed over.
3. Red pimply areas on or near the incision.
4. Redness along the incision.

If you have **BLACK** sutures at the computer pin sites or staples along your incision, make sure that one of the following arrangements are made prior to your discharge.

1. Return to the clinic to have the physician assistant remove it.
2. Home health nurse to remove it.
3. Local doctor or nurse (if out of town) to remove it.

Do not get the staples wet. The staples or black sutures should not be in for over 2 weeks from surgery. If no arrangements have been made, please contact the Arthritis Institute.

There may be some mild inflammation at the computer pin sites (at your pelvis and/or close to your knee). They can also be tender to the touch or sore when moving the knee. This is normal, and it is recommended to move your knee within your pain tolerance.

NO hot tubs or jacuzzi for 6 weeks. Swimming pools are allowed if you can enter safely (handrails, ramp, steps etc). It is recommended that you wait until the incision is well healed before entering the pool. Limit the time in the pool to 10 - 15 minutes in order to monitor your response and incision healing.

DIET

There are no restrictions to your diet. Eat a normal diet as you did before surgery. Make sure you eat plenty of fruits and vegetables and drink 6 - 8 glasses of water a day. This will help prevent constipation. If you have questions, call the office.

DRIVING

You may drive when you are no longer taking any pain medicine. This guideline is for your personal safety. If you had surgery on your right hip, you must have good control of your leg to work the gas and brake pedals.

HANDICAP-PARKING

You can obtain an application for a handicap-parking placard from the medical assistant at the Arthritis Institute. Your doctor will sign the form. You must fill out your portion of the form, and then take it to either the DMV or AAA. Temporary handicap-parking placards are issued for either 3 or 6 months.

TRAVEL

You may get out of the house as soon as you feel up to it. Use the handicap bathroom stall. If you are in a hotel, request a handicap accessible room. If you must fly, request bulkhead seating or first-class seating if possible.

SEXUAL ACTIVITIES

You may resume sexual activities as soon as you feel able. Your therapist or doctor can answer other questions you may have. A guideline of safe positions is attached.

FOLLOW-UP VISIT

A representative from the clinic will call you within 2 weeks after discharge to schedule your follow-up appointment. Call the office if you have any questions about this follow-up visit. (213) 977-2450

EXERCISE AND WALKING GUIDELINES

During your hospital stay, the physical therapist will instruct and provide you with a home exercise program. This will include guidelines on how to safely progress your activity level. Begin walking outdoors the day after you get home from the hospital. Gradually increase your walking daily with the goal of walking one mile anywhere within the first 2 - 4 weeks. However, it is important not to over exert yourself. If you have increased soreness or swelling, decrease your activity and ice and elevate your leg above your heart. If pain persists or increases, stop exercising and contact the Arthritis Institute immediately.

Important Numbers for the Dorr Arthritis Institute

Main Line (answering service after hours) _____ (213) 977-2280

Appointments

New patients _____ (213) 977-2519

Follow-up visits _____ (213) 977-2450

AI Medical Staff

Physician Assistants (P.A.)

Lisa Fujimoto (Dr. Dorr & Gilbert patients) _____ (213) 977-2121 x5451

Bert Fuller (Dr. Long & Dr. Gilbert patients) _____ (213) 977-2121 x5452

Jeri Ward, R.N. (Director) _____ (213) 977-2511

Vi Gabule R.N. _____ (213) 977-2121 x5453

Physical Therapy voice mail _____ (213) 977-2425

Medication refills:

First 30 days Post-op please call California Lung _____ (213) 977-4979

After 30 Days Post-op please call the Arthritis Institute

Barbara Durity (Dr. Dorr patients) _____ (213) 977-2121 x5145

Jan Kushiner (Dr. Long patients) _____ (213) 977-2121 x5470

Maria Martinez (Dr. Gilbert patients) _____ (213) 977-2121 x5450

Billing and Insurance

Billing and insurance questions prior to Sept 1, 2009 please call Joy (310) 291-9699

Billing and insurance questions after to Sept 1, 2009 please call Laurre (626) 486-0187

Disability Forms,

Please fill out disability forms completely and turn them in at front desk or to a medical assistant.
Forms will be turned in to the state about 9 days after surgery.
Forms may be obtained on line or from your employer.

Information for friends and family

1. Visiting hours are 10:00 A.M. to 8:00 P.M.
2. The hospital does NOT validate parking.
The maximum daily rate is \$6.00.
Park in the Shatto parking structure
across from the hospital off Witmer,
between Wilshire and W. 6th Street.
3. The hospital address is 1225 Wilshire
Blvd., Los Angeles, CA 90017. The
orthopedic ward is located on the 7th
floor, North wing (7 north).
The telephone number is (213) 977-2570

