

# PATIENT EDUCATION GUIDE

## TO HIP REPLACEMENT



*pre-operative and  
post-operative*  
APPOINTMENTS, CARE  
AND EXERCISES

---

*preventing complications*  
AFTER YOUR SURGERY

---

*caring for yourself*  
AT HOME

Name: \_\_\_\_\_

**Pre-Operative Appointment  
at the Hospital**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Surgery**

Date: \_\_\_\_\_

Time to arrive at the Hospital: \_\_\_\_\_

Surgeon's name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**The Joint Replacement Center**

Phone: **845-348-7489**

- Press: **1** - Surgical Scheduling  
**2** - Pre-Admission Testing  
**3** - Case Management  
**4** - Total Joint Navigator  
**5** - Total Joint Patient Unit  
**0** - Operator

**Post-Operative Appointment  
at the Surgeon's Office**

Date: \_\_\_\_\_ Time: \_\_\_\_\_



# THE JOINT REPLACEMENT CENTER

## AT MONTEFIORE NYACK HOSPITAL

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This guidebook is designed to walk you through each step of your surgery, from the time you decide to have surgery until you are fully recovered. Please bring this guidebook with you to all future appointments.

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# WELCOME TO THE JOINT REPLACEMENT CENTER AT MONTEFIORE NYACK HOSPITAL

## Patient Education Guide to Hip Replacement

### Thank you for choosing The Joint Replacement Center.

The Center has implemented a comprehensive, individualized treatment program to guide you through each step of the process, utilizing the most current evidence-based methods. From our pre-operative class through your rehabilitation therapy after surgery, every detail will be reviewed with you. Participation in your treatment plan is vital for a successful outcome.

**This guidebook is important. You will need it with you at your surgeon's office appointments, during your hospital stay and throughout your recovery.**

The Joint Replacement Center at Montefiore Nyack Hospital is a dedicated unit within the hospital. Your length of stay will be based on your individual needs. With appropriate preparation, some patients will meet their discharge goals and can go home on the day of the surgery. Most patients will stay one night and be

discharged home the following day. If necessary, length of stay may be longer. Features of the program include:

- Private rooms for recovery
- Valet parking
- Alternative therapies to manage pain
- The most up-to-date treatment methods
- A team of board certified physicians, nurses, surgical technicians, anesthesiologists, patient care associates, physical therapists, occupational therapists, case management, and a Total Joint Navigator. The team is specialized to help assist you with a speedy recovery.
- Individualized care:
  - We take everything into consideration, including your hobbies, career, and living situation to ensure the program is tailored to you.
- Family and friends are encouraged to participate as “coaches” in your recovery.



The Joint Replacement Center at Montefiore Nyack Hospital is a recipient of The Joint Commission's Gold Seal of Approval® for its hip and knee joint replacement programs, since 2014. It was the first to achieve this distinction in the lower Hudson Valley.

Learn more about The Joint Replacement Center's services and experts online at [montefiorenyack.org/joint-replacement](http://montefiorenyack.org/joint-replacement).

# PATIENT CHECKLIST



## TWO WEEKS BEFORE SURGERY

- Pre-operative class and appointment with Total Joint Navigator in person or via teleconference (i.e. Zoom).
- Obtain medical clearance from primary care physician or specialist, as necessary.
- Stop all medications that may increase bleeding (such as Aspirin, Motrin, Advil, Vitamin E) as instructed by your physician. Check with your physician regarding prescribed medications.
- Prepare your home for your recovery.
- Attend your last appointment with the surgeon.

## DAY BEFORE SURGERY

- Receive a call from your surgeon's office telling you what time to arrive if you have not already been told.
- Pack your hospital bag; remember to leave all valuables home. Pack lightly!
- Shower the evening before surgery.
- Use the special wipes on the morning of surgery as instructed at your pre-operative class/visit.
- Do not eat or drink anything after midnight.
- If you are on diabetic medication, do not take on the morning of surgery; you should take beta blockers and blood pressure medications if you are prescribed them prior to arriving the morning of surgery.
- Review and follow all other instructions provided to you by your surgeon and the Hospital.

# TYPES OF

## Hip Replacement Surgery

There are several ways that your surgeon can enter the hip joint to remove the arthritis and replace it with durable prosthetic materials. The options are the Posterior and Anterior approaches. Each approach has potential advantages and disadvantages. The overall outcomes are comparable. Your surgeon will choose the approach they feel will provide the best outcome based on your individual case.

### POSTERIOR APPROACH

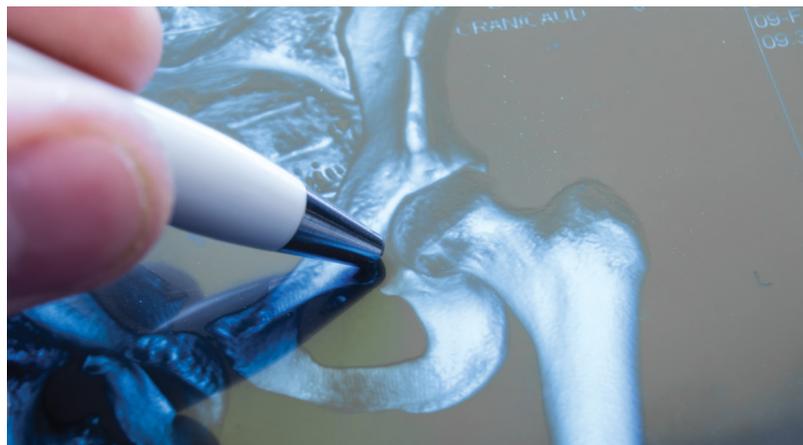
The posterior approach to the hip joint is performed with the patient lying on their side with the surgical side facing upward. The surgeon enters from the area where the rear pocket of a pair of pants would be. The deep incision goes between the fibers of the larger (gluteal) muscle without damaging them. The joint capsule in the rear of the socket is opened and the surgeon then performs the replacement procedure. An X-ray is used to confirm the position of the joint replacement and the leg lengths.

Advantages of the posterior approach include a long track record of successful outcomes with a very low rate of complications. If there is a need to see more of the anatomy, the view is easily expanded, allowing more flexibility to the surgeon in challenging cases. Patient outcomes are similar to the anterior approach.

Potential disadvantages of the posterior approach include dislocation if the hip is flexed too deeply in the early recovery period. Posterior approach patients are advised to maintain total hip precautions after surgery. The sciatic nerve is close to the surgical field and must be protected.

### ANTERIOR APPROACH

The anterior approach is performed with the patient on their back and the legs out straight. The approach is to the side of where your front pocket is. The surgeon



dissects between the larger muscles and there are no smaller muscles to divide in the front. The capsule in front of the joint is opened, and the view into the joint allows the replacement to be performed. Fluoroscopy (video X-ray) is used during the procedure to assess implant position and leg length.

Advantages of the anterior approach include the ability to bend over with less risk of dislocation immediately after the surgery. In the early postoperative period, the anterior approach may lead to quicker mobilization. Mid- and long-term outcomes are similar to the posterior approach.

Potential disadvantages of the anterior approach include the surgery has been performed less often than the posterior approach and can be more technically challenging in certain patients. There is potential for the hip to dislocate if the leg is extended and externally rotated. The lateral femoral cutaneous nerve and some blood vessels are at risk during this approach and must be protected. The surgery may take longer with potentially more blood loss. With the anterior approach it may be harder to expand the surgical field in more difficult or complicated cases.

# ONCE YOUR

## Surgery Has Been Scheduled

The surgeon's office will contact your insurance company to verify pre-authorization, pre-certification and obtain referrals as required.

At the time your surgery is arranged, you will also be scheduled for the Total Joint Class and pre-admission testing appointment. These appointments will be scheduled two weeks prior to surgery.

**It is imperative that you, the patient, actively participate in preparation before your surgery for an optimal result.**

It is important to be as fit as possible before undergoing a total hip replacement. This will make your recovery much faster. Refer to page 14 in the back of the book for complete detailed information on recommended pre-operative exercises.

### TOTAL JOINT CLASS AND PRE-ADMISSION TESTING APPOINTMENT

At the Total Joint Class you will receive important information to assist with preparing for surgery and a speedy recovery. Please let the Total Joint Navigator know if you have additional questions for other members from our specialized team including nursing, physical therapy and care management. It is strongly suggested that you have a family member or close friend to act as your "coach," who will play a vital role in assisting you after your surgery. Medical equipment needed post-operatively will be identified and ordered for you after the class.

On the day of your pre-admission testing appointment, please utilize our complimentary valet parking. Once you enter our facility, our friendly staff in the lobby will direct you to Registration. Once registered, you will be escorted to the nursing staff.

### PLEASE BRING THE FOLLOWING ITEMS:

- Photo identification
- Insurance card
- Any applicable co-payments
- Medication list
- Copy of Advanced Directives, if applicable
- Your designated coach
- This booklet

The nurse will ask you questions, collect your medical history and review any individual needs you may have to share with the team. Necessary blood work, EKG, a urine sample, and nasal swab will be collected.

### PRE-OPERATIVE OFFICE VISIT WITH SURGEON

During this visit, your surgeon will review all tests and review your medical clearance. This is an opportunity to ask questions. If you are on blood thinners, you will receive special instructions for stopping the medication. If needed, obtain a handicap parking permit from the surgeon at this visit.

### PREPARE YOUR HOME

- Clean, do laundry and put clean linens on the bed.
- Prepare meals and freeze them in single serve containers.
- Cut the grass, tend to the garden and finish any yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install night lights in bathrooms, bedrooms, and hallways.
- Arrange to have someone collect your mail and take care of pets or loved ones if necessary.
- Review your checklist and pack your essentials as described.

# DAY OF

## Surgery

Do not wear makeup, and leave all valuables, jewelry, and large amounts of money at home. Pack lightly. Do not take diabetic medication on the morning of surgery; take beta blockers and blood pressure medications if prescribed prior to arriving the morning of surgery. Follow other specific instructions given to you by your surgeon.

### ITEMS TO BRING TO THE HOSPITAL: PLEASE DO NOT OVERPACK

- Photo identification (legal form of ID such as your driver's license/passport)
- Insurance card
- List of home medications
- Comfortable walking shoes and overnight bag
- Eyeglasses/Contact Lenses/Dentures/Hearing Aids (with cases) if required
- This booklet
- Cell phone and charger
- Advanced directives

### WHEN YOU ARRIVE AT THE HOSPITAL

You will be asked to come to the hospital two (2) hours before your surgery time. This will allow enough time to prepare you for surgery. It is important that you arrive at the hospital on time. In some cases, lateness may result in rescheduling your surgery.

When you arrive at the Hospital, you are encouraged to utilize the convenient valet parking service. Check in at the lobby desk and you will be directed to Registration. Please sign in at the kiosk located in the Registration lobby.

During your preparations, you will be seen by your surgeon who will initial your hip with a marker. The surgery will take approximately two hours.

### RECOVERY PHASE

After surgery, you will be taken to the recovery area where you will remain for about 2-4 hours. Your anesthesiologist will assess you and order medications as needed to help you maintain an acceptable level of pain for you.

### PAIN MANAGEMENT

The anesthesiologist and your nurse will assess your pain level, and discuss pain management goals utilizing the following pain scale. Please familiarize yourself with this tool as you may be asked often throughout your stay to rate your level of pain.



It is very important to communicate your level of pain to your nurse using the above pain scale to maintain a level of pain acceptable to you. When ready, you will be taken to your private room in The Joint Replacement Center. Please remember to use your call bell for any needs you may have.

## ACTIVITY

You will be focused on a quick recovery. While in bed, you will have compression devices fitted to your lower legs. It is very important that you begin ankle pumps. This will help prevent blood clots from forming in your legs.

Physical therapy will visit you twice per day, and your level of pain will be assessed prior to your therapy session. Occupational therapy sessions occur once per day. Your coach is encouraged to be present during therapy sessions. You will also be assisted walking with the use of a walker. Sitting in the orthopedic chair in your room is preferable as we encourage you to be out of bed as much as possible.

- Your surgeon or physician assistant will assess you and your ongoing plan of care.
- The Total Joint Navigator and case manager will work closely with you to ensure all discharge plans are in place and will coordinate home therapy, if available.
- A pharmacist will visit you and review any medications you will be taking at home.
- Prepare to pick up your prescriptions you will be taking at home prior to discharge.

The goal of your joint replacement procedure is to return you to optimal mobility with decreased discomfort as quickly as possible.

Recovering at home is preferable and encouraged by your treatment team, when appropriate. Before you are discharged home, please plan to have someone available to drive you.

## PHYSICAL THERAPY

Studies have shown outpatient physical therapy versus home therapy have similar outcomes. The Joint Replacement Center utilizes many programs to assist you in the first days following your hospital stay. In many cases, you will receive physical therapy at home. Following home therapy, outpatient physical therapy should be continued.



## CALL, DON'T FALL

Please use your call bell for any need you may have.

Please familiarize yourself with visitor/age restrictions that may be in effect. Learn more here:

[montefiorenyack.org/patients-visitors/visitor-resources](https://montefiorenyack.org/patients-visitors/visitor-resources)

# CARING FOR

## Yourself at Home

**Your safety, recovery, and comfort are very important to us.**

- Take your pain medicine at least 30 minutes before your physical therapist comes.
- Change your position every 45 minutes throughout the day.
- Use ice packs for pain control. Apply to your affected joint, not directly on skin, to decrease discomfort, not more than 20 minutes each hour. You can use ice before and after your exercise program.
- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medications that contain narcotics promote constipation. Use stool softeners or laxatives, such as Milk of Magnesia, if necessary. Add fiber to your diet.
- Take blood thinners as prescribed by your doctor as they help to avoid blood clots.
- Take your temperature if you feel warm or sick. Call your surgeon or navigator if it exceeds 101 degrees F.
- If instructed, use your abduction pillow at night until instructed to discontinue use by your surgeon. This is usually used for 4-6 weeks after surgery.
- Wear your white compression stockings at all times until your surgeon tells you otherwise.
- Consult your physical therapist or surgeon with any questions.

### CARING FOR YOUR INCISION

Your incision will be closed with sutures, staples or surgical adhesive. Your dressing should remain on and untouched for seven (7) days unless soiled or changed by your healthcare provider. Keep your incision and bandage dry. You may cover the staples with a dry sterile dressing or you may purchase Tegaderm, which is a waterproof dressing to allow showering.

#### When changing your dressing:

- Wash your hands
- Remove the old dressing
- Inspect the incision for signs and symptoms of infection:
  - Increased redness
  - Yellow/green drainage
  - Odor

#### Next steps:

- Apply Tegaderm or dry sterile dressing and tape (whichever you prefer)
- Pull up white compression stocking
- Repeat as needed until the staples are removed

**It is important to remember to notify your Joint Navigator and surgeon if you require hospital admission for any reason within 90 days of your surgery.**

# PREVENTION

## of Complications

Notify your dentist or other physicians that you have had a total joint replacement. Take prophylactic antibiotics when having dental work or other potentially contaminating procedures. This needs to be done for at least two years following your joint replacement surgery.

### PNEUMONIA

- Wash your hands
- Stay as active as possible
- Use an incentive spirometer throughout the day
- Report any productive cough or fever to your surgeon or Navigator

### BLOOD CLOTS

- Call your doctor if you have pain in the calf or swelling of the thigh
- Take blood thinners as prescribed
- Stay active
- Wear your compression stockings
- **PULMONARY EMBOLUS:**  
**This is an emergency. If you experience any of the following, you need to call 911:**
  - Sudden chest pain
  - Difficult and/or rapid breathing
  - Shortness of breath
  - Sweating
  - Confusion

### HIP DISLOCATION:

- Your physical therapist will instruct you on proper precautions and the use of any positioning devices required to minimize the risk of hip dislocation.
- **Posterior Hip Replacement Precautions:** Avoid hip flexion beyond 90 degrees. Do not cross your legs. Avoid internal rotation of the hip.
- **Anterior Hip Replacement Precautions:** Avoid hip extension. Do not cross your legs. Avoid external rotation of the hip.



Stay as active as possible.

# PATIENT

## Education

### PREPARING THE SKIN BEFORE SURGERY

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, this facility has chosen disposable cloths moistened with a rinse-free 2% chlorhexidine gluconate (CHG) antiseptic solution. The steps below outline the prepping process and should be carefully followed.

Water and ingredients commonly found in personal care products can reduce the antiseptic effects of CHG. Since CHG works best when left on the skin, do not rinse it off.

If showering or bathing is desired, the water should be warm not HOT. Shower or bathe at least one hour before prepping skin. When applying CHG, your skin should be completely dry and cool.

- Shower/bathe and shampoo hair the night before surgery or at least one hour before using these cloths.
- Shaving should be suspended at least 2 days prior to surgery on all areas of the body, including the face, legs, underarms, etc.

### HOW TO PREP SKIN WITH PROVIDED CLOTHS ON THE MORNING OF THE SURGERY

#### 1. Wash your hands.

#### 2. To open the package(s):

Cut off the end of package, using scissors.

**When applied to sensitive skin, CHG may cause skin irritation such as a temporary itching sensation and/or redness. Showering or shaving immediately before applying CHG may enhance this effect. If itching or redness persists, rinse affected areas and discontinue use.**

**\*\*Do not rinse or apply any lotions, moisturizers or make-up after prepping.**

#### 3. Prepping your skin:

Wipe the area(s) outlined below. Avoid contact with eyes, ears, and mouth.

Use cloths to prep each area of the body, following the order stated in the directions. Wipe each area in a back and forth motion. Be sure to wipe each area thoroughly.

Allow area to air dry for one (1) minute. Do not rinse. It is normal for the skin to have a temporary “tacky” feel for several minutes after the antiseptic solution is applied.

- Wipe chest from neck to waist.
- Wipe both arms front and back from shoulder to fingertips, including underarms.
- Wipe abdomen, right and left hip, including abdominal folds and groin.
- Wipe both legs front and back from thigh to toes. Discard first wipe.
- Wipe back, starting at base of neck and ending at waist, then wipe buttocks.

## COUGHING AND DEEP BREATHING AFTER SURGERY

Coughing and deep breathing exercises will speed your recovery and reduce the risk of respiratory complications.

### How to Cough

Practice coughing before your surgery. After surgery, you will need to do these exercises at least every two hours to keep your lungs free of secretions.

- To help stimulate your cough reflex, take a deep breath. Breathe in through your nose and concentrate on fully expanding your chest. Breathe out through your mouth, and concentrate on feeling your chest sink downward and inward. Then, take a second breath in the same manner.
- Now, take a third deep breath and hold it for a few seconds. Cough two to three times in a row (once is NOT enough). This will clear your breathing passages.
- Now take three to five normal breaths, exhale slowly and relax.

### How to Deep Breathe

- Lie on your back in a comfortable position. Bend your legs slightly and relax. Exhale normally. Then, close your mouth and inhale deeply through your nose. Hold your breath and slowly count to five.
- Purse your lips as though about to whistle and exhale completely through pursed lips.
- Repeat three to five times and relax. You can also do this exercise while lying on your side, sitting or standing, or as you turn in bed.



## DEEP BREATHING

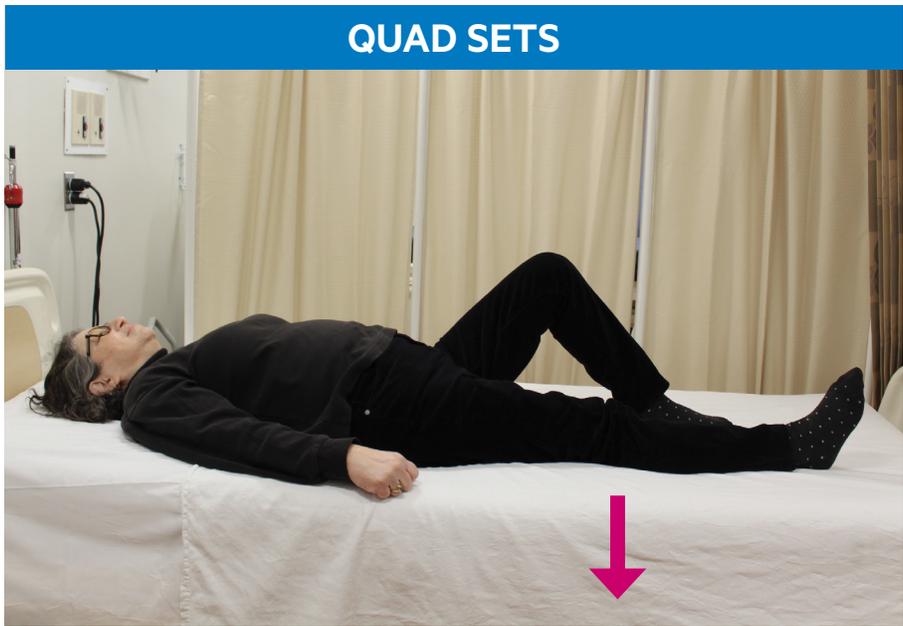
Performing deep breathing exercises several times an hour helps keep your lungs fully expanded, decreasing the risk of pneumonia.

# PRE-OPERATIVE HIP EXERCISES

Repeat All Exercises 20 Times, 2 Times Every Day



Move ankle up and down.



Lie on back, press knee into mat. Tighten muscles on front of thigh. Do not hold breath.

## GLUTEAL SETS



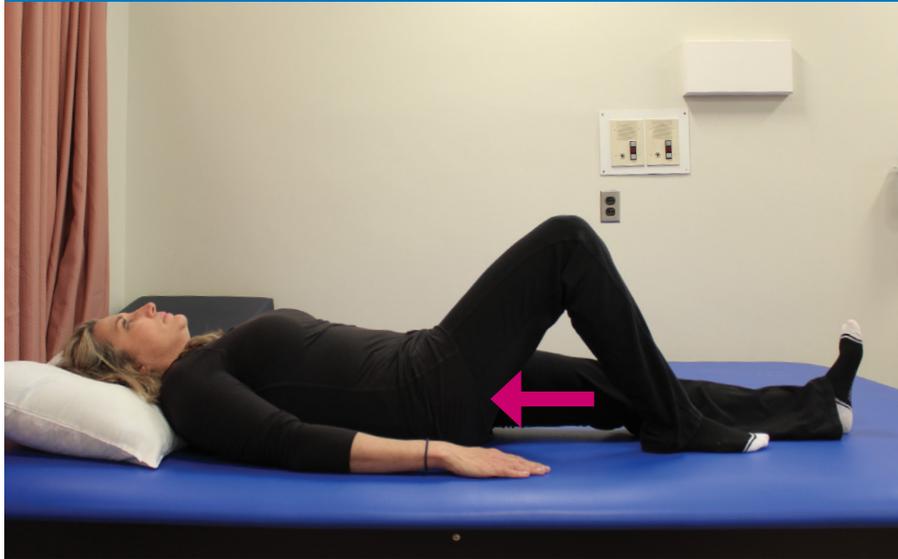
Squeeze bottom together. Do not hold breath.

## HIP ABDUCTION - ADDUCTION



Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point.

### HEEL SLIDES



Lie on bed, slide heel toward your bottom.

### SEATED KNEE EXTENSIONS



Sit upright. Straighten knee.

### SHORT ARC QUADS



Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll.

### ARMCHAIR PUSH-UPS



Sit in armchair. Place hands on arm-rests. Straighten arms, raising bottom up off chair seat if possible. Feet flat on floor.

# POST-OPERATIVE HIP EXERCISES

Repeat All Exercises 20 Times, 2 Times Every Day

## ANKLE PUMPS



Move ankle up and down.

## QUAD SETS



Lie on back, press knee into mat. Tighten muscles on front of thigh. Do not hold breath.

### GLUTEAL SETS



Squeeze bottom together. Do not hold breath.

### HIP ABDUCTION - ADDUCTION



Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point.

Post-Operative Exercises continued...



Lie on bed, slide heel toward your bottom.



Sit upright. Straighten knee.

## STANDING HEEL RAISES



While standing, hold onto a firm surface. Rise up on toes. Repeat 20 times.

## STANDING KNEE FLEXION



While standing, hold onto a firm surface. Bend knee of operated leg up behind you. Straighten to a full stand. Repeat 20 times.

## Post-Operative Exercises continued...

### HIP FLEXION



While standing and holding onto a secure surface, march in place.

**DO THIS WITH YOUR THERAPIST FIRST. CAUTION: YOU SHOULD NOT BEND KNEES ENOUGH TO CAUSE PAIN.**

### QUARTER SQUAT



With feet shoulder-width apart and back to wall, slide down wall until knees are at 30-45 degrees of a bend. Return to upright position.

**DO THIS WITH YOUR THERAPIST FIRST. CAUTION: YOU SHOULD NOT BEND KNEES ENOUGH TO CAUSE PAIN.**

## Post-Operative Exercises continued...

### SINGLE LEG STEP-UP



With foot of operated leg on a step (or book), step up and straighten that leg. Return. Exercise the good leg as well.

**NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.**

### ANKLE DORSIFLEXION-PLANTER FLEXION



While standing, hold onto a firm surface. Raise up on toes. Go back on heels.

**NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.**

# POST-OPERATIVE

## Goals and Activity Guidelines

**NOTE: Please do these with your therapist first.**

### WEEKS ONE AND TWO

During weeks one and two of your recovery, your goals are to:

- Continue with walker unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once per day.
- Independently sponge bathe or shower and dress.
- Gradually resume household tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist from the program given to you.

### WEEKS TWO TO FOUR

During weeks two through four, you will move toward more independence. In addition to your outpatient therapy, you will need to be very faithful to your home exercise program in order to be able to achieve the best outcome. Your goals for the period are to

- Continue with your first 2 week exercises.
- Wean from full support while walking to using a cane as instructed.
- Walk at least ¼ mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Independently shower and dress.
- Resume household tasks.
- Do 20 minutes of home exercises twice per day with or without the therapist.
- Begin driving. You will need permission from the surgeon.

### WEEKS FOUR TO SIX

▪ Continue with 1-4 week goals.

- Walk with a cane.
- Walk ¼ to ½ mile.
- Begin progressing on stairs from one foot at a time to normal stair climbing (foot over foot).
- Drive a car.
- Continue with home exercise program twice per day.

### WEEKS SIX TO TWELVE

During weeks 6-12 you should be able to begin resuming all of your activities. Your goals for this time period are to:

- Continue with 1-6 week goals.
- Walk with no cane and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk ½ to 1 mile.
- Improve strength to 80 percent.
- Resume all activities including dancing, bowling and golf.

# SELF MANAGEMENT

## Activities of Daily Living

### STANDING UP FROM CHAIR

**Do not pull up on the walker to stand!**

**Sit in a chair with armrests whenever possible when performing this activity.**

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before reaching for the walker.



### WALKING

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operated leg. Place your foot in the middle of the walker area. Do not move it past the front feet of the walker.
3. Step forward with the un-operated leg.
4. NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.



## Self Management: Activities of Daily Living Continued...

### GETTING INTO BED

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress.
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of bed.
5. Lift your leg onto the bed while scooting around (if this is your operated leg, you may use a leg lifter, a rolled bed sheet, a belt, or your Theraband to assist with lifting that leg onto the bed).
6. Keep scooting and lift your other leg onto the bed while maintaining your hip precautions.
7. Scoot your hips back towards the center of the bed.

### GETTING OUT OF BED

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your un-operated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
5. Slide operated leg out in front of you when standing up.
6. Balance yourself before placing hands appropriately on the walker.



### LYING IN BED

Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned on the bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or towel roll on the outside of the leg may help you maintain this position.

### GETTING INTO A CAR

1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
2. Using your walker, back up to the seat of the car until you feel it touch the back of your legs.
3. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you do not hit it on the doorframe.
4. Turn frontward, leaning back as you lift the operated leg into the car.

### GETTING DRESSED USING A “REACHER” OR “DRESSING STICK”

1. Sit down.
2. Put your operated leg in the pant leg first, then your un-operated leg. Use the reacher or dressing stick to guide the opening of the pant leg over your foot.
3. Pull your pant leg up within easy reach.
4. Complete by standing with the walker in front of you to pull your pants up the rest of the way.

## GETTING UNDRESSED

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your garment down to your knees.
3. Lower yourself down to a seated position keeping your operated leg straight.
4. Take your un-operated leg out first and then the operated leg.

## USING THE “SOCK AID”

1. Slide the sock onto the sock aid all the way.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toes and pull the sock aid on and pull the sock on. Keep pulling until the sock aid pulls out.
5. A reacher or dressing stick can be used to take socks off.

### If using a long-handled shoehorn:

1. Slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel.
3. Step down into your shoe, sliding your heel down the shoehorn.
4. Elastic shoe laces can be used with sneakers or any shoes that use shoelaces.

**You are encouraged to purchase a hip kit locally or online. This can be used to assist with dressing and undressing. It may include the following**

- Reacher/grabber
- Dressing stick
- Long-handled shoehorn
- Sock aid
- Elastic shoelaces
- Leg lifter

## GETTING INTO THE TUB USING A TUB TRANSFER BENCH

**Wait for the first visit from the therapist at home.**

1. Place the tub transfer bench in the tub facing the faucets.
2. Back up to the seat until you can feel it at the back of your knees. Be sure you are in front of the tub transfer bench.
3. Reach back with one hand for the bench seat. Keep the other hand on the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Slide back on bench and carefully swing legs into tub.

## GETTING OUT OF THE TUB USING A TUB TRANSFER BENCH

1. While seated, lift your legs over the outside of the tub transfer bench.
2. Scoot to the edge of the bench seat.
3. Push up with one hand on the back of the bench seat while holding onto the walker with the other hand.
4. Slowly stand and balance while bringing the other hand to the walker.

## A SHOWER CHAIR OR 3:1 COMMODE\* CAN BE PLACED IN A WALK-IN/STALL SHOWER

A 3:1 commode may be used over the toilet at bedside or in a walk-in/stall shower.



*Shower Chair*



*3:1 Commode*

# FREQUENTLY

## Asked Questions

### **What is arthritis and why does my hip hurt?**

In the hip joint there is a layer of smooth cartilage on the ball of the femur (thighbone) and inside the hip socket (Acetabulum). This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of the smooth cartilage. Eventually, the cartilage wears down to bone. Rubbing of bone against bone causes discomfort, swelling and stiffness.

### **What is a total hip replacement?**

A total hip replacement is really a cartilage replacement with an artificial surface. The socket is enlarged and a metal socket lined by plastic is implanted. The worn out head of the femur is removed and a metal stem is placed inside the hollow thigh bone. A metal or ceramic ball is placed on the stem and this sits inside the new hip socket. This creates a new ball joint with a smooth surface restoring a functioning joint that does not hurt.

### **What are the results of total hip replacement?**

Results will vary depending on the details of the surgery, the patient's activity level and the patient's adherence to the doctor's orders.

### **When should I have this type of surgery?**

Your orthopedic surgeon will make a recommendation based on your history, exam, X-rays and response to conservative treatment. The ultimate decision to proceed with surgery will then be yours.

### **Am I too old for this surgery?**

Age is not a factor if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

### **How long will my new hip last and can a second replacement be done?**

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical

condition(s). Generally, hip replacement will last at least 15 years; with most lasting a lifetime. A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

### **Why might I require a revision?**

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic socket may also result in the need for a new liner. Your surgeon will explain the possible complications associated with total hip replacement.

### **What are the major risks?**

Most surgeries go well without complications, however, complications can occur. These include but are not limited to postoperative dislocation, leg length discrepancy, stiffness, damage to arteries, veins, nerves, aseptic loosening, instability of components and the need for revision surgery. Infection and blood clots are two serious complications. To avoid these, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. Discuss any concerns you may have with your surgeon.

### **Should I exercise before the surgery?**

Yes. Refer to the exercise section of this booklet.

### **Will I need blood?**

It is very rare to require a blood transfusion after surgery. Banked blood is considered safe, but we understand if you prefer the use of your own blood. In respect of patients who prefer no transfusions, Montefiore Nyack Hospital is supportive of your personal preferences

### **How long will I be in the Hospital?**

Most hip replacement patients will be hospitalized for one or two nights after surgery. There are several goals that you must achieve before you can be discharged.

### **Will the surgery be painful?**

You will experience some degree of pain. Our goal is to get your pain scale to an acceptable level for you.

We have found that the best regimen involves addressing pain from all sides and making sure that you remain alert, strong, and free from nausea.

For total hip replacements, the anesthesiologist may perform an injection next to your spinal column to decrease perioperative pain. The injection is designed to help cut down the pain without making the muscles weak; this ensures that you can perform early rehabilitation, crucial in achieving maximum mobility. In addition to the injections (or blocks), you may receive anti-inflammatory medicines, pain modulators and narcotics to achieve the lower pain scale goals. This multi-modal regimen minimizes the use of narcotics and the drowsiness, nausea and constipation that they are known to cause. Pain management is very individualized and what may work for one patient may be very different from another. We take pride in providing personalized care.

### **Will I need a walker or a cane?**

Yes. Typically you will start with a walker. Progression to a cane and then independent ambulation is based on your individual progress.

### **Where will I go after discharge from the Hospital?**

Most patients are able to go home directly after discharge.

### **Will I need help at home?**

Yes, for the first several days, depending on your progress. If you go directly home from the hospital, the care manager will arrange for a physical therapist to work with you at home. Family, friends or your designated coach should come to your home if possible to help. Preparing ahead of time can minimize the amount of help needed.

### **When can I resume driving?**

The time you can resume driving depends upon your recovery. Most patients drive in three to four weeks, however you should discuss this with your surgeon.

### **When will I be able to get back to work?**

We recommend most people take at least one month off from work, unless their job is quite sedentary. You should discuss this with your surgeon.

### **When can I have sexual intercourse?**

The time to resume should be discussed with your surgeon.

### **How often will I need to be seen by my doctor following the surgery?**

Your first post-operative visit should be one to two weeks after discharge. At that time, your surgeon will remove the staples. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks and then yearly.

### **Do you recommend any restrictions following this surgery?**

Yes, high impact activities such as running, tennis, and basketball are not recommended. Injury prone sports such as downhill skiing are also dangerous for the new joint. Hip precautions will be explained to you by the physical therapist and should be observed until cleared by your surgeon. You should discuss this with your surgeon.

### **What physical therapy/recreational activities may I participate in after my recovery?**

You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling and bicycling.

### **Will I notice anything different about my hip?**

Most hip replacements feel similar to your natural hip after complete healing. Some degree of thigh ache or tightness putting on your shoes is common in the first few months after surgery.

### **What should I expect for bills after the procedure?**

You will receive separate bills from the anesthesiologist, the Hospital, radiology, pathology (if applicable) and your surgeon and physician assistant.





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*There is only one good  
reason to have joint  
replacement surgery: You  
want to continue living a  
full and productive life.*

**The Joint Replacement Center**

160 North Midland Avenue

Nyack, NY 10960

845-348-7489

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