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Edward-Elmhurst
HEALTH

EDWARD HOSPITAL

# TOTAL HIP REPLACEMENT

# THANK YOU

Thank you for choosing Edward-Elmhurst Health for your hip replacement surgery. We know you have a choice of where to go for your procedure.

Our goal is to ensure that your stay with us is as pleasant and comfortable as possible. We do this through our unique program that helps to guide you through your journey – so you know what to expect before, during and after your hip surgery. Our dedicated care team is here for you every step of the way.

Again, we’re so glad that you chose us for your care.

Your Care Team

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## Section One:

# General Information

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# Welcome

We are pleased that you have chosen the Orthopedic Center. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than 700,000 people make the decision to undergo joint replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.

The program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery, and move towards normal activity in six to twelve weeks.

The Orthopedic Center has developed a comprehensive treatment program. We believe that patients play a key role in ensuring a successful recovery. Our goal is to involve patients and their coach in their treatment through each step of the program. This guidebook provides the information needed to maximize a safe and successful surgical experience.

Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with each patient. The Care Coordinator will assist to guide patients through the surgical experience.

Your team includes physicians, physicians' assistants, nurses, patient care technicians, orthopedic technicians, and physical and occupational therapists specializing in total joint care.

## Overview of the Orthopedic Center

We offer a unique program. Each step is designed to encourage the best results leading to a discharge from the hospital one to two days after surgery. Features of the program include:

- Dedicated Nurses and therapists trained to work with joint patients
- Private rooms
- Emphasis on group activities
- Family and friends participating as "coaches" in the recovery process
- Group discharge education class with your coach and staff
- A Joint Care Coordinator who assists the team in coordinating all pre-operative care through discharge planning
- A comprehensive patient guide for you to follow from preoperatively and beyond



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## Using the Guidebook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The Guidebook is a communication tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

**Remember, this is just a guide. Your physician, physician's assistant, nurse, or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information.**

**Bring your guidebook with you to the hospital, outpatient therapy, rehab facilities, and all physician visits.**

### You can find your Patient Guidebook online at https://www.eehealth.org/ortho-spine

## Pre-op Joint Replacement Class

Preadmission testing (PAT) will schedule your appointment for the joint surgery pre-operative class as ordered by your surgeon. It is highly recommended that your coach attend with you.
If unable to attend, please watch the joint class video on the Edward Hospital intranet. It is approximately 20 minutes long. The link is: www.eehealth.org/ortho-spine

Just click on the appropriate video on this page to view.

*Please bring your Coach and Guidebook with you to class.*

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## Frequently Asked Questions

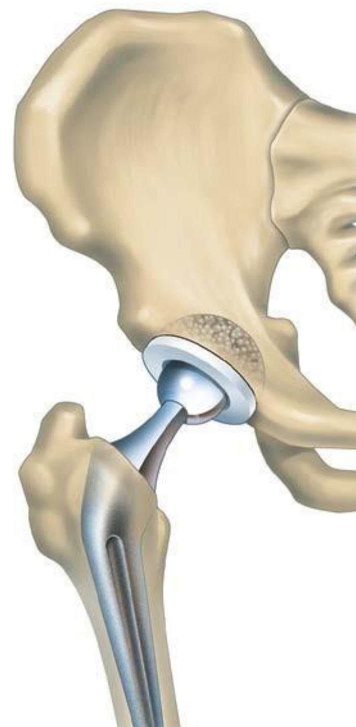
We are glad you have chosen the Orthopedic Center to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the Joint Care Coordinator. We are here to help.

**Q. What is osteoarthritis and why does my hip hurt?**

A. Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

**Q. What is total hip replacement?**

A. The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness. You should see improvement in walking.



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

A. All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). 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 specified length of time.



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**Q. What are the major risks?**

A. Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection. Dislocation is another risk. For this reason, it is important that patients follow the hip precautions provided by their surgeon.

**Q. How long will I be in the hospital?**

A. Most hip patients will be hospitalized for one to two days after surgery. There are several goals that must be achieved before discharge.

**Q. What if I live alone?**

A. Three options may be available to you. Most patients return home and receive help from a relative or friend. You may have a home health nurse and physical therapist visit you at home for one to two if you qualify. You may also stay in an acute or sub-acute facility following your hospital stay **IF you are unsafe to be at home, and depending on your qualifications and insurance.**

**Q. How can I plan for a safe return to home after surgery?**

A. Get more physically stronger before surgery by doing your pre-surgical exercises. Attend Rehab when possible. Arrange your house to fit your after-surgery needs. Make arrangements with your family and friends to help after surgery. Start working with your primary care physician weeks to months before surgery (as needed) to be at your best medical shape as possible for surgery and recovery.

**Q. How long will the surgery take?**

A. The hospital reserves approximately one to two hours for surgery and approximately one to two hours for the recovery room.

**Q. Will the surgery be painful?**

A. You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. After surgery, most patients receive oral pain medication along with IV pain medication as needed. Nerve blocks are sometimes used as well. For more information about this, read “Understanding Anesthesia” and “Pain Medications after Joint Replacement” in this Guidebook.



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**Q. How long and where will my scar be?**

A. There are a number of different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar. A person's body size and the amount of work required during surgery will also influence the length of your scar. Your surgeon will discuss which type of approach is best for you. Please note that there maybe some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

**Q. Will I need a walker, crutches, or a cane?**

B. Patients progress at their own rate. Typically, patients begin with a rolling walker and transition to a cane. This is for approximately four to six weeks. Your therapist will advise you on the appropriate device and when it is safe to transition.

**Q. Where will I go after discharge from the hospital?**

A. Most patients are able to go home directly after discharge. If not safe to go home, a small number of patients may transfer to a sub-acute facility. The Case Manager or Social Worker will help make the necessary arrangements. You should check with your insurance company to see if you have sub-acute rehab benefits.

**Q. Why does my surgeon want me to go directly home after surgery?**

A. Medical studies are now showing that home is the best and safest place for a patient to recover after total joint replacement surgery. Patients who go to a rehab facility do NOT do better than those who go home. Patient satisfaction rates are the same for home vs rehab facilities. Most importantly, it appears that higher complication rates leading to readmissions to the hospital are seen more frequently with rehab facilities and less when going directly home.

**Q. Will I need help at home?**

A. Yes for the first few days or weeks, depending on your progress. You should choose a coach to help you. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

**Q. Will I need physical therapy when I go home?**

A. Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. If you need home physical therapy, the Case Manager or Social Worker will arrange for a physical therapist to provide therapy in your home. Following this, you may go to an outpatient facility two to three times a week to assist in your



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rehabilitation. The length of time for this type of therapy varies with each patient. Edward Hospital offers outpatient therapy at multiple sites. See handout in front pocket of guidebook.

**Q. Will my new hip set off security sensors when traveling?**

A. Your joint replacement is made of a metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure.

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## Section Two:

# Getting Ready for Surgery

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## Three to Four Weeks before Surgery (Ideally)

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|
| Week 6 | | | | |
| Week 5 | | | | |
| Week 4 | | | | |
| Week 3 | | | | |
| Week 2 | | | | |
| Week 1 | | | | |

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## Start Pre-operative Exercises

Many patients with arthritis favor the painful leg. As a result, the muscles can become weaker making recovery slower and more difficult. For this reason, it is very important to begin an exercise program before surgery in order to work toward improving strength and flexibility. This can make recovery faster and easier.

PREHAB: You may receive an email or call from the Edward Fitness Center for strengthening exercises before surgery. Please consider attending these to better prepare you for after surgery. We aim to have you in the most optimal condition for your surgery. This is NOT a physical therapy evaluation.

### Exercising before Surgery

It is important to be as flexible and strong as possible before undergoing a total hip replacement. **Always consult your physician before starting a pre-operative exercise plan**. Eleven basic exercises are listed here that your physician may instruct you to start doing now and continue until surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of "training" prior to your surgery.

Remember that you need to strengthen your entire body, not just your leg. It is very important that you strengthen your arms by doing chair push-ups (exercise #11) because after surgery you will be relying on your arms to support you when walking with the walker or crutches You will also rely on your arms to help you get in and out of bed and chairs as well as on and off the toilet. You should also exercise your heart and lungs by performing light endurance activities – for example, walking for 10-15 minutes each day.

***Do NOT do any exercise that is too painful.***

**Pre-operative Hip Exercises (**See Section 4, Pre- and Post-op Exercises for details*)-Page 41*

1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Heel Slides
5. Short Arc Quads
6. Knee Extension Stretch
7. Standing Heel Toe raises
8. Standing Rock Over Affected Leg
9. Standing Mini Squats
10. Standing Knee Flexion
11. Armchair Push-ups



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### Planning for Leaving the Hospital

Understanding your plan for discharge is an important task in the recovery process. You can expect help from your Joint Care Coordinator to develop a plan that meets your particular needs. Many patients should expect to be able to go directly home, as is usually best to recover in the privacy and comfort of your own surroundings. It is important to arrange for a caregiver at home at least for the first few days to week. If your surgeon suggests you may not be safe to go home after surgery, we advise visiting sub-acute rehab facilities ahead of time in order to have choices, as needed.

## Three to Four Weeks before Surgery

### Pre-Admission Nursing Assessment

After your surgeon's office has scheduled you for joint surgery, you will need to call (P AT) Preadmission Testing (unless the hospital has already contacted you regarding this), to schedule your Pre-Admission Nursing Assessment (which will be done by phone). You will need a calendar. If you must leave a message when PAT can call you back to schedule this, leave a secure phone number and a time frame when you will be available.

For your pre-admission nursing assessment, you will need to have the following information:

- Patient’s full legal name and address, including county
- Home phone number and secure phone number to leave a message
- Marital status
- Social Security number
- Name of insurance holder, his or her address and phone number and his or her work address and work phone number
- Name of insurance company, mailing address, policy and group number
- Patient’s employer, address, phone number and occupation
- Name, address and phone number of nearest relative
- Name, address and phone number of someone to notify in case of emergency. This can be the same as the nearest relative
- Height and weight
- Medical and surgical history
- List of all medications (prescribed, over-the-counter, vitamins, supplements, herbals) or have all bottles in front of you
- Calendar to schedule Pre-op testing and Pre-op class
- Choose a coach or support person who can attend class with you and help after surgery



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## Two to Three Weeks before Surgery

### Obtain Medical and Anesthesia Clearance

When you were scheduled for surgery, you should have received a medical clearance letter from your surgeon. This letter will tell you whether you need to see your primary care physician and/or a specialist. If you need to see your primary care physician before surgery, you will also need to have a one week follow up with them after surgery. Set up the one week follow up appointment with your primary care physician while at the office for your Pre-op visit. You will need to have a nasal swab test for MRSA/MSSA. IF positive, your surgeon's office will contact you for appropriate antibiotic treatment (Mupirocin). You may get additional instructions from PAT directed by Anesthesia requirements for surgery. Please follow these instructions.

### Obtain Laboratory Tests

When you were scheduled for surgery, you should have received a laboratory-testing letter from your surgeon. Follow the instructions in this letter. Your primary care physician or specialist along with PAT directed by Anesthesia, may order additional testing. PAT will set up the lab and X-ray testing appointments with you. If you have an HMO, you will need to contact your PCP and insurance on where to complete this testing and set up your own appointments.

### Put Your Health Care Decisions in Writing

It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes. The law requires that everyone being admitted to a medical facility have the opportunity to complete advance directives forms concerning future decisions regarding your medical care. To review information about Advance Directives, please refer to page 68. Although Advance Directives are not required for hospital admission, we encourage you to consider completing the forms for the directives as you desire. If you do have advance directives, please bring a copy to the hospital on the day of surgery.



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**Become Smoke Free**

If you are a smoker, you should stop using tobacco products. The tar, nicotine, and carbon monoxide found in tobacco products have serious adverse effects on your blood vessels and thus impair the healing process. Finally, we have found that smokers experience a greater degree of pain than do non-smokers. Please review "Smoking Cessation" information on page 75.

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**Attend the Pre-operative Joint Class**

A special class is held weekly for patients scheduled for joint surgery. PAT will schedule this class for you 2-3 weeks prior to your surgery. You will only need to attend one class. Members of the team will be there to answer your questions. It is strongly suggested that you bring a family member or friend to act as your "coach." The coach's role will be explained in class. If it is not possible for you or your coach to attend, please view the class online at www.eehealth.org/ortho-spine. . The outline of the class is as follows.

- Joint Disease
- What to Expect: Role of your "Coach"/Caregiver
- Meet the Joint Replacement Team
- Learn Your Breathing Exercises
- Reviewing Your Pre-operative Exercises
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Insurance/Obtaining Equipment
- Complete Pre-operative Forms
- Tour the Center for Joint Replacement

**Read Anesthesia and You**

Joint surgery does require the use of general or spinal anesthesia. Please review “Anesthesia and You” (see page76) provided by our anesthesia department. If you have questions or want to request a particular Anesthesiologist, please contact your surgeon’s office in order to coordinate schedules.

**Start Iron, Vitamins**

If ordered by your surgeon or primary care physician, prior to your surgery, you may be instructed to take multivitamins as well as iron. Iron helps build your blood.

**Importance of Your Coach**

In the process of a joint replacement, the involvement of a family friend or relative acting as your coach is very important. Your coach will be with you from the pre-op process through your stay in the hospital and to your discharge to home. They will attend pre-op and discharge class, give support during exercise classes, learn how to change your bandage and keep you focused on healing. They will assure you continue exercising when you return home and see that home remains safe during your recovery.

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## Two weeks before Surgery

**Medications to stop**

Stop all herbals (Fish Oil, etc), vitamins, (especially E,K) and appetite suppressants. (See list on PAGE 66.) Discuss **NSAIDS(non-steroidal anti-inflammatories), anticoagulants and anti-platelets (blood thinners) (see page 66)-** these may need to be stopped at this time or later as determined by your surgeon and prescribing physician.

## Ten Days before Surgery

**Pre-operative Visit to Surgeon**

You may have an appointment in your surgeon's office 7-10 days before surgery if needed. This will serve as a final check-up and a time to ask any questions you might have. Some patients may have a shorter or longer time between the visit and surgery.

*At this time, you should schedule your first post op office visit and the 6 week post op office visit.*

***Purchase HIBICLENS (chlorhexidine gluconate) soap to be used 5 days before surgery.***

**Stop Medications that Increase Bleeding**

- Ten days before surgery stop all medications containing aspirin and anti-inflammatories (NSAIDS) such as aspirin, Motrin, Naproxen, Ibuprofen. (See page 66) as these medications may cause increased bleeding.
- If you are on any blood thinners such as Coumadin, Xarelto, Plavix, Pradaxa, Effient, etc. (SEE List on page 66) you will need special instructions on stopping this medication. Please contact your prescribing physician for these instructions AFTER DISCUSSING WITH YOUR SURGEON.

**Prepare Your Home for Your Return from the Hospital**

HOME

- De-clutter your home. Temporarily put away area rugs that may create a tripping hazard; tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Place essential and frequently used items at counter level in the kitchen or on higher shelves in the refrigerator. This may mean taking out the items from the lower or very upper cabinets out and storing them on the counter temporarily.
- Check railings to make sure they are not loose.
- Install grab bars in the shower/bathtub. Put adhesive slip strips in the tub.
- Clean, do the laundry, and put it away.
- Prepare meals and freeze them in single serving containers.



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- Complete needed yard work and mowing or arrange to have this done for you
- Strategically place night-lights in bathrooms, bedrooms, and hallways.
- Arrange a recovery area with arm chair

PETS

- Have help for the first week to keep food and water available for pets
- Have dog walker planned for the first two weeks. You will not want to chance losing your balance or being jerked by your excited canine friend!
- If you have cats, have the litter box up on a high table or counter so you don't have to bend down to clean it.

POINT OF COMFORT

- You may want to bring extra pillows for the ride home to maximize your comfort
- Bring comfortable, loose fitting clothing to wear in the hospital and going home (NO jeans)

## Five Days before Surgery

Begin showering with Hibiclens (chlorhexidine gluconate) soap daily for each of the five days before surgery. (See page 63).
IF **positive** for MRSA or MSSA, your surgeon will call you to begin using an antibiotic ointment. Last application should be the morning of surgery (6th day).
(See page 64).

If allergic to chlorhexidine, please use **an Antibacterial Body Wash** for 5 days prior to your surgery. Antibacterial bar soap may also be used, but you will need to use a new bottle if liquid OR a new bar for every day. Be sure to pay special attention to skin folds and area for surgery. Sleep on clean sheets and use clean clothing after bathing.

## One to Two Days before Surgery

**Find Out Your Arrival Time at the Hospital**

The hospital will call you one – two days before the surgery, sometime in the afternoon or evening, (or on Friday after 1pm if your surgery is on Monday) to let you know what time your procedure is scheduled. You will be asked to come to the hospital two hours before the scheduled surgery to give the nursing staff sufficient time to start IV's, verify your information, complete any last minute testing, prepare the surgical site and answer questions. It is important that you arrive on time to the hospital as occasionally the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, your surgery could be moved to a much later time. You will be instructed where to park and what to bring with to the hospital.

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## The Night before Surgery

**NPO - Do Not Eat or Drink.**

- Do not eat or drink anything after 11 pm, EVEN WATER, unless otherwise instructed to do so.
- Please DRINK your first bottle of 12 OUNCES OF GATORADE 12 HOURS BEFORE YOUR SCHEDULED SURGERY TIME. (No substitutions, NOT red colored). See page 62 “For your safety - Gatorade”.
- Please DRINK your second bottle of 12 OUNCES OF GATORADE 4 HOURS BEFORE YOUR SCHEDULED SURGERY TIME. (No substitutions, NOT red colored). See page 62 “For your safety - Gatorade”.
- If you must take medication the morning of surgery, do so with a small sip of water or at the time of drinking your 4 hour Gatorade. You will be directed by the PAT nurse and your physician which medications to take the day of surgery.
- Please take 1000 mg Tylenol (Acetaminophen is generic) 4 hours before your scheduled surgery time. (Take this along with the Gatorade.)
- You may brush teeth, rinse and spit; do not swallow any additional water

SPECIAL INSTRUCTIONS:

You will be instructed by your prescribing physician on diabetic medications, blood pressure or heart medications and daily medications to take or omit the morning of surgery. PAT will also review this as advised by your physician and Anesthesia requirements for surgery.



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## What to Bring to the Hospital

- Patient Guidebook
- Advance Directives and living will
- Insurance card, picture I.D.
- Personal hygiene items (toothbrush, powder, deodorant, etc)
- Shorts, tops, well-fitting slippers or flat shoes ,such as sneakers
- Loose-fitting warm-up suit for ride home (NO jeans)
- Battery operated items
- For safety reasons do NOT bring electrical items
- Cell phone friendly facility
- A favorite pillow with a pillowcase in a pattern or color so it will not end up in the hospital laundry. You can use the pillow during your stay and in the car ride home
- Walker with wheels on the front on the first or second day after surgery so physical therapy can adjust for your height
- Leave valuables at home
- No jewelry, makeup on, or adhesive on dentures

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## Section Three:

# Hospital Care

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# Hospital Care - Day of Surgery

## Arrival

Drive to the South parking garage. Free Valet parking is available during business hours. If you self-park, take the elevator from the garage to the first floor to enter the main hospital lobby. Wheelchairs are available if needed. Take the D elevator to the 2nd floor. Proceed to the Surgical and Endoscopy Check-In Desk. Here you and your family will be checked in and escorted to the Peri-op Area to be prepared for surgery. Up to two family members may wait with you until you are taken to surgery. Your family may then wait in the Surgical Waiting room until notified by the surgeon that the surgery has been completed. A receptionist will take down contact information so that your family may be easily reached to speak with the surgeon. Complimentary coffee is available for your family while in the Surgical Waiting room.
The cafeteria and gift shop are on the ground floor in the North area of the hospital and the coffee shop is in the South area of the hospital for your family's convenience.

### What to Expect

In the Peri-op Area you will be prepared for surgery. The team will be checking your vital signs, starting your IV, validating your medications, health history, lab results and any follow up for additional testing needed. You will be given a set of CHG bath wipes to use. Do not use them on your face or genital area. This is similar to the Hibiclens wash used at home to prevent infection; you do not rinse with these wipes. At this time, they will obtain your consent for surgery and answer any questions you may still have. Your anesthesiologist and surgeon will see you and your family prior to your surgery. The surgeon will mark your surgical site. You will be escorted to the operating room by cart. Your family can wait in the surgical waiting room. Following surgery you will be taken to the Post Anesthesia Care Unit (PACU) where you will recover for approximately an hour. During this time, pain and nausea control will be established and your vital signs will be monitored. You will then be taken to the Orthopedic Unit where our specialized staff will care for you. Friends and family can see you at this time.

For the rest of this day, you will begin with liquids advancing to regular foods as tolerated. We encourage you to drink plenty of water. We will instruct you on the benefits of breathing exercises, early ambulation, ankle pumps, T.E.D. compression stockings (IF ORDERED), and sequential compression devices (SCD's). Our staff will **assist** you out of bed to the chair or walking in the hallway. If you arrive on the Orthopedic Unit before 4pm, you will be seen by the physical therapist for an initial evaluation. Initially, your pain will be managed with oral and possibly IV medication. There will be a large dressing over your incision along with cold therapy. Most patients will not have



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a catheter to their bladder. IF you have a catheter to your bladder it will be removed early the next morning.

**Post-op Routine through Discharge**

An X-ray may be taken of your hip after surgery. Your physician may have this done in surgery, in recovery or on the Orthopedic unit.

Each day starts with blood work obtained early in the morning with the 5 a.m. vital signs.

We strongly encourage you to be up in the chair for each meal.

Your surgeon, covering physician, physician assistant or Advanced Practice Nurse will check on you daily while you are in the hospital.

## Safety

*Call, Don't Fall.* Call the phone number on the whiteboard in your room for your nurse or PCT when needing to get up. You may also use the call light. A gait belt will be used for all out of bed activities to decrease your risk of falling. Always get up with the assistance of staff.

**Breathing Exercises**

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises. Techniques such as deep breathing, coughing, and using an **Incentive Spirometer** may also help you recover more quickly.

**Early Ambulation and ankle pumps**

To prevent blood clots, it is important to do at least 10 ankle pumps every hour while you are awake. We will assist you to get out of bed on the day of surgery and assist you up to the chair for all meals. Once home and during the day, you are encouraged to get up and walk hourly.

**Blood thinners (anticoagulants)**

You will also be started on a blood thinner (pill or shot form) AFTER SURGERY as determined by your physician to decrease you risk of developing a blood clot. You may have been given this written prescription by your surgeon before surgery or you will receive it at discharge from the hospital.

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## Understanding Pain Management

We realize that you will have some discomfort after your operation. It is our aim to make you as comfortable as possible after surgery. There are several factors that limit our ability to completely eliminate pain after surgery. The first is that pain medications have side effects. These include respiratory depression (decreased ability to breathe normally), hypotension (low blood pressure), nausea and constipation. Other less common side effects include itching, urinary retention (inability to urinate) and abdominal distention (collection of gas within the intestines). These side effects mean that the amount of medication will have to be reduced at times, to avoid creating dangerous or uncomfortable conditions. Another factor is tolerance. This is the body's tendency to become less responsive to the pain-reducing action of opioids after being exposed to them for periods of time. In other words, your body can become used to having these drugs. Unfortunately, the side effects can still be present. Patients who have taken large doses of opioids for months or years have a much harder time keeping comfortable after surgery. For this reason, it is **very important for you to provide accurate information to your surgeon about the amount of pain medication you have been taking. Your healthcare team will work with you to reduce your opioid use before the day of your surgery. Inaccurate information could result in a needlessly painful and stressful post- operative course**. It is important that patients taking Suboxone for chronic maintenance therapy inform their prescribing physician about their upcoming surgery. The physician who prescribed the Suboxone can assist to modifying your maintenance therapy before surgery and provide advice on your pain management plan after surgery.

### Pain Scale

Using a number to rate your pain can help the Joint Team understand the severity of your pain and help them make the best decision to help manage it.

Once you have had your surgery, we will rely heavily on your own assessment of your pain, and work with you to reduce it. We will ask you to rate your pain on a scale of 1-10 with ten being the highest pain imaginable. We will ask you this frequently.

### Your Role in Pain Management

Using a pain scale to describe your pain will help the team understand your pain level. If "0" means you have no pain and "10" means you are in the worst pain possible, how would you rate you pain? With good communication about your pain, the team can make

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adjustments to make you more comfortable. Simple repositioning and mindfulness can help. Cold therapy will also be used.

**Pain Medications After Joint Replacement Surgery**

Joint replacement can be associated with temporary but significant pain after surgery. To help manage your pain, we will employ a “multimodal strategy.” This means you will receive several different medications that will work together to control your pain while reducing side effects. These medications will be coordinated by your orthopedic surgeon and anesthesiologist.

To help reduce side effects of some pain medication, appropriate patients will also receive a Scopolamine skin patch. Scopolamine is a long lasting anti-nausea medication. Your pre-op nurse will be able to explain whether scopolamine is appropriate for you.

Immediately after surgery, you will be taken to the Post Anesthesia Care Unit (PACU). In PACU, you will be given a dose of acetaminophen (Tylenol) and IV pain medication as needed. On the Ortho Spine unit you may receive celecoxib (Celebrex) or ketorolac (Toradol), if appropriate. These medications will work together to reduce the amount of narcotics you need to control your pain.

Some patients with heart disease have been told not to take non-steroidal anti-inflammatory medications like ibuprofen and celecoxib. These medications are a concern only if taken regularly for long periods of time (months). For the 2-3 days after surgery, there is little risk associated with these medications.

During your stay at Edward Hospital, in addition to the above medications, you will also receive a fast release pain medicine called oxycodone. It will work together with the other medications to control your pain after surgery.

Prior to discharge from the hospital, you may be transitioned to a combination of acetaminophen and hydrocodone (Norco). On the day of discharge, your surgical team will provide you with all necessary prescriptions before you leave the hospital unless your surgeon provided these to you at your pre-op office visit.

As always, if you have any concerns, your doctors and nurses are available to answer your questions. We look forward to working with you during your recovery from joint replacement surgery.

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## After Surgery - Day One

By 7:00 a.m. on Day One after surgery, you can expect to get sponge bathed, assisted out of bed and seated in a recliner in your room. If you had a foley catheter, it will be removed by 6am. We will assist you to the chair for all meals. Your surgeon and physician's assistant (if applicable) will visit you. The physical therapist may assess your progress. Oral pain medication will be given on a routine and as needed basis to keep you comfortable. Occupational therapy will also begin and you will be assisted to get dressed in your own loose fitting clothing. Group therapy typically begins today at 10 am and 1 pm but you will be informed by staff of the exact times. Your coach is s t r o n g l y encouraged to be present as much as possible. You may begin walking stairs today especially if discharge is anticipated today. You may be discharged today after your second therapy session or tomorrow depending when you are ready. Discharge education class will be today. At group discharge class, education will be provided to you and your coach. Staff will let you and your coach know when yours will be. Visitors are welcome, preferably late afternoons or evenings.

## After Surgery - Day Two

On Day Two after surgery you can expect to bathe, dress, and be assisted out of bed and seated in a recliner in your room. You may dress in the loose clothing you brought to the hospital. Shorts or loose fitting sweat pants or lounge pants and tops are usually best. Your bandage will become less bulky today if not yesterday. Group therapy may start at 11 a.m; staff will let you know. You will begin walking stairs on this day if you were not able to yesterday. You most likely will be discharged a short time after group therapy. If a second therapy session is needed, the therapist will determine the time. If you are not discharged today, evenings are free for friends to visit.

## Going Directly Home

Please have someone arrange to pick you up. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. We may arrange for certain equipment as needed. It is advised that you purchase or borrow a walker before coming to the hospital. If you do not have a walker at discharge, one will be provided to you and insurance billed. As recommended you will need to purchase dressing supplies.

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These can be purchased at a medical supply store, pharmacy or Edward Outpatient Pharmacy. Take this Guidebook with you. Most patients going home will begin therapy at an outpatient PT facility. If Physical Therapy determines that home health services are needed, the hospital will arrange for this.

**Discharge Plans and Expectations**

Patients should be ambulating with a walker, eating and drinking well and taking oral medication to control discomfort. You should be able to use the bathroom independently with your walker. We suggest that you not go home alone but have someone with you to be your caregiver for the next few days to week. This can be a friend or family member who can change your dressing and help you with your T.E.D. stockings (IF ordered by your surgeon). This caregiver will also help out with meals and household activities. During these first few days at home, we want you to concentrate on your recovery. If equipment (rolling walker) is still needed, the Physical Therapist will assist you in obtaining one while in the hospital. While most patients go directly home, sometimes the services of home physical therapy or a rehab facility is needed. If so, the Case Manager or Social Worker will make these referrals for you and discuss them with you.

Patients who are not safe to go directly home and require a **sub-acute rehabilitation** prior to returning home must meet their insurance company's specific criteria before approval can be granted. If you do not meet the criteria, but strongly wish to pursue rehab, you have the option to pay privately for your stay.

The requirements for Medicare patients are somewhat different. Medicare patients, who are considering a sub-acute rehab stay, may need to first satisfy a three-night stay in the hospital. This three-night stay cannot be for the purpose of discharge planning alone, but due to **true medical need**. T**here are some exceptions to this rule.** Please speak to the social worker or case manager regarding this. If you meet these conditions, Medicare covers the first 20 days of rehab at 100 percent if the patient continues to meet criteria. If you do not satisfy the three-night stay in the Hospital (IF REQUIRED) , but still wish to consider rehab, you may pay privately for the room and board and have the rehab facility bill Medicare Part B for the therapy services.



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Costs for room and board vary from facility to facility and often require a down payment prior to admission. Patients and families are urged to visit facilities before coming in for surgery. Please contact the admissions office at the facility to discuss your options. A brief listing of rehabilitation facilities can be found inside the front cover; however, this list may not be complete. Patient choice continues to be our top priority. Patients are encouraged to visit any facility of their choice and provide us with the names of their first and second choices. We will gladly complete transfer arrangements during your hospital stay. Our team will also assist you in arranging the appropriate transportation (Medivan vs. ambulance) based on your needs. There is an out of pocket fee for transportation. You can discuss this with the Social Worker or Case Manager.

**The Ortho/Spine Case Manager or Social Worker can be reached at 630-527-3569.**

If you are considering rehab, it is strongly recommended that you also develop an alternate plan in the event you do not meet the insurance criteria. We often "dual" plan our patients so that a smooth and efficient discharge from the hospital is achieved.

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## Physical Therapy and Post Op Discharge Class Schedule

**Please note: times are approximate. The physical therapist or nursing staff will advise patients and family members if the times for class changes.** Helpful hint: Remember, with assistance, to use the bathroom and be sitting in the room recliner 15 minutes before your scheduled therapy time.

**Monday:**

- Patients who had surgery today and arrive to the unit by 4pm will be evaluated by physical therapy; all others will by assisted out of bed by Nursing staff.

**Tuesday:**

- Patients who had surgery on Monday and not seen by **physical therapy** yet are evaluated in the morning between 7:15 a.m. and 10:00 am. You will be advised of the specific time by staff.
- Patients who had surgery on Monday are evaluated by **occupational therapy** in the morning between 7:15 and 10 am. You will be advised of the specific time by staff.
- The first group therapy session will be at 10 a.m. on Tuesday. The second group therapy will be at 1 pm. Your Group Discharge Education Class is at 2 PM today immediately afterwards.
- Coaches are encouraged to attend as many group therapy sessions as possible and discharge education class. We understand some coaches cannot be here for all the sessions because of other commitments. Discharge education class is also available on video in the patient's room and can be viewed at any time.
- Patients who had surgery today and arrive to the unit by 4pm will be evaluated by physical therapy; all others will by assisted out of bed by Nursing staff.

**Wednesday:**

- Patients who had surgery on Tuesday and not seen by **physical therapy** yet are evaluated in the morning between 7:15 a.m. and 10:00 am. You will be advised of the specific time by staff.
- Patients who had surgery on Tuesday are evaluated by **occupational therapy** in the morning between 7:15 and 10 am. You will be advised of the specific time by staff.
- The first group therapy session will be at 10 a.m. The second group therapy will be at 1 pm. Your Group Discharge Education Class is at 2 PM today immediately afterwards. Coaches are encouraged to attend as many group therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of other commitments. Discharge education class is also available on video in the patient's room and can be viewed at any time.
- Patients who had surgery on Monday and still in the hospital will have group therapy at 11am.
- Anticipate discharge shortly after this.

- If a second therapy session is needed today, the therapist will determine the time.
- Patients who had surgery today and arrive to the unit by 4pm will be evaluated by physical therapy; all others will by assisted out of bed by Nursing staff.

**Thursday:**

- Patients who had surgery on Wednesday and not yet seen by **physical therapy** are evaluated in the morning between 7:15 a.m. and 10:00 am. You will be advised of the specific time by staff.
- Patients who had surgery on Wednesday are evaluated by **occupational therapy** in the morning between 7:15 and 10 am. You will be advised of the specific time by staff.
- The first group therapy session will be at 10 a.m. The second group therapy will be at 1 pm. Your Group Discharge Education Class is at 2 PM today immediately afterwards.
- Coaches are encouraged to attend as many group therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of other commitments. Discharge education class is also available on video in the patient's room and can be viewed at any time.
- Patients who had surgery on Tuesday and still in the hospital will have group therapy at 11 am.
- Anticipate discharge shortly after this.
- If a second therapy session is needed today, the therapist will determine the time.
- Patients who had surgery today and arrive to the unit by 4pm will be evaluated by physical therapy; all others will by assisted out of bed by Nursing staff.

**Friday:**

- Patients who had surgery on Thursday and not yet seen by **physical therapy** are evaluated in the morning between 7:15 a.m. and 10:00 am. You will be advised of the specific time by staff.
- Patients who had surgery on Thursday are evaluated by **occupational therapy** in the morning between 7:15 and 10 am. You will be advised of the specific time by staff.
- The first group therapy session will be at 10 a.m. The second group therapy will be at 1 pm. Your Group Discharge Education Class is at 2 PM today immediately afterwards.
- Coaches are encouraged to attend as many group therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of work schedules. Discharge education class is also available on video in the patient's room and can be viewed at any time.
- If you had surgery on Wednesday and still in the hospital you will have group therapy at 11 am.
- Anticipate discharge shortly after this.
- If a second therapy session is needed today, the therapist will determine the time.
- Patients who had surgery today and arrive to the unit by 4pm will be evaluated by physical therapy; all others will by assisted out of bed by Nursing staff.

**Saturday:**

- Patients who had surgery on Friday and not yet seen by **physical therapy** are evaluated in the morning between 7:15 a.m. and 10:00 am. You will be advised of the specific time by staff.
- Patients who had surgery on Friday are evaluated by **occupational therapy** in the morning between 7:15 and 10 am. You will be advised of the specific time bystaff.
- The first group therapy session will be at 10 a.m. The second group therapy will be at 1 pm. Coaches are encouraged to attend as many group therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of other commitments. Afterwards, we encourage patient and coach to watch the discharge education video on the TV system in the patient's room.
- Patients who had surgery on Thursday and still in the hospital will have group therapy at 11 am.
- Anticipate discharge shortly after this.
- If a second therapy session is needed today, the therapist will determine the time.

**Sunday:**

- Patients who had surgery on Friday and still in the hospital will have group therapy at 11 am.
- Anticipate discharge shortly after this.
- If a second therapy session is needed today, the therapist will determine the time.

## Section Four:

# Living with Your Joint Replacement

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## Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

**Be Comfortable**

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever. You may take two Extra-strength Tylenol® in place of your prescription medication up to four times per day.
- Change your position every 45 minutes.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort. It is recommended for 20 minutes each hour. You can use it before and after your exercise program. Always have a thin barrier such as a cloth between the cold pack and your skin to prevent any frostbite.

**Try Not to Nap Too much**

While you are recovering, try not to nap during the day so that you will sleep better at night.

**Body Changes**

- Your appetite may be poor. Drink plenty of fluids to prevent dehydration and constipation. Your desire for solid food will return. Increase roughage with fresh fruits, vegetables and whole grains.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation
- Use stool softeners like Colace while taking narcotics. Add mild laxatives such as Senokot, Milk of Magnesia or Miralax, if necessary. Do not let constipation continue. If the stool softener or laxative does not relieve your discomfort, contact your pharmacist, family doctor or surgeon for advice.



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**Blood Clots and Anticoagulants (blood thinner)**

You will be given a blood thinner to help prevent blood clots in your legs. You will need to take it for four to five weeks depending on your individual situation. Be sure to take as directed by your surgeon.

**Compression Stockings**

You may be asked to wear special stockings IF ordered by your surgeon. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- Wear the stockings continuously during the day, removing at night.
- Notify your physician if you notice increased pain or swelling in either leg.
- Normally you will wear those three weeks after surgery. Ask your surgeon when you can discontinue stockings.

**Caring For Your Incision**

- Keep your incision dry.
- Keep your incision covered with a dry dressing until your staples are removed which is usually in about 2-3 weeks.
- You may shower two to three days after surgery, unless instructed otherwise. NO TUB baths until OK with your surgeon.
- Once original waterproof surgical dressing is removed, cover the non-waterproof dressing with plastic to prevent it from getting wet. After showering, remove plastic and old non-waterproof dressing. Pat dry. Do not apply lotions or ointments. Apply a dry dressing as instructed.
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.4 degrees.



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**Dressing Change Procedure**
**(May vary with Surgeon)**

1. Wash your hands.
2. Open all dressing change materials (Medipore/Coverlet).
3. Remove old dressing.
4. Inspect incision for the following:
   a. increased redness
   b. increase in drainage
   c. any yellow/green drainage
   d. odor
   e. surrounding skin is hot to touch
5. Peel back section of backing for Medipore and apply dressing sealing all edges. Be careful not to touch the inside of the dressing that will lie over the incision.
6. If drain site is oozing, place additional gauze pad over this area.
7. Tape dressing in place. (Medipore/coverlet has tape already attached to gauze.)
8. Wash hands again

# Recognizing & Preventing Potential Complications

## Infection

**Signs of Infection**

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 100.4 degrees
- Separation (opening up) of incision

**Prevention of Infection**

- Take proper care of your incision as explained.
- If advised by your surgeon, take prophylactic antibiotics when having dental work
- Notify your physician and dentist that you have had a joint replacement.
- No pools or hot tubs until cleared by your surgeon
- Good hand washing by visitors and yourself
- Clean bed linens and clothing
- Avoid people with colds and flu



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## Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners.

### Signs of Blood Clots in Legs

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee or groin area.
  NOTE: blood clots can form in *either* leg.

### To Help Prevent Blood Clots

- Perform at least 10 ankle pumps every hour while awake
- Walk several times a day
- Wear your compression stockings, IF ORDERED
- Take your blood thinners as directed

## Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should **CALL 911** if suspected.

### Signs of a Pulmonary Embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion
- Palpitations or fast heart rate

### Prevention of Pulmonary Embolus

- Prevent blood clot in legs
- Recognize if a blood clot forms in your leg and call your physician promptly

Healthy Driven Edward-Elmhurst HEALTH

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# Post-op Goals

**Activity Guidelines**

Exercising is important to obtain the best results from total hip surgery. You may receive exercises from a physical therapist at an outpatient facility or home health. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to recommend changes to your program that will keep you moving towards the goals listed on the next few pages.

## Weeks 1-3

After one to two days, you should be ready for discharge from the hospital. Most joint patients go directly home, but you may be advised to go to a sub-acute rehab center if needed. During weeks one to three of your recovery, typical 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 a day as needed.
- Independently sponge bath or shower and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.
- **Maintain your hip precautions**

## Weeks 2-4

Weeks 2-4 will see you gain more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve one to three week goals.
- Move from full support to a cane or single crutch as instructed.
- Walk at least one-quarter mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily as needed.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Begin driving if **left** hip had surgery when allowed by your therapist and surgeon
- Remember not to drive while you are taking narcotics.
- **Maintain your hip precautions**



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## Weeks 4-6

Week's 4-6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals are to:

- Achieve one to four week goals.
- Walk with a cane or single crutch.
- Walk one quarter to one half mile.
- Begin progressing on a stair from one foot at a time to regular stair climbing (foot over foot).
- Drive a car (either right or left hip had surgery) when allowed by physical therapy and your surgeon.
- Continue with home exercise program twice a day.

## Weeks 6-12

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

- Achieve one to six week goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

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## Pre- and Post-operative Exercises

1. Ankle pumps
2. Quad Sets
3. Gluteal Sets
4. Heel Slides
5. Short Arc Quads
6. Knee Extension Stretch
7. Standing Heel /Toe Raises
8. Standing Rock Over the Affected Leg
9. Standing Mini Squats
10. Standing Knee Flexion
11. Armchair push-ups

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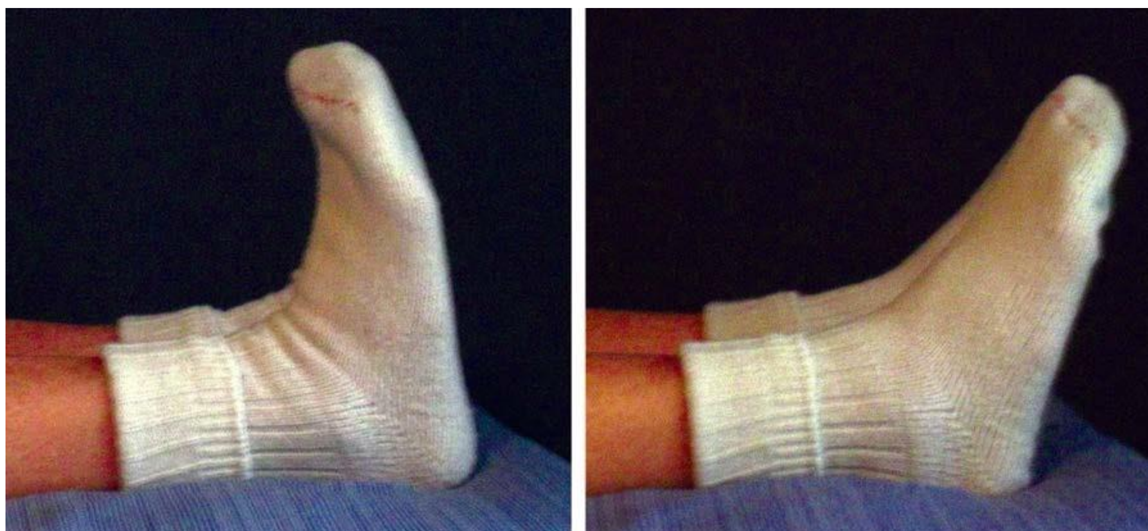
## Pre- and Post-op Exercises

**Range of Motion and Strengthening Exercises**

### (1) Ankle Pumps

Flex and point your feet. **Perform 20 reps.**



### (2) Quad Sets - (Knee Push-Downs)

Back lying, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. **Perform 20 reps.**

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## (3) Gluteal Sets - (Bottom Squeezes)

Squeeze bottom together. Hold for a 5 count. Do NOT hold breath.
**Perform 20 reps.**

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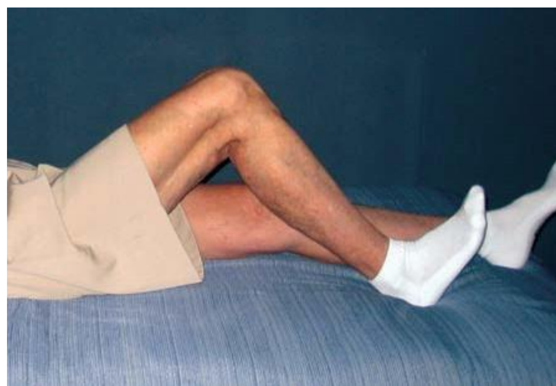
## (4) Heel Slides - (Slide Heels Up and Down)

Back lying; slide your heel up the surface bending yourknee.
**Perform 20 reps.**





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## (5) Short Arc Quads

Back lying, place a 6-8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll.

**Perform 2 sets of 10 reps.**

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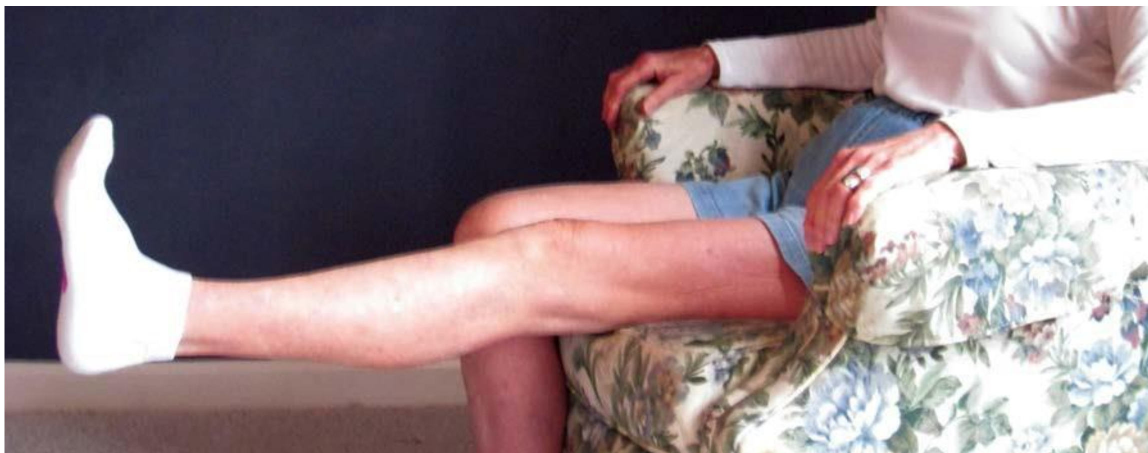
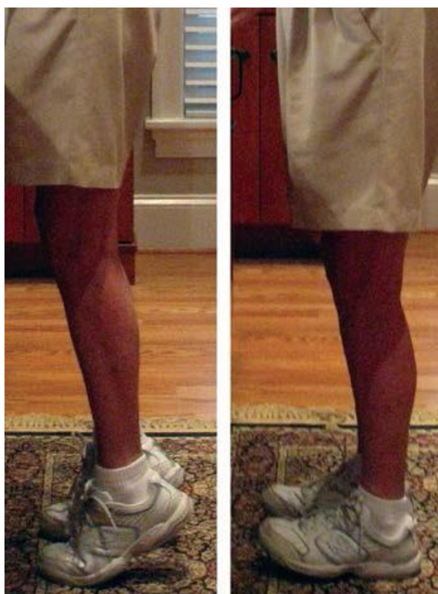
## (6) Knee Extension - Stretch

Sit with back against chair and thighs fully supported. Lift the affected foot up, straightening the knee. **Do not raise thigh off of chair**. Hold for a 5 count.
**Perform 2 sets of 10 reps.**



## (7) Standing Heel / Toe Raises

Stand, with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible! **Perform 2 sets of 10 reps.**





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## (8) Standing Rock Over Affected Leg

Stand sideways to the kitchen sink and hold on. Keep the affected leg and heel firmly planted on the floor; step forward with the other leg to feel a slight stretch in the calf and thigh; step back. Concentrate on shifting your weight to the affected side and on equal step distance.
**Perform 10 forward and 10 back.**

## (9) Standing Mini Squat

Stand, with feet shoulder width apart, and holding on to the kitchen sink. Keep your heels on the floor as you bend your knees to a slight squat. Return to upright position tightening your buttocks and quads. Keep your body upright, heels on the floor and do not squat past 90 degrees hip flexion.
**Perform 2 sets of 10 reps.**



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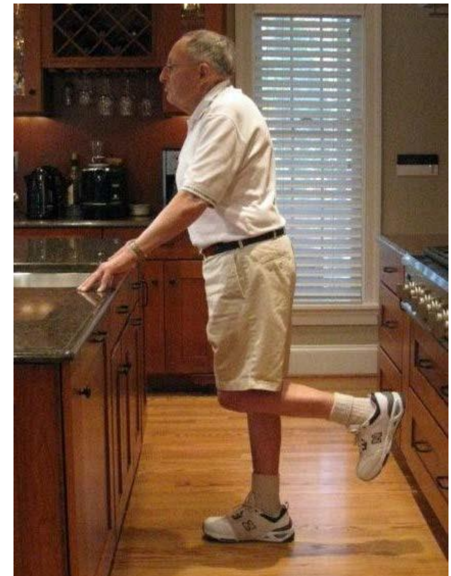
## (10) Standing Knee Flexion – Hamstring Curls

Stand, with feet shoulder width apart, toes pointing forward and holding onto the kitchen sink. Tighten your gluteal muscles, and bend the operated knee lifting your foot off the floor. Do not bend forward, or let your hip bend. Try to keep a straight line from the ear through the shoulder to the hip and knee.

**Perform 2 sets of 10 reps.**



## (11) Armchair Push-ups

Sitting in a sturdy armchair with feet flat on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-operated” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard.

**Perform 2 sets of 10 reps.**

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## Activities of Daily Living

### Hip Precautions

Care must be taken to prevent your new hip from coming out of the socket, or dislocating from the pelvis. Following some simple hip precautions will help keep the risk of a dislocation at a minimum.

Your Physical therapist will provide you with your specific precautions as directed by your surgeon.

### Standing up from chair

Do NOT pull up on the walker to stand!

Sit in a chair with armrests when possible.

1. Extend your operated leg so the knee is lower than your hips.
2. Scoot your hips to the edge of the chair
3. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before grabbing for the walker.

### Stand to sit:

1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Slide out the foot of the operated hip, keeping the strong leg close to the chair for sitting.
3. Reach back for the armrest one at a time
4. Slowly lower your body to the chair, keeping the operated leg forward as you sit.



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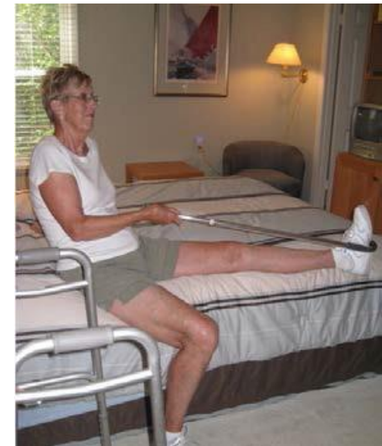
## Transfer – Bed

**When 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. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
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 the bed.
5. Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed using the assistive device. Do not use your other leg to help as this breaks your hip precautions.
7. Scoot your hips towards the center of the bed.

Back up until you feel your leg on the bed.

Sit keeping your knee lower than your hip.



Scoot back on the bed, lifting the leg on the bed.



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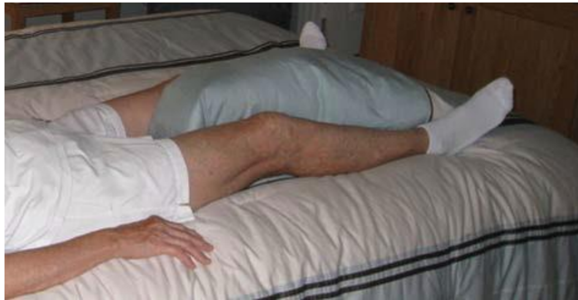
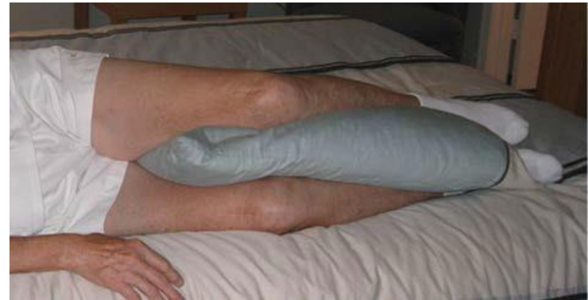
**Lying in Bed – how to maintain hip precautions.**



Keep a pillow between your legs when back lying. Position your leg such that your toes are pointing to the ceiling – not inward or outward.



To roll from your back to your side, bend your knees slightly, and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.

**When getting out of bed:**

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-surgical leg to the floor.
3. If necessary, use a leg-lifter to lower your surgical 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.
6. Balance yourself before grabbing for the walker.

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## Transfer - Tub

**Getting into the tub using a bathseat:**

1. Select a bath seat that is tall enough to insure hip precautions can be followed
2. Place the bath seat in the tub facing thefaucets.
3. Back up to the tub until you can feel it at the back of your knees. Be sure you are in line with the bath seat.
4. Reach back with one hand for the bath seat. Keep the other hand in the center of thewalker.
5. Slowly lower yourself onto the bath seat, keeping the surgical leg outstraight.
6. Move the walker out of the way, but keep it within reach.
7. Lift your legs over the edge of the tub, using a leg lifter
   for the surgical leg, if necessary. **Hold onto the shower seat or railing.** Keep your toes pointed up.

NOTE:

- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered byinsurance.
- Use a rubber mat or non-skid adhesive on the bottom of the tub orshower.
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

**Getting out of the tub using a bath seat:**

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center ofthe walker with the other hand.
4. Balance yourself before grabbing the walk

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## Walking

1. Push the rolling walker forward
2. Step forward placing the foot of the surgical leg in the middle of the walker area.
3. Step forward with the non-surgical leg. DO NOT step past the front wheels of the walker.

NOTE: Take small steps. Keep the walker in contact with the floor, pushing it forward like a shopping cart. If using a rolling walker, you can advance from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-operated leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you "loosen up" you will find this gets easier. Do not walk forward past the walker center or way behind the walker's rear legs.

## Stair climbing

1. Ascend with non-surgical leg first (Up with the good).
2. Descend with the surgical leg first (Down with the bad).
3. Always hold onto the railing!

## Transfer - Car

**Getting into the car:**

1. Push the front car seat all the way back; recline the seat back to allow access and egress, but always have it in the upright position for travel.
2. Place a plastic bag on the seat to help you slide.
3. Back up to the car until you feel it touch the back of your leg.
4. Hold on to an immoveable object – car seat, dashboard and slide the operated foot out straight. MIND YOUR HEAD as you sit down. Slowly lower yourself to the car seat.
5. Lean back as you lift the operated leg into the car. You may use your cane, leg lifter or other device to assist.

## Personal Care - Using a "reacher" or "dressing stick."

**Putting on pants and underwear:**

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.
5. Ensure you are balanced before letting go of the walker to pull up pants.

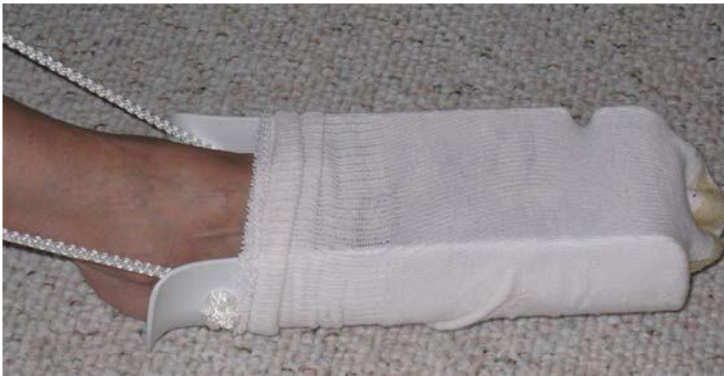
**Taking off pants and underwear:**

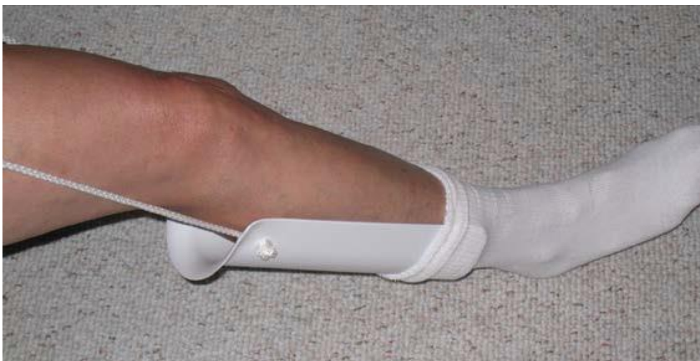
1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your surgical leg out straight.
4. Take your non-surgical leg out first and then the surgical leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor.

**How to use a sock aid:**

1. Slide the sock onto the sock aid. The toes should be pulled down flat. The heel should be on the round plastic side. The extra fabric should be bunched up in front of the knots, not over them (see middle picture below)
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 toe and pull on the ropes. Keep pulling until the sock aid pulls out.





**If using a long-handled shoehorn:**

1. Use your reacher, dressing stick, or long handled shoehorn to slide your shoe in front ofyour foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

NOTE: This can be performed sitting or standing depending on your balance. Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs.

# Around the House

**Saving energy and protecting your joints**

## Kitchen

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, put cushions on your chair when preparing meals.

## Bathroom

- Do NOT get down on your knees to scrub the bathtub.
- Use a mop or other long-handled brushes.

### Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs; this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon's permission.
- Do not sit on very low chairs or couches. You can build them up higher with cushions to make it easier to get up and maintain your hip precautions.

## Do’s and Don'ts for the Rest of Your Life

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing may be discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.

**What to Do for Exercise**

Choose a Low Impact Activity

- Recommended exercise classes
- Home program as outlined in your Patient Guidebook
- Regular one to three mile walks
- Home treadmill (for walking)
- Stationary bike
- Aquatic exercises
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing, swimming etc. Consult with your surgeon or physical therapist about returning to specific sport activities.

## Recommended Exercise Classes

**Aquatic Program**

Aquatic fitness through a series of specially designed exercises that, with the aid of the water's buoyancy and resistance, can help improve joint flexibility and muscular strength. The warm water (86-93 degrees) and gentle movements can also help to relieve pain and stiffness. **Your physician's permission is required.**

**Low- Impact Aerobic Exercise Program**

To promote increased joint flexibility, range-of-motion, and to help maintain muscle strength brief, light, low-impact aerobic exercise is beneficial. **A physician's permission is required.** We recommend you always consult with your physician before starting any fitness or exercise program.

**What Not to Do**

- Do not run or engage in high-impact activities, or activities that require a lot of starts, stops, turns and twisting motions.
- Do not participate in high-risk activities such as contact sports, etc.
- Do not take up new sports requiring strength and agility until you discuss it with your surgeon or physical therapist.

**What to Do in General**

- **Take antibiotics one hour before you have dental work if instructed by your surgeon**.
- Although the risks are very low for post-operative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change positions every one to two hours to prevent your joint from tightening.

## The Importance of Lifetime Follow-up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to, or they do not understand why it is important.

**So, when should you follow up with your surgeon?**

These are some general rules:

- Every year, unless instructed differently by your physician.
- Anytime you have mild leg pain for more than a week.
- Anytime you have moderate or severe leg pain.

**There are two good reasons for routine follow-up visits with your orthopedic surgeon:**
If you have a cemented hip, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your hip could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding problems that are more serious.

The second reason for follow-up is that the bearing surfaces in your hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening.

X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

We are happy that most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.

## Section Five:

# Helpful Resources

# Directions

## EDWARD HOSPITAL

**Address: 801 S. Washington**
**Naperville, IL 60540**

**Hospital website:**

**https://www.eehealth.org/ortho-spine**

**Click on "Find a location" at the top, then choose and click Edward Hospital. Choose directions; you may enter your address to get specific directions to the hospital.**

## Contact Information

**Outpatient** Rehab Service
630-527-3375

**Inpatient** Rehab Services
630-527-5371

**Discharge** Planning Services
630-527-3569

**Ambulatory Surgery Care Center**
630-527-3536

**Preadmission Testing**
630-527- 3325

**Patient Advocate**
630-527-7225

**Care Coordinator – Karen Murphy**
630-527-3680

Please visit our WEBSITE:
**www.eehealth.org/ortho-spine**

Illinois Secretary of State WEBSITE for handicapped placard applications:
www.cyberdriveillinois.com

TSA WEBSITE for airplane travel information:
www.TSA.gov

# FOR YOUR SAFETY

## FOOD AND BEVERAGE INTAKE BEFORE SURGERY

### On the day of your surgery:

### DO:

- **Do drink 12 ounces of Gatorade (any flavor EXCEPT RED) – must be completed 12 hours AND 4 hours prior to your scheduled surgery time**
- **Do take 1000 mg of Tylenol (Acetaminophen) with your Gatorade 4 hours prior to your scheduled surgery time**

### DO NOT:

- **Do not** eat any solid foods after 11 PM.
- **Do not** drink any other liquids (including water) before your surgery – besides the 12 ounces of Gatorade
- **Do not** chew gum or eat any candies before your surgery

### Why does your anesthesiologist require you to drink Gatorade before surgery?

- To increase your comfort before surgery
- To decrease your nausea after surgery
- The carbohydrates in Gatorade help reduce your body's stress response to surgery

## Pre-Operative Skin Preparation

You are scheduled to have surgery that involves an incision through the skin. Since all humans have germs that live on the skin, it is important to thoroughly clean your body with a special soap before the surgery to reduce the risk of infection.

- Buy a special soap called Hibiclens® (4% chlorhexidine gluconate) 8oz bottle. It is often found with first aid supplies.
- Shower daily with this soap for **five days prior to your surgery**. Use the entire bottle over 5 days.
- Do not shave near the area of your surgery for at least 48 hours before surgery.

**Bathing Instructions:**

**CAUTION*: It is very important that you DO NOT USE Hibiclens® ON YOUR HEAD OR FACE AND AVOID CONTACT WITH YOUR EYES AND GENITAL AREA. DO NOT USE IF YOU ARE ALLERGIC TO CHLORHEXIDINE GLUCONATE OR ANY INACTIVE INGREDIENTS IN THIS SOAP.***

- Wash your hair as usual with your normal shampoo and wash your face with your regular cleanser.
- Rinse your body well to remove any shampoo that is on your skin
- Turn the water off or move away from the water spray
- Pour Hibiclens® onto a wet clean washcloth and wash gently from your ***neck down avoiding genital area***.
- Rinse your body thoroughly. ***This is very important.***
- Dry your body with a fresh, clean towel.
- Put on clean clothes.
- **Do not** use lotions, powders, or creams on your body after this shower.

**The last shower should be done on the day of the scheduled surgery.**

*Chlorhexidine gluconate skin cleansers will cause stains if used with chlorine releasing products. Rinse completely and use only non-chlorine detergents.*

## Surgery Preparation Checklist

NAME:______________________________ DATE OF SURGERY:________________

Enter Dates, ✓ - Check circles to indicate Completed or Not Applicable

| Date | Mupirocin NasalOintment<br>ONLY if positive for MRSA or MSSA | Hibiclens®Showers |
|---|---|---|
| Day 1 ____________________ | Morning ☐<br>Bedtime ☐<br>Not Applicable ☐ | ☐ |
| Day 2 ____________________ | Morning ☐<br>Bedtime ☐<br>Not Applicable ☐ | ☐ |
| Day3 ____________________ | Morning ☐<br>Bedtime ☐<br>Not Applicable ☐ | ☐ |
| Day 4 ____________________ | Morning ☐<br>Bedtime ☐<br>Not Applicable ☐ | ☐ |
| Day 5 ____________________ | Morning ☐<br>Bedtime ☐<br>Not Applicable ☐ | ☐ |
| Day 6 ___________________<br>*Day of Surgery | Morning ☐ | |

PLEASE COMPLETE and BRING THIS CHECKLIST WITH YOU TO THE HOSPITAL to give to your nurse when you arrive.

***You will be notified by your surgeon's office if you need to use the Mupirocin Nasal Ointment***

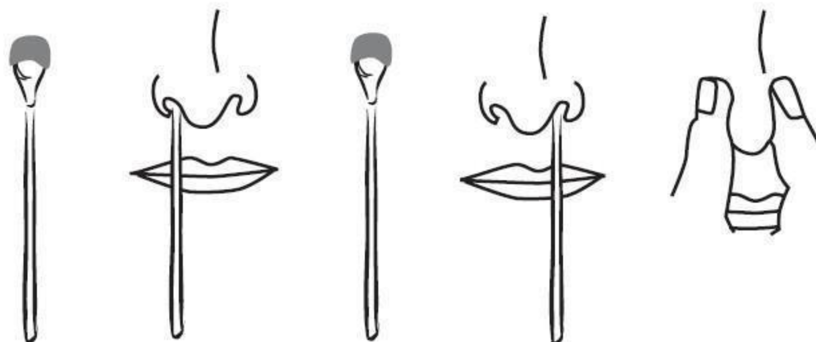
## Pre-Operative Staphylococcus aureus Test and Treatment

We will swab your nose to test for Staphylococcus aureus or "Staph" which is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. Because you are having surgery, it is important that you be tested to see if you are carrying this Staph. The results of your test will be sent to your surgeon's office within 3 – 4 days. **IF** Staph is present, the nurse will call you and send a prescription to your pharmacy for Mupirocin, an ointment that will reduce the Staph in your nose. The process with be to apply the Murpirocin ointment twice a day for 5 days, with the last application the morning of your surgery (which is actually the sixth day).

## Mupirocin applications:

- Wash your hands before applying Mupirocin
- Place a pea size amount of ointment onto the tip of a cotton swab
- Insert only the cotton portion of the swab inside your nose and coat the inside of your nostril with the ointment
- Repeat the process on the other nostril using a fresh cotton swab
- Press the sides of the nose together gently massaging to spread the ointment throughout the inside of the nostril.

**Do this once in the morning and at bedtime for 5 days. Also, do an application at home the day of surgery.**



**If I have Staph, will I be treated differently in the hospital?**
If you have a resistant type of Staph called MRSA, you will be in a room on "Contact Precautions." **This means your doctors, nurses and visitors, must wear gloves and gowns while in your room if providing direct patient care.** We do this to make sure we do not spread MRSA to others.

**If you have questions after reading this information, please contact your surgeon's office or the Care Coordinator at 630-527-3680.**

## MEDICATIONS TO STOP BEFORE SURGERY AS DIRECTED BY YOUR SURGEON AND PRESCRIBING PHYSICIAN

### Anticoagulants and Anti-platelets (Blood thinners)

- Plavix (Clopidogrel)
- Prasugrel (Effient)
- Warfarin (Coumadin)
- Dabigatran (Pradaxa)
- Rivaroxaban (Xarelto)
- Anagrelide (Agrylin)
- Aspirin
- Dipyridamole (Persantine)
- Cilostazol (Pletal)
- Ticagrelor (Brilinta)
- Ticlopidine (Ticlid)
- Vorapaxar (Zontivity)
- Apixaban (Eliquis)
- Acenocoumarol
- Aggrenox (Aspirin/Dipyridamole)

### NSAIDS (nonsteroidal anti-inflammatory drugs)

- Ibuprofen (Advil, Motrin, Midol, Nuprin, Pamprin)
- Naproxen (Aleve, Naprosyn, Anaprox)
- Oxaprozin (Daypro)
- Aspirin (Bufferin, Ecotrin, Bayer, ASA)
- Declofenac (Cataflam, Voltaren, Arthrotec)
- Ketorolac (Toradol)
- Etodolac (Lodine)
- Nabumetone (Relafen)
- Indomethacin (Indocin)
- Piroxicam (Feldene)
- Meloxicam (Mobic)
- Diflusinal
- Fenoprofen (Naflon)
- Floctafenine
- Flurbiprofen (Alti-Flurbiprofen, Ansaid, Apo-Flurbiprofen, Froben)
- Froben (SR, Novo-Flurprofen, Nu-Flurprofen)
- Ketoprofen (Active-Ketoprofen)
- Meclofenamate (Meclomen)
- Mefenamic Acid (Ponstel)
- Sulindac
- Tiaprofenic Acid
- Tolmetin

## Anorexiants – Appetite suppressants

- Phentermine (*Adipex, Duromine, Fastin, Ionamin, Metermine*, etc.)
- Diethylpropion (*Tenuate)*
- Rimonabant (*Acomplia)*
- Sibutramine (*Meridia, Reductil*)
- Oxymetazoline (*Afrin*)

## Opioid agonist-antagonist

- Suboxone

# ☙Living Will☙

## DECLARATION

This declaration is made this _________ day of________________________ (month, year).

I, ________________________________, born on ____________, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed_____________________________________________________________________

City, County and State of Residence__________________________________________

The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness ____________________________________________________________________

Witness ____________________________________________________________________

History
(Source: P.A. 85-1209.)
Annotations
Note. This section was Ill.Rev.Stat., Ch. 110 1/2, Para. 703.

Rev 5/2012

# Notice to the Individual Signing the Illinois Statutory Short Form Power of Attorney for Health Care. Please Read This Notice Carefully.

The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

The purpose of this power of attorney is to give your designated "agent" broad powers to make health care decisions for you, including the power to require, consent to, or withdraw treatment for any physical or mental condition, and to admit you or discharge you from any hospital, home, or other institution. You may name successor agents under this form, but you may not name co-agents.

This form does not impose a duty upon your agent to make such health care decisions, so it is important that you select an agent who will agree to do this for you and who will make those decisions as you would wish. It is also important to select an agent whom you trust, since you are giving that agent control over your medical decision-making, including end-of-life decisions. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she also must act in accordance with the law and with the statements in this form. Your agent must keep a record of all significant actions taken as your agent.

Unless you specifically limit the period of time that this power of attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, even after you become disabled. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You also may revoke this power of attorney if you wish.

The powers you give your agent, your right to revoke those powers, and the penalties for violating the law are explained more fully in Sections 4-5, 4-6, and 4-10(c) of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

You are not required to sign this power of attorney, but it will not take effect without your signature. You should not sign it if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Please put your initials on the following line indicating that you have read this notice.

________________
(principal's initials)

**State of Illinois**
Illinois Department of Public Health

# Illinois Statutory Short Form
# Power of Attorney for Health Care

## NOTICE TO THE INDIVIDUAL SIGNING THE POWER OF ATTORNEY FOR HEALTH CARE

No one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make health care decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your "health care agent." Your agent is the person you trust to make health care decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes.

It is important to put your choice of agent in writing. The written form is often called an "advance directive." You may use this form or another form, as long as it meets the legal requirements of Illinois. There are many written and online resources to guide you and your loved ones in having a conversation about these issues. You may find it helpful to look at these resources while thinking about and discussing your advance directive.

## WHAT ARE THE THINGS I WANT MY HEALTH CARE AGENT TO KNOW?

The selection of your agent should be considered carefully, as your agent will have the ultimate decision making authority once this document goes into effect - in most instances after you are no longer able to make your own decisions. While the goal is for your agent to make decisions in keeping with your preferences and in the majority of circumstances that is what happens, please know that the law does allow your agent to make decisions to direct or refuse health care interventions or withdraw treatment. Your agent will need to think about conversations you have had, your personality, and how you handled important health care issues in the past. Therefore, it is important to talk with your agent and your family about such things as:

(i) What is most important to you in your life?

(ii) How important is it to you to avoid pain and suffering?

(iii) If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?

(iv) Would you rather be at home or in a hospital for the last days or weeks of your life?

(v) Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?

(vi) Do you wish to make a significant contribution to medical science after your death through organ or whole body donation?

(vii) Do you have an existing advanced directive, such as a living will, that contains your specific wishes about health care that is only delaying your death? If you have another advance directive, make sure to discuss with your agent the directive and the treatment decisions contained within that outline your preferences. Make sure that your agent agrees to honor the wishes expressed in your advance directive.

## WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

If there is ever a period of time when your physician determines that you cannot make your own health care decisions, or if you do not want to make your own decisions, some of the actions your agent could take are to:

(i) talk with physicians and other health care providers about your condition.

(ii) see medical records and approve who else can see them.

(iii) give permission for medical tests, medicines, surgery, or other treatments.

(iv) choose where you receive care and which physicians and others provide it.

(v) decide to accept, withdraw, or decline treatments designed to keep you alive if you are near death or not likely to recover. You may choose to include guidelines and/or restrictions to your agent's authority.

(vi) agree or decline to donate your organs or your whole body if you have not already made this decision yourself. This could include donation for transplant, research, and/or education. You should let your agent know whether you are registered as a donor in the First Person Consent registry maintained by the Illinois Secretary of State or whether you have agreed to donate your whole body for medical research and/or education.

(vii) decide what to do with your remains after you have died, if you have not already made plans.

(viii) talk with your other loved ones to help come to a decision (but your designated agent will have the final say over your other loved ones).

Your agent is not automatically responsible for your health care expenses.

## WHO SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

Your agent will have the responsibility to make medical treatment decisions, even if other people close to you might urge a different decision. The selection of your agent should be done carefully, as he or she will have ultimate decision-making authority for your treatment decisions once you are no longer able to voice your preferences. Choose a family member, friend, or other person who:

(i) is at least 18 years old;

(ii) knows you well;

(iii) you trust to do what is best for you and is willing to carry out your wishes, even if he or she may not agree with your wishes;

(iv) would be comfortable talking with and questioning your physicians and other health care providers;

(v) would not be too upset to carry out your wishes if you became very sick; and

(vi) can be there for you when you need it and is willing to accept this important role.

## WHAT IF MY AGENT IS NOT AVAILABLE OR IS UNWILLING TO MAKE DECISIONS FOR ME?

If the person who is your first choice is unable to carry out this role, then the second agent you chose will make the decisions; if your second agent is not available, then the third agent you chose will make the decisions. The second and third agents are called your successor agents and they function as back-up agents to your first choice agent and may act only one at a time and in the order you list them.

## WHAT WILL HAPPEN IF I DO NOT CHOOSE A HEALTH CARE AGENT?

If you become unable to make your own health care decisions and have not named an agent in writing, your physician and other health care providers will ask a family member, friend, or guardian to make decisions for you. In Illinois, a law directs which of these individuals will be consulted. In that law, each of these individuals is called a "surrogate".

There are reasons why you may want to name an agent rather than rely on a surrogate:

(i) The person or people listed by this law may not be who you would want to make decisions for you.

(ii) Some family members or friends might not be able or willing to make decisions as you would want them to.

(iii) Family members and friends may disagree with one another about the issue being decided.

(iv) Under some circumstances, a surrogate may not be able to make the same kinds of decisions that an agent can make.

## WHAT IF THERE IS NO ONE AVAILABLE WHO I TRUST TO BE MY AGENT?

In this situation, it is especially important to talk to your physician and other health care providers and create written guidance about what you want or do not want, in case you are ever critically ill and cannot express your own wishes. You can complete a living will. You can also write your wishes down and/or discuss them with your physician or other health care provider and ask him or her to write it down in your chart. You might also want to use written or online resources to guide you through this process.

## WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

Follow these instructions after you have completed the form:

(i) Sign the form in front of a witness. See the form for a list of who can and cannot witness it.

(ii) Ask the witness to sign it, too. There is no need to have the form notarized.

(iii) Give a copy to your agent and to each of your successor agents.

(iv) Give another copy to your physician.

(v) Take a copy with you when you go to the hospital.

(vi) Show it to your family and friends and others who care for you.

## WHAT IF I CHANGE MY MIND?

You may change your mind at any time. If you do, tell someone who is at least 18 years old that you have changed your mind, and/or destroy your document and any copies. If you wish, fill out a new form and make sure everyone you gave the old form to has a copy of the new one, including, but not limited to your agents and your physicians.

## WHAT IF I DO NOT WANT TO USE THIS FORM?

In the event you do not want to use the Illinois statutory form provided here, any document you complete must be executed by you. Designate an agent who is over 18 years of age and not prohibited from serving as your agent, and state the agent's powers. It need not be witnessed or conform in any other respect to the statutory health care power.

If you have questions about the use of any form, you may want to consult your physician, other health care provider, and/or an attorney.

**State of Illinois**
Illinois Department of Public Health

# Illinois Statutory Short Form
# Power of Attorney for Health Care

## MY POWER OF ATTORNEY FOR HEALTH CARE

**THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY FOR HEALTH CARE.**

My name (Print your full name): ______________________________

My address: ______________________________

**I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT** (an agent is your personal representative under state and federal law):

(Agent name) ______________________________

(Agent address) ______________________________

(Agent phone number) ______________________________

**MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:**

(i) Deciding to accept, withdraw, or decline treatment for any physical or mental condition of mine, including life-and-death decisions.

(ii) Agreeing to admit me to or discharge me from any hospital, home, or other institution, including a mental health facility.

(iii) Having complete access to my medical and mental health records, and sharing them with others as needed, including after I die.

(iv) Carrying out the plans I have already made, or, if I have not done so, making decisions about my body or remains, including organ, tissue, or whole body donation, autopsy, cremation, and burial.

The above grant of power is intended to be as broad as possible so that my agent will have the authority to make any decision I could make to obtain or terminate any type of health care, including withdrawal of nutrition and hydration and other life-sustaining measures.

**I AUTHORIZE MY AGENT TO: (Please check only one box; if more than one box or no boxes are checked, the directive in the first box below shall be implemented.)**

❑ Make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability.

❑ Make decisions for me starting now and continue after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.

**LIFE-SUSTAINING TREATMENTS**

The subject of life-sustaining treatment is of particular importance. Life-sustaining treatments may include tube feedings or fluids through a tube, breathing machines, and CPR. In general, in making decisions concerning life-sustaining treatment, your agent is instructed to consider the relief of suffering, the quality as well as the possible extension of your life, and your previously expressed wishes. Your agent will weigh the burdens versus benefits of proposed treatments in making decisions on your behalf.

Additional statements concerning the withholding or removal of life-sustaining treatment are described below. These can serve as a guide for your agent when making decisions for you. Ask your physician or health care provider if you have any questions about these statements. SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES **(optional)**:

- ❑ The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I do want treatment or care to make me comfortable and to relieve me of pain.
- ❑ Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards.

**SPECIFIC LIMITATIONS TO MY AGENT'S DECISION-MAKING AUTHORITY:**

The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care. If you wish to limit the scope of your agent's powers or prescribe special rules or limit the power to authorize autopsy or dispose of remains, you may do so specifically on the lines below or add another page if needed:

____________________________________________

____________________________________________

____________________________________________

____________________________________________

**YOU MUST SIGN THIS FORM, AND A WITNESS MUST ALSO SIGN IT BEFORE IT IS VALID.**

My signature: ____________________________ Today's date: ________________

**HAVE YOUR WITNESS COMPLETE THE FOLLOWING AND SIGN:**

I am at least 18 years old, and (check one of the options below):

- ❑ I saw the principal sign this document, or
- ❑ The principal told me that the signature or mark on the principal signature line is his or hers.

I am not the agent or successor agent(s) named in this document. I am not related to the principal, the agent, or the successor agent(s) by blood, marriage, or adoption. I am not the principal's physician, mental health service provider, or a relative of one of those individuals. I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the principal is a patient or resident.

Witness printed name: ____________________________________

Witness address: ________________________________________

Witness signature: ____________________________ Today's date: ________________

**SUCCESSOR HEALTH CARE AGENT(S) (optional):**

If the agent I have selected is unable or does not want to make health care decisions for me, then I request the person(s) I name below to be my successor health care agent(s). Only one person at a time can serve as my agent (add another page if you want to add more successor agent names):

____________________________________________

(Successor agent #1 name, address and phone number)

____________________________________________

(Successor agent #2 name, address and phone number)

# Smoking Cessation

**Did you know that:**

- Within 24 hours of quitting your risk for heart attack decreases?
- Within 48 hours your lung function can increase up to 30 percent?
- Within one month nicotine is no longer in your body?
- The benefits of stopping tobacco use never end?

The good news is that it can be done! Thousands of people have walked away from tobacco. The bad news is that many well-intentioned people fail. Nicotine is the most addictive drug known. Staying away means breaking the addiction and adopting new habits. It can mean lifestyle changes. Statistics show that smokers attempting to quit on their own succeed only 7 percent of the time. A minimum of 4-6 weeks of smoking cessation is required to reduce your risk closer to a standard patient that does not smoke.

## Smoking Cessation Programs

Leading a healthier, happier life takes more than good intentions. It takes action. And it's easier to take action when you're supported by like-minded individuals with similar goals. **Freedom From Smoking** is a smoking cessation program offered at Edward-Elmhurst Health in affiliation with the American Lung Association. Edward-Elmhurst Health offers both group smoking cessation classes call - (630) 527-6363, as well as one-on-one hypnosis and counseling sessions to aid in smoking cessation - call (331) 221-6135 for an appointment.

The Illinois Department of Public Health funds the **Illinois Tobacco Quitline**, which is operated by the American Lung Association. This partnership was formed in 2001 to provide tobacco cessation services to the citizens of Illinois. There is no cost for the counseling services. Hours of operation are from 7 a.m. to 11 p.m., Sunday through Saturday. For more information, call (866) QUIT-YES or (866) 784-8937.

## Anesthesia and You

**Who are the anesthesiologists?**

The Operating Room, Post Anesthesia Care Unit (PACU) and Intensive Care Units at the hospital are staffed by Board Certified and Board Eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

**What types of anesthesia are available?**

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General Anesthesia** provides loss of consciousness
- **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications are also given to make you drowsy during surgery.

**Will I have any side effects?**

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects can occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses will do everything possible to relieve pain and keep you safe but do not expect to be pain-free. The staff will teach you the pain scale to better assess your pain level.

**What will happen before my surgery?**

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety. At this point, you will be ready for anesthesia. If you would like to speak to an anesthesiologist before you are admitted to the hospital, this can be arranged through the Joint Care Coordinator.

### During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

### What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

### May I request an anesthesiologist?

Although most patients are assigned an anesthesiologist, you may request one based on personal preference. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance.

Requests for specific anesthesiologists should be submitted in advance through your surgeon's office for coordination with the surgeon's availability.

## Glossary

**Abdomen:** the part of the body commonly thought of as the stomach; it is situated between the hips and the ribs.

**Ambulating:** walking.

**Anticoagulants:** blood thinners taken after joint replacement to prevent blood clots

**Assistive Devices:** walker, crutches, cane or other device, to help you walk.

**Cartilage**: A smooth material that covers bone ends of a joint to cushion the bone and allow the joint to move easily without pain

**Compression Stockings:** special stockings that encourage circulation and decrease swelling

**Continuous Pulse oximeter:** device to measure your oxygen level most commonly placed on your finger

**Degenerative Arthritis:** The process that causes gradual impairment and loss of use of a joint.

**Dorsiflexion:** bending back the foot or the toes.

**Dressings:** bandages.

**Embolus:** blood clot that becomes lodged in a blood vessel and blocks it.

**Fracture**: A break in a bone

**Incentive Spirometer:** breathing tool to help you exercise your lungs.

**Incision:** wound from your surgery.

**Inflammation:** A normal reaction to injury or disease which results in swelling, pain and stiffness

**Ligaments:** Flexible band of fibrous tissue that binds joints together and connects various bones.

**NSAIDS**: non-steroidal anti-inflammatory drugs

**Osteolysis:** a condition in which bone thins and breaks down.

**Osteoporosis**: A condition that develops when bone is no longer replaced as quickly as it is removed

**OT:** occupational therapy.

**PCA Pump:** patient controlled analgesia pump (pain medicine tool that the patient controls)

**PCT**: Patient Care Technician (nursing assistant)

**POD #:** refers to what day after surgery you are on. POD#1 is the first day after surgery, POD #2 is the second day after surgery, etc.

**Prothrombin:** a protein component in the blood that changes during the clotting process.

**PT:** physical therapy.

**Pulmonary embolus:** life threatening condition where a blood clot becomes lodges in the blood vessels in the lungs

**SCD's:** Sequential compression device (on your legs) to prevent blood clots

**Sprain:** A partial tear of a ligament

**Strain:** A partial tear of a muscle or tendon

**TED stockings:** Compression stockings (white) to decrease leg swelling and help prevent blood clots

**Tendon:** The tough cords of tissue that connect muscles to bone

**THR:** Total hip replacement

**Ultrasound:** A diagnostic technique which uses high frequency sound waves to create an image on the internal organs

**X-rays:** A diagnostic test which uses invisible electromagnetic energy beams to produce images of internal tissues, bones and organs onto film.

# Admission Information

Healthy Driven
Edward-Elmhurst
HEALTH

# Call Don't Fall

## Fall Prevention at the Hospital

**While you're at Edward, your safety is our priority. Please speak up when you need help.**

Your doctor and/or nurse will let you know when you are able to walk without assistance. Before this time, please "Call don't fall!" Even if you feel capable, call your nurse or patient care tech for help when getting out of bed, going to and from the bathroom or walking.

- **Call for help when getting out of bed.**
- **Take your time. Be sure you are not feeling weak or dizzy.**
- **Wear non-skid footwear.**
- **Use canes, walkers and assist devices as instructed.**

Dec. 2015

Healthy Driven
Edward-Elmhurst
HEALTH

# Fall Prevention at Home

Each year, thousands of Americans fall at home. Many of them are seriously injured, and some are disabled. All age groups are affected, with adults over age 60 ranking highest for these injuries.

The points below address hazards found in your home that have been associated with falls. Attention to these hazards now may prevent a fall in the future.

## General

- Keep pathways clear and free of clutter.
- Remove throw rugs or use double-sided tape or a non-slip backing so the rugs won't slip.
- Coil or tape wires next to the wall to avoid tripping over them.
- Keep objects off the stairs.
- Be sure carpet on stairways is firmly attached. Apply non-slip rubber treads to the stairs if there is no carpet.
- Fix loose or uneven steps.
- Fix loose handrails.
- Maintain adequate lighting.

## Kitchen

- Keep things you use often on the lower shelves.
- Use a sturdy step stool when climbing. Do not use a chair.

## Bathroom

- Use a non-skid mat or adhesive strips in the bathtub or shower.
- Install grab bars in the tub, shower and toilet area.

## Bedroom

- Place a lamp close to the bed where it is easy to reach.
- Use a night light so you can see where you're walking.

## Other

- Exercise regularly if not contraindicated by your physician. Exercise makes you stronger and improves your balance and coordination.
- Review your medications with your Doctor. Some medicines can make you sleepy or dizzy.
- Have your vision checked. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Wear shoes both inside and outside the house.
- Keep emergency numbers near each phone.
- Consider wearing an alarm device that will bring help in case you fall and can't get up.

Dec. 2015

Orthopedic Unit Walking Map
Designates Distance of 25 ft
Walking Route
365
358
351
NURSES' STATION
NURSES' STATION
NURSES' STATION
NURSES' STATION
GYM
BRIDGE
It's important to get up and move each day. It will aid in your recovery and help you build and/or maintain your muscle strength. Use this map to help guide you around the unit. At first, you will need help from our staff. After each walk make sure to move the magnetic shoe on the "Walk in the Park" board near your room to show your progress.
Large Loop = 450 ft
Joint Loop (Room 351 to Room 351) = 250 ft
Room 351 to Room 365 = 150 ft
Room 365 to the End of the Bridge = 175 ft
Room 365 to the Gym Entrance = 100 ft
Bridge Length = 75 ft

# Hip Hip Hooray

## Patient Information

Now that surgery is over, you may have the following:

- IV
- Urinary Catheter (if needed)
- Drain (if needed)
- Dressing
- TED Hose (if ordered)
- Sequential Compression Device (SCD) to prevent blood clots
- Foam Abductor Pillow (between your legs)
- Cold Therapy

If you can tolerate drinking water, you will be started on a regular diet. You will be using room service (7-5395) to order your meals.

## What To Expect Today

Staff will assist you in getting out of bed and into a chair later today. You will be seated in a chair, with the possibility of walking in the hallway this evening, depending on your progress.

---

## Remember

When you need the Nurse or Patient Care Technician (PCT), **use your phone to call** the number written on the message board or use your call light.

# Day of Surgery

## What You Need To Do Today

Take deep breaths and use the Incentive Spirometer (IS) at least 10 times per hour.

Do ankle pumps (pushing your foot up and down) at least 10 times per hour.

Check pain and keep it manageable. **This is a team effort!** Let us know how you are doing. We use a 0-10 pain scale to assess your comfort level.

## *Call Don't Fall!*

**Always call** someone before you get up out of bed. You may be unsteady on your own

Orthopedic Center

# PHYSICAL/OCCUPATIONAL THERAPY SCHEDULE

## DAY 1______________________

OT: **AM before group PT**

Group PT: **10 AM and 1 PM**

Group Discharge Class: **2 PM**

## DAY 2______________________

(IF NOT DISCHARGED ON DAY 1)

Group PT: **11 AM**

Therapy times and group discharge education class may be adjusted; staff will update you with any changes.

# Total Hip Replacement Exercise Program

**All exercises performed 20 repetitions – Remember to BREATHE during exercise!**

## 1. Ankle Pumps

**Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly.**

***Coach's Note:*** Perform throughout the day-10/hr. while

## 2. Quad Sets

**Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 10 count.**

***Coach's Note***: Look and feel for the muscle above the knee to contract. Place hand under knee, and cue patient to push down against hand. As strength improves, the heel should come slightly off the surface.

## 3. Gluteal Sets

**Squeeze the buttocks together as tightly as possible. Hold for 10 count.**

***Coach's Note:*** Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions.

## 4. Abduction and Adduction

**Slide leg out to the side. Keep kneecap and toes pointing toward ceiling. Gently bring leg back to center. May do both legs at the same time.**

## 5. Heel Slides

**Bend surgical knee and slide heel toward buttocks. <u>DO NOT GO PAST 90 DEGREES OF HIP FLEXION.</u>**

***Coach's Note:*** Patient should actively slide heel toward buttocks. Keep kneecap and toes pointing toward ceiling to avoid rotation of the hip.

## 6. Short Arc Quads

**Place a large rolled towel (about 8"diameter) underneath surgical knee joint. Rest knee on towel, and straighten leg by lifting heel from surface. Hold straight for 5 count.**

***Coach's Note***: Work for full extension (straightening) of the knee. If patient is unable to fully straighten leg, assist patient, until patient is able to perform independently.

## 7. Knee Extension – Long Arc Quads

**Starting with both feet supported on floor, slowly straighten operated leg to reach full extension of knee. Hold for 5 count. Slowly lower foot back to floor.**

***Coach's Note:*** Encourage patient to completely straighten knee.

## 8. Standing Heel Raises

**Hold on to walker or stable surface for support. Rise up on toes slowly, hold for 5 count. Come back to foot flat.**

***Coach's Note:*** When lifting up, do not lean backward. Keep both knees as straight as possible, do not allow knee to bend.

## 9. Standing Knee Flexion

**Holding on to walker or stable surface, bend knee of operated leg, attempting to reach 90 degree angle at knee. Straighten to a full stand, with weight on both legs.**

***Coach's Note:*** The tendency is for the hip to come forward as the knee is bent - encourage a straight line from the shoulder to knee.

## 10. Standing Rocks

**Hold on to walker or stable surface. Step operated leg forward. Shift weight back and forth over the operated leg, keeping the knee straight.**

***Coach's Note:*** Keep legs in staggered position throughout exercise. Attempt to bear full weight onto operated leg when shifting weight forward.

## 11. Standing Partial Squats

**Hold on to walker or stable surface, and perform exercise with chair behind you. Bend at knees, and stick buttocks backward as if to sit in chair. Perform only partial squat, do not bend hip past 90 degrees. Return to standing.**

***Coach's Note:*** When performing correctly, patient's knees should be behind toes – encourage patient to stick buttocks toward chair.

## Stair/Step Training:

1. **UP** with the "good" leg first (non-operated leg)
2. **DOWN** with the "bad" leg first (operated leg)
3. The cane stays on the level of the operated leg.

# Discharge Information

# Hip Replacement Discharge Instructions

## Activity

### Bathing

- No tub baths, pools, or saunas until cleared by surgeon (about 4-6 weeks because it takes that long for the incision on the skin to heal and be a barrier to prevent infection.)
- When allowed to shower:

- AQUACEL dressing is waterproof and does not require being covered before showering.
- Pat dressing and surrounding skin dry after shower

- **AQUACEL**

- MEDIPORE/COVERLET dressing is NOT waterproof and REQUIRES being covered with a
- waterproof barrier to keep the dressing and incision dry.
- SARAN WRAP, GLAD WRAP, PRESS N SEAL WORK REALLY WELL BUT ANY PLASTIC WRAP WILL DO.
- Do not wash incision.
- Remove entire wrapping and old dressing (if Medipore/coverlet) after showering. Pat dry with a
- CLEAN TOWEL if necessary and cover incision with new Medipore/coverlet. For other types of dressings, follow surgeon's orders.

**MEDIPORE/COVERLET**

### Driving

- Do not drive until cleared by surgeon. This is usually four to six weeks after surgery. Discuss this at follow-up office visit.
- Not allowed while taking narcotic pain medication or muscle relaxants.

### Sex

- Usually allowed after four to six weeks – check with surgeon at your office visit.

**Return to work**

- Usually allowed after four to six weeks. Discuss specific work activities with your surgeon.

**Restrictions**

- For hip replacement surgery, follow instructions provided by physical therapy

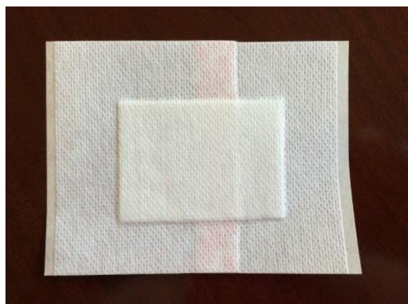
## No smoking

- Avoid smoking. It is known to cause breathing problems and can decrease the rate of healing.

## Incision care/Dressing changes

- Wash hands before and after dressing changes.

  FOR MEDIPORE/COVERLET DRESSINGS:
  Change dressing daily using Medipore/coverlet once Aquacel (waterproof) dressing is removed (which is about 7 days after surgery). Patient should be standing or lying flat so dressing goes on smoothly. (This dressing needed for hip patients because of location of incision-don't want contamination from bathroom use)
- Continue this until your first visit with your surgeon's office.
- There could be a small amount of redness around the staples or incision; this is normal.
- Watch for increased redness, warmth, any odor, increased drainage or opening of the incision. A little clear yellow or blood tinged drainage is normal up to 2 weeks after surgery but it should be less every day until it stops.
- Call physician if you notice any concerning changes.
- Sutures/staples will be removed at first office visit (10 days- 3 weeks).



**MEDIPORE /COVERLET**

## Medication

**Anticoagulants = blood thinners (Xarelto, Eliquis, Lovenox, Coumadin or Aspirin)**

- Pill or shot form depending on what your physician orders.
- IF placed on Coumadin, you may also need lab work done for monitoring.

- You will bleed easier and bruise easier while on these medications.
- Usually you will be on a blood thinner for about 4-5 weeks.
- Contact your physician if you have signs of bruising, nose bleeds or blood in your urine. Use electric
- razors and soft toothbrushes only.
- Do not take aspirin while taking blood thinners unless ordered by your physician.
- Review anticoagulant education information sheet provided.

## Discomfort

- Surgical discomfort is normal for one to two months.
- Have realistic goals and keep a positive outlook.
- Keep pain manageable; pain should not disrupt your sleep or activities like getting out of bed or walking.
- You may need pain medication regularly (every 4-6 hours) the first 2 weeks and then begin to decrease
- how often you are taking it.
- Take pain medication as prescribed with food, especially before therapy, allowing 30-60 minutes to
- take effect.
- Do not drink alcohol while on pain medication.
- As you have less discomfort, decrease the amount of pain medication you take. Use plain Tylenol (acetaminophen) for less severe pain.
- Some pain medications have Tylenol (acetaminophen) in them such as Norco and Percocet. Do NOT take Tylenol (acetaminophen) within 4 hours of a dose of these medications.
- Apply ice or cold therapy to surgical site for 20 minutes at least four times a day, especially after therapy.
- Be sure there is a thin cloth barrier between skin and ice or cold therapy.
- Change position at least every 45 minutes while awake to avoid stiffness or increased discomfort.
- Deep breathing and relaxation techniques and distractions can help! If you focus on something else,
- you do not experience the pain the same. Take advantage of everything available to your to help control you discomfort.
- Contact physician if discomfort does not respond to pain medication.

## Body changes

- Constipation is common with the use of narcotics.
- Eat fiber rich foods and drink plenty of fluids.
- Use stool softeners such as Colace or Senakot while on narcotics, and laxatives such as Miralax or Milk
- of Magnesia if needed.
- An enema or suppository may be needed if above measures do not work.

## Prevention of infection and promotion of healing

- Good hand washing is important. Everyone should wash their hands or use hand sanitizer as soon as
- they walk in your house-whether they live there or are visiting.
- Keep bed linen/clothing freshly laundered.
- Do not allow others or pets to touch your incision.
- Avoid people that have colds or the flu.

- Your surgeon may recommend that you take antibiotics before you undergo any dental or other
- Invasive surgical procedures after your joint replacement. Speak with your physician about this at your
- post-op office visit.
- Eat a balanced diet high in fiber and drink plenty of fluids.
- Continue using incentive spirometry because narcotics make you sleepy so you may not take good
- deep breaths. We do not want you to get pneumonia.

## Post op Office visits

- Schedule 10 days to 3 weeks after surgery WITH SURGEON's office.
- Additional visits may need to be scheduled. Your physician will discuss this at first post-op office visit.
- Schedule outpatient physical therapy per your surgeon's orders.
- Schedule one week follow up after surgery WITH PRIMARY CARE PHYSICIAN; review your medications
- over last 6 months. Your body gets stressed by surgery and that stress can affect all your other health
- issues (such as high blood pressure, diabetes, CHF, afib, and asthma just to name a few). We don't want those other health issues to cause you to get readmitted to the hospital; much better for you to catch developing problems and prevent them from becoming larger ones.
- **TED HOSE – IF ordered by your surgeon, wear these during the day and off at night. Surgeon will tell you when you don't need them anymore.**

## Notify your surgeon if you notice any of the following signs

- Separation of incision line.
- Increased redness, swelling, or warmth of skin around incision.
- Increased or foul smelling drainage from incision
- Red streaks on skin near incision.
- Temperature >100.4F.
- Increased pain at incision not relieved by pain medication.

### Signs of Possible Dislocation

- Increased severe leg or groin pain
- Turning in or out of surgical leg that is new
- Increased numbness, tingling to leg
- Inability to walk or put weight on your surgical leg

### Signs of blood clot

- Pain, excessive tenderness, redness, or swelling in leg or calf (other than incision site).

## Go directly to the ER or CALL 911 if you:

- become short of breath
- have chest pain
- cough up blood
- have unexplained anxiety with breathing

## Traveling and Handicapped parking

- Check with you surgeon when you are allowed to travel so you don't set yourself up for greater chance of complications.
- If traveling by car, get out to stretch every 2 hours. This helps prevent stiffness. You may need to do this any time you travel for the first year after surgery.
- If traveling by plane, BEFORE you get into a security line, let them know that you had your hip replaced, as you will most likely set off the metal detector. The doctors no longer provide an identification card for this as they are easily copied. ALSO request a wheelchair the first year to board and get off a plane…this aids in priority seating and you should sit on the aisle or at the bulkhead where you can easily stretch your legs and get up to walk up and down the aisles…this helps prevent blood clots and stiffness.
- TEMPORARY HANDICAP PARKING APPLICATION (good for 3-6 months) – At Surgeon or PCP visit, request they fill out the form, then go to DMV (only time you do not wait in a long line there). Some township offices provide the same service. (Lisle, Bolingbrook and Naperville have this service; if you live in another township, you may check with them as well). You need space to open car doors to position yourself properly with walker to get in and out of your car safely; some parking spaces are practically on top of each other and do not give you enough room.

**SPECIAL INSTRUCTIONS:**

# Discharge Medication Information

# Patient Education

## Narcotic Pain Medicines

*Names of medicines: Norco, Vicodin, Oxycodone IR, Oxycontin SR*

**What are narcotic pain medicines?** – Narcotic pain medicines are a group of medicines that relieve pain.

Narcotics come in lots of different forms, including:

- Pills and liquids that you swallow
- Patches that you wear on your skin
- Liquids that are given as a shot

**When are narcotics used?** – Narcotics are used to treat severe pain caused by all sorts of medical problems and injuries. They are also used to manage pain after surgery.

**Are all narcotics the same?** – Yes and no. All narcotics work on the same chemical process in the body, but they do it in different ways. Some narcotics need to be taken more often during the day than others to work for certain kinds of pain. And some are more likely than others to cause certain side effects. Plus, the effects of narcotics are different depending on whether they come in a pill, a patch, a shot, or in some other way.

**Are narcotics safe for everyone?** – Narcotics are safe for most people who need them for severe pain. If you take these medicines, take **ONLY** the amount prescribed and only as often as prescribed. Do not chew, cut, or crush pills or capsules that release medicine slowly.

**What side effects can narcotics cause?** -- Narcotics can cause some side effects that are just bothersome and some that are dangerous.

Call for an ambulance or go to the hospital if you (or someone close to you):

- Can't seem to wake up
- Become very confused
- Appear to be drowsy and breathing very slowly
- Pass out or have seizures
- Become unable to urinate

**Talk to your doctor or nurse if you have any of these *side effects*** and they bother you:

- **Constipation** – Your doctor or nurse might suggest you take medicines to prevent or treat constipation. It's also important to drink plenty of water
- Nausea, vomiting, or itchiness – If you have any of these problems, your doctor might be able to switch you to a different narcotic
- Dry mouth
- Feel dizzy, sleepy, or have trouble thinking clearly
- Vision problems
- Feel clumsy or fall down

**What happens if I take more than the recommended dose?** -- Taking more than the recommended dose of a narcotic or combining narcotics with other medicines without a doctor's OK can cause serious problems. For example, it can make you pass out or stop breathing.

Anybody who takes too much of any medicine at once should call a doctor or the Poison Control Hotline (1-800-222-1222). If the person is not breathing or is not conscious, call for an ambulance (in the US and Canada, dial 9-1-1)

**Should I worry about addiction?** – Taking narcotics to manage pain or other symptoms does not lead to addiction in most people. But it can be a problem for people who have problems with drug or alcohol use.

To reduce the changes of addiction, you should:

- Never take narcotics that were not prescribed to you
- Take narcotics only for as long as your doctor or nurse prescribes, and only at the dose he or she recommends
- If the problem for which the narcotics were prescribed gets better, throw away any leftover narcotics. Do not keep old narcotics around the house
- Tell your doctor or nurse if the narcotics seem to stop working

Reference: http://online.lexi.com/lco/action/pcm/print/leaflet/3852328

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# Drop Boxes for Prescriptions

- Bring over-the-counter, unused, unwanted, expired, and household medications
- Cross off personal information on the label OR put pills in a plastic bag
- NO sharp needles, or EPI pens allowed
- NO radioactive medicines
- NO household chemical waste

**Addison**
Addison Police Department
3 Friendship Plaza

**Aurora**
Aurora Police Department
1200 E. Indian Trail

**Bensenville**
Bensenville Police Department
345 E. Green Street

**Bloomingdale**
Bloomingdale Police Department
201 S. Bloomingdale Road

**Burr Ridge**
Burr Ridge Village Hall
7700 S. County Line Road

**Clarendon Hills**
Clarendon Hills Police Department
448 Park Avenue

**Downers Grove**
Walgreens
1000 Ogden Avenue

**Elmhurst**
Elmhurst Hospital
Door 28 near ER
155 E. Brush Hill Road

Elmhurst Police Department
125 E. 1st Street

**Need help?**
If you're struggling with addiction or are having trouble controlling your use of painkillers, please call **Linden Oaks Behavioral Health** at (630) 305-5027.

**Naperville**
Edward Hospital
South Lobby
801 S. Washington Street

Fire Station No. 1
964 East Chicago Avenue

Fire Station No. 2
601 E. Bailey Road

Fire Station No. 3
1803 N. Washington Street

Fire Station No. 4 & Training Facility
1971 Brookdale Road

Fire Station No. 5
2191 Plainfield/Naperville Road

Fire Station No. 6
2808 103rd Street

Fire Station No. 7 &
Administration Building
1380 Aurora Avenue

Fire Station No. 8
1320 Modaff Road

Fire Station No. 9
1144 W. Ogden Avenue

Fire Station No. 10
3201 95th Street

Naperville Police Department
1350 Aurora Avenue

Walgreens
63 W. 87th Street

**Glendale Heights**
Glendale Heights Police Department
300 Civic Plaza

**Glen Ellyn**
Glen Ellyn Police Department
535 Duane Street

**Hanover Park**
Hanover Park Police Department
2011 W. Lake Street

**Itasca**
Itasca Police Department
540 W. Irving Park Road

**Lisle**
Lisle Police Department
5040 Lincoln Avenue

**Plainfield**
Plainfield Police Department
14300 S. Coil Plus Drive

**Roselle**
Roselle Police Department
103 S. Prospect Street

**Schaumburg**
Schaumburg Police Department
1000 W. Schaumburg Road

**Westmont**
Farland Pharmacy, Inc
2 North Cass Avenue

Westmont Police Department
500 N. Cass Avenue

**Wheaton**
DuPage County Sheriff
501 N. County Farm Road

**Wood Dale**
Wood Dale Police Department
404 N. Wood Dale Road

**Woodridge**
Woodridge Police Department
1 Plaza Drive

For additional locations in and outside of DuPage County, visit **http://gis.dupageco.org/rxboxlocations/**

# Pain Management with Opiates

(Narcotics is a term used outside of healthcare to describe certain medications that include opiates.)

**Why opiates?**

- Opiates are pain medications used to treat moderate or severe pain. These medicines are often necessary for acute pain and can be part of a plan that combines medication and non-medication options to better manage your pain.
- The goal of therapy is to increase function and recovery.
    - Some pain is normal, and it is not realistic to completely eliminate pain.
- Opiates are safe for most people if taken as directed for moderate to severe pain.

**How do I manage my pain with opiates?**

- Try non-medication options to manage your pain like ice, positioning, exercise, relaxation, and thoughts or activities to take your mind off your pain.
- Discuss with your doctor if Tylenol and/or Motrin (Ibuprofen, Advil, and Aleve) are safe for you to take to manage your pain with opiates or to minimize the need for opiates. Some opiates have Tylenol in them.
- Only take opiates when you need them for moderate or severe pain that is not relieved with the options above, when approved by your doctor
- Take the medication as prescribed and never take more than prescribed.

**Side effects and risks**

- Suspected allergic reaction with rash or shortness of breath or decreased ability to breathe normally/respiratory depression - **Call 911**
- Sleepiness or dizziness: do not drive, use machinery, or any activity requiring mental alertness until you know how this medicine affects you. **Notify your doctor if you are too drowsy or dizzy.**
- Avoid alcoholic drinks and medications that make you drowsy such as sleep aids, medications for anxiety unless prescribed by your physician.
- If you have sleep apnea, opiates can make apnea worse.
- Nausea, constipation, dry mouth: **If you are unable to eat due to nausea or if constipation persists for more than 3 days**, call your doctor
- Confusion: **stop medication and call your physician.**

**Weaning the medication**

- As you recover, your pain should improve and you will require less opiate. As your pain improves, you will take fewer pills per day and will take the opiate less frequently.
- You may develop tolerance to the medicine. Tolerance means that you will need a higher dose of the medicine for pain relief. Tolerance is normal and is expected if you take the medication for a long time.
- Do not <u>suddenly</u> stop taking your medicine because you may develop a severe reaction. Your body becomes used to the medicine over time, and you should discontinue the medication slowly. If you received instructions from your physician about tapering/weaning the opiate you are taking, follow those instructions.
- You should wean off the opiate and eventually not need to take the opiate for pain.
- Use of opiates carries the risk of developing a substance use disorder (addiction), and potentially overdose with high doses and prolonged use. Substance use disorders are treatable, but it is important to talk to your doctor right away if you feel your use of your medication is becoming excessive or problematic. Signs that this may be the case include using more medication than prescribed, using the medication to feel better emotionally (rather than for treating pain), taking additional pain medication provided to you by others.

**Safe storage and disposal**

- Keep opiates in a secured place (locked cabinet, drawer) out of reach of visitors and children.
- Dispose of your unused opiate.
    - See Drop Box locations at http://rxdrugdropbox.org/
    - Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds and place in a plastic ziplock bag – then throw into household trash.

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# Medication Take-Back Program

Protect your family, friends and the environment by disposing of dangerous medications.

Simply drop your **unused, unwanted or expired controlled medications** in one of our handy collection bins 24/7/365.

Restricted items include
- Needles/syringes
- Liquids
- Aerosols
- Inhalers
- Thermometers
- Illegal drugs

## BIN LOCATIONS

**Edward Hospital – 801 S. Washington Street, Naperville**
Hallway between the south parking garage and south lobby off of Osler Drive

**Elmhurst Hospital – 155 E. Brush Hill Road, Elmhurst**
Vestibule of Door 28 near the Emergency Department (Door just to the right of the main ED Entrance)

# Patient Education

## Going Home on Blood Thinners

*Names of medicines: Xarelto (Rivaroxabin), Coumadin (Warfarin), Lovenox (Enoxaparin) , Heparin, Aspirin,*

## About This topic

You are on a drug that keeps your blood from clotting normally to prevent blood clots. It may also keep clots you already have from getting bigger and moving to some other part of your body. While you are on this drug you will need to take extra care to keep yourself safe. If you start to bleed, it can be very serious. You should get help right away to stop the bleeding as soon as possible.

Blood thinner drugs are also called anticoagulants. Some people take blood thinners as a pill. Others take a shot.

**What care is needed at home?**

- Ask your doctor what you need to do when you go home. Make sure you understand everything the doctor says. This way you will know what you need to do
- Take extra care with all of your drugs
  - Tell ALL your doctors, dentists, nurses, and pharmacists that you are taking a blood-thinning drug
  - Talk with your doctor before you take drugs like Celebrex, naproxen, Aleve, Naprosyn, ibuprofen, Advil, Aspirin or Motrin
  - Talk to your doctor before you take any new drugs, over the counter medicines, vitamins, or supplements

- Take your blood thinner exactly as ordered.
- Your doctor will order an exact amount of the blood thinner drug for you. You need to know how much you are supposed to take each day and take it at the same time each day
- Do not skip doses or stop taking this drug without talking to your doctor
- Do not double the dose if you miss a dose
- Learn how to give yourself a shot if the doctor has ordered the blood thinner in the shot form. You may want your caregiver to learn how to give you a shot instead.

## Side effects: Abnormal bleeding and bruising

- Protect yourself from bruising and bleeding:
    - Use electric razors when shaving. Avoid using scissors and nail clippers
    - Brush your teeth gently. Use a toothbrush with soft bristles. This will help to avoid bleeding from your gums
    - Wear shoes or slippers on your feet at all times
    - Blow your nose gently
    - Use a stool softener and laxatives as needed, so you will not have to strain with bowel movements. Do not use an enema or suppositories

**What follow-up care is needed?**

- If taking Coumadin, you will likely need to have lab tests done to make sure your blood is clotting the right way. These tests are very important to help the doctor make sure you are taking the right dose of your blood thinner drug.
- Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits

**What changes to diet are needed?**

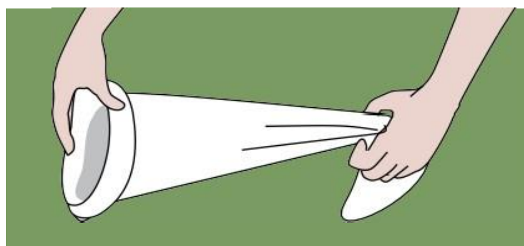
If you are taking the blood thinner Coumadin, you need to keep the amount of vitamin K you take in your diet each day consistent. This will help keep the drug in a good range. Then, it will work the right way and not cause problems. This means you may need to make changes to your diet. Talk to your doctor or a dietitian.

**When do I need to call the doctor?**

- Tell your doctor about any falls or blows to the head, even if you feel fine. Go to the emergency room to be checked if you are not able to reach your doctor
- If your vomit is bloody or looks like coffee grounds, go to the emergency room if you can’t reach your doctor
- Cuts or wounds with bleeding that cannot be controlled with pressure
- Bruising more easily than usual
- Gums won’t stop bleeding with each brushing
- Pink or reddish-brown color in the urine
- Bowel movements that are red or black like tar or blood in the toilet
- Nose bleeds that won’t stop with pressure put on the nose
- Confusion, feeling dizzy or faint, unusual headaches
- If you notice broken blood vessels in the white of the eye
- Coughing up blood
- For females, heavier than normal menstrual cycle

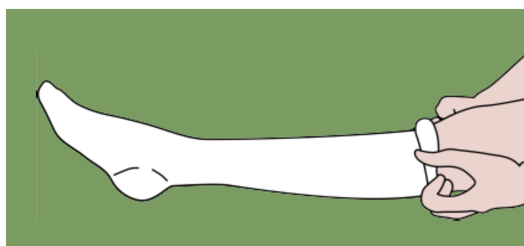
http://online.lexi.com/lco/action/pcm/print/leaflet/5127250

1. **Insert hand into stocking as far as the heel pocket**



2. **Grasp center of heel pocket and turn stocking inside out to heel area.**

3. **Pull stocking up and lift around ankle and calf working up to final position (top of stocking is positioned approximately one to two inches below the bottom of knee cap). Make sure heel and toe are positioned correctly.**



4. **Smooth out any excess material between top of stocking and ankle. Pull toe section forward to smooth ankle and instep area and allow for toe comfort.**

# NOTES: