# YOUR PATH TO RECOVERY AFTER ANTERIOR HIP REPLACEMENT

<table>
<thead>
<tr>
<th>Precautions</th>
<th>Day of Surgery: #0</th>
<th>After Surgery Day: #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No bending backwards</td>
<td>No pushing hips forward or bridging</td>
<td>No lying face down</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Activity</th>
<th>Day of Surgery: #0</th>
<th>After Surgery Day: #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Bed with help</td>
<td>Goal: Walk 50 feet</td>
<td>Walk 3 times with help</td>
</tr>
<tr>
<td>Goal: Walk 150 feet: Home</td>
<td>Practice stairs &amp; car transfers</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Diet</th>
<th>Day of Surgery: #0</th>
<th>After Surgery Day: #1</th>
</tr>
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<tbody>
<tr>
<td>Food &amp; Liquids</td>
<td>Food &amp; Liquids: Home</td>
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<table>
<thead>
<tr>
<th>Pain</th>
<th>Day of Surgery: #0</th>
<th>After Surgery Day: #1</th>
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</thead>
<tbody>
<tr>
<td>Pills or IV</td>
<td>Nerve Block</td>
<td>Pills only, prescription given</td>
</tr>
<tr>
<td>Nerve Block</td>
<td></td>
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<table>
<thead>
<tr>
<th>Discharge Plan</th>
<th>Day of Surgery: #0</th>
<th>After Surgery Day: #1</th>
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<tbody>
<tr>
<td>Discuss and confirm discharge plan</td>
<td>Home with plan</td>
<td></td>
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## Important Reminders
- Follow-up with your surgeon within 1-2 weeks
- Do your home exercise program
- Monitor your wound for infection
- Take medication to prevent blood clots (anticoagulation), as directed
- Driving precaution and restrictions apply
- Dental work, may require you to take antibiotics

## Before leaving hospital:
- Make sure you have blue envelop with:
  - Patient Visit Summary Discharge Instructions
  - Patient Belonging’s Record
  - Case Management Discharge Planning Final
  - Discharge Instructions Anterior Hip Replacement
  - Home Exercise Program after Anterior Hip Replacement
  - Activities of Daily Living after Anterior Hip Replacement

## CALL 911:
- CHEST PAIN, SHORTNESS OF BREATH, DISLOCATION OF THE JOINT
ANTERIOR HIP PRECAUTIONS

NO BENDING BACKWARDS

NO PUSHING HIPS FORWARD OR BRIDGING

NO LYING FACE DOWN

NO TWISTING LEG OUTWARD
DISCHARGE INSTRUCTIONS
ANTERIOR HIP REPLACEMENT

*The information below does not replace instructions your doctor may give you.

ANTERIOR HIP PRECAUTIONS (In place for at least 3 months)

• NO bending backwards
• DO NOT extend your new hip joint beyond a neutral position, this means you should not bend your new hip back more than you do in normal walking
• NO lying face down
• NO pushing hips forward
• NO bridging
• NO twisting leg outward

FOLLOW UP

• Follow-up with your surgeon within 1-2 weeks after your surgery

NOTIFY YOUR DOCTOR IMMEDIATELY WITH

• An increase in pain not relieved by pain medication, rest or ice
• Numbness, tingling or change in color (discoloration) or temperature of the operative leg
• Fever above 100.4 degrees Fahrenheit
• Pain, swelling, tenderness in your calf
• Any signs of infection to the incision or the surrounding skin: increased swelling, redness, pain, very warm to touch, painful to touch, increase in drainage or the presence of pus-like drainage, the incision is pulling apart, a very foul smell, shaking chills

CALL 911 RIGHT AWAY IF YOU HAVE ANY OF THE FOLLOWING

• Chest pain
• Shortness of breathing and or difficulty breathing
• Dislocation of the joint: severe pain, shortening of the extremity, inability to move the limb

HOME EXERCISE PROGRAM - PHYSICAL THERAPY & OCCUPATIONAL THERAPY

• Participate with Physical Therapy, this is a key to your recovery
• Perform your home exercise program as directed
• Daily activities are crucial to returning to your life after surgery
• Refer to: Activities of Daily Living after Anterior Hip Replacement
• Refer to: Home Exercise Program Anterior Hip Replacement
INCISIONAL CARE

• Mepilex dressing ONLY: Leave the dressing on for a total of 5 days from the date of your surgery
• Any other dressing remove dressing, look at site daily and follow your doctors instructions on how to care for the incision
• Keep your dressing clean and dry
• If dressing comes off, seems wet or is soaked with drainage replace with new dressing
• After 5 days take off dressing and leave open to air
• DO NOT use: Soap, lotion, antibiotics (triple antibiotic, first aid cream etc)
• DO NOT remove or pick at staples, sutures, steri-strips, skin glue

PAIN

• You can expect to have pain after your surgery
• Take your pain medication as directed, as needed
  — DO NOT drink alcohol or drive when taking pain medication
• Ice the surgery area, 20 Minutes On, 20 Minutes Off
  — Use a barrier between the ice and the surgery area
  — DO NOT use heat
• Change positions frequently to decrease pain and stiffness
• Peripheral Nerve Block- (at home) see printed: On-Q Catheter Patient Guidelines Insert
• Use Non-Pharmacologic Interventions (No medication) such as: Guided imagery, relaxation, distraction, prayer/meditation, humor, massage
• Lock/secure your pain medications
• Disposal of unused medications per bottle instructions or at the LA County Sheriff’s Department “Safe Drug Drop-Off”

MANAGING CONSTIPATION

• Pain medication intake will likely cause constipation
• Increase your water, try drinking at least 8 glasses of water a day
• Slowly increase fiber into your diet
• Over the counter stool softeners or laxatives can be helpful

ANTICOAGULATION

• May be discharged with this type of medication; it will help prevent blood clots
• Medication may cause bruising or bleeding
• Take the medication at the same time each day, exactly as directed by the doctor
• Seek medical care for:
  — Blood in urine or stool
  — Fall or blow to the head
  — Unable to stop bleeding
NUTRITION

- Eat healthy, well-balanced meals
- Drink at least 8 glasses of water per day
- DO NOT diet while you are healing
- Maintain a healthy weight

SWELLING

- Some swelling over your incision, legs and feet are normal, especially towards the end of the day
- Wear your support hose
- Elevate your feet when sitting

SUPPORT HOSE

- Keep the support hose on for at least 2 weeks, removing stockings at least 1-2 times a day or at night to allow air to reach your legs
- Monitor skin for breakdown (blisters, deep redness, creases in skin)
- Wash with soap and water and hang to dry

SITTING AND SLEEPING

- Do not lie on your stomach
- You can sleep on your non-operative side with pillows aligning your hips properly
- It is not uncommon to feel tired or have trouble sleeping for the first 3 months after surgery

DRIVING

- No driving under the influence of pain medication (narcotic/opioid type of pain medications)
- Must be able to make an emergency stop
- Must be able to operate machinery safely
- Driving will depend on leg positioning, strength, coordination, affected surgery side
- Most can drive within a couple of weeks and may take up to six weeks

SHOWERING

- Usually ok to shower within 48-72 hours after your surgery
- Please have a family member or friend help you in the beginning
- Remember your balance may be different especially getting used to your new joint
- DO NOT swim, take baths or go in hot tubs for a few weeks
SEXUAL INTERCOURSE

- Typically can be resumed when you can walk a mile without pain
- Typically the patient with the hip surgery should be on bottom. This will help keep your precautions in place by limiting the motion of the hip
- Limit hip motion - moving/thrusting hips forward or leaning backwards
- Your significant other should avoid putting full weight on your hips
- Stop immediately should you experience pain

RETURNING TO WORK

- You will be recovering for a period of 4-6 weeks
- Speed of recovery depends on your condition before surgery, after surgery, how well you follow your doctor's orders and your participation
- Depends on what type of work you do

IMPORTANT REMINDERS

- Be aware that your new hip or prosthesis may activate metal detectors
- If you are scheduled for dental work, you may need to take antibiotics. Prophylactic antibiotic therapy will prevent spread of infection to your prosthesis

NURSE NAVIGATOR

- The navigator is your liaison between all the members of your team. They will work with you and your family as much as you need
- Do not hesitate to call the Nurse Navigator at 661.200.2225 or 661.200.2000 ext. 34501, at any time
Any signs of infection are present to the incision or the surrounding skin:
- Increased swelling, redness or pain
- Very warm to touch
- Painful to touch
- Increase in drainage or the presence of pus-like drainage
- The incision is pulling apart
- A very foul smell
- Shaking chills or fever above 100.4 °F (38°C)

Keep your dressing clean and dry
- After 5 days take off dressing and leave open to air. Observe wound and report any signs and symptoms of infection.
- DO NOT apply anything to your incision (unless directed by your physician) especially: Soap, lotion, antibiotics (triple antibiotic, first aid cream etc)
- DO NOT remove or pick at staples, sutures, steri-strips, skin glue or a scab

Apply new dressing
- Remove the release paper (see figure A)
- Center the dressing over the incision; place the tacky side down on top of the wound. Do not stretch (see figure B)
- Gently Press the dressing onto your skin. Ensure all edges are flat to prevent moisture from going under the dressing (see figure C)
HOME EXERCISE PROGRAM AFTER ANTERIOR HIP REPLACEMENT

Do the following exercises 2-3 times a day. Do 10 repetitions of each.

ANKLE PUMPS

• Make up and down motions with your feet

QUAD SET

• Slowly tighten muscle on thigh of straight leg
• Hold for 5 seconds, counting out loud, then relax

GLUTE SQUEEZE

• Squeeze buttocks muscles as tightly as possible
• Hold for 5 seconds, counting out loud, then relax

HEEL SLIDE

• Bend knee and pull heel towards buttocks
• Hold for 5 seconds, counting out loud, then relax
• Remember to not bend hip past 90 degrees
ACTIVITIES OF DAILY LIVING AFTER ANTERIOR HIP REPLACEMENT

Don’t rush! Give yourself extra time to set up proper work conditions and carry out good body mechanics.

TOILETING

• Use an elevated toilet seat or commode over the toilet if you have pain/difficulty rising from a low surface
• Back up until you feel the backs of your knees touch the toilet seat before lowering down
• Reach at least one hand back for the seat or armrest. Don’t leave both hands on the walker when you get up or down
• DO NOT rotate your hip outward with the operative leg when completing toileting hygiene

LOWER BODY DRESSING

• When dressing, start with the operative leg first. When undressing, start with the non-operative side
• If you have having difficulty reaching the foot of the operative leg, you may need long handled assistive devices to dress yourself
• A reacher or dressing stick will help you to start your lower body garments over the operative foot. These devices can also be used to assist with removing lower body garments - A
• A sock aide will help you to put a sock over the operative foot - B
• Wearing slip on style shoes will eliminate the need for bending to manage fasteners
• A long handled shoe horn will help you slide your heel into a shoe - C
• The Occupational Therapist may work with you to use these devices if necessary
SHOWERING

- Have someone help you the first time you bathe at home.
- Step into the shower/tub sideways if possible so you can place your hands on the wall in front of you.
- DO NOT bend the operative leg back behind you to lift it over the edge of the shower/tub.
- If you have wall mounted grab bars, use them for support.
- A. Helpful Item: A shower chair may be useful to sit down while you bath, for some this can help with bathing safety.
- B. Helpful Item: A long handled sponge will help you to wash your feet and back.