### POSTERIOR HIP REPLACEMENT - CLINICAL PATHWAY

**HIP**
- **POD 0**
  - **Posterior Hip Procedures (PHP):**
    - No Bending Hip >90°
    - No Crossing Legs
    - No Internal Rotation
    - Follow all hip precautions w/all ADLs • Ankle pump exercise 10x’s Q1H • Encourage C&D • Fall precautions • IS 10x’s Q1H • Reposition Q2H
    - Abductor pillow • ice to site for 20 mins TID & PRN • Thigh high anti-embolism stockings - Q2H remove, assess skin, reapply • SCD sleeves • Weight bearing status per order

**Nursing Intervention**
- Per Unit Standard: Vital signs • Neuro checks • Pain assessment • I&O • Initiate/Review/Update care plans & outcomes
- Discontinue Foley PO/DNR if ambulating to bathroom or no later than POD 1 by 0600 • Apply bulb suction 8 hr post-op • Saline flush qu/pt
- MEPEX dial ONLY: Leave dial intact for 5 days, DO NOT remove dial to observe, change dial if it comes off/excessive drainage • All docs: Q1/2 BF

**Notify**
- **Team**
  - Hip 101 > 104: 110 > 50: > 100, > 40: 90 > 40
  - Labs
    - CBC with D&C & BMP

**Diet**
- Full liquid, Advance if no N/V (disease specific per physician order)
  - Eat 6-7 small meals per day
  - Bedside commissary
  - Advance diet to regular as tol (disease specific per physician order)

**Nursing Standard**
- Teach: Standards of Care (see above)
- Print: Posterior Hip Replacement (PHP)
- Activity: Out of bed • WH to awake, able to follow commands
  - Goal before midnight w/clinical parameters
  - Safe patient handling equip on bed
  - Bedside commissary in bathroom

**Meds**
- IV fluids
  - Saline lock when tolerating PO
  - Anticoagulation med or documentation of contraindication
- Senokot PO BID &/or bowel regimen
- Prophylactic antibiotic
- Teach: Medications w/patient education handout
  - Assess/reassess pain level per policy-offer analgesic consistent w/order
  - Offer IV/PO analgesics-evaluate both are available (Use when tolerating a diet)
  - Peripheral nerve block-per policy
  - White board update w/med times
  - Medicate prior to therapy
  - Educate pt/family about pain (risk, pain process, management techniques, potential limitations, side effects)
  - Use non-pharmacological interventions

**Pain**
- *Intensity & Quality*
- *Character Location Frequency Duration*

**OT**
- **PT inpatient initial evaluation**
  - **Care plan initiated**
  - **Recommendations: Home/ SNF/DME**
  - **Education:** Teach: Posterior Hip Projections (PHP)
  - **Activity:**
    - Bilateral ankle pumps, quad/glut sets
    - Ambulate 30 feet
  - **Provide handouts:**
    - Posterior Hip Projections (PHP)
    - Home Exercise Program (HEP)
    - White board update: Transfer & gait
  - **PT/BID**
    - Review care plan
    - Educate:
      - PT
      - Teach back/return demo: PHP
      - Teach back/return demo: HEP
      - Activity:
        - Stair training (PRN)
        - Car transfers training (PRN)
        - Ambulate w/assist, at least 150 ft, w/appropriate assistive device
    - White board update: Transfer & gait
    - Whiteboard all PT goals met: D/C PT

### Discharge Plan
- **If pt is HMO, mCO CM will work on D/C (Faux: Lakeside, Health Care Partner)**

- **ANTICIPATE D/C POD#2**
  - Physical therapy & occupational notes reviewed
  - CM D/C planning initial completed (discharge location established)
  - **Anticipated D/C needs:**
    - HH, PT/SNF
    - SNF list given PRN
    - SNF choices given to CM
  - **Anticipated DME Needs:**
    - Order DME
    - Teach: Anticipated D/C date
  - Pre-arrangements to patient’s pharmacy: Lovenox, Xarelto etc.

- **D/C today, POD#2**
  - CM or D/C planner daily visits PRN
  - CM D/C Planning final completed
  - Teach back: Anticipated D/C date
  - **Home D/C:**
    - Refer to CM follow up note: DME delivered with # listed on D/C instructions
    - PTOTHH #s listed on D/C instructions

**Discharge**
- **Teach back and return demonstration**
  - Call Surgeon when D/C criteria met: 1. Ambulating 2. Tolerating PO well 3. No nausea/vomiting
  - Blue manila envelope include:
    - 1. Patient visit summary
    - 2. Patient belonging’s record
    - 3. Case management discharge planning final
    - 4. Discharge Instructions Posterior Hip Replacement • Home Exercise Program after Posterior Hip Replacement • Activities of Daily Living after Posterior Hip Replacement

**References:**
# YOUR PATH TO RECOVERY AFTER POSTERIOR HIP REPLACEMENT

<table>
<thead>
<tr>
<th></th>
<th>Day of Surgery: # 0</th>
<th>After Surgery Day: # 1</th>
<th>After Surgery Day: # 2</th>
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</thead>
<tbody>
<tr>
<td><strong>Precautions</strong></td>
<td>No bending past 90 degrees</td>
<td>No crossing your legs</td>
<td>No twisting your leg inward</td>
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<td><img src="right.png" alt="Right" /> <img src="wrong.png" alt="Wrong" /></td>
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<tr>
<td><strong>Activity</strong></td>
<td>Walk 3 times with help</td>
<td>Walk 3 times with help</td>
<td>Walk 3 times with help</td>
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<tr>
<td>Goal: Walk 50 feet</td>
<td><img src="walk.png" alt="Walk" /> <img src="help.png" alt="Help" /></td>
<td>Goal: Walk 150 feet</td>
<td>Goal: Ready for home</td>
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<td><img src="walk.png" alt="Walk" /> <img src="help.png" alt="Help" /></td>
<td>Practice stairs &amp; car transfers</td>
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<tr>
<td><strong>Diet</strong></td>
<td>Food &amp; Liquids</td>
<td>Food &amp; Liquids</td>
<td>Food &amp; Liquids: Home</td>
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<td><img src="food.png" alt="Food" /> <img src="liquids.png" alt="Liquids" /></td>
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<tr>
<td><strong>Pain</strong></td>
<td>Pills, limit IV Nerve Block</td>
<td>Pills only Nerve Block</td>
<td>Pills only, prescription given Nerve Block</td>
</tr>
<tr>
<td>Tell nurse if you are having pain</td>
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<tr>
<td><strong>Discharge Plan</strong></td>
<td>Discuss and confirm discharge plan</td>
<td>Home with plan</td>
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<tr>
<td>With patient and family</td>
<td><img src="discuss.png" alt="Discuss" /> <img src="confirm.png" alt="Confirm" /></td>
<td><img src="home.png" alt="Home" /></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
- Use long handled equipment to keep your precautions
- Use a pillow between your legs when you sleep
- 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 Posterior Hip Replacement
- Home Exercise Program after Posterior Hip Replacement
- Activities of Daily Living after Posterior Hip Replacement

**CALL 911:** CHEST PAIN, SHORTNESS OF BREATH, DISLOCATION OF THE JOINT
POSTERIOR HIP REPLACEMENT PRECAUTIONS

Posterior hip precautions are movements and positions that need to be followed in order to prevent the “new hip” or prosthesis from dislocating or going out of place.

- Do not bend forward to reach feet. Maintain a 90-degree angle between torso and thigh
- Keep abduction pillow between legs, to prevent crossing of legs during the night
- Do not lift knee higher than hip on the operated side
- Do not cross legs
- Do not allow legs to internally rotate (feet turned in)
- Do not twist while lying or standing
DISCHARGE INSTRUCTIONS
POSTERIOR HIP REPLACEMENT

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

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

- NO bending past 90 degrees
- NO twisting your leg inward
- NO crossing your legs

*Remember Posterior Hip Precautions with All Activities

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 Posterior Hip Replacement
- Refer to: Home Exercise Program Posterior 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 most likely will 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**

- Sleep with pillow or wedge cushion between knees at all times to keep legs apart
- You can sleep on your non-operative side with pillows aligning your hips properly
- Avoid sitting too low, prop yourself with a firm pillow
- 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
- 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
THE CARE OF YOUR INCISION
Applies to Mepilex Dressing

CALL YOUR DOCTOR RIGHT AWAY IF:

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 INCISION CLEAN, DRY AND INTACT

• 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

APPLYING A NEW DRESSING

Step 1 - Preparing to care for your incision
• Clean your work area before changing your dressing
• Grab your new dressing, and a plastic bag
• Thoroughly wash and dry your hands

Step 2 - Remove soiled dressing
• Discard in the plastic bag
• Wash and dry your hands

Step 3 - Clean your incision
• Gently pour warm water or saline over the incision to rinse the area
• DO NOT scrub
• DO NOT use soap

Step 4 - 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 POSTERIOR 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
ABDUCTION

- Slide one leg out to side
- Keep knee cap pointing up
- Gently bring leg back to pillow

SHORT ARC QUAD

- Place a rolled towel under leg.
- Straighten knee and leg. Hold for 5 seconds counting out loud, then relax
- Only place a towel under knee during exercise then remove promptly

BRIDGING

- Lie on back with feet shoulder width apart with arms on the floor
- Lift buttocks toward the ceiling, keeping back straight
- Hold 5 seconds counting out loud, then relax

ARM CHAIR PUSH UP

- Lift buttocks off seat of chair by pushing down with arms
- Hold 5 seconds counting out loud, then relax
ACTIVITIES OF DAILY LIVING AFTER POSTERIOR HIP REPLACEMENT

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

SITTING

- Avoid sitting in low, soft chairs i.e. sofas, car seats
- Sit on a firm cushioned, straight back chair with armrests
- Keep the height of your knees lower than your hips
- DO NOT lean forward past a 90 degree angle at your hip
- Remember: Keep the “L” shape at your hip

Steps for sitting:
- Back up to the seat until you feel the back of your legs touching it
- Slide your surgical leg out in front of you when sitting
- Reach back for both armrests and lower yourself slowly, keeping your head and chest up

TOILETING

- Use a high toilet or a raised toilet seat with arm rests
- To sit on toilet see above: Steps for sitting
- DO NOT bend forward or twist the hip during hygiene
- To stand, slide surgical leg out in front of you. Balance yourself before grabbing the walker and attempting to walk

LOWER BODY DRESSING

- A reacher to thread clothing over the foot
- A sock aid to prevent bending forward at the hip
- Slip-on shoes with rubber soles. Avoid loose fitting slippers and sandals
- Long-handled shoe horn to help put on or take off shoes
- Elastic shoe laces to prevent the need to tie your shoes
SHOWERING

Helpful items include:
- Hand-held shower nozzle to direct water
- Long-handled sponge to clean your lower legs & feet
- Shower chair or tub bench to help with safety and to save your energy
- Non-skid bath mat to prevent falling
- A caddy to hold toiletries to prevent stooping & twisting
- Grab bar to promote balance & prevent falling
- DO NOT bend or reach for tub controls
- DO NOT bend or squat to wash your legs and feet

HOUSEHOLD ACTIVITIES

- Keep regularly used items within easy reach
- DO NOT bend down to pick up objects from the floor, use a reacher
- Use a walker basket or bag to transport items
- Do only what you can and, take frequent breaks

RIDING IN A CAR

- DO NOT enter your car while standing on a curb or step. Enter from street level
- Avoid cars with deep bucket seats or low seats. Sit on a firm pillow or cushion
- Move the front passenger seat all the way back and place it in a reclined position
- Back up to the seat, steady yourself using one hand on the walker
- Slide your surgical leg slightly forward, reach back for the seat and lower yourself slowly down
- Lean back as you lift your surgical leg into the car
- Reverse the steps when getting out of the car