Health Facts for You

Total hip replacement surgery

UWHealth

HE-579725-20

Getting Ready

Within 30 days before your surgery, you will need to have a **pre-surgery work-up visit**. During this time, you may have a physical exam and talk with other health care staff. The complete exam may be done by your primary doctor or orthopedics provider. This depends on your health status and insurance plan.

The exam may include:

- Blood work
- ECG (electrocardiogram)
- X-rays
- Other tests

The doctor will also discuss any medicines to stop before surgery. Stop over the counter vitamins and herbal supplements 7 days before your surgery. Continue your recommended Calcium and Vitamin D until your surgery and for 2 months after surgery.

Pre-Anesthesia Clinic

The pre-anesthesia clinic offers a standard evaluation for UW Health surgical patients. The goal of the clinic is to ensure the best outcomes after surgery.

- If you qualify, the pre-anesthesia team will call you to schedule a visit.
- During the visit, the anesthesia team will review your health conditions and discuss any risks, concerns you may have, and your anesthetic plan.
- The benefits of this visit include:
    - Preparing you for surgery
    - Improved safety and outcomes after surgery
    - Decreased risk of same day surgery cancellations

Quit Smoking

Some surgeons require you to quit smoking before scheduling surgery. Smoking will impair and delay healing time. You should also avoid second-hand smoke. Talk with your doctor or nurse if you need help quitting. The Smoking Quit Line number is **1-800-QUITNOW (784-8669)**.

Effects of Surgery

Your surgery may have an impact on you and your loved ones. The impact may be both mental and physical. Finding out what to expect, what is normal and what is not, gives you a chance to adjust to the changes caused by surgery. Patients with strong emotional support tend to recover faster. Talk with someone about your thoughts and feelings.

Setting goals and having a rehab plan before surgery will give you a sense of control. You will be able to measure your progress. Try to focus on positive thoughts. Remind yourself the goal is to improve your movement and quality of life. Our staff is here to support you during this time. If you are having problems coping or need support, please talk with your doctor or nurse.

Planning Ahead

Dental Work

Schedule a routine teeth cleaning or dental work ahead of time. In most cases, it is ok to have dental cleanings done up until 1 week before surgery. Other dental work should be done 3 to 4 weeks before surgery. You should not have routine dental cleanings done until 3 months after your joint surgery. If dental work must be done in cases of infection or a dental emergency, please call the Orthopedic Clinic.

Driving
Do not drive for 2-6 weeks after surgery depending on the surgical side. This depends on your strength and ability to use pedals. You will need to plan to have a driver to get you to appointments and help pick up your medications. You should discuss return to driving with your surgeon or PT. **Do not** drive while taking narcotic pain medicine.

Travel After Surgery
We recommend no long-distance travel for 6 weeks after surgery. This is to reduce your risk of blood clots. Blood clots are standard risk with any surgery. The air pressure changes and relative dehydration that occur on airplanes increase your risk further, as does sitting for too long in an airplane or a car. If you have an upcoming trip or a immediate need to travel after surgery, please contact the clinic staff for recommendations.

Plan ahead and prepare your home before surgery.

Preparing Your Home
To prevent falls at home, watch out for:

- Loose throw rugs or carpets
- Pets that may run in your path
- Water spills
- Bare slippery floors
- Long cords across the floor, such as phone or fan cords
- Ice on steps and porches

If you live alone, you should plan for someone to stay with you for a few days.

You may want to make plans for help with:

- Meals
- Child and pet care
- Household chores
- Yard work

Physical Therapy (PT)
Practice the exercises in the back of this pamphlet once a day **before** your hip surgery. You should schedule your follow-up PT appointments **before** your surgery. These appointment slots fill fast. If you have concerns about setting up outpatient PT after surgery, please discuss with your provider at your Orthopedic Preop Appointment.

Length of Stay
Most patients can go home after one night. Please arrange for someone to drive you home and stay with you. Some patients are able to discharge the same day after surgery. Your surgeon will discuss this with you and this decision will be made prior to surgery.

Medicines
Decide where you would like to get your new medicines. They will **not** be placed on your hospital bill. If your insurance covers prescription drugs from our pharmacy, we can fill them here. You will need money to pay any co-payments at this time. You may also get medicines at your local pharmacy.

Day Before Surgery

A nurse will call you 24 hours before surgery to review your instructions. You will be told when and where to check in. If your surgery is on a Monday, the nurse will call you the Friday before. If you have questions about how to prepare for surgery, please ask the nurse when they call.

Before this call, please review details you were given during your clinic visit. If you do not hear from us by **3:00 pm**, please call **(608) 234-6698**. Tell us where you will be staying the night before surgery.

If you have a cold, fever, or illness before surgery, call the Orthopedic Clinic. After hours or on weekends, ask for the doctor on call for the Orthopedic Clinic.

Night Before Surgery

1. **Do not** drink alcohol **after 8 pm**. If mixed with anesthesia, it can cause problems.
2. **Do not** eat solid food **after midnight**. This includes gum and candy.
3. **Do not** use tobacco **after midnight**.
4. **Do not** drink milk or juice with pulp, **after midnight**.
5. Stop drinking clear liquids **four hours** before your surgery time. Clear liquids include:
    - Water
    - Apple juice
    - White grape juice
    - Black coffee
6. We will tell you during your clinic visit whether you should take any of your pills the morning of surgery. If you can take them, take them with a small sip of water.
7. **If you have diabetes, you will be given details about your insulin or oral pills at your clinic visit.**
8. Refer to Health Facts for You #7938 *Getting Your Skin Ready for Surgery-Adult* for skin prep instructions.
9. Try to have a restful night before surgery. If you are coming from out of town, you may want to stay in Madison. Guest Services can provide you with a list of nearby hotels at a discount rate. Call **(608) 440-6242**.

Day of Surgery

Morning of Surgery

1. **Do not** wear make-up. Please remove nail polish from at least one finger.
2. Brush your teeth and rinse, but do not swallow.
3. Please remove and leave all jewelry, body piercings, and rings at home.
4. **Do not** bring large sums of money and credit cards with you. Please bring money for co-payment for any medicines you want filled here.
5. Bring along inhalers, CPAP, eye-glasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you will need. Be sure these items are labeled and in a case. Please **do not** bring bottles of pills with you the morning of surgery unless you have been told to do so. You will be asked to leave your glasses, dentures, and hearing aids with your family before you go to surgery.
6. Please bring non-skid slippers or slip-on shoes and a few personal items. You may want to bring loose fitting clothes or pajamas. You may want to bring a book or something to do. TVs are in each room. Bring your cell phone if you wish to make long distance calls.
7. You may bring in your laptop or smartphone. All rooms have free wireless internet access. Put these items away when leaving your room. The hospital is not responsible for lost or stolen items. **Please leave your belongings in the trunk of your car the day you check in (except CPAP and inhalers).** Once your room is ready, your family can bring your things to you.

At the Hospital

The **Before Surgery & After Surgery Unit** is open 5:30 am to 9:00 pm. Please check in at your scheduled time.

After you arrive, you will be taken to a room to get ready for surgery. Your family member(s) will be given a pager and shown to a waiting area. A nurse will ask you questions about your health and help you get ready. A member of the anesthesia team will meet with you and answer questions. You will have an IV placed in a vein of your hand or arm. It is used to give fluids and medicine. You may be given medicine to help you relax. Before you leave for the operating room (OR), we will page your family so you can meet with them.

A Note to Families

The amount of time your loved one spends in the OR depends on the type of surgery. You can wait in the **Surgery Waiting Area**. If you have family that will be calling, please have them call **(608) 440-6400**. You may want to bring along a book or something to do since the time may seem to pass slowly. There will be coffee, tea, reading materials, computers and a TV in this waiting area from 7:30 am until 6:30 pm weekdays. If you wish to leave the waiting area, please pick up a pager at the desk. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.

In the Operating Room (OR)

Once you are in the OR, your nurse will answer questions and make sure you are comfortable. The staff wears masks, protective eyewear, gowns, and hats. They will help you move onto a narrow, firm bed. The nurse will place a safety belt, like a seat belt, across your legs. They will place ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heart rate and oxygen level. The anesthesiologist will ask you to breathe oxygen through a soft plastic mask and medicine will be given through your IV.

After Surgery

In the After Surgery Unit

After your surgery, you will be taken to the After Surgery Unit where staff will watch you as you begin to wake up. They will check your vital signs and pain level. Family and friends are not allowed in the After Surgery Unit. After 1-2 hours, we'll bring you to the orthopedic unit.



Inpatient Unit

Your nurse will keep checking on you after you arrive on the **orthopedic unit**. We will check your:

- Strength and sensation
- Dressing
- Pain level
- Urine output and bladder volume. We will use a bladder scan machine to check your bladder volume. It works like an ultrasound machine to check the amount of urine in your bladder.

Tubes and Drains
The tubes, drains, and equipment you may see include:

- Face mask or tube under your nose to give you oxygen
- Plastic clip on your finger to check your heart rate and oxygen level
- Drain in your wound
- Catheter to drain urine from your bladder
- IV pump for fluids and medicines
- Leg wraps that inflate and deflate and elastic stockings to improve blood flow in your legs

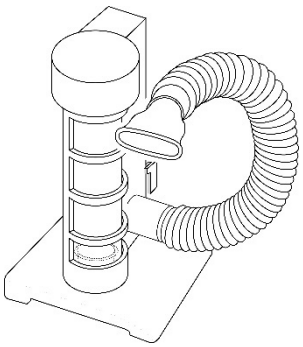
Diet
Slowly moving from liquids to solids may prevent nausea. You may not be able to eat right after surgery. At first, you may get only ice chips. As your body allows, your diet will progress from clear liquids (juice and broth) to full liquids (milk or ice cream) to normal foods.

Coughing and Deep Breathing
The nurse will ask you to breathe deeply, cough, and use a breathing tool called an incentive spirometer. Deep breathing helps prevent pneumonia.

To cough and deep breathe:

1. Breathe in deeply and slowly through your nose. Hold it for a few seconds.
2. Exhale slowly through the mouth.
3. Repeat twice more.
4. Breathe in again; hold it, and then cough.

To use the incentive spirometer:



1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Keep inhaling, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10 times each hour while you are awake.

Preventing Blood Clots
People who have hip surgery are at a higher risk of getting blood clots. To decrease the risk of a blood clot, you will take medicine, likely aspirin or a prescription medicine, to thin the blood. You may need to take it for 2-4 weeks or more. Your doctor will decide how long.

Pain Control
Pain varies with each patient. We will work with you to make sure you have the best pain control possible. There are many options your doctor may choose for pain control. Your doctor will discuss pain control options with you before surgery.

No matter what your doctor orders right after surgery, the goal is to use pain pills as soon as you can. Pain pills give you longer lasting relief and better quality pain control than the other options.

Some patients find pain relief from methods other than medicine. These include:

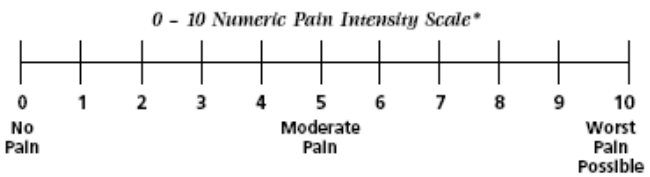
- Ice therapy
- Elevation of the affected leg above your heart
- Deep breathing exercises
- Distraction
- Repositioning

It is very hard to safely get rid of all your pain. Pain medicine can make you very sleepy and may affect your breathing. We want to keep you safe and make you as comfortable as we can. To help make this happen, we want to teach you about what to expect and how to set realistic goals for pain control. Your nurses work with you to find the best way to manage your pain.

A good pain management plan will allow you to exercise to improve your strength. Good pain control should also allow you to get some rest without feeling too sleepy. Each person responds in their own way to pain medicine. It often takes a while to find what works best for you.

For best results:

1. Talk with your doctor and nurses about your pain control options.
2. Take (or ask for) pain medicine before exercise or when pain **first begins**. Pain pills take 20-30 minutes to work.
3. You will be asked to rate your pain using this scale.



4. Tell us about pain that doesn't go away. **Do not** worry about being a "bother."
5. Let us know if you feel any side effects from the pain medicine. This includes feeling very sleepy, dizzy, nauseous or lightheaded.

Constipation

Surgery, narcotic pain medicine, decreased activity level, and a change in your diet can all cause constipation. Bowel problems are very common after surgery. Medicines may be ordered to help prevent or treat constipation.

Physical Therapy (PT)

PT may start as soon as the same day of your surgery or the morning after surgery. The therapist will come to your room. You will learn how to:

- Move comfortably in bed.
- Get in and out of bed safely.
- Use a walker or crutches to walk and go up and down stairs.
- Maintain total hip precautions.

In the hospital, PT is often scheduled twice a day to improve the strength and flexibility of your leg. Ask your nurse for pain medicine **before** your PT. It is also good to have a family member or friend attend one PT session with you. They can see how you walk and what exercises you are doing.

You should keep doing your exercises 3 times a day for 3 months. Then, you may switch to a maintenance program doing the same exercises 3 times a week for at least a year.

Hip Precautions

In some cases, hip precautions are needed to prevent hip dislocation. These will be discussed with you after surgery if they apply.

Preventing Falls
To prevent falls, be careful when getting up too quickly after eating, lying down, resting, or using the toilet. We want you to call for our help when you want to get up during your hospital stay.

Occupational Therapy (OT)
You may meet with an Occupational Therapist (OT). The OT will help you so that you are able to shower, dress, and fix meals.

You may need daily help with self-care or need to use assistive devices to become more independent. Some helpful devices may include:

- A dressing stick
- Long-handled sponge
- Stocking aid
- Elastic shoelaces
- Long-handled reachers
- Bathroom aids

Going Home
There are many things that need to be done on the day of discharge before you leave. **These tasks may take several hours.** Your nurse will teach you about your diet, incision care, showering, driving, activity level, and your follow-up clinic visit.

The unit pharmacist will review your medicines with you. If you plan to have your prescriptions filled here, please bring money for your co-payment. If you are unclear about how to pay for them, a member of the case management team will help you.

Pre-Planning Discharge to Home

Your Ride Home
You will need to make plans for someone to drive you home. If possible, avoid bringing a car that has a step to enter or with a seat below the height of your knee.

You will need to plan for someone to stay with you after discharge for at least 2-3 days. You should make plans to have someone to help with rides to PT, Prescription refill pick-up, meals, child and pet care, household chores and meals.

Recovery
The recovery time after surgery varies from person to person. Most patients are no longer using a cane, walker, or crutches after 6-8 weeks. Surgery can cause you to feel weak and tired. In most cases, common sense will tell you when you are doing too much. But too little activity can delay the return of your strength. For the best outcome, you should keep doing the exercises given to you by the PT.

Incision Care at Home
You will be sent home with a dressing covering your surgical incision. This Silver Mepilex dressing should be left intact for 2 weeks after surgery. Do not submerge your surgical site in water but you are able to shower. If the dressing gets wet on the inside, it should be removed, and you should contact the orthopedic clinic. Cover your surgical dressing with Saran Wrap or Glade Press N' Seal. Check your dressing daily and monitor for any drainage. A small amount of light yellow or slightly blood-tinged drainage is normal. On the bandage blood may appear dark red or black. If you see more than ½ dollar sized amount of drainage, contact the clinic. Bruising is expected after joint surgery. Some numbness around the knee is also expected after surgery.

Once your dressing is off, we do not want you to apply any creams, lotions, ointments, or alcohol near or on your incision.

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, please visit http://www.uwhealth.org/.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7793

STEP 1



STEP 2



Supine Ankle Pumps

SETS: 3 | REPS: 10 | DAILY: 1 | WEEKLY: 7

Setup

Begin lying on your back with your legs straight.

Movement

Slowly pump your ankles by bending and straightening them.

Tip

Try to keep the rest of your legs relaxed while you move your ankles.

STEP 1



STEP 2



Supine Quadricep Sets

SETS: 3 | REPS: 10 | DAILY: 1 | WEEKLY: 7

Setup

Begin lying on your back on a bed or flat surface with your legs straight.

Movement

Tighten the muscles in the thigh of your surgical leg as you straighten your knee. Hold, then relax and repeat.

Tip

Make sure to keep your toes pointing toward the ceiling during the exercise. Try to flatten the back of your knee towards the bed.

STEP 1



Supine Gluteal Sets

SETS: 3 | REPS: 10 | DAILY: 1 | WEEKLY: 7

Setup

Begin lying on your back with your hands resting comfortably.

Movement

Tighten your buttock muscles, then release and repeat.

Tip

Make sure not to arch your low back during the exercise or hold your breath as you tighten your muscles.

STEP 1



STEP 2



Heel Slide

REPS: 10 | DAILY: 3

Slide your leg up/down to slowly bend your knee and hip. Try to go a little further each repetition to gradually reduce stiffness. You can use a cookie sheet, plastic bag, or belt if needed to assist with this exercise. By lying flat or semi-reclined, you will avoid bending past 90 degrees at your hip.

STEP 1



STEP 2



Lower leg raise

REPS: 10 | HOLD: 5 SECONDS | DAILY: 3

Place a towel roll or folded pillow under your operative knee with your heel resting on the ground.

Tighten the muscles in your upper leg to straighten your leg, hold, then return to the start and repeat. Do not lift your knee off pillow while lifting your lower leg.

STEP 1



STEP 2



Supine Hip Abduction

SETS: 3 | REPS: 10 | DAILY: 1 | WEEKLY: 7

Setup

Begin lying on your back with your legs straight.

Movement

Move one leg out to the side as far as you can without bending at your side.

Tip

Make sure to keep your back on the ground and do not more your upper body during the exercise.

MEDBRIDGE Disclaimer: This program provides exercises related to preventative maintenance OR to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your healthcare provider.

STEP 1



STEP 2



Bridge

SETS: 3 | REPS: 10 | DAILY: 1 | WEEKLY: 7

Setup

Begin lying on your back with your knees bent and feet hip width apart.

Movement

Squeeze your stomach and buttock muscles and lift your bottom up into a bridge position. Return to the starting position and repeat.

Tip

Make sure to keep your stomach and buttock muscles active and do not arch your back during the exercise.

STEP 1



STEP 2



STEP 3



STEP 4



STEP 5



Roll Up 1

SETS: 3 | REPS: 10 | DAILY: 1 | WEEKLY: 7

Setup

Begin lying on your back with your legs straight, hip distance apart, and your arms resting at your sides.

Movement

Engage your abdominals and inhale as you raise your arms straight overhead. Exhale as you roll up through your spine to a seated C-shape position, reaching your hands forward over your toes. Roll back down through the pelvis, reversing the movement, and repeat.

Tip

Make sure to roll through your low back and keep your legs on the ground during the exercise.

STEP 1



STEP 2



STEP 3



Proper Sit to Stand Technique

SETS: 3 | REPS: 10 | DAILY: 1 | WEEKLY: 7

Setup

Begin sitting upright in a chair with armrests with your feet flat on the floor.

Movement

Place your hands on the armrests and scoot to the edge of the chair. With your feet tucked underneath you, lean your torso forward so your head is over your toes, then press into your feet and hands to push up into a standing position.

Tip

Make sure to maintain your balance and try to keep your weight evenly distributed between both legs. Do not lock your knees when you are standing.

Disclaimer: This program provides exercises related to preventative maintenance OR to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your healthcare provider.