



Health Facts for You



Total hip replacement
surgery

UWHealth

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.

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

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.

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.

Length of Stay

Most patients can go home after one night. Please arrange for someone to drive you home and stay with you. Before your surgery, a member of the Coordinated Care team will speak with you about discharge plans and care needs. Please check with your insurance company on coverage for medical equipment and/or outpatient therapy. If you need help with this, Coordinated Care can help.

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 your 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
 - Clear protein water
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. Please 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 of the 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

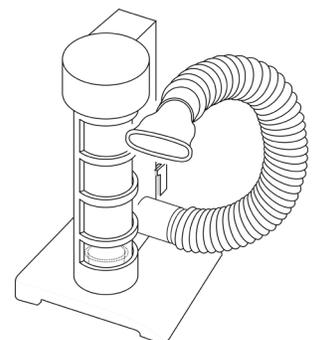
The nurse will ask you to breathe deeply, cough, and use a breathing tool called an incentive spirometer. Deep breathing helps prevent pneumonia.

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



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. If recommended, you should follow these rules until your surgeon tells you to stop:

- **Do not** cross the hip replacement leg across the other leg.
- **Do not** bend the artificial hip more than 90 degrees. Your knee should stay below your belt.
- **Do not** let your hip turn inward (pigeon-toed).

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

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.

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.

Who to Call

Before Surgery and After Surgery
(608) 440-6300

Guest Services
(608) 440-6242

Hospital Paging Operator
(608) 262-0486

Orthopedic Clinic weekdays
(608) 263-7540

After hours or weekends
(608) 262-0486

Orthopedic Clinic fax
(608) 662-4545

Toll free
1-844-607-4800

Patient Information (for room number)
(608) 440-6400

Patient Relations
(608) 263-8009

Pharmacy
(608) 240-4265

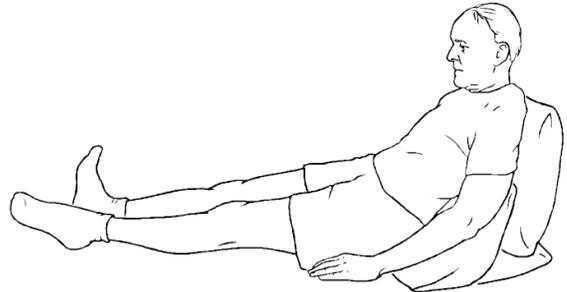
Registration (To get admit paperwork started, speak with a financial counselor or confirm insurance)
(608) 261-1600

Surgical Waiting Area
(608) 440-6400

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 © 6/2021 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7793

DO NOT PERFORM ANY OF THESE EXERCISES PRE-OPERATIVELY IF THEY INCREASE PAIN

Ankle Pump



Bend ankles up and down.

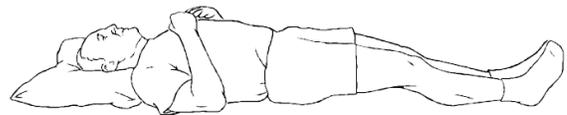
Repeat 10-20 times. Perform 1 time a day pre-operatively. Repeat 5-7 times a day while in the hospital and 3 times a day at home.

Quad Set



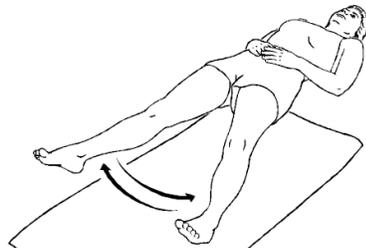
Squeeze your thigh muscles by pressing down into the bed with the back of your knees. If done correctly, your heels should rise up slightly. Hold for 5 seconds, repeat 10 times. Perform 1 time a day pre-operatively, 5-7 times a day while in the hospital and 3 times a day at home.

Gluteal Squeeze



Squeeze buttocks muscles as tightly as possible while counting out loud to 5. Repeat 10 times. Perform 1 time a day pre-operatively, 5-7 times a day in the hospital and 3 times a day at home.

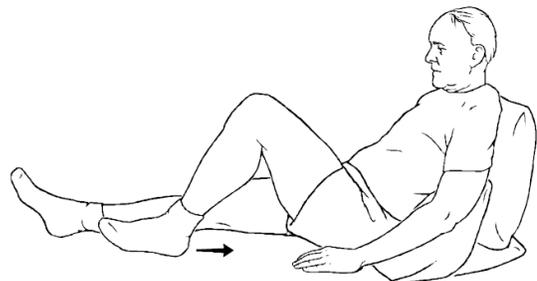
Hip Abduction / Adduction:
with Extended Knee (Supine)



Slide operative leg out to the side. Keep kneecap and toes pointing up. Gently bring leg back to midline. Repeat 10 times.

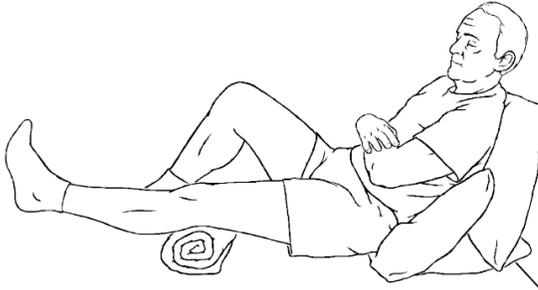
Perform 1 time a day pre-operatively, 3 times a day while in the hospital and at home.

Heel Slide



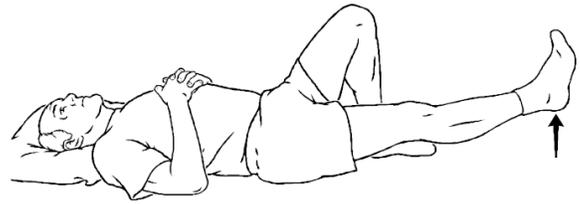
Bend your operative hip by sliding your heel toward your buttock. Go as far as you feel comfortable going, and then straighten the leg again. Repeat 10 times. Perform 1 time a day pre-operatively, 3 times a day while in the hospital and at home.

Short Arc Quad



Place a rolled up towel or folded pillow underneath your operated knee. Work on straightening your knee out, keep the back of the knee in contact with the pillow. Hold 5 seconds. Repeat 10 times. Perform 1 time a day pre-operatively, 3 times a day while in the hospital and at home.

Straight Leg Raise



Bend non-operative leg. Raise operative leg 6-14 inches off the bed with knee locked straight. Repeat 10 times. Perform 3 times a day while in the hospital and at home.