











## PATIENT'S CARE PATH

## BEFORE SURGERY

 <p><b>People You Will Meet</b></p>	<ul style="list-style-type: none"> <li>• The nurses and physicians will explain the procedure and daily treatment plan.</li> <li>• The surgical assessment nurse will perform a telephone medical interview with you prior to your surgery. She will let you know if you need to come to the hospital for any additional testing.</li> <li>• Admissions will review insurance information with you and your family and ensure that all necessary forms are signed prior to the day of surgery.</li> <li>• If you participate in the joint class prior to your surgery, you may meet nurses, physical and occupational therapists and a case manager.</li> </ul>
 <p><b>Tests</b></p>	<ul style="list-style-type: none"> <li>• There are a few lab tests that <b>HAVE TO</b> be done at the hospital. They include a type &amp; screen and a PT/PTT (blood clotting tests).</li> <li>• The surgical nurse will make arrangements for you to have these labs done either the day prior or the day of your surgery.</li> </ul>
 <p><b>Treatments</b></p>	<ul style="list-style-type: none"> <li>• Your vital signs (temperature, pulse, respirations, blood pressure and oxygen level) will be taken.</li> <li>• Your height and weight will be measured.</li> </ul>
 <p><b>Medications</b></p>	<ul style="list-style-type: none"> <li>• <b>If you take any aspirin or other blood-thinning products, stop taking them one week prior to your surgery date.</b></li> <li>• Discontinue any herbal supplements 14 days prior to surgery.</li> <li>• Continue current prescribed medications unless specified by your doctor.</li> <li>• The surgical assessment nurse will review your current medications with you.</li> <li>• You will be told which medication(s) to take the morning of your surgery.</li> </ul>
 <p><b>Diet</b></p>	<p><b>DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE YOUR SURGERY.</b></p>
 <p><b>Activity</b></p>	<ul style="list-style-type: none"> <li>• You may continue your normal activities prior to surgery.</li> <li>• Please arrange for someone to drive you home.</li> <li>• Please arrange to have someone assist you at home for one to two days after returning home.</li> </ul>
 <p><b>Teaching/Education</b></p>	<p>The hospital offers a joint class that is free of charge prior to your surgery. The class provides instruction to you and your family regarding pre-registration, lab work, expectations for the day of surgery, recovery expectations for the hospital and at home, as well as an introduction to exercise, rehabilitation and equipment. The class is led by a multidisciplinary team of professionals.</p> <p>You will be instructed on the following:</p> <ul style="list-style-type: none"> <li>• Pain management—How to identify the level of pain for correct medication dosage</li> <li>• Breathing exercises using an Incentive Spirometer</li> <li>• Hip exercise program, crutch walking and wound care</li> </ul>
 <p><b>Financial Information</b></p>	<p>Admissions will contact you to discuss your insurance coverage and financial responsibilities and to have you sign papers for billing purposes. This can take place prior to your day of procedure or on the morning of your surgery. We like to complete all forms before your surgery so that you can concentrate on healing afterwards.</p>

- Physician Team (Dr. Thomas P. Gross, Lee Webb, NP and anesthesiologist)
- Nurse anesthetist
- Nurses
- Respiratory Therapist (if necessary)
- Physical Therapist (possibly, depending on the time of your surgery). If you have surgery later in the day, you will have physical therapy the next day.

- Dr. Gross applies platelet gel concentrate during your surgery to promote healing and decrease swelling. Certified technicians will draw blood in the pre-operative holding area. The blood sample is prepared by spinning it down to a concentrate.

**Before Surgery:**

- Your vital signs (temperature, pulse, respirations, blood pressure and oxygen level) will be monitored.
- An intravenous (IV) drip will be started so medicines and fluids may be given.
- You will be given sedation in the holding area before going to the OR.
- The anesthesiologist will do the spinal. You will not remember or feel this.

**After Surgery:**

- Your arm and/or leg movement and feeling will be checked.
- Your dressing will be checked for drainage and reinforced if needed.
- You will have a foley catheter in place for 24 hours.
- You will wear sequential compression devices (SCD) on your legs until you are able to walk.
- You will be on a heart monitor for the first 24 hours.
- You will have an ice machine blanket available in your room to be placed on your hip.

- Antibiotic medicine may be given through the IV to prevent an infection.
- The nurse will be asking you to rate your pain using a pain scale. (0 = no pain; 10 = worst pain.) Based on your level of pain, medication will be given.
- Medicine will be available for pain and nausea. Let the nurse know when you are feeling uncomfortable.
- As you increase your drinking and eating, your pain medicine will be given by mouth, and your intravenous (IV) fluids will be discontinued. The IV needle may stay in your arm in case IV medication is ordered.

- You may start with ice chips and progress to a regular meal.
- You will need to eat well and drink plenty of fluids (unless fluid is restricted).

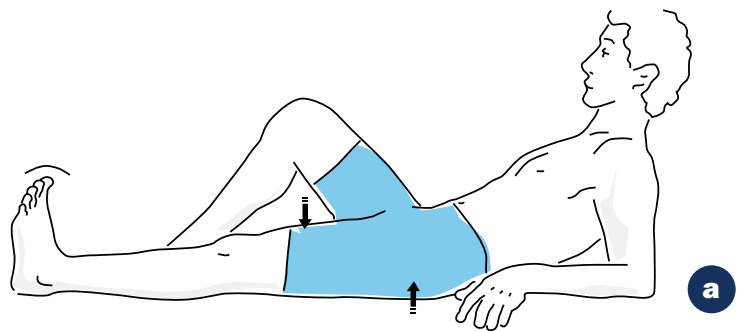
- Generally, you will be allowed out of bed unless the doctor orders otherwise.
- **You should call for assistance when getting out of bed for the first time. You will need to walk in the room and/or in the hall with assistance until your nurse tells you that you can walk without help.**
- Each day, you will have physical therapy once in the morning and again in the afternoon and one to two visits from Occupational Therapy.
- We encourage a progressive walking program. We like for you to be able to walk one mile six weeks after your surgery.

- We will instruct you to turn, cough and deep breathe every two hours and use the Incentive Spirometer.
- We will remind you to do your leg exercises.
- An occupational therapist may see you the day after surgery to teach you how to use a reacher and a sock aid, and to show you techniques for bathing and dressing while following your precautions.
- We will discuss your discharge plan with you.
- Pastoral Care is available for you and your family, as needed, to provide emotional and spiritual support.

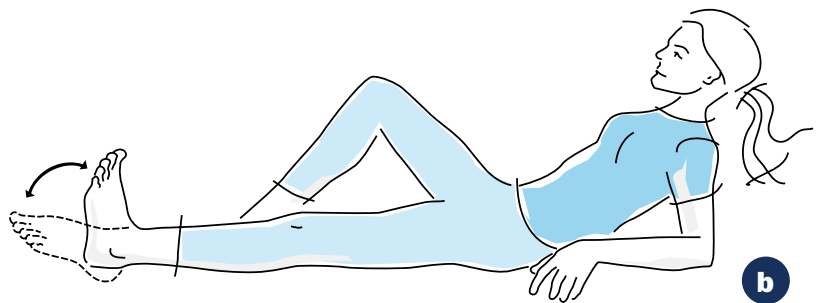
# Recommended Exercises for Total Hip Arthroplasty Patients (Phase One Exercises)

1. Points to remember:
  - Avoid flexing your hip greater than 90 degrees.
  - Keep your legs apart.
  - Avoid inward turning of your leg.
  - Do not cross your legs.
  - Keep a pillow between your legs when in bed.
2. Perform the following exercises twice each day for 30 minutes.

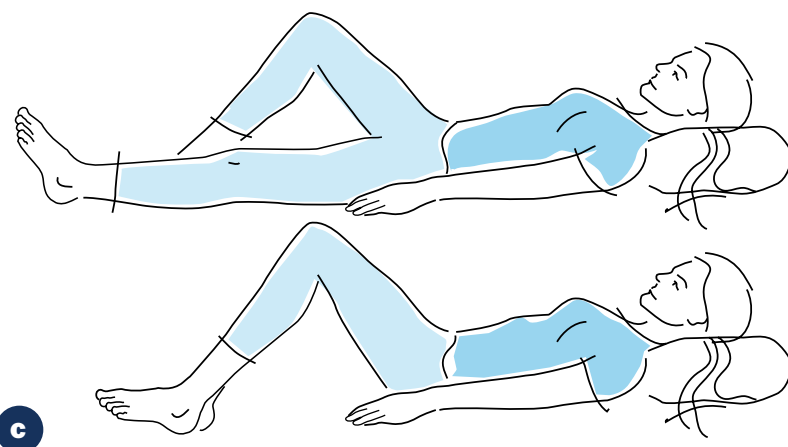
**a. Isometrics** – Lying flat, tighten the muscles on the front of your thigh and simultaneously squeeze your buttock muscles. Keep your leg and buttocks flat on the bed. Hold for five seconds and then relax. Do not hold your breath during this exercise. Repeat 30 times each session, and more if desired.



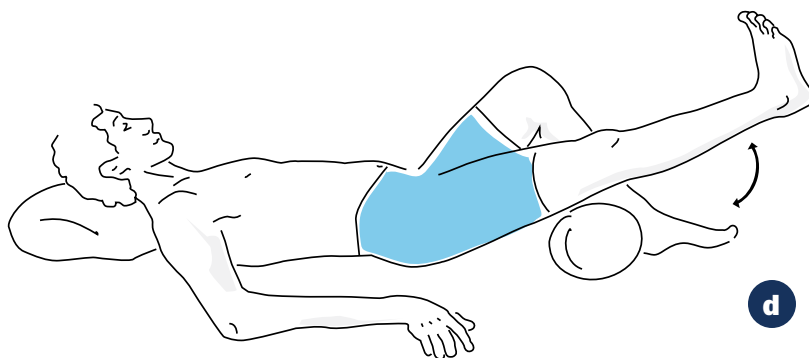
**b. Ankle Pumps** – Sitting or lying, with your leg relaxed, gently flex and extend your ankle. Move through the full range of motion. Repeat 30 times each session, and more if desired.



**c. Heels Slides** – Lie flat on the bed. Slide your heel toward your buttocks until a gentle stretch is felt. Gently straighten your knee by sliding your heel down until your hip is in full extension. Be sure to keep your legs slightly apart during this exercise. Repeat 10 to 15 times each session.



**d. Short Arc Quads** – With your operated leg resting on a rolled towel, straighten your knee by tightening the muscles on the top of your thigh. Keep the bottom of your knee on the towel roll. Repeat 15 to 30 times each session.



3. **Walking** – The best possible exercise for your hip is simply walking. We encourage you to walk at least twice daily. You should increase your distance daily and gradually wean from a walker or crutches to a cane and eventually off a cane. Seven weeks after surgery, most patients can walk one mile without a cane and with a slight limp. Three months after surgery, you should be able to walk any distance and climb stairs without a handrail if you are medically and physically fit.

# Homegoing Care/Instructions

## Follow-up Visit

You will be seen in the office six weeks after surgery. At your office visit, you may have X-rays taken. If needed, you will be instructed further about this before your follow-up visit.

## Incisions and Wound Care

A nurse will place an ActiCoat silver-coated, antimicrobial barrier dressing on your incision on Post-Op Day #1. Keep the dressing in place for 7 days after you are discharged from the hospital. **Keep Tegaderm in place over the small top incision for 7 days after discharge.** You may shower with both of these dressings in place.

Change the dressing as needed if it becomes soiled. Paint the incision with Betadine, then apply a standard gauze dressing.

Once the ActiCoat dressing is removed, you may shower without dressing the incision. You may leave the wound open to air unless there is drainage.

If there is an increase in drainage, redness, fever above 101 degrees, or uncontrolled pain, call our office.

## Medication

You will be given a prescription for Vicodin, Celebrex or Mobic for pain at your pre-op visit, or it will be called into the pharmacy for you.

You will be placed on an anticoagulation medication after surgery, either an Aspirin 325mg daily for 30 days or an injectable for 10 days. Dr. Gross and Lee Webb will determine this at your pre-operative office visit and instruct you. This will also be written on your discharge instructions.

Please call the office if you develop pain not adequately controlled by your medication.

## Diet/Nutrition

- Eat a healthy diet.
- Remember to drink plenty of hydrating fluids.
- If you are diabetic, continue your diabetic diet.
- Please call the office if you develop excessive nausea or vomiting.

## Tobacco Use

Cigarette smoking has been shown to slow down the healing process, which may negatively affect the success of the surgery. Therefore, we highly discourage tobacco use of any kind.

## Activity

- Do not lift anything heavier than 50 pounds.
- Do not attempt excessive housework or yard work for four to six weeks after surgery.
- Your ice machine will be sent home with you. Please use this as needed especially the first **seven** days.

## Work & Driving

Your job duties will determine when you are able to go back to work. Please speak to your physician about when you should return to work. You may drive a car with an automatic transmission any time after you go home unless you are taking narcotics. If your surgery was on your right leg, you must be comfortable using your left leg to brake.

## Important Numbers

**Providence Orthopaedic & Neuro Spine Institute**  
Admissions: (803) 865-4970

**Midlands Orthopaedics, P.A.**  
Downtown Office: (803) 256-4107

