

Beth Israel Lahey Health 
Lahey Hospital & Medical Center

Your Guide to Hip Replacement

Department of Orthopaedic Surgery



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Introduction

Thank you for choosing Lahey Hospital & Medical Center for the care of your hip. The Department of Orthopaedic Surgery is committed to providing you with the best hip replacement possible.

This booklet will teach you what you and your family need to know about hip replacement. It provides an overview of hip replacement at Lahey and explains what to expect before and after the surgery. You can also learn more about your surgery during one of our education classes. We will give you more details once the date of your surgery is set.

If you have questions about this booklet or about your hip replacement, please call the Department of Orthopaedic Surgery at **781-744-8650**.

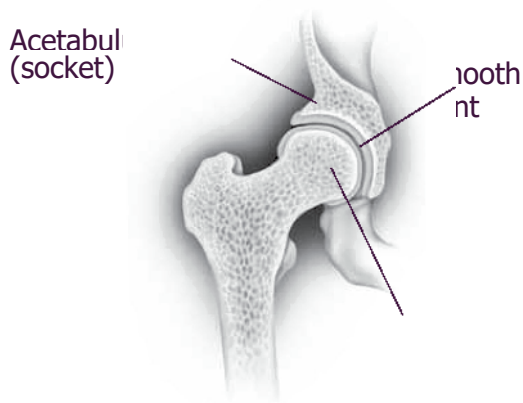
For more information about hip replacement and Lahey's Department of Orthopaedic Surgery, visit www.Lahey.org/OrthopaedicSurgery.



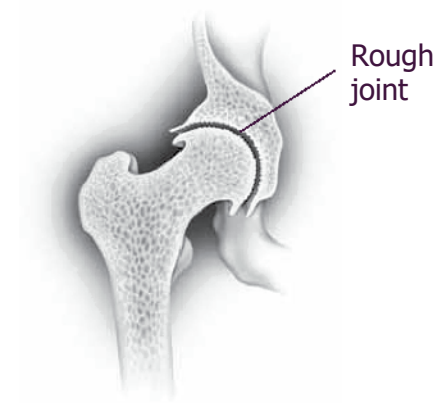
What Is Hip Replacement?

To understand hip replacement, it is helpful to know a little bit about your hip:

- Your hip is a joint that connects your thigh to your pelvis (or your leg to your trunk).
- The hip joint has 2 main parts: a **ball** at the top of your thigh bone (the femoral head) and a **socket** in your pelvis (acetabulum).
- In a **normal hip joint**, the ball and socket are coated with a smooth surface called cartilage. This cartilage lets the ball and socket move against each other easily.
- In a **damaged hip**, the smooth surface of the cartilage is destroyed. Bone rubs against bone, which causes pain, inflammation (swelling), and stiffness. It also limits motion.



Normal hip



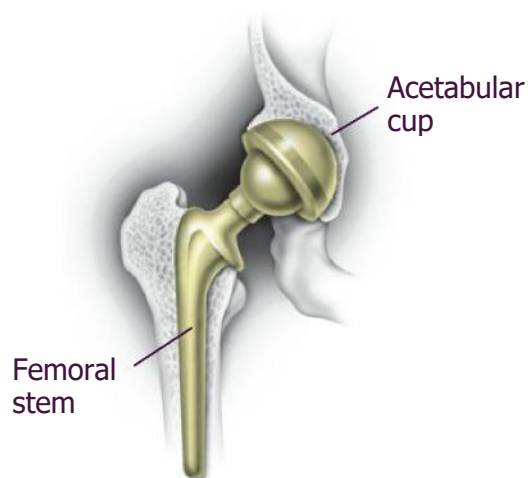
Damaged hip

Hip replacement surgery replaces your damaged hip joint with an artificial (man-made) joint called a hip implant. Hip implants have 2 parts:

- a smooth ball on a stem that fits into your thigh bone (the femoral stem)
- a metal socket with a smooth liner that is attached to your pelvis (acetabular cup).

Once in place, the artificial hip implant acts like your natural hip.

There are several ways to perform hip replacement surgery, and each is effective. Your surgeon will explain which way he or she thinks is best for you. No matter the method, hip replacement relieves pain, improves the motion in your hip, and makes walking and other movements easier.



New hip

Choosing Hip Replacement

Choosing to have your hip replaced is a big decision. Here are some things to think about to help you make your decision:

- **There are 2 main reasons to choose to have hip replacement surgery:**
 - To **relieve pain** from a damaged hip that you can no longer handle.
 - To **improve motion** if a damaged hip prevents you from doing what you want to do.
- **Hip replacement is usually an elective surgery** (a surgery that is planned in advance and not an emergency). Most patients try other types of treatment before choosing hip replacement. For example, they may try nutritional supplements, medications, weight loss, physical therapy, injections and walking aids (such as a cane or crutches). They may also try to limit or change their activities. If you have tried these options and they have not helped, then hip replacement may be for you.
- **Hip replacement is major surgery.** As with all major surgeries, there are risks. Examples of risks include problems from the anesthesia that is used to control pain during surgery, bleeding, damage to nerves or blood vessels, fracture, dislocation (if your hip slips out of place), infection, or blood clots (clumps of blood that can block blood flow). There is also a chance that you will still have pain and stiffness after surgery.

Generally, hip replacement is very successful. It should relieve your pain and improve movement in your hip. Because of advances in technology, your new hip can last 20 years or more. If a hip replacement becomes loose or wears out, it can usually be fixed with surgery known as revision hip replacement.

Preparing for Surgery: Appointments You Will Need

Once you have decided to have your hip replaced, we'll ask you to work with one of our schedulers to choose a date for your surgery. Please be as flexible as possible when choosing the date.

You will also work with the scheduler to schedule some of the appointments you will need before your surgery. Many of them can happen on the same day.

Appointment With Orthopaedic Surgery

You will meet with a nurse practitioner or physician assistant in Orthopaedic Surgery. During this visit, you will:

- Have your hip examined
- Sign a consent form to give us permission to perform the surgery
- Learn more about preparing for and recovering from your surgery
- Have your questions about hip replacement answered
- Fill out forms that will later help us learn how successful your hip replacement was



You'll also talk about taking medications to help prevent blood clots after surgery. Patients who have a hip replacement have a higher risk of clots in their legs. They cannot move around a lot at first, so the blood flow in their legs slows down. As a result, blood can thicken and clots (clumps of blood) can form. This can be dangerous. Fortunately, there are many steps we will take before, during and after surgery to prevent blood clots and keep you safe.

Patient Compact

Your role in your recovery is very important. During your appointment with Orthopaedic Surgery, your provider will talk with you about your role and the Patient Compact. This is a document that explains how you and your health care team can work together to get the best results from your surgery. It lists some of the ways you can actively participate in your recovery (such as communicating with the team and involving a trusted caregiver at home). We'll ask you to review and sign this document.

Appointment With the Preop Center

During your appointment with the Preop Center, the following will happen:

- **You'll have routine tests that you need for your surgery.** Examples include a blood test, urine test, EKG (a test that checks your heart's activity), a test that checks for infection and a glucose test (if you have diabetes).
- **You'll meet with a nurse** who will ask you questions about your health. He or she will review specific steps to take before your surgery. For example, the nurse will explain what medications you can and cannot take. **Please share a list of your medications, vitamins and supplements with the nurse.** If you have any concerns about anesthesia, you can talk about them with your nurse. We can also arrange to have you talk with a member of the anesthesia team.
- **You'll have a physical exam** by a Lahey doctor. This will help us make sure that you are healthy enough to have surgery. If you are new to Lahey or have a primary care doctor outside Lahey, please bring to this visit the results from your last physical exam and a list of your medications. And if you haven't done so already, please let your primary care doctor know that you're planning to get your hip replaced.

Appointment With Radiology

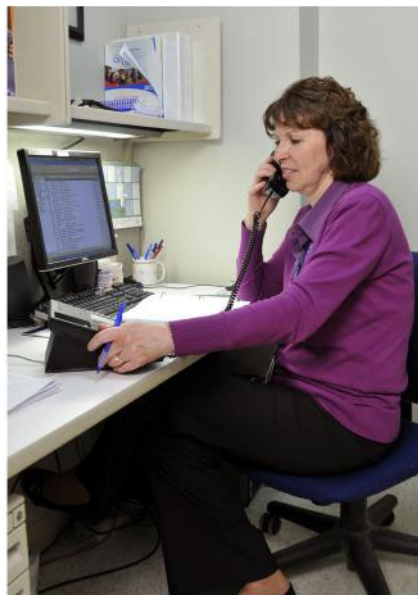
At this appointment, you'll have a special X-ray taken of your hip. This X-ray will help us make sure we have the right size implant for you.

Phone Call With a Case Manager

Before your surgery, a case manager will call you to help you make plans for your discharge (when you leave the hospital). Planning ahead of time helps to lessen concerns you and your family may have about what will happen after you leave the hospital.

The case manager will help you explore the best place for you to recover right after surgery—at home, in a skilled nursing facility or in an acute rehab hospital. (These options are described on page 22.) Your health insurance company can let you know which of these options it covers.

To help determine the best place for you, the case manager will ask about your living situation. For example, he or she will ask about the number of stairs in your home and where the bathrooms and bedrooms are. You'll also be asked who will help you during your recovery.



Education Class on Hip Replacement

The Department of Orthopaedic Surgery offers education classes for patients having hip replacement surgery. We strongly recommend that you and the person who will be helping you at home after surgery attend one of these classes. We will give you more information about these classes once you have scheduled your surgery. You can also call **781-744-3626** if you have questions about the classes or would like to sign up for one.

Appointment With Your Dentist, if Needed

If you have dental problems, please tell us and get the care you need well before your surgery. Keeping your mouth healthy is important to prevent infections. Dental infection can lead to hip infection. We recommend that you do not have routine dental work, such as a cleaning, for 3 months after your hip replacement.

Chronic Conditions and Hip Replacement

We want to make sure that you get the best results from your surgery. Because of this, we ask that any chronic (long-term) condition you may have, like diabetes or high blood pressure, be in control before surgery. Patients with chronic conditions that are well-managed are much more likely to have a successful hip replacement surgery. If you have concerns about your condition, we encourage you to see your primary care doctor or specialist.

We also encourage you to talk with your primary care doctor if you are very overweight (body mass index of over 40). Together, you can decide whether this is the best time for surgery for you. Patients with a body mass index under 40 are more likely to have successful hip replacement surgery.

Preparing for Surgery: Medications and Lifestyle Changes

In General

- **Eat healthy meals.** Your body needs good nutrition to heal.
- **Get plenty of rest.**
- **Stop smoking** (or at least cut back). This will improve your breathing and help you heal faster. It will also lower your risk of complications (problems) after surgery. We will give you more information about quitting smoking. You can also call Lahey's Quitline at 781-744-7848 for help on quitting.
- **Stop drinking alcohol** (or at least cut back). It's important for us to know about your actual alcohol use so we can safely care for you. By avoiding alcohol, you lower your risk of complications after surgery and will heal faster.
- **Try to exercise.** This will improve your muscle tone and give you more energy, which will help you recover after surgery.
- **Continue to manage any chronic conditions**, like diabetes, that you may have. When chronic conditions are in good control, it's easier to heal after surgery.
- **Develop a positive attitude** about your hip replacement!



1 Month Before Surgery

- **If you are on a blood thinner**, such as aspirin for a heart condition, warfarin (Coumadin), clopidogrel (Plavix), enoxaparin (Lovenox) or fondaparinux (Arixtra), you may need to stop taking it for a short while before your hip replacement. Please discuss this with your surgeon and the doctor who prescribed the medication.
- **If you take a drug that affects your immune system**, such as methotrexate (for example, Trexall and Rheumatrex), etanercept (Enbrel), infliximab (Remicade) or adalimumab (Humira), you may need to stop taking it for a short while before and after your surgery. Please discuss this with your surgeon and the doctor who prescribed the medication.
- At least 1 month before surgery, **get any dental work** you may need. All dental work should be done at least 2 weeks before surgery.
- **Begin to plan for life after surgery.** Start to think about who will help you throughout your recovery. Also start to think about whether you would like to go home, to a skilled nursing facility or to an acute rehab hospital right after leaving the hospital. Call your insurance company to learn more about your options. Our case managers will help you with this process.

2 Weeks Before Surgery

- **Call your surgeon** if you get a rash or other skin problem around the hip or leg that will be operated on.
- **If it's flu season** and you're thinking about getting the flu shot, try to get it at least 1–2 weeks before your surgery.
- **If you have an ingrown toenail**, be sure to have it treated by a podiatrist (foot doctor) before your surgery. Ingrown toenails can sometimes cause infections.

1 Week Before Surgery

- **Stop taking all nonprescription vitamins and herbal supplements.** These may increase your risk of bleeding or developing blood clots.
- **If you get a cold or the flu**, call the Preop Center.
- **Prepare a bag** to bring to the hospital. It should include:
 - Personal care items, such as a toothbrush
 - Loose, comfortable clothing such as exercise clothes
 - Shoes or sneakers that have a low heel, nonskid soles and good support
 - Anything that might help you relax or pass the time, such as reading materials or a device to listen to music (such as an iPod and its charger)



48 Hours Before Surgery

- **Stop taking** ibuprofen (Advil, Motrin), naproxen (Aleve) or similar over-the-counter medications for pain or swelling. This will help reduce the risk of bleeding during surgery.

Day Before Surgery

- **Call the Preop Center** to find out what time you should arrive at the hospital and where you should check in for your surgery. Call **781-744-8118** between 10:30 am and 2:30 pm the day before your surgery. If your surgery is on a Monday, call the Friday before.
- You can eat or drink anything you want up until midnight. **After midnight, do not eat or drink anything except for the following:** water, soda, apple or cranberry juice, black coffee or plain tea.



Day of Surgery

- Follow the instructions that the Preop Center gave you.
- **Do not eat anything.** Stop drinking 2 hours before you need to arrive at the hospital.
- **Please leave all jewelry and valuables at home.** Your family and friends can bring you personal items, including your hospital bag and a credit card to pay for the television, after your surgery.

Preparing for Surgery : Your Home

You can prepare your home ahead of time to make your life easier and safer when you return after hip replacement.



General Tips

- Rearrange furniture to make walking paths larger and straight. This will make it easier to use crutches or a walker.
- Remove scatter rugs to prevent falls.
- Make sure all doorways and pathways are clear, and that your stairs have a sturdy railing.
- Install night-lights.
- Stock your freezer and pantry.
- If your home has a lot of stairs, consider living on one floor for a few weeks after surgery.
- Have a seat that is not too low or soft to rest in.

Items That Can Help

These items can make your daily activities easier. We can recommend which might be most helpful to you.

To make bathing and using the bathroom easier

- Nonskid mats for the shower or tub
- Grab bars in the shower/tub and near the toilet
- Shower chair
- Raised toilet seat or commode (a movable toilet that is high off the ground)
- Long-handled sponge

To make dressing easier

- Sock aid (to help you put on your socks)
- Long-handled shoe horn
- Long-handled reacher (to help you put on your pants)

To make carrying items easier

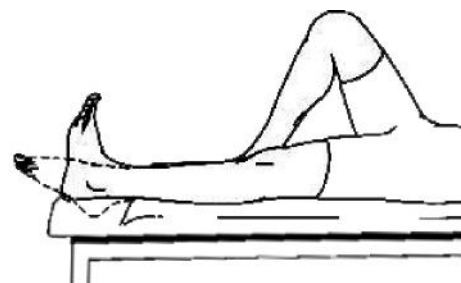
- A backpack or an apron with pockets

Preparing for Surgery: Exercises

To keep your muscle tone, help your blood flow and prevent blood clots, we recommend that you practice the following exercises before your surgery. Do 10 of each, 3 times a day. Do them in bed or a chair (if noted below), but not on the floor. A physical therapist will show you how to do these exercises in a class you can take before your surgery.

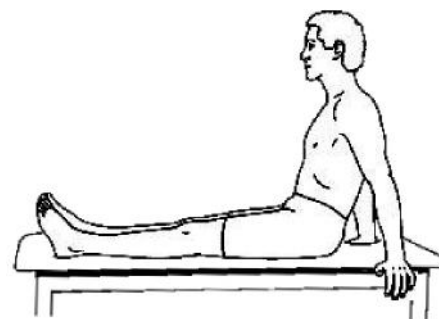
Ankle Pumps

Move your foot up and down slowly, feeling a gentle stretch in the calf muscle. You can do these lying down in bed or sitting in a chair.



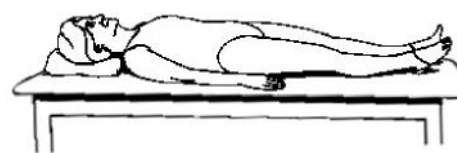
Quadriceps Sets/Hip Straightening

With your leg out straight, tighten your thigh muscle so that the back of your hip pushes down into the bed. Hold for 5–10 seconds. Relax.



Gluteal Sets

Squeeze your buttocks muscles together and hold for 5–10 seconds. Then relax. This exercise can also be done sitting in a chair.



Heel Slides

Lie on your back. Slide your heel toward your buttocks (as far as you can go). Slowly straighten your leg.



The Day of Your Surgery

Arriving at the Hospital

Check in where the Preop Center told you to (either Admissions on 4 West or Ambulatory Surgery on 2 West). After you check in, you will change into a hospital gown, and a name band will be placed on your wrist.

Getting Ready in the Preop Area

You will be brought to the preop area. If you'd like, a family member or friend can go with you to the preop area. He or she can stay with you until you're taken to the operating room.

In the preop area, the following will happen:

- A nurse will **check your vital signs**, including your heart rate and blood pressure.
- You will **talk with your surgeon** and his or her assistants. These may include a resident, fellow, physician assistant or nurse practitioner.
- Your surgeon will **mark the hip** that will be replaced with a “YES.”
- You will **meet your anesthesia care team**, whose main goal is to keep you safe and comfortable. They will review your medical records, discuss your anesthesia options with you and answer your questions.
- A very thin tube, called **an intravenous line (IV)**, will be **placed** in a vein in your arm. Before going to the operating room, you will get medication through the IV that will make you feel relaxed.



In the Operating Room

Before surgery

Next, you will be taken to the operating room. You will move to the operating table. Your vital signs will be checked again. Then you will be given anesthesia. Usually, patients can choose whether they want general anesthesia or spinal anesthesia after talking with the anesthesiologist in the preop area. Sometimes, the anesthesiologist will recommend a specific type of anesthesia for safety or comfort reasons.

- With **general anesthesia**, you'll be given a medication through your IV that causes you to fall into a deep sleep. Your anesthesia care team will closely watch you and check your vital signs throughout the surgery.
- With **spinal anesthesia**, a numbing medication will be injected into your lower back. You will become comfortable and numb from the waist down. There will be no pain from the surgery, and the comfort should last 1–3 hours after surgery. You will also receive medication through your IV throughout the surgery to make you relaxed.
- In addition to either general or spinal anesthesia, most patients will be given pain medications by mouth. Some patients are also given a nerve block. This is a numbing medication that is injected into a nerve to help control pain after surgery.

After you receive anesthesia and an antibiotic to prevent infection, your hip replacement surgery will begin. During the surgery, medication will be injected around your new joint to help control pain after surgery.

After surgery

When your surgery is over, the following will happen:

- A **surgical dressing** (a special type of bandage) will be placed over your incision (wound).
- **Support stockings and a special pump** may be placed on one or both of your legs. These will get your blood moving, prevent clots and lessen swelling.
- A **special pillow** may be strapped between your legs. This pillow will help control the position of your legs and prevent your hip from dislocating (slipping out of place).

In the Recovery Room

When the operation is over, you will be taken to the recovery room (also known as the PACU). When you arrive there, you will be sleepy. You may not remember much about the surgery or your operating and recovery rooms. In the recovery room, you will:

- Receive **pain medication** through your IV line or by injection.
- Be given an **antibiotic** to prevent infection.
- Be taught how to use a device, called an incentive spirometer, **to help you take deep breaths**. Deep breathing will help prevent lung problems and fevers that can develop after surgery. It's important that you use the incentive spirometer at least 10 times every hour, when you are awake.
- **Start to move** with the help of staff. Depending on how you feel, you may be asked to sit at the edge of your bed and dangle your feet. Or you may be asked to stand at the bedside or move to a commode (a movable toilet that is high off the ground).

Leaving the Recovery Room

You will leave the recovery room once you seem to be recovering well and when a hospital room becomes available for you. Some patients may spend their first night in the hospital in the recovery room.

Blood Transfusions

With hip replacement surgery, you will lose blood from the bone, muscle and other soft tissues that are moved or cut.

In very few cases, patients might need more blood from a transfusion. Transfusions are not common but are more likely in patients with certain conditions. Examples of these conditions include having a low number of red blood cells (anemia) before surgery, a heart condition, extensive hip reconstruction (when your hip is “rebuilt”) and past hip surgeries on the same hip.

If you have questions about blood transfusion, please ask your surgeon.



For Friends and Family

If your friends and family want to wait at Lahey during your surgery, they can go to the Family Waiting Room on 2 Central. In most cases, your surgeon will go to this room and speak with them after your surgery. Otherwise, your surgeon will call the person you chose as a contact after surgery. If you didn't choose a patient contact, you can ask for help from a patient advocate.

Your family will be able to see you for a short time in the recovery room. They can visit for a longer time once you are in your own hospital room.

Your Hospital Stay

Safety Measures

- There will be a button (generally on your bed) that you can press so you can reach a nurse. Make sure you can always reach this button.
- Always call your nurse when you need to get out of bed. For your safety, please wait for your nurse to help you.
- You may have an alarm on your bed or chair for your safety. If you try to get up from the chair or bed without help, an alarm will go off to alert a nurse.



Medications

We will give you these medications:

- Pain medication to keep you comfortable
- Antibiotic to prevent infection
- Blood thinner to prevent blood clots
- Stool softener to prevent constipation (trouble moving your bowels), which can be caused by pain medication
- The usual medications you take at home (you may need to take different amounts or stop some for a short while)

Please remember to ask your nurse for pain medication if you are uncomfortable. It may take some time for your pain medication to start working. Please ask for pain medication before your pain becomes overwhelming.

Blood Tests

You will have several blood tests, usually early in the morning. These tests will help us see how well you're recovering.

Wound Care

Your wound will be covered with a special dressing (Mepilex dressing). It should be changed 7 days after it was put on.

Eating and Drinking

At first, you will be able to have only clear liquids, such as water, Jell-O and broth. We will offer you other foods when it is safe to do so.

Occupational Therapy (Activities of Daily Living)

During your hospital stay, you may meet with an occupational therapist who will:

- Give you tips on how to perform daily activities such as bathing, dressing and using the toilet
- Explain how to keep your home safe to help protect your new hip

Case Management

A case manager will visit with you and your family. The case manager will work with you, your family, your doctors, your therapists and your health insurance company to make final plans for your discharge.

Physical Therapy

The goal of physical therapy in the hospital is to help you safely “transfer” (move from one spot to another), to help you learn to walk safely with a walker or crutches, and to help you bend and straighten your hip.

- **Transfers.** The therapists and the nurses will help you out of bed and into a chair safely. This movement has many benefits, including improving the blood flow in your legs. You will practice transfers at least 3 times a day while you are in the hospital. As you gain strength, you’ll need less help getting in and out of bed. Patients who are going home after their hospital stay are usually able to transfer in and out of bed and a chair on their own toward the end of their stay.
- **Walking with a walker, crutches or a cane.** As soon as you can, practice walking with the walker or crutches with the help of your nurse or physical therapist. When practicing walking, avoid pivoting (turning) on your operated leg and hip. You can generally put as much weight as you want on your operated leg, unless you are told otherwise.
- **Exercises.** You may practice the exercises you learned before your surgery (see page 14 for more information).
- **Safety measures.** The therapists will talk with you about the steps to take at home to keep your hip safe.
- **Stair climbing.** Toward the end of your hospital stay, you may practice climbing stairs.



Leaving the Hospital

Most patients leave the hospital (are discharged) before noon. Please ask family members to be ready to bring you home in the morning on the day you'll leave the hospital. Whether you are going directly home or to a skilled nursing facility or an acute rehab hospital, your case manager will help you and your family with discharge plans.

If You Are Going Home

You may choose to go home after surgery if you:

- Have someone at home to help you at all times for the first week
- Can walk with support (a walker or crutches)
- Can climb stairs if needed

If you go home, you will most likely be discharged in 2 days. Please make sure that the car you are going home in has plenty of leg room and is easy to get in and out of. Avoid cars with low bucket seats. We will arrange for a visiting nurse as well as a physical therapist and occupational therapist, as needed, to come to your house. During these visits, the nurse may change the dressing over your wound, check your skin and review your medications.



If You Go to a Skilled Nursing Facility or Acute Rehab Hospital

For some patients, going to a rehab or skilled nursing facility after leaving the hospital is the best option. This must be approved by your insurance plan.

- Your case manager will talk with you more about the difference between these facilities and which might meet your needs best. Generally, acute rehab hospitals are for patients who need more intense therapy (for example, if you had both hips replaced at the same time or have other medical issues that also need to be addressed). Skilled nursing facilities are usually for patients who need some more support with daily activities (such as getting in and out of bed or up the stairs themselves) before they're safe to go home.
- If you do go to one of these facilities, you will most likely be discharged 2 days after surgery. You may go by ambulance or be driven by a family member or friend, depending on your situation. We will give you a specific plan of care to take to the facility.
- When you return home, you'll likely have home health services, such as a visiting nurse, physical therapist and/or occupational therapist.

Discharge Instructions and Medications

Before you leave, we will give you specific instructions on how to help yourself recover. We'll give you a prescription for pain medication and suggest ways to prevent constipation. (Pain medications can often cause constipation.) We'll also give you a blood thinner to prevent clots. Your medications can be conveniently picked up at the Lahey pharmacy (located just inside the main entrance to the hospital) or at your local pharmacy.

Follow-Up Visits

- **Two weeks after surgery**, you'll have a visit with your health care provider in **Orthopaedic Surgery**. We will schedule this visit for you. During the visit, your provider will examine your wound, check on your recovery and explain how long to take your blood thinner. Your provider will also let you know when to start outpatient physical therapy (when you'll leave your house to see the physical therapist).
- **Also within 2 weeks after surgery**, we recommend that you see your **primary care doctor** if you have other medical issues and to manage your medications. Please schedule this visit yourself.
- **Two to 4 weeks after surgery**, you'll likely start **outpatient physical therapy**. We recommend that you schedule your appointment as soon as your provider tells you when to start the therapy. Appointments for physical therapy book up quickly. And starting outpatient physical therapy during the 2–4 weeks after surgery is key to your recovery.
- **Six weeks after surgery**, your health care provider in **Orthopaedic Surgery** will check on your recovery and examine your hip. You will also have X-rays. We will schedule this visit for you.



Caring for Yourself After Surgery

Here are some steps you can take to help yourself heal and stay safe after you leave the hospital. We'll also give you more specific instructions during your hospital stay.



Taking Your Blood Thinner

Take your blood thinner for at least 6 weeks after surgery.

- If you have a **higher risk** of blood clots, you'll likely need Lovenox (a blood thinner that you inject) every day for 4 weeks. Then after that, you'll need an aspirin every day for 2 weeks. Patients have a higher risk if they have a personal or family history of clots or stroke, use tobacco or hormone therapy, have recently been treated for cancer, are very obese, or have certain other concerns (such as problems with movement after surgery, both hips replaced at the same time or hip surgery for a recent fracture).
- If you have an **average risk** of blood clots, you'll take aspirin once every day for 6 weeks.
- Your surgeon will talk more with you about your risk and which blood thinner is best for you.
- If you are already on a blood thinner, your surgeon and the doctor who prescribed it will work with you to come up with a safe plan.

If you have questions about your blood thinners after surgery, please call your surgeon's office. You will also get a chance to talk about them at your follow-up visit 2 weeks after surgery.

Pain Relief

- Take your **pain medication as prescribed**. As your pain improves, take less of your prescription pain medication. Pain medication can cause constipation. You can prevent constipation by drinking lots of water and taking a fiber supplement and stool softener.
- Put an **ice pack** on your hip. Use the ice pack for 20 minutes at a time, 3 times a day and after physical therapy or exercising. Cover the ice pack with a cloth to protect your hip from ice burn.

Wound Care

- We'll give you specific steps on how to care for your wound. Most patients will have a special dressing over their wound that seals the wound from air and germs. It will need to be changed about 7 days after it was put on. You can shower with this dressing. But do not take a bath or swim until you're told otherwise.
- **Check around your wound** (without removing the dressing) each day. Call your surgeon if you notice increasing redness, increasing pain or drainage (leaking fluid).

Support Stockings

We may give you support stockings to wear to help control swelling in your legs. Wear them when you are up during the day. Most patients wear these stockings for 6 weeks after surgery. If you find that there is more swelling or if the stocking doesn't seem to fit right, call your surgeon.

Did You Know?

After surgery, you may feel that the leg on the side your hip was operated on is longer or shorter. This is very common and usually goes away in about 6 weeks.

Help With Daily Activities

- Use a raised toilet seat or commode. Also consider using grab bars on the side of the toilet to make it easier to get up and down.
- The following items might make bathing easier: grab bars in the shower/tub area, a long-handled sponge to clean your lower body, and a tub seat. Avoid walking on slippery bathroom floors.
- Some patients will need certain “devices” to help them dress on their own. For example, a sock aid can help you put on your socks without bending over too far. A long-handled reacher can help you put on your pants.

Physical Therapy

Active participation in physical therapy is very important to a successful hip replacement.

- Once you leave Lahey, you will work with physical therapists either in your home, a skilled nursing facility, or an acute rehab hospital. As you recover, you will be able to do physical therapy in an outpatient facility.
- Your goals will be to transfer safely and to walk with a walker or crutches. You should also focus on your daily activities (for example, getting dressed) and having full range of motion in your hip.
- You may continue to practice the exercises you did before surgery and in the hospital. These exercises will help your blood flow, which helps prevent blood clots. They will also improve the range of motion in your hip.



Driving

Do not drive or run machinery while taking prescription pain medications. These medications can make you sleepy and affect how you make decisions. Also wait to drive until you feel you are ready both physically and mentally.

Sexual Activity

You may have sex when your discomfort from surgery lessens. A general rule for sex after hip surgery is to do what seems comfortable while keeping your hip safe.

Dental Work and Other Procedures

Wait 3 months after your surgery before you have routine dental work, such as a cleaning. If you have tooth or gum pain or an emergency, call your dentist right away. Tell him or her that you recently had your hip replaced.

Anytime you visit your dentist, tell him or her about your artificial hip. We recommend that you take an antibiotic before you have any dental work, including teeth cleaning, for at least 2 years (and possibly longer) after your hip replacement. This will help prevent infection. Either we or your dentist can give you a prescription for the antibiotic.

We also recommend that you take an antibiotic before you have a procedure that may involve a cut in your skin. This includes colonoscopies.

Infections

Rarely, infections from other areas of the body can travel through the blood and settle in an artificial hip. Anytime you think you may have an infection of any kind—of your skin, your throat, your urinary tract, your teeth, for example—tell your primary care doctor or dentist right away. Let your doctor or dentist know that you have an artificial hip. He or she will decide whether you should take antibiotics to treat the infection.



When to Call Your Surgeon

If you have any of these symptoms, call your surgeon right away at **781-744-8650**:

- Increasing redness, swelling or drainage (leaking fluid) from your incision
- Fever over 101° F
- Any numbness or tingling in the hip/leg that was operated on
- Pain in your calf
- Pain or swelling in your hip that is getting worse

If you have chest pain or shortness of breath that doesn't get better with rest, call 911 or have someone take you to the emergency room.

Activity Guidelines

To heal properly, stay safe and enjoy your new hip for as long as possible, please follow these activity guidelines.

For the First 2 Months After Surgery

Be careful when you walk and move from one spot to another.

Try to prevent falls. For example, make sure all your scatter rugs are removed, and avoid slippery surfaces. Use your walking aid (for example, your walker or cane) until you feel safe.

Avoid higher-impact exercises, such as jogging or running. Also avoid activities with a risk of falls, such as skiing or bicycle riding.

Keep your hip in a safe position. Your surgeon may ask you to follow some or all of these steps:

- **Do not bend your hip past 90°** (a right angle). This can happen if you bring your knee too close to your chest or you reach beyond your knees when sitting.
- **Do not sit on low chairs.** This can force your hip to bend past 90.° It is best to sit with your knees below your hips.
- **Do not twist or rotate your operated leg** (the leg on the same side as your hip that was operated on).
- **Do not twist your back or pelvis**, which will rotate your new hip.
- **Do not cross your legs.** Imagine a line drawn down the middle of your body (from the tip of your nose to the space between your feet). You should not bring the knee on your operated leg across that line. Crossing your ankles is fine.
- **Do not hyperextend your hip** (move it past its normal limits, like you would to kick a football). Also, do not twist the hip that was operated on forward or outward.

Stay active

- During the day, get up every 30 minutes or so and take a brief walk. Sitting for too long may make the muscles around your hip stiff. Also take longer walks during the day. Walk farther as your strength and energy improve.
- Talk with your surgeon if you are considering airplane travel within the first 2 months after hip replacement. Flying may increase your risk of developing a blood clot.



For the Rest of Your Life

Your hip replacement should relieve your hip pain and make your hip work better for many years. You can do many activities with your new hip. To get the most from your new hip and to prevent damage to it, protect it from unnecessary stress:

- Low-impact activities are excellent for recreation and exercise after hip replacement. Examples include walking, cycling, swimming, bowling and golf.
- High-impact activities will increase the wear and tear on your new hip. Examples are jumping, running, jogging, lifting heavy weights, basketball, racquetball, squash, volleyball and tennis. You can do these activities, but they will place stress on your hip.
- Try not to gain weight. Extra pounds put stress on your new hip and entire body.
- Take antibiotics before you have dental work or an invasive procedure (a procedure that involves making a cut in your skin).
- Return to see your surgeon so he or she can check on your new hip every 2–3 years. If you move to a new area, make sure to have regular follow-up visits with your new doctor.

List of Helpful Phone Numbers

Orthopaedic Surgery

Lahey Hospital & Medical Center, Burlington: **781-744-8650** (main number) Lahey Medical Center, Lexington: 781-372-7020 Lahey Medical Center, Peabody: 978-538-4267

Preop Center: 781-744-8118
(to confirm the time of your surgery)

Orthopaedic OR Scheduling Office: 781-744-3626
(to reschedule or cancel your surgery or to sign up for an education class)

Case Management: 781-901-3600
(for questions about discharge plans)

Orthopaedic Triage Nurse: 781-744-3022
(for any medical questions after surgery)

Financial Counseling

Burlington: 781-744-8814
Peabody: 978-538-4101

Pharmacy

Burlington: 781-744-8658
(Monday–Friday, 8:30 am to 7:30 pm
Saturday, 8:30 am to 4:30 pm)
Peabody: 978-538-4150
(Monday–Friday, 8:30 am to 5:30 pm)

Helpful Information

Date of my preop visit: _____

Date of my surgery: _____

Date of my 1st visit with Orthopaedic Surgery:

Date of my 2nd visit to get X-rays: _____

Date of my 1st Post Op visit with Orthopaedic
Surgery: _____

My surgeon: _____

My surgeon's phone number: _____