Your Guidebook

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The Guidebook is an education tool for patients, physicians, physical and occupational therapists and nurses.

It is designed to educate you so that you know:

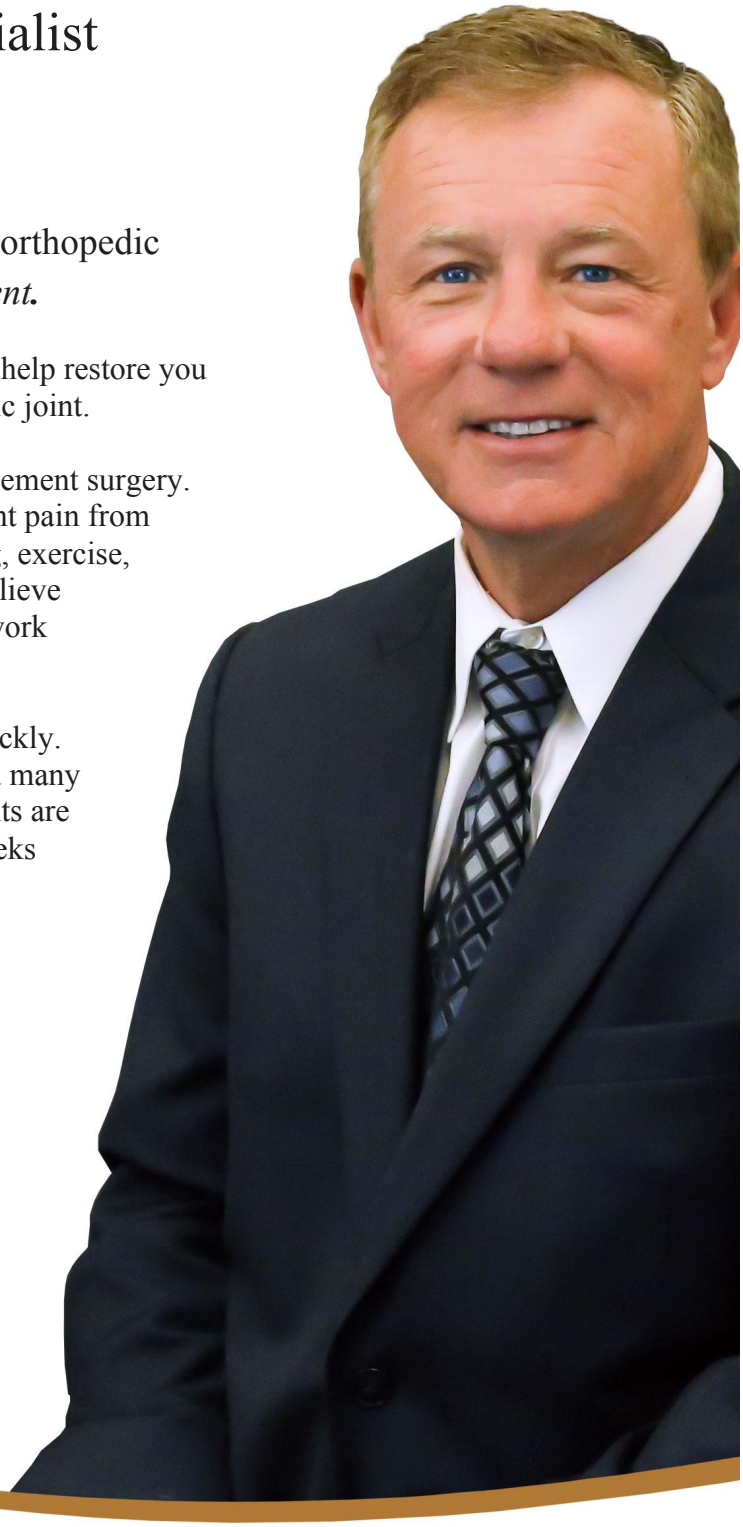
- ✓ **What to expect every step of the way**
- ✓ **What you need to do**
- ✓ **How to care for your new joint**

Remember, this is just a guide. Your physician, physician assistant, nurses or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a handy reference for at least the first year after your surgery.

Carry your Guidebook with you to hospital, rehab, outpatient therapy and all physician visits.

DR. DAVID MORAWSKI

Total Joint Replacement Specialist



Dr. David Morawski is a fellowship-trained orthopedic surgeon specializing *in total joint replacement.*

Thank you for choosing Fox Valley Orthopedics to help restore you to a higher quality of living with your new prosthetic joint.

Annually, over 500,000 people undergo joint replacement surgery. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation and work. The surgery aims to relieve pain, restore your independence and return you to work and other daily activities.

Total hip replacement patients typically recover quickly. Patients will be able to walk the day of surgery, and many are able to go home the same day. Generally, patients are able to return to driving 1-3 weeks, dancing 6-8 weeks and golf in 8-12 weeks.

Fox Valley Orthopedics has implemented a comprehensive planned course of treatment.

We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

LOCATION MAPS

Geneva

Northwestern / Delnor Hospital
351 Delnor Drive
Geneva, IL 60134
630-208-3000

Fox Valley Orthopedics North

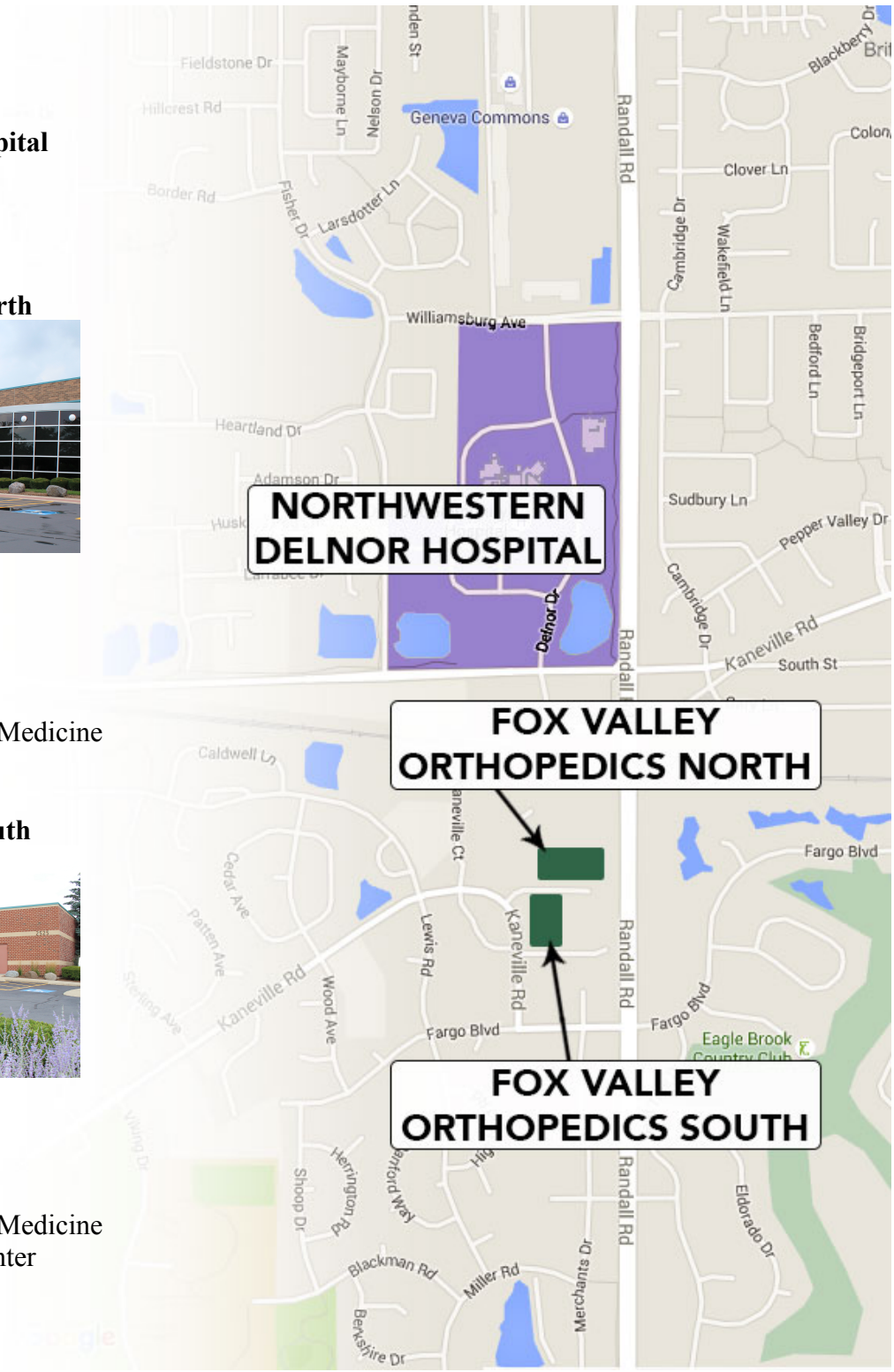
2535 Soderquist Court
Geneva, Illinois 60134
(630) 584-1400

- ✓ MRI
- ✓ Medical Practice
- ✓ Rehabilitation & Sports Medicine

Fox Valley Orthopedics South

2525 Kaneville Road
Geneva,Illinois 60134
(630) 584-1400

- ✓ Medical Practice
- ✓ Rehabilitation & Sports Medicine
- ✓ Ambulatory Surgery Center



LOCATION MAPS

Elgin

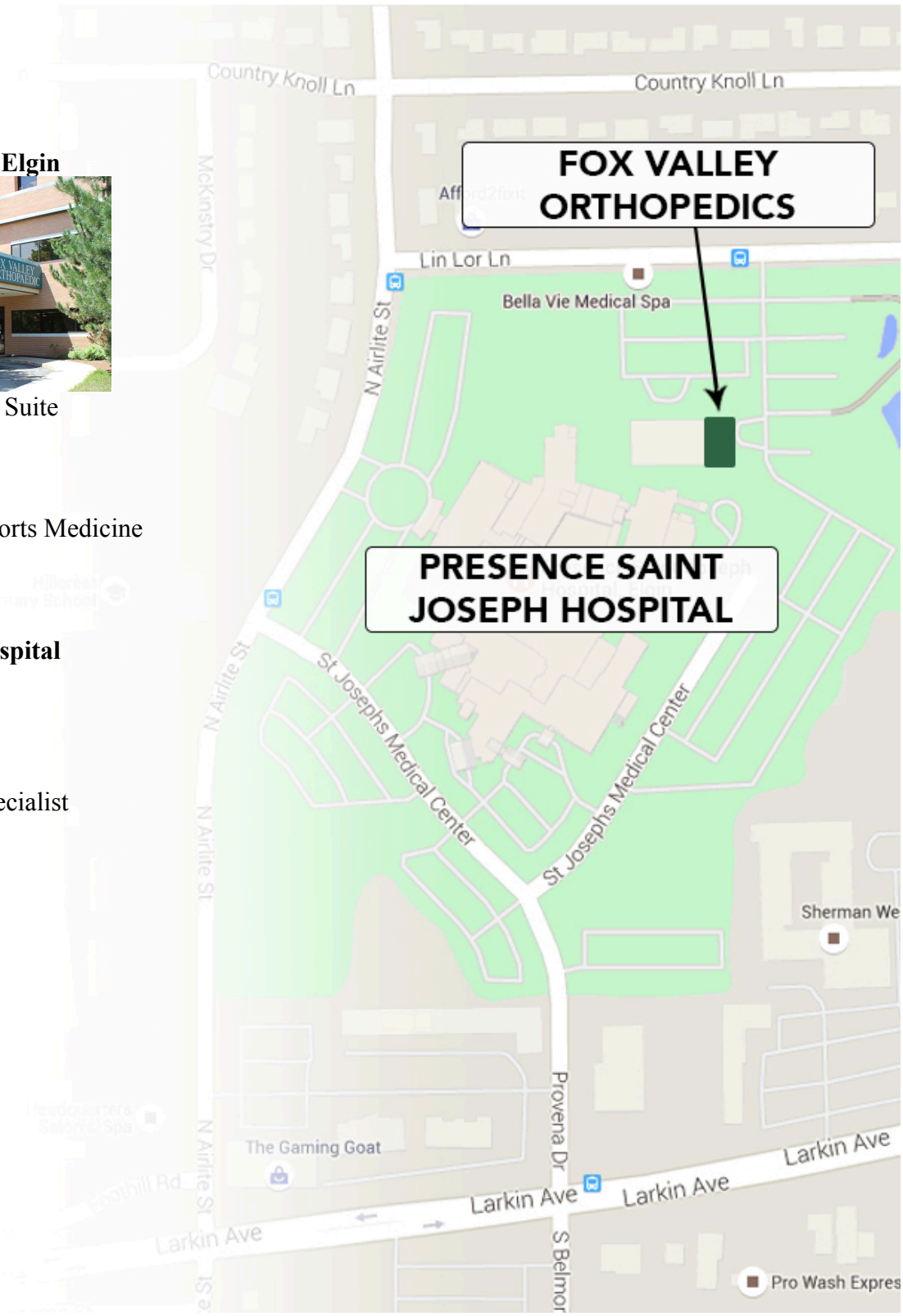
Fox Valley Orthopedics Elgin

1975 Lin Lor Lane, Plaza Suite
Elgin, Illinois 60123
(847) 468-1400

- ✓ Medical Practice
- ✓ Rehabilitation & Sports Medicine

Presence St Joseph's Hospital
(847) 695-3200
77 North Airlite Street
Elgin, Illinois 60123

St. Joseph Orthopedic Specialist
(847) 931-5504



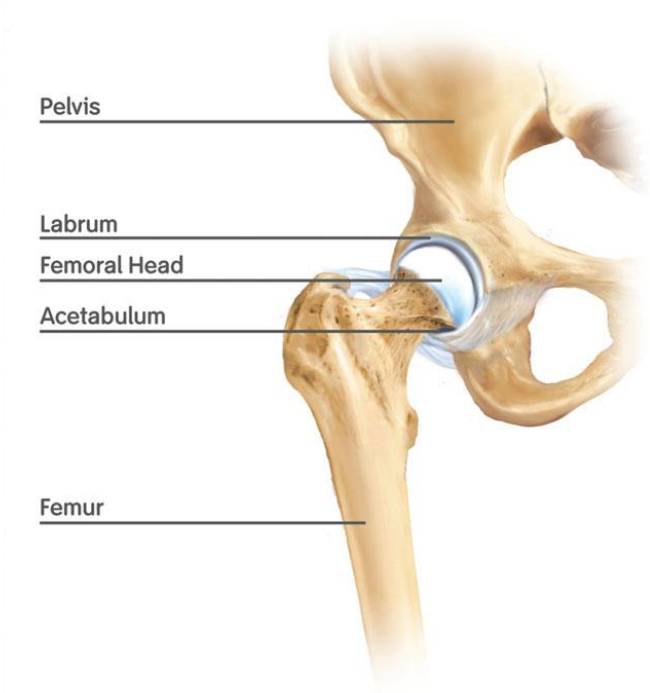
HIP ANATOMY

The hip is a ball and socket joint.

The ***pelvis*** portion has the socket, otherwise known as the acetabulum.

There is a lip of tissue known as the ***labrum*** surrounding the acetabulum.

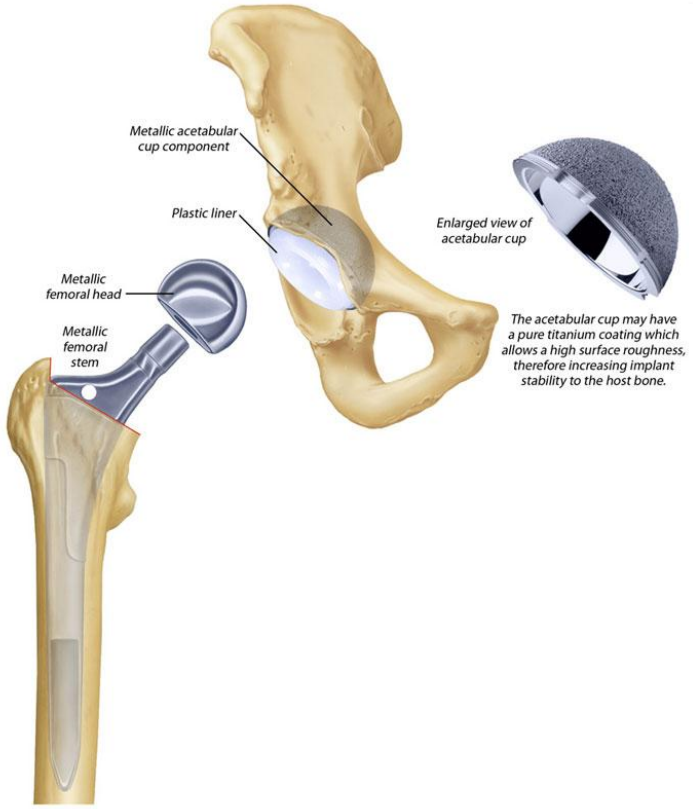
The thigh or ***femur*** angles into the pelvis. The ***femoral head*** (ball) is at the top.



During a hip replacement the arthritic femoral head is removed and the worn out acetabulum is resurfaced.

Titanium replacements are then inserted along the bone.

A plastic spacer acts as your new cushioning and a cobalt chrome or ceramic ball replaces the femoral head



FREQUENTLY ASKED QUESTIONS ABOUT TOTAL HIP SURGERY

We are glad you have chosen Fox Valley Orthopedic Institute to care for your hip. Patients have asked many questions about total hip replacement. Below is a list of the most frequently asked questions along with their answers. If there are any other questions that you need answered, please ask us! We want you to be completely informed about this procedure.

What is arthritis and why does my hip hurt?

In the hip joint there is a layer of smooth cartilage on the ball of the upper end of the thigh bone (femur) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of the smooth cartilage. Eventually, it wears down to bone. Rubbing of the bone against bone causes discomfort, swelling and stiffness.

What is total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper thigh bone (femur) as well as damaged cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is fixed inside a metal shell. This creates a smoothly functioning joint that does not hurt.

What are the results of total hip replacement?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level and the patient's adherence to the doctor's orders. The vast majority of patients are much better than prior to surgery.

When should I have this type of surgery?

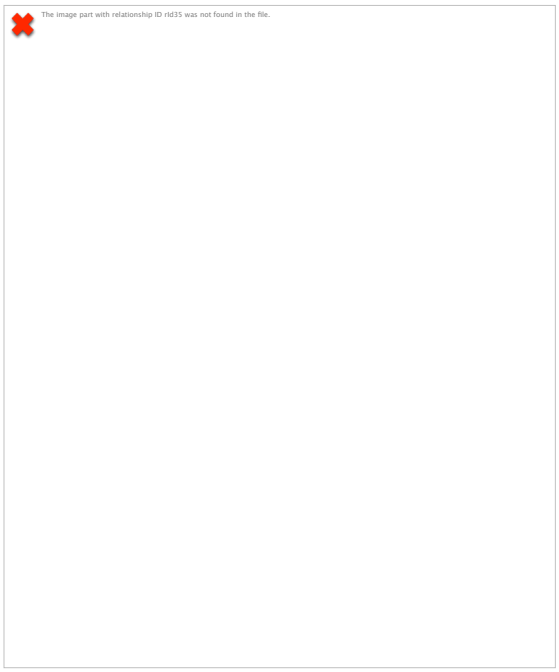
Your orthopedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam and x-rays. Your orthopedic surgeon will ask you to decide if your discomfort, stiffness and disability justify undergoing surgery. There is usually no harm in waiting if non-operative methods are controlling your discomfort.

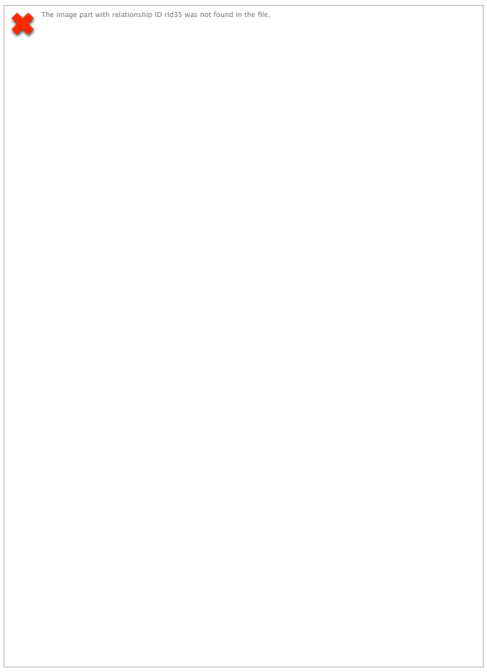
Am I too old for this surgery?

Age is not a factor if you are in reasonable health and have the desire to continue living a productive, active life. You will be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

How long will my new hip last?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time. Most implants seems to last 15 – 20 years.





Why might I require a revision?
Just as your original joint wears out, a joint replacement may wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Dislocation of the hip after surgery is a risk. Your surgeon will explain the possible complications associated with total hip replacement.

What are the major risks?
Most surgeries go well, without any complications. Infection and blood clots are two serious potential complications. To avoid these complications, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections. Your orthopedists will discuss ways to reduce that risk.

Should I exercise before the surgery?
Yes, consult your surgeon and physical therapist about the exercises appropriate for you. There is a list of pre-operative exercises in this guidebook as well.

How long will I be in bed after surgery?
You will be assisted up and out of bed on the day of surgery, walking with a walker.

How long will I be in the hospital?
Some patients will be hospitalized for 1-2 days after their surgery, however some patients are able to go home on the day of surgery. There are several goals that you must achieve before you can be discharged.

What if I live alone?
Three options are usually available to you. You may return home and receive help from a relative or friend. You may qualify to have a home health nurse and physical therapist visit you at home for two or three weeks. You may also qualify to stay at a rehabilitation facility following your hospital stay, depending on your insurance.

How do I make arrangements for surgery?
After you and your surgeon decide to proceed with surgery, you will be scheduled for surgery and contacted by our surgery scheduling team.

How long does the surgery take?
We reserve approximately 2 hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery as well as the anesthesia team. Incision to closure time is approximately 1 hour.

Do I need to be put to sleep for this surgery?
You may have a spinal anesthetic, which numbs your legs only and does not require you to be asleep, or a general anesthetic. General anesthetic will allow you to walk more quickly after surgery. The choice is between you, your surgeon and the anesthesiologist, using your medical history to guide the decision. You will be billed separately by the anesthesia group.

Will the surgery be painful?
You will have discomfort following the surgery, but we will try to keep you comfortable with the appropriate medication.

Who will be performing the surgery?
Dr. Morawski will perform the surgery. An assistant often helps during the surgery and you will be billed separately by that assistant.

How long, and, where will my scar be?
The scar will be approximately 3-6 inches long. With a direct anterior hip replacement it will be in the front of your upper thigh. With a lateral hip approach it will be along the side of your hip.

Will I need a walker or a cane?
Yes, you will start with a walker or crutches. You will need these assistive devices for approximately 2-6 weeks after surgery depending on the procedure.

Will I need any other equipment?
After hip replacement surgery, you will need a high toilet seat for about 6-8 weeks. You can buy one from a medical supply store, or you may rent or borrow one. You will also be taught to use assistive devices to help you with lower body dressing and showering. You may also benefit from a bath seat or grab bars in the bathroom, which can be discussed with your occupational therapist.

Where will I go after discharge from the hospital?
Most patients are able to go home directly after discharge. Some patients may transfer to a rehabilitation facility and stay there for 7-14 days.

Will I need help at home?
Yes, for the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?
We will arrange for a physical therapist to provide therapy at your home, if necessary. Outpatient physical therapy will begin six weeks after surgery. The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?
The ability to drive depends on whether surgery was on the right hip or your left hip and the type of car you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving at 1 week. If the surgery was on your right hip, your driving could be restricted as long as 2 weeks. Driving also depends on the use of prescribed narcotics for pain control. Consult with your surgeon or therapist for their advice on your activity.

When will I be able to get back to work?
We recommend that most people take at least one month off from work. An occupational therapist can make recommendations for joint protection and energy conservation on the job. When to return to work should be discussed with your orthopedic surgeon.

When can I have sexual intercourse?
The time to resume sexual intercourse should be discussed with your orthopedic surgeon.

How often will I need to be seen by my doctor following the surgery?
You will be seen for your first postoperative office visit approximately 2 weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, four months and then yearly.

Do you recommend any restrictions following this surgery?
Yes, high-impact activities, such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also restricted. Hip patients will be restricted from crossing their legs, twisting operated leg, bending 90 degrees at the hip or twisting side-to-side for six weeks after surgery.

What physical/recreational activities may I participate in after my recovery?
You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling and gardening.

Will I notice anything different about my hip?
In many cases, patients with hip replacements think that the new joint feels completely natural. However, we always recommend avoiding extreme positions or high-impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in their other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery.

PREPARING FOR SURGERY

CONTACT YOUR INSURANCE COMPANY

Before surgery, you will need to contact your insurance company to find out if a preauthorization, a precertification, a second opinion, or a referral form is required. It is very important to make this call because failure to clarify these questions may result in a reduction of benefits or delays in surgery. If you do not have insurance, please notify the registration staff when they call you for preregistration that you will need help in making payment arrangements.

PREREGISTER

After your surgery has been scheduled, you will be called for preregistration information by phone. You will be asked to have the following information ready when you are contacted:

- ✓ Patient's full legal name, and address
- ✓ Home phone number
- ✓ Marital status
- ✓ Social security number
- ✓ Name of insurance company, address, policy, group #, and INS card
- ✓ Patient's employer, address, phone number and occupation
- ✓ Name, address and phone number of someone to notify in case of emergency
- ✓ Bring your insurance card, driver's license or photo ID and any co-payment required by your insurance company with you to the hospital

OBTAIN MEDICAL CLEARANCE

You need to see your primary care doctor, for preoperative medical clearance. (This is in addition to seeing your surgeon preoperatively.) You may also be asked to see a specialist, for example a cardiologist or vascular surgeon depending on any preexisting medical conditions.

Laboratory Tests

Your routine tests will be done at your preoperative visit in the surgery center or at the hospital. This will include a chest x-ray, EKG, and urinalysis as well as blood work.

PRE-OPERATIVE CLASS

A special class is held weekly for patients scheduled for joint surgery. We will schedule this class for you 1-2 weeks prior to your surgery. You will need to attend one class. It is strongly suggested that you bring a family member or a friend to act as your "coach". The outline of the class is as follows:

- Joint Disease
- What to expect before and after surgery
- Risks and benefits of joint replacement surgery
- Learn about assistive devices and joint protection
- Discharge planning/insurance/obtaining equipment
- Questions and answers

PRE-OPERATIVE CLASS (continued)

When you come for your pre-op class, we will measure your height, weight, temperature, and blood pressure. We will also update your hip X-rays if necessary. After the lecture portion of your pre-op visit, you will meet one-on-one with your surgeon or his physician assistant for an examination, discussion of any questions that you have after the lecture, review of your lab results, etc. You will have some paperwork to complete while you are here for the pre-op visit; if you use reading glasses, please bring them with you to your appointment. You will be here for approximately 4 hours on the day of your class.

PREPARING YOUR HOME

It is important to have your house ready for your arrival back home. Clean, do laundry and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend the garden and finish yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install nightlights in bathrooms, bedrooms and hallways. Arrange to have someone collect the mail and attend to pets.

PREPARING YOUR BODY

It is important to be as fit as possible before undergoing surgery. This will make your recovery faster and easier. Here are some exercises for you to start now and continue until your surgery. They are designed for patients with arthritic joints and are meant to help with toning your leg, core and upper body. It is important to have your whole body in shape to assist with your recovery. You should be able to do them in 15-20 minutes. It is recommended that you perform these exercises twice daily. Please see the following pages for descriptions.

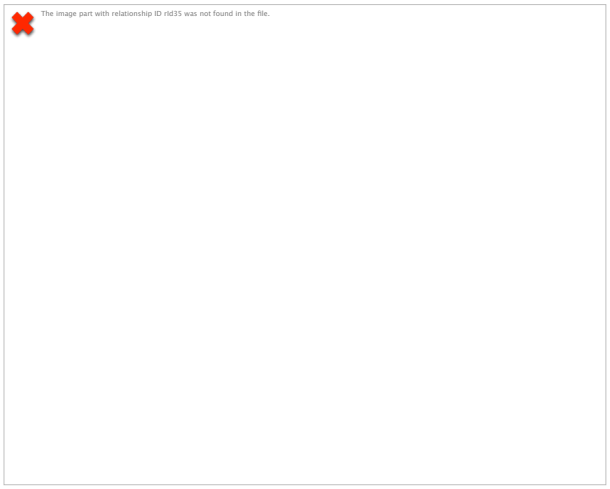
1. Ankle pumps	20 reps
2. Quad sets	20 reps
3. Gluteal sets	20 reps
4. Abduction and adduction	20 reps
5. Heel slides	20 reps
6. Short arc quads	20 reps
7. Long arc quads	20 reps
8. Mini squats	10-20 reps
9. Standing hip flexion	10-20 reps
10. Seated hamstring stretch	5 reps
11. Armchair push-ups	10-20 reps

RANGE OF MOTION AND STRENGTHENING EXERCISES

ANKLE PUMPS

Move ankle up and down. Repeat 20 times.

QUAD SETS—(KNEE PUSH DOWNS)



Lie on back, press knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.

GLUTEAL SETS—(BOTTOM SQUEEZES)

Squeeze bottom together. Do NOT hold breath. Repeat 20 times.

ABDUCTION AND ADDUCTION—(SLIDE HEELS OUT AND IN)

Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.

HEEL SLIDES—(SLIDE HEELS UP AND DOWN)

Lie on couch or bed. Slide heel toward your bottom. Repeat 20 times.

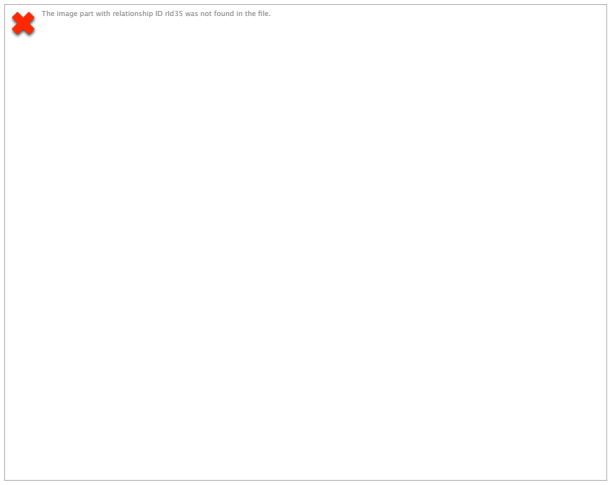
SHORT ARC QUADS

Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.

KNEE EXTENSION—LONG ARC QUADS

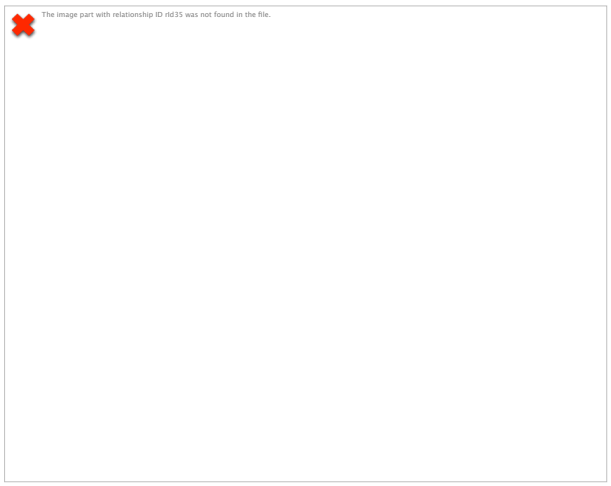
Sit with back against chair. Straighten knee. Repeat 20 times.

MINI SQUATS



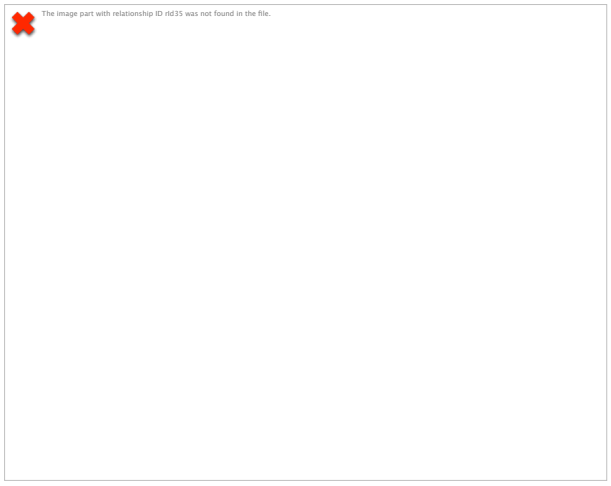
Holding on to stable object, slightly bend knees then slowly straighten. Repeat 20 times.

STANDING KNEE FLEXION



Standing, hold on to firm surface. Bring leg back as far as possible, keeping knee straight. Stand upright. Repeat 20 times.

ARMCHAIR PUSH-UPS



While seated sit straight up and try to lift your self off the chair with your arms. Repeat 10-20 times

MEDICATIONS TO STOP PRIOR TO SURGERY

14 Days Prior to Surgery
Ticlid must be stopped two weeks prior to surgery.

10 Days Prior to Surgery
Plavix must be stopped ten days before surgery.

7 Days Prior to Surgery
Seven days before surgery, stop all anti-inflammatory medications such as Aspirin, Motrin, Aleve, Advil, Naproxen, Mobic, Vitamin E, and Omega 3 vitamins.

Stop all herbal medications other than iron and multi vitamins.

3 Days Prior to Surgery
Xarelto, Pradaxa, and Eliquis must be stopped 3 days before surgery. These medications will cause increased bleeding otherwise.

Consult Your Primary Care Physician
If you are on Coumadin you will need special instructions for stopping the medication from your cardiologist or primary care physician.

Your surgeon or physician assistant will instruct you about what to do with your other medications.

DAY BEFORE SURGERY

The hospital will call you on the day before the surgery to tell you what time your procedure is scheduled. You will be asked to come to the hospital **two hours before** the scheduled surgery to give the nursing staff sufficient time to start IV's, answer questions and prepare you for surgery. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start earlier.

NIGHT BEFORE SURGERY

Do not eat or drink anything after midnight, **EVEN WATER**, unless otherwise instructed to do so by your physician or anesthesiologist. No chewing gum or candy. However, you may be allowed to take certain medications the morning of surgery as advised by your physician.

PRIOR TO ADMISSION CHECKLIST

- ☐ See your family doctor or internist for an updated history and physical examination. If this is not done, your surgery will be cancelled. You may also be asked to see a specialist, for example, a cardiologist, pulmonologist or vascular surgeon.

- ☐ Do not take aspirin or arthritis medications for 7 days before surgery. This includes Motrin, Feldene, Naprosyn, or other arthritis type medication. The use of these medications interfere with blood clotting. Prednisone, however, should be continued. You may take Tylenol® (acetaminophen).

- ☐ Exercise as much as is comfortable.

- ☐ Avoid crash diets and eat a well-balanced diet.

- ☐ If you smoke, you should stop smoking. Your family doctor or internist can help you with this. If you cannot stop smoking permanently, abstaining for 24 hours before surgery will be of benefit. It is essential not to smoke for at least 2 weeks after surgery. All hospitals are nonsmoking areas.

- ☐ Do not eat or drink anything (including water) after midnight on the evening before your surgery. Do not eat or drink anything (including water or coffee) the morning of your surgery. You may be able to take some medications with a sip of water if your doctor directs you to do so, i.e. heart or blood pressure medications, etc.

- ☐ Please bathe or shower the morning of your surgery if possible.

- ☐ Wear loose, casual clothing. Do not wear makeup or jewelry to surgery.

- ☐ Get a good night's rest.

- ☐ If you wear dentures, contact lenses or eyeglasses, you will be asked to remove them prior to your surgery.

- ☐ Notify your surgeon if there is a change in your medical condition (cold, infection, fever, etc.) prior to your surgery. It may be necessary to reschedule your surgery.

- ☐ Please bring your insurance ID card and this guide book.

- ☐ Bring a copy of your Advanced Directives, if applicable

HOSPITAL CARE

DAY OF SURGERY: WHAT TO EXPECT

In the preoperative unit you will be prepared for surgery. This includes starting an IV and shaving your operative site. Your operating room nurse as well as your anesthesiologist will interview you. They will escort you to the operating room where you will see your surgeon, if you have not seen him in the preoperative unit.

Following surgery, you will be taken to a recovery area where you will remain for 1-2 hours. During this time, pain control will be established; your vital signs will be monitored. You will then be taken to the orthopedic unit where an orthopedic nurse will care for you. Only one or two very close family members or friends should visit you on this day.

It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your incentive spirometer and doing the deep breathing exercises that help prevent pneumonia. You will be encouraged by the nurses to perform deep breathing exercises using a small plastic breather (spirometer) every hour while you are awake.

On the day of surgery you will be helped out of bed. You will be assisted to a chair in your room. The physical therapist will assess your progress and assist you walking with either crutches or a walker. Many patients are able to go home on the day of surgery.

DAY 1 AFTER SURGERY

On day 1 after surgery you will be helped out of bed early and will dress in the loose clothing. Shorts and tops are usually best; long pants are restrictive. Your day will start with a morning walk with your physical therapist. In the afternoon you will have a second therapy session. You may begin walking stairs on this day.

IF YOU ARE GOING DIRECTLY HOME

Someone responsible needs to drive you. If your trip will take longer than an hour, you should plan to sit in the back seat with your leg elevated across the seat to keep your leg from swelling.

You will receive written discharge instructions concerning medications, physical therapy, activity, etc. The discharge planner will arrange for equipment. Take this guide book with you. If you require home health services, the discharge planner will arrange this for you.

After discharge from the hospital or rehabilitation unit, you may receive home health services. Depending on your health care needs, your doctor may prescribe one or several of the services we offer, including:

Professional nurse care:
Providing information to help you manage your health is the focus of our nursing care. This means our nurses not only assist you with surgical dressing changes, diet planning and medication but teach you to perform these and other tasks safely. Your nurse may also perform home lab draws to regulate Coumadin dosages.

Rehabilitation services:
Physical and/or occupational therapy may be important parts of your care plan. Registered physical therapists focus on helping you recover strength and flexibility.

Occupational therapists specialize in helping you regain and improve the skills you need to perform the everyday tasks of life, such as cooking, feeding, bathing and personal hygiene.

The goal of home health is to provide you with the information and equipment you need to make you as independent as possible at home.

Home health services must be ordered by your physician and usually occur two or three times a week. Each visit may last up to an hour, depending on your needs.

While you are being followed by home health services, one of your responsibilities is to follow through with the therapy recommendations and instruction you receive from your therapists and nurses even on days when they do not make a visit.

Inpatient Rehab:
Transfer to an inpatient rehab unit after your acute care hospital stay will be done only for those patients needing additional closely monitored therapy. Whether or not you will be transferred to a rehab depends on two factors:

1. Questions asked before admission about your general health, help at home, and activity level before surgery
2. How well you progress in the hospital after your surgery. Transfer to rehab is done only for those patients who exhibit a need for it and for whom it would be a very positive step.

The rehab unit focuses on patient independence. To be admitted to a rehab unit, you must be able to participate in three or more hours of therapy per day, five days per week. You will receive limited therapy on both Saturday and Sunday. The hours are split between physical therapy and occupational therapy.

Therapies are done on an individual and group basis. The average length of stay is one to two weeks. This stay may be covered by Medicare and most major insurance groups. Prior to transfer, insurance coverage will be verified by the health benefits advisor from the rehab unit.

You will be getting dressed daily, so please bring several changes of clothes that you normally wear at home. Some exercises are done in a therapy gym, so slacks or sweats are helpful. Meals are served in a central dining room. You will be encouraged to bathe, dress, and perform daily hygiene independently with instruction from your therapist and nurse.

While on the rehab unit, you will be followed by a team of health care professionals: a physical

medicine physician is the leader of the team, your surgeon, rehab nurses, rehab therapists, a social worker, and a discharge planner. The goal of this team is to safely return you to your pre-surgery living situation. This implies a comfort level with activities of daily living.

Your mobility skills are practiced and increased daily so that, when you go home, you will be able to care for yourself. Your discharge date is decided upon in conferences between nurses, therapists and social workers.

Any home therapies, nursing needs, or equipment that might be required are arranged for before discharge. A home evaluation before discharge with your therapists may also be done to evaluate your function at home.

WHAT TO WATCH FOR AFTER SURGERY

You may have questions after surgery. Sometimes patients are reluctant to ask questions after leaving the hospital because they do not want to bother anyone. This is your body and your life, always feel free to ask questions. A good rule of thumb is, when in doubt, call.

You should call your physician if:

1. Your incision becomes red, angry looking and/or drainage develops from the surgical or drain site. If the area around the incision becomes more swollen and does not become less swollen with rest, ice and elevation. **CALL.**
2. Your leg, ankle, or foot swelling does not respond to rest and elevation. There is tenderness or redness along the calf or inner thigh. Blood clots can form in your calf or thigh following surgery, so if you see any of these signs. **CALL.**
3. You have pain or increasing pain in your surgical joint after it has healed. This could be a sign of infection. **CALL.**
4. You are running an elevated temperature of 101.5˚ F with no other symptoms following your surgery. **CALL.**

Something you should remember: If you have dental work or a minor surgical procedure, be sure to tell your dentist or surgeon that you have had a major joint replacement. The protective use of antibiotics for these procedures should keep you from developing an infection in your prosthesis.

CONTROL YOUR DISCOMFORT

- Take your pain medication at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to Tylenol®. You may take two regular strength Tylenol in place of your prescription medication up to four times a day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack.

BODY CHANGES

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for the first few months.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives such as milk of magnesia if necessary, or contact your primary care physician.

CARING FOR YOUR INCISION

- Keep your dressing on for one week, then it must be stretched off carefully. Please see enclosed appendix regarding Aquacel dressings.
- Cover your incision with a light dressing until your staples are removed.
- You may shower if there is no drainage from your incision. You should not soak the incision in a bathtub or whirlpool until instructed.
- Notify your surgeon if the incision has increased drainage, redness, pain, odor, or heat around the incision site.
- Take your temperature if you feel warm or sick. Call your surgeon if your temperature exceeds 101.5˚ F.

DRAIN CARE

Empty your drain approximately every eight hours and record the volume removed. When your drain has less than 50 ml of fluid removed every 8 hours it may be removed. This usually occurs two days after surgery and is done by your home health nurse. Please see enclosed supplement regarding drain care for further instructions.

STOCKINGS

You will be asked to wear special compression stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.

- If swelling in the operative hip increases, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above the level of your heart.
- Wear the stockings continuously throughout the day. They may be removed at night for sleeping.
- Your compression stockings may be removed about 3 weeks after surgery.
- If your stockings become soiled, please wash them as directed on the package.

INFECTION PREVENTION

A complication of a joint replacement is infection in the joint replaced. Your surgeon takes the utmost care in keeping a sterile environment during surgery as well as providing intravenous antibiotics before, during, and after surgery. There are preventative measures that you can take to insure prevention of infection after your joint replacement.

- Take proper care of your incision by keeping the area clean and dry.
- **DO NOT** use ointments, creams, or lotions until your surgeon approves their use.
- You will need to take antibiotics prior to any dental work or invasive procedures for your lifetime. This is done to prevent an infection from occurring in your joint replacement.
- Typically your surgeon prefers any dental work that you need to be done on a non-emergent basis to be performed either 1 month prior to or 3 months after your joint replacement.

DISLOCATION Signs of dislocation

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

PREVENTION OF DISLOCATION For 6 weeks after surgery

- DO NOT cross legs
- DO NOT twist side-to-side
- DO NOT bend at the hip past 90˚

DEEP VENOUS THROMBOSIS (DVT)

Due to the nature of your surgery and your decreased mobility after surgery, you are at risk for developing a DVT or Deep Venous Thrombosis. A DVT is a blood clot that can develop in your legs and can potentially cause a PE or Pulmonary Embolus. Your surgical team tries to prevent these from forming with the use of medications, compression stockings, calf pumps, and early mobilization. Signs of DVT to look for are:

- Swelling in the leg, foot, or ankle that does not respond to rest and elevation.
- Tenderness or redness along the calf or inner thigh.

You should contact your surgeon if you experience any of these symptoms.

PULMONARY EMBOLUS

If you were to develop a DVT in your legs, a portion of that DVT may break off and travel to the lungs to form a PE or Pulmonary Embolus. This is considered a medical emergency. Symptoms of a PE to look for are:

- Sudden chest pain
- Difficulty breathing and/or rapid breathing
- Excessive sweating
- Confusion
- Rapid pulse
- If you experience any of these symptoms, you should contact your surgeon or seek medical treatment as soon as possible, call 911.

ASPIRIN

Aspirin has been used for many years as a pain reliever. The beneficial effects of aspirin have also been seen in patients with a history of cardiac disease because of its ability to prevent blood clots. This reduces the risk of blood vessel blockage. This beneficial effect has also been noted in several studies of patients undergoing total joint surgery. With the rapid recovery program, people are ambulating more quickly; reducing the risk of blood clot. We use an enteric-coated 325 mg aspirin taken with food daily for 6 weeks after surgery.

COUMADIN® AND HOW IT WORKS

Coumadin is an anticoagulant. The purpose of this medication is to prevent harmful clots from forming or growing. The medication works by decreasing the amount of active clotting factors in the bloodstream.

COUMADIN AND HOW IT SHOULD BE TAKEN
Take Coumadin at the same time every day. Take Coumadin exactly as the physician prescribes. NEVER take more or less of the Coumadin unless specifically told to by your physician or nurse. If you forget to take your dose, DO NOT double your dose the next day but take your regularly prescribed dose. Missing only one dose will not cause a clot to form. Missing more than one dose may cause problems while taking more than the prescribed dose may cause bleeding.

DETERMINING THE DOSE OF COUMADIN
While you are taking Coumadin, a blood test will be done each day that you are in the hospital to monitor the effectiveness of the medication. This blood test is called the prothrombin time (PT), or INR. When you are discharged from the hospital, the blood test monitoring is decreased to two times a week. Coumadin therapy will normally continue for six weeks after surgery. If you develop a blood clot, then your coumadin will continue for a longer period of time.

If you are discharged to home with home health services, the home health nurse will come out twice a week to draw the prothrombin time. These results are called to our staff who will call you that day to adjust your dose.

If you DO NOT utilize home health nursing, then you will have the blood test drawn in our office twice a week, every Monday and Thursday. Our staff will contact you to adjust your dose.

If you are transferred to rehab, the monitoring is usually done two times a week. The physician caring for you at the rehab center will adjust the Coumadin dose as necessary. When you are discharged from rehab or home health your Coumadin level will be monitored by our staff for a period of six weeks after surgery

SIGNS OF ADVERSE EFFECTS
Because of the signs of too much Coumadin is bleeding, you should be aware of the signs and symptoms of bleeding. Call your doctor right away if any of these signs and symptoms are present. Also, call your doctor if you sustain any falls or injuries while taking Coumadin.

1. Excessive bleeding from your gums while brushing your teeth
2. Frequent and severe bruising
3. Nose bleed for no reason
4. Dark or bloody urine
5. Black or tarry stools or obvious blood in your stools
6. Unusual bleeding
7. Excessive menstrual bleeding

DRUGS TO AVOID WHILE TAKING COUMADIN
Aspirin, aspirin containing and nonsteroidal anti-inflammatory medications (NSAIDS) all INCREASE the effect of Coumadin and, therefore, should be avoided unless prescribed by a physician. Do not take Aspirin, Nsaids, Ketoprofen, Naproxen or Vitamin E while on this therapy.
Inform all of your doctors that you are on Coumadin and consult your pharmacist before taking any over-the-counter medications.

HOW DIET AFFECTS COUMADIN
Changes in diet may also affect the way Coumadin works. It is important to maintain a steady well-balanced diet. Too many dark green leafy vegetables on consecutive days may alter the prothrombin time. Therefore, maintain the same weekly balance of vegetables. Fish, liver, and vitamin K can decrease the effects of Coumadin.

Alcohol
Alcohol and tobacco consumption should be avoided while on Coumadin because it can also alter the prothrombin time.

Shaving
For shaving use only an electric razor while taking Coumadin.

POST-OPERATION HIP EXERCISES

Listed on the following pages are home exercises that are essential for a complete recovery from your surgery. Your therapist will mark which exercises you should be doing. Some exercises you will do in the first two weeks, others during weeks 2-4 and still others during weeks 4-6 and beyond. Exercising should take approximately 20 minutes and should be done twice daily. If you are recovering quickly, it is recommended that you supplement these exercises with others that your therapist recommends. Stop doing any exercise that is too painful.

1.	Mini Squats	20 reps.	1 time/day
2.	Ankle pumps	20 reps.	2 times/day
3.	Quad sets (knee push-downs)	20 reps.	2 times/day
4.	Gluteal sets (bottom squeezes	20 reps.	2 times/day
5.	Abduction and adduction (slide heel side to side)	20 reps.	2 times/day
6.	Heel-slides (slide heel up and down)	20 reps.	2 times/day
7.	Short arc quads	20 reps.	2 times/day
8.	Long arc quads	20 reps.	2 times/day

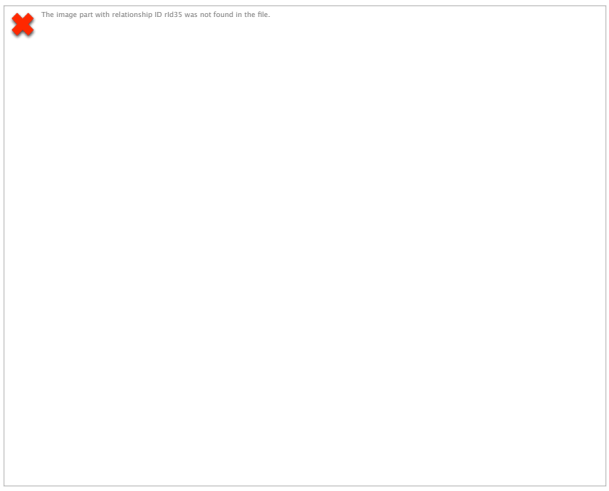
MINI SQUATS

Holding on to stable object, slightly bend knees and slowly straighten. Repeat 20 times.

ANKLE PUMPS

Move ankle up and down. Repeat 20 times.

QUAD SETS—(KNEE PUSH DOWNS)



Lie on back, press knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.

GLUTEAL SETS—(BOTTOM SQUEEZES)

Squeeze bottom together. Do NOT hold breath. Repeat 20 times.

ABDUCTION AND ADDUCTION—(SLIDE HEELS OUT AND IN)

Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.

HEEL SLIDES—(SLIDE HEELS UP AND DOWN)

Lie on couch or bed. Slide heel toward your bottom. Repeat 20 times.

SHORT ARC QUADS

Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh

LONG ARC QUADS

Sit with back against chair. Straighten knee. Repeat 20 times.

DAILY LIFE AND ACTIVITIES

TOTAL HIP REPLACEMNT POSTOPERATIVE EXERCISES & GOALS—ACTIVITY GUIDELINES

Exercising is important to obtain the best results from total hip surgery. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to mark the appropriate exercises in your Guide Book. These goals and guidelines are listed on the next few pages.

WEEKS ONE AND TWO

Most joint patients go directly home, but you may go to a rehabilitation center for 7-14 days. During weeks one and two of your recovery your two-week goals are to:

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300-500 feet with support.
- Climb and descend a flight of stairs (12-14 steps) with a rail once a day.
- Actively bend your hip at least 60º.
- Straighten your hip completely.
- Independently sponge bathe or shower and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.
- May begin driving

POST-OP EXERCISE PRESCRIPTION PLAN (AS DESCRIBED ON PAGE 27-31)

1.	Mini Squats	20 reps.	1 time/day
2.	Ankle pumps	20 reps.	2 times/day
3.	Quad sets (knee push-downs)	20 reps.	2 times/day
4.	Gluteal sets (bottom squeezes	20 reps.	2 times/day
5.	Abduction and adduction (slide heel side to side)	20 reps.	2 times/day
6.	Heel-slides (slide heel up and down)	20 reps.	2 times/day
7.	Short arc quads	20 reps.	2 times/day
8.	Long arc quads	20 reps.	2 times/day

12-17. Advanced Exercises to be reviewed by your physical therapist.

WEEKS TWO TO FOUR

Weeks 2-4 will see you recovering to more independence. You will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve 1-2 week goals.
- Walk at least ¼ mile.
- Climb and descend a flight of stairs (12-14 steps) more than once daily.
- Bend your hip to 90º unless otherwise instructed.
- Straighten your knee completely.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Begin driving. You will need to be off of narcotic pain medication in order to drive.

Strengthening Exercises

1. Name of exercise _____ _____reps _____times/day
2. Name of exercise _____ _____reps _____times/day
3. Name of exercise _____ _____reps _____times/day
4. Name of exercise _____ _____reps _____times/day
5. Name of exercise _____ _____reps _____times/day
6. Name of exercise _____ _____reps _____times/day

Additional Comments:

PT_____

WEEKS FOUR TO SIX
Weeks 4-6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are to:

- Achieve 1-4 week goals.
- Walk with a cane or single crutch.
- Walk ¼- ½ mile.
- Begin progressing on stairs from one foot at a time to regular stair climbing.
- Actively bend hip.
- Drive a car.
- Continue with home exercise program twice a day.

Strengthening Exercises

1. Name of exercise _____ _____reps _____times/day
2. Name of exercise _____ _____reps _____times/day
3. Name of exercise _____ _____reps _____times/day
4. Name of exercise _____ _____reps _____times/day
5. Name of exercise _____ _____reps _____times/day
6. Name of exercise _____ _____reps _____times/day

Additional Comments:

PT_____

WEEKS SIX TO TWELVE

During weeks 6-12 you should be able to begin resuming all of your activities. You will also begin outpatient physical therapy. Your goals for this time period are to:

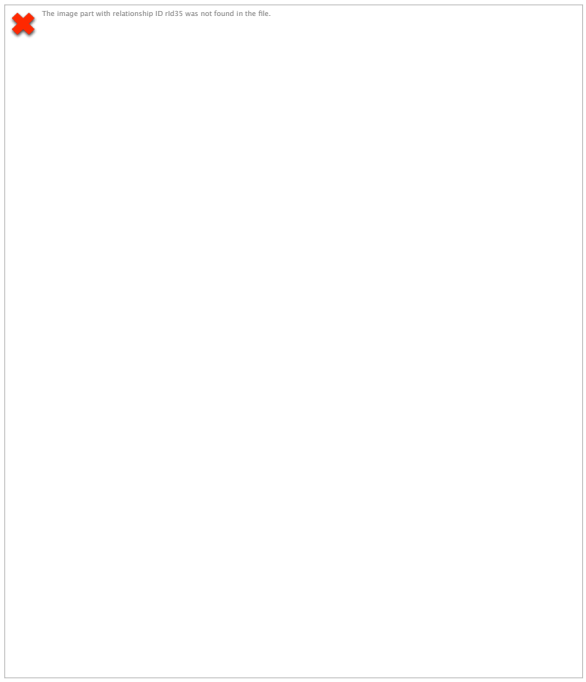
- Achieve prior goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk ½-1 mile.
- Improve strength to 80%.
- Resume all activities including dancing, bowling and golf.

Strengthening Exercises

1. Name of exercise _____ _____reps _____times/day
2. Name of exercise _____ _____reps _____times/day
3. Name of exercise _____ _____reps _____times/day
4. Name of exercise _____ _____reps _____times/day
5. Name of exercise _____ _____reps _____times/day
6. Name of exercise _____ _____reps _____times/day

Additional Comments:

PT_____



STANDING UP FROM CHAIR Do NOT pull up on the walker to stand!
Sit in a chair with arm rests when possible.

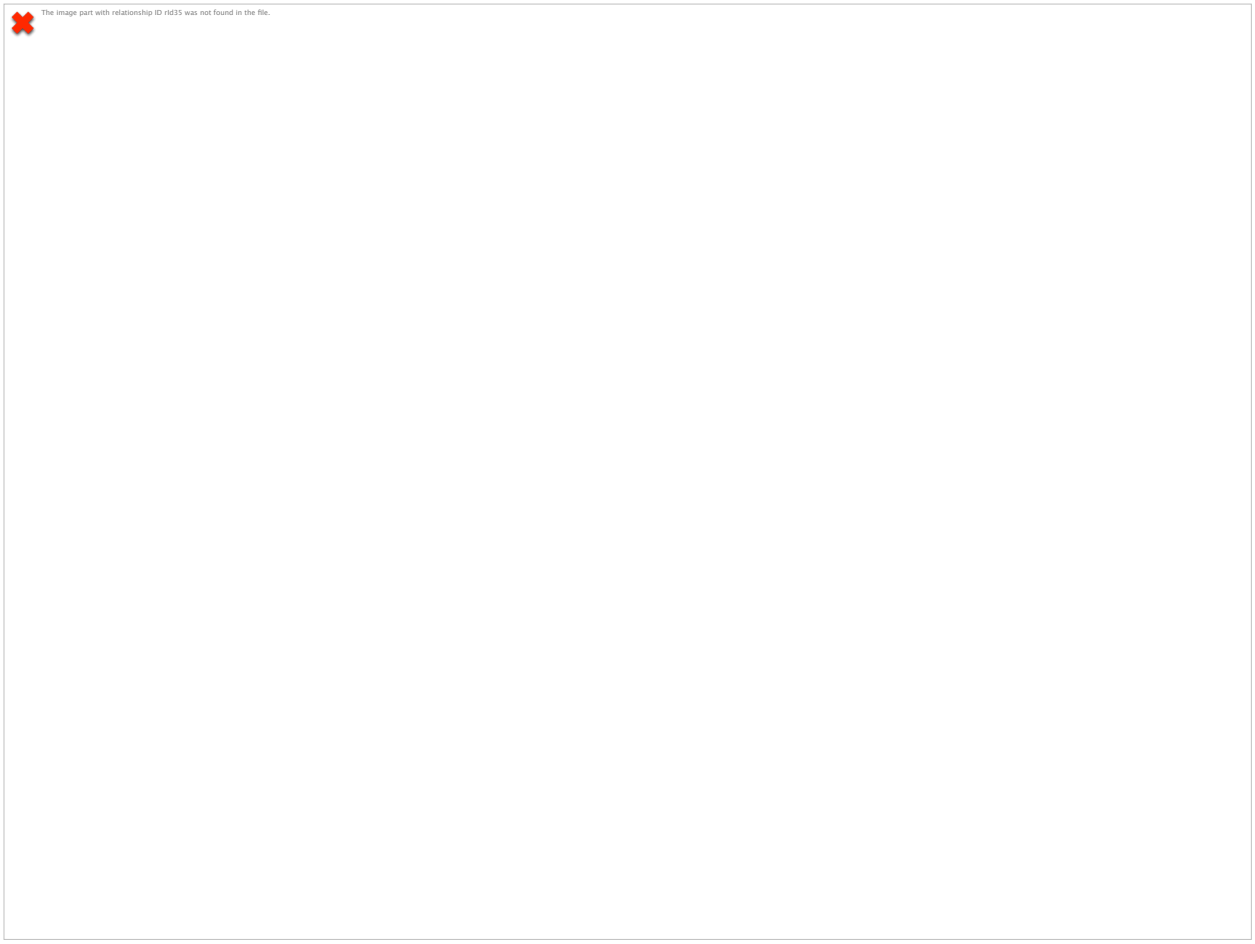
1. Scoot to the front edge of the chair.
2. Push up with both hands on the arm rests. If sitting in a chair without arm rests, place one hand on the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.

WALKER AMBULATION

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. Do NOT move it past the front feet of the walker.
3. Step forward with the operated leg. NOTE: Take small steps. Do not take a step until all four walker legs are flat on the floor.

STAIR CLIMBING

Ascend with non-operated leg first “Up with the Good”. Descend with operated leg first “Down with the Bad”.



TRANSFER TUB

Getting into the tub using a bath seat:

1. Place the bath seat in the tub facing the faucets.
2. Back-up to the tub until you can feel it on the back of your knees. Be sure you are in front of the tub bench.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter for the operated leg, if necessary.

NOTE: While using a bath seat, grab bars, long handled bath brushes and handheld showers makes bathing easier and safer, they are typically not covered by insurance.

NOTE: ALWAYS use a rubber mat or nonskid adhesive on the bottom of the tub or shower.

NOTE: To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

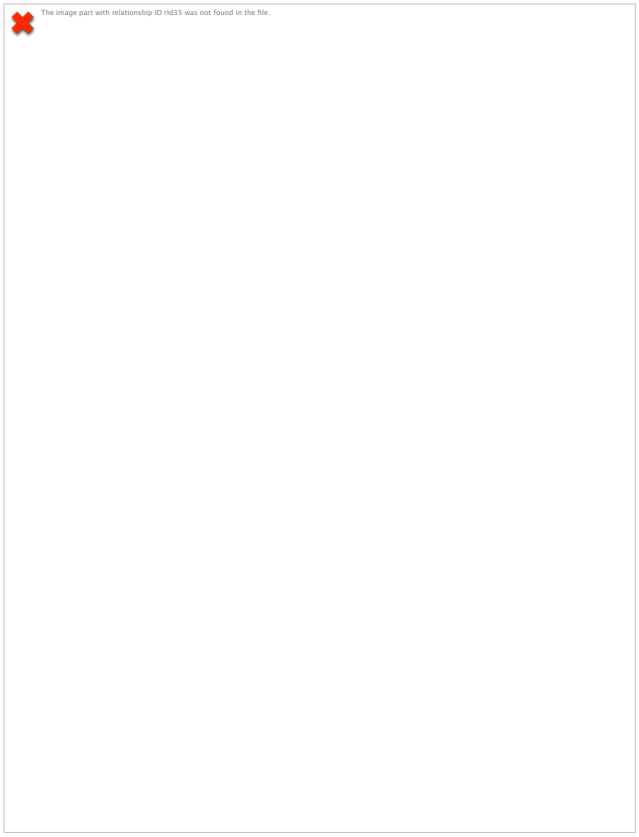
Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

TRANSFER - TOILET
You will need a raised toilet seat or a three-in-one bedside commode over your toilet for 6-8 weeks after surgery.

When sitting down on the toilet:
1. Take small steps and turn until your back is to the toilet. Never pivot.
2. Backup to the toilet until you can feel it on the back of your legs.
3. If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand on the walker while reaching back for the toilet seat with the other.
4. Slide your operated leg out in front of you when sitting down.

When getting up from the toilet:
1. If using a commode with armrests, use the armrests to push up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
2. Slide operated leg out in front of you when standing up.
3. Balance yourself before grabbing the walker.



TRANSFER - INTO BED

When getting into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed). Slide operated leg out in front of you when sitting down.
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt, or your Theraband™ to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips towards the center of the bed.

NOTE: DO NOT CROSS YOUR LEGS to help the operated leg into bed.

When getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-operated leg to the floor.
3. If necessary, use a leg lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Slide operated leg out in front of you when standing up.
7. Balance yourself before grabbing for the walker.

LYING IN BED

Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or towel roll on the outside of leg may help you maintain this position.

TRANSFER - CAR

1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the doorframe.
5. Turn frontward, leaning back as you lift the operated leg into the car.

PERSONAL CARE USING A "REACHER" OR "DRESSING STICK" Putting on pants and underwear:

1. Sit down.
2. Put your operated leg in first and then your non-operated leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor.

How to use a sock aid:

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.

Using a long handled shoehorn:

1. Use your reacher, dressing stick, or long handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

NOTE: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. DO NOT wear high heeled shoes or shoes without backs.

AROUND THE HOUSE: Saving energy and protecting your joints

Kitchen

- Do NOT get down on your knees to scrub floors. Use a mop and long handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom

- Do NOT get down on your knees to scrub the bathtub.
- Use a mop or other long handled brushes.

SAFETY AND AVOIDING FALLS

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have nonskid backs.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install night lights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- Do NOT wear open toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get lightheaded.
- Do not lift heavy objects for the first three months and then only with your surgeon's permission.
- Stop and think. Use common sense.

DO's AND DON'Ts FOR THE REST OF YOUR LIFE

All joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' permission you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running, singles tennis, and high impact sports, may put too much load on the joint and are not recommended. Infections are always a potential problem and you may need antibiotics for prevention.

WHAT TO DO IN GENERAL

- Do not have any dental work or invasive procedures scheduled for at least three months after surgery unless it is urgent to do so.

- Take antibiotics as directed by your surgeon before you are having dental work or other invasive procedures.

- Although the risks are very low for postop infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you sustain an injury such as a deep cut or puncture wound you should clean it as best you can, put a sterile dressing on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.

- When traveling, stop and change positions hourly to prevent your joint from tightening.

- See you surgeon yearly unless otherwise recommended

PUT YOUR HEALTH CARE DECISIONS IN WRITING
It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?
Advance Directives are a means of communicating to all caregivers the patients' wishes regarding health care. If a patient has a Living Will or has appointed a health care agent and **is no longer able to express his or her wishes to the physician, family or hospital staff**, the medical center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

These are the different types of Advance Directives:
LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, **if you become unable to do so**.

HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition and use of pain medications.

On admission to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record. Advance Directives are not a requirement for hospital admission.

THE IMPORTANCE OF LIFETIME FOLLOWUP VISITS
Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to or they do not understand why it is important.

So, when should you follow-up with your surgeon? These are some general rules:
- Initially at six weeks and three months.
- Then at one year, 2 years, 5 years, and every 5 years after that.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

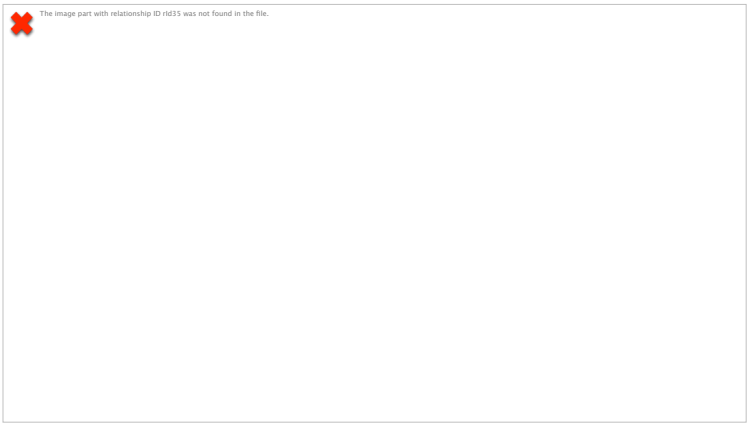
Thank you,
The Surgeons and Staff of Fox Valley Orthopedics

AQUACEL DRESSING

Your dressing is a unique type of dressing. It is impregnated with silver which functions as an antimicrobial element to help prevent infection. It was placed in surgery and has a special adhesive. The dressing may be left on for 7 days after surgery. It is water resistant and you therefore may shower with that dressing on (as long as your drain is removed). There may be a small amount of blood on your dressing. This is normal. If the bleeding reaches the edges of the pad the dressing is no longer considered water resistant and should be removed.

Removing Your Dressing
As mentioned your dressing has a special adhesive. It should not be simply pulled off as you might tear a band-aid off. The adhesive portion should be stretched until the bond is broken from your skin. Using hand sanitizer over the dressing prior to stretching may assist removal.

After Aquacel
When your surgical dressing is removed you may use an island dressing or some gauze with tape. This should be changed on a daily basis. You may shower as long as there is no drainage on your dressing when you remove it.



Drain Care

You may have been discharged home with a drain still in. We use this drain to prevent excess swelling in your hip after surgery. The drain should be emptied every 8 hours and the amount removed recorded on the table below. When you have less than 50 ml over an 8 hour time period then the drain may be removed. This may be done by your home health nurse or in our office. You may not shower until your drain is removed. After your drain is removed you may still have some bleeding from that site for several days. You should place a waterproof dressing there until the drainage has stopped. You may shower with your waterproof bandage on or with no dressing when the drainage has stopped.

Date	Time	Amount
		ml
		ml
		ml
		ml
		ml
		ml
		ml
		ml
		ml