



Patient Name: Andrea Gross

Caregiver Name: Dr. Mark Kleid, MD

TOTAL HIP REPLACEMENT

WHAT YOU SHOULD KNOW:

- Total hip replacement is surgery to replace a badly damaged hip joint with man-made parts. These man-made parts are called a prosthesis (prahs-THEE-sis). The man-made joint is made of metal or a mixture of metal and plastic.
- The surgery is done to decrease pain and make moving easier. You may need this surgery if you have arthritis or if you have injured your hip. you may also need surgery if you have osteoporosis (ah-stee-o-per-O-sis). This is a condition that decreases bone strength, causing bones to wear faster or break easier. You may need to have one or both hips replaced.



Will a hip replacement help me?A hip replacement may help you if:

- You have hip pain while sitting in a chair or resting in bed.
- You cannot do every day activities. This may include walking, or bending over to pick something up off of the floor.
- You have trouble moving or lifting your leg because your hip feels stiff.
- You have tried medicine to decrease swelling and pain, but you do not feel like the medicine is helping. These medicines may also be causing side effects such as an upset stomach or stomach pain.
- You have tried physical (FI-zi-kull) therapy, but it did not help your hip pain and stiffness.

CARE AGREEMENT:

You have the right to help plan your care. To help with this plan, you must learn about your health condition and how it may be treated. You can then discuss treatment options with your caregivers. Work with them to decide what care may be used to treat you. You always have the right to refuse treatment.

RISKS:

There are always risks with surgery. You may get blood clots in your legs, pelvis, lungs or brain. You may bleed a lot or get an infection. You may have trouble breathing or have a heart attack. Your hip may dislocate (come out of joint) after surgery. Your caregivers will watch you closely for these problems. You may need to have hip replacement surgery more than once. If you don't have surgery, the pain and problems you have with your hip may get worse. Call your caregiver if you are worried or have questions about your medicine or care.

WHILE YOU ARE HERE:

Blood tests: You may need blood taken for tests. The blood can be taken from a vein in your hand, arm, or the bend in your elbow. It is tested to see how your body is doing. It can give your caregivers more information about your health condition. You may need to have blood drawn more than once.

Gown: A hospital gown is needed so that caregivers can easily check and treat you. Caregivers will show you how to put on your gown. You may not be allowed to wear your own bedclothes or undergarments to the operating room. This is because you may need monitors on your skin during surgery. When you feel better you may be able to wear your own bedclothes.

Call button: You may use the call button when you need your caregiver. Pain, trouble breathing, or wanting to get out of bed are good reasons to call. The call button should always be close enough for you to reach it.

Blood transfusion: You may need a blood transfusion (trans-FU-zhun) for certain medical conditions. You may also need a transfusion if you lose a large amount of blood during surgery. You may ask a family member or friend with the same blood type to donate blood for you. This is called directed blood donation. Many people are worried about getting AIDS, hepatitis, or West Nile Virus from a blood transfusion. The risk of this happening is rare. Blood banks test all donated blood for AIDS, hepatitis, and West Nile Virus. If you refuse a blood transfusion, your condition may get worse, and you may die.

12-lead ECG: This test, also called an EKG, helps caregivers look for damage or problems in different areas of the heart. Caregivers may need to prepare your skin by shaving off some hair, or cleaning it with a gritty lotion. Sticky pads are placed on your chest, arms, and legs. Each sticky pad has a wire that is hooked to a machine or TV-type screen. A short period of electrical activity in your heart muscle is recorded. Caregivers will look closely for certain problems or changes in how your heart is working. This test takes about 5 to 10 minutes. It is important that you lie as still as possible during the test. You may need this test more than once.

Informed consent: You have the right to understand your health condition in words that you know. You should be told what tests, treatments, or procedures may be done to treat your condition. Your doctor should also tell you about the risks and benefits of each treatment. You may be asked to sign a consent form that gives caregivers permission to do certain tests, treatments, or procedures. If you are unable to give your consent, someone who has permission can sign this form for you. A consent form is a legal piece of paper that tells exactly what will be done to you. Before giving your consent, make sure all your questions have been answered so that you understand what may happen.

IV: An IV is a tube placed in your vein for giving medicine or liquids. This tube is capped or connected to tubing and liquid.

Pulse oximeter: A pulse oximeter (ok-SIM-e-ter) is a machine that tells how much oxygen is in your blood. A cord with a clip or sticky strip is placed on your ear, finger, or toe. The other end of the cord is hooked to a machine. Caregivers use this machine to see if you need more oxygen.

Vital signs: This includes taking your temperature, blood pressure, pulse (counting your heartbeat), and respirations (counting your breaths). To take your blood pressure, a cuff is put on your arm and tightened. The cuff is attached to a machine which gives your blood pressure reading. Caregivers may listen to your heart and lungs by using a stethoscope (STETH-oh-skohp). Your vital signs are taken so caregivers can see how you are doing.

Anesthesia: Anesthesia (an-es-THEE-zah) is medicine to make you comfortable during surgery. Caregivers work with you to decide which anesthesia is best and whether you will be awake or completely asleep. Do not make important decisions for 24 hours after having anesthesia. Also, do not drive or use heavy equipment. The medicine may make you drowsy and your thinking unclear. An adult may need to drive you home and stay with you after you have had anesthesia.

- **General anesthesia:** This is medicine that may be given in your IV or as a gas that you breathe. You may wear a face mask or have a tube placed in your mouth and throat. This tube is called an endotracheal (en-doh-TRAY-kee-al) tube or "ET" tube. Usually you are asleep before caregivers put the tube into your throat. The ET tube is usually removed before you wake up. You are completely asleep and free from pain during surgery.
- **Spinal or epidural anesthesia:** This is medicine put into your back to numb you below the waist. With spinal anesthesia the medicine is given through a shot and feeling returns in about two hours. Epidural (ep-i-DU-ral) anesthesia is put into your back through a tiny tube. The tube may be left in place to give you more medicine later if needed. After epidural anesthesia, feeling returns to your legs when the medicine wears off.

During Surgery:

- You will be asked to change into a hospital gown. You may be given medicine in your IV to help you relax or make you sleepy. You will be taken to the operating room. You may get regional or general anesthesia (an-iss-THEE-zuh). Regional anesthesia will numb you (make you lose feeling) below the waist. General anesthesia will keep you completely asleep during surgery. You and your caregiver will decide which type is best for you.
- An incision (cut) will be made in your hip. All or part of your own hip will be removed. The prosthesis has two main parts: a ball and a socket. The ball and socket will be carefully placed in your hip so that the ball moves smoothly inside the socket. Special cement may be used to hold the prosthesis to your bones. A special bone-like material that helps bone grow into the prosthesis may be used instead of cement. The incision will be closed with sutures or staples. The surgery may take 2 or more hours.

After Surgery: You are taken to the recovery room. You will stay there until you either wake up or get the feeling back in the numbed area. Feeling may or may not return to the surgery area before you are taken back to your room. You are then taken back to your room. Do not get out of bed until your caregiver says it is OK. A bandage will cover your stitches or staples. This bandage keeps the area clean and dry to prevent infection. A caregiver may remove the dressing soon after surgery to check the stitches.

Activity:

- You will need to turn from side to side in a special way after surgery. You will use an abduction (ab-DUCK-shun) pillow shaped like a big triangle between your legs. The pillow helps your hip stay in the correct place in the joint. Call your caregiver the first time you get up. Any time you feel weak or dizzy, lie down right away and call your caregiver. Use a tall chair or adjust the bed so that you sit with your hips up higher than your knees.
- It is important to increase your activity as soon as possible after surgery. Doing this will help you strengthen and regain movement in your hip. While in bed, ask your caregiver if you may start doing leg exercises. You will do these exercises with the leg that was not operated on. Lift your leg and draw circles in the air with your toes. This may make your legs stronger and stop blood clots from forming. Stop if you become tired.

BMs: This is also called having a bowel movement, a BM or a stool. At first you may not be able to get out of bed to urinate or have a BM. This will need to be done on a special bed pan. Your caregiver will show you how to move on the bed pan to avoid hurting your hip. Foods like fruit, bran, and prune juice can help you have a BM. Drinking water can help too. Caregiver may give you fiber medicine to make your BMs softer. Walking will also help your bowels to move.

Deep breathing and coughing: This breathing exercise helps to keep you from getting a lung infection (in-FEK-shun) after surgery. Deep breathing opens the tubes going to your lungs. Coughing helps to bring

up sputum (mucus) from your lungs for you to spit out. You should deep breathe and cough every hour while you are awake even if you wake up during the night.

- Hold a pillow tightly against your incision (cut) when you cough to help decrease the pain. Take a deep breath and hold the breath as long as you can. Then push the air out of your lungs with a deep, strong cough. Put any sputum that you have coughed up into a tissue. Take 10 deep breaths in a row every hour while awake. Remember to follow each deep breath with a cough.
- You may be asked to use an incentive (in-SEN-tiv) spirometer (spi-ROM-e-ter). This helps you take deeper breaths. Put the plastic piece into your mouth and take a very deep breath. Hold your breath as long as you can. Then let out your breath. Use your incentive spirometer 10 times in a row every hour while awake.

Drains: This is a thin rubber tube put into your skin to drain fluid from around your incision (cut). The drain is taken out when the incision stops draining, usually the day after surgery.

Diet: You may be able to eat when bowel sounds (stomach growling) are heard. Your caregiver will listen to your stomach for bowel sounds using a stethoscope (STETH-uh-skohp). Ice chips are usually given first and then liquids (water, broth, apple juice, or lemon-lime soda pop). If you do not have problems after drinking liquids, caregivers may then let you eat soft foods. Some examples of soft foods are ice cream, applesauce, or custard. Once you can eat soft food easily, you may begin eating a regular diet.

Foley catheter: A foley catheter (KATH-e-ter) is a tube that is put into your bladder to drain your urine into a bag. The bladder is an organ where urine is kept. The catheter may make you feel like you have to urinate. Relax and the catheter will drain the urine for you. When the catheter is taken out, you can urinate on your own.

- Do not pull on the catheter because this will make you hurt or bleed.
- Do not kink the catheter because the urine cannot drain.
- Do not lift the bag of urine above the catheter. If you do this, the urine will flow back into your bladder. This can cause an infection (in-FEK-shun).

Intake and output: Your caregivers may need to know the amount of liquid you are getting. They may also need to know how much you are urinating. Caregivers often call this "I&O."

- When you are allowed, drink 6 to 8 cups of water each day. Follow your caregivers advice if you must change the amount of liquid you drink. If you are on I&O, tell your caregiver how much liquid you drink.
- Ask your caregiver if it is OK to flush your urine down the toilet. It may need to be measured before it is thrown away.

Ice: You may use ice to decrease pain or swelling. Ice is best started right after surgery and up to 24 to 48 hours afterwards. Put the ice in a plastic bag and cover it with a towel. Place this over the surgery area for 15 to 20 minutes out of every hour as long as you need it. Do not sleep on the ice pack because you could get frostbite.

Heat: You may use heat to decrease pain or swelling after the first 24 to 48 hours. Heat brings blood to the surgery area and helps it heal faster. Use a heating pad (turned on low), or a hot water bottle. Do this for 15 to 20 minutes out of every hour as long as caregivers say so. Do not sleep on the heating pad or hot water bottle. This could cause a bad burn.

Medicines:

- **Antibiotics:** Antibiotics (an-ti-bi-AH-tiks) may be given to help you treat or prevent an infection caused by germs called bacteria (bak-TEE-ree-ah).

- **Pain Medicine:** Caregivers may give you medicine to decrease your pain. You may have pain medicine in an IV, with a button to push that will give the medicine. This is called Patient Controlled Analgesia (an-ull-G-zuh) or "PCA". Tell caregivers if the pain does not go away or comes back.
- **Antinausea medicine:** This medicine may be given to calm your stomach and control vomiting (throwing up). Pain medicine may upset your stomach and make you feel like vomiting. Because of this, pain medicine and anti-nausea medicine are often given at the same time.
- **Blood thinners:** This medicine keeps clots that can cause strokes and death from forming in your blood. Blood thinners may be given before, during, and after surgery. These medicines may first be given in your IV or as a shot in your abdomen (belly). Later the medicines may be taken by mouth or continue as a shot. Blood thinners may make it easier to bleed or bruise. If you shave, use an electric shaver. Use a soft toothbrush to keep your gums from bleeding.
- **Stool softeners:** You may be given stool softeners to keep you from getting constipated (KON-stih-pay-ted). Constipation means that it is hard for you to have a bowel movement (BM). Stool softeners make your BM softer so you do not need to strain when having a BM.

Oxygen: You may need extra oxygen to help you breathe easier. It may be given through a plastic mask over your mouth and nose. It may be given through a nasal cannula (KAN-u-lah), or prongs, instead of a mask. A nasal cannula is a pair of short, thin tubes that rest just inside your nose. Tell your caregiver if your nose gets dry or if the mask or prongs bother you. Ask your caregiver before taking off your oxygen. Never smoke or let anyone else smoke in the same room while your oxygen is on. Doing so may cause a fire.

Physical (FIZ-ih-kull) Therapy: A physical therapist will help you start special exercises soon after surgery. These exercises help make your hip stronger and help you move around easier.

Pressure stockings: These tight elastic stockings help to keep blood from staying in the legs and causing clots. The stockings are also called Ted Hose® or Jobst Stockings®.

Pneumatic boots: These are plastic boots or leggings put on your feet or legs over pressure stockings or ace wraps. The boots or leggings are connected to an air pump machine. The pump tightens and loosens different parts of the pneumatic (noo-MAT-ik) boots. This helps push the blood back up to the heart to keep clots from forming.

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