

If you have any questions or concerns, please ask your doctor or nurse.

Total Hip Replacement

This booklet will help answer questions you may have about your upcoming surgery. It will guide you through the process for hip replacement. Please ask your doctor or nurse if you have other questions or concerns. The following topics are discussed.

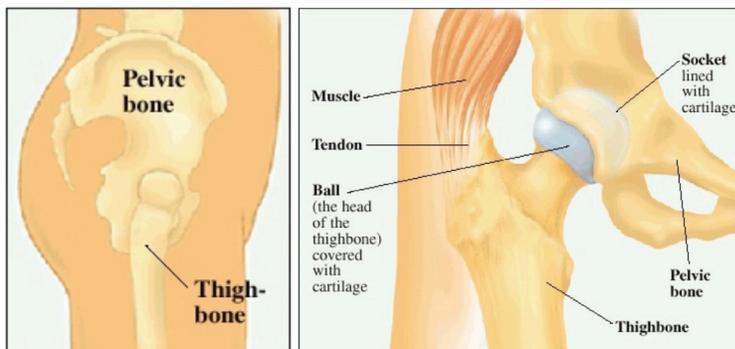
- The hip and how it works.
- Hip replacement surgery.
- Preparing for surgery.
- Day of surgery.
- What to expect after surgery.

The Hip and How It Works

The Normal Hip

Before we discuss hip replacements, let's look at the hip and how it works. The hip is a ball-and-socket joint. This means the rounded end of one bone moves in the cup-like hollow of another bone. The ball is the upper part of the thigh bone (femur) and the socket is the "cup" of the pelvis (see Figure 1).

Figure 1



Pictures Courtesy of the StayWell Company LLC
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267-685-2500

Smooth, spongy tissue (cartilage) covers the ball and lines the cup. The cartilage is a smooth, gliding surface and serves as a shock absorber.

Muscles, ligaments, and tendons surround the hip. Muscles are held to the bone by tough tissue called tendons. Bones are joined to each other by strong, string-like bands called ligaments. Within the joint cup and around the tendons and ligaments, there is a thin lining. It produces a fluid (synovial fluid) that allows the joint to move easily. As you move your hip, the cartilage makes two gliding surfaces. The muscles drive the movement. The ligaments and tendons support it, and the synovial fluid keeps it smooth.

Hip Problems

The smooth cartilage layers can wear down on the ball of the femur and the pelvic socket. This is called degeneration. It can happen because of injury, arthritis, or a side effect from medicines. When the joint wears down, smooth surfaces become rough and irritated like sandpaper. Instead of gliding smoothly with leg movement, the ball grinds in the socket causing pain and stiffness.

People suffering from hip degeneration may feel better with exercise, hot or cold packs, or medicines. Hip replacement may be an option when:

- These things and other measures no longer stop the pain.
- The pain prevents you from doing your usual activities.



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Hip Replacement Surgery

Hip replacement is an operation to replace a worn or damaged part of the hip joint. During surgery, the surfaces of the diseased joint are removed and replaced with a mechanical, artificial joint – called a prosthesis. See Figure 2.

Figure 2

Example of an artificial hip



Picture Courtesy of the StayWell Company LLC
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Your Hip Prosthesis

Your new hip prosthesis has a femur and pelvic parts made from metals and plastics. The cup replaces the worn hip socket of your pelvis. The ball replaces the worn end of your thigh bone (femur). The ball is attached to a stem that fits into your femur. The cup and stem are either:

- Cemented in place with a special bone cement.
- Or the metal parts may have a porous surface that bone will grow into and create a tight fit.

The incision for the surgery may be made either on the:

- Front of the hip (anterior).
- Or on the buttock (back or posterior).

The type of prosthesis and incision that is used is based on your:

- Age.
- Activity level.
- Bone size, shape, and strength.

Your doctor will talk with you to select the option that is best for you.

Recovery

Because of the many advances in joint replacement, patients are able to leave the hospital much sooner. Most patients are going home the day after surgery. But some patients are scheduled for “outpatient hip replacement.” In those cases, the patients will stay in the hospital less than 23 hours.

Most patients go home after their hospital stay. Others may spend some time in a rehab facility before going home. That decision is based on your specific needs at the time of your hospital discharge.

In general, it takes about 3 months to see the full benefit from a joint replacement. But this includes regular physical therapy sessions both in the hospital, at home and on an outpatient basis.

Risks of Surgery

Every surgery carries some risk. The risk differs for each person, depending on age, health, and type of surgery. Risks may include:

- Bleeding.
- Infection.
- Blood clots.
- Nerve damage.
- Joint dislocation.
- Loose prosthesis.

Your doctor will discuss the risks in more detail and answer any questions you may have. As in all surgery, you consent in writing.

Preparing for Surgery (Phase 1)

Before surgery, you should be in the best possible health. If you do not have a medical doctor (internist) at Northwestern Memorial Hospital, you may be referred to one before your surgery.

To avoid infections, it is best not to have any dental procedures – including cleaning – 3 weeks before to within 3 months after hip replacement surgery.

Smoking

Smoking/tobacco use:

- Decreases blood flow.
- Speeds heart rate.
- Raises blood pressure.

Your surgical wound will heal faster and be less likely to get infected if you quit at least 4 weeks before surgery and up to 8 weeks after surgery.

Talk with your doctor to learn more about quitting tobacco use. NMH offers a stop-smoking clinic. Call 312-926-2069 for more information.

Your surgeon will tell you about our Joint Replacement class. Please be sure to take part in this learning option.

Two Weeks Before Surgery

Medications

Certain medicines or herbal supplements can increase your risk for bleeding during and after surgery. Talk with your surgeon if you are taking any blood-thinning medicines, such as:

- Warfarin (Coumadin®).
- Lovenox®.
- Dabigatran (Pradaxa®).
- Rivoroxaban (Xarelto®).
- Plavix®.
- Aspirin.

You must stop taking non-steroidal anti-inflammatory drugs, such as Aspirin, Advil® or Motrin® prior to surgery. Be sure to check with your doctor about all medicines you are taking, even herbal supplements. Your doctor or nurse will tell you when to stop taking these medicines. This may be 10 to 14 days before surgery.

If you take insulin or other medicines for diabetes, your dose may need to be changed for the day of surgery. Talk with your doctor who manages your diabetes or one of our internists in the NM Pre-op Clinic for specific guidelines.

If you take blood pressure medication, your dose may need to be changed for the day of surgery. Talk with your doctor who manages your high blood pressure or one of our internists in the NM Pre-op Clinic for specific guidelines.

Ten to 14 days before surgery, be sure to stop taking all medicines and over-the-counter supplements and medicines containing aspirin. If you are not sure which medicine you should stop taking, ask your doctor or pharmacist.

You may take acetaminophen (Tylenol®) to relieve minor pain if needed.

Testing

Based on your health and age, you may need a physical exam or certain tests before surgery. This can be done by your primary care doctor. If your doctor does not have practice privileges at Northwestern, call your surgeon's office for a referral to the NM Pre-op Clinic. This clinic visit may include a physical exam, EKG, chest X-ray and blood work. The doctor will also review your medical history including any medications (dosage, and frequency, and allergies/allergic reactions you may have had in the past).

Health and Activity

During this time, it is important to take steps to stay as healthy as you can:

- Avoid those who may be ill with a cold or flu.
- Get plenty of rest.
- Eat a balanced diet.

Stay active. As advised by your surgeon, do your leg exercises (as directed by the physical therapist) right up until the day of your surgery.

As you prepare for your hospital stay, take note of your home layout including:

- Number of stairs outside and inside your home.
- Position of hand rails.
- Position of bed and which side you exit from.

Bring this information to the hospital. The physical therapist will ask you about these things when planning your therapy goals.

Support and Preparing Your Home

Having a plan before surgery can ease the transition home after surgery.

Consider who might assist you after surgery:

- Driving you home from the hospital/rehab facility or to appointments.
- Shopping
- Caring for household and pets.
- Staying with you overnight when you first come home.

Patients who go directly from the hospital to their homes will need help caring for themselves. Most people prefer to have a friend or family member stay with them for about 2 to 5 days.

Make arrangements to have this support in place.

Preparing your home before surgery will also make things a bit easier when you return home.

- Place needed items at a level that will not require bending or reaching.
- Have easy to prepare foods on hand or freeze some meals ahead of time.

To prevent falls:

- Obtain a non-skid mat or rug for inside and outside the shower.
- Remove throw rugs smaller than 5x5 feet.
- Clear crowded walkways.
- Remove extension cords and telephones cords strung across the floor.

Five Days Before Surgery

Take these extra steps to help prevent infection after surgery:

- Begin showering with Hibiclens® body bath or chlorhexidine gluconate (CHG) soap once a day. Do not use these soaps on your face or in sensitive areas. These soaps can be purchased at your local drug store.
- Your doctor may prescribe mupirocin nasal ointment. If so, apply twice daily – about every 12 hours.

Also, begin to gather items to bring to the hospital, which should include:

- Your doctor's written order for the test if one was given to you.
- A list of allergies.
- A list of all your current medications (prescription, over-the-counter, and herbals).
- Photo ID.
- Medical insurance information and card.
- Medicare card (Medicare patients only).
- Copy of any advance directives you may have in place.
- Loose fitting, comfortable clothing.
 - Elastic waist pants or shorts.
 - Non-skid shoes (gym shoes) and socks.
- Toiletries and containers for contact lenses, glasses, dentures, etc.

Do not bring valuables or medications to the hospital.

If you already own and use adaptive equipment for getting dressed, plan to bring it with you to the hospital.

But if you are currently using an assistive device – such as a cane or walker, have your family take it home once you arrive at the hospital for surgery. We will provide the best device for you. However, if you have crutches, we may ask your family to bring them to your hospital room **after** surgery.

Day Before Surgery (Phase 2)

You may have a normal meal on the evening before surgery. Avoid rich, spicy/acidic food to help prevent an upset stomach.

You can also expect a call from the pre-op nurse who will provide instructions about:

- When you need to stop drinking and eating. It is important to follow these instructions to prevent complications such as pneumonia.
- Taking any needed medications on the day of surgery with small sips of water.
- Hospital arrival – when and where to arrive.

Follow any other guidelines from your doctor. This may include a bowel prep (laxative or enema etc.).

Day of Surgery (Phase 3)

Take only needed medicine as instructed with small sips of water.

Hospital Arrival

On the day of surgery, as needed, please allow extra time for travel due to city traffic, weather conditions, and parking.

When you arrive in the pre-op area if you have not pre-registered, you will do so at this time.

Then you will go to the pre-op preparation area, where you will change into a hospital gown. Your belongings will be placed into a storage bag, which will be kept in a locked area during your surgery.

The nurse will:

- Put an ID (identification) band on your wrist.
- Take your blood pressure/pulse.
- Review your health history.
- Place an IV (into the vein) catheter in your arm or hand. This is used to give you needed fluids and medicine both during and after surgery.

Once you are settled you may have 1 to 2 adult visitors with you in the pre-op area. An anesthesiologist (a doctor who provides pain relief and absence of feeling during surgery) will talk with you. A doctor from the Orthopaedic Service will visit also. You will sign your surgical and anesthesia consents at this time.

When it is time for your surgery, we will ask you to remove your glasses or contact lenses, dentures or partial plates, hearing aids and all jewelry. Please leave any valuables with your family/visitor.

The operative leg will be marked and you will be transported to the operating room (OR) by the doctors.

Family/visitors will be directed to the Surgical Waiting Room. A volunteer will be there to greet them and make them as comfortable as possible.

After Surgery (Phase 4)

Your doctor will call or come to the waiting room to talk to your family/visitors after your surgery. The volunteers in the waiting room will tell your family/visitors when you will be going to your room. They will also verify your room number so your family may meet you there.

When you wake up from surgery, you will be in a hospital bed in the recovery room. You will be cared for there until:

- You are fully awake and can move your toes.
- Your vital signs are stable (blood pressure, heart rate, breathing, etc.).
- Any pain is well controlled.

Most patients are in the recovery room for about 2 hours. Then most patients will go to the orthopaedic unit.

Orthopaedic Unit

After the surgery, the nursing staff will be at your bedside often to check on you and keep you comfortable. The nurses will ask you to do simple tasks, such as moving your toes and pumping your ankles.

Your nurse will have you begin deep breathing and coughing exercises. You should take 10 deep breaths every hour while awake using your incentive spirometer. (See Figure 3.) Your nurse will show you how to do this.

To use the incentive spirometer – follow these steps:

Figure 3



1. Close your lips tightly around the mouthpiece.
2. Breathe in slowly and deeply through your mouth. The disc will rise as you breathe in – try to make it reach the 4000 mark.
3. Hold your breath for 3 to 6 seconds to keep the disc at the highest level you can. Once you can keep the disc at that level most of the time, try a higher level.
4. Release the mouthpiece and breathe out slowly.
5. Cough to help clear mucous from your throat and chest.

Coughing, deep breathing, and **keeping active**, helps prevent mucus and fluid build-up in your lungs. This can avoid complications, such as pneumonia. Be sure to do these things during your hospital stay and at home.

Common medical equipment that you will see includes:

- Oxygen.
- Sequential compression sleeves (SCDs) powered by a machine. SCDs gently squeeze your legs and feet to promote blood flow and prevent blood clots. SCDs are worn whenever you are in bed.

Your nurse or the pharmacist (from the anticoagulation team) will provide more detail about these medications and any special care required. This includes these brochures:

- **Warfarin Sodium (Coumadin®)**
- **Low Molecular Weight Heparins: Dalteparin, Enoxaparin (Generic), Fragmin®, Lovenox® (Brand).**

You will also have the opportunity to watch an in room video explaining more about these medications. Dial 6-2585 on your bedside phone and enter the video order number when prompted. Turn to the assigned TV channel. Your nurse can also assist.

Warfarin (Coumadin) Order Number 530

At Home with Lovenox®:

Learning the Convenient Steps to Self-Treatment Order Number 531

How to Self-Inject Fragmin®

- English-Order Number 532
- Spanish-Order Number 533

Staying Active & Healthy with Blood Thinners

- English-Order Number 534
- Spanish-Order Number 535

Be sure to review this information and ask the nurse or pharmacist about any questions you may have.

Diet and Activity

After surgery you will progress to a regular diet depending on how you feel.

Being active is important to your recovery. It not only allows you to use and strengthen your new joint, but it is key to preventing complications, such as blood clots and pneumonia. You can expect to be out of bed with help on the day of surgery. The goal is to be up as much as you can. It is important to:

- Be active and safe.
- Increase distance each time you walk.
- Use your walker/cane/crutches correctly.

And you can expect to:

- Be in the chair for all meals.
- Walk at least 3 times per day.

Please do not get up without help. For your safety, your family/visitors should not help you out of bed. You should only get up with the nursing staff or therapist.

We also want to keep you safe by keeping the side rails of your bed up at all times and by making sure your call light and needed items are within easy reach.

To prevent infections, please remind anyone who enters and leaves your room to wash their hands. They should use either soap and water or the antiseptic scrub located at the entrance to each room.

The day after surgery, the physical therapist (PT) and occupational therapist (OT) will visit you. Along with your nurses, they will help you become as independent as possible so you can function safely at home.

Physical Therapy (PT)

PT will work with you after surgery to help keep you safe as you become more mobile on your own. This means being independent in walking, stair climbing, and doing exercises to stretch and strengthen your new joint. The therapist will develop an exercise program that you will follow not only in the hospital, but also at home.

Your therapy sessions will focus on:

- Getting safely in and out of bed.
- Sitting and standing from a chair.
- Walking with a device, as well as going up and down the stairs.
- Teaching you how to do your exercises.

You will have 1 to 4 PT sessions, depending on your progress. If there are surgery restrictions, we will make sure you are able to perform these activities in keeping with those guidelines. Often this involves the use of assistive devices, such as a walker or crutches.

We will also help identify any home equipment needs, such as cane, walker or crutches.

If you have any questions, please ask.

Occupational Therapy (OT)

OT will also work with you after surgery. The goal is to help keep you safe as you independently perform your everyday activities, such as:

- Bathing.
- Dressing.
- Getting on and off of the toilet.
- Getting in and out of the tub and car.

It is important to know that after surgery, with the help of OT, most patients are able to do these task by themselves.

If there are surgery restrictions, we will make sure you are able to perform these activities in keeping with those guidelines. Often this involves the use of adaptive equipment or a “hip kit” that includes:

- Reacher.
- Shower chair/bench.
- Long-handled brush/sponge/loofah.
- Sock-aid, long-handled shoe horn.

During your hospital stay you will have 1 to 3 OT session(s). At that time we will recommend any needed equipment.

If you have any questions, please ask. We want to make sure you understand how to safely and easily perform your routine activities independently, such as bathing and dressing.

Keep in mind that when you shower at home, someone needs to be within arm's reach in case you need help.

If you are going to a rehab facility, OT may only see you once to assess your activity needs. They will share the suggested OT plans with the rehab facility.

Social Work

A social worker will also meet with you to discuss discharge options based on your specific needs. This could include:

- Return home with home health care services.
- Or going to a rehab facility that is either a:
 - Sub-acute rehab.
 - Or an acute/skilled rehab facility.

If a rehab facility is needed most joint patients go a sub-acute facility.

Important factors that are considered include:

- Insurance coverage.
- Support system – who can assist you at home.
- Home access – number of stairs, location of bathrooms and bedroom in your home.
- How independent were you before surgery – in walking/caring for yourself.
- Other medical problems.

When you meet with the social worker more details will be provided.

As needed, a social worker will arrange your home health care upon discharge and will link you with a home health care agency that is:

- In-network with your insurance.
- Services your geographic area.

If you have never had home health before and are unsure of an agency, the social worker will provide you with options. Coverage for home health services can vary depending on your insurance plan. And it may include a co-pay.

Going Home Checklist

Before leaving the hospital, be sure you know the following:

- The hip precautions you have to follow to prevent dislocation.
- How to get into and out of bed unassisted.
- How to turn in bed.
- How to climb stairs or step up and down from a curb.
- How to get into and out of the tub or shower.
- How to put on pants, shoes, and socks.
- How to get into and out of a car.
- Equipment you will need at home (bath bench, elevated toilet seat).
- Who will be available to help you at home.
- What symptoms should be reported to your doctor.
- What restrictions and limitations you have.
- When you should follow-up with your doctor.
- What arrangements have been made for:
 - Home physical therapy.
 - Blood tests to monitor Coumadin® therapy (if needed).
- If prescribed, how to self-administer Lovenox® to prevent blood clots.

If you have any questions, feel free to ask your nurse, doctor, or therapist.

The Morning of Discharge

If you are going home and have not met your therapy goals, you will be seen for a PT and an OT session before you leave.

If you would like to have your prescriptions filled at our on-site pharmacy, please talk with your nurse. We ask that you leave by 11:00 a.m. This limits delays to patients who are being admitted. Your help in this matter is appreciated.

At Home (Phase 5)

Care of Your Hip Area

Your skin may bruise and change color for a while. If your incision is closed with staples, these will be removed about 14 to 21 days after surgery. The area may itch, pull, or feel numb. This will pass. If you have warmth and/or a burning feeling around the incision, you may apply a cloth-covered ice pack to the area for about 10 to 15 minutes at a time. Never put creams, lotions, or ointments on the incision site.

You may want to put a bandage over the staples, so that clothes do not snag on them. Never soak the area in water, but you may run water over it and pat dry.

Activity and Rest

Your recovery depends on your age, the type of surgery, and how well you feel after surgery. While you recover you need both rest and exercise.

Don't be afraid to move. Movement can take away stiffness, strengthen muscles, and increase your range of motion. Strong muscles mean that you can control your leg when you stand, sit, and lie down. Do the home exercises as suggested by PT.

A physical therapist may come to your home 2 to 3 times a week. After a few weeks, you may go to a facility for outpatient PT. **If you do not move around, your hip and leg will grow weak.**

Rest when you feel tired during the day. You will need less rest as time goes on.

You may sleep on your unoperated hip or your back. While on your back, keep a pillow between your legs. When you turn onto your unoperated side, place a firm pillow between your legs. If you have an abduction splint, you may use it instead of pillows when turning to your unoperated side. Based on the type of surgery, be sure to follow the guidelines found in Appendix A and B.

Ask your doctor when you can stop using these pillows.

Using Crutches/Walker

You may need crutches, a walker, or a cane while your hip heals. When you go home, use crutches, walker, or cane until your doctor or PT tells you to stop. It is not safe to use a walker to go up or down stairs. When using a walker, you may not learn a "normal" walk.

If crutches or a walker keep you from doing needed housework, use the tips offered by the OT while you were in the hospital. (One example would be carrying things in a knapsack or a shoulder bag while using crutches).

Climbing Stairs

You may climb stairs. (PT will teach you how. You will not leave the hospital until you can go up and down stairs safely.) Do not climb stepladders.

Using Chairs

It is best to use a firm armchair when you are seated:

- Keeps your hips above the level of your knees.
- Allows your feet to touch the floor.

Use your hands, arms and the strong leg to help you get up. This will help avoid stress on your new hip. It may be helpful to place a chair on the stair landing so you can rest between flights as you go up or down the stairs.

Walking

Before walking, think about:

- How far you can walk without getting too tired.
- Planning for needed rest stops.
- The places you can go to and the things you can do with crutches, a walker or cane.
- Whether walking still hurts.

Bathing Tips

You may shower when your doctor allows it. (Before you go home, the OT will show you how to get in and out of a bathtub.) Keep in mind these bathroom safety tips:

- Use a bath bench or chair. Before you go home, an OT will discuss their use with you.
- Use non-skid strips or a mat in the tub or shower.
- Have someone help you the first few times.
- A hand-held shower may help you avoid bending and give you a more complete shower.
- Put a plastic bag, container, or shower caddy beside the tub. Fill it with your bath items so you need not bend.
- Use soap-on-a-rope to prevent soap from falling on the floor.

Leg Swelling

If your legs or ankles swell, lie down and elevate your legs above your heart. A little swelling is normal. If swelling increases or you notice redness, tenderness, pain or warmth in the calf, call your doctor right away.

Car Travel

You may ride in a car. However, if you take a long trip, stop at least every 2 hours. Get out, stretch, and walk around for a few minutes. You can start driving after your doctor approves and you are not taking pain medicines. This is often 4 weeks after surgery. Begin by taking short trips, such as going to the store, doing an errand, or seeing a friend.

Sex

You may resume sex after 6 weeks or whenever your surgeon says it's OK. But be sure to follow your hip precautions. Refer to appendix A and B for the specific guidelines for your specific surgery. You may ask your OT about any concerns.

Biking/Swimming

Ask your doctor when you can begin using an exercise bike if you have one. Do not use a regular bike until at least 6 weeks after surgery. When your incision is fully healed, you may also swim.

Returning to Work

Ask your doctor when you may return to work. It will depend on your work and its demands.

Guarding Against Germs

An infection in your body may travel to your new hip and cause problems. If you get a deep cut, or if you get a bladder infection, you will need to take antibiotics. It is suggested that you take antibiotics during any urological (bladder), dental, or endoscopic (rectal, colon) procedures. Let your dentist know you have had a hip replacement. If you, your doctors, or your dentist have any questions about the need for antibiotics, have them call your orthopaedic surgeon.

Activities to Avoid

Avoid activities that involve pounding and sudden movements such as tennis, jogging, handball, racquetball and downhill skiing. Avoid falling. Avoid contact sports. These activities are too stressful on the joint. If you have any questions, ask your doctor.

Follow-up Care

It is vital to make your planned visit to your doctor after discharge. At each office visit, the doctor will test your strength, motion, and walking. The doctor may order X-rays of your hip.

Call your doctor if you notice:

- Changes in your incision such as new drainage; changes in the color, odor or amount of drainage; or skin edges coming apart.
- Swelling, redness, or tenderness around the stitches.
- Fever over 100° F that lasts more than 1 day.
- Leg swelling that does not go away when you lie down and put your leg up on a pillow.
- Pain, tenderness, warmth, swelling, or redness of the calf.
- A sudden change in the type of pain you've been having.

Call 911 right away if you have:

- Chest pain, arm pain.
- Shortness of breath.

As always, if you have any questions or concerns, please call your doctor's office. We are here to help.

If you cannot reach your doctor and you need help right away, come to the emergency room at Northwestern Memorial Hospital or an emergency room closer to your home if you are too far away to get to Northwestern in time. The orthopaedic resident will see you and will reach your doctor if necessary.

Once you return home either after your hospital stay or after spending time in a rehabilitation facility, it is important to:

- Remain Active.
 - Increase your activity each day.
 - Plan for rest periods between activities; while you are resting be sure to elevate your surgical leg.
 - Continue with your exercise program.
 - Follow guidelines to protect your new joint.
- Take steps to stay healthy.
 - Avoid infection.
 - Get plenty of rest.
 - Eat a balanced diet.
 - No smoking or tobacco.
- Keep all scheduled follow-up appointments.
 - Lab work.
 - MD visits.
 - Therapy.
- Take medicines as prescribed.
 - Blood-thinning medicine dosage may change.
 - Certain medicines may be discontinued.
- Call the doctor's office for:
 - Questions/concerns.
 - Changes in how you feel.

It is a pleasure to help you through your surgery. We want to help you regain and keep your good health.

Health Information Resources

For more information, visit Northwestern Memorial Hospital's Alberto Culver Health Learning Center. This state-of-the-art health library is located on the 3rd floor of the Galter Pavilion. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Center by calling 312-926-LINK (5465) or by sending an e-mail to hlc@nm.org.

For additional information about Northwestern Medicine, please visit our website at nm.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312-926-3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312-926-3112, TDD/TTY 312-944-2358 and/or the Northwestern Medical Group Patient Representatives Department at 312-926-1920, TDD/TTY 312-695-3661.

Developed by: The Department of Orthopaedic Surgery, Rehabilitation services and the Social work Department.

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For additional information about Northwestern Medicine, please visit our website at nm.org.
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Appendix A:

Posterior Hip Replacement Patient Only: Total Hip Dislocation Precautions

If you have had a posterior hip replacement (incision on the back of the buttock), you may need to follow these activity guidelines. Talk with your doctor or therapist for more details.

Precaution #1: Do not move your operated hip towards your chest (flexion/bending) any more than 90 degrees or a right angle.

Examples:

Do Not:

- Do not lean forward to get up from a chair or toilet seat.
- Do not bend over to pick up objects, put on your socks and shoes or pull up your bed covers.
- Do not raise your legs or knees when sitting or lying down.

Do:

- Sit in a high (17 to 18 inch seat height) firm arm chair – use cushions or pillows to make the seat higher if necessary.
- Use a raised toilet seat. Use the toilet marked for handicapped when you go out.
- Use your reacher, long handled shoe horn and sock aid.

Hint: To get up from a chair, move to the edge of the seat, stick your operated leg out, and push yourself to a standing position with your arms. Keep your back straight, don't bend.

Precaution #2: Do not put your knees and legs together or cross your legs.

Examples:

Do Not:

- Do not turn on to the healing/operated side.

Do:

- Keep a pillow or the abduction splint between your legs when sitting in a chair or lying in bed.

Precaution #3: Do not turn the operated foot or knee inward.

Examples:

Do Not:

- Do not twist to reach objects or get out of bed.

Do:

- Keep everything in easy forward reach
- Keep your legs apart and your knee and toes on the operated side pointing up or straight ahead.

Appendix B:

For Patients with an Anterior Hip Replacement Only: Anterior Hip Dislocation Precautions

If you have had an anterior hip replacement (incision on the front of your hip), you may need to follow these activity guidelines. Talk with your doctor or therapist for more details.

Precaution #1: Do not extend your leg out behind you.

Examples:

Do Not:

- Do not bring your leg back behind you as if getting ready to kick a ball.

Do:

- When taking a step backwards, step back with your unaffected leg first.
- It is okay to lean forward to get up from a chair or toilet.
- You may bend forward to put on your clothing and shoes as needed.

Precaution #2: Do not allow your knees to separate more than the width of your shoulders.

Examples:

Do Not:

- Do not allow your knees to separate more than 8 to 10 inches when getting in or out of your bed or car.
- Do not raise your affected leg up and out to the side to get on a bike.

Precaution #3: Do not turn your operated leg outward.

Examples:

Do Not:

- Do not twist your leg outward to see or access your heel when slipping on a pair of shoes.
- Do not twist your leg outward to access the back of your leg when washing or shaving.
- Do not cross your affected foot and/or ankle over your opposite leg in order to reach your feet when putting on socks or shoes.

Do:

- Keep your toes pointing up or straight ahead.