

# Hip Replacement

## *A Patient's Guide*



## Welcome To West Chester Medical Center

Welcome to West Chester Medical Center, the community hospital that is all about you. We designed our facility to be patient and family focused, with spacious private rooms, sleeping accommodations for family members, meals on demand, and open visiting hours. Special features, including smart beds with convenient controls, a sophisticated nurse call system, and mini nursing stations between every two rooms, ensure that all your medical and personal needs are met quickly. Our goal is to ensure you have a safe, comfortable, high quality patient experience while you are with us.

This book is designed to provide you with valuable information regarding your total hip replacement. Use it as you prepare for your surgery, during your stay at West Chester Medical Center, and when you return home after your surgery. While you should find the information in this book helpful, it should not replace direct communication with your caregivers. Please feel free to ask any questions you may have. Our team of specialized orthopedic surgeons, nurses, techs and therapists will make sure you have the answers you need to have a successful outcome.

On the day of your surgery, you will have a short stay in the Post Anesthesia Care Unit, also known as the recovery room. From there, you will be taken to your room where you will spend the next few days. Our goal is to assist you in leaving the hospital as independent as possible with the resources you need to continue your recovery.

A team of dedicated people will help you regain your independence. Please do not hesitate to let us know when you need something. We want to give you excellent care and will do our best to provide it in a courteous and prompt manner.

Again, thank you for choosing West Chester Medical Center.

## Preparing for your surgery

You will discuss with your surgeon the particulars about your upcoming surgery. As a team you will decide, what, when and where your surgery will be completed. When these decisions are made your physician's office will call the hospital and schedule your surgery. This date will be far enough in advance for you to get several things accomplished before your surgery date.

## Things to be accomplished before my surgery:

Date of surgery: \_\_\_\_\_

- History and Physical *(Note this must be completed no more than 30 days before your surgery date)*
- Pre-admission Testing
- Pre-operative Joint Replacement Class

### History and Physical

The hospital and your surgeon need to understand your medical status to make sure they keep you safe and well during your surgical procedure. This history and physical must be completed no more than 30 days prior to your surgery. Your personal medical physician can do this for you, or you can have it done when you come for your pre-admission testing.

### Pre-admission testing (PAT)

There are several tests that your doctor will want you to complete before your surgery, such as blood tests, x-rays, EKG, or other types of tests depending on your pre-existing medical conditions. These are done to ensure you are safe and healthy for your surgery. Once your surgery is scheduled by the doctor's office, a hospital representative will call you and set a time that is convenient for you to come in and get this completed. If you prefer you can call pre-admission testing at 513-298-7616.

The joint replacement classes are free and nothing will be billed to you or your insurance company. This is not a class to discuss your specific surgery but will get you ready for your stay with us and your post-operative recovery period. Several members of your joint replacement team will be presenting at this class. This is an excellent time to get any questions answered you may have regarding your hospital stay. This class is not only for you but also for your caregiver. It is nice to have a second set of eyes and ears to make sure you do not miss something.

### Reducing the Risk of Infection

Infection is a major concern for hip surgery. If you have a fever or cold inform your doctor. It may be safer to postpone your surgery; you and your doctor will need to make this decision.

Notify your surgeon if you develop a cold or flu, urinary tract infection, rash or any type of sore. This is very important to help prevent any type of post-operative infection.

Reducing infection risk may also include a visit to your dentist. Bacteria can enter your gums and travel through your bloodstream to your hip. If you have dental work that needs to be done, make sure to do this before your surgery.

# Things to do (or not do) the night before surgery

- DO NOT** eat or drink after midnight. You may eat a snack before you go to bed if it is before midnight.
- Clean the surgical area with special soap recommended by your surgeon
- Do not drink alcohol including beer or wine
- Do not smoke
- Do not chew gum
- Do not use any type of hard candy
- Do not shave the surgical area at home
- Do not wear make-up or nail polish
- Brush your teeth, but do not swallow the water
- Bring only necessary personal items with you
- Leave all valuables at home
- Take medications as directed with just a sip of water
- Pack a bag including the following:
  1. List of medications you are currently taking
  2. Copy of Advanced Directives  
(if you have them)
  3. Comfortable outfit(s) that is easy to get on/off
  4. Pair of shoes, not open in the back and preferably lace up

## **Pre-operative medication-What do you Take, What do you Stop Taking?**

This question will be answered by your surgeon, family physician and/or anesthesiologist who will see you at your pre-admission testing appointment. This is very individualized so make sure you understand this at least a week ahead of your surgery: some of your medications, such as aspirin and other anti-inflammatory medicines may need to be stopped 5-7 days before your surgery. Don't forget to tell your physician about any herbs or supplements you take-you may also need to stop taking these before your surgery.

## **Medications you should take the morning of surgery:**

- Blood pressure medications
- Beta Blockers (heart medications)
- Anti-seizure medications

**\*DO NOT** take your diabetic medications the morning of your surgery unless you have been instructed to do so by your doctor

## **Day of Surgery – before surgery**

You should arrive at the hospital at least two hours before your scheduled surgery time. When you come to West Chester Medical Center you will report directly to the second floor. There is a reception desk to the left of the elevators. The receptionist will help you. Your family/friends will receive a disk/pager (like the one at a restaurant to tell you when your table is ready) and you and possibly one other person will go back to the admitting area. The room you will go to is a private room with a restroom and TV. You will see several people there, including nurses, your surgeon, patient care associate, anesthesia and most of the time the orthopedic program coordinator. They will all ask you the same thing – what is your name, what is your birth date, do you have any drug allergies and what are we doing for you today? This is for your safety, so please be patient with these questions. Your surgeon will come in and mark the area where you are to have surgery. When you go to the operating room the staff there will ask you the same questions. After you have been registered your family and friends may come back to visit until you are ready to go to surgery.

## **Day of Surgery- Post anesthesia care unit (PACU or recovery room)**

When your surgery is over you will be moved to the Post Anesthesia Care Unit (PACU). The nurses will check your vital signs, and the dressing on your hip, and make sure your oxygen levels remain high. They will also give you enough medication to make sure your pain is under control.

The operating rooms are kept at cold temperatures, so every attempt will be made to keep you warm during your procedure. In the PACU, if you are cold please let the nurse know and he/she will be able to put a special blanket over you to keep you warm.

While in the PACU you may also have some tests done including an x-ray of your surgical hip.

You will have sleeves on your legs or feet that look like leg warmers or booties and are attached to pumps that will squeeze your legs or feet every few minutes. This is to help circulation and prevent blood clots.

There may be a drain in your hip. This is normal and the doctor or nurse will take this out at the appropriate time.

You will have an oxygen tube in your nose. As you wake up from surgery you will be very sleepy and will not want to breathe deep enough. The tube will deliver oxygen to keep your oxygen level up until you are fully awake.

You may have a tube in your bladder to drain your urine. This is called a catheter, and will be removed once you are able to get up and void on your own.

If you are feeling nauseated please let your nurse know and he/she will give you medication.

You will be moved to your room in approximately 1-2 hours after your surgery.

# Your hospital stay

## **Day of Surgery- Family waiting area and instructions**

Your family will have the disk/pager given to them upon your arrival. The receptionist can page your family anywhere in the hospital. If they go outside the hospital they will need to give the receptionist a phone number where they can be reached so when your surgery is over she can contact them. This is important as your surgeon will want to speak with them after the surgery is completed.

## **Day of Surgery – After surgery on the Orthopedic Unit**

Once you are awake, your vital signs are stable, and your pain is under control, you will be moved to your private hospital room on the orthopedic unit. The nurse and patient care assistant will greet you when you arrive at your room. The nurse will do a physical assessment and ask you several questions. The patient care assistant will take your vital signs.

The nurse will make sure you have the proper pain control.

Your family and friends are welcome in your room at this time.

Please do not try to get up to the bathroom by yourself. Call for the staff and they will be glad to help you. The therapists will help determine when it is safe for you to get up and down on your own.

You will be given an incentive spirometer. It is very important that you use this several times a day. This may make you cough when used properly. This will help loosen up some of the congestion in your lungs. The respiratory therapist will educate you on how to use this. Using the incentive spirometer will help keep your lungs clear and open to prevent pneumonia.

## **DO NOT PUT PILLOWS UNDER YOUR HIPS OR CROSS YOUR LEGS AT ANY TIME.**

### **Post-operative pain control**

Many of you will have a PCA (patient controlled analgesia) pump after surgery. This machine is set up so you can get a prescribed amount of pain medication at intervals by pushing a button. You cannot overdose yourself with this machine, as it is preset to give you only the amount of medication your doctor prescribes for you. If you push the button and do not receive any medication it just means it is not time to get any. This will not reset the timer, so you will still be able to receive the scheduled dose at the appropriate time. There is no risk of getting addicted to this medication. Only you should push the pump button, not your family or friends. You will be awake enough to push this button when you need it.

You will also receive oral pain medications. You will need to eat something before the nurse gives you this medicine so it does not upset your stomach or make you dizzy. This medication probably will not be scheduled but usually you can have it every 4 to 6 hours. This medication is on an as needed basis. If you need it you will need to ask for it, the nurse will not come in and hand it to you. Remember to ask for your pain medications at least 45 minutes before your therapy sessions.



# Your hospital stay

Please let the nurse know when you are having pain. Everyone does not feel pain in the same way. Our goal is to make your pain tolerable.

When your pain is tolerable your recovery is faster. You will want to move more and sooner. This is important to prevent blood clots or even pneumonia.

The nurse and therapists will ask how you would rate your pain level on a scale of 0-10, zero being no pain and 10 being the worst pain you have ever felt. The answer to these two questions will help the nurse know what type and how much medication to give you. We advise that you request your pain medication 45 minutes before your scheduled therapy sessions.

There are some side effects of pain medications. Here are a few:

- Constipation-not having a bowel movement for more than 2-3 days or having a hard time passing your stool. Your doctor will give you medication to help prevent this
- Sleepy feeling
- Upset stomach
- Breathing slower

If you have concerns about these side effects talk with your doctor or nurse and they will be happy to help you with any questions you may have.

While taking these medications call the nurse right away if you experience:

- Shortness of breath or having a hard time breathing
- Wheezing
- Dizzy or lightheaded
- Itchy
- Rash

If you are at home and you experience any of these symptoms call you doctor right away

Other ways to ease your pain:

- Start moving, sitting in a chair, taking a walk
- Ice packs (do not use heat on an incision)
- Deep breathing and coughing (use your incentive spirometer)
- Distractions help you focus on something else: watch TV, listen to the radio, read, talk with others
- Change your position in bed
- Rest
- Relaxation techniques such as listening to the radio
- Spiritual support – talk with someone of faith

Ask your nurse if you need help with any of these

## Your hospital stay

Your doctor will order some specific things to help prevent blood clots. You will probably have thick white stockings on when you come out of surgery. You will wear these even after you return home. You will also have sleeves or booties on your calves or feet, depending upon your doctor's orders, and are attached to a pump. The sleeves and booties will alternately pump up: one will be tight then go down and the other will get tight. This mimics muscle contractions that occur when walking and help to keep your blood flowing through your legs.

You also may receive medications which will thin your blood to help prevent blood clots. The pharmacist will come to your room to discuss this with you. You may go home on some of this medication.

You and your caregiver will be trained and educated on anything you may need at home to prevent blood clots.

### **What can you eat after surgery and when**

When you are physically ready and the nurse is comfortable with this you will get some ice chips. Your diet will be advanced according to your doctor's orders.

When the nurse makes her assessment and you are ready to eat she will give you a menu to order your food. Food service here is a little different than most hospitals. You will be able to choose from a menu (like a restaurant it doesn't change daily). You can order as much or as little as you want and as often as you like. It takes about 30-45 minutes to receive your tray. The call center is open from 6:30 am to 6:30 pm. The number to call is on the front of your menu. It is 8-EATS OR 8-3287. If you get to your room late or you get hungry before 6:30 am ask your nurse to get you a snack from the food pantry on your floor.

### **Length of stay – how long should you expect to be at West Chester Medical Center?**

The average stay is about 1-3 days. If you are not ready to go home after three days, you will go to a skilled nursing facility to continue rehabilitation until you are ready to go home. Before your surgery you should select 2 or 3 facilities to go to if necessary. You should have two or three in mind in case your first choice does not have a room available on the day of your discharge.

If you are going home someone should be available to be with you 24 hours a day for the first week. This is for your safety.



### **What to expect after surgery**

It is very important to get moving as quickly as you can after your surgery. This will help prevent blood clots, pneumonia, de-conditioning, and other complications. If your surgery is early in the day, you will get up that evening. If your surgery is later in the day, you will get up the next morning. The nursing or therapy staff will first help you dangle at the bedside, to help you get used to being upright after your surgery. Soon after you will be expected to get out of bed and sit in a chair and go into the bathroom instead of using a bedpan or bedside commode. Please do not do these things by yourself until your therapist determines you are safe to do so: ask your nurse, patient care assistant, or therapist to help you. You will walk with a walker, or possibly crutches, depending on what feels safest and most comfortable to you. You will restart the exercises you did prior to your surgery. You will have pain in your hip after surgery, so it is important to take your pain medications as ordered by your physician to allow you to participate fully in therapy.

Before being discharged from the hospital to home you should be able to:

- Get into/out of bed/chair without assistance
- Walk 100 feet with use of walker/crutches
- Bathe/dress with minimal help
- Climb up/down stairs with minimal assistance (if you have stairs at home).
- Control pain with pills

# Your joint replacement team and their roles

## **Orthopedic surgeon**

This is the physician who will be doing your surgery and will help you make the decisions about your surgery. This physician is the expert, so make sure you address all your surgical questions to him/her.

## **Operating Room Team**

This team is comprised of many people who will make sure things go smoothly while you are in the operating room, and will ensure your surgeon has everything he or she needs to perform your surgery. You will not be left alone at any time during the surgery: a nurse is assigned to stay with you at all times. Additionally, the anesthesiologist will always be with you to ensure your safety.

## **Orthopedic Program Coordinator**

This is the person who will coordinate your hospital stay. She will coordinate the joint replacement class and make sure all your questions are answered. You will receive her card at class, so if you have any questions or concerns, please do not hesitate to call her.

## **Social Services**

The Social Work Department will assist you with planning for discharge after surgery. Typically, there are three options:

1. Patients who have caregivers available in the home around the clock (at least for the first week after discharge) may be progressing well enough to go home and continue therapies on an outpatient basis. Please check with your surgeon for a convenient outpatient clinic and schedule your appointments.
2. Patients who have caregivers at home may also be appropriate for in-home therapies and a skilled nurse visit. The social worker will assist you in selecting a home care agency that you prefer and one that is covered by your insurance. Certain criteria must be present in order to be eligible for homecare services
3. Patients who do not have available caregivers at home to assist them may need extended care and therapy at a skilled nursing facility in the community. The social worker will provide a list of skilled facilities that are covered by your insurance and will assist you in making arrangements for a short stay. You should tour two or three facilities before your surgery so you can select a facility that meets your needs when you are discharged from the hospital.

The social worker will meet with you after surgery and work with your physician and therapists to make sure all your discharge needs are met prior to you leaving the hospital.

Remember to arrange for family or friends to transport you home at discharge.

## **Clinical dietician**

It is important to eat a well balanced diet before and after your surgery to help with the

healing process. Certain foods that contain proteins, carbohydrates, and other important nutrients will help you recover faster. A clinical dietician will explain all of this to you during the pre-operative joint replacement class, and will be available after your surgery to answer any questions and make sure your nutritional needs are met.

### **Pharmacist**

The pharmacist will explain a few medications used in the joint replacement process during the pre-operative class and will answer any medication questions you may have. Often patients are discharged from the hospital on a blood thinner to prevent blood clots. The pharmacist will teach you and your caregiver about the blood thinner you are prescribed, and how take or administer them properly.

### **Physical Therapist**

The physical therapist will see you initially within the first 24 hours after your surgery and twice a day for exercises. You will know when your therapy is scheduled each day because your therapist will mark the times on a white board in your room. Make sure to ask for your pain medication at least 45 minutes prior to your therapy. The therapist will work with you to increase your range of motion, strength and mobility after surgery. He/she will instruct you on any precautions you must follow to protect your new hip. These precautions are usually temporary (lasting 9-12 weeks), and your doctor will let you know when you can resume normal activity. The therapist will work with social services to ensure you have a walker/ crutches/cane, bedside commode, or any other equipment you might need to go home safely.

### **Occupational Therapist**

The occupational therapist will see you initially within 24 hours after your surgery and once daily. The therapist will make sure you are able to do your activities of daily living (ADLs) such as putting on your clothes, getting to the bathroom, washing, grooming, and other such activities while maintaining your post-surgical precautions. He/she may recommend specialty equipment to help you accomplish these tasks. Items such as reachers, sock aides, and long handled shoe horns and sponges are available at the hospital for you to practice with and take home if needed. The occupational therapist and social worker will help you decide what equipment you need to perform your ADLs and how to get it.



## Getting your home ready for discharge

Your ability to perform your usual daily activities may be altered after your surgery. There are a few things you can do before your surgery to make your transition back home safer and easier:

- Make sure walkways are clear and wide enough for you and your walker/crutches: rearrange furniture if needed.
- It will be difficult to get up from low surfaces: make sure your favorite chairs, toilet and bed are high enough for you to get into and out of easily. Your therapists will help you determine the best height for these items. You may want to measure the height of your chairs and bed before you come into the hospital. That way your therapists can practice getting up and down from those heights with you before you go home.
- Consider getting a walker bag or basket for transporting items in your home.
- Remove throw rugs, carpet runners, and bathroom mats from the floor: these are tripping hazards. Also make sure room rug corners are tacked down to prevent curling.
- Place frequently used kitchen and bathroom items at a level to avoid excessive bending and reaching.
- Consider installing skid-resistant strips, or a rubber mat to prevent slipping on a wet tub floor. You may also consider using shower shoes or a bath seat.
- Consider installing grab bars next to the toilet and bathtub to help with transfers. Do NOT pull on towel racks as they are typically not well fixed into the wall.
- If you do not already have one, consider getting a cordless or cell phone to ensure that a phone is always close by.
- Make sure you have supportive walking shoes (no open back shoes) and comfortable, loose fitting clothing.
- Complete housekeeping tasks and laundry before surgery: *place clean linens on the bed and prepare and freeze meals.*
- Cut the grass, tend to the garden, and finish any other yard work before surgery.
- Arrange to have someone collect your mail, take out the trash, and take care of pets or loved ones, if necessary.
- Make arrangements for transportation to any appointments you may have until cleared for driving by your surgeon.
- Make arrangements to have someone stay with you if you are returning directly home after surgery, at least for the first week.

There may be potential hazards in your home that can make it unsafe, especially after surgery when your mobility is impaired. You or a family member or friend should check for the hazards listed below, and make the recommended corrections to ensure your safety:

Hazard	Correction	Rationale
<b>Lighting</b>		
Too direct, creating glare	Reduce glare with evenly distributed light, indirect lighting, translucent shades.	Improves visual acuity
Too Dim	Provide ample lighting to all areas.	Reduces risk of falling when areas of the home are well lit.
Changing bulbs	Have helper available to change bulbs if necessary	
Nightlights	Have nightlights in bedrooms, bathrooms, and hallways.	
<b>Flooring</b>		
Torn carpet	Repair or replace torn carpet	Prevents slips and trips
Slippery floors	Place rubber mats in sink areas. Wear rubber-soled shoes in kitchen, Use non-slip wax on floors.	
<b>Furniture</b>		
Unstable tables	Table must support weight of person leaning on table. Table should have 4 sturdy legs of even length. Avoid tripod or pedestal tables.	People use furniture for support when standing up or sitting down.
Chairs without armrests	Chairs should have arm rests and sturdy legs	Armrests help with transfers
Chairs that move	Avoid chairs with wheels and chairs that rock or glide.	Sturdy, stable chairs do not slide away when transferring.
Electric cords	Clear cords from pathways, or tape down if unable to move	To prevent trips and falls.
<b>Stairways</b>		
Missing or loose handrails	Recommend securing or installing handrails, preferably on both sides of stairway (cylindrical rails 1-2 inches away from wall).	Use one or both arms for extra support climbing and descending stairs.
Slippery steps	Place non-skid treads securely on all steps. Install brightly colored tape along step edge.	Prevents slipping.
Difficulty seeing edge of step(s)	Reduces risk if tripping, especially for visually-impaired individuals.	

## **Day of Discharge**

Your surgeon or a member of his team will see you the day of your discharge. This is the time for you to ask any unanswered questions. He/she will make sure you have the prescriptions you will need at home.

The physical/occupational therapist will see the day of discharge to make sure you are safe to return home. He/she will review your post-surgical hip precautions to make sure you know how to protect your new joint.

The social worker will see you to make sure you have the equipment you will need at home. If you are going to a rehabilitation facility they will make sure the paperwork is complete and will arrange for transportation to the facility.

The nurse will give you written instructions on what to do when you get home and make sure you have any emergency numbers you may need.

You have worked hard while you have been in the hospital. You will need to remember the things the therapists, nurses and other staff members have taught you.

- Carry your card which states you have had a joint replacement as this may set off security alarms at the airport
- Some days you will feel better than others. It may take one to two months before your energy level returns to normal.
- No driving until your doctor says you are ready
- Your return to work depends upon what kind of work you do and your doctor's specific orders
- Keep your incision dry. No tub baths, hot tubs or swimming pools until your wound is completely healed.

## **At home-manage your pain and pain medication by:**

- Filling the prescription that your doctor will give you before you go home. Please read the information about this medication before you take it.
- Take medicines as directed. Do not take more than prescribed or more often than prescribed.
- When your pain seems to be getting less try taking your medicine less often
- Call your doctor if the pain does not get better.
- Give your medicine time to work, usually about 20 minutes.
- Try to time your medicines to be effective when you know you are about to do some activity

If your pain medicine makes you constipated, and your doctor says it is permitted, eat more fruits and vegetables and drink more liquids. You may also want to take some over the counter laxatives until the problem is solved. Do not take these laxatives any longer than needed.

## **Incision/Wound care**

Keep your wound clean and dry. Your doctor will let you know the day of discharge how long he/she wants to have your incision covered. If you are allowed to shower, remove the dressing, shower and make sure the incision is patted dry and a clean dry dressing is placed over the incision.

### **Post-operative care: home health versus transitional/rehab care stay**

The therapist will work with your physician and social services to help decide where the safest place is for you to do your recovery and rehabilitation. If you are safe to go home and have someone there who will be able to assist you, that recommendation will be made. If you have no one at home who is able to care for you the safest place might be a rehabilitation facility. The social worker will help you with this. It is best if you or your family member visits a couple of facilities to make sure you are going to be happy there for a couple of weeks. The social worker will assist you with available places and what is covered by your insurance company.

### **After you are home**

You will continue to do the exercises your therapist gave you at home. In addition, you will either have therapy in the home or go to an outpatient therapy clinic. It is important to continue physical therapy to make sure you regain full strength and motion in your hip, and to return to normal walking and activity.

Some swelling in your legs is normal. You will have thick white stockings on when you leave here. Your doctor will let you know how long you will need to wear these. Walking will help decrease the swelling in your legs. To help with this swelling, lie down every two hours, elevate your legs on pillows (do not put a pillow under your operative leg), put ice on your hip for 15 minutes.

Some discoloration and bruising in your leg is normal. This is caused by bleeding after surgery that has not completely drained yet. It may extend from the hip to the ankle. It will slowly disappear, but may last several weeks.

Walking is very good for you. Try to get up and walk around your house every two hours. Weather permitting; you are encouraged to walk outside for 20 minutes a day.

You may hear some clicking in your hip with activity. This is normal and does not mean there is anything wrong with your hip implants.

Do not take any long trips or drive for at least 4-6 weeks. Your doctor will give you specifics regarding this.

Your doctor will let you know when it is safe to take a bath or shower. When you do bathe, do not scrub the incision. Use gentle soap and gently pat the incision dry.

Your hip will be sore but will be better in time. Take your pain medication as prescribed and ice will help relieve some of your discomfort after activity.

## Map and directions

West Chester Medical Center is conveniently located off of Cox Road in West Chester, Ohio. Our hospital is easily accessible from I-75 via the Tylersville Road exit (exit 22).

### Getting here from the north (Dayton, Middletown, Monroe):

- Take I-75 south to exit 22, Tylersville Road.
- Turn left onto Tylersville Road.
- Turn left onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

### Getting here from the northeast (Lebanon):

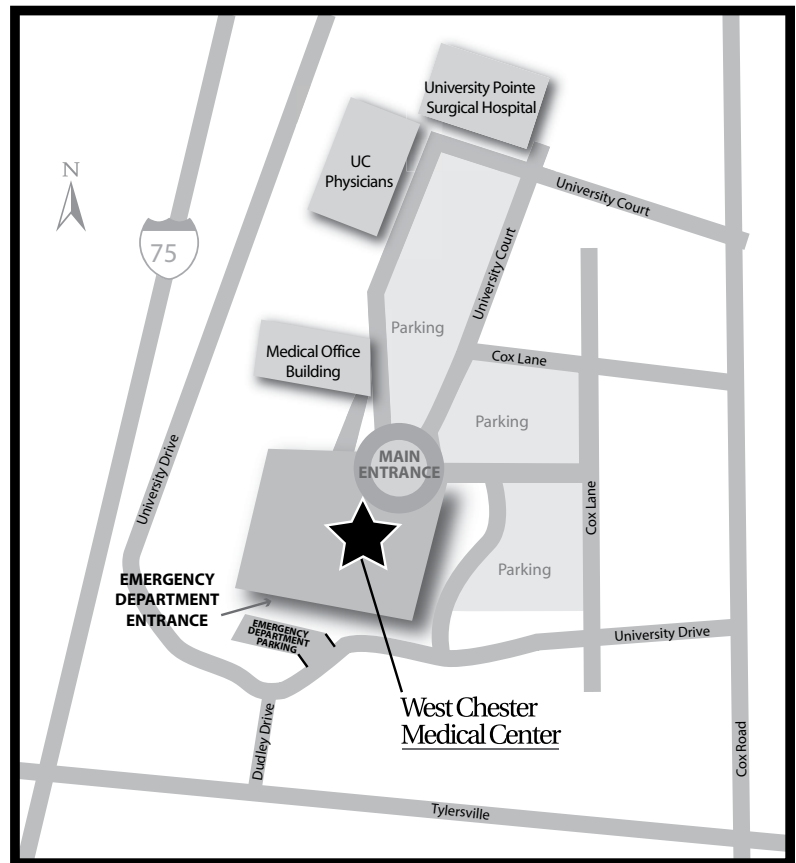
- Take I-71 south to exit 25, Kings Mills Road/State Route 741
- Turn right onto Kings Mills Road.
- At the Kings Mills/741 split, turn left to continue on Kings Mills Road.
- Turn left onto E. Main Street/State Route 42.
- Turn right onto Tylersville Road.
- Turn right onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

### Getting here from the east (Mason):

- Take I-71 north to exit 24, Western Row Road.
- Turn left onto Western Row Road.
- Bear right to merge onto Tylersville Road.
- Continue on Tylersville Road.
- Turn right onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

### Getting here from the south (Cincinnati):

- Take I-75 north to exit 22, Tylersville Road.
- Turn right onto Tylersville Road.
- Turn left onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.



### Getting here from the west (Hamilton):

- Take State Route 129 east to I-75.
- Take I-75 south to exit 22, Tylersville Road.
- Turn left onto Tylersville Road.
- Turn left onto Cox Road.
- Turn left onto University Drive.
- Turn right onto Cox Lane.
- Enter the hospital parking lot on the left.

## How to contact us:

West Chester Medical Center main number is 513-298-3000

# Total Hip Replacement Exercise Program

## Ankle Pumps

Pump your foot up and down slowly.

Repeat \_\_\_\_ times, 2 times a day.



## Quadricep Sets (Thigh Squeezes)

Tighten muscles on top of thigh by pushing your knee down into bed.

Hold for the count of 5 sec.

Do not hold your breath.

Repeat \_\_\_\_ times, 2 times a day



## Gluteal Sets (Bottom Squeezes)

Squeeze your buttocks together.  
Hold for the count of 5 sec.

Do not hold your breath.

Repeat \_\_\_\_ times, 2 times a day



## Hip Abduction (Snow Angels)

Keep toes and knee pointing toward ceiling. Slide leg out to the side, and then back in so leg is in line with the hip.

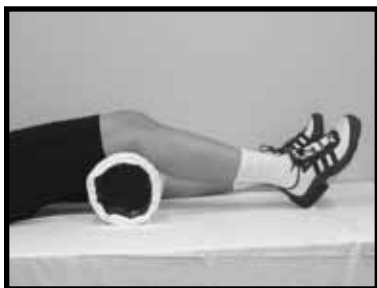
Repeat \_\_\_\_\_ times, 2 times a day



## Short Arc Quads

Place a blanket roll under your knee and straighten your knee by tightening the muscles on top of your thigh. Hold for 3 seconds and then slowly lower your leg back to the bed.

Repeat \_\_\_\_\_ times, 2 times a day



## Heel Slide

Keep your foot on the bed, slowly slide your foot towards your buttocks so that your hip and knee bend. Bend your knee as far as you can. Slowly straighten your leg back down.

Repeat \_\_\_\_\_ times, 2 times a day



## Straight Leg Raises

Lie on your back. Bend your opposite leg and put your foot flat on the bed. Tighten the muscles in the front of thigh of the surgical leg, as in doing a quad set. Slowly lift your leg as high as the opposite knee, keeping the surgical leg as straight as possible. Then slowly lower your surgical leg back down to the bed.

Repeat \_\_\_\_\_ times, 2 times a day



## Long Arc Quads (knee extension)

Sit erect on a firm chair or on the side of the bed. Feet are flat on the floor. Straighten your knee as far as you can. Slowly return your foot to the floor.

Repeat \_\_\_\_\_ times, 2 times a day



## Prepare your home for your return from the hospital

**Your ability to perform usual daily activities may be altered after your surgery. Below are a few things you can complete ahead of time to ease your transition back home:**

- Make sure walkways are wide enough for a walker or crutches and rearrange furniture as needed.
- Consider how you will transport items (ie. walker bag or basket), as you will be using your hands on the walker/crutches.
- Pick up throw rugs, carpet runners, and bathroom mats from the floor.
- Place frequently used kitchen and bathroom items at a level that prevents excessive bending or reaching.
- If you do not already have one, consider getting a cordless or cell phone to ensure that a phone can always be close.
- Make sure you have supportive walking shoes (no open back shoes) and loose fitting clothing.
- Complete light housekeeping tasks and laundry.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend to the garden, and finish any other yard work.
- Arrange to have someone collect your mail, take out the trash, and take care of pets or loved ones, if necessary.

Arrange for transportation to appointments you may have until cleared by your surgeon to resume driving.

If your plan is to return directly home, it is recommended that you have someone to stay with you initially, especially at night.





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