

**Naval Hospital Jacksonville Department of Orthopedic
Surgery Joint Replacement Service**

Total Hip Replacement Patient Education Information



Naval Hospital Jacksonville

Orthopedic Surgery

Joint Replacement Service

2080 Child Street

Jacksonville, FL 32214

(904) 542-7370

(904) 542-7051 fax

Helpful Phone Numbers:

Naval Hospital Jacksonville (904) 542-7300

Orthopedic Surgery Clinic (904) 542-7365

Joint Replacement Nurse (904) 542-7370

Medical Surgical Unit 7th Floor (904) 542-7180

Physical Therapy Naval Hospital (904) 542-7375

Physical Therapy Mayport (904) 270-4265

Internal Medicine (904) 542-7276

Dental (904) 546-7100

Family Medicine Naval Hospital Jacksonville (904) 542-7963

Pharmacy (904) 542-7410 or Toll Free (800) 628-7427

Wellness Center Jacksonville (904) 542-5292

Wellness Center Mayport (904) 270-5251

Pastoral Care/Chaplain (904) 542-7531

Social Worker (904) 542-7354

Immunizations (904) 542-7810

Patient Relations (904) 542-9175

Central Appointments (904) 542-4677 Weekdays 7 a.m. – 4 p.m.

Mayport Appointments (904) 270-3248

Nurse Advice Line (800) 874-2273, option 1

Admissions (904) 542-7811

Equipment

There is standard equipment needed for everyone after surgery. A walker will be used immediately after surgery.

A walker will be provided or ordered for you prior to discharge. If you have a front wheeled walker, bring it with you labeled with your name. You will use the walker until Physical Therapy clears you to start using a cane.

An elevated toilet seat can be used to provide increased toilet height. If you purchase one, get one that has arms and can fit directly over your home toilet.

Before getting this item ask others if they have one for loan. Others include family, friends, local church, VFW posts, or senior centers.

You will receive an assistance device kit at the Joint Replacement Class. This will include the reacher/grabber/dressing stick that can help to pull up your pants, reach for dropped items, or obtain items that are higher than arms can reach.

Other items you may want to purchase include:

Safety bars can be installed by a handyman in the shower area and wherever else needed.

A tub bench/shower chair allows safe transfer and sitting on it in the shower or tub.

An extra cushion or pillow can be used to build height. Your hips should be higher than your knees when you sit.

Move the most often used kitchen items to at least waist level counters or cupboards.

Make some meals that can be frozen and easily reheated.

Consider another option for laundry if your washer and dryer are not on the living level.

Place a rubber mat or non-skid adhesive on the floor of the tub or shower.

Have a night light located between bathroom and bedroom.

Medical Clearance

Internal Medicine performs a medical exam to make sure you are safe for surgery. This will be between 1-4 weeks prior to your surgery. The exam will include laboratory blood testing, urine specimen, and an electrocardiogram (EKG). The blood and urine testing needs to be performed at **least 3 days prior** to your Internal Medicine appointment. You should bring a list of current medications and a detailed account of prior medical, surgical and family history to all your appointments. Even if you receive your care at a military health care facility you should have a list of this important information.

Nicotine

Smoking is not allowed in the hospital. Nicotine and carbon monoxide reduce your blood flow and inhibits healing and increases your risk for an infection. If you need assistance stopping smoking please ask any member of your medical team.

Shower

Your entire body should be washed with the antiseptic soap solution the night before and the morning of surgery. Do not shave your legs during this last shower. The solution should be rinsed and removed after application.

Specific instructions and the antiseptic soap solution will be provided at the pre-operative clinic visit by the Joint Replacement Nurse.

Transportation

Confirm how you will get to and from the hospital. You are not allowed to drive yourself home from the hospital. Assure that the passenger seat reclines and can fully move backward. Take a pillow along if you plan to travel by cab.

Visitors

Family and friends are welcome to visit our inpatient ward (7th floor) daily, 10 a.m. - 8 p.m. If you need a different schedule, just talk to our nursing staff. To ensure privacy of our patients, please check with the nursing station before entering a patient room. Visiting children must be healthy and supervised by an adult at all times. In some cases, we may recommend the very young or elderly not visit so patients are not exposed to possible infection. The number of visitors may be restricted due to room size or patient condition. Patient privacy is very important to us, and we respect the patient's right to request limits.

Visitors without base access who visit Monday - Friday, 7:30 a.m. - 3 p.m. must first complete a security request through your sponsor with hospital security at (904) 542-7545. The pass can be picked up at Pass & ID (NAS Jacksonville Yorktown Gate, (904) 542-4529/4530, 7 a.m. - 3 p.m. daily). Bring a driver's license, proof of insurance, registration and a secondary official photo ID. All vehicle occupants need photo ID. If vehicle owner is not present, a signed letter from the owner authorizing vehicle usage is required. If your visitor is expected after-hours, work with your sponsor or hospital staff to complete a security request at least 24 hours prior.

Arrival Time for Surgery

You will be contacted by a pre-operative nurse or hospital corpsmen from the operating room one **business day** prior to the date of your surgery. You'll be provided with any final details to prepare you for your day of surgery.

If you have not received a pre-operative phone call 24 hours before your procedure, please call the Pre-operative clinic office at (904) 542-6540 from 8:00 a.m. to 3:30 p.m.

During Your Surgery

Total hip replacements generally takes approximately 2 to 3 hours, but the actual elapsed time from operating room to post-anesthesia care unit is usually about 3 ½ hours. Your surgeon will make arrangements to meet with your family following surgery, or will make other arrangements to contact them. Please provide the nurse or surgeon with specific contact information as to where and how your family can be reached if they are not at the hospital.

Inpatient Recovery

After surgery you will initially recover in the Post-Anesthesia Care Unit (PACU), also called the Recovery Room. While in the PACU you will be monitored for about 1-2 hours after the surgery. Once you are in the PACU your family will be provided an update from the surgeon or nurse. To maintain privacy and reduce infection PACU visits are not allowed.

When you are cleared by the anesthesiologist and PACU nurse you will be transported to the Medical Surgical Unit on the 7th floor.

Your In-Hospital Recovery

A sterile bandage will be applied over your incision. This bandage should be removed on the second day home after surgery.

The nursing and corpsmen staff will help you turn and position you in bed until you are able to move on your own. A pillow between your legs while in bed will help maintain proper positioning of you hip. Because the anesthesia temporarily inhibits urination after surgery a catheter will be inserted into your bladder until the next day.

The inpatient team of nurses, corpsmen, physical therapists, pharmacists and physicians will plan, provide and monitor your recovery.

Exercises

Once you are able to move your toes and ankles start performing pumps with your feet. This will help improve your circulation and strength and decrease your stiffness.

Deep Breaths

You will be encouraged to take deep breaths and use an incentive spirometer to improve you lung capacity, reduce your risk for pneumonia, and rid your lungs of mucus. Use the incentive spirometer 10 times an hour while awake. Your inpatient nurse will educate you on the proper inhalation technique.

Managing the Pain

Recovering from any surgery involves some pain and discomfort. Pain management begins with you. Since no objective tests exist to measure what you are feeling, you must help the staff by describing the

Remember to always make sure to ring your call bell for nursing or physical therapy staff for assistance prior to getting out of your chair or bed. This is for your safety. You are being treated with medications that can increase your risk for falling.

Make your physical therapy appointments prior to leaving the hospital if they were not made prior to your surgery.

Walking

You will start walking with the assistance of a walker. Physical therapy and the nursing staff will assist you while you are in the hospital. Information on how to use a walker is listed here.

1. Stand up straight with the walker a few inches in front of you.
2. Place each hand on the hand grips of the walker.
3. Take a step into the walker with your affected leg.
4. Lean on the walker to give balance and support.
5. Take a step with your unaffected leg.
6. Move the walker forward one step.
7. Repeat the above until you've reached your target.

Rapid Response Team

If you have any concerns about yourself or a family member who is an inpatient, discuss them with your nurse. If you or your family is still concerned, ask the nurse to activate the Rapid Response Team (RRT). The Rapid Response Team is a team of doctors, nurses and health care specialists who assess the situation and help patients whose condition might be quickly worsening. If you feel you need to initiate the Rapid Response Team while in the hospital please call (904) 542-7878.

Preventing Blood Clots

You will be given an anti-coagulant medication while in the hospital that you will continue at home. These medications help prevent clots from forming. In addition to medications blood clots are prevented with frequent exercises and ambulating. Frequent walking and ankle exercises can improve circulation and reduce blood pooling in your legs. Special stockings (TED Hose) are applied before your surgery and should be worn for one month after surgery to reduce blood clots, swelling and pain. Compression sleeves will be used while you are in the hospital to improve circulation. These sleeves compress and relax with air.

Life with Your New Hip

It takes time to adjust to your new hip. You may feel fatigued or tired for several weeks and this is normal. This will improve over the next several weeks. The full benefit usually is not felt until 3-6 months after surgery.

Activities

You can enjoy activities include walking, bicycling, bowling, swimming, golf, and doubles tennis. Skiing may be allowed, but likely on green and blue trails only. Avoid high-impact activities, such as jogging, running, or jumping. Avoiding impact activities can improve the longevity of your implant.

Taking on Stairs

You will be instructed on how to go up and down stairs with your new hip. Check you stairs at home to make sure that are safe prior to surgery.

Upstairs:

1. The non-operated leg goes first.
2. Operated leg goes second.
3. The cane or crutches go last.

Downstairs:

1. The cane or crutches go first.
2. The operated leg goes second.
3. The non-operated leg goes last

Outpatient Physical Therapy

Most patients require outpatient physical therapy. This can be provided at Naval Hospital Jacksonville or civilian providers in network (with a copay per visit). This will be arranged prior to your discharge from the hospital. Keep your appointments. Your participation is essential to a successful outcome. The efforts placed into your recovery now will improve your speed and success for the long term function of your hip.

Gradually increase your walking distance and time. The best exercise for your hip is walking. It is recommended that you perform a daily walk that increases in time and distance as you endurance improves. Physical therapy will clear you to a cane as your walking improves. You should use the cane for the first 2-3 months as you increase you walking distance and ability to walk for longer times.

Traveling

To decrease your risk for blood clots it is not recommended that you fly for the first month after surgery.

When you return to flying inform the TSA officer that you have an artificial hip. You may tell the officer or provide the officer with the TSA notification card (located on the TSA website) or other medical documentation to describe your condition. Some patients do not alarm with the metal detector after surgery secondary to the deep placement of the implants.

Physical/Occupational Therapy Instructions & Recommendations

Home Planning and Preparation Recommendations

Activities of Daily Living (self-care)

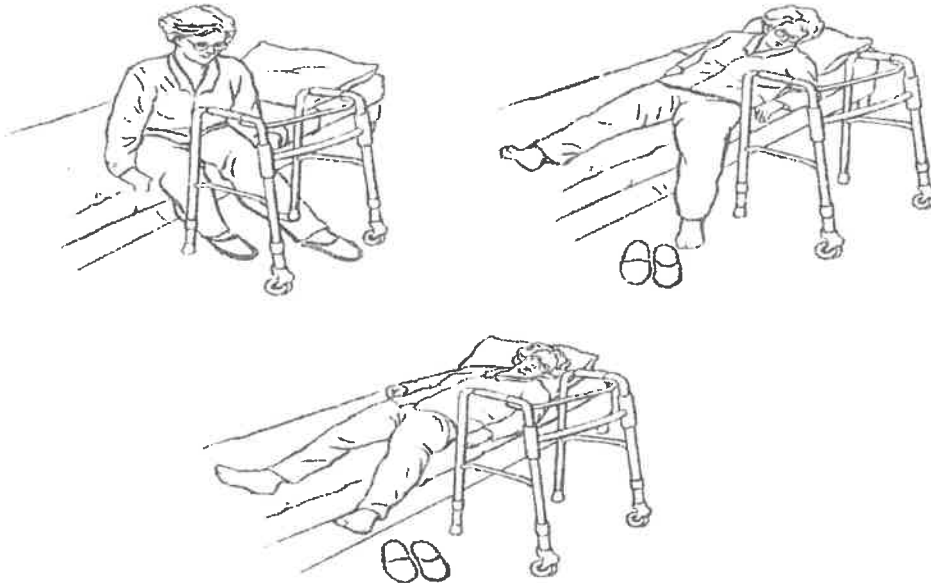
- Toileting:
 - Raised toilet seat (total hip replacement)
- Dressing:
 - Give yourself plenty of time, don't rush
 - Practice before surgery
 - Get dressed, then stand
 - Shoe horn, then foot (total hip replacement)
 - Pivot when turning
 - Prior to surgery, practice using the tools provided in the "hip kit" (hip replacements only)
- Bathing:
 - Install grab bars (if possible)
 - Shower bench / chair
 - Detachable shower head
 - Non-skid mats
- Sleeping:
 - If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor. Stairs are not impossible but are difficult until you have full mobility.
 - Make arrangements to have a family member or friend stay with you once you return home for the first few days.

Instrumental Activities of Daily Living (hobbies, home care, work)

- Place items at waist level to avoid step stools or bending (greater than 90 degrees, if THA) to reach:
 - Consider pet care needs
 - Avoid loading of dishwasher after surgery
 - Avoid doing laundry after surgery
 - Trim toe nails, before surgery
 - Avoid using bottom shelves of the refrigerator after surgery
 - Prepare a snack station for convenience after surgery
 - Have extra pillows or pads for chairs, sofas, and automobile seats to elevate the seat to insure proper hip alignment (not greater than 90 degree)

4. Slide your outside leg up to the bed as you continue to scoot towards the center of the bed. You may want to use your non-operated leg in a bent position with your foot on the bed to "boost" yourself over if needed.

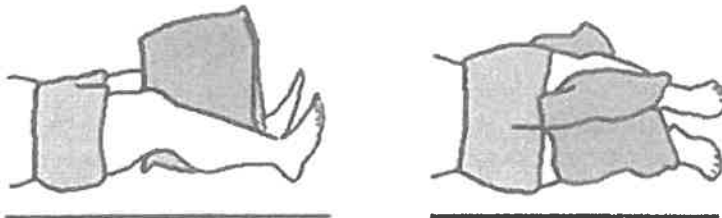
5. Gently lower your trunk and shoulders down on the pillows.



Getting out of bed

1. Push up on your hands to a sitting position with your legs straight out in front of you. Place your hands on the bed just behind your hips.
2. Move the leg closest to the edge of the bed towards the side and start scooting your upper body in this direction.
3. Slide your legs off of the bed one at a time while continuing to turn your upper body.
4. Scoot forward until both feet touch the floor

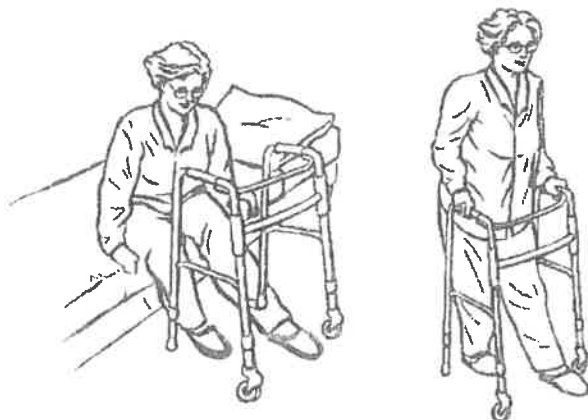
Sleep with a pillow between your legs:



General Guidelines

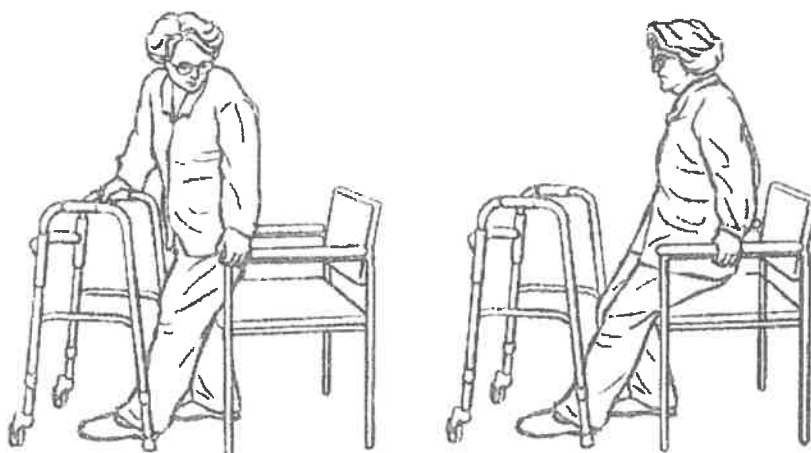
- Choose sturdy chairs with arm rests when possible.
- Never pull up on your walker for help to stand. This can cause your walker to tip and may result in you losing your balance.
- Use both hands to push up from a firm surface if possible.
- You may want to keep your operated leg slightly out on front of the other leg so it does not bend too much when sitting or standing.

5. Reach up for the handles of the walker or crutches once you have your balance with your weight shifted forward.



Sitting down

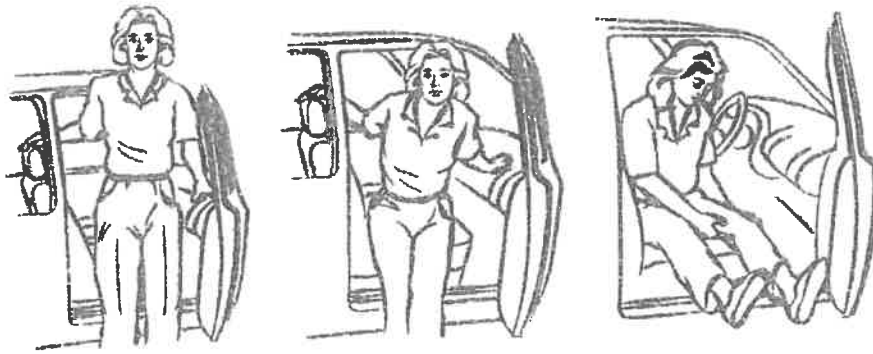
1. Use your walker, crutches or cane for support as you back up and square your body to the bed or chair.
2. Back up until the back of your legs touch the edge of the bed or chair.
3. Move your operated leg slightly forward and reach back for both arms of the chair or the edge of the bed.
4. Slowly lower yourself onto the seat.



Technique for bathtub transfer

Getting into the tub

1. Place the tub seat in the tub facing the faucet.
2. Adjust your water temperature before you enter the tub.
3. Use your walker, cane or crutches for support as you back up and square your body to the tub seat.



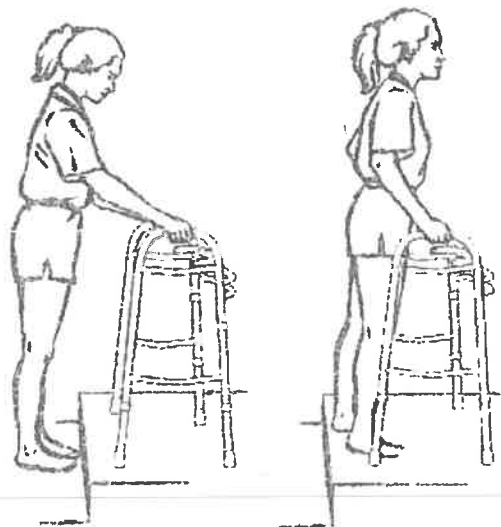
Back seat

1. Move the front seat of the car as far forward as possible.
2. If your right leg was operated on, it is easier to enter from the passenger's side of the car. If your left leg was operated on, it is easier to enter from the driver's side.
3. Park the car several feet from the curb and stand on the street as close to the car as possible.
4. Turn and back up so that your legs are touching the edge of the seat.
5. Place one hand on the back of the front seat and your other hand on the back seat. Do not use the open car door for support.
6. Carefully lower yourself to the seat, keeping your operated leg slightly out in front.
7. Slide back until the knee of your operated leg is supported on the seat then bring your legs around into the car one at a time. You can use your hands to help lift your legs if needed.

Curb steps/landings using a walker

Going up the slope

1. Walk up to the edge of the step/curb.
2. Place walker up to the next level. Make sure all 4 legs of the walker are firmly placed on the surface.
3. Step up with the stronger leg first.

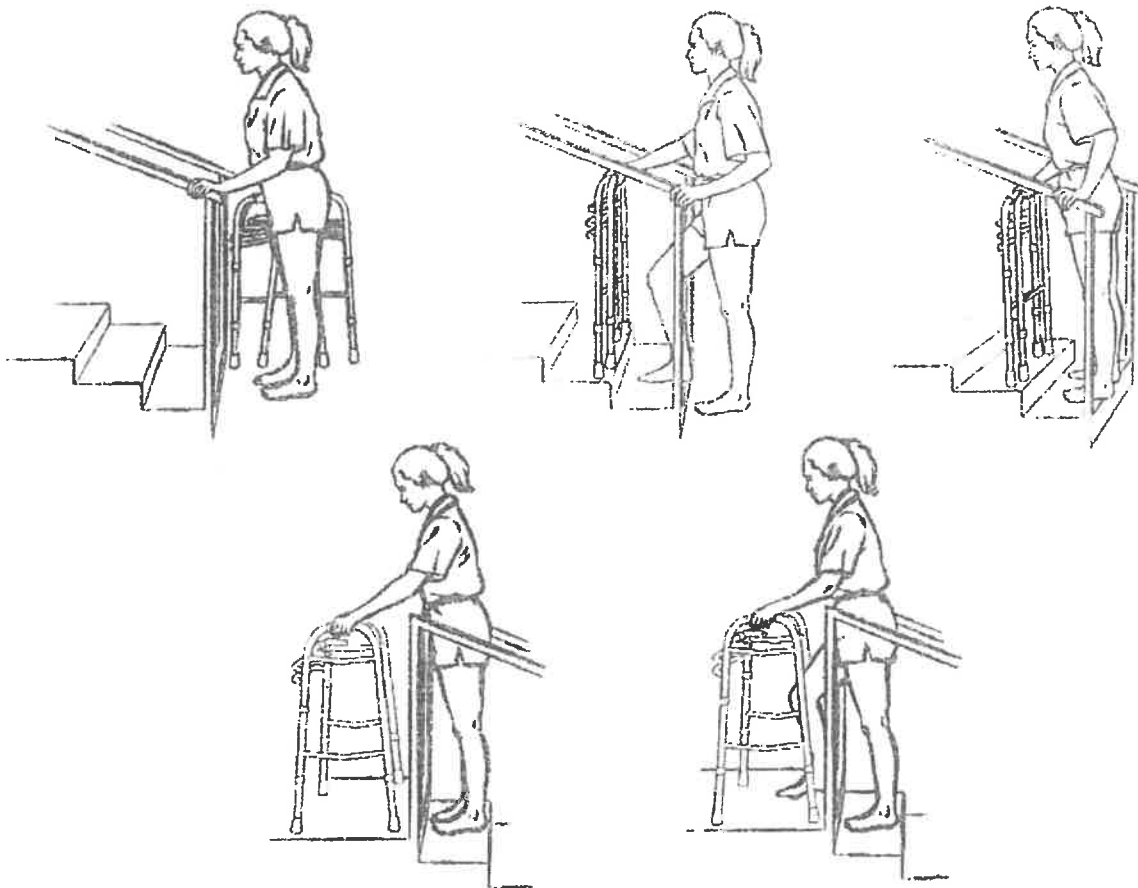


4. Follow with the weaker leg.

Going up the steps using walker

A walker must be folded to use it safely on consecutive steps!

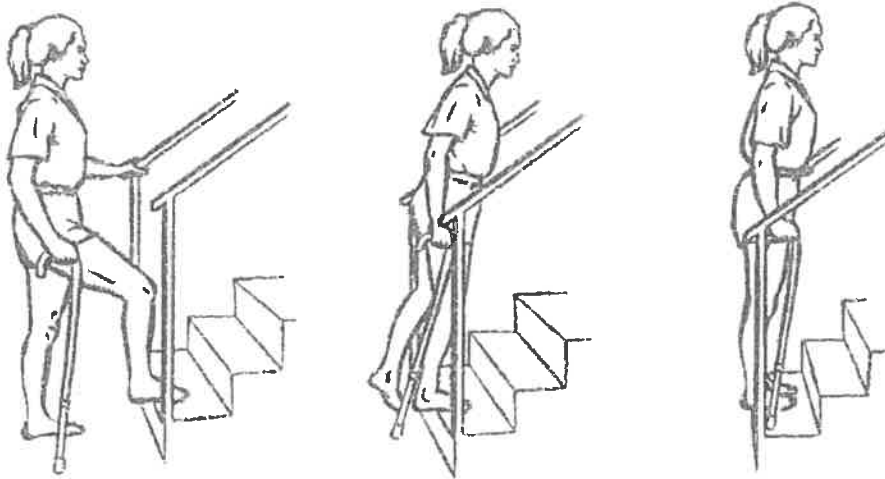
1. Walk to the bottom of the stair case, placing your feet as close to the step as possible,.
2. Fold the walker completely.
3. Grasp onto one rail and hold the center of the folded walker in your other hand.
4. Place the folded walker up on the first or second step.
5. Lift your stronger leg up to the first step.
6. Bring your weaker leg up to the same step.
7. Repeat, keeping the walker one step in front of your feet.



Using crutches or cane and one railing

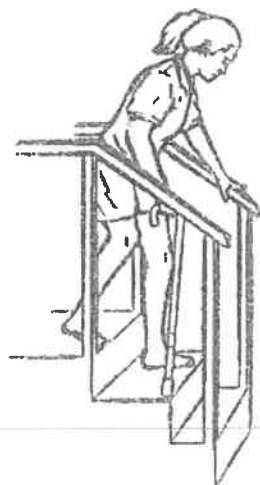
Going up the stairs

1. Place one crutch under arm on side opposite the railing or hold cane in this hand (if you need to use two crutches, place them both under one arm).
2. Hold onto the available railing with other hand.
3. Step up with stronger leg.
4. Follow with operated leg to the same step then lift the crutches or cane up.



Going down the stairs

1. Place one crutch under your arm on the side opposite the railing or hold cane in this hand (if your need to use two crutches, place them both under tone arm).
2. Hold onto railing with other hands.
3. Place the cane or crutch(es) down one step.
4. Step down with operated leg.



5. Follow with stronger leg.

HOME EXERCISE PROGRAM:



Ankle Pumps

Bend ankles to move feet up and down, alternating feet.

Repeat 20 times. Do 4 sessions each day.



Quad Sets

Slowly tighten muscles on thigh of straight leg pushing knee into bed while counting out loud to 5.

Repeat with other leg to complete set.

Repeat 20 times. Do 4 sessions each day.



Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud to 5.

Repeat 20 times. Do 4 sessions each day.



Long Arc Quads

Straighten operated leg and try to hold it for 3 seconds.

Repeat 20 times. Do 4 sessions each day.



Knee Slides

Slowly slide your foot forward in front of you until a stretch is felt in the knee and hold for 10 seconds. Then slide your foot back as far as you can and hold for 10 seconds.

Repeat 20 times. Do 4 sessions each day.