

 Lincoln Surgical Hospital

Patient's Guide for Total Hip Surgery



Welcome to Lincoln Surgical Hospital!

Thank you for choosing us! We will have “exceptional people providing extraordinary care” during your stay with us.

Our goal is to help decrease the anxiety that comes with having surgery by answering your questions, preparing you for what to expect, communicating to your family and getting you home to recover so you can get back to your normal day-to-day life.

Our recent accomplishments and awards include:

- ★ One of America’s 100 BEST HOSPITALS for Joint Replacement Healthgrades®
- ★ 5 STAR RECIPIENT for Total Knee Replacement, Healthgrades®
- ★ 5 STAR RECIPIENT for Total Hip Replacement, Healthgrades®
- ★ Recipient of the OUTSTANDING PATIENT EXPERIENCE AWARD, Healthgrades®
- ★ Rated one of the TOP 100 HOSPITALS for Patient Experience, Women’s Choice Award®
- ★ Recognized as a TOP SMALL HOSPITAL for Overall Inpatient Satisfaction, HealthStream®
- ★ Named among the TOP 7% of elite facilities in the U.S. to achieve a 5-star rating from Medicare/Medicaid



Thank you for putting your trust in us!

Robb Linafelter, CEO

A handwritten signature in black ink that reads "Robb F. Linafelter".



Non-Discrimination Statement

Lincoln Surgical Hospital complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-297-2266 0018-4960-6654 (TTY: 7-1-1 o para español-español 1-888-272-5528 o para español-inglés 1-877-564-3503).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-297-2266 0018-5658-6202 (TTY: 7-1-1 1-800-833-7352).

LSH Hospitalists

Lincoln Surgical Hospital has a group of physicians that your surgeon may consult to manage your care while you are hospitalized. They are:

Dr. Arthur Annin
Dr. Wasim Chughtai
Dr. James Fosnaugh
Dr. Matthew Jacobsen
Dr. Daniel Owen

**Lincoln Surgical Hospital has free WIFI. Look for LSHguest; no password needed.*

Total Hip Education

What is hip replacement?

A total hip replacement or arthroplasty involves resurfacing the surfaces of the ball and socket joint. The head or ball of the femur or large thigh bone and the acetabulum, or socket in the pelvic bone. The illustration shows a metal stem fitting into a plastic-lined metal cup. The ball may be metal or ceramic.

What are the results of total hip replacement?

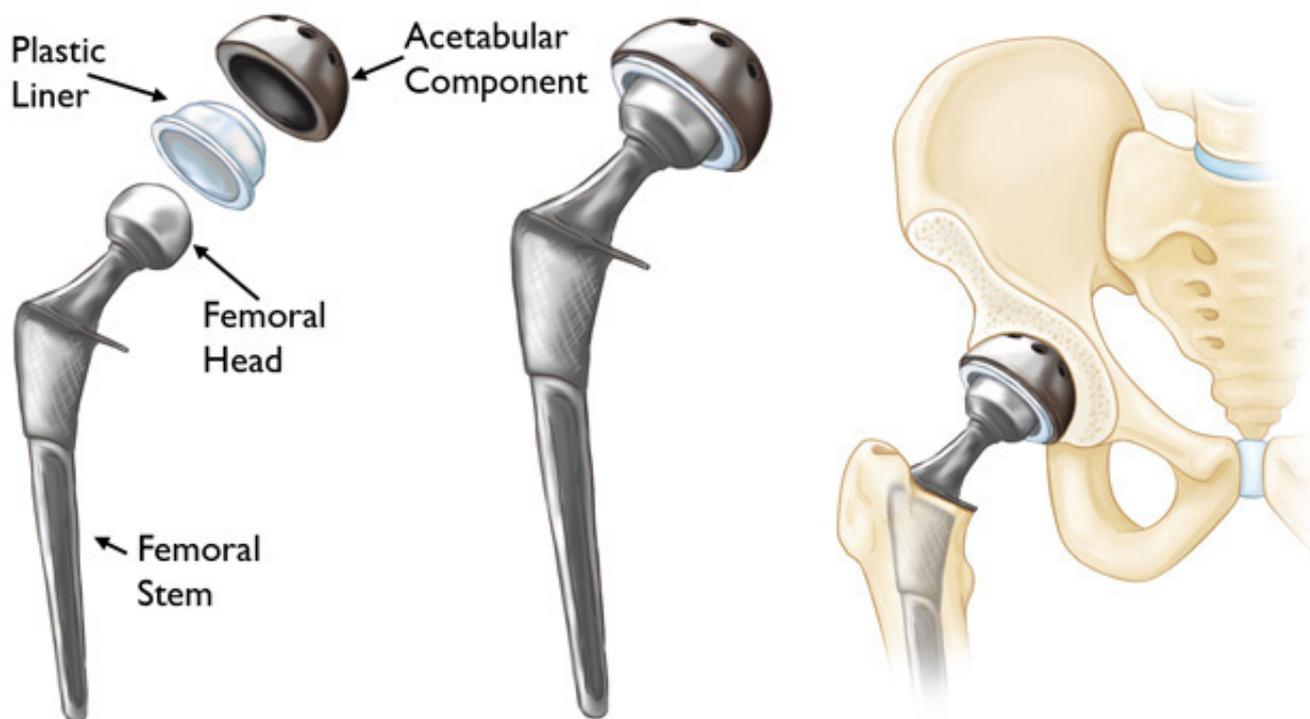
When hip replacement surgeries were first performed in the early 1970s, it was thought that the average artificial joint would last approximately 10 years. We now know about 85% of the hip joint implants will last 20 years. Hip replacements is one of the most successful orthopedic surgeries performed. Improvements in surgical technique and artificial joint materials should make these implants last even longer. If the joint does become damaged, surgery to repair it can be successful but is more complicated than the original procedure.

How long will my new hip last and can a second replacement be done?

Because more people are having hip replacements at a younger age, and wearing away of the joint surface becomes a problem after 15 to 20 years, replacement of an artificial joint—which is also known as revision surgery—is becoming more common.

What are the post-surgery risks?

Post-surgery risk can last anywhere between six and 12 months after hip replacement surgery. Pivoting or twisting on the involved leg should be avoided. You should also not cross the involved leg past the midline of the body.



|| Total Hip Education

Physical and Occupational Therapy

- Therapy will start on the day of surgery depending on the time of your procedure.
- You will get up to use the commode if you do not have a catheter.
- If you have a drain in your knee or Foley catheter, they may be removed once the spinal anesthesia has worn off on the day of surgery. Otherwise, if you stay in the hospital they will likely be removed the morning after surgery.
- If you need to stay in the hospital, you will typically have physical therapy and occupational therapy one to two times each day depending on your goals.

Going Home

Discharge is specific to your medical needs.

Physical Therapy

The physical therapist (PT) will work with you to provide education on exercises to increase your strength, improve range of motion, and to improve balance and safety. The PT will teach you a home exercise program. In addition, the PT will work on getting you in and out of a bed and chair, walking, and going up and down stairs.

Occupational Therapy

The occupational therapist (OT) will work with you to identify strategies to best perform activities of daily living, including bathing, dressing, toileting, and other home tasks. The OT may recommend equipment, such as a reacher, sock-aid, long-handled sponge, long-handled shoehorn, or a dressing stick in order to help you become more independent with your selfcare.

Total Hip Education

#1 - DO NOT cross your surgical leg over your other leg.



#2 - DO NOT pivot on your surgical leg.



#3 - DO NOT step back with your surgical leg first.



#3 - DO NOT bend your hip more than 90 degrees.



Medical Equipment

General Information Regarding Durable Medical Equipment (DME)

Prior to coming into the hospital, you will want to consider purchasing or borrowing some equipment that will help you perform daily tasks safely and more independently upon your return home.

You could also choose to borrow these supplies from a friend or family member to use for the duration of your recovery.

Is DME available at LSH?

During your hospital stay, DME may be purchased through the third-party vendor See the Trainer. The bill is sent through your insurance for potential coverage. If there are patient out-of-pocket expenses, a bill will be mailed to your home.

Is my DME covered?

Some DME may be covered by your insurance. You will need to check with your specific insurance carrier to determine what is covered by your plan.

Medicare will typically cover certain DME products if the supplier is an approved Medicare provider, you have a physician's prescription, and specific qualifying criteria are met. Medicare typically covers 80% of the DME product while the remaining 20% is covered either out-of-pocket or by a Medicare supplement.

If you have specific questions about coverage, please contact your DME provider of choice.

DME may also be purchased out-of-pocket directly from other places such as pharmacies, grocery stores, big-box stores, wholesale clubs, or online retailers.

Note: Although bath seats, grab bars, long-handled bath sponges and hand-held showers make bathing easier and safer, they are typically not covered by insurance or Medicare.

Medical Equipment

Durable Medical Equipment Options

If you have a shower in the tub, you may need to purchase a tub seat for after surgery.

After you have had a hip replacement, stepping over the side of the tub may be difficult.



Tub chair with back

Also available without a back. Could be used in a free-standing shower.



Tub transfer bench

This one extends outside of the tub to make transfers easier.

Consider:

- Installing grab bars around the toilet and shower, or add a tub clamp
- Installing a hand-held shower head

These options work with tubs that have a shower curtain. If you have glass doors, the doors need to be removed. A non-skid bath mat is also recommended.



Toilet Riser

This increases the height of your toilet, making it easier to get up and down.



Toilet Frame

This provides support to help when getting on and off the toilet.



3 in 1 Commode

This can be used bedside or placed over the toilet.

Medical Equipment

Durable Medical Equipment Options



Walker

This is the style of walker you will need initially following surgery.

Notice it has wheels on the front legs. Four-wheeled walkers are typically not recommended following this surgery due to safety concerns.

Walker skis or tennis balls on the back legs may reduce friction and make the walker easier to push.

Please bring this with you to the hospital.



Crutches/Cane

Crutches or a cane may also be an option for you.

Your physical therapist will help you determine if these are appropriate.

If you have either of these, you are welcome to bring them to the hospital as well.

Medical Equipment

Durable Medical Equipment Options

You can purchase these at any home health store, pharmacy or online.

Reacher

A reacher is helpful for getting dressed. They can also be useful for picking things up from the floor.



Leg Lifter

This can be used to help you move your leg in and out of bed.



Dressing Stick

A dressing stick is helpful for taking off TED hose and socks.



Sock Aid

Sock aids are helpful for putting on socks. The wide version may be better for TED hose. There are alternative versions available for compression socks.



Shoe Horn

This item is for putting shoes on without bending over.



Dressing Equipment

Lower Body Dressing

Using a reacher to put on pants:

1. Dress the operated leg first.
2. Use the reacher to hold the opening of the waistband of the pants and position them where you can slip your foot in.
3. Pull up the pants over your knees to within easy reach.
4. Stand up with the walker in front of you and pull the pants the rest of the way up.



Sock aid:

1. Slide the sock onto the sock aid putting it on your foot with the toe of the sock completely tight to the end.
2. Hold the cord of the sock aid and lower it in front of your foot.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock onto your foot. Keep pulling until the sock aid pulls out.



Removing socks or TED hose:

1. Gently push down with the edge of the shoe horn, dressing stick, or reacher.
2. Grasp with reacher and pull off.

Long-handled shoe horn:

1. Use your reacher, dressing stick, or long-handled shoe horn to slide your shoe in front of your foot. Bend your knee as much as possible when doing this.
2. Place the shoe horn inside the shoe against the back of the heel.
3. Lean back, if necessary, as you lift your leg and place your toes in the shoe.
4. Step down into your shoe, sliding your heel down the shoe horn.



NOTE: You can use slip-on shoes with Velcro closures. You could also choose elastic shoelaces that stay tied.

TEDs (White Stocking) Wearing Schedule

1. Wear both stockings until follow up with your physician and their team.
2. Wear stockings 23 out of 24 hours a day.
3. Change stockings every day. There is a second pair in the Lincoln Surgical Bag.
4. Hand wash only — use laundry detergent or soap. Lay flat or hang up to dry.



Caring for Your Incision

Your doctor will determine your incision care needs. Notify your surgeon if you notice redness, warmth, increased swelling or drainage from your incision.

In order to keep your incision clean and dry while showering, follow these steps:

1. Place a smaller piece of the self-adhesive wrap over the incision. This can be Saran Wrap, Press N Seal, or a plastic bag. If you're using a plastic bag, cut to size or wrap around the extremity (arm, leg, shoulder).
2. If you're using a plastic bag, use tape to hold the plastic wrap in place. Make sure to tape along any seams. You can use masking tape, paper tape, or silk tape.
3. Do not stand with the incision directly under the shower head.
4. When finished showering, take the plastic wrap off and blot the area dry.



Ways to Move

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet.
2. Back up to the toilet until you feel it touch the back of your leg.
3. If using a commode with arm rests, reach back for both arm rests and lower yourself onto the toilet. If using a raised toilet seat without arm rests, keep one hand on the walker while reaching back for the toilet seat with the other.
4. Slide your operated leg out in front of you when sitting down.

When getting up from the toilet:

If using a commode with arm rests, use the arm rest to push up. If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other.

NOTE: Balance yourself before grabbing the walker.

Transferring to the tub

(This method is also used for getting into and out of a vehicle.)

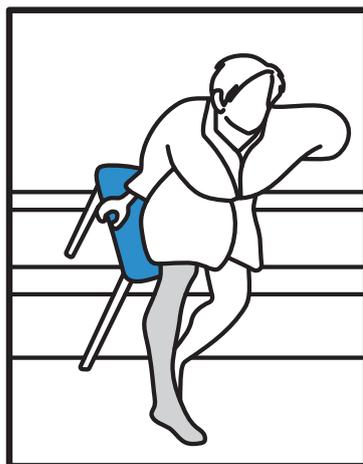
Using a bath bench:

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

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

NOTE: Although bath seats, grab bars, long-handled bath sponges, and hand-held showers make bathing easier and safer, they are typically not covered by insurance or Medicare.

Using a shower chair:



Hip Exercises

Starting your exercise program pre-surgery and working on mobility early is vital to making your surgery a complete success. Please begin these exercises right away and continue until you see the Physical Therapist (PT) and/or Occupational Therapist (OT) following your surgery.

Pre-Operatively: Perform exercises 2 sets of 10 reps daily.

Post-Operatively: Perform exercises 3 sets of 10, 3 times per day as tolerated.

Click the image to watch video. Do exercises with both legs.

#1 - Chair Push Up



Lift buttocks off seat of chair by pushing down with arms.

#2 - Knee Extension



Sit with back against chair while keeping thigh glued to the seat and straighten out the knee as much as possible. Make sure the thigh is supported. Slowly lower back down.

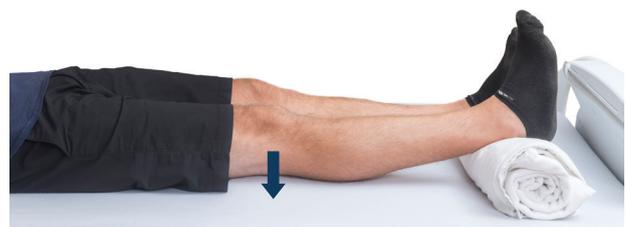
#3 - Supine Heel Slides



Bend knee and slide heel toward buttocks until a stretch is felt. Hold for five seconds.

*Can use a cookie sheet/plastic grocery bag at home to assist, if needed.

#4 - Quad Set



Tighten your thigh muscles and push the back of the knee down towards the bed. Hold 3-5 seconds. For added stretch, prop your heel on a pillow during exercise.

|| Hip Exercises

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Post-Operatively: Perform exercises 3 sets of 10, 3 times per day as tolerated.

Do exercises with both legs.

Activity

Be sure to get up at least 1 time per hour, while awake, and take a short walk.

#5 - Hip Abduction



Keeping your knee and leg straight and toes pointed up toward the ceiling, slide the surgical leg out to the side about 12 inches. You can use a cookie sheet or plastic grocery bag at home to assist.

#6 - Gluteal Squeeze



Squeeze buttocks muscles as tightly as possible while counting to 5 and then relax. Do not hold breath.

While in the Hospital

Pain Management

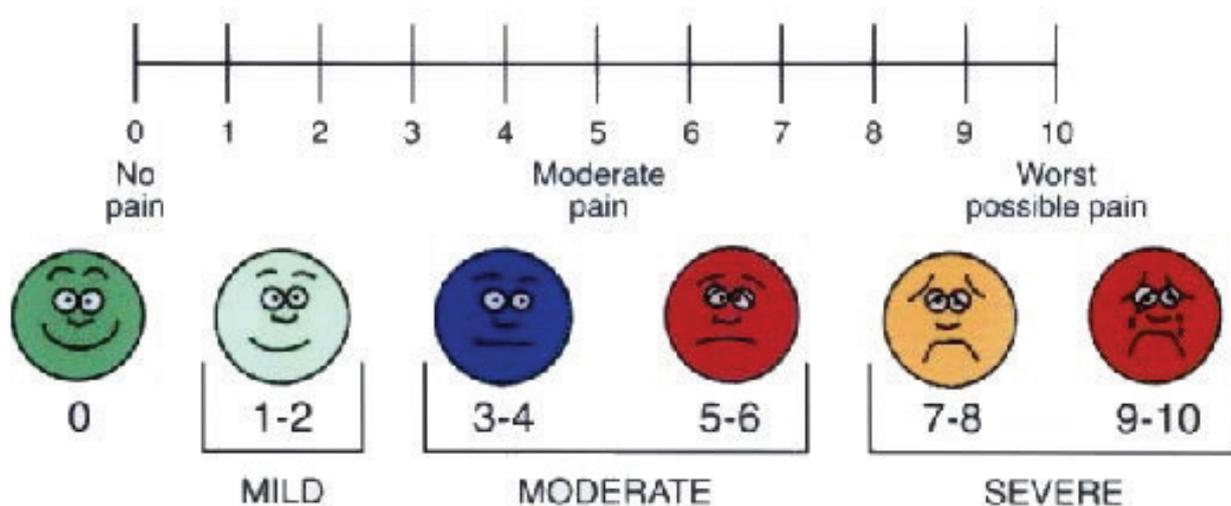
At Lincoln Surgical Hospital, our pain management process begins before your surgery starts, and is tailored to your individual needs throughout your entire length of stay.

- Prior to the start of your surgery, your nurse will administer medications that will help decrease the amount of pain you experience immediately after surgery.
- Anesthesia may do a regional block.
- During your surgical procedure, your surgeon will inject a medication into your surgical site that will help manage your pain after surgery.
- After surgery, a special combination of medications is given to you on a routine schedule to further improve your pain control and enhance your comfort. The medications used are given in low to moderate doses. Most patients tolerate these medications very well and experience only some slight drowsiness.
- Stronger medications are available on an as-needed basis to provide additional pain control, if necessary.

Our clinical staff is highly skilled in managing post-operative pain. Your nurse will work closely with you, your surgeon, and your clinical pharmacists to tailor your drug therapy to fit your needs. Your comfort is extremely important to us, and we realize that everyone responds differently to medications. Communication with your nurse is important to ensure we are not only meeting your expectations for pain control, but also addressing any side effects caused by the medications. Our goal as your healthcare team is to partner with you to provide exceptional care that exceeds your expectations.

The nurse and patient can use a combination of pain assessment tools to describe the level of pain you may be having.

Universal Pain Assessment Tool



|| Breathing Exercises

After surgery, you will be less active than normal. Because you are not moving as much as you normally would, you tend to breathe shallow. This could cause portions of your lungs to collapse. If the collapsed areas do not get filled with air, it can cause complications such as pneumonia and bronchitis. Preventing post-operative lung problems is a priority at Lincoln Surgical Hospital. Oxygen is also used to help your blood heal. The best way to have a smooth recovery without lung problems is to do these lung exercises. Oxygen is also available to assist with your recovery if needed.

Deep Breathing (to completely fill lungs with air)

1. Breathe in through your nose as deeply as you can. (Your stomach should go out as you breathe in.) Hold breath for 5-7 seconds.
2. Let the breath out slowly through your mouth. Try to take twice as long breathing out as breathing in. (Your stomach should go down as you breathe out) Do this exercise 10 times. Deep breathing exercises can help you relax and relieve pain. Following the 10 breaths, do the coughing exercise.

Coughing (to help keep lungs clear)

1. Take a slow deep breath in through your nose. (Try to fully expand chest and back.)
2. Breathe out through your mouth. (Your chest should sink down and in.)
3. Take a second breath in the same manner.
4. Take a third breath in, but hold your breath for a moment, then cough hard, forcing all of the air out of your lungs.

Do the coughing exercise 3 times. Do the combined deep breathing and coughing every hour while you are awake after surgery. The hospital may give you an incentive spirometer to help you do deep breathing after surgery. Someone will show you how to use it.

Once you are able, following surgery, getting up and walking around will also help prevent lung problems. Remember, never get up on your own while in the hospital. We will gladly assist you. Also, if you smoke, please try to quit.



Discharge Instructions/Home Care

General Precautions

If you should develop a fever of more than 101°F or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-aid on it and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Notify your doctor if the area is painful or reddened.

Pain Control

- Some pain is normal.
- Change your position every hour throughout the day.
- Use stool softeners every day as long as you are taking pain pills. Take laxatives if necessary. Try to eat more fruits, vegetables, and whole grains.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an idea ice pack. Mark the bag of peas and return them to the freezer (should only be used as an ice pack).
- You can make your own handmade ice pack that can be molded to your knee by adding 1 bottle of rubbing alcohol and 2 bottles of water in a gallon size Ziploc freezer bag (double the Ziploc bag to prevent leaks). Always place fabric between the ice pack and your skin.
- Place an additional towel between the ice pack and your body if it gets to cold.
- Relaxation/comfort measures such as elevation, position changes, and deep breathing can help.
- Gradually wean yourself from prescription medications to Tylenol. You may take two extra-strength Tylenol® in place of your prescription medication up to four times per day.

Prevent Infection

- Keep incision clean and dry.
- Wash hands before and after any contact with incision or dressings.
- Cough and take deep breaths. Use incentive spirometeter (breathing exerciser), if ordered.
- Do not smoke.

Body Changes

- Some pain medication contains narcotics, which promote constipation. Use stool softeners every day as long as you are taking pain pills. Take laxatives if necessary. Try to eat more fruits, vegetables and whole grains.
- You may have bruising around the incision or on the leg.
- Drink plenty of fluids to keep from getting dehydrated.
- You may have difficulty sleeping. This is normal. Don't sleep or nap too much during the day.
- Your energy level may be decreased for the first month or two.

Discharge Instructions/Home Care

Prevention of Blood Clots

- Foot and ankle pump exercises: Do these hourly while awake.
- Walking: Do this hourly while awake.
- Compression stockings (TEDs)
- Blood thinners such as Aspirin®, Xarelto®, Coumadin® and/or Lovenox®

Blood Clot Information

- Surgery as well as decreased activity increases your risk for blood clots. Anticoagulants will be prescribed to minimize this risk.
- Stockings may be used to help compress the veins in your legs. This helps to keep swelling down and reduce the chance for blood clots.
- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg about heart level.
- If you have TED hose, you will initially wear them continuously removing twice daily for 30 minutes to 1 hour after you shower. Hand wash the TED hose and hang to dry.
- Notify your physician if you notice increased pain or swelling in either leg.
- If you have TED hose, ask your surgeon when you can discontinue use of them. Usually, this will be done two to three weeks after surgery.

Signs of Blood Clots in Legs

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, tenderness in calf
- Redness

NOTE: Blood clots can form in either leg.

Signs of Blood Clots in Lungs

An unrecognized blood clot could break off the vein and go to the lungs. This is an emergency and you should call 911 if you are having the following symptoms:

- Sudden chest pains
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Dental precautions?

Cleaning your teeth may make it possible for bacteria to go into the bloodstream and travel to the new joint, causing infection. Notify your dentist prior to or after surgery as you will be required to take a prophylactic antibiotic within an hour of a dental procedure or any other invasive procedures (ex: colonoscopy/heart catheterization). These guidelines may be in effect for 2 years or more depending on your surgeon's preference. Get dental work or routine cleanings done prior to surgery, or wait at least three months afterwards. Remember, your new joint acts like a type of germ magnet and can attract bacteria from infections in another part of your body.

Can I travel?

- If traveling in a car, make sure to get out and walk every hour, as well as doing ankle pumps in the car.
- Your new joint may trigger metal detectors, so please inform security when appropriate.
- You will not receive a card that says you have an artificial joint.
- If you have travel plans, please consult your surgeon

When can I drive?

- You typically cannot drive for two weeks.
- Your surgeon will let you know when it is advisable to drive again.

When can I return to work?

Typically, people plan on taking a one month leave of absence from work. The physical demands required for your job, as well as your own progress, will determine when you can return to work. Your surgeon will tell you when you can return to work and if there are any limitations.

How long do I have to use the equipment?

Please check with your surgeon.

Can I get a handicap permit?

Please contact your surgeon's office to find out as it varies depending on the surgeon.

What if I have pain with urination or trouble urinating?

Please call the surgeon's office to discuss this further.

Am I allowed to sit in a recliner?

Yes, it is okay to sit in a recliner as long as you elevate your legs periodically.

Can I sleep on my side?

Yes. Just remember that you should not cross the middle of your body with your surgical leg. It is a good idea to place a pillow between the knees when laying on your side. You can lay on either hip after a total hip procedure.

When can I resume having sexual activity?

After surgery, it will take time to regain your strength, as well as confidence in your new joint. Most people will feel able, physically and mentally, to engage in sexual activity four to six weeks after surgery. Depending on the individual's healing rate, at four to six weeks the incision, muscles, and ligaments are usually sufficiently healed to consider resuming sexual activity. Talk to your surgeon if you have any questions.

Will my medications affect my ability to engage in sexual activity?

Some medications can affect performance and/or enjoyment during sexual activity. Many narcotic pain relievers and cortisone medications can decrease sexual performance. Other common medication-related side effects are: a decreased interest in sex, vaginal dryness, abnormal erections, and delayed orgasms. If you sense that your medication is causing these side effects, try having sex in the morning before taking your dose or in the evening before your last dose. Do not adjust or stop taking your prescribed medicine without consulting your surgeon. Often, a simple adjustment or change of medication can eliminate certain side effects.

Exceptional People Providing Extraordinary Care

1710 S 70th St, Lincoln, NE
402-484-0884
lincolnsurgery.com

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