

# Your Hospital Stay

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## The Nursing Unit

Family members/caregivers are allowed to visit with you.

After your recovery in the Post-Anesthesia Care Unit (PACU), you will be transferred to the inpatient nursing unit. Your stay on this unit will begin the post-operative/rehabilitation phase of your recovery.

You will have a bandage covering the incision on your hip or knee. You also will have a urinary catheter and will receive antibiotics. Your nursing team will monitor your vital signs and give you medications for pain and nausea and to prevent blood clots. You will be introduced to therapists who will work with you individually to help you begin your exercise routine and instruct you on precautions following surgery.

### Nursing Assessments and Interventions

Nursing assessments and interventions will include:

- Monitoring your vital signs frequently, including throughout the night
- Checking your incision
- Administering IV fluids and antibiotics
- Checking your urinary catheter
- Checking your oxygen level
- Assisting with an incentive spirometer to prevent pneumonia (10 times per hour while awake)
- Assessing the use of abductor splints for hip patients
- Checking compression devices to prevent blood clots
- Assessing blood clot prevention/administration of oral anti-coagulants/early ambulation



### Physician Assistants

Physician Assistants (PAs) are board-certified advanced practitioners who work with your surgeon and other dedicated medical professionals to help guide your care. PAs are able to interpret labs, make diagnoses, write prescriptions and assist in the operating room. PAs are staffed in the hospital 24 hours a day, 7 days a week. Working closely with your surgeon, a PA will see you each day that you are hospitalized.

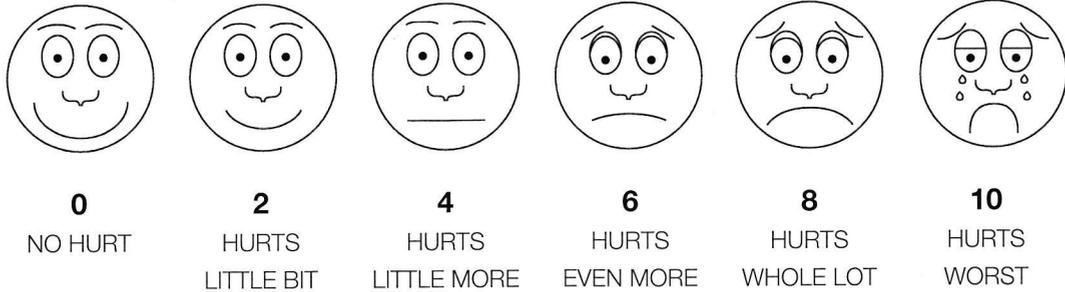
**NOTE: Please do not attempt to get out of bed on your own. After joint surgery, there is a higher risk of falling.**

# Your Hospital Stay

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## Pain Assessments and Management

Communication is an important part of helping us manage your pain. We encourage you to share information with your nurses and doctors about any pain you experience. Be as specific as possible.



- **Where is the pain?**
- **How often do you feel pain?**
- **On a scale of 0 to 10, where 10 is the worst pain imaginable, how would you rate your pain?**
- **Is there anything that makes the pain go away?**

Some pain will accompany your therapy sessions. Be sure to ask for pain medication 30 to 45 minutes before your scheduled therapy session. This pain will be managed with different oral medications.

*Write down any questions you may have for your doctor or nurse:*

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# Your Hospital Stay

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## Clot Prevention

The following therapies and medications may be used during or after your surgery to improve circulation and prevent blood clots. This will be at your surgeon's discretion.

- PlexiPulse® boots or sequential compression device (SCD)
- Ankle pumps
- Oral and/or injectable blood thinning medications
- Early ambulation

### At Risk for DVT

DVT stands for deep vein thrombosis. DVT is a disorder in which a blood clot forms in the deeper blood vessels, particularly in the legs. Having orthopaedic surgery increases this risk as does being immobile or inactive.

**Symptoms of DVT in the leg are swelling, redness and pain in the affected leg, usually below the knee. Sometimes the leg is warm to the touch.**

**Symptoms of a blood clot in the lung (pulmonary embolism) are shortness of breath, sudden onset of chest pain, cough and sometimes fainting. These symptoms require immediate medical attention.**

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## Questions About Oral Anti-Coagulant Medications (Blood Thinners)

### Why is this drug prescribed?

Oral anti-coagulant medications, commonly known as blood thinners, lower the body's ability to form clots and therefore prevent harmful clots from forming in the blood vessels. These clots can cause serious medical problems because they can move to other parts of your body. For example, if a clot moves to your lung (pulmonary embolism), it can cause a strain to your heart or trouble breathing.

### When should it be used?

Your doctor will determine when you will begin taking your oral anti-coagulant medication. It is important to take your oral anti-coagulants at the same time every day—BE CONSISTENT.

### What special instructions should I follow while using this drug?

Your doctor determines how much oral anti-coagulant you need. Remember that too much oral anti-coagulant can cause you to bleed more, and too little oral anti-coagulant may allow a harmful clot to form.

Upon discharge from the hospital, you will receive instructions specific to the type of oral anti-coagulant your physician prescribes. You should follow these directions carefully, and contact your healthcare provider if you have any questions.

### What should I do if I forget to take a dose?

Take the missed dose as soon as possible on the same day, but DO NOT take a double dose of oral anti-coagulants the next day to make up for the missed dose. Finally, if you forget to take a dose, tell your healthcare provider.

### What side effects can this drug cause?

Patients taking oral anti-coagulants have an increased risk of bleeding complications.

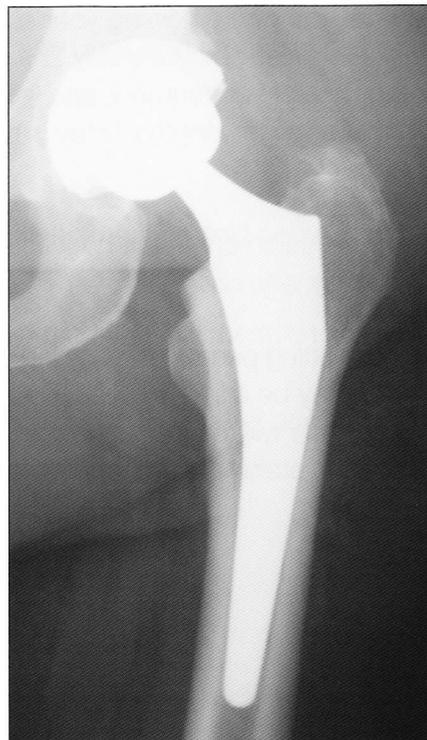
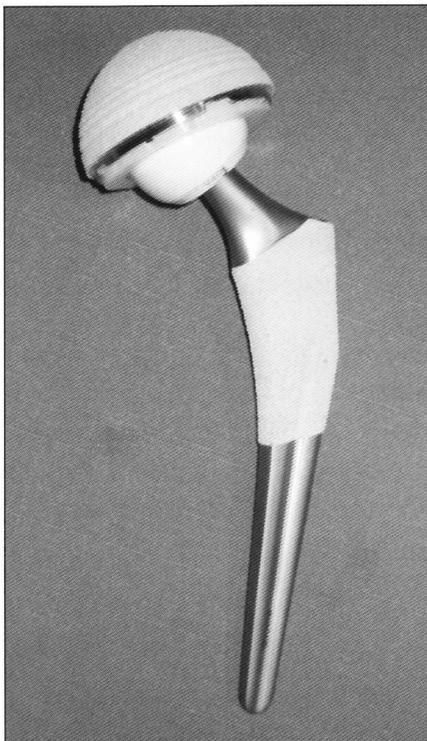
### Call your healthcare provider right away if you have:

- Bleeding that does not stop from cuts or from your nose.
- Unusually colored urine (dark brown or red) or stool (red or black) when you go to the bathroom.
- More bleeding than usual when you brush your teeth.
- Unusual bruising for unknown reasons.
- Vomiting or coughing up blood.
- More bleeding than usual when you get your menstrual period or unexpected bleeding from the vagina.
- Severe headache, dizziness, weakness or trouble breathing.

### **Understanding Hip Replacement (Total Hip Arthroplasty)**

Arthritis or injury can cause severe pain in your hip(s). Reconstruction of those joints can be the best way to regain function and restore quality of life. The hip enables us to bend and straighten our body and move our lower limbs. Total joint replacement involves surgery to replace the ends of both bones in a damaged joint to create new joint surfaces.

When the hip is replaced, the original ball and socket joint is replaced with an artificial one consisting generally of a metal ball attached to a stem that fits inside the hollow canal of the femur or thigh bone. The ball articulates with an artificial socket that is fixed to the cup portion of the pelvis or acetabulum. For the femur, both cement fixation and bone ingrowth methods are equally successful. A bone ingrowth implant is generally used, although cement fixation for the femur may be used in older patients whose bone may not be as substantial as when they were younger.





## **Physical Therapy (PT)/Occupational Therapy (OT) for Total Hip Arthroplasty**

Physical therapy (PT) and occupational therapy (OT) following your hip replacement surgery are critical components of your recovery, as well as helping you regain range of motion and leg strength. Although there may be more pain felt during and after therapy sessions, remember that in the long run it is necessary for your recovery. Your nurses and doctors will work with you to manage your pain before and after therapy sessions as well as throughout the day and night.

The NorthShore Total Joint Replacement Center has a goal-oriented approach to care, which includes PT and OT specialists working closely with you to accomplish daily goals approved by your doctor. PT may begin as early as the afternoon of your surgery and occurs two times a day until discharge. OT occurs once a day until discharge. PT will continue after you leave the hospital. You are encouraged to have a family member or caregiver attend at least one PT and one OT session to learn what to expect once you go home from the hospital.

For most patients, our goal following your surgery is for you to be discharged on post-operative Day 2. (Definition of post-operative Day 2: If your surgery is on Monday, you will be discharged 2 days after the date of your surgery, or Wednesday.) In some instances, it may be determined by your surgeon that a longer length of stay is necessary. In these cases, a plan of care will be developed for you.

We have plenty of equipment in the hospital—such as walkers, canes and crutches—that you can use during your stay.

Please bring loose fitting pants with wide leg openings (no elastic cuffs) or shorts and undergarments. Your surgical leg may be a little swollen, so avoid tight fitting pants or shorts and stiff clothing such as jeans. OT sessions will teach you how to perform self care skills, such as dressing your lower extremities while maintaining your hip precautions.

Our objective is to help you return home as quickly as possible. During your stay, your goals, at a minimum, are as follows:

## Physical Therapy Goals:

- Perform bed mobility with minimal assistance for operated limb.
- Sit to stand with standby assistance.
- Ambulate 100 feet with appropriate assistive device and standby assistance.
- Compliance with total hip arthroplasty precautions.
- Demonstrate home exercise program independently.
- Ascend/descend three PT practice stairs with assistance.

## Physical Therapy Schedule

### **Day 0 (Day of Surgery)**

- If you have an early morning surgery, you may be seen by the physical therapist in the afternoon of surgery.
- You likely will sit up at the edge of your bed, work on exercises and ambulate a short distance.
- The physical therapist also will go over your hip precautions.

### **Day 1 (Day After Surgery)**

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- Be sure to ask for pain medication as it is no longer automatically given after the first 24 hours.
- Together with your nurse, you will coordinate your pain medication schedule to receive it 30 to 45 minutes before therapy sessions.
- The physical therapist will help you stand, continue walking with the walker and work on exercises.
- Depending on how you are progressing, you may walk in the hallways and even try going up and down practice stairs.
- The physical therapist will review your hip precautions.

### **Day 2 (2nd Day After Surgery)**

- The physical therapist will see you twice a day (once in the morning and once in the afternoon).
- Plan on walking more and continuing to work on strengthening exercises.
- The physical therapist will have you practice stairs, perhaps even a full flight of stairs, depending on your home setup.
- If you are doing well and would like, the physical therapist may offer you a cane or crutches instead of the walker.
- The physical therapist will make sure you have the ambulation equipment you need to be discharged.
- The physical therapist will give you a home exercise program to perform once you return home until your home therapist arrives.

## Occupational Therapy Goals:

- Demonstrate compliance with total hip precautions while performing functional activities.
- Perform functional transfers such as getting on/off toilet safely with stand-by assistance.
- Perform self care activities such as dressing with adaptive equipment and stand-by assistance.
- Demonstrate understanding of adaptive equipment recommendations.
- Verbalize safe car transfer technique independently.

## Occupational Therapy Schedule

### **Day 1 (Day After Surgery)**

- The occupational therapist will see you the day after surgery.
- The occupational therapist will instruct and review your hip precautions as they relate to activities of daily living.
- You will practice and perform toilet transfers while maintaining your hip precautions.
- The occupational therapist will review assistive devices to allow for independent performance of lower body dressing, bathing and reaching while maintaining your hip precautions.
- The occupational therapist will review bathroom medical equipment such as tub seats and raised toilet seats to promote safe and independent toileting and bathing at home.
- If family members/caregivers have any questions, please write them down and the occupational therapist can address them before you leave.

### **Day 2 (2nd Day After Surgery)**

- The occupational therapist will see you once today.
- The occupational therapist will continue to reinforce and educate you regarding your hip precautions and how they impact activities of daily living.
- The occupational therapist will instruct and assist you in getting dressed and may have you practice using assistive equipment.
- The occupational therapist will instruct you on how to get in and out of a car safely.
- The occupational therapist will make final recommendations regarding assistive devices and bathroom equipment for home.
- The occupational therapist will address other functional concerns you may have.

If you have any questions about your rehabilitation, please do not hesitate to ask. If you need to speak to your physical therapist or occupational therapist at all during your stay, just let your nurse know, and he or she can contact them for you.

### Hip Precautions

**Do not bend your operated leg beyond a 90° angle.**

- Do not lean forward from a seated position.
- Do not bend over to pick something off the floor or put on shoes and socks.
- While sitting, keep your hips higher than your knees.



**Do not cross your operated leg or ankle.**

- Do not cross your legs or ankles while sitting, standing or lying down.
- To lie on your non-operated side, put several pillows between your legs.



**Do not turn your leg inward in a pigeon-toed position.**

- Do not twist your torso or waist.
- Do not pivot on your surgical leg.
- When walking, take small steps while turning.



*Write down any questions you may have for your doctor or nurse:*

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# Your Hospital Stay

## Assistive Equipment for Joint Replacement

Listed below are a few of the assistive equipment items commonly used after joint replacement surgery. These items are available from most area drugstores as well as Community Lending Closets. A list of area Community Lending Closets can be found in the back pocket of this book. Please discuss with your nurse if you have any specific equipment needs.

### Personal Aids

- Walker with wheels
- Cane
- Reacher
- Crutches
- Sock aid
- Long-handled shoehorn
- Elastic shoe laces



Walker with wheels



Cane



Reacher



Crutches



Sock aid

### Bathroom

- Elevated commode seat
- Toilet seat riser
- Shower chair
- Grab bar for shower/tub
- Hand-held shower head
- Long-handled bath sponge



Elevated commode seat



Toilet seat riser



Shower chair



Grab bar



Hand-held shower head



Long-handled bath sponge

Write down any questions you may have for your doctor or nurse:

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