The ORTHOPAEDIC CENTER

1809 E. 13th Street, Suite 200 & 300
Tulsa, Oklahoma 74104
Phone: (918) 582-6800
Fax: (918) 582-6060
www.toctulsa.com

AFTER JOINT REPLACEMENT SURGERY

Date: _____ Dr.: _____

We hope you are doing well after your joint replacement procedure. It is very important to see your orthopaedic physician in two years then every five years. This will enable your physician to evaluate you and insure your implant is functioning properly. We have found some implants can create problems without displaying any symptoms. Therefore, it is important to return to see your physician for x-rays whether you are experiencing any problems or not.

We will also include your follow-up information in our ongoing research so future patients may benefit from your experiences.

Please call (918) 582-6800 to schedule your appointment.

Sincerely,

Justin Clary, CEO
The Orthopaedic Center

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Dr. Travis Small

TOTAL HIP DISCHARGE INSTRUCTIONS

Dressing/incision

Your hip has a sterile surgical dressing in place. If you have an Aquacel (large waxy band-aid dressing), this is water proof and you can shower with it in place. This dressing needs to be removed 2 weeks after it was placed. If you do not have this dressing, you most likely have an island dressing. This dressing is removed 2 days after it is placed. Due to the large amount of work done inside the hip during surgery, some bloody drainage is common. If the drainage is persistent, bloody and bright red, you should call the office.

It is safe to shower 48 hours after your surgery. Let warm soapy water run over your incisions without scrubbing, then pat dry with a clean towel. Do not soak your hip in a tub or a pool until cleared following surgery.

Due to the anterior hip incision, skin commonly folds over the top part of the incision. It is very important to keep the wound dry to avoid infection. Once the aquacel or island dressing is removed, please place 4 X 4 gauze dressings (can be purchased in a drug store) over the incision. Paper tape is the gentlest type of tape to help hold the gauze in place. These need to be changed 3-4 times a day for 4 weeks following surgery.

Pain Control

Pain after arthroplasty generally is worse the first 24-48 hours and then should decrease gradually. Take your pain medicine as prescribed for pain control. You can supplement your pain medicine with an over-the-counter anti-inflammatory such as ibuprofen or naproxen if needed. Ice on the hip several times a day for 20-30 minutes at a time will also help with the pain and is strongly encouraged for 1-2 weeks following your surgery. Leg elevation for the first 72 hours and beyond is also encouraged to minimize swelling and is important in pain control.

Restrictions

Please restrict climbing flights of stairs for 7-10 days after surgery. Limit high impact activities such as running for 3 months to allow the implants to fully heal to the bone. There are **no other** restrictions unless specifically identified by me. You are allowed full weightbearing and have no dislocation precautions.

Weight Bearing

Full weight bearing is advised following your surgery. A walker or crutches are usually necessary to assist walking at first. You may discard the walker or crutches and progress to a cane when you can walk comfortably without them. Your therapist will help guide you in this decision.

(continued on back)

Exercises/Therapy

Bending the knee and ankle pumps are encouraged for the first 7 days after surgery and are to be started the day after surgery. These are not vigorous exercises, and should not cause significant pain. Range of motion exercises for the hip should also begin immediately and will be guided by your therapist.

Physical therapy should begin immediately after surgery and will typically continue for weeks following your procedure. Either home physical therapy, outpatient physical therapy, or inpatient rehabilitation should be arranged for you during your hospital stay. If you were discharged from the hospital without any therapy arrangements, call the office to set it up.

Follow up

Typically when your surgery is scheduled so is your first post surgical follow up appointment. Please refer to your paperwork for when that appointment is. If you can not find the date and time, please call the office today or tomorrow at 918-582-6800 to confirm your follow up appointment with Dr. Small in 2 weeks. If you have sutures or staples, they will be removed at your first follow up visit.

Driving

Most patients are able to drive if surgery does not involve their right leg as soon as they stop taking narcotic pain medications and are able to walk without crutches. Decisions on driving after surgery on the right leg should be discussed with your surgeon at your first visit. Driving while under the influence of narcotic medications is extremely dangerous and discouraged in all patients.

Return to Work/School

Returning to work or school depends on the degree of postoperative pain and the demands of your job. Pain is generally an appropriate guide. Sit down jobs can generally be resumed within 2-3 weeks for a total hip arthroplasty, and 4-6 weeks for a more strenuous occupation.

Problems

A low-grade fever (up to 100.5° F) is not uncommon during the first 24 hours but unusual beyond. Call the office for fever of 101.0° F or higher and it persists for 24 hours. Any expanding redness or persistent drainage from your incisions should be brought to the attention of your surgeon.

You should take your anti-coagulation (blood thinning) medication as prescribed. If you are at low risk for a clot, then you will be prescribed aspirin to help prevent blood clots. An 81 mg aspirin should be taken twice a day (every 12 hours) for 6 weeks following your surgery. If you are at higher risk, or cannot take aspirin, then you will be prescribed a different medication, such as Xarelto (rivaroxaban) which is commonly used and should be taken once daily for 2 weeks. Sometimes other anti-coagulants are used instead such as the injectible agents Arixtra (fondaparinux sodium) or Lovenox (enoxaparin), or the oral agent Coumadin (warfarin). These agents lower you risk of developing a blood clot in the leg, but can increase bleeding in the hip and cause easy bruising. Once you have finished the initial 2 weeks of blood thinning medication, you should take an aspirin (81 mg) twice daily for 4 more weeks. If your case is more complicated, then an individualized plan will be developed for you.

Should signs of a blood clot occur such as severe calf pain, significant swelling and redness of the calf and ankle, or difficulty breathing, please call the office immediately.

If unexpected problems arise, you can call the office at 918-582-6800. Calls are directed to an answering service after hours and your questions will be relayed to your surgeon.

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Please talk to your Dentist. You may need to take antibiotics with your procedure.

ANTIBIOTIC PROPHYLAXIS FOR DENTAL PATIENTS WITH TOTAL JOINT REPLACEMENTS

American Dental Association; American Academy of Orthopaedic Surgeons

An expert panel of dentists, orthopaedic surgeons and infectious disease specialists, convened by the American Dental Association (ADA) and the American Academy of Orthopaedic Surgeons (AAOS) performed a thorough review of all available data to determine the need for antibiotic prophylaxis to prevent hematogenous prosthetic joint infections in dental patients who have undergone total joint arthroplasties. The result is this report, which has been adopted by both organizations as an advisory statement. The panel's conclusion: Antibiotic prophylaxis is not indicated for dental patients with pins, plates and screws, nor is it routinely indicated for most dental patients with total joint replacements. However, it is advisable to consider premedication in a small number of patients (Table 1) who may be at potential increased risk of hematogenous total joint infection.

Any patient with a total joint prosthesis with acute orofacial infection should be vigorously treated as any other patient with elimination of the source of the infection (incision and drainage, endodontics, extraction) and appropriate therapeutic antibiotics when indicated.

Antibiotic prophylaxis is not indicated for dental patients with pins, plates, screws, nor is it routinely indicated for most dental patients with total joint replacements. This position agrees with that taken by the Council on Dental Therapeutics, the American Academy of Oral Medicine, and is similar to that taken by the British Society for Antimicrobial Chemotherapy. There is limited evidence that some immunocompromised patients with total joint replacements (Table 1) may be at higher risk for hematogenous infections. Antibiotic prophylaxis for such patients undergoing dental procedures with a higher bacteremic risk (as defined in Table 2), should be considered using an empirical regiment (Table 3). In addition, antibiotic prophylaxis may be considered when the higher risk dental procedures (as defined in Table 2) are performed on dental patients within two years post implant surgery, on those who have had previous prosthetic joint infections, and on those with some other conditions (Table 1).

The dentist is ultimately responsible for making treatment recommendations for his/her patients based on the dentist's professional judgment. Any perceived potential benefit of antibiotic prophylaxis must be weighed against the known risks or antibiotic toxicity, allergy, and development, selection and transmission of microbial resistance.

Table 1. Patients at Potential Increased Risk of Hematogenous Total Joint Infection.

A. Immunocompromised/immunosupressed patients
Inflammatory arthropathies: rheumatoid arthritis, systemic lupus, erythematosus
Disease, drug or radiation-induced arthritis, systemic lupus

B. Other Patients

Insulin-dependent (Type 1) diabetes
First two years following joint replacement
Previous prosthetic joint infections
Malnourishment
Hemophilia

Table 2. Incidence Stratification of Bacteremic Dental Procedures.

HIGHER INCIDENCE

- Dental extractions
- Periodontal procedures including surgery, subgingival placement of antibiotic
- Fibers/strips, scaling and root planning, probing, recall maintenance
- Dental implant replacement and reimplantation of avulsed teeth
- Endodontic (root canal) instrumentation or surgery only beyond the apex
- Initial placement of orthodontic bands but not brackets
- Intraligamentary local anesthetic injections
- Prophylactic cleaning of teeth or implants where bleeding is anticipated.

LOWER INCIDENCE

- Restorative dentistry (operative and prosthodontic) with/without retraction Cord
- Local anesthetic injections (nonintraligamentary)
- Intracanal endodontic treatment; post-placement and buildup
- Placement of rubber dam
- Postoperative suture removal
- Placement of removable prosthodontic/orthodontic appliances
- Taking of oral impressions
- Fluoride treatments
- Taking of oral radiographs
- Orthodontic appliance adjustment

1. Prophylaxis should be considered for patients with total joint replacement that meet the criteria in Table 1. No other patients with orthopaedic implants should be considered for antibiotic prophylaxis prior to dental treatment/procedures.
2. Prophylaxis not indicated.
3. This includes restoration of carious (decayed) or missing teeth.
4. Clinical judgment may indicate antibiotic use in selected circumstances that may create significant bleeding.

Table 3. Suggested Antibiotic Prophylaxis Regimens

- Patients not allergic to penicillin or cephalosporins; cephalexin or amoxicillin, 2 grams orally 1 hour prior to dental procedure.
- Patients not allergic to penicillin or cephalosporins and unable to take oral medications: cefazolin 1 gram or ampicillin 2 grams IM/IV 1 hour prior to the procedure.
- Patients allergic to penicillin or cephalosprins: clindamycin: 600 mg. Orally 1 hour prior to the dental procedure.
- Patients allergic to penicillin or cephalosporins and unable to take oral medications: clindamycin 600 mg. IM/IV 1 hour prior to the procedure.

No second doses are recommended for any of these dosing regimens.

COMMUNITY
HOME
HEALTH

"Let Our Family Take Care of Yours"

918-342-3621 **2000 W Blue Starr Dr** **Claremore, OK 74017** **918-342-4800 Fax**

Dr. Small has referred you to Community Home Health, Inc. for home health services following your surgery and hospital discharge. Community Home Health, Inc. is Dr. Small's preferred choice for post-operative treatment; however, you have the right to decide which home health provider is best for you. If you wish to choose another home health company, we will do everything possible to assist you with that choice communicating referral information. If you have an insurance provider that Community Home Health, Inc. isn't contracted with or you live outside of Community Home Health Inc.'s service area, we will assist you with choosing a provider. Dr. Small views home health as an integral part of your recovery from surgery and our goal is to make that process successful ensuring the transition from the hospital to home is seamless.

An Intake Coordinator/RN Case Manager from Community Home Health, Inc. will contact you the day of or the day after you are discharged from the hospital to let you know when to expect the nurse. If you do not hear from Community Home Health, Inc. by 12:00 pm the day after discharge, please call the Claremore office at 918-923-6908 or our toll-free number 877-342-3621. If you have any question, please do not hesitate to call. We are here to make your recovery as successful and efficient as possible.

1809 E 13th St. Suite 100 -300
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MEDICATION AND PRODUCTS TO BE AVOIDED PRIOR TO SURGERY

****Do not stop taking blood pressure, diabetic, or prescribed medications that are not blood thinners. You will be advised at your pre-op when to stop these medications prior to surgery. If you have any question as to whether it is safe to stop a medication, please check with the prescribing physician.**

Aspirin and other non-steroidal anti-inflammatory drugs (NSAID's), such as Motrin are strong anti-coagulants which can cause bleeding problems in normal individuals.

In addition to these Aspirin- like medications, Vitamins and many herbal supplements (such as Garlic, Ginkgo, Ginseng, Flaxseed, Ginger, Feverfew, Bilberry, Chamomile, Selenium) can cause bleeding or adverse physiologic effects during surgery.

If you are on a blood thinner or antiplatelet medication such as Eliquis, Coumadin (warfarin), Plavix (clopidogrel), Pletal (cilostazol)Pradaxa or Xarelto, **you must stop these medications prior to surgery.** Please follow the prescribing physician's recommendation for stopping the medications. Do not restart blood thinners until your physician advises.

Patients preparing for surgery must stop all sources of Aspirin, Aspirin like products, Vitamins and all Herbal Supplements or Diet Pills for 7 days prior to surgery and 5 days after surgery. Below are a ***FEW OF MANY*** Aspirin-like or Herbal Supplement products to be avoided **prior to surgery.**

Advil
Aggrenox
Aleve
Alka – Seltzers
Anacin
Anaprox
Anadynos
Ansaid
APC
Argesic
Arthropan
Arthrotec
Arthritis Pain Formula
ASA
Ascriptin
Asocdeen-30
Aspergum
Aspirin
Atromid
Axotal
Azolid
Bayer Products
B.C. tablets & powder
Bextra
Bilberry
Bufferin Products
Buffets II
Buffinol
Buf – tabs
Butalbital
Butazolidin
Cama Products
Carisoprodol
Cataflam
Celebrex
Celecoxib
Chamomille
Cheracol
Cilostazol
Clinioril
Clopidogrel
Congesprin Chewable
Compounded Creams
Contac
Cope
Coricidin
Cosprin
Coumadin
Damason P
Darvon
Daypro
Diclofenac
Diet Pills
Diflunisal
Di – agesic
Dipridacot
Dupyridamole
Disalcid
Dolobid
Dolprn
Dong Quai Root
Dristan
Duoprin
Durgesic
Durasal
Easprin
Echinacea
Ecotrin
Eliquis
Emagrin
Emprazil
Empirin with Codeine
Encaprin
Ephedra (Ma – Huang)
Equagesic
Etodolac
Etrafon
Excedrin
Feldene
Fenoprofen
Feverfew
Fiorinal
Fish Oil
Flaxseed
Flurbiprofen
Four Way Cold Tabs
Gaysal-S
Garlic (Allium Sativum)
Gelprin
Gemnisin
Ginger
Ginkgo (Biloba)
Ginseng
Goody's
IBU
Ibuprofen
Indocin
Indomethacin
Ketoprofen
Ketorolac
Lanorinal
Lloresal
Lodine
Magan
Magsal
Marnal
Measurin
Meclotenamate
Meclomen
Mefenamic
Meloxicam
Mendomen
Melomen
Methcarbamol w/Aspirin
Micrainin
Midol
Mobic
Mobidin
Mobigesic
Momentum Backache Formula
Monacet with Codeine
Motrin
Nabumetone
Nalfon
Naprelan
Naprosyn
Naproxen
Neocylate
Norgesic
Novnaproxen
Novodipiradrol
Nuprin
Oraflex
Orudis
Oruvail
Oxaprozin
P – A – C
Pabalate – SF
Pabrin Buffered tabs
Pamprin
Panalgesic
Pamate
Pepto Bismol
Percodan
Persantine
Persistin
Phentermine
Plavix
Pietal
Piroxicam
Ponstel
Relafen
Rivaroxaban
Robaxisal
Rufin
Ru - tess
S – A – C
Salatin
Saleto
Salflex
Salicylamide
Salocol
Salsalate
Selenium
Sine – Aid
Sine – Off Sinus
Sinutab
SK – 65
Soma
Stanback
Stendin
St. John's Wart
St. Joseph Products
Sulindac
Supac
Synalgos – DC
Talwin
Ticlid
Ticlopidine
Tolectin
Tolmetin
Toradol
Triaminicin
Trigesic
Trilisate
Valdecoxib
Valerian
Vanquish
Vitamins
Vivarin
Voltaren
Warfarin
Willow Bark
Xarelto
Yohimbe
Zactrin
Zomax
Zorprin

If you must take something for headache, menstrual cramps, arthritis, or other aches and pains you may take Tylenol (acetaminophen)

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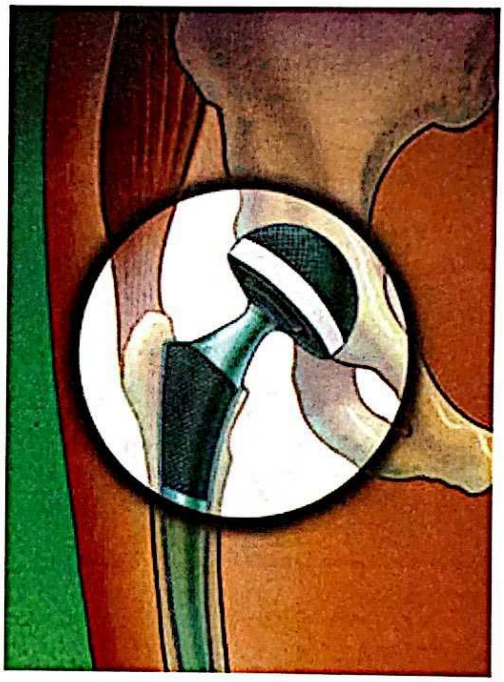
Rehabilitation After Your Total Hip Replacement



Whether you have just begun exploring treatment options or have already decided with your orthopaedic surgeon to undergo hip replacement surgery, this handout will help you understand the benefits and limitations of this orthopaedic treatment. You'll learn how a normal hip works and the causes of hip pain, what to expect from hip replacement surgery and what exercises and activities will help restore your mobility and strength and enable you to return to everyday activities.

If your hip has been damaged by arthritis, a fracture or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. You may even feel uncomfortable while resting.

If medications, changes in your everyday activities, and the use of walking aids such as a cane are not helpful, you may want to consider hip replacement surgery. By replacing your diseased hip joint with an artificial joint, hip replacement surgery can relieve your pain and help you get back to enjoying normal, everyday activities.

First performed in 1960, hip replacement surgery is one of the most important surgical advances of this century. Since then, improvements in joint replacement surgical techniques and technology have greatly increased the effectiveness of this

Rev. 11/18

surgery. Today, more than 168,000 total hip replacements are performed each year in the United States. Similar surgical procedures are performed on other joints, including the knee, shoulder, and elbow.

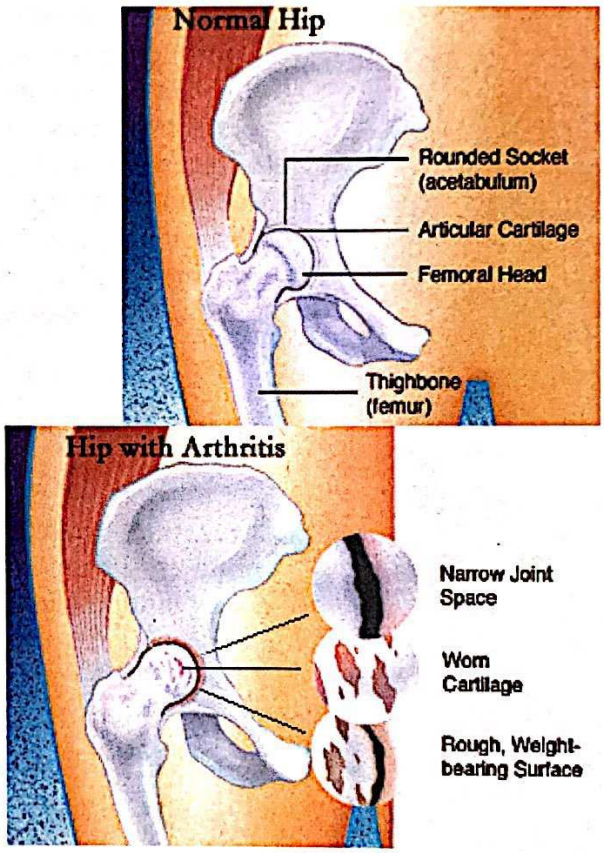
How the Normal Hip Works

The hip is one of your body's largest weight-bearing joints. It consists of two main parts: a ball *(femoral head)* at the top of your thighbone *(femur)* that fits into a rounded socket *(acetabulum)* in your pelvis. Bands of tissue called ligaments connect the ball to the socket and provide stability to the joint.

The bone surfaces of your ball and socket have a smooth durable cover of *articular cartilage* that cushions the ends of the bones and enables them to move easily.

All remaining surfaces of the hip joint are covered by a thin, smooth tissue called *synovial membrane*. In a healthy hip, this membrane makes a small amount of fluid that lubricates and almost eliminates friction in your hip joint.

Normally, all of these parts of your hip work in harmony, allowing you to move easily and without pain.



Common Causes of Hip Pain and Loss of Hip Mobility

The most common cause of chronic hip pain and disability is *arthritis*. *Osteoarthritis, rheumatoid arthritis,* and *traumatic arthritis* are the most common forms of this disease.

Osteoarthritis usually occurs after age 50 and often in an individual with a family history of arthritis. In this form of the disease, the articular cartilage cushioning the bones of the hip wears away. The bones then rub against each other, causing hip pain and stiffness.

Rheumatoid Arthritis is a disease in which the synovial membrane becomes inflamed, produces too much synovial fluid, and damages the articular cartilage, leading to pain and stiffness.

Traumatic Arthritis can follow a serious hip injury or fracture. A hip fracture can cause a condition known as avascular necrosis. The articular cartilage becomes damaged and, over time, causes hip pain and stiffness.

Is Hip Replacement Surgery for You?

The decision whether to have hip replacement surgery should be a cooperative one between you, your family, your primary care doctor, and your orthopaedic surgeon. The process of making this decision typically begins with a referral by your doctor to an orthopaedic surgeon for an initial evaluation. While most patients who undergo hip replacement surgery are age 60 to 80, orthopaedic surgeons evaluate patients individually. Recommendations for surgery are based on the extent of your pain, disability, and general health status, not solely on age. You may benefit from hip replacement surgery if:

- Hip pain limits your everyday activities such as walking, bending.
- Hip pain continues while resting, either day or night
- Stiffness in a hip limits your ability to move or lift your leg.
- You have little pain relief from anti-inflammatory drugs.
- You have harmful or unpleasant side effects from your hip medications.
- Other treatments such as physical therapy don't relieve hip pain.

What to Expect from Hip Replacement Surgery

An important factor in deciding whether to have hip replacement surgery is understanding what the procedure can and can't do.

The vast majority of individuals who undergo hip replacement surgery experience a dramatic reduction of hip pain and a significant improvement in their ability to perform the common activities of daily living. However, hip replacement surgery will not enable you to do more than you could before your hip problem developed.

Following surgery, you will be advised to avoid certain activities for the rest of your life including jogging and high-impact sports.

Even with normal use and activities, an artificial joint *(prosthesis)* develops some wear over time. If you participate in high-impact activities or are over-weight, this wear may accelerate and cause the prosthesis to loosen and become painful.

Preparing for Surgery

Medical Evaluation If you decide to have hip replacement surgery, you may be asked to have a complete physical by your primary care doctor before your surgery. This is needed to assess your health and find conditions that could interfere with your surgery or recovery.

Tests Several tests, such as blood samples, a cardiogram, chest X-rays, and urine sample may be needed to help plan your surgery.

Preparing Your Skin Your skin should not have any infections or irritations before surgery. If either are present, contact your orthopaedic surgeon for a program to improve your skin before your surgery.

Blood Donations You may be advised to donate your own blood prior to surgery. It will be stored in the event you need blood after surgery. ***Medications*** Tell your orthopaedic surgeon about the medications you are taking. Your orthopaedist or your primary care doctor will advise you which medications you should stop or can continue taking before surgery.

Weight Loss If you are overweight, your doctor may ask you to lose some weight before surgery to minimize the stress on your new hip.

Dental Evaluation Although infections after hip replacement are not common, an infection can occur if bacteria enter your bloodstream. Since bacteria can enter the bloodstream during dental procedures, treatment of significant dental diseases (including tooth extractions and periodontal work) should be considered before your hip replacement surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.

Urinary Evaluation A urological evaluation before surgery should be considered by individuals with a history of recent or frequent urinary infections. Older men with prostate disease should consider a urologic evaluation and treatment before having hip replacement surgery.

Social Planning Although you will be able to walk with crutches or a walker soon after surgery, you will need some help for several weeks with such tasks as cooking, shopping, bathing, and laundry. If you live alone, your surgeon's office, a social worker, or a discharge planner at the hospital can help you make advance arrangements to have someone assist you at your home. A short stay in an extended care facility during your recovery after surgery also may be arranged.

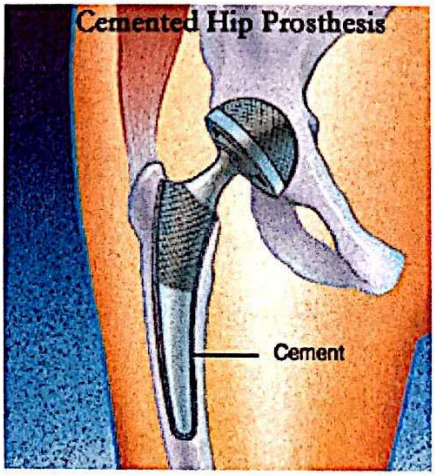
Home Planning

Here are some items and home modifications that will make your return home easier during your recovery.

- Securely fastened safety bars or handrails in your shower or bath.
- Secure handrails along all stairways.
- A stable chair for your early recovery with a firm seat cushion that allows your knees to remain lower than your hips, a firm back, and two arms.
- A raised toilet seat.
- A stable shower bench or chair for bathing.
- A long-handled sponge and shower hose.
- A dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending your new hip.
- A reacher that will allow you to grab objects without excessive bending of your hips.
- Firm pillows to sit on that keep your knees lower than your hips for your chairs, sofas, and car.
- Removal of all loose carpets and electrical cords from the areas where you walk in your home.

Your Surgery

You will most likely be admitted to the hospital on the day of your surgery. After admission, you will be evaluated by a member of the anesthesia team. The most common types of anesthesia for hip replacement surgery are *general anesthesia* (which puts you to sleep throughout the procedure) or *spinal anesthesia* (which allows you to be awake but anesthetizes your body from the waist down). The anesthesia team will discuss these choices with you and help you decide which type of anesthesia is best for you.



Your Stay in the Hospital

You will stay in the hospital for a few days. After surgery, you will feel pain in your hip. Pain medication will be given to make you as comfortable as possible.

To avoid lung congestion after surgery, you will be asked to breathe deeply and cough frequently.

To protect your hip during early recovery, a positioning splint, such as a V-shaped pillow placed between your legs, may be used.

Walking and light activity are important to your recovery and will begin the day after your surgery. Most hip replacement patients begin standing and walking with the help of a walking support and a physical therapist the day after surgery. The physical therapist will teach you specific exercises to strengthen your hip and restore movement for walking and other normal daily activities.

Summary of Your Hospital Stay

Day One (After Surgery)

- Foley Catheter will be removed
- Pain pump will be discontinued and you will receive pain pills for pain
- You will get up with the assistance of Physical Therapy
- You will learn hip precautions:

Day Two to Three

- Your Dressing will be changed
- If your drain was not removed Day One after Surgery it will be taken out
- You will continue to work with Physical Therapy
- You will be discharged to home or sent to Inpatient Rehabilitation

Your Recovery at Home

The success of your surgery will depend in large measure on how well you follow your orthopaedic surgeon's instructions regarding home care during the first few weeks after surgery

Wound Care You will have stitches or staples running along your wound or a suture beneath your skin. The stitches or staples will be removed about two weeks after surgery.

Avoid getting the wound wet until it has thoroughly sealed and dried. A bandage may be placed over the wound to prevent irritation from clothing or support stockings.

Diet Some loss of appetite is common for several weeks after surgery. A balanced diet, often with an iron supplement, is important to promote proper tissue healing and restore muscle strength. Be sure to drink plenty of fluids.

Activity

Exercise is a critical component of home care, particularly during the first few weeks after surgery. You should be able to resume most normal light activities of daily living within three to six weeks following surgery. Some discomfort with activity, and at night, is common for several weeks.

Your activity program should include:

- A graduated walking program initially in your home and later outside.
- Walking program to slowly increase your mobility and endurance.
- Resuming other normal household activities.
- Resuming sitting, standing, walking up and down stairs.
- Specific exercises several times a day to restore movement.
- Specific exercises several times a day to strength your hip joint.
- May wish to have a physical therapist help you at home.

Avoiding Falls

A fall during the first few weeks after surgery can damage your new hip and may result in a need for more surgery. Stairs are a particular hazard until your hip is strong and mobile. You should use a cane, crutches, a walker, or handrails, or have someone help you until you improve your balance, flexibility and strength.

Your surgeon and physical therapist will help you decide what assistive aides will be required following surgery, and when those aides can safely be discontinued.

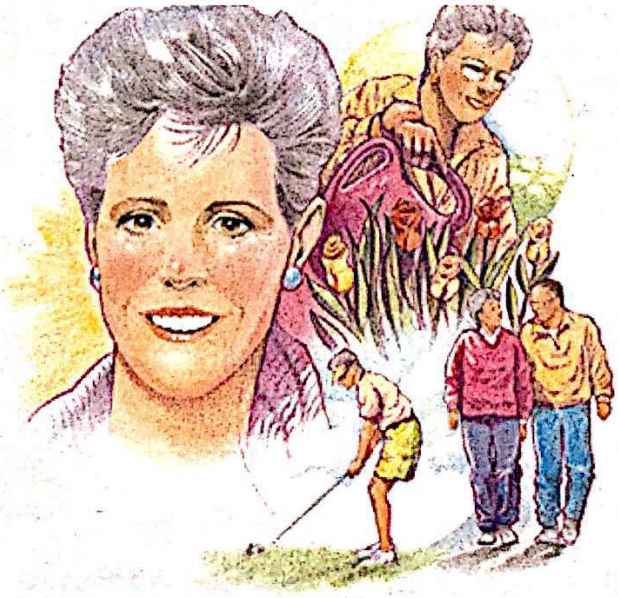
How Your New Hip is Different

You may feel some numbness in the skin around your incision. You also may feel some stiffness, particularly with excessive bending. These differences often diminish with time and most patients find these are minor compared to the pain and limited function they experienced prior to surgery.

Your new hip may activate metal detectors required for security in airports and some buildings. Tell the security agent about your hip replacement if the alarm is activated.

After surgery, make sure you also do the following:

Participate in a regular light exercise program to maintain proper strength and mobility of your new hip. Take special precautions to avoid falls and injuries. Individuals who have undergone hip replacement surgery and suffer a fracture may require more surgery. Notify your dentist that you have had a hip replacement. You should be given antibiotics before all dental surgery for the rest of your life. See your orthopaedic surgeon periodically for routine follow-up examinations and X-rays.

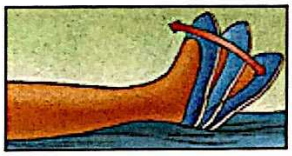


Total Hip Replacement Exercise Guide

Regular exercises to restore your normal hip motion and strength and a gradual return to everyday activities are important for your full recovery. Your orthopaedic surgeon and physical therapist may recommend that you exercise 20 to 30 minutes 2 or 3 times a day during your early recovery. They may suggest some of the following exercises. This can help you better understand your exercise and activity program.

Early Postoperative Exercises

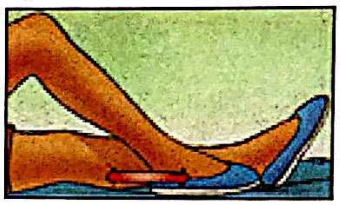
These exercises are important for increasing circulation to your legs and feet to prevent blood clots. They also are important to strengthen muscles and to improve your hip movement. You may begin these exercises in the recovery room shortly after surgery. It may feel uncomfortable at first but these exercises will speed your recovery and reduce your postoperative pain. These exercises should be done as you lie on your back with your legs spread slightly apart.



Ankle Pumps - Slowly push your foot up and down. Do this exercise several times as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.

Ankle Rotations - Move your ankle inward toward your other foot and then outward away from your other foot. Repeat 5 times in each direction 3 or 4 times a day.

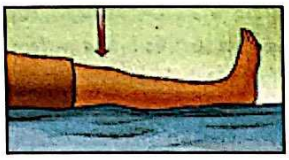
Repeat the following three exercises 10 times 3 or 4 times a day



Bed-Supported Knee Bends - Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.

Buttock Contractions - Tighten buttock muscles and hold to a count of 5.

Abduction Exercise - Slide your leg out to the side as far as you can and then back.



Quad Set - Tighten your thigh muscle. Try to straighten your knee. Hold for
5 to 10 seconds. Repeat this exercise 10 times during a 10-minute period.
Continue until your thigh feels fatigued.

Straight Leg Raises - Tighten your thigh muscle with your knee fully
straightened on the bed. As your thigh muscle tightens, lift your leg several
inches off the bed. Hold for 5 to 10 seconds. Slowly lower. Repeat until your
thigh feels fatigued.

Standing Exercises - Soon after your surgery, you will be out of bed and able to stand. You will require help since you may become dizzy the first several times you stand. As you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding on to a firm surface such as a bar attached to your bed or a wall.

Repeat the following exercises 10 times 3 or 4 times a day

Standing Knee Raises - Lift your operated leg toward your chest. Do not lift
your knee higher than your waist. Hold for 2 or 3 counts and put your leg down.

Standing Hip Abduction - Be sure your hip, knee and foot are pointing straight
forward. Keep your body straight. With your knee straight, lift your leg out to the
side. Slowly lower your leg so your foot is back on the floor.

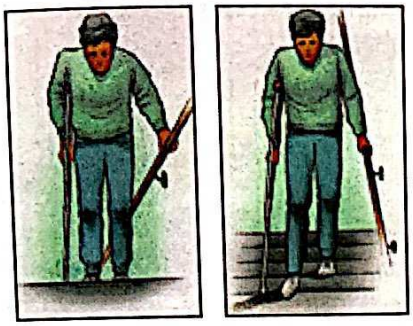
Standing Hip Extensions - Lift your operated leg backward slowly. Try to
keep your back straight. Hold for 2 or 3 counts. Return your foot to the floor.

Walking and Early Activity

Soon after surgery, you will begin to walk short distances in your hospital room and perform light everyday activities. This early activity helps your recovery by helping your hip muscles regain strength and movement.

Walking with Walker — Full Weight Bearing - Stand comfortably and erect with your weight evenly balanced on your walker or crutches. Move your walker or crutches forward a short distance. Then move forward, lifting your operated leg so that the heel of your foot will touch the floor first. As you move, your knee and ankle will bend and your entire foot will rest evenly on the floor. As you complete the step allow your toe to lift off the floor. Move the walker again and your knee and hip will again reach forward for your next step. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor. Try to walk as smoothly as you can. Don't hurry. As your muscle strength and endurance improve, you may spend more time walking. Gradually, you will put more and more weight on your leg.

Walking with Cane or Crutch - A walker is often used for the first several weeks to help your balance and to avoid falls. A cane or a crutch is then used for several more weeks until your full strength and balance skills have returned. Use the cane or crutch in the hand opposite the operated hip. You are ready to use a cane or single crutch when you can stand and balance without your walker, when your weight is placed fully on both feet, and when you are no longer leaning on your hands while using your walker.



Stair Climbing and Descending - The ability to go up and down stairs requires both flexibility and strength. At first, you will need a handrail for support and you will only be able to go one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember "up with the good" and "down with the bad." You may want to have someone help you until you have regained most of your strength and mobility. Stair climbing is an excellent strengthening and endurance activity. Do not try to climb steps higher than those of the standard height of seven inches and always use the handrail for balance.

Advanced Exercises and Activities

A full recovery will take many months. The pain from your problem hip before your surgery and the pain and swelling after surgery have weakened your hip muscles. The following exercises and activities will help your hip muscles recover fully. These exercises should be done in 10 repetitions four times a day with one end of the tubing around the ankle of your operated leg and the opposite end of the tubing attached to a stationary object such as a locked door or heavy furniture. Hold on to a chair or bar for balance.

Elastic Tube Exercises

Resistive Hip Flexion - Stand with your feet slightly apart. Bring your operated leg forward keeping the knee straight. Allow your leg to return to its previous position.

Resistive Hip Abduction -Stand sideways from the door and extend your operated leg out to the side. Allow your leg to return to its previous position.

Resistive Hip Extensions - Face the door or heavy object to which the tubing
is attached and pull your leg straight back. Allow your leg to return to its previous
position.

Exercycling - Exercycling is an excellent activity to help you regain muscle strength and hip mobility. Adjust the seat height so that the bottom of your foot just touches the pedal with your knee almost straight. Pedal backwards at first. Pedal forward only after comfortable cycling motion is possible backwards. As you become stronger (at about 4 to 6 weeks) slowly increase the tension on the exercycle. Exercycle forward 10 to 15 minutes twice a day, gradually building up to 20 to 30 minutes 3 to 4 times a week.

Walking - Take a cane with you until you have regained your balance skills. In the beginning, walk 5 or 10 minutes 3 or 4 times a day. As your strength and endurance improves, you can walk for 20 or 30 minutes 2 or 3 times a day. Once you have fully recovered, regular walks, 20 or 30 minutes 3 or 4 times a week will help maintain your strength.