

WHAT CAN I DO TO PREVENT A BLOOD CLOT?

Take the prescribed medication, perform ankle pumps and walk hourly during the day.

HOW LONG WILL MY NEW JOINT LAST? WHAT CAN I DO TO MAXIMIZE THE IMPLANT LIFE?

Most implants last 20 years; however, some may wear out and loosen over time. To minimize risk, keep your weight in normal range, maintain an active lifestyle and avoid high impact activities.

WHEN WILL I BE ABLE TO DRIVE MY CAR?

It will depend on which limb is affected and how well you are functioning. You should not drive while taking pain medication. Consult with your surgeon or therapist.

WHEN CAN I TRAVEL?

You can travel when you feel comfortable. Remember to stretch and walk at least once an hour and do your ankle pumps while sitting to avoid blood clots.

WILL I BE ABLE TO RESUME MY ACTIVITIES AFTER SURGERY WITHOUT HURTING MY NEW JOINT?

You can resume low impact activities such as walking, swimming, and golfing after you heal. Consult with your surgeon or therapist if you have questions about specific sports.

HOW DO I MANAGE THE SURGICAL SWELLING AT HOME?

Rest, ice, ankle pumps and elevation will help reduce swelling. When you elevate, be sure your arm/leg is above the level of your heart. Do not sit for prolonged periods with your legs down.

HOW LONG WILL I BE ON A BLOOD THINNER?

Depending on your medical history, you may be on a blood thinner for 3-6 weeks after surgery.

WILL I HAVE PAIN?

- All patients will have pain/discomfort after surgery. Our goal is to help manage your pain. You will have access to medications that have been ordered by your physician. Other methods we use for pain control are ice, repositioning, activity, aromatherapy, music or anything you have found helpful at home. You will be asked to rate your pain on a scale of 0-10 (10 being worst). We will also ask that you share a comfort goal that you feel is tolerable. Most patients find a goal of 4-5 acceptable after surgery. Your physician will determine which type of pain medication is best for you. Please notify your nurse if your pain is not controlled by the medications we are using
- When you begin physical therapy, you should ask for a pain pill ½ hour before your session.
- Movement is the best cure for pain. Moving increases blood flow to your new joint.

WHEN CAN I START EATING AFTER SURGERY?

Your diet will progress from clear broth or juice to your normal diet as soon as you are able to tolerate it.

DO I NEED ANTIBIOTICS BEFORE DENTAL WORK OR INVASIVE MEDICAL PROCEDURES, SUCH AS A COLONOSCOPY?

You should inform your dentist and doctor about your joint replacement prior to any cleanings or procedures. They will determine if preventative antibiotic therapy is needed.

WILL I HAVE TROUBLE SLEEPING AFTER SURGERY?

To help return to your “normal” sleeping, make sure to stay active during the day, avoid long naps, and take your pain medicine as needed to sleep. Expect to be tired for at least a month.

WILL I BE ABLE TO GO HOME ALONE?

We strongly recommend having someone stay with you for at least 3 days and 3 nights after discharge from the hospital. We believe family/friend support is essential to a safe recovery. At preoperative class, you will have an opportunity to speak with the Center for Joint Success staff. A case manager on the orthopedic unit at the hospital will be available to help you arrange your discharge plans. Each discharge is evaluated on an individual’s circumstances and progress.

WHAT ARE THE SIGNS AND SYMPTOMS OF AN INFECTION?

Signs that should be reported to your surgeon include increased drainage, fever, pain, redness and swelling around the incision. Some swelling and redness is normal, but please call your doctor if this is becoming worse. Low grade fevers are normal. Call when this fever is greater than 100.5 degrees. Your joint may be warm to the touch for a period of time after surgery. If this warmth is increasing or associated with a fever and worsening redness, call your physician. You will be swollen for 4-6 weeks. Swelling will come and go for up to the first year. Be sure to ice and elevate as instructed.

WHAT KIND OF ACTIVITIES WILL I BE DOING IN THE HOSPITAL AND HOW LONG?

- You will take deep breaths and hold them for 5-10 seconds or cough and deep breathe after surgery to exercise your lungs.
- As soon as possible, you will start a walking and exercise program. You will attend physical therapy for exercises and walking instructions twice a day. You will use a walker or crutches. As you gain independence, you will be expected to walk in the hallway 2-3 times a day.
- You will be out of bed for most of your day.
- Because of your new joint and movement restrictions, you will need occupational therapy to teach you to get dressed safely and comfortably.

WHAT IS OSTEOARTHRITIS AND WHY DOES MY JOINT HURT?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

WHAT ARE THE MAJOR (RISKS) BARRIERS TO HEALING?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection. Stay healthy and get your vaccinations.

WHAT IF I LIVE ALONE?

You may return home and receive help from a relative or friend. Other options will need to be discussed individually with you and your case manager. Having benefits does not assure this will be covered; you will still need to meet criteria.

WILL I NEED PHYSICAL THERAPY WHEN I GO HOME?

Yes, you will continue the exercises you learned during your hospital stay. Your physician may order outpatient physical therapy. The Center for Joint Success team will discuss options for outpatient physical therapy at class. You may want to arrange your first few visits with the location of your choice to assure availability. Typically, you go to an outpatient facility three times a week for 3 weeks to assist in your rehabilitation. The length of time for this type of therapy varies with each patient, but is around 30-45 minutes.

WILL I SET OFF SECURITY SENSORS?

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure.

HOW OFTEN WILL I NEED TO BE SEEN BY MY ORTHOPEDIC DOCTOR FOLLOWING SURGERY?

You will be seen for your first post-operative office visit in approximately 2 weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at 6-12 weeks, 6 months, and then regularly per your surgeon's request.

HOW LONG WILL I NEED TO USE MY WALKER?

Depending on your post-op progress, you should be able to graduate from a walker to a cane in 2-4 weeks and to independent walking within 4-8 weeks. Your surgeon or therapist will help guide this change based on your individualized progress.

HOW LONG WILL I BE IN THE HOSPITAL?

Plan to go home the day after surgery.

HOW WILL I BE ABLE TO GET TO THE BATHROOM?

You will progress to walking to the bathroom with the assistance of nursing staff and a walker or crutches. You will begin moving the day of surgery. Always call for help.

WHAT KIND OF EQUIPMENT WILL I NEED AT HOME?

- A walker or crutches and a raised toilet seat if you do not have an elevated toilet at home.
- Your therapist will discuss options/assist you in getting this equipment.
- Frequently purchased items include: a grabber, sock aid, and shoe horn.

Please borrow these items if you are willing or able. Do not purchase any items until after your surgery and your therapist has made recommendations to be sure there are no problems with insurance/medicare coverage and returning of personal care items.

Center for Joint Success

General FAQs for Anterior Hip Replacement

SANFORD
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WHEN CAN I GO HOME?

Two days after surgery you will be discharged from the hospital. You will leave with prescriptions, a return appointment date to see your orthopedic physician and activity and exercise instructions.

- Before you leave you will be able to:
- Get in and out of bed and a chair with little or no assistance
- Walk using crutches or a walker with little or no assistance
- If you are unable to return home to your usual daily activities, the following may be options:
- Home health care provider
- Homemaker service
- Meals on wheels
- Skilled care such as local hospital, nursing home or rehab center (qualifying for these options will be determined in the hospital after your surgery). Having benefits for these options does NOT guarantee qualifying for these benefits.

Your physician will determine your outpatient therapy needs. The Van Demark building located on the Sanford campus is available for your outpatient therapy needs, but you may choose a different location. You will need to contact your choice location to arrange your first therapy session.

WHEN CAN I RESUME INTIMATE ACTIVITY?

Resume sexual activity as comfort allows. Avoid extreme flexion of the joint or dominant positions until fully recovered.

HOW LONG AND WHERE WILL MY SCAR BE?

There are a number of different techniques used for joint replacement surgery. The type of technique will determine the exact location and length of the scar. The anterior approach is to make an incision, length-wise, over the front of the hip. Typically incisions are 4-6 inches, but will vary based on approach, patient body size and shape. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time. Your surgeon will discuss which type of approach is best for you.