



# Total Hip Replacement

Education

## WELCOME TO BAYFRONT MEDICAL CENTER

You have decided to proceed with your total hip replacement surgery at Bayfront Medical Center. This booklet is designed to inform you of what to expect before, during and after your surgery. Every patient is different and this is simply a guide to help prepare you and your family for your operation and recovery.

## BEFORE ADMISSION

- Complete all tests and doctor visits as instructed by your orthopedic surgeon.
- Obtain a walker per your surgeon's recommendation. You may buy one at a medical supply company or ask your orthopedic surgeon for a prescription.
- Practice using your walker at home.
- Move furniture and make modifications in your home to accommodate the walker.

## DAY OF SURGERY

When you arrive at the hospital, report to the Admitting Department. Once all of your paperwork is completed, you will be directed to the Pre-Op Unit. When it is time for your surgery, you will be taken by stretcher to the operating room. Your family can wait for you in the 2<sup>nd</sup> floor surgery waiting room. Knee replacement surgery usually takes 2 - 4 hours.

## AFTER SURGERY

You will wake up from your anesthesia in the recovery room. You will typically spend 1-2 hours here, being closely monitored by our nurses. You will receive pain medication, usually through an IV. You may also receive medication for nausea. Be sure to tell your nurse if you are in pain or feeling sick. When you fully recover from the effects of anesthesia, you will be taken to your in-patient room on the orthopedic floor.

Depending on age and/or medical history, some patients may have to spend the night in ICU for closer monitoring. This will be determined in the recovery room and your family will be informed of such by the surgeon or nursing staff. Family cannot visit you in the recovery room, but can see you when you are transferred to the floor.

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## WHAT CAN I EXPECT AFTER LEAVING THE RECOVERY ROOM?

- You will be transferred to an in-patient room and greeted there by the nursing staff. A frame will be placed on your bed to make it easier to move around. You will receive oxygen through a small tube placed in your nose. Most patients will have a urinary catheter, which is a small tube used to drain urine from your bladder. You will still have an IV in your arm to administer fluids and antibiotics.
- You will have elastic stockings (TEDs) on your legs, as well as inflatable stockings called SCDs on one or both of your legs. These help with circulation and prevention of blood clots. You will have a dressing on your hip and possibly a drain coming from your leg. The drain collects any excess blood from your operative site. Many patients also have an ice bag placed at the operative site.
- You will be given a device called an Incentive Spirometer to assist you with breathing. The nursing staff or respiratory therapist will teach you how to use it for deep breathing exercises. You should try to use it 10 times per hour when awake.
- You will be offered ice chips to start with, then water. If you are not nauseated, the nurses will advance your diet. Please let them know if you follow any special diet.
- Each surgeon manages pain differently. Discuss options with your nurse or surgeon.
- Some patients require a blood transfusion after surgery due to blood loss. Every effort is made to minimize this. However, blood loss is common during hip surgery.
- The usual hospital stay for a total hip replacement is 3 – 4 days. Depending on your progress, you will either go home or move to the next level of care. The nursing staff, physical therapist, social worker, and surgeon will discuss this with you and your family.

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## SCHEDULE FOR YOUR HOSPITAL STAY

### DAY 1:

- The physical therapist will get you out of bed. You may only get to an armchair on your first try. Stay sitting for at least 30 minutes to an hour. The physical therapist or nurse will assist you back to bed. You should continue the leg exercises that you began at home.
- Most patients will receive a blood thinner to help prevent blood clots. This may be a pill or a small injection in your abdomen. Most patients will receive a multivitamin and a stool softener. Laxatives are also available.
- Continue to discuss your pain management plan with your surgeon and your nurse.
- Discharge planning begins with the social worker, nurses, and your surgeon.

### DAY 2:

- You will continue with the exercise program designed by you and your physical therapist.
- You should be able to walk out into the hall. Continue to do your leg exercises when in bed.
- Your catheter should come out today, if it was not done on day one. Now you should use a bedpan/urinal or the bathroom/bedside commode.
- You will continue taking a blood thinner and prescribed medication.
- Use your incentive spirometer every hour while awake to help prevent lung complications.
- Social work will be in to discuss discharge plans. If you are discharged home, we strive to have you discharged by 11 am so you'll have time to get settled at home and have your prescriptions filled.

### DAY 3:

- This is generally similar to day two.
- Most patients are now on oral pain pills rather than injections.
- You should still wear your two sets of stockings when in bed and do your exercises.
- Continue to use your incentive spirometer every hour while you are awake.
- Drink plenty fluids and your IV may be disconnected.
- You may be transferred to the next level of care today. If going home, begin making plans for transportation for the next morning and social work will continue to help with the arrangements for services or equipment needed.

### DAY 4:

- Therapy progresses. You will stay out of bed longer and walk further.
- Most likely, you will go home today. However, you have to be independent and safe getting out of bed and walking to be discharged home. You may be seen by an Occupational Therapist before you leave. Equipment will have to be ordered per your surgeon's order and arrangements completed before going home.
- You may be transferred to the next level of care if you're not ready to go home.

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## WHAT HAPPENS AFTER DISCHARGE?

If you are not discharged, and go to the next level of care at the hospital, you will continue to work with the therapy and nursing staff. You will continue strengthening your body, increasing the distance you can walk, and lengthening the amount of time you can stay out of bed. When the therapists feel that you are independent and safe, you will be discharged home.

When you are discharged home, written instructions will be given to you and/or your family.

After you return home, you may receive a mailed patient satisfaction survey. Your comments and feedback are vital to our continual quality improvement. Please complete the survey and return to the hospital as soon as you can. We value our patients' input and strive to provide quality healthcare for all we serve.

Should you have any questions, or wish to visit any of the units, please do not hesitate to contact us.

Diane Davis, RN  
Rob Stamey

Manager Orthopedic Unit  
Manager Therapy Department

727-893-6592  
727-893-6864

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## CHECKLIST FOR COMING TO THE HOSPITAL

- Obtain walker (speak to your surgeon about whether the walker should have wheels).
- Compile a list of your medications and bring to the hospital. **DO NOT** bring medications.
- Pack bag. Bring a pair of comfortable, sturdy non-slip shoes. Also bring copies of your insurance cards and advance directives (living will, health care surrogate, power of attorney). You may want to pack something to read and do bring personal care items that are not supplied by the hospital, such as a hair brush, denture paste, contact lens cleaner, makeup, hearing aid batteries, etc. **DO NOT** bring jewelry, credit cards or large amounts of cash. Leave them at home. Bring loose fitting clothes like shorts and t-shirts.
- Take a bath or shower the night before surgery.
- **DO NOT** eat or drink anything after midnight the night before surgery, except for any medications your doctor told you to take.
- **DO NOT** use any lotions, powders or colognes on the day of surgery.
- **DO NOT** wear makeup, lipstick or nail polish the day of surgery.

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