Let the breakthroughs continue.
RoseOrthoSpine.com

HIP REPLACEMENT
ANTERIOR APPROACH
MISSION
Above all else, we are committed to the care and improvement of human life.

USING THIS GUIDEBOOK
This book is an important part of your preparation for and recovery from surgery. You will find a checklist at the front of this book that will help you ensure all steps are completed prior to your surgery date. Following the checklist, each section is designed to help you and your family understand your joint replacement surgery. Please bring this guidebook to all your physician and hospital appointments. Refer to it often, and please ask questions!

IMPORTANT PHONE NUMBERS
Orthopedic & Spine Center Patient Navigator: 303-320-2153
Surgical Readiness Department: 303-320-7100
Director of Rose Orthopedic & Spine Center: 303-204-3499
Orthopedic & Spine Center Nursing Unit: 303-320-7200
Orthopedic & Spine Center Nurse Manager: 303-320-2866
Rose Medical Center Main Operator: 303-320-2121
Pre-registration Center: 303-320-2798
INTRODUCTION TO THE ROSE ORTHOPEDIC & SPINE CENTER

Most patients arrive at the decision to have joint replacement surgery after months—sometimes years—of pain and discomfort. Numerous steps, processes and questions follow such a decision, and we understand that patients want to be as informed as possible both before and after the operation.

This book is a comprehensive guide to joint replacement surgery at the Rose Orthopedic & Spine Center and aims to ensure you are prepared for the weeks before and after your procedure. We’ve found that well-informed patients feel more comfortable when they know what lies ahead, which can result in more success in recovery. Please consider this book your go-to resource and bring it with you to appointments with your surgeon, educational visits at the hospital and even on the day of your surgery.

Inside you will find lots of helpful information. We’ve included checklists to help you stay organized from the moment you decide to have surgery all the way to full recovery. We’ll explain what you can expect and offer guidance every step of the way. From procedural explanations to parking instructions, we have you covered.

We will highlight the roles and responsibilities of every member of your care team to help you understand everyone’s roles and how they’ll be contributing to your progress. This team of specially trained experts is here to make sure your operation is safe and successful, your recovery is guided and your experience is pleasant.

This guidebook also includes an overview of your upcoming surgical experience designed to put your mind at ease and give you an inside look at what will happen on the day of your surgery. We’ll explain the common medications that may be prescribed to you as well as some of the equipment we will use to successfully perform your surgery and monitor your condition after the procedure. You’ll also find information on managing pain and achieving comfort.

Once you leave the hospital, we’ll guide you through physical and occupational therapy. We’ll help you navigate your first weeks at home and teach you how to decrease post-surgery risks so that you are in a position to recover quickly. This guide will help you plan ahead for the day you are discharged, teach you how to use assistive equipment during recovery and offer tips and advice to loved ones participating in your care.

When you choose the Rose Orthopedic & Spine Center for your joint replacement surgery, you are putting your trust in our surgeons, staff and facilities, and we take that trust very seriously. This guidebook is just one of the ways we want to show you that you’ve made the right decision.

The Rose Orthopedic & Spine Center: Let the breakthroughs continue.
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TAB ONE
CHECKLIST

When You Have Decided to Have Surgery:

[ ] Pre-register and document medical history online at the MyHealthOne Patient Portal RoseMed.com/MyHealthOne or by calling 303-320-2798

[ ] Schedule a visit with the Surgical Readiness Department at Rose at by calling 303-320-7100 or the Rose Orthopedic & Spine Center Patient Navigator at 303-320-2153

[ ] Take the joint replacement class offered in person or online. See the class schedule at RoseMed.com/service/preoperative-class or call the Patient Navigator at 303-320-2153

[ ] Arrange a ride to and from the hospital

[ ] Begin upper body strengthening (See Tab Four: Life at Home)

[ ] Arrange pre-operative medical clearance as instructed by your surgeon; this must be done within 30 days of surgery

[ ] Obtain a temporary handicapped parking permit from your surgeon’s office

[ ] Visit RoseMed.com/ortho-spine-education to view the extensive educational videos we have prepared to help make you feel comfortable with the surgical and recovery process at Rose, including what to expect, physical/adaptive therapy, medication information and more

[ ] Download the RoseMed app (currently available for Apple devices only) from the Apple App Store; search for rosemed (all one word). The RoseMed app provides easy access to information you need to know during and after your stay at Rose, including patient education, videos from your surgeon, custom physical therapy videos and much more.

Two Weeks Before:

[ ] Make arrangements for pets

[ ] [If you haven’t already] Schedule a visit with the Surgical Readiness Department at Rose at by calling 303-320-7100 or the Rose Orthopedic & Spine Center Patient Navigator at 303-320-2153

[ ] [If you haven’t already] Schedule attendance at the pre-op joint replacement class at Rose (call 303-320-2153 to sign up) or access it virtually at RoseMed.com/service/preoperative-class

[ ] Prepare your house: Remove any fall hazards from your home including rugs, cords and furniture that might make navigation difficult and make sure items you use often will be easily accessible and within reach

[ ] Arrange home help: Whether from family or friends, make sure you have assistance for your recovery

One Week Before:

[ ] Complete the home medication list: Be sure to include herbal supplements and other supplements (See Forms Section) and bring filled out form with you to your Surgical Readiness Visit and the pre-op visit with your surgeon

[ ] Complete the Hibiclens® Checklist (See Forms Section)

[ ] Confirm your ride to and from the hospital
[ ] [If you haven’t already] Conduct visit with Rose’s Surgical Readiness Department

[ ] [If you haven’t already] Schedule a visit with the Surgical Readiness Department at Rose at 303-320-7100 or the Rose Orthopedic & Spine Center Patient Navigator at 303-320-2153

[ ] Complete your pre-operative survey; this is mandated by the U.S. Government (See the Forms Section)

[ ] Prepare meals for the first week after you return home

**Last Minute Checklist:**

The 24 hours before surgery will be busy. Please use this checklist to make sure you remember everything.

[ ] Finalize travel arrangements: Discharge times vary so please request your ride be available throughout your day of discharge

[ ] Finalize home help arrangements: This includes someone to help you with meal preparation, errands, getting to appointments and doing household tasks

[ ] **Do not** shave the area on which you will have surgery

[ ] **Do not** eat or drink anything after the time instructed by the anesthesiologist or hospital staff

[ ] **Do not** wear lipstick, makeup, perfumes, powders, deodorants or lotions on the day of surgery

[ ] Bring a list of current medications: Be sure to include medication name, frequency and time of day taken (See Forms Section)

Pack your hospital bag to include:

[ ] This patient guidebook

[ ] Toothbrush and toothpaste

[ ] Hearing aids and extra batteries

[ ] Shaving equipment for after surgery

[ ] Hair brush and comb

[ ] Glasses, contact lenses and solution

[ ] Comfortable shoes with backs, no heels and no laces (preferably slip-on)

[ ] Knee-length robe, gown or loose fitting pajamas

[ ] Loose fitting shorts or athletic pants and a t-shirt

Bring the following items for family or friends to hold on to:

[ ] Government issued photo ID

[ ] Credit card if you plan on using our on-campus Walgreens for bedside delivery of prescription medications at discharge

[ ] Personal electronics if you wish; please note these cannot be locked in your room and should be held by your family or friends

[ ] Rose Medical Center recommends leaving valuables such as cash and jewelry at home
Q: What is total hip replacement surgery?
A: Your hip joint is composed of two parts: the round head of the femur (the ball) and the acetabulum (the cup or socket in your pelvis). In a normal hip joint, these two bones are coated with smooth articular cartilage that allows them to move against each other without friction or pain. In an arthritic hip, the cartilage layers are destroyed and bone rubs against bone causing pain and limited motion.

Hip replacement surgery replaces your arthritic hip joint with an artificial joint composed of a ball component and a socket component. The ball is attached to a stem that fits into your thighbone. This component can be cemented or non-cemented depending on your age and the condition of your bone. The majority of hips are not cemented.
A plastic liner with an outer metal shell is secured into your pelvis to replace the socket. A combination of a cemented ball and a non-cemented socket also may be used.

Q: How long will a joint replacement last?
A: The amount of time varies from patient to patient. However, with advancing technology, the life expectancy for these implants continues to increase. There are other factors that affect the longevity of your new joint such as your age, weight, activity level and medical conditions.

Q: What are the major risks of joint replacement surgery?
A: While risks are low, they do exist with every surgery. The two most serious complications are infection and blood clots. Our infection prevention program starts even before you come into the hospital with the Hibiclens body wash and continues throughout surgery and your stay at the hospital. Our blood clot prevention program is built on a combination of medications, early mobilization and other techniques.
FREQUENTLY ASKED QUESTIONS

ACTIVITY

Q: When can I start driving?

A: There are two major considerations before you can start driving: you will need to be able to react to emergency situations and you must be off your pain medications. Most patients are able to meet these criteria after two weeks of surgery, however this should be further discussed with your physician.

Q: When can I fly?

A: Since you have undergone major surgery, you are at a higher risk for blood clots. You should discuss a timeline with your surgeon.

BLOOD TRANSFUSION

Q: Will I need a blood transfusion?

A: It is rare to receive a blood transfusion related to joint replacement surgery.

ANTICOAGULATION

Q: What is this?

A: Since you have undergone surgery, you are at a higher risk for blood clots. You may be started on a blood thinner after surgery. Specific medication and duration will be determined by your surgeon based on your risk factors and the surgeon’s preference.

DENTAL CONSIDERATIONS

Q: Are there any dental precautions?

A: Please do not schedule any dental appointments (including routine cleanings) for three months before and three months after your surgery. However, make sure you promptly seek attention for any toothaches or suspected dental infections. Please discuss with your surgeon the use of antibiotics for all dental procedures following your surgery.
Patient and Visitor Parking:
Complimentary valet parking for patients, their families and friends is available at the Rose Medical Center Wolf Building entrance at:
4600 Hale Pkwy.
Denver, CO 80220

Directions:
Driving from the North:
Take I-25 South to I-70 East. Take I-70 East to Exit 276B Colorado Boulevard South. Proceed south to 12th Avenue and turn left; 12th Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

Driving from the South:
Take I-25 North. Exit on Colorado Boulevard North (Exit 204) and continue on Colorado Boulevard. Proceed north to 12th Avenue and turn right; 12th Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

Driving from the West:
Take I-70 East and exit at Colorado Boulevard South (Exit 276B). Go south on Colorado Boulevard to 12th Avenue and turn left; 12th Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

Driving from the East:
Driving westbound on I-70, exit at Colorado Boulevard South (Exit 276). Go south on Colorado Boulevard to 12th Avenue and turn left; 12th Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.
DIRECTIONS AND MAPS

← Colorado Blvd (6 blocks west)

DAY OF SURGERY: Enter at Wolf Building
FIRST FLOOR: Surgical Readiness Department
SECOND FLOOR: Surgical Check-in Desk

AMBULANCE ENTRANCE
ONLY
NO PUBLIC ACCESS

EMERGENCY ENTRANCE

Main Hospital
4567 E. 9th Ave

Physician Offices I
4545 E. 9th Ave

Physician Offices II
4500 E. 9th Ave

Main Hospital Parking Garage

Founders Building
4700 E. Hale Pkwy

Founders Parking Garage

Orthopedic & Spine Center

Wolf Building
4600 E. Hale Pkwy

WOLF ENTRANCE

PHYSICAL MEDICINE & REHABILITATION ENTRANCE

NORTH

DAY OF SURGERY: Enter at Wolf Building
FIRST FLOOR: Surgical Readiness Department
SECOND FLOOR: Surgical Check-in Desk

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About the Facility and Nearby Resources:

Visiting Hours: Rose Medical Center has open visitation where family and friends may visit at any time. During the hours of 8:00 p.m. - 6:00 a.m., guests must enter through the ER entrance and present a valid form of identification to enter the hospital.

Waiting Areas: Waiting areas are located on both the first and second floors of the Orthopedic & Spine Center near the bridge to the main hospital. Please note: the lower level of the Orthopedic & Spine Center is called ground floor so you may need an elevator to reach the first floor. Complimentary WiFi is available throughout the hospital; look for Rose Guest Network among the list of available networks.

Smoking: Rose Medical Center is a tobacco-free campus. Nicotine use, including e-cigarettes and smokeless tobacco, is prohibited everywhere on campus. Patients are not allowed to leave the Orthopedic & Spine Center to smoke.

Hospital Dining Options:

Rose Garden Café (located on the ground floor of the main hospital): The Rose Garden Café offers a variety of hot food choices, deli items, a salad bar and takeaway options for breakfast and lunch. Daily breakfast and lunch specials are available.

Monday-Friday — 6:30 a.m. - 3:00 p.m.
Saturday and Sunday — 6:30 a.m. - 2:00 p.m.

Little Miss Latte (located on the first floor of the main hospital near the central elevators): Our coffee shop offers coffee drinks, soups, salads, pastries, deli options and hot meal entrees for breakfast, lunch and dinner.

Monday-Friday — 6:30 a.m. - 1:00 a.m.
Saturday — 7:30 a.m. - 1:00 a.m.
Sunday — 2:00 p.m. - 1:00 a.m.

At Your Request Room Dining Service

Guest meals are available by calling ext. 5444 to place your order. Payment accepted by cash or credit card.
INFORMATION FOR FAMILY & FRIENDS

Hotel Accommodations:

If you require hotel accommodations while your family member or loved one is with us, the Rose Information Desk is available during the week from 8:00 a.m. - 6:00 p.m. and can be reached at 303-320-2396. When making your reservations, ask if there is a Rose Medical Center rate and shuttle service. Here is a short list of hotels near Rose Medical Center, in no particular order:

Rose Orthopedic & Spine Center
Preferred Hotels:  
Both hotels are a quick two-mile drive to the hospital

**Hilton Garden Inn Denver/Cherry Creek**
303-754-9800
600 S. Colorado Blvd. Denver, CO

**Residence Inn by Marriott Extended Stay**
303-758-6200
670 S. Colorado Blvd, Denver, CO 80246
Reference “Rose Orthopedics” when making reservation

Additional Nearby Hotels:

**Hampton Inn & Suites Denver Cherry Creek**
303-692-1800
4150 E. Kentucky Ave., Denver CO

**Staybridge Suites Denver-Cherry Creek**
303-321-5757
4220 E. Virginia Ave. Glendale, CO

**Doubletree Hotel**
303-321-3333
3203 Quebec St. Denver, CO

**Holiday Inn Denver Cherry Creek**
303-388-5561
455 S. Colorado Blvd. Denver, CO

**Extended Stay America-Cherry Creek**
303-388-3880
4444 Leetsdale Dr. Glendale, CO

**Ramada Denver Downtown**
303-831-7700
1150 E. Colfax Ave. Denver, CO

**Fairfield Inn & Suites Denver Cherry Creek**
303-691-2223
1680 S. Colorado Blvd. Denver, CO

**La Quinta Inn**
303-758-8886
1975 S. Colorado Blvd, Denver, CO
TAB TWO
TAB TWO
YOUR CARE TEAM

Orthopedic Surgeon:
• Performs your surgery and oversees your care
• Checks your progress during daily visits to the hospital and at follow-up office appointments

Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA):
• Administers anesthesia in the operating room
• Monitors your condition during surgery

Patient Navigator:
• Serves as your primary point of contact and a resource to guide you through the experience of having a joint replacement from the time you decide to have surgery until you are recovered
• Helps ensure you complete any pre-surgical needs
• Follows your progress in the months after surgery

Surgeon-Employed Physician Assistant:
• Works at the surgeon’s office, assists with surgery and may see you daily after the surgery
• Coordinates your care after surgery

Hospital-Employed Physician Assistant:
• Works in the Rose Orthopedic & Spine Center
• Coordinates your care and discharge based on physician orders
• Monitors and communicates information about your condition to other team members

Operating Room Team:
• Assists with surgical procedures
• Ensures patient safety throughout the procedure

Surgical Readiness Department (SRD) Nurse:
• Call you to obtain your health history and medicine list OR interview in person if you come for SRD visit
• Provide pre-surgical patient education
• Ensure your chart is complete for surgery
YOUR CARE TEAM

Inpatient Nursing Staff:
- Works closely with other team members to deliver individualized care
- Monitors your condition and communicates information about your condition to other team members
- Helps you and your family with personal care needs

Nurse Manager:
- Provides administrative and clinical leadership for the Rose Orthopedic & Spine Center
- Assists patients and staff with problems and concerns
- Serves to educate and develop the skill of the team members providing direct patient care

Physical Therapist:
- Assesses your physical needs and develops an individualized exercise program
- Instructs and assists you with exercise programs, the use of equipment and activity precautions

Occupational Therapist:
- Helps you adapt to temporary lifestyle changes following a joint replacement
- Teaches you how to safely perform daily tasks without endangering your new joint, such as bathing and dressing
- Instructs you on how to use adaptive equipment

Case Manager:
- Helps identify and facilitate any individual needs you may have when you leave the hospital
- Acts as an intermediary to assure that any home care needs meet your insurance requirement
- Available to discuss discharge concerns prior to surgery

Pharmacist:
- Coordinates your medications based on surgeon’s orders
BEFORE SURGERY

Arrival:
- Plan on arriving two hours before your surgery time.
- Please enter through the Wolf Building at 4600 Hale Parkway (see Maps and Directions Section).
- Use our complimentary valet service.
- Take the elevator to the second floor of the Wolf Building to get to the Surgical Check-in Desk.

Pre-Op:
- An IV will be started.
- Your medical history and home medications will be reviewed.
- You will meet with your anesthesiologist to review your anesthesia plan and some medications may be administered.
- You will meet with your surgeon who will mark the operative site and obtain final consent for the procedure.
- You will meet your nurse, who will be with you throughout the surgery.

Operating Room:
- Anesthesiologists administer anesthesia. Your anesthesiologist is typically assigned 24 hours prior to surgery and will attempt to call you the night before surgery to discuss your medical history and the type of anesthesia he or she will provide.
- There are two types of anesthesia that may be utilized for your orthopedic surgery:
  - **General anesthesia** uses anesthetic gases and IV medications to put you to sleep; your breathing, heart rate and blood pressure are continuously monitored.
  - **Regional anesthesia** is a combination of IV medications to sedate you and a nerve or spinal cord block to numb your legs.
- The surgeon will contact your loved ones when the procedure is finished.
The Day of Surgery:
- After surgery, you will be taken to the post anesthesia care unit, which you may hear called the PACU, where you will be monitored as anesthesia wears off.
- You will be transferred to the orthopedic floor when you are more awake and no longer need close monitoring.
- You will have a chance to get up out of bed either with a physical therapist or your nurse.
- You will notice several tubes, wires, and other equipment including:
  - Oxygen: Most people require oxygen after surgery for at least 24 hours.
  - Pulse Oximeter: A monitor placed on your finger to measure the oxygen level of your blood. You will be attached to this monitor for the first 24 hours after surgery or longer if you continue to require oxygen.
  - IV: Fluids and medications will be given through an IV until you are able to tolerate both by mouth.
  - Bladder Catheter: A catheter may be placed in your bladder during surgery to drain your bladder for the first night after surgery. This will be removed early in the morning of the first day after surgery in order to decrease the risk of developing an infection.
  - Drain: Tubing attached to a small container may be placed in your surgical site. This is typically removed the day after surgery.
  - Soft leg wraps will be placed around your lower legs that inflate and deflate periodically to decrease the chance of developing a blood clot in your legs.
  - Incentive Spirometer: Helps open your lungs and helps wean you from supplemental oxygen.
  - Many of the above listed items have alarm but most alarms do not forecast problems. Please contact your nurse if you hear an alarm and they can explain what it means.

The Day After Surgery:
- Early activity will help you recover more quickly.
- Physical Therapy and Occupational Therapy will each work with you once in the morning and once in the afternoon.
- You will be switched from the IV medications that you may have received to pain pills. This is important so we can find the medication that will work best for you at home.
- Some patients may be able to shower on that first afternoon.

The Second and/or Third Day after Surgery:
- You will continue working with physical and occupational therapists.
- You will continue working on pain control, managing any medication side effects and increasing activity.

Once all of your therapy goals are met, your pain is controlled and you have no other medical needs, you will be discharged from the hospital to go home. This could be as early as the afternoon of the day after your surgery to three days after surgery depending on your needs and your care team’s assessment.
PAIN MANAGEMENT

Because different people experience pain differently, pain medication will not completely eliminate pain and must be managed according to each individual’s tolerance and side effects. Narcotic pain medications may slow or stop your breathing if overused. Proper use depends on identifying the amount and type of medication that provides pain control without being over sedating. Your care team will help you find this balance.

Please communicate your past experiences with pain medication to your care team. If you have taken a pain medication that has worked well for you in the past with minimal side effects, we will likely try that medication first before exploring other options.

After surgery, you will be asked to describe your pain on a scale of 1-10, with 10 being the worst pain you can imagine. We will work with you to select an individual pain goal, which is a number on the scale that is tolerable to you to be able to rest, function and be active (often a 4-5 out of 10). If you have chronic pain and your normal daily pain level is a 7 out of 10, for example, we will work with you to establish a more appropriate pain goal. Using words like cramping, burning or aching help identify the source to more effectively manage your pain.

Please communicate with us when your pain goal is not being met, you are experiencing side effects, or your pain is increasing.

Two particularly helpful pain management techniques are:

Icing: Bags of ice cubes and reusable ice packs are effective pain relievers. Icing for 20 minutes at a time is recommended. Cold therapy products may be left on longer. When icing, please make sure to protect the skin with a washcloth or piece of clothing. Ice placed directly on the skin, even from a hose used on a cold therapy unit, can cause frostbite or damage the skin. Also, please remember to avoid icing right before performing your exercises because it can tighten the tissues you are trying to stretch out.

Elevation: Elevating your leg above heart level is an effective way to reduce the swelling associated with joint replacement surgery. The best way to elevate is to lay flat on the couch or in your bed and place your surgical leg on several pillows so gravity can help pull the fluid out of your extremity. Be sure to keep your leg straight when elevating. Avoid placing more pillows behind the knee and keeping the knee in a flexed position for a long period of time.

Other pain management tools that do not involve medication include:

• Repositioning
• Distractions: watching TV, reading or listening to music
• Talking with friends and family
• Relaxation and meditation
COMMON MEDICATIONS & COMMON SIDE EFFECTS

**Pain medications** including Norco® (Hydrocodone and Acetaminophen), Dilaudid® (Hydromorphone), Oxycontin® (Oxycodone), Percocet® (Oxycodone and Acetaminophen), Nucynta® (Tapentadol), and Ultram® (Tramadol). **Side effects:**
- Drowsiness, constipation, nausea and vomiting, rash, confusion, dizziness
- Constipation caused by narcotic pain medication can become severe. Over the counter laxatives help counteract this common problem. Some examples include Miralax®, Dulcolax® and Milk of Magnesia®. Drinking plenty of fluids is also important in managing constipation

**Muscle relaxants** including Valium® (Diazepam), Flexeril® (Cyclobenzaprine), and Robaxin® (Methocarbamol). **Side effects:**
- Drowsiness, dizziness, upset stomach

**Blood thinners** including Coumadin® (Warfarin), Fragmin® (Dalteparin), Xarelto® (Rivaroxaban) Eliquis® (Apibaxin), and aspirin. **Side effects:**
- Bleeding, easy bruising, nausea, changes in taste

**Anti-nausea medications** including Compazine® (Prochlorperazine), Phenergan® (Promethazine), and Zofran® (Ondansetron). **Side effects:**
- Drowsiness, sleepiness, headache, constipation

Ask your physician about the use of NSAIDs (including Advil®, Aleve®, Motrin®, ibuprofen, etc.) before and after as these medications can increase the chance of bleeding complications.
**DECREASING POST-SURGERY COMPLICATIONS**

**Infection Prevention:**
We take the prevention of post-operative infection very seriously at Rose. The most effective techniques for reducing risk include:

- Following directions for Hibiclens cleansing prior to surgery (See *Forms* Section)
- Frequent hand washing
- Keeping the wound clean and dry
- Avoiding elective dentistry for three months before and after surgery. Call the dentist immediately for any toothaches or suspected dental infections. Follow your surgeon’s directions concerning preventative antibiotics when having dentistry in the future.

**Blood Clots:**
We work aggressively to prevent this rare complication. Things you can do include:

- Wearing your leg wraps when resting
- Walking frequently
- Taking blood thinner medication as prescribed

Symptoms of a blood clot in your leg include:

- Calf pain
- Severe swelling in the lower leg

In rare cases, blood clots may travel to your lungs, causing shortness of breath, chest pain or a racing heartbeat. Please notify your surgeon immediately if you experience any of these symptoms.

**Falls and Injury:**
Your safety is our number one priority. After surgery, you have an increased risk of falling. While you may feel like you can safely get out of bed, it is vital that a nurse or staff member assists. Remember to use devices, like a walker and/or crutches, both during your hospital stay and when you return home.

**Wound/Bone Non-healing:**
It is important that you follow the directions provided when you were discharged from the hospital to ensure healing of the surgical site. This includes following instructions on incision care and not taking any baths, sitting in hot tubs or swimming until cleared by your surgeon. In addition, *you should avoid nicotine use in any form before and after surgery* because it slows wound/bone healing.
DISCHARGE

In the past, many patients went to inpatient rehabilitation facilities or skilled nursing facilities after discharge from the hospital. This is no longer the case. The criteria for admission to such facilities have become stricter.

Routine joint replacement and/or living alone does not qualify a patient for using one of these types of facilities. The need for placement in a nursing or rehabilitation facility will be determined during your stay and it cannot be done prior to surgery. However, research indicates that patients recover better and have fewer complications when they go directly home following recovery in the hospital.

If you have any questions about home health care versus skilled nursing facilities/rehab, please call our case manager prior to your surgery date at 303-320-7466.

When Will I Go Home?
You can expect to be discharged from the hospital when you meet these goals:
• Your pain is well controlled
• You can shower and dress by yourself or with minimal assistance
• You can go to the bathroom by yourself or with minimal assistance
• You can walk up and down stairs by yourself
• You have no medical conditions requiring treatment in the hospital

Discharge Education:
Discharge instructions will be reviewed throughout your stay. Education will be provided at the bedside by your nurses and therapist. Physical therapy videos will be available on the Apple TV in your room. At discharge, we will review instructions and information on any continued use of medications as well as exercises to do at home to continue your recovery.
TAB THREE
TAB THREE
WHAT TO EXPECT DURING YOUR RECOVERY AT HOME

Swelling/Bruising:
Swelling of part or all of your surgical leg is common due to the normal inflammatory response the body has after surgery. Most total joint patients can expect some amount of bruising in the surgical leg with the bruising expected to progress a few days after surgery. Because everyone responds differently to surgery, some patients experience heavy swelling and bruising that may extend down to the ankle and foot.

Stiffness:
Joint stiffness is quite common with joint replacements and is typically worse in the morning. Stiffness improves with movement so try to avoid sitting for prolonged periods of time. Some patients will continue to have some stiffness in the joint for several months after surgery.

Showering:
Most incisions can get wet in the shower after you are discharged home from the hospital. However, your surgeon may advise you to keep your incision dry for a few days after surgery. Your discharge instructions will provide details about showering and dressing changes. You should also avoid soaking your incision in water, such as a bathtub or swimming pool, until your surgeon permits. Look to your discharge instructions for specific directions for showering.

Constipation:
Many medications, particularly narcotics, can cause constipation. Please see the Common Medications & Common Side Effects Section of this guidebook for tips.

ADDITIONAL INFORMATION FOR CAREGIVERS

Physical Limitations: Following surgery, your loved one will have limitations on his or her endurance and ability to perform physical tasks. For the first few days, plan to be available to help with daily tasks and meals. You may also be needed to assist with some exercises that will be taught by the therapist in the hospital.

Transporting the Patient: Patients must have clearance from the surgeon to drive and will need help getting to any appointments.

Pain Management: Family can play an important role in controlling pain by keeping a log of medications and times given.

Encouraging the Patient: Recovering from surgery has some frustrations with good and bad days. A strong support system is instrumental in helping the patient stay motivated.
ASSISTIVE EQUIPMENT

We will provide walkers and/or crutches during your stay for use while in the hospital. You will need to make arrangements for a walker and/or crutches for after you are discharged. It is important that you make arrangements to obtain a walker and/or crutches before your procedure date and bring them with you. Ask your surgeon if their office can provide them or you can get them from the sources listed below.

The physical therapy team also may make other equipment recommendations customized to your own living situation and needs. For example, most total joint replacement patients benefit from a shower chair because it is difficult to shower while standing. Equipment can be obtained from the following:

- Medical equipment stores
- Pharmacy/home stores like Walgreens or Bed, Bath & Beyond
- Used equipment from friends and family
- Loaner programs such as:
  - American Legion (short-term for veterans and family)
    155 Van Gordon #364 Lakewood, CO 80228
    303-914-5585
  - Assistance League of Denver
    6265 East Evans Ave, Denver, CO 80222
    303-322-1688
  - Clements Senior Center
    1580 Yarrow St. Lakewood, CO 80214
    303-987-4820
  - Dominican Sisters Home Health Agency
    2501 Gaylord Denver, CO 80205
    303-322-1413
  - Senior Assistance Center
    2839 W. 44th Ave. Denver, CO 80211
    303-455-9642

See www.seniorsresourceguide.com for a more extensive listing of loaner programs.

REHABILITATION

Physical & Occupational Therapy:

A physical therapist will visit you in your room after your procedure to perform an evaluation on the day of surgery or the morning following surgery. The physical therapist will work with you throughout your stay, teaching you how to use a walking device like a walker or crutches and negotiating stairs as well as guiding you through your exercises. The physical therapist also will help you learn to comply with any precautions following your surgery. You will continue physical therapy after discharge, either in your home or in an outpatient setting.

An occupational therapist will work with you during your stay. Occupational therapists focus on helping you adjust to do all the things necessary to take care of yourself at home, including getting dressed, preparing meals, showering and performing other personal care activities. The occupational therapist also will work with you to evaluate your living environment and needs and develop personalized interventions to help you function safely and effectively when you return home. Additionally, your occupational therapist will help evaluate your progress towards meeting self-care goals.
TAB FOUR
UPPER BODY STRENGTHENING—BEFORE SURGERY

This program is to be completed prior to your total joint replacement surgery and its purpose is to strengthen your arms. Rose recommends using a resistance band such as TheraBand®.

General Guidelines:
1. Stretch until resistance is comfortable but not stressful.
2. Start with sets of 5 repetitions and work up to 20 repetitions.
4. Exercises should be performed slowly to achieve the maximum benefit.
5. To make exercises more challenging, move your hands closer together on the resistance band.
UPPER BODY STRENGTHENING—BEFORE SURGERY

Diagonal Shoulder Extension:
1. Start with both hands over your head as shown below.
2. Keeping one hand in place and your elbows straight, pull down with the other hand diagonally across your body.
3. Return to the start position with both hands overhead.
4. After repetitions are complete, repeat exercise using your other arm.

Elbow Extension:
1. Start by locking your upper arms into the sides of your body. Do not move your upper arms during this exercise. The only movement should be at your elbows.
2. Bend your elbows and place your hands together at chest level.
3. Hold one hand in place and pull straight down with the other hand.
4. Return to start position. After repetitions are complete, repeat the exercise using your other arm.
UPPER BODY STRENGTHENING—BEFORE SURGERY

Elbow Flexion:
1. Start by locking your upper arms into the sides of your body. Do not move your upper arms during this exercise. The only movement should be at your elbows.
2. Place both hands in your lap.
3. Keep one hand in your lap and with the other hand, bend at the elbow and pull straight up.
4. Return to start position. After repetitions are complete, repeat the exercise using your other arm.

Chair Push Ups:
1. Sit in a chair with armrests.
2. Place your hands on the arms of chair.
3. Push down with your arms to lift your buttocks up from the chair.
4. Hold yourself off the chair for 10 to 30 seconds.
5. Return to start position to rest. Repeat exercise.
YOU AND YOUR NEW HIP

Now that you had your hip surgery, there are no precautions to follow to prevent dislocation of your hip. The best exercise to do is to walk!

This guidebook provides information regarding techniques and recommended adaptive equipment in conjunction with explanation, demonstration and practice of each of these techniques during your occupational and physical therapy sessions. The goal is for you to return to your normal lifestyle as safely and independently as possible.

Benefits of the Anterior Approach:

• There are no hip precautions to follow after surgery.
• There is less pain after surgery.
• The surgery is performed with fluoroscopic imaging guidance, which helps to maximize component positioning, further decrease the risk of dislocation and maximizes equality of leg lengths.
• Immediately following surgery, you will be able to move your hip as much as you wish, including flexing, sitting and putting your full weight on your leg.
BED TRANSFERS

Please be sure that your bed is firm and not too low. Waterbeds are not recommended.

1. Back up to the bed until you feel it with the back of your legs.

2. Slide your affected leg forward as you reach back for the bed with both hands and slowly lower yourself to sit on the edge of the bed.

3. Turn diagonally so you are facing the end of the bed. Lift your legs on to the bed one at a time while pivoting on your bottom.

4. Use your arms to scoot back and up onto the bed.

5. Do not lie down in the bed until you are positioned correctly. You should be in the middle of the bed with both legs on the bed.

Specific Recommendations for You:

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SITTING

1. Back up to the chair until you feel it with the backs of your knees.

2. Reach back for the armrests and lower yourself slowly.

3. To stand, scoot forward in the chair. Push yourself up using the armrests. When you have your balance, reach for your walking aid (walker/crutches).

Specific Recommendations for You:

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TOILET TRANSFERS

You may need a raised toilet seat or a handicapped-height toilet if you have difficulty getting on or off of a standard-height toilet. A specific commode chair and/or other equipment may be recommended by your occupational therapist.

1. Back up to the toilet until you feel it with the back of your legs.
2. Reach back for the edge of the toilet seat or safety rails and slowly lower yourself.
3. To stand up, push up from the seat or safety rails using your arms.
4. Be sure you have your balance before reaching for your walking aid.

Specific Recommendations for You:

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TUB TRANSFERS

Use a bathtub chair or bench for safety. Grab hold of the bar if available. Be sure to utilize other equipment recommended by your occupational therapist. Your occupational therapist will determine which type of bath bench is needed depending on you and your specific bathroom set-up. Please note: you cannot sit on the bottom of the tub. If your tub has sliding doors, it is recommended to remove them and replace with a shower curtain.

1. Back up to the tub with your walking aid and make sure you are even with the tub seat. Reach back with one hand for the grab bar. Using the other hand, reach back for the tub seat. Once both hands are holding both items, slowly lower yourself onto the seat.

2. Swing your legs into the tub one at a time.

3. Use a long-handled sponge and/or a hand-held shower to bathe your legs if needed.

4. To transfer out of the tub, swing your legs out one at a time. Push up from the tub seat and/or grab bar.

5. Get your balance before reaching for your walking aid.

**Specific Recommendations for You:**

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SHOWER TRANSFERS

Use a shower seat and/or any other adaptive equipment recommended by your occupational therapist.

1. Using your walking aid, back up to the shower until you feel the shower ledge with your heels.

2. Step over shower ledge with your unaffected leg first, then bring your affected leg in.

3. Reach back for the shower chair with both hands and slowly lower yourself to the chair.

4. Pivot on the shower seat towards the faucet. If your shower is too small for this technique, problem-solve alternative techniques/positions with your occupational therapist (e.g., stepping forward into shower with affected leg and crutches).

5. Use a long-handled sponge and/or a hand-held shower to wash your legs/feet.

6. Reverse the above process to get out of the shower. Step out of the shower with your affected leg first.

Specific Recommendations for You:
DRESSING

While you are not required to use adaptive equipment to get dressed, you and your occupational therapist will determine if such equipment would make getting dressed easier following surgery.

Always dress the affected leg first and undress it last. Sit on the edge of the bed or in a firm armchair for dressing.

**Underwear & Pants:**

1. Using a reacher, hold underwear at the waistband and bring it toward your affected leg. Slide the leg hole over your foot and pull it up to your knee. You can also gather the leg of the underwear up and into the clamp of the reacher in order to better see the opening at the bottom of the underwear. While sitting, pull your underwear up above your knees as far as you can until you are ready to stand.

2. Repeat the same process with your pants by bringing them to the same height as your underwear. (This way you only have to stand up once to complete the task.) You can also gather the entire pant leg in the reacher clamp in order to better see the opening at the bottom of the pant leg.

3. For safety, have your walking aid in front of you and stand up by pushing from the bed/armchair until you are balanced. Pull up your underwear and pants over your hips.

4. To undress, reverse the process, remembering to remove your clothing from the unaffected leg first.

**Socks & Stockings:**

1. Slide the sock/stocking onto a sock aid until the toe is flush to the bottom of the sock aid. Be sure the top of the sock is not over the top of the sock aid.

2. Holding onto the straps of the sock aid, lower the sock aid to the floor in front of your affected foot. Slide your foot into the sock aid and pull on both straps until the sock comes up your leg. Continue to pull on the straps of the sock aid until the sock aid comes completely out of the sock. Unhook the sock aid from your leg.

3. Put on your other sock onto the unaffected leg by either bringing your foot up to you or using the sock aid.

4. To take off your sock/stockings, hook the end of the dressing stick, reacher, or long-handled shoehorn at the top of your sock and slide it down your leg, over the back of your heel and off your foot.

5. If your sock falls on the floor, you may pick it up with your reacher or dressing stick.
DRESSING

Specific Recommendations for You:

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**SHOES**

Slip-on shoes are generally recommended. If you prefer shoes that lace up, your occupational therapist can show you how to use elastic shoelaces.

1. Slide the toes of the affected leg into your shoe. Position a long-handled shoehorn in the back of your shoe and slide your heel down the shoehorn into the shoe. This may be easier to complete when standing as opposed to sitting.

2. Be sure not to turn your leg inward as you do this.

**HOME MAKING**

1. Use a walker apron or plastic bag attached to your walker to transport items within your home. You can also spread a folded towel over the top of the walker to carry light objects.

2. Carry liquids in containers with lids or covers (e.g., thermos, unopened cans of soda, water bottles).

3. Slide items along counter tops whenever possible rather than trying to carry them.

4. Use a reacher to pick up items dropped on the floor or to retrieve items from low areas (e.g., the crisper in the refrigerator, low dresser drawers).

5. Sit on a high stool whenever possible (e.g., at a kitchen counter for meal preparation, a work table).

6. Remove all throw rugs in your home to avoid catching your walking aid or foot and possibly tripping or falling.

7. Use a long-handled brush to clean the toilet and tub.

8. Use long-handled tools (specifically, mops, brooms, dust pans and feather dusters) for cleaning.

9. For laundry, use a pushcart or shoulder bag to transport clothing to/from your washer and dryer. You can also have friends or family assist.
VEHICLE TRANSFERS

1. You will need to get into the front passenger seat of the vehicle.

2. Before getting in, have the seat positioned as far back as possible from the dashboard and in a semi-reclining position if possible.

3. Back up to the vehicle as you would a chair until you feel the seat behind your legs.

4. Lower yourself to the seat, holding onto a stable surface (e.g., the back of the seat, dashboard or, if possible, lower the front and back windows and hold onto the frame between the windows).

5. Slide your bottom back on the seat as far as you can.

6. Swing your legs into the vehicle one at a time. Remember when going toward your affected side, use a leg lifter or have assistance to get your leg into/out of the car.

7. You can move the seat up from the reclined position as you ride.

8. To get out of the vehicle reverse the above process.

Specific Recommendations for You:

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ADAPTIVE BENDING TECHNIQUES

When reaching for low or dropped items, hold onto something that is secure.

1. With one hand, hold onto a counter or table.
2. Kick back your affected leg as you bend forward and reach down with your free hand. Keep the toe of your affected leg on the ground for balance and your knee straight.
3. Once you have picked up the item, stand back up and regain your balance.

Specific Recommendations for You:

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USE OF AN ASSISTIVE DEVICE FOR WALKING

Your physical therapist will prescribe an assistive device for you while you are in the hospital and at home. Walkers and crutches are the most common equipment used. On rare occasions patients are able to walk with only the assistance of a cane.

If you already own a walker, crutches or cane, you may bring it to the hospital for the therapist to adjust for you. It is best to have your family bring it in the day after your surgery. If you would rather leave your equipment at home, you may borrow our equipment while in the hospital.

If you DO NOT already own a walker, crutches or cane, they can be purchased or rented. Your physical therapist can provide information for you to obtain the equipment or the therapist can order the equipment for you. Equipment ordered by your physical therapist will be delivered to your hospital room at no additional charge. Walkers and crutches can be billed to your insurance and may be paid for depending on your policy.

Your physical therapist will train you on how to use your assistive device for walking and for going up and down stairs.
STAIR CLIMBING

**Going Up One Step with a Walker:**

1. Approach the step with your walker or crutches.
2. Step into your walker close to the step.
3. Move your walker up onto the step.
4. Step up onto the step with your unaffected leg.
5. Step up onto the step with your affected leg.
STAIR CLIMBING

**Going Down One Step with a Walker:**

1. Walk to the edge of the step with your walker.
2. Step into your walker.
3. Move your walker off the step and onto the ground.
4. Step down onto the ground with your affected leg.
5. Step down with your unaffected leg.
STAIR CLIMBING

Going Up One Step with Crutches:

1. Approach the step with one crutch under each arm.
2. Step up onto the first step with your unaffected leg.
3. Bring your affected leg onto the step.
4. Bring your crutches onto the step.
**STAIR CLIMBING**

**Going Down One Step with Crutches:**

1. Approach the top of the step with one crutch under each arm.
2. Lower the crutches down.
3. Step down with your affected leg.
4. Step down with your unaffected leg.
STAIR CLIMBING

Going Up a Flight of Stairs with Crutches and a Railing:

1. Approach the stairs with your crutches.

2. Hold onto the rail with your closest hand and place the crutches under the opposite arm.

3. You can either place both crutches under one arm or place one upright and the other perpendicular to it (as shown in photos). Your physical therapist will help you determine which method is easiest for you.

4. Step up onto the first step with your unaffected leg.

5. Step up onto the step with your affected leg.

6. Bring your crutches up onto the step.

7. Continue this sequence until you reach the top of the stairs.
STAIR CLIMBING

Going Down a Flight of Stairs with Crutches and a Railing:

1. Hold onto the rail with your closest hand and place the crutches on the other side.
2. Lower the crutches onto the first step.
3. Step down with your affected leg.
4. Step down with your unaffected leg.
5. Continue this sequence until you reach the bottom of the stairs.
STAIR CLIMBING

Going Up a Flight of Stairs with Crutches without a Railing:

1. Approach the stairs with one crutch under each arm.
2. Step up onto the first step with your unaffected leg.
3. Bring your affected leg onto the step.
4. Bring your crutches onto the step.
5. Continue this sequence until you reach the top of the stairs.
STAIR CLIMBING

Going Down a Flight of Stairs with Crutches without a Railing:

1. Approach the top of the stairs with one crutch under each arm.
2. Lower the crutches down onto the first step.
3. Step down onto the step with your affected leg.
4. Step down onto the step with your unaffected leg.
5. Continue this sequence until you reach the bottom of the stairs.
HOME EXERCISE PROGRAM

Congratulations on successfully completing your hip replacement surgery! We are excited for you to learn how to live to your fullest again with your new breakthrough.

You have invested much time and energy into your rehabilitation and now need to continue your efforts to further improve the strength in your new hip. Walking is a crucial part of your rehabilitation and it is important to walk as much as you can around your home. On nice weather days it is encouraged to walk outside with your assistive device and a companion. Remember to judge your distances and save energy for your return trip. Take a cell phone as a precaution.

The following exercises will increase your strength and flexibility. Your physical therapist will provide instructions on these exercises while you are at the hospital. Upon discharge from the hospital, you should perform these exercises three times a day, starting with 10 repetitions and working up to 20 repetitions each. It is important to remember to breathe steadily throughout all your exercises.
ISOMETRIC EXERCISES

Quad Sets:
1. While lying on your back, straighten your affected leg as much as possible, tightening the muscles on the top of your thigh.
2. Hold for 5 seconds and relax.
3. Repeat ______ times.

Hamstring Sets:
1. While lying on your back, keep one leg straight and bend the other to a height of approximately 6 inches.
2. Tighten the bent leg by digging down and back with the heel.
3. Hold for 5 seconds and relax.
4. Repeat ______ times.

Glute Sets:
1. Lie on your back and keep both legs straight.
2. Squeeze your buttocks together as tightly as possible.
3. Hold for 5 seconds and relax.
4. Repeat ______ times.
STRENGTHENING EXERCISES

Heel Slides:

1. Bend your knee, sliding your heel toward your buttocks.
2. Slowly lower your leg.
3. Repeat ______ times.

Specific Recommendations for You:

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STRENGTHENING EXERCISES

Short Arc Knee Extension:

1. Lie on your back.

2. On your affected side, place a large coffee can or rolled up blanket under your knee.

3. With your thigh resting on the can, lift your heel off the bed and straighten your knee as much as possible.

4. Pause and then lower your heel.

5. Repeat ______ times.

Specific Recommendations for You:

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STRENGTHENING EXERCISES

Bridging:

1. Bend both knees up and put your feet flat on the bed.
2. Squeeze and lift your buttocks off the bed.
3. Lower your buttocks back down to the bed.
4. Repeat ______ times.

**Specific Recommendations for You:**

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STRENGTHENING EXERCISES

Seated Knee Extension:

1. Sit in a chair with your feet on the floor.
2. Slowly kick the affected leg out front and try to straighten the knee as much as possible.
3. Repeat _____ times.

Specific Recommendations for You:

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STANDING EXERCISES

Standing Hip Flexion (Marching):

1. Holding onto a stable surface such as a railing or back of a chair, bend your knee up toward your chest while keeping your trunk straight.

2. Lower the leg slowly.

3. Repeat ______ times.

Specific Recommendations for You:

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TAB FIVE
TAB FIVE
FORM: PRE-OPERATIVE JOINT – HIP SURVEYS

Please fill out and either bring to your Surgical Readiness Department visit or to check in on day of surgery. You may also fill out ahead of time online at www.yourcaresteps.com.

Patient Name: ____________________________________________________________

Patient Email: ___________________________________________________________

Directions: Please respond to each item by marking one box per question.

Part 1: PROMIS – 10

1. In general, would you say your health is:
   [ ] Excellent       [ ] Very Good       [ ] Good       [ ] Fair       [ ] Poor

2. In general, would you say your quality of life is:
   [ ] Excellent       [ ] Very Good       [ ] Good       [ ] Fair       [ ] Poor

3. In general, how would you rate your physical health?
   [ ] Excellent       [ ] Very Good       [ ] Good       [ ] Fair       [ ] Poor

4. In general, how would you rate your mental health, including your mood and your ability to think?
   [ ] Excellent       [ ] Very Good       [ ] Good       [ ] Fair       [ ] Poor

5. In general, how would you rate your satisfaction with your social activities and relationships?
   [ ] Excellent       [ ] Very Good       [ ] Good       [ ] Fair       [ ] Poor

6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)
   [ ] Excellent       [ ] Very Good       [ ] Good       [ ] Fair       [ ] Poor

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
   [ ] Completely       [ ] Mostly       [ ] Moderately       [ ] A little       [ ] Not at all

8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
   [ ] Never       [ ] Rarely       [ ] Sometimes       [ ] Often       [ ] Always

9. In the past 7 days, how would you rate your fatigue on average?
   [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Very Severe

10. In the past 7 days, how would you rate your pain on average? (0= No pain; 10= Worst imaginable pain)
    [ ] 0      [ ] 1      [ ] 2      [ ] 3      [ ] 4      [ ] 5      [ ] 6      [ ] 7      [ ] 8      [ ] 9      [ ] 10
Part 2: Expectation of Surgery Results - Pre-Operative

What do you expect to accomplish with your joint replacement:

1. Do you expect your surgery will relieve your pain?
   [ ] No, not at all       [ ] Yes, a little bit       [ ] Yes, somewhat       [ ] Yes, a moderate amount       [ ] Yes, a lot

2. Do you expect your surgery will help you carry out your normal activities of daily living?
   [ ] No, not at all       [ ] Yes, a little bit       [ ] Yes, somewhat       [ ] Yes, a moderate amount       [ ] Yes, a lot

3. Do you expect your surgery will help you perform leisure, recreational or sports activities?
   [ ] No, not at all       [ ] Yes, a little bit       [ ] Yes, somewhat       [ ] Yes, a moderate amount       [ ] Yes, a lot

Part 3: Pre-Operative Return to Work

1. Do you expect to return to work following this surgery?
   [ ] No, I do not currently work or I do not plan to return to work       [ ] Yes, I expect to return to work

Part 4: Additional Questions

1. What amount of pain have you experienced in the last week in your other hip?
   [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme

2. My BACK PAIN at the moment is:
   [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme

3. How comfortable are you filling out medical forms by yourself?
   [ ] Extremely       [ ] Quite a bit       [ ] Somewhat       [ ] A little bit       [ ] Not at all

Part 5: Hip Disability and Osteoarthritis Outcome Score, JR

For each of the following activities, please indicate the level of pain or degree of difficulty you have experienced in the last week due to your hip:

1. Going up or down stairs:       [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme

2. Walking on an uneven surface:       [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme

3. Rising from sitting:       [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme

4. Bending to floor/pick up an object:       [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme

5. Lying in bed (turning over/maintaining hip position):       [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme

6. Sitting:       [ ] None       [ ] Mild       [ ] Moderate       [ ] Severe       [ ] Extreme
YOUR ROLE IN PREVENTING SURGICAL INFECTIONS

Preparing skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, we can provide you (or you can purchase at your local pharmacy) with a special antiseptic soap (Hibiclens®/4% Chlorhexidine) designed to reduce the bacteria on your skin. If you are allergic to the Hibiclens/4% Chlorhexidine, use an antibacterial soap for your showers. Please fill out the checklist on the following page.

ALL PATIENTS: Beginning five (5) days before your surgical date (or when you are told to start this process), shower with 4% chlorhexidine gluconate (e.g., Hibiclens) liquid at least one time a day. [Note: You do not have to shower at the same time every day.]

When showering with Hibiclens®/4% chlorhexidine gluconate (CHG) liquid soap, please:

- Get in the shower and get completely wet, then turn the water off.
- Apply the soap FROM YOUR CHIN DOWN and MOVE DOWN using a clean washcloth.
- DO NOT get the CHG liquid soap in your ears or eyes.
- DO NOT use the washcloth you used on the lower body to apply CHG to an upper body part. If you missed a part earlier, get a new clean washcloth to return to lather a missed area.
- When you lather up with the soap, paying special attention to:
  - Area where your surgery will be performed
  - Underarms (armpits) and groin
  - Under any skin folds, such as breasts, abdominal or buttock folds
  - Clean any tubing thoroughly
  - Wash shallow wounds. The CHG liquid is safe to use on shallow wounds. Please contact your surgeon's nurse if you don't know whether you can use the CHG liquid on a skin area.
- Keep the liquid soap on for at least two (2) minutes.
- Turn the water back on and rinse the CHG liquid soap off well
- DO NOT shave parts of the body where your surgery will occur
- Dry your skin with a freshly washed towel
- Put on freshly washed clothes

On the morning of surgery, please:

- Shower with the CHG liquid soap using the steps above
- Do not apply any lotions, perfumes, powders or deodorant on your skin the day of surgery

If instructed by your surgeon’s office or the Surgical Readiness Department nursing staff: Beginning no sooner than six (6) days before your surgery, apply Mupirocin ointment 2% (e.g., Bactroban) ointment in your nostrils twice a day.

How to apply Mupirocin ointment 2%:

- Squeeze prescribed amount (about the size of a small pea) into one (1) nostril and the other half into the other nostril two (2) times a day (morning and evening) for five days for a total of 10 applications
- Next, pinch your nostrils together and then let go. Pinch and let go of the sides of your nose for 1 minute to spread the ointment onto the skin surfaces in your nose
- Bring used Mupirocin tube with you on day of surgery.
**PRE-SURGERY DECOLONIZATION PATIENT CHECKLIST**

**Patient Name**

__________  _____________________________  

**Date**

__________  _____________________________  

**Surgeon’s Name**

__________  _____________________________  

**Location of Pre-Surgical Visit**

______________________________  _____________________________  

**Date of Pre-Surgical Visit**

__________  _____________________________  

**Location Where Surgery Taking Place**

______________________________  _____________________________  

**Surgery to be Performed**

______________________________  _____________________________  

**Date of Surgery**

__________  _____________________________  

Please complete this checklist and bring it and the used Mupirocin tube (if prescribed) with you to the hospital on the day of your surgery.

| DATE (PLEASE FILL IN) | ALL PATIENTS SHOWER WITH 4% CHLORHEXIDINE GLUCONATE LIQUID (CHECK WHEN DONE) | MORNING NASAL OINTMENT (IF PRESCRIBED) (CHECK WHEN DONE) | EVENING NASAL OINTMENT (IF PRESCRIBED) (CHECK WHEN DONE) |
|-----------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Day 1                 |                                                                                                 |                                                                                                                                |
| Day 2                 |                                                                                                 |                                                                                                                                |
| Day 3                 |                                                                                                 |                                                                                                                                |
| Day 4                 |                                                                                                 |                                                                                                                                |
| Day 5                 |                                                                                                 |                                                                                                                                |
| Surgery Day           | • Shower with 4% chlorhexidine gluconate liquid soap.                                              | • Bring used tube of mupirocin and this completed checklist with you to surgery check-in                                     |
|                       | • Do not put any lotions, perfumes, powders or deodorant on your skin the day of surgery         | • Do not shave parts of the body where your surgery will occur                                                                  |
|                       | •                                                                                                 |                                                                                                                                |
FORM: HOME MEDICATION

This sheet is very valuable to your care team and they will be referring to it regularly. Be sure to include any supplements or herbal medications that you take. Please answer the questions truthfully. It should be completed prior to your next physician appointment.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Height</th>
<th>Weight</th>
<th>Date Filled Out</th>
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### ALLERGIES

**Do you have allergies to:**
- Latex? Yes / No
- Medications? Yes / No
- Foods? Yes / No
- Environmental? Yes / No
- Contrast? Yes / No
- Other? Yes / No

If answered YES to any of the above, list names of known allergens:

___________________________________________________________________________________________

___________________________________________________________________________________________

### CURRENT MEDICATION LIST

List ALL prescriptions, herbal supplements, vitamins and over-the-counter medications

<table>
<thead>
<tr>
<th>NAME e.g., Laisix</th>
<th>DOSE e.g., 20mg</th>
<th>ROUTE e.g., oral</th>
<th>FREQUENCY e.g., twice per day</th>
<th>TIME &amp; DATE LAST DOSE TAKEN BEFORE SURGERY</th>
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### IMMUNIZATIONS

- Have you had the Pnuemovax vaccine? Yes / No
- Have you had a flu shot? Yes / No
- Other: ____________________________

If yes: when ______________________

Other: ____________________________