

Welcome to River's Edge Hospital

Getting to the Hospital

River's Edge Hospital is located in St. Peter, MN at **1900 North Sunrise Drive**.

To get to River's Edge Hospital:

From US HWY 169 N (Minnesota Ave.), take the Hwy 22 North exit (Dodd Road). Turn right onto Sunrise Drive, then left into the Main/Emergency hospital entrance.

From US Highway 169 S, take the Hwy 22 North exit (Dodd Road). Turn right onto Sunrise Drive, then left into the Main/Emergency hospital entrance.

From Highway 22 South, turn left onto North Sunrise Drive, then take the first left to the River's Edge parking lot at the Main/Emergency entrance.

From Highway 22 North, turn right onto Minnesota Avenue (Hwy 169 N), turn left onto Hwy 22 North (Dodd Road). Turn right onto Sunrise Drive, then left at the Main/Emergency entrance.

From Hwy 99 West, follow the signs to go North on Hwy 169 N (Minnesota Avenue), take the Hwy 22 North exit (Dodd Road). Turn right onto Sunrise Drive, then left into the Main/Emergency hospital entrance.

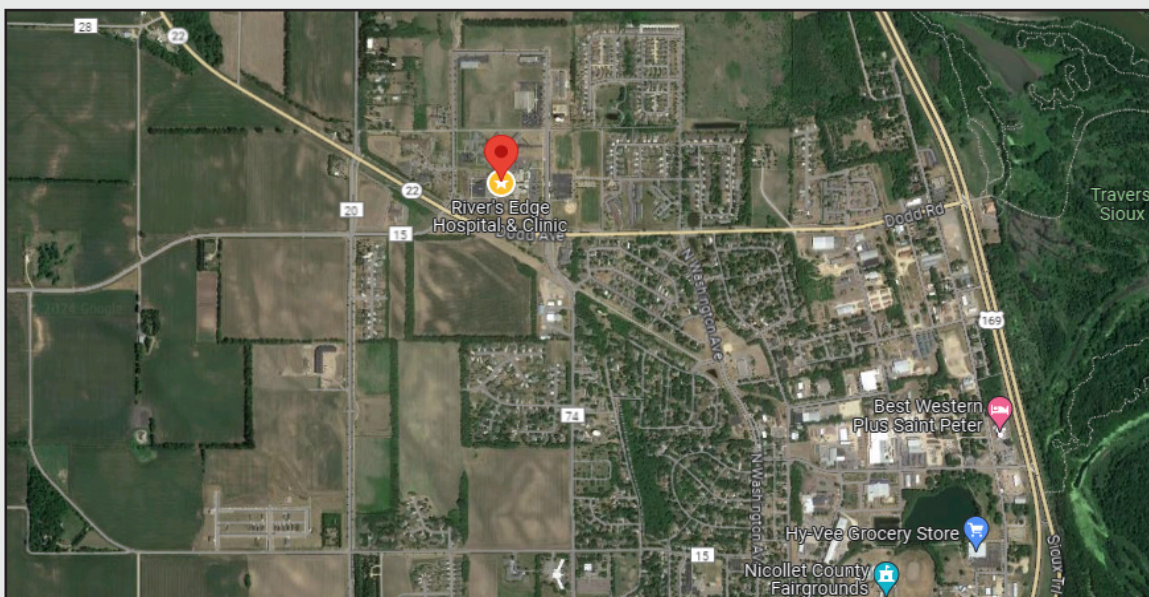
From Hwy 99 East, turn right onto Minnesota Ave. (Hwy 169 N), take the Hwy 22 North

exit (Dodd Road). Turn right onto Sunrise Drive, then left into the Main/Emergency hospital entrance.

Parking: Patient and Visitor parking is located at the Main/Emergency Entrance. Patients can also be dropped off at the Main Entrance door. If you need wheelchair assistance, call ahead to 507-931-2200 and we will be happy to assist you.

On your day of surgery: Please enter through the Main Entrance/Emergency Department and stop at the registration desk in the lobby prior to your arrival time. You will see an admitting nurse, surgical nurse, anesthesia, and your surgeon before surgery. Once admission is complete, you will be pushed in your bed by members of your care team to the operating room.

Visitor Information: Guests are welcome at River's Edge Hospital. Guests need to be screened at the main registration desk and receive a visitor sticker. If you have questions about the visitor policy at River's Edge Hospital, please call our Compliance Officer at (507) 934-7642. River's Edge Hospital offers meal service to patients and visitors at The Grill Café. The Grill is open to the public Monday-Friday 6:30am - 5:30pm and Saturday/Sunday's 9:00am - 1:00pm. Grab and go items as well as vending machines are also available.



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My Appointments

Pre-Op Appointment

Date: _____ Time: _____

Location: _____

Phone #: _____

Joint Camp

Date: _____ Time: _____

Location: _____

Phone #: 507-934-7688

Day of Surgery

Date: _____

Arrival Time: _____

(OFC will call you with your arrival time)

River's Edge Hospital - 507-931-2200

Post-Surgery Appointment

Date: _____ Time: _____

Location: _____

Phone #: _____

Important Information

Orthopaedic & Fracture Clinic



(may call 24/7 with questions or concerns)

507-386-6600

River's Edge Hospital



(may call 24/7 with questions or concerns)

507-931-2200

River's Edge Hospital Nurse's Station



(may call 24/7 with questions or concerns)

507-934-7620

OFC Express



No appointments necessary. If you have concerns after your surgery and feel you need to be seen by a member of the orthopedic team, Visit OFC Express, Monday - Friday 8:00 a.m. - 5:00 p.m.

OrthoEdge YouTube Channel

OrthoEdge is online! Scan the QR Code below with your phone to access videos of an anterior hip replacement surgery or to view the anesthesia services video.



Getting Ready for Surgery



Pre-Op Appointment

You will need to undergo a physical exam with your primary care provider to obtain medical and anesthesia clearance for surgery. Your surgeon's office will make arrangements for you to be examined up to 30 days prior to surgery.

If you reschedule your pre-op appointment, please let OFC know as your surgery may have to be rescheduled. Refer to Pre-Operative Anesthesia Requirements page for more clarification.



Lab Tests

If you need labwork prior to surgery, OFC will give you a laboratory testing letter specifying the tests you need to have done prior to surgery.

A scheduler from River's Edge will call you to set that appointment.

Blood type and CT scans must be done at River's Edge Hospital prior to surgery.



Pre-Register at River's Edge

Once your surgery has been scheduled, you will receive a call from a pre-admission surgery nurse at River's Edge Hospital 2 business days prior to your surgery date to review health history, medication list, and answer any questions you may have.



Surgery Arrival Time

You will receive a call from OFC with your arrival time 1 business day prior to your surgery date.



Prepare Yourself

Preparing your body for surgery helps limit problems later. Be sure to: Drink plenty of water 1 week prior to surgery. The more hydrated you are, the easier it is to start your IV. Contact your primary physician if you develop any physical changes before surgery such as a fever.



Tobacco, Alcohol/Drugs

Refrain from alcoholic beverages and recreational drugs for at least 7 full days before your surgery. If you smoke, cut down or quit prior to surgery. Refrain from tobacco use 24 hours prior to surgery.



Bathing/Pre-Surgery Wipes

You will receive a package of anti-microbial wipes. Follow the usage directions provided with the wipes.

Do not shave the surgical site area or areas surrounding surgical site.

Do not apply creams or lotions on the day of surgery. Remove all make-up, nail polish and artificial nails.

You **MUST** remove all jewelry and piercings for your safety and leave them at home on the day of surgery.



Medications

If you take regular medications, ask your primary physician if you should take them before surgery. If instructed to, take the medications with a sip of water.

If you're on blood thinners, such as aspirin, Eliquis, Plavix, Coumadin, Lovenox, or Xarelto, you must consult your primary physician regarding withholding these medications (see page 7).

Do **NOT** take anti-inflammatory medications such as aspirin, Aleve or ibuprofen, diet medications or vitamins for at least four full days prior to surgery. You may take Tylenol if needed.

Fasting Prior to Surgery

8

8 hours before your surgery arrival time stop eating high fat and high calorie foods.

6

Up until 6 hours before your surgery arrival time you are able to have a light snack (toast or crackers) with medications.

2

Up until 2 hours before your surgery arrival time you are able to have clear liquids: water, clear fruit juices without pulp, carbonated beverages, clear energy drinks without pulp or fiber, clear broth, ice pops without fruit, clear tea, or black coffee (no cream or sugar).

If you do not follow these instructions, your surgery may be canceled.

Tips for a Successful Recovery

Preparing for your homecoming prior to your surgery will make your post-operative days go much smoother. Being prepared is the key to a relaxed recovery. Things to consider:

- Prepare and freeze meals ahead of time and arrange for someone to go shopping for you.
- Change bed linens and clear a pathway to bed prior to surgery.
- Have a pair of shoes and/or slippers with good support and nonskid soles.
- Have easy access to a bed and bathroom on the level that you will be spending most of your time.
- Choose a bathroom with a door wide enough to accommodate a walker. Install commode rails or an elevated seat.
- Install a hand rail, if possible, for any stair steps you may be using routinely.
- Clear clutter and stray cords from floors to prevent falls.
- Arrange for an adult to stay with you.
- Ask someone to help care for children or pets, mow the lawn (or shovel snow) and bring the mail until you feel better.
- Purchase or rent needed equipment such as a walker or cane (see below for resources).
- Fill your current prescriptions for medications. Have stool softeners, laxatives, multivitamins, Tylenol (acetaminophen), etc. on hand.
- Have ice bags, ice packs or a bag of frozen peas ready to ice your surgical joint.
- Arrange your kitchen to have items within easy reach without having to bend or use a step stool.
- Place your phone within easy reach of where you will spend most of your day. Have emergency numbers handy.
- Have a comfortable chair or couch with arms to help you when standing up.
- Tend to any scheduled procedures, like teeth cleaning, hair cuts, etc., before surgery.
- Arrange to have someone drive you to appointments or other errands.
- If you need help with anything, please talk to the hospital social worker. They can connect you with resources in your area.

Medical Equipment Resources

You will need a 2-wheeled walker and other equipment to make tasks easier during recovery. Your therapist may want you to use a leg lifter, raised toilet seat and a reacher. It is helpful to have the walker with you when you arrive at the hospital.

- *Ecumen Store - 507-385-8582
- Allina Home Oxygen & Medical - 507-345-8593
- Mayo Clinic Health System - 507-385-2689
- Walmart - Mankato - 507-625-1660
- Walgreen's - Mankato (Madison Ave. Location) - 507-388-1315
- Handi Medical - 507-779-7560

*Some medical equipment from the Ecumen Store is available at River's Edge Hospital to purchase



Front Wheeled Walker



Long-handled Shoehorn



Tub/Shower Chair



Leg Lifter



Raised Toilet Seat



Reacher



Sock Aid



Clamp-on Tub Rail



Grab Bars



Commode



Toilet Safety Frame

Pre-Op Anesthesia Requirements

Attention Patients:

Unless otherwise advised, please follow the recommendations below regarding medications, blood thinners (anticoagulants) and Glucagon-like peptide-1 (GLP-1) receptor agonists for optimal patient safety and to prevent postponement of orthopedic procedures/surgery.

Blood Thinners:

- Eliquis (apixaban) – hold for **72 hours** before surgery
- Plavix (clopidogrel) – hold for **7 days** before surgery
- Xarelto (rivaroxaban) – hold for **72 hours** before surgery
- Coumadin (warfarin) – hold for **5 days** before surgery and normal INR
- Pradaxa, Pradox, Prazaxa (dabigatran) – hold for **5 days** before surgery
- Brilinta, Brilique, Possia (ticagrelor) – hold for **7 days** before surgery
- For all other anticoagulants, please follow instructions per Primary Care Provider
- Follow anticoagulant recommendations per doctor instructions

Diabetic Medications:

GLP-1 Receptor Agonists (Ozempic, Wegovy, Trulicity, etc.)

- For patients on daily dosing, hold **on the day** of surgery
- For patients on weekly dosing, hold **1 week** before surgery
- If GLP-1 agonists prescribed for diabetes management are held for longer than the dosing schedule, consider consulting an endocrinologist for the antidiabetic therapy to avoid hyperglycemia

SGLT2 Inhibitors (Farxiga, Jardiance, Brenzavvy, Invokana, Steglatro):

Hold for **3 days** before surgery

All Other Oral Diabetes Medications:

Do **NOT** take the morning of surgery

Long-Acting Insulin (Lantus, Toujeo, Tresiba, Levemir, NPH):

On the morning of surgery, take **half** of the prescribed dose

Mixed Insulin (70/30 or 75/25):

- On the morning of surgery, take **half** of your prescribed dose if your blood glucose is **greater than 200**.
- If your blood glucose is **less than 200**, do **NOT take any insulin** on the morning of surgery

Insulin Pumps:

Continue basal rates the morning of surgery

- In all other circumstances, please follow the instructions given by Primary Care Provider/Endocrinology

ACE Inhibitors (Lisinopril, Enalapril, Benazepril, Captopril etc.):

Do **NOT** take the morning of surgery

Angiotensin II Receptor Blockers (ARB's) (Ex. Losartan, Valsartan, Irbesartan, etc.):

Do **NOT** take the morning of surgery

Beta-Blockers (Atenolol, Carvedilol, Labetalol, Metoprolol, Propranolol etc.):

Continue taking as prescribed

Calcium Channel Blockers (Amlodipine, Diltiazem, Nifedipine, Verapamil, etc.):

Continue taking as prescribed

Thyroid Medications (Levothyroxine, etc.):

Continue taking as prescribed

Anticonvulsants (Lamotrigine, Carbamazepine, Phenytoin, etc.):

Continue taking as prescribed

Heartburn/Reflux Medications:

Continue taking as prescribed

Pain Medications:

Follow instructions per Primary Care Provider

If there are any additional questions regarding pre-operative requirements, please contact the River's Edge Hospital Pre-Admission Facilitator Nurses at (507) 934-8478 or (507) 934-8488.

Pain Control & Medications



For the safety of our patients, Orthopaedic & Fracture Clinic, P.A. will not refill pain medication outside normal clinic hours, including weekends.

- Same-day refill requests must be made before 4:00 p.m., Monday - Friday
- A 24-hour notice is required if a refill is needed before the weekend.
- Please verify your pharmacy's hours of operation

What you should know about pain

It is expected that you will have pain after surgery. It is also normal to have increased pain while moving your new joint.

When your pain is well controlled, you will walk sooner and recover faster. Be honest about the level of pain you feel and do not be afraid to ask for pain medication when you need it.

- Your nurses will ask if you have pain from the time of your arrival and often throughout your stay. Refer to the pain scale below to become familiar with your level of pain.
- Please tell us when you are having pain.
- Please tell us how the pain medication is working for you.
- We will make every effort to provide you with pain relief and/or management with medications and other pain relief treatments.
- Medication is not the only effective way to treat pain. Additional methods include ice packs and elevating your leg.
- Get moving! Swelling around the new joint causes stiffness, which in turn can increase your pain level. Movement will loosen the swelling around your new joint.

Medication

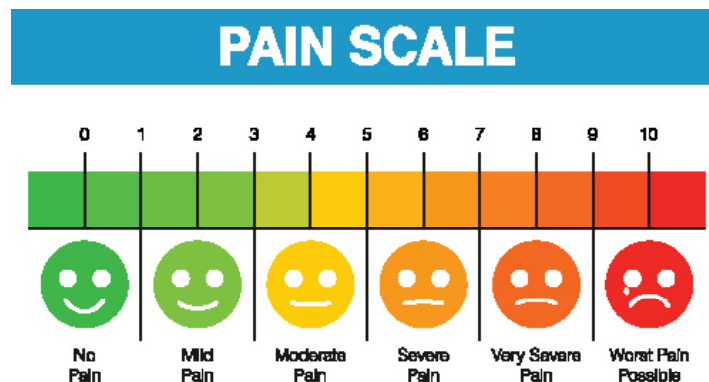
You may need pain medication after surgery to control pain. This allows you to be mobile and complete your exercises.

Control Swelling

Icing and elevation above the heart several times daily the first few weeks will help control swelling. Swelling is normal as this is the system the body uses to heal the tissues around your new joint; however, excess swelling increases pain and stiffness.

Positive attitude

Your emotions will directly affect your levels of pain.



Pain Control & Medications

These are some of the common medications that are prescribed at River's Edge Hospital. Your medications and plan will be customized to you based on your diagnosis and medical history. If you have any questions about medications you are given during your stay, please ask your nurse or the pharmacist.

Medication Type	Purpose	Common Side Effects
Non-Narcotic Pain Medications <ul style="list-style-type: none"> • Tylenol (acetaminophen, APAP) • Motrin (ibuprofen) • Aleve (Naproxen) • Celebrex (celecoxib) • Mobic (meloxicam) 	Provide relief from pain and inflammation	Nausea, dizziness, heartburn
Narcotic Pain Medications <ul style="list-style-type: none"> • Ultram(Tramadol) • Norco/ Vicodin/Lortab (hydrocodone/ acetaminophen) • Oxycodone • Percocet (oxycodone/acetaminophen) 	Provide pain relief	Drowsiness, dizziness, nausea/ vomiting, lightheadedness, weakness, constipation, confusion
Muscle Relaxants <ul style="list-style-type: none"> • Flexeril (cyclobenzaprine) • Valium (diazepam) • Robaxin (methocarbamol) 	Relieve pain and stiffness caused by muscle spasms	Drowsiness, dizziness, nausea/ vomiting, lightheadedness, weakness, constipation, confusion
Blood Thinners <ul style="list-style-type: none"> • Aspirin • Lovenox (enoxaparin) • Xarelto (rivaroxaban) • Coumadin (warfarin sodium) • Eliquis (apixaban) 	Prevention and treatment of blood clots	Bruising, increased risk of bleeding injury if you fall, GI upset, redness and pain at the injection site if using enoxaparin (Lovenox)
Antibiotics <ul style="list-style-type: none"> • Ancef (cefazolin) • Cleocin (clindamycin) • Will be adjusted based on your allergies 	Prevent and treat bacterial infections	Diarrhea, stomach cramps, nausea/heartburn, rash
Stomach/Bowel <ul style="list-style-type: none"> • Senokot-S (Senna-docusate) • MOM (milk of magnesia) • Dulcolax (bisacodyl) • Zofran (ondansetron) 	Preven and treat constipation Prevent and treat nausea and vomiting	Stomach cramps, diarrhea, nausea

Pain Control & Medications



Managing Pain at Home

You will be prescribed pain medication upon discharge. Take each dose as directed, before pain becomes severe (don't hesitate to take medication when you need it). Wait about 30 minutes after taking pain medication before starting an activity, such as exercise. Tell your doctor if the medication doesn't control your pain or if you suddenly feel worse. Icing and elevating your leg can also help relieve pain.

When you notice your need for pain medications start to decrease begin to taper off of the narcotic medication by taking only one tablet at a time and waiting longer between doses. Continue to taper off until you no longer need it. Continue to take the scheduled medication(s) (ex. Tylenol, ibuprofen, Aleve, Celebrex, etc.) as instructed for two weeks. This will continue to provide baseline pain relief while you taper off of the narcotic.

If you are taking a blood thinner, check with your doctor prior to taking any other type of pain relievers. Many common, over-the-counter pain relievers may interact with your blood thinner and cause problems.



Prevent Constipation!

Changes in daily routine, as well as taking narcotic pain medicines, can result in constipation. Take measures to prevent constipation before it becomes a problem.

- Eat fiber rich foods like grains, fresh fruits and vegetables to help keep your system moving.
- Drink plenty of water. This adds fluid to the colon and bulk to the stools, making bowel movements softer and easier to pass.
- Avoid liquids that contain caffeine, such as coffee and cola drinks. Caffeine flushes your colon of fluids and causes dehydration. Stools become dryer and harder to pass.
- Avoid alcohol. It also causes dehydration and contributes to constipation.
- Incorporate a daily walk or walks into your exercise routine to keep your system well-balanced.
- Wean yourself off of narcotic medications as soon as possible.
- **Take a laxative, such as Miralax or Senokot S, every day after discharge until you have finished taking your narcotic pain medications.**

You will likely require pain medication after you leave the hospital and the duration is dependent on many different factors including personal pain tolerance, activity level, etc. A pharmacist will develop a medication plan for you that includes over the counter pain medications as well as narcotic pain medications.

Notes:

Preventing Falls

We would like your stay at River's Edge Hospital to be as safe as possible. To decrease your chance of experiencing an accidental fall during this hospitalization, please review the following tips:



Use Your Call Light

Your call light will be your best friend after your procedure. Use your call light whenever you need something - especially to get out of bed. Your nurse and/or PCA will come to assist you to the restroom so you do not fall.



Stay Seated

Do not get up on your own until cleared for independence in your room from your therapist.

Therapy will work with you daily to help assess and improve your mobility. If you have questions or concerns, please ask your therapist.



You Are Now Cleared

Once you are cleared for independence by your therapist, you are required to use your assistive device (2-wheeled walker). Your therapist will show you how to push up with both arms to stand.

Never pull on the walker to help you stand as it may slide out from under you.



Stay Sturdy

Do not use bedside tables for support as they have wheels and could roll away from you. Be sure to use something sturdy to help support you.



Falls Tips for Family & Visitors

Family and friends are the patient's greatest help while they are recovering from surgery. You can help the patient stay safe by doing the following:

- Before you leave the room, please make sure the patient's call light and the bed stand is within reach of the patient. Items such as the phone, tissues and water cup should be in reach.
- Some medications may have side effects that cause weakness or dizziness. If you notice these symptoms, please notify the nurse.
- We strongly encourage staying with the patient if they are at a high risk for falling or are confused.
- Notify the nurse before leaving a confused or disoriented patient so appropriate safety measures can be taken.
- Reinforce with the patient the need to ask the nurse for help when getting up.

Preventing Falls at Home

Keep yourself safe at home by watching for these fall hazards:

- Keep alert for possible floor hazards that may be present such as pets, small objects, or uneven surfaces.
- Pick up throw rugs and secure loose carpeting.
- Open-toe slippers or shoes without backs do not provide adequate support and can lead to slips and falls. They should not be worn.

Exercises for Hip Replacement

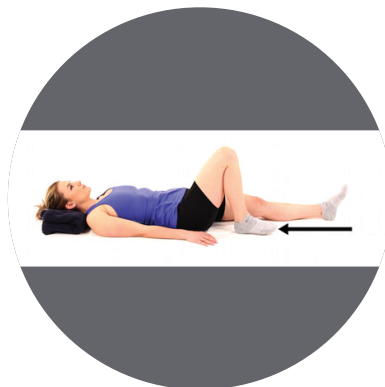
Recovery after joint replacement surgery begins at home, before your surgery. Joint pain prevents many joint replacement patients from exercising and, in some cases, even discourages routine movement. This lack of activity tends to weaken the muscles.

Do these exercises BEFORE surgery. Work up to 20 reps as tolerated, 2 times per day. Continue these exercises for 8-12 weeks after surgery.



Ankle Pumps

Move your ankles up and down.
20 Repetitions.



Heel Slides

Lie on your back and bend your knee by sliding your heel toward your buttocks. Keep your kneecap pointed at the ceiling.
20 Repetitions.



Quad Sets

Tighten the muscles on top of the thighs by pushing the back of your knees into the bed. Keep your toes pointed at the ceiling.
20 Repetitions.



Gluteal Sets

Lie on your back and tighten your buttocks muscles together. Hold for 5 seconds.

20 Repetitions.



Armchair Pushups

Sit in a chair with arm rests. Place hands on arm rests and straighten arms so that your bottom comes off the chair.
20 Repetitions.



Hip Abduction

Lie on your back. Keeping your knee straight and kneecap pointed to the ceiling, slide leg out to the side.
20 Repetitions.

Exercises for Hip Replacement

Include these exercises into your routine one week after surgery, up to 20 reps as tolerated and continue for 8-12 weeks.



Calf Raises

Stand by a kitchen counter or sturdy chair. Rise up on toes.
20 Repetitions.



Mini Squats

Stand by a sturdy chair or counter. Slowly bend knees, keeping feet on the floor.
20 Repetitions.



Standing Hip Extension

Using the back of a chair or counter, stand with legs shoulder width apart. Keeping knees straight and feet forward, extend your leg back. Do not arch your back.
20 Repetitions.



Standing Hip Abduction

Using the back of a chair or counter, stand with legs shoulder width apart. Keeping knees straight and feet forward, bring your leg out to the side.
20 Repetitions.

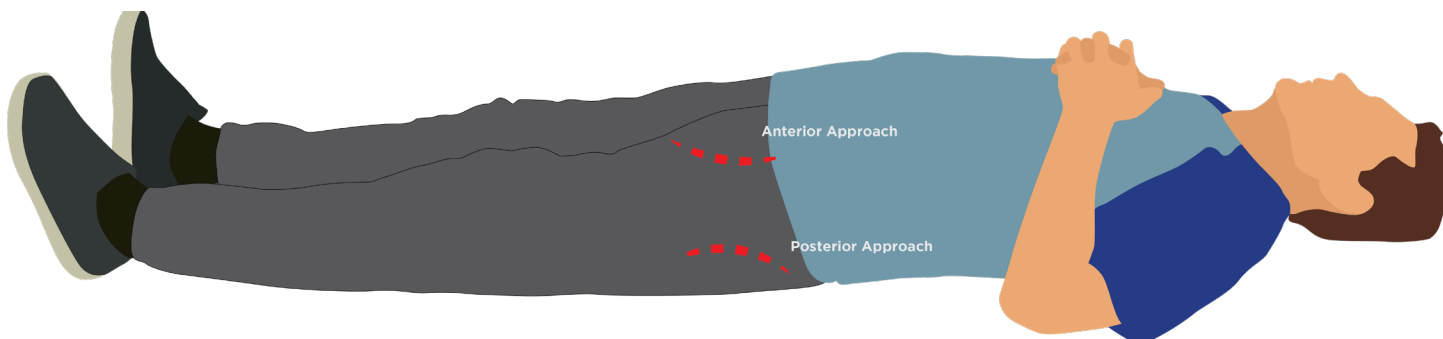


Standing Hip Flexion

Stand with legs shoulder width apart by a sturdy chair or counter. Lift knee up and down. Don't lift thigh beyond 90 degrees.
20 Repetitions.




Caring for Your New Hip

There are two different incision options surgeons consider with a total hip replacement. These options are a posterior approach (back of the hip) or anterior approach (front of the hip). Each one has specific precautions (below) following surgery that should be followed to keep you and your new hip safe.





The illustration above shows the approximate locations of the anterior incision site and the posterior incision site. If you have questions about the approach of your hip surgery, please contact your surgeon.

Posterior Approach Precautions

-  No bending past 90 degrees
-  No crossing your legs
-  No twisting your leg

Anterior Approach Precautions

-  No hyperextension of your leg
-  No twisting your leg

Follow these precautions for 8 weeks after surgery or until you are advised to discontinue precautions by your surgeon.



No bending past 90 degrees



No hyperextension of your leg



No crossing your legs

No twisting your leg



Discharge Planning

- **Your expected hospital stay is one night.** You can leave the hospital when your medical condition is stable and you meet your therapy goals. You will be cleared by the hospitalist, surgeon or physician's assistant (PA) and therapy. Once home, it is normal to have good days and bad days. If you continue exercising, there will be more good days and your condition will improve.
- A discharge planner or other healthcare worker will meet with you to discuss discharge plans and/or for equipment you may need at home (see page 6 for equipment suppliers and recommended devices). A post-operative visit with your surgeon will be scheduled as well.
- A Skilled Nursing Facility, Swing Bed Facility or Home Health Services may be an option if you need additional nursing and therapy. A discharge planner will discuss this with you if it's needed.
- Remember - your anticipated hospital stay will be one night. It is your responsibility to make transportation arrangements prior to discharge.
- Prescriptions for your new medications will be sent to the pharmacy or handed to you the day of your discharge. Some will be for over-the-counter products and some will be prescription medications.

Back at Home

Welcome Home! Now that you're home, you will be applying the same movement skills you learned in the hospital. Your exercise program (see pages 12-13) will bring big rewards! With your new hip in shape, you'll walk easier and return to an active life sooner. It is also important to care for your incision and watch for signs of infection.



Exercise

Exercising is the only way to regain your strength and range of motion. With continued exercise, you may gain even more strength and range of motion than you had before surgery. That's because before surgery pain may have limited your movement. So make exercise part of your daily routine.



Walking is Key

Walking helps build a more normal, comfortable stride. It also keeps you in shape and helps prevent blood clots (refer to page 21 for more information on blood clots).

Begin by taking three or four short walks on a flat/level surface every day. Gradually increase how far, how long, and how many times a day you walk. After your walk, lie down, elevate your leg, and ice it to reduce swelling.

Your doctor or physical therapist will instruct you when and where to use your walker, crutches, or cane. He or she will also let you know when you can stop using them.



Control Swelling

Swelling is common after joint replacement. It may be worse after exercise.

Elevate your leg above the level of your heart while icing. Lie flat on your back with pillows under your ankle and leg to achieve this position.

Use ice for 20-30 minutes at a time.

Back at Home



Preventing Infection

Take a proactive approach to prevent infection. Taking proper care of your incision is the first step. The second step is to notify your healthcare provider prior to any procedure which may break the skin.

During the first two years after joint replacement, you are susceptible to infection.

- Ask your provider if an antibiotic prescription may be needed prior to any procedure.
- If you see a new doctor, be sure to include the joint replacement surgery in your medical history.



Getting Dressed

When getting dressed after surgery, consider these tips:

- Sit for as much of dressing as possible
- Dress your surgical leg first
- Wear loose fitting clothing
- Use adaptive equipment to help maintain safety, comfort, and independence
- Don't twist or cross your legs to help you get dressed

Dressing using a reacher:

- Grasp the waistband with the reacher and lower the clothing to the ground
- Slip the pants over your surgical leg first, then your other leg
- Use the reacher to pull the pants up to your knees where you can reach them with your hands
- Stand up and pull pants over hips while steadying yourself with your walker
- Reverse the steps to take off pants

Putting on socks with sock aid:

- Pull the sock onto the sock aid
- Lower the sock aid to the floor and slip your foot into the device
- Use the strings to pull the sock aid up until it comes out of the sock



Signs of Infection

Infections, although rare, do sometimes occur after surgery. It is important to note any changes in your incision.

- Some redness, heat, swelling or bruising around the incision is perfectly normal. Call your surgeon if the redness increases and pain doesn't subside.
- Report any fever or night sweats to your surgeon.
- Call your surgeon if you notice any increases in drainage, if the drainage changes color or if an odor is present.
- Contact your surgeon if you notice an increase in pain (not associated with normal exercise).



Using a Walker/Sitting

Using your walker for the first few weeks after surgery will help you be mobile. Keep your walker close by, especially when sitting down. To use your walker, follow these steps:

1. Back up until you feel the chair behind you. Extend your operated leg out in front of you.
2. Reach behind you with both hands and grab the armrest or side of the chair.
3. Lower yourself onto the center of the chair, then slide back.

To get up, do the reverse of the three steps above; scoot towards the edge of the chair, push up using the armrests, then reach for the walker. Do not try to use the walker alone to stand - it could tip over.

Pro Tip!

Keep doing the exercises on pages 12-13. These exercises, along with a good walking routine will help you gain strength and mobility in your new hip joint.

Using a Cane

To ensure the best fit and proper use of your cane, follow these guidelines. If you have questions about how to use a cane, consult with your physical therapist.

Using a Cane

1. Cane adjustment:

- Stand up tall next to your cane
- Drop your arm by your side
- The handle of the cane should line up with the crease of your wrist



2. Forward walking:

- Place cane in hand opposite of surgical leg



3. Follow with your non-surgical leg

- Begin by bringing this foot to the same position as your other foot
- As you progress, bring this foot past your other foot
- Repeat steps 1-2



Using a Cane

You can begin transitioning from your walker to a cane when:

- You're able to stand in one place with minimal use of your arms and with relative ease.
- You're able to walk with your walker with minimal use of your arms.
- There is no noticeable limp in your walking pattern with the walker.
- You begin to find yourself forgetting to use the walker. Begin within a "predictable" environment such as your home before you start using it out in the community.

Considerations when you start using a cane:

- Flat surfaces with minimal obstacles.
- Avoid high traffic areas such as malls/shopping centers.
- As you gain confidence and ability you can begin exploring elevations, pliable surfaces, high traffic areas.

Follow these best practices for using a cane:

- Landing with your heel and rolling through your toe.
- Swinging foot should pass your other foot as you bring it through.
- Slight bend in your knee as you step forward.
- Upright trunk posture at all times.

Pro Tip!

When using a cane on stairs, remember to go up with the "good" leg and down with the "bad" leg.
(Using a cane on stairs instructions on the next page)

Using a Cane on Stairs



Using Your Cane on Stairs

Follow these tips for the safest use of using a cane to navigate stairs and curbs.

Going UP

1. Start by placing the cane beside you
2. Step up with the non-surgical “good” leg
3. Step up with the surgical “bad” leg
4. Finally , bring the cane up and place beside you
5. Repeat until you are at the top of the stairs or curb



Going DOWN

1. Start by placing the cane on the step below
2. Step down with the surgical leg first
3. Step down with the non-surgical leg
4. Repeat until you are at the bottom of the stairs or curb



Bathing



Your occupational therapist will work with you during your hospital stay on how to safely (supervision is recommended) get into your shower or bathtub. See below for these step-by-step instructions for options of getting into your shower.



Standing next to the tub facing the direction the water is located, hold onto grab bar with both hands.



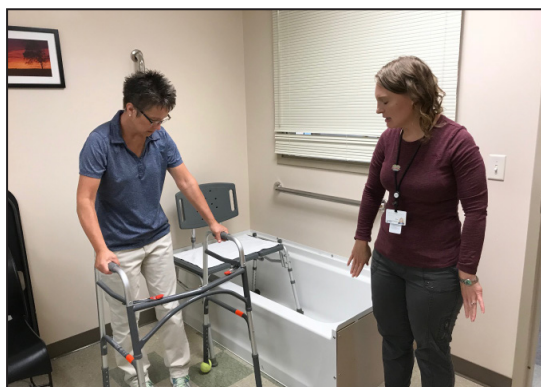
Lift leg closest to the tub first by bending at the knee and step over into the tub.



Bring second leg over the edge of the tub by bending at the knee and step over into the tub.



Back up to bath seat, reach back, and sit down, extending surgery leg ahead.



1. Back up to the side of the tub where the bench is located.



2. Feel the tub ledge or bench behind your legs.



3. Sit on the edge of the bench like you would on a chair, holding onto the bench for support. Slide your body backward to the center of the seat.



4. Lift your legs over the tub ledge until both feet are inside the tub.

Caring for Your Incision

The most common bandage used after surgery is called an Aquacel™. You will be shown how to care for the bandage and incision before you are discharged from the hospital. Please refer to the sheet below if you have questions or concerns once you are home.



HOW TO APPLY

AQUACEL® Ag Advantage Dressings

Preparation

- ✓ Cleanse and dry the incision site according to protocol.
- ✓ Choose an appropriate dressing size.
- ✓ Sterile gloves are recommended prior to open dressing package.
- ✓ Remove the dressing from the sterile pack.



Application

STEP 1: Remove the large backing film (leaving the secondary film in place). Avoid finger contact with the pad and adhesive.



STEP 2: Remove half of the remaining backing, and place the dressing directly over the incision line, making sure the adhesive does not come into contact with the incision line. Do not stretch the dressing.



STEP 3: Mold the dressing into place to secure adhesion.

Scan the codes to watch videos on how to apply and remove your dressing.

If you have any questions or concerns, contact us at **1-800-422-8811**

(Hours: Monday-Friday, 8:30am - 7:00pm ET)



Scan to watch Application video



Scan to watch Removal video

CLINICIAN NOTES

Your dressing should be removed/changed on

Additional notes:

As demonstrated in vitro. *Refer to package insert for full instructions for use.

References: 1. Dillon JM, Clarke JV, Deakin AH, Nicol AC, Kinniburgh AWG. Correlation of total tissue replacement wound dynamic morphology and dressing material properties. *Journal of Biomechanics*. 2007;40(suppl 2):201. 2. Bowler PG, Parsons D. Combatting wound biofilm and recalcitrance with a novel anti-biofilm Hydrofiber® wound dressing. *Wound Medicine* 14 (2016) 6-11. 3. Jones SA, Bowler PG, Walker M, Parsons D. Controlling wound bioburden with a novel silver-containing Hydrofiber dressing. *Wound Repair Regen*. 2004;12(3):288-294. 4. Bowler PG, Jones SA, Walker M, Parsons D. Microbicidal properties of a silver-containing Hydrofiber dressing against a variety of burn wound pathogens. *J Burn Care Rehabil*. 2004;25(2):192-196. 5. Bowler P. Progression toward healing: wound infection and the role of an advanced silver-containing Hydrofiber dressing. *Distomy Wound Manage*. 2003;49(suppl 8A):2-3. 6. Heffernan A, Martin A. 1994. A comparison of a modified form of Granuflex® (Granuflex® Extra Thin) and a conventional dressing in the management of lacerations, abrasions and minor operation wounds in an accident and emergency department. *Journal of Accident and Emergency Medicine*; 11: 227-230



Watching for Blood Clots

A blood clot is a mass of blood that forms when things in the blood get “stuck” together. The blood clots in areas to help the body heal, however, blood clots that form inside the veins can be serious. Refer to the information below on blood clots, anticoagulants and when to seek medical attention.



Anticoagulants

Blood clots after surgery can cause serious problems. However, there are steps that can be taken to prevent them. One, is to adhere to your daily exercise routine. The other is to take prescribed anticoagulants (blood thinner).

If taken according to your surgeon’s instructions, anticoagulants are safe and effective. However, in some cases there may be warning signs that prompt treatment is needed.

If you fall, have a traumatic injury, or if you experience any of the following, call your surgeon immediately. **DO NOT WAIT AND HOPE THE SYMPTOMS GO AWAY.**

- Bleeding or oozing from incision
- Nosebleeds
- Blood in your urine
- Coughing or vomiting blood
- Excessive bleeding when brushing your teeth
- Spontaneous bruising (a bruise not caused by a blow or any apparent reason)
- Pain or swelling in any part of your leg, foot or hip
- Dizziness, numbness or tingling
- Rapid or unusual heartbeat
- Chest pain or shortness of breath
- Vomiting, nausea or fever



Things to Avoid

Certain medications, foods and activities can interact negatively with anticoagulants. It is important to take proper steps to avoid any potential complications.

- Check with your doctor before taking over the counter drugs like aspirin, aspirin-containing compounds, non-steroidal medications and even vitamins or herbal supplements.
- If taking Coumadin, be consistent in the amount of dark green leafy vegetables you eat each day.
- Avoid drinking alcohol while on anticoagulants.
- Postpone any procedures that would cause bleeding.
- Avoid any activity that may result in injury. This includes such hobbies that use power tools or sharp instruments that could break the skin.



Suspect a Clot?

If you suspect you have a blood clot and have swelling in your thigh, calf or ankle that does not decrease when you lie down or elevate your feet, call your surgeon’s office **immediately** at 507-386-6600. Other warning signs include pain or tenderness in the calf of either leg.

WARNING Signs: Pulmonary Embolus

A pulmonary embolus is a blood clot that breaks away from the vein and travels through the blood into the lungs. This can be life threatening!

The best way to avoid a pulmonary embolus is to recognize and treat any potential blood clots. If you suspect a blood clot, call your surgeon IMMEDIATELY.

CALL 911 IMMEDIATELY if you experience sudden chest pain, difficult or rapid breathing, shortness of breath, or confusion. DO NOT take the time to call your surgeon.

Frequently Asked Questions

How is my surgery billed?

You will receive a bill from River's Edge Hospital for your surgery charges. Other charges may be billed from an outside imaging service, and a third-party billing service for providers, other than your surgeon, who delivers care during your stay.

Do I have to file my own insurance/Medicare/Medicare Advantage claims?

River's Edge Hospital will file your insurance claims. Once payment has been received by River's Edge from your insurance company, a bill for the remainder of the balance will be sent to you.

What if I do not have insurance coverage?

If you do not have insurance coverage, you can expect to pay 50 percent of the charges prior to service. The remainder is due upon receipt of your billing statement.

What are my payment options?

Payments can be made by cash, check or credit card (Visa, MasterCard, Discover). River's Edge Hospital now offers Care Credit, a flexible way to pay your medical bills. Community Care, a financial assistance program is also available.

A representative from our Business Office is available to provide one-to-one financial counseling. Contact the Patient Account Representative at 507-934-7303 to schedule an appointment.

What should I pack for the hospital?

You will expect to stay in the hospital at least one night. You will wear a hospital gown the first day and can wear your own clothes for the rest of your stay. You may want to pack:

- Loose fitting shorts or sweatpants; loose fitting shirts or sweatshirts
- Socks, underwear, sleepwear
- Tennis shoes with good traction or well-fitting slippers
- Personal hygiene items
- Eyeglasses; denture cup
- Front-wheeled walker
- Bring ALL medications and supplements you are currently taking or have recently stopped in the last 30 days
- Insurance card and photo I.D.
- CPAP/BIPAP machine if used
- Advanced directive, guardian/power of attorney paperwork, if you have one. If you'd like more information about health care directives, please contact your health care provider, attorney or Minnesota Board on Aging Senior LinkAge Line® 1-800-333-2433
- Cell Phone and charger

Frequently Asked Questions

How will I know which approach my surgeon is using for my hip replacement?

The approach used is a discussion between you and your surgeon. Contact your surgeon if you have questions.

When will the swelling go away?

The majority of the swelling will be gone in 6-12 months. An increase in activity may increase swelling.

When will the numbness go away?

Some numbness is normal after hip replacement surgery as sensory nerves are interrupted due to the incision. This will improve, but a small area may remain.

How long will I be on pain medication?

You will likely require some form of pain medication after you leave the hospital. Duration is dependent on many factors, including personal pain tolerance, activity level, etc.

When can I drive?

You should have good control of your operated leg and be off of narcotic pain medication at least during the day. This is usually around four (4) weeks. Always consult your surgeon if you have questions.

Can I sleep on my side?

Yes, when it is comfortable. Try sleeping on your non-surgical side first. Place a pillow or your abduction wedge between your knees.

When can I go back to work?

It depends on what your job requires. If you have a desk job it may be a few weeks, but a physically active job may require longer rehabilitation.

When can I use a cane?

Most people can begin use of a cane 2-3 weeks after surgery and many do not use an assistive device after 4-6 weeks.

How often should I ice my hip?

20-30 minutes, at least 6-8 times per day.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedic surgeon.

How do I know if I have an infection?

Warning signs of infection are: persistent fever, chills, drainage from wound, increased redness, tenderness, or swelling of the joint. Refer to page 16 for details.

Why is my hip so stiff?

Fluid and swollen tissue take up space around the joint and impede motion. This usually subsides within 3-6 weeks. Pain may also inhibit motion, leading to increased stiffness. Taking short walks and following your exercise program may help reduce stiffness.

When can I shower or get my incision wet?

If there is no drainage you may shower after 48 hours. When drying, pat the area with a towel. Do not rub.

When can I immerse my hip in a bathtub or swimming pool?

Generally around 4 weeks after surgery.

When do I get my staples out?

Approximately 2 weeks after surgery.

When will the pain go away?

Sharp pain gradually subsides and is replaced with a deeper, more achy pain. Ice, elevation, and pain medication can help.

What can I do about constipation?

This is very common following surgery and is aggravated by narcotic pain medications. Laxatives taken every day until you have stopped taking opioid medications and have regular bowel movements. Ask your surgeon or physician if the problem continues.

Frequently Asked Questions

What can I do about trouble sleeping?

This is a very common complaint following joint replacement surgery. Taking your pain medication regularly and icing often will help. As some time passes after surgery you will generally begin to sleep better. You may contact your physician if you have concerns.

Is bruising normal?

Bruising amounts vary and is normal around the surgical site.

How long does the surgery take?

The hospital reserves approximately two hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery. You will then go to recovery.

How long will I stay in the hospital?

Most hip replacement patients will be hospitalized for 1 night after surgery. There are several goals that must be achieved before discharge.

How often will I need to be seen by my surgeon following the surgery?

You will be seen for your first postoperative office visit approximately 2 weeks after discharge from the hospital. The frequency of follow-up visits will depend on your progress. Most patients are seen at 2 weeks, 6 weeks and 12 weeks.

What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as walking, dancing, golf, bicycling, hiking, swimming, bowling and gardening.

How long and where will my scar be?

Surgical scars vary in length, but most surgeons will make it as short as possible. It will be along the side of your hip (see page 14).

How long will I have to follow my hip precautions?

It will depend on the technique used. Consult your surgeon for recommendation. You can typically expect precautions to remain in place for 6-8 weeks.

What kind of “support equipment” might be used during my hospital stay?

Special tubes and machines help you recover after surgery. They may include:

- An intravenous (IV) line to provide needed fluids and medications.
- A catheter tube to help drain your bladder.
- A drainage tube in your leg to release excess fluid and reduce swelling.
- An ice pack to reduce inflammation.
- A sequential compression machine (SCM) to prevent blood clots by gently squeezing then releasing your leg.