

## **Hip Replacement (Anterior Approach) Education Plan**

### **Getting Ready to Learn About Hip Replacement**

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review the following information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We will be giving you information in small bits over several days.

### **What I Need to Learn About Hip Replacement**

By the time I leave the hospital; I will be able to tell the staff:

1. How to be active and be careful following hip surgery.
2. How to care for the wound following hip surgery.
3. What to eat in order to heal from hip surgery.
4. How to manage pain from hip surgery.
5. How to manage other issues patients with hip surgery may have.
6. When to contact the doctor's office or therapy.

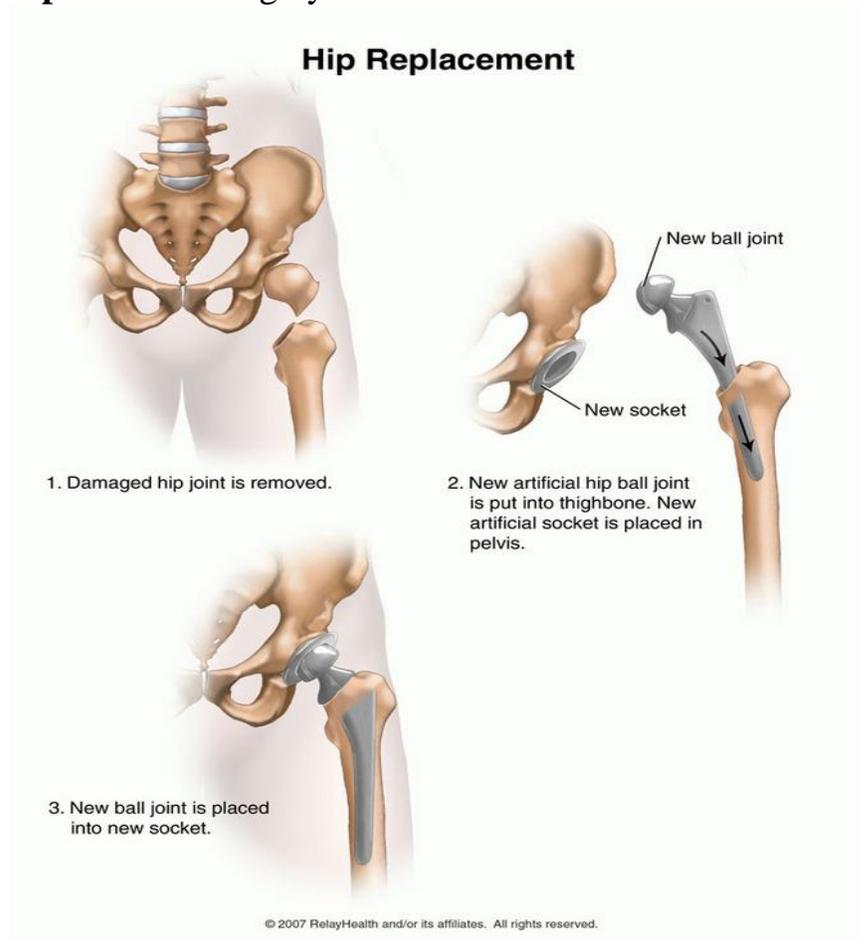
### **The staff will use three questions and answers to teach me about Hip Replacement (Anterior Approach):**

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask you to repeat back important points in your own words, or ask you to show what you have learned. They want to make sure that you know about your disease and how to take care of yourself.

### What is my main problem?

I have just had or am having surgery on my hip. Hip replacement surgery is a procedure done to remove a painful hip joint and replace it with an artificial hip joint. I need to know what to do to get well after total **hip replacement** surgery.



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### What do I need to do?

I will be able to tell the staff how I will be active and be careful following surgery.

- I will not put more weight on my leg than I have been told to by my therapist or doctor.

- When rolling from my back to a side, roll towards my operative leg.
- It will help to keep the bedside table and phone on the same side of the bed as the total hip replacement leg if possible. For example: for right hip surgery, put items on the right side of my bed.

#### Be Active/Exercise

- If I have an incision on the side of my hip, do not do exercises that swing my leg away from my body. It is OK to move my leg away from my body to get out of bed. Your therapist will clarify this with you.
- Do not move my total hip replacement leg backwards into the combined motions of hip extension (backwards) and external rotation (pointing toes outward). This puts me at risk of popping out my hip.
- Do not bring my total hip replacement leg inward across midline – do not cross my legs. This puts me at risk for popping out my hip.
- Do the exercises as the doctor or therapists have told me. (See handout).
  - Start these exercises the day after surgery. My doctor may have asked me to do some of them before my surgery.

#### Use of Assistive Devices

- Place a pillow between my legs when turning onto my side in bed.
- Use an elevated toilet seat if desired for comfort.
- Use a walker or crutches as instructed by my therapist. They will help me get around safely.

I will be able to tell the staff how I will care for the wound following surgery.

- Keep incision clean and dry. Do not put my leg under water until cleared by my doctor.
- Do not apply heat (heating pad, hot water bottle) to operative hip until cleared by my doctor.
- Do not use ointments, lotions or creams on my operative leg until cleared by my doctor.
- Wash my hands before touching my incision or bandage.
- Don't sleep with my pets. Keep them away from my incision and my bandage.

- Watch for signs of infection.
  1. Increased tenderness
  2. Swelling
  3. Drainage
  4. Fever
  5. Redness
  6. Nausea and vomiting

I will be able to tell the staff how I will eat in order to heal from my surgery.

- Eat at least 2 servings of food rich in protein each day. Foods rich in protein include meats, chicken, turkey, fish, eggs, beans, peas, and peanut butter.
- Eat 3 servings of dairy foods rich in protein. Dairy foods that are rich in protein include yogurt, cheese and milk.
- Eat 5 servings per day of fruits or vegetables. These foods are rich in vitamins that will help my incision heal.

To help keep my bowels working normally while I recover from surgery, I can:

- Eat whole grain breads and cereals. Eat brown or wild rice instead of white rice.
- Add beans, peas, or lentils to soups and casseroles.
- Eat fresh fruits and vegetables.
- Drink plenty of fluids. Set a goal of 6 to 8 cups per day.

I will be able to tell the staff how I will manage pain from my surgery.

- Take pills for pain as ordered by my doctor
- Do not wait until the pain is too bad before taking my pills. The medicine may not work as well if I wait too long to take it.
- Call my doctor if I think my pills are not helping or if I feel I am having side effects.
- Check with my doctor or pharmacist if I have questions about my medicine.

Precautions with pain medications

- Do not drive when taking pain pills that make me drowsy
- Let my doctor know if I am taking aspirin or another blood thinner medicine.

I will be able to tell the staff how I will manage other issues I may have.

#### Use of TED hose

- I will wear elastic stockings (TEDS) as instructed by my doctor.
- Change and wash TEDS daily
- Use baby powder on my legs before I put on the TEDS
- Get help to apply TEDS. I will avoid wrinkles in the TEDS.
- I will wear sweat socks over the TEDS for more comfort.
- I will ask my doctor when I can stop wearing TEDS

#### Future visits to doctors and dentists

- Tell my other doctors about my hip surgery.
- I may need medicine to prevent infection before I have work on my teeth or other procedures. I will ask my doctor.

#### Use precaution in metal detectors

- Metal used in hip surgery may set off metal detectors at airports.

#### Driving Precautions

- I will not drive until my doctor gives the OK.
- I can talk to my doctor about getting a short term handicap-parking pass to use if I need it.

I will be able to tell the staff when I will contact the doctor's office or therapy.

#### Call my provider right away if:

- I have a fever.
- I am in uncontrollable pain.
- I become short of breath cough up blood or have chest congestion.
- I have calf pain.
- Call my doctor if I have shortening or swelling of my leg, a sharp increase in pain, or if I fall.
- I have excessive drainage from the wound.
- My leg has unusual swelling, warmth, or redness.
- I have chest pain.
- Call my doctor if I have bruising or a lot of bleeding.

Call during office hours if:

- I have questions about the procedure or its result.
- I need to make another appointment so my progress can be checked.
- Call the phone numbers listed on the front of the “Physical and Occupational Therapy Instructions for Total Hip Replacements”

**Why is this important to me?**

These directions will help me heal and keep safe after surgery. My doctor wants me to avoid certain motions so that my hip does not pop out.

As part of my care I have received this education plan. I may also receive:

- Physical and Occupational Therapy Instructions for Total Hip Replacements (Doctor specific and Generic)

## Hip Replacement (Anterior Approach) Teaching – Education Plan

### Resources for Staff

Teaching Tools (Items given to the patient)

- Hip Replacement Surgery Education Plan
- [Hip Replacement](#)- Nursing Reference Center Plus
- [Anterior Hip Replacement](#)- LexiComp

### References:

- [Hip Replacement](#)- Nursing Reference Center Plus
- [Anterior Hip Replacement](#)- LexiComp
- Individual Physicians (Dr. Bernard Roehr, Dr. David Christ, Dr. Bruce Rowe, Dr. Kenneth Highhouse, Dr. Rober Highhouse, Dr. Alan Halpern)
- Cioppa\_Mosca, J., Cahill, J., Cavanaugh, J.T., Corradi-Scalise, D., Rudnick, H., & Wolff, A.L. (2006) Postsurgical Rehabilitation Guidelines for the Orthopedic Clinician, Mosby, Inc.

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Always close each teaching session with the question, “What questions do you have for me?”

**\*This page is intended for staff use only. Do not give to the patient.  
This document is not a part of the permanent medical record.**