Now that you have decided to have hip replacement surgery, we want to help answer some questions that patients commonly have. Our goal is to provide you with information about what you can expect before, during, and after your surgery.

This guidebook is divided into four sections to make it easy for you to find the information you need no matter which stage of the process you are in. Many of these subjects will also be discussed in the joint education class you may attend before your surgery. Please bring this guidebook with you to your appointments to use as a reference tool and to make additional notes.

DEPARTMENT OF ORTHOPAEDICS
JOINT REPLACEMENT TEAM

On the front cover: Ted D., hip replacement patient in 2008; hear Ted’s story online at patients.d-h.org/ted
You probably have many questions about how to prepare yourself and your home for surgery. The checklists in this section are designed to help guide you through this preparation process. For general information, you may also find our web site helpful:

patients.d-h.org/ortho/hips
Prepare Your Body

This tip list can help your body get a healthy start before you head into the operating room:

- eat healthy foods like fruits, vegetables, lean meats, and whole grains
- get plenty of rest
- reduce or quit smoking
- reduce or stop drinking alcohol
- start practicing your ten essential exercises to start preparing your muscles (see Physical & Occupational Therapy - section 3)
- practice using crutches or a walker before surgery if they are readily available to you - this is very important; you can buy or borrow crutches from:
  - local senior centers
  - friends or family members
  - department stores
  - large drug stores
  - medical supply stores
- highly suggest that you get your flu shot and, if you are eligible, a pneumonia shot (pneumococcal); you should get these shots preferably two weeks before your surgery; your family and caregivers should also be vaccinated.

Our Billing Policy

If you have questions about billing, insurance, financial assistance or charges for healthcare services, please contact Patient Financial Services:

Lebanon: (800) 368-4783, (603) 653-1047
Concord, Manchester, Nashua, and Keene: (800) 238-0505.

The staff in Patient Financial Services are also happy to help those patients who do not have insurance coverage.
Additional Support After Your Surgery

Before surgery, you will be asked the following questions to help us determine if you need will special assistance following your surgery:

- Do you live alone?
- Do you need help with daily living?
- Do you have any concerns about going home after surgery?
- Are you interested in learning about facilities that provide care and rehabilitation before you go home? See the end of this section for more information on this topic.

If you answered “yes” to any of these questions, one of our nurses will talk with you at your pre-operative appointment (or sooner) about going to a rehabilitation facility after your surgery.

Your Pre-Surgery Appointment

About 30 days before your surgery, you will have a pre-admission appointment or phone call to help complete the necessary medical testing and paperwork for hospital registration.

Depending on your medical history, you may have blood work drawn, a heart tracing (EKG), and/or a chest x-ray. Your surgeon will decide which tests are necessary.

Requiring donated blood is rare in most cases. If you have questions about this option, please discuss them with your surgeon.
What Should I Pack for the Hospital?

Our suggestions include:

- flat, supportive, athletic or walking shoes so that you won’t slip
- short night gown, loose pajamas, or baggy shorts to fit over dressings
- short, light-weight bathrobe
- toiletries such as a toothbrush, toothpaste and deodorant; the hospital has complimentary toiletries if you happen to forget something at home
- eyeglasses instead of contacts - glasses are easier to take care of and are less likely to be lost
- dentures - we can give you a storage container if you need one
- a list of medications that you take, dosage and frequency, including any that you stopped taking for the surgery
- telephone numbers of people that you may want to call
- a small amount of money for newspapers, gift shop items, etc.
- a book, magazine, or other portable hobby
- a “going home” outfit like a sweat suit or other clothing that is easy to put on and take off
- your crutches or walker if you already have them
- this guidebook to use as a reference and to make note of special instructions or questions you may have during your stay

Special Note About Shaving:
please do not shave your surgical area prior to your surgery. Your surgeon will inspect your hip the morning of your surgery and will carefully shave the area at that time. If there are breaks in your skin, your surgery may need to be rescheduled because you may be at risk of developing an infection.

Checklist for the Day/Night Before Surgery

- enjoy a regular dinner
- a nurse will call you on the day before surgery (or on Friday if your operation is on Monday) and will leave a message if you are not home regarding:
  - when to stop having solid food (usually midnight) and liquids such as water, soda, coffee, or tea without cream
  - which medications to take the morning before surgery
  - what time you should plan to arrive at the hospital
  - you may brush your teeth and rinse out your mouth the morning before surgery
  - you will be given anti-bacterial soap packets called Hibiclens; you will need to wash with this special soap the night before your surgery and the morning of your surgery to help decrease the chance of infection; see the cleaning instructions at the back of this guidebook; if you did not receive the soap packet or misplaced it, you can use another anti-bacterial soap, such as Dial®
  - when you shower the night before surgery, use a brush to scrub your nails
  - after your shower the night before surgery, put clean sheets on your bed and wear a clean set of pajamas
Changes Inside My Home

Since you will have limited mobility after surgery, there are many modifications that can be done in your home ahead of time to make life easier. Many of these things should be considered well in advance of your surgery date so plan accordingly.

Prepare Your Home

- buy a cordless telephone
- gather a supply of empty plastic or canvas bags to hang on the front of your walker to help carry things
- wearing an apron with pockets can also help you carry items
- place frequently used kitchen items like glasses or a teapot in easily accessible places, such as a countertop or on the lowest shelf in an overhead cabinet
- buy or make individual meals that can be frozen and reheated easily
- alert family and friends who can help you with your everyday needs
- be sure that there is a clear path to the entrance of your home:
  - shovel snow from sidewalk/stairs
  - rake leaves
  - clean out the garage
- clear clutter from the floors of your home and remove small area rugs so you won’t trip and fall
- if you have pets who may be active and underfoot, it is best to make arrangements for a friend or kennel to care for them the first few weeks after you return home because they could cause you to fall and injure you new hip
Prepare Your Shower

- If your shower is also a bathtub, you will need a safety seat without arms. If you have a shower stall, you can use any safe seat.
- The seat should have feet with rubber tips to keep it from slipping.
- Some patients find that a hand-held shower hose helps them avoid bending at the hip too much. Installing one is fairly easy and does not require a plumber.
- The proper way to use a bench or seat in the shower will be shown to you at the time of your discharge from the hospital.
- Place your soap, shampoo and other shower items in a spot that does not force you to bend or twist to reach them.

Adjust Your Toilet

- If you are taller than 5'2”, you may need to raise the height of your toilet to avoid flexing your hip too much.
- If your toilet is not handicapped accessible, you may want to consider buying a raised toilet seat, toilet safety frame or a three-in-one commode.
- If you have friends or family who already own the above items, please ask to borrow them and install them in your home before surgery. If not, our joint team can order the equipment you need after your surgery and have it delivered to your home.
What to Expect the Day of Surgery

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What to Expect the Day of Surgery

1. When you arrive at the hospital, you will be asked to remove:
   - all jewelry except for your wedding band which can be taped to your finger; it is best to leave all jewelry at home
   - dentures or partial plates
   - contact lenses and eyeglasses
   - hair pieces
   - cosmetics and nail polish (it is best to remove these the night before)

2. You will be asked to put on a hospital gown.

3. A nurse will check your:
   - heart rate
   - blood pressure
   - temperature
   - breathing

4. A nurse will place an IV in your arm which is usually removed 24 hours after surgery.

5. You may go over a permission form, or a consent, with your surgeon if you did not do it already.

6. Your surgeon will mark the joint you are having replaced with a marker.

7. A support stocking (a very thick knee-high) will be placed on the leg that is not being operated on to prevent blood clots.

8. An anesthesiologist will meet with you to discuss your options:
   - general anesthesia: puts you to sleep completely
   - spinal anesthesia: medication injected into your back to make you numb from the waist down with the option of being completely awake or napping

9. After you decide on your type of anesthesia, a nurse may give you medication to help you relax and feel more comfortable.

10. You will then be taken to the operating room on a stretcher.

11. After you have been given anesthesia, a nurse will place a tube (known as a catheter) in your bladder for two reasons:
   - you will not be able to feel the need to empty your bladder
   - to keep track of the fluid that is coming out of your body

   The catheters are usually removed by day two after surgery.

Venodynes: help pump blood back up from your legs to prevent blood clots
What to Expect After Surgery

The recovery room
After your surgery is done, you will be taken to the recovery room. You will have a large triangular-shaped piece of foam or a pillow between your legs to keep you from crossing them. You may have a small tube, known as a drain, right next to your incision to remove extra blood or fluid. These are usually removed the morning after surgery.

As you are recovering from your anesthesia, your surgeon will talk with your family and friends to let them know that your surgery is over and how things went.

X-rays will be taken of your hip(s) to make sure that your new joint is in the right position.

What is squeezing my legs?
After you wake up from surgery, you will have some plastic sleeves on both of your legs. Every few minutes they will inflate with air, and you will feel a squeeze that starts at the ankle and works its way up. These sleeves (also known as Venodynes) help pump blood back up from your legs to prevent blood clots. The amount of time these stay on is determined by your level of activity. Think of them as your own personal leg massagers!

Am I going to have pain?
You will be asked what your pain level is on a scale of 0 to 10 (0 being no pain and 10 being the worst you can imagine). It is important that you know that we cannot take away all of your pain and that we would like to keep you at a 2 or 3 on the pain level scale. Controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy, which are crucial to getting you back on your feet sooner.

Be sure to let your nurse know if:
your pain medications seem to wear off too quickly or if you start to feel nauseous. The earlier the team intervenes, the better you will feel. Please feel free to talk with your nurse about any other concerns you have as well.

Handheld breathing exercise device: you will be asked to use this every one to two hours while you’re in the hospital and when you first get home to prevent pneumonia.

Foam wedge: put between your legs when you come out of surgery to keep you from crossing them.

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More About an Important Medicine
You Must Take: **Anti-Coagulant**

What is an anti-coagulant?
Anti-coagulants are often referred to as blood thinners, but that is not how they work. They do not cause the blood to be thinner (or more liquid). Rather, they prevent your blood from forming blood clots. Your surgeon may place you on one of the following anti-coagulants and he/she will tell you how long you should use it:
- Coumadin (also known as warfarin),
- Lovenox, or
- Arixtra

Why is it so important to prevent blood clots?
After surgery, or, particularly, when you are less active, you are at an increased risk of forming blood clots. Clots most often occur in the lower leg. Sometimes blood clots may also travel through the bloodstream from the legs to the lungs. This is dangerous, even life-threatening. Therefore, prevention is very important.

What is the difference between the anti-coagulants?
- **Coumadin** is a pill taken orally. The majority of patients take Coumadin. If your surgeon chooses it for you, you will be given a prescription. Before you are discharged from the hospital, you will be given a packet of instructions which will include specific information about taking Coumadin. After you finish the medication (approximately one month from your surgery), you will switch to aspirin. You will take one adult-strength aspirin (325mg) in the morning and another at night until you see your surgeon for your first follow-up appointment, unless otherwise directed.

- Lovenox and Arixtra are given by injection. There are many reasons why your surgeon may prefer one of these two anti-coagulants for you. Feel free to ask your surgeon about this. We know that most patients are not familiar with giving themselves injections, so you will be taught the proper technique in the hospital. Your nurse will make sure that you are able to give yourself the medication before you are discharged. Occasionally, your surgeon might have you on two of these medications for a period of time; they will explain why and how long you need to be on them.

- You will also be given a pair of surgical stockings designed to compress your muscles and blood vessels. These will also help reduce the risk of blood clots. You may remove them for one hour two times in 24 hours. Otherwise, we strongly encourage you to wear these stockings 24/7 until your first post-operative visit in four to six weeks.
Frequently Asked Questions After Surgery

Q. When can I eat?
A. Most patients do not feel hungry right away. Usually by the evening after surgery, they are ready to try solid food. Nausea may occur, but it is usually temporary. It is important to let your nurse know if you feel nauseated because there is medication that can minimize this.

Q. What happens on the days following surgery?
A. Your bladder catheter will usually be removed within a few days after surgery. You may feel a slight burning sensation for one to two seconds when it is removed. Also, your doctor will change your bandages on the second or third day after surgery. Lastly, your incision may have staples or stitches. Your doctor will let you know when and where to have them removed. Usually, they are taken out within 10-14 days by your visiting nurse.

Q. When do I start physical therapy?
A. You may see a physical therapist the evening after surgery, but this depends on when you get to your room after surgery. You will start by sitting on the edge of the bed. Usually by the next day, you will be up and walking. Your physical therapist will decide what you will do with your time together. Remember that pain control is imperative. Your nurse will give you pain medicine about 30 minutes before your physical therapy sessions start so that you can do as many exercises as possible. Pain should not hold you back.

Very important: You should not attempt to get out of bed until your physical therapist or surgeon gives you the OK.

Q. When can I leave?
A. Patients are usually ready to go home two to four days after surgery. Patients who go to a rehabilitation or skilled nursing facility stay anywhere from 5-16 days on average. However, they will not keep you any longer than necessary.

You will get to go home when:
- your physical therapist feels that you are safely moving around and you are able to get in and out of bed
- you can get to the bathroom or a bedside toilet by yourself
- you can keep solid food down
- your incision has no signs of infection
- your vital signs are normal
- you can control your pain with oral medications
- your lab work is acceptable to your physicians

You will be discharged to your chosen rehabilitation or a skilled nursing facility when:
- you have met with your discharge planner; he or she will take care of the referrals and any other paperwork that the facility might need
- you no longer need care in the hospital following surgery but your care team feels you are not ready to go home
- remember that the facility you are sent to will depend on bed availability

Q. What is a discharge summary?
A. Upon discharge from the hospital, you will receive a copy of your individual discharge summary. Please read this document in its entirety as it contains important home instructions from your surgeon. If you have questions, you can always call your surgeon’s office.
In this section you will find our recommendations for exercises and everyday activities around your home. We hope that by following our guidelines your healing process will go faster and there will be less chance of injuring your new hip.

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Tips for Everyday Living

You will meet an occupational therapist in your preoperative joint class. You will also see one during your hospital stay. He/she will show you how to use equipment that will help you dress and reach for items. These include:
- long reacher and/or dressing stick
- long-handled sponge
- sock aid
- long shoehorn

Dressing yourself
- When dressing your lower body, sit in a chair or at the edge of your bed.
- Don’t reach further than your knees when sitting.
- Dress the surgical leg first.
- Keep your surgical leg straight out in front of you while dressing.

How do I go up and down stairs?
- Go up with the unoperated leg first.
- Go down with the operated leg first.

What if I trip and fall?
If you are hurt, DO NOT try to get up. Call for help.

If you are not hurt:
- scoot on your buttocks to the base of the stairs
- bring a crutch or your walker
- bump up two or three stairs
- use the railing to get up and then come back down, or
- put a foot stool in front of chair
- bump up onto the stool and then onto chair

Preventing hip dislocation
Follow these guidelines until you see your surgeon for your first follow-up appointment, which will be four to six weeks after surgery. Our team strongly recommends these tips to avoid accidentally dislocating your new hip. It is important to note that you may not feel discomfort or pain until it’s too late so you need to know your limits as you go through the healing process.

Flexing the hip joint
- Avoid flexing the joint to more than a right angle or 90 degrees. To help you, we recommend that you wear:
  - clothing with an elastic waist
  - shoes that slip on and off easily
  - socks that fit loosely
- If you prefer shoes with shoestrings, switch to elastic laces that will allow you to slip them on and off rather than bending down to tie them.
- Do not cross your legs.
- When you are in bed, your toes should be pointing up.
- When standing or sitting, your toes should face forward.

No twisting
- Do not reach across yourself to get something, instead use the hand on the same side as the item.
- Try to avoid pivoting on the leg that was operated on when you are turning, standing, or walking.
10 Essential Exercises

1. Ankle pumps: the most important exercise of all
   - While lying down or reclined on the bed, point your toes up to the ceiling and then point down as far as you can go.
   - Repeat ten times every hour.

2. Buttocks exercises
   - While lying down or reclined, pinch your buttocks (“cheeks”) together.
   - Hold for a count of five, then relax.
   - Do ten repetitions, six to eight times daily.
3. Inner-thigh exercises
- While lying down or reclined, squeeze a pillow between your knees to tighten the muscles of your inner thighs.
- Hold for a count of five, then relax.
- Do ten repetitions, six to eight times daily.

4. Thigh exercises (to strengthen muscles on front of thigh)
- While lying down or reclined, have someone place a rolled-up towel underneath the knee of the operated leg.
- Push the back of that knee down and try to straighten your leg.
- The muscles on the front of your thigh should tighten.
- Hold for a count of five, then relax.
- Do ten repetitions, six to eight times daily.
5. Hamstring muscle exercises
- While lying down or reclined, dig your heel into the bed (or your recliner’s foot rest).
- You should feel the muscles on the back of your thigh tighten.
- The back of your knee should lift off the bed slightly.
- Do ten repetitions, six to eight times daily.

6. Heel slides
- While lying on your back, bend the knee on the operated side with your heel touching the bed the entire time.
- Then flatten out your foot.
- Slide your foot back down and slowly straighten your leg.
- Do ten repetitions, three times daily.
7. Quadriceps exercises
- While lying on your back, have someone place a rolled pillow under the knee on your operated side.
- Lift your foot up to make the knee straight.
- The back of the knee should not come off the pillow.
- Do ten repetitions, three times daily.

8. Sliding exercises
- While on your back, keep your legs straight with your toes pointed up to the ceiling.
- Move your operated leg out to the side by sliding it across the bed.
- You can use a leg lifter to help move your leg.
- Slide your leg back to its original position.
- Do ten repetitions, three times daily
9. Knee bending and straightening
- Sit slouched in a chair.
- Bend your knee on the operated side as far as you can with the foot on the floor.
- Hold steady for 30-60 seconds if possible, then release.
- Lift your foot up to straighten your leg. Hold for 30-60 seconds. You should feel tension in your front thigh muscles, then release.
- Do five repetitions, three to four times daily.

10. Standing hip and knee bends
- Stand while holding onto firm support (either a solid chair or your walker).
- Lift your leg on the operated side up in front of you and bend your knee.
- Do not let your knee go higher than your hip.
- Then, bring your foot straight up behind you, toward your buttocks.
- Do not move your foot side to side.
- Do ten repetitions of each, three to four times daily.
Now that your surgery is done, your focus should be on healing. If you follow the recommendations listed in this section, you will help ensure that your new hip will last for the rest of your life.

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The First Four to Six Weeks

When you first get home

- Continue to use your walker and crutches as instructed.
- Continue your set of ten essential exercises (see Physical & Occupational Therapy - section 3)
- See a physical therapist two to three times a week at home first, then at an outpatient facility for the next one to two months.
- NO swimming, hot tubs or tub baths until your surgeon gives you the go-ahead.
- NO ointments, lotions, oils or vitamin preparations on your incision until after your first follow-up appointment.
- Wear your elastic stockings until your first follow-up visit.
- Apply an ice pack to your hip dressing for a minimum of twenty minutes, twice daily to decrease pain and swelling.
- Be sure to take your pain medication with food to avoid nausea.
- To help your wound heal faster, continue your healthy eating habits, give up smoking (if you haven’t already), and, if you are diabetic, maintain control of your blood glucose level.
- Do not allow pets to share the space where you are sleeping and resting; they can infect your incision.
- To reduce the chance of getting an infection, make sure you and your caregiver wash your hands thoroughly when:
  - they are visibly soiled
  - before and after care of your incision
  - before eating
  - after going to the bathroom
  - after handling or caring for pets

How to use the shower

- Your surgeon will want you to cover your incision when showering until it is completely healed. This is usually until about 24 hours after your staples or stitches are taken out (about 10-14 days after your surgery).
- It is safest to sit while taking a shower.
- Pat your incision dry after showering.

Using the toilet

- Carefully lower yourself onto the seat using the support of your walker or toilet seat frame.
- Keep your surgery leg straight out in front of you.
- The safest way to clean yourself after a bowel movement is to stand and lean forward slightly onto your walker for balance while reaching around to wipe.
- Do not twist your body.
- Keep your legs shoulder-width apart to keep your balance steady.

Your pain medications

- Commonly-taken narcotic pain medications include:
  - Oxycodone/Hydrocodone
  - Oxycontin (the sustained-release form of oxycodone)
  - Dilaudid/Hydromorphone

On occasion, your surgeon may have you take non-steroidal anti-inflammatory medication; however, do not take it if it is not prescribed for you until you discuss it with your surgeon at your first follow-up visit.

PLEASE NOTE:
You should not take these medications unless your physician says it is OK.

The medications you are prescribed should not cause narcotic addiction since you will only be using them for a brief time to relieve genuine surgical pain. However, if you have concerns about addiction, please discuss this with either your surgeon or your primary care physician.
Many patients find that taking narcotic medications, as directed, helps to maintain their pain control. Be sure to always take your pain medication with food to help avoid nausea.

Be aware that pain medications often do cause constipation. Drink plenty of fluids, eat lots of fruits, vegetables and foods high in fiber (whole grains, cereals, etc.) to avoid constipation. Also, take your stool softeners as directed in the discharge summary sheet you will receive before leaving the hospital.

**Refilling your pain medication**
It is very important to call the clinic **three to four days** before you will run out of your medicine(s). Calling ahead is necessary because prescriptions for narcotic pain medications must be mailed to you or your pharmacy. By law, they cannot be called in to the pharmacy.

**Wearing the stockings**
You are still at risk for a blood clot even six weeks after surgery, so it is very important that you keep wearing your compression stockings 24/7. Your surgeon will tell you when you can take them off at your first follow-up appointment.

**Your first follow-up appointment**
Your first check-up will happen four to six weeks after your surgery. The exact time and date of your appointment will be noted on your discharge summary sheet. This appointment will include X-rays.
When to Call

We urge you to contact us if you:

- Experience any unusual calf pain, redness, or swelling.
- Have a fever (temperature above 100.3) lasting longer than 24 hours. Note that mild temperature elevations are normal in the afternoons and evenings.
- Experience increasing redness, swelling, warmth, unpleasant odor or milky liquid coming from the wound.
- Experience increasing hip pain either with walking or at rest.
- Have a sudden shortness of breath or chest pain.
- Have trouble re-establishing normal bowel habits despite use of stool softeners and increased fluids.
- Have other symptoms you are concerned about.
- If you were discharged from the hospital to a rehabilitation or skilled nursing facility, please call your surgeon’s office within 24 hours of returning home to discuss follow-up care.

Six Weeks and On

How you will feel after the first six to eight weeks

It is not uncommon to feel frustrated even at six to eight weeks after surgery. You might think you are going a bit stir-crazy. You will get better. Healing takes time so be patient with yourself.

It is normal to experience an emotional slump about three weeks after surgery. It is difficult to be confined to your house when you’ve been used to being on the go when you like. This slump will pass. Feel free to call your surgeon’s office for support - a little reassurance may be just what you need.

Many patients find that they still become tired very easily or are tired most of the time. Some patients find this is true for even longer than that (up to several months after surgery). These feelings are a normal part of your body’s recovery from surgery and the healing that you have to do. Over time, as you are able to move more and have less pain, you may find that you are more tired instead of less. Allow time for an afternoon nap even when you have never needed one before.
Resuming regular exercise
Discuss regular exercise with your surgeon before doing anything other than walking or your physical therapy. Doing too much activity too soon can cause damage to your new joint that you may not feel right away.

Weight-bearing restrictions
Some surgeons will restrict the amount of weight you put on your operated leg for a period of time after your surgery. Please refer to your discharge summary for your personal surgeon’s advice. It is important that you follow your doctor’s and physical therapist’s instructions. After looking at the x-rays at your first follow-up appointment, your surgeon may adjust the restrictions.

Driving
Narcotics and unreliable muscles may impair your ability to drive safely. You should not drive until after your first follow-up appointment.

Hip precautions
Follow the individual hip precautions that are given to you when you are discharged. It is important to follow these instructions to avoid dislocation of your new joint.

Long-term precautions
- Tell all of your current and future doctors about your surgery—they need to know.
- For the first two years after your surgery, or if directed by your primary care provider, you will need to take antibiotics any time you have dental work. This will help to reduce the risk of developing an infection in your artificial joint. Your primary care physician or dentist can provide you with the prescription before dental appointments. It is preferred that you do not have any elective dental surgery or dental cleanings one week before your surgery and six months after your surgery. Always be sure to tell your dentist that you have an artificial joint and have taken the necessary antibiotics. See a list of guidelines in the back of this guidebook that you can share with your primary care provider or dentist.
- It is normal for some patients to feel a dull ache when the weather changes or if they spend time out in the cold.

Walking with a limp
A limp is normal and is usually due to muscle weakness. Follow your exercise program and you will improve over time. Understand that your progress will be gradual. To even out their walk, some patients find that using a cane on the non-operative side can be helpful. It is very important that you do not favor your operated leg.

Please remember that it takes many months to fully heal, so try to be patient. You will continue to see improvements even after 12 to 18 months.

Follow-up visits
Our team will schedule regular follow-up visits each time you come to see us. These appointments may be with your surgeon, one of our physician assistants, or nurse practitioners. These associate providers know your medical history and individual situation as well as your surgeon, so please feel confident that they will provide you with excellent care.

In general, these are the follow-up visits we recommend, though your surgeon may have a slightly different schedule:
- **Post-Surgery**
  - 4-6 weeks
  - 3-5 months
  - 6-8 months
- **Ongoing Care**
  - every 1-2 years, for life

It is important to attend the ongoing care appointments every 1-2 years to be sure your joint replacement is performing properly. By conducting a regular physical exam and a review of x-rays, your care team can identify any problems that may be developing even though you may not have any physical symptoms.
Washing Instructions

Directions for use:
Wash in the shower two times before your surgery - once the night before surgery and once the morning of surgery.

If you did not receive individual packages of the Hibiclens Anti-Bacterial Wash at the time your surgery was set up, please substitute an anti-bacterial soap, such as Dial®.

1. Wet body
2. Pour
3. Apply
4. Rinse

1. Wet entire body
2. Pour a palmful of soap into hands
3. Rub over surgical site for one minute
4. Rinse, repeat steps 1-4

Read directions prior to use.
Do not apply to the head, face, eyes, mucous membranes, or genital area.
For external use only. Do not use on open wounds or damaged skin.
Discontinue use if redness or irritation develops.
Do not drink. If swallowed, call Poison Control right away: 1-800-222-1222
Do not put lotion or cream on the area where you are having your surgery.
For Primary Care Providers and Dentists:
Update on Dental Prophylaxis for Joint Replacement Patients

Following are the latest set of guidelines on dental care for patients who have received a total joint replacement.

These guidelines are from the American Academy of Orthopaedic Surgeons.

Guidelines as of August 2009:
Antibiotic prophylaxis should be considered for patients that have had total joint replacement for the life of the prosthesis.

Routine dental cleaning should take place no later than one week prior to the patient’s joint replacement surgery.

Patients should refrain from any non-emergent dental procedures, including cleaning, for six months after their surgery.

For those requiring antibiotic prophylaxis the dosing recommendations are as follows:

- **Cephalexin, Cephradine, or Amoxicillin:**
  two grams orally one hour prior to dental procedure

- **If unable to take oral medications:**
  Cefazolin one gram or Ampicillin two grams IM/IV one hour prior to the procedure

- **If allergic to Penicillin:** Clindamycin 600 MG orally one hour prior to procedure

- **If allergic to Penicillin and unable to take oral medications:** Clindamycin 600 MG IV one hour prior to procedure

Note: No second doses are recommended for any of the above regimens.