

Welcome to California Pacific Medical Center.

Please review this information to help prepare for your surgery and recovery. We want you to be involved in your health decisions. Share this information with family, friends and caregivers.

Each person has a different health condition. If you have any questions, please ask the doctors, nurses, and therapists caring for you.

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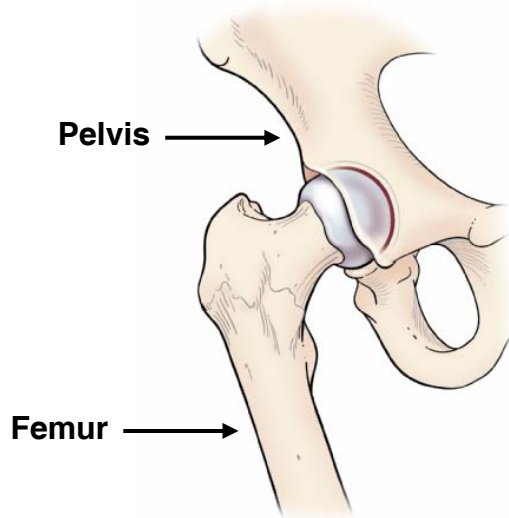
PREPARE FOR YOUR SURGERY

What is Total Hip Replacement?

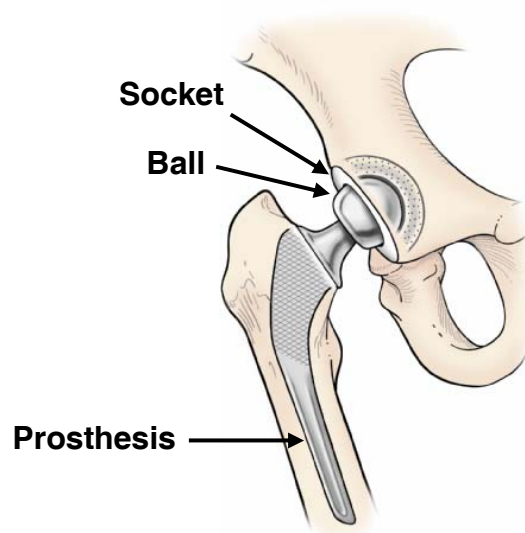
Your replacement hip joint will be made of various materials (including metal, plastic and ceramic) depending on your particular needs. The new joint, called a *prosthesis*, consists of a stem, a ball and a socket.

Your surgeon will make an incision (cut) on the outside of your thigh. The stem of the prosthesis will be inserted into your femur (thigh bone), and the attached ball will be fitted into the prosthetic socket in your pelvis.

The surgery takes about two hours, but a successful hip replacement begins long before you enter the hospital.





Normal Hip



Hip with Prosthesis in Place

Your Surgery Checklist

- ✓ **Make an appointment with your primary care (regular) doctor:** You need a physical exam 2-3 weeks before your surgery. Your primary care doctor makes sure you are healthy and ready for surgery.
- ✓ **Pre-register for surgery:**
 -  **Online:** Go to www.cpmc.org/surgery and follow the online instructions to complete the Surgery Pre-Registration form. You must complete all steps of the process to be sure that you are registered. This should take about 15 minutes. *Be sure to have your insurance information with you when you begin.*
 -  **By Phone:** If you do not wish to pre-register online, please call **(415) 600-2500** to speak with an admitting representative. Call us as soon as your surgery is scheduled. The admitting staff will help you complete all necessary forms. *Be sure to have your insurance information with you when you call.*
- ✓ **Check with your doctor:**
 - About the medicines you are taking now. You may need to stop taking non-steroidal, anti-inflammatory drugs (NSAIDs), and any drugs that contain aspirin, one week before surgery.
 - About any medicine(s) you feel you must take the day of surgery.
 - If you are taking any herbal or over-the-counter medicines.
- ✓ **If your surgeon has told you to donate your own blood:** Call your local blood bank to arrange for this. You may start donating blood 5 weeks before your surgery. Note: The blood bank may charge a fee for this service depending on your insurance coverage.
- ✓ **If you need any dental work:** Ask your orthopedic surgeon, who may recommend the dental work be done before surgery to reduce the chance of infection after your surgery.
- ✓ **Eat a healthy diet.**
- ✓ **Quit smoking:** Speak with your doctor about quitting smoking, or call 1-800-NO-BUTTS (1-800-662-8887).
- ✓ **Start doing hip strengthening exercises (both legs):** You'll recover faster if you begin strengthening your leg muscles before surgery with these special exercises: Ankle Pumps, Quad Sets, Gluteal Squeezes, Heel Slides, Short Arc Quads, Hip Abduction and Long Arc Quads.

Note: Do 10 sets of each of the following exercises twice a day, unless your doctor tells you otherwise.



Ankle Pumps

Bend ankles to move feet up and down, alternating feet.



Quad Sets

Slowly tighten muscles on thigh of straight leg while counting out loud to 10. Repeat with other leg to complete set.



Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting out loud to 10.



Heel Slides

Make sure bed is flat.

Bend knee and pull heel toward buttocks.

Do not bend hip more than 90°.

Hold for 10 seconds. Return. Repeat with other knee to complete set.



Short Arc Quads

Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.



Hip Abduction

Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.



Long Arc Quads

Straighten operated leg and try to hold it for 10 seconds.

Prepare Your Home Before Surgery

- Before you go to the hospital, do your grocery shopping, prepare and freeze meals, and put cooking utensils where they are easy to reach. Make simple meals that will be ready for you when you get home.
- Move furniture to make a clear path to your kitchen, bathroom, and bedroom. Many patients use a walker after leaving the hospital. This means you need more room to move around your home.
- Remove small rugs so you do not trip.
- You need a firm chair that has **armrests** to use after surgery. You should not sit in a chair that rocks, rolls, or swivels.
- Place a non-skid bath mat in your tub or shower.
- If you have stairs at home, count your stairs. When you come to the hospital, tell your physical therapist how many stairs you have and if you have a railing.
- Place items you need every day at **arm level** (between your waist and shoulders) to avoid bending over and stock up on easily prepared foods.
- **If your bed is lower than your knees**, you may need to **raise it** for safer access after hip surgery.

The Day of Surgery

Go Directly to the Campus Where Your Surgery is Scheduled

CAMPUS	GO TO
Pacific Campus (415) 600-3480	Ambulatory Care Unit (ACU) 2351 Clay Street Stanford Building, 6 th Floor
California Campus (415) 600-2097	Ambulatory Surgery Unit (ASU) 3700 California Street, 3 rd Floor
Davies Campus (415) 600-5274	Castro & Duboce Streets Admissions – Lobby Level, North Tower
St. Luke's Campus (415) 641-6889	Outpatient Surgery 3555 Cesar Chavez Street, 3 rd Floor

- Patients are generally asked to arrive 1– 2 hours before the scheduled surgery. **Please confirm the arrival time with your surgeon's office.**
- Your care, comfort and privacy are our main concerns. Our goal is to make sure that your surgery is within 30 minutes of the scheduled time. Sometimes there are delays. We will keep you informed if delays occur.
- Take only the medicines that you were told to by the nurse or surgeon/primary doctor – with a sip of water.
- Wear loose, comfortable clothing. Bring cases for glasses, contact lenses, and dentures. You will need to remove them before your surgery.
- **Do not wear or bring wedding bands, other jewelry or body piercings, or valuables like cash, credit cards, or checkbooks.** Pack a small overnight bag with your personal items, if needed.
- Our standard discharge time is 11:00 a.m. Arrange for someone to drive you home.

IN THE HOSPITAL

Your Hospital Stay

After total hip surgery, many patients go home after 3 or 4 days. However, you must meet your therapy goals before you go home. Some patients may need more therapy and more time to recover. These patients may go to a Post Acute Unit before going home.

The day after your surgery:

- Your **nurse** helps you:
 - **Change Position:** Turn every 2 hours from your back to the side that did not have the operation.
 - **Cough and Deep Breathe:** every 2 hours.
 - **Do Ankle Pump Exercises:** every 2 hours. Remember to bend your ankles up and down. Alternate your feet.

As you become stronger, you may do these on your own.

- A **physical therapist** sees you 1 or 2 times a day to help you to get out of bed, sit in a chair, walk short distances, climb stairs, and get in and out of a car.
- An **occupational therapist** sees you once a day to help you with activities of daily living and does an assessment before you leave the hospital to make sure you are safe to use the toilet, shower or bathtub, dress and do simple activities at the sink.

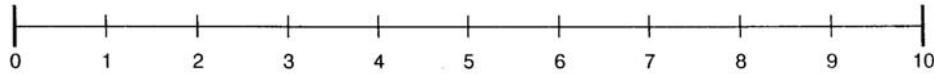
Manage Your Pain

Although there may be some discomfort after your surgery, keeping your pain under control speeds your recovery. Less pain will make it easier to concentrate on getting around safely on your new hip. When you are comfortable, you are better able to walk, deep breathe and cough.

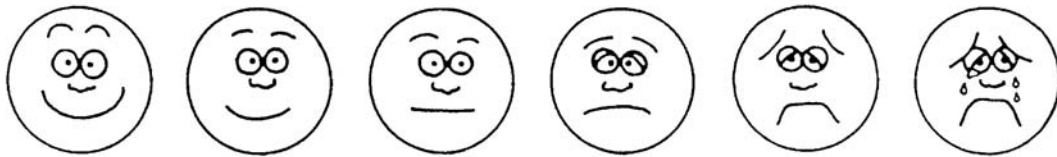
- Tell your nurses and doctors if you have pain.
- Do not wait until the pain is severe (very bad) before you ask for pain medicine.
- You can help your doctors and nurses "rate" your pain using the pain scale on the next page. A **0** on the scale means **no pain**, and a **10** on the scale means **the worst pain you can imagine**.
- If your pain suddenly gets worse or you experience chest pain or have trouble breathing, tell your nurses immediately.

0 - 10 Numeric Pain Intensity Scale

Choose a number between 0 to 10 that best describes your pain.



English:	No Pain	Mild	Moderate	Severe	Very Severe	Excruciating
Spanish:	Sin Dolor	Leve	Moderado	Severo	Muy Severo	Intolerable
Tagalog:	Walang Sakit	Bahagya	Masakit Nguni't Natitiis	Matindi	Sobra ang Tindi	Matinding-Matindi
Chinese:	無痛	微痛	中等痛	劇痛	非常劇痛	極度劇痛
Russian:	Никакой боли	Слабая боль	Умеренная боль	Сильная боль	Очень сильная боль	Мучительная боль



About Your Diet

Soon after surgery, you are given ice chips and clear liquids. When you are able to drink liquids without any problems, you may start your regular diet.

Your Treatments & Tests

- You will have a blood test each morning for 3 days to check your blood count.
- You may have a blood transfusion. Your doctor will speak with you about this.
- Compression pumps, anti-embolism stockings and/or medications may be used to prevent blood clots in your legs.
- You will have an intravenous (IV) line for fluids and medications.
- You may have a urinary catheter. A urinary catheter is a tube placed in the bladder to drain your urine. Your nurse will usually remove this catheter on the 2nd or 3rd day after surgery.

Recovery Tips

- Work with your nurses and therapists to keep your pain under control, so you can move around as much as possible.
- Spend time out of bed each day. With help from your nurses and therapists, get out of bed 2-3 times each day and walk for short distances or sit in a chair at the bedside for no more than 30 minutes at a time.
- Change your position, cough, and take deep breaths every 2 hours in bed.
- Use the compression pumps in bed.
- Keep a pillow between your legs in bed.
- Do your ankle pump exercises every 2 hours in bed.



Ankle Pumps

Bend ankles to move feet up and down, alternating feet.

Meeting Your Therapy Goals Before You Go Home

You must meet the therapy goals listed below before you go home. You and your doctor will talk about your goals and your therapy program. A RN case manager or a social worker will meet with you and your family to discuss your discharge plan.

Your Therapy Goals

- 1 Follow the total hip precautions on your own (without reminders).



Do not bend your operated hip beyond a 90° angle.



Do not cross your operated leg or ankle.



Do not turn your operated leg inward in a pigeon-toed position.

- 2** Get in and out of bed by yourself.



- 3** Walk on your own at least 50 feet with your walking device.



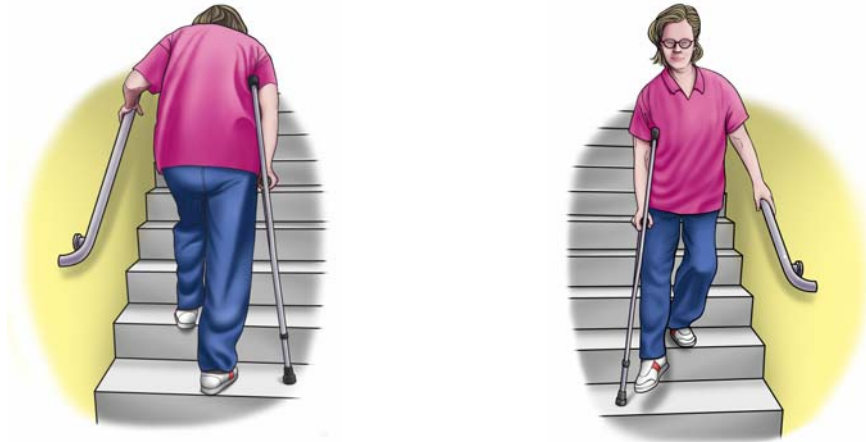
- 4** Dress yourself using special tools without help.



- 5** Use the toilet or commode without help.



- 6** Stand for 10 minutes at a counter or sink to do simple tasks by yourself.
- 7** Be able to get in and out of the bathtub or shower. (Your therapist will instruct you based upon your home bathtub/shower.)
- 8** Climb up and down 12 steps, with help. (For people who have stairs at home.)



- 9** Get into and out of a car with assistance.



- 10** Be able to do your home exercise program as instructed by your therapist.



Long Arc Quads

Getting Ready to Go Home

- Nurses or physical therapists will help you to start to walk. Ask them questions about the best ways to move.
- Occupational therapists will prepare you for activities of daily living while maintaining hip precautions.
- RN case managers can help you get ready to go home.
- Social workers can help with:
 - concerns about financial and family issues.
 - emergencies or difficult situations.
 - information about community resources.
- Financial counselors can help with health insurance questions or concerns.
- Chaplains are available at all times. Please let your doctor or nurse know if you would like to arrange for a visit.

Home Health Care Services

An RN Case Manager will meet with you if you need home therapy, equipment, or extra help at home. The RN Case Manager will help you find out what services your insurance plan pays for and, if needed, will help arrange them.

Visiting Nurse, Physical and/or Occupational Therapy: You may be scheduled to have home health care services. The agency will call you to set up a time to come for the first visit. Staff will visit you on a short-term basis. The focus of home health care is to help you adjust at home to the physical changes following surgery.

Continue Your Care at a Post Acute Unit (Licensed Skilled Nursing Facility)

Your doctor **may decide** that you need more time in a hospital to continue treatment or rehabilitation. If your condition is stable, but you still need more care than can be safely delivered at home, you may go to one of the California Pacific's Post Acute Units, or a Skilled Nursing Facility in the community.

California Pacific's Post Acute Units are licensed, Skilled Nursing Facilities that provide short-term care for people who do not need to be in the "acute" hospital. On a Post Acute Unit, you will continue your rehabilitation until you reach your therapy goals and are ready to go home.

A team of doctors, nurses, case managers, social workers, pharmacists, dietitians, physical therapists and occupational therapists work together to provide your care. Your primary care (regular) doctor does not change, but he or she may assign you to one of the doctors at the Post Acute Unit. Or, your doctor may be part of the medical team there.

The Post Acute Units at California Pacific are located at:

- California Campus: 3698 California Street
- Davies Campus: Castro & Duboce Streets
- St. Luke's Campus: 3555 Cesar Chavez Street

More Ways to Learn

- Go to www.cpmc.org/learning.
- Visit the **Community Health Resource Center** at:

2100 Webster Street
San Francisco, CA
(415) 923-3155

Services include classes and written information on a wide variety of health topics.

Notes

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Note: This information is not meant to replace any information or personal medical advice which you get directly from your doctor(s). If you have any questions about this information, such as the risks or benefits of the treatment listed, please ask your doctor(s).