



PREOPERATIVE,  
POSTOPERATIVE  
AND  
DISCHARGE  
**INSTRUCTIONS**



**CHRISTUS  
ST. MICHAEL**

Center for Joint Replacement



# ERAS *HIP*

Enhanced Recovery After Hip Surgery

Designated as a

**Blue  
Distinction®**  
Center for Knee and Hip  
Replacement



**BlueCross BlueShield  
Association**  
An Association of Independent  
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# ERAS HIP

Enhanced Recovery After Hip Surgery



## PREOPERATIVE INSTRUCTIONS

### GENERAL INSTRUCTIONS:

- Wear loose-fitting clothing to the hospital that is easy to put on.
- Don't bring valuables to the hospital.
- If you wear contacts, bring supplies, wear your glasses if possible.
- Do not drink alcohol for at least 2 weeks before surgery.
- If you wear a CPAP or BIPAP, bring it with you.
- Make sure a responsible person is able to drive you home.
- Bring clothes to wear during hospitalization.

Report Date: \_\_\_\_\_

Report Time: \_\_\_\_\_

**A COACH MAY ATTEND GROUP THERAPY WITH YOU AND MAY STAY WITH YOU.**



### SMOKING CESSATION

We recommend that you stop smoking 4 weeks prior to surgery to improve your health and reduce the incidence of post-operative complications.

Let us discuss options to help you stop smoking. Visit [smokefree.gov](http://smokefree.gov) for more info.

### SKIN PREPARATION:

- Do not shave the surgical area as this can cause nicks and abrasions which could lead to infection.
- If you develop any wounds, rashes or abrasions in the surgical area prior to surgery, notify your surgeon.
- You will receive antibacterial soap. Shower with this soap in the morning and evening starting 3 days prior to your surgery. Shower with the soap on the morning of the day of your surgery.
- Do not use this soap on your face.
- Do not apply any other soaps, deodorants, lotions, powders or make-up to the surgical area.



**INCENTIVE SPIROMETER:** An incentive spirometer is a device that will help you expand your lungs. This will help prevent complications after surgery such as pneumonia. You will be asked to bring this with you to surgery.

### MEDICATIONS:

Bring all medications (including prescriptions, over the counter, and vitamins) in the original packaging when you visit the doctor as well as your day of surgery. Heart, blood pressure, and/or seizure medications can be taken the morning of surgery with a sip of water. Medications for diabetes should not be taken the morning of the procedure. Discuss all medications with your surgeon to determine which medications you will take the day of surgery.

### PREPARING YOUR HOME:

Remove throw rugs and use grab bars in the shower. No low chairs.

### MOUTH CARE:

Toothpaste, toothbrush and mouthwash will be provided in Day Surgery to you before surgery to help clean your mouth. **This can also help to prevent pneumonia after surgery.**

## PREOPERATIVE INSTRUCTIONS



### CHLORHEXIDINE GLUCONATE (CHG) WASHCLOTHS:

These antibacterial washcloths will be provided to you in Day Surgery prior to surgery for a final skin cleansing. These washcloths help to significantly reduce the number of microorganisms on your skin.

### BLOOD SUGAR:

Your blood sugar (glucose) may be checked during your pre-admission visit and/or on the day of your procedure. High blood sugar (hyperglycemia) can increase the chance of surgical site infections and can slow down incision healing.



### WHAT IS A SURGICAL SITE INFECTION?

After surgery, an infection can develop in the part of the body where surgery took place – this is called a surgical site infection (SSI). Although rare, SSIs can be serious. We want all patients to be aware of the possibility of an SSI and take preventive actions. Hand washing is the best defense against infection.

#### Call your surgeon if the following signs and/or symptoms are present:

- Cloudy fluid that drains from your surgical incision
- Fever
- Pain, redness and warmth around the surgical area (some redness and swelling is expected)
- Swelling in the thigh, calf, or ankle that does not go down with elevation. Pain, heat, or tenderness in calf, back of knee or groin area (sign of a possible blood clot).

### NUTRITION

You will not be able to eat anything for at least eight hours prior to surgery. However, you will be provided a carbohydrate drink that will help with appetite, hydration, and stress response to surgery. You will be instructed on the amount and times to consume your drink. **Your nurse in the Pre-Admission Center will give this to you.**

### ACTIVITY

Start the post-operative exercise plan before surgery, 15 repetitions daily. After surgery, your safety is our number one priority. If you ever feel dizzy or light-headed, please do not get out of bed without assistance. **Remember: Call – Don't Fall!** Use your call bell to ask for assistance to the bathroom or out of bed, even if you have previously been up and walking on your own.

### PAIN CONTROL

Breathing deeply, eating, drinking fluids, and walking will help you recover after surgery. This will help you to control pain. Talk with your health care team to set pain control goals. There are multiple ways to help control your pain, including the use of pain medicines, and we are here to assist you with this.



## POSTOPERATIVE INSTRUCTIONS

### PAIN CONTROL

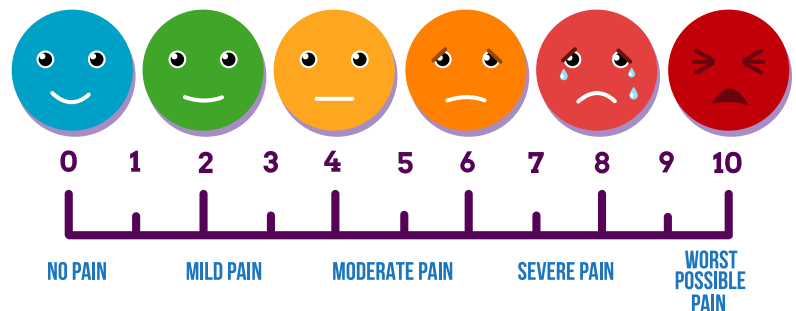
- Take deep breaths
- Move more easily
- Eat better

- Drink fluids
- Sleep well
- Recover faster
- Do things faster that are important to you

Your nurse may ask you to describe your pain using a number between 0 and 10.

0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain.  
We will help you.**



### MEDICATIONS TO TREAT PAIN:

- Anti-inflammatories:** The underlying cause of pain is inflammation. Medications that treat inflammation become an important part of your pain management plan. These medications may include: Tylenol (acetaminophen), Celebrex (celecoxib), and Toradol (ketorolac).
- Opioids:** Small amounts of pain medication called opioids may be included in your ERAS care pathway. These medications will be used for pain not controlled by anti-inflammatories.
- Local Anesthetics:** These are medications injected into your hip during surgery. This makes the skin and tissues feel numb for several hours. These medications are safe and do not have any major side effects.

### DEEP BREATHING AND COUGHING EXERCISES:

An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia. The nurse will instruct you how to use this device.

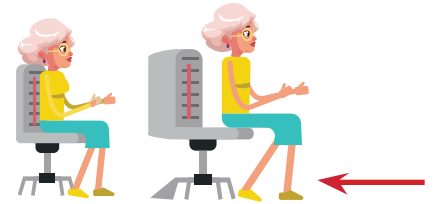


### INCENTIVE SPIROMETRY (BREATHING EXERCISE) INSTRUCTIONS

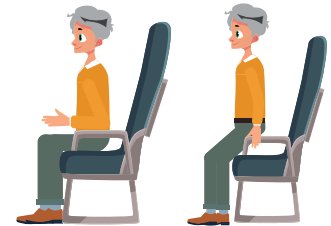
- Put your lips around the mouthpiece and breathe in deeply. Keep blue indicator between arrows for as long as you can.
- Remove the mouthpiece, breathe out, and rest for a few seconds.
- Repeat this exercise 10 times every hour while you are awake.
- Take a deep breath and cough.

## POST-OPERATIVE EXERCISE PLAN

**1. Seated Knee Flexion** - Sitting in straight-back chair, bend the affected leg as far as possible under the chair (you can use the opposite foot to help). When maximum bend is reached, plant the foot and slide your hips forward further bending the knee. Hold for 20-30 seconds



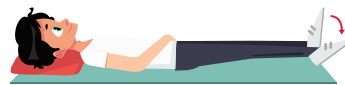
**2. Arm Chair Push-ups** - Sitting in a sturdy armchair with feet flat on the floor, place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-operated” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard.



**3. Long Arc Quads** - Sit with back against chair and thighs fully supported. Lift the affected foot up, straightening the knee. Hold for a 5 count.



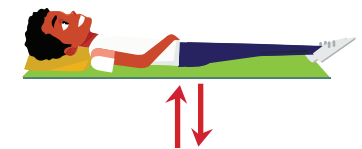
**4. Ankle Pumps** - Flex and point your feet.



**6. Quad Sets** - Back lying, press knee into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for 5 count. Do NOT hold breath.



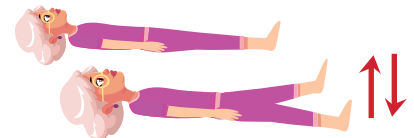
**7. Gluteal Sets** - Squeeze bottom together. Hold for a 5 count. Do NOT hold breath.



**8. Short Heel Slides** - Back lying, slide your heel up the surface bending your knee. Post-op, your therapist may have you use a strap around the foot to assist gaining the knee bend.



**9. Abduction and Adduction** - Back lying, with toes pointed to ceiling and knees straight. Tighten the quad muscle and slide legs out to side and back to the starting position.



**10. Short Arc Quads** - Back lying, place a 6-8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll.



# POSTOPERATIVE INSTRUCTIONS



AFTER YOUR OPERATION (DAY 0)-IN YOUR ROOM

## GOALS FOR THE EVENING OF SURGERY

### BREATHING

Do your breathing exercises 10 times every hour while awake.

### ACTIVITIES/MOBILIZATION

Get up and sit in a chair with your nurse/physical therapist's help.

Walk in the hallway with help.

Brush your teeth and gargle with mouthwash in the morning and evening.

### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. **Please tell us if you have pain. We will help you.**

Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

### EATING AND DRINKING

You may eat and drink.

Chew sugar-free gum or sugar-free hard candy for 45 minutes, 3 times per day to stimulate your GI tract. Your glucose will be checked as ordered by your surgeon. Our goal is to keep your glucose below 150 mg/dl.

If you are nauseated, notify your nurse.

Your surgeon may have ordered medications to help control nausea.



### TUBES AND LINES

You may have a urinary catheter to measure your urinary output. For some patients, you will keep your catheter until Day 1. Your IV fluids may be decreased or discontinued once you are drinking well.



You will have **Sequential Compression Devices (SCDs)** on your legs to prevent blood clots when you are in bed or immobile for greater than 2 hours.



## AFTER YOUR OPERATION

# GOALS FOR DAY 1

### BREATHING

Do your breathing exercises 10 times every hour while awake.

### ACTIVITIES

Group therapy morning and afternoon including walking with Physical Therapy. Sit up in chair all day. Brush your teeth and gargle with mouthwash in the morning and evening.

### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain. We will help you.**

Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

### EATING AND DRINKING

Continue to drink liquids. You may eat your usual diet. You should drink protein drinks, if ordered, along with other liquids. Please let your nurse know if you are not tolerating your diet.

Chew sugar free gum or sugar-free hard candy for 45 minutes, 3 times a day to stimulate your GI tract. Your glucose will be checked as ordered by your surgeon. Our goal is to keep your glucose below 150 mg/dl.

### TUBES AND LINES

If you have a urinary catheter, it will be removed today. Your IV fluids will be discontinued.

You will have SCDs (Sequential Compression Devices) on your legs to prevent blood clots when you are in bed or immobile for greater than 2 hours.



## POSTOPERATIVE INSTRUCTIONS



### AFTER YOUR OPERATION

## GOALS FOR DAY 2

#### BREATHING

Do your breathing exercises 10 times every hour while awake.

#### ACTIVITIES

Group therapy morning and afternoon. Sit in the chair all day.

### Walk in the hallway four times, with help

Brush your teeth and gargle with mouthwash in the morning and evening

#### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain. We will help you.**

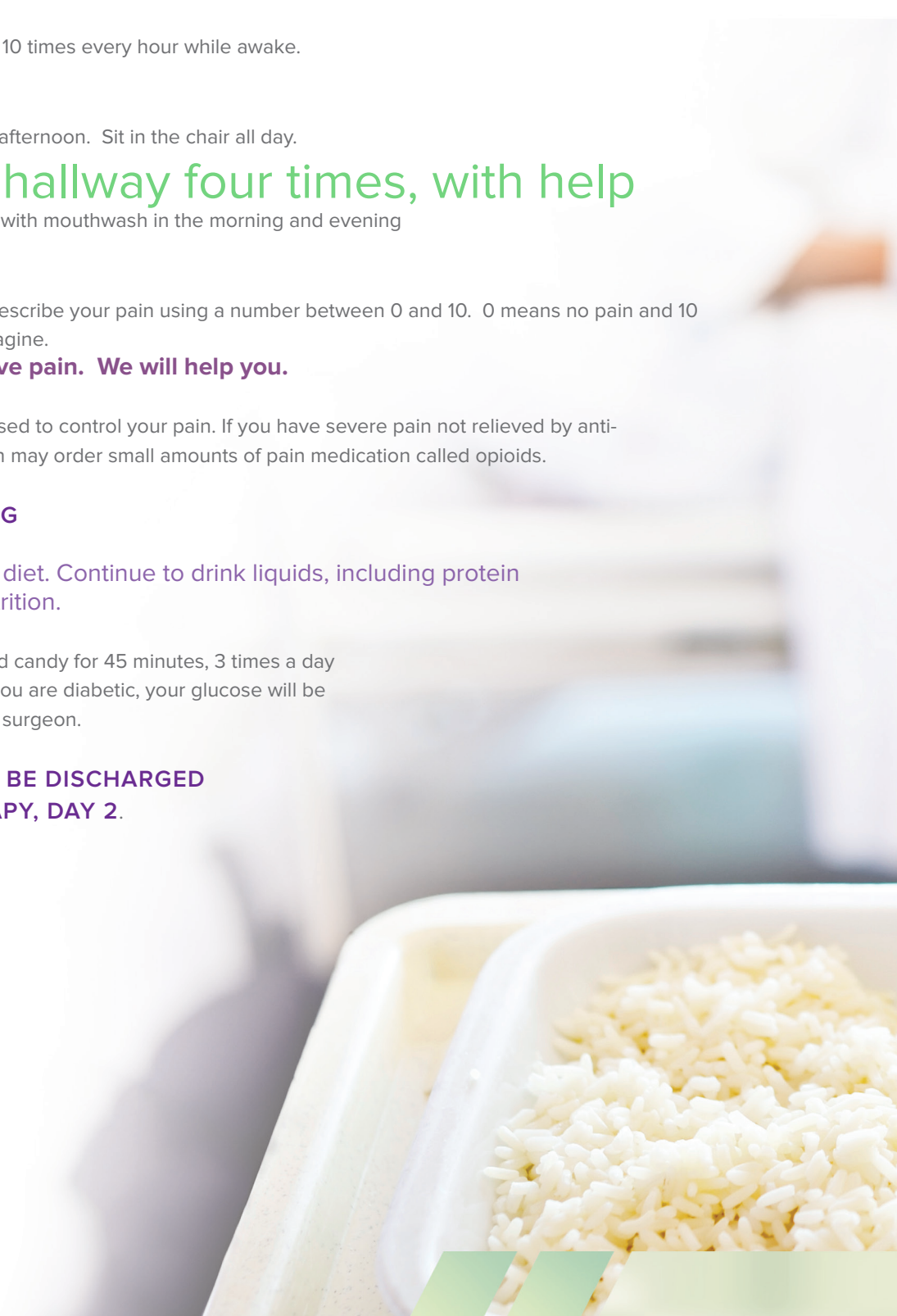
Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

#### EATING AND DRINKING

You may eat your usual diet. Continue to drink liquids, including protein drinks if ordered for nutrition.

Chew gum or sugar-free hard candy for 45 minutes, 3 times a day to stimulate your GI tract. If you are diabetic, your glucose will be checked as ordered by your surgeon.

#### SOME PATIENTS WILL BE DISCHARGED AFTER GROUP THERAPY, DAY 2.





### AFTER YOUR OPERATION

# GOALS FOR DAY 3

#### BREATHING

Do your breathing exercises 10 times every hour while awake.

#### ACTIVITIES

Group therapy in the morning. Sit up in chair.

Brush your teeth and gargle with mouthwash in the morning and evening.

#### PAIN CONTROL

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine.

**Please tell us if you have pain. We will help you.**

Anti-inflammatories will be used to control your pain. If you have severe pain not relieved by anti-inflammatories, your surgeon may order small amounts of pain medication called opioids.

#### EATING AND DRINKING

Continue to drink liquids, including protein drinks if ordered for nutrition.

Chew gum or sugar-free hard candy for 45 minutes, 3 times a day to stimulate your GI tract.

#### DISCHARGE WILL BE AFTER GROUP THERAPY

### PREPARING FOR DISCHARGE:

BEFORE YOU LEAVE THE HOSPITAL YOU SHOULD:

- Be moving around well
- Have your pain adequately controlled
- Have no temperature greater than 101.0



# ERAS HIP

Enhanced Recovery After Hip Surgery



## DISCHARGE INSTRUCTIONS

### BEFORE YOU LEAVE THE HOSPITAL, YOU SHOULD:



- Be moving around well
- Have your pain adequately controlled
- Have no temperature greater than 101.0

### WHAT HAPPENS AFTER DISCHARGE?

It is worthwhile to plan in advance for your discharge. **You will need someone to drive you home.** You will require someone to help with heavy jobs for a few weeks. This includes food shopping and heavy household jobs such as vacuuming, laundry and yard work. If you live alone, perhaps a friend or family member could stay with you for a short period to assist you with these things. To enhance your recovery, you will be expected to return to a normal routine as quickly as possible. This means you need to actively participate in your recovery by walking, eating, and drinking plenty of fluids, including water.

Complications do not happen very often, but you do need to know what to look for during the first few weeks after surgery. If you are worried about any of the following items, please contact your surgeon.

#### **PAIN:**

If you develop a swollen, painful lower leg or legs, contact your surgeon.  
If you develop sudden shortness of breath or chest pain call 911 immediately.

### YOUR INCISION:

- It is not unusual for your incision to be slightly red and uncomfortable during the first one to two weeks.
- If your incision becomes inflamed, painful, swollen or starts to discharge purulent fluid (pus), notify your surgeon.
- **Wash your hands with liquid antibacterial soap, such as Dial and water before touching your incision.**
- Your incision may be bandaged or left open to the air, and should be cleaned with antibacterial soap and water. Please inform our nursing staff if you do not have this at home and we can provide a bottle for you.
- Your surgeon may give you specific instructions for your incisions. Please follow those above all else.
- **Shower daily with antibacterial soap but NO Tub Baths until cleared by your surgeon at the follow up visit.**





## DISCHARGE INSTRUCTIONS

### YOUR DIET:

- A well balanced, varied diet is recommended. Try eating three or more times a day. Drink adequate amounts of fluids- at least 2 quarts (8 cups) daily. If you are on fluid restrictions, drink as directed by your physician. Continue to drink the protein drink three times daily until your supply is completely gone.

### YOUR PAIN:

- You should continue your regular medication regimen unless directed otherwise by your physician.
- Pain medication prescription may be given to you. Fill it with your pharmacist and follow the direction on the bottle.
- Follow your surgeon's directions for the blood thinner you will have prescribed.

### YOUR ACTIVITY:

- Walking is important from the day of your operation. **You should plan to regularly walk several times a day and gradually increase during the weeks following your operation until you are back to your normal level of activity.** The main restriction is that you do not do any heavy lifting or contact sports until cleared by your surgeon. You might find you have low energy levels in the first few weeks you are at home. It is important to mix activities with some rest as needed but do get out of bed each day and get dressed. Do your postoperative exercises twice daily. Follow Total Hip Precautions.

- **Take your Incentive Spirometry machine home with you.** Continue to use it for 1-2 weeks after you get home as instructed. Continue to deep breathe and cough every 2 hours while awake.



### YOUR BLOOD SUGAR:

- If you are diabetic, keeping your blood sugar under control is important for your healing. High blood sugar can increase the chance of surgical site infection and can slow down incision healing.

## FURTHER INFORMATION:



### SMOKING CESSATION

If you have stopped smoking for this surgery and you are interested in quitting smoking all together, go to [smokefree.gov](http://smokefree.gov) for more tips on how to be successful.

### WORK:

- You should be able to return to work when specified by your surgeon.

### DRIVING:

- You should not drive until you are released to drive by your surgeon and no longer taking pain medication so that you can drive safely. Usually this will be within two to four weeks after surgery. Ask your surgeon at your first postoperative office visit. It is important that any pain has resolved so that you can perform an emergency stop and turn the wheel quickly.

### HOBBIES/ACTIVITIES:

- You should consider taking up your hobbies and activities as soon as possible again after surgery. It helps you to improve your activity and will help your recovery. Do not do these if they cause pain or involve heavy lifting. You may wait to restart these six weeks after your operation if they do cause pain or involve heavy lifting.

