

# Total Hip Replacement

University of Iowa Health Care  
Department of Orthopedics and Rehabilitation

April 2022





## Thank you!

Thank you for choosing University of Iowa Health Care and the Department of Orthopedics and Rehabilitation for your joint replacement surgery. You are an important part of the health care team. This guide and the workup appointment will help you plan for your joint replacement surgery and recovery.

Have someone in mind to be your helper and coach. Read through this guide and share the information with your family and/or caregiver. This person should also join you for the workup appointment to learn how they can best help you when you get home. Keep this guide with you for your appointments and while you are in the hospital.

Write down any questions you have and bring them with you to your workup appointment. Call your care team if you have questions after your appointment.

We look forward to helping you get back to a healthy and active life!

Sincerely,

The Total Joint Replacement Team

University of Iowa Healthcare

Department of Orthopedics and Rehabilitation



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## General Information

### Important appointments

**Workup Appointment:** \_\_\_\_\_

Department of Orthopedics: Ortho South Clinic (Elevator L, Lower Level)

**Pre-Anesthesia Appointment:** \_\_\_\_\_

Pre-Anesthesia Clinic (Elevator F, Level 1 or IRL)

**Dental Clearance:** \_\_\_\_\_

Your local Dentist

**Surgery Date:** \_\_\_\_\_

Main Operating Room (Elevator H, Level 6) or Ambulatory Surgery Center (Elevator L, Level 4)

### Contact information

**Address:** 200 Hawkins Drive, Iowa City, IA 52242

**Telephone:** 319-356-2223

Option 1: Appointment

Option 2: Prescription Refill

Option 3: Nursing

**Telephone After Hours:** 319-384-8442

Ask to talk to orthopedic resident on-call

**Fax:** 319-353-6754

**Email:** ortho-nurses@uiowa.edu

To email photos with your name and date of birth if needed.

### Work, FMLA, and disability paperwork

Your care team will only provide FMLA and disability forms after surgery.

Talk with your PCP if you need FMLA or disability before surgery.

Send the form to your care team after you fill out the employee section. Send the forms as soon as you can so they are finished before your surgery. It takes about 14 days for your care team to fill them out.



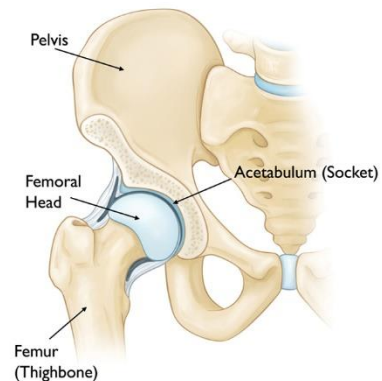


# Total Hip Replacement Overview

## What is a total hip replacement?

It is a surgery to replace damaged parts of the hip joint with artificial implants. The hip is a ball and socket joint with 2 parts:

- Acetabulum
  - The socket that is part of the pelvis bone.
- Ball
  - The head (upper part) of the femur (thigh bone).



The surgery is done by making an incision (cut) over the hip and removing the 2 parts of the hip joint. The joint is replaced with a smooth, artificial implant. The implant is often made of metal and plastic.

There are 2 ways to do the surgery:

- Posterior
- Direct Anterior

Talk with your care team about which is best for you.

## How long does a total hip replacement last?

It often lasts 15 to 20 years. Loosening is the major long-term problem. This may happen from the wear and tear of normal activity. The risk of wearing out your new hip is higher if you are overweight or do high-impact activities.

A hip revision surgery may be needed if your artificial hip is loose, painful, or infected. The results of a second surgery are not as good as the first. The risk of complications is higher.

## When might I need a total hip replacement?

This is an elective surgery. It is done to treat severe pain and disability caused by arthritis or diseases that cause the head of the femur to die. When other treatments are no longer helping, a total hip replacement may be an option. Other treatments to try first are:

- Anti-inflammatory or pain medicines
- Changing your activity
- Cortisone injections (shots)
- Physical therapy
- Weight loss (for people who are obese)

Each person is different, but your orthopedic care team will likely talk with you about a total hip replacement if:

- X-rays show advanced arthritis or significant deformity of your hip
- You have severe stiffness and swelling of your hip
- You have hip pain every day, even at rest
- You have significant instability and your hip gives out/gives way
- You have significant lifestyle changes and activity limits that involve the hip

There may be some other reasons to think about a total hip replacement. Make sure your questions are answered before you decide to have a total hip replacement.

## Notes

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## What can I expect from a total hip replacement?

Goals of a total hip replacement are:

- Pain relief
- Improved mobility and quality of life

You will have pain from the surgery. It will get better with time.

The pain you had before surgery should be nearly gone though. You should be able to do most of your normal daily activities 3 to 6 months after the surgery, such as:

- Active sports
- Work

## What are the risks of a total hip replacement?

It is a major surgery. Complications are rare, but may happen. You may need to stay in the hospital longer than planned if you have complications, such as:

- Blood clots in the leg or lungs
- Infection
- Nerve or blood flow problems to your leg
- Dislocation of the hip (ball pops out of the socket)
- Loosening or wearing out of the prosthesis
- Fractured (broken) femur or pelvis



## Notes

[illegible]

## Getting Ready for Surgery

### Plan for 24-hour care

You will need someone to help you 24-hours a day for the first few days after surgery. Talk with your family, friends, or neighbors **before** surgery, so you know who will help you after surgery.

You will also need a driver to and from the hospital, for surgery and appointments the first few weeks after surgery.

### What if I need extended care after surgery?

Every effort should be made to arrange 24-hour help at home. Let your care team know right away if you will not have help after going home, and skilled care placement will be needed.

Certain criteria need to be met to qualify for skilled placement after surgery. Not all people meet these qualifications, even if preauthorization is given by insurance before surgery.

### Getting your home ready

You need to get your house ready for easy and safe use after surgery. Some tips to make your home safe are:

- Remove all throw rugs, cords, and clutter from the floor and stairs.
- Have good lighting in each room.
- Arrange furniture so there are clear walking pathways.
- Use a chair with arms and a seat height of at least 20 inches. Do **not** use low or overstuffed chairs or couches.
- Think about getting assistive devices for your home.
- Place items you use often at waist or counter level in your bedroom, bathroom, and kitchen.
- Make and freeze meals, or plan for meals to be delivered.
- Think about having pets stay with a loved one for a few days.

To learn more, read the **Preparing Your Home Checklist** (Appendix A).

## Home exercise program

A healthy and strong body before surgery helps you get better faster. A strong upper body will help you use a walker, crutches, or cane. Do exercises 3 times each day to improve your strength leading up to surgery.

To learn more, read the **Home Exercise Program** (Appendix B).

## Pain control before surgery

Your care team does **not** prescribe opioid pain medicine before surgery. Take over the counter (OTC) pain medicine, use heat and cold packs, and alternate rest and exercise. Talk with your primary care provider (PCP) about opioid pain medicine if more pain control is needed before surgery.

## Nicotine

**Stop using nicotine products.** Nicotine puts you at higher risk of complications after surgery, such as:

- Lessens blood flow to the surgical site, which slows bone and wound healing
- Blood clots

Talk with your care team about stopping smoking. Some nicotine products are:

- Chew
- Cigarettes
- Cigars
- E-cigarettes
- Smokeless tobacco
- Vaping

You will need to have a nicotine-free urine test before your surgery can be scheduled. It takes about 3 to 4 weeks being nicotine-free to have a clean urine test.

You must be nicotine-free until surgery and at least 6 weeks after surgery. Your surgery will be canceled if your urine test is positive for nicotine.

## Nutrition and diabetes

In the weeks before surgery, eat foods that are healthy and nourishing to your body. Stay hydrated and eat foods high in protein and low in fat, and plenty of fruits and vegetables. This will help get your body ready for the stress.

Uncontrolled diabetes puts you at higher risk for complications. Your diabetes needs to be well controlled. Hemoglobin A1C (HbA1c) is used to measure how well it is controlled. Your care teams expect HbA1c to be less than 7.5% to be eligible for surgery. Talk about this with your care team.

## Pre-surgery appointments

### 1. Dental clearance

Healthy teeth and gums are needed for many reasons. Many bacteria are in the mouth. Infection can easily start with severe gum disease, tooth decay, tooth abscess, or mouth sores. When these are not treated, bacteria and infection can quickly spread through the blood stream to the artificial implant.

You must be seen by your dentist within 6 months of your workup and surgery. Your dentist must fill out the dental clearance form and fax it to the clinic before your workup. All dental work needs to be done before your workup.

Read and print a copy of the **Dental Clearance Form** (Appendix C).

### 2. Workup appointment

During the workup, you will get handouts with detailed information. The care team will answer any questions you might have and review:

- Consent forms
- Eating and drinking before surgery
- Shower instructions for before surgery
- Information for after surgery

Most people will have blood drawn, and a nasal swab to test for the germ Staph. Some people will have a urine test or x-rays too.

To learn more, read **What is Staph?** (Appendix D).

### 3. Pre-Anesthesia appointment

The anesthesia team will talk with you about:

- The type of anesthesia you will get for surgery
- The medicines you need to take or stop before surgery
- What to expect with anesthesia after surgery

**Bring an updated and complete medicine list to this appointment.**

#### 4. Medical clearance

If you see a health care specialist for your heart, lungs, kidneys, brain, or blood, you may need to have clearance from them also. Talk with your care team if you have questions.

## Notes

[illegible]



## Your Surgery and Hospital Stay

### Day before and morning of surgery

The anesthesia team will call you 1 to 2 days before your surgery with your check-in time and time of surgery. Be sure to answer your phone. Staff may not leave a voicemail.

To learn more, read **Surgery Checklist** (Appendix E).

You need to:

- Shower as instructed the day before and day of surgery.
- Follow the eating and drinking instructions the day before and day of surgery.
- Take medicines as instructed with sips of water.
- Allow plenty of time for travel, parking, and finding your way in the hospital.

You will get detailed handouts about the above information at your workup appointment.

### Day of surgery

#### What will happen when I get to the hospital?

1. Check-in for surgery at your designated surgery center:
  - Ambulatory Surgery Center (Elevator L, Level 4)
  - Main Operating Room (Elevator H, Level 6)
  - Appendix F is a **hospital map**.
2. Staff will take you to a surgery prep room.
3. You will be given an identification band.
4. You will put on a hospital gown and remove dental implants and contact lenses if you have them.
5. An intravenous (IV) line will be started. The IV will be used for fluids and medicines during and after surgery. You may also have blood drawn.

6. Your family can stay with you until you go to the operating room.
7. Your orthopedic care team and anesthesia team will talk to you before taking you to the operating room.
8. Surgery may take 2 to 4 hours.

## What should I expect after surgery?

- After surgery you will be taken to the Post Anesthesia Care Unit (PACU) to be monitored for 1 to 3 hours.
- Your blood pressure, pulse, respiration, and temperature will be checked often. The blood flow and feeling in your legs and feet will also be checked.
- Your care team will talk with your family about surgery and how you are.
- You will be taken to the inpatient unit when your care team feels you are ready, if you are not going home the same day.
- You will have a dressing on your hip. Your care team will talk with you about how to take care of your dressing.
- You will work with the rehab team after surgery, either in the recovery room or on the inpatient floor.
- Most people have an IV until they are ready to go home. The IV is used to give you antibiotics for 24 hours after surgery and fluids if needed.

## Hospital recovery

### Pain management

Good pain control is very important. You will have pain, even with pain medicine. The goal is to control your pain to a tolerable level so you can do rehab and heal. Pain medicine will be prescribed. Ask your nurse if you need it.

Your care team will ask you to rate your pain on a scale of 0 to 10. Zero means no pain and 10 means the worst possible pain.



## Deep breathing exercises

People are often sleepy and spend more time in bed after surgery. Because of this, they do not take as many deep breaths as normal. This could cause fluid to sit in the lungs and can cause pneumonia.

An incentive spirometer will help keep your lungs clear. Nursing staff will teach you how and encourage you to use it while in the hospital.

We suggest taking the it home. Keep using it at home while you are taking narcotic pain medicine.



To learn more, read the **Incentive Spirometry handout** (Appendix G).

## Physical and occupational therapy

Therapy starts the day of surgery. You will work with the rehab team each day while in the hospital. You will work with the rehab team 2 times in the PACU if you are going home the same day.

You will work on:

- Range of motion and strengthening exercises
- Walking
- Sitting to standing
- Going up and down stairs
- Special techniques and how to use adaptive equipment to do daily activities

**Therapy is not optional. You need to meet the goals set by you and the therapy team before you can safely go home.**

## Preventing blood clots

To keep blood moving through your legs and prevent a blood clot:

- Wear foot or calf pumps while resting.
- Do ankle pump exercises many times each hour when you are awake.
- Walk several times a day with physical therapy or nursing staff.
- Take the prescribed medicine to thin your blood. Your care team will talk to you about which medicine is best for you.
- Talk with nursing staff if you have questions or need help.

## Going home

You can go home when you are medically ready and pass physical therapy. Some people go home the same day as surgery. If you and your care team think it is best to stay overnight in the hospital, then most people are expected to go home by 11 a.m. the next day. Have your driver ready by this time.

You will go home with prescriptions for pain control and thinning your blood. These can be filled at the hospital discharge pharmacy if you want.

You will also go home with a walker or crutches. You may also have assistive devices to help you at home.

Nursing staff will help you get dressed, remove your IV, and be sure you have your belongings ready to go home. They will talk with you about your specific instructions. Be sure to ask questions.

**Reminder: You will need someone to help you 24-hours a day for the first few days after surgery.**

## Follow-up

Your first return appointment will be 2 to 6 weeks after surgery. It is often a telemedicine appointment with a physician assistant or nurse practitioner who works closely with your surgeon.

Appointments after that are at 3 months and 1 year with your surgeon.

X-rays are often done at your 3-month appointment.

Each surgeon has their own routine for follow-up appointments. They will be scheduled before you go home.

**Call if you have questions before your next appointment.**

## Recovery at Home

### Pain management

You will have pain after surgery, even with your pain medicine. We want you to be able to tolerate the pain. Pain can be managed well when medicine, cold therapy, elevation, and coping skills are used together.

### Medicine

Most people go home with 4 medicines for pain control. Take:

- Tylenol and Celebrex scheduled doses as instructed for 2 weeks after going home.
- Oxycodone for severe pain or Tramadol for mild to moderate pain.
  - **Oxycodone and tramadol are opioids. Do not take them together.**

Most people stop taking all opioid pain medicines 2 weeks after surgery, 6 weeks at the latest. **Opioid pain medicine will not be ordered after this time.** Talk with your care team if you are still having trouble with pain at that time.

Allow 3 business days for prescriptions to be refilled.

### Cold therapy

Cold therapy or ice packs can help with swelling and pain control. You can have swelling for several months after a total hip replacement.

Put ice on your hip, near but not on your incision, as often as needed each day. Use it for 20 minutes each time. Use a thin towel between the ice bag and your skin to protect your skin. Let your skin go back to normal sensation and temperature (often 2 to 3 hours) before you use ice again.

After surgery, you may have less sensation in your hip. Be sure to check your skin while using ice to be sure it is **not** mottled (blotches of different shades of red and white). Remove the ice right away if your skin looks mottled.

## Elevation

Elevating your leg can help with swelling and pain control. Rest with your leg above the level of your heart. Lie flat with a pillow under your head and several pillows under your leg. Do this at least 3 times each day, for 30 minutes each time. Be sure to follow the hip precautions.

## Activity and precautions

### Walking and physical therapy

Get up and walk each hour while you are awake. Use a walker or crutches for the first 1 to 2 weeks after surgery. Walking is good exercise and helps strengthen your muscles. Walk for a longer time and distance each day, as tolerated. You will start using a cane as you get stronger. Then, by 6 weeks after surgery you should be walking 1 mile each day.

Keep doing the hip exercise program you learned while in the hospital. Most people do not need formal physical therapy. Be sure to do the home exercises to strengthen your muscles though.

### Hip precautions

Hip precautions must be followed for **6 weeks after a posterior approach total hip replacement**. This will help your hip heal properly and lower your risk of dislocation. You may need to follow these precautions longer.

#### Posterior hip precautions are:

- Keep your hands between your knees when bending at the hip.
- Do **not** twist at your waist to reach outside the knees with your hands.

Talk with your care team if you have questions.



**You do not need to follow the hip precautions if you had a direct anterior approach total hip replacement.**

## Other considerations

Do **not** sit in the car for more than 45 minutes at a time without getting out and walking.

Some people feel discomfort in their back after surgery. This is caused by soreness from surgery and not moving very well before, during and after surgery. Be sure to slowly do more walking each day.

Do **not** bike or use exercise machines for at least 6 weeks after surgery.

## Heat therapy

Heat therapy can be used to help with stiffness or discomfort when your hip is not warm and swollen, about 4 to 6 weeks after surgery.

Place a heating pad on your hip for 15 to 20 minutes before you exercise unless your care team tells you not to. Be sure to check your skin while using heat.

## Preventing blood clots

After a total joint replacement, blood clots called deep vein thromboses (DVT) may form in the leg. Prevent a DVT by:

- Walking each hour while awake, alternated with elevating the surgical leg
- Doing ankle pump exercises
- Taking medicines as ordered by your care team

Call your care team right away if you have **signs of a blood clot**, such as:

- Sudden onset of calf pain and swelling
- Trouble breathing
- Chest pain

## Incision Care

Bruising, blisters, swelling, and decreased feeling near the incision are expected after surgery. This should get better with time.

Keep the site clean and dry. Do not put any creams, lotions, or ointments on it.

Most people shower with the dressing in place and after it is removed. Cover it with plastic wrap to be sure it stays dry.

If the dressing comes off early, you can still shower. Cover the incision with plastic wrap. Do not scrub it. Do not soak in a bathtub or pool for 6 weeks after surgery.

## Signs of infection

Call your care team right away if you have signs of infection, such as:

- Warmth, redness, or pain near the incision
- Foul smelling odor from the incision
- Drainage from the incision when there was none before
- A change in the color of drainage from clear to thick, yellow, or green
- Chills or fever

## Removing the dressing

Most incisions are closed with a mesh tape. A large rectangle dressing covers the mesh tape and incision. \*\*\*

### **Remove the rectangle dressing 14 days after surgery.**

The mesh tape will start to come off on its own a few days after the large rectangle dressing. Gently peel off the mesh tape from top to bottom when it starts to lift at the corners. If the mesh tape does not come off easily, wait another day and try again.

Stitch ends may be at both ends of the incision. Clip them with clean nail clippers or manicure scissors. Do **not** pull the stitch ends.

\*\*\* A direct anterior approach total hip replacement is closed with staples and covered with a vacuum-assisted dressing. Your care team will talk with you about how to remove this. The staples will be taken out at your follow-up appointment 2 to 3 weeks after surgery.



## Life After a Joint Replacement

### Preventing infection

To help prevent infection in your artificial joint, you will need take 1 dose of an antibiotic before you have procedures for the rest of your life. Your orthopedic care team, PCP, or dentist can prescribe the antibiotic.

Some procedures you need an antibiotic before are:

- Any dental procedures
- Any infection
- Barium enema
- Bronchoscopy
- Colonoscopy
- Genitourinary instrumentation
- Kidney surgery
- Liver biopsy
- Tonsillectomy
- Vaginal exams and GYN surgery

You will get a wallet card at your workup appointment with the above procedures and antibiotic recommendations listed on it.

Call your PCP or dentist if you get any infections, such as strep throat, pneumonia, or a tooth infection. You need antibiotics as quickly as possible. You must take all the antibiotic.

Antibiotics help prevent infection from getting into your hip replacement. This is important for years after your surgery.

**Call your care team right away if you have signs of infection around your hip.**

### Physical intimacy

You can often resume sexual activity 6 weeks after surgery. Be sure to follow the hip precautions on page 21.

## Driving

Do **not** drive:

- For 2 to 3 weeks if you had your left hip replaced
- For 3 to 4 weeks if you had your right hip replaced
- For 4 to 5 weeks after hip revision surgery (may be longer to drive safely)
- Until your care team tells you that you can
- If you are still taking opioid pain medicine or using a 2-handed assistive device (walker or crutches).

Check your driving skills in a parking lot before driving on the road.

Let your care team know if you plan to drive a car with a clutch (stick shift). It may take longer to be ready to drive safely.

## Activity and work

Most people can go back to work within 1 to 3 months. Talk with your care team about your return date.

People often do most of the activities they did before their joint replacement. This may take 3 to 6 months. There are some activities your care team may want you to avoid, such as:

Recommended	Not Recommended	Do Not Do
<ul style="list-style-type: none"> <li>• Biking</li> <li>• Bowling</li> <li>• Dancing</li> <li>• Elliptical</li> <li>• Fishing</li> <li>• Gardening</li> <li>• Golf</li> <li>• Low-impact aerobics</li> <li>• Tennis</li> <li>• Walking</li> <li>• Water aerobics</li> </ul>	<ul style="list-style-type: none"> <li>• Basketball</li> <li>• Racquetball</li> <li>• Skiing</li> <li>• Weightlifting more than 50 pounds (lbs)</li> </ul>	<ul style="list-style-type: none"> <li>• Contact sports</li> <li>• High-impact aerobics</li> <li>• Jogging</li> <li>• Jumping sports</li> <li>• Running</li> </ul>

This is a general list. Talk with your care team before you start an activity not on the list or not recommended.

[illegible]



## Appendix A: Preparing Your Home Checklist

### Tips to make your home safe

- ☐ Remove all clutter from the floor and stairs.
- ☐ Remove all throw rugs and cords.
- ☐ Put items you use often at counter level in your kitchen, bathroom, shower, and bedroom.
- ☐ Make meals ahead of time and store them in the freezer.
- ☐ Place a non-slip mat or tape in the shower.
- ☐ Put up grab bars near the toilet and shower.
- ☐ Place a night light in the bathroom.
- ☐ Have good lighting in all rooms, hallways, and stairs. Turn on lights when you get up at night
- ☐ Arrange furniture so there are clear walking pathways.
- ☐ Do not use low chairs or couches. A good seat height is at least 20 inches.
- ☐ Measure to see if your toilet is at least 20 inches from the ground. If it is not, get a toilet riser that is at least 20 inches high.
- ☐ Think about having pets stay with someone so you do not trip over them.
- ☐ Always keep your assistive devices near you. Use them to keep your balance and maintain your precautions.
- ☐ Make sure stairs have a handrail the entire length of the stairs. Place bright non-skid strips on the edge of steps.

## Appendix B: Home Exercises

### Glut Sets

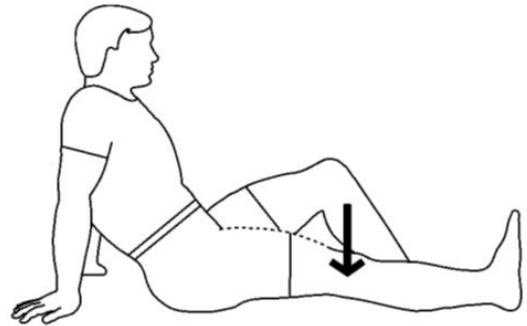
- Lie on back with legs straight.
- Squeeze buttocks together.
- Hold for 5 seconds. Then relax and repeat.
- Do not hold breath.



Do 1 set of 10 repetitions. 3 to 5 times each day

### Quad Sets

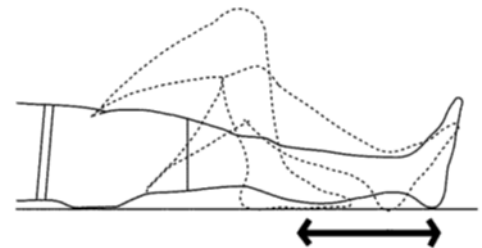
- Lie on back with leg extended.
- Tighten quad muscles on front of leg. Try to push back of knee downward.
- Hold 5 seconds then relax and repeat.
- Do not hold breath.



Do 1 set of 10 repetitions. 3 to 5 times each day

### Heel Slides

- Lie on back with legs straight. May bend uninvolved knee if more comfortable.
- Slide heel up to buttocks.
- Return to start position.
- Do in slow, controlled motion in both directions with knee moving straight up towards ceiling.

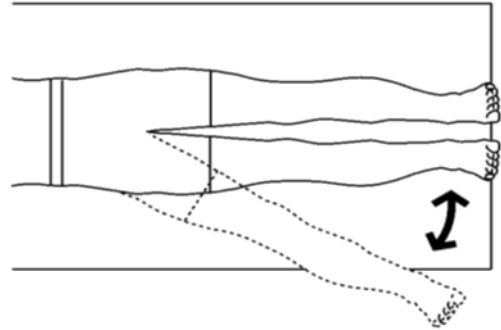


Do 1 set of 10 repetitions. 3 to 5 times each day

## Hip Abduction/Adduction

- Lie on back with leg extended.
- Move leg out to side, keeping knee straight and toes pointed straight up.
- Return to start position.

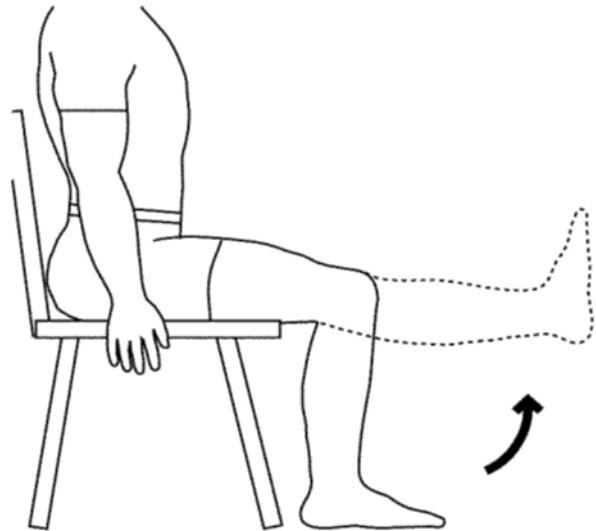
Do 1 set of 10 repetitions. 3 to 5 times each day



## Long Arc Quads

- Sit with both feet on the floor.
- Straighten leg at knee.
- Return to start position.
- Do in a slow controlled manner in both directions.

Do 1 set of 10 repetitions. 3 to 5 times each day



[illegible]



## Appendix C: Dental Clearance

To whom it may concern,

Our mutual patient has been scheduled for an orthopedic surgery at University of Iowa Hospitals and Clinics in the coming weeks to months. As part of our pre-surgical work-up, documented dental clearance is requested. All dental work, including abscesses, root canals, tooth extractions, planning/scaling, and significant periodontal disease needs to be addressed before the surgery. After evaluating the patient, please select one of the following and provide a summary if indicated.

- ☐ Patient underwent routine screening and was found to have no active dental disease or infection. No further treatment indicated prior to undergoing upcoming arthroplasty.
- ☐ Patient was found to have active dental disease or infection requiring treatment. Please provide brief detail of the diagnosis and procedures performed below, or on an additional sheet as needed.

**Please fax this form to 319-353-6754 and have the patient bring a copy to their upcoming clinic visit.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

Dentist Office Phone Number: \_\_\_\_\_

Sincerely,

Department of Orthopedics and Rehabilitation

University of Iowa Hospitals and Clinics

**Telephone:** 319-356-2223 / **Fax:** 319-353-6754



## Appendix D: What is Staph?

Staph is a germ found on the skin or in the nose. It may live on the skin without causing problems. Sometimes staph can cause infections.

Staph may cause infections after surgery. This happens when the staph germ from a person's skin or the hospital surroundings enters the surgery wound.

Some types of staph are hard to kill with antibiotics. This type is called M-R-S-A or "mersa."

People at risk for getting a staph infection are:

- Patients in the hospital
- People with open wounds or sores on their skin

## What should I do before surgery to lower my risk of infection?

You will be tested to see if you have staph at your workup appointment. This is done by swabbing the inside of your nose.

If you test **negative**:

- You do not have staph. You will not get a call from us with this information.
- Shower with the chlorhexidine gluconate (CHG) soap the night before and morning of surgery according to the instruction sheet.

If you test **positive**:

- You will get a call from your care team saying you are positive for staph.
- Your care team will prescribe mupirocin 2% ointment to your local pharmacy. Swab the inside of your nose with the ointment 2 times a day starting 5 days before surgery.
- Shower with the CHG each day for 5 days before surgery and the morning of surgery.

## What should I do while I am in the hospital?

- Wash your hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer after using the bathroom, before and after eating, and when leaving and returning to your room.
- Do **not** touch any wounds while in the hospital. You will get specific instructions about caring for your wound when you go home.
- Caregivers and guests should wash hands each time they enter or leave your room.

## Appendix E: Surgery Checklist

### Before Surgery

- ☐ Remove nail polish or artificial nails and jewelry.
- ☐ Shower as instructed.
- ☐ Follow fasting guidelines as instructed.
- ☐ Have a caregiver and driver to help you after surgery.

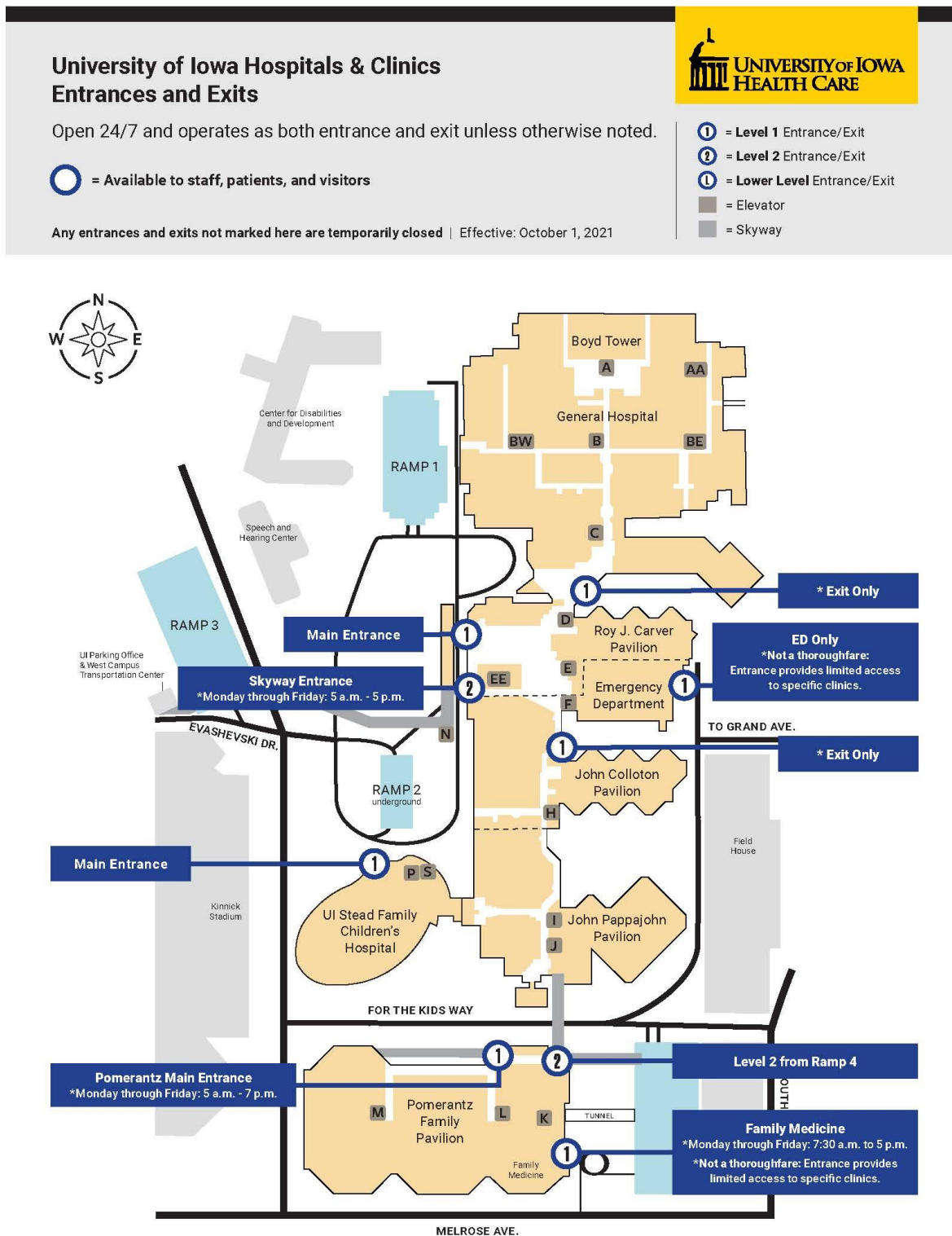
### Packing Checklist for a 24 to 48-Hour Hospital Stay

- ☐ A complete and up-to-date medicine list
- ☐ Any assistive devices you use, such as a walker or crutches
- ☐ Non-slip, closed toe walking shoes
- ☐ A change of clothes (shirt, pants, and undergarments that are loose fitting and easy to get on)
- ☐ Personal toiletries
- ☐ CPAP and/or inhaler
- ☐ Eyeglasses (not contact lenses)
- ☐ Your Total Hip Replacement Book and Surgery Folder
- ☐ A small amount of money or credit card if you need to pay for medical equipment, prescriptions, or transportation
- ☐ Something to help pass the time, such as book or magazine

### Please Do Not Bring

- ☐ Medicines (opioids and over the counter medicines) unless instructed by your care team
  - You cannot take your own medicines during your hospital stay. It is not safe.
- ☐ Valuables (except those mentioned above)
- ☐ Jewelry
  - Remove and leave at home all piercings and jewelry, including wedding rings. See a jeweler for help removing if needed.

## Appendix F: Hospital Map



## Appendix G: Incentive Spirometer

### What is an incentive spirometer?

After surgery, people are often sleepy and spend more time in bed than usual. People do not take as many deep breaths as normal. Fluid sits in the lungs and can cause pneumonia. An incentive spirometer will help keep your lungs clear after surgery.



### How do I use an incentive spirometer?

1. Sit up in bed if possible.
2. Hold the incentive spirometer upright.
3. Put the end of the hose in your mouth.
4. Take a big breath **in**, slowly. Try to keep the yellow piece in the better to best range.
5. Hold your breath (try for at least 5 seconds).
6. After each set of 10 deep breaths, practice coughing to be sure your lungs are clear. If you have an incision, support your incision when coughing by holding a pillow firmly against it.

### How often do I use an incentive spirometer?

Use the spirometer each 1 hour while you are awake. During the night, use the spirometer when you are awake and at least every 4 hours (with vital signs). Stop using the spirometer after you go home and are doing your normal level of activity, or have stopped taking prescription pain medicine.

## Remember, You Make a Difference

Remember, you are an important part of the care team. We are excited to be on this journey with you as you get back to a healthy and active life. Your active participation throughout this journey – getting for surgery, hospital recovery, rehabilitation, and recovery at home – is essential to the success of your surgery. The more committed and enthusiastic you are, the quicker you will recover and return to your normal activities.

Please call if you have any questions throughout your recovery. You can use MyChart to communicate and send photos, if needed, directly to your care team. Be sure to ask how to set up your account.

Thank you again for choosing University of Iowa Health Care and the Department of Orthopedics and Rehabilitation for your joint replacement surgery. We look forward to working with you.

Sincerely,

The Total Joint Replacement Team

University of Iowa Health Care

Department of Orthopedics and Rehabilitation

