

# Road to Recovery

Hip replacement



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## Appointment and Medical Clearance Checklist

### Please bring the following to your pre-admit testing appointment:

- Coach (if available)
- Medical insurance card
- Photo ID card
- Durable power of attorney or advanced directive
- List of current medications including name, dosage and frequency. Please include all over the counter medications, including vitamins and herbal supplements
- If you have a pacemaker or defibrillator, bring your information card, preferably carried in your wallet
- List of physicians and phone numbers
- Completed anesthesia questionnaire
- CPAP settings (if applicable)

## Welcome

Thank you for choosing the MemorialCare Joint Replacement Center at Saddleback Medical Center. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than 500,000 people nationwide decide to undergo hip replacement surgery. The surgery aims to relieve your pain, restore your independence and allow you to return to work or other daily activities as quickly as possible. Most patients will be able to walk within a few hours of surgery and will move towards normal activity in six to 12 weeks.

The MemorialCare Joint Replacement Center at Saddleback Medical Center provides a comprehensive course of treatment. We believe that you play a key role in achieving a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to help promote a more successful outcome.

Your joint replacement team includes physicians, nurses, physical and occupational therapists, patient care assistants and a joint replacement navigator specializing in total joint care.

Every detail, from pre-surgery education to post-operative exercising, is considered and reviewed with you. The joint replacement navigator will be your personal guide through this process.

## The Guidebook

Preparation, education, continuity of care and a pre-planned discharge are essential for best results when having a joint replacement.

Communication is key to this process. This guidebook is a communication tool for patients, nurses and therapists.

It is designed to help you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your physician, nurses and/or therapists may add to or change any of the recommendations. Always follow their recommendations first and ask questions if you are unsure of any information. Keep this guidebook as a handy reference for at least the first year after your surgery. It will aid you through your journey.



## Overview of the Joint Replacement Center Program

The program is designed to ensure the best results leading to a safe discharge from the hospital one day after surgery.

Features of the program include:

- Nurses and dedicated therapists trained to work with joint replacement patients
- Dress in casual clothing (no drafty gowns)
- Family and friends participating as “coaches” in the recovery process

- A joint replacement navigator to guide you through to recovery
- This comprehensive patient guide is for you to follow before your joint replacement surgery and beyond
- A rehab gym with a car simulator to practice car transfers as well as a staircase to practice going up and down stairs

## Your Joint Replacement Team

**Orthopedic surgeon** – The orthopedic surgeon is the physician who performs the hip replacement procedure to replace your damaged joint.

**Registered nurse (RN)** – Much of your care will be provided by a registered nurse. Your nurse will ensure orders given by your physician are completed, including medications and monitoring your vital signs.

**Physical therapist (PT)** – The physical therapist will work on your mobility skills and teach exercises designed for strength and motion. They will instruct you in safe transfer techniques, walking with assistive devices and stair training.

**Occupational therapist (OT)** – The occupational therapist will guide you in performing daily tasks such as bathing and dressing. They may demonstrate special equipment to be used in your home after you receive your replacement, including shower/tub benches, grab bars and raised toilet seats.

**RN care manager** – They will meet with you during your hospital stay to discuss your discharge plan. They will assist you with your post-hospital care needs, equipment needs and act as a liaison with your insurance company.

**Joint replacement navigator** – The joint replacement navigator will be responsible for guiding you through the joint replacement process from your surgeon’s office, to the hospital and home. The joint care navigator will:

- Act as your advocate throughout the course of treatment from surgery to discharge
- Answer questions and coordinate your hospital care with your joint replacement team members

**Other physicians (if applicable)** – These physicians will follow your progress during your hospital stay, working in conjunction with your surgeon to manage any medical issues that may arise.

## Your Coach

Your coach is a family member or a friend who will be with you to help you before, during and after your hospital stay. Your coach should be physically capable, available and actively involved in all steps of your joint replacement journey.

### It is recommended that your coach:

- Accompany you to doctor visits
- Encourage you and help you with pre- and post-operative exercises
- Attend the joint replacement "Road to Recovery" class with you

- Attend the pre-admit testing appointment
- Help you prepare your home after your hospital stay (safety, groceries and supply needs)
- Help you plan for admission to the hospital
- Attend as many therapy sessions as possible during your hospital stay or with Home Health PT
- Be present for discharge instructions and help you follow those instructions
- Be available to drive you home upon discharge, help you settle in at home and stay with you for at least 24 hours



## Preparing for Surgery

### Two to four weeks before surgery

- The joint replacement navigator will call to touch base with you. You will receive a welcome letter from our joint replacement nurse navigator via email, text message or mail. This letter contains information about our pre-surgery class as well as our pre-admit testing appointment
- Schedule an appointment with your primary care physician four weeks before your surgery and ask if any other physician specialists should be involved in your pre-operative review – special heart studies may be recommended
- Have pre-operative laboratory tests, chest X-ray, EKG, etc., completed as ordered by your physician
- Obtain a dental clearance – if you suspect any dental issues
- Begin pre-operative exercises found on page 9-10 of this guidebook
- Begin preparing your home for your return after your joint replacement (see checklist on page 12 of this booklet)
- Plan for your discharge from the hospital
- Choose a coach who is available and physically able to help you
- Schedule your pre-admit testing appointment by calling the pre-admit testing office at (949) 452-3129, and register for the joint replacement class, Road to Recovery, at least two weeks before surgery by calling 800-MEMORIAL (636-6742) or visiting [memorialcare.org/SBClasses](http://memorialcare.org/SBClasses)
- For your health, consider quitting smoking. Speak with your physician about quitting smoking, or call 800-NOBUTTS (662-8887) for tips and programs designed to help you quit. Saddleback Medical Center also offers Tobacco Cessation classes. Call 800-MEMORIAL (636-6742) to register or visit [memorialcare.org/SBClasses](http://memorialcare.org/SBClasses)

# Preparing for Surgery

## One week before surgery

- Attend your in person pre-admit testing (PAT) appointment here at Saddleback Medical Center
- Please do not shave below your waist the week before surgery
- Discontinue medications as advised by your physician. This includes over the counter medications, vitamins, and herbal supplements
- If you are on beta-blocker medication, consult your physician
- If you are on blood thinners, such as Coumadin® (Warfarin), before your surgery, ask your physician about proper management
- Attend pre-operative appointment with your surgeon

## Evening before surgery

- Do not eat or drink anything after midnight unless otherwise directed by your doctor
- You may receive a phone call from your anesthesiologist, who will ask you some questions and review your medical history. Have a complete list of your medications including vitamins and herbal supplements with dosage and frequency readily available. Ask your anesthesiologist if they allow clear liquids prior to surgery. Some anesthesiologists are allowing clear liquids up to two to four hours before surgery
- Perform skin preparation as explained at your pre-admit testing appointment

## Morning of surgery

- On the morning of your surgery, take only the medications you were instructed to take by your physician or anesthesiologist
- Please leave all valuables at home, including jewelry, credit cards, money and electronic devices. The hospital cannot be responsible for the safety of these items
- Perform skin preparation as explained at your pre-admit testing appointment

## What to bring to the hospital

- Hearing aids
- Dentures
- Glasses or contacts
- CPAP breathing mask and hose (if applicable)
- Loose fitting clothes for therapy after your surgery – preferably shorts and shirts. Please no open toe shoes. Slip-ons with secure heels are recommended

# Total Hip Replacement Pre- and Post-Op Exercise Program

**On your back:** The number of repetitions may vary. Begin with 10 to 15 repetitions of each exercise two times a day.

- 1. Ankle pumps:**  
Bend ankles up and down alternating feet.



- 4. Heel slides:**  
Bend knee and slide your foot toward you.



- 2. Quad sets:**  
With leg straight, tighten the muscles on top of your thigh and press the back of your knee downward. Hold for three seconds then relax.



- 5. Short arc quad/extension:**  
Place a large towel roll under your knee, raise heel off bed until knee is straight. Hold three seconds and slowly lower.



- 3. Gluteal squeezes:**  
Squeeze buttock muscles as tightly as possible. Hold for three seconds.



- 6. Hip abduction/adduction:**  
Point toes to the ceiling, slide one leg out to the side. Keeping leg straight, gently slide back.



**Standing:** With standing exercises, hold onto a firm surface for balance.



- 1. Heel raises:**  
Rise up on toes for three seconds, then lower.



- 2. Partial knee bends:**  
Place feet comfortably apart, bend knees into a semi-squat position and then slowly straighten – this may be done with your back against a smooth wall or holding on to a sturdy chair.



- 4. Hip abduction:**  
Raise one hip out to the side without letting it come forward – slowly lower and repeat.



- 3. Hip flexion:**  
Lift operated leg as if you are stepping onto a stair. Slowly lower and repeat.



- 5. Hip extension:**  
Stand with feet slightly apart and lift leg backward. Slowly lower and repeat.

## Total Hip Replacement Mobility Training

### Car transfers

#### Getting into a car:

1. Be sure the passenger seat is pushed all the way back.
2. Recline the seat back as far as possible.
3. With your walker in front of you, slowly back up to the car seat. Sit on the seat.
4. Swing your legs into the car together.

#### Getting out of a car:

1. Push the seat all the way back.
2. Lift your legs out of the car together while still seated.
3. Place the walker in front of you and stand up on the unaffected leg.



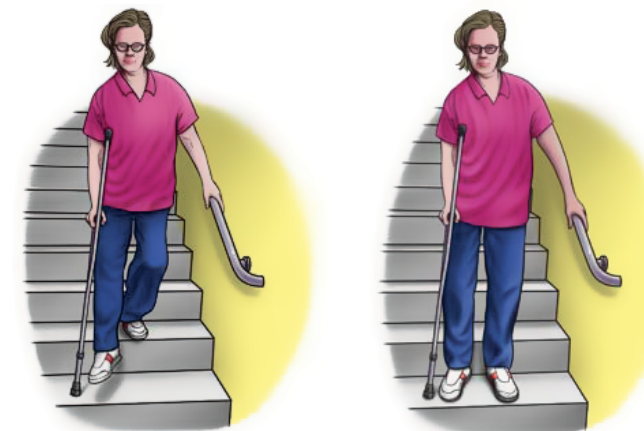
### Climbing up stairs

1. Use a hand rail (if available) to climb stairs.
2. Lead with your **non-operated leg**, then your operated leg, and finally your crutches or cane.
3. Go one step at a time.



### Going down stairs

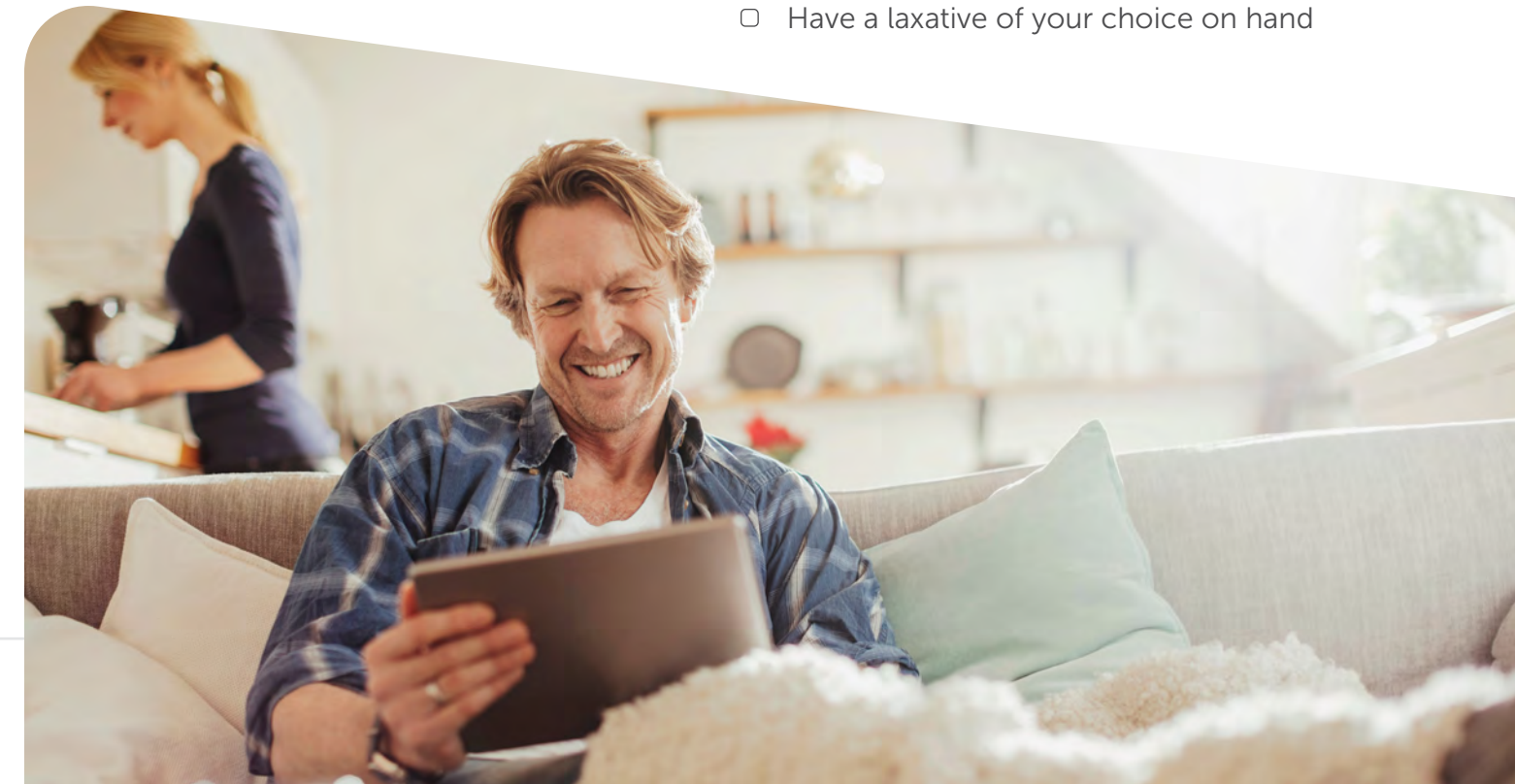
1. Use a hand rail (if available) to go down stairs.
2. Lead with your **crutch or cane**, then your **operated leg**, and finally your non-operated leg.
3. Go one step at a time.



"Up with the good, down with the bad."

## Preparing Your Home

- 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
- You need a firm chair with armrests. This makes it easier to get up. You should not sit in a chair that rocks, rolls or swivels
- Place a non-skid bath mat in your tub or shower – a shower chair may be needed
- For your convenience, you can place items that you use every day at arm level between your waist and shoulders
- Watch out for slippery/wet areas on the floor
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs
- Be aware of all floor hazards such as pets, small objects or uneven surfaces
- Provide good lighting throughout. Install night-lights in the bathrooms, bedrooms and hallways
- Keep extension cords and other cables out of pathways. Do not run wires under rugs – this is a fire hazard
- Have ice or a cold source available – you will receive a cold wrap with four ice packs while you are here, which you can use for home as well
- Have a laxative of your choice on hand





## Day of surgery

Please arrive at the hospital two hours before your scheduled surgery time. Check-in at Admitting just off the main lobby of the hospital. After you have checked-in, you will be escorted to the pre-operative area where you will change into a gown. A registered nurse will review some questions with you, and an intravenous line will be placed in your arm to administer antibiotics before surgery.

Your surgeon and anesthesiologist will meet with you before surgery. This is the time when you can ask any remaining questions you may have regarding your surgery and recovery. You will then be taken to the operating room on a gurney.

Sometimes there are delays in the surgery schedule. We will keep you informed if any delays occur. During your surgery, your coach and/or family may wait in the surgical waiting room located in the lobby of The Women's Hospital at Saddleback Medical Center. Your surgeon will come there to update them after your surgery.

You will be asked to verify your name, birth date, location and type of surgery on several occasions. This is to ensure your safety and to make sure you receive the right procedure and medications.

### The operating room

When you arrive in the operating room, it will be brightly lit, cold and noisy. The surgical technician will be dressed in a "space" like suit. You will most likely be awake but sedated. After your anesthesia (usually a spinal), the nurse will insert a catheter into your bladder. The operating team includes up to five people.

*View of a surgically repaired hip.*

## After surgery

- We will monitor your vital signs more frequently
- You may need to be on oxygen to help you breathe easier
- Pressure stockings/sequential TEDS – these pressurized elastic stockings or plastic boots help to keep venous blood, which may cause blood clots, from pooling in the legs
- Pain control – we will be asking you to rate your pain on a scale of 0 to 10, with zero being no pain. You should expect that your pain level will be at approximately 4 to 6 when engaged in activity; and between a 2 to 4 at rest. Pain medications do not eliminate pain; they ease or alleviate pain

The following scale will be used when rating your pain level:



- Ice for comfort may be used. You will receive a cold wrap with four ice packs for you to use and take home. You may need to use the cold wrap and elevate your operated leg for up to three to six months. Use cold wrap for 20 minutes then take it off for 20 minutes
- Begin activity – at a minimum, you will be sitting up dangling legs (with assistance). You will be walking with a physical therapist or a nurse. A gait belt will be worn around your waist for safety. Physical therapy will start their evaluation if you are cleared by the afternoon
- You will be trained on an incentive spirometer to ensure lung expansion
- Your diet will begin with ice chips and progress as tolerated
- Hip precautions must be observed according to the surgical approach used. See page 23
- You may be discharged home on the same day once you have been cleared by your surgeon, nursing and therapy team

## Day after surgery

- You will wake up early so you can eat breakfast and take your pain medications prior to your therapy sessions
- Each day, your nurse will work with you to plan your day
- Your blood will be drawn early in the morning so that your physician can receive results prior to his/her visit
- Pain control – we will continue to ask you to rate your pain, nurses will pre-medicate you prior to therapy and you will be transitioned to oral pain medication
- Urinary catheters, if used, will be removed on post-operative day one if not earlier
- Bowel movements will be managed with stool softeners. Reduced physical activity and/or narcotics (pain pills) can lead to constipation
- Your bandages may be changed on day one or day two. The waterproof dressing will stay on until the home nurse takes out the staples
- You will start receiving medication to keep your blood thin to prevent clotting. Your surgeon will choose the medication. It may be oral, injectable or both
- You will be encouraged to sit in a chair for all meals
- Physical therapy will begin - 2 times a day if needed
- Occupational therapy – one time a day
- Your care manager/discharge planner will visit you to reaffirm your goals and to plan for your discharge
- Please plan for your discharge after your morning therapy sessions or if needed, after the second PT treatment in the afternoon

### Second day after surgery, if needed due to medical reasons

- Each day your nurse will work with you to plan your day. You most likely will be discharged after your morning therapies
- Continue with pain management
- Continue with physical therapy two times a day:
  - Increase walking distance
  - Begin stair training if necessary. Occurs if not performed on day one or if more practice is needed
- Continue with occupational therapy, if needed
- Final preparation for discharge begins – your nurse will discuss your incision/wound care, medications and review any specific instructions from your physician
- Discharge planning – all post-discharge care arrangements will be performed, and needed equipment will be delivered to your room or home

# "Call, Don't Fall"

## Preventing falls while you are in the hospital

Your safety is our top priority at Saddleback Medical Center. We can partner with you, your family and friends to keep you safe and prevent falls. We want you to think, "Call, Don't Fall."

**Please follow these helpful tips:**

### While in bed, keep important items within your reach

- Nurse call light (TV controller)
- Bedside table
- Water and cup
- Phone
- Eyeglasses and hearing aids (these should be worn when you are awake)

### Getting out of bed

- Ask the nursing staff for help when you need to get out of bed
- Plan to sit at the edge of your bed for a few minutes before getting up. Medications may make you feel dizzy or sleepy. Always call and wait for help if you feel this way
- Your nurse may stay with you in the bathroom or leave the door open to ensure you are safe
- A bed alarm might sound to remind you to wait for help before getting out of bed

## Equipment in your room

- Do not lean on a bedside table or IV pole for support when getting up. These items have wheels and cannot support you. Walkers and canes are available if needed. Ask your nurse

## Clothing

- Always wear non-skid slippers or shoes when getting out of bed
- Remember to wear gowns, pajamas or robes that do not drag on the floor

## Hospital room

- Never walk on a wet floor
- Make sure the path to the bathroom and the floor around your bed is kept clear and lights are on

## Information for your family and friends

- Consider staying with your family member if they are confused
- Notify staff if you notice any physical or mental changes in your family member
- Notify staff if you are concerned your family member is at risk of falling
- When you leave the patient's room, make sure important items are within reach
- Notify the nurse when you are leaving. Remind your loved one, "Call, Don't Fall"



## You Are Ready to Go Home

You are ready to go home when you are familiar with the purpose and possible side effects of the medications prescribed for you and when your physical and occupational therapists have confirmed that you can perform the following daily activities and exercises:

- Get in and out of bed by yourself or with the assistance of your coach
- Walk on your own at least 50 feet with your walking device
- Dress and manage your personal hygiene with or without help
- Use the toilet or commode without help
- Stand for 10 minutes at a counter or sink to do simple tasks by yourself
- Be able to get in and out of the bathtub or shower safely and correctly
- Climb up and down 12 stairs with help (if you have stairs at home)
- Be able to do your home exercise program as instructed by your therapist

## Day of Discharge

The decision to go home or to a skilled nursing facility will be made collectively by you, your care team and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge. Our goal is to send you safely to your home on the day of discharge.

### Going home:

If you are going directly to your home, please arrange to be picked up at your discharge appointment time. You will receive written discharge instructions concerning medications, follow up with your doctor and incision/wound care. We will arrange for appropriate equipment if you have not done already prior to your surgery. Use this guidebook. Patients going home will continue to have physical therapy. If the doctor determines that home health services are needed, the care manager will arrange for this.

### Going to a skilled nursing facility:

If you qualify for a skilled nursing facility, we will arrange for transportation. Transfer papers will be completed by the doctor and nursing staff. However transportation may not be covered by insurance. The discharge planner will work with you. This may be an out-of-pocket cost to you. Your primary care physician or a physician from the skilled nursing facility will be caring for you, consulting with your surgeon. Upon discharge, the skilled nursing facility staff will give you further instructions. Remember to take this guidebook with you.

## Caring for Your Hip at Home

Here are some questions you should ask your surgeon before going home from the hospital:

- Can I take a shower?
- When will the staples be removed?
- When can I start to drive and return to work?
- Do I need a dressing for my hip?

## Wound Care

You are allowed to shower, with a water-proof dressing in place, unless instructed otherwise. The staples are usually removed within seven to 10 days after surgery by the home care nurse, skilled nursing facility staff or in the surgeon's office.

- Keep the incision/wound area clean and dry
- Make sure you and your coach wash your hands well whenever handling your incision/wound to minimize chances of infection
- Call your orthopedic doctor if the incision/wound appears red or begins to drain.
- If your temperature is higher than 101.5°F call your doctor
- Remember, swelling is expected for the first three to six months after your surgery. You will even have swelling in your ankle. It is important that you elevate your leg above your heart when lying in bed or on the couch and apply cold wrap for 15 minutes every hour or as needed. Call your surgeon if the swelling does not go down after icing and elevating or if there is increased redness or drainage

- Calf pain may be a sign of a blood clot. Call your orthopedic physician or go to the ER to be checked. Call 9-1-1 if you have shortness of breath or chest pain

- Wear compression stockings if instructed by your surgeon

## Medication

Take all medications as directed. You will be given a blood thinner to prevent clots from forming in the veins of your leg. These clots can be life-threatening. If a blood clot forms and then breaks free, it could travel to your lungs, resulting in a pulmonary embolism, a potentially fatal condition.

Because you have an artificial joint, it is especially important to prevent any bacterial infections from settling in your joint implant. You should get a medical alert card and take antibiotics whenever there is the possibility of a bacterial infection, such as when you have dental work. Be sure to notify your dentist that you have a joint implant and let your doctor know if your dentist schedules an extraction, periodontal work, dental implant or root canal work.

## Diet

By the time you go home from the hospital, you should be eating a normal diet. Continue to drink plenty of fluids and if you are on Coumadin® (Warfarin), avoid excessive intake of vitamin K. Foods rich in vitamin K include liver, broccoli, cauliflower, brussels sprouts, green beans, garbanzo beans, lentils, soybeans, soybean oil, spinach, kale, lettuce, turnip greens, cabbage and onions.

Try to limit coffee intake and avoid alcohol. Finally, you should watch your weight to avoid putting excess stress on your joints.

## Resuming Normal Activities

Once home, you should continue to stay active. While you can expect some good days and bad days, you should notice a gradual improvement and an increase in your endurance over the next six to 12 months. The following guidelines are generally applicable, but the final answer on each of these issues should come from your surgeon.

**Physical therapy exercises** – Continue to do the exercises prescribed for at least six months after surgery. Remember to use the cold wrap after therapy to reduce any swelling.

**Driving** – If your left hip was replaced and you have an automatic transmission car, you may be able to begin driving in a week or so, provided you are no longer taking narcotic pain medication during the day. If your right hip was replaced, avoid driving for four weeks. Remember that your reflexes may not be as sharp as before your surgery. First and foremost, ask your surgeon when driving is safe for you.

**Sexual activity** – Can be safely resumed approximately four to six weeks after surgery.

**Sleeping positions** – You can safely sleep on your back, on your non-operative side with a pillow between your knees, or on your stomach.

**Consult your surgeon before participating in other recreational or sporting activities.**

**Airport metal detectors** – The sensitivity of metal detectors varies, and it is likely that your implant may cause an alarm to go off.

Please note, when going through airport security, you can request to be screened by imaging technology – if it is available. Otherwise, please be prepared for a thorough pat-down procedure by a transportation security administration officer. Please ensure you allow extra time when traveling to complete all security checks.

You can learn more about the Transportation Security Administration (TSA) policies by visiting [tsa.gov](http://tsa.gov).

**Return to work** – Depending on the type of activities you perform, your surgeon will advise you when it is safe to return to work.

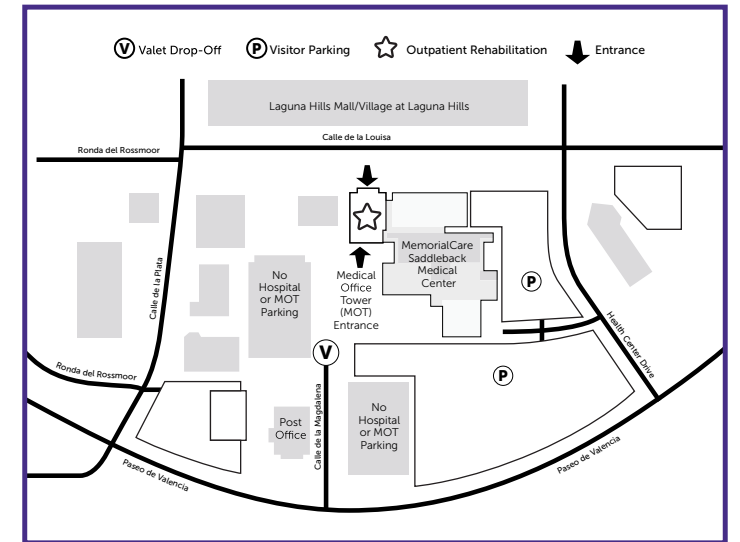
**Other activities** – Walk as much as you like, but remember that walking is no substitute for the exercises your doctor and physical therapist will prescribe. Swimming is also recommended; you can begin as soon as the sutures or staples have been removed and the incision/wound is completely healed – approximately two to four weeks after surgery. Avoid hot spas/Jacuzzis for three months.

## Outpatient Rehabilitation

Saddleback Medical Center is with you every step of the way. Move to a revitalized you with expert therapists aiding you towards recovery. Our outpatient therapist provides customized therapy and treatment for:

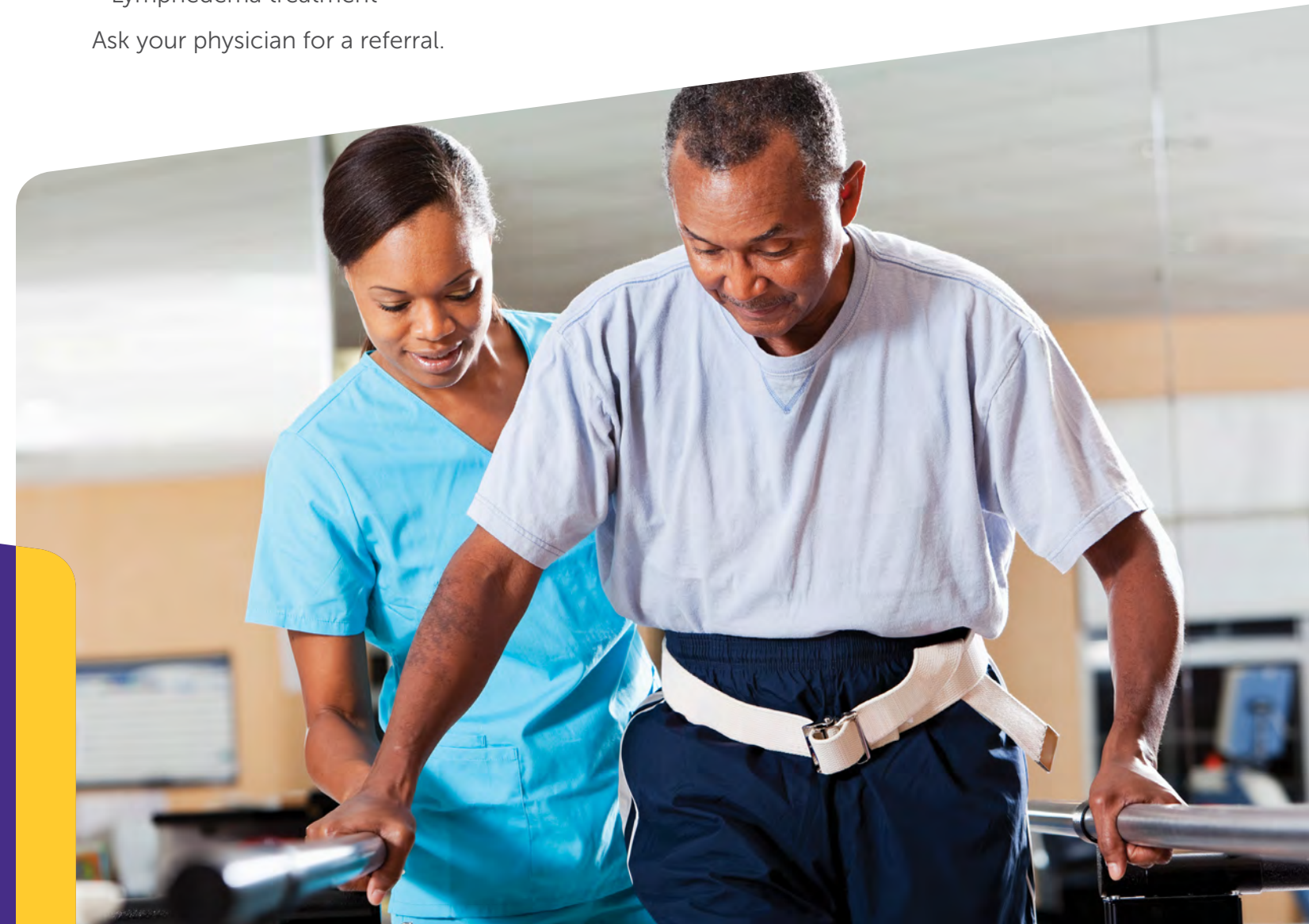
- Post-operative orthopedic procedures
- Disorders, injuries and surgeries of musculoskeletal system and neurological system
- Fractures
- Sports injuries
- Arthritis
- Sprains and strains
- Hand therapy
- Lymphedema treatment

Ask your physician for a referral.



### Rehabilitation Services at Saddleback Medical Center

24411 Health Center Drive, Suite 250  
Laguna Hills, CA 92653  
T: (949) 452-7040 | F: (949) 699-0535



# Activities of Daily Living

## Dressing – using adaptive equipment

### Putting on pants and underwear:

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg.
3. Use a reacher or dressing stick to guide the waistband over your foot.
4. Pull your pants up over your knees to be within easy reach.
5. Stand with the walker in front of you to pull your pants up the rest of the way.



### How to use a sock aid:

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.

### If using a long-handled shoehorn:

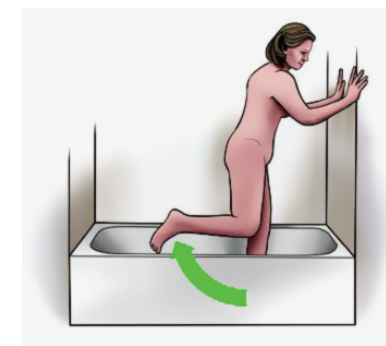
1. Use your reacher, dressing stick or long handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in the shoe. Step down into your shoe, sliding your heel down the shoehorn.

Wear sturdy slip-on shoes or shoes with Velcro® closures or elastic shoelaces. Do not wear high-heeled shoes or shoes without backs.

### Transfer-tub/shower

#### Getting into the tub using a bath seat:

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat; keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter or cane for the surgical leg, if necessary.



#### Note:

- Use a rubber mat or non-skid adhesive on the bottom of the tub or shower to prevent slipping
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat

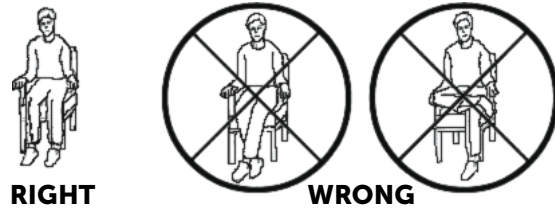
#### Getting out of the tub:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat. Place the walker directly in front of you and use the walker to stand up.

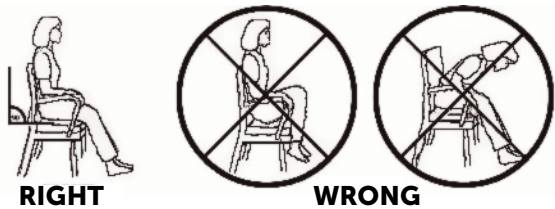
# Hip Precautions

## Precautions following total/hemi hip arthroplasty with posterior approach only

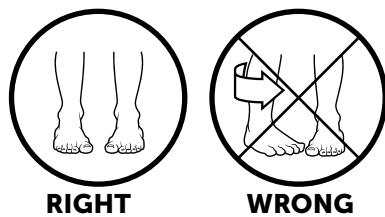
Do not cross legs while standing, sitting or lying down.



Do not bend hip past 90° angle – no bending forward or bringing knee to chest.



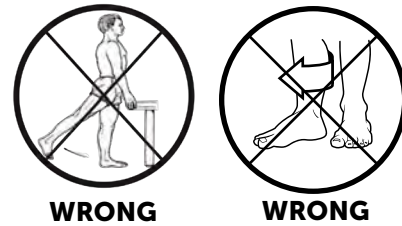
Do not roll or twist leg inward – toes should point straight up or roll outward.



## Precautions following total hip arthroplasty with anterior approach only

Do not extend leg behind you.

Do not roll or twist leg outward.



## Activities of Daily Living

### Energy conservation and joint protection

#### Homemaking

- Sit for rest breaks as needed and elevate operative leg
- Slide objects along the countertop rather than carrying them. Use a utility cart with wheels to transfer items to and from the table
- Attach a bag or basket to your walker or wear a fanny pack to carry small items
- Use a long-handled reacher to reach objects on the floor

#### Kitchen

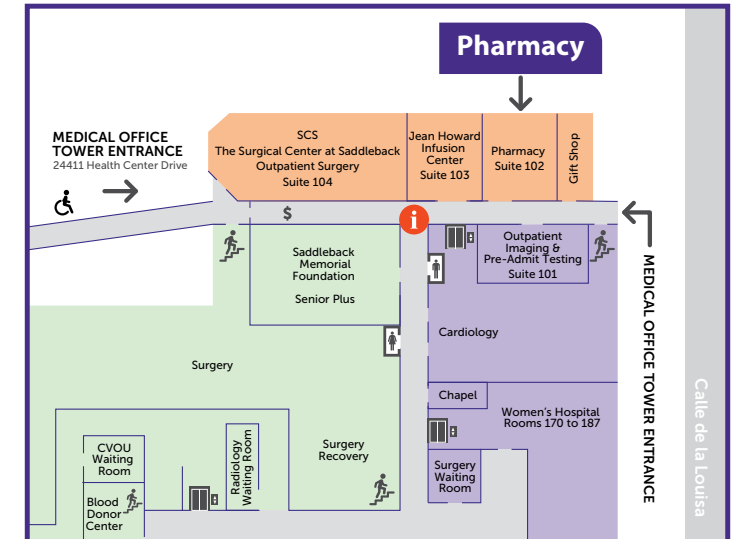
- Do not get down on your knees to scrub the floor. Use a mop and long-handled brushes (this applies to the bathroom area too)
- Plan ahead! Gather all your cooking supplies at one time, then sit to prepare your meal
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals



## Saddleback Medical Center Pharmacy

Get your prescriptions filled before you go home at our fast, convenient pharmacy.

- Located on the first floor next to the Jean Howard Infusion Center
- Hip kits available
- Most insurances accepted
- Special orders welcomed
- Knowledgeable staff available to answer questions
- Convenient, timely, competitive prices
- Local delivery service available (nominal fee for delivery service)
- Vaccinations available



**Outpatient Pharmacy at Saddleback Medical Center**  
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 Laguna Hills, CA 92653  
 T: (949) 452-3706 | F: (949) 452-3968

## Accessing Your Medical Records via myChart

Patients have 24/7 access to their health profile through myChart, a secure online system in which patients can log in to view their medical/health records, including any hospital stays and discharge records. With myChart, patients can:

- Review health education and discharge instructions provided by their physician
- Review test results
- Review medications, immunizations, allergies and medical history

- Access family's records and facilitate appointment requests, immunizations records and more
- Communicate with physicians via secure email system
- Request appointments and prescription renewals

Follow the instructions provided to you upon registration, or visit [memorialcare.org/myChart](http://memorialcare.org/myChart).



Notes:

Horizontal lines for writing notes.

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