



Outpatient Joint Replacement

PATIENT EDUCATION AND RESOURCE GUIDE

WELCOME TO WATERFORD SURGICAL CENTER

The physicians and the staff of Waterford Surgical Center are working together to provide an exceptional experience during your total joint replacement surgery. Our orthopedic surgeons have worked closely with the medical staff to develop an outpatient joint replacement program that shortens your post-operative stay, improves your quality of orthopedic care, and makes your entire experience more enjoyable. Bringing together our combined expertise we have created a program with your satisfaction as our top priority. With an outpatient focus, we have an infection rate that is markedly less than that reported in large hospital inpatient settings.

Total Joint Replacement (Arthroplasty) is the surgical resurfacing of the damaged surfaces of your joints, whether hip, knee or shoulder, and is one of the most effective ways to reduce pain and restore mobility. Our outpatient joint replacement program eliminates hospital stays and supports your recovery. With extensive patient education and a comprehensive continuum of care, this program is designed to ensure you have the information, care and support you need every step of the way. Your education and participation are essential to ensuring you have an outstanding experience and the best possible outcome; please read all information provided. You will know what to expect, how to prepare, and learn important tips on how to recover well.



HIP JOINT

The hip joint is the largest weight-bearing joint in your body. It is called a ball-and-socket joint. This joint is formed where the thigh bone and the pelvis meet. The ball-shaped head of the upper leg, or femur, fits into a socket-shaped ring in the pelvis, or acetabulum.

TOTAL HIP REPLACEMENT SURGERY

Disease and/or injury can damage the hip joint. You and your doctor have decided that a total joint replacement would likely decrease your pain and make walking easier. During this operation, the ball-and-socket of your hip joint will be removed and replaced with an artificial joint, called a prosthesis. This prosthesis can be made of smooth metal or porous metal. Your doctor, with your help, will decide which type is best for you.

With a multi-modal pain management and the pre-operative and post-operative protocols developed and practiced at Waterford Surgical Center, total hip replacement can be safely performed in the outpatient setting.

THE RISKS OF JOINT REPLACEMENT SURGERY

All surgical procedures have some risks. Although, advances in technology and medical care have made the procedure very safe and effective, these risks do exist. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care physician, and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. The most common risks include:

Complications from anesthesia:

The most common side effects include:

- vomiting
- dizziness
- shivering
- sore throat
- discomfort
- drowsiness

Adverse effects, or negative reactions, include:

- dental trauma
- croup (swelling of the windpipe)
- allergic reactions to latex
- wheezing
- vocal cord injury
- stomach problems
- injuries to arteries, veins, or nerves

*Tell your anesthesiologist if you smoke, use recreational drugs, or heavily consume alcohol. These can put you at greater risk for problems related to anesthesia.

Total Joint Replacement Surgery Risks:

This is a list of some of the risks associated with a total joint replacement; however, this list does not include all possible situations. Please discuss additional risks with your surgeon.

Blood clots:

Surgery or an injury of any kind increases the risk of a blood clot. That's because the clotting process is stimulated as your body attempts to stop the bleeding and close the surgical wound. Orthopedic surgeries like hip replacements are particularly likely to cause blood clots. Blood clots typically occur within two weeks of surgery, but they can also take place within a few hours or even in the operating room. There are a few preventative measures that you and your doctor can discuss:

- Blood thinning medications: Your doctor will likely recommend that you take medications to reduce the risk of clots after surgery.
- Techniques to improve circulation: Your doctor may suggest treatments like support stockings, lower leg exercises, calf pumps, or elevating your legs to help increase circulation and prevent clots from forming.
- Signs and Symptoms of Blood Clots: Swelling, Warmth, Redness, Pain (Especially in an extremity and calves)

Please call your doctor or report to the ER immediately if you experience any of these

Infection:

The number of people who get an infection after a hip replacement is very low. The surgical team takes serious measures to prevent infections:

- Special air filtration for surgical rooms that limit particles in the air.
- Your doctor will also likely prescribe antibiotics before, during, and after the operation to help prevent infection.

Infection Prevention Practices:

- **Dental Care**: All dental work, including cleaning, *must* be completed at least SIX weeks prior to your surgery.
- **Shaving**: Do not shave your legs or use any hair removal products anywhere near the surgical area for FIVE days prior to surgery.
- **Clean hands**: Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser, and to wash their hands frequently to prevent the spread of infection.
- **Illness**: If you become ill with a fever cold, sore throat, flu, or other illness, please contact Waterford Surgical Center at 248-886-5555.
- **Pre-Surgical Bathing**: You will be instructed to shower with a special cleanser, called Chlorhexidine Gluconate 4% (CHG), the morning of surgery. Use the cleanser from the neck down. Following your shower, put on clean pajamas and clean sheets on your bed.

Bleeding complications:

The sutures or staples used to close the wound are typically removed after about two weeks. Wounds may sometimes be slow to heal and bleeding complications can occur for several days following surgery. Blood thinners can contribute to problems. To reduce these risks your doctor will often advise you to stop taking anti-inflammatory medications 14 days prior to surgery and will also provide instructions on any blood thinning medication that you may be taking.

Nerve or neurovascular damage:

It's uncommon for the nerves to be damaged. However, it's possible for the nerve or blood vessel that's associated with the muscles leading to the foot to feel numb afterward. The problem usually disappears after a few months as nerves and tissues heal.

PREPARING FOR YOUR SURGERY

Your Waterford Surgical Center experience begins long before your actual surgery. These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and health and for living younger, longer. Please visit our website at www.waterfordsurgicalcenter.com to fill out the pre-op assessment forms that include a medication reconciliation form and anesthesia assessment.

Help from your Family

Recovering from your replacement is a team effort. Your family and support person can make all the difference throughout the weeks before and after surgery. We strongly recommend that you bring your "coach" with you to your preoperative visit. This person should be someone who is willing to support you every step of the way and who can participate fully in activities before surgery and during recovery.

Medications

You may take your prescription medications as directed by your surgeon. During your pre-operative education appointment, a nurse will review which medications you should take the morning of surgery. Take the designated medications with small sips of water.

MEDICATIONS YOU MUST STOP PRIOR TO SURGERY

Once your surgery is scheduled, please inform your surgeon if you are currently taking any of these medications, as they need to be stopped prior to your surgery:

- 2 Weeks Prior: Prescription diet medications, herbal supplements (such as St John's Wort), vitamins, Methotrexate and other rheumatoid arthritis medications.
- 7 Days Prior: Blood thinners, anticoagulants, and antiplatelet agents (such as Coumadin, Plavix, Xeralto, Effient) Aspirin, compounds containing Aspirin, hormone replacement therapy, and omega 3 fatty acids.
- 4 Days Prior: Anti-inflammatory medications (ex. Ibuprofen, Motrin, Aleve, Advil, Naproxen, etc).

**These are examples only. Please discuss all your current medications and supplements with your surgeon.

Preparing Your Home

Please review and complete the follow list of items prior to surgery. This will insure a smooth transition from the surgery center to your home on the day of surgery.

- Prepare meals ahead of time and put fresh linens on your bed.
- Have an ample supply of your prescription medications available.
- Pick up throw rugs and make sure long phone and electrical cords are out of the way.
- Put night lights in bathrooms and dark areas.
- Have non-skid surfaces (strips, etc.) in place in tubs and showers.
- Arrange for pet care if needed.
- Avoid yard work for 10 days prior to surgery. Make arrangements for outdoor work such as gardening or grass cutting for at least 2 weeks after surgery.
- Prepare a comfortable rest area with tissues, phone, TV, remote control, etc. nearby.
- Since your safety is our primary concern, we require that your coach, spouse, family member, or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely. Typically, this occurs within a few days after returning home.

- If you are going to be alone part of the day, carry a portable phone and/or personal alarm with you to call for help in case of an emergency.
- Have footwear available with non-skid soles.
- Arrange transportation for follow-up visits.

Waterford Surgery Center Timeline

| | |
|---------------------------------|---|
| 2-4 Weeks Before Surgery | <ul style="list-style-type: none"> ▪ Complete pre-op assessment forms at www.waterfordsurgicalcenter.com ▪ A RN from Waterford Surgical Center will call to set up a pre-op education visit ▪ Stop taking certain medication as directed by your surgeon |
| Day Before Surgery | <ul style="list-style-type: none"> ▪ Waterford Surgical Center will call by 5pm with time to arrive ▪ Do not eat or drink anything after midnight |
| Day of Surgery | <ul style="list-style-type: none"> ▪ Arrive at surgical center at assigned time ▪ Take prescription medications, designated by nurse, with small sip of water ▪ Shower with CHG 4% surgery |
| Day After Surgery | <ul style="list-style-type: none"> ▪ A Waterford Surgical Center RN will call to follow up ▪ Call your surgeon to schedule a follow up visit if you do not already have one ▪ Meet with your home care PT and begin exercises |
| 3 Days after Surgery | <ul style="list-style-type: none"> ▪ Remove pain pump catheter if one was placed |

DAY OF SURGERY

Your family should expect to spend a few hours at the center during the entire process; the time would include pre-op process, the surgery, and your recovery. We ask that you limit your family to one visitor and/or support person. Please make sure they pack any necessary items they might need as they will not be allowed to leave the building. These might include books, computer, snacks, drinks, etc.

At Home

- Shower from chin down with CHG soap
- Wear comfortable, loose clothing
- Do not use lotions, talcum, perfume, make-up or nail polish
- Take designated medications with sip of water
- Do not take insulin or diabetes medications unless instructed to do so
- Nothing to eat or drink after midnight the evening prior to your surgery
- Plan to arrive to the center on time, please make sure to account for weather, traffic or any other stops you may need to make on your way to the center

Arrival at the Center

- Bring walker
- Bring photo-ID, insurance card, glasses, and hearing aids. Leave valuables at home
- You will be given forms and documents to fill out and review at our reception desk
- Family member or significant other must accompany you to the surgery center
- Bring completed medication reconciliation and anesthesia assessment forms

Pre-Op Area

- You will change into a gown and be given an ID band, then you will sign the surgical and anesthesia consent forms
- Your health information will be reviewed and your vital signs will be taken
- IV will be started and pre-op sedatives and antibiotics will be administered
- A nerve block will be performed by the anesthesiologist
- The area will be shaved, if needed, and your nose will be cleaned with a betadine solution to prevent a common surgical site infection.
- Your surgeon will meet you and your family member in the pre-op area, confirm and mark the surgical site, and answer any last-minute questions you may have
- You will then be transferred to the OR (family members to the waiting area)

Anesthesia

Your anesthesia team will meet you before surgery. At that time, they will examine you, discuss your medical history, and determine the best plan for your anesthetic care. It is important that you discuss any prior problems or difficulties you may have had with anesthesia.

The Operating Room

Inside the operating room, you will be cared for by a team of physicians, nurse anesthetists, nurses, and skilled technicians. The total time required for surgery will be different from patient to patient depending on the complexity of your procedure. Once the surgery is completed, the doctor will go out to the waiting area and update your family member.

Post-op/Recovery

After surgery, you will be transported to your private recovery room. Following joint replacement, your recovery time is typically 2-3 hours. Nurses will check your vital signs and monitor your progress. They will also apply ice therapy. Pain medication will be provided through your IV or in pill form, as needed. Our goal is to provide a narcotic sparing experience, by administering preoperative medications and special medication injections during the surgery that will reduce your pain and therefore the need for postoperative narcotic medications.

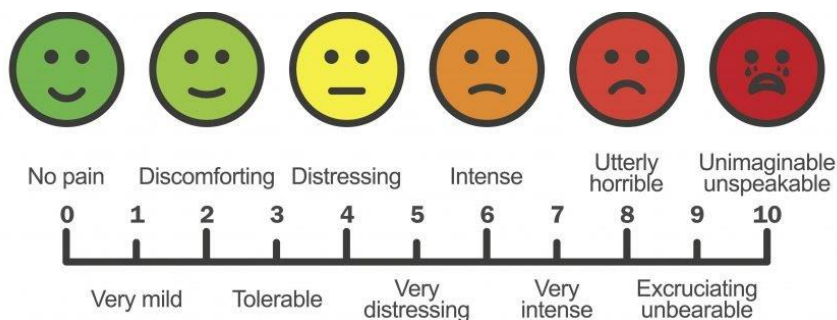
Once you are awake and ready for your first walk with our physical therapist, your family member or support person will be able to join you and assist our team with your recovery. After your stay in the PACU, you will be discharged home to continue your recovery.

WHAT TO EXPECT AFTER SURGERY

You will have ice on your incision and pillows to elevate the surgical area. If you had a pain pump catheter inserted it will be hooked up to the pump that continuously delivers medication. Once your vital signs are stable and you have regained movement and sensation in your lower extremities, your physical therapist may assist you to sit at the edge of the bed, stand, and walk.

Managing your Pain

The amount of pain and discomfort you experience depends on multiple factors. Most people experience a certain level of discomfort after surgery and this is normal. We will use the pain scale to determine your pain level in recovery.



If needed, you will receive pain medication after surgery either through your IV or in pill form. Your physician and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques.

For most patients, the surgical anesthetic wears off over a period of days. For the first few days after your surgery, arrange to take your pain pills approximately 30 minutes prior to doing exercises to help control the pain that accompanies these activities. It is also encouraged to take pain medication at home when you start to feel pain so that you can stay ahead and keep the pain at a tolerable level.

Home Pain Medication May Include:

- Norco, or other medication for pain
- Motrin, to decrease inflammation

Pain Medication Side Effects

Nausea: Nausea is a very common side effect; the best way to prevent nausea is to take your medication with food.

Constipation: Narcotic medications can be constipating. Eating a high fiber diet and increasing your water intake can help combat constipation. A stool softener can also be taken to minimize constipation in addition to increasing your activity.

Ambulation

You may walk with the assistance of your nurse or physical therapist when it has been determined that you are stable, and you have regained feeling and movement in your legs. You can bear weight on the operating side as much as tolerated. You will be using a walker for the first 1-3 weeks after surgery to help increase stability and prevent falling. In order to ensure maximum success, it is important that you follow physical therapy instructions both while you are at the center and after you are discharged to home.

Going Home

You will be ready to go home once you are able to walk safely, perform your exercise program, and your surgeon determines that you are ready for discharge. *You must arrange for someone to stay with you when you go home or you will not be released from the surgery center.*

To make your ride more comfortable, your driver should bring pillows for you to sit on, slide your seat back, and recline the seat slightly. *When traveling, it is important that you do ankle pumps and walk for 10-15 minutes every 1-2 hours. This will help prevent blood clots and joint stiffness.*

Discharge checklist:

- Prescriptions for home filled
- Home health agency contacted – visit by nurse and therapist confirmed for day after surgery
- All necessary home equipment has been acquired – walker, cane, Cold Therapy, SCDs
- Post-op appointment scheduled
- Family member/significant other will be with me for 24 hours after discharge

RECOVERY GOALS

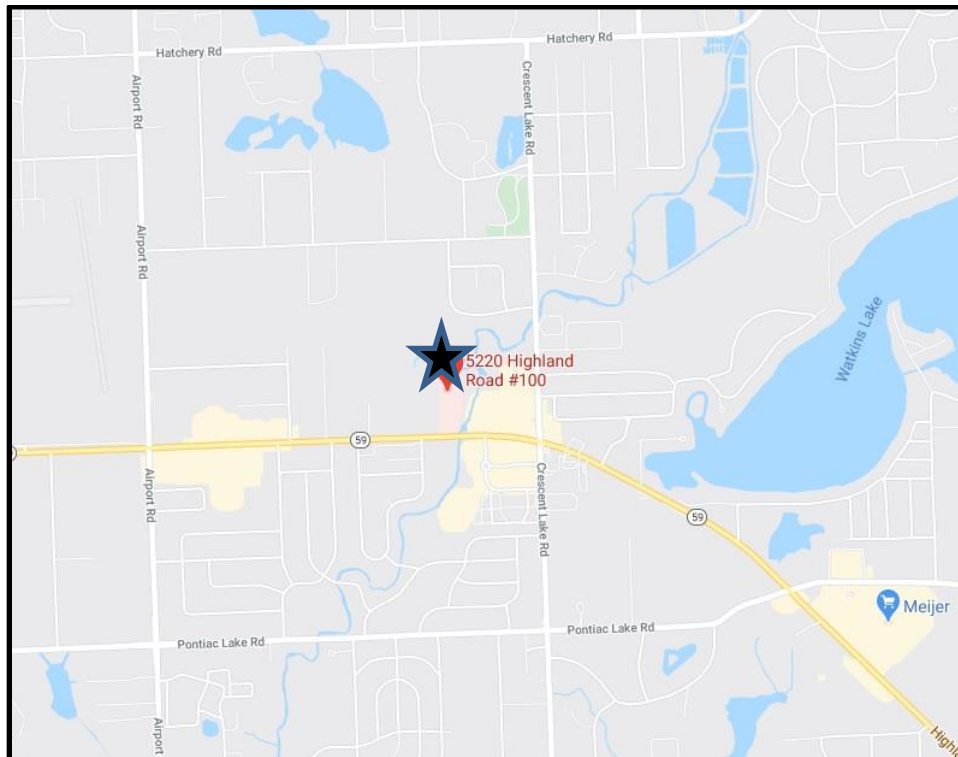
| | |
|---------------------------|--|
| Day of Surgery | <ul style="list-style-type: none">▪ Up in chair▪ Diet As Tolerated▪ Ankle Pumps▪ Ice in place▪ Physical therapy starts▪ Manage Pain▪ Transition Home▪ Walk with walker▪ Continue to breathe deeply and cough ten times every hour while you are awake to minimize the risk for pneumonia |
| First Day Post-Op | <ul style="list-style-type: none">▪ Ice, or cold machine, on every hour▪ Pain medication as necessary▪ Elevate operative leg to reduce swelling▪ Exercise at least 3 times▪ May go up or down stairs, as tolerated▪ Home physical therapy may begin |
| Second Day Post-Op | <ul style="list-style-type: none">▪ May bathe or shower, keep incision dry▪ Increase activity as pain and swelling allow▪ Continue use of ice▪ Pain medication as necessary |

WHEN TO CALL YOUR SURGEON

- A temperature over 101 degrees Fahrenheit
- Pain not relieved by medication or worsening pain
- Thick yellow drainage or bleeding from incision site
- Numbness, tingling, or burning that persists after elevating your leg and applying ice
- Excessive swelling or redness that persists
- Toes that are very cold and do not get warm when you cover them
- A calf that is swollen, tender, painful, warm or red

It is unlikely, but if you experience chest pain, palpitations or difficulty breathing, call 911 immediately.

Waterford Surgical Center Location



5220 Highland Road, Suite. 100
Waterford, MI 48327
Phone: (248) 886-5555
www.waterfordsurgicalcenter.com

Thank you for choosing Waterford Surgical Center. Our team wishes you wonderful health and a speedy recovery!

Resources

Lapeer County Surgery Center Patient Guide

Allina Health's Patient Education Department, Knee Replacement, fifth edition, ortho-ah-90140

Orthoinfo.aaos.org

Knee booklet Orlando Orthopedic Center

St Joseph Mercy Oakland Orthopedic Services

TOTAL HIP PRECAUTIONS

After hip replacement surgery there are some positions you must avoid to prevent dislocation of your hip. It is possible to dislocate your hip after hip surgery because the muscles and ligaments that hold your hip in place were weakened by cutting and stretching. These restrictions on movement will last six to twelve weeks, or until your doctor allows you to resume normal activities.

Movement

- **Avoid twisting your trunk when turning.** Take small steps when turning; do not pivot. Avoid reaching across your body and twisting your trunk.
- **Basic movements.** There are some basic movements that you will need to avoid following your total hip replacement.
You are NOT to:
 - Cross your legs
 - Bend your hip more than 90 degrees (your knees should not be higher than your hips when in a sitting position)
 - Turn your hip in
 - Kick your leg backwards or turn your toes out (anterior lateral approach patients only)
- **Be especially cautious of combined movements.** Take caution when crossing/twisting/bending.
- **Getting in and out of a car.** Car transfer education will be given during your therapy sessions.
- **Getting up from sitting.** You must put your surgical leg out straight, when going from sitting to standing or from standing to sitting, to avoid bending the hip too far. Remember to push up from the chair, not to pull from the walker.
- **Dressing/Bathing.** You will not be allowed to reach the foot of your surgical leg after a hip replacement because to do so you will bend too far. Ideally, this precaution should last the first three months after surgery. Instead, use a reacher, sock aid, dressing stick or have someone help.
- **Furniture.** Avoid sofas, loveseats, low chairs without arms; used raised toilet seats with arms. Some furniture can be modified with pillows. Recliners in general work well.
- **Sleeping.** Keep a pillow between your legs to avoid keeping your toes from pointing inward. When sleeping on your side, avoid hip angles greater than 90 degrees.

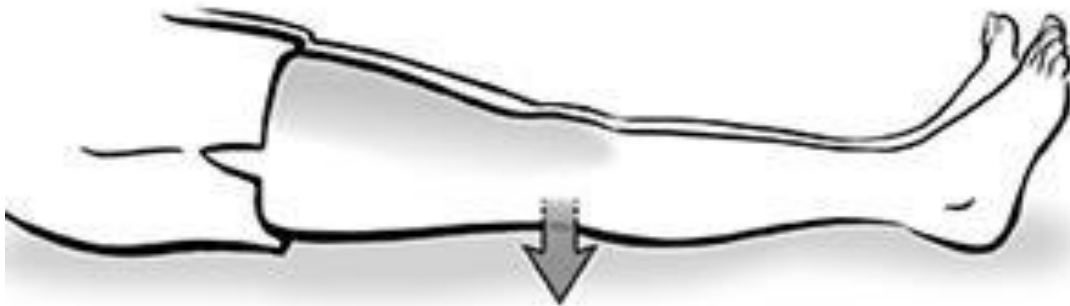
POST-OP EXERCISES AND MOBILITY

The following pages contain a list of basic exercises and activities you will be performing following your hip surgery. These activities are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility, and function. Practicing these exercises at home prior to your surgery will make the exercises easier after surgery. You will review these with your Physical Therapist.

As a general rule, exercises should be performed 3 times a day. Do not add weights or other resistance to these exercises until told to do so. You may apply ice to your replacement joint after you are done exercising. Ice can help with the pain and swelling. Always have a layer of clothing or a towel between your skin and the ice pack. Apply it for about 20 minutes.

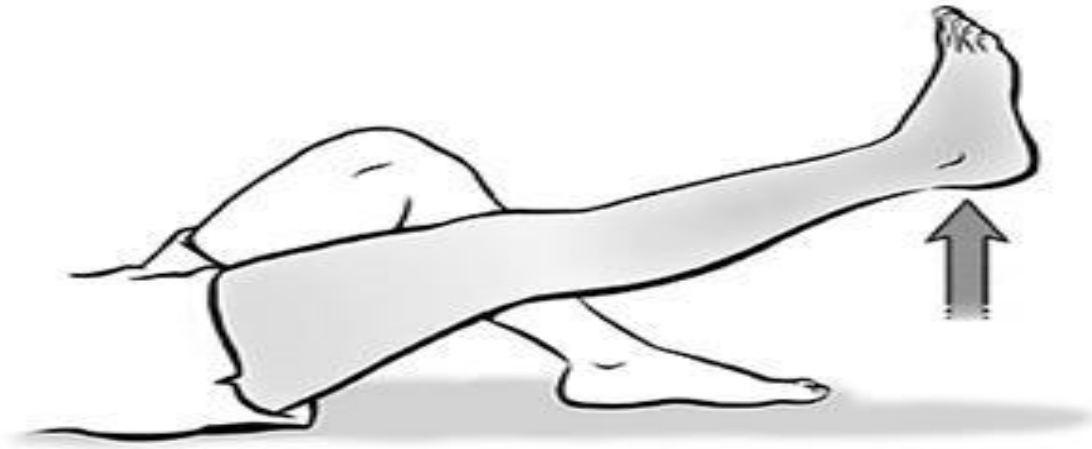
Quadriceps Sets

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Repeat this exercise approximately 10 times during a two-minute period, rest one minute, and then repeat. Continue until your thigh feels fatigued.



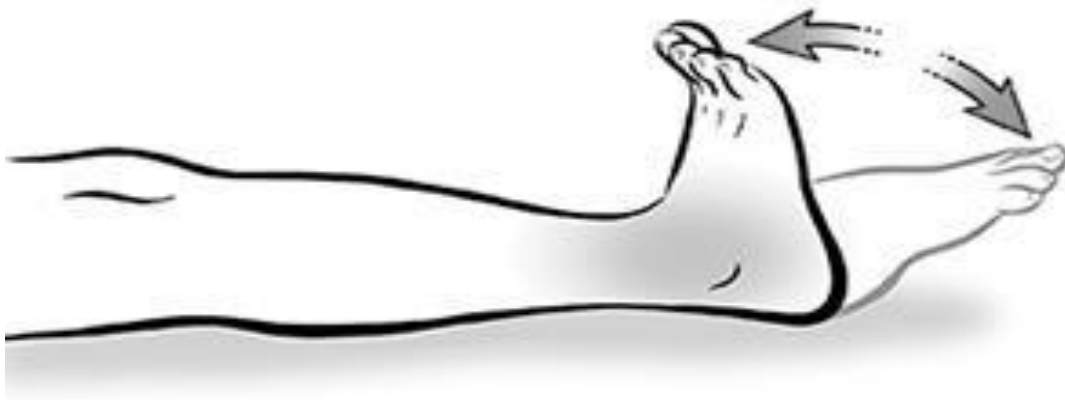
Straight Leg Raises

Tighten your thigh muscle with your knee fully straightened on the bed, as with the quadriceps set above. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower. Repeat until your thigh feels fatigued. You also can do leg raises while sitting. Tighten your thigh muscle and hold your knee fully straightened with your leg unsupported. Repeat as above. Continue these exercises periodically until full strength returns to your thigh.



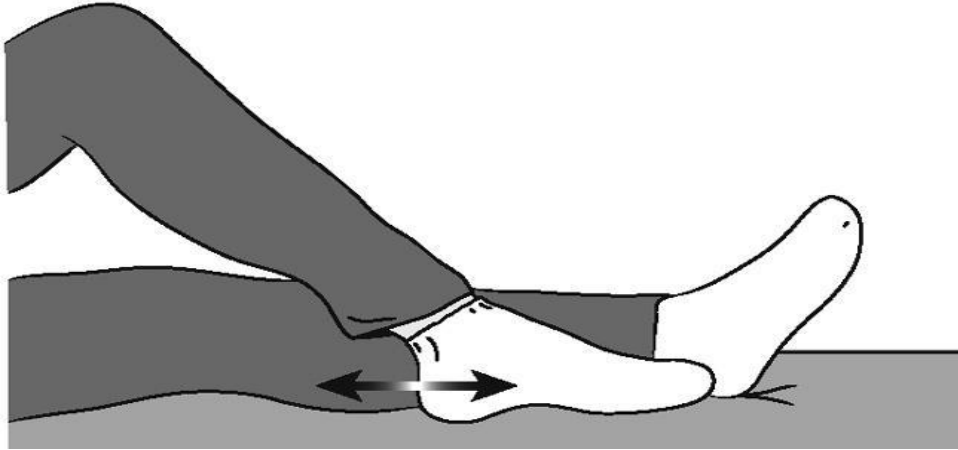
Ankle Pumps

Move your foot up and down rhythmically by contracting your calf and shin muscles. Perform this exercise for 2 to 3 minutes, 2 or 3 times an hour in the recovery room. Continue this exercise until you are fully recovered and all ankle and lower-leg swelling has subsided.



Heel Slides

Lying on your back, start with both legs straight. Slide the heel of your operated leg toward your body, bending your hip and knee as much as possible, but not past 90 degrees. Hold for a count of six. Slowly slide heel back to starting position.



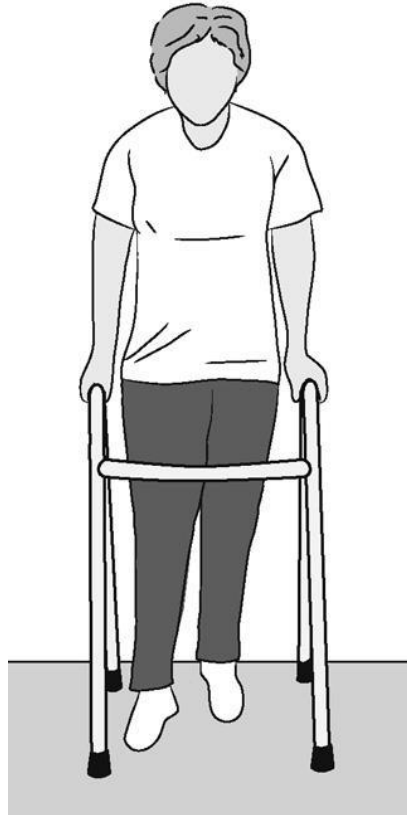
EARLY ACTIVITY

Soon after your surgery, you will begin to walk short distances in your recovery room and perform everyday activities. This early activity aids your recovery and helps your hip regain its strength and movement.

Walking

Proper walking is the best way to help your hip recover. At first, you will walk with a walker. Your surgeon or therapist will tell you how much weight to put on your leg.

Stand comfortably and erect with your weight evenly balanced on your walker. Advance your walker a short distance; then reach forward with your operated leg with your knee straightened so the heel of your foot touches the floor first. As you move forward, your knee and ankle will bend and your entire foot will rest evenly on the floor. As you complete the step, your toe will lift off the floor and your knee and hip will bend so that you can reach forward for your next step. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor.



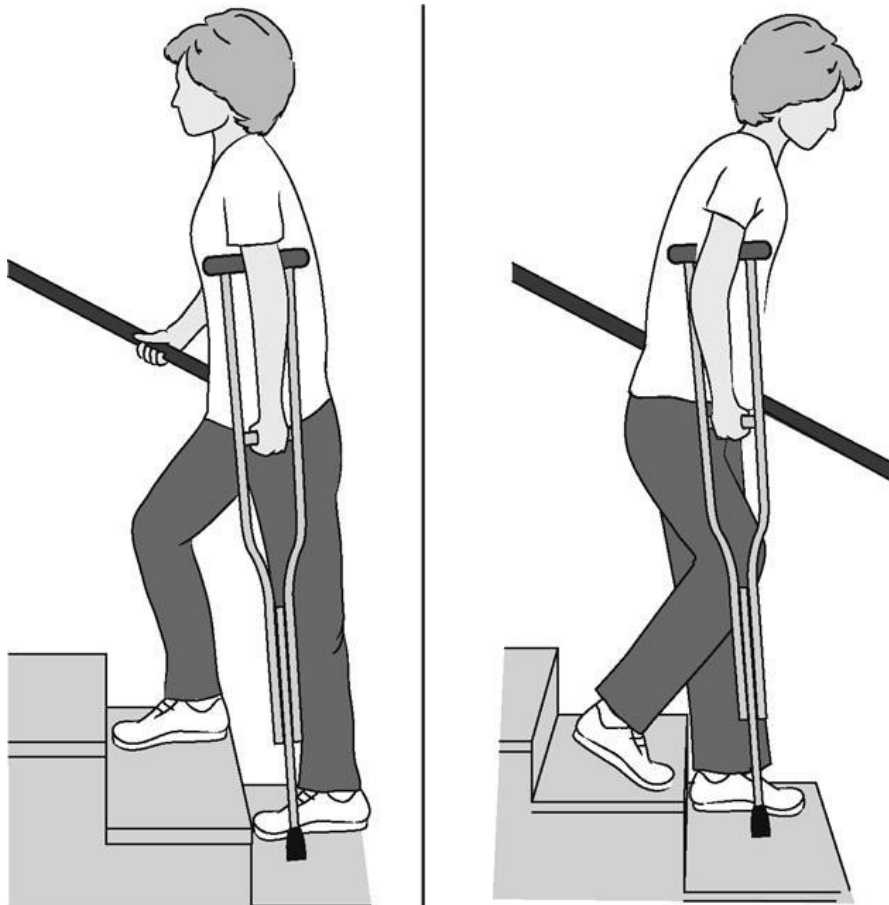
Early on, walking will help you regain movement in your hip.

Walk as rhythmically and smoothly as you can. Don't hurry. Adjust the length of your step and speed as necessary to walk with an even pattern. As your muscle strength and endurance improve, you may spend more time walking. You will gradually put more weight on your leg. You may use a cane in the hand opposite your surgery and eventually walk without an aid once cleared by your doctor.

Stair Climbing and Descending

The ability to go up and down stairs requires both strength and flexibility. At first, you will need a handrail for support and will be able to go only one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember, "up with the good" and "down with the bad." You may want to have someone help you until you have regained most of your strength and mobility.

Stair climbing is an excellent strengthening and endurance activity. Do not try to climb steps higher than the standard height (7 inches) and always use a handrail for balance. As you become stronger and more mobile, you can begin to climb stairs foot over foot.



Advanced Exercises and Activities

Once you have regained independence for short distances and a few steps, you may increase your activity. The pain of your hip problems before surgery and the pain and swelling after surgery have weakened your hip. A full recovery will take many months. The various exercises and activities taught to you by your home care physical therapist will help you recover fully.

For all standing exercises, hold onto or countertop, not your walker. You will perform standing exercises on both legs with a home care therapist

Mobility and Activity Techniques for Daily Living

After surgery, you may need to move differently until you heal. Practice the following techniques before surgery so you know what to do right after surgery.

Getting in and out of bed

Back up until you feel the bed against the back of your legs.

Place your surgical leg forward.

Reach back for the bed surface, lowering yourself slowly to the edge.

Scoot back on the bed in a diagonal direction until your knees feel supported.

As you turn your body to get into bed, you may need to use a leg lifter or someone to help lift your surgical leg.

When getting out of bed, come to a sitting position on the bed.

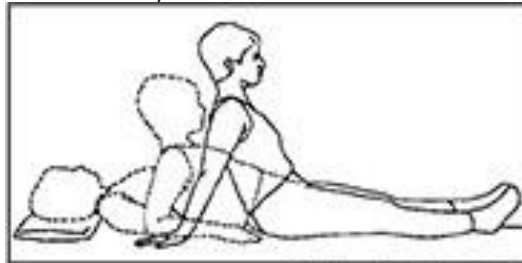
As you turn your body to get out of bed, you may need to use a leg lifter or someone to help move your surgical leg.

Lean back as you push with your hands to help move your body forward until you are sitting at the edge of the bed.

Place your surgical leg forward.

Push up from the bed and stand up.

Do not reach for a walking device until your balance is secure.



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Getting on and off a chair with arms

To sit down, back up until you feel the chair against the back of your legs.

Place your surgical leg forward.

Reach back for the arms of the chair with both hands and sit down on the edge of the seat, then slide back.

To get off the chair, slide to its edge.

Place your surgical leg forward.

Push up with both arms and your nonsurgical leg.

Do not reach for a walking device until your balance is secure.



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Getting on and off a toilet

- To get on and off a toilet, follow the steps above for getting on and off a chair.
- Using a raised toilet seat may make it easier and safer for you to get on and off the toilet.
- When sitting or standing, support yourself with grab bars or nearby structures (sink, counter) that are secure.

Getting socks, pants and shoes on and off

- A sock aid helps you put on socks without bending.
- You may need a sock aid and reacher to get dressed.
- Putting socks on:
 - Slide the sock onto the sock aid. Be sure the heel is facing down and the toe is tight against the end.
 - Hold the cords. Drop the sock aid out in front of your surgical foot.
 - Slide your foot into the sock (all the way to the end if possible) and pull it on.
 - Use the strings to pull the sock over your foot.
 - To take your socks off, insert the reacher into the back of the sock and push your sock over your heel and off your foot.
- Use the reacher to dress your surgical leg first and undress your surgical leg last.
- Wear slip-on shoes or use elastic shoelaces and a shoehorn.



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Getting in and out of the tub

- It is a good idea to have hand rails or grab bars to help with your balance and support. Have someone nearby the first few times you use the tub or shower to provide balance assistance if needed. Talk to your occupational therapist for other tips that will work for your bathroom.
- Using a shower chair can make it easier to get in and out of the tub.
- Approach the chair from the side then place your surgical leg forward.
- Reach back for the shower chair or hand rail and sit down.
- Scoot back on the seat.

- Lean back as you lift each leg into the tub. You may need help to lift your surgical leg into the tub.
- To get out of the tub, lean back as you lift each leg out. You may need help to lift your surgical leg.
- Place your surgical leg forward.
- Push up from the shower chair.
- Do not reach for a walking device until your balance is secure.

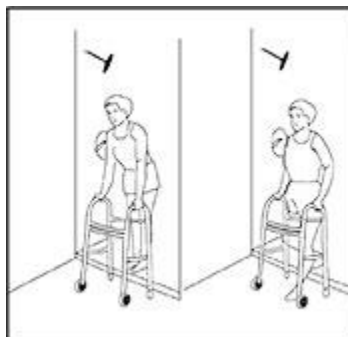


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Getting in and out of a walk-in shower

- Approach the shower and then turn around backward to enter.
- Have the walker or crutches with you to provide balance and help you maintain your activity restrictions. It is also helpful to have:
 - someone to help you
 - a grab bar
 - a shower chair
 - a nonskid mat

Important: If you cannot maintain your activity restrictions, it is not safe to use a walk-in shower at this time.
- Getting into the shower:
 - Step into the shower with your nonsurgical ("good") leg first.
 - Then step into the shower with your surgical ("bad") leg.
 - If a shower chair is available, reach for the seat and slowly lower yourself into a sitting position.
- Getting out of the shower:
 - If using a shower chair, push up from the seat and slowly stand.
 - Step out of the shower with your surgical ("bad") leg first.
 - Then step out of the shower with your nonsurgical ("good") leg.



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Reaching, bending, carrying

- FOR HIP REPLACEMENT ONLY: Do not bend or reach in low cupboards. Use a device like a reacher when possible. Cupboards can also be arranged to eliminate bending.
- Do not carry or hold anything in your hands while using a walker. Use pockets in an apron, tool apron, clothing, fanny pack or backpack.
- Do not reach too far when you slide objects across a countertop.

- Try using a rolling cart to move heavy, hot or breakable items.

How to go up and down stairs

- Your physical therapist will review stair climbing with you in the surgery center.
- Up with the good. Remember to go up the step with your nonsurgical leg first, and then bring your surgical leg up to the same step.
- Down with the bad. Also remember to go down the step with your surgical leg first, and then bring your nonsurgical leg down to the same step.

Getting in and out of a car

A large plastic bag on the car seat may help you move more easily. Also, a firm pillow under your buttocks may be needed to increase the seat height so your hips are higher than your knees.

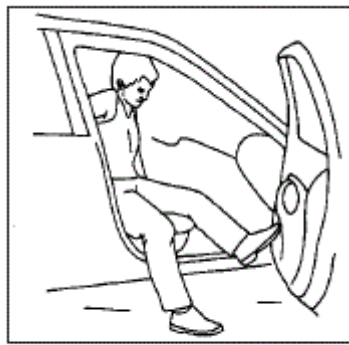
Anytime you are getting in or out of the car, have the driver park about four feet out from the curb edge and not on an incline. Also make sure that the surface you'll be walking on is free of ice and snow.

- Back up to your car seat. Place your surgical leg forward.
- Reach back and find a stable hand hold (dashboard, back of seat).
- Slowly lower yourself onto the seat.
- Scoot back on the car seat. Lean back as you lift each leg into the car. You may need help to lift your surgical leg.
- When getting out of the car, slide closer to the driver's seat and lean back as you lift each leg out of the car. You may need help to lift your surgical leg.
- Scoot to the edge of the seat and place your feet on the street (not on the curb). Place your surgical leg forward.
- Using the same hand holds, push up with your arms and your nonsurgical leg to stand.
- Do not reach for a walking device until your balance is secure.



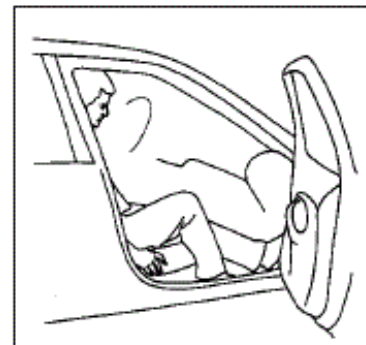
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Step one



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Step two



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Step three