

LYALL J. ASHBERG, MD

Your Guide To Total Hip Replacement



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You are entering a mutual relationship in which my staff and I are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool to answer questions pertaining to your procedure.

Hip replacement surgery is a highly successful procedure. An important part of your recovery is your commitment to the care and rehabilitation of your new and improved hip. We understand that the preparation and recovery processes can be challenging. We encourage you to read through this packet and highlight questions or notes that you can then discuss with the staff.

Please bring this booklet to your pre-operative appointment so we can review it with you.

Thank you for allowing me and my staff to take part in your health care needs.

Sincerely,

Dr. Lyall Ashberg



*This folder has been adapted courtesy of Dr. Benjamin G. Domb from American Hip Institute, Chicago.

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About Dr. Lyall Ashberg

Dr. Lyall Ashberg is a Board-Certified, Fellowship-trained, orthopaedic surgeon, specializing in pediatric orthopaedic surgery as well as minimally invasive, hip preservation surgery including hip arthroscopy and robotic (MAKO), hip joint replacement.

Dr. Ashberg completed his medical degree and graduated with honors, at the University of Texas Health Science Center in San Antonio. He completed his orthopaedic surgery residency at the University of Florida Health Science Center in Jacksonville. He then finished an additional year of fellowship training in pediatric orthopaedics at Nemours Children's Clinic in Jacksonville, Florida. He recently completed a second fellowship in hip preservation surgery at the American Hip Institute in Chicago which entailed not only extensive operative training in cutting edge, minimally invasive surgery of the hip, but also a substantial emphasis on clinical research in hip preservation surgery.

He is an experienced orthopaedic surgeon beginning his career in 2003, as an associate professor of pediatric orthopaedics at Nemours Children's Clinic, in Jacksonville, Florida. Following this he had a busy private, pediatric orthopaedic practice in Melbourne, Florida from 2004 until 2010. He then continued in private practice in Cape Town, South Africa treating patients with both pediatric and general orthopaedic surgery conditions from 2010 until 2016. He returned to the United States in August, 2016 to continue his career.

Dr. Ashberg's unique training in both pediatric orthopaedic and hip preservation surgery, enables him to provide a comprehensive, head-to-toe orthopaedic service, in caring for not only pediatric and adolescent orthopaedic ailments but also adults with hip problems who may benefit from a minimally invasive solution. This includes the treatment of pediatric trauma/fractures, sports injuries, scoliosis, limb deformity and congenital foot disorders such as club foot. In addition, Dr. Ashberg's training in hip preservation surgery, allows him to provide minimally invasive treatment of the hip in this cutting edge, rapidly developing area of orthopaedic surgery. This entails the arthroscopic treatment of conditions such as acetabular labral tears, femoroacetabular impingement (FAI) and borderline dysplasia. He also provides care in open hip preservation procedures to adolescents and adults such as periacetabular osteotomy (PAO). Lastly, Dr. Ashberg performs minimally invasive, robotic assisted (MAKO), anterior hip replacement surgery, with an emphasis on rapid recovery, outpatient surgery as an option.

Dr. Ashberg is on staff at Jupiter Medical Center, Palm Beach Gardens Medical Center, JFK Medical Center, JFK North Campus, and Palms West Hospital.

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Your Team

You will have a dedicated team helping you through the surgery process. Please see below for a list of team members. Our team is quickest to respond via our email. If you would like to talk via phone, please email us your preferred contact number.

Nakia Taylor	Surgical Care Coordinator	Nakia.t@atlantisortho.com
Melodie DeJesus	Clinical Assistant	Melodie.d@atlantisortho.com
Sandy Gold	Patient Care Coordinator	Sandy.g@atlantisortho.com

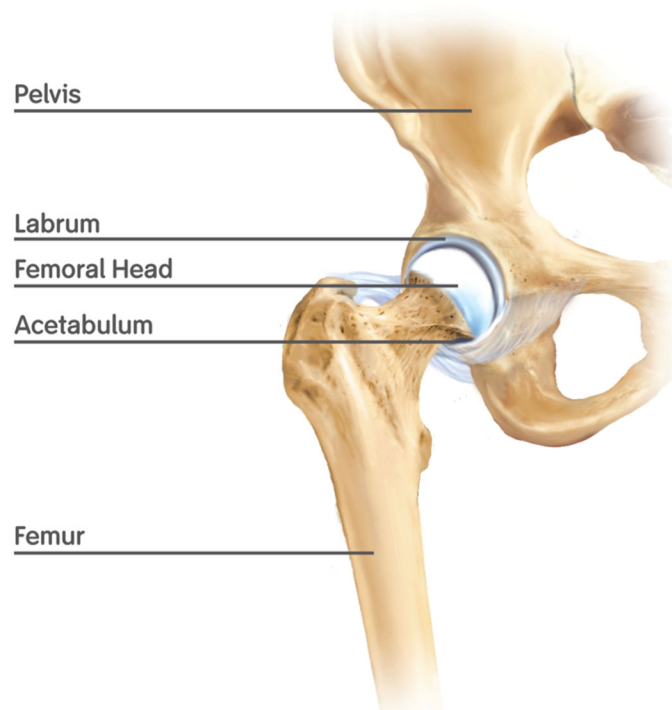
How the Hip Works

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The hip joint is a “ball and socket” joint. The “ball” is known anatomically as the femoral head; the “socket” is the part of the pelvis known as the acetabulum. Both the femoral head and the acetabulum are coated with articular cartilage. Like all joints, the hip has synovial (joint) fluid, acting as a lubricant, which allows for smooth, painless movement within the hip joint.



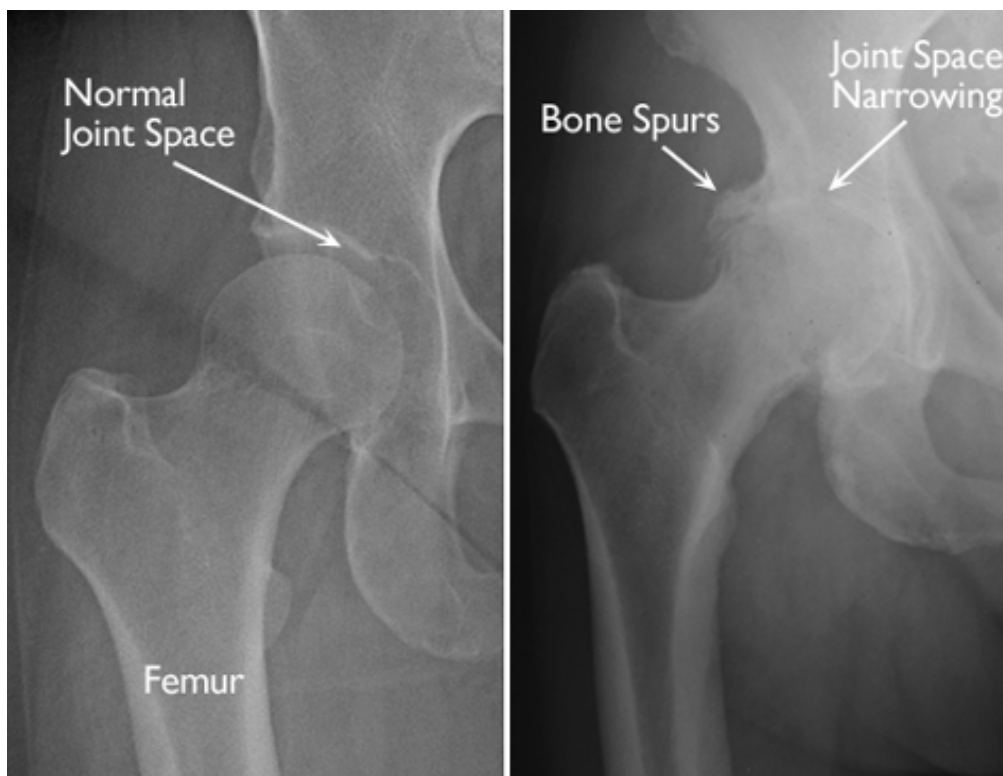
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Osteoarthritis

The following x-ray images display a normal hip joint and a hip joint with osteoarthritis. The following images demonstrate a wearing of the protective layer “cartilage” causing bone on bone contact, resulting in pain.



Osteoarthritis, the most common type of hip arthritis, is the result of general wear-and-tear of the cartilage in the hip joint. When the cartilage is worn away, bone-to-bone contact may occur and is often painful. Minimally invasive ***total hip replacement*** or ***hip resurfacing*** may be an option for treating osteoarthritis.

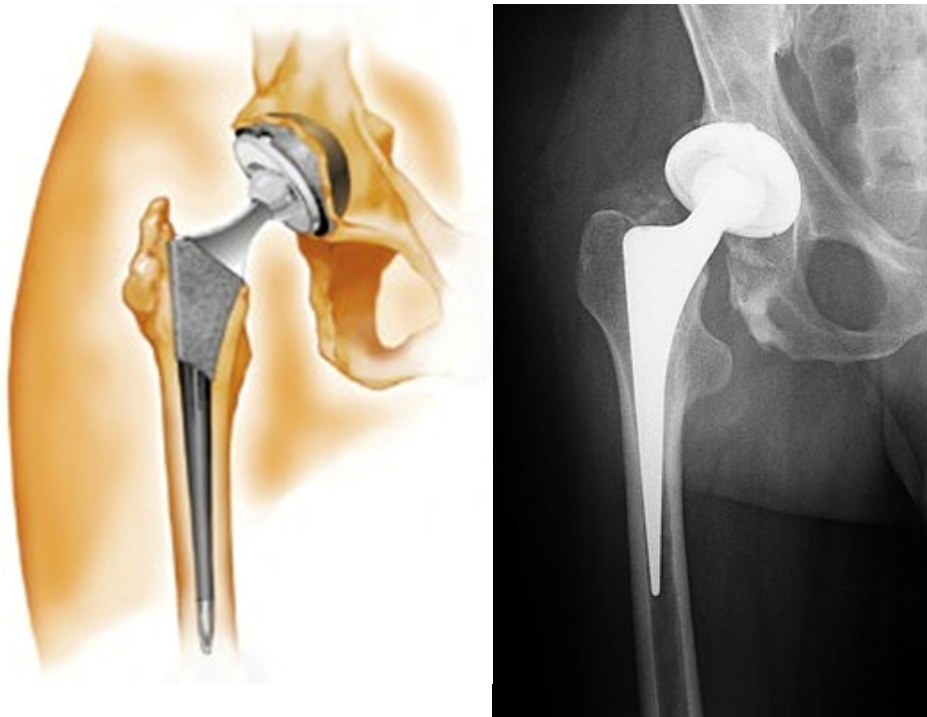
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How Does A Hip Replacement Work?

The original joint is replaced with a hip prosthesis, commonly called an artificial joint. This allows for easier and more natural movement of the joint. A total hip replacement involves removing the existing arthritis and placing a metal cup in the socket and a metal stem down the femur. There is a plastic, polyethylene, liner that is placed between the ball and socket to provide non metal-on-metal weight bearing surfaces.

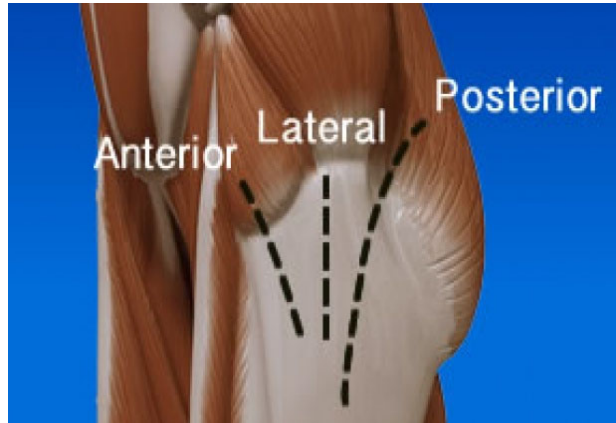


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What Does a Minimally Invasive Approach Mean?



While traditional hip replacements involve a 12- to 14-inch incision, minimally invasive hip replacement uses a “mini-incision” (3 to 4 inches or less). The surgery is completed without cutting any of the major muscles or tendons around the hip. ***This means less pain and a quicker recovery and return to activities.*** Additional benefits include less tissue damage, scarring, and lower risk of dislocation.

Dr. Ashberg performs several minimally invasive approaches to ensure minimal pain and a quick recovery. Dr. Ashberg will work with you to decide on the best and least invasive approach for you.

Direct Anterior Approach

A small incision is made to the front of the upper thigh. A special operating table helps keep your body in the proper position. After the surgery there are only minor hip precautions taken until healing is complete. It is advised you avoid extending the leg behind your body, rotating your leg away from your body and hip thrusts with your legs extended.

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Pre-Operative Testing

All patients must receive medical clearance from a medical physician. Your medical history will be reviewed and you will receive instructions and orders for what is needed for you to be medically cleared for surgery.

- Pre-operative testing may include blood and urine tests, nasal swab, chest x-ray, EKG and CT-scan.
- A consultation with your medical doctor and/ or any specialists involved, such as cardiologist or neurologist, will be required and a letter of medical clearance must be received by Dr. Ashberg's office **2 weeks prior to having your procedure.**



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Pre-Surgical Checklist

*In order for your surgical experience to proceed smoothly, each of the following items **must be completed prior** to the day of your procedure.*

- Discontinuing Medication before Surgery:** Your medications will be discussed with you at your preoperative appointment. You will be given specific instructions on what medications you can continue to take and if any need to be stopped before surgery and if so, for how long.
 - **One week before surgery** it is necessary to stop taking the following medicines unless otherwise directed by your medical physician:
 - All anti-inflammatory medicines (**Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Celebrex, etc.**)
 - Nutritional supplements (**Vitamin E, Ginseng, Ginko Biloba, Garlic, Ginger, etc.**)
 - **Consult with your prescribing physician** for the appropriate and safe discontinuation of any medication before surgery, particularly:
 - **Aspirin, Coumadin, Warfarin, Plavix, Heparin, Lovenox and/or any other blood thinning medications:** These medications need to be safely **discontinued at very specific times** before surgery. Some medical conditions can be life threatening if these medicines are stopped without appropriate timing and precautions.
 - **Rheumatologic medicines** such as **Enbrel and Humira:** Discuss with your Rheumatologist as some medications need to be **discontinued one month prior** to surgery
- Arrange for transportation home following discharge.**
 - You will not be permitted to drive yourself. Your surgery **will be cancelled** if this not arranged.
- Attend your pre-operative appointment with Dr. Ashberg's staff.**
 - You will receive your post-operative pain medication prescription
 - You will discuss surgery and questions you may have. We recommend reviewing this packet and writing down questions you have on the last page to discuss with your health care team
 - Preoperative testing that you had completed will be reviewed

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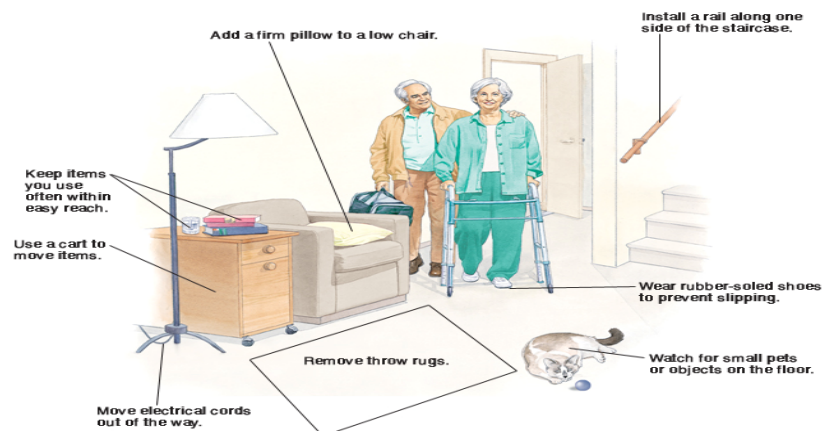
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Preparing Your Home

(The following information was supplemented from material found on AAOS.org)

Several modifications can make your home easier to navigate during your recovery. The following items *may* help with daily activities. Many of these items are recommended but not required. Speak with your health care team about individual needs.

- ✓ Remove of all loose carpets, area rugs and electrical cords from the areas where you walk in your home
- ✓ Rearrange furniture to allow adequate walkways
- ✓ Develop plan for managing stairs in and around your home
- ✓ Stock up on ice and easily prepared meals
- ✓ Keep items such as phone, television remotes, medications and other frequently used items close-by
- ✓ Securely fasten safety bars or handrails in your shower or bath
- ✓ Secure handrails along all stairways
- ✓ Obtain a stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- ✓ Raised toilet seat
- ✓ Obtain stable shower bench or chair for bathing
- ✓ Obtain long-handled sponge and shower hose
- ✓ Obtain dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending your new hip
- ✓ Obtain a reacher that will allow you to grab objects without excessive bending of your hips
- ✓ Firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips



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Day before Surgery

- ✓ **Do not eat or drink anything after midnight before your surgery.** Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of water only.
- ✓ Avoid alcohol and smoking for the day before and after your surgery.
- ✓ **A Registered Nurse will call you one day prior to surgery** (Friday for a Monday procedure) to inform you of your arrival time at the surgery center or hospital and to answer any additional questions.
 - **If you have not heard from a nurse by 3pm the day before surgery, please call the surgical center or hospital to ask.**
 - The contact numbers and addresses for the surgical center and hospitals are provided at the end of this packet
- ✓ Shower with Hibiclens© antibacterial soap the night before and the morning of your surgery. Hibiclens can be purchased as an over the counter item at your local pharmacy
 - Avoid using Hibiclens on the face, genitals or mucous membranes
 - You may use regular shampoo on your hair
 - Do not use lotions, powders or deodorants after cleansing with Hibiclens
 - If you have any allergies or sensitivities to soaps, you may use your own soap. Please discuss with your health care team at your pre-operative visit
 - Do not shave near the area of your surgery for 3 days prior to your surgery
 - Follow your normal oral care routine
 - Avoid wearing make-up and nail polish
 - Use clean towels and bedding



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Day of Surgery

Your surgical team will consist of Dr. Ashberg, his physician assistant, nurse practitioner, anesthesiologists, registered surgical nurses and physical therapists. Each individual is important in your care and will provide their expertise to give the best surgical and rehabilitative experience.

- ✓ **Follow the Fasting Instructions** provided to you during your pre-operative telephone call. Refrain from any food or drink after 12:00 midnight the night prior to surgery. If you were instructed to take any of your medications, take the morning of your procedure with a sip of water. If you are diabetic, do not take any oral medication for your diabetes unless otherwise instructed to by your medical physician.
- ✓ Dress comfortably. You may also bring personal items such as toiletries and robe.
- ✓ Comfortable walking shoes (preferably slip on shoes with a back for stability while walking) are strongly recommended.
- ✓ Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.
- ✓ The site of surgery will be shaved and prepped.
- ✓ You will need to remove contact lenses. Please bring glasses as needed.
- ✓ Any dentures or partials will need to be removed.
- ✓ Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish)
- ✓ An IV will be inserted for access, fluids, antibiotics and medications. You will be given a cocktail of medications pre-operatively to minimize pain and inflammation.

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- ✓ Family members or your designated contact person will be directed to the waiting room to remain during your surgery. The family can expect Dr. Ashberg to come speak with them approximately 2 hours after the start of surgery.
- ✓ The Anesthesiologist will review your medical history and explain the methods for anesthesia and the risks and benefits involved.
- ✓ Dr. Ashberg will see you prior to anesthesia to answer any last minute questions, re-examine and sign the surgical site
- ✓ Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your position, provide warming blankets, and ensure that all body parts are safely positioned and well-padded.
- ✓ After surgery is completed you will be taken to the recovery room by the anesthesiologist and the nurses. Dr. Ashberg will go to the waiting room to speak with your family or designated person.
- ✓ In the recovery room, an experienced recovery room nurse will closely monitor you. X-rays will be taken at this time, to ensure correct placement of the components.
- ✓ As you wake up from the anesthesia, you will be transferred to a private second phase recovery room where your family or designated person will be able to see you.

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Preferred Post-Acute Provider List

Not all patients will need medical care after surgery, but for those who do, the following providers are highly recommended. They are familiar with my expectations and have committed to regular communication with me.



721 US Highway 1, Suite 220
North Palm Beach, Florida 33408
Phone: 561-845-7737
Fax: 561-845-7882
Toll Free: 1-877-331-7737
Email: info@skilledcareservices.com

One Homecare Solutions
Home Health Care Service
3351 Executive Way
(855) 441-6900

Kindred at Home
1800 W. Woolbright Road
Suite 200
Boynton Beach, FL 33426
[561-886-1500](tel:561-886-1500)

Firstat Nursing Services
Home Health Care Service
West Palm Beach, FL
(561) 684-9000

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Discharge Protocol

If Discharged to Home:

- ✓ Take 10 deep breaths each hour using your incentive spirometer.
- ✓ Based on your physical therapist's recommendations -- get up and walk every hour. Walk as much as possible
- ✓ Use walker only as needed. Progress to full weight-bearing as quickly as possible, unless instructed otherwise.
- ✓ If applicable, a home health nurse will visit you in your home. Please share Home Health resource page with your provider.
- ✓ A physical therapist will also visit you in your home for the first 2 weeks after your surgery. As soon as possible, you should transition to therapy in an outpatient physical therapy center. Please share your Physical Therapy Resource page with your provider.
- ✓ Keep your post-operative visit with Dr. Ashberg or his Physician Assistant/Nurse Practitioner scheduled at 10-14 days after your surgery.

If Discharged to Skilled Nursing Facility or Rehabilitation Facility:

Most patients receive physical therapy twice daily & occupational therapy to evaluate and develop individualized treatment plan

Information for Skilled Nursing or Rehabilitation Staff:

- ✓ If on Lovenox in hospital, discharge on Lovenox for 2 weeks
- ✓ If normally on Coumadin at home, discharge on Lovenox and regular dose of Coumadin, discontinue Lovenox when therapeutic on Coumadin. **Please request the patient's primary care provider to manage Coumadin therapy.**
- ✓ Instruct patient on incision care, pain management, and hip precautions.
- ✓ May get incision wet in shower day 5 after surgery. No baths or swimming until the incision is completely closed.
- ✓ Silver dressing may stay on for 7 days and only remove if needed for incision checks.
- ✓ Let steri-strips fall off on their own.
- ✓ Patient should return to Dr. Ashberg's office for incision check at day 10-14 after surgery.
- ✓ Patient should also follow up with Dr. Ashberg at 14 weeks post-op.
- ✓ Anti-embolism stockings are to be worn for 4 weeks.

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Immediate Post-Operative Care

When the anesthesiologist and the recovery room nurse have determined it is safe for discharge to home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery. Other materials given to you will include:

After Surgery Medicine Prescriptions

- ✓ Pain medicine prescription and directions for usage will be provided following surgery. Commonly prescribed medications include:
 - Tylenol – Pain medication
 - Celebrex–Prescription anti-inflammatory and pain medication
 - Oxycodone IR- Prescription narcotic for severe pain
 - Colace – Over-the-counter stool softener
 - Lovenox – blood clot prevention (will take for two weeks)
 - Aspirin – Starting after Lovenox is discontinued. Then take Aspirin for four weeks
- ✓ Take as directed
- ✓ Do not mix pain medicine with alcohol or other sedating drugs
- ✓ Start your medicine as soon as you have pain, when the regional anesthetic begins to wear-off, or just before bed, whichever comes first. Early signs that the anesthetic block is wearing off are the return of sensation and movement in your surgical hip/leg
- ✓ ***You are not allowed to drive while taking pain medication.***



Medication questions

- ✓ You may contact your Pharmacist or e-mail our team at surg@atlantisortho.com. For urgent after hour questions please contact our doctor on call at 561.627.8500.
- ✓ **If you are having a medical emergency (such as trouble breathing, chest pain, etc.), call 911!**

Refill requests

- ✓ *Please call your pharmacy and ask them to fax Dr. Ashberg's Clinical Assistant a refill request to: 561.967.5277*
- ✓ Refills are authorized Monday – Friday 8am-4 pm and may take up to 48 hours to be authorized.
- ✓ *Medications containing narcotics such as Percocet cannot be called into a Pharmacy and must be written or printed out and picked up at the office. This is a state law and there are no exceptions. Please plan accordingly.*

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Physical Therapy Prescription

- ✓ You will also be given a prescription for physical therapy, which will provide details about your individual rehabilitation protocol
- ✓ Home physical therapy and nursing care will be predetermined by the hospital and will begin after your surgery
- ✓ You will start outpatient physical therapy two weeks after surgery or when recommended by your doctor or in home physical therapist



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At Home Following Your Surgery

It is common to have the following reactions after surgery:

- Low-grade fever (<101.4° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling and discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-9 months

The following *reactions are abnormal*. If you should have any of the following symptoms, please contact Dr. Ashberg or go to the nearest emergency room:

- Temperature of > 101.4° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

The following *reactions may require emergent intervention* or a visit to the Emergency Room:

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent Fevers > 100.5°F
- Weakness, numbness, or inability to move operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

*****For any *urgent* medical questions after business hours**

- Please call our main line at 561.627.8500 and the answering service will contact the Doctor on-call

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Incision and Wound Care

Initial Wound:

- ✓ You may have a small bandage on the opposite side of your pelvis as a small incision is needed for the robotic guided equipment.
- ✓ Absorbable sutures
 - Do not need to be removed
- ✓ Glue is used on top of the incision
- ✓ Silver Dressing
 - Will be changed prior to discharge and you will maintain this for 7 days
 - Extra dressing may be provided at discharge. If you do not receive a silver dressing on discharge, you need to remove dressing on day 7 after surgery and leave open to air or you may cover with a 4x4 dressing. If applicable, your home health nurse will change your bandage
- ✓ May shower on Day 5 after surgery with dressing. See proper cleaning instructions below

Caring for Your Incision:

- ✓ Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you see any of these signs please call our office at (561) 627 8500 and state that you are calling because you think your wound may be infected
- ✓ If you feel warm or feverish, please take your temperature – call our office for temperatures $> 100.5^{\circ}\text{F}$
- ✓ To properly clean your incision, wash with soap and water and pat dry. Avoid rubbing or applying lotions.
- ✓ Do not soak your hip in water by taking a bath, using a hot tub, or swimming

Blood Clot Prevention

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Blood clots are the most common complication after hip replacement surgery, but the good news is there are several things you can do to help decrease your risk. This page discusses signs and symptoms of a blood clot and what you can do to help prevent one.

What are Signs of Blood Clot?

If you experience chest pain, difficulty breathing or severe headache call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

What Steps Can I Take to Help Decrease My Risk?

- ✓ Stay mobile and avoid long bouts of sitting or lying in bed
- ✓ Wear your compression stockings
- ✓ Use your sequential compression devices (if applicable)
- ✓ Ankle pumps (pictured to the right)

There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for between 2-6 weeks after surgery. You maybe notice that you bruise more easily when using this medicine. Your health care team will discuss the best medications options for you for use after surgery.



Medications We Use to Help Prevent Blood Clots

Include:

- ✓ Lovenox® – (Instructions reviewed on following page)
- ✓ Aspirin

Signs of Excessive Bleeding May Include:

- Nose bleeds
- Stomach pains
- Spitting up blood
- Blood in your urine or stool

How to Administer Lovenox

Lovenox is a type of blood thinner or anticoagulant that is often prescribed after hip replacement surgery. Advantages of Lovenox are that it does not require regular monitoring, blood tests, and dietary changes like Coumadin. It is administered as an injection into your abdomen or other areas that you can pinch. It is given once a day. ***It is normal to notice bruising where you administer the injections.*** You or your caregiver will need to learn how to administer Lovenox. You will also receive a teaching kit upon discharge.

PREPARE			
	<p>Step 1 Wash and dry your hands thoroughly.</p>	<p>Step 2 Have your patient sit or lie in a comfortable position and choose an area on the right or left side of the abdomen, at least 2 inches from the belly button.</p>	<p>Step 3 Clean the injection site with an alcohol swab and let dry.</p>
INJECT			
	<p>Step 4 Remove the needle cap by pulling it straight off the syringe and discard it in a sharps collector.</p>	<p>Step 5 With your other hand, pinch an inch of the cleansed area to make a fold in the skin. Next, insert the full length of the needle straight down – at a 90° angle – into the fold of skin.</p>	<p>Step 6 Press the plunger with your thumb until the syringe is empty. Then pull the needle straight out and release the skin fold.</p>
DISPOSE			
	<p>Step 7 Point the needle down and away from yourself and others, and then push down on the plunger to activate the safety shield.</p>	<p>Step 8 Place the used syringe in the sharps collector.</p>	

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Durable Medical Equipment (DME)

- ✓ Durable medical equipment is any medical equipment used in the home to aid in a better quality of life or to aid in recovering from surgery.
- ✓ Examples of DME include:
 - Rolling walker
 - Cane
 - Raised toilet seat
- ✓ Special note for Medicare patients – you will receive all DME equipment from the hospital.



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Physical Therapy

Physical therapy is an important part of your recovery. Everyone receives physical therapy, but your schedule may differ depending on whether you stay overnight in the hospital or are discharged the same day.

In Hospital:

- ✓ Physical therapy will see you the same day of surgery
- ✓ First session usually involves sitting up on the side of your bed, then progresses to walking with the help of an assistive device
- ✓ Goal is to be able to walk as much as possible
- ✓ You will then progress:
 - Taking more steps in your room
 - Walking down the hall
 - Climbing steps

Home:

- ✓ Walk as much as possible
- ✓ Will usually receive two weeks of physical therapy in your home
- ✓ Please give the Resource Page (pg. 29) for Physical Therapy to your therapist

Outpatient Therapy:

- ✓ Most patients start outpatient physical therapy around two weeks after surgery
- ✓ Your physical therapist will develop an individualized plan for you

Hip Precautions

Hip precautions are a list of identified movements that must be avoided after your surgery. Hip precautions are based on the surgical approach used. See below for instructions. These movements should be avoided for the first 6 weeks after surgery to allow for healing and prevent hip dislocation. Your team and physical therapist will review these precautions with you.

Anterior Approach:

- ✓ Avoid all hip extension for 6 weeks
- ✓ Avoid hip thrusts with straight legs and pushing up on heels
- ✓ Sleeping – see page Self-Management (p. 31)
- ✓ Please see pictures below for positions to avoid



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Resource Page for Physical Therapists

Instructions:

See patient for three times per week until able to transition to outpatient PT center. Please encourage transition to outpatient PT center as soon as possible. Below are recommendations; however, you will determine the protocol on an individual basis.

- ✓ Weight bear as tolerated, unless otherwise stated.
- ✓ Assess need for assistive devices. Patient may obtain a rolling walker, raised toilet seat and /or any other assistive device if needed.
- ✓ Instruct on hip precautions and on home safety.
- ✓ Hip precautions
- ✓ Increase mobility with gait training, transfers, and stair climbing.
- ✓ Active/Active assisted/Passive Hip Range of Motion
- ✓ Active/Active Assisted Knee Range of Motion
- ✓ Transfer training
- ✓ Gait training – slowly, wean assisted devices as gait normalizes to avoid development of persistent limp
- ✓ Stair training
- ✓ Quad sets and short arc quads
- ✓ Mini-squats
- ✓ Four-direction straight leg raises, begin supine and progress to seated as appropriate

Weeks 7 – 12

- ✓ Progress gluteus, hip abductor/adductor, quadriceps and hamstring strengthening
- ✓ Advanced gait training
- ✓ Proprioceptive/Balance Training
- ✓ Endurance exercises as appropriate: swimming, bicycle and elliptical

Walking Goals:

- ✓ 1 mile by 4 – 6 weeks
- ✓ 2 miles by 6 – 8 weeks

Resource Page for Home Health Nurse:

Instructions:

- ✓ See patient once daily for 3 days, then 3x/week for 2 weeks. Check vital signs and incision at each visit.
- ✓ If on Lovenox in hospital, discontinue Lovenox after 2 weeks – unless instructed otherwise
- ✓ Continue Naprosyn twice daily for 6 weeks, begin day after surgery
- ✓ If normally on Coumadin at home, discharged home on Lovenox and regular dose of Coumadin, discontinue Lovenox when therapeutic on Coumadin. **Please request the patient's primary care provider to manage Coumadin.**
- ✓ Instruct on incision care and pain management,
- ✓ Instruct on hip precautions
- ✓ May get incision wet in shower 5 days after your surgery. No baths or swimming until incision closed completely
- ✓ Silver dressing may stay on for 7 days and only remove if need for incision checks.
- ✓ Patient should return to Dr. Ashberg's office for incision check at day 10-14 after surgery
- ✓ Anti –embolism stockings to be worn for 4 weeks

If you have questions, please contact our office either through e-mail: melodie.d@atlantisortho.com or call (561) 967- 4400 or (562) 627-8500

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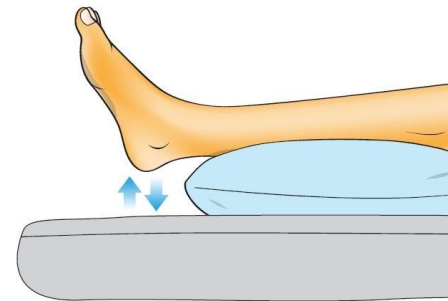
Self-Management

Reducing Leg Stiffness and Swelling:

- ✓ Continue exercises regularly after surgery to strengthen the muscles and stabilize your joint.
 - Ankle pumps – Point and flex your feet 10-30 times an hour
- ✓ Wear your compression stocking or TED hose as directed after surgery.
 - Wear TED hose daily. Take TED hose off for showering. You may leave off for 1 – 2 hours, then put back on.
 - Wash stockings daily
 - Check skin under stockings daily
- ✓ Elevate your leg(s) above your heart to help lessen swelling
- ✓ Use an ice pack. Do not place the ice pack directly on your skin. Use a towel or pillowcase to avoid direct contact with your skin.



compression stockings



ankle pumps

Help keep your pain managed:

- ✓ Take pain medications with food and at least 30 minutes before a physical therapy session
- ✓ Tylenol or acetaminophen may be used instead of a narcotic.
- ✓ Use your ice pack or cooling device frequently as tolerated. Use it after your exercised to help decrease swelling and pain

Avoid constipation:

- ✓ This can be a common side effect from pain medications
- ✓ Drink plenty of fluids; water is preferred
- ✓ Use a stool softener, like Colace, while taking pain medicines
- ✓ Take a laxative like Dulcolax, as needed
- ✓ Eat a high fiber diet

Sleeping:

- ✓ Avoid long naps during the day to help get back to a more normal sleep pattern.
- ✓ Sleeping positions
 - Avoid laying on stomach
 - Lay/sleep on back or side
 - Place a pillow between knees and lay on opposite hip

Travelling

Driving:

You are not able to drive while taking pain medications. Driving should not be undertaken until you can drive safely.

If you do drive:

- ✓ If right leg is surgical leg: Must be able to quickly apply and hold pressure on brake
- ✓ You can apply for a temporary, six-month handicap sticker from the state of Florida. You need the DMV application form which the team can assist you with; Please ask about this prior to your surgery, as a health care provider's signature is needed on the form. You may obtain the form at your preoperative visit or the form can be mailed to you.

Flying:

For airplane travel in the six weeks after your surgery, please notify our staff so we prescribe a dose of medication needed for safer travel.

If you do fly:

- ✓ Make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.
- ✓ Your new hip will most likely set off the alarms when going through Security. The best option is to select the body scanner when available.

Going Back to Work

Returning to work is different for each individual as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your health care team so you can start talking with your employer about returning to work before surgery. Make sure you provide time to going to outpatient therapy.

Return to Work Low to Medium Demand:

Sitting job:	1 – 3 weeks after surgery
Combination sitting and standing:	1 – 4 weeks after surgery
Standing:	1 – 4 weeks after surgery

Return to Work High Demand/Heavy Labor:

Full unrestricted duty will be determined on an individual basis, usually between 3 – 6 months.

Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job. As this paperwork is long, please allow 7 – 10 days for completion.

- **Please submit paperwork prior to your preoperative appointment.**
 - Fax to: (561) 967-8554.
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.



Going to the Dentist

In order to best protect your new hip, you will need to take prescribed antibiotics when going to the dentist. This is required for routine cleanings and other invasive dental work. Using antibiotics can lower the chance that slight bleeding from your gums can cause bacteria from your mouth to travel to your joint and cause an infection.

You will need to contact your dentist and let them know you have a hip replacement. Your dentist will prescribe the number and type of antibiotics you need to take before coming to the dentist. This recommendation stands for as long as you have your hip.

Do not schedule a dentist appointment during the first three months after your surgery.

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**If you're happy, spread the word!
Review Dr. Lyall J. Ashberg and his team**

1. GOOGLE +

- a. Sign into Google (Gmail) account
- b. Click on the small pencil to write a review
- c. Follow instructions to create a public google + account if necessary
- d. Select number or stars
- e. Insert review in the box
- f. Select publish

2. HEALTH GRADES

- a. Select number of stars or sliding scale
- b. Select Submit Survey

3. YELP

- a. Select Write a review
- b. Select number or stars
- c. Insert review in the box
- d. Select sign up and Post – Either sign up or sign in to your Yelp account

4. VITALS

- a. Select number of stars (overall & specific)
- b. Insert Title of Review
- c. Insert Review
- d. Select Submit review

5. RATE MD

- a. Select add rating
- b. Select number 1-5 in categories
- c. Fill in any comments
- d. Check box to verify comments
- e. Select Add New Ratings

6. FACEBOOK

- a. Login to account or create one
- b. Select number of stars
- c. Fill in any comments
- d. Select Review

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Frequently Asked Questions

1. What do I need to do with my surgical bandages after I am discharged? *See wound care instructions on page 23.*
2. When can I drive again? *There is no specific time frame when driving is allowed; however, general guidelines are listed on page 33. If you are unsure about your ability and when you can start driving, email your team at nakia.t@atlantisortho.com*
3. Why do I have a bandage on my non-operative side? *Three small incisions are needed for the robotic equipment used to assist in your surgery. Please follow the instructions on page 23 to care for these bandages.*
4. What do I do if I run out of my medications? *Please see instructions on page 21. Refills can take up to 48 hours or may need to be picked up at our office (for narcotics) per state law. Plan accordingly so you will not have a gap between needed medications.*
5. I'm having trouble with having a bowel movement after surgery – what should I do? *This is very normal and a common side effect of many pain medications. Colace is an over the counter medicine that helps with constipation, which you received a prescription for at your preoperative appointment. We recommend drinking lots of fluids.*
6. What is the difference between **outpatient** versus **inpatient** versus **sub-acute** rehabilitation after my surgery? *Outpatient means you will travel to therapy from home. Inpatient or sub-acute rehabilitation means you will be staying at a specialized facility which meets your health care needs to promote your best recovery. The type of rehabilitation you attend is most dependent on other health conditions you may have. This will be discussed prior to your surgery.*

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Please write down questions here that you would like the team to answer or discuss during your preoperative visit.

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