

# PREPARING FOR TOTAL HIP REPLACEMENT

## 4-8 Weeks Prior to Surgery

**Now is the time to start preparing for your upcoming joint replacement.** This period of time is essential to get yourself set up for a successful outcome. In this section, we will discuss assembling your care team, optimizing your health to prepare for joint replacement surgery, and beginning “pre-hab” physical therapy.

### Preparing your Care Team

Undergoing a total joint replacement is not something you do alone and will require you to assemble a care team to help you. You will depend on family members and/or friends to assist you in the preoperative phase as well as throughout the recovery process. In the preoperative phase, your care team can assist you with ensuring that your house is prepared for your postoperative recovery. This will include minimizing barriers and tripping hazards (cords and loose rugs), meal prepping, stocking up on ice, as well as making arrangements for child and pet care. In the recovery phase, your care team will need to get you to and from your post-op appointments, assist with meals, personal hygiene, and medication management after surgery.

### Pre-Surgical Rehabilitation (Pre-hab)

“Why am I doing physical therapy when I have done this in the past already?” This is a question we commonly are asked during this preoperative process. We recommend “pre-hab” because it has been shown to help accelerate your post-operative recovery. This form of therapy focuses primarily on optimizing your strength and range of motion for your upcoming total joint replacement. In addition, we recommend that you maintain your regular daily activities including walking/hiking, biking, and strength training, up until your surgery.

### Medical Optimization

When you schedule your total joint replacement surgery, you will meet with our surgery coordinator who will arrange your preoperative visits and any other necessary medical clearance as determined by your orthopedic team in order to safely proceed with surgery. These additional clearances might include sign off from cardiology, pulmonology, neurology and/or your dentist.

Identified in many studies as a major risk factor, smoking can lead to serious postoperative complications including infections, delayed wound healing, and the need for further surgeries. Smoking cessation will help decrease the occurrence of these postoperative complications. If you are an active smoker you will need to quit all tobacco products, including nicotine replacement therapy, for a minimum of 6 weeks before surgery. If you are in need of assistance with smoking cessation, we recommend you partner with your primary care provider to discuss options. Urine, blood, and/or breathalyzer tests will be ordered to confirm you have quit.

If you are taking any opioid medications, you will need to decrease your daily consumption by 25% before surgery. This will aid in controlling your postoperative pain.

### Patient Engagement App

You will be given the opportunity to enroll in an app-based electronic platform with educational information and reminders throughout your surgery process. An email address may be used if preferred.

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## 2-4 Weeks Prior to Surgery

### Preoperative Visits

- Your upcoming joint replacement is right around the corner! Now is the time to ensure that you have completed all of the steps mentioned above. At this point in time, you will have two appointments set up with our office.
- One appointment will be your preoperative visit with the orthopedic physician assistant or nurse practitioner, which may be in the office or a telehealth visit. During this visit, we will discuss your upcoming total joint replacement in detail. We will go over what to expect leading up to surgery, the day of surgery, and the postoperative course.
- During the second appointment you will meet with our internal medicine physician assistant who will review your health history, medications, perform a physical exam, and review any other preoperative clearances from other specialists.
- After this visit, you will be sent to the lab for preoperative blood work as well as an EKG if necessary.
- You will also meet with or speak to our Orthopedic Care Coordinator who will follow you throughout the preoperative and postoperative process. Your Orthopedic Care Coordinator will be your main point of contact should you have any questions or concerns.
- If you or any member of your care team have any paperwork that needs to be completed by our office, such as a return to work notice or Family Medical Leave Act (FMLA) form, please bring it with you to your preoperative visits so that we may complete and fax it to the appropriate recipient.

### When do I Stop Taking my Medications?

At the conclusion of your visit with our internal medicine physician assistant, you will receive a printed handout of instructions detailing all of your home medications. In this set of instructions, you will find which medications you should continue to take up until the night before or morning of surgery, along with the medications you should discontinue before surgery.

- You will need to **discontinue all vitamins and supplements 2 weeks before surgery.**
- You will need to **discontinue the use of all NSAID medications 1 week prior to surgery**, i.e. Advil (ibuprofen), Aleve (naproxen), Mobic (meloxicam), etc.
- At the conclusion of your preoperative visit, if you are taking **any anticoagulation/blood thinning medication**, you will be given specific instructions for when to discontinue these before surgery.
- You are allowed to take **Tylenol (acetaminophen)** up until the night before surgery for pain control.

### What Devices do I Need?

- At your preoperative appointment you will be fitted for a walker and a cane. These will be used in the immediate postoperative phase. Patients typically use a walker for the first 1 to 2 weeks. Under the guidance of a physical therapist and/or based on your own comfort level, you can transition from the walker to the cane as you feel ready.
- You will also have the option to purchase an **ice machine**. These will be on display in our medical supplies room and can dramatically assist you in reducing your postoperative pain and swelling control. If you are interested, please read "Ice and Compression Machine" on pg. 34 and ask your team for more information.

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## Five Days Prior to Surgery

You are so close! To help prevent infection, you will need to take a daily shower and wash with an antiseptic solution for five days prior to surgery (including the morning of surgery). See below for instructions and details. At this time, we also recommend discontinuing the use of any topical gels, ointments, or creams on the operative leg.

Approximately two business days before your surgery date, you will receive a phone call from our office to inform you of your check-in time for surgery. This check-in time will be roughly 1.5 to 2 hours before the surgery itself. During this time, we will be getting you ready for surgery in our preoperative holding area.

During this period of time, we also recommend you begin hydrating well with water or sports drinks like Gatorade. The night before surgery, it is important to make sure you drink at least one large glass of water or Gatorade.

### Preoperative Showers with CHG Antiseptic Solution

Proper skin care plays an important role in preventing infections. Please contact your surgical team if you have any skin issues on or near your surgery site, or open wounds anywhere on your body so we can ensure it is safe to proceed with surgery.

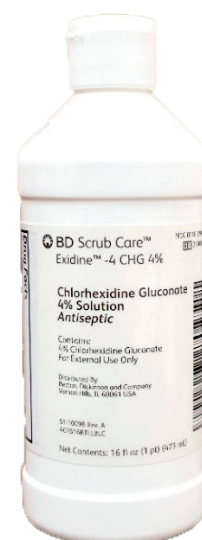
**We will provide you with a 16 oz. bottle of BD Scrub Care™ Exidine™ Chlorhexidine Gluconate (CHG) 4% Solution at your preoperative visit. You will need to shower daily for FIVE DAYS with this CHG solution prior to surgery, including the morning of surgery.**

#### REMINDERS:

- Removal of nail polish from fingers and toes preferred.
- After your last shower before surgery, **DO NOT** apply any lotions, make-up, hair products, or perfumes.
- For at least 72 hours prior to surgery, **DO NOT** shave or wax the surgical area. Facial shaving is okay.
- After your surgery, **DO NOT** use CHG solution, as it can cause excessive dryness or other skin issues.

### While in the Shower

1. **Measure it out:** using a household measurement cup, measure out 1/3 cup (3 fl oz) of CHG solution prior to your shower to ensure you won't run out by the last shower. Have a clean washcloth ready.
2. **Take a normal shower:** wash your entire body as you normally would with your usual soap and shampoo. Rinse well, and turn off the water or step away from the shower stream.
3. **Apply the CHG solution:** apply it directly onto your skin or using a clean, wet washcloth. Gently wash from the neck down (avoiding the face and genitals). Be sure to wash the surgical site area, armpits, stomach, and front groin folds especially well. If you have abdominal folds, make sure to wash well under the folds.
4. **Wait 60 seconds:** allow the solution to sit on the skin for 60 seconds and then rinse thoroughly with water.
5. **Towel dry:** pat yourself dry with a clean towel and dress in clean, dry clothing. Ensure bed sheets are washed and clean as well.



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## Day of Surgery

### Scrubbing Up

Surgery day may start really early if you are the first case of the day. Please take your fifth shower with the CHG solution as directed.

### Fluids

We encourage you to drink clear liquids up until 2 hours before your check-in time. You should drink 8 to 10 ounces of water or clear sports drinks. This helps you stay hydrated before surgery. No food or snacks for 8 hours prior to check-in time.

ADULTS		
Types of Liquids or Meals	Examples	When to Stop Before Surgery or Procedure
Clear Liquids	Only water or Gatorade allowed. (Gatorade Zero for diabetic patients) Drinking fluids before surgery has been shown to lead to better outcomes after surgery	Stop a minimum of 2 hours before check-in time.
Food	Solid foods and full liquids: this includes soups, broths, chewing gum, and cough drops.	Stop a minimum of 8 hours before check-in time.

### Medications

Take your usual prescription medications as directed with water as discussed at your pre-op visit (exceptions to this discussed earlier, if you have any questions please call our Surgery Center and ask to speak with a pre-op nurse).

### What Should I Wear?

- Loose-fitting clothes such as sweat pants, baggy shirt, slip-on shoes. Do not wear yoga pants or tightly fitting stretch pants (as these are hard to put on after surgery).
- Remove all jewelry, piercings and artificial nails.
- Do not shave your surgical site or write messages for your surgeon on your leg.

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## Day of Surgery

### What Should I Bring with me to the Surgery Center?

- Your insurance info card
- Pharmacy card
- Photo ID card
- List of medications and dosages
- Walker
- Attachment pad for the ice machine (if purchased)
- Your smart phone
- Small amount of cash or credit card for pharmacy co-pays
- If you wear glasses/contact lenses or removable dentures, bring a case to put these in during surgery

*Don't bring large amounts of cash, valuables, watches, etc.*

### Check-In for Surgery

Proceed to the second floor of the Proliance Surgery Center at Valley for the check-in desk.

### After you Check-In

You and your care partner will be taken back to a private room to get ready for surgery. Your care partner will be able to stay with you until you are taken back to the operating room. We ask that you not have small children or family members who are ill accompany you to the Surgery Center. Once in your private room, you will remove your clothes and wipe your entire body down with antiseptic wipes to reduce the bacteria on your skin. You will need assistance to reach your back. This material may make your skin feel a bit sticky. You will then put on a hospital gown and socks and your clothes will be placed in a bag. You can now relax in a recliner with a warm blanket.

### Next...

A nurse will come in and review your medical history, medications, and allergies. Your blood pressure, pulse, and temperature will be recorded. An IV will be started in one of your arms. You will be given some oral medications to help with pain after surgery. You will be given iodine swabs to clean your nostrils which minimizes bacteria in your nose, and reduces your risk of developing an infection.

Your anesthesiologist will come in and discuss anesthetic options for your surgery. Most patients have a spinal anesthetic with sedation (see Anesthesia section on the next page for details).

Your surgeon will come in to see you and answer any questions, confirm the procedure you are about to have, and put their initials on your operative site. They will sign your surgical consent, and after you review it, you will be asked to sign as well.

Your operating room circulating nurse will then come to take you back to the operating room, and your care partner/family will wait for you in the waiting room area where they will have access to free Wi-Fi. Your surgeon will contact them as soon as surgery is over to update them.

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## The Operating Room

This is a bright, chilly room with lots of equipment. In the room, there will be a surgical scrub technician who will assist with the surgery and hand instruments to your surgeon, the nurse who brought you into the room, and your anesthesiologist. Your nurse will give you a warm blanket and place monitors on your arm and finger to check your blood pressure, pulse, and oxygen level. You will be given antibiotics through your IV to minimize the risk of infection as well as medication to decrease blood loss during surgery. Your anesthesiologist will administer the anesthetic you discussed, after which the nurse and team will get you in the proper position for surgery, prep your hip with an antiseptic solution, and then place sterile drapes on the surgical site. You will have some sedation through your IV and may not remember this activity. All of this takes about 30–40 minutes and then surgery will begin.

## Anesthesia

As previously discussed, your anesthesiologist will review your history and make recommendations for your anesthetic. Most patients have a spinal anesthetic with sedation through the IV. Studies have shown decreased complications after surgery with spinal vs. general anesthetics.

### Spinal Anesthesia with IV Sedation

Spinal anesthesia with IV sedation is the preferred choice of both your orthopedic and anesthesia doctors. Spinal anesthesia (Fig. 1) is a one-time injection made at the level of your lumbar/low back vertebra. A spinal anesthetic provides excellent numbness from your waist down to your toes. This numbness will last throughout the procedure and will wear off 60 to 90 minutes after the surgery is complete. You will be asleep for the entirety of the procedure with medicine given to you through your IV. You will wake up safely in our recovery area having already received medications to help treat pain and nausea. The advantages of spinal anesthesia versus general anesthesia are significant and include needing little to no IV narcotics for pain control during your procedure, quicker emergence in our recovery room, and avoidance of inhaled anesthetic gases and breathing tubes. When comparing spinal anesthesia to general anesthesia, medical research has shown a lower incidence of nausea and vomiting after surgery, lower amounts of blood loss, lower need for postoperative pain medicine, and a quicker return to cognitive baseline.

The most commonly occurring risks of spinal anesthesia include:

- Less than 1% risk of bleeding and infection at the site of spinal injection.
- Less than 1% risk of headache.



**Figure 1**

This is the typical position for spinal placement

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## Anesthesia (Continued)

### General Anesthesia

General anesthesia is the delivery of anesthesia medicines, both intravenously and inhaled, in order to keep you safely asleep throughout your procedure. After you are put to sleep with medication given through your IV, your upper airway will be secured by the placement of a breathing tube. During your procedure, you will be given medication to help treat pain and nausea via your IV in order to ensure every measure has been taken to provide for a safe and comfortable awakening from anesthesia.

The most commonly occurring risks of general anesthesia include:

- One in four patients may experience a sore throat.
- One in four patients may experience nausea/vomiting.

### A NOTE FROM VALLEY ANESTHESIA ASSOCIATES

We hope this brief summary of your anesthetic choices has helped prepare you for your upcoming surgery. Know that Valley Anesthesia Associates will make every effort to tailor a safe and effective anesthetic to each and every patient, with close attention paid to your specific medical needs. We will be available to answer any and all follow up questions or concerns the day of your surgery. Please also feel free to contact us prior to your surgery as an anesthesia provider will be available during normal surgery center business hours.

**Please also note that anesthesia is billed separately.**

For any anesthesia billing questions please call (425) 407-1500 Ext. 1001 or 888-900-3788.

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## Recovery Room

- Once your surgery is complete, you will be transferred to the recovery area. (Phase 1)
- Following surgery, your surgeon will talk to family members and your Care Partner.
- Once in the recovery room you will continue to be monitored closely by your recovery room nurse(s).
- It is common to feel groggy or lightheaded during Phase 1 recovery and you may have little or no recollection of this phase.
- If you have an Ice Machine, the sleeve will be placed on your hip after the dressing has been placed and it will be connected to an Ice Machine while you are in Phase 1. Otherwise ice packs will be applied to the hip.
- You will remain in Phase 1 until you are awake, alert, have regained sensation to your lower extremities, and any postoperative symptoms are well-controlled. Typically, you will remain in Phase 1 for a relatively short period of time before being transferred to Phase 2.
- Once in Phase 2, your family will be allowed at your bedside.
- You will be allowed to drink water and eat a small snack.
- A physical therapist will guide you on your first walk and answer any activity questions.
- The nursing staff will continue to monitor you, and if necessary, treat any remaining postoperative symptoms.

## Discharge

You will be ready to go home when the following criteria are met:

- You are tolerating food and liquids.
- Pain is well controlled.
- You demonstrate the ability to safely walk and do stairs (if needed).
- You are cleared by your surgeon and nursing staff for a safe discharge.

Once these requirements, and any individual needs specific to your care are met, then you will be discharged.