



**This information packet has been provided for:**

## Total Hip Replacement

### **Welcome to Joint Moves**

Thank you for making Hamilton Medical Center your choice for your health care needs. It is our goal to anticipate and exceed your expectations as we care for you and your family.

Through education, technology, and our caring touch, our team of physicians, nurses, and other health care personnel will assist and care for you and your family.

If you have any questions, now or in the future, please do not hesitate to call Teresa Ingle, Orthopedic/Spine Nurse Navigator, @ 706-272-6511 or contact via email at [jointmoves@hcms.org](mailto:jointmoves@hcms.org).

Thank you again,

**Joint Moves Interdisciplinary Team**



**HAMILTON MEDICAL  
CENTER IS CERTIFIED  
IN HIP AND KNEE  
REPLACEMENT**



**Hamilton**  
Medical Center





### Hamilton's Mission Statement:

We provide leadership, partnerships and seamless resource coordination to meet health care needs that advance the quality and dignity of life.

### Hamilton's Vision Statement:

We strive to be the region's first choice for health care and to excel in clinical quality and patient/community satisfaction.

### Hamilton's Organization Values,

Definitions and example of behavior that characterize each value –

**P – Professionalism** – “The expertise, qualities, and conduct that characterize a member of a profession”

- Be polite and courteous at all times.
- Remain rational and calm under any circumstance.
- Act in a way that displays competence to patients and co-workers.

**R – Respect** – “A positive feeling of esteem for a person or other entity”

- Treat others the way you want to be treated.
- Value the feelings and attitudes of others.
- Hold everyone – including yourself - in high regard.

**I – Integrity** – “Honesty and consistency to a set of values”

- Steadfastly adhere to high moral principles and professional standards.
- Use truth and honesty as a guideline in all decisions.
- Always do the right thing.

**D – Diligence** – “Constant and earnest effort applied to perform a task or accomplish a goal”

- Always do your best.
- Be committed to doing a good job.
- Perform your assignments in a careful manner.

**E – Excellence** – “The quality or state of being outstanding or superior”

- Do the best possible job in every situation.
- Strive to be the best in your field.
- Constantly try to improve your skills.

### Directions:

Hamilton Medical Center • 1200 Memorial Drive • Dalton Ga 30720  
706-272-6000



#### From the South:

I-75 to Exit 336 Dalton/Rocky Face. Merge onto GA-3 S/Rte 3 S/State 3 3/State Rte 3 S/U.S. 41 S/US-76 towards Dalton. Continue to follow GA-3 S/Rte 3 S/Sate 3 S/State Rte3 S/U.S. 41 S/US-76E. Turn Right onto Chattanooga Rd. Turn Right onto N. Thornton Ave. Turn right onto Memorial Drive.

#### From the North:

I-75 to Exit 336 Dalton/Rocky Face for U.S.-41/ US-76. Keep right at the fork. Continue to follow GA-3 S/Rte 3 S/Sate 3 S/State Rte3 S/U.S. 41 S/US-76E. Turn Right onto Chattanooga Rd. Turn Right onto N. Thornton Ave. Turn right onto Memorial Drive.

#### Lodging

Need a place to stay when you have loved ones at Hamilton Medical Center? There are a number of comfortable hotels and inns in the vicinity that offer one less thing for you to think about when you need to be here for your loved ones. Please see a partial list below of nearby hotels. Many of these hotels offer discounts for organizations such as AAA or AARP. Please inquire when you are making your reservations. The hotel which is "\*" offers a hospital discount when you mention Hamilton Medical Center when making your reservations.

Name	Address	Phone Number
Country Inn and Suite *	903 W. Bridge Dalton Ga	706-278-9700
Courtyard by Marriott	785 College Dr. Dalton Ga	706-275-7215
Days Inn	1518 W. Walnut Ave Dalton Ga	706-278-0850
Holiday Inn	879 College Dr, Dalton Ga	706-529-6000
Howard Johnson	790 College Dr. Dalton Ga	706-281-1880
Travelodge	911 Market St. Dalton Ga	706-275-0100

## Total Hip Replacement

### Anatomy of the Hip

The hip is one of the largest weight-bearing joints in the body. It has two main parts; the ball (femoral head), which is at the top of the femur and fits into the socket (acetabulum). This “ball in socket” design provides stability to the hip joint.

The bony surfaces of the ball and socket are covered with a smooth layer of articular cartilage. This layer cushions the end of the bones and allows them to move easily. Inside the hip is the synovial membrane that produces a small amount of fluid which lubricates and almost eliminates the friction in your hip joint with movement.

### Causes of Hip Pain

The most common cause of hip pain and disability is arthritis.

Osteoarthritis is most common in people over 50 years of age, and in people with a family history of arthritis. In osteoarthritis, the articular cartilage which is cushioning the bones wears away. Eventually the bones will rub against each other causing pain and stiffness.

### Why a Hip Replacement?

When everyday activities are being limited due to stiffness and pain, it might be time to consider a total hip replacement. The pain may become continuous while resting, at night and during the day. There is little relief with the pain from anti-inflammatory drugs or other treatments such as a physical therapy.



Most people who have hip replacement surgery experience a reduction in the amount of pain they are having daily. The majority of patients are able to return to their previous activities with much less pain than before surgery.

### **Preparing your home**

Remove all throw rugs and pick up all electrical cords and trip hazards from the areas of passage. Ensure there is a clear path thorough out your home, which includes the bathroom, bedroom, kitchen, and living area.

Make sure handrails in the shower, bath, and stairwells are securely fastened.

A stable chair with two arms to sit in after surgery will help with standing up.

An elevated toilet seat, a walker, and a shower chair may be necessary. Insurance does cover the walker, but rarely covers the shower chair or bedside commode. You may wish to check with your insurance prior to your surgery. You will need to have them in place the day of your discharge.



A “hip kit” is very helpful. These kits include a reacher, sock-aid, long-handled shoe horn, and a long-handled sponge for bathing. The “hip kit” may be purchased from any pharmacy which sells home health equipment.

### **What happens before surgery?**

No smoking for at least a week before surgery.

### **Pre-Admission Testing**

Blood work, a urinalysis, an EKG and a chest x-ray will need to be completed. These tests will be done in the physician’s office or at the hospital in the pre-admission testing area. Please bring all medications to the pre-admission visit.



Your nose will be swabbed and sent to the lab for evaluation. On Page 10 within the booklet, information specific to your nose being swabbed and the next steps taken if the results are positive. Follow those instructions.

You will meet with an Anesthesiologist.

Medications like Coumadin, Plavix or Aspirin may be stopped for 5 to 7 days before surgery (or as directed by your physician).

If you are experiencing any problems with your teeth, an evaluation with a dentist before surgery may be needed. Infections can enter the blood stream through the gums. Treating dental problems before hip surgery will decrease the risk of developing an infection in your hip.

### **3- Day Shower with Hibiclens (CHG) before surgery**

On Page 12 within the booklet, there are specific instructions. Please follow step by step.

### **Night before Surgery**

Nothing to eat or drink after midnight

### **Morning of Surgery**

Upon arrival to hospital, please check in at the Admission desk. A Pre-operative Registered Nurse (RN) will greet you and your family. A hospital gown and a warm blanket will be provided. The RN will start an IV. Sequential compression device will be placed on your non-operative leg to help prevent blood clots from forming in your legs. The RN will wash your operative leg and place sterile towels around it.

Antibiotics will be started through the IV. The surgeon will mark the surgery site. At that time, any unanswered questions can be answered.



An Operating Room Registered Nurse will transport you to an operating suite. The RN will ask questions about your surgical procedure. An Anesthesia provider will be waiting in the suite. The Anesthesia provider will monitor your vital signs through out your procedure.

### **What happens after surgery?**

After surgery, your surgical team will escort you to the recovery room where a Post Anesthesia Care Registered Nurse will take care of you. A large pillow is placed between your legs to remind you not to cross your legs. Once you are fully awake, you will be transported to your room.

I.V. fluids will continue the first day of surgery. Clear liquids are started first to make sure no nausea occurs. Once fluids are tolerated, a regular diet will start.

### **Pain**

During your hospitalization, your pain will be treated by a multimodal approach. This means that your doctors will use multiple medications to treat your pain.

Your pain will be addressed using medications taken by mouth. Some pain medication may be given intravenously if it is not controlled by the oral medication.

Using the pain scale, your nurse will have you rate your pain so that you can receive the appropriate level of treatment for pain based on your physician's orders. It is important that you communicate with staff regarding your level of pain and the degree of relief obtained. A common side effect of pain medication is nausea, your physician will include orders for medication to reduce the nausea, but it is important to take this medication prior to the onset of nausea, and always take your pain medication with food.





It is important to start your pain medication before the pain becomes severe. It is also important to schedule your pain medication prior to physical therapy.

Most pain medications include acetaminophen. Adding additional Tylenol to this medication could affect your liver function. Please discuss this with your physician prior to taking.

You will also start receiving stool softeners during your hospital stay and should be continued at home. A very common side effect of opioid pain medication is constipation.

Questions about your pain level will be asked frequently. The hospital measures pain on a scale of 1-10, with 10 as the highest level of pain.

### **Diabetic Patients**

Diabetic patient's blood sugar is monitored through out the surgical experience. This will help with the healing process.

### **Hip Precautions after Surgery**

Do not cross your legs (past midline). Do not bend more than 90° at your waist. Keep legs straight-do not turn legs in. A firm pillow will be needed. When sitting, your knees must be lower than your hips; therefore put a firm pillow in the car and on a chair.

### **Activity**

After surgery, it is very important that you take deep breaths and cough every hour while awake. The nurse will instruct the use of an "incentive spirometer". This device should be used every hour while awake, which helps to prevent pneumonia after surgery.

Once you have been sent to your hospital room, Physical Therapy will see you within 6 hours from the time you arrived in the Post



Anesthesia Care Unit. They will provide you with a walker and assess the strength of your surgical leg. Most patients are able to walk at this time. The goal before discharge will be walking at least **150** feet. Your surgeon would like you out of bed for all meals and to walk at least 3-4 times a day. If you have stairs at home, please let physical therapy know. They will provide you with an assessment and further education to meet those needs. Please have family present during your Physical Therapy Sessions. PT will see you again the next morning and continue your exercise program.

**UNLESS CLEARED BY PHYSICAL THERAPY, YOU MUST HAVE A NURSE OR THERAPIST PRESENT WHEN YOU ARE OUT OF BED AND ATTEMPTING TO WALK OR TOILET.**

### **Going Home**

Discharge from the hospital will occur 1-2 days after surgery. Physical therapy will continue at home with a home health therapist or return for out-patient therapy. Someone will need to be at home with you for the first week.

### **Medicines**

Prescriptions for pain and medicine to prevent blood clots are giving at discharge. Our Pharmacy can fill those for you.

### **Bathing**

Your incision will be covered with a special dressing that is designed to reduce the risk of infection. You may shower, but no tub baths or pool. This dressing may be changed prior to leaving the hospital and will remain in place until your follow up appointment with your surgeon. If your dressing becomes soiled or loose, notify your home health or your surgeon, as it will need to be replaced.



## **DIET**

It is important to eat a healthy diet including fruits, vegetables, and drink plenty of fluids after surgery. Constipation is a side effect of pain medicines. Your nurse will ask about bowel movements. It is important to make sure the nurse is aware of decrease or no bowel movements.

## **Follow-Up**

A follow-up appointment with your surgeon will be in 2-3 weeks. During this visit, the staples will be removed. He will check on your progress with walking and activity.

Do not drive until cleared by your doctor. Do not drive if you have taken pain medication.

## **Call The Doctor**

If you notice the incision has become red, swollen, warm, or has drainage or if blood saturates your dressing. If you have a fever greater than 100.5, an increase in pain, or a decrease in joint movement. Call if your toes or foot looks dark in color, feels cool to the touch or is numb. If you have pain or swelling in your calf muscles. If you develop shortness of breath, sudden chest pain, fast or irregular heart beat or difficulty breathing-go to the ER.

## **Going Home On Blood Thinners**

Following your joint replacement surgery, your surgeon may send you home on medications to reduce the risk of blood clots. Blood thinning medications are also called anticoagulants. Prior to surgery, some patients are already taking blood thinners for chronic medical conditions. Your surgeon will advise you on when to resume those.

Your surgeon will have you start these medications the morning following your surgery. You may discharge on the same medication



for a length of time determined by your surgeon. Aspirin is sometimes used.

Occasionally, a patient will have to use a blood thinner in a shot form. You and a family member will be taught how to administer this prior to leaving the hospital.

Make sure you take this medication exactly as ordered, take it at the same time each day. Talk with your Dr. before taking Advil, Motrin, Ibuprofen, Celebrex, Naproxen, Aleve, or Mobic. Some over the counter supplements may not be safe with your anticoagulants, discuss all medications with your physician.

You will need to limit activities where you could fall, cut yourself, or suffer injury. If you develop a cut or laceration, you may apply pressure. Ice and elevation may help. If bleeding does not stop, you may need to call 911 for emergency assistance.

Should you develop a nose bleed, pressure to the bridge of the nose and use of an ice pack may help. If bleeding continues, seek medical help. If you have a fall, feel dizzy, weak or faint or have confusion, blurred vision, or a severe headache, notify your doctor immediately. Also notify your Dr. if you seem to bruise easily, have bleeding from gums, have blood in your urine, if your bowel movements are dark, maroon or red, nose bleeds, vomit blood or coffee ground material. They need to know if you are having bleeding from your surgical wound as well.

## **Hibiclens or Chlorhexidine Gluconate (CHG) - 8 ounces**

### **The First Shower**

Two Days before Surgery: Take a shower and wash your entire body, including your hair and scalp in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.

# Joint MOVES

- Using a fresh, clean washcloth and 1/3 of the Hibiclens Soap or CHG, wash from your neck down. Leave on skin for 3-5 minutes. **This is very important.**
- Rinse your body thoroughly. **This is very important.**
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Do not use lotions, powders, or creams after this shower. Deodorant is OK.

## The Second Shower

The Day before Surgery: Take a shower and wash your entire body, including your hair and scalp in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
- Using a fresh, clean washcloth and 1/3 of the Hibiclens Soap or CHG, wash from your neck down. Leave on skin for 3-5 minutes. **This is very important.**
- Rinse your body thoroughly. **This is very important.**
- Using a fresh, clean towel, dry your body.
- Dress in freshly washed clothes.
- Fresh clean sheets and pillowcases should be used after this shower.
- Do not use lotions, powders or creams after this shower. Deodorant is OK.

## The Final Shower

The Day of Surgery: Repeat the shower in the following manner:

- Wash your hair using normal shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.

# Joint MOVES

- Using a fresh, clean washcloth and the remaining 1/3 of the Hibiclens Soap or CHG, wash from your neck down. Leave on skin for 3-5 minutes. **This is very important.**
- Rinse your body thoroughly. **This is very important.**
- Using a fresh, clean towel, dry your body.
- Dress warmly with freshly washed clothes. Keeping warm before surgery decreases your risk of developing an infection.
- Do not use lotions, powders, creams, hair products, or makeup after this shower. Deodorant is OK unless you are having a Total Shoulder Replacement.

It would also be a good idea to keep pets out of the bed once this process began.

**CAUTION: Do not use Hibiclens (CHG) on your head or face. Avoid contact with your eyes. (If contact occurs, flush eyes thoroughly with water). Do not use if you are allergic to CHG or any inactive ingredients in this soap. Avoid use in the genital area, as irritation may result. Use your regular soap in that area.**

## Pre-Operative Instructions for Patients to Eradicate Staphylococcus Aureus Colonization

Why are we concerned about Staph Aureus bacteria?

- Staphylococcus aureus (or Staph aureus) is a bacteria that frequently resides on the skin and in the nasal passages. Post-operative infections are commonly caused by this bacteria, and are especially serious when caused by a type of Staph called Methicillin Resistant (MRSA).



- In an effort to reduce your risk of a post-operative infection, you will be screened for the MRSA bacteria.
- In addition, whether you are positive or negative for MRSA, you will be asked to follow outlined below that will help decrease the concentration of Staph bacteria that is present on your body, and will help reduce the risk of post-operative infections.

How is the Staph Aureus screening done?

- Your nares (opening of nostrils) will be thoroughly swabbed with a Q-tip type swab. This will be done at the time your surgery is scheduled. The office will notify you if you test positive for Staph aureus.

What is the protocol for Staph decolonization that patients undergoing joint replacement surgery who test positive need to follow?

- This involves placing an anti-Staph antibiotic ointment called Bactroban in your nares twice daily, starting 5 days prior to the day of your surgery. Apply a pea-sized amount of ointment to the interior of each nostril and massage gently for one minute. A prescription for this ointment will be called to your pharmacy. Please fill out the chart on the next page and bring to the hospital and give it to the Pre-Operative Nurse.
- Shower daily with Hibiclens starting 3 days before your surgery.
- Wash your hair daily with normal shampoo/conditioner starting 3 days before your surgery.

What other measures will help to prevent infection?

- Even before the 3 days leading up to your surgery, personal hygiene is extremely important. Make sure you take daily showers with antibacterial soap, such as Dial. Make sure you wear clean clothes daily, have clean sheets, and towel and wash your hands frequently.

Bactroban Medication Use      Name:

---

If you receive a call from your doctor's office saying you have Staph, please complete this form. *Please bring this with you the morning of surgery.*

- Wash your hands before you use your medicine.

# Joint Moves

- Put the medicine in your nose, twice a day for 5 days with a cotton swab.
- Apply enough medication to cover the white part of the q-tip (pea size) and place directly into one side of your nose.
- Reapply enough medication to cover the white part of the swab and place directing into other side of your nose.
- Press together the side of your nose together and softly rub them to spread the medicine around inside.
- Do not blow nose for at least one hour after applications of Bactroban
- Stop the medicine and call your primary care doctor if you have a strong reaction or severe irritation.

Date	AM Nasal Medicine	PM Nasal Medicine
Day 1 <hr/>	(✓)	(✓)
Day 2 <hr/>	(✓)	(✓)
Day 3 <hr/>	(✓)	(✓)
Day 4 <hr/>	(✓)	(✓)
Day 5 <hr/>	(✓)	(✓)
Surgery Day		





## Precautions for Sexual Activity Following Total Hip Surgery

Once undergoing total hips surgery, precautions must be taken to prevent hip dislocation. Precautions include:

- Avoid bending at the hip more than 90 degrees
- Avoid moving the operative leg across the midline of the body
- Avoid rotating the toes of the operative leg inward

Positioning restrictions must be followed strictly for 6 weeks after surgery. **Sexual activity can resume approximately six weeks after total hip replacement and should be approved by your surgeon.** Restrictions must be kept in mind when resuming sexual activity.

Postoperative recovery can present challenges for resumption of sexual activity. Your operative hip can be painful, there may be side effects of pain medications, positioning can be difficult, and there may be fear of hip dislocation.

Waiting six weeks after total hip replacement to resume sexual activity provide several advantages. Your surgical wound will be healed sufficiently so that there is less sensitivity along the incision line. Hip muscles will be recovered and better able to control the movement and position of your leg. Soft tissue healing will have occurred, stabilizing your hip and reducing the risk of dislocation.

The following positions have been approved for sexual activity:

- **Missionary Position:** This is generally a comfortable position for either male or female with a new hip. The female is in the supine position. If she has a new hip, she can bend her knees slightly with her feet on the bed. Pillows can be used to support the legs on the outside. If the male has a new hip, he can stretch his legs out behind him. He can place a pillow between

# Joint MOVES

- his knees to keep his operative leg from crossing the midline of the body. He supports his weight with his arms.
- **Face to Face Position:** This position can be used for either a male or female. The person with the new hip replacement is in the supine position and can recline on pillows behind the back. A female can bend her knees slightly with her feet on the bed. A male can put a pillow between his knees to keep the operative leg from crossing the midline of the body.
  - **Sitting Position:** The position can be used for either a male or female. In all cases, the male sits on the chair with his knees pointing away from the midline of his body and his feet on the floor. The female sits on his lap. She must be able to have her feet planted on the floor, particularly if she has a new hip replacement. She must avoid leaning too far forward to prevent the hip from bending more than 90 degrees.
  - **Kneeling Position:** This position can be used for either a male or female. The female with a new hip is in the supine position with her buttocks near the edge of the bed. Feet must be firmly planted on the floor with knees pointing away from the midline of the body. If the male has a new hip, he can assume the position of kneeling in front of his partner. For comfort, he can use pillows under his knees. He must keep his back straight and avoid leaning over his partner to prevent the hip from bending more than 90 degrees.
  - **Standing Position:** This position works for either male or female. If the female has the new hip, she should lean on



something firm and stay fairly upright to avoid bending the hip more than 90 degrees. If the male has a new joint, he should also avoid bending the hip more than 90 degrees.

## General Information about Hamilton Medical Center

### **HMC Rx Care**

Hamilton Medical Center offers a bedside prescription service. On the day of your discharge, if you choose, your nurse will notify HMC Rx Care and a member of the pharmacy staff will take care of your prescription. The pharmacy staff will deliver filled prescriptions to your room prior to discharge. We accept cash, check, Visa, MasterCard, or Discover. If you have questions, please feel free to call the pharmacy at 706-272-6450.

HMC Rx Care Offers:

- Competitive pricing
- Convenient pickup and delivery
- Pharmacy billing services
- Non-prescription medications
- All prescription and injectable medications

### **Food and Nutrition Services**

Your diet plays an important role in your treatment. Within the limits prescribed by your doctor, you may order meals from our "At Your Request" room service. Meals will be delivered about 45 minutes after ordering.

Room service is available:

- 7 days a week from 6:30am to 6:30pm
- By calling extension 3663 to place the order.

Food for family and friend – Visitors are welcome in the cafeteria and in the 24-hour snack bar, both located on the Service Level. Guest trays are available for purchase by visiting the cafeteria or by calling Room Service at extension 3663.

- Cafeteria is open:  
6:45am – 10 am



11:00am – 6:30pm  
10:30pm – 12:30am

- Hot food is served:  
6:45am – 9:00am  
11:00am – 1:30pm  
4:30pm – 6:00pm

### **Home Health Care Providers**

Prior to admission, it is a good idea to have a Home Health Agency in mind if you are planning Physical Therapy at home. Case managers will work with your insurance company to have home health arranged upon your discharge. Case Managers cannot choose the agency for you, but they do have a complete list of agencies in this area, which they will provide to you.

### **DME Providers**

Upon discharge, you will need pieces of medical equipment at home. Primarily you will need a walker. Your Case Managers will provide a list of companies which can provide you with this equipment. This equipment will usually be delivered to your room prior to discharge. You may also need a bedside commode or raised toilet seat. This will need to be available the day of discharge. You will need to check with your insurance to see if they cover these, if not you will need to purchase prior to your discharge home.



