

**Before & After Surgery Education
for Anterior
Hip Replacement**



 **Rutland Regional
Medical Center**





A DEPARTMENT OF
RUTLAND REGIONAL MEDICAL CENTER

Welcome

Dear Patient,

Thank you for choosing Rutland Regional Medical Center and Vermont Orthopaedic Clinic for your Surgery.

This book will guide you and:

1. Help prepare you for your surgery and hospital experience
2. Assist you in your recovery from joint replacement surgery
3. Prepare you for your recovery at home

This book is a general guide to recovery from joint replacement surgery. We understand that all patients do not have the same needs. As you prepare for joint replacement surgery, it is important for you to feel as comfortable as possible with your care.

It is your decision to have this surgery, and it is very important that you go into it feeling good about the surgery and your recovery. You can help achieve the best recovery from your surgery by being an active part of the care team before, during and after surgery. We hope and expect that you will continue to practice what the team has taught you long after you have left the hospital.

It is important that you and your home care helper(s) read this book carefully and refer to it during your recovery.

Please bring this book with you to the hospital.

Sincerely,

The Surgical Team

**To learn more about the Vermont Orthopaedic Clinic, please visit our website at:
<https://www.rrmc.org/services/vermont-orthopaedic-clinic/>**



Important Phone Numbers

Advance Directive Assistance	802.773.9888
Financial Counselor	802.747.1648
Infection Prevention Nurse	802.772.2408
Occupational Therapy Department	
Monday – Friday, 8am-4:30pm	802.747.1840
Orthopaedic Clinical Liaison	
Monday – Friday, 7am-3:30pm	
Cell phone.....	802.342.7559
Pharmacist	802.855.3584
Physical Therapy Department	
Monday – Friday, 8am-4:30pm	802.747.1840
Pre-Op Assessment Nurse at Rutland Regional Medical Center	
Monday – Friday, 8am-4:30pm	802.747.1741
Prescription Refill – Vermont Orthopaedic Clinic	802.775.2937
Social Work Department	802.747.3713
Surgical Care Unit	802.747.3728
Vermont Orthopaedic Clinic – RN Surgical Scheduler	
Monday – Friday, 8:30am-5pm	802.776.2208
.....	or 802.776.2254

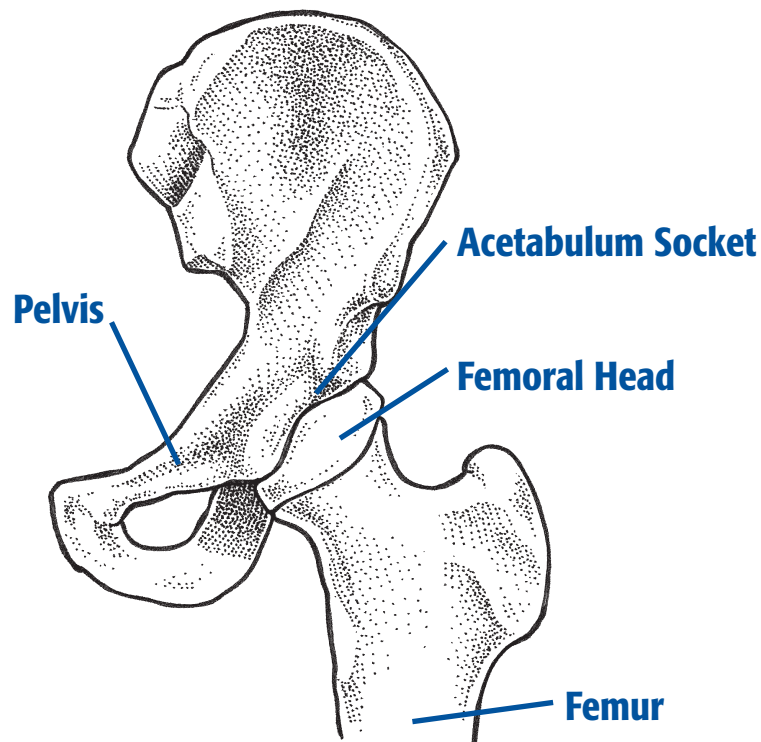
Anatomy of the Hip

The hip joint is one of the strongest weight-bearing joints of the body. It is essential to many of the body's basic movements. Whenever you walk, sit, bend, squat or perform many other seemingly simple motions, you are depending on the hip for support and mobility.

The hip joint is a ball-in-socket joint. The femur, or thigh bone, has a top that is shaped like a ball and is called the femoral head. The pelvis bone has a cup-shaped socket, called the acetabulum, that holds the femoral head in place and allows it to rotate

during movement. Bands of strong tissues called ligaments connect the femoral head to the acetabulum and provide stability.

The ends of the bones in the hip joint are covered with white shiny cartilage. This is a strong smooth cover that cushions the ends of the bones and allows them to move easily and without pain. The remaining surfaces of the hip joint are covered with a smooth thin tissue which secretes fluid that lubricates the joint and eliminates friction between the bones. This is called the synovial membrane.



Types of Hip Arthritis

Arthritis is a progressive and degenerative disease that causes pain, stiffness and swelling. It affects the cartilage that covers the ends of the bones of the hip. Arthritis can occur for many reasons, including aging, “*wear and tear*”, injury to the hip and congenital abnormalities of the structure of the hip. Believe it or not, there are over 100 types of arthritis. Osteoarthritis, post traumatic arthritis and rheumatoid arthritis are the types that most frequently affect the hip.

Osteoarthritis, also known as degenerative arthritis, is the most common type of arthritis that affects the hip joint. It typically develops as we age and tends to run in families. Osteoarthritis causes the smooth cartilage that covers the bones to gradually wear away. The wearing of the cartilage leads to bone on bone rubbing and causes pain, stiffness and swelling. This cartilage cannot repair or replenish itself. Abnormal bone growths, cysts or spurs, can also grow in and around the hip joint as osteoarthritis progresses.

Post Traumatic Arthritis usually develops after a hip injury such as a fracture of the hip socket. A hip fracture or injury can cause a condition called Avascular Necrosis. This condition causes the blood supply to the femoral head to be slowed down or cut off which leads to bone and tissue death over time. Avascular Necrosis can cause cartilage damage resulting in severe hip pain and stiffness.

Rheumatoid Arthritis is one of the more serious and disabling types of arthritis. Rheumatoid arthritis can affect people of all ages and is found most frequently in women and those over age 30. It is a life long autoimmune disease that causes the synovial membrane to become inflamed which damages the cartilage and leads to pain and stiffness.

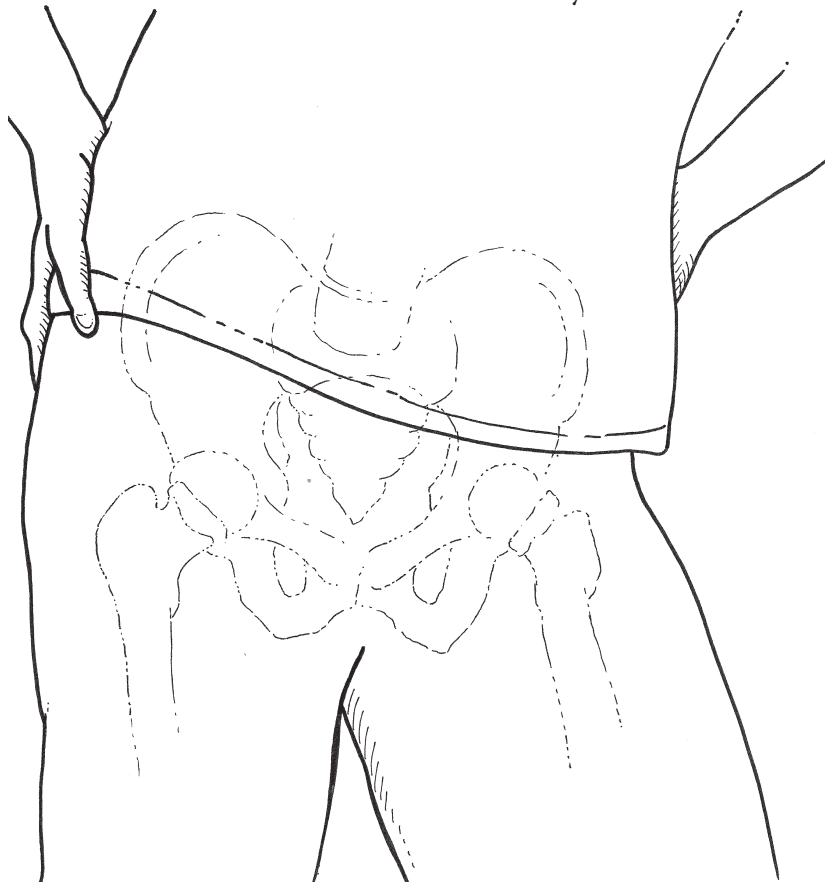
Symptoms of Hip Arthritis

The main complaint of patients with hip arthritis is pain which may be severe and sharp, or dull and aching. Pain may be in your groin, hip, thigh, buttock and, on occasion, your knee. The pain may occur when you are moving or resting and may even keep you up at night. Your hip may feel stiff, making it difficult to move, bend or lift your leg. Putting your socks off and on can become a challenge. People with severe arthritis often have to limit their everyday activities. Walking, stair climbing or bending over to pick something up off the floor can be very painful.

How to Know if You Have Arthritis

Your doctor will ask you about your symptoms and the level of pain you have while at rest and when active. He/she will conduct a physical examination of your hip and ask you to perform simple hip and leg movements. While doing this, your doctor will assess your muscle strength, joint motion and hip alignment.

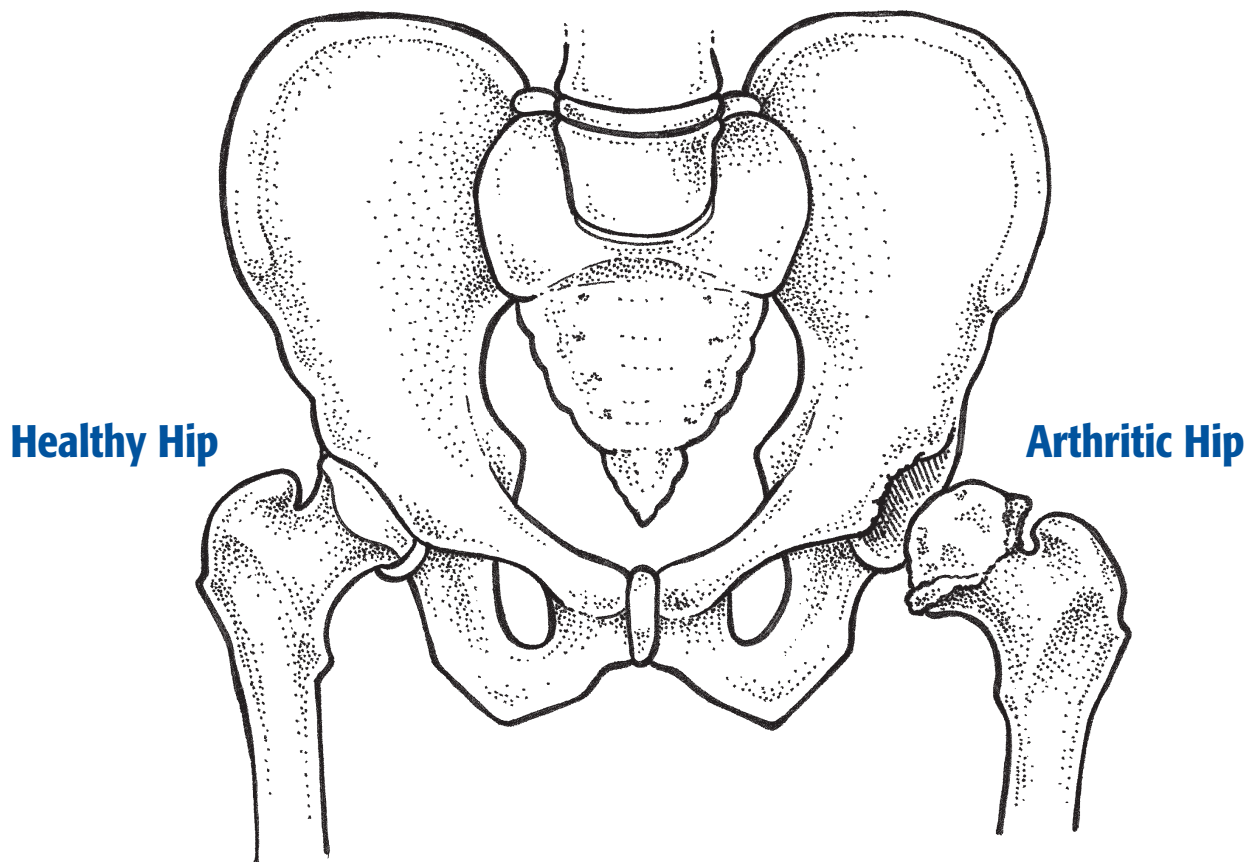
An x-ray will be ordered to see the condition of your bones and to identify possible areas of arthritis. Sometimes, the tissues that surround the hip joint or the condition of the bones do not show up on an x-ray. If this is the case and pain persists, your doctor may order an Magnetic Resonance Imaging (*MRI*) or a bone scan. *MRI* scans are typically not helpful or necessary in most cases.



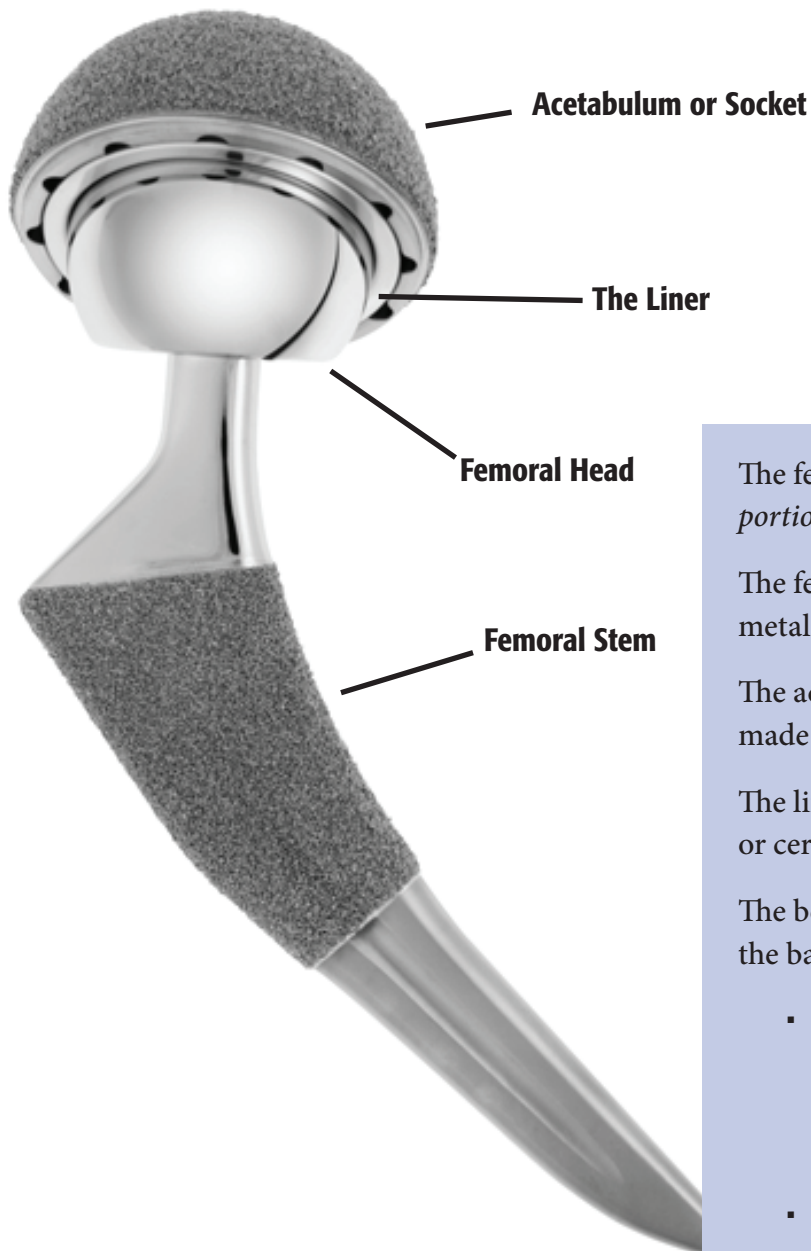
Treatments for Hip Arthritis

Arthritis is a progressive disease. The treatment is aimed at relieving the pain rather than trying to “fix” the arthritis. As it becomes more severe, your doctor may prescribe medication, rest and physical therapy. Occasionally injections into the hip joint can also help bring relief from the pain.

You may be given a cane or walker to help relieve the pain associated with mobility. Pain and immobility may cause you to limit your activities and lifestyle. Hip replacement surgery is recommended when non-surgical treatments do not restore the quality of life that you hope to achieve.



Components for Total Hip Replacement



The femoral component (*stem portion*), is made of metal.

The femoral head is made either of metal or ceramic.

The acetabulum (*socket*) component is made of a metal.

The liner can be medical grade plastic or ceramic.

The bearing surface is the union of the ball and liner.

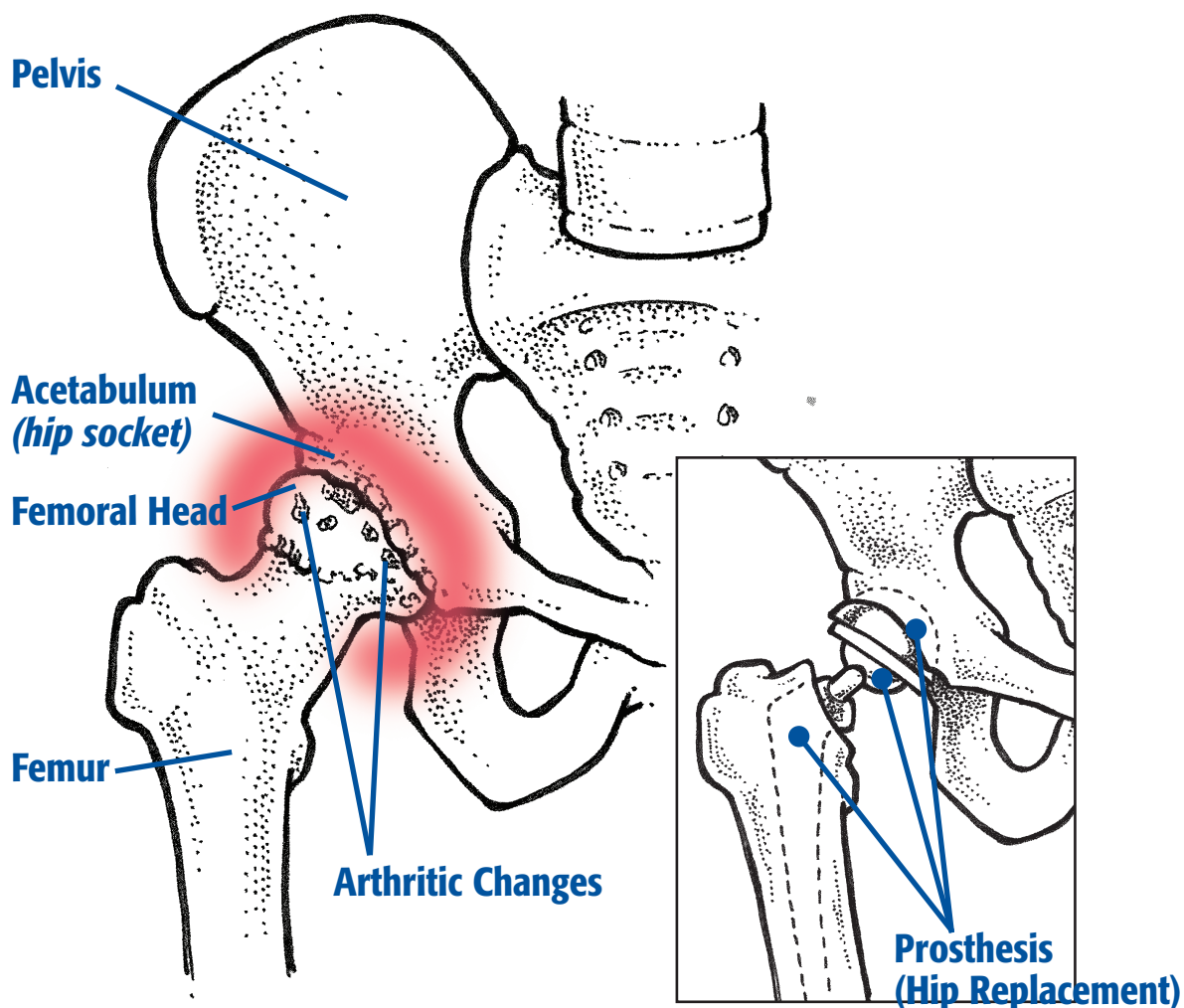
- Surgeons choose a bearing surface based on durability, level of performance, wear resistance and your personal needs.
- All of today's bearing materials offer the potential for excellent long-term performance.
- No one material is right for every patient.
- Only your surgeon can determine what's right for you.

Hip Replacement or Hip Arthroplasty

Fortunately, today's advanced medical technology makes it possible to replace the hip joint with an artificial joint that reduces pain, helps restore motion and improves your quality of life. Hip replacement surgery is an *elective* procedure. Along with your doctor, you will decide when the time is right for this surgery.

Hip Arthroplasty is another name for Hip Replacement. Hip Replacement is a surgical procedure that involves removing the diseased cartilage and damaged bone of the hip. Your Orthopaedic surgeon will

make an incision in the front of your hip to gain access to the hip joint. The head of the femur and the cartilage will be removed and replaced with a metal stem and ball. The socket or acetabulum is cleaned and replaced with a cup and liner. There are a variety of artificial joint types. You and your surgeon will choose the most appropriate one for you. This artificial joint will allow you to perform most of the activities that you enjoy once your hip is given adequate time to heal.



Benefits of Joint Replacement

Once your new joint is completely healed, you will reap the benefits of the surgery. These include:

- Reduced joint pain (*maybe no pain*)
- Easier movement and mobility
- Increased strength (*if you exercise*)
- Improved quality of life with the ability to return to normal activities
- Most likely, running, jumping, jogging or other high-impact activities will be discouraged.
- You can resume golf, dancing, walking, bicycling, swimming, skiing, hunting, fishing, gardening and other low-impact activities.

Possible Risks and Complications with Joint Replacement

As with any major surgery, there are potential risks and complications. It is very important that you are informed of these before the surgery. Very rarely, complications may prove to be life threatening.

- Blood Clots
- Heart Attack
- Stroke
- Infection
- Pneumonia
- Fractures (*broken bones*)
- Continued discomfort
- Mechanical failure of the implant
- Stiffness
- Dislocation
- Nerve damage

We will take every precaution to prevent complications at the time of surgery, but the risk is not zero.

Preparing for Surgery

Joint Replacement surgery is not an emergency surgery.

Preparing for a joint replacement begins several weeks before the actual surgery.

Before your surgery, many people will be asking about your insurance, medical history and discharge arrangements. You may feel that you are answering the same questions many times, but this redundancy is necessary. If you have everything written down, it will make the process smoother.

If you have not done so already, please complete the Patient Personal History Form that was mailed to you. This form includes all necessary information that will assist the healthcare team in caring for you.

When completed, please mail to us at the address below or bring it to your class.

Ambulatory Care Unit
Rutland Regional Medical Center
160 Allen Street
Rutland, VT 05701

Your Healthcare Team will include:

Orthopaedic Surgeon

who will perform the surgery and manage your overall treatment.

Physician's Assistant/Nurse Practitioner

who will help your surgeon care for you before, during and after your surgery.

Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)

who will keep you safe and comfortable during and immediately after your surgery.

Pre-Op Assessment Nurse at Rutland Regional

who will get you prepared for anesthesia.

Nurse Case Manager

who will coordinate your care before surgery, during your hospital stay and after discharge from the hospital.

Pharmacy Technician

who will review medications you take and ensure they are in the hospital medication list.

Physical Therapist

who will design a rehabilitation program to build strength and aid recovery.

Occupational Therapist

who will teach you how to make daily activities safer and easier after Joint Replacement Surgery.

Nurses

who are specially trained for the care of joint replacement patients before, during and after your surgery.

RN Surgical Scheduler at VOC

who will get you scheduled for your surgery and assist you with appointments as needed.

Get in Shape for Surgery

Nutrition

Good nutrition is important, especially for patients planning surgery. Be sure to eat a balanced diet to help you to recover well and heal properly from your surgery.

Just prior to surgery is **not** the best time to start a diet for the purpose of weight loss.

To optimize your body's ability to heal, be sure to eat food from all food groups.

If you suffer from obesity, pre-operative weight loss will decrease your risk of complications. If you would like information to help you with weight loss, discuss this with your surgeon and/or primary care provider.

Alcohol & Drugs

If you drink alcohol, try your best to not have any for at least 48 hours prior to surgery. If you have an alcohol dependency problem, please inform your primary care provider and/or surgeon prior to your surgery.

If you use drugs or any other types of controlled substances, tell your primary care provider and/or surgeon. These substances can have an impact on your surgery and recovery.

Smoking

Smoking decreases blood flow patterns, delays healing and slows your recovery. For ongoing support and help to quit tobacco use, the following programs are suggested:

- Rutland Regional Medical Center's Tobacco Treatment Program 802.747.3768
- Vermont Quit Line 877.937.7848
- New York State Quit Line 888.609.6292
- Anywhere in the USA 800.784.8669

**IF YOU SMOKE,
STOP!**

For more info, or to share stories, tips and advice, please check the following websites:

- www.cdc.gov/tobacco
- www.802quits.org



Medical Preparation

History and Physical Exam

You must have an appointment to see your primary care provider before this surgery. He/she must conduct a general medical evaluation within 30 days of your surgery. This examination will assess your health and your risk for anesthesia. Inform your provider of any medical conditions you have, all the medications you are taking and any surgical implants you have.

Testing

You may have a blood test, urine sample, EKG and Chest x-ray, depending on your medical problems. Your primary care provider or specialist will determine if any other testing should be done. If you are sent to a specialist, please keep us informed so that we have all information available to us prior to your day of surgery.

X-Rays

You should have x-rays done of your affected area within 6 months of surgery and these should be done at the orthopaedic surgeon's office to ensure appropriate sizing for pre-operative planning.

Dental Care

It is important that your teeth be in good condition. An infected tooth or gum is a possible source of infection at the surgical site. If you are planning any dental work such as extractions, cleaning or periodontal treatments, you should schedule them well in advance of your surgery.

No planned dental work should be performed for three months after surgery unless urgent.

Medications

A preadmission nurse and a pharmacy technician will be reviewing your medications with you prior to surgery. It is important to update your medication list to include the medication name, dose, and time of day you take each medication.

Specific recommendations for prescribed medications and supplements/herbals/ vitamins that you need to take or hold as you get closer to surgery will be provided by a preadmission nurse prior to surgery; it is important to follow these recommendations to prevent delay of surgery and possible rescheduling.

The following medications and supplements may interfere with your surgery and should ALWAYS be stopped as directed.

Please ...

- review the list of medications on the following pages
and
- the timeframe that they should be stopped before surgery
and
- ensure you follow the recommendations.

Taking these medications or supplements close to your surgery date could require rescheduling surgery.

Important Information Regarding Your Medications

Herbal Medications – For your safety, please note that a large percentage of people taking herbal medications/supplements may be at risk for potential interactions between prescription medicines, over-the-counter medicines, or with anesthesia medications.

- Give a detailed and accurate list of all medications you are taking to your surgeon/primary care physician and pre-op nurse.
- Some of the more common herbal medicines used that cause potential interactions are listed below under Dietary Supplements. This is just a small list of herbs available.
- If you have any questions regarding any medicines/supplements you are taking, please call the pre-op nurse at 802.747.1741, if possible, two weeks prior to your surgery to prevent postponement.

Two (2) Weeks Before Surgery – Stop Taking:

- Herbal products
- Vitamins
- Dietary supplements

This includes but is not limited to:

- CBD
- CoQ10
- Diet pills
- Dong Quai
- Echinacea
- Ephedra
- Fish Oils (*Omega-3 Fatty Acids*)
- Garlic pills
- Ginger
- Gingko Biloba
- Ginseng
- Kava
- Licorice
- Melatonin
- St John's Wort
- Valerian
- Vitamin E (*also found in multivitamins*)
- Vitamin K

Additionally, please discuss with your prescribing provider before stopping monoamine oxidase inhibitors (MAOI), a specific type of antidepressant:

- Azilect®
- Nardil®
- Parnate®
- Selegiline

13 Days Before Surgery – Stop Taking:

- Mounjaro (*tirzepatide*)
- Ozempic (*semaglutide*)
- Wegovy (*semaglutide*)
- Bydureon (*exenatide extended-release*)
- Trulicity (*dulaglutide*)

One (1) Week Before Surgery – Stop Taking:

- Celebrex®
- Diclofenac
- Doan's Pills
- Dristan products
- Effervescent tablets
- Fiorinal
- Ibuprofen (*Advil®, Motrin®*)
- Meloxicam
- Naproxen (*Aleve®*)
- NSAIDs including but not limited to Aspirin (*if used for pain*)
- Pepto Bismol®
- Percodan
- Please note: Acetaminophen (*Tylenol®*) is safe to take.

72 Hours Before Surgery – Stop Taking:

- Jardiance (*empagliflozin*)
- Farxiga (*dapagliflozin*)
- Invokana (*canagliflozin*)

48 Hours Before Surgery – Stop Taking:

- Metformin (*Glucophage*®)
- Sildenafil (*Viagra*®)
- Tadalafil (*Cialis*®)
- Trimix injection
- Vardenafil (*Staxyn*®, *Levitra*®)
- Varenicline (*Chantix*®)
- Byetta (*exenatide*)
- Adlyxin (*lixisenatide*)
- Soliqua (*lixisenatide/insulin glargine*)
- Saxenda (*liraglutide*)
- Victoza (*liraglutide*)
- Xultophy (*liraglutide/insulin degludec*)
- Rybelsus (*semaglutide*)

You Must Check with Your Medical Provider or Specialty Provider if You Take:

- Adalimumab (*Humira*®)
- Allopurinol
- Anagrelide (*Agrylin*®)
- Aspirin (*for heart disease/stroke*)
- Azathioprine
- Cyclosporine
- Colchicine
- Etanercept (*Enbrel*®)
- Hydroxychloroquine (*Plaquenil*®)
- Infliximab (*Remicade*®)
- Mesalamine (*Apriso*®, *Asacol*®, *Canasa*®, *Delzicol*®, *Lialda*®, *Pentasa*®)
- Methotrexate
- Naltrexone (*ReVia*, *Vivitrol*®)
- Pentosan (*Elmiron*®)
- Pentoxifylline (*Trental*®)
- Sirolimus (*Rapamune*®)
- Sulfasalazine
- Tacrolimus (*Prograf*®)

Blood Thinners:

Specific recommendations for when to stop and restart blood thinners will be provided by the Anticoagulation Clinic and/or your primary care provider/specialty provider, examples of these medications are:

- Apixaban (*Eliquis*®)
- Cilostazol (*Pletal*)
- Clopidogrel (*Plavix*)
- Dabigatran Etxilate (*Pradaxa*®)
- Dipyridamole (*Persantine*, *Aggrenox*)
- Edoxaban (*Savaysa*®)
- Prasugrel (*Effient*)
- Rivaroxaban (*Xarelto*®)
- Ticagrelor (*Brilinta*®)
- Ticlopidine (*Ticlid*)
- Vorapaxar (*Zontivity*)
- Warfarin (*Coumadin*®, *Jantoven*)

Medications to Take on the Morning of Surgery:

Minimizing Infections When Having Joint Replacement Surgery

Pre-Admission Nasal Screening

In preparation for your surgery, we will be collecting a swab from your nose. This will be collected at the time of your education class. The sample will check for Staph bacteria. Staph bacteria can be present in many healthy individuals without causing them to be sick; this is known as “colonization.”

There are two types of Staph Bacteria:

- MRSA – Methacillin Resistant Staph Aureus (*Methacillin is a type of antibiotic*)
- MSSA – Methacillin Sensitive Staph Aureus

During your class we will discuss a prescription for a nasal ointment.

- If your test is **positive**, you will receive a call within one week to inform you which type of bacteria is present. You will need to get the prescription filled and will be told which instructions to follow.
- If your test is **negative**, you will NOT receive a phone call and you can destroy the prescription.

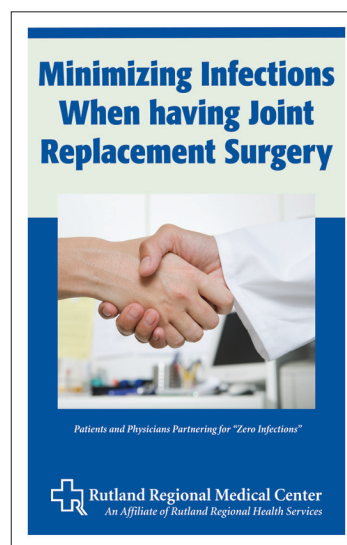
It is important that you read the **Minimizing Infections When Having Joint Replacement Surgery** booklet, which you will receive in your pre-op education class.

To Decrease the Risk of Infection

- **Dental Work:**
Do Not schedule any elective dental work – including cleanings – within the 2 weeks before surgery or for 3 months after your surgery, unless the need is urgent.
- **Stay healthy before surgery.** Notify your doctor if you come down with a fever, cold or any other illness in the week prior to surgery. In addition, any blisters, cuts or boils should be reported. If infection is found, surgery is generally delayed until the infection is cleared.

Skin Prep

It is very important to make every effort to prevent infections at the time of your surgery. Washing your skin prior to arrival at the hospital is the first step you can take to decrease this risk.



Four Days Before Your Surgery

For specific dates, please reference your individual calendar provided to you.

Help reduce your risk for infection by following these directions:

- ▶ You will be given 5 medicated sponges for skin preparation before your surgery.
- ▶ You will take four night time showers and a fifth shower the morning of surgery.
- ▶ **DO NOT** shave legs, submerge your body in water, use hot tub, swim, or do barn chores once you have started your skin preparation showers.

Bed linens:

- ▶ Change the linens on your bed the same evening of your first shower only
- ▶ Do not let pets sleep next to you under the cover.

Shower instructions:

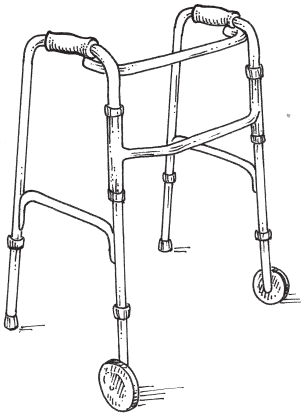
If you want to wash your face or hair, do this first with **usual** soap/shampoo and rinse well. **DO NOT** use medicated sponges on face, ears, hair or genitals.

To Shower Body:

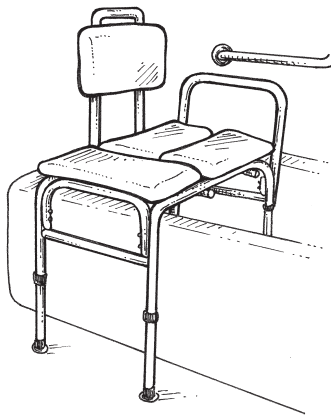
1. Open one medicated sponge package, remove fingernail stick and throw it away
2. Wet your body in the shower
3. Step away from water or turn water off – suds need to stay on your skin to kill bacteria
4. Using the SPONGE SIDE only
 - Wash from the chin down creating suds. This should take 2-3 minutes. Be sure to **wash well** your armpits, front of groin, and any skin folds you may have because bacteria live in warm, moist places.
 - Lather should REMAIN on your skin for 2-3 minutes for a total of 5 minutes to reduce skin bacteria.
5. Rinse well
6. Dry with a clean, fresh towel after each shower
7. Repeat for a total of 5 showers

Equipment to Look for Before Surgery

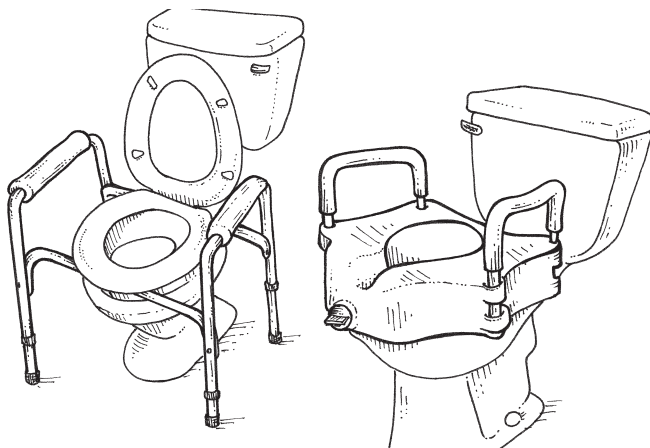
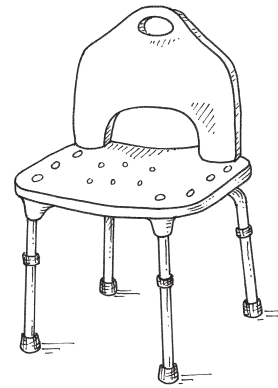
- Your insurance will not pay for this equipment before surgery but may after.
- Start asking now to see if you can borrow some of the equipment shown below from a friend, relative, club, etc.
- If you are not able to find the needed equipment, the Case Manager will visit you in the hospital and assist you in obtaining the additional items you may require.



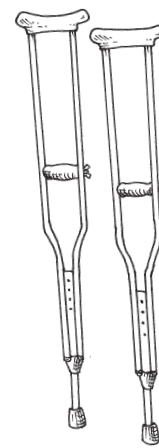
Walker with wheels on the front



Tub Transfer Bench for over tub shower or Shower Chair for walk in shower



Commode for over the toilet or Elevated Toilet Seat with arms



The hospital can provide crutches if needed

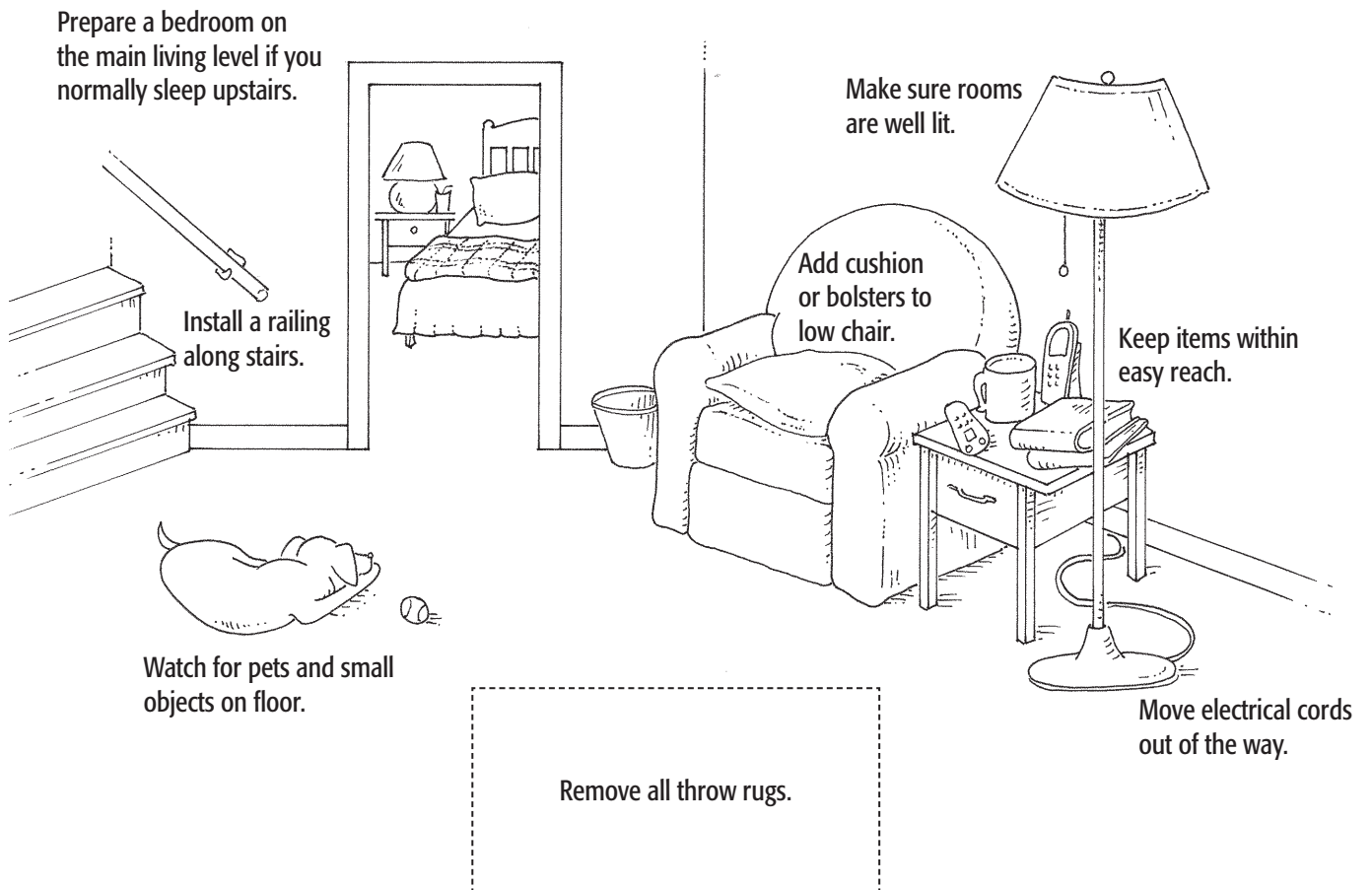
Home Preparation Before Surgery

Discharge from the hospital averages 24 hours after the procedure.

You are encouraged to arrange for someone to assist you in the first two weeks after discharge from the hospital as you will be recovering from the surgery.

- Scatter rugs should be removed or taped down to prevent you from tripping.
- You should have enough room to walk with a walker or crutches. No Clutter!

- You should place frequently used items at waist level, for example, hair products, extra roll of toilet paper, refrigerator items, etc.
- Arrange for pets to be cared for during your recovery period as they may get underfoot. It will be difficult for you to feed and water them after your surgery.



Planning for Your Hospital Stay

Personal items and clothing should be limited to those which fit into a single, small piece of luggage. There is very little storage space in your hospital room.

Regarding your hospital stay, please note the following:

- We prefer that you use a hospital gown the first day after surgery. It is less restricting and easier to get on and off. Clean hospital gowns are available at all times.
- You will be walking shortly after surgery. Shoes with non-skid soles are preferred. Bring orthotics if you use them. You will want to wear loose fitting clothes after surgery. Physical Therapy will be walking with you in the hallway while you are in the hospital.
- The hospital provides basic toiletry articles. If you prefer a special type of soap or hair product, please bring them with you along with any of your basic cosmetics.
- Electric razors, CPAP machines and battery-operated appliances are the only appliances you may bring to the hospital. This is for the safety of you and other patients.
- You may bring a computer, cell phone or tablet. The hospital does have wifi.
- If you have a cane, walker or crutches, make arrangements for them to be brought to the hospital the day of discharge.

Additional Items to Bring to the Hospital

- **Health Care Proxy**, if you have one.
- **Short, Lightweight Bathrobe**, if you have one. Short clothing helps to prevent tripping while you walk.
- **Loose Fitting Clothes**, to walk in halls.
- **Eyeglasses instead of Contact Lenses**. They are easier to take care of and less likely to be lost in the hospital.
- **Dentures**. We will provide a container for storing these. Bring your own denture adhesive. When you remove them, be sure to keep the container on your bedside table or in a drawer, and not on the bed or a food tray. As with glasses, we cannot be responsible for loss.
- **This book**.
- **Written List of Medications** you are taking or were instructed to bring to the hospital with you. Include any you may have stopped in anticipation of surgery.
- **Telephone Numbers** of people you may want to call.
- **Book, Magazine or Hobby Item** to assist with relaxation.

What Not to Bring to the Hospital

- Valuables or Money**
Cash in excess of \$20.00 should be deposited in the hospital safe when you arrive or sent home with your family.
- Jewelry**
- Credit Cards**
- Your Own Medications Unless Instructed to Do So by Your Primary Care Provider, Surgeon or Pre-op Nurse**
- Pillow and/or Blanket**
The hospital will provide those for you.
- Tobacco or Tobacco Products**
Smoking of any kind is prohibited on the hospital campus.
- Do Not Wear Nail Polish on Your Hands or Feet**
Please remove prior to your stay at the hospital.
- Do Not Wear Any Makeup**
You may bring it with you to use after your surgery.
- We respect your property rights but cannot guarantee security for your personal property.**

Health Education at Rutland Regional

At Rutland Regional we understand that having surgery is never easy. That's why our surgeons and staff work hard to make your surgical experience as comfortable and convenient as possible. To help prepare you for your surgery, please visit our website for information and videos pertaining to your surgery:

Scan the QR code or follow this link
www.RRMC.org/education



Click the links for:
[Pre-Surgical Videos](#) & [Joint Replacement Surgical Videos](#)

Please watch these videos:

- Preparing for Your Surgery
- Pre-surgery, Joint Replacement
- Hip

The Day of Your Surgery

You must call the Ambulatory Care Unit at 802.747.1741 between the hours of 2pm and 4pm the day before your surgery or on the Friday before if your surgery is on a Monday. At your education class, you will be given instructions on when to call for your arrival time.

On The Day Of Your Surgery

No food 8 hours before arrival for surgery. This includes candy or chewing gum. If directed, take medications with a sip of water on the morning of your surgery. You may have clear liquids only up to 2 hours before arrival time. Clear liquids are water, apple juice, cranberry juice, or ginger ale.

If you get thirsty, you may rinse your mouth with water and spit it out. Do not swallow. If you forget and eat or drink something, please tell the nurse or doctor. The time of your surgery may need to be changed or postponed as this will be safer for you.

Arriving for Your Surgery

On the day of your surgery, please report directly to the Ambulatory Care Unit. Take the lobby elevator to the second floor. Turn right off the elevator and go to the window to let the secretary know that you have arrived.

Ambulatory Care Unit (ACU)

Plan to arrive at the hospital at the time you were instructed. Arrival time is approximately two hours before your surgery to assure there is enough time to prepare you and answer any questions you may have.

You will be shown where and how to change into a hospital gown. Your clothing and personal items will be labeled and sent to your room after surgery. Final details will be completed and paperwork will be double-checked.

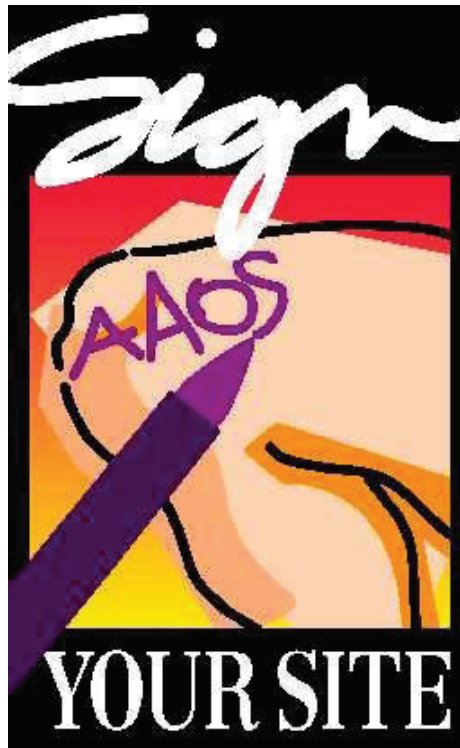
The nurse will prepare you for surgery by:

- Checking your blood pressure and heart rate
- Asking you about your medications and what you may have eaten that day
- Preparing your surgical site
- Starting an Intravenous (IV) line
- Applying elastic stockings as ordered by your surgeon
- Giving you some medications that the doctor has ordered for you including an antibiotic



Your orthopaedic surgeon will visit with you before surgery. He/she will answer any last minute questions you may have. At this point, he/she will verify with you the surgical site and will place his/her

initials at that site. This is to assure that the correct location will be operated on. This mark will be used for verification throughout the surgical procedure.



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**Please do not mark your body in any way.
This is a very specific guideline!**

Anesthesia

Once the nurse has finished preparations, the anesthesiologist will meet with you. He/she will discuss your health history, the kind of procedure you are having and the type of anesthesia you will be receiving. You will have time to discuss any anxiety, fears or to ask questions you may have. The anesthesia team may include a nurse anesthetist who assists the anesthesiologist with your monitoring and care during surgery. When you have surgery, you must have anesthesia. Types of anesthesia that may be offered include:

General Anesthesia

You are unconscious and have no sense of awareness or sensation of pain. This can be accomplished using a variety of medications either given intravenously or via inhaled vapors through a mask or breathing tube.

Regional Anesthesia

The anesthesiologist will make an injection of local anesthetic near a cluster of nerves to completely numb the area of the body that requires surgery. You may then remain awake, or may be given sedation. Either way you will not see or feel the actual surgery taking place. There are many types of regional anesthesia; the two most commonly used are spinals and epidurals.

Nerve Block *(still will require anesthesia, general or spinal)*

A type of regional block to help with pain management for certain procedures. It is intended to lessen pain by numbing the area. This will *not* take pain away, but will decrease pain.

What to Expect:

Before surgery you will be evaluated by an anesthesiologist. An anesthetic plan will be formulated which is best for you.

While in the operating room, you will be constantly monitored by your anesthesiologist. The monitoring includes EKG (*electrocardiogram*), blood pressure, oxygen level and temperature.

After surgery the effects of the anesthetic medications will be reversed and you will be closely monitored in the post anesthesia care room (*recovery room*) by specially trained nurses.

If you have specific questions or concerns about anesthesia before the day of your surgery, please speak with any of the following people:

- Your primary care provider
- Your surgeon
- The Preoperative Assessment Nurse in Ambulatory Care

You may also arrange an appointment to see the anesthesiologist before the day of your surgery by speaking with the preoperative assessment nurse.

The Holding Area

The Holding Area is a small area just outside the Operating Room. Here you will meet with a second anesthesia provider and the nurse that will be with you in the Operating Room.

In the Holding Area you may be given sedation to help you relax before entering the Operating Room.



The Operating Room

A special operating room is used to protect you against infection. Your doctor and nurses will be dressed in sterile gowns, masks, and gloves.

Hip replacement surgery requires about one to two hours in the operating room.



The Post Anesthesia Care Unit (*Recovery Room*)

Once your surgery has been completed, you will require close monitoring. You will be taken to the Post Anesthesia Care Unit (PACU) where a specially trained nurse will help you in the recovery process. You may spend one to three hours in the PACU. In PACU, you will be provided with oxygen, intravenous lines, and continuous cardiac and respiratory monitoring while your anesthesia wears off.

As you wake up, you may experience blurry vision, a dry mouth and feel cold. These effects are common and will wear off in short order. A nurse will stay with you while you wake up to encourage, assist and monitor your progress.

An oxygen mask may be placed over your nose and mouth. Taking deep breaths will help to clear your lungs and help get some of the anesthesia medicine out of your system.

You may have some pain. The nurses will frequently ask you about your pain level. If you feel any pain or discomfort, let them know and you will be given medication to help control the pain. You will remain in PACU until you are stabilized. The anesthesiologist will determine your readiness to be transferred to your in-patient hospital room.

While you are in PACU, visitation by friends or family is not allowed. Your family will be kept well informed and will be notified when you leave the PACU for your room.



Surgical Care Unit

After surgery you will be wheeled in your bed to The Surgical Care Unit (SCU). You may be in a private room or a room with another patient, depending on bed availability on the day of your surgery. The room features:

- Controls on bed rail for you to put your head up or down.
- Trapeze to help you pull up in bed
- Side rails to help you roll
- Nurse call bell for assistance
- Nurses specially trained to care for patients having joint replacement will care for you
- Your Case Manager will visit to assist you with planning for your discharge
- Television (*no extra charge*)
- Phone for local calls only (*no extra charge*)
- You may bring a cell phone to use at your bedside
- White Board to keep you informed of your plan of care and the name of the staff members that will be caring for you
- A bed alarm will be placed on you to prevent injury until you are fully awake and able to get out of bed
- The average stay in the hospital is one overnight

*** To prevent you from falling, please never attempt to get out of bed without help.**



Surgical Bandage

You will have a bandage applied to the surgical area after the procedure to maintain cleanliness and absorb any fluid. This dressing will be removed before you leave the hospital. At that time, a seven day bandage will be applied.

This bandage has a silver component to decrease bacteria at site. You will receive further instructions about when to change your dressing at home (*see image below*).

When this bandage has been removed, you can use a large band aid to cover the incision.

If your incision was closed with staples, they will be removed 12 to 16 days after surgery. More information on this will be provided to you at the time of your discharge.



Aquacel

Other Treatments You May Experience After Surgery

Oxygen

When you wake up from surgery, you will be given extra oxygen. Often, you will have oxygen tubing in your nostrils the first night after surgery to keep the oxygen level in your blood high. This is typically removed the day after your surgery.

Intravenous Fluids

Intravenous fluids that were started before surgery will be continued until you are able to take adequate amounts of fluid by mouth. When you are able to take fluids by mouth, the nurse will place a cap on the IV to keep the vein open in the event it is needed at a later time during your stay.

Vital Signs

You will be receiving frequent blood pressure and temperature checks. The nurse will be checking your vital signs throughout the night time hours while you are in the hospital.

Ice Packs

Ice packs will be used during your hospital stay and at home to reduce pain and swelling at the surgical site. Pain and swelling will slow your progress with your exercises. The ice pack is used continuously and you will be sent home with extra inserts to keep in your freezer.

Daily Blood Draws

Your orthopaedic surgeon may order additional bloodwork after your surgery.

Help Prevent Lung Problems

After surgery it is important to exercise your lungs by taking deep breaths. Normally, you may take deep breaths each hour, usually without being aware of it. They are spontaneous, automatic and occur in the form of sighs and yawns.

However, when you are experiencing pain or drowsiness from the anesthesia or your pain medication, your normal breathing pattern can change. To help with your return to normal breathing patterns, you may be provided with an incentive spirometer by the nursing staff. He/she will show you how to use your incentive spirometer.

Using the incentive spirometer will measure the deep breaths that are necessary to expand the small air sacs of your lungs to help clear your air passages of mucous.

For the first several days following your surgery, we recommend that you use your incentive spirometer 10 times every hour while awake. After discharge, we recommend using it every two hours (*while awake*) for two weeks.

Also, coughing is another method for helping to clear your lungs. To cough effectively, we suggest you follow these steps:

1. Breathe in deeply through your nose
2. Hold your breath to a count of 5
3. Breathe out slowly through your mouth
4. On your 5th deep breath, cough from your abdomen as you breathe out
5. Make a habit of doing this 2 to 3 times an hour, especially when it is inconvenient to use the incentive spirometer



Pain Management

While in the operating room your surgeon and team is already taking steps to help decrease the pain you will feel after surgery. Medical studies show that using a variety of different ways to reduce pain is better than relying on one. We will be asking you your pain level on a zero to ten scale with ten being the worst pain.

Our goal is to keep the pain you feel after surgery at a manageable level. After surgery we will do this by:

1. Checking on your pain level regularly throughout your stay in the hospital. Your nurse will be asking you about your pain level on a scale of 0 (*no pain*) to 10 (*worst pain ever*).
2. Ordering a scheduled dose of a non-opiate pain reliever, such as acetaminophen (*Tylenol*®), that can be given in your IV or by mouth.
3. Utilizing ways other than medications to help reduce pain (*positioning, relaxation techniques, cold packs, physical therapy*).
4. Using an opiate pain medication when you absolutely need it for pain relief: morphine, oxycodone, hydromorphone (*Dilaudid*®), hydrocodone (*Vicodin*®).

Keeping opiate medication use to a minimum is important to us because of the short-term and long-term risks.

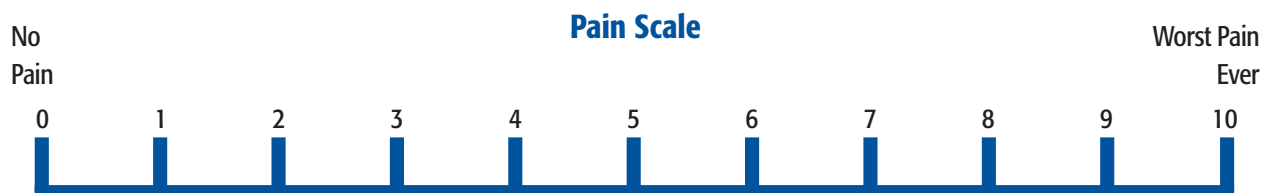
Potential risks:

- Accidental opiate overdose
- Increased sensitivity to pain
- Nausea, vomiting, constipation
- Physical dependence to opiates (*can occur following 2 to 10 days of continuous use*)
- Withdrawal after developing physical dependence (*symptoms are: pain, nausea, diarrhea, restlessness, craving*)
- Depression
- Opiate addiction

Discharge Instructions

If you do receive a prescription for an opiate medication for short-term use post-operatively, remember:

- Never take more opiate pain medication than prescribed
- Never share your prescription for an opiate
- Store opiates in a safe, secure place
- Make sure you safely dispose of all unused prescription opiates. Rutland Regional's Pharmacy has a MedSafe disposal box that can help you do this.



Minimize Your Risk for Blood Clots

Blood clots in leg veins, also called DVT's

(*deep vein thrombosis*), can develop after surgery because you are moving less. When you walk, muscles in your legs help move the blood in your veins – without this added pump from your muscles, your blood is able to slow down and clot. Over time clots can grow and travel to places like your lungs; this is called a pulmonary embolism or PE.

Symptoms of a blood clot are swelling, redness, and tenderness in a specific area of your legs, chest pain and/or difficulty catching your breath. It is very important to report any of these symptoms to your provider or nurse. To decrease your chance of developing a blood clot:

- Your elastic stockings will be worn on both legs for one month after surgery to help improve bloodflow.
- When you are in the hospital in bed or sitting, leg pumps will be attached to your legs to help push blood through your veins.
- You will also be prescribed a medication to decrease the risk of developing a blood clot.
- Work with physical therapy as scheduled.

Your surgeon will decide the best medication to help prevent blood clots. Medication will be selected based on medical history and

other factors. A medication will be prescribed to decrease blood clotting ability such as:

- Aspirin
- Eliquis® (*apixaban*)
- Lovenox® (*enoxaparin*)
- Coumadin® (*warfarin*)

If you were on a medication to thin your blood before surgery,

your surgeon will work with your prescribing provider to restart your medication post-op. It is important to take your medicine as directed.

The most common side effects of these medications are increased bruising and upset stomach. If you notice unusual bleeding or bruising, you should notify your provider or nurse. Unusual bleeding is red-tinged urine, stools or vomit, dark black tarry stools, any bleeding that takes more than 20 minutes to stop, or rapid worsening of knee/hip swelling and/or pain.

A Pharmacy Technician will contact you one to three days before your surgery to review your medication list. Please tell the Pharmacy Technician all prescribed medications and any over the counter medications or supplements that you take.

While in the hospital your nurse and case manager will review the medications that have been prescribed for you and will make any necessary appointments for bloodwork, if required, while taking the medication.

Physical Therapy

When muscles are not used, they become weak and do not perform well in supporting and moving the body. Your leg muscles are probably weak because you have not used them much due to hip pain and arthritis. The surgery can correct the hip problem, but the muscles will remain weak and can only be strengthened through regular exercise. Even people who exercise regularly will often have some weakness because the arthritic hip has become stiff so the muscles are not working normally. Also, muscles may “shut down” temporarily as a result of the pain and swelling caused by surgery.

A physical therapist may see you on the day of your surgery. It is critical that you understand that your motivation and participation in your physical therapy program is a vital element in the success of your surgery and rehabilitation.

For the first few days after surgery, some patients benefit from taking pain medication 30 minutes prior to their therapy session. Discuss this with your nurse and/or your therapist.

The therapist will instruct you in an exercise program that will increase your range of motion and strength in your legs. The surgeon and therapist will advise you of any precautions you must follow.

Initially, the nurse will assist you in sitting up and dangling your legs over the side of your bed. Next, you will stand with the use of a walker with continued assistance. The amount of weight you can place on your operated leg will depend on your surgery. You will be informed of your weight-bearing status.

How well you regain strength and motion is, in part, dependent upon how well you follow your physical therapy program. Rehabilitation is a commitment on your part and must be done to assure the best outcome of your hip replacement surgery.

**Do your exercises to help maintain good circulation.
Start walking with assistance as soon as you are cleared to do so.**

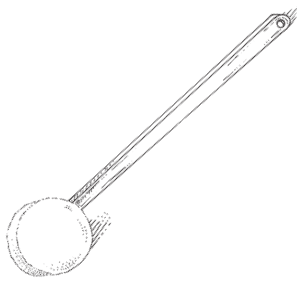
Occupational Therapy and Home Assistance Aids

The Occupational Therapist (*OT*) will focus on helping you regain independence in your personal and self care. You will have a visit from the OT while in the hospital and have the opportunity to practice using assistive equipment. Understanding how to use this equipment will help you maintain the hip precautions that are necessary while your new hip is healing. Your OT will also

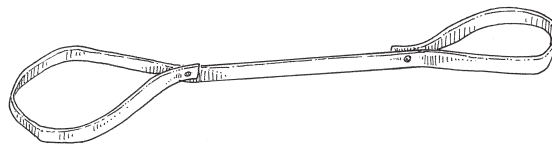
help you practice how you should move while doing everyday tasks to increase your independence and maximize safety.

Typical assistance aids may include any or all of the items pictured below.

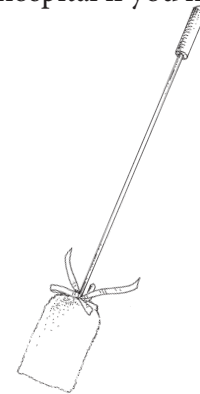
This equipment will be provided to you while you are in the hospital if you need it.



Long Handle Sponge



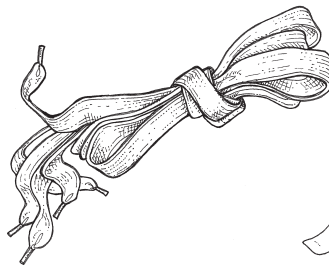
Leg Lifter



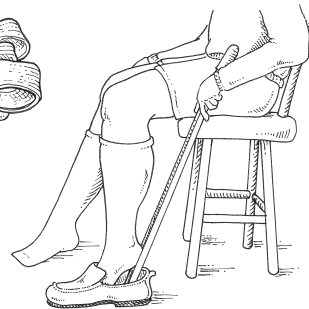
Toe Washer



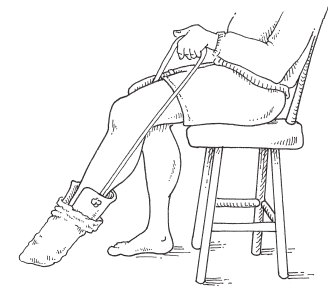
Dressing Stick



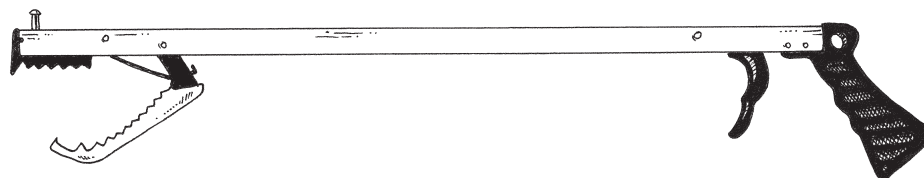
Elastic Shoelaces



Shoe Horn



Sock Donner



Reacher

Pre- & Post-Operative Strength Exercises

The following is a list of basic exercises you should include in your home rehabilitation program. The number of times you do each exercise depends on your capability. As your strength and coordination improve, the number of repetitions at each session should increase. You may feel some stiffness and mild soreness in various muscles as your body adapts to and learns how to manage your new hip. These feelings are

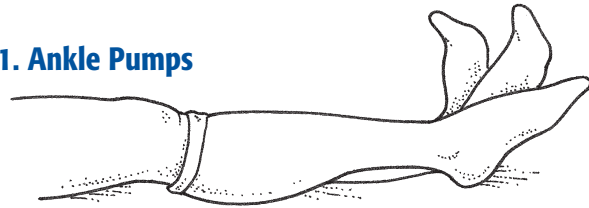
normal. The exercises should not cause pain. If they do, eliminate them from your program for now. Then, try them periodically. If the level of pain is reduced dramatically, add them to your program.

To maintain good circulation, exercises 1, 2 and 3 should be done at each session (ankle pumps, quadriceps sets, gluteal sets). Perform 10 repetitions, 3 times a day.

1. Ankle Pumps

Using your ankles, bend your feet toward you and then away (*point your feet*).

1. Ankle Pumps



2. Quadriceps Sets

Lie in bed with your legs straight. Tighten the muscle at the front of your thigh as you press the back of your knee down toward the bed. Hold for a few seconds then relax.

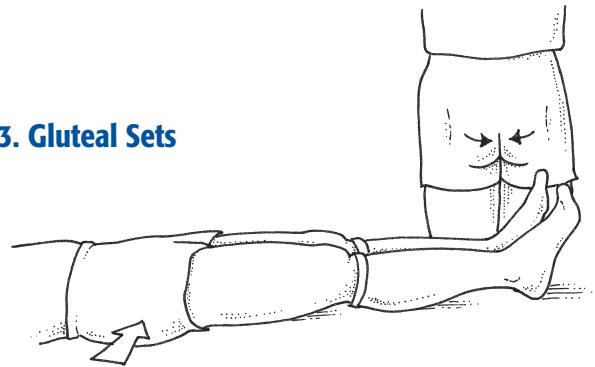
2. Quadriceps Sets



3. Gluteal Sets

Lie in bed with your legs straight. Squeeze your buttocks together tightly. Your hips should rise slightly off the bed. Hold for a few seconds, then release.

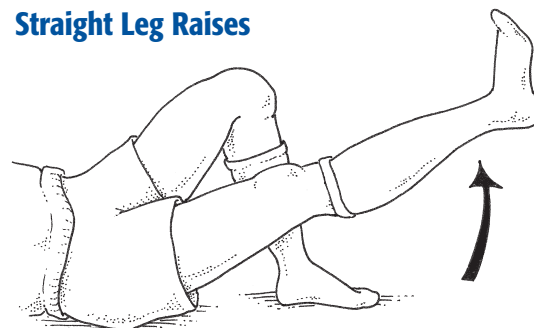
3. Gluteal Sets

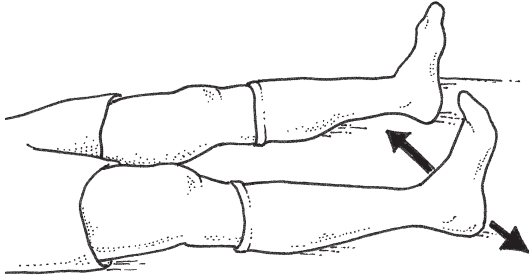


Straight Leg Raises

Lie in bed. Bend one leg. Keep your other leg straight. Tighten your thigh muscle and lift your straight leg as high as you can, but not higher than 12 inches. Hold for a few seconds then slowly lower the leg.

Straight Leg Raises

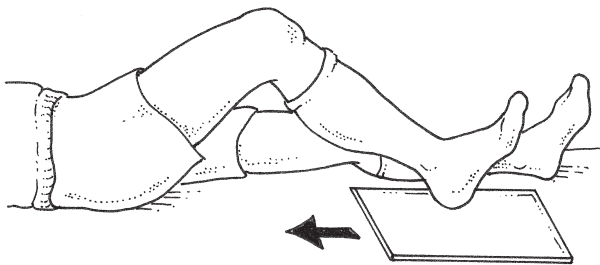




Abduction/Adduction

Lie in bed with your feet slightly apart. Keeping your knee and foot pointing toward the ceiling, slowly slide your leg out to the side. Then, slide your leg back to its original position without crossing the midline of your body.

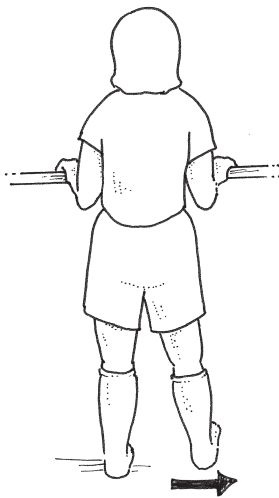
Perform 10 repetitions, 3 times a day.



Heel Slides

Lie down or sit with your legs stretched out in front of you. Slide your heel towards your buttocks while keeping it on the bed. Placing a cookie sheet under the heel can make it slide more easily. Move it as far back as you can, hold for a few seconds, then slide it back.

Perform 10 repetitions, 3 times a day.

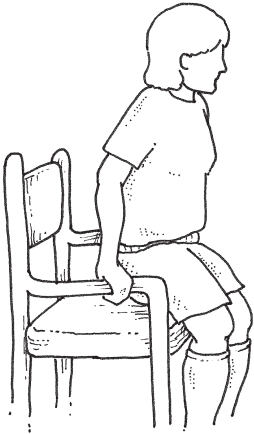


Standing Hip Abduction

Holding on to a firm surface, slowly bring your operated leg 6 inches out to the side. Keep your hip, knee and foot pointing forward. Hold for 3 seconds. Keeping the same posture, slowly return your leg to its original position.

Perform 10 repetitions, 3 times a day.

Pre- & Post-Operative Strength Exercises *(continued)*



Seated Press-Ups – Only Do Before Surgery

Sit in a sturdy chair with armrests. With palms flat on the armrests, press down to lift your buttocks from the chair. Hold for a few seconds. Bend your elbows to slowly ease back down.

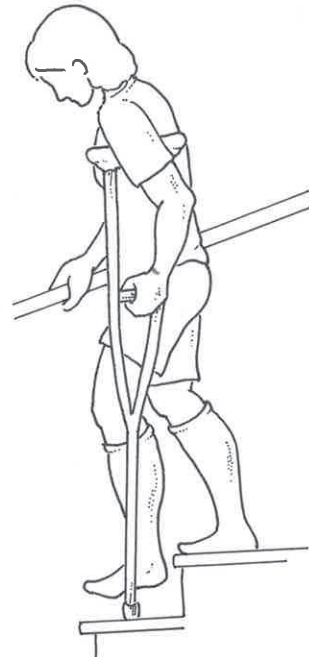
Perform 10 repetitions, 3 times a day.

Walking

Concentrate on increasing the number of times each day you walk and the distance.

Stairs

When walking upstairs, your unoperated leg goes first, the operated leg goes second and your cane or crutches go last. When walking downstairs, the cane or crutches go first, the operated leg goes second and the good leg goes last – a reverse of the upstairs sequence.



Going Home from the Hospital

Goals for Discharge

- Walk 150 feet with a walker or crutches
- Pain is managed with oral pain medication
- Ability to empty bladder without assistance
- Going up and down stairs safely
- Getting in and out of bed safely
- Medically stable

Most patients are ready for discharge from the hospital within 24 hours after surgery. You will be able to return home in a regular sized car.

When having joint replacement surgery, you are considered a “well” patient who has had surgery. You will need assistance with meals, chores, laundry, etc., but not with movement. Most patients will do better in their own home environment during healing with the appropriate support available to help.

The Orthopaedic Clinical Liaison will be calling before you come to the hospital for surgery to assist in setting a safe discharge plan for you.



Discharge Instructions

Medication Prescription

Just before leaving, your surgeon will write prescriptions for you to get filled at the pharmacy of your choice. You will receive prescriptions for: pain medication, a blood thinning medication, and a stool softener.

Narcotic prescriptions cannot be called to a pharmacy. The hard copy must be handed to the pharmacy. Another person may pick this up for you but must show their photo ID and know your date of birth. Narcotic prescriptions must be filled in the state of Vermont.

Discharge Instructions *(continued)*

Surgical Site Care

Infections rarely happen after surgery, but you must remain alert to the possibility:

- Check the surgical site daily for signs of infection. Symptoms are:
 - Increased redness
 - Increase in swelling
 - Increase in pain
 - Any drainage
 - Oral temperature greater than 100.5°F

NOTE: If any of the symptoms above occur, please notify your orthopaedic surgeon at 802.775.2937.

- You may take a shower with the waterproof bandage in place. You will be given instructions in showering and when to remove this bandage.

Pain Management

- Apply ice packs (*no heat*) to the surgical area a few times each day. Especially after activity, cold therapy will continue to reduce post-operative swelling and provide you with greater comfort.
- Take your pain medication as prescribed by your surgeon. Taking the medication before the pain becomes severe will help reduce the pain sooner.
- In the unlikely event that the pain medication does not work or you are experiencing unpleasant side effects, do not hesitate to contact your orthopaedic surgeon.

- If you are taking pain medication, please **avoid alcoholic beverages.**
- If you need a refill in pain medication, you must call the Orthopaedic office at 802.775.2937 and someone will be required to pick this up. Narcotics cannot be called in to a pharmacy. Note: 24 hour notice, Monday through Friday, is required.

Long Range Protection Against Infection – Antibiotic Prophylaxis

Although it is very rare, an artificial joint can become infected by the bloodstream carrying bacteria from another part of the body. Therefore, it is important that every bacterial infection (*pneumonia, urinary tract infection, abscesses, etc.*) be treated promptly by your primary care provider. Routine colds and flu, as well as cuts and bruises, do not need to be treated with antibiotics. If you have any questions, you should not hesitate to contact your Orthopaedic Surgeon.

To prevent infection at any time in the future, you should take an antibiotic one hour before having any dental care (*especially cleanings*).

Antibiotics are NOT necessary for:

- Pedicures/manicures
- Gynecologic exams
- Colonoscopy
- Cataract surgery
- Injections or blood work

It is important that you tell your primary care provider and dentist that you have an artificial joint. They may wish to prescribe the antibiotics for you or consult with your orthopaedic surgeon.

Nutritional Program

It is very important that you eat a well-balanced diet. Your body is in the process of healing and needs proper nutrition.

Managing Constipation

Constipation may occur after surgery because of relatively little activity and the use of pain medication. To solve this problem:

- Increase your intake of water. Drink at least 8 glasses of water daily.
- Try adding fiber to your diet by eating fruits, vegetables and foods that are rich in grains.
- Take an over-the-counter stool softener or laxative.

Weight Loss

It almost goes without saying – your body will feel better, work better if you are able to achieve a body weight appropriate to your age and size. While recovering from your surgery, now is an excellent time to build in new nutritional habits and goals.

Rehabilitation

Your adherence to a rehabilitation program when you leave the hospital is an extremely important part of your recovery. If you have any questions regarding your rehabilitation program, ask your Physical Therapist for answers.

Driving

Most patients are able to resume driving about four weeks after surgery. Your ability to drive depends on your leg positioning, strength and coordination. You must be off narcotic pain medication before driving.

Follow-up Appointments

Regardless of how well you may feel after surgery, it is necessary for you to attend all follow-up appointments with your surgeon. These are typically at one month, 10 weeks, and one year after surgery, then every three years for the lifetime of your prosthesis.

Specific Discharge Instructions

You will receive individualized instructions when discharged from the hospital. Your plan will be individualized and set up by the Case Manager.

Frequently Asked Questions

1. What are normal post-surgery symptoms?

Thigh pain and hip & buttock pain.

2. Does it matter which side of the bed I get in and out of after Hip Replacement?

Your physical therapist will instruct you how to get in and out of bed on the side you typically get out of while observing all hip precautions.

3. How long will I be in the hospital?

On average 24 hours, though some patients are ready for discharge on the same day of surgery. You should be able to get in and out of bed independently or with minimal assistance before going home. You should be able to walk about 150 feet before going home and be able to eat without nausea. You will be required to go up and down a short set of stairs. Your pain should be controlled with oral pain medication.

4. How long will I be on blood thinning medication?

One month.

5. How long will I have to wear elastic stockings?

One month.

6. Will my Total Hip set off the metal detection device at the airport?

Possibly, but your card will *not* get you through security. You should allow extra time for travel knowing that you will be pulled aside and rescanned to pass through the security check.

7. How long will I have to use a walker/crutches?

Your physical therapist will determine that by evaluating your progress in therapy.

8. How long will I have to go through physical therapy after discharge?

Your physical therapist will determine that by evaluating your progress in therapy.

9. When will I see the doctor after surgery?

You will be given an appointment at time of discharge from the hospital for your first follow-up visit.

10. What is the infection rate at Rutland Regional Medical Center?

Consistently at or below the national average.

11. How long will I have to take antibiotics before dental care and certain invasive procedures?

For the remainder of your life.

12. Can I have my hair colored or permed before my surgery?

Yes.

13. Will I be limited in my exercise activities after surgery?

You may proceed with strenuous/high impact activities, but understand these activities may decrease the life of your new joint replacement.

14. When can I consider myself completely healed?

It takes about three months for the hip to heal to a point where you can resume most normal activities. Some patients recover faster than others. Health status, personal motivation and response to rehabilitation all directly affect your recovery. It often takes up to a year for full recovery

Sexual Concerns Following Hip Replacement

Patients and their partners may have concerns about sexual relationships following hip surgery. The following information should help:

Will I be able to resume sexual relations?

The vast majority of patients are able to resume safe and enjoyable intercourse after their hip replacement surgery. In fact, some patients who suffered impaired sexual function caused by preoperative hip pain and stiffness, enjoyed less pain and greater range of motion provided by their new hip. However, it may take several weeks to become completely comfortable during intercourse.

When can I resume sexual intercourse?

In general, it is safe to resume intercourse approximately 4 to 6 weeks after surgery. This allows time for the incision and muscles around your new hip to heal.

What positions are safe during intercourse?

Hip Replacement Precautions (if prescribed) must be observed during all your activities of daily living, including sexual intercourse.

If appropriate, you will be instructed to follow hip precautions in your daily activity. Think about how the precautions relate to your tradition position(s) for intercourse and decide whether you may need to alter them.

What should I tell my partner?

Good communication between you and your partner is essential because you may have to adopt new position(s) for intercourse. We suggest that you share this information with your partner. In addition, you can discuss the precautions related to hip movement that have been taught to you by the staff and this book.

We hope that by reading this information some of your concerns and questions about dealing with sexual activity after hip replacement surgery have been answered. If you still have questions, feel free to ask your surgeon, physical therapist or nurse.

 **Rutland Regional Medical Center**
www.RRMC.org | 160 Allen Street, Rutland, VT | 802.775.7111

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