Total Hip Replacement
Kathy Chavez, PT

**Dr. Hendler:** Hello, and welcome to KP Healthcast. I’ll be your host, Dr. Peter Hendler, and our guest today is Kathy Chavez who is from the Inpatient Physical Therapy Department here at Kaiser Fremont. Kathy’s been with us for three years. Welcome.

**Kathy:** Thank you for having us.

**Dr. Hendler:** And today we’re going to be talking about total hip replacement. So let’s start. What is a total hip replacement?

**Kathy:** A total hip replacement is a surgical procedure where the doctor removes damaged portions of your hip joint and then replaces it with a metallic artificial joint.

**Dr. Hendler:** So who’s a candidate for total hip replacement?

**Kathy:** Well, the most common reason for total hip replacement is osteoarthritis. So for those individuals who have disabling hip arthritis which cannot be improved by medicine of physical therapy, those are the people that may benefit from total hip replacement. They would need to see an orthopedist who would determine if they’re right for the surgery. Other reasons for total hip replacement would also include rheumatoid arthritis, avascular necrosis of the hip where a portion of your bone lacks a blood supply and dies, trauma, and drug use – steroid use specifically. After the rehab process is complete your doctor will clear you to resume your activities of daily living.

**Dr. Hendler:** And I’ll comment on that because I’m a rheumatologist, and sometimes in order to save somebody’s kidneys or save their life we have to give them very high doses of steroids, and that causes this thing that you (it doesn’t always cause but it’s a risk), it can cause this thing called AVN or avascular necrosis of the hip which then, when the bone doesn’t have enough blood supply and dies, eventually many of those people will need hip replacements. So I’m familiar with at least that one. What are the precautions for this type of surgery?

**Kathy:** Well, most surgeries are done by a posterior hip approach which means that there are three primary hip precautions to follow to reduce the risk for dislocation. So the first is do not cross your legs, the second is do not bend your surgery hip greater than 90 degrees, and the third is do not turn your toes inward. Additionally, your doctor will advise you on how much weight to put through your surgery leg when standing or walking. And most of the patients that we see here in the hospital, they’re weightbearing as tolerated which means when your standing, you can safely put as much weight on your surgery leg as your pain allows you to. And then lastly any existing medical conditions will need to be cleared by your doctors.
Dr. Hendler: Um, I have a question about these don’t cross your legs and don’t bend your hips. Is this primarily when you’re recovering or is this like once you’ve had a hip replacement pretty much that you watch those rules forever.

Kathy: That’s going to vary. That’s a good question. The surgeon is going to tell you the actual duration of this. What we do normally see is that six weeks after your surgery is the most critical part of follow these precautions. So you do want to clear this with your surgeon.

Dr. Hendler: What do I do after the doctor advises me to have a total hip replacement surgery?

Kathy: Well, once it’s determined that you’re having the surgery you will be sent a packet which includes all the pertinent dates for preop appointments. This is a very thick packet so in this it includes the preop class. This is scheduled several weeks ahead of your surgery. This is a 2 to 2-1/2 hour informative class held with other pre-surgery patients. The speakers will include someone from nursing department, physical therapist, and the discharge planners. Secondly, the preoperative appointment. This will be with your surgeon. There they will discuss your current medications, any risks involved with the surgery, and they’ll answer of your other questions. They will inform you of the time of your surgery as well as give you vital information regarding the day of your surgery. Another appointment is with the anesthesiologist. They’ll also review your medications and risks and will discuss their preferred methods of anesthesia for you. Any other appointments for labs and/or blood donations will be included too. And then your surgery date. That’ll be included in this packet. And additional information on Advanced Directives which is a document that indicates what your medical wishes are in the event you are not able to make decisions for yourself. This paperwork is included in the packet as well as information on Paratransit so that you will not be able to drive. It will be easier to have transportation such as Paratransit and also skilled nursing facilities.

Dr. Hendler: What do I expect to happen on the day of surgery?

Kathy: On your surgery day called postop day zero, you will need to arrive promptly at your given appointment time in the admitting department first to register. There they will instruct you where to go for your surgery. After your surgery you’ll be in the recovery room for about 1-2 hours until you’re stable to be moved to the nursing floor. So once you’re in your hospital room you’ll wake up with many different things connected to you. So for example, you may have a Foley catheter so don’t worry about getting up to use the restroom. You will likely have a drainage tube that comes from your wound. You’ll have an IV, and connected to the IV will be a button to push for pain medicine. It’s called a patient controlled analgesia. We call it PCA. You’ll also have sequential compression devices (SCDs). These are these little devices that wrap around your calves and provide compression to circulate the blood in your legs to reduce the risk for blood clots. You may also have oxygen connected to you, and an abductor pillow or a regular pillow. This is placed between your legs while your lying down in the bed. So when you
have this pillow between your legs, this will also help you to maintain your hip precautions, and then you’ll have a surgical dressing. Now, your bed will likely have an overhead trapeze which is this little triangle thing that’s over your head which can assist you when you’re trying to get out of the bed with the hospital staff. And we do want to point out please don’t even try to get out of bed by yourself or with your family. Make sure you let the staff help you. And also some patient’s have a physical therapy referral for the same day of surgery. If not, you will be seen the day after surgery which is postop day one, and we’ll go into this a little bit later.

**Dr. Hendler:** That’s quite a lot of stuff that you’re connected to. Um, what should I expect in the days after surgery?

**Kathy:** So the days after surgery are numbered postop days one to three and beyond. The physical therapists will generally make their first on postop day one, and again we just want to remind you that some patients may be appropriate for physical therapy the same day of your surgery in the afternoon. The nursing staff will attend to all of your immediate needs. Usually in the first two days you’ll have that PCA button which is the pain button that you need to push for the demand dose of pain medicine. Additionally, the nursing staff will give you oral pain medicine per the doctor’s order, and of course to maximize physical therapy treatments we will coordinate that premedication with the nursing staff. So during your stay you will meet the patient care coordinator who will deliver any assistive devices that you may need and will inform you of what your coverage is specifically for those assistive devices. For those patients that are going to skilled nursing, the PCC (patient care coordinator) will handle all the details regarding this transfer from the hospital to the other facility. For those who have any additional needs, you may be seen by a medical social worker to provide social support, and they may offer community resources as needed. Some patients may also be seen by an occupational therapist (OT). They will help you learn how to manage your activities of daily living such as getting dressed, showering, toileting, and grooming among others so that you can avoid breaking your hip precautions. They’ll demonstrate using equipment such as a long-handled sponge for showering, a long-handled sock aid, and a hand-held reacher to avoid bending down to the floor. Your doctor decides if you need to be seen by this OT.

**Dr. Hendler:** What does the inpatient physical therapy evaluation and treatment consist of?

**Kathy:** The physical therapist will see you two times a day during your stay which is usually two days. Now this varies. That’s the standard that we’re seeing. What our treatments will include is a home exercise program and so we will provide pictures of bed exercises for you to complete. We will also work on the bed mobility. This is that we will teach you the proper way to maneuver in the bed. We will teach you how to sit at the edge of the bed and then prepare for standing up. Transfer training is also included. That means transferring from the bed to the bedside commode, the toilet, or to a chair, and then gait training or walking with a front-wheel walker. We will teach you the proper sequence of walking with a front-wheel walker. Most people will move very
slowly initially; however, we expect that they’ll be able to walk a household distance by the time that they leave the hospital. For those of you who have stairs to manage, we provide that stair training as well. We can either bring a portable step for a walker to fit or use the stairs in the stairwell. This will prepare you for entrance into your home or up to the second level of the multilevel home. We will also review the hip precautions and the weightbearing precautions. Again, these will be reiterated throughout your treatment because you are given lots of information. So we want you to remember these things. And then lastly, family training. This will be provided so that your family is well prepared for your needs once you’re home.

**Dr. Hendler:** How do I know I’m ready for discharge from the hospital and where will I go?

**Kathy:** That’s a very good question. Discharge planning is a collaborative effort from all of the disciplines who are working with you including the physical therapists, nurses, physicians, and patient care coordinator. The role of the physical therapist with regard to discharge planning is to assess your functional mobility after your surgery and help decide if you should go home or another facility. Most patients will prosper in their home environment with plenty of support from family and friends. We will make recommendations for the equipment you will need if you discharge home and in most case a front-wheel walker and a bedside commode. Every person will vary. You will also likely have a referral for a home health physical therapist who will follow you in your home as long as you have the needs. Typically we see this happen twice a week for about two weeks so they’ll visit your home twice a week for two weeks. The PCC will inform you of your specific medical coverage for those assistive devices and rehab services once you’re discharged from the hospital. In the event you are progressing slowly and you’re not making the typical gains to be ready to leave in two days, you may benefit from going to a skilled nursing facility. This is a rehab center to continue physical therapy. The discharge planner will help facilitate your transition to the skilled nursing facility.

**Dr. Hendler:** Thank you. What other advice can you give for patients concerning this surgery?

**Kathy:** Arrange for help. This is important. It’s very very important to involve as many family members and friends as you can in your pre- and post-surgery care. Have your family members attend the preop appointments and classes with you as the amount of information that you’ll receive is a lot to remember. Be sure to arrange for help for after the surgery as well. Once you’re home delegate family members to help each day, and don’t forget to ask for help at night. The first week of surgery can be very challenging once you’re back home. Allow people to help you so that you reduce your risk of falling down or any other injuries. Consider that you will be using a front-wheel walker once you return home so you want to clear up as much clutter in your house as you can to allow for free access around your home. Remember, safety is number one. And then lastly, do your exercises regularly both before and after surgery. If you practice your exercises before surgery, you’ll be stronger and you’ll recover faster.
Dr. Hendler: Thank you very much.

Kathy: Thank you for having us.

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