

Since every patient is unique, you may not experience everything listed here.

You will stay in the recovery room until the anesthesia has worn off and your vital signs are stable. We will then take you to the patient care unit. You will be on bed rest for the first evening following surgery.

In addition to receiving all of your usual medications, you will receive medication to:

- thin your blood to prevent blood clots (anticoagulants/blood thinners)
- help relieve your pain (analgesics)
- prevent infection (antibiotics)

We will check how your bowels are working after surgery. Depending on how you feel, you can probably sip fluids and possibly have something to eat.

After surgery your hip will have a dressing placed over your incision. While in bed, you will have a pillow between your legs at all times. Please remember not to cross your legs or bend at greater than a 90-degree angle. Please do not raise the foot of the bed unless approved by your doctor

You may have a wound drain placed near your incision following surgery. This drain will help to get rid of expected drainage.

We may place ice on your hip for 24 hours following surgery to help lessen swelling.

You will have special stockings on your legs to help circulation and prevent blood clots. Do ankle pumps (step on the gas, then pull your foot up). Tighten your thigh muscles and push your knee down 10 times each hour while you are awake.

Day 1, After Your Surgery:

Your doctors will visit daily to monitor your progress.

We will be checking your vital signs (blood pressure, pulse and respiration) and fluid levels (fluid you drink and how much urine your body makes) regularly. We will be watching for drainage around your incision, increased pain and swelling, and how your legs and toes feel (numbness, tingling, and movement of your foot and toes).

We will ask daily if you are passing gas and/or moving your bowels. We will also listen for bowel sounds. These things tell us if you are ready to eat. If you have questions or concerns about your diet, a dietitian is available to see you, let us know!

Blood work will be drawn to check your hematocrit (red blood cell count). You may have clotting studies (to check how “thin” your blood is) done daily until we discharge you. This depends on what blood thinner medicine your doctor places you on. Other blood studies may be done during your hospital stay depending on your medical history.

Use your Inspirex 10 times each hour while you are awake to help you take deep breaths. It is important that you do your deep breathing and coughing exercises every hour. This helps to prevent lung complications, such as pneumonia.

Please refer to your teaching notebook daily (with the help of the health care team).

The physical therapist will meet with you today.

With assistance, you will get out of bed to sit in a chair. Continue to keep your leg elevated while sitting in the chair. While in bed keep your leg elevated. You will have a pillow between your legs at all times. Please remember not to cross your legs or bend at greater than a 90 degree angle at your hip.

The dressing will remain on your hip and you may still have the wound drain and a foley catheter to drain your urine.

The case manager will meet with you to help monitor your progress and review your discharge plan.

You will have some special stockings on your legs to help circulation and prevent blood clots. Do ankle pumps(step on the gas, then pull your foot up). Tighten your thigh muscles and push your knee down 10 times each hour while you are awake.

Day 2, After Surgery

Everything from the previous day, plus:

The doctor will probably remove the dressing on your hip and place a smaller dressing on your incision, and remove the wound drain (if you have one).

Your foley catheter, if you have one, should be removed.

You will go to the Physical Therapy department twice for walking and exercises. When not in physical therapy, it is important that you do as much as possible for yourself. With help from the nursing staff, walk to the bathroom and in the hallway using your walking aides. Make sure you are following your weight bearing instructions and do not put too much weight on your foot.

We will probably remove your PCA machine today (if you are on one).

Remember to ask for pain medication. We will encourage you to take pain medication about one half hour before you go to physical therapy.

Continue to eat and drink fluids as you are able. If you are eating and drinking well, we will take your I.V. out today (unless you need it for medications).

The Occupational Therapist will meet with you. If you did not receive adaptive equipment during your preoperative visit, the therapist will provide this equipment to you and teach you how to use the equipment to dress and bathe. The equipment helps you maintain your hip precautions. Please try to use these aides while in the hospital. The more you practice, the easier it will be for you once you are discharged from the hospital.

Some patients, depending on your needs and how you are doing after surgery, may be transferred to the Acute Rehabilitation unit.

Day 3, After Surgery

Everything from the previous day, plus:

You may start climbing stairs today in Physical Therapy. When not in therapy, continue to do as much as possible for yourself. Use your adaptive equipment for bathing and dressing. With help from the nursing staff, walk to the bathroom and in the hallway using your walking aides while keeping your weight bearing precautions.

If unable to be discharged to home, patients may be transferred to University Hospital Acute Rehabilitation unit or a subacute rehabilitation facility.

Some patients may be discharged to home. Home care services will be arranged, if needed.

Day 4-8, After Surgery

Everything from the previous day, plus:

As you continue to recover, you will feel stronger every day. Some patients may be discharged from the hospital by now, others will continue to need more time for recovery. If you are discharged to home, we may arrange needed home care services.

Depending on how each patient is doing, if unable to be discharged to home, patients may be transferred to University Hospital Acute Rehabilitation unit or a subacute rehabilitation facility.

Use ice and pain medication as needed to help your comfort and mobility.

Continue to use your adaptive equipment.

After you leave the hospital

If we are discharging you to your home, we may arrange for a physical therapist to visit you. We may also arrange for nursing help if you need it. If you are on the blood thinner, Warfarin (Coumadin), we may arrange for a lab or nurse to come to your home to draw your blood.