

Joint Replacement Patient Guide

Inova Alexandria Hospital



Welcome

We would like to thank you and your physician for choosing Inova Alexandria Hospital for your hip replacement surgery.

Candidates for this surgery include people with chronic pain that interferes with walking, exercise, leisure, recreation and work. The goal of hip replacement surgery is to relieve pain, restore independence and return people to their daily activities, including the active lifestyles they once enjoyed.

Our program provides thorough care through an interdisciplinary team of skilled professionals. Our team – which includes orthopedic surgeons, anesthesiologists, specially trained nurses, physical and occupational therapists, and case managers – works together to develop and implement treatment plans for each patient. Our commitment is to provide excellent care and involve you in your treatment through each step of the program.

The purpose of this guidebook is to give you information about what to expect every step of the way, what you need to do, and how to care for your new hip. Remember that this is just a guide, and physician, nurses and therapists may add to or change any of the recommendations contained here. Always ask questions if you are unsure of any information.

Welcome to the Inova Alexandria Hospital Joint Replacement Program Hip Replacement

Patient's Name

Surgery Date

Return to your orthopedic surgeon for your final pre-op checkup on:

Date

Time

During your presurgical interview, the registered nurse will confirm the time you should arrive at the hospital on the day of your surgery:

Date

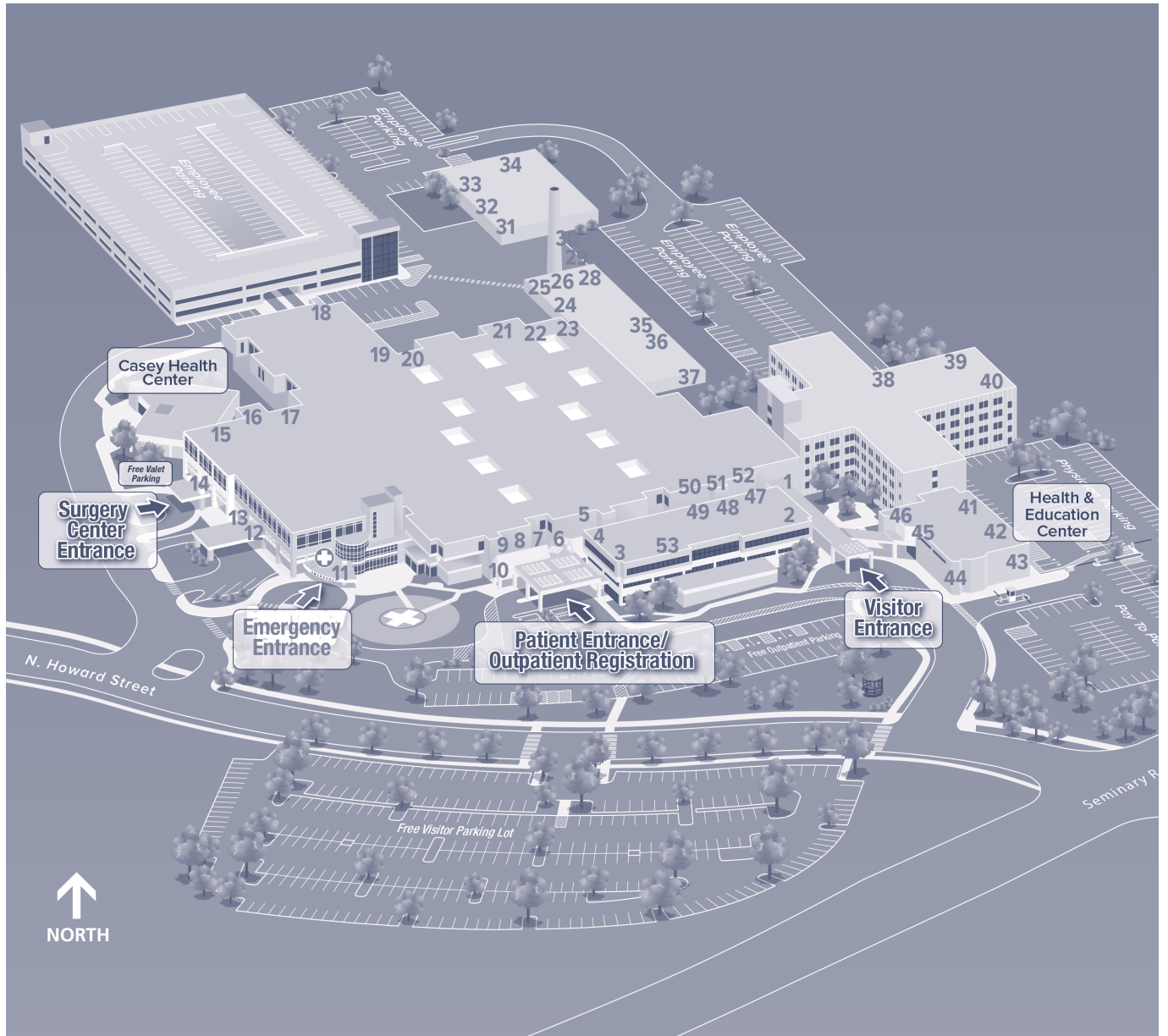
Time

Please bring this book with you to:

- Every office visit
- Your hospital preoperative education appointment
- The hospital on the day of your surgery
- All physical therapy visits after surgery

This guidebook was developed by our joint replacement surgeons and represents the guidelines set forth by their medical teams. Inova does not recommend this guidebook for any specific person. Only your orthopedic surgeon can recommend and prescribe an appropriate course of treatment for your specific condition.

Inova Alexandria Hospital Campus Map



Dear Patient:

On behalf of the physicians and team members at Inova Alexandria Hospital, welcome to the Joint Replacement Program. Our commitment is to provide safe patient care and compassionate service to each person we have the privilege to serve. We realize that surgery can be an unsettling experience, and we want to make your visit as pleasant, comfortable and successful as possible.

We do this through our values of Patient Always, Our People, One Team, Integrity and Excellence. These values drive our organization and our service promise.

The most valuable feedback we receive is from you. As part of our commitment to provide excellent care, we ask that you give us the gift of feedback while you are recovering and after you are discharged. We will use it to recognize our team members for their excellent care and to identify opportunities to improve our service.

Thank you for choosing the Joint Replacement Program at Inova Alexandria Hospital. We look forward to providing you with safe, high quality care and an excellent experience.

Respectfully,



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Goals and Expectations

Depending on your progress, there are two options for physical therapy after you are discharged home from the hospital.

1. Before surgery, we recommend that you schedule an outpatient therapy appointment for 24 to 48 hours after discharge. This will ensure that you continue to make progress and is recommended by your surgeon and physical therapist.
2. Some patients may still require home physical therapy for one to two weeks based on their progress. Your surgeon and physical therapist will make recommendations. The home therapy will help you get ready to begin outpatient therapy.

Discharges begin at 11:00 a.m., once you are cleared by your surgeon, therapist and nurse.

To be discharged after surgery, you must meet the following expectations:

- Walk 150 feet or more
- Manage pain using oral medication
- Get out of bed with minimal assistance
- Complete stair training safely
- Have your coach present to receive discharge instructions with you

Patient and Coach Checklist for Hip Replacement

Before your hip replacement surgery, you **MUST** complete the following:

Four Weeks Before Surgery

Choose a coach.

A coach is someone you choose before your surgery to be your caregiver. It can be one person or a team of people that support you every step of the way: before surgery, on the day of surgery and after discharge. **Your coach can be your spouse, adult child, friend or neighbor.**

Call your insurance company and ask these questions:

- Do you have a case manager or social worker assigned to me?
- Do I have benefits or coverage for a physical therapy visit at home?
- Do I have benefits or coverage for nursing visits at home, if needed?
- Do I have bedside commode or walker coverage?

Try to quit smoking to reduce your risk of infections and postoperative complications.

Obtain medical clearance.

You can either obtain this clearance from your primary care provider or make an appointment with Pre-Operative Care Clinic (PCC) at **703.504.7780**. Complete any tests (X-ray, CT scan, MRI, blood test, EKG, stress test) ordered by your doctors. **This clearance has to occur within 30 days of your scheduled surgery. Have your doctor fax all results to your surgeon's office as soon as possible, so your surgeon can review the results before surgery.**

Schedule outpatient physical therapy.

After you are discharged from the hospital, your surgeon will order outpatient physical therapy for you. The first appointment should occur 24 to 48 hours after you are discharged. Please select a location for physical therapy, and contact that center for an appointment.

Patient and Coach Checklist for Hip Replacement (continued)

Three Weeks Before Surgery

- **Purchase chlorhexidine gluconate 4% (e.g. Hibiclens), an antibacterial soap available over the counter from your pharmacy.**

(Please note: if you scheduled a visit to the Peri-Operative Care Clinic you will receive a goody bag with this soap and will not need to purchase.) This soap helps prevent surgical site infections. (See page 15 for more information.) Use as directed by your surgeon and/or the presurgical nurse.

Two Weeks Before Surgery

- **Expect a call from us at least two weeks before your surgery.**

If you don't hear from us within two weeks of your scheduled surgery, please call **703.504.7880** to schedule your visit. During this initial phone call, we will schedule a meeting with our joint navigator for your preoperative education appointment and schedule time to complete any additional testing your surgeon has ordered.

- One-stop shop – offers customers the convenience of having multiple needs met in one location.
- Free clinic – no copay is needed for the clinic visit except for the blood draws and other tests that may be required.

At your appointment, we will type and screen your blood, conduct an EKG, and perform any other lab tests your doctor orders. (Please note: the earliest your blood type and screen match can be done is 14 days before your surgery.)

- **Expect a second phone call from the presurgical testing department one to two weeks before your surgery.**

Your presurgical telephone interview will take place approximately one to two weeks before your surgery. If you do not receive a call, please call **703.504.5005** to be scheduled. Be prepared to give the nurse information about your medical and surgical history and allergies. Have a list of your medication available with times and dosage, including vitamins, herbal supplements and diet pills.

- **Attend a preoperative hip replacement education appointment!**

Schedule a time to attend a preoperative hip replacement education appointment with the joint navigator. It is very important for you and your coach to both attend this appointment. By attending the hip replacement pre-op education appointment, you can meet the joint navigator and the other staff members, learn what you need to do before surgery, what to expect from your procedure, and get information about what to do after your operation to have a smooth recovery.

Two Weeks Before Surgery (continued)

During this appointment, you will also meet with the joint navigator, who will coordinate your care during your hospital stay with your surgeon, clinical team and case manager.

If you have a walker, please bring it to the hospital for your preoperative education appointment and on the day of surgery with your name attached.

Stop certain medications one to two weeks prior to surgery (e.g., aspirin, anti-inflammatory drugs) as instructed by your physician or presurgical nurse.

One Week Before Surgery

□ Prepare yourself and your home:

- Ensure you have an overnight bag packed with a change of loose-fitting clothing for you to wear home.
- Make sure you have a clear path of travel through your house so that you can easily move around.
- Verify your coach's availability and your transportation home after surgery.
- Verify your outpatient physical therapy appointment.
- Ensure you have plenty of easy-to-prepare food and water for when you get home.

A Coach Makes a Difference

There are so many benefits to having a close family member or friend supporting you through your joint replacement surgery.

At minimum, it is recommended that your coach be with you during:

- Physician's office pre-op visit
- Your orientation class
- Day of surgery
- Your last physical therapy session in the hospital
- Day of discharge

You and your coach also need to plan for your return home. Your coach can help you with:

- Exercises
- Shopping
- Meals
- Transportation
- Household chores

Research shows that having support from a family member or friend has real benefits:

- Social support influences a patient's health and functioning.
- The need for social support increases after surgery.
- Strong social support increases a patient's confidence about going home and reduces stress.
- The quality of social support is more important than the quantity. A small group of individuals is better than a broad network (a few close individuals are more effective than lots of visitors).
- Inclusion of family members in preoperative education also helps supporters be well-informed and prepared to help before and after surgery.
- Limited social support can negatively impact the quality and rate of recovery after major operations, regardless of postoperative complications (American College of Surgery).

A Coach Makes a Difference (continued)

- Patients with limited social support often require more pain medications and nursing attention during the postoperative recovery period (American College of Surgery).
- The best functional outcomes and prosthesis survival rates are a result of different variables, including strong social support.
- Patients with more social support have lower dislocation rates and higher postoperative quality of life.
- Strong social support contributes to shorter hospital stays and it increases the likelihood of being discharged to home. Social support also helps the patient meet walking and transfer-out-of-bed targets.

Preparing for Surgery

Your Checklist the Day Before Surgery

- Shower with the antibacterial soap, as directed. Do not shave the surgical site.
- Verify your transportation to the hospital.
- Do NOT eat or drink after midnight (as directed by physician/surgical nurse).

What to Bring

- Driver's license or photo ID
- Insurance card
- Insurance copay (cash, check, credit card or money order)
- List of your medications, including dosage and how often they are taken
- Overnight bag with:
 - Personal hygiene items (glasses, hearing aids and dentures)
 - Comfortable wide-legged shorts/pants and a loose-fitting top to go home in
 - A pair of supportive shoes
- Walker, cane and/or crutches, labeled with your name at home after surgery (and to ensure it is the right equipment for you)
- Copy of advance directive, living will or durable power of attorney, if you have one

What NOT to Bring

- Jewelry, valuables or money
 - If you have money, credit cards or other means of payment needed for your copay, give it to your coach or our Security Department can put it in the hospital safe for you
- Your medications, unless instructed
 - While you are in the hospital, your surgeon will order your medications and our pharmacist will dispense them (they may be different than what you take at home)

Your Checklist the Day of Surgery

- Take morning medications with a sip of water if you have been instructed to do so
- Do not use any perfume, hair-care products, body lotions or makeup
- Remove jewelry (including body piercings)
- Arrive at the hospital at the appointed time, usually two hours before surgery (use the Surgical Center entrance and valet parking)

While you are in surgery, your coach/family can wait in the Surgical Center waiting room. Internet access is available.

Preparing for Surgery (continued)

Preventing Infection: At-Home Cleaning Instructions for Before Your Surgery

It is very important to clean your skin at home with a special germ-killing cleanser before your surgery day. Use the antimicrobial soap called chlorhexidine gluconate 4%, or **CHG**, for three nights just before your surgery **AND** on the morning of your surgery.

- CHG antimicrobial soap kills most germs on your skin. It reduces your risk of infection at your body's surgery site.
- Use CHG solution in the shower, not the bathtub. If it is not possible for you to shower, contact your surgeon's office for further instructions.
- If redness or skin irritation occurs from using CHG, stop using it and contact your surgeon.
- Do not put CHG above the neck or on your genitals (private areas).

How do I use CHG at home?

Use the CHG solution in the shower. **Use it for three nights just before your surgery AND on the morning of your surgery, for a total of four showers.**

Where can I purchase CHG?

You can buy CHG at your pharmacy. You do not need a prescription. Ask for the CHG antimicrobial solution at the pharmacy counter. Some brand names for CHG are Hibiclens[®], Hibistat[®], Exidine[®], and Hex-A-Clens.

You will need a total of 16 ounces of CHG (2-4 ounces per shower).

What are the side effects to watch for?

Check with your doctor immediately if any of these side effects occur:

- Blistering, burning, itching, peeling, skin rash, redness or other signs of skin irritation
- Swelling of the face, hands or feet
- Trouble breathing

Preparing for Surgery (continued)

Preventing Infection: At-Home Cleaning Instructions for Before Your Surgery

Instructions: Cleaning with CHG

1. **For shower #1, taken three nights before your surgery,** wash yourself in the shower with your regular soap and shampoo first. Completely rinse the soap and shampoo off of your hair and body.
2. With the shower water off, apply the CHG solution with a clean, wet cloth or hands. Gently bathe your entire body from the neck down. Include your groin area, but not your genitals (private parts).
3. **Clean the spot where your incision will be for about three minutes.** If you cannot reach this spot, have someone help you. Make sure they have thoroughly cleaned their hands before helping you.
4. Once you have finished putting the CHG on your skin, **wait one minute,** then turn on the water and rinse it off your body.
5. Do not wash with regular soap after using the CHG solution.
6. For the next three showers, follow steps 2 through 4 above, being sure you do not use regular soap. **Only use the CHG solution.**
7. **Do not** shave or use clippers, or depilatory methods to remove hair once you have applied the CHG solution.

After each shower:

- Completely dry the skin with a fresh, clean, dry towel.
- Do not use lotions, powders or deodorants.
- Use clean sheets and pajamas each day.

On Day of Surgery:

- After you shower, dress in clean clothes to wear to the hospital.
- When you arrive at the hospital, the nurse will ask you if you completed the CHG showers at home as instructed.

Day of Surgery – What to Expect

On the day of surgery, report to the Surgical Center entrance. Valet parking is available for you at this entrance from 5:30 a.m. – 3:30 p.m.

Here at the Surgical Center, we will prepare you for surgery. You will put on a hospital gown, hat and slippers. We will start IVs and ask you to mark your surgical site. You will see your surgeon and sign consent forms. You will see your anesthesiologist and help choose the best kind of anesthesia for you. **We ask that your coach be present during all presurgery activities on the day of your surgery.**

Anesthesia Options:

Most hip replacement patients receive spinal anesthesia. The anesthesiologist will inject medication into your lower back. During the procedure, you will likely also receive medication through an IV to help you sleep.

In some cases, general anesthesia is used. A combination of medications is delivered through an IV. You will also inhale gas or vapors. After you are unconscious, a breathing tube will be placed in your mouth.

Please contact the Anesthesiology Department at **703.504.4271** if you have questions.

When all is ready, you will be taken into the operating room on a stretcher. When your surgery is completed, you will be moved into your bed or stretcher and taken to the **Post Anesthesia Care Unit (PACU)**. When you arrive in the **PACU/Recovery Room**, you will begin your first 12 hours of your recovery.

Within an hour of your arrival in the PACU your family will be updated by a call from your nurse and, if possible, a family member will be brought to you for a brief visit. During recovery, nurses will check your vital signs frequently and tend to your needs. The physician may discuss the results of the procedure with you and your designated family member. You will experience pain as your body responds to surgery, and we will provide you with pain-control medications and comfort measures to reduce pain. The PACU team will coordinate with your receiving hospital nurse to ensure everything is prepared for you to be admitted. Once you are ready to be admitted, your family/visitor will be notified and may travel with you to your room. Most people spend one or two hours in the PACU. However, people may spend longer as they recover and their overnight room is prepared.

Day of Surgery – What to Expect (continued)

When you are awake, stable and your pain is manageable, you will be moved to the **Orthopedic/Surgical Unit**, where you will meet your nurse and clinical technician. You will be given something to drink and may eat a light meal later in the day. **You may begin therapy on the day of surgery** based on your current condition. We will help you get out of bed and walk a few steps. If you are able to do more, we will help you walk a bit further.

Most discomfort occurs in the first 18-24 hours after surgery and gradually lessens with each day.

Pain can be managed in several ways:

- 1) Giving medication through your IV
- 2) Giving oral medication
- 3) Applying ice to the surgical site
- 4) Changing your position

It is very important that you begin ankle pumps at least 10 times per hour (refer to Exercises for Home Exercise Program on page 55 each hour to prevent blood clots from forming in your legs. You should also begin using your **incentive spirometer** 10 times each hour to exercise your lungs.

Equipment:

The hospital has equipment for you to use while you are here. If you have equipment that you have borrowed from a friend or relative that you intend to use at home, please bring it in so that the therapist can make sure it is properly sized for you. Please label your equipment with your name. **Do not buy any equipment for yourself.** Your case manager will get you exactly what you need before discharge.

Physical Therapy While in the Hospital

Physical Therapy

After surgery, your physical therapist will help you learn how to transfer from bed to chair and walk, while maintaining special postoperative precautions as ordered by your surgeon. You will be taught how to go up and down stairs to ensure that you have a smooth transition to home. The physical therapist will instruct you and your coach in an exercise program designed to help regain strength, flexibility and range of motion within the operated leg. Before discharge, the physical therapist will communicate with you and your case manager to obtain the most appropriate equipment (walker, crutches, cane).

Occupational Therapy (OT)

Your surgeon may request an occupational therapist to help you learn to dress, bathe and use the toilet after surgery. These tasks are called activities of daily living (ADLs). Though the nurses and technicians will also help you, the occupational therapist will work with you and your coach to help you become independent and safe when performing these activities after discharge. The occupational therapist may recommend adaptive devices to help you with ADLs and will provide resources to help you purchase the right equipment for you.

The Inova Alexandria Hospital Gift Shop, located on the first floor, carries the “Hip Kit” with four popular devices (reacher, sock aid, long shoehorn and long sponge). The occupational therapist may also recommend a bedside commode, raised toilet seat or shower seat, which can be arranged through your case manager.

Evaluation

Therapy begins on the day of surgery or day after, depending on your surgeon’s preferences. We tailor your rehab program to your specific needs. Your first therapy session will be either during the afternoon on the day of surgery or the next morning. At that time, the physical and occupational therapists will ask you several questions about your regular level of activity, use of equipment, coach, family or friend support, and your home environment. Please share your goals for therapy with us, so that we can do our best to help you achieve them.

You should expect some pain after surgery, and the nursing/therapy team will work together to help minimize the amount of pain you feel. It is important to participate fully in each therapy session, because early movement is essential to your recovery.

Coach

We recommend that your coach, family member or friend attend several therapy sessions with you, so the therapists can teach how to help you at home. Your coach can help you remember precautions and help with mobility and/or exercises if necessary.

After Surgery/Discharge: Day 1

On the first day after surgery, you will be advancing to a regular diet. Your surgeon will see you. Please tell us how much pain you are experiencing, so we can help manage your pain. We encourage you to establish a realistic **Comfort Function Goal (CFG)**.

Your CFG identifies how much pain can exist without interfering with your daily function and quality of life. The intent is not to identify the highest pain level you can tolerate, but rather to identify how much pain can exist without interfering with your ability to function.

Goals:

- Walk 150 feet or more
- Manage pain using oral medication
- Get out of bed with minimal assistance
- Complete stair training safely
- Have your coach present to receive discharge instructions with you

Discharge Once All Goals Are Met

On the first day after surgery, we will help you with walking, bathing and dressing. You will see the physical and occupational therapists and continue with your therapy program. You may begin practicing going up and down stairs and be instructed how to safely get into and out of a car. You will tie up any loose ends with your case manager. **If you are ready, our goal is to discharge you to home this day. It is important for your coach to be on hand this day** to receive therapy and discharge instructions, which include how to change your dressing and give medications, and to address other last-minute questions. (If you are not discharged, you will continue to work with physical and occupational therapists on days 2 and 3).

The occupational therapist will assess your ability with ADLs such as bathing, dressing and bathroom activities. The occupational therapist will ask you questions about your level of activity before surgery and help you set goals for after surgery. Comfortable, loose-fitting shorts/pants and tops are best because they are less restrictive when exercising.

In the morning, the physical therapist will assess your current abilities to get in and out of bed and a chair, perform exercises and walk. You will walk with the aid of a walker, crutches or cane. The physical therapist will also monitor your blood pressure and oxygen level.

After Surgery/Discharge: Day 1 (continued)

You will be instructed on your home exercise precautions. You are expected to participate in therapy twice a day while in the hospital. Your coach is encouraged to be present as much as possible.

If you have not satisfied goals after the morning therapy session, we encourage you to rest, take a nap and save some energy for the afternoon therapy session. You may be discharged later in the afternoon.

You will meet with your case manager/home health liaison to review plans for discharge. Your case manager will arrange for the equipment and services you need at home, or contact the skilled nursing facility where you are planning to go after discharge. Visitors are welcome, preferably during the late afternoon or evening.

After Surgery/Discharge: Days 2 and 3

In certain circumstances, your surgeon and therapist might recommend you stay longer than 24 hours. Perhaps you are progressing slowly, your pain is not manageable or something else is affecting your recovery. The recommendation may be for you to go to a subacute rehab facility.

We will continue to provide the care that you need in order to safely transition you to home.

The case manager will be coordinating these services.

We recommend that your coach be present on this day as well.

Preparing for Discharge from the Hospital

Are you ready for discharge? Yes No

Patient/Coach's Checklist

Do you know:

- What medication is used to prevent blood clots and how to take it?
- If the patient is going home on Coumadin therapy, who monitors it and prescribes the dose?
- The signs and symptoms of infections?
- How to change the dressing? How often?
- When the patient can take a shower?
- How to put on the support stockings (TEDs)? How long they should be worn?
- How to correctly use the walker or crutches?
- What exercise program to follow at home? How to assist the patient with the exercises?
- What are the total joint precautions?
- What is the Commitment to Care document, how often the patient should monitor zones, and when the patient should contact the surgeon.

Preparing for Discharge from the Hospital (continued)

You might be advised by your surgeon to schedule your post-op outpatient physical therapy appointment prior to surgery. Schedule your first appointment for one to two days after discharge from the hospital or one to two weeks after surgery (follow your surgeon's recommendations).

Our goal is to get you home with outpatient physical therapy, if appropriate, or home health services, which may include visits from a physical therapist or nurse. You should be able to do your normal ADLs with some precautions.

No one should go home alone. Before your surgery, make plans for your coach or someone else to stay with you for at least part of the time for a minimum of one week.

Your surgeon may recommend you go to a subacute rehab facility. We suggest you choose three before your surgery and visit each of them. Be sure they have daily physical therapy, which is essential for your recovery. Subacute rehab facility stays must be approved by your insurance company and also in accordance with guidelines established by Medicare. Normally, your stay will be three nights prior to being discharged to a subacute facility.

In the event that your insurance company does not approve your stay, you can pay for it yourself. Occasionally, your surgeon or therapist may recommend an acute rehab facility (inpatient rehabilitation). Your insurance company must approve this in advance, and you must be able to tolerate **intense** physical and occupational therapy each day.

We will make every effort to have your care after discharge finalized before you leave the hospital. Your case manager will keep you and your family informed.

Please keep in mind that insurance companies do not become involved in “social issues” such as lack of a caregiver, pet care, lack of transportation, etc. You will need to address these issues before surgery.

The **Family Medical Leave Act** allows a working family member to apply for time off from work to care for a loved one without fear of losing a job. This must be arranged before surgery. Have a list of things you need, and let your caregiver choose how to help. Your list might include: transportation to PT and doctor appointments, meals, grocery shopping, laundry, pet care, etc.

Preparing for Discharge from the Hospital (continued)

Case Management

Inova Alexandria Hospital Case Management will help you and your family prepare for discharge. It is important to start discharge planning before admission to the hospital. This provides an opportunity for you to make decisions early and easily transition from the hospital to the next level of care.

Case managers are here to provide support. They will arrange for equipment and services that you need based on the recommendations of your doctor and therapy team. They offer you a choice of equipment suppliers, home health agencies and rehabilitation facilities, and work with your insurance company to ensure coverage for these services.

Your hospital stay will be one to two nights, possibly three nights. The majority of our patients go directly home from the hospital with either home physical therapy and nursing or outpatient physical therapy, which is our goal. Your choice of discharge options depends on the following: Your physical therapist's recommendations, your physician's recommendations and your insurance.

Discharge Scenario #1

Go home with coach support and assistance with needed equipment, and have physical therapy outside your home.

Discharge Scenario #2

Go home with your coach support and assistance with needed equipment, and have physical therapy and/or a nurse visit you at home. Your case manager can help you in your selection of home health services depending on your insurance benefits.

Discharge Scenario #3

Stay in a subacute rehab facility (usually for five to seven days) for physical therapy and nursing care. A list of subacute rehab facilities is on page 53.

Discharge Scenario #4

Stay in an acute rehab facility (example: inpatient rehab), and have a minimum of three hours of physical therapy daily. Your case manager will discuss the facilities that are available to you if you need this option. The criteria for qualifying for acute rehab is very specific and rigid. Many patients do not satisfy the criteria for this scenario.

Preparing for Discharge from the Hospital (continued)

Patient Discharge Options for Hip Replacement

The majority of hip replacement patients return home following surgery:

- Most hip replacement patients will go directly home and begin outpatient physical therapy within 48 hours of returning home. Some patients may need in-home therapy for a short period of time until they are able to begin outpatient physical therapy. Your case manager and physical therapist will discuss the best option for you with you.
- Be sure to make your first outpatient physical therapy appointment when you schedule your surgery.
- Your first outpatient physical therapy appointment should be within 48 hours of your surgery (or based on surgeon's recommendation).
- Your surgeon and physical therapist will recommend how often you should go to outpatient physical therapy. Most patients go three to five times per week, to start.
- Coverage is dependent on your insurance. Call your insurance company for details.

In some cases, patients may be discharged to a subacute rehab facility, also known as a skilled nursing facility:

- Some patients may have complicated medical conditions that require medical management. These patients may go to a subacute rehab facility following surgery to support their recovery process.
- Inova Alexandria Hospital Case Management will assess each patient after surgery to explore discharge planning options.
- If the surgeon, physical therapist or occupational therapist recommends sub-acute rehab after discharge, your case manager will work with you and your family to make the appropriate arrangements.
- After discharge from the subacute rehab facility, you will return home. The subacute rehab physical therapist will determine whether you will go to outpatient physical therapy to continue your rehabilitation or if you need home health therapy visits.
- Coverage is dependent on your insurance. Call your insurance company before surgery to discuss coverage. Case management will help coordinate the appropriate subacute rehab referrals and obtain insurance authorizations.

Preparing for Discharge from the Hospital (continued)

Patient Discharge Options for Hip Replacement

Equipment you may need:

The following equipment will be ordered by the case manager during your hospital stay and delivered to your hospital room or your home before discharge. Your insurance may cover these items. Check with your insurance company.

- Rolling walker with five-inch wheels in the front
- Three-in-one bedside commode
- Crutches/cane

Other equipment that may be helpful, but is not covered by your insurance:

- Long-handled reacher, shoe horn, sponge and sock aid (the “Hip Kit”)
- Tub bench or shower seat with back
- Raised toilet seat

Frequently Asked Questions About Total Hip Replacement Surgery

We are glad you have chosen Inova Alexandria Hospital for your care. Below is a list of the most frequently asked questions about total hip replacement surgery, along with the answers. If you have any other questions, please ask your surgeon or the joint navigator. We want you to be completely informed about this procedure.

What is osteoarthritis, and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, occurs when the cartilage wears down, exposing bone ends. This can occur quickly, over months, or it may take years. The result is painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is a total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper femur (thigh bone) as well as damaged bone and cartilage from the hip socket. The ball is replaced with a metal or ceramic ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is fixed inside a metal shell to create a smoothly functioning joint. A variant of total hip replacement is a procedure known as hip resurfacing, in which the cap is similarly placed. The ball is not removed but is resurfaced with a cap.

What are the results of total hip replacement?

Overall, the procedure is highly effective. Individual results vary depending on your health, quality of surrounding tissue, your activity level and how well you follow your doctor's orders. Physical therapy can help you restore range of motion, strength and mobility.

Pain is a normal part of the healing process. Your doctor will prescribe pain medication to ensure you can adhere to your therapy routines.

When should I have this type of surgery?

Your orthopedic surgeon will help you decide if you are a candidate for the surgery. The decision will be based on your history, exam, X-rays and response to conservative treatment.

Am I too old for this surgery?

Age is generally not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your primary care physician for an opinion about your general health and readiness for surgery.

Frequently Asked Questions About Total Hip Replacement Surgery (continued)

How long will my new hip last?

A total joint implant's longevity will vary in every patient. It depends on your age, weight, activity level and medical conditions. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Will I need a second hip replacement?

Just as your original joint wears out, a joint replacement may wear out over time as well. The most common reason for a second replacement (called a revision) is loosening of the artificial surface of the bone. Wearing of the plastic spacer may also result in the need for a new one.

What are the possible complications associated with joint replacement?

While uncommon, complications can occur during and after surgery. Some complications include blood clots, pulmonary embolism, heart attack, stroke and death. In addition, infection, implant breakage, malalignment, dislocation, premature wear, loosening, nerve and vascular injury, leg length inequality, and fracture may necessitate implant removal/replacement surgery. While today's implants are generally successful in reducing pain and restoring function, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient's postsurgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

How can I prevent infection at the site of my surgery?

Before your surgery: Clean the skin at the site of your surgery with chlorhexidine gluconate 4%, a special antibacterial soap that kills germs.

DO NOT shave the area where you will be having surgery.

Stop smoking! Patients who smoke are at an increased risk of getting an infection.

After your surgery: Family and friends who visit should not touch the surgical wound. Always clean your hands before caring for your wound.

DO NOT apply any lotions, creams or gels, unless indicated by your surgeon.

Frequently Asked Questions About Total Hip Replacement Surgery (continued)

Should I exercise before the surgery?

Yes. You should consult your surgeon and physical therapist about the exercises appropriate for you.

Can I have dental work done near the date of my joint replacement?

Please check with your physician on recommended timelines regarding dental work before or after your procedure. If you have emergency dental work performed within three months after your surgery, please immediately inform your physician.

Will I need blood?

The likelihood of blood transfusion following surgery is less than two percent. If you do need blood, we recommend that you use the community blood supply. You will be advised to come to the hospital for blood type and screening in order to have blood ready before your surgery.

How long will I be incapacitated?

You will get out of bed the afternoon or night of surgery and, with assistance, walk to the bathroom and/or around your room or hallway. The next morning, you will sit in a chair or recliner and walk with a walker or crutches by the end of the day.

How long will I be in the hospital?

There are several goals that must be achieved before discharge. Some patients can leave after one night, if ready.

What if I live alone?

Two options are usually available to you.

Option 1) You may return home, receive help from your coach or support person, and begin outpatient physical therapy.

Option 2) You may return home, receive help from your coach or support person, and, depending on your needs, have a home health nurse and a physical therapist visit to assist you at home for one to two weeks. In a few instances, depending on medical needs and insurance coverage, patients may be sent to a subacute facility (skilled nursing facility).

Will I need a second opinion prior to my surgery?

Your surgeon's office will contact your insurance company to preauthorize your surgery. If a second opinion is required, you will be notified.

Frequently Asked Questions About Total Hip Replacement Surgery (continued)

How do I make arrangements for surgery?

Your preoperative arrangements are made through your surgeon's office. Postoperative arrangements are made during your hospital stay by your case manager. Some surgeons' offices may have you schedule your own preoperative education appointment. Our joint navigator will coordinate care while you are in the hospital.

How long does the surgery take?

The hospital reserves approximately two to three hours for surgery. Some of this time is taken by the operating room staff to prepare you for the surgery.

What type of anesthesia is used?

Spinal anesthesia is the preferred choice for patients undergoing this type of surgery. You'll also receive sedation so you do not hear or remember any part of the surgery. You may have a general anesthetic, which most people call "being put to sleep." The choice is between you, your surgeon and the anesthesiologist.

Will there be pain after surgery?

You will have pain from the incision following the surgery, but you will be kept as comfortable as possible with the appropriate medication.

Who will be performing the surgery?

Your orthopedic surgeon will perform the surgery. An assistant often helps.

How long, and where, will my scar be?

Surgical scars will vary in length, but most surgeons try to keep the incision as short as possible. It may be along the side of your hip, toward the back of your hip or toward the front of your hip.

Will I need a walker, crutches or cane?

Yes. We recommend you use a walker, crutches or cane for a period of time depending on your progress and safety considerations. If you already have one of these items at home, please bring it to the hospital, so we can evaluate whether this is the correct equipment for you.

Frequently Asked Questions About Total Hip Replacement Surgery (continued)

Will I need any other equipment?

After hip replacement surgery, the majority of patients need to follow hip precautions to prevent possibility of dislocating the new hip. In order to follow the hip precautions, the bedside commode is normally indicated. The bedside commode is used over the toilet seat at home to ensure that the new hip is higher or at the same level of the knees. It is recommended to use the bedside commode for about three months, or more based on your surgeon's advice. We recommend you call your insurance for coverage and to ensure that a bedside commode and other equipment is available prior to surgery. You will be taught to use assistive devices to help you with lower body dressing and bathing and can purchase an assistive device kit in the hospital gift shop, if desired. You may also benefit from a bath seat or grab bars in the bathroom. Your occupational therapist can help you with these and other equipment needs. Your case manager can help you with instructions for use.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. In rare instances, some patients may transfer to a subacute rehab based on their progress, physical therapy recommendations and insurance. The stay in a subacute facility is usually five to seven days. The joint navigator, along with the case manager, will help you with this decision and make the necessary arrangements. You should check with your insurance company to see if you have subacute benefits.

Will I need help at home?

Yes. For the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, moving around in the house, driving, etc. If you go directly home from the hospital, the case manager can arrange for a home health nurse and physical therapist to come to your house, if needed. Family members or friends need to be available to help, if possible. Having the laundry done, house cleaned, yard work completed, clean liners put on the bed and single portion frozen meals prepared before surgery can reduce the need for extra help.

Will I need physical therapy when I go home?

Yes. You will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. If you need home physical therapy, we will arrange for a physical therapist to provide therapy at your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time required for this type of therapy varies with each patient.

Frequently Asked Questions About Total Hip Replacement Surgery (continued)

How long until I can drive and get back to everyday activities?

DO NOT DRIVE if you are taking pain medication (opioids). The ability to drive depends on whether surgery was on your right hip or your left hip and the type of car you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving in two to three weeks. If the surgery was on your right hip, your driving could be restricted longer. Getting back to activities will depend somewhat on your progress. Consult your surgeon or therapist for their advice on your activity.

When will I be able to return to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

How often will I need to be seen by my doctor following the surgery?

You will be seen for your first postoperative office visit one to two weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, 12 weeks and then yearly. Your surgeon will let you know if you need more visits.

Are there any permanent restrictions following the surgery?

Yes. High-impact activities such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also considered high risk and may be restricted. Hip patients may be restricted from crossing their legs, twisting the surgical leg, bending 90° at the hip or twisting from side to side. You need to ask your surgeon specific recommendations.

What physical/recreational activities may I participate in after my surgery?

You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, cycling, swimming, bowling and gardening at your surgeon's discretion.

Will I notice anything different about my hip?

In many cases, patients with hip replacements think the new joint feels completely natural. However, we always recommend avoiding extreme positions or high-impact sports or activities.

Postoperative Precautions

For a minimum of six to eight weeks after your surgery, please follow these precautions to avoid injury to your new hip. Ask your surgeon what specific precautions are recommended for your new hip. Also ask when you are able to resume normal activities, including driving, bending, playing sports, engaging in sexual activity and returning to work.

These precautions may vary depending on the surgical technique used to replace your hip. The specific instructions and precautions given for your postoperative activity and exercises may vary as well.

In general you should:









- Keep a pillow or triangular wedge (given to you by the hospital) between your legs.
- Keep your toes pointing straight ahead when standing, walking or sitting.
- Take “baby steps” when turning to get into a chair.
- Use an elevated toilet seat if recommended.
- Sit on a chair high enough and firm enough to keep your hips at the same height as, or higher than, as your knees.

In general:

- **DO NOT** cross your legs.
- **DO NOT** let your operated leg cross the invisible center line of your body.
- **DO NOT** twist when reaching.
- **DO NOT** turn your feet inward or outward.
- **DO NOT** pivot or twist on the operated leg.
- **DO NOT** bend over to pick up objects from the floor.
- **DO NOT** bend forward at the hip/waist.

You can purchase a “Hip Kit” at the Inova Alexandria Hospital Gift Shop or an outside store. In general, the hip kits include a reacher, a sock aid, a long-handled sponge, a shoe horn and/or a dressing stick aid.

Postoperative Precautions (continued)

<p>DO NOT STAND WITH TOES TURNED IN (Keep toes straight forward)</p> 	<p>DO NOT TWIST WHEN REACHING FOR OBJECTS (Keep frequently used items close)</p> 	<p>DO NOT CROSS YOUR LEGS (Keep legs apart)</p> 
<p>DO NOT PULL BLANKETS UP LIKE THIS (Use your reacher)</p> 	<p>DO NOT LIE WITHOUT PILLOW BETWEEN LEGS (Use your abduction pillow)</p> 	
<p>DO NOT GET UP LIKE THIS (Scoot to the edge and place bad leg out in front)</p> 	<p>DO NOT SIT LOW ON TOILET OR CHAIR (Always use your 3 in 1 commode)</p> 	<p>DO NOT BEND WAY DOWN (Use your reacher)</p> 

Postoperative Precautions (continued)

All precautions are subject to change based on your surgeon’s preference and your individual surgery. Your therapist will review your specific precautions during your therapy sessions.

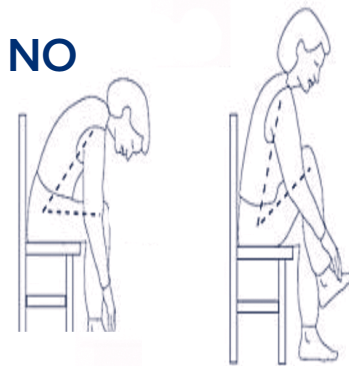
Anterior Hip Precautions

- No extremes in range of motion



Anterolateral Hip Precautions

- No actively bringing leg out to the side
- No bending greater than 70 degrees
- No crossing legs
- No twisting (no knees/toes out)
- No moving leg/stepping backwards



Alleviating Pain After Surgery

You will be asked by your nurse to establish a pain goal or “comfort function goal” using a scale of 0 to 10, with 10 being the worst pain ever.

- The comfort function goal helps identify how much pain can exist without interfering with function and quality of life – activities that a patient needs or wishes to perform.
- The intent is not to identify the highest pain level a patient can tolerate, rather to identify how much pain can exist without interfering with activities and function.

Tell your nurse:

- When the pain began
- Where it is located (can include more than one place)
- What has helped/not helped with your pain in the past

Remember! Stay ahead of your pain. Ask for pain medication when the pain begins. You'll need less medication to control it.

Ask for pain relief before activities that increase your pain, such as walking or exercise.

Reminder:

While you are on pain medication, one of the possible side effects is **CONSTIPATION**.

Your surgeon will prescribe a stool softener, which you will start in the hospital after surgery.

We encourage you to buy an over-the-counter laxative. Speak to your surgeon or pharmacist. Drinking plenty of fluids is recommended unless your doctor advises you not to due to a medical condition. Eating food that is rich in fiber, such as fruits and vegetables, is also helpful.

Medications for Pain After Surgery

Pain after surgery is a normal part of healing. Most pain can be managed with medicine and other treatments.

Your surgeon will prescribe medication for your pain. These may include:

- **Opioids**, previously called “narcotics”
- **Nonopioid** pain relievers, such as Tylenol, Lyrica and/or Celebrex
- **Local and regional anesthetics** to block the nerve impulses that carry the pain signals

Cooling Treatment

Cooling treatment is normally recommended immediately after your surgery by your surgeon to reduce swelling and decrease postoperative pain.

Instructions in the application of cooling treatment varies from the type of cooling devices or appliance you have available at home. Your nurse will provide specific instructions to you at discharge.

Medications to Prevent Blood Clots

The following pages have information about different medications used to prevent blood clots after total joint replacement surgery. Your surgeon will select the appropriate medication based on your medical history.

Important Drug Fact:

NSAIDS (nonsteroidal anti-inflammatory drugs) such as Naprosyn, Aleve, Motrin, and Ibuprofen can increase the effect of the medications above and **SHOULD NOT** be taken without your surgeon's approval.

Medications to Prevent Blood Clots (continued)

Aspirin, ASA oral tablets

What is this medicine?

Aspirin is a pain reliever. It is used to treat mild pain and fever. This medicine is also used to prevent and treat heart attacks, to prevent strokes and blood clots, and to treat arthritis or inflammation.

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the package or prescription label. You can take this medicine with or without food. If it upsets your stomach, take it with food. Do not take your medicine more often than directed.

What are the side effects?

If you experience any of the following, stop taking the aspirin and call your doctor immediately:

- Allergic reactions such as skin rash, itching or hives, or swelling of the face, lips, or tongue
- Breathing problems
- Changes in hearing, ringing in the ears
- Confusion
- General ill feeling or flu-like symptoms
- Pain on swallowing
- Redness, blistering, peeling or loosening of the skin, including inside the mouth or nose
- Signs and symptoms of bleeding such as bloody or black, tarry stools; red or dark-brown urine; spitting up blood or brown material that looks like coffee grounds; red spots on the skin; unusual bruising or bleeding from the eye, gums, or nose
- Trouble passing urine or change in the amount of urine
- Unusual weakness or tiredness
- Yellowing of the eyes or skin

Medications to Prevent Blood Clots (continued)

Aspirin, ASA oral tablets (continued)

Side effects that usually do not require medical attention (report to your doctor or healthcare professional if they continue or are bothersome):

- Diarrhea or constipation
- Headache
- Nausea, vomiting
- Stomach gas, heartburn

What may interact with this medicine?

Do not take this medicine with any of the following medications:

- Cidofovir
- Ketorolac
- Probenecid

This medicine may also interact with the following:

- Alcohol
- Alendronate
- Bismuth subsalicylate
- Flavocoxid
- Herbal supplements such as feverfew, garlic, ginger, ginkgo biloba, horse chestnut
- Medicines for diabetes or glaucoma, such as acetazolamide, methazolamide
- Medicines for gout
- Medicines that treat or prevent blood clots, such as enoxaparin, heparin, ticlopidine, warfarin
- Other aspirin and aspirin-like medicines
- NSAIDs, such as ibuprofen or naproxen
- Pemetrexed
- Sulfinpyrazone
- Varicella live vaccine

What if I miss a dose?

If you are taking this medicine on a regular schedule and miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

Medications to Prevent Blood Clots (continued)

Aspirin, ASA oral tablets (continued)

Where should I keep my medicine?

Keep out of the reach of children. Store at room temperature between 59 and 86 degrees F. Protect from heat and moisture. Do not use this medicine if it has a strong vinegar smell. Throw away any unused medicine after the expiration date.

What should I tell my healthcare provider before I take this medicine?

Tell your doctor if you have any of these conditions:

- Anemia
- Asthma
- Bleeding problems
- A child with chickenpox, the flu or other viral infection
- Diabetes
- Gout
- Kidney disease
- Liver disease
- Low level of vitamin K
- Lupus
- Stomach ulcers or other problems
- An unusual or allergic reaction to aspirin, tartrazine dye, other medicines, dyes or preservatives

Your doctor also needs to know if you:

- Drink alcohol
- Smoke
- Are pregnant
- Are breastfeeding

Medications to Prevent Blood Clots (continued)

Aspirin, ASA oral tablets (continued)

What should I watch for while using this medicine?

If you are treating yourself for pain, tell your doctor or healthcare professional if the pain lasts more than 10 days, if it gets worse, or if there is a new or different kind of pain. Tell your doctor if you see redness or swelling. Also, check with your doctor if you have a fever that lasts for more than three days. Only take this medicine to prevent heart attacks or blood clotting if prescribed by your doctor or healthcare professional.

This medicine can irritate your stomach or cause bleeding problems. Do not smoke cigarettes or drink alcohol while taking this medicine. Do not lie down for 30 minutes after taking this medicine to prevent irritation to your throat.

If you are scheduled for any medical or dental procedure, tell your healthcare provider that you are taking this medicine. You may need to stop taking this medicine before the procedure.

Medications to Prevent Blood Clots (continued)

Rivaroxaban oral tablets (XARELTO®)

What is this medicine?

Rivaroxaban, known as **XARELTO®** is an anticoagulant (blood thinner). It is used to treat blood clots in the lungs or in the veins. It is also used after knee or hip surgeries to prevent blood clots.

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. Take your medicine at regular intervals. Do not take it more often than directed. Do not stop taking it unless your doctor tells you to. Stopping this medicine may increase your risk of a blood clot. Be sure to refill your prescription before you run out of medicine.

If you are taking this medicine after hip or knee replacement surgery, take it with or without food. If you are unable to swallow your tablet, you may crush it and mix it in applesauce. Eat the applesauce immediately, followed by more food.

What are the side effects?

Notify your doctor immediately if you have:

- Allergic reactions such as skin rash, itching or hives, or swelling of the face, lips, or tongue
- Back pain
- Redness, blistering, peeling or loosening of the skin, including inside the mouth
- Signs and symptoms of bleeding, such as bloody or black, tarry stools; red or dark-brown urine; spitting up blood or brown material that looks like coffee grounds; red spots on the skin; unusual bruising or bleeding from the eye, gums, or nose

Side effects that usually do not require medical attention (report to your doctor or healthcare professional if they continue or are bothersome):

- Dizziness
- Muscle pain

Medications to Prevent Blood Clots (continued)

Rivaroxaban oral tablets (XARELTO) (continued)

What should I tell my healthcare provider before I take this medicine?

Tell your doctor if you have:

- Bleeding disorders
- Bleeding in the brain
- Blood in your stools (black or tarry stools) or blood in your vomit
- History of stomach bleeding
- Kidney disease
- Liver disease
- Low blood count (low white cell, platelet or red cell counts)
- Recent or planned spinal or epidural procedure
- Been prescribed medicines that treat or prevent blood clots
- An unusual or allergic reaction to rivaroxaban, other medicines, foods, dyes or preservatives

Medications to Prevent Blood Clots (continued)

Enoxaparin injection (Lovenox)

What is this medicine?

Enoxaparin is used after knee, hip or abdominal surgeries to prevent blood clotting. It is also used to treat existing blood clots in the lungs or in the veins.

How should I use this medicine?

This medicine is for injection under the skin. It is usually given by a healthcare professional. You or a family member may be trained on how to give the injections. If you are to give yourself injections, make sure you understand how to use the syringe, measure the dose if necessary and give the injection. To avoid bruising, do not rub the site where this medicine has been injected. Do not take your medicine more often than directed. Do not stop taking except on the advice of your doctor.

Make sure you receive a puncture-resistant container to dispose of the needles and syringes once you have finished with them. Do not reuse these items. Return the container to your doctor or healthcare professional for proper disposal.

What are the side effects?

Notify your doctor immediately if you have:

- Allergic reactions such as skin rash, itching or hives, or swelling of the face, lips, or tongue
- Lightheadedness, fainting or falls
- Signs and symptoms of bleeding, such as bloody or black, tarry stools; red or dark-brown urine; spitting up blood or brown material that looks like coffee grounds; red spots on the skin; unusual bruising or bleeding from the eye, gums, or nose

Side effects that usually do not require medical attention (report to your doctor or healthcare professional if they continue or are bothersome):

- Pain, redness or irritation at injection site

What may interact with this medicine?

- Aspirin and aspirin-like medicines
- Certain medicines that treat or prevent blood clots
- Dipyridamole
- NSAIDs, such as ibuprofen or naproxen

Medications to Prevent Blood Clots (continued)

Enoxaparin injection (Lovenox) (continued)

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

Where should I keep my medicine?

Keep out of the reach of children.

Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Do not freeze. If your injections have been specially prepared, you may need to store them in the refrigerator. Ask your pharmacist. Throw away any unused medicine after the expiration date.

What should I tell my healthcare provider before I take this medicine?

Tell your doctor if you have:

- Bleeding disorders, hemorrhage or hemophilia
- Infection of the heart or heart valves
- Kidney or liver disease
- Previous stroke
- Prosthetic heart valve
- Recent surgery or delivery of a baby
- Ulcer in the stomach or intestine, diverticulitis, or other bowel disease
- An unusual or allergic reaction to enoxaparin, heparin, pork or pork products, other medicines, foods, dyes, or preservatives. Your doctor also needs to know if you are pregnant, trying to get pregnant or breastfeeding.

What should I watch for while using this medicine?

Visit your doctor or healthcare professional for regular checks on your progress. Your condition will be monitored carefully while you are receiving this medicine.

Notify your doctor or healthcare professional and seek emergency treatment if you develop breathing problems; changes in vision; chest pain; severe, sudden headache; pain, swelling, warmth in the leg; trouble speaking; or sudden numbness or weakness of the face, arm, or leg. These can be signs that your condition has gotten worse.

If you are going to have surgery, tell your doctor or healthcare professional that you are taking this medicine.

Medications to Prevent Blood Clots (continued)

Enoxaparin injection (Lovenox) (continued)

Do not stop taking this medicine without first talking to your doctor. Be sure to refill your prescription before you run out.

Avoid sports and activities that might cause injury while you are using this medicine. Severe falls or injuries can cause unseen bleeding. Be careful when using sharp tools or knives. Consider using an electric razor. Take special care brushing or flossing your teeth. Report any injuries, bruising or red spots on the skin to your doctor or healthcare professional.

Medications to Prevent Blood Clots (continued)

Coumadin (Warfarin) Nutrition Guidelines

Food and Drug Interaction: Coumadin and Vitamin K

Coumadin is a medication prescribed to prevent blood clots from forming. Vitamin K is a nutrient needed by your body to help your blood clot. When you are on Coumadin, you need to monitor your intake of Vitamin K because too much or too little Vitamin K can keep this medication from working properly. Learn more at: www.COUMADIN.com

Vitamin K is found in some of the foods you eat. Suddenly changing your intake of foods containing Vitamin K can increase or decrease the effect of Coumadin and change your blood test results.

The three steps outlined below will help you stay on track:

1. Keep your intake of high Vitamin K foods constant. Foods in the very high column of the list below should be limited to one-half cup per day, cooked. Use this table to help you maintain a consistent intake of Vitamin K.

VERY HIGH	HIGH	MEDIUM
Beet greens	Broccoli	Spinach egg noodles
Collard greens	Brussels sprouts	Spring onion
Kale	Endive	Sauerkraut
Mustard greens	Green leaf lettuce	
Turnip greens	Iceberg lettuce	
Seaweed	Parsley	
Spinach		
		Asparagus
		Peas
		Black-eyed peas
		Prunes, stewed
		Celery
		Pumpkin
		Coleslaw
		Rhubarb
		Cucumber with peel
		Tuna in oil
		Romaine lettuce
		Okra

2. Do not make big changes in the medium Vitamin K foods you eat. If you eat these foods on a daily basis, don't suddenly stop eating them.

3. Make careful decisions about dietary supplements. You may take a daily multivitamin (usually contains Vitamin K), but you must remember to take it every day. There are also many non-Vitamin-K-containing supplements that can affect how your blood clots. As long as you remain on Coumadin, the safe recommendation is to stay away from the following over-the-counter concentrated substances, unless your doctor approves:

- a. Ginkgo
- b. Garlic
- c. Co-enzyme Q 10
- d. St. John's Wort
- e. Large doses of Vitamins A, E and C
- f. Grape seed extract
- g. Green tea
- h. Ginger
- i. Ginseng
- j. Fish oil

Additional Recommendations: Call your doctor if you need to make major changes to your current diet due to illness, weight loss, diet or another reason. Your Coumadin dose may need adjustment.

Inova Physical Therapy Sites Offering Joint Replacement Rehabilitation

Call Central Scheduling at 1.877.604.6682 for an appointment at any of the locations listed below.

ALEXANDRIA

4700 King St., Suite 200
Alexandria, VA 22302
Phone: 571.665.6560

ANNANDALE

Audrey Moore Recreation Center
8100 Braddock Rd.
Annandale, VA 22003
Phone: 703.423.2980

ARLINGTON-VIRGINIA SQUARE

3833 N. Fairfax Dr., Suite 300
Arlington, VA 22203
Phone: 571.665.6680

ASHBURN

Inova HealthPlex – Ashburn
22505 Landmark Ct., Suite 215
Ashburn, VA 20148
PHONE: 703.726.1616

BALLSTON

1005 N. Glebe Rd., Suite 410
Arlington, VA 22201
PHONE: 571.414.6930

CENTREVILLE

6201 Centreville Rd., Suite 500
Centreville, VA 20121
PHONE: 703.263.2095

CUB RUN

Cub Run Recreation Center
4630 Stonecroft Blvd.
Chantilly, VA 20151
PHONE: 571.432.2980

DULLES SOUTH

24801 Pinebrook Rd., Suite 200
Chantilly, VA 20152
PHONE: 703.722.2525

FAIR OAKS

Inova Fair Oaks Medical Campus
3620 Joseph Siewick Dr., Suite 106
Fairfax, VA 22033
PHONE: 703.391.2450

FRANCONIA-SPRINGFIELD

Inova HealthPlex
6355 Walker Ln., Suite 404
Alexandria, VA 22310
PHONE: 703.797.6900

PROSPERITY

8501 Arlington Blvd., Suite 200
Fairfax, VA 22031
PHONE: 703.970.6490

MOUNT VERNON

8101 Hinson Farm Rd., Suite 401
Alexandria, VA 22306
PHONE: 703.664.7660

SPRINGFIELD

8348 Traford Ln., Suite 100
Springfield, VA 22152
PHONE: 703.569.7335

SPRING HILL

Spring Hill Recreation Center
1239 Spring Hill Rd.
McLean, VA 22102
PHONE: 571.432.2889

TYSONS/VIENNA

8320 Old Courthouse Rd., Suite 410
Vienna, VA 22182
PHONE: 703.734.2889

WOODBIDGE

14605 Potomac Branch Dr.,
Suite 200
Woodbridge, VA 22191
PHONE: 703.580.5160

INOVA LOUDOUN HOSPITAL

Specialty Rehab Center
44045 Riverside Pkwy., Suite 500
Leesburg, VA 220176
PHONE: 703.858.6667

Home Health Agencies

Physical Therapist Comes to Your Home

Agency and Phone	Service Area
INOVA HOME HEALTH PHONE: 571.432.3100	Fairfax Co., Alexandria, Arlington Co., Loudoun Co., Prince Wm. Co., Stafford Co.
ACCESSIBLE HOME HEALTH CARE PHONE: 703.934.4460	Fairfax Co., Prince Wm. Co., Loudoun Co., Woodbridge
AMEDISYS HOME HEALTH PHONE: 800.940.4550	VA: Prince Wm. Co., Fredericksburg, Annandale, Ashburn MD: Annapolis, Baltimore, Silver Spring, Largo, Westminster, Salisbury DC: Northwest
AMERICARE IN HOME NURSING PHONE: 800.296.9002	VA: Fairfax Co., Woodbridge, Arlington Co. MD: Prince George's Co.
AT HOME CARE PHONE: 804.359.3400	Fredericksburg, VA Beach, Chesapeake, Richmond, Charlottesville, Williamsburg
CAPITAL HOME HEALTH PHONE: 703.737.6310	Fairfax, Co., Prince Wm. Co., Alexandria, Loudoun Co., Arlington Co.
CONSIDERATE CARE PHONE: 703.845.2785	Fairfax Co., Prince Wm. Co., Alexandria, Loudoun Co., Arlington Co.
DEPENDABLE HOME HEALTH SERVICES PHONE: 703.370.2300	Fairfax, Co., Prince Wm. Co., Loudoun Co., Fredericksburg
ESPIRIT HOMECARE PHONE: 703.998.7400	Fairfax, Co., Prince Wm. Co., Loudoun Co., Fredericksburg
GOODHEART HOME HEALTHCARE PHONE: 703.256.4920	Fairfax, Co., Prince Wm. Co., Loudoun Co.
LIGHTHOUSE HEALTHCARE PHONE: 703.550.1400	Fairfax, Co., Prince Wm. Co., Alexandria, Loudoun Co., Arlington Co.
NATIONAL HOME HEALTHCARE PHONE: 703.787.3060	Fairfax, Co., Prince Wm. Co., Loudoun Co., Arlington Co.
OASIS HOME HEALTHCARE PHONE: 703.858.9282	Fairfax, Co., Prince Wm. Co., Loudoun Co., Arlington Co.

Home Health Agencies (continued)

Physical Therapist Comes to Your Home

Agency and Phone	Service Area
ORTHOCARE RN PHONE: 703.481.1919	Fairfax Co., Prince Wm. Co., Fauquier Co., Loudoun Co., Warrenton
PANHANDLE HOME HEALTH PHONE: 800.397.7444	West VA: Morgan Co., Berkeley Co., Jefferson Co.
PAVILION MEDICAL HOME CARE AND STAFFING (BEST CARE) PHONE: 703.369.8448	Fairfax Co., Fredericksburg, Loudoun Co., Alexandria
PRINCE WILLIAM HOSPITAL HOME HEALTH PHONE: 703.369.8448	Prince Wm. Co.
PRO-HEALTH SERVICES PHONE: 703.352.1939	Fairfax, Co., Prince Wm. Co., Alexandria, Loudoun Co., Arlington Co.
REVIVAL HOME HEALTH PHONE: 703.341.6670	Fairfax Co., Prince Wm. Co., Alexandria, Loudoun Co., Arlington Co., Gainesville
VNS OF FREDERICKSBURG PHONE: 540.548.0590	Fairfax, Co., Prince Wm. Co., Stafford Co., Loudoun Co.
WINCHESTER MEDICAL CENTER HOME HEALTH PHONE: 800.366.9747	Fairfax, Co., Loudoun Co., Prince Wm. Co., Caroline Co., Fauquier Co., Orange Co., Stafford Co., Spotsylvania Co.
WVUH-EAST HOME HEALTH CARE PHONE: 304.728.1750	Winchester, Front Royal, Woodstock, Luray West VA: Berkeley Co, Jefferson Co.

Skilled Nursing and Rehab Facilities

Arleigh Burke Pavillion

1739 Kirby Rd.
McLean, VA 22101
T: 703.506.6900
F: 703.506.2149

The Fairfax – Sunrise Senior Living Belvoir Woods Healthcare Center

9160 Belvoir Woods Pkwy.
Fort Belvoir, VA 22060
T: 703.781.2473
F: 703.781.2476

Birmingham Green

8605 Centreville Rd.
Manassas, VA 22110
T: 703.257.0935
F: 703.257.6242

Brooke Nursing Center

140 Andrew Chapel Rd.
Stafford, VA 22545
T: 540.657.0019
F: 540.659.3296

Burke Health and Rehab Center

9640 Burke Lake Rd.
Burke, VA 22015
T: 703.425.9765
F: 703.239.2013

Carriage Hill Health and Rehab Center

6106 Health Center Ln.
Fredericksburg, VA 22401
T: 540.785.1120
F: 540.785.1105

Caton Merchant House

9201 Portner Ave.
Manassas, VA 22110
T: 703.335.8400

Cherrydale Health and Rehab Center

3710 Lee Hwy.
Arlington, VA 22207
T: 703.243.7640
F: 703.524.3630

Eldercare Gardens

1150 Northwest Dr.
Charlottesville, VA 22901
T: 804.973.7933
F: 804.973.6955

Envoy of Alexandria

900 Virginia Ave.
Alexandria, VA 22302
T: 703.684.9100
F: 703.684.5497

Envoy of Woodbridge

14906 Jefferson Davis Hwy.
Woodbridge, VA 22191
T: 703.491.6167
F: 703.491.6969

Evergreene Nursing Care Center

355 William Mills Dr.
Stanardsville, VA 22973
T: 804.985.4434
F: 804.973.6955

Evergreen Health and Rehab

380 Millwood Ave.
Winchester, VA 22604
T: 540.667.7010
F: 540.667.3115

Falcons Landing – Johnsons Center

20522 Falcon's Landing Circle
Sterling, VA 20165
T: 703.404.5204
F: 703.404.5206

Fauquier Health Rehab and Nursing Center

360 Hospital Dr.
Warrenton, VA 22186
T: 540.349.1919
F: 540.341.0431

Fredericksburg Nursing Home

3900 Plank Rd.
Fredericksburg, VA 22401
T: 540.786.8351
F: 540.786.3328

Golden Living Center – Rose Hill

110 Chalmers Ct.
Berryville, VA 22611
T: 540.955.9995
F: 540.955.4045

Golden Living Center – Sleepy Hollow

6700 Columbia Pike
Annandale, VA 22003
T: 703.256.7000
F: 703.256.3531

Goodwin House – Alexandria

4800 Fillmore Ave.
Alexandria, VA 22311
T: 703.824.1583
F: 703.575.5217

Greenspring Village

7470 Spring Village Dr.
Springfield, VA 22150
T: 703.923.4650
F: 703.923.4651

Heritage Hall – Charlottesville

505 West Rio Rd.
Charlottesville, VA 22901
T: 804.978.7015
F: 804.974.7882

Heritage Hall – King George

10051 Foxes Way
King George, VA 22485
T: 540.775.4000
F: 540.775.3637

Heritage Hall – Leesburg

122 NW Morven Park Rd.
Leesburg, VA 22075
T: 703.777.8700
F: 703.777.1532

Hermitage

5000 Fairbanks Ave.
Alexandria, VA 22311
T: 703.820.2434

Skilled Nursing and Rehab Facilities (continued)

Genesis HC – Iliff Nursing Home and Rehab Center

8000 Iliff Dr.
Dunn Loring, VA 22027
T: 703.560.1000
F: 703.280.0406

The Jefferson

900 North Taylor St.
Arlington, VA 22203
T: 703.741.7581
F: 703.741.7589

Leewood Healthcare Center

7120 Braddock Rd.
Annandale, VA 22003
T: 703.256.9770
F: 703.256.5105

Loudoun Nursing and Rehab Center

235 Old Waterford Rd. NW
Leesburg, VA 20176
T: 703.771.2841
F: 703.771.2800

Manor Care of Alexandria

1510 Collingwood Rd.
Alexandria, VA 22308
T: 703.765.6107
F: 703.765.6798

Manor Care of Arlington

550 South Carlin Springs Rd.
Arlington, VA 22204
T: 703.379.7200
F: 703.578.5788

Manor Care of Fair Oaks

12475 Lee Jackson Memorial Hwy.
Fairfax, VA 22033
T: 703.352.7172
F: 703.352.4814

Marshall Manor

8645 John Marshall Hwy.
Marshall, VA 22115
T: 800.296.2273
F: 540.364.3611

Medlink of Capital Hill

700 Constitution Ave. NE
Washington, DC 20002
T: 202.546.5700
F: 202.675.0612

Montvue Healthcare Center

30 Montvue Dr.
Luray, VA 22835
T: 540.743.4571
F: 540.743.1018

Mount Vernon Nursing and Rehab Center

8111 Tiswell Dr.
Alexandria, VA 22306
T: 703.360.4000
F: 703.360.9325

Oak Springs of Warrenton

614 Hastings Ln.
Warrenton, VA 20186
T: 540.347.4770
F: 540.349.2832

Regency of Arlington

1785 S. Hayes St.
Arlington, VA 22022
T: 703.920.5700
F: 703.920.1857

Powhatan Nursing Home

2100 Powhatan St.
Falls Church, VA 22043
T: 703.538.2400
F: 703.538.5583

Virginia Veterans Care Center

4550 Shenandoah Ave. NW
Roanoke, VA 24017
T: 540.982.2860
F: 540.982.8667

The Virginian

9229 Arlington Blvd.
Fairfax, VA 22031
T: 703.385.0555
F: 703.383.1826

The Fountains at Washington House

5100 Fillmore Ave.
Alexandria, VA 23211
T: 703.845.5015
F: 703.671.0468

Westminster at Lake Ridge

12191 Clipper Dr.
Lake Ridge, VA 22912
T: 703.643.9711
F: 703.643.9429

Woodbine Rehab and Healthcare Center

2729 King St.
Alexandria, VA 22302
T: 703.836.8838
F: 703.836.2965

Woodmont Center

P.O. Box 419
11 Dairy Ln.
Fredericksburg, VA 22404
T: 540.371.9414
F: 540.371.4501

Home Exercise Program

Post-Hip Replacement Exercises

The following exercises can be done in bed. Some help improve blood flow, while others help build strength. Your physical therapist or surgeon may give you special instructions. Otherwise, repeat each exercise 10 times. Do them at least three times each day.

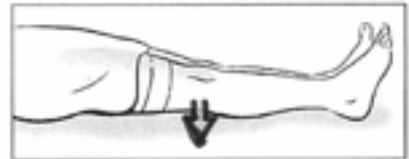
Ankle pumps

- Point, then flex, both feet.
- Doing this 10 to 30 times each hour helps prevent blood clots in your legs.



Quadriceps sets

- Lie in bed with your legs straight.
- Tighten the front thigh muscle of your operated leg while pressing the back of your knee down into the bed.
- Hold for 5 seconds, then relax the leg.



Gluteal sets

- Squeeze your buttocks together tightly. Your hips will rise slightly off the bed.
- Hold for 5 seconds, then release.



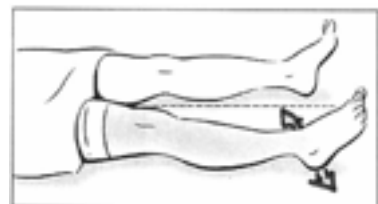
Heel slides

- Keep the heel of your operated leg on the bed. Then slide your heel toward your buttocks as far as you comfortably can.
- Hold for 5 seconds. Then slide your heel back.
- Perform this exercise with the head of your bed flat. (Be sure you are not breaking your hip precautions.)



Abduction/adduction

- Start with your feet slightly apart.
- Keeping your knee and foot pointing toward the ceiling, slowly slide your operated leg out to the side.
- Slide your leg back to its starting position without crossing the midline of your body.



Inova Alexandria Hospital
4320 Seminary Rd.
Alexandria, VA 22304
inova.org/iah