A Guide to Joint Replacement
at Methodist North Hospital
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ABOUT US

WELCOME
The dedicated joint unit at Methodist North is staffed by a multi-disciplinary team of physicians, nurses, physical therapists, occupational therapists and anesthesiologists who are committed to providing the very best care to patients. Nursing staff are licensed RN’s, and many have advanced training in orthopedics. Anesthesiologists visit post-operative patients to assist with pain management, administering specific medications that target the unique needs of orthopedic patients. We also offer complete rehabilitation services to help aid patients in a quicker recovery.

HOW TO CHOOSE THE RIGHT HOSPITAL FOR JOINT REPLACEMENT
Choosing the right hospital for your surgery is important. Some questions you should ask your doctor and the hospital include:

- How many of these procedures did you perform last year?
- What is the average length of a hospital stay for the procedure?
- What are the indicators of quality for this procedure and the hospital in general?

Volume and the hospital length of stay are important because numerous studies have shown that higher volume hospitals generally have lower rates of mortality, pneumonia, and infection than do patients managed on lower-volume hospitals (The Journal for Bone and Joint Surgery, September 2004; 86: 1909-1916).

For joint replacement surgeries, some of the quality indicators to look for include infection rates, Surgical Care Improvement Project (SCIP) scores, and patient satisfaction scores as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

To find the most current quality scores, go to www.methodisthealth.org, and search for “Methodist Healthcare Quality Report.”

To find the most recent patient satisfaction scores, go to www.hospitalcompare.hhs.gov and click on “Survey of Patients’ Hospital Experiences.” This survey, called “HCAHPS,” is the first national, standardized, publicly reported survey of patients’ perspectives of hospital care.
ABOUT US

IMPORANT PHONE NUMBERS:

Main Hospital .................................................. 901.516.5200
Outpatient Rehab .............................................. 901.516.5320
Pre-Admission Testing ................................. 901.516.5416
Canceling Your Surgery ............................... 901.516.5416
Schedule a Class .............................................. 901.516.5639
ATTEND A CLASS
Methodist North offers free Hip and Knee Replacement classes:

- Every Wednesday at 11 a.m.
- The 2nd and 4th Wednesdays of each month at 4 p.m.
- The 2nd Saturday of each month at 9 a.m.

We strongly recommend patients attend a class at least two weeks before their surgery. We’ve found that patients who attend class are better prepared for their surgery and have more successful outcomes. Much of the information in this guide is covered in class; however, classes are beneficial as you’ll get to meet some of the people who will be taking care of you in the hospital. You’ll also benefit from question and answer sessions.

Classes cover:

- How to prepare your home, and order home medical equipment that can help you in recovery
- How to physically prepare for surgery
- Checking in at the hospital
  - Registration
  - What to do with your medications (if you take blood pressure medicine, etc.)
  - Helpful items to bring with you
  - Where your family can stay
- What happens during surgery
- What to expect after surgery
  - Your room
  - Pain management and expectations
  - Physical and occupational therapy
- When you go home
  - Rehab options
  - What Medicare will cover

The more you know about what to expect, the better you can prepare for a smooth recovery. Space is limited, so please call to reserve your seat at 901.516.5639. If you live out of town and are unable to attend class, please call us ahead of time and we will mail you an information packet.
BEFORE YOUR SURGERY

COMPLETE HOSPITAL PRE-ADMISSIONS TESTING AND PRE-REGISTRATION

Blood work and an assortment of tests are completed prior to surgery to make sure you are healthy to undergo anesthesia. The hospital and your doctor will determine which tests are necessary, but they may include:

- Routine blood work & blood type screening
- Chest X-ray
- Electrocardiogram
- Urinalysis

If you have had any of the above performed at your doctor’s office the month before your appointment, it is very important to bring a copy of the results with you. If your doctor has issued a medical clearance letter, please also bring this to the preadmissions appointment.

Pre-Admission testing occurs at the Same Day Surgery Center, located in the main hospital. Please see the map in the front of this book for directions. Testing must be completed at least 10 days prior to your surgery date. We recommend that you have at least 3-6 weeks from the time your surgeon schedules the procedure until your surgery date, so that we can ensure that all aspects of your preoperative preparation are complete and reviewed by our team.

ANESTHESIA

You will meet a member of the anesthesia team to review your history and discuss options for anesthesia along with your plan of care. There are two major options for anesthesia for joint replacement surgery:

General Anesthesia

The anesthesiologist induces a full unconsciousness (you will be completely asleep) using a combination of intravenous and inhaled medications. The anesthesiologist maintains a correct depth of anesthesia during the entire procedure. When the surgery is over, you will awaken and have complete sensation that will most likely require pain medication. Nausea, vomiting and sleepiness can be common side effects of general anesthesia. If necessary, you will be given medication for the nausea and vomiting. It is important to note that every person reacts differently to general anesthesia.

Regional Anesthesia

Regional anesthesia results in the elimination of pain and feeling in a given region or area of your body (e.g., legs), usually by injection of a local anesthetic to numb or block a group of nerves. In addition, you will be given sedative medication to induce a mild sleep. Your anesthesiologist will discuss the anesthetic options with you during the preadmissions visit. Certain medical conditions may affect the possibility of choosing one type or the other. If you have ever had a poor reaction to anesthesia, inform your anesthesiologist. Together, you can decide on the best anesthetic for you.
BEFORE YOUR SURGERY

PREPARE PERSONAL & MEDICAL INFORMATION TO SHARE
Assemble your personal and medical information. Some things you may want to assemble include:

- Determine a designated family member or friend who will be your primary contact to receive information from the doctor and then give it to other family members and friends.
- Make a list of all the doctors you currently see and your reasons for seeing them. Provide names, addresses, and phone numbers.
- Make a list of medical conditions and all previous operations, including those that are not bone-and-joint operations.
- Make a list of all the medications you currently take on a regular basis. Copy the name of the medication, the dosage and the frequency (daily, twice a day, etc.) from the prescription bottle. Don’t forget to include vitamin and mineral supplements or other over-the-counter medications you take regularly. Your doctor may advise you to stop taking certain medications or supplements a week or two before your surgery.
- Make a list of any allergies or adverse reactions you’ve had to drugs or anesthesia in the past. Provide the name of the drug, why you were taking it, a description of your reaction and when this happened.
- Make a list of any dietary restrictions or other health problems you have, such as diabetes, asthma, HIV, or hepatitis.
- Make a list of your insurance coverages, including the name of the insurance company, the plan or group number and contact information. Be sure to bring your insurance cards to the hospital with you.
- Prepare information about any legal arrangements you have made, such as a living will or durable power of attorney. Bring a copy of the documents with you to the hospital.

PREPARE YOUR BODY FOR SURGERY
Your physical shape can affect both the outcome of the surgery and your recovery time. Most of these suggestions are common sense, although some may surprise you.

- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.
- If you drink, don’t have any alcohol for at least 48 hours before surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Eat well. If you are overweight, your doctor may recommend a weight loss program.
- Ask your doctor/physical therapist for pre-surgical exercises. If you are having hip or knee replacement surgery, doing exercises to strengthen your upper body will help you cope with crutches or a walker after surgery. Isometric exercises can help maintain the strength of your leg muscles. Also ask about the exercises that will be prescribed after surgery. If you familiarize yourself with these postoperative exercises and practice them now, they will seem easier to perform after the surgery.
BEFORE YOUR SURGERY

PREPARE YOUR HOME FOR WHEN YOU RETURN
Recovering from joint replacement surgery takes time. You can take steps now that will help make your recovery easier and faster.

- Arrange for someone to take you home and to stay with you for several days after your surgery.

- Prepare meals ahead of time and store in the freezer, or stock up on ready-made foods that you enjoy.

- Have your favorite home delivery numbers handy.

- While you are in the kitchen (and in other rooms as well), place items you use regularly at arm level so you do not have to reach up or bend down.

- Borrow a walker or a pair of crutches and see how well you can maneuver through your home. You may need to rearrange furniture or temporarily change rooms (make the living room your bedroom, for example).

- Remove any throw or area rugs that could cause you to slip. Securely fasten electrical cords around the perimeter of the room.

- Consider modifying your bathroom to include a shower chair, gripping bar, or raised toilet.

- Shop for things that will make your life easier after surgery. Your list might include a long-handled sponge, a grabbing tool or reacher, a footstool, a big-pocket shirt or soft shoulder bag for carrying things around.

- Set up a "recovery center" where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach.
BEFORE YOUR SURGERY

24-HOURS BEFORE YOUR SURGERY
The 24 hours before your surgery will be busy. Use this checklist to make sure you do not forget anything.

- Take a shower or bath the night before your surgery. This will help reduce the risk of infection. We recommend Hibiclens, which is an antibacterial soap that can be purchased at the drugstore. However any antibacterial soap is acceptable.
- Do not shave the area of the surgery. If this is necessary, the doctor will take care of it.
- Do not wear any make-up, lipstick, or nail polish.
- Do not eat or drink anything after midnight the night before surgery. This will help prevent any nausea from the anesthesia. This includes water, mints and gum.
- Ask your doctor if you may need to take routine medications. If so, take them with a small sip of water.
- Do bring a hospital bag. Some of the items you should include are:
  - A pair of comfortable shoes with non-slip soles. Make sure shoes are not slip-on and have a back to them.
  - Something to read
  - Copies of your insurance cards, advance medical directives, and medical history
  - Any medications you regularly take
  - Personal care items such as a hair brush, denture case, eyeglass case, contact lens case; leave your cash, credit cards and jewelry at home
  - Loose-fitting clothes and comfortable shoes to return home
- If you have not asked others for help yet, do so now. Have someone check in with you daily. You’ll recover more quickly if you have help instead of straining and trying to do it all yourself.
YOUR HOSPITAL STAY

CHECKING IN
You will first check in at Admissions located in the Same Day Surgery Center. Please see the map on page 3 to find the correct entrance. A staff member will greet you and explain to you the pre-operative procedure and what you and your family can expect for the rest of the day. Other members of the healthcare team, including an anesthesiologist and physician assistant, will be meeting with you as well.

You will be asked to sign authorization and consent forms. A registered nurse will review your medical and surgical information and medications, and ask you to sign that you have not had anything to eat or drink since midnight. Please inform the nurse of any medications you have taken that day. You will be asked to remove all dentures, hairpins, jewelry and contact lenses. Please give any valuables to your family to keep up with while you are in the hospital.

Your surgeon will meet with you briefly to answer any last-minute questions and confirm with you the surgical procedure to be performed. A registered nurse from the operating room will greet and interview you before taking you into the operating room. You will be asked to try and use the restroom before surgery.

This process generally takes two hours before your surgery providing there aren’t any delays or emergency cases.

INFORMATION FOR FAMILY & FRIENDS
Your family and care partners are kept informed of your progress during surgery. If your surgery is in the main hospital, the family care space is located in the lobby of the Same Day Surgery Center. Coffee and vending machines are available in this space and the hospital is equipped with complimentary Wi-Fi for computer and phone use.

The Dining Room is located on the basement level of the main hospital and serves breakfast, lunch and dinner. Grab and go sandwiches, snacks and other convenience items are available. There is also a gift shop that offers snacks and drinks located in the lobby of the main hospital.
YOUR HOSPITAL STAY

LENGTH OF SURGERY
Most knee replacement surgeries take one to two hours, and most hip replacement surgeries take two hours. After surgery, you will stay in the recovery room for at least one hour. The nurses will monitor your blood pressure, heart rate, breathing rate and watch you closely. Once you are awake, the nurses will transport you to your room. Most patients are given a room in our Total Joint Center. This is the dedicated orthopaedic floor. Your condition is watched closely and pain medicine is given as needed.

PAIN MANAGEMENT

Know What to Expect
Managing your pain is crucial to your recovery. Our goal in managing your pain is for you to be able to move easily, get in and out of bed, participate in therapy, and rest comfortably. Our healthcare team will work with you to keep you as comfortable as possible following surgery. Your job is to communicate to us how you are feeling, so that adjustments can be made if needed.

PAIN CONTROL OPTIONS
Our protocol for pain management includes a combination of medications and therapies that give you the best results. You can expect to feel some pain, even with the medication. Pain control options include narcotics given through your IV line or injected under the skin, long-acting narcotic pills that give 12-hour relief, quick-acting narcotic pills which are available as needed, non-narcotic medications such as Tylenol, ice/cold pack application after physical therapy or whenever desired, and relaxation techniques. You may have a PCA (patient controlled analgesia) pump, which allows you to control your own pain medication with the push of a button via an IV line. PCA pumps have built-in safety features to ensure you will not get too much medication. Some patients may also have a femoral block, which sends medication directly to the femoral nerve in your leg where your surgery occurred.

TAKING YOUR PAIN MEDICATION
You will want to take pain medication regularly for a while, and especially before doing any significant moving, such as getting out of bed or participating in therapy. Help your nurse plan ahead to have the best pain control. Remember that it works best, and less medication is needed, if you do not let the pain become severe before taking the medication. Ask for pain medicine as soon as you are aware that your pain level is rising.

It’s very important to stay ahead of pain! Ask sooner rather than later for best results. Don’t be afraid or try to be brave - it is important to talk honestly and openly about pain so that you can receive the proper care.
YOUR HOSPITAL STAY

WHAT THE INCISION AREA WILL LOOK LIKE

*Knee Replacement:*
Sometimes drains are placed in the knee and blood from the incision area will drain through small tubes. The drain is usually removed 24 to 48 hours after surgery depending on the amount of drainage. You will have an ACE wrap dressing on your knee.

*Hip Replacement:*
You may have drains in your hip to help take blood from the incision area for 24 to 48 hours after surgery. You will have a dressing on your hip. A foam wedge or pillows may be placed between your legs to help keep your new hip in place.

EATING AFTER SURGERY
Depending on the type of anesthesia you were given, you may not feel like eating much the first day. You may be given ice chips at first and then move on to water and a light meal if you are hungry.

KEEPING YOUR LUNGS CLEAR
In order to keep your lungs clear of congestion, you will practice coughing and deep breathing. You will be given a device called an incentive spirometer. Taking deep breaths on the mouthpiece will inflate your lungs and provide the needed activity to prevent pulmonary complications. You should do this 10 times every hour while you are awake in bed.

BLOOD CLOTS
Your decreased mobility following surgery and normal postoperative swelling put you at risk for blood clot formation in your legs. Many steps are taken to prevent this from happening:

- Every effort is made to get you up and moving as soon as possible. In most cases, you are encouraged to dangle your legs or stand the evening of surgery.
- Sensation, motion and circulation in your feet is checked frequently. You should report any numbness, tingling or difficulty moving your toes, or any burning or discomfort in your heels immediately. You may be given special stockings to wear to reduce your risk of blood clots.
- Blood thinning medication is given to you as a preventative measure.

USING THE RESTROOM
You may experience some constipation due to anesthesia or pain medication. A laxative may be given to assist you, and you should have a bowel movement no later than the third day after surgery. Be sure to call for someone to assist you to the restroom so that you don’t fall. You will have an elevated commode seat if you have hip replacement surgery.
YOUR HOSPITAL STAY

REHABILITATION IN THE HOSPITAL
You will be able to walk and stand within 24 hours after surgery. You will transfer to a chair with the help of the nurses or therapists. You will be shown how to use a walker. The quicker you can get up and use the walker, the more independent you will become and the stronger your new hip and/or new knee will become. However, do not get up alone or with family until the therapist has taught you and your family how to safely use the walker and determines that you are safe.

One of the goals for the rest of your hospital stay is to resume walking before you go home. The goal is to walk far enough so that you are functional in your home. The physical therapist will initiate your physical therapy within the first day following your surgery.

Knee Replacement:
If you have difficulty bending or straightening your knee, the therapist may suggest to your doctor that a continuous passive motion (CPM) machine be used. Your physician may order one started in the recovery room or once you get to the nursing unit. This machine continuously and gently bends and straightens your knee while you lie in bed. The CPM must be used six hours a day. If you are up, active, practicing your exercises, and participating in your rehab program, the CPM is not recommended.

Hip Replacement:
Positions to avoid as you are healing include:

- Do not lie on the surgery side until your doctor says it is okay. Use the triangular pillow in bed throughout your stay and at home according to your doctor's orders.
- Keep your bedside table on the side of your new hip to avoid rolling your hip inward as you reach for things.
- When getting out of bed, do not cross your legs or let the leg roll inward.

After the physical therapist evaluates you and establishes your physical therapy treatment plan, a physical therapist assistant will come to see you two times each day. You will start with gentle exercises to help increase the blood flow and control the swelling you have in your leg, as well as strengthen your leg and gain range of motion in your knee and hip. Exercises also help you begin to bear weight without as much pain. You will be able to get up with the walker and eat in the chair with some help.

An occupational therapist may also see you. You will be shown how to put your clothes on, how to get in and out of bed, move in and out of the bathroom to use the toilet, tub and sink. The occupational therapist will also discuss your daily activities and assist you with other aspects of self-care that you might be wondering how to do. Plans for where you will go after discharge are discussed with you and your family or care partners.
YOUR HOSPITAL STAY

GETTING READY TO LEAVE THE HOSPITAL

Discharge instructions are given to you from your doctor, nurse, physical therapist and occupational therapist. You should be walking with the walker in the halls with supervision. The goal is to walk far enough so that you are functional in your home.

You should be eating well and constipation should not be an issue. Your pain is managed with pain pills. Your temperature should be near normal limits.

It is anticipated that you will discharge from the hospital three days after your surgery. In all cases, it is dependent on your physical and clinical status. Our goal is for you to go home, and the majority of people do. But there are occasions when a patient is not safe enough or mobile enough to go directly home.

The healthcare team will meet each day to discuss your progress and assess your readiness for discharge. Usually it can be determined by the second post-op day whether you will be going home or to another facility. The Case Manager and/or Social Worker will work with you and your family to design a discharge plan.

The equipment you need at home will be ordered. It is recommended that someone be there to receive it one day prior to discharge or on the day of discharge.

Your discharge plans may include the following:

- Discharge home with immediate outpatient facility physical therapy.
- Discharge home with physical therapy visits.
- Rehabilitation in a skilled nursing facility or inpatient rehab center.

Your clinical condition and insurance play a major role in your discharge options. It is very important that you know that you have a choice with your discharge options. Please contact your insurance company and clarify what post-hospitalization services are available to you. You may also contact the Case Manager prior to your surgery to help you clarify your insurance questions.
YOUR HOSPITAL STAY

POSSIBLE COMPLICATIONS

Complications are low for joint replacement surgeries. The most common complication is blood clots in the leg veins. The total joint program includes activities and medications to reduce the risk of a blood clot. Participation in exercises and therapy activities soon after surgery is the best way to prevent blood clots. Knee and hip joint infection occurs in less than two percent of patients. Major medical complications, such as heart attack or stroke, are rare. Medical screening prior to total joint replacement reduces the risk for major medical complications. Chronic illness increases the risk for complications and prolongs the rehabilitation process.

Call your doctor if you have any of the symptoms listed below:

- An increase in knee pain with activity or rest
- Pain or swelling in a calf or leg (including foot and ankle)
- Unusual redness, heat, or drainage at the incision site
- Trouble breathing
- Fever over 101°F

Blood Clot Prevention

You will be on medication prescribed by your surgeon. Take it according to his or her direction. Notify your therapist and/or surgeon immediately if you develop any of these symptoms:

- Tenderness and/or redness above or below your knee
- Increasing pain in your calf, especially when you are resting
- Swelling in your calf, ankle, and foot that does not decrease with elevation and rest.

Long-Range Protection Against Infection

While incidence is rare, patients who have an artificial joint are at higher risk for infection. Antibiotics will provide protection against infection and might be used in the following situations:

- Medical or surgical procedures by your physician or dentist including routine dental checkups.
- Serious infections elsewhere in your body.

It is important that your physician and dentist know that you have an artificial joint so that they may prescribe and remind you to take antibiotics as appropriate. If you have any questions about types of procedures requiring antibiotics, call your orthopedic surgeon.
AT HOME

RECOVERY AT HOME
During your first few weeks at home, you will adapt what you’ve learned at the hospital to your own setting. Plan for someone to stay with you for several days when you first go home. You will not be able to drive until your doctor says that it is okay. Keep in mind that you will need someone to take you to your first doctor’s appointment and to therapy.

TAKING CARE OF YOUR INCISION
Your incision should be without infection. No green or yellow drainage should be coming from your incision. Your sutures or staples are usually removed by your doctor about 10-14 days after discharge. This appointment will be set up prior to your discharge home. You will need to keep the incision clean and dry until it is fully healed.

SWELLING
Swelling at the incision site is normal for the first three to six months after surgery. Ice and elevation help to control the swelling, and your physical therapist has other techniques that can be used to control swelling.

PAIN MANAGEMENT AFTER YOUR HOSPITAL STAY
When you are discharged you will receive a prescription for pain pills. Pain should decrease over time as you heal, so less medication is required and your pain may be controlled using an over-the-counter medication such as Tylenol, ibuprofen, or naproxen.

DIET & NUTRITION
You may experience loss of appetite for several weeks after surgery. Your surgeon may have you take an iron supplement. A proper diet promotes tissue repair and helps build muscle strength. Be sure to eat before physical therapy.

Managing Constipation
You may experience constipation because of decreased activity and use of pain medication. The following will help control this problem:

- Take a daily laxative and stool softener as needed.
- Increase your water intake (as long as your doctor approves).
- Eat a diet high in fiber—including fruits, vegetables and foods rich in whole grains.
- Prunes or prune juice may be effective. Consult with your doctor
- If you do experience ongoing constipation, consult with your doctor.

FOLLOW THESE SIMPLE INSTRUCTIONS TO MAKE YOUR HOME ENVIRONMENT SAFE

- Use a walker or cane until your physical therapist tells you to discontinue use.
- Keep walking areas clear of objects, including telephone wires, electrical and extension cords.
- Watch out for small pets that tend to get underfoot.
- Avoid open-toed slippers, which can catch on rugs, etc. Wear only slippers or shoes that have backs.
- Raised door thresholds should be clearly marked.
AT HOME

To Decrease the Risk of Slipping:
- Wear sensible shoes with good traction.
- Avoid walking in only socks on linoleum, wood and tile surfaces.
- Clean up all spills immediately.
- Keep magazines and newspapers off the floor. They are slippery if stepped on.

In the Bathroom:
- Avoid throw rugs. If necessary, use non-skid styles.
- On tub and shower floors, use a non-slip bath mat (such as Rubbermaid).
- Enter and exit a tub cautiously. A non-slip bath mat should be on the floor in front of the shower/tub as well.

THINGS TO NOTE WHEN YOU GO HOME
Do not be surprised if it takes two to three months or longer before your energy level returns to normal. Practice walking every day to build strength. Stay active, but do not overdo it. Do your exercises provided by the physical therapist.

Knee Replacement:
- You may have the sensation of your knee “coming alive” at night. This is very common. Many patients say that they can’t seem to get comfortable at night. This should lessen with time, exercise and rehabilitation on your knee.
- The first week at home can be tough after the removal of your pain pump. You may experienced increased pain and this is normal.
- You may notice swelling of the thigh, knee, or ankle on your surgical leg. If this happens, make sure you elevate the leg above the heart and move your ankles from front to back to increase circulation.
- Most patients are able to return to work within 4 to 12 weeks depending on medical history and the type of job. Typically, patients are able to drive within four to six weeks after surgery. You may be able to drive sooner if your surgical leg is your left leg.

Hip Replacement:
- It is normal to have pain, stiffness and swelling for the first few weeks following your surgery. This should lessen significantly after time.
- It is very common to feel that your surgical leg is longer than the other. This sensation usually disappears in one to two months.
- If you notice swelling of the thigh, knee or ankle on your surgical leg, elevate your leg above your heart and move your ankles from front to back to increase circulation.
- You will be able to bike, walk, golf and play tennis after your new hip replacement and your rehabilitation. Tell your therapist about activities in which you’re interested to find out when you can return.
- Most patients are able to return to work within 4 to 12 weeks depending on the job and medical history.
- Typically patients can drive within three to six weeks following surgery. You may be able to drive sooner if your surgical leg is your left leg. You’ll be ready to drive when you are no longer on narcotic pain medication and you can transfer safely to and from a vehicle.