

Planning for Your Hip Replacement Surgery



UCLA Santa Monica - UCLA
Medical Center
— and —

 **Orthopaedic**Hospital



About Our Unit

Welcome to Santa Monica-UCLA Medical Center and Orthopaedic Hospital and thank you for putting your trust in us for your hip surgery and rehabilitation. This brochure is designed to explain what you should expect before, during and after your hospital stay.

Our mission is to ensure you have the best possible patient experience and outcome. We will strive to meet this goal by providing outstanding care and service to help you achieve the highest possible level of functioning.



Quick Reference Guide

Orthopaedic and Spine Unit
(310) 319-4800

Administrative Nurse II
(310) 319-1225

Rehabilitation Services
(310) 319-4605

Case Manager
(310) 319-3325

Patient Affairs
(310) 319-4670

Before Your Surgery

Please review the checklist below in preparation for your surgery:

- **Medical clearance** – your surgeon may recommend a general medical evaluation by your primary-care physician to make sure you are healthy enough for surgery.
- **Tests** – blood samples and other tests, such as EKGs, echocardiograms or urine samples, may be required as part of your routine pre-operative evaluation.
- **Education** – visit our website, www.uclahealth.org/orthospineinfo, for detailed information about your hospital stay.
- **Medications** – make a list of your medications and bring it with you to our hospital. Please do NOT bring your medications. Our Pharmacy will provide you with any medications you need. If you have questions or concerns about drug availability, consult with your physician.

About Your Care

- **Length of stay** – plan to be in our hospital for 3 to 4 days.
- **Discharge planning** – our goal is to help you return home directly from our hospital, but placement in a rehab facility can be arranged, if necessary. You may want to arrange for help at home with activities of daily living, including bathing, dressing, cooking and shopping, while you are recuperating.
- **Complications** – as with any surgery, there is a possibility of complications such as blood clots, infection and lung congestion. Be sure to review these risks with your physician prior to surgery.

Day of Surgery

- You will check in through our Admissions Department and then be directed to our Procedure and Treatment Unit (PTU) to be prepped for surgery. One family member may accompany you to the PTU, where you will meet your pre-operative nurse and anesthesiologist.
- Once your surgery is completed (usually 2-3 hours), you will be awakened gradually in our Post-Anesthesia Care Unit (PACU). This process takes approximately 2 hours. No family members are allowed in this room. Your surgeon will brief your family while you are in our PACU.
- Once you are awake, your vital signs are stable and your pain is controlled, you will be transferred to your hospital room. You will have an overhead trapeze attached to your bed to assist you with mobility. Our team members will show you how to properly use it. Your leg may also be in a positioning device called a “Kodel sling” or you may have a special foam (abduction) pillow placed between your legs.
- You will receive antibiotics for 24 hours after surgery to prevent infection. You will also receive a blood-thinning medication to prevent clots.
- Our staff will focus on helping you with pain control, nausea management, starting a liquid diet and getting restful sleep.

Our Care Team

During your hospital stay, you will meet many members of our health care team who work together to provide you with excellent care.

These include:

- **Registered Nurse** – will assess your overall condition, answer questions, communicate with your doctors and give you medications.
- **Care Partner** – is responsible for taking care of your basic needs, including recording vital signs and assisting with personal hygiene and toileting.
- **Resident Doctors** – your surgeon works with a team of resident doctors who will visit you daily and can be reached on a 24-hour basis.
- **Unit Secretary** – this person is based at the nurse’s station and will speak with you when you use the call light.



- **Physical Therapist** – if indicated, you will be visited by a physical therapist (PT) to evaluate your mobility both in bed and while walking.
- **Occupational Therapist** – You also may be visited by an occupational therapist (OT) who will evaluate how well you are able to complete activities of daily living, including dressing, bathing and toileting.
- **Phlebotomist** – will take blood samples each morning as directed by your physician.
- **Case Manager** – will assist in planning for your discharge to home or a rehab facility.
- **Durable Medical Equipment Vendor** – will coordinate ordering and delivery of any equipment you may need for home, including walkers, crutches, bedside commodes and sock aids.

After Surgery – Day 1

- You will be instructed about how much weight you can place on your surgical leg, called “weight-bearing status.”
 - After your surgery, there will be precautions regarding the movement of your surgical leg that you must follow to prevent hip dislocation. These are called “hip precautions.” One of our team members will review them with you.
 - **PT Evaluation** – You will likely be evaluated by a physical therapist the morning after your surgery. The evaluation usually includes getting out of bed, walking, as tolerated, and basic exercise instruction. You will have another PT session in the afternoon.
 - **OT Evaluation** – You also may be evaluated by an occupational therapist to assess your ability to care for yourself and instruct you in using adaptive equipment (reacher, sock aid), as needed.
 - Our nursing staff will continue to make sure your needs are met and your pain is well controlled.
 - You will resume a normal diet, as tolerated.
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After Surgery – Day 2

- Begin transition to oral pain medication.
- Get out of bed for meals and walk to the bathroom with assistance, as needed.
- Our PT staff will continue working with you on mobility and preparation for discharge, including techniques for getting out of bed, improving walking tolerance and curb/stair training. You will continue to be seen by our PT staff twice daily while you are in our hospital or until you meet your therapy goals.

After Surgery – Day 3 and Beyond

- Continue plans of care as described above.
- Improve mobility.
- Finalize discharge plans and equipment needs.

You will leave our hospital with all the information you need to ensure a smooth transition to home or a rehab facility. Our goal is to help you resume a normal, active lifestyle.

After Hospital Discharge

- Continue to follow your “hip precautions” until your surgeon indicates you can move your surgical leg freely.
- Continue performing the leg exercises taught to you by our PTs.
- If you are discharged to home, a PT will likely evaluate you at your home to determine how much home physical therapy, if any, is needed.
- The staples used to close your surgical incision will be removed by a home health nurse 10 to 14 days after surgery. You will not be able to bathe until the staples are removed as soaking the wound can cause infection.
- Twice weekly, a home health nurse will visit you to draw a small blood sample to determine the appropriate dose of your blood-thinning medication. Your doctor’s office will contact you if any medication changes are needed.

Talk with your surgeon about the timeline for returning to a higher level of daily activities, including working, driving and more vigorous exercise.

UCLA Orthopaedic Clinic

(310) 319-1234

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