

# Same-day hip replacement pathway

What to expect with surgery and recovery



**Ascension  
Saint Thomas**

# Planning ahead for surgery

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## Get everything you need before surgery

- Prepare your home for your return (*See Living with a Hip Replacement Book*)
- Stock your fridge with food that is easy to prepare or grab-n-go items.
- Consider getting an elevated toilet seat, a shower chair, and a “reacher” to help pick up things. All can be purchased on Amazon.
- Designate a “coach” to be available to take you home from the hospital and to stay ONE night at home with you.
- Have comfortable clothing to wear that is loose and not tight in the hip area (shorts, loose athletic pants)
- Make first physical therapy appointment if going home with outpatient physical therapy.  
My first appointment will be: \_\_\_\_\_
- Start your pre-op exercises in the back of your joint replacement book (*See page 22 of your Living with a Hip Replacement book*)
- Start using incentive spirometry
- Purchase stool softener to use after surgery.(Ex: Colace, Miralax)
- Have a backpack to carry belongings to be hands-free while using a walker/crutches
- Start washing with your surgical soap four days prior to your surgery with the final wash being on the morning of your surgery.

### CHG bathing schedule

Shower #1	Shower #2	Shower #3	Shower #4	Shower #5 (day of surgery)

## It's the day before surgery

- Hydrate! Drink eight large glasses of water today.
- Is your house ready for your return?
- Is your fridge full?
- Do you have ice packs ready at home?
- Look at your directions so you know where you're going and what time to arrive.
- Pack snacks and favorite electrolyte drink (i.e. Gatorade).
- Have comfortable clothes laid out to wear and non-skid shoes with a back.
- Charge your devices and bring to the hospital.
- Eat a healthy substantial meal for dinner and drink an electrolyte beverage but nothing to eat after 11 p.m.
- Morning of surgery you can have clear liquids up until two hours before your arrival time.

### Discharge goals — before leaving the hospital

- Pain is controlled, work with physical therapy, urinate, tolerate lunch.
- Understand that pain is expected after surgery, but your pain should be at a level where you are able to achieve your activity goal. (Work with therapy, rest comfortably).
- Physical therapy to work with patients and caregivers on walker/crutch ambulation, stairs, and getting in and out of the car. Practice tub transfer if necessary.
- Case manager will visit if there are discharge needs.

### Factors for prolonged hospital stay

**-Urinary retention:** If you have a problem with urinary retention, prostate problems, or currently taking pain meds please let the pre-operative clinic know this at your appointment. Urinary retention in men is the most common reason to end up spending the night if you had planned to go home.

**-Dizziness:** The spinal anesthesia can cause dizziness, particularly in women. That is why hydrating the day before surgery is important to minimize these effects. We also plan on having you to eat as soon as surgery is over.

**-Nausea with the medications:** If you are prone to nausea, vomiting or motion sickness, tell us preoperatively and we can prescribe medication as part of your discharge medications.

**-Side effects to the narcotics:** This can be a real issue and thus we avoid any narcotics in the anesthesia and treatment of patients unless absolutely necessary. If you've taken narcotics in the past and have had issues, tell us before surgery so we can alter the opioid prescription if needed.

### Other things to discuss at your pre-operative appointment

Issues with anxiety, tape allergies, sensitivities to anti-inflammatories, history of narcotic/opioid dependence, smoking, and who will be helping you get through the first or two weeks after surgery.

### Once I'm home

- Follow up phone call with Nurse Practitioner next business day.
- Make sure you have a follow up appointment with your surgeon.
- Follow wound care instructions given at discharge. Observe the operative area(s) for excessive bleeding(slow general oozing that saturates the dressing completely). Contact the surgeon's office in this case. Some drainage is normal.
- May shower.
- Continue use of ice as instructed.
- Take pain medications as needed (*This can include Tylenol if instructed by your surgeon*).
- Continue stool softener and drink plenty of fluids.
- Elevate legs when not exercising or walking.
- Continue to use incentive spirometry.
- Continue ankle pumps.
- May go up and down a flight of stairs as tolerated.
- Continue prescribed exercises to further improve function, walking, and reduce swelling.

# Common questions once you are home

## What if I'm in severe pain?

There will certainly be some pain with this surgery as it is a major operation. But it is generally well controlled with:

1. Movement
2. Ice
3. Tylenol/NSAIDS with Narcotic for any residual severe pain. Examples of NSAIDS include: *Motrin, Ibuprofen, Aleve*

*If you have tried all the above modalities and your pain is still not tolerable, call your surgeon.*

## Can I go up stairs?

YES! You will have practiced this with the therapists and your coach.

## What if I get dizzy?

Lie down and drink your electrolyte fluids. Most people feel a little worn out and sometimes frankly dizzy after surgery. If you are dizzy enough that your coach is concerned, and it doesn't resolve with fluids, call your doctor. Make sure when you are moving from sitting to standing, move slowly through the transitions — sitting for a few minutes on the side of the bed first, then standing for a few minutes before you begin walking.

## What if I can't urinate?

The most common reason to stay in the hospital after surgery is if you can't urinate after the spinal anesthesia. This is particularly common in men and in patients who have been taking narcotics before surgery. You will need to urinate before going home and if you can't empty your bladder we will encourage you to spend the night. Many patients can urinate only a little each time they try and end up going to the bathroom every other hour. This is fine unless your belly starts to feel uncomfortable. *If you go 6-8 hours without being able to urinate, please call your doctor.*

## Is swelling normal?

YES! Swelling peaks around days 3-7 and may last for weeks. Though icing and early movement usually cause swelling to go down quickly, significant swelling can occur. Generally this indicates you're doing TOO MUCH! SLOW DOWN!

Lie down 3-4 times a day and elevate for 30 minutes -1 hour. Take this time to APPLY ICE to your joint. **DO NOT APPLY HEAT** to your joint.

## Do I have to use the walker?

We strongly recommend its use until you are completely limp-free and not dizzy at all or weak after surgery.

## Is bruising normal?

Yes; it may take weeks to diminish. Do watch for red streaking around the calf area. Along with pain and warmth in the calf- these could be a sign of a blood clot. Call your surgeon if you have those three signs in the calf area.

## When can I shower?

Anytime you want. Your dressing is waterproof. Be careful in the shower not to slip and fall. We recommend a shower chair for this purpose. You may shower with any soap. Pat the incision dry after showering. **NO** tub baths, **NO** hot tubs, **NO** swimming until cleared by surgeon.

## When do I remove the dressing?

You will have a separate instruction sheet given to you at discharge that will explain when to change or remove your dressing. DO NOT put any ointments or lotions on your incision once the bandage is removed.

## If I'm having a reaction to the bandage what do I do?

Approximately 1 percent of patients have a bad allergic reaction to the bandage. If you start having issues, call your doctor. Skin irritation can occur after the removal of the bandage due to the adhesive and swelling, just watch for any signs of infection in the area. Let your surgeon know if you are concerned.

*Common questions continued*

### **I can't find a comfortable position to sleep.**

This is very common. When patients do take a narcotic, it is most often when they are trying to sleep. You can try placing pillows to help get comfortable or sleeping on your side if it helps.

### **Is numbness normal?**

Numbness around the incision is normal and may persist for months following your procedure.

### **When can I drive?**

You can typically drive once you are off opioids, you can get in and out of the car well without difficulty, and feel strong enough to drive. You can NOT drive if you've had any opioid medications that day.

## **Shopping list — purchase before surgery**

### **Stool softener**

Always use a stool softener when taking pain medications.  
*Examples: Dulcolax®, Colace®, Miralax® or a generic alternative*

### **Electrolyte drink**

Being well-hydrated prior to surgery can improve how you feel after. Please drink plenty of fluids the day before your surgery.  
*Examples: Gatorade, Powerade, G2 (diabetics)*

### **Hand sanitizer**

Use hand sanitizer frequently to prevent the spread of germs.  
*Examples: Purell®, Dial®, or a generic alternative*

### **Medical equipment**

These items are available at most drugstores or on Amazon.



Hip kit



Shower chair



Walker



Commode riser





# Ascension Saint Thomas

To learn more,  
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