



LITTLETON 
REGIONAL HEALTHCARE

Where good health begins.

The Joint Program

Contact Information You May Need

Alpine Clinic

Dougald MacArthur, DO
Holly MacArthur, ARNP
Haley Ireland, ARNP
Littleton Office 603-259-7700
Franconia Office 603-823-8600
Lisa McHugh, LNA 603-575-6258
Ashley Williams, Surgical Scheduler 603-728-5559

Littleton Regional Healthcare Services

Patient Access Services (Admitting)	444-9509
Preoperative Testing & Interview	444-9310
Operating Room Secretary (To Confirm Surgery Time)	444-9277
Case Management/Social Services	444-9045
Medical/Surgical Unit (Patient Rooms)	444-9556
Rehabilitation Services (Physical/Occupational Therapy)	444-9530

Littleton Regional Healthcare Leadership

Katherine LeHoskey—Director, Operating Room, Recovery Room, & CSR	444-9319
Kimberly Force, RNC, MSN—Clinical Director, Inpatient Services	259-7610
Koren Superchi, RNC, MSN – Vice President of Patient Care Services	444-9268

1	Your Guide to Total Hip Replacement
2	For You, Your Family, and Friends
3	What to Expect, Day by Day
4	Miscellaneous Paperwork
5	

Insert TAB 1



Where good health begins.

The Joint Program

*A Patients Guide to
Total Hip Replacement*



Welcome



Thank you for choosing Littleton Regional Healthcare (LRH) for your surgical care. Littleton Regional Healthcare has developed this guidebook to assist you in preparing for your hip replacement surgery.

This book will provide you with valuable information and will serve as an information resource before, during and following your hospitalization.

Once your surgery has been scheduled, you will need to bring this book with you when you come for your pre-admission testing appointment and when you are admitted for your surgery.

Table of Contents

Your Hip Replacement Team...	Page 3
Controlling Risk Factors...	Page 5
Possible Complications...	Page 7
Pre-Admission Assessment...	Page 10
Consents...	Page 14
Case Management and Discharge Planning...	Page 15
Durable Medical Equipment...	Page 17
Home Health Associations...	Page 18
Rehabilitation Centers/Skilled Nursing Facilities...	Page 19
Preparing Your Home...	Page 20
Home Setup After Joint Surgery...	Page 21
Adaptive Equipment Options...	Page 22
Financial Information...	Page 24
Day of Surgery Pre-Procedure Instructions	Page 25
Pain Scale Information...	Page 26
Surgical Consent...	Page 27
Tips for Your Family After Your Surgery...	Page 28
Post-Anesthesia Care Unit (Recovery Room)...	Page 29
Your Hospital Stay/Medical Surgical Unit...	Page 31
Physical/Occupational Therapy...	Page 33
Physical Therapy Plan...	Page 33
The Role of Occupational Therapy...	Page 35
Total Hip Replacement Home Exercise Program...	Page 36
Medications...	Page 37

Your Hip Replacement Team

A successful hip replacement is a complex process requiring the hard work of many highly skilled healthcare providers and other team members. However, the person who must work the hardest to ensure success is **YOU**, the patient.

Listed below are members of the Littleton Regional Healthcare team. With your help, they will work together to return you to an active, independent and rewarding lifestyle.

Littleton Regional Healthcare has designed its Joint Program with a team approach to help you through your surgery and recovery. The team consists of your surgeon, anesthesia provider, primary care physicians, nurses, physical/occupational therapists and case managers who work together to make your surgery and recovery as successful as possible. At the center of the team is you, the patient. Your commitment and cooperation are vital to a rapid and successful recovery.

Orthopedic Surgeon: Your surgeon and his staff are extremely well trained at the surgical techniques involved in hip replacement. They will see you in the preoperative period, in the surgical suite, post-operatively in the hospital and after discharge in their office. They can describe in detail the surgical procedure and what your expectations may be at any point in the process.

Anesthesia Provider: This individual will provide anesthesia and loss of pain sensation during and immediately after surgery. He or she will discuss with you your anesthesia options including: General Anesthesia, Spinal Anesthesia, Regional Nerve Blocks and other techniques as may be appropriate for you. Your anesthesia provider will monitor your condition during the operation.

Primary Care Provider: This physician is specifically trained to make the general medical pre-operative assessment that you are medically fit for this surgery. While you are in the hospital after your surgery, this person will follow your medical progress. If your primary care provider is not on the medical staff, an LRH physician or hospitalist will work closely with your doctor so your care can be effectively managed while you are here.

Occupational Therapist (OT): This individual will assist you with self-care needs and adaptive equipment as needed during your hospital stay.

Physical Therapist (PT): This individual is critical to your progress in movement and strength of your hip replacement. You will meet with a member of the Physical Therapy Department pre-operatively to understand what will be expected of you and to actually begin the therapy motions and exercises that will be expected of you after your surgery. You will spend many hours with your therapist post-operatively. Work hard at what they instruct you to do, as it is key to a successful recovery.

Case Manager: This individual will help guide you through the process of your hip replacement from start to finish and will be an important resource for you to answer questions and to help coordinate your discharge needs and care.

Surgical Nursing Staff: This staff has been specially trained to provide care immediately before, during and immediately after your surgical procedure. Nurses will be present to assist the surgeon during your actual surgery. They will be present in the operating room with you throughout your procedure and provide care in the Post Anesthesia Care Unit (PACU) following your procedure.

Nursing Staff: The nursing staff has been specifically trained to care for patients having joint replacement surgery and assist you in meeting your goals. Your nurse will review with you each day what the goals, expectations and activities for the day will be.

Patient: You, the patient, are vital to the team. By preparing yourself prior to surgery and understanding the course of events during and after your hospitalization, you will be contributing in a positive way to a successful outcome. Please read this entire book in advance of your surgery. Bring it to your pre-admission physical therapy evaluation and to the hospital on the day of your surgery. Write down any questions you may have. Your hospital team will work together to be sure your questions are answered.

It cannot be emphasized enough that the success of your surgery depends on your hard work. All of these team members will help you achieve this goal.

Controlling Risk Factors

With any major surgery there are certain risks. It is important that you understand the risk involved in having a hip replacement, as well as what can be done to minimize those risks and prevent incidence of complications after your surgery.

Conditions that may increase your risk of having a post-operative complication include:

- Obesity
- Heart and lung disease
- Smoking
- Diabetes
- Tooth disease
- Any sign of infection, such as a recent cold, flu or sore throat or open area of your skin
- Urinary tract infection

When potential problems are identified before surgery, you can work with the healthcare team to assist in the prevention of post-operative complications.

Prior to your admission to the hospital for your surgery, you will be examined by your primary care physician and have routine laboratory tests. After reviewing the results of those lab tests, physical exam, and medical history, the physician will be able to identify any particular health risk factors that you may have.

If high risks are identified, your doctor may recommend additional tests or may discuss with you the need to delay surgery until these risks can be brought under reasonable control. Even now, before you have your pre-admission testing, there are things that you can begin doing to reduce the risk of postoperative complications.

Nutrition

Both poor nutrition and obesity can increase your risk for infection and/or delay wound healing. While excessive weight can make your recovery period more difficult, a crash diet is not the answer. If you are obese and would like to lose weight before or after surgery, we recommend that you join a physician-supervised weight-loss program. As you lose weight, you may see some improvement in your hip function and a decrease in hip pain. When your weight is under control and you have scheduled your hip replacement surgery, it is important that your diet be nutritionally sound and well balanced.

Infection

Bacteria can travel through the bloodstream and are attracted to an artificial prosthesis. Therefore, an infection anywhere in the body can present a problem to a patient with a joint replacement. It is important that you be free of infection before you have your knee replaced, and that you obtain immediate treatment for any infection that may occur after your knee replacement surgery.

The most common areas that may be a source of bacteria in the body are the teeth and the genitourinary tract (bladder/urine). Any problems should be corrected before pre-admission testing.

If you have had any problems with urinating, frequency, burning, or difficulty passing urine, you should see an urologist or family doctor.

Let your surgeon know if you have a cold, sores, cuts, or inflamed areas anywhere on your body.

Making sure that you are free of infection may avoid having to delay your surgery.

Smoking

If you are a smoker, you should join a program to STOP SMOKING NOW. Smoking increases your chances of lung complications and can delay wound healing. If you would like to quit you can use 1-800-879-8678 (1-800-try-to-stop) as a resource or contact your primary care physician for further resources and support groups.

Allergies

If you have any type of metal allergies, especially nickel, let your surgeon know. A different type of hip prosthesis may need to be used.

Possible Complications of Surgery

Complications that can occur following hip replacement include:

Blood Clots

Research has shown that blood clots in the leg can occur in as many as 30-50 percent of people having a hip replacement. Blood clots in leg veins or pelvis are the most common complication of hip replacement surgery. Most of these clots do not cause symptoms and do not present any problems to the patient. Blood clots that occur high in the leg can break loose and move to the lungs (pulmonary embolism) resulting in breathing problems, but these are rare. To prevent these clots from occurring, we will:

- Get you out of bed and walking as soon as possible
- Give you a medication to prevent abnormal clotting, beginning the night of your surgery. The medication is in pill format (Coumadin). A weekly blood test will be required to monitor the effect of the medication. You will continue this medication when you go home for 6 weeks. It is very important for you to follow your physician's instructions exactly.
- An intermittent compression device (sequentials) will be used to increase circulation in your legs until you are able to be up and walking.
- Have you wear your anti-embolism stockings (TED hoses).

Your part in preventing a blood clot includes:

- Moving your ankles up and down when in bed.
- Wearing the compression device as much as possible while in bed.
- Walking as much as you can.
- Wearing elastic support stockings until follow up visit in your surgeon's office. Wear the stocking during the day and take them off at night.
- Limiting sitting – no longer than 45 minutes at a time without walking.
- Being sure to take your anticoagulant (blood thinner).

Occasionally, bleeding into the hip joint from anticoagulation therapy can occur. Usually natural reabsorption of the bleeding will occur and there is not a need for intervention. Very rarely, surgical evacuation is needed.

Because blood clots are a well-known problem following hip replacement surgery, we are constantly monitoring to prevent this complication.

Nerve or Artery Damage

Nerve and blood vessel damage during hip replacement surgery is very rare but may occur due to stretching of the nerve during surgery or the close proximity of blood vessels to the hip area. In addition, postoperative swelling around the hip can cause increased pressure on the nerve, causing tingling, numbness or weakness in the foot or leg.

Members of your health team will:

- Check the motion and sensation in your foot frequently after surgery.
- Remind you to begin ankle pump exercises as soon as you can feel your legs again.

It is important that you tell the nurse immediately:

- If you are unable to do the ankle pumps.
- If you feel any tingling, numbness or burning pain in your foot, as these may be signs of pressure on the nerve.

The sooner we can relieve pressure on the nerve, the sooner it will function normally again. A nerve recovers very slowly, but with time usually returns to normal.

Infection

Although it occurs in less than 2 percent of patients, infection in a joint replacement is one of our greatest concerns. It may necessitate removal of the prosthesis followed by at least six weeks of intravenous antibiotics and then reinsertion of a prosthesis. In addition to considerable expense, this can prolong your recovery.

Precautions taken to prevent infection include:

- Use of a special clean-air operating room, surgical hoods, and gowns that prevent contamination from the staff to you during your surgery
- Use of soap at home the day before your surgery to clean the surface of your skin
- Use of a skin prep prior to the incision being made
- Antibiotics given during surgery and for at least 24 hours after surgery

Your role is to safeguard yourself against infection and obtain immediate treatment if a problem does occur. This means keeping your wound covered when around animals or dirty areas, keeping fingers/hands out of the wound and no swimming, baths or whirlpools (hot tubs) until your surgeon gives you the okay. You should also not use any creams or lotions over the incision and keep the wound clean and dry. It is best to not wear tight clothes over the incision and not let the incision get

moist. In addition, you must be aware that certain routine procedures (e.g. dental cleaning, cystoscopy, proctoscopy) can stir up bacteria and present a risk to your new hip. You must check with your surgeon before scheduling any of these procedures.

One step you can take to reduce your risk of infections is to practice good hand hygiene. Hand washing is a simple and effective way to prevent infection. Soap and water or an alcohol based sanitizer are all that is needed to limit the transfer of bacteria, viruses and other microbes.

Mechanical Problems

Although rare, mechanical problems can occur. Many of these are examples of potential long term complications and not something that would occur in the immediate post-operative period. Some of these cases are:

- Loosening of the prosthesis – this could require revision surgery to correct the problem.
- Fractures – can occur during or after the operation with a fall if bones are brittle.
- Poly Wear – the “plastic” can wear out, necessitating another surgery to replace this polyethylene component, however, this usually takes decades to occur.
- Stiffness – Sometimes soft tissue adhesions prevent you from freely bending your hip. Physical therapy can help prevent and correct any joint stiffness.
- Leg length difference can often be addressed with a simple shoe lift if bothersome.
- Dislocation- if precautions are in place to prevent outer movements please follow these. Your physical therapist will teach you these.

Even taking these problems into account, the success rate for hip replacement is 95 percent at 15 years.

Pre-Admission Assessment

Our goal is to make this experience as smooth as possible for you and your family. You will likely have concerns and questions regarding your surgical procedure. At LRH, our professional staff provides pre- and post-surgical counseling. Please let us know how we can assist you!

STEP ONE: Pre-operative History and Physical by a Primary Care Physician:

You will be required to have a complete history and physical prior to your surgery. This needs to occur no more than thirty days before your surgery. Typically patients have this visit with their regular medical doctor. If you need assistance in finding a primary care physician your surgeon's office may be able to assist you with this.

STEP TWO: Total Joint Camp/Pre-Admission Visit

You will have the opportunity to view a video version of Total Joint Camp, which is an educational session, to prepare you for what to expect during and after your surgery. A link to this camp is available on the Littleton Regional Healthcare/Alpine Clinic website www.thealpineclinic.com. Once you are at the Alpine Clinic website, click on "Patient Services". This will take you to the videos and presentations that you need to be prepared for your surgery. These presentations are available for you at your convenience and should be viewed before your scheduled surgery day. The presentations will provide education from your provider and the anesthesia provider about what to expect. It will also introduce you to a member of the Case Management department who will help you with your discharge planning as well as a Rehabilitation Services to learn about what exercises you will do before and after your surgery.

A pre-admission visit is necessary to help provide the highest quality of patient care for you. Most patients will have this done over the phone. Your provider will determine if they would like you to come for a visit or if this can be done over the phone. This visit is conducted by a Registered Nurse and includes a review of your medical history. During this time you may also meet with a member of the anesthesia department to review your medical history and begin making plans for the type of anesthesia you will receive on the day of surgery.

Pre-Op Testing for Staph Bacteria

We check every total joint replacement patient for staph bacteria. The test is very simple and painless, and is done by swabbing the inside of your nose.

Staph bacteria are very common. We are all exposed to this germ, which can live on the skin of healthy people. It is spread easily by skin contact. Most of the time, staph will not make [people sick, but it can sometimes cause infections. These can be serious in someone who has surgery. "Staph" bacteria that are "resistant" (harder to treat) to the antibiotic Methicillin are often referred to as MRSA.

If the test comes back positive, the doctor will give you a prescription for an antibacterial ointment that will help decrease staph bacteria on your skin. You will be asked to use this twice a day for five days, in addition to once daily showers with a special antiseptic soap that will be given to you by the pre-op nurse at your pre-operative visit. This is an important safety measure for all patients who are having joint replacement surgery.

If the Staph Test Comes Back Positive

If you have staph bacteria, it simply means that this germ was found on your skin. It is very common—up to 30% of people have staph on their skin from time to time, without ever getting sick. It can be easily spread, by skin contact such as shaking hands, or even from everyday items.

If your MRSA test is positive, your provider will contact you and provide you a prescription for an antibacterial ointment to use in addition to the antiseptic soap that the pre-op nurse gave you.

- **Chlorhexidine antiseptic soap** (once a day for the 5 days before your surgery):
 - Remove all artificial nails and all nail polish.
 - Wash entire body from the neck down (not your face, head, or genitals) once daily. A big lather is not necessary! Apply skin moisturizer for dry skin, if required, after bathing.
 - Pay special attention to washing your armpits and groin folds, avoid the rectal and genital areas. Dry with a clean towel, and always put on clean clothes. Change bed sheets frequently.
 - Duration: 5 days. If your surgery is on Tuesday, then start your once daily showers with Chlorhexidine on the Thursday before the surgery on Tuesday.
- **Mupirocin 2% ointment (Bactroban)** (twice a day for the 5 days before your surgery):
 - Apply just inside each nostril twice a day for 5 days, using a cotton tipped swab. No need to put it deep into the nose, apply it just inside the opening of each nostril.
 - Duration: 5 days. If your surgery is on Tuesday, then start your twice daily ointment to the nose with Bactroban on the Thursday before the surgery on Tuesday.

If your MRSA test is negative you won't hear from your doctor's office.

Chlorhexidine antiseptic soap (one time on each of the 2 nights before surgery and once the morning of your surgery—3 times total):

- Remove all artificial nails and all nail polish.
- Wash entire body from the neck down (not your face, head, or genitals) once daily. A big lather is not necessary! Apply skin moisturizer for dry skin, if required, after bathing.
- Pay special attention to washing your armpits and groin folds, avoid the rectal and genital areas. Dry with a clean towel, and always put on clean clothes. Change bed sheets frequently.
- Duration: 3 days. If your surgery is on Tuesday, then start your once daily showers with Chlorhexidine on the Sunday before the surgery on Tuesday.

If you have any questions, please call your surgeon's office, or the Pre-Op Nurse at 603-444-9310 or you may also call the Infection Prevention Nurse at 603-444-9285.

COVID 19 testing: All pre-operative patients will have a COVID 19 testing done prior to having surgery. The testing will be ordered by the office and then you will call 575-6000 to schedule an appointment to be tested. You will be scheduled to come to the drive up testing site at Littleton Regional Healthcare and have a sample obtained.

After your sample is obtained, you should go directly home and remain quarantined until your surgery. If you have family members who live with you who are unable to quarantine, they should be wearing a mask while at home. This helps keep both you and our staff safe.

If you are positive for COVID 19, you will be notified by your provider as your surgery will need to be rescheduled. You will also be given instructions on how to best care for yourself during this time.

If you are negative for COVID 19, your surgery will proceed as scheduled.

Pre-Admission Testing

If your Primary Care Physician and/or Surgeon has ordered lab work, an electrocardiogram (EKG) and/or Radiology tests, you will be able to complete these tests at the time of your pre-admission appointment.

Case Management

There are many arrangements that need to be made prior to your discharge home. Equipment that may be needed upon discharge include a walker and/or crutches, a toilet riser with or without arms, and a shower chair. You may obtain the equipment from family members or friends. There are several medical supply companies that have equipment available and we can also assist you in obtaining these items during your hospital stay. Our goal is to make this as easy for you as possible.

We can also arrange for Home Healthcare and Short Term Rehabilitation Units if needed. Please check with your insurance company for benefits. If you have any special needs during your stay with us, please advise us during your pre-admission appointment so we can ensure everything is ready on the day of your surgery.

Physical Therapy

You will meet a Physical Therapist the day of surgery to start therapy. We recommend outpatient Physical Therapy after you have been discharged home. We also highly recommend that you find a therapy location prior to your surgery and schedule an appointment for day during the week following your surgery.

STEP Three: Day of Surgery

The day of your surgery will be a busy one. On arrival to the hospital, you will stop at Admissions before coming to the Same Day Surgery area. Once in Same Day Surgery, you will change into a gown, and be asked additional questions by your same day surgery nurse, and the information already provided will be reviewed and confirmed along with the completion of a physical assessment.

During this time, the Anesthesia staff will interview you. You will additionally have an IV inserted to allow the anesthesia provider to administer necessary medications, including a preoperative antibiotic. You will have the opportunity to meet one of the operating room nurses who will care for you during your surgery.

Your surgeon will visit you and confirm with you which hip will be operated on. He will then mark the surgical site with a permanent skin marker. When everything has been completed, including answering all of your questions, you will be taken into the operating room where you will be attended by the anesthesia provider, your surgeon and the rest of the operating room team. The amount of time that you are in the operating room will depend upon the complexity of your procedure.

We will do our best to keep you informed of any changes to the schedule that result in a delayed start or the procedure taking longer than planned. We encourage you to ask questions.

Consents



It is important for you to understand the risks and benefits of your surgery, anesthesia and post-operative care, as well as what alternatives are available to you.

Your surgeon will discuss the details of your surgery and address any issues or concerns with you. Consent should be signed prior to your hospitalization. Due to prior or current medical conditions, you might be at a higher risk for complications with this surgery. We want you to be sure that you have had every opportunity to have your questions answered.

Enclosed are some consent forms. Please read these over and make sure you understand them.

You may bring questions or concerns to your visit with the pre-admission testing nurse regarding these forms. You may also direct questions to your surgeon or to other members of your healthcare team at any time prior to or during your stay.

Case Management and Discharge Planning

Please call (603) 444-9045 with any questions or concerns you may have prior to surgery. A case manager will provide patient education, is available to answer questions, and assists in coordinating your care. We will assist in discharge planning, insurance questions and, along with your healthcare team, help determine if you can safely manage at home. You can anticipate being discharged 3-4 days after your surgery. Your case manager and surgeon/physician will keep you informed of your discharge status.

A case manager will visit you while you are in the hospital to discuss your plans for managing home after surgery. The case manager is there to help you arrange for assistive devices such as a walker or crutches, arrange home health, or to assist in the transfer to a short term transitional rehabilitation unit. Each insurance carrier has rules and regulations and makes decisions based on their own criteria, regardless of what your surgeon requests. Your case manager will contact your insurance company and will inform you of your benefits.

A case manager can also provide emotional support during your stay. The case managers work as your advocate and will try to address any question or concern that arise during your hospital stay.

Please speak with your case manager to arrange to have someone in pastoral care visit you during your hospitalization if this is your preference.

If you have completed healthcare proxy, living will, or durable power of attorney for healthcare, please bring a copy with you to the hospital if it is not already on file. If you would like more information about these subjects, please discuss this with the pre-admission testing nurse or your case manager at the time of your pre-admission visit.

Planning For Your Discharge: Home Healthcare Services

Your doctor and case manager may determine that you need home healthcare upon leaving the hospital. If so, a case manager will discuss your needs and setup the appropriate services. Home health can provide many services, among them: a registered nurse, a home health aide, in-home physical therapy and occupational therapy. It is important to remember that your insurance company determines the amount of services you will receive. Each insurance carrier has rules and regulations and makes decisions based on their own criteria, regardless of what your surgeon requests. Your case manager will contact your insurance company and will inform you of your benefits. While we understand that the initial adjustment to being home after surgery is not easy, most patients manage very well, especially those who have prepared in advance.

Planning For Your Discharge: Rehabilitation Services

Your surgeon may determine that you need more therapy before you can return home, and may recommend that you be admitted to a Skilled Nursing Facility for a short-term rehabilitation stay.

The major goal of the skilled nursing facility is to improve your ability to perform key activities of daily living. You will be expected to do as much as possible for yourself; dress in everyday clothes, participate in a minimum of two-three hours of therapy per day, and schedule visits and other activities around therapy times in order to receive the maximum benefit from your sessions.

Please understand that the decision for acceptance to any rehab facility is not controlled by your surgeon. If you meet the criteria set by both the rehab facility and your insurance carrier and a bed is available, you will be discharged to the facility when medically appropriate. Medicare does pay for 20 days of inpatient skilled nursing/physical therapy per year per diagnosis and an additional 80 days that may require you to pay a daily copayment.

Durable Medical Equipment



These are the local providers of equipment, such as wheelchairs, chairs, walkers, commodes, oxygen, etc.

- Apria / Lifeplus
South Burlington, VT
800-524-7801
*Local branch in Littleton, NH on Meadow Street
- Keene Medical Supply
St. Johnsbury, VT
866-748-4185
- Lincare
St. Johnsbury, VT
800-639-1508

Home Health Associations

These are some of the local visiting nurse agencies that provide home physical and occupational therapy services.

New Hampshire Home Health Agencies

- North Country Home Health
Littleton, NH
603-444-5317
- Northwoods Visiting Nurses Association
Lancaster, NH
603-788-5020
- Pemi-Baker Home Health
Plymouth, NH
603-536-2232

Vermont Home Health Agencies

- Caledonian Home Health
St. Johnsbury, VT
802-748-8116
- Orleans & Essex VNA
Newport, VT
802-334-5213

Rehabilitation Centers/ Skilled Nursing Facilities



We suggest visiting rehabilitation facilities before your surgery, if you will need temporary rehabilitation services.

New Hampshire Skilled Nursing Facilities (in the Northern Area)

- Lafayette Center
Franconia, NH
603-823-5502
- Morrison Nursing Home
Whitefield, NH
603-837-2541
- Country Village
Lancaster, NH
603-788-4735
- Grafton County Nursing Home
North Haverhill, NH
603-787-6971

New Hampshire Skilled Nursing Facilities (outside of the Northern Area)

- HealthSouth
Concord, NH
603-226-9800

Vermont Skilled Nursing Facilities

- The Pines Health and Rehab
Lyndonville, VT
802-626-3361
- St. Johnsbury Rehab
St. Johnsbury, VT
802-748-8757
- Mt. Ascutney Hospital
Windsor, VT
802-674-6711

Preparing Your Home for After Total Joint Replacement

You will want to prepare your home before you go in for your total joint replacement surgery so it will be comfortable and safe when you arrive home from the hospital. A little time spent now will make your return home much easier.

Rearrange furniture to clear traffic paths in the house.

Eliminate clutter—clear countertops and organize items you use daily within arm's reach to reduce the need to reach up or bend down.

Secure floor mats with non-skid backing.

Use non-skid mats or adhesive strips in the bathtub.

Repair any loose carpeting.

Check stair railings to be sure they are secure.

Consider first floor options (temporarily), if your bathroom isn't on the main floor would you have access to a portable commode?

Add nightlights at least in your bedroom and bathroom.

Consider putting grab bars in the bathtub / shower.

Consider asking your doctor for a prescription for a shower / tub transfer bench for bathing (insurance will only pay for this under certain circumstances).

Consider using a soap dispenser / liquid soap in the bathtub / shower rather than using hand held soap (if you use a bar of soap, you can place the bar of soap in a nylon stocking and tie it to a bar in the shower / tub).

Make your phone accessible to your primary sitting area and bed. Cordless phones are often helpful. If you live alone you may want to consider arranging services with Life Line by calling 1-800-380-3111 to speak to a Life Line sales representative.

A stable chair for your early recovery with a firm back, two arms, and a firm seat cushion that will allow your knees to remain lower than your hips will assist you in lowering and raising from a seated position.

A raised toilet seat will also assist you in lowering yourself to the toilet seat and ease raising yourself to a standing position.

Home Setup After Joint Surgery

Re-arranging a few items in your home, assessing what equipment you will need, and understanding how to adapt to your environment will help facilitate a smooth transition from the hospital setting back to your home.

Kitchen:

- Make sure all frequently used items are taken out of low storage places and placed on the counter for easy access.
- Move all food in refrigerator to the top shelves.
- Remove all throw rugs as they present a tripping hazard.
- On cooking days, cook for 3-4 meals instead of one, so cooking is kept at a minimum.
- Place a high stool or chair in the kitchen area to sit on while working. (Chopping food, washing the dishes, stirring on the stove or using the microwave.)
- Use the reacher tool to grab items less than two pounds in high and low places to help maintain balance.
- Empty trash when only half full.

Living Room:

- Do not sit on low couches without armrests, as they are difficult to get out of.
- Place a pillow on a low surfaced chair or recliner to increase the seat height.
- Before sitting down, make sure all items are within reach (i.e. telephone, remote control, water, snacks).

Bedroom:

- Sleep on the side of the bed that is closest to the bathroom.
- Place a nightlight in the room for easy visibility when getting up.
- If using a commode, place it at a 90-degree angle to the bed, and keep mobility assistive devices close.
- Use a reacher tool to allow you to grab objects without excessive bending at your hips.
- Use a dressing stick, a sock aid, and a long handled shoe horn to put on and more socks and shoes without excessively bending your new hip.

Bathroom:

- If a tub/shower is the only option for showering, consider a tub transfer bench with or without legs. (If a shower stall is an option, it is recommended to use a commode for both the toilet and as a shower chair.)
- Place the bench in a position so that water controls are within reach. It is best if the bench is placed on the side of the faucet, and a hand held showerhead is used.
- A high raised toilet seat is recommended if there are places next to the toilet to hold onto when standing up, a commode is recommended if there is nothing next to the toilet to hold on to when standing up or lowering down.
- Use a long handled sponge and shower hose to reach areas without having to bend your hip excessively

Adaptive Equipment Options

There are many pieces of equipment available to you if you desire to purchase or get them on loan to aid in your recovery. The following are some recommendations for home setup following a total hip replacement. This equipment is typically covered by most insurances.

Tub Transfer Bench / Tub Transfer Board (Intended for Tub Showers)



Shower Chair / Bench (Intended for Shower Stalls)



Commode / High Toilet Seat: The commode is intended for bedside toileting and can also serve as a shower chair for shower stalls. It may be placed above your existing toilet, used for its height and arm holds.

The raised toilet seat fits on your existing toilet, and is appropriate when hand holds are close.



**Note: These items are not always covered by insurance but the items can be purchased at local stores including Walgreens, Rite Aid, and Wal-Mart.

Financial Information



We understand the billing and collections for healthcare services can be confusing. To assist you in understanding these systems and to answer any questions you have in advance, please review the following material.

The Patient Hospital Bill

Because treatment plans may change during your stay it is difficult to know your final total charges at the time of admission or discharge from the hospital. It is possible that charges may be added to your account after discharge. As a routine practice, the hospital attempts to collect all known patient expenses prior to the delivery of services. This includes deductibles, copays, and co-insurance amounts.

Processing Your Bill

If you have current insurance coverage, the hospital will bill your insurance carrier shortly after healthcare services have been rendered. While we will attempt to provide all information and paperwork to your insurance, sometimes they require a response from you to resolve issues related to your account or insurance coverage. If your health plan has not made a payment within a reasonable period of time (usually 60 days after billing) and has not responded to our attempts to resolve payment matters on your behalf, the balance may become your responsibility.

If you do not have insurance, a bill will be sent to you after discharge requesting payment of any remaining balance. If you are unable to pay the entire amount, or wish to make payment arrangements, please contact Patient Financial Services at (603) 444-9500.

Doctors' Bills

LRH's hospital bill for a hip replacement does not include fees for physician services. Because your treatment includes the services of a surgeon, anesthesiologist, and perhaps other physician specialist, you will receive a separate bill from these providers. If you have any questions regarding any of your physician bills, please call the telephone number printed on the physician bill.

Payment Options

For your convenience, LRH accepts: cash, personal checks, debit cards or money orders, and credit cards. Payment plans may also be available.

Pre-Procedure Instructions

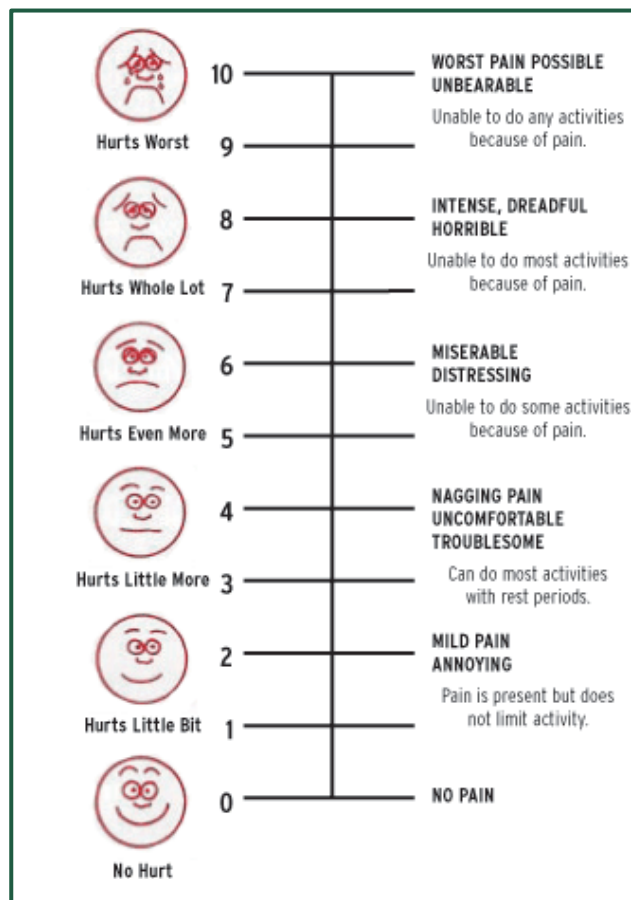
Please read the following information about the day of surgery very carefully. Ask any questions about these instructions in advance of your surgery day.

- Do not eat solid food or drink after midnight the night before you are scheduled for surgery. If you do, we will have to reschedule your surgery! This is for your safety. You may have a small sip of water with any of the routine medications (pills) you were instructed to take.
- Do not smoke, chew gum, or take hard candy or breath mints on the day of your surgery.
- You will be instructed on which of your routine medications you should take on the day of surgery. You may take these medications with a small sip of water.
- Please arrive to the hospital at the time that you are instructed to do so.
- If you develop cold or flu-like symptoms, other ailment or suffer changes in your physical condition prior to your surgical date, please notify your surgeon immediately.
- On the night before and morning of surgery take a shower with the antibacterial soap given during the pre-admission visit, please follow bathing instructions given. Wash your hair with this at the morning shower. Do not apply make-up, lotions, powder, or deodorant after showering.
- Wear loose, comfortable clothing and flat-heeled, closed toe shoes to the hospital.
- Bring an extra set of soft, stretchable pants (like sweatpants) with you to wear when you are discharged home.
- Remember to remove jewelry, watches, rings and all piercings prior to arrival for surgery. Bring a case for contact lenses or glasses.
- Leave your money and other valuables at home or give them to a relative or friend for safekeeping.
- You may bring special music that you would like to listen to during the pre-operative and recovery portion of your surgery.
- Bring this book with you on the day of surgery along with your driver's license and your insurance cards for identification.
- Due to the current global pandemic your family cannot come into the building with you at this time.
- Your family will receive updates via telephone from the Same Day Surgery staff.

Pain Scales

Pain is subjective. This means no one but you knows how you feel. This can make it difficult to determine whether medications or other treatments are helpful in reducing your pain. Throughout your hospitalization, staff will ask you to use a pain scale to rate your pain. Pain scales help you to rate your level of pain and to communicate it to the healthcare team. The use of pain scales also allows the staff to be most helpful to you in treating your pain.

This is the scale used throughout the hospital:



Expect staff to ask you about your pain when taking your vital signs. You will also be asked before you are given pain medication and again after medication to see how effective the medication is for you.

Surgical Consent

Your surgical consent will call your total hip replacement a Total Hip Arthroplasty. It will also state which side surgery will be performed on and list the members of the surgical team who will perform important aspects of the procedure, such as the surgeon and any assistants.

These are the statements from the consent form you will sign on the morning of surgery:

1. I authorize the above-named physician(s)/practitioner(s) and any assistants that he/she may select (collectively, "my Physician(s)"), to perform the above-described procedure or operation on me at Littleton Regional Healthcare.
2. I understand that, during the course of the procedure or operation, a condition may arise or be discovered that my Physician(s) did not or could not have anticipated, and, in that case, I consent to the performance of operations or procedures in addition to or different from those now contemplated which my Physician(s) may consider necessary or advisable to protect my life or health. I agree to the administration of blood and/or blood products, if such treatment becomes necessary during or within 72 hours of my operation or procedure.
3. I consent to the administration of such anesthetics and sedation, either intravenously or otherwise, as may be considered necessary or advisable by the responsible physician(s)/practitioner(s) during the procedure or operation. I understand that there are certain risks to receiving anesthesia/sedation, including but not limited to, adverse reactions, neurological complications, respiratory distress, cardiac arrest, or death.
4. I understand that if certain surgical products or medical devices are required for my procedure, staff from that company may be present to provide technical assistance to the procedural team.
5. I authorize the examination and disposal of any tissues, organs, other body parts, foreign objects or other specimens that may be removed during the course of this procedure or operation, under the direction of Littleton Regional Healthcare's Chief of Pathology.
6. I consent to photography or videotaping, under the direction of my Physician(s), of the procedure and/or specimens, for purposes of medical education and/or anonymous publication.
7. The nature and purpose of the operation or procedure named above, likely benefits, reasonable alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I understand that the practice of medicine and surgery is not an exact science, and I agree that no guarantees or assurances have been made to me about the results of this procedure or operation. I understand that it is impossible for physician(s)/practitioner(s) to predict and disclose all of the possible risks or complications of the proposed procedure.
8. If I have a Do Not Resuscitate Order, I have been given an opportunity to advise caregivers of my intent if life saving treatment is needed during this procedure.

Tips for Family After Surgery



- It is okay to bring your family member's favorite foods to the hospital, if the treats are within their dietary restrictions. This food will need to be left with the hospital screener and delivered to your family member by the staff.
- Be sure the car used to bring your family member home is large enough to get into easily. Small, compact cars may not be appropriate and can cause unnecessary discomfort.
- Encourage your family member to follow all the instructions and guidelines that they have been given. This is especially important, since they might be discouraged by pain and fatigue that often follows surgery.
- Call the surgeon's office if you have any questions or concerns.
- Your family member's temperature will tend to rise in the evening (they might even experience "night sweats"), but will go down to near normal during the day. If their temperature stays elevated to more than 100.4 degrees Fahrenheit for 24-48 hours without going down, please contact the surgeon's office.
- When your family member is home from the hospital encourage them to do as much as possible without your assistance. This will help them recover more quickly and give them a greater sense of independence.
- Keep number of visitors/hours to minimum so that the patient utilizes energy for rehab.

Post Anesthesia Care Unit (PACU or Recovery Room)

When your surgery is complete, you will be taken to our Post Anesthesia Care Unit (PACU or Recovery Room). This is a critical care unit with specially trained Registered Nurses who will watch you closely (one nurse may have one to two patients at a time) while you begin your recovery from anesthesia.

Your care will be similar whether you have had general or spinal anesthesia. The minor differences are specified in bold below.

While you are in the PACU (recovery room) your vital signs will be monitored and you will be connected to a blood pressure cuff, heart monitors, and a device called a pulse oximeter that will be placed on your finger to monitor how much oxygen is in your blood. Your pain level will be assessed based on a pain rating scale of 0-10, with 10 being the most severe. Your pain level will be monitored every five minutes and as needed. Your pain will be managed with the pain medication ordered by your surgeon and anesthesia provider according to your individual needs. The medication will be given to you either through your intravenous access or pill form. **If you had a spinal anesthetic, the level of anesthesia relative to your body will be assessed every 12 minutes.**

Your temperature will be taken on arrival to the recovery room and as needed to ensure you are warm enough, as the operating room is kept cool. A Bair Hugger (warming device) may be applied to maintain normal body temperature.

If you have chosen a general anesthetic, you may arrive in the recovery room with the breathing tube still in your airway depending on how well you are breathing. When your breathing is stable enough, the nurse will remove the tube and apply an oxygen mask. You may experience a bit of a sore throat after the breathing tube comes out. This is normal. If the breathing tube is out prior to your coming into the recovery room, oxygen may be applied. The oxygen may be delivered by face mask or cannula in your nose.

If you have chosen a spinal anesthetic, you may be groggy, as you may have gotten some relaxing medication through your intravenous line, but you will be awake. Because you may be groggy and the relaxing medication you were given affects your breathing, you may be put on an oxygen mask until your vital signs are stable.

Prior to surgery, an antiembolism stocking (TEDs) and an intermittent compression device (sequentials) was applied to your unaffected leg to help with the prevention of blood clots. A stocking and sequential will also be applied to the surgical leg in the recovery room. We included this important step to help minimize the risk of postoperative blood clots.

Surgical bandages are checked every time your vital signs are checked to ensure that they remain dry and intact.

A 5 pound sandbag may be applied for compression on the surgical site.

Ice may be applied to provide cooling and compression to the area to decrease swelling and discomfort.

An x-ray of the surgical area is taken in the recovery room for the surgeon to compare with the preoperative x-ray and to show the hardware that was implanted in you for accuracy and comparison to your unaffected joint.

Under most circumstances, your total time in recovery room will be approximately an hour, however, you will be observed there until you meet the discharge criteria and are awake enough to be transferred to your room on the Medical Surgical Unit.

Your Hospital Stay/ Medical Surgical Unit

When you arrive on the Medical Surgical Unit, you will have a Registered Nurse (RN) caring for you. The Registered Nurse will continue to monitor vital signs (blood pressure, pulse, respirations and temperature, pulse oximetry) movement and sensation of your legs as well as pain level frequently. As your anesthetic wears off, the frequency of vital signs will decrease. The RN also assesses and manages many other components of your care with help from a Licensed Nursing Assistant (LNA) including the following:

IV: The intravenous catheter will remain in place to administer fluids and medications. The IV may be capped when you are able to take adequate fluids by mouth.

Intake and Output: Your caregivers may need to know the amount of liquid you are getting. They may also need to know how much you are urinating. Caregivers often call this “I&O”.

- When you are allowed, drink 6 to 8 cups of water each day. Follow your caregiver’s advice if you must change the amount of liquid you drink. If you are on I&O, tell your caregiver how much liquid you drink.
- Ask your caregiver if you need to urinate in a container. The urine may need to be measured before it is discarded.

BMs: This is also called having a bowel movement, or a stool. At first you may not be able to get out of bed to urinate or have a bowel movement. You may need to use a bedpan. Your caregiver will assist you in using the bedpan so you do not hurt your hip. Because pain medication can cause constipation, drinking plenty of fluids, and eating foods like fruit, bran, and prune juice can help you have a bowel movement. Your caregiver may additionally give you fiber medicine to make your bowel movements softer.

Ice: We may use ice to decrease your pain and/or swelling. Ice is best started right after surgery and used 24 to 48 hours afterwards. Caregivers may place ice bags on and around your hip. Follow your caregivers instructions for how often and how long to use them. Do not allow ice to remain on bare skin as it may cause frostbite.

Activity: Will be initiated and directed by the physical therapist and nursing staff. We will encourage you to perform an activity referred to as deep breathing and coughing. This activity decreases potential problems with your lungs after having surgery. We will ask that you deep breathe and cough every hour while you are awake, including if you wake up during the night.

- Deep breathing opens up tubes going to your airways. Coughing helps to bring up sputum (mucus) from your lungs for you to spit out. Take a deep breath and hold the breath as long as you can. Then push the air out of your lungs with a deep strong cough. Put any sputum (mucus) that you have coughed up into a tissue. Take 10 deep breaths in a row every hour while awake. Remember to follow each deep breath with a cough.
- You may be asked to use an incentive spirometer. This is a device to help you take deeper breaths. Instructions will be provided by the nursing staff in how to effectively use this device.

Eating: If you do not have problems after drinking liquids, caregivers may let you eat soft foods. If you do OK with soft food, you may begin eating your regular diet.

Oxygen: You may have extra oxygen in place to help you breathe easier. It may be given through a mask or nasal cannula. A nasal cannula is a pair of short thin tubes that rest just inside your nose.

Anti-Embolism Stockings: These tight elastic stockings help to keep blood from staying in the legs and causing clots. The stockings are also called TEDS.

Pain: The nurse will help you manage your post operative pain. We use a pain scale that means a “0” is no pain and a “10” is the post pain you could imagine. The pain scale is a way for your nurse to measure your pain and reassess whether or not the interventions or pain medications are working. It is impossible for your nurse or doctor to make you pain free after having surgery. Our goal is to make your pain as tolerable as possible so that you can do activities of daily living and participate with physical therapy.

Intermittent Compression Devices (Sequentials): These are plastic leggings put on your feet or legs over anti-embolism stockings or ace wraps. The leggings are connected to an air pump machine. The pump tightens and loosens different parts of the leggings. This helps push the blood back up to the heart to keep clots from forming.

The Medical Surgical Unit staff will work closely with your surgeon/physician, case manager and other ancillary departments to ensure that your anticipated recovery and discharge is within 3-5 days after surgery.

Physical Therapy Department

Pre-operative Information for Hip Replacement Patients

This packet is designed to give you general knowledge of what to expect, and what is expected of you, as you prepare for your upcoming surgery. The following could be altered slightly by your surgeon or physical therapist, according to your individual needs.

Your physical therapist will work with you after surgery to:

- Become independent getting in and out of bed.
- Become independent walking with the appropriate assistive device (most likely a walker, possibly crutches).
- Be independent going up and down a few steps.
- Be independent with the post-operative exercise program.
- Educate you on hip precautions, if appropriate.
- You will have physical therapy each day while in the hospital.

Post-op Day #1 (Morning of the Next Day)

Physical therapy begins:

- Exercises begin to strengthen and gain range of motion.
- You will sit up at the edge of the bed.
- You will stand at the walker and will be walking at your individual tolerance.
- Teaching you hip precautions, if appropriate.

Post-op Day #2 (Through Discharge)

Your program will progress as you tolerate, working toward more independent walking, exercising and activities of daily living. As you progress, you may switch from a walker to crutches, depending on balance and strength. The following goals should be achieved prior to discharge (2-5 days after surgery):

- Get in and out of bed independently.
- Get up and down from seated position safely (including the toilet).
- Walk safely with appropriate assistive device.
- Show a good understanding of your home exercise program
- Continue hip precautions, if appropriate

Ice

An ice pack will be placed at the surgical site. Ice needs to be refreshed at times and you may need to tell your nurse when your ice no longer feels cold.

Bathroom Needs

You are encouraged to use the bedside commode or walk to the bathroom. Because of the equipment, you will need to ask for the assist of the nursing staff.

Meals

Beginning on the second day after surgery, you should be eating all your meals while sitting in the bedside chair. You may need to ask for nursing assist to get into the chair for your meals.

Attire

Please bring shorts and a t-shirt, or comfortable, loose clothing to wear during the day once the IV's have been removed. You will be more comfortable exercising in these clothes than in the hospital gown. Soft soled, tie on or slip on shoes are also recommended.

On behalf of the Physical Therapy Department at Littleton Regional Healthcare, we look forward to working with you. Please call us at (603) 444-9530 with any questions.

The Role of Occupational Therapy

Your occupational therapist (OT) will, in most circumstances, see you the second or third day following your surgery. Based on your needs, you may need to see the OT only once, or you may see him/her a couple of times.

Your occupational therapist will work with you to:

- Show you how to dress your lower body with techniques, or adaptive equipment until your hip has functional range of motion again.
- Show you how to access your shower at home and assist you to shower on post operative day #2.
- Assist you with any equipment that is most appropriate for your needs and financial situation.
- Show you how to put on your compression stockings.
- Answer any questions or concerns you have about your home environment, changes or adaptations you may need.
- Educate you on hip precautions for modifying home tasks, if appropriate.
- Complete exercises to strengthen you for your activities of daily living.

Your occupational therapist may give you some equipment while you are at the hospital. Each piece of equipment and its function is as follows:

- Reacher: Long grabber that picks up things less than two pounds and assists with putting on and taking off pants if you have difficulty reaching down to the floor and your doctor has ordered hip precautions.
- Sock-Aid: Device that helps you put on your own socks and compression stockings by yourself without having to lean over or bend your hip.
- Long Handled Sponge: For ease of washing yourself while sitting.
- Long Handled Shoe Horn: For ease of putting on your shoes until you have more range of motion.
- Leg Lifter: Assists you in moving the operative leg until your muscles start working properly again.

You will need comfortable pants and shoes with you to practice these techniques with your occupational therapist before you are discharge home. If you have any questions regarding your home situation or tasks while recovering from your surgery, feel free to call (603) 444-9530.

Total Hip Replacement Home Exercise Program

Your home exercise program is designed and modified with you in mind. The exercises will speed your recovery and make you more mobile quicker. It is important that you devote time each day to the exercises. The exercises should be done at least 2-3 times per day. You will be starting outpatient physical therapy as soon as you are able to tolerate being away from home and can get in and out of the car easily.

IMPORTANT INFORMATION

- Once you are discharged from the hospital, you must keep working on the exercises you were taught while in the hospital.
- It will take several months for the swelling in your hip to go down. Icing your hip in the post-operative period is very important. For the first few days at home, use the ice several times a day. You should especially ice after walking or exercise.
- You should change positions frequently. Try not to sit for longer than 45 minutes at a time without getting up and walking. Sitting too long may cause swelling of your entire leg. Doing ankle pumps while sitting may help alleviate some of this swelling.
- If you develop fever, swelling, increased pain or drainage from your wound, contact your surgeon immediately.
- It is important that you tell your dentist and physicians that you have a total joint replacement. You may require prophylactic antibiotics before and after any invasive procedures or dental work to protect you from systemic infections.
- Your new hip may activate metal detectors in airports and department stores.

Medications After Joint Replacement Surgery

The most commonly prescribed medications after surgery are antibiotics to prevent infection, anticoagulants to prevent blood clots, and analgesics to control the pain.

ANTIBIOTICS

Antibiotics reduce or eliminate bacteria and are prescribed before and after joint replacement surgery to guard against infections. Antibiotics are routinely given for at the first 24 hours following your operation. It is important to notify your surgeon, anesthesia provider or nurse if you have any history of drug allergies or recent infections.

ANALGESICS (Pain Medicine)

We would like to assure you that pain or discomfort following your surgery will be closely monitored and controlled. There are various types and methods of medications used depending on the severity of your pain. The best method for you will be determined by your surgeon and anesthesia provider.

Non-narcotics such as acetaminophen are given orally for mild to moderate pain. This medication can be obtained without a prescription but your surgeon needs to be aware of all non-prescription medications you are taking. Possible side effects of nausea, vomiting, or stomach pain sometimes occur so it is best to take these medications after meals with a full glass of water in order to minimize such problems.

However, if you experience severe dizziness, headaches, ringing in the ears or skin rash you should contact your surgeon immediately.

Narcotic medications such as Oxycodone and Dilaudid are prescribed for moderate to severe pain. These medications are usually given intravenously or by injection for the first 12-24 hours after surgery, but as your pain decreases you will be given pain medications orally. Common side effects from narcotics include nausea, vomiting, constipation, drowsiness or dizziness. Taking the medication orally with food will minimize many of the stomach problems. Narcotics can be habit forming so you should not take them more often or for longer periods than your doctor prescribes for you.

As with all medications, keep them out of the reach children!

ANTICOAGULANTS (Blood Thinners)

Blood clots sometimes occur due to the long periods of bed rest after surgery. Anticoagulants are prescribed to prevent blood clots from forming or getting larger, typically for six weeks post

operatively. Your orthopedic surgeon will discuss this with you. The most common medications used are Xarelto or Lovenox (do not take aspirin, Advil, Motrin, Nuprin, Aleve, or Ibuprofen while you are on these medications).

CYCLOBENZAPRINE (Flexeril)

This medicine is a pain reliever and muscle relaxant. It decreases muscle pain and spasms. It may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- Drowsiness or dizziness
- Blurred vision
- Dry mouth
- Headache
- Nervousness

Other side effects may occur, but are not as common. Allergy would show up as: **rash or itching, facial or throat swelling, wheezing or shortness of breath.**

Follow these instructions:

- Continue to rest and use physical therapy as directed by your doctor.
- Read the labels on your non-prescription medicines, especially cough, cold and allergy medicines. Many contain ingredients that cause additional drowsiness. Talk with your doctor or pharmacist before taking these medicines with cyclobenzaprine.
- Keep all follow-up appointments with your doctor.
- Sit or stand slowly to reduce dizziness.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose of this medicine and remember it within an hour of the missed dose, take it right away. If you do not remember the missed dose until later, skip the missed dose and go back to your usual schedule. Do not double the doses.

Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

Call your doctor if you have:

- Any sign of allergy
- Extreme dizziness or fainting
- Stomach pain, nausea or vomiting
- Fast heartbeat
- Depression or mental changes, such as confusion
- Yellow color to your skin or eyes
- Trouble urinating
- Ringing in your ears
- Clumsiness
- Any new or severe symptoms

PROMETHAZINE (Phenergan)

This medicine is an antihistamine. It will help prevent and relieve the sneezing, runny nose, itchy and watery eyes of colds or allergies. It may be used to prevent motion sickness, nausea and vomiting, and dizziness. Promethazine also helps relieve anxiety and helps people relax before a medical procedure.

Side effects may include:

- Drowsiness
- Dry mouth
- Vision changes
- Headache
- Constipation
- Sun sensitivity (some people will sunburn more easily)

Other side effects may occur, but are not as common. Allergy would show up as: **rash or itching, facial or throat swelling, wheezing or shortness of breath.**

At home, follow these instructions:

- If you will be taking this medicine for motion sickness, take it 30 to 60 minutes before you travel.

- Take this medicine exactly as prescribed. Do not change the dose or stop taking this medicine without talking with your doctor.
- Read the labels on all non-prescription medicines before you take them. Many contain antihistamines or other ingredients that cause drowsiness.
- If you have scheduled allergy tests, do not take this medicine for several days before the tests. Promethazine can affect the results of allergy tests. Talk with your doctor for more information.
- If you will be having an X-ray of your head, spinal canal or nerves, tell your healthcare provider you are taking this medicine. If you will have a dye, or contrast agent, put into your spinal canal during this procedure, know that promethazine can increase your chance of having a seizure.
- Use sugarless gum, or suck on sugarless candy or ice chips to help relieve a dry mouth.
- Protect your skin from the sun. Use sunscreen and protective clothes when outside.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Do not share this medicine with others.
- Store this medicine at room temperature, away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.

Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.

Call your doctor if you have:

- Any sign of allergy
- Restlessness, trembling or shaking
- Muscle stiffness
- Loss of balance or uncontrollable movements
- Trouble speaking, confusion or mood changes
- Seizures
- Dark urine or a yellow color to your skin or eyes
- Trouble breathing
- Irregular or fast heartbeats
- Unusual bleeding or bruising
- Severe drowsiness or weakness
- Any new or bothersome symptoms

- If you miss a dose, take it as soon as possible. If you do not remember until the next day, do not take the missed dose. Do not double up on the next dose. **Keep a record of any missed doses to show your doctor.**

HYDROMORPHONE HYDROCHLORIDE (Dilaudid)

Hydromorphone is used for moderate to severe pain. Hydromorphone is in a drug class called narcotic pain relievers. Narcotics can cause sleepiness and addiction or dependence on the drug. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- Sleepiness or dizziness
- Upset stomach
- Constipation (hard stools)
- Mood changes
- Dry mouth

Other side effects may occur, but are not as common. **Allergy would show up as: rash or itching, facial or throat swelling, wheezing or shortness of breath.** This medicine can be habit forming if used for a long period of time.

Follow these instructions:

- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Do not share this medicine with others, as this medicine is a controlled substance. Sharing this medicine with others is against the law.
- Sit or stand slowly to avoid dizziness.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day
 - Include extra fiber in your diet
 - Exercise daily
- Watch for signs of dependence:
 - Feeling that you "cannot live without this medicine"
 - You need more of this medicine than before to get the same relief
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule.

Do not double the doses.

Talk with your doctor before taking any other medicines (including herbals) as you may require additional monitoring especially:

- Other medicines that cause sedation (dangerous sedation or sleepiness can occur):
 - Sleeping pills
 - Antihistamines such as Benadryl, Dimetane, Chlro-Trimeton, others

Call your doctor if you have:

- Any sign of allergy or dependence
- Slow, irregular breathing or heartbeat
- A yellow-color to your skin or eyes, or dark urine
- Stomach pain
- Unusual anxiety
- Unusual or extreme tiredness
- Any new or bothersome symptoms

OXYCODONE

This medication is used to treat moderate to severe pain. This medication is a narcotic pain reliever.

Side effects may include:

- Sleepiness or dizziness
- Upset stomach
- Constipation (hard stools)

Other side effects may occur, but are not as common. **Allergy would show up as: rash or itching, facial or throat swelling, wheezing or shortness of breath.** This medicine can be habit forming if used for a long period of time.

Follow these instructions:

- Do not share this medicine with others, as this medicine is a controlled substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day
 - Include extra fiber in your diet
 - Exercise daily
- Watch for signs of dependence:

- Feeling that you "cannot live without this medicine"
- You need more of this medicine than before to get the same relief
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.

Talk with your doctor before taking any other medicines (including herbals) as you may require additional monitoring especially:

- Other medicines that cause sedation

Call your doctor if you have:

- Any sign of allergy or dependence
- Slow, irregular breathing or heartbeat
- A yellow-color to your skin or eyes, or dark urine
- Stomach pain
- Unusual or extreme tiredness
- Any new or severe symptoms

ACETAMINOPHEN and CODEINE (Tylenol #3)

This is a mixture of two pain relievers. Together they can relieve moderate to severe pain. Acetaminophen/codeine may also be prescribed to reduce a cough. This combination medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- Sleepiness or dizziness
- Upset stomach
- Constipation (hard stools)

Other side effects may occur, but are not as common. Allergy would show up as: **rash or itching, facial or throat swelling, wheezing or shortness of breath.** This medicine can be habit forming if used for a long period of time.

Follow these instructions:

- Never take more of this medicine than prescribed
- Read the labels on non-prescription cough and cold medicines. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen

- Do not share this medicine with others, as this medicine is a controlled substance. Sharing this medicine with others is against the law
- Watch for signs of dependence:
 - Feeling that you "cannot live without this medicine".
 - You need more of this medicine than before to get the same relief.
- To avoid constipation while taking this medicine:
 - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
 - Include extra fiber in your diet.
 - Exercise daily.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.

Talk with your doctor before taking any other medicines (including herbals) as you may require additional monitoring especially:

- Monoamine oxidase inhibitors ("MAOI") such as Marplan, Nardil or Parnate taken in the last 14 days. Dangerous side effects could occur.
- Other medicines that cause sedation (dangerous sedation or sleepiness can occur)

Call your doctor if you have:

- Any sign of allergy or dependence
- Slow or irregular breathing or heartbeat
- A yellow-color to your skin or eyes, or dark urine
- Unusual or extreme tiredness
- Any new or bothersome symptoms

ASPIRIN (Empirin, Bayer, buffered aspirin - Bufferin, enteric coated aspirin - Ecotrin, baby aspirin or children's aspirin, others)

Take this medicine **with food** in the following dose: by mouth

WARNING: Do not take this medicine if you are in the last 3 months of pregnancy. Severe bleeding can occur.

This medicine is used to reduce fever and pain. Aspirin also relieves the symptoms of arthritis, such as inflammation (pain and swelling). A small daily dose of aspirin may be used to prevent blood clots from forming in your body. This helps prevent heart attacks and strokes. Aspirin may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- Heartburn
- Abdominal pain, nausea or vomiting

Other side effects may also occur, but are not as common. Allergy would show up as: **rash or itching, face or throat swelling, wheezing or shortness of breath.**

Follow these instructions:

- Swallow the enteric-coated or capsule form of this medicine whole. Do not crush or chew it.
- Do not take this medicine if you are pregnant. Talk to your doctor right away if you are pregnant while taking this medicine.
- Read the labels on all over-the-counter medicines before taking them. Many contain additional aspirin or salicylic acid (e.g. Pepto-Bismol). Talk to your doctor or pharmacist if you have any questions.
- For diabetics, aspirin can cause false positive results when testing your urine for sugar. Talk with your doctor if you have any problems with this.
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is within 4 hours of your next dose, skip the missed dose. Do not double the doses.

Talk with your doctor before taking any other medicines (including herbals) as you may require additional monitoring especially:

- NSAID's such as ibuprofen, Advil, Motrin, Naprosyn, Indocin, others
- Alcohol (aspirin combined with heavy drinking can cause severe bleeding)

Call your doctor if you have:

- Any sign of allergy
- Increased bleeding or bruising:
 - Nose bleeds
 - Blood in your bowel movements that are bright red or black and tar-like
 - Blood in your vomit that is red or looks like coffee grounds
- Stomach pain
- Ringing or buzzing in your ears
- Confusion, dizziness or weakness
- Trouble seeing
- Any new or bothersome symptoms

After Your Total Joint Replacement:

While joint replacement surgery is a very successful, artificial joints are not as resistant to infection as the normal joints of your body. You should be aware that any infection, be it a boil on the skin or an infection in the bladder, can lead to infection in your new joint.

To prevent this from happening, infections should be treated promptly by a physician and should include antibiotic treatment.

There are certain situations that place you at risk for getting an infection even though you may not currently have one. The most common situation is during any dental work that can cause bleeding of the gums. This includes cleaning of the teeth.

There is no medical proof that taking antibiotics before dental procedures will lower the risk of infection. There is a small risk of allergic reaction any time you take a medication. However, the surgeons at Littleton Regional Healthcare along with the American Academy of Orthopedic Surgeons suggest taking special care for these procedures.

Our physicians recommend antibiotic prophylaxis for dental work and other high-risk procedures be continued for a lifetime.

We feel that the small risk of problems with oral intake of the antibiotic is worth the benefit of avoiding an infection in the area of your new joint.

Our current antibiotic suggestions are listed below. If you have questions, you should talk with your dentist or orthopedic surgeon.

You should avoid dental work for 6 months after your hip replacement.

SUGGESTED ANTIBIOTIC PROPHYLAXIS REGIMENS:

Patients NOT allergic to penicillin: Cephalexin (such as brand name Keflex), cephradine, or amoxicillin – 2 grams orally 1 hour prior to dental procedure

Patients allergic to penicillin: Clindamycin – 600 milligrams orally 1 hour prior to dental procedure

Insert TAB 2



Where good health begins.

Information About Our Hospital To Make Your Stay Easier

*For You, Your Family
And Friends*



Visiting Hours

Due to the Global Pandemic, LRH is not allowing visitors at this time. Staff can assist you with video chatting if you would like.



Patient Room Services



Littleton Regional Healthcare offers hotel-style room service for you. Simply choose what you want and call Food & Nutrition at x9545. In 45 minutes or less, your meal arrives at your room!

You can pick from two specials each day. Tell us if you want a vegetarian meal. Maybe you want a homemade sandwich, fresh soup, or salad bar?

Feel like comfort food? We offer chicken soup, a grilled cheese or PBJ, and macaroni and cheese.

We always check with your doctor to be sure you can have all menu items.

Telephones



All of our patient rooms have phones. If you need TTY/TDD, we have these. Payphones are located in the hospital. Each Guest Services Desk also has a phone you can use for local and in-hospital calls. Cell phones do not work well in the hospital. Please plan another way to talk to family and friends when you are a patient.

Moose Ledge Gift Shop *Currently closed due to Global Pandemic*

We invite patients and visitors to the Moose Ledge Gift Shop. It is near the Café Area on the main floor of the hospital. Shoppers can find lots of gifts for children and adults. They include flowers, cards, candles, magazines, newspapers, balloons and "special" items throughout the year.

Want to send your loved one flowers while he/she is a patient? The Moose Ledge Gift Shop has flowers from Artistic Gardens of St. Johnsbury. To order, please call 603-444-9507.

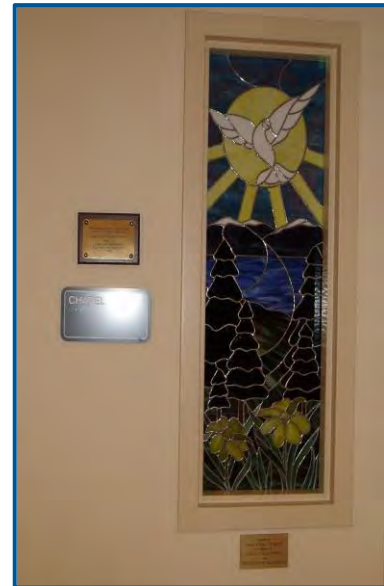
The LRH Auxiliary manages the Moose Ledge Gift Shop. Proceeds directly support the hospital.

Gift shop hours are weekdays 8:00 am to 4:00 pm, and the gift shop is closed on Saturdays and Sundays.

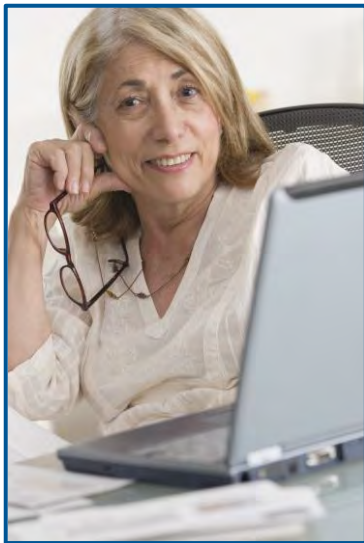


Chapel

The Chapel at the hospital is located just off the Upper Atrium. If you need help, please ask at the Main Lobby or at any nurse's station. We provide support for the spiritual care of people of all beliefs and religions.



Wireless Internet Access



Wireless access is available throughout public areas of the facility and in all patient rooms. iPads are also available for patient use.

Local Dining

Restaurants and Takeout

Applebee's (603) 444-1796	The Little Grille (603) 444-0395
Asian Gourmet (603) 444-8838	The Littleton Diner (603) 444-3994
Beal House (603) 444-2661	McDonald's (603) 444-3933
Bagel Depot (603) 444-1694	Miller's Fare Café & Bakery (603) 444-2146
Bailiwicks Fine Restaurant (603) 444-7717	Porfido's Pizza & Deli (603) 444-6771
Burger King (603) 444-1335	Pizza Hut (603) 444-6493
Chang Thai (603) 444-8810	Subway (603) 444-6100
The Coffee Pot (603) 444-5722	Topic of the Town (603) 444-6721
Gold House Pizza (603) 444-6190	99 Restaurant & Pub (603) 444-7999
Jing Fong Chinese Restaurant (603) 444-6688	

Local Lodging

Hotels, Motels, and Inns

Adair Country Inn (603) 444-2600	Maple Leaf Motel (603) 444-5105
Beal House Inn (603) 444-2661	Sugar Hill Inn (800) 548-4748
Best Western (603) 823-7422	Sunset Hill House (603) 823-5522
Hampton Inn (603) 444-0025	Thayer's Inn (603) 444-6469
Littleton Motel (603) 444-5780	Exit 41 Travel Inn (603) 259-3085

Directions To Our Facility

1. Take Exit 43 off I-93.
2. Turn right onto Route 135.
3. Take another right onto Saint Johnsbury Road. The hospital is on your right. At the main entrance, bear left and park in the main entrance parking lot. Come in through the main doors. A Guest Services Desk and patient registration are located right on your left.



Insert TAB 3

What to Expect Day-By-Day Total Hip Replacement

Total Hip Patient Pathway

We specialize in the care of patients undergoing joint replacement surgery. We are dedicated to returning our patients to independent living with an improved quality of life. The Total Hip Patient Pathway lists what you can expect to happen on the three days following total knee replacement surgery.



Day Of Your Surgery

Activity

- You should do ankle pumps while you are in bed.
- Physical therapy will see you. You will be out of bed and in a chair.
- The physical therapist will help you walk with a walker or crutches.
- Occupational therapy will assist you in the activities of daily living.

Medications

- Your pain will be controlled with medications given through an intravenous catheter and oral medication (pills).
- You will receive antibiotics to prevent infection.
- You will receive a blood thinner and wear stockings to help prevent blood clots.
- You will start on a stool softener to avoid constipation.

Breathing Exercises

- Deep breathing and using the incentive spirometer every one (1) hour is important to prevent fevers and pneumonia. Just as important is getting up to a chair and walking. Lying in bed makes your heart and lungs lazy.

Diet

- You will start with a diet as tolerated and advance to a diet prescribed by your surgeon.

Self-Care

- You can feed yourself.
- You can bathe your face and upper body. The nurse will assist you with your legs.
- Bring loose fitting clothes and sturdy shoes that don't slip (like tennis shoes) to use during physical therapy and when you practice dressing with the occupational therapist.
- You will be up to the bathroom or commode with assistance

Planning Your Discharge

- You will meet with the case manager to plan your discharge.



Day One

After Your Surgery

Activity

- Physical therapy is two times a day.
- The physical therapist will help you with hip exercises and walking with a walker or crutches.
- Occupational therapy will assist you in the activities of daily living.

Medications

- Your pain will continue to be managed with medications that you will take by mouth.
- You will continue to get a blood thinner and wear the stockings to help prevent blood clots.
- You will get a stool softener to avoid constipation.

Breathing Exercises

- Deep breathing and using the incentive spirometer every hour is important to open closed alveoli (air sacks) of the lung and help to prevent fevers and pneumonia.

Diet


- You will be on a diet prescribed by your surgeon. You will be encouraged to drink plenty of fluids.

Self-Care

- You will be able to bathe yourself with help for your legs.
- You will be out of bed to the bathroom with assistance. A bedside commode will be available if you are unable to walk to the bathroom.

Planning Your Discharge

- You will meet with your Case Manager and Physical Therapist to continue the discussion about equipment needs at home
- If you pass Physical Therapy (PT), your pain is controlled and you are medically doing well, discharge will be discussed.



Day Two

After Your Surgery—If you do not go home on Day One

Activity

- You will be able to get out of bed independently or with minimal assistance.
- You will be able to walk with a walker or crutches.
- You will receive physical and occupational therapy before discharge.
- You will be independent with your exercise program for home.

Medications

- Your pain will be managed with oral medication.
- You will continue to get a blood thinner and wear the stockings to help prevent blood clots.
- A review of the medications you are going to take at home will be included with your discharge instructions.

Breathing Exercises

- Do your deep breathing exercises every hour while you're awake.

Diet

- You will be on your normal diet, but to help prevent constipation eat plenty of fresh fruits and vegetables and drink several glasses of liquid daily.

Self-Care

- You will walk to the bathroom with one of the staff or you will be cleared by the therapist to walk on your own.
- You will be able to dress and bathe yourself with some help for your legs.

Planning Your Discharge

- You and your family will receive verbal and written discharge instructions.
- The nurse will review good nutrition and its importance in wound healing.
- Your doctor may request home care services, such as visiting nurses and physical therapy or outpatient physical therapy.
- If you are going to rehab your Physical Therapy and Occupational Therapy will continue there.

Insert TAB 4

Day/Date of Surgery: _____

MY SURGICAL PREPARATIONS

BRING THIS FORM WITH YOU ON DAY OF SURGERY

If my MRSA test is positive:

- My doctor's office will call me with a prescription for an antibiotic ointment that I will need to pick up at the pharmacy
- I will need to use both the soap and the ointment for 5 days
- Please check off each time you complete your prep

CHLORHEXIDINE SOAP: shower once a day for 5 days

DAY 1	DAY 2	DAY 3	DAY 4	Morning of Surgery DAY 5
-------	-------	-------	-------	--------------------------------

ANTIBIOTIC OINTMENT (Mupirocin): twice a day for 5 days

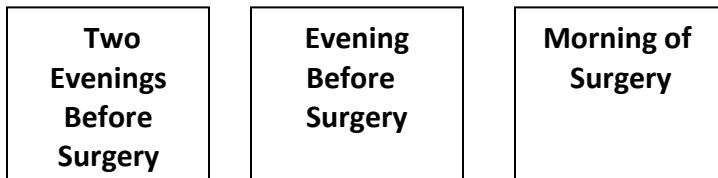
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5

Please turn over if your MRSA test is negative

If my MRSA test is negative:

- **If I don't hear from my doctor's office, then my MRSA test was negative**
- **I will need to use the soap once the night before surgery and once again the morning of the surgery (2 times total)**

CHLORHEXIDINE SOAP: shower once the two nights before surgery and once the morning of your surgery (3 times total)





PRE-OPERATIVE BATHING INSTRUCTIONS

Before your surgery, you can play an important role in your health. Taking showers with a special soap containing chlorhexidine gluconate (CHG) will lessen the chance of getting a post-op infection. Please follow these instructions carefully. You will take three CHG showers. If your surgery is scheduled urgently and there is not enough time for three showers, please start as soon as you receive the soap from your medical provider. Use 1/3 of the bottle (approximately 1 ounce) for each shower. When taking each shower:

- Take a shower and wash your hair as usual with your regular products. Rinse your hair and body thoroughly to remove any residue.
- Do not shave the areas of your body where surgery will be performed.
- Turn the water off before applying the CHG soap to prevent it from rinsing off too quickly. Using a wet washcloth, apply the soap to your entire body from your jaw down. **DO NOT GET THE SOAP IN YOUR EYES, EARS, NOSE, MOUTH, GENITAL AREA OR ON OPEN AREAS/SORES.** Wash thoroughly for five minutes, paying special attention to the area where your surgery will be performed. **DO NOT SCRUB** your skin – a gentle wash suffices. Do not wash with your regular soap after using CHG. Turn the water back on and rinse your body well.
- Pat yourself dry with a clean, soft towel after each shower. Again, do not rub too hard. Put on clean clothes or pajamas and sleep on freshly-laundered bed linens. Do not apply lotions, perfumes, or powders after using CHG. Please do not apply any deodorant the day of surgery.
- If you are allergic to chlorhexidine or you develop a rash or prolonged itching, please stop using the CHG and use an antibacterial soap (such as Dial) for your showers.

If you have any questions, please call the hospital at (603) 444-9000 and ask for the nursing supervisor.

Littleton Regional Healthcare • 600 St. Johnsbury Rd Littleton NH 03561

Insert TAB 5