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**Anterior Total Hip Replacement
Surgery Guide**

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Instructions for Using This Guide

- This is your joint replacement surgery guide. Read EVERY page thoroughly. Most of your questions will be addressed here. Make sure you read **Common Questions** at the end of this booklet.
- Write down any questions you still have after reading this booklet and call our office to discuss them.
- Use the Pre-Op Checklist to make sure you are prepared for your upcoming surgery.

Important Phone Numbers and Addresses

Marleni B. (Beach Orthopaedic Specialty Institute)

Surgical Coordinator

(562) 206-0177 Option 3

UCI Health – Los Alamitos

3751 Katella Avenue

Los Alamitos, CA 90720

(562) 598-1311

Prime Surgical Center – Newport Beach

351 Hospital Road, Suite 110

Newport Beach, CA 92663

(949) 335-4966

MemorialCare Outpatient Surgery Center

3833 Worsham Avenue, Suite 200

Long Beach, CA 90808

(562)-426-2606

Communication with Your Surgeon

The best way to contact Dr. Arshi's office is via **phone call at (562) 206-0177**. Our office is available from 8AM to 5PM on weekdays and we always have a physician on-call for emergencies after hours.

What is a Total Hip Replacement?

Total hip replacement is a well-established surgery with a track record of over 5 decades. The hip joint is composed of the femoral head (ball) and the acetabulum (socket). The damaged bone (by arthritis or another condition) is removed and replaced with implants. The implants are made of metal, plastic, and ceramic. They are secured in place with or without bone cement. This surgery can be very beneficial when your hip joint is damaged.

Hip replacement relieves pain from arthritis. After complete recovery, most patients walk without a limp. Hip replacement can help you to return to an active lifestyle. Many patients are able to return to low and moderate impact activities with improved function. If there are specific activities you are concerned about, please discuss them with your surgeon before surgery.

You can expect your new hip to last for many years. In fact, 95% of total hip replacements last more than 10 years. Most hip replacements continue to function well even 20 years after surgery. Innovations in hip replacement design and materials may allow modern implants to last even longer. How long your hip replacement will last depends on different factors: your age, weight, and activity level.

Dr. Arshi is pleased to offer 99%+ of his patients hip replacement via the minimally invasive direct anterior approach. Though technically demanding, this approach may facilitate a faster recovery and reduce the risk of certain postoperative complications.

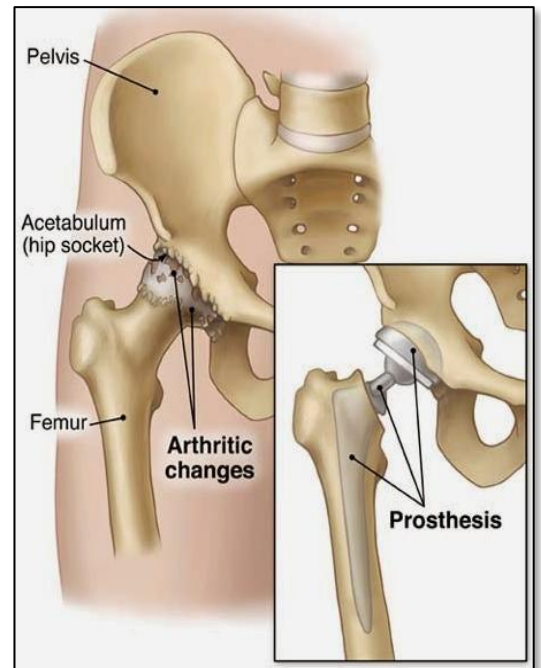
Pre-Op Instructions

Your Pre-Admission Phone Call

You will get a call from one of the pre-op nurses at the hospital/surgery center a few days before your surgery date. This nurse will go over your medical history and medications with you and give you instructions for your surgery. Please have your medication bottles handy for this call. We encourage you to ask the nurse any questions.

Medical Clearance

You will need to see your primary care doctor within three months before surgery. This way your doctor can make sure you are medically safe to have surgery and fill out a medical clearance form. We will give you a medical clearance form for you to bring to your appointment. Your doctor may order additional testing or refer you for additional consultation, if needed. If you have a cardiologist, you may also need their preoperative evaluation and clearance. Your doctor will then fax the form back to our office.



Pre-Op Medications

When you sign up for surgery, we will prescribe you a few medications. Take them on the day before surgery. Based on your medical history, we may prescribe you different medications.

Medications to Take Before Surgery		
Medication	Purpose	Schedule
Tylenol®/Acetaminophen (Extra Strength) 500 mg tablet	Pain control	2 tablets every 6-8 hours on the day before surgery Do NOT take more than 8 pills in one day as this may harm your liver
Mobic®/Meloxicam 15 mg tablet	Pain control Anti-inflammatory	1 tablet on the evening before surgery
Ecotrin®/Aspirin 81 mg tablet	Pain control Prevents blood clots	1 tablet on the evening before surgery

Pre-Op Checklist: Preparing for Surgery

Starting as Soon as Possible

- **Smoking Cessation:** Quitting smoking is mandatory. Tobacco and nicotine worsen wound healing and increases the risk of complications after surgery. Not using tobacco products (including vaping) for at least 6 weeks before and after surgery greatly reduces risks. If you smoke, you may be tested for nicotine before surgery. If your test is positive, we may need to cancel or reschedule.
- **Routine Dental Exam:** Dental “clearance” is NOT required. However, if it has been more than one year since your last dental check-up, we recommend a routine exam. This way, any tooth or gum problems can be taken care of before your surgery. If your dentist finds an infection, let us know right away as we will need to delay your surgery.
- **Insurance:** We will contact your insurance carrier to “pre-certify” the surgery. Depending on your insurance, you may be responsible for paying a deductible or co-

insurance fee before surgery. If you have questions about your financial responsibilities, call your insurance company and/or discuss your concerns with Marleni.

2-4 Weeks Before Surgery

- Make sure our office has the best phone number and email to reach you.
- Cancel any dental appointments 4 weeks before surgery.
- Let our office know if you are planning to have any minor medical procedures within one month of surgery.
- Adjust your work and social schedule accordingly to include expected recovery time.

Prescription Medications to Stop

There are certain medications that you should stop taking for a while before surgery. It is important that we have a current list of all the medications you are taking. These medications should be reviewed with both Dr. Arshi and your primary care doctor.

Below is a list of common medications that patients usually need to stop taking before surgery. Also listed is the common length of time they should be stopped before and after surgery. Always discuss when to stop taking these medications with the doctor who prescribed them to establish a plan to do so. With some medications you may need to gradually reduce the amount of medication (weaning off) instead of suddenly stopping. With others, you may need to take a different medication until you are able to go back to your regular medication plan. The list below includes commonly used medications.

If you take a medication not listed, but similar to one on the list below, check with your doctor.

Blood thinners / Platelet inhibitors:

- Coumadin - 5 days before (may need to take a supplemental medication)
- Plavix - usually 5 days before and you will be told when to start taking this medication again.
- Aspirin - 325 mg should be stopped 4-5 days before surgery
- Aspirin - 81 mg usually does not need to be stopped before surgery

Check with your primary care doctor if you take Coumadin, Heparin, Xarelto, Eliquis, or any other **blood thinners**. Patients usually need to stop taking blood thinners 3-7 days before surgery.

Rheumatoid Arthritis / Autoimmune Disorder Medications:

- Enbrel - 2 weeks before and 2 weeks after
- Remicade - 4 weeks before and 2 weeks after
- Humira - 2 weeks before and 2 weeks after
- Orencia - 4 weeks before and 2 weeks after
- Kineret - 2 weeks before and 2 weeks after

If you are on any **medications for heart problems**, lung problems, or high blood pressure, check with your primary care doctor to see if you need to take your medication on the day of surgery. If instructed, only take with a sip of water.

If you are **taking birth control pills or wearing a birth control patch**, you need to stop taking/using 4 weeks before surgery.

Over the Counter (OTC) Medications

Stop taking all anti-inflammatory medications 5 days before surgery. These medications include:

- Ibuprofen, Motrin, Advil, Aleve, Meloxicam, Diclofenac, Naproxen
- All aspirin containing products (such as Alka Seltzer, Bufferin, Anacin, and Pepto-Bismol)
- You can take Extra Strength Tylenol for pain control during this time. You can also consult with your surgeon for other alternatives.
- Any “alternative” medications such as Arnica, Ginko Biloba, garlic or fish oil
- It is ok to take vitamins. If you take mega-doses of vitamins, you should cut back 5 days before your surgery.
- Do NOT take laxatives the day before your surgery.

One Week Before Surgery

- Let our office know if there are any changes in your health (cough, infection, fever, etc.) before surgery. Depending on these changes, we may need to reschedule your surgery.
- If you live alone, arrange for someone to stay with you for at least the first night you return home. Also, arrange for someone to stay with you or be available right away for the first week after surgery

- Arrange for a family member or friend to drive and take you to and from the hospital/surgery center on the day of surgery.
- If you have pets, try to arrange for someone to help you care for them for a few days after you return home
- Remove small rugs or other small obstacles that may increase your risk for falls. If you have small pets, start watching out for them as well to prevent falls. Use night lights for your safety.
- You will get a call from the hospital/surgery center the night before surgery. During this call, you will get the time of your surgery and where to go at the hospital/surgery center. Call the office if you have not gotten this call by 9 pm the night before surgery.

Day Before Surgery

- Stay well hydrated the day before surgery. Drink plenty of fluids including water, Gatorade, or juice.
- Take Tylenol 1,000 mg every 6-8 hours the day before surgery.
- Take Meloxicam 15 mg the night before surgery.
- Take Aspirin 81 mg the night before surgery.
- Do NOT eat anything after midnight the day before your surgery or it will be cancelled.**

Day of Surgery

- You can drink 1 liter of water or non-red Gatorade no later than 4 hours before your arrival time at the hospital/surgery center.
- Take medications as instructed by your surgeon or your primary care provider.
- Wear loose casual clothing and do not wear makeup/jewelry to surgery. Leave jewelry, valuables, and contact lenses at home
- Please bring the following items to the hospital/surgery center:
 - Insurance card
 - Photo ID
 - Credit card, check, or cash in case you need to pay any deductible

- Walking aids such as a cane or walker (if you have them)
 - Advance Directives (if applicable)
 - CPAP mask (if you use CPAP at home)
- Arrive at the hospital/surgery center front desk as instructed. Plan to arrive at the hospital/surgery center 2 hours before your scheduled surgery time. Once you check in, you will be directed to the pre-op holding area. There you will be guided to a specific spot to prepare you for surgery.

Once You Arrive in the Pre-Operative Holding Area

- In the pre-op area, you will change into a gown and then meet with the anesthesiologist. Your family may be able to sit with you during this time.
- The anesthesiologist will discuss the type of anesthesia you will have. The most common anesthesia used for joint replacement is a spinal. This will allow you to be numb from the belly button to the toes and lasts about 2-4 hours. You will also be given sedation to help you relax and sleep during the surgery. Some patients require general anesthesia. Together with the anesthesiologist you will discuss which form of anesthesia is right for you.
- You will be asked to confirm which leg will be operated on and Dr. Arshi will sign the leg.
- You will stay in the pre-op area until it is time to go to the operating room. Your family will be directed where to wait during surgery and will be notified when you are out of surgery and when they can come and see you.

Post-Op (After Surgery) Care Instructions

- You can bear as much weight as you can tolerate on your hip. This is unless Dr. Arshi instructs you otherwise. You can use the walking aid (walker, etc..) that you were provided in the office. Over time, when you feel comfortable, you can switch to a cane. If you feel you can walk without a walking aid, you can do so. Do this for limited distances indoors only. We expect you to use a walking aid for outdoor walking for at least the first 2-4 weeks. Keep in mind that every patient recovers at their own speed so take your time.
- Unless Dr. Arshi specifies, you do NOT have any hip movement precautions. This is an advantage of the direct anterior approach. Remember that you should still be careful with your new hip. You must keep the range of motion (movement) of your hip within a

functional range. This means avoid extremes of motion such as squatting or twisting quickly. We cannot guarantee that a hip dislocation will not happen. However, your hip was very stable during surgery. This type of stability eliminates the need for hip precautions.

- High impact activities are not allowed the first **3 months** after surgery. Examples of these activities are jumping, doing aerobics, hiking, tennis and skiing

Post-Op Medications

You will be discharged with pain medication(s), a blood thinner, and medications to ease nausea and constipation. You can also have an antibiotic to prevent infection. Follow the instructions your nurse gave you at the hospital/surgery center about these medications. Most prescribed pain medications (opioids) have side effects. These include nausea, vomiting, sedation, dizzy spells, and/or constipation. If any of these side effects are severe, you need to call our office.

- If you have constipation after surgery, you can try taking both a stool softener and laxative together. We also recommend a high fiber diet. Drink plenty of water and other fluids so you stay well hydrated.
- Stop taking your prescribed pain medication whenever you feel you can. A good way to wean off the pain medication is to cut the doses in half or increase the time between doses. For example, if you are taking one tablet every 4 hours, extend that time to every 6 hours, then every 8 hours, and so on.
- A major but preventable complication of hip replacement is a blood clot (DVT – deep vein thrombosis). Your care team gave you a prescription for **ONE** of the following to prevent a potential blood clot:

Aspirin 81 mg twice a day with food, for 4 weeks

OR

Eliquis 2.5 mg twice daily for 4 weeks

Important note: Aspirin may cause an upset stomach or acid reflux. You will also be prescribed Pepcid, Prilosec, Prevacid, or Nexium to help ease these side effects.

If you were taking a blood thinner (like Xarelto, Brilinta, Plavix, Pradaxa, etc.) before your surgery, you will start taking it again after surgery. Be sure to follow the correct schedule and dose for taking your medication to avoid too much bleeding.

Medications to Take After Surgery

	Medication (Brand Name and Generic Name) and Dose	Purpose	Schedule
R E Q U I R E D	Duricef/Cefadroxil 500 mg Tablet OR Cleocin/Clindamycin 300 mg Tablet	Prevents infection	1 tablet every 12 hours for 24 hours *Not prescribed for all patients*
	Ecotrin/Aspirin 81 mg Tablet OR Eliquis 2.5 mg Tablet	Prevents blood clots	1 tablet in the morning and 1 tablet in the evening for 4 weeks
A S N E E D E D	Tylenol/Acetaminophen 500 mg Tablet	Pain control	2 tablets every 6-8 hours Do NOT take more than 8 pills in one day as this may harm your liver
	Mobic/Meloxicam 15 mg Tablet	Pain control; Anti-inflammatory	1 tablet daily for 4 weeks
	Miralax/Polyethylene Glycol 17 g Packet	Prevents constipation	1 packet dissolved in 8 ounces of water, twice a day as needed
A S N E E D E D	Pepcid/Famotidine 20 mg Tablet	Antacid; Reduces stomach irritation	1 tablet daily as needed if taking Aspirin (Ecotrin®)
	Zofran/Ondansetron 4 mg tablet	Prevents nausea	1 tablet every 8 hours as needed

What to Expect After Surgery

- A low-grade temperature below 101.5° F (38.6° C) is common the first 3 to 5 days after surgery. If your temperature goes above 101.5°F (38.6° C), call our office.

- Many patients have swelling and bruising (black and blue marks) of the thigh. This may extend to the entire leg. This is not necessarily a sign of a blood clot. The swelling and bruising usually increases over the first week after surgery. However, this should resolve greatly by your first post-op visit. If you have been on a blood thinner (Aspirin or Eliquis) after surgery, the risk of a blood clot is low. Be aware that swelling is common and part of recovery. Swelling can be uncomfortable but it is usually not painful.
- Continue to use ice on your thigh 2-3 times daily for 20 minutes at a time. This will help reduce the swelling. Also elevate your leg while in bed.
- Do NOT apply ice directly to skin as this can hurt your skin. We recommend that you wear compression stockings during the first 2 weeks after surgery. Doing this will reduce swelling

Caring for Your Wound

- Dr. Arshi commonly uses an incisional wound vac after surgery to maintain sterility and reduce infection risk, as well as help wound healing. You or the home nurse can remove this bandage after 7 days unless otherwise instructed by Dr. Arshi.
- You may have some bleeding (spotting) on the bandage. This can be normal early after surgery. If your wound is bleeding or draining and leaks outside of the bandage or causes your wound vac to malfunction call our office right away.
- Do not apply any creams, lotions or ointments to your surgery wound until instructed by Dr. Arshi Typically, you may apply creams around (but not on) the incision at 2 weeks. You will be cleared to apply creams all around the wound at 6 weeks.
- You need to check the area around your bandage regularly. Check for any signs of infection: redness around your wound, drainage of blood or pus, or any drainage that has a foul odor. Some redness and tenderness are normal after surgery for 1-2 weeks. If you have any concerns, call our office.
- You may notice some bruising and/or swelling around your wound. This is normal for the first 3-4 weeks after surgery.

Showering and/or Bathing

- If your bandage has a battery pack (like a PICO™ or Prevena™), you cannot shower until the bandage is removed after 7 days. **It is not waterproof.** Prior to this, you may apply a plastic bag to keep the wound vac completely dry and sponge bathe. Please dry the surgical area immediately after.

- Once the initial bandages are removed, do NOT scrub your wound or bandage. Be sure to pat dry the area with a towel after you shower.
- Do NOT get into water (bath, jacuzzi, swimming pool, lake, etc.) This is NOT allowed for the first 6 weeks after surgery. This can cause an infection if your wound is not completely healed.

Returning to Your Normal Activities

- Avoid movement extremes (for example, squatting or twisting quickly)
- You can drive when you are no longer taking prescribed pain medication and feel comfortable.
- You can have sex again 4 weeks after surgery.
- You can return to work depending on different factors: type of job, transportation issues, etc. Your surgeon will review this with you.
- Rest is vital for your healing, both physically and psychologically. You can expect to feel tired during the day for the first couple of weeks. However, you will find that your endurance, energy levels, and ability to walk improve daily.
- You should avoid dental visits for 3 months after surgery. If not possible, Dr. Arshi will need to prescribe an antibiotic at your post-op visit for you to take before dental cleanings or invasive dental work. You should take the antibiotic one hour before all dental cleanings or invasive dental work.

Reducing Sleep Problems After Surgery

Sleep problems are one of the most common complaints after surgery. Here are some recommendations to ease sleep problems if you have problems falling and/or staying asleep):

Sleeping Comfort

- Make sure your bedroom and bedding (sheets, blankets, pillows, etc.) are comfortable. Find a comfortable temperature (not too hot or not too cold) for your room and keep it well ventilated.
- Block out distractions like noise and light.

Naps and Sleeping Patterns

- Avoid taking naps during the day. If you need to nap, do so in the late morning or early afternoon for no more than 2 hours.

- Try to get out of bed when you wake up in the morning. Staying in bed when you wake up will create a new pattern of activity and rest.

Physical and Relaxing Activities

- Do regular exercise throughout the day. Avoid strenuous exercise at night. This can cause over-stimulation and make it harder for you to fall sleep.
- Engage in activities to help relieve anxiety and muscle tension. Try reading, knitting, watching TV or doing jigsaw or crossword puzzles, etc. Doing an activity (not tossing and turning) can tire your body and mind and make you sleepy.

Foods and Fluids

- Get up and have a glass of warm milk, banana, or kiwi. These foods may help you sleep.
- Avoid certain foods (heavy, spicy, or sugary foods including chocolate) several hours before bedtime. Avoid beverages with caffeine or alcohol before bedtime.
- Limit fluids a few hours before bedtime to avoid frequent bathroom trips.

Follow Medical Advice

- Always follow the advice of your doctor and other medical professionals. The goal is to rediscover how to sleep naturally.
- Please note that surgeons usually do NOT prescribe sleeping medications after surgery. This reason is that these can increase your risk of falling.

Get Support

- Get the support of family members. If you share a bed, you or your partner may want to move if the other's sleep is being disturbed. If needed, tell or remind your family that getting your sleep patterns back to normal after surgery can greatly help your recovery.

Post-Op Office Visits

Your first post-op visit will be approximately 2 weeks after surgery. It is scheduled at the time you book your surgery in the office. At this visit, your care team will check your wound and review your medications. You will also get an X-ray.

Future visits are made at the discretion of Dr. Arshi. Routine evaluation will continue for the lifetime of your hip replacement.

Note: If you have any problems or concerns and need to be seen at any time, please call our office.

Common Questions About Total Hip Replacement Surgery

Question	Answer
<p>What are the major risks of total hip replacement?</p>	<p>Surgery is not without risks and these risks will be discussed with you. We do everything needed to reduce the following risks:</p> <ul style="list-style-type: none"> • Infection • Blood clot • Nerve or blood vessel injury • Dislocation or fracture • Need for additional surgery
<p>Which metals are found in a hip implant?</p>	<p>The hip replacement is composed of:</p> <ul style="list-style-type: none"> • a titanium metal shell (acetabulum) • a titanium or other metal stem • a surgical-grade liner made of polyethylene • and a ceramic or metal ball. <p>All of these parts together make up your new ball-and-socket hip joint.</p>
<p>What is the healing process like after hip replacement?</p>	<p>Soreness around the hip area is very common for several weeks. This should improve each day. You will bear full weight on your leg on the day of surgery. Most patients are able to stop using walking aids after the first 3-4 weeks. This depends on your comfort level.</p> <p>On average, by 6 weeks after surgery, about 7 out of 10 patients feel they are recovered. By 3 months, about 9 out of 10 patients feel fully recovered. You will continue to make recovery gains even up to 1 year after surgery.</p>

Should I have an area of numbness around my hip/thigh after surgery	Yes, the majority of patients will have a patch of numbness around the outside part of the thigh, particularly around the incision. This is due to the standard placement of the incision. This area usually shrinks down to the size of a silver dollar around the incision within about 6 months. However, it will never go away completely.
How long will my new hip last?	With today's implants and surgical techniques, we expect your hip to last for decades. At 15 years, we have seen almost no wear and tear of the implants.
Will I be able to climb stairs after surgery?	Yes, you can use stairs as soon as you feel comfortable.
Is swelling common after hip replacement?	Yes, you may have swelling for several weeks after hip replacement surgery. This is due to gravity that may even affect your leg, ankle, and foot. Swelling usually peaks at 7-10 days after surgery. Then it usually goes away. If you have <u>extreme</u> pain due to swelling in your calf, call our office.
Is it normal to have drainage or blood on the bandage?	This can be normal. Small areas of spotting or bleeding are common. If the bleeding seems excessive or is leaking beyond the bandage, call our office immediately and take a few photographs (zoomed in, zoomed out) for us to review
Do I have stitches or staples?	Except in cases of high risk for wound healing problems, you will most likely have absorbable sutures. For this reason, there are no sutures to remove in the surgeon's office.
How big will my incision (cut) be?	Your incision will be about 2 ½ - 3 ½ inches (6-10 centimeters) on your thigh.
Why do I have to take so many medications after hip replacement?	Medications after surgery are prescribed to help ensure a safe and comfortable recovery. Blood thinners are needed to help avoid getting blood clots. Pain medications help

	<p>reduce your discomfort after surgery. Your surgeon uses “multi-modal” pain control. This has been clinically proven to be effective after total hip replacement. Multi-modal pain control uses different types of medication which can reduce the need for opioids.</p>
<p>What if I run out of pain medications but am still having pain?</p>	<p>Please call our office during normal business hours. We will do our best to address your pain. If appropriate, we can send a new prescription to your pharmacy electronically. If you believe you are running low before the weekend, please make every effort to call the office prior to Friday at 12PM.</p>
<p>When can I drive after surgery?</p>	<p>You can drive as soon as you feel comfortable and are no longer taking any prescribed pain medication. Usually this happens around 2-3 weeks after surgery. Practice moving your right leg from the gas to the brake. Make sure you have safe control of your leg before driving.</p>
<p>When can I travel on a plane?</p>	<p>You can travel by plane after 6 weeks. If you need to travel sooner, please discuss this with your surgeon.</p>
<p>Will my joint replacement set off the metal detector?</p>	<p>You may activate metal detectors. Let the TSA agents know that you have a joint replacement. We no longer supply implant cards as they are not necessary</p>
<p>What should prompt me to call the office after surgery?</p>	<p>Call our office right away if you have any of these signs or symptoms:</p> <ul style="list-style-type: none"> • wound drainage or excess bleeding • fever higher than 101.5°F or 38.6°C • calf pain or calf swelling • chest pain or trouble breathing • extreme pain not controlled by your pain medications

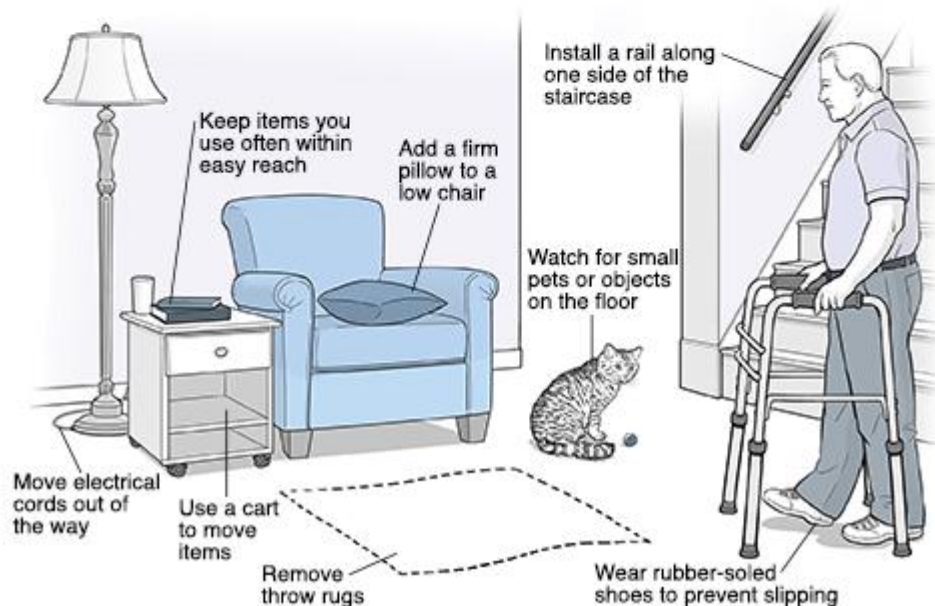
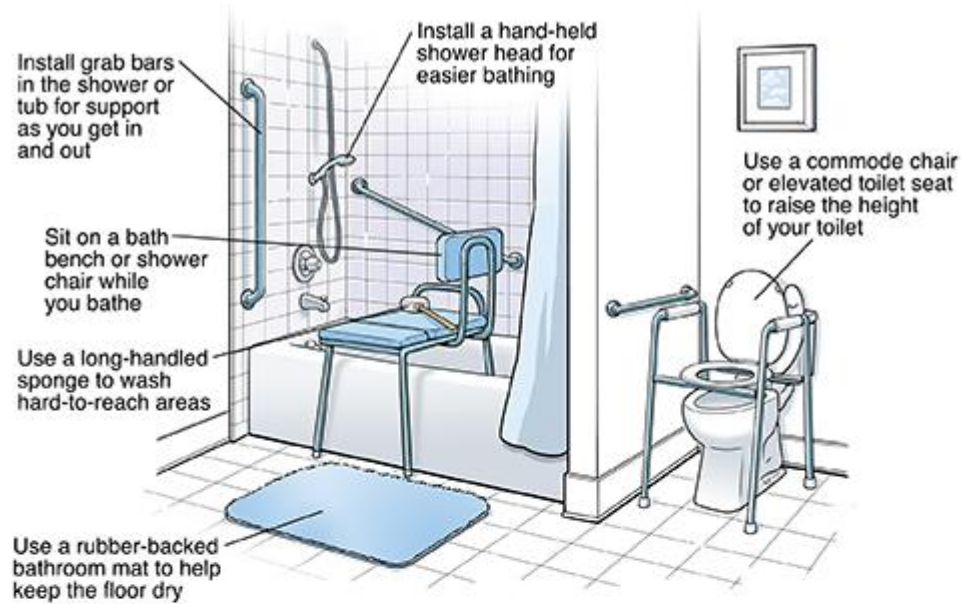
	<ul style="list-style-type: none"> • not being able to pass gas in addition to nausea and vomiting
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Common Questions About My Hospital/Surgery Center Stay

When will the hospital/surgery center call me to tell me my surgery time?	The hospital/surgery center staff will call you the night before surgery between 5-9 pm. You may call the hospital/surgery center phone numbers for any additional information.
Where will I keep my belongings when I go to surgery?	Your valuables will be secured in the Pre-Op Holding Area. They will return them to you after surgery.
How many bags/suitcases can I bring?	You should only bring one bag with the items you will need during your stay.
What will happen in the pre-op holding area?	You will meet with a pre-op nurse, medical assistant, the anesthesiologist, and your surgeon. You will change into a gown and put on special socks. Your vital signs will be recorded along with your height and weight. You will also get medications as part of our pain protocol. The nurse will then start an IV line.
Who can visit me in the hospital/surgery center?	<p>A Post Anesthesia Care Unit (PACU) nurse will reach out to your family and/or partner in care after you are stable.</p> <p><u>One</u> person is welcome every hour for 5-10 minutes. Children 16 and older are welcome to visit.</p> <p>Patients going home the same day can have one person at the bedside.</p>

After Hip Replacement: Home Safety

Becoming more aware of hazards in your home can help make your recovery safer. You might want to have furniture rearranged so it's easier to get around. Consider aids in the bathroom, such as a hand-held shower head and a raised toilet seat, to help you stay safe. Don't forget to watch out for hazards like wet floors, loose or worn rugs, electrical cords, or uneven surfaces.



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Post-Op Home Exercises

Ankle Pumps

- Lie on your back with both legs straight.
- Bring your feet upwards, “toes to your nose.”
- Now point both feet downwards like pressing on a gas pedal.
- Make sure to move your feet and ankles up and down through the full range of motion.
- Do 10 times every hour in the hospital/surgery center. Also do 10 times a day at home.

Quadriceps Set

- Lie on your back
- Tighten the muscles on the top of your left thigh and press the back of your knee downward toward the floor.
- Hold for 5 seconds
- Do 10 times, 3 sets a day

Gluteal Set

- Lie on your back with your legs straight.
- Gently squeeze your buttocks together so that your pelvis rises slightly.
- Hold this contraction for 5 seconds. Then release slowly.
- Rest between each contraction.
- Do 10 times every hour in the hospital. Also do 3 times a day at home.

Hip Rotation to Neutral

- Use your hip muscles to rotate your hips and knees out to the side.
- You need to do this exercise with both legs.
- Rotate both legs back to neutral so your knee and toes point up toward the ceiling.
- Do 10 times every hour in the hospital. Also do 3 times a day at home.

Seated Knee Exercise (Active Knee Extension)

- Sit in a chair
- Extend your leg up by tightening your thigh. Try to fully straighten your knee.
- Your thigh should maintain contact with the surface you are sitting on.
- Hold about 3 seconds and slowly relax your leg.
- Do 10 times, 3 sets a day.

Seated Knee Lifts (Hip Flexion)

- Sit in a chair and lean back.
- Slowly lift your left thigh off the chair while keeping your knee bent.
- Slowly lower thigh back to the chair.
- Do 10 times, 3 times a day.

Standing Side Leg Lift (Hip Abduction)

- Stand with your body straight. Hold onto a stable object for support.
- Slowly raise your left leg out and away from the side of the body.
- Do not lean sideways - keep your body straight.
- Do 10 times, 3 times a day.

Instructions for Stairs Using a Cane

Going Up:

- Stand close to the stairs.
- Hold onto the railing if one is available.
 - **Note:** You should always use a railing if available. If the railing is on the same side as your cane, switch the cane to your opposite hand and use it.
- Step up with your non-operated leg first.
- The cane and your operated leg follow.

Going Down:

- Stand close to the edge of the step.
- Step down with the cane and your operated leg first.
- Your non-operated leg follows.

Patient-Reported Outcome Questionnaires (PROs)

We sometimes ask patients to fill out Patient-Reported Outcome (PRO) questionnaires before surgery. These questionnaires help us understand your current wellbeing and progress over time. Kindly answer this questionnaire before your surgery.

What are PRO Questionnaires?

Patient-Reported Outcome questionnaires (PROs) are specific questions that we ask patients. The goal is to get information to understand your general health, pain, how active you are, and your ability to do daily tasks and activities.

Types of PROs

1. **General Health PROs:** With these PROs, patients assess their own general well-being (mental health, physical health and quality of life). Many studies have shown that they give vital information about patients to surgeons and surgery care teams.
2. **Condition-Specific PROs:** These PROs have a more tailored goal. Patients focus on the particular symptoms of a **specific disease or condition**. This way, surgeons and surgery care teams have vital information about their patients. The questions in this type of PRO are usually about:
 - Pain
 - Mobility (movement)
 - Function of the hip or knee