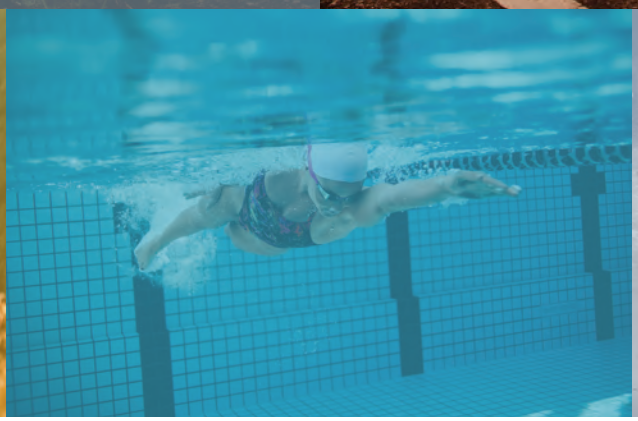
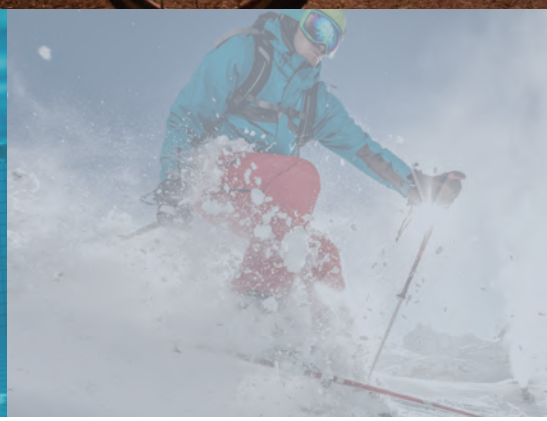
RETURN TO MOTION





Your Guide to Outpatient Joint Replacement

POSTERIOR HIP REPLACEMENT

PROLIANCE ORTHOPAEDICS & SPORTS MEDICINE

BELLEVUE • ISSAQUAH • REDMOND

CONTENTS

WELCOME TO PROLIANCE ORTHOPAEDICS & SPORTS MEDICINE

Proliance Orthopaedics & Sports Medicine believes that only when compassion, customer service, and technical expertise come together can we deliver exceptional patient care, thereby providing our patients with the assurance that they are in the right place and in the right hands.

It is our honor to partner with you for your hip replacement.

To maximize your surgical success, it is critical that you:

1. Appreciate that each patient has their own unique challenges, and not all hip replacement patients are the same. We have developed this patient education book as a guide for your upcoming hip replacement journey. It covers most of information that you will need to know about your upcoming surgery. If you have any questions or concerns, please address these with your surgical team.
2. Understand that you will be discharged home from the Surgery Center with a Care Partner who can be a spouse, a family member, a significant other, or close friend. A Care Partner is essential for a successful journey through surgery, and recovery.
3. Attend a pre-operative physical therapy appointment(s) prior to surgery.
4. Schedule regular physical therapy appointments starting 5 to 7 days following surgery. Working regularly with your therapist, for most patients, is essential to achieving optimal post-operative function.
5. Understand that discomfort is a normal and expected result associated with your surgery. Typically, some level of narcotic pain medication is required after surgery.

It is our commitment to provide the expertise, resources, and services to ensure the best possible experience and outcome following your hip replacement.

PROLIANCE CONTACT INFORMATION

Proliance Highlands Surgical Center (PHSC) 510 8th Avenue NE Suite 100 Issaquah, WA 98029	425.507.0800
Proliance Orthopaedics & Sports Medicine Bellevue Overlake Medical Pavilion 1231 116th Avenue NE Suite 750 Bellevue, WA 98004	425.455.3600
Proliance Orthopaedics & Sports Medicine Issaquah 510 8th Avenue NE Suite 200 Issaquah, WA 98029	425.392.3030
Proliance Orthopaedics & Sports Medicine Redmond 18100 NE Union Hill Rd Suite 330 Redmond, WA 98052	425.455.3600
Proliance Sports Therapy & Rehabilitation – Bellevue 1200 112nd Avenue NE Suite C-260 Bellevue, WA 98004	425.462.5006
Proliance Sports Therapy & Rehabilitation – Issaquah 510 8th Ave NE Suite 340 Issaquah, WA 98029	425.313.3055
Proliance Highlands Surgical Center Billing Department	425.507.0733
Matrix Anesthesia 3005 112th Ave NE Suite 210 Bellevue, WA 98004	Billing inquiries: 425.822.8888

DRIVING DIRECTIONS TO SURGERY FACILITY

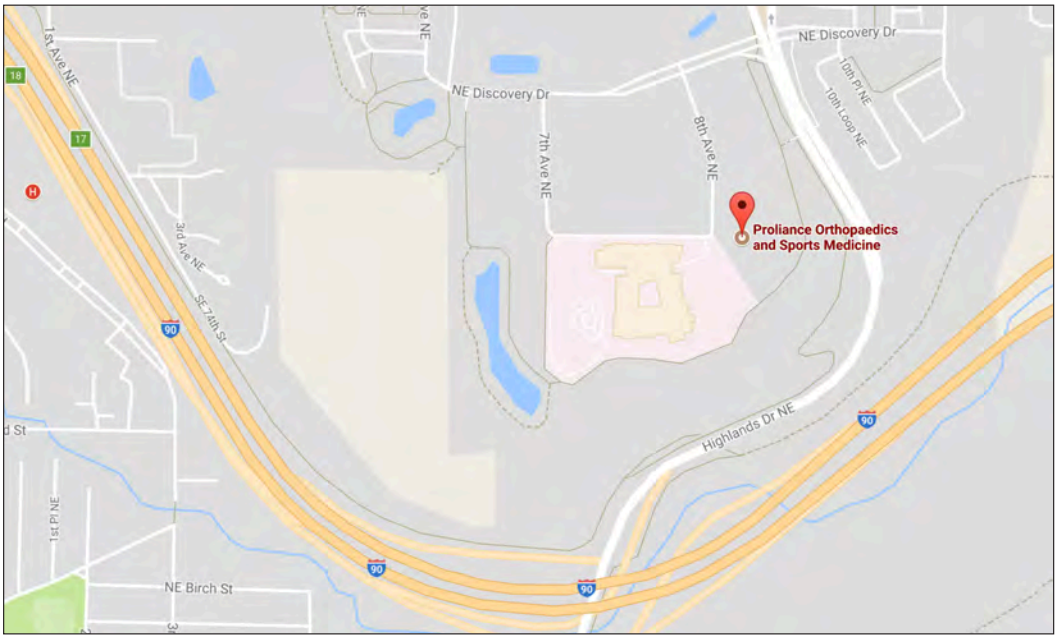
510 8th Ave. NE
Suite 100
Issaquah, WA 98029
425.507.0800

From I-405 take the I-90 eastbound exit (or Eastbound I-90)

- Take Exit #18 Highlands Drive — Sunset Way
- Bear left at "Y" continue onto Highlands Drive after approximately 1/2 mile, turn left at the traffic light onto NE Discovery Drive
- Turn left at next light onto 8th Avenue NE
- Proliance Highlands Medical Center is on the left. The surgery center is on the 1st floor inside the main doors. There is free parking in front of the building. Do not park at Swedish Hospital.

From Westbound I-90 take Exit #18 Highlands Drive — Sunset Way

- Take right at light for Highlands Drive
- Continue on Highlands Drive up the hill after approximately 1/2 mile, turn left at the traffic light onto NE Discovery Drive
- Turn left at next light onto 8th Avenue NE
- Proliance Highlands Medical Center is on the left. The surgery center is on the 1st floor inside the main doors. There is free parking in front of the building. Do not park at Swedish Hospital.



Before Surgery

Pre-Operative Phase of Care

NOTES

- If requirement isn't met, surgery **will be** cancelled.
- If requirement isn't met, surgeon reserves the right to cancel surgery.

SURGERY TIMELINE

6 Weeks Prior

- STOP SMOKING **Pg. 10**
- Medical Clearance **Pg. 12**
- "Pre-Hab" **Pg. 12**
- Pre-Operative Activity **Pg. 14**
- Pre-Operative Exercises **Pg. 15**
- Preparing Your Home For Discharge **Pg. 16**
- Medical Clearance/Blood Work + EKG as Needed **Pg. 12**

2 Weeks Prior

- Pre-Operative Office Visit **Pg. 13**
- Stop Medications as Indicated **Pg. 21**

2 Days Before Surgery

- You should be contacted by the surgical center nursing staff. If you have not received a phone call, then call 425.507.0800

Night Before Surgery

- 1 of 2 Hibiclens Showers **Pg. 24**
- NOTHING to EAT or DRINK After Midnight

Surgery Day

- NOTHING to EAT or DRINK
- 2 of 2 Hibiclens Showers **Pg. 24**

PRE-OPERATIVE TIMELINE

4–6 Weeks Prior to Surgery

STOP SMOKING at least 6 weeks prior to surgery. This includes tobacco and all marijuana products including ingestibles. If you need support, we can write you a prescription or refer you to your primary care provider.

1. Schedule an appointment with your **Primary Care Provider** to obtain medical clearance. This will help to reduce the risk of any complications by diagnosing and addressing any underlying medical conditions prior to surgery.

2. Complete your **home safety evaluation** form. You will need to bring this to your pre-operative appointment and review it with your therapist. You will need to bring a completed copy to your pre-operative appointment for review with the Physician Assistant and/or staff.

3. Make your **"pre-hab" and education appointment** with physical therapy. This appointment will help you prepare for your surgery. Your visit will include creating a personalized pre-operative exercise plan, review of your home safety evaluation form, and pre-operative teaching to prepare you for potential individual challenges following surgery. Your Care Partner should attend this appointment with you.

4. **Start pre-operative exercises** as directed by your therapist.

5. **Obtain all home equipment** that you will need following surgery. This includes a front wheel walker and a cane. Your surgeon and/or therapist can help to decide if any additional equipment is needed. Home equipment can be rented or purchased. Our office will provide you with a prescription for your equipment. Bring your front wheel walker to your pre-hab appointment so your therapist can help with any height adjustments if needed.

6. Any necessary dental work must be completed 6 weeks prior to surgery. If you need emergency dental work, please inform your surgeon.

7. Complete appropriate **lab work and EKG as required**. Our office or your primary care physician will determine which tests are needed and order them. These must be completed within 15-30 days prior to surgery. Any diagnostic testing outside of 90 days from surgery must be repeated.

2–4 Weeks Prior to Surgery

1. Attend your **pre-op appointment**. This will allow us to address any remaining questions, review your surgical file and provide pre- and post-op education.
2. **Stop all narcotics** at least 4 weeks prior to surgery. You may continue to take Tylenol or acetaminophen up until your surgery. For anti-inflammatories, see page 21.

2 Weeks Prior to Surgery

1. **Stop taking** all supplements, herbal remedies, minerals, and vitamins that are not on the approved vitamin list.

1 Week Prior to Surgery

1. **Review the stop medication list** and discontinue listed medications as directed. This list will include all prescriptive and non-prescriptive drugs. See pages 21-23.
2. You may continue Tylenol or acetaminophen up until surgery.

2 Days Prior to Surgery

1. If you have not spoken directly with a member of the nursing staff from Proliance Highlands Surgery Center, please call 425.507.0800. They will conduct a pre-operative phone interview with you.

Night Before Surgery

1. Take your first of 2 Hibiclens showers… See page 24 for further details.
2. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**

Morning of Surgery

1. **NOTHING TO EAT OR DRINK.** This includes no gum chewing, sucking on a mint and/or candy. Do not swallow mouth wash.
2. Take your second Hibiclens shower. **Take extra care not to drink water while in the shower.**
3. You may brush your teeth, but do not swallow any water.
4. Wear loose fitting clothing and follow your Day of Surgery guide. See page 29.
5. In general, DO NOT TAKE medications the morning of surgery unless previously discussed with your care team. A nurse from the surgery center will also discuss your medication use during the pre-op phone interview. If you have not had your pre-op phone interview 48 hours before surgery, contact the surgery center at 425.507.0800.

IMPORTANT PRE-OPERATIVE APPOINTMENTS

With your upcoming hip replacement, our primary goal is your health and safety. To ensure the best possible outcome, you will be required to attend the following appointments.

MEDICAL CLEARANCE

To ensure you are in optimal health, you will be required to have a series of medical tests and to have been medically cleared by your Primary Care Physician or other specialists as needed. This is termed your "Medical Work-Up" and will include:

1. A physical exam by your Primary Care Physician.
2. Blood work based on your individual risk factors.
3. An EKG if needed.
4. Any additional tests if indicated.

These tests, which are based on your medical history, will help minimize potential medical complications during and following surgery. If you do not have a Primary Care Provider, our office will help you find one.

PRE-HAB

This appointment is required prior to surgery. It should be made by you, as soon as possible, after scheduling surgery. If possible, it is our preference that this appointment is with Proliance Sports Therapy. We have two locations available for your convenience: Issaquah or Bellevue. See page 76 for directions. They have a well-designed program that will help prepare you for surgery. They will teach you strategies for:

1. Fall prevention after surgery.
2. Exercises to help increase range of motion and build strength. Post-operative exercises and design your post-operative rehab program.
3. Proper extremity elevation.
4. Control of swelling.
5. A review of your Home Safety Checklist.

If you have an established relationship with a Physical Therapist and would prefer to continue working with them, we are happy to help accommodate this. You will need a prescription from our office which will outline the pre-operative evaluation and training requirements you need to accomplish prior to surgery.

PRE-OPERATIVE OFFICE VISIT

Your pre-operative appointment will be made for you at the time your surgery is scheduled. It is required within 30 days prior to surgery. This is typically conducted by a Physician Assistant, PA-C. They will review the following:

1. Medical and surgical history
2. Medications
3. Planned surgical procedure, recovery, and rehabilitation plan
4. Anesthesia
5. Questions or concerns
6. Education

You are strongly encouraged to bring your Care Partner to this appointment so that they have a better understanding of how to care for you once home. This appointment serves as your primary education and planning visit. At this appointment you will be provided the following prescriptions:

1. Any medical devices, based on individual need, such as a front wheel walker. See page 75 for a list of medical supply stores.
2. An application and prescription for a disabled parking permit.
3. Post-operative medications, which will include a narcotic, a stool softener, medication to treat possible post-operative nausea or vomiting, and a blood thinner to help prevent blood clots/DVT.

Your post-operative medications will be reviewed with you at great length during this appointment. As noted above, you will receive the prescriptions at this time. We strongly suggest you fill your medications prior to surgery. Per state regulations, we cannot fill narcotic prescriptions over the phone. Our office policy is: prescription refills may take up to 48 hours.

If you do not have a history of taking narcotics, then we recommend trying “one” pain pill at some point prior to surgery to ensure you tolerate it well. It is best to take it in the early evening. This will allow us to make appropriate changes prior to surgery, if necessary.

During this trial do not operate a car or hazardous machinery.

PRE-OPERATIVE ACTIVITY

Maintaining an active lifestyle prior to surgery will help you achieve a faster recovery. Keeping your upper and lower body strong, and maintaining as much range of motion in your hip as possible will be important in your recovery phase. Remaining active will not cause more damage to your hip, nor will it have a negative impact on your recovery or end outcome.

You will determine your own activity tolerance. Continue to exercise and remain as active as you can, possibly including the elliptical machine, cycling or a stationary bike, water activities such as swimming or water aerobics, yoga, golfing, hiking, and walking. Every patient is different. The important thing to remember is activities as you tolerate them. You should be reasonably comfortable in doing what activity you have chosen–if you are not, stop, and try something different.

PRE-OP EXERCISES

HIP FLEXOR STRETCH

Start by standing with feet shoulder-width apart. Next, take a step forward and allow your front knee to bend. Stand up straight as you lunge forward until you feel a stretch on the front of your back hip.

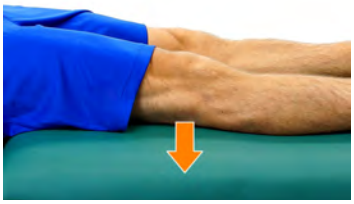
Repeat 2 times, hold for 30 seconds.

STANDING HAMSTRING STRETCH - PROPPED

Start by standing and prop your foot of the affected leg on a chair or step. Next, slowly lean forward until a stretch is felt behind your knee/thigh. Bend through your hips and not your spine. Hold, then return to starting position and repeat.

Repeat 2 times, hold for 30 seconds.

QUAD SET



Tighten your top thigh muscle as you attempt to press the back of your knee downward towards the table.

Repeat 15 times, hold for 5 seconds.

SQUAT WITH HIP HINGE - HIP & BACK DISASSOCIATION DRILL

When squatting, bend over at the waist, tighten your stomach muscles by drawing in your navel and keep your back straight while bending at your hips. Your buttock should lower behind your feet as if you are going to sit on a seat. Emphasize your weight going through your heels. For good knee alignment, do not let your knees pass in front of your toes and keep you knee in line with your 2nd toe.

Repeat 15 times, hold for 3 seconds, complete 2 sets.

PREPARING FOR HOME DISCHARGE

Success following surgery requires a well-thought-out post-operative plan. Since the majority of your recovery is at home, the relationship between you, your surgeon and their staff, and your home care team will be paramount.

Your home care team should consist of a Care Partner, which can be family, or friends. It will be important that your Care Partner prepares for surgery alongside you. This person should be involved in the preparation of your home to ensure that it is a safe environment. Your Care Partner should be an active participant in your pre-hab sessions, physician visits, post-op appointments, and able to help take you to and from your therapy sessions following surgery. It is important that your Care Partner is physically able to help you.

CARE PARTNER

Your Care Partner should be someone who you feel comfortable with, who is able to physically assist you and care for you with such duties as personal hygiene, showering, dressing, transportation to and from physical therapy (2–3 times a week), preparing meals, shopping, child and pet care, and light household cleaning.

This person **must** be home with you for the first 24–48 hours following surgery while you adjust to your new activity limitations. After 48 hours, they may leave the house for short periods of time. As you gain more independence, their away time can increase. In many cases the Care Partner will be able to return to work in 5-7 days following surgery based on your level of independence. Our office is happy to guide family members in filing for FMLA. You can obtain this paperwork from the caregiver's HR department. We generally have a 1–2 week turnaround time in filling out your FMLA and disability paperwork.

PREPARING FOR RECOVERY AT HOME

1. Review the Home Safety checklist with your Physical Therapist at your pre-hab appointment and return it to us at your pre-op visit.
2. Make a plan for negotiating stairs if necessary.
3. Plan for small meals that are easily accessible.
4. Clear walking paths of potential hazards such as rugs and electrical cords. Confirm that common paths to your bathroom and elsewhere will be well lit at night.

5. Arrange furniture for easy use. Taller sitting surfaces are more practical than lower ones.
6. Taller chairs with arms provide the best support for transferring from sitting to standing, and standing to sitting.

FAMILY MEDICAL LEAVE ACT (FMLA)

State and Federal regulations allow family members to take the necessary time away from work to care for family without repercussions from their employers. For more information go to **http:/www.dol.gov/whd/fmla/**.

PREPARING YOUR HOME FOR RECOVERY

For the first several weeks following surgery, your mobility may be severely limited, you will need some form of ambulatory assistive device such as a front wheel walker and/or cane. A safety check of your home prior to surgery is an important step. Your home safety checklist (see page 20) will be reviewed by you and your therapist to ensure there are no foreseeable hazards that may cause and unsafe environment following surgery.

In general, you will want to ensure the following:

1. No cords strung across pathways. This includes telephone and/or electric cords.
2. Remove area rugs that may pose as tripping hazards.
3. Remove all clutter from walkways.
4. If necessary, move furniture to make for more accessible pathways throughout your home.
5. Evaluate floor surfaces. Do NOT polish floors. Wear non-slip socks and/or footwear.
6. Be aware that pets are tripping hazards!

BATHROOM SAFETY

The following will help improve bathroom safety and prevent falls:

1. Non-skid mat in the shower.
2. Shower or tub chair if space allows.
3. If your shower will not accommodate a chair or bench, choose a shower that does not have a glass door, if possible.
4. Hand held shower heads can help to prevent falls.
5. Grab bars are very helpful. CAUTION: Remember that towel racks are not recommended for support as they can easily give way.
6. Hand-held sponge sticks can make washing your lower extremities more accessible. Amazon is a good source for grooming and mobility aids.

KITCHEN SAFETY

If necessary, reorganize your kitchen so that regularly used items are easily within reach.

1. Have prepared meals and snacks in easy to reach locations.
2. An elevated chair can be helpful when working at the kitchen counter or eating at an island.

Home safety continued on next page.

BEDROOM SAFETY

1. Always wake your Care Partner for assistance before you get up.
2. Having a night light in place will help you avoid falls.
3. Have your ambulatory aid device in an easily accessible location to help you get out of bed. This will help prevent falls.
4. Most accidents happen at night while getting out of bed to go to the bathroom. Anticipate your needs by clearing a well-lit path prior to surgery. This includes rugs and furniture as previously mentioned.

HOME SAFETY

1. Do you feel safe returning to your home?
2. Are you in a mentally and physically safe environment?
3. Do you feel threatened at home?
4. Are you concerned about excessive use of drugs or alcohol at your home?
5. Do you feel forced by someone other than yourself to have this surgery?
6. If so, please talk with your surgeon/PA. **Your safety and well-being are our primary concern.**

HOME SAFETY CHECKLIST

Bring this form with you to your Pre-Hab appointment.

GENERAL	Yes	No
Do you take four or more medications daily?		
Have you noticed a change in your hearing?		
Have you noticed a change in your vision?		
Do you have macular degeneration, glaucoma, cataracts or a visual field cut?		
Have you fallen two or more times in the past six months?		
Do you walk with a cane or walker?		
OUTSIDE ENTERANCE		
Are there broken or worn steps? Number of steps to enter your house:_____		
Are there broken or missing railings?		
Are there unpaved/uneven surfaces to walk on?		
In there a steep ramp or hill?		
LIVING ROOM		
Are there throw rugs?		
Do you have a carpet that is not secure?		
Is it difficult to get into or out of any of your furniture?		
Do you have a telephone that is not accessible?		
Are lamp, extension, and/or telephone cords in the flow of foot traffic in the room?		
Is there low-height furniture?		
Is there clutter in pathways?		
KITCHEN		
Are regularly used items out of reach (do you need to climb to reach them)?		
Do you use a step stool that is not sturdy or in good repair?		
Do you have trouble picking up objects from the floor?		
Do you have difficulty cleaning up spills on the floor?		
BEDROOMS		
Do you have difficulty turning on the light in a dark room?		
Do small rugs and runners slide or roll up when you push them with your foot?		
Is the lamp or light switch not within reach of your bed?		
Is the telephone not within reach of your bed?		
Do you have difficulty getting up and down from your bed?		
Do you have difficulty getting to a closet or drawer?		
BATHROOMS		
Do you wear floppy slippers or a long bathrobe?		
Do you have difficulty getting in and out of the tub/shower?		
Do you have difficulty getting on and off the toilet?		
Does the floor have a slippery surface?		
Are there throw rugs?		
Do you use a towel rack as a grab bar?		
Do you have difficulty turning on the light?		
Do you get up during the night to use the bathroom?		
STAIRWAYS		
Are there stairs without full-length railings?		
Are there dark hallways or stairwells?		
Is it difficult you to see the outline of each step as you go up and down the stairs?		
Are the stairs coverings (rugs, treads) loose, torn or worn?		
HALLWAYS		
Are there objects and clutter in the passageways to the rooms?		
Do area rugs or runners slide up or roll up when you push it with your foot?		
Are lamps, extension and/or telephone cords in the flow of foot traffic?		

PRE-OP MEDICATION INFORMATION

The use of narcotic medication prior to surgery can pose substantial difficulties in controlling post-operative pain, poses significantly increased risk for post-operative complications, and significantly decreases patient satisfaction following surgery. It has been proven that the long-term narcotic pain relief function and patient satisfaction after surgery are demonstrably less in patients taking narcotics before surgery. It is essential to discontinue use of all narcotics no less than four weeks prior to surgery. After you stop taking narcotics, you can continue to use Tylenol, anti-inflammatories following guidelines, ice, and further modify activities.

All tobacco and marijuana products should be discontinued six weeks prior to surgery. This will help promote proper wound healing, reduce the risk of infection, and decrease possible respiratory complications during and after surgery. **Marijuana use may increase your risk of a catastrophic bleeding complication after surgery.** Consult your Primary Care Physician if you feel you need help with this process.

BLOOD THINNING MEDICATIONS

There are several over the counter and prescriptive medications that cause blood thinning as part of their normal mechanism of action. Their use may result in an increased blood loss during and after surgery. Below is a list of these medications and when to stop them prior to surgery.

Stop the following anti-inflammatories as listed:	
Ibuprofen (Motrin, Advil)	**10 days prior**
Aleve (Naproxen)	**10 days prior**
Diclofenac (Voltaren)	**10 days prior**
Indomethacin (Indocin)	**10 days prior**
Meloxicam (Mobic)	**10 days prior**
Relafen (Nabumetone)	**10 days prior**

The following prescription medications must be stopped prior to surgery.

DO NOT Take 5 Days Prior To Surgery	
Coumadin (Warfarin)	**Discuss these medications with your Cardiologist or Primary Care Physician**
Xarelto (Rivaroxaban)	
Pradaxa (Dabigatran)	
Eliquis (Apixaban)	

DO NOT Take 10 Days Prior To Surgery	
Aspirin 81 mg or 325 mg	Plavix

ACCEPTABLE MEDICATIONS THAT MAY BE TAKEN UNTIL SURGERY

The following are acceptable over the counter medications that you can safely take until the day before surgery. If you need to take any over-the-counter medications that are not on this list please discuss usage with your surgical team.

Tylenol	**Medications that are safe to take up to the day of surgery. Do not take the morning of surgery.**
Celebrex	
Vitamin A, B, C, D with Calcium	
Magnesium	
Iron products	
Amino Acids (L-Arginine and L-Glutamine)	

COMMON OVER THE COUNTER AND ALTERNATIVE MEDICATIONS

Many over-the-counter medications can increase the risk of operative blood loss and increase the risk for potential complications. It is EXTREMELY IMPORTANT that you share all medication use with your surgical team even if it is "an occasional" usage. The following is a list of commonly taken, non-prescriptive medications that need to be stopped 14 days prior to surgery. If you are taking any over-the-counter medications that do not appear on this list please discuss them with your surgical team. If you have any questions or concerns about what you are taking, please discuss with your surgical team.

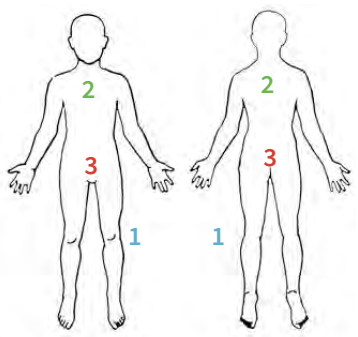
DO NOT Take 14 Days Prior To Surgery	
Gingko Biloba	Vitamin E
Garlic	CoQ 10
Ginseng	Flaxseed
Ginger	Fish Oil
Dong Quai	Glucosamine
Omega-3 fatty acids	Ephedra
St. John's Wort	ALL minerals
Feverfew	Tumeric/Curcumin

PRE-OPERATIVE SHOWERS WITH HIBICLENS

Proper skin care prior to surgery will play an important role in preventing post-operative infections. You will need to shower both the night before and the morning of surgery with 2% or 4% Chlorhexidine Gluconate (**Hibiclens**). Our office will provide you with a bottle.

WHILE IN THE SHOWER

First wash your entire body as you normally would with soap and shampoo. Rinse well and do not apply any other products. Turn the water off, and using a washcloth, apply the Hibiclens a full cap full at a time. Wash your operative leg first, then from the neck down. Wash your feet and groin last. Once applied, allow the lather to remain for at least 20 seconds then rinse well. DO NOT scrub the Hibiclens off your skin.



1. First, wash the surgical site thoroughly, front and back, followed by the remainder of the surgical extremity.
2. Wash from the chin down the torso.
3. Wash the feet/toes, followed by washing the groin and buttock last. **Avoid washing the end of the penis and vagina.** If Hibiclens gets in these areas rinse well with water.
4. **DO NOT** re-apply soap until your next shower.

AFTER SHOWERING

1. Dry yourself with a clean, freshly washed towel.
2. **Dress in freshly washed clothing.**
3. Remove all nail polish from your fingers and toes.

DO NOT apply any lotions, make-up, hair products, or perfumes.

SHAVING

DO NOT shave or wax body hair on the surgical leg for at least 72 hours prior to surgery. Facial shaving is okay.

GOOD NUTRITION

A proper diet will provide the necessary nutritional building blocks to optimize post-operative healing and recovery. It is also a key element in preventing constipation following surgery. It is important that you and your Care Partner plan healthy meals as part of your recovery process.

First and foremost, AVOID ALL TOBACCO AND MARIJUANA PRODUCTS for at least six weeks following surgery.

CONSTIPATION: in order to avoid this uncomfortable and at times painful post-operative complication, stay well hydrated and eat foods rich in fiber. Avoid dried, dehydrated, and processed foods. Avoid cheese, sweets, excessive red meats, and dairy products until you are having regular bowel movements.

Avoid foods with the following:

1. Foods high in salt (sodium).
2. Food or drinks high in sugars: Candy, fruit juice, vegetable juice, colas, energy drinks, etc.
3. Limit high-fat foods such as cake, cookies, ice cream, pizza, and delivery food.
4. Avoid prepared meals such as TV or frozen dinners.

FOCUS ON THE FOLLOWING FOOD CHOICES

Eat Protein

1. 3 daily servings of protein: Fish, seafood, pork, poultry, tofu, beans/legumes, or eggs.
2. Protein snacks include: Nuts, hard-cooked eggs, beef jerky, string cheese, Greek yogurt, protein bars high in protein and low in carbohydrates (sugar). The amino acids in protein help with wound healing and tissue regeneration. Protein can also increase your strength and energy following surgery.



Fruits and Vegetables (Fiber)

1. Consume fruits that are fresh or frozen (1–2 daily servings).
2. Eat a variety of raw and cooked vegetables (4–6 daily servings). Foods high in fiber will help to prevent post-operative constipation.

Whole Grains (More Fiber)

1. Choose 100% whole grain and high-fiber cereals, bread, oatmeal, crackers, rice, and pasta.



PROPER HYDRATION

1. Drink at least 64 oz. of water per day. This can include herbal/decaffeinated teas.
2. A water bottle at your side is a good way to increase water intake.
3. Avoid dehydrating beverages such as excessive caffeine and energy drinks.
4. Proper hydration will help prevent constipation and increase the efficiency of medications.

Eight 8 oz. glasses of water a day will keep you healthy and hydrated!

NOTES

Day of Surgery

DAY OF SURGERY & RECOVERY TIMELINE

Check In (Approximately 1.5 hours prior to surgery)

- See page 31 for check in process.
- Two family members are welcome to be with you at this time.

Surgery

- Approximately 2 hours.
- See page 34 for surgery details once taken to the operating room.
- Family members are free to leave at this time if they prefer. Please leave a reliable phone number with staff.

Phase 1 Recovery

- Approximately 1 hour.
- See page 35 for details.

Phase 2 Recovery

- Approximately 1-4 hours.
- Two family members will be allowed to be with you.
- You will be able to walk with staff for the first time.
- See page 36 for details.

Home

DAY OF SURGERY

We encourage you and family members to ask questions or express any concerns about your surgery. The nursing and operating room staff, your anesthesiologist and surgeon, and the remaining staff work as a team to make your surgery a positive experience.

MORNING OF SURGERY

1. **NOTHING TO EAT OR DRINK** after midnight the night before surgery. If you eat or drink after midnight your surgery must be **canceled** for your safety. This includes gum, breath mints, cough drops, etc. **Your safety is always our primary concern.**
2. **Take your second Hibiclens shower.** Take care not to swallow water while in the shower! DO NOT apply any products such as lotions, powders, hair spray, gel, perfume, or deodorant.
3. **Take only the medications that you and your surgeon previously discussed.** Otherwise, take NO medications. Your medication list will also be discussed during your pre-operative phone call with a nurse from the Proliance Highland Surgery Center and during your pre-operative visit in the office.
4. **Dress in loose baggy gym-type clothing** that will be easy to change in and out of. No yoga or tight stretch pants. If possible, wear shoes without laces (e.g. slip-on shoes with a closed heel).
5. **Remove all jewelry.** No exceptions.
6. **DO NOT write anything** on either hip or anywhere on your body. This could compromise your safety. The morning of surgery, your surgeon will visit with you. They will ask that you point to the surgical site and they will put their initials on your surgical hip. The surgical team will re-confirm the accuracy of the surgical site when in the operating room, using these initials as a part of the process.

CHECK-IN PROCESS

WHAT TO BRING

1. Insurance information, pharmacy cards if you did not fill your prescriptions prior to surgery, your photo ID, and a list of your medications. If you were prescribed OxyContin, bring this with you.
2. Your ice machine if you purchased one. See page 74.

WHAT NOT TO BRING

1. Do not bring credit cards.
2. Do not bring cash. Have your Care Partner hold your payment of choice for filling your prescriptions, if needed. Again, we recommend having all prescriptions filled prior to the day of surgery.
3. Do not bring any valuables such as jewelry, rings, earrings, or watches.
4. Do not bring your cell phone. Use your Care Partner's cell phone if necessary.

CHECK IN FOR YOUR SURGERY

Proceed directly to the Proliance Highlands Surgery Center on the first floor of Proliance Highlands Medical Center. Your check-in time will be 1.5 hours prior to your surgery. If you have not been contacted by the Proliance Highlands Surgery Center pre-operative nurse within 2 days of your surgery, please call the PHSC at 425.507.0800. Once at the surgery center, you will begin the check-in process.

1. You will need to present your insurance information and photo ID.
2. The nursing staff will be notified that you have arrived.

AFTER YOU HAVE CHECKED IN

1. A nurse will take you and up to 2 family members to a private room where you will begin to get ready for surgery. Your family will be able to stay with you until you are taken into the operating room. The Surgery Center is not an appropriate place for toddlers or young children. It is recommended that you find child care. **Outside of the common cold, we ask any visitor who is ill to please stay at home.**
2. Once in your private room, you will change into a hospital gown and socks, both of which will be provided. A warm blanket will be provided as you get comfortable in a recliner chair. Your clothes will be stored in an unsecured locker. Again, we ask that you bring nothing valuable with you.
3. Your medical history will be briefly reviewed.
4. Your vital signs, height, and weight will be recorded.
5. An IV will be started in one of your arms, using a numbing agent.
6. Your anesthesiologist will visit with you and discuss anesthesia options. He/She will be happy to answer any questions or concerns you might have about your anesthesia.
7. Your surgeon will see you prior to surgery. They will go through a series of safety questions. This will include asking what type of surgery you are having; they will then ask that you point to the body part. They will then mark the limb. **Do not** write anything on your body.
8. The nursing staff and your surgeon will review your surgical consent with you and have you sign it.
9. You will be given a medicated nasal swab prior to surgery to help prevent infection. This will be provided by the nursing staff and they will instruct you on using the swabs.

FAMILY MEMBERS

Once in the operating room, it will be roughly 2.5-3.5 hours before family members will be allowed to see you again. The surgery center is equipped with free Wi-Fi and has a TV in the waiting area. There is a Starbucks and cafe in the lobby of Swedish Hospital, just inside the main entrance, located across from the surgery center parking lot. The cafe at Swedish is open until 2:00 pm. Family members do not need to stay at the surgery center for the entire time you are in surgery, if leaving, provide a contact number with the front desk so that your surgeon, or nursing staff can contact them if needed.

ANESTHESIA

Prior to surgery, you will have an opportunity to discuss the choices for your anesthesia. In most cases, our preference is a spinal anesthetic. With this, you will be given medication through your IV to help you sleep throughout your surgery. In most cases, this will allow you sleep through your surgery and awaken without experiencing nausea, vomiting, or the hazy feeling that people will often experience with a general anesthetic. Patients will often awaken with less pain and it will allow patients to be up and walking after surgery. This will allow a smoother transition in controlling your pain immediately following surgery.

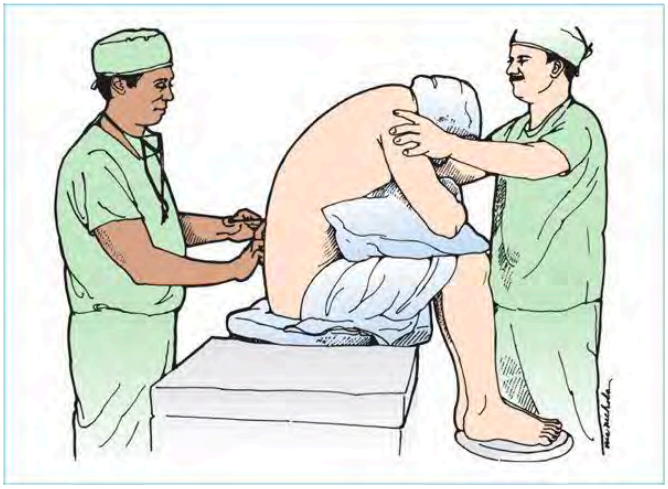
a. Spinal anesthesia is placed once in you are in the operating room, sitting up on the surgical table. A needle is placed in the lower back and a short-acting numbing agent is used. As a result, you will have no feeling in your lower extremities for appropriately 2-3 hours. Once the spinal is placed, you will be positioned for surgery, with particular care for comfort and safety. Once this is accomplished, you will be given IV medicine which will allow you to drift off to sleep for the entirety of your surgery.
b. Your anesthesiologists will remain with you at all times during your surgery.
c. General anesthesia is an option. With this, you will simply go to sleep for your surgery.

Toward the completion of your surgery your surgeon will inject what is known as the “pain cocktail”. The pain cocktail is a combination of numbing agents that is injected around the hip joint immediately following surgery but before you wake up. This injection will last 6-14 hours before it starts to wear off.

If you have any questions about your anesthesia please free feel to contact Matrix Anesthesia at 425.455.2015.

ONCE IN THE OPERATING ROOM

1. Prior to walking to the operating room, you will meet with your surgeon, anesthesiologist, and operating room nurse. There will be ample time to ask questions and discuss any concerns you may have. DO NOT hesitate to ask questions or address concerns if you have them.
2. The operating room is a very bright and cold environment. Your operating room nurse will provide you with heated blankets and ensuring your safety while making you as comfortable as possible.



This is the position for the spinal placement

3. Monitors for oxygen, heart rate, and blood pressure will be placed.
4. Once you are comfortable, your anesthesiologist will administrator your anesthesia as previously discussed. Your anesthesiologist will not leave your side and will continue to monitor your vital signs throughout your surgery.
5. Your total time in the operating room is roughly 2 hours. This time includes the administration of anesthesia, positioning on the operating room table, preparing your hip (which includes using a solution to help sterilize your hip), and placement of sterile drapes. This takes approximately 30 minutes. The surgery itself takes roughly 1.5 hours. You may have a slight orange stain to your skin following surgery, lasting up to a week as a result of the skin prep used to help sterilize your hip. This is a normal occurrence following surgery and not an allergic reaction.
6. Immediately prior to making the incision, your surgeon will lead the team through a "surgical timeout" which includes another review of your medical history and pertinent information, including your name, date of birth, allergies, and confirmation of the surgical site.
7. At this time, you will receive the first of 2 doses of IV antibiotics.

RECOVERY

PHASE 1

- Once your surgery is completed, you will be transferred to the recovery room (PACU).
- Following surgery, your surgeon will talk to family members and your Care Partner.
- Once in the recovery room you will continue to be monitored closely by your recovery room nurse(s).
- It is not uncommon to feel groggy, nauseous, or lightheaded during phase 1 recovery. You may have little or no recollection of phase 1.
- You will remain here in Phase 1 until you are awake, alert, and have regained sensation to your lower extremities. All post-operative symptoms such as pain, nausea, vomiting, or itching will be well controlled prior to transferring you to phase 2.

PHASE 2

- Once in phase 2 your family will be allowed at your bedside.
- You will be allowed to slowly start drinking again, you will be given a small snack, and lunch will be provided once you are tolerating solid food.
- You will be allowed to walk with staff for the first time.
- The nursing staff will continue to monitor you, and if necessary treat any remaining post-operative symptoms.
- An ice pack will be placed on your operative hip.
- You will receive your second dose of IV antibiotics.
- You will be ready to go home when the following criteria are met: you are tolerating food and liquids, pain and any post-operative nausea are well controlled, you demonstrate the ability to safely walk and do stairs (if needed), and are cleared by your surgeon and nursing staff for a safe home discharge. Once these requirements, and any individual needs specific to your care are met, then you will be discharged home.
- Your nursing staff will give you a wheelchair ride to your car. Your Care Partner will be able to pull the car up to the entrance of the surgery center. Surgery center staff will help you safely transfer into your car.

NOTES

After Surgery

Post-Operative Phase of Care

AFTER SURGERY TIMELINE

Home Day of Surgery

First Night Following Surgery

- Begin your rehab process by icing and elevating your operative leg.
- Start your post-operative exercises. See page 50.

5-7 Days Following Surgery

- Resume your outpatient physical therapy within 5-7 days following surgery.
- Approximately 7-14 days after your surgery you will have your first post-operative visit.
- Your pain medication will be refilled if needed.
- Your dressing will be removed and your staples/sutures will be removed.

6 Weeks Following Surgery

- Approximately 6 weeks from surgery you will have your second scheduled appointment.

AFTER SURGERY

THE FIRST NIGHT FOLLOWING SURGERY

Rehab will start immediately following surgery. You will have your first therapy session with a staff member prior to discharge from the Surgery Center. You will need to resume your outpatient physical therapy 5-7 days following surgery.

Once at home, start the exercises as taught during your pre-hab appointment. Your rehabilitation timeline will be based on many individual factors, including pre-surgical range of motion (ROM) and strength, rehabilitation compliance, age, and health status.

The number one rule following your surgery is **DO NOT FALL**. Take great caution in preventing any falls by using your ambulatory devices (such as a front wheel walker), and ensure your home is properly prepared as discussed in your pre-operative planning phase. Allow your Care Partner to help with all transfers and give assistance with ambulation until your physical therapist clears you for independent ambulation.

Following surgery, you will need to start prophylaxis treatment for preventing a blood clot (DVT). This will consist of a specific set of exercises (see page 46), early mobilization, and medication. The medication choice will be based on several potential risk factors. Your surgeon will discuss this with you prior to surgery.

Begin icing your surgical extremity as soon as you return home. Ice as much as tolerated for the first 48 hours. Then ice regularly for the next 1-2 weeks as needed to treat discomfort. For ease, you should have 2–3 sets of ice bags or an ice machine. The recommended amount for each ice session is 2-3 bags. Manage any post-operative pain as necessary. Strategies to help manage your post-operative pain will be discussed with you by your surgeon and a guide to pain management is detailed on page 41. If you have any questions or concerns please contact our office at **425.455.3600**. If you feel you have uncontrolled pain, contact our office.

In general, uncontrolled pain can be managed through our office and **does not require to an Urgent Care facility or the Emergency Room.**

Once home, gently advance your diet. Start with foods that are considered “clear liquids” such as broth, gelatin, and tea. Once you are tolerating clear liquids, add foods that are typically very gentle on your stomach, such as saltine crackers, rice, or lightly buttered toast. **DO NOT** start with heavy or greasy foods as this may cause severe nausea and vomiting.

POST-OPERATIVE PAIN MANAGEMENT

It is important to realize that if you are NOT experiencing pain then you do not need to take pain medications. While they are important in the recovery process, they can have their own side effects such as constipation, nausea/vomiting, or dizziness. Equally important in the post operative phase is the use of Tylenol (acetaminophen), icing, and elevation. Your surgeon or a Physician's Assistant (PA-C) will be calling you the evening of surgery and daily for the first 3 to 4 days to monitor your progress and troubleshoot if necessary.

WHAT TO EXPECT AT HOME AS YOUR ANESTHETIC WEARS OFF

Post-operative pain following your hip replacement is normal and expected. The onset and intensity of pain is extremely variable between patients.

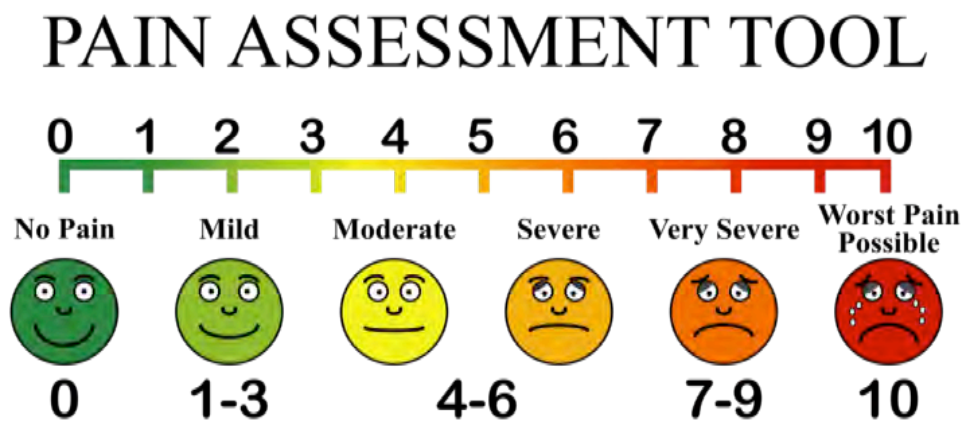
A typical post-operative course:

- **6-14 hours** following surgery: The "pain cocktail" injected in your surgery site will gradually wear off. This will likely be noted by an increase in discomfort globally around your hip. This should stabilize within a few hours and may require a small increase in your pain medication.
- An increase in swelling and aching will often coincide with activities or physical therapy. This may cause overall hip stiffness. It is important to ice, elevate, and use Celebrex if prescribed by your surgeon. Over the counter anti- inflammatories, such as Aleve, Ibuprofen, or Advil, should NOT be used without your surgeon's knowledge.

HOW AND WHEN TO TAKE PAIN MEDICATIONS

Pain management after surgery is a vital component to your recovery. You and your surgeon will create a program to specifically control your pain, constipation, and nausea/vomiting based on your individual needs. This will allow you to do your therapy as well as rest with minimal discomfort. It is NOT realistic to expect to be pain free. When to start your pain medication, how often to take it, and how much to take varies greatly among patients. You should start taking pain medications once you start to feel substantial discomfort. If you are not feeling discomfort then you DO NOT need to take pain medications.

Below is a guide to timing and pain medication dosing. If you have any questions or concerns please do not hesitate to contact your surgeon's office.



TAKE ONLY ONE TYPE OF NARCOTIC AT A TIME. DO NOT MIX NARCOTIC PAIN MEDICATION WITHOUT DISCUSSING THIS WITH YOUR SURGEON.

DOSAGE ACCORDING TO THE PAIN ASSESSMENT TOOL

Pain from 0–2:

Tylenol 975 mg (3 regular Tylenol or 2 extra strength Tylenol) every 8 hours and Celebrex (200mg), if prescribed, twice daily.

Pain from 3–5:

Oxycodone 5 mg or Dilaudid 2 mg every 4 hours as needed.

Pain from 6–7:

Oxycodone 10 mg or Dilaudid 4 mg every 4 hours as needed.

Pain from 8–10:

Oxycodone 10–15 mg or Dilaudid 6 mg every 4 hours as needed.

Once home, continue to take Tylenol and Celebrex 200 along with your narcotics as prescribed.

Take pain medications only as you feel you need it: Do not anticipate pain and take narcotics “just in case."

Once you establish the amount and frequency of pain medications necessary for your pain control, plan on using that amount routinely for just a few days until your pain subsides. Once your pain starts to decrease, you can wean from narcotics by taking fewer pills at a time, or taking your pills less frequently.

Example 1: Take 10 mg every 4 hours instead of 15 mg

Example 2: Take 10 mg every 6 hours instead of every 4 hours

If you experience pain that you feel is not controlled by the medications prescribed in your post-operative plan, **please call the office at 425.455.3600** and speak to a member of your medical team. If it is after 5:00 p.m. or over a weekend/holiday you will be directed to the on-call physician. **Almost all pain management issues can be dealt with through our office, and DOES NOT require going to the Emergency Room.**

At times it will be necessary for you to take a long acting narcotic called OxyContin or MS Contin in conjunction with your regular narcotics. Your surgeon will discuss this with you if needed. This will need to be taken every 12 hours. Ideally, they should be taken at 9:00 a.m. and 9:00 p.m.

THINGS TO KNOW ABOUT PAIN MEDICATIONS

1. **DO NOT** take more than the amount prescribed. This can cause respiratory depression and ultimately cause you to stop breathing.
2. **DO NOT** consume alcohol or any other drugs, including marijuana. This too can cause respiratory depression and ultimately cause you to stop breathing.
3. Narcotics **WILL** cause constipation: A bowel care program is laid out on page 45. Take your medications with a small snack to avoid stomach upset.
4. Narcotics can cause a variety of side effects, including nausea/vomiting, rash, anxiety, hallucinations, excessive sweating, and dizziness. If you experience anything out of the ordinary for you, please call our office to discuss your symptoms and to discuss whether changing your medications may be appropriate.
5. Narcotic refills require a 24–48 hour turnaround time and require a **written copy** of the prescription. You can pick up your prescription at our Bellevue, Issaquah, or Redmond office. Tell your medical team which office would be most convenient for you. **Our office CANNOT refill your narcotics after 5:00 p.m. during the week, nor over the weekend or on holidays.** Please anticipate your needs so as not to run out.
6. Not all pain is best controlled with narcotics. Icing and elevation will be key in decreasing pain levels. You will also be given an anti-inflammatory, typically Celebrex, and Tylenol (acetaminophen) both of which can provide a substantial amount of pain relief after the initial 2–3 days following surgery. These will be discussed with you before surgery and you will likely take routinely, rather than only when needed.
7. **Nearly all problems can be resolved with a phone call to our office.** There is always someone on call who can help so do not hesitate to call. If you do not feel your symptoms are life threatening (see page 47), please contact our office before going to an urgent care facility or emergency room.

BOWEL CARE/CONSTIPATION

Constipation is a very common problem following surgery, and is a result of a combination of factors. The use of narcotics, poor diet and hydration, and lack of activity are factors in developing constipation. Eating a healthy diet high in fiber, staying well hydrated, eliminating or limiting narcotic use, and increasing activity will help prevent constipation from occurring. You will be prescribed medication to help reduce the risk of developing this post-op side effect.

Until you have regular bowel movements, we encourage you to follow the regimen below:

1. You will be prescribed Senokot-S, which is a combination stool softener and laxative.
2. If you have not had a bowel movement in two days, then you can add over the counter Miralax or Metamucil.
3. If you have not had a bowel movement 24 hours after starting Miralax or Metamucil, call our office.
4. Stay well hydrated and eat foods high in fiber.
5. Once you start having regular bowel movements, you may discontinue the use of stool softeners.

If you develop sudden onset abdominal pain, nausea, or vomiting contact our office. This may be a sign of a more serious post-operative complication.

If you have a history of constipation, or concerns about this being a potential post-operative occurrence, you can start over the counter Miralax as directed 3 days prior to surgery.

PREVENTING BLOOD CLOTS

Following surgery, you are at risk for developing a blood clot known as a deep vein thrombosis, or DVT. During surgery, interventions will be used to help minimize this risk. Following surgery you will be placed on a blood thinner based on your individual risk factors. Your surgeon will prescribe one of the three following options:

Aspirin

Patients who are placed on aspirin will be required to take it twice a day with food. Celebrex is the only anti-inflammatory that is safe to take while on aspirin. **Start this medication the night of surgery.**

Eliquis

Patients that are placed on Eliquis will be required to take 2.5 mg twice a day for 30 days. **Begin this medication the morning after surgery.**

Ankle Pumps

Increasing blood flow in your legs following surgery is equally as important as your blood thinning medication. Performing ankle pumping exercises, short frequent periods of activity while avoiding excess periods of inactivity will help reduce the risk of developing a blood clot.

ANKLE PUMPS

With your leg relaxed, gently flex your foot and point your toes (bend and straighten the ankle).

Repeat 10 times (each leg), every hour while awake.

Issues that surround the use of blood thinners:

1. Nonsteroidal Anti-inflammatories, such as Aleve, Advil, ibuprofen, or Motrin **may not be used.**
2. Blood thinners can cause bruising. Report any unusual bleeding or bruising (i.e., bleeding gums, nose bleeds, or excessive menstrual flow).
3. Blood thinners can cause spontaneous bleeding into the hip. If this occurs, there will be sudden swelling around the hip causing increased pain, warmth and a decrease in range of motion. If this occurs call the office.
4. Despite being on a blood thinner, a DVT can still occur. If you are concerned that you might be developing a blood clot, contact our office and we will arrange for an ultrasound study to be performed. This is a non-invasive test done in a clinic setting, and typically DOES NOT require an emergency room visit.

Signs and Symptoms of a Blood Clot

1. Swelling in your calf or thigh that does not improve within an hour of elevation.
2. Pain, increased warmth and/or tenderness in your calf, or with motion in your ankle.

Signs and Symptoms of a Pulmonary Embolus (PE)

This is a true medical emergency and requires emergent treatment. It occurs when a blood clot travels to your lungs.

CALL 911 IMMEDIATELY IF YOU DEVELOP ANY OF THESE SYMPTOMS:

1. Sudden chest pain.
2. Difficulty breathing which can consist of feeling short of breath, or pain upon a deep breath.
3. Confusion and anxiety.
4. Sweating accompanied by any of the above symptoms.
5. Coughing blood.

REHABILITATION

ELEVATING AND ICING YOUR LEG FOLLOWING SURGERY

You will experience swelling following surgery at some level. In general, swelling will increase as the day goes on and after activity. It should decrease after you rest or have slept through the night. This may last for several weeks. As you are better able to find a balance between keeping swelling at a manageable level and activity, physical therapy, and home exercises, you will have less discomfort and gain range of motion. The following are ways to help manage your swelling:

1. Icing: Place 2-3 ice bags on top and on the sides of the hip as tolerated for the first 48 hours. Then you may reduce this to 30–45 minutes 4–5 times a day for the first week. After the first week, continue to ice as needed. Always ice after doing therapy and your home exercises. If you are interested in purchasing an ice machine, see page 74.
2. Elevate your surgical leg while lying down. Place pillows under the entire operative leg, as shown on page 49, and not solely under the surgical knee.
3. Do not sit for long periods of time.
4. Balance your activity with periods of rest.

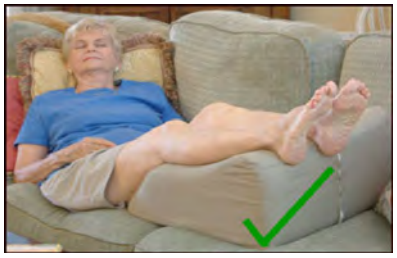
If you have any questions about elevating your surgical extremity, please discuss this with your physical therapist or our office.

ELEVATION

Gently elevate your operative leg by placing pillows under the entire leg. The goal is to have your foot above your hip. There should be minimal, if any, stress on your lower back. It will be important to maintain your hip precautions and not flex your hip past 90 degrees. In case of extreme swelling the foot should be above the heart.

Correct ways to elevate your leg:

The leg elevated with the foot above the hip. There should be a slight bend in the leg to help alleviate pressure from your back. Ensure your heel is in a comfortable position and not absorbing stress from any pressure being placed upon it.



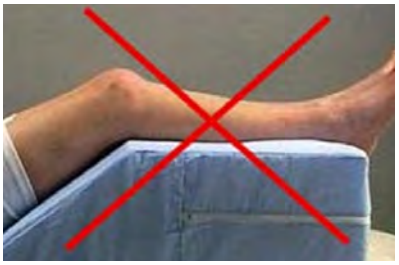
Have minimal rotation of the back as you elevate.

Maintain your hip precautions and be cautious not to flex your hip past 90 degrees.

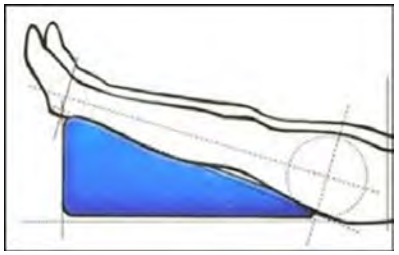
You may consider buying a foam wedge or use 3 pillows. If you are using pillows you may find it helpful to buy 3 inexpensive pillows and tape them in a wedge so they do not slip once your leg is elevated.

INCORRECT ways to elevate your leg:

The feet are level with the floor and will not allow for optimal reduction in swelling of the leg.



DO NOT elevate your leg with it being fully straight. This will place stress on your lower back and will cause an increase in lower back pain.



POST-OPERATIVE EXERCISES

You will be able to walk before you are discharged from the Surgery Center. We will expect that you will resume your out patient physical therapy 5-7 days following surgery. Until then, you will need to start your own, self- directed therapy as planned during your pre-hab visit. At the minimum, begin the following exercises the night of surgery.

REMEMBER:

- Perform each exercise slowly.
- Do NOT hold your breath.
- Stop any exercise that is too painful.

Do one set of each exercise the night of surgery. The day after surgery you should do 3–4 sets each. Ice your knee for 30-45 minutes after doing each set.

ANKLE PUMPS

Bend your foot up and down at your ankle joint as shown.

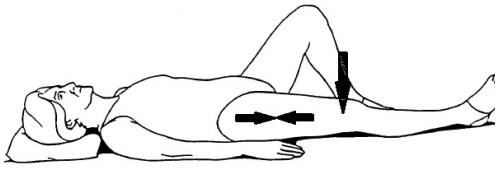
HEEL SLIDES

Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee. Can use a strap behind your thigh to assist. DO NOT EXCEED 90 DEGREES HIP FLEXION.

Hold a gentle stretch in this position and then return to original position.

GLUT & QUAD SET

Lying on your back, squeeze your buttocks and hold. At the same time, tighten your top thigh muscle by pressing the back of your knee downward towards the tabble.



TAKING CARE OF YOURSELF AT HOME

SHOWERING, DRESSING CHANGE, AND INCISION CARE

Following surgery, you will have a special dressing called an Aquacel applied over your incision. This dressing is waterproof which will allow you to shower the day after surgery. You may experience dizziness or lightheadedness, which can be a side of effect of narcotic use, or just getting up too quickly following long periods of sitting or sleeping. If this occurs, sit back down immediately, and do not shower until it clears. If it does not clear within a few minutes, contact our office. The use of a shower stool and hand-held shower head can increase confidence and safety while in the shower.

Despite the Aquacel's waterproof nature **it will not allow you to soak the incision**. You must avoid baths, saunas, pools or hot tubs. If the dressing remains relatively dry and not fluid soaked, it will remain in place for 7-10 days. It is common to have a small amount of drainage. If you feel the amount is excessive, or your dressing may need to be changed, please contact our office. If your first post-operative visit is within 7-10 days following surgery we will remove your dressing at this appointment. If your first post-operative is outside of 10 days from surgery, then you should remove the dressing yourself anywhere between post-operative day 7-10. After the dressing is removed you need to ensure the incision stays clean and dry. You can use over the over-the-counter medical gauze and medical tape if you prefer. Once the dressing is removed then you may freely get it wet in the **shower only**. If you have any questions about the removal of the dressing or how to care for your incision please call our office.

If staples or sutures were used to close your incision, they will be taken out at your first post-operative visit. Steri-strips will then be placed across the incision. These are basically strips of skin tape. This will help with wound healing by taking the stress of the wound edges as it heals. You can get the steri-strips wet in the shower and the will fall off naturally on their own.

FOLLOW-UP APPOINTMENTS

First Post-Operative Visit

Your first visit to the office will be 7-14 days after surgery. It will be scheduled at the time you scheduled your surgery. In general, it will be with a Physician Assistant who is familiar with your surgery. If you are not sure **when, what time,** or **which office,** call the office and we will be happy to direct you. You should **arrange for a ride** to this appointment as you will not yet be ready to drive. Every post-operative course is different so please feel free to ask questions, discuss your surgery and/or recovery, or any other concerns you may have. In general, the following will happen at this appointment.

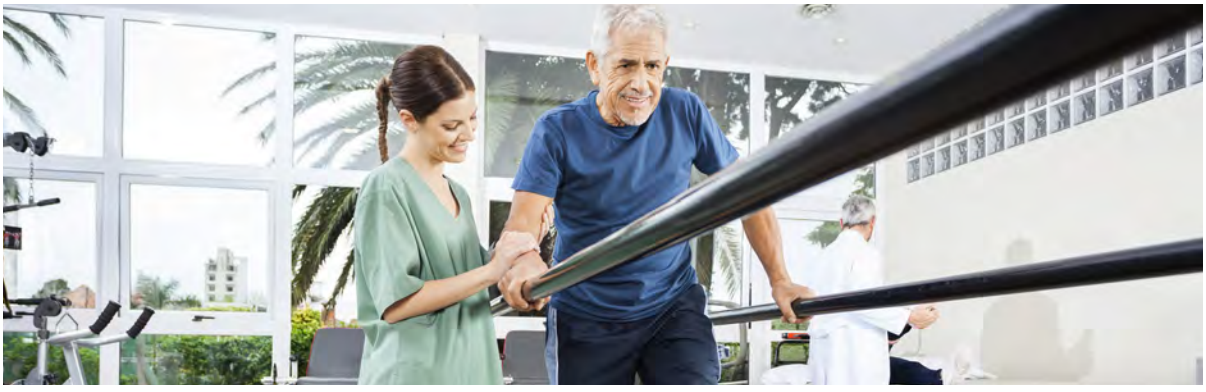
1. Your dressing and staples or sutures will be removed if necessary.
2. Your dressing will be replaced if needed.
3. Medications will be refilled if needed.
4. Depending on surgeon preference, x-rays may be taken. If they are not taken at this visit they will be taken at the 6 week follow up visit which will be with your surgeon.
5. A review of your outpatient physical therapy progress.

Second Post-Operative Visit

Your second scheduled follow-up visit will be with your surgeon. This appointment is typically 6 weeks after surgery, and will be scheduled at the same time you schedule your surgery. It is fairly typical that patients are able to drive themselves at this point. Most patients have stopped using the majority of narcotics. If x-rays were not taken at your first Post-Operative visit they will be taken at this visit. Your surgeon will review your physical therapy progress, discuss any other concerns, and make additional recommendations as needed.

OUTPATIENT PHYSICAL THERAPY

Resume your outpatient physical therapy 5-7 days following surgery. The frequency of your therapy will be based on your individual progress. Typically, therapy will consist of 2-3 visits a week lasting as long 6-8 weeks. You will receive your prescription for outpatient physical therapy during your pre-operative appointment. Scheduling your therapy appointments early in the planning stages will allow you to schedule times and days that will best accommodate you and your rehab process.



LUNG HEALTH

Following surgery, it will be very important to resume normal breathing patterns. While starting early physical therapy for your hip is vital to your recovery, the same is true for your lungs. It is not unusual following surgery to take smaller, more shallow, and weaker breaths. The goal immediately following surgery is to regain your normal breathing pattern to prevent post-operative complications such as pneumonia. Respiratory exercises should be done every hour while awake. This will include purposely taking 10 deep breaths every hour, increasing your activity level, and gradually deceasing narcotic use as this is a common cause of depressed respiratory function.

Overuse of narcotics can lead to respiratory depression, and even respiratory arrest which can be fatal. You should only take your medication as prescribed by your surgeon. Combining narcotics with alcohol or other medications such as Valium, marijuana products, or Ambien without your surgeon's approval can cause respiratory arrest.

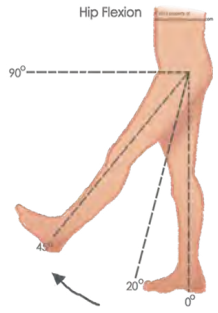
POSTERIOR HIP PRECAUTIONS

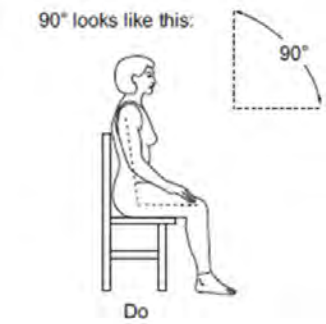
For the **first six weeks** following your hip replacement, you will be required to follow special hip precautions. Following this **six week** period, you will then be allowed to slowly advance your activities with no precautions. These precautions are designed to allow the soft tissue, which includes muscle, ligaments, tendons, and the joint capsule to heal. The particular design of your implant will generally prevent your hip from dislocating. **During your mandatory Pre-Hab therapy sessions your therapist will review and teach you the precautions that will help keep your hip in a safe position.** They will also teach you how to manage and perform your day to day activities while keeping your hip in a proper position. Following surgery, your therapist will continue to work with you on managing your precautions as you become more active.

DO NOT bend your hip flexion more than 90 degrees.

In order to maintain your hip in a safe position, you will need to avoid certain movements and positions. Hip flexion is the relationship between your upper thigh and the trunk of your body, see below. You will NOT be allowed to flex your hip past 90 degrees for the first 6 weeks following surgery. After 6 weeks, you be allowed to increase your hip flexion as tolerated and there will be no restrictions on hip flexion.

The area in green as demonstrated above is the safe zone as it less than 90 degrees.





You may flex your up 90 degrees

You DO NOT want to flex your hip past 90 degrees

ADBUCTION & ADDUCTION FOLLOWING SURGERY

Following surgery there will restrictions on moving your operative leg away (ABDUCTION) from and towards (ADDUCTION) your body. This precaution will be for **the first six weeks following surgery**. When you are standing upright, with your legs directly underneath you, this is considered a neutral postion. Your legs being in a neutral position also applies to a seated and laying postion.

Standing with your legs straight down as if standing at attention is consider a neutral position. This is a safe position to be in following surgery.

AVOID hip ADDuction for the first six weeks following surgery. This is when you cross your operative leg over your non-operative leg. During your pre-hab therapy and immediately following surgey, your therapist will help you develop strategies to prevent this from occuring.

For the **first 6 weeks** *surgery you* **DO NOT** *want to cross your operative leg over your non-operative leg. This is call ADDUCTION and potentially can cause harm to soft tissue. Your therapist will work with you on developing ways to manage this while performing your day to day activities.*

AVOID hip ABDuction past 30 degrees for the first six weeks following surgery. This is when you move leg away from your non-operative leg in a neutral postion. During your pre-hab therapy and immediately following surgey, your therapist will help you develop strategies to prevent this from occuring.

For the **first 6 weeks** *following surgery you* **DO NOT** *want to extend your operative leg away from your body more than 30 degrees. This is call ABDUCTION and potentially can cause damage to the soft tissue. Your therapist will work with you on developing ways to manage this while performing your day to day activities.*

SAFE POSES FOLLOWING SURGERY

These restrictions are for the **FIRST SIX WEEKS** following surgery. After this period, you will be allowed to place your hip in any position that is comfortable for you.

It is OKAY to sit in a chair of comfortable height. Ideally, chairs with armrests making it easier to in and out of the chair.

It is OKAY to sit with your operative ankle crossed over your opposite knee. This is a safe position to put on your socks or shoes.

It is OKAY to pick up objects that are on the ground as long as the object is between your feet and you reach down between your feet.

POSES TO AVOID AFTER SURGERY

These restrictions are for the **FIRST SIX WEEKS** following surgery. After this period, you will be allowed to place your hip in any position that is comfortable for you.

DO NOT get out of a sitting position with your knees touching. This is important with such activities as getting out of a chair or off the toilet.

DO NOT reach behind your ankle or to the outside of your ankle. This includes activities such as shaving your legs or fixing your sock or shoe.

DO NOT sit with your knees crossing over one another.

GETTING IN AND OUT OF A CHAIR

It is important to use sturdy chairs with a firm seat and armrests. Ideally, use taller chairs as it will be easier to get in and out of than lower chairs. Using taller chairs will also be easier to ensure you **DO NOT** break your 90 degree hip flexion precaution while getting in and out. Try to avoid low or soft chairs. **DO NOT** use chairs with wheels or swivels. **DO NOT** sit in chairs with rugs or other objects that might slide when getting in and out a chair.

While getting in and out of a seated position it will be important to maintain your hip precautions and not bend your hip past 90 degrees for the first six weeks following surgery. Ensure the surface under the chair is resistant to sliding by NOT sitting in chairs that rest on top of rugs, mats, or slick surfaces. Wear socks or shoes that are slip resistant to help prevent your feet from sliding out from under you as you lower and raise yourself from a seated position. Part of your pre-hab therapy should be working with your therapist to develop strategies to help safely get in and out of chairs. The following is a basic guideline to getting in and out of a seated position.

1. Back up until you feel the chair at the back of your legs.
2. Transfer your weight from the walker to the chair by moving your arms from the walker to the armrests or the side chair.
3. Slide your operative leg slightly forward while keeping your good leg underneath you. Maintain your body weight on your non-operative during the transfer.
4. Bend your non-operative leg while keeping your operative leg out in front of you sliding it forward if needed. Gently lower yourself onto the chair, using the armrests or the side of the chair for support. **DO NOT** plop yourself into the chair. **DO NOT** use your walker for support when lowering into the chair. This may cause your walker to slide out or away from you resulting in a fall.

DO THE REVERSE to stand.

1. Slide yourself to the edge of the chair. Keep your operative leg outstretched and your non-operative leg beneath you.
2. Use your arms to push down on the side of the chair or the armrest if the chair has them, and lift yourself up using your arms.
3. Once upright, keep your weight onto your non-operative leg during the transfer and move your hands to the hand grips of the walker. Straighten yourself upright while bringing your operative leg in line with your body.
4. **DO NOT** pull yourself up with the walker because you may fall backwards.
5. Make sure you are steady and balanced before taking a step.

IMPORTANT: DO NOT allow your hip to flex past 90 degrees and ensure you have stable footing.

GETTING ON AND OFF THE TOILET

Getting on and off the toilet is the same basic concept as getting in and out of a chair. The biggest difference is toilet seats are often lower than chairs. If your toilet seat is to low and does not allow you to safely and easily get on and off the toilet then you may need a raised toilet seat with armrests. This is often an individual decision based on your individual height and the height of your toilet seat. Discuss this with your therapist during your pre-hab appointment. If it is felt you would benefit from a raised toilet please discuss with your medical team and they write a prescription for you at your pre-op appointment.

While preparing your bathroom you need to ensure the toilet paper is within easy reach.

Place a nonslip pad around the toilet to help support your feet from sliding out from underneath you.

DO NOT twist your body towards the side of your body with your new hip. This will place your hip in an unsafe position.

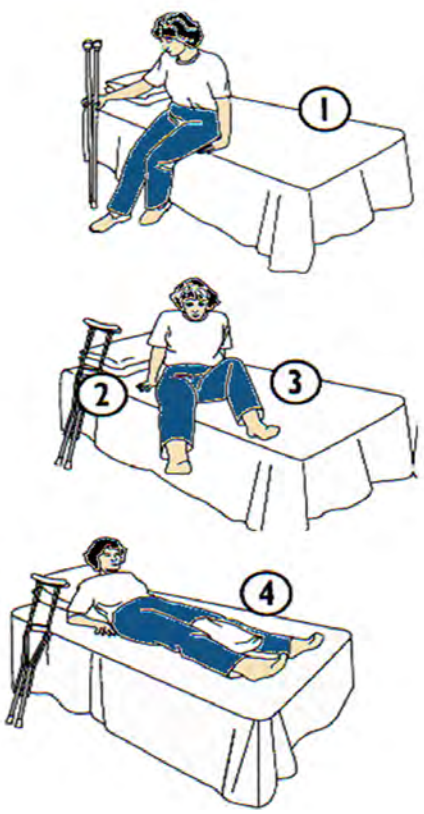
CAUTION: reaching / twisting your body to reach the toilet paper will place your hip in an unwanted position.

IMPORTANT: DO NOT use your walker to raise or lower yourself to and from the toilet seat. Always push up with your hands from the side of the toilet seat or the armrests on your raised toilet seat. DO NOT flex your hip past 90 degrees.

GETTING IN AND OUT OF BED

For the **FIRST SIX WEEKS** following surgery, you will want to sleep with your new hip on the outside part of the bed. This will allow you to maintain your hip precautions as you lead with your new hip as you get out of bed and lead with your good leg as you get into bed.

For getting into bed follow the guideline below. This should also be discussed at your pre-hab appointment.



Use your walker and carefully back up to the edge of the bed until you feel the bed behind your knees. Slightly move your operative leg forward while keeping your non-operative leg beneath you. Keep one hand on your walker and place the other on the bed. Maintain your body weight on your non-operative leg through the transfer and slide your operative leg forward as needed. Gentle lower yourself down onto the bed and **DO NOT** plop onto the bed.

Once on the side of the bed, gentle move your body as a unit leading with your good leg and bringing your new hip as one unit with your body as you transition onto the bed. You may find it useful to use a strap around your ankle as you move your new hip into bed.

Once in bed, place a small pillow between your legs to help prevent your legs from crossing over one another (see page 61 for sleeping guidelines). This precaution will be for the first six weeks following surgery. After this period you may sleep anyway you prefer.

When getting out of bed, it is the reverse of getting into the bed. Lead with your new hip bringing your good hip along as you transition out of bed. Once at the edge of the bed, the process is the same as getting out of a chair. Slightly move your new hip followed, and lift yourself out of bed using the side of the bed for support and not your walker.

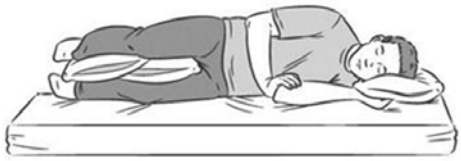
IMPORTANT: DO NOT allow your hip to flex past 90 degrees and **DO NOT** allow your legs to cross while getting in and out of bed

SLEEPING

Initially when you awaken from surgery you will have a foam wedge between your legs. This will ensure you do not improperly cross your legs following surgery. Once home, you may transition to a small pillow between your knees as you feel comfortable doing so. This precaution will remain in place for the first 6 weeks following surgery. After this time period you may sleep however you feel comfortable without any restrictions.

When you initially awaken from surgery you will have a soft foam wedge strapped between your legs. Once home, you may transition to a small pillow once you feel comfortable doing so.

While sleeping in bed you will need to use a pillow, or the wedge, to ensure knees do not improperly cross one another. Once cleared by your therapist, you may stop using the pillow as you are comfortable doing so.



You may sleep on your nonsurgical side when you feel comfortable to do so. You will need a pillow between your knees. Patients will often find it more comfortable using a body pillow to sleep with when they are on their side.

Hip Replacement

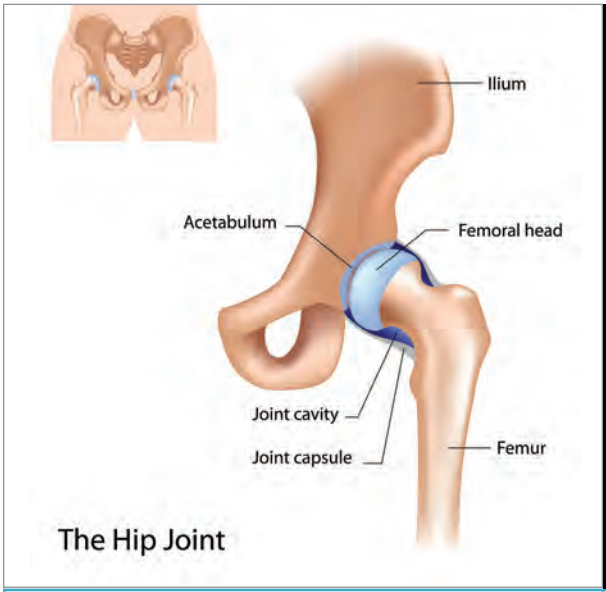
Patient Education

THE HIP JOINT

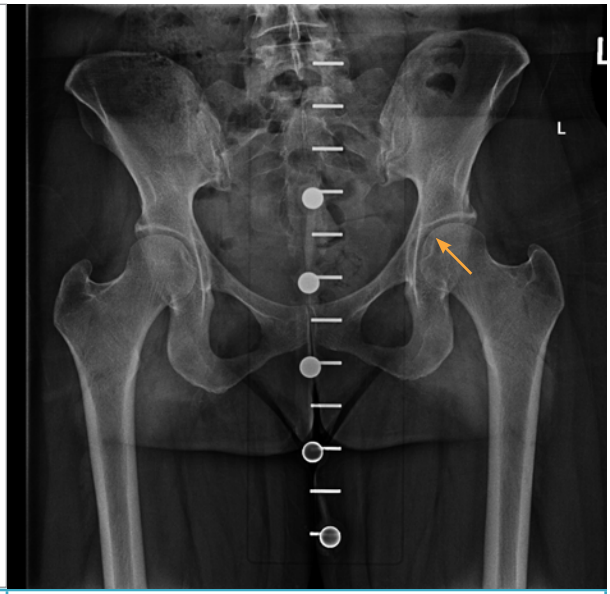
The hip joint is considered one of the most important joints in our body as it allows us to perform our daily activities. It allows us to walk, run, jump, and the many variations of activities we regularly perform. Outside of the shoulder, it is the most mobile joint in our body giving our lower body incredible range of motion, strength, and stability.

The hip joint is considered to be a ball-and-socket joint. The femoral head, or "ball", sits atop the femur. The acetabulum, or "socket", is a cup-shaped structure that is part of the pelvis. In most cases, the socket is deeply seated within the pelvis. The femoral head rests within the acetabulum. The depth of the ball within the socket gives the hip joint the ability to have a high degree of motion while preventing the hip from dislocating.

The femoral head and acetabulum are lined with Articular Cartilage. This is better known as "joint cartilage", and in conjunction with joint fluid, enables the hip joint to move freely. Normal joint cartilage will create approximately 0.4 cm of joint space between the femoral head and acetabulum. In a healthy joint, the femoral head an acetabulum work in harmony allowing us to perform our daily activities.



A healthy joint is lined with smooth joint cartilage (as shown by the blue surface in the picture above), creating a proper balance of motion, strength, and stability.



The x-ray demonstrates proper joint space, roughly 0.4 cm, between the femoral head and the acetabulum. The hip is free of bone spurs.

HIP ARTHRITIS

Arthritis is the loss of joint cartilage that lines the femoral head and acetabulum. In general, the leading cause of arthritis is osteoarthritis, or better known as “wear and tear” arthritis. For those under the age of 60, the leading cause of arthritis in men is femoral acetabular impingement, FAI (abnormal bone growth at the femoral head and neck junction). For women it is acetabular dysplasia (abnormally shallow acetabulum). Other less common causes of arthritis include rheumatoid and post-traumatic arthritis, or Avascular Necrosis (AVN). When arthritis occurs patients experience a dramatic decline in motion of the hip with associated stiffness, weakness and constant pain. As a result, there is a sharp reduction in the ability to perform basic activities of daily living.

When conservative treatment options such as anti-inflammatories (e.g. Ibuprofen, Aleve, Advil, Motrin, etc.), the use of Tylenol, activity modification, and physical therapy have failed to produce significant relief of symptoms, hip replacement is an appropriate treatment option. Various injection therapies, such as steroids, PRP, and stem cells, are an option, but not generally recommended as they provide short term and limited relief. If you have questions about this type of therapy, please discuss this with your surgeon.

Hip replacement is a safe and effective surgery to reduce pain, restore range of motion, and return patients back to their desired life styles. The first hip replacement was performed by Dr Austin Moore on September 28, 1940 at Columbia Hospital in Columbia, South Carolina. In 1962, an Englishman, Dr John Charnley, redesigned hip replacement into what we do today. His advances would ultimately replace all previous designs. He was later knighted by the Queen of England for his work in this field and is now known as Sir John Charnley. Since then, there have been several advances upon his work that have greatly improved upon the success and longevity of hip replacement. Over 300,000 hip replacements occur each year within the United States.

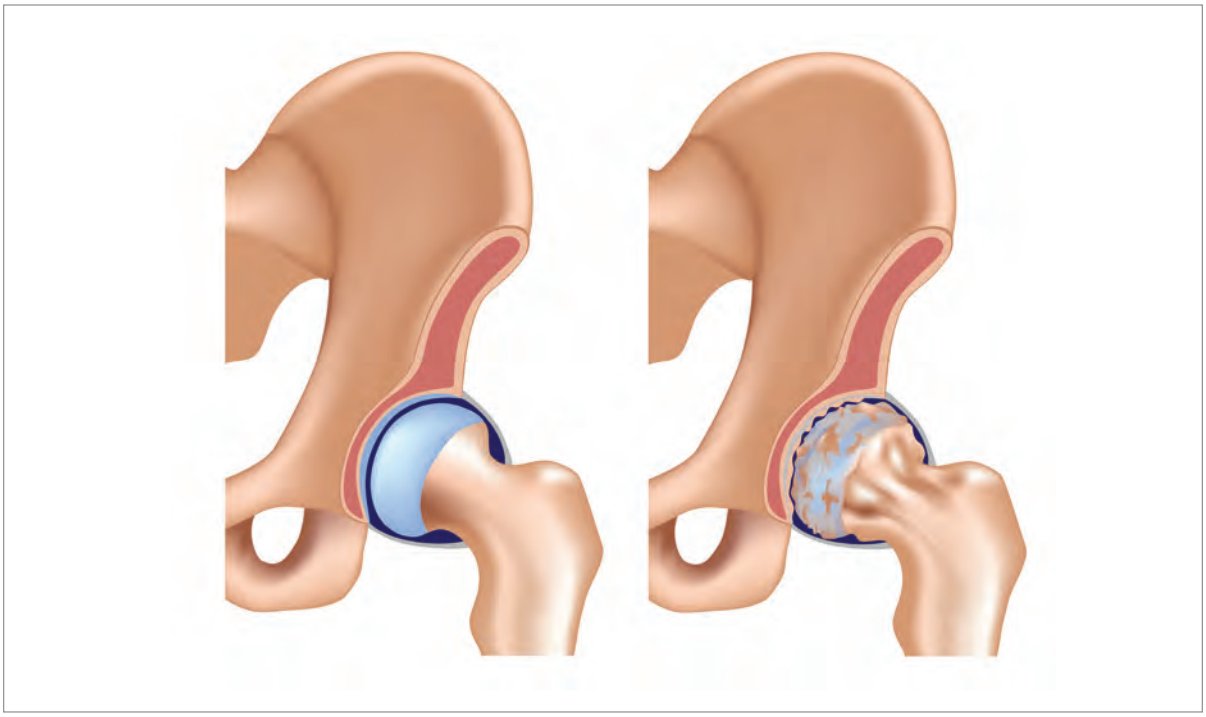
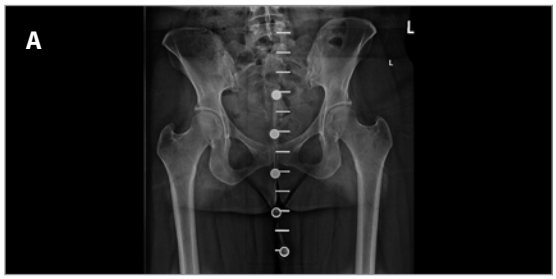
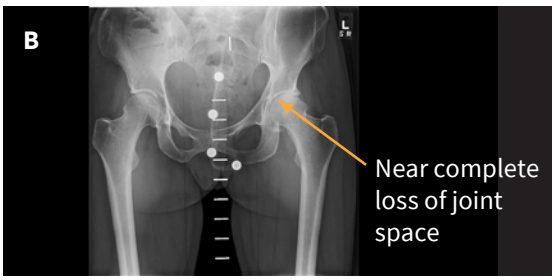


Illustration A demonstrates smooth joint surfaces without any bone spurs or cartilage breakdown.

Illustration B is very representative of an arthritic hip. The joint surfaces are rough and no longer smooth as shown in illustration A. There are bone spurs along the femoral head as it transitions into the femoral neck.





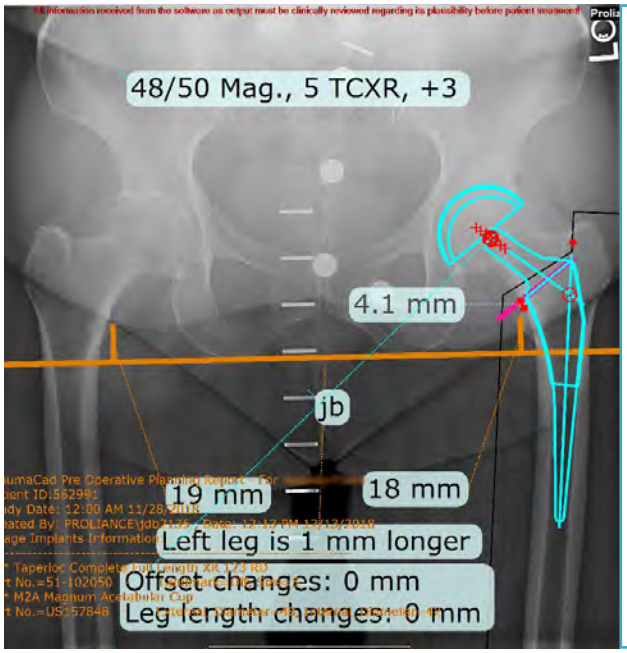
A: The above X-rays demonstrate a healthy hip with normal joint space and an arthritic hip. B: The arthritic hip shows the characteristic findings of near complete loss of joint space and bone spurs (although not labeled in the photo).

A HIP REPLACEMENT

A total hip replacement is performed when the joint cartilage has worn out, conservative treatment options have failed, and symptoms have resulted in a dramatic reduction in activities and the patient is experiencing daily pain. X-rays along with a comprehensive clinical exam will help add in making this decision.

Once it is determined that a hip replacement is the right surgery for you, you will start your joint journey. This will entail appropriate pre-operative planning that will be directed by your care team. It will include pre-operative therapy (Pre-Hab) to help prepare you for your post-operative rehab and get you ready for surgery from a therapy standpoint, obtaining appropriate blood work and EKG as determined by your care team, and medical clearance from your primary care physician. If you do not have a primary care physician our office can help you find one.

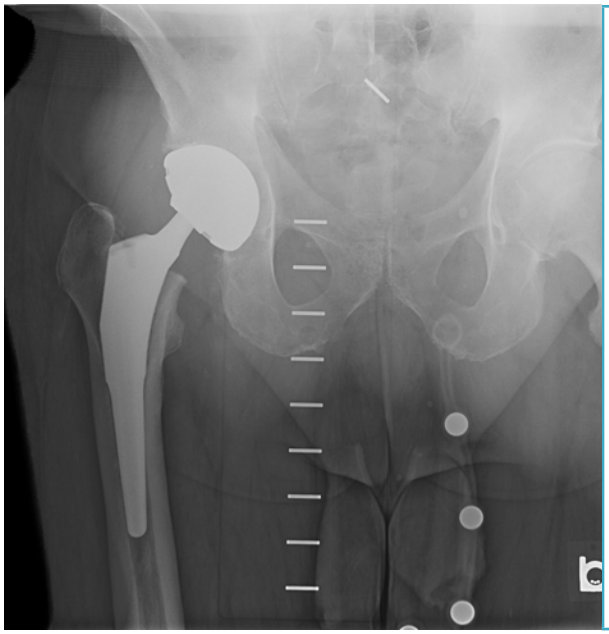
Your surgeon will use x-rays to help determine appropriate implant size that matches your individual anatomy. The implants have multiple sizes for both the acetabulum and femur. This will allow the implant to fit your individual anatomy versus a one size fits all implant. Your surgeon or physician assistant will be happy to discuss implant sizing and implant choice in depth with you if you have any questions or concerns. The x-rays will also act a template to help restore equal leg lengths. Your x-rays will be referenced throughout your surgery.



Specially designed software will allow your surgeon to template your hip prior to surgery. This will help to aide in the appropriate sizing and style of implant that works best for your individual anatomy. Implants are modular with many different sizes. As a result, your surgeon will be able to place an implant that is specific to your individual anatomy. Your templated x-rays will also help your surgeon to restore appropriate leg length.

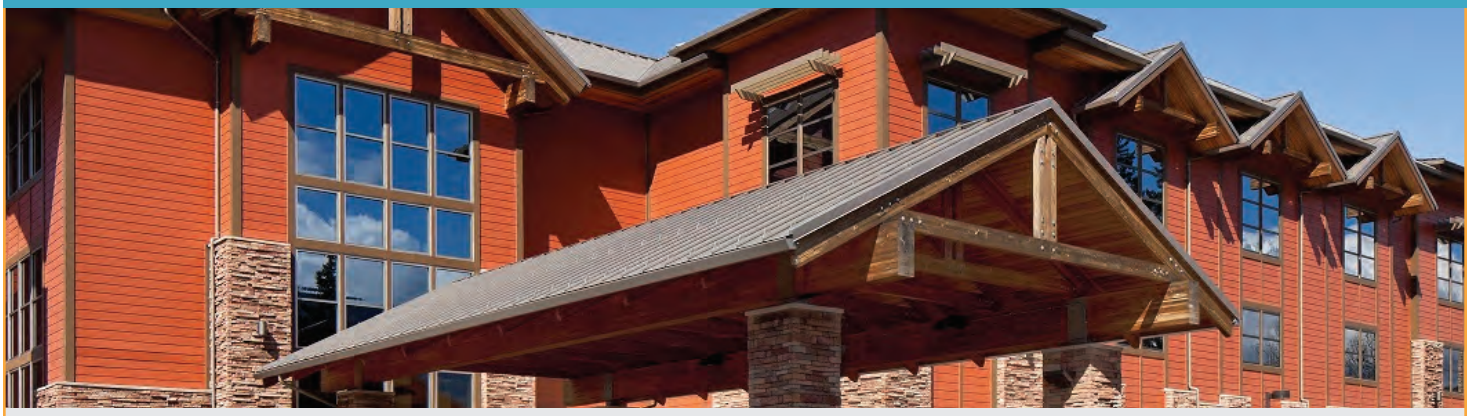
The surgery itself is done by minimally invasive techniques that are designed to reduce complications and allow for a quick return back to normal life. The incision length and location will vary based on surgeon and surgical approach to the hip. If you have any questions or concerns about the approach your surgeon prefers please feel free to ask questions. Your surgeon or physician assistant will be happy to discuss this at length with you. Once the implants are placed, your surgeon will ensure the hip is stable and will not easily dislocate. They will ensure leg lengths are appropriate and relatively equal in length. The new hip is held in place by the hip muscles, ligaments, and hip capsule. Based on the latest data, roughly 80-90% of total replacements are still functioning at 20 years.

Your hip replacement will consist of replacing the acetabulum, or "socket" with a metal cup made of primarily titanium. There are multiple sizes to allowing for a more individual fit. The femoral stem is roughly 6 inches long and is inserted down the middle of your femur. As with the acetabulum, there are multiple femur implant sizes allowing for an individual fit. In general, bone loves to adhere to titanium making it a metal that achieves excellent bone growth onto the implant while avoiding the body wanting to reject the implant. Once the femoral stem is placed, a new femoral head is fitted onto the femoral stem completing the hip replacement.



X-rays following surgery will show proper placement of the implants.

NOTES



FAQ

RETURN TO WORK

Timing of your return to work is different for every patient. In general, those with sedentary jobs can plan to return between 4-6 weeks, with the average typically closer to 6 weeks. For those with more physically demanding jobs it can be as long as 12 weeks. Talk with your surgeon to determine a realistic timeline for your return to work.

WALKER/CRUTCHES/CANE

This will be based on your individual ability to ambulate safely. You will have pre-operative instruction in the use of these devices and you will most likely start using a walker immediately after surgery. Your therapist will help to guide you into making the transition from a walker/crutches to a cane and then to independent ambulation.

PRE-OPERATIVE BLOOD DONATION

You will not need to donate blood. Donating blood actually increases the risk that you will need a blood transfusion from another person. Your surgeon will minimize blood loss by performing meticulous, efficient surgery using a tourniquet and giving you a medication during surgery proven to lower blood loss.

POST-OP INFO

TRAVEL

Ideally we would like for you to stay in the area for at least 6 weeks following surgery. If you are planning on traveling outside of the Seattle area, please discuss this with your surgeon so that necessary precautions can be discussed.

AIRPORT SECURITY

You will most likely set off the alarm at security at the airport. It is most efficient if you can simply go through the body scanner, but if that option is not available, tell the TSA agent and go through the routine scanner. If you do set off the alarm, they will wand you and perform a pat down before letting you through security. TSA ignores cards and letters stating that you have an artificial joint and are not worth showing.

POST-OPERATIVE ANTIBIOTICS

FOR DENTAL

You will need to take prophylactic oral antibiotics for dental work, and we will prescribe them for you if your dentist will not. The dental literature states that you do not need to take this precaution once you are more than two years from your joint replacement, **but we recommend them for a lifetime.**

FOR COLONOSCOPY + SKIN INFECTION

You do not need antibiotic coverage for colonoscopy, but **antibiotics are recommended for skin infections** on the operated leg or for surgical-created skin violations such as skin biopsies.

YOU CAN MAKE YOUR SURGERY THE MOST SUCCESSFUL IF YOU:

- **STOP SMOKING;**
- Maintain a healthy diet and stay well hydrated;
- Achieve a reasonable weight;
- Wean and stop pre-operative narcotic use.

ANTI-INFLAMMATORIES

The role of anti-inflammatories following surgery will be an important part of your recovery. Typically two weeks after surgery the majority of your pain will be influenced by swelling in your hip. Controlling the swelling will decrease stiffness and pain, help increase range of motion, and allow for a more rapid return of strength in your hip. During the first 4 weeks following surgery the **ONLY** anti-inflammatory you should take is Celebrex. No other anti-inflammatories should be used during this time frame. Their use will interfere with the effectiveness of your blood thinning medication. After 4 weeks you may begin a regimen of your choice. **Please discuss potential anti-inflammatory use with your surgeon.**

DISABLED PARKING PERMITS

Our office will provide you with a temporary disabled parking application and prescription. You can mail your application to the state or take it to a State Licensing (DOL) office. The following link will take you to locations of approved Licensing Offices by county. **https:/fortress.wa.gov/dol/dolprod/vehoffices/**

IMPLANT SELECTION

One of the advantages of having your hip replaced by your surgeon at Proliance, is our freedom to select the implant that is best for you. While there are many companies that manufacture total hip implants, they are not all the same. Your surgeon will discuss which implant is right for you. Below are links to companies commonly used by your surgeon.

www.zimmerbiomet.com | www.stryker.com | www.smith-nephew.com

GENERAL INFORMATION

MRSA/AVOIDING INFECTIONS

While the infection rate following hip replacement occurs in fewer than 1% of procedures, it remains a serious complication. Therefore Proliance Orthopaedics and Sports Medicine has established a program to minimize surgical infection, consisting of:

1. Pre- and post-operative IV antibiotics.
2. Nasal antiseptic swabs with Povidone-Iodine solution applied to each nostril prior to surgery at the surgery center.
3. Pre-operative showers the night before and morning of surgery with Hibiclens antibacterial solution.
4. Screening for Methicillin-Resistant Staphylococcus Aureus (MRSA). MRSA carriers are at an increased risk for infection. We will screen you for MRSA so you can be treated if you are a carrier.

DRIVING

Driving will depend on which hip was replaced. If you had a left hip replacement and you drive an automatic, you can drive whenever you are completely off narcotics. If you had a right hip replacement or drive a manual transmission, you will need to meet the following criteria:

1. Discontinued narcotics.
2. Have good quadriceps control by means of an independent straight leg raise.
3. Have 90 degrees of bend without warming up.
4. You must be able to perform an emergency stop before driving.

POLAR CARE KODIAK ICE MACHINE

The polar care Kodiak Cold Therapy System is the most convenient and versatile offering in Breg's Polar Care Line. Its easy to use, compact design makes it great for clinic, hospital, and home use. With the addition of a little ice and water, you will enjoy 6-8 hours of effortless cold therapy. Offering the only battery powered option on the market, Breg ensures you can enjoy the benefits of cold therapy from anywhere: on the sidelines or in the backyard. Each battery pack comes with four replaceable AA batteries ready to power 10-14 hours of motorized cold therapy. Proper use requires an insulation barrier between the Intelli-Flo® pad and your skin.

Cost: $220 (approx.) and is not covered by insurance.

For more product or service information, please contact your local sales representative:

Kylie Knight

Pacific Medical, INC.

253.508.7174

kknight@pacmedical.com

For directions on how to use, please call the representative listed above, or go to the website: **www.topshelforthopedics.com/products-coldtherapy.html**

DURABLE MEDICAL EQUIPMENT LOCATIONS

Please arrange to have your medical equipment delivered prior to your hospitalization. Please give your prescription to the facility delivering your supplies as a portion may or may not be covered by your insurance.

Bellevue Healthcare Locations:

Bellevue, WA 2112 116th Ave NE Bellevue, WA 98004 Phone: 425.451.2842 Fax: 425.467.6661	**Seattle, WA** 3509 Stone Way North Seattle, WA 98103 Phone: 206.724.0033 Fax: 206.388.0033
Redmond, WA 2015 152nd Ave NE Redmond, WA 98052 Phone: 425.451.2842 Fax: 425.467.6661	**Spokane, WA** 45 W 2nd Ave Spokane, WA 99201 Phone: 509.532.7779 Fax: 509.532.1088
Bellingham, WA 1025 N State Street Bellingham, WA 98225 Phone: 360.527.0475 Fax: 360.373.3660	**Sequim, WA** 520 East Washington Sequim, WA 98382 Phone: 253.274.8500 Fax: 260.681.2444
Bremerton, WA 5251 SR Highway 303 NE Bremerton, WA 98311 Phone: 360.373.3660 Fax: 360.373.3660	**Tacoma, WA** 45 W 2nd Ave Spokane, WA 99201 Phone: 509.532.7779 Fax: 509.532.1088
Everett, WA 2031 Broadway Everett, WA 98201 Phone: 425.258.2778 Fax:425.258.6710	**Wenatchee, WA** 223 Wenatchee Ave Wenatchee, WA 98801 Phone: 509.662.8700 Fax:509.662.8715
Kennewick, WA 223 West 1st Ave Kennewick, WA 99336 Phone: 509.586.2778 Fax: 509.585.2777	**Yakima, WA** 10 West Yakima Ave Yakima, WA 98902 Phone: 509.452.3700 Fax: 509.452.3701
Lacey, WA 4500 Pacific Ave SE Lacey, WA 98503 Phone: 360.438.2955 Fax: 360.438.2112	You are welcome to take your prescription wherever you would like to obtain your medical equipment.

Bellevue Healthcare is an independently owned and operated business and not affiliated with Proliance.

PROLIANCE SPORTS THERAPY LOCATIONS

1200 112th Ave NE, Ste. C-260
Bellevue, WA 98004

425.462.5006

510 8th Ave NE, Ste. 340
Issaquah, WA 98029

425.313.3055