



From **Pain**
to **Painless**

A patient's personal diary of hip replacement surgery with tips on improving your hospital stay and easing your recovery.

Pete Smith

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EXCERPTS

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Introduction

Eight weeks ago I had my left hip replaced. Today I was released by my orthopedic surgeon and told to come back in a year. I am walking, driving, and the pre-surgery pain is gone.

The following is an account of the events leading up to my hip replacement surgery, the hospital stay, and the recovery after. I'll tell you what I experienced, what hurt, what didn't hurt, and I'll describe my recovery. I'll share with you some recommendations and tips that helped me through the surgery and recovery.

The opinions and recommendations expressed in this diary are strictly mine, a patient, with no medical training. You will likely experience different opinions, recommendations, practices and procedures from your doctor, therapists and the hospital. It is important that you, the patient to be, follow the instructions and recommendations given to you by your doctor and the other professionals involved with your surgery and recovery.

My final recommendation is clear and concise. ***If your doctor believes a hip replacement is for you, then I highly recommend it.***

Any pain I felt in the hip, groin and knee areas before the surgery is gone. Any pain now is related to the healing process: not getting up and stretching my legs frequently enough or pushing my physical therapy (PT) exercises too far. This usually lasts for only a few minutes and is reduced by heat or ice.

Since I had my right hip replaced six years ago, I consider myself an "expert patient." I can say with almost certainty that occasional pains I now have will continually decrease over the next few weeks and be gone completely in a few months.

I respectfully understand that no one can really be an "expert" as it relates to you and your perspective as a patient. We are all different people and have our own strengths, weaknesses and fears: physically and mentally. With the idea that knowledge is power, if this diary helps to alleviate your fears and helps you through the healing process, then I have met my objective.

"I," "me", "my," etc. are used throughout which is common place in a diary format. Please be aware that toilet activities and other personal care items are described in detail in this diary.

History

First Surgery

Last Six Years

Preparation

Journal

I carry a little notebook that I use to record questions, dates, names, to-do items, etc., any important information. It's totally non-tech, but it works for me. It is in my pocket as I type this.

TIP: From the day you first hear that you will need surgery, keep a written record of all your questions, concerns, and instructions given to you.

Your Own Personal Medical History

Pre-Admission Physical Therapy

Recalling the physical therapy exercises from the right hip, I did some of the lying flat, bed exercises for almost three months prior to this surgery. I could describe them, but I do not want this diary to include any specific medical or physical therapy advice.

I recommend that you talk with your doctor, maybe schedule an appointment with an outpatient therapist and get a regimen you can do at home to build up the muscles before surgery. I will say that the hospital, home, and outpatient therapists that I have worked with in the past eight weeks thought my PT progress was excellent. I attribute that mainly to the exercises I did before the surgery as well as following their instructions. I'm absolutely confident that these pre-surgery exercises reduced the pain level during this recovery period.

TIP: Under your doctor's guidance, do some pre-admission physical therapy to strengthen the muscles in the hip and leg.

Blood Bank

Pre-Admission Procedure

The pre-admission nurses also reviewed my medicines. I had been on prescription blood thinners early last year. I had a curative heart procedure a year ago, and was told I was 100% this spring. My only blood thinner is one aspirin a day. The pre-admission nurse instructed me to stop taking the aspirin ten days before surgery.

Heart issues of any kind are big issues to all of the players in your surgery process: surgeons, anesthesiologists and the nurses. I had obtained a written release from my cardiologist that cleared me for surgery. The pre-admission nurse commented something like, "We really like

releases from cardiologists.” Obviously that release was more important to them than I thought it would be. Talk to your surgeon if you have had any history of heart conditions. Ask if you should get a release from your cardiologist.

TIP: If you have had any heart problems, get a release for surgery from your cardiologist.

As I have said, and will say repeatedly, follow their instructions. Write any instructions in your journal.

TIP: Tell it all!

This pre-admission appointment saved a lot of time. Knowing I would naturally be somewhat anxious the day of surgery, I found the pre-admission process a week before surgery to be a welcome alternative to going through all of the questions and tests the morning of surgery.

Miscellaneous Pre-Surgery Activities

The Night Before

Inpatient

Hospital Arrival- Day 1 – Thursday

Preparation Room

TIP: Leave your vanity at home. Hospital staff have “seen it all” before.

If you have never had an IV, they are important as a way to give a patient the medicines, anesthesia, liquids, and whatever else they need to get into the patient’s body. Yes, they can be a little uncomfortable at first. And yes, most patients make at least one move that hurts the entrance area because they forgot it was there. But I quickly adapted to having the IV and the uncomfortable feeling was reduced to zero or close to zero.

One time on the second or third day in the hospital after my surgery, I felt some wetness in the bed. It turned out my IV had come out and the saline drip was going onto the bed. No problem, the nurse stopped the flow, fixed the IV, added some more tape, and restarted it with very little discomfort to me.

Recovery Room and Into My Room

I remember nothing from the surgery and very little in the recovery room. I know a nurse was right there sitting near me. I guess they monitor everything for an hour or so after surgery.

Sleep – Not Much

My Expectations

TIP: Post in your room what your expectations are as a patient. Be reasonable. Give the hospital staff an opportunity to exceed your expectations.

The Diary

Day 2 – Friday, Before Breakfast

Friday turned out to be a busy day. “No rest for the weary.” My surgeon came in early. I don’t recall much of the conversation: another good reason to have a loved one present. My wife made some notes in my diary. Apparently everything was routine and no adjustments were made to my care. Either when he was there or shortly after, the knee immobilizer was removed with the help of a couple of nurses or aides that worked for the surgeon.

Even with the morphine and their carefulness, there was some pain for a minute or so. A thick dressing had been applied in the operating room and was left on the incision area. Apparently there was some kind of an antibiotic material inside the dressing over the incision area and they wanted to leave it in place for a couple of days.

From my prior surgery, I knew there were actually metal staples holding the skin together at the incision. While there was some pain on the surface of the incision when moving around, there was little chance of ripping them open when moving around either in or out of bed. The source of most of the pain was internal where the surgery was actually done.

Physical Therapy

A physical therapist came in the morning shortly after breakfast. I was instructed on how to use a walker. He showed me a few exercises I should begin doing slowly in the bed and standing: nothing too strenuous. I walked almost to the door of my room and back with the walker. It was only a few feet, but it hurt. I knew that it would but I also knew it was important to do as much as I could.

Three Rules

Visitors

Nurse’s Aides

During the time I was in the chair, a nurse’s aide came in and changed my bedding. The nurse’s aides are really the most helpful people for non-medical needs or with help getting in and out of bed. I received a “care package” from a business associate complete with balloon and a bunch of “goodies” – candy bars, chips, etc. As I have been trying to cut back on snack foods, I used these

goodies as thank you tokens for many of the nurse's aides. Call these tokens a thank you or a bribe, I don't care; I got great service from all the nurse's aides.

TIP: Share any "goodies" you might get from friends with the hospital staff. The results are amazing.

Food

Occupational Therapy

Doctors, Doctors, Nurses

Another doctor came in later in the day. Apparently the surgeon, his substitute weekend orthopedic doctors, and his staff are responsible just for the surgical part of my stay only. This house doctor and others like him over the upcoming weekend were either on the hospital's staff or retained by the hospital to take care of the remainder of my health during my in-patient stay. It seemed that with every doctor's visit and every nursing change of shift someone wanted to look at the dressing. They were looking for any discoloration or oozing. They also checked my legs and feet for any swelling or sign of a blot clot.

The Catheter

Pain Levels

Throughout my stay, every medical visitor to my room asked about my pain level on a scale of 1 to 10. This always seemed odd to me. If I was quietly lying on my bed, the pain level was considerably lower than if I had just completed PT, taken a walk or used the toilet.

Breathing

Medicines

Even in my slightly "out of it" condition, I did continue throughout my stay to ask the name of the medicine when each new IV bag was hung or any pills administered. Anytime there was something new, I asked what it was for and why. I always received complete and satisfactory answers. They did not try to administer any drugs related to pregnancy or PMS cramps!

Saturday – Day 3

A different physical therapist came to the room. Each day I was there I saw a different physical therapist. Now free from the catheter, we walked a little further and did a few more standing and lying down exercises. My IV still went with me.

One point the therapists stressed to me was that physical therapy is significantly different than physical training such as for athletes and fitness enthusiasts. Physical trainers often follow the

Sunday – Day 4

The nurse removed the IV early that morning. I was glad to be rid of that. She also changed the dressing. More tape had been added a couple of times since the surgery to hold it in place. Now it all came off. You would think after all these years someone would have come up with a painless way to remove adhesive tape from the skin. They haven't. Another hurt, but only for a few seconds.

The rest of Sunday was almost an instant replay of Saturday: PT, the house doctor, a couple of visitors, cat-naps and some NFL football. My surgeon stopped in late in the afternoon. He said I would be discharged in the morning after another in-patient PT session. He is a big believer in PT. The home PT had already been arranged to start on Tuesday. I felt more comfortable knowing that he had reviewed my case and made the discharge decision personally.

Discharge - Monday – Day 5

I was ready to go home and get some sleep in my own bed. My wife brought me fresh clothes. I shaved and cleaned myself up. All of my actions were more or less in slow motion. Quick turns, fast movements with my limbs caused pain; I still had to remember and follow the three rules.

TIP: Plan on moving slowly and having patience for the next couple of weeks.

Recovery At Home

Preparation

My wife did a great job of getting my room ready for me. She put a solid board on the other side of the king sized bed so I had a shelf like place to put books, newspapers, my laptop, and miscellaneous other things. Since I knew I would be awake off and on through the night, it made sense for her to sleep in another room, but I kept the doors ajar to both rooms in case I needed to call for help.

TIP: Always keep your walker within arm's reach even in bed at night.

Week 1, Tuesday

The first couple of days, I needed some help getting my pants and socks on. After a couple of days, I learned how to use the grabber tool and the sock slide and was able to dress myself – always within reach of my walker.

Meds

Also, I took the pain pills as prescribed for about two weeks. Then I began to space out the time between pills and over a couple of days moved to ibuprofen only. After eight weeks, I still take

the ibuprofen if the pain gets too uncomfortable from my PT or at night when I am trying to sleep.

Stairs

Home personal care

Since I still had the staples in my incision, I could not shower. I was able to take sponge baths with some assistance. I did use a dry shampoo a couple of times. It helped to remove some of the oils, but was far from satisfactory.

To urinate, I found that standing next to the bed and using a hand held urinal was much easier than trying to sit on the raised commode, especially at night. Since our house only has bathrooms on the top level, that hand held urinal followed me whenever I went downstairs for the next few weeks.

The rest of the first week.

I spent much of the first week in bed getting up primarily to use the commode or do my standing exercises.

At night I put one of those store bought ice packs on the incision area. Usually one layer of towel between the ice pack and the skin maintained the cold at a tolerable level. I found that putting the ice pack inside the pajamas tended to hold it in place on top of my hip. Usually my son left another ice pack on the bedside table after I had been asleep. Sometime in the middle of the night I would switch to the new ice pack.

TIP: Keep an ice pack on the hip as much as possible without harming the skin. The home health people will give you advice on this.

PT on My Own

Weeks 2-8

On Tuesday, twelve days after surgery, I returned to the doctor's office to have the staples removed. This took only a few minutes. If you pinch the skin on your arm gently with your fingernails, that is about what I felt as each staple was removed – a real non-event.

Showering

Home PT

The physical therapist came in 3 times in week two. Each time we did a few more reps. I started walking outside; at first it was only to the end of the driveway with the walker.

Work

Outpatient PT

I had three out-patient PT sessions a week for three weeks. I could have had a few more, but other obligations prevented that. During the last session I reviewed and adjusted my home PT program with my therapist.

TIP: At the last session with your physical therapist, ask for a continuing home therapy program, and do it for many more weeks.

Free at last

For the last two weeks, seven and eight, I have used the cane infrequently. I carry it whenever I walk outside but only at the ready. I still use it on uneven ground or on the stairs. I still have a little discomfort once in a while, nothing that can't be relieved by an ibuprofen. I will keep up my exercises for a few more weeks and continue after that on my stationary bike.

I saw the surgeon earlier today. He asked a couple of questions, swung my left leg back and forth a couple of times and said to come back in a year for a checkup, or sooner if there were any problems.

And that is my story. Would I do it again? Since both sides are now artificial hips, hopefully I won't have to at my age. But, yes, if needed, I will do it again without hesitation. I know there are a lot of people walking around with hip pain that can be relieved through surgery. Do it! You will hate the first week, dislike weeks two and three, but, your only question after about eight weeks will be. "Why didn't I do this sooner?"

EXHIBIT 1

PATIENT EXPECTATIONS

- Patient expects to be informed about all doctor's orders, medications, physical therapy and other procedures at the time such items are arranged and whenever any changes to these items occur. Patient expects this information to be provided to the family member of the patient present when the patient is incapacitated.
- Patient expects that each time medications are administered, the person administering the medications will inform the patient or family member the name, dosage and frequency for each medication.
- Patient expects to be informed of the results whenever vital signs are taken and informed of the results of any lab work or other tests.
- Patient expects a sponge bath daily after the first day or when covered with excess sweat from physical therapy.
- Patient expects a timely change of the hospital gown or sheets if soiled with blood or covered with excessive sweat.
- Patient expects timely responses to reasonable "Call Button" requests.
- Patient expects to be contacted by the Case Manager no later than the day after surgery.
- Patient expects water container to be checked and filled frequently.
- Patient expects to receive the food and drinks that are requested on the dietary menu provided.
- Patient expects that individuals delivering food trays will not leave the room until the patient is upright in a position to eat the meal and that the bedside table is adjusted and positioned for use by the patient.
- Patient expects any short cut acronyms (WBAT, ADL, etc.) will be explained immediately or not used.