

# FastTrack Phase 0 (pre-surgery)



**Planning around same-day-surgery:** Get everything you need before your operation.

- Consider an elevated toilet seat, a shower chair, a backpack to carry things when using crutches, and a “Reacher” to help pick things up. All available on Amazon.
- FastTrack patients MUST have a designated “Care Provider” to accompany them to Pre-Hab training, to take them home from the hospital, and to stay ONE night at home with you.
- Pick out comfortable clothes to wear with a loose waist to wear at the hospital. You do NOT need to walk a runway! You need to be comfortable.
- GameReady: The GameReady cold compression system is commonly utilized by our patients. They call it the “Game Changer”. If you are thin or inclined to be cold, have an electric blanket available after surgery. Dr. F needed 2 heated blankets and STILL shivered so bad her muscles spasmed after HER hip surgery!
- On average patients start driving a week after surgery. Plan for that week!

## **Medications: Pick up these over-the-counter medications before surgery**

- Aspirin 325 mg daily x 3 weeks for blood clot prevention. Continue to wear stockings for these 3 weeks.
- Colace/stool softener if any Oxycodone is used. It is severely constipating
- Tylenol 1000 mg every 6 hours until pain free.

## **Medications: Fill your prescriptions before surgery so you'll have them at home**

- Celebrex/Mobic/NSAIDs scheduled (twice a day) for three weeks for heterotopic ossification prevention.
- Pain medications: Oxycodone 5 mg should be reserved for SEVERE pain that has not improved after taking the above medications, applying the ice/GameReady, and standing and walking briefly. **Movement of the joint is the most successful pain dissipator after musculoskeletal surgery.** 80% of our patients do not need to take ANY of the Oxycodone after surgery following these guidelines.

# FastTrack Phase 0 (Pre-HAB)



The key to successfully leaving the hospital on the same day as your surgery involves learning and **practicing** the skills needed to safely navigate the world with crutches or a walker BEFORE the operation. We rely on training both **YOU**, the patient, and a dedicated “**Care Partner**” in the “Pre-HAB” PT class or appointment to ensure that you are able to get up and GO shortly after the anterior THA. Most patients are able to walk up and down stairs within hours of surgery when properly trained!

You will be trained in the following “skills” at your physical therapy “Pre-Hab” appointment:

- Barrier and challenges assessment of the home environment
- Assessment of current weaknesses and imbalances
- Identify appropriate assistive device for post-operative period  
(walker vs. crutches)
  - Demonstrate ability to navigate stairs, bathroom, and car entrance/exit in simulated environment utilizing assistive device
  - Practice as though post-surgical
  - Obtain prescription for appropriate assistive device-to bring on day of surgery
- “Care Partner” training for skilled assistance in ambulation, transfers, and common needs after return to home on the day of surgery.
- Training in 10 PHASE I exercises
- Game Ready “Tips and Tricks”
- Discussion and training for orthostatic dizziness

*\*Again, your “**Care Partner**” must accompany you to the Pre-Hab appointment, and plan to stay at least 1 night with you after the surgery*



## Things that can mess up your plan to go home:

- **Urinary retention:** If you've had a problem with urinary retention, prostate problems, or currently take narcotic/opioids pain medication we will start treating you with a medication called "Flomax" 5 days before surgery. Talk to Val about this if it pertains to you. Urinary retention, particularly in men, is the most common reason to end up spending the night if you had planned to go home.
- **Dizziness:** The spinal anesthesia can cause dizziness, particularly in women. We have a "hydration" policy for the day before (see below) aimed at minimizing these effects. Also a plan to have you eat as soon as surgery is over.
- **Nausea with the medications:** If you are prone to Nausea, vomiting, or motion sickness tell us preoperatively and we will prescribe Zofran as part of your discharge medications.
- **Side effects to the narcotics:** This can be a real issue and thus we avoid any narcotics in the anesthesia and treatment of patients until absolutely necessary. If you've taken narcotics in the past and have had issues, tell us before surgery so we can alter the opioid prescription if needed.

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

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

# FastTrack Checklist: Surgery is TOMORROW!



- Hydrate! 8 large glasses of water today!
- Did you get your scripts filled?
- Do you have the house situated for your return? Remember, you're going to be taking it easy so have easily prepared food around, obstacles removed, your shower chair set, and any other preparations around the house to make it easy to just hit the couch.
- Is your fridge full?
- Do you have the ice to fill the GameReady? They will teach you the trick of the water bottles!
- Do you know where you're going? You'll need to arrive at the hospital early! Have your address and map app set!
- Pack your **snacks and electrolyte drinks to bring with you!** We want you to have food and favorite electrolyte drink as soon as you get to your room.
- What are you wearing? Comfy sweats and loose waist pants. Slip on shoes if you have them.
- Charge your devices and bring them!
- 11:00 PM-EAT a substantial meal and drink a bottle of water and a bottle of electrolyte fluid.
- Morning of surgery-drink a bottle of electrolyte fluid on the way to the hospital. **NOTHING** except clear liquids. No power shakes, no smoothies, no cream in the coffee. **CLEAR** liquids only. **Nothing to drink after 5:00AM.**



You're home and things may pop up that worry you. Common questions about being at home:

- **What if I'm in too much pain?**

This just doesn't come up with the multimodal pain program and Dr. Ferguson's surgical technique. There will certainly be some pain with this surgery as it is a major operation. But it is generally well controlled with 1) movement 2) Ice 3) Tylenol and NSAIDS and with the Oxycodone for any residual severe pain. We have not had ANY readmissions for pain since this program's inception in 2014. If these modalities simply aren't working, call your doctor.

- **Can I go up stairs?**

YES! And you will have practiced this with the therapists and your Care Partner before surgery! Most patients with hip arthritis can move better and with less pain after the replacement, so in fact MOST patients feel it is easier going up stairs after surgery than before surgery.

- **What if I get dizzy?**

Lay down in a recliner and drink your electrolyte fluids. Most people feel a little worn out and sometimes frankly dizzy after surgery, particular women with the spinal anesthesia. If you are dizzy enough that your Care Partner is concerned, and it doesn't resolve with fluids, call your doctor.

- **What if I can't urinate?**

The most common reason to stay in the hospital after surgery is if you can't urinate after the spinal. This is particularly common in men and in patients who have been taking narcotics before surgery. You will need to urinate before going home, and if you can't empty your bladder we will encourage you to spend the night. Many patients can only urinate a little each time they try, and end up going to the bathroom every other hour. This is fine unless your belly starts to feel uncomfortable. But with changes to our spinal anesthetics, the urination protocol and the hydration protocols, this has not been an issue for our patients.

- **Is swelling normal:**

YES! Though the GameReady and early movement usually cause swelling to go down quickly, significant swelling can occur. Generally this indicates you're doing TOO MUCH! Slow down! NETFLIX!



- **Do I have to use the walker?**

No. If you are ambulating without a limp, you can walk without the walker. However, we strongly recommend its use until you are completely limp free and not at all dizzy or weak after surgery.

- **When can I shower?**

Anytime you want. Your dressing is waterproof. Be careful the night of surgery not to slip-and we recommend a shower chair for this purpose

- **When do I change the dressing?**

7 days after surgery. You have a separate instruction page for removal of the dressing and replacement with the Tegapods, which will be supplied for you at the hospital. These will be applied for the next 2 weeks every other day.

- **When do I take the medications? (\*indicates prescription)**

- \*Celebrex 200 mg (or meloxicam if sulfa allergy)-1 in AM 1 in PM for 3 weeks
- ASA 325 mg – 1 in AM for 3 weeks
- Tylenol-1000mg (2 tabs) every 6 hours around the clock until you are completely pain free
- \*Oxycodone-1-2 tabs every 6 hours as needed for severe pain that doesn't respond to the above.

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

Approximately 1% of patients have a bad allergic reaction to the bandage. If you start having issues, call Val (preferably during business hours) and prepare to send us a picture of the wound. We will very likely have you come see us.

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

This is very common. When patients do take the Oxycodone, it is most often when trying to sleep the first and second night. Sleeping in the GameReady is encouraged. A pillow under your knees can help a lot. YOU ARE ALLOWED TO SLEEP ON YOUR SIDE if it is comfortable for you!

- **When can I drive?**

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