



Hip Replacement: Patient Information Booklet

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Introduction

The purpose of this booklet is to provide you with information before your hip surgery. This booklet gives you instructions on preparing for surgery and what to expect after your surgery. Please read the booklet carefully, write down any questions you may have, and **bring this booklet with you for clinic visits and your hospital stay.**

You have chosen to have a hip replacement. Your health care team will do all they can to make your surgery a success. We hope that keeping you informed helps you understand what to expect and how you can take an active role in your care. How well you prepare for surgery and the efforts you make after surgery will be important factors

Patient and Family Member/Friend Information

It is important that you choose a family member or friend to be with you throughout your hip replacement journey. This is a person who will be supporting you prior to surgery, during your hospital stay, and at home with your recovery. This person can be a family member, friend or caregiver. Please review the booklet with this person before your surgery so you both have an understanding of the care you will be receiving.

What does a Family member/Friend do?

- Attends an education session with you prior to your surgery
- Supports and works with you during your hospitalization
- Supports you with your rehabilitation once you have been discharged, including transportation as needed
- Translates – if English is not your first language

**Remember...
Your Family
member/
Friend is there
to be a “guide
on the side” –
not to take
over for you!**

All About Your Hip

What is a Hip Joint?

The hip joint is a “ball and socket joint” – it can move in many directions. The ball is the top of the thigh bone and fits into the socket of the pelvis. In a healthy hip, a layer of cartilage covers the ball and socket, acting as protection between them. This allows smooth, pain free movement in all directions.



Why do I need a Hip Replacement?

Arthritis of the joint is the most common reason for a hip replacement. Arthritis damages the cartilage and roughens the bone surfaces. This damage creates pain on movement and decreases joint flexibility and strength.



Most people have very good results after surgery, including:

- Less pain
- Better movement and strength
- Improved ability to do everyday activities

What is a Hip Replacement?

When a joint is replaced, the unhealthy or damaged bone is removed and replaced with man-made parts called a **prosthesis**.

A Total Hip Replacement consists of two parts:

1. A metal ball and stem fit into the thigh bone.
2. The metal socket and plastic cup liner fit into the socket in the pelvis.

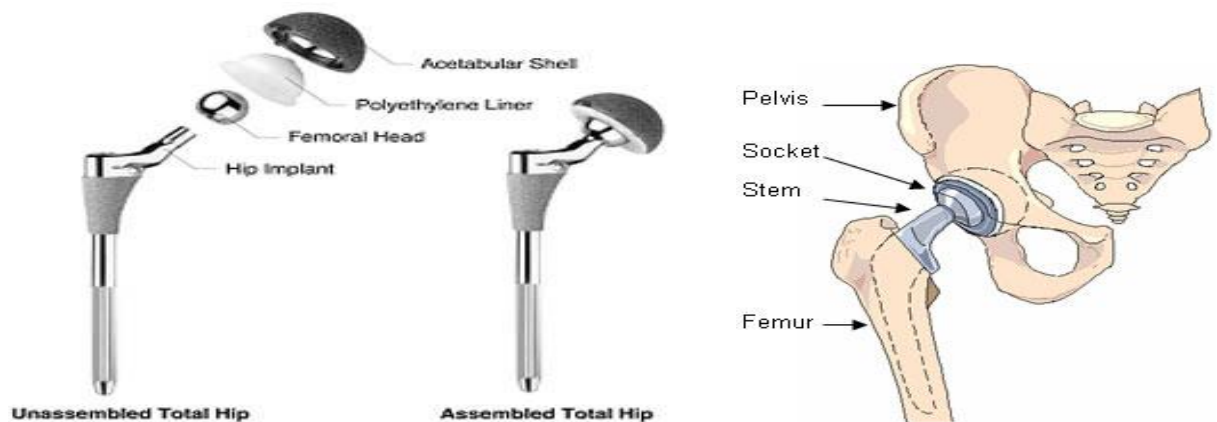
The components are uncemented.

Both parts have a special rough coating that allows your bone to grow right into the replacement parts.

How is the surgery done?

The surgeon makes an incision on the outside of your hip.

1. Muscles attached to the thigh bone are moved or partially detached and the thigh bone and socket are separated. The socket of the pelvis is prepared for the fitting of the plastic and metal cup.
2. The ball of the thigh bone is removed and the metal ball and stem are fitted into place.
3. The hip is put back in place and tested for movement and stability. The muscles are reattached. When the new pieces are secure and move well, the surgeon closes the incision.



Hip Precautions to Avoid Dislocation of Your Hip

- During hip replacement surgery, the capsule which surrounds the hip joint, and the soft tissues surrounding the joint, are moved, stretched or cut to allow the surgeon access to the bones.
- These soft tissue structures – your muscles, tendons and ligaments – are what maintain the hip joint in a centered and natural position. Therefore these structures are unavoidably compromised after the surgery.
- Because of this, certain movements will need to be avoided for a period of time after surgery to prevent dislocation of the new hip, while the supporting tissues heal. Your Hip Precautions are movement restrictions.
- Depending on the surgical approach used by the surgeon, additional precautions or restrictions might apply.
- It is important that you are familiar with your possible Hip Precautions before you come in for surgery, in order to assist with a smooth transition home and help to decrease your risk of dislocating your new joint. Your therapy care team will confirm your hip precautions, and review them with you in hospital after your surgery.
- Your surgeon will suggest a length of time that you must follow these restrictions.

Hip Precautions

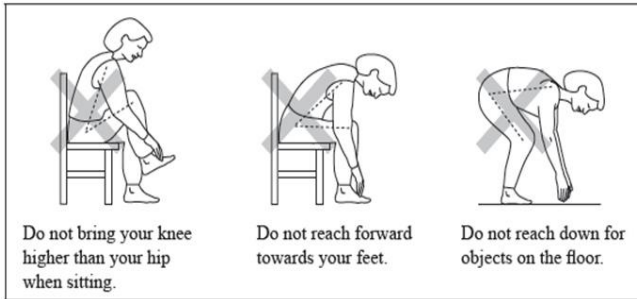
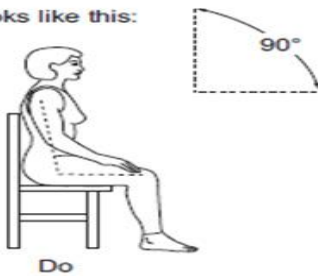
Hip precautions are movement restrictions that you must adhere to after your surgery to prevent dislocation of your new hip while it heals. Tissues around the hip joint are cut or stretched during surgery, and thus need time to heal in order to keep the “ball” portion centred in the “socket” of the hip joint. The approach that your surgeon uses, will dictate what movement restrictions you must follow.

After surgery, your nurse and therapists will inform you which restrictions you must follow:

□ **Posterior Precautions**

1. Do not bend past 90 degrees

90° looks like this:



*Ensure that when seated (e.g. on chairs, beds, toilet seats), your hips are level with, or higher than, your knees

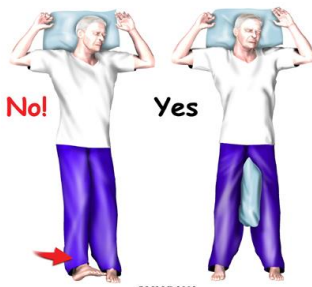
*Use assistive devices to wash and dress your lower body (refer to ‘Getting Dressed’ on page 24 for further information)

2. Do not cross your legs



*While sitting, do not cross your legs at the knees or ankles

*In bed, your operated leg should not cross the midline of your body



*Use pillows between your legs when lying on your side, so that your operated leg does not fall over the midline of your body (see page 20).

3. Do not twist your operated leg

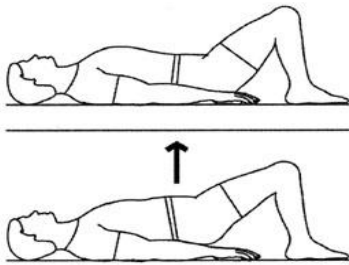


*When turning, take small steps to change direction (e.g. think about keeping your nose and toes in alignment)

*Avoid dancing or pivoting toward your operated leg

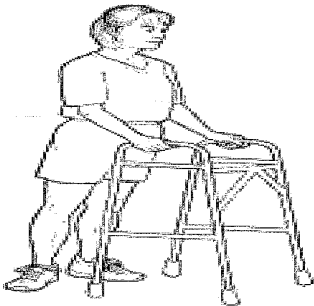
Anterior Precautions

1. Do not bridge



* Ensure you are positioned high enough beside your bed prior to getting into bed. If you need to reposition yourself while in bed, use your non-operated leg to boost yourself up in bed.

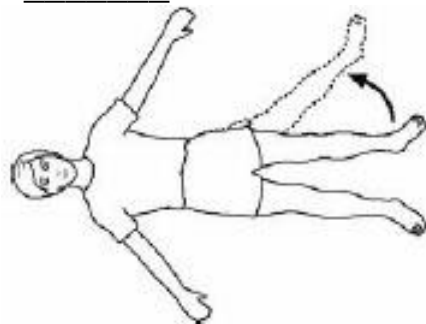
2. Do not extend your operated leg behind you while turning your foot outwards



*Do not pivot away from your operated leg.

Other Restrictions:

No active abduction (= Leg to the side) x _____ weeks



Other: _____ (Hospital Therapist to advise)

Preparing for Hip Surgery

Get thinking and feeling your best.

Emotional preparation is very important for your surgery. Sometimes it is difficult to deal with pain while waiting for surgery. You can experience problems sleeping and may become anxious or frustrated. It is important to deal with these feelings.

Here are some suggestions:

- Practice formal relaxation techniques like deep breathing, visualization/visual imagery and progressive muscle relaxation.
- Be active. Continue your usual daily activities. Use your walking aid to take stress off your sore joint.
- Discuss concerns with your family member/friend.
- Be informed and prepared prior to your surgery. This will help decrease anxiety and make you more hopeful.

If you have not been regularly active, speak to your family doctor before starting a new exercise program.

Improve your physical health:

- Ensure that health issues (including dental, vision, cardiac, diabetes, prostate and urinary tract problems) are dealt with by your family doctor before your surgery.
- Manage your weight. Eat a well-balanced diet, as recommended by the 'Eating Well with Canada's Food Guide'.
- Quit smoking. It delays healing and slows your recovery from surgery.
- Stay active! Exercise and do your regular activities. Research shows that exercise can help decrease pain, increase strength and flexibility, and keep your heart healthy before surgery.
- Exercising for longer periods of time can benefit your heart, lungs, circulation and muscles. Exercises include walking (on land or in water), swimming or stationary bike

Post-Surgery Exercises

Please review and practice these exercises before your surgery. If you feel more pain or stiffness, stop doing the exercise causing the pain.

Before surgery, start with 5 repetitions of each exercise. Gradually do more until you can complete 10-20 repetitions of each. Repeat exercises 2-3x/day.

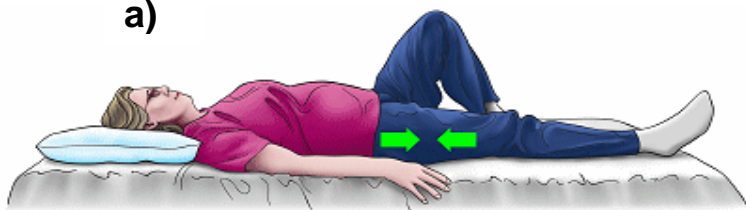
Note: “operated” means the leg that will be undergoing surgery.



1. ANKLE PUMPS

Point your foot down and then pull it back towards you. Repeat this 10-20 times continuously.

a)



2. a) QUAD SETS

Push operated leg flat by tightening muscles on the front of your thigh.

b)



b) GLUT SETS

Squeeze your buttocks together

Each Position

Hold for 5 sec., then relax



3. HEEL SLIDES

Bend your operated knee and pull your heel toward your buttocks. Hold for 5 secs. Repeat 10- 20 times.



4. QUADS OVER ROLL

Place a rolled up towel / can under the knee of your operated leg. Raise the lower part of your leg until your knee/leg is straight. Hold this for 5 seconds. Repeat 10- 20 times.



5. HIP ABDUCTION

Keep your toes pointed towards the ceiling on your operated leg. Move your leg out to the side as far as possible. Slowly return to the starting position. Repeat 10- 20 times. (Do not do this exercise if your surgeon has restricted “Hip Abduction” after your surgery – See page 6)



6. KNEE EXTENSION

While sitting in a chair, straighten your knee of your operated leg, as much as possible. Hold for 5 seconds. Repeat 10- 20 times.

After surgery you will do these exercises starting with (10 repetitions, 3 times a day). Follow the instructions of your Physiotherapist after surgery.

PreHab Education

Prior to your surgery, you will be provided with education from a physiotherapist and/or occupational therapist to help you prepare for your surgery and recovery. You will be provided with one of the following options:

1. In person class at Kemptville District Hospital or The Riverside Hospital, or
2. Online video presentation with a follow-up phone call from a hospital physiotherapist.

It is strongly encouraged that all surgical patients and their family member/friend view this education session.

Outpatient Physiotherapy Options

You will need to start outpatient physiotherapy 2 - 4 weeks after your surgery (or as directed by your surgeon).

After your Hip Replacement, you are eligible for a funded “episode” of physiotherapy. An “episode” is a bundle of physiotherapy sessions that are focused on reaching specific goals. The number of funded sessions will be determined by your physiotherapist, based on your progress toward the goals.

You will be provided with a list of funded physiotherapy providers.

- You must choose a provider on this list in order to be covered for an episode of physiotherapy.
- Please tell your care team in hospital where you would like to go for physiotherapy.
- The hospital physiotherapist will send your referral to the provider and the provider will call you at home to book your first appointment.
- If you have not been called by the provider within a week after surgery, please call the provider directly (phone numbers on provided list).

Please Note: You may decline the funded episode of physiotherapy and instead use your private benefits/self-pay at a physiotherapy provider of your choice.

- Please call the provider directly to make your own appointment.

Pre-Admission Clinic (PAU)

- The Pre-Admission Clinic (PAU) is an outpatient clinic that is the final step in preparing you for surgery.
- This appointment takes place one to three weeks before surgery.
- You will be contacted with an appointment date and time for this clinic.
- You need to bring a family member/friend.
- You need to bring all your medications, including vitamins and supplements, in their original containers.
- You may eat, drink and take your regular medications before this appointment.
- You will see a registered nurse (RN), who will assess your medical status and explain your upcoming surgical process.
- You will see an anesthetist (doctor who gives you your anesthetic during your surgery).
- Basic tests may be done such as an ECG, X-rays, and blood tests.
- If you have any last minute questions, this is an excellent time to ask.

Surgery Time

- You will be contacted 1-2 days prior to your surgery and given a time to come to the hospital on the date of your surgery.

What to Expect During Your Stay in Hospital

Treatments

- Blood work
- X-ray of your hip (done the day after the surgery)
- Intravenous (I.V.) line for the first 24 hours after the surgery
- The nurse will monitor your incision site and change your bandage as needed
- You may be given some oxygen through a mask or nasal prongs

Medications

Medications you may be taking during your hospital stay include pain medication, anti-nausea medication, antibiotics, blood thinners, and any medications that you usually take at home.

Activity

The day of your surgery we ask you to do deep breathing exercises and ankle pumping exercises (Pg 21-22). You may be assisted to sit on the edge of the bed or transfer to a commode with your nurse. Your Physiotherapy starts the day after your surgery. The Physiotherapy staff will assist you with your exercises and walking with your walker. You will do your Exercise/Walking Program three times per day.

- You will sit in your chair at your bedside for your meals.
- You will get up to the sink to wash daily.
- You will get dressed in your own clothing daily.
- You will walk to the washroom using the walker.
- You will walk in the hallway with the walker.

You must be able to do exercises and walk with a walker independently on the day you go home. Before you go home, on the day of discharge, you will practice stairs with the guidance of the Physiotherapy staff.

During your hospital stay an Occupational Therapist will assess your ability to perform activities of daily living such as washing and dressing, and discuss your Hip Precautions and equipment needs for discharge home.

Nutrition

You follow your normal diet during your hospital stay.

Elimination

It is important to monitor your bowel and bladder function after your surgery, to make sure all systems are working properly.

Discharge

Total hip replacement (THR) patients go home one day after their surgery.

If your surgeon has advised that you will go home the **SAME DAY** as your surgery, you will be seen by a physiotherapist prior to discharge.

About Your Medications

Your medications will be carefully reviewed at the PAU clinic by the Anesthetist.

Some medications can cause bleeding during surgery; these medications will be stopped before your operation.

Equipment

The following equipment is recommended. Plan to have the equipment for 4 to 12 weeks following surgery to help protect your hip during activities of daily living:

1. **Two- Wheeled Walker (mandatory)**
2. **Cane (mandatory)**
3. Bath seat/shower seat (as needed)
4. Wall grab bars
5. Non-slip surfaces in tub/shower, bath mat outside of the tub
6. Raised toilet/commode (mandatory for posterior precautions, pg. 5)
7. Long-handled reacher, sock aid, long handled shoe horn, long-handled sponge/brush (mandatory for posterior precautions, pg. 5)
8. Sturdy, firm armchair, above knee height
9. Any other items identified for you by a health care provider

It is very important to have any required equipment **before** you go to the hospital for surgery. Having the equipment in place ahead of time will give you the opportunity to practice with it before surgery so that you can manage better at home after you leave the hospital.

Please bring your two-wheeled walker to the hospital with you to use after surgery. You can leave your cane at home.

EQUIPMENT RECOMMENDATIONS FOR HIP REPLACEMENT PATIENTS



Raised Toilet Seat with Arms

Toilet commode with adjustable height legs or raised toilet seat with arms



Shower Equipment:

Tub transfer bench or shower chair or shower stool, all with adjustable legs



Walking Aid:
Cane and two wheeled walker

Self Care Aids: Sock aid, long handled reacher, sponge and shoe horn

Please have all your equipment arranged before your surgery.

Items You Will Need in the Hospital

- walking shoes
- loose fitting clothing/walking shorts
- toothbrush and toothpaste
- dentures, eyeglasses, hearing aids, if used
- hairbrush
- 2 Wheeled Walker

Please note that KDH Staff will be encouraging you to dress in your own clothes during your hospital stay so please bring items that you will be comfortable in.

What to do with your Clothing and Belongings

- Remove all jewelry, dentures, glasses, contact lenses, artificial body parts, body piercings, clothing, nail polish, and make-up before your surgery.
- Send all valuables home with your family member/friend.
- All belongings will be waiting for you on the surgical unit, where you will go after surgery.
- Your health care facility is not responsible for lost items.

Length of Stay

- You can expect to be discharged 1 day after the day of your surgery.
- Some candidates will be considered for **SAME DAY DISCHARGE**. This will be discussed with you and decided **before** surgery.
- **If you live alone, plan to have a family member/friend available to assist and support you for 1 to 2 weeks after your surgery.**
- If you anticipate needing more assistance on discharge, there are community resources available (e.g. convalescing at a local retirement home). Please make the necessary arrangements **prior to your surgery**.

Pre-Surgery Patient Checklist

Have the following ready before your surgery:

- Someone (family member/friend) available to assist and support you
- Equipment that you will need when you go home (and you've practiced using it)
- Transportation to the hospital and home after discharge.
- Please familiarize yourself with the exercises in this booklet (Do the exercises 2 to 3 times a day prior to surgery to build up strength)
- Please familiarize yourself with the Hip Precautions outlined in this booklet.
- Loose, comfortable clothing and walking shoes to wear in the hospital
- Meals prepared for when you return home
- Please make sure you have a conversation with your doctor regarding medication concerns
- Chlorhexidine provided at your pre-op PAU visit. (You will be instructed to wash your leg prior to surgery, see page 17)

Between Your PAU Visit and Day of Surgery

- If you suffer from constipation, take your usual laxative two days before surgery.
- Be sure you have a bowel movement before coming to the hospital.

IMPORTANT: If you develop a fever, infection, cold, flu, or gastric symptoms (such as diarrhea) before your surgery, please call your surgeon's office as this may mean your surgery needs to be rescheduled.

Preparing for Hip Replacement Surgery

Skin Preparation for Surgery

- Infection can occur after any surgery. The most common source of infection comes from bacteria on your skin. To prevent this you must clean and prepare your skin.
- The night before or the morning of surgery, shower or bathe using an unscented or non-perfumed soap.
- Wash your leg with chlorhexidine. You will be instructed on this procedure at your PAU visit (see pg.11)

Caution: your skin may turn red after using the chlorhexidine. This should resolve within an hour or so. If the redness persists or if you have any type of reaction, wash the area with soap and water and dry with a clean towel. Notify the nurse if this occurs the morning of the surgery.

- Remember to shampoo your hair.
- Trim nails and remove nail polish.

Nutrition

- Continue to follow your regular diet, and avoid eating a heavy meal the day before surgery.
- It is important to have an empty stomach before surgery. Anesthesia can weaken the systems that keep food and drink safely in your stomach. Serious problems can arise if food or fluids find their way out of the digestive system and into your lungs.
- Please follow the specific instructions given to you at your PAU visit (pg.11)

The Day of Your Hip Surgery

- Have someone drive you to the hospital.
- Check in at the Welcome Centre.
- You will be directed to the pre-surgical area where the necessary preparation is done for your surgery.
- You and the doctor responsible for anesthesia will decide together what type of anesthetic is best for you.
- An intravenous (IV) will be started in one of your arms.
- You may be given sedation and other medication before your surgery.
- You will be taken to the operating room.
- You will be given an anesthetic.

Anesthesia

Types of Anesthesia

Your Anesthetist will discuss with you the option of staying awake during surgery or having medication to put you to sleep. If you choose to stay awake, you will not see the surgery taking place, or feel any pain.

1. **Regional Anesthetic (Spinal or Epidural):**

Medication is injected in the spinal fluid below your spinal cord, freezing the nerves of your hips and legs. A very small needle is used to inject medication below your spinal cord (the needle is removed).

Possible Side Effects: headache, backache

2. **General Anesthetic:** You are asleep for the entire surgery.

After Your Hip Surgery

Immediately after surgery you will be taken to the Post Anesthetic Care Unit (PACU) or Recovery Room

- Your nurse will check your circulation and the sensation in your leg. They will also be monitoring your breathing, pulse, blood pressure and pain level.
- You will have a dressing on your hip.

You will then be taken to your hospital room

- The nurse will continue to monitor your blood pressure and breathing.
- The nurse will ask you to do **deep breathing** exercises and **ankle pumps**. See pages 21 and 22 of this booklet for these exercises.
- If you are having difficulty urinating, a nurse will insert a tube into the bladder to drain the urine.
- You can expect to see some bruising and swelling develop on your leg.
- The side rails will be raised on your bed for safety.
- Family members/friends are welcome to visit.

Pain Control

- After your surgery, you will be given pain medication. Good pain control allows you to move and become more active.
- You will be asked to describe your level of pain on a scale of 0-10. 0 represents no pain and 10 represents the worst possible pain.
 - 1 to 3 = mild pain
 - 4 to 6 = moderate pain
 - 7 to 10 = severe pain

Pain medication works best if taken:

- **regularly every 4-6 hours**
- **before activity**
- **before severe pain develops**

Numeric Pain Assessment Scale

| | | | | | | | | | | |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No Pain | | | | | | | | | | Worst Pain |

Anticoagulants to Prevent Blood Clots

40-60% of orthopedic surgical patients are at risk for a blood clot unless they receive anticoagulants. You will be prescribed anticoagulants in the hospital and for at least two weeks after discharge to prevent this.

Possible Symptoms of a blood clot:

Deep Vein Thrombosis (DVT)

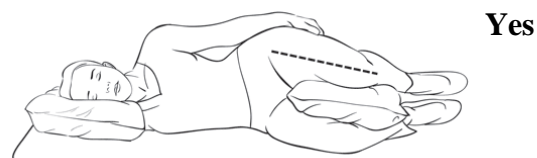
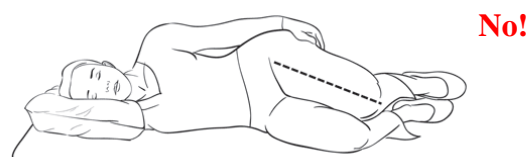
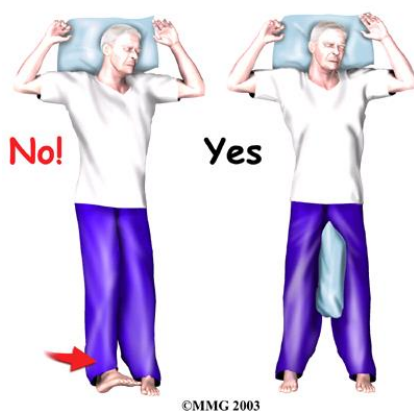
- Clot usually occurs in the leg
- Redness
- Warmth
- One leg is larger than the other
- Pain

Pulmonary Embolism (PE)

- Clot in your lungs
- Tight or heavy chest
- Coughing and/or coughing up blood
- Feeling out of breath

Rest and Sleep

- Limit your visitors.
- Try to get enough rest as it is important for recovery.
- When lying on your back, use pillows vertically to support your operated leg and ankle. You may want to use additional pillows to ensure your toes are pointed straight up, when lying on your back in bed.
- Do not lie on your operated side until your incision is healed. When lying on your non-operated side, place 1 or 2 pillows between both your knees and ankles to help the leg relax and to support your hip while maintaining your Hip Precautions.
- It is important to remember your Hip Precautions during all positions.



Incision Care

- Prior to discharge, your nurse will provide you with instructions regarding care of your incision/dressing.
- It is normal for your incision to feel tender, tight, itchy and numb.
- The incision can be sore for several weeks.

Nutrition

- You will start on a liquid diet.
- You can eat solids when your appetite improves.
- A poor appetite is common after surgery.

Breathing Exercises

- Sit or lie down.
- Inhale deeply through your nose.
- Without exhaling, take 3 small “sniffs” to fill your lungs.
- Hold 2 to 5 seconds, then exhale.
- Do this 10 times every hour that you are awake while in hospital.

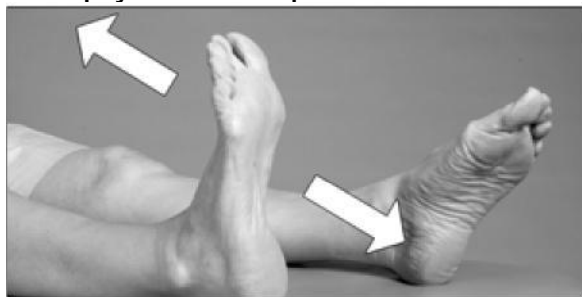


REMEMBER:
Your recovery will go more smoothly if you do breathing and circulation exercises AND get out of bed and walk as soon as you are able.

TIP:
Do breathing and circulation exercises (ankle pumps) every hour you are awake while in hospital.

Circulation Exercises

1. Pump your feet up and down.



2. Do ankle circles in each direction.



3. With your legs straight out in front of you, squeeze the muscles on the front of your thighs and buttock muscles.



Can repeat up to 20 to 30 times every hour or half hour while you're awake.

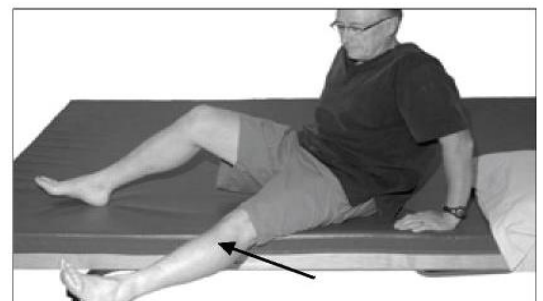
Getting Moving

- Activity will prevent you from getting stiff and sore.
- Do not attempt to get up on your own initially after your surgery.
- Your nurses or therapists will show you how to change position and help you sit on the edge of the bed and stand after surgery.
- With staff assistance, you will sit up, then stand and walk with a walker.
- Your Occupational Therapist will show you how to perform dressing and washing tasks while maintaining hip precautions.
- Your Physiotherapist will show you how to use your walking aid.
- Once you can walk alone, take short frequent walks during the day, using the walker.
- Use a walking aid until your doctor or Physiotherapist tells you otherwise.
- You will also start an exercise program to regain strength and movement in your hip. Some of the exercises may be painful, but it is important to start them as soon as possible. **You will not damage your replacement or incision by following your therapist's directions.**
- You will practice some everyday activities, including getting in and out of bed or the tub, dressing, and climbing stairs

Your nurse will encourage you to use pain medication about 30-60 minutes before exercises.

Getting In and Out of Bed

- To get out of bed, use your arms to lift yourself into a sitting position. Lean back slightly in order to maintain the 90 degree restriction (as applicable) while you swing your legs over the side of the bed.
- You can get in or out of bed leading with either your operated or strong leg. If you are having difficulty, ask your therapist for suggestions.



Standing

- For the first few weeks, place your operated leg slightly forward before you stand up, to avoid bending your hip past 90 degrees (as applicable).
- Do not pull up from your walker. Push from seated surface when standing up.



Sitting In a Chair

- Sit with your knees bent and your feet flat on the floor for short periods of time.
- To sit down, back up until you can feel the chair against the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently into the chair.
- To stand up, reverse the procedure.



Using the Toilet

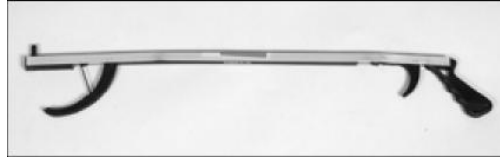
- The safest and easiest option is to use a raised toilet seat with armrests or an over-the-toilet-commode. Be sure that when you are seated, the toilet paper is within easy reach.
- Back up until you can feel the toilet against the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently onto the toilet.
- To stand up, reverse the procedure.



Getting Dressed

Putting on underwear, pants, socks and shoes can be difficult because you may not be allowed to cross your legs or bend down to your feet (90 degree Hip Precaution). Sit on the side of the bed or in a chair, with feet flat on the floor. Dress the operated leg first and undress it last. You may need the following if there is no one to help you dress:

- sock aid
- long-handled shoe horn
- long-handled reacher
- slip on shoes (closed heel/toe), or elastic shoelaces



Bathing

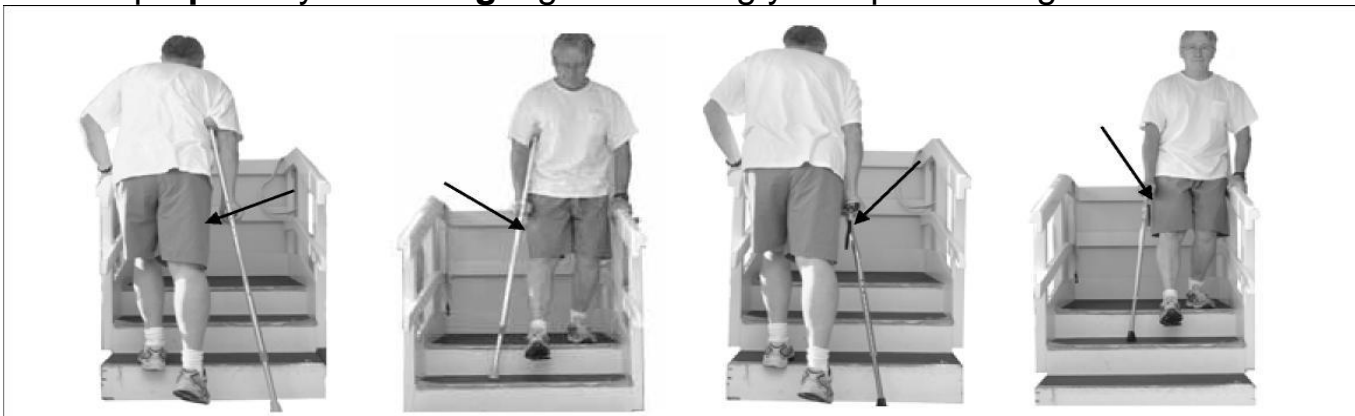
- You are allowed to shower after surgery, keeping your incision well protected. When you return home, the safest option initially is to sponge bathe, seated in a supportive arm chair at the sink. You may need a long handled sponge to assist with washing your lower legs/feet, if you do not have someone at home to assist you. If you decide to get into the tub for a shower, a bathtub transfer bench can be used to sit for washing, as needed. Discuss individual needs and alternate options with your Occupational Therapist.

Climbing Stairs

The Physiotherapist will teach you how to climb stairs before you leave the hospital.

Going up:

- Hold the handrail with one hand and a cane/crutch with the other.
- Step **up** with your **strong** leg. Then bring your operated leg and cane/crutch up to it.



Going down:

- Hold the handrail with one hand and use a cane or crutch in the other.
- Step **down** with your **operated** leg and cane/crutch. Then step down with your strong leg.

Exercises After Surgery

- Your in-hospital physiotherapist will be going over these exercises with you (See Exercises on Page 7 & 8). If you have any questions or problems with the exercises, please talk to your physiotherapist.
- Do these exercises **3 times a day** following surgery.
- The first step for all exercises should be to stabilize your body by pulling your stomach muscles back toward your spine.
- You can ice your leg after each exercise session, as needed.

TIP: DO NOT HOLD YOUR BREATH while exercising. It increases your blood pressure.

Swelling Management

It is normal for your legs to swell somewhat after surgery, but it is important to try to reduce the swelling. Elevate your leg two to three times a day for 20 to 30 minutes each time, as needed.



- Lie on your back.
- Raise your leg on pillows so that your foot is well above the level of your heart.
- Ensure you have support all the way from your hip to your heel with no gaps. Your leg should be fully supported and relaxed.
- You can also use ice for up to 15-20 minutes at a time, as needed.

Discharge Home

You will be ready to go home **1 day after** your surgery.

You may be considered for discharge the **same day** as your surgery, if indicated by your surgeon. This will be discussed with you prior to surgery, if applicable.

Before you go home, you will be able to safely:

- Move on and off the toilet and a chair
- Get in and out of bed
- Dress with aids or with minimal help
- Walk the distance you need to get around your home using an appropriate gait aid.
- Use stairs if necessary

You must know how to:

- Do your exercises – the therapists will review these with you. This will be your home exercise program.
- Follow the movement precautions identified by your therapist on pages 5 and 6 of this booklet.

Day of Discharge

- It is important that a family member or friend be present.
- Your nurse and physiotherapist will review your discharge instructions with you.
- You will receive a prescription for an anticoagulant and analgesic pain medication.

If you are travelling a long distance:

- Plan to make frequent stops. Ensure you have your gait aid in the car, so you can use it when you get out.
- Bring extra pillows and ice packs.
- Remember to take your pain medications before you leave the hospital.

Physiotherapy Discharge Instructions

When you get home from the hospital be sure to do your home program 3 times a day:

1. Do 10 reps of each exercise. Build up to 20 reps over 1 to 2 weeks
2. Walk with your walker. Indoors at first; you can progress to outdoors as able.
3. Apply ice to hip and elevate leg 15-20 minutes following exercises/walking.
You can apply ice and elevate more often to help with pain and swelling, as needed.

Ensure you have physiotherapy follow-up when you go home (page 10). Follow your physiotherapist's instructions: he/she will work with you to progress your movement, strength, walking ability, and overall function. He/she will help you return to your regular activities.

When to Call Your Family Doctor

If you experience any of the following symptoms at home you must seek medical attention (ie: call/visit your family doctor or visit the nearest Emergency Department):

- An increase in pain, swelling or tenderness in your leg that is not relieved by elevation and icing
- Your incision opens
- Redness or pain in your lower legs, even when resting
- A painful 'click' or decreased movement in your hip or sudden difficulty walking
- Blood in your stool, urine or sputum, and increased bruising
- You have persistent nausea or vomiting
- Pain in your chest, difficulty breathing or shortness of breath (go to nearest ER)

Concerns re: Infection:

- Your incision becomes red, hard, hot and swollen, or begins to drain
- Chills and a fever (above 38.5° C)
- Other infections such as a chest cold or bladder infection

If it is after clinic hours, go to the nearest Emergency Department. If you are concerned about infection, it is important to contact/notify your surgeon's office.

Nursing Discharge Instructions

Follow-up Appointments

Staples are to be removed 10-14 days from your surgery date. If your follow-up appointment with your surgeon is not within two weeks, please make an appointment with your family physician to have your staples removed. You will receive instructions from your nurse at time of discharge.

Driving

Please speak to your surgeon to find out when it is safe to return to driving.

Activity

Please follow the instructions given to you by your Physiotherapist and Occupational Therapist on discharge.

Do not expect to play sports, take long driving trips or long walks, or do any hunting, dancing, gardening, snow shoveling, or strenuous exercise, etc. in your first weeks following discharge. Test your limits by extending your times of activity by short intervals until you get back to your previous activity prior to surgery (or better). Please check with your Physiotherapist before restarting any of your regular activities. Remember that each person is individual in his or her healing process and some people may take more time than others to return to their normal functional level.

Pain Medication

Important:

Take pain medications as directed and/or as needed to assist with your daily activity.

If you have abnormal symptoms (such as nausea, vomiting, insomnia, hallucinations) each time you take your pain medication, please speak to your family doctor or surgeon to see if your pain medication regime needs changes.

If your pain medication is not controlling your pain, please speak to your family doctor or surgeon to see if your pain medication regime needs changes.

REDUCING YOUR PAIN MEDICATIONS

As your pain decreases, begin by reducing the dose of pain medication, rather than stopping completely. For example, if you are taking 2 mg of Hydromorphone, reduce to 1mg every four hours. You may also try increasing the hours between taking your medication, rather than stopping completely. For example, Hydromorphone is often taken with Tylenol. In this case, if you have extra pain in the morning, but not during the day, you may try taking Hydromorphone in the morning and at bedtime. Continue to take plain Tylenol regularly through the day (every four hours). In time, you could also reduce your Tylenol intake. This practice will ensure that your pain will remain under control as you progress through the next few weeks.

These are suggestions only – if you have any further questions, your pharmacist will also be a good resource. Please read further to see different considerations for other medications that you may be prescribed with or instead of Hydromorphone when you are discharged.

NOTE: If you are using Tylenol, please be aware what strength of Tylenol you are using (regular 325mg vs. extra strength 500mg). Ensure that you do not exceed 4000 mg in a 24 hour period.

NOTE: If you have been prescribed Percocet, Oxycocet, or Tramacet, do not use with Tylenol. These medications are a combination that includes Tylenol (325 mg per tablet usually). Take as directed by your physician.

NOTE: If you have been prescribed Hydromorphone, please speak to your doctor or pharmacist to confirm that you may safely take Hydromorphone with other medications that cause drowsiness (such as muscle relaxants or sleeping aids).

Anticoagulants (Blood Thinners)

On discharge, your surgeon will prescribe an injection or oral medication to thin your blood, taken daily. This medication is very important to prevent blood clots which can cause serious, possibly life-threatening problems if not treated. Therefore, please do not stop this medication unless instructed by your surgeon. Also, continue with ankle pumping exercises as taught by the physiotherapist.

The signs and symptoms of a blood clot in your leg may include: swelling of the leg; pain or tenderness in the leg, which you may feel only when standing or walking; increased warmth in the area of the leg that's swollen or painful, or red or discolored skin on the leg. Some people aren't aware of a deep vein clot in their leg until they have signs and symptoms of a blood clot in the lung. Signs and symptoms of a blood clot in your lung may include: unexplained shortness of breath, pain with deep breathing or coughing up blood. **See a doctor right away if you have signs or symptoms of either condition.**

Shower and Dressing/Bandage

You may shower when you return home. Your nurse will instruct you on how to shower during your discharge teaching.

NOTE: Please abstain from using the bath/soaking in a tub/swimming until your incision is well healed – at least 6 to 8 weeks.

Bowel Care

Please be aware that certain pain medications (such as Dilaudid) can cause constipation. Please follow the Canada Food Guide for fiber intake (fruits, vegetables, whole grain and nuts). Please ensure that you drink plenty of fluids, preferably water (approximately 8-250ml glasses daily). If you did not have a bowel movement in the hospital, please continue to take a stool softener (*such as colace or senekot, or whatever your pharmacist recommends*) until you have a bowel movement. If you do not have a bowel movement after four days, please go to your family doctor for assessment.

Delirium

Delirium is a common disorder characterized by a rapid onset of changes in a person's alertness and memory, attention, and confusion. Some of the risk factors that are associated with delirium include: old age, infection, a history of multiple medical conditions, dehydration, some types of medication (e.g. medications for depression), alcoholism, previous episode of delirium and bone fractures. Delirium can be a frightening experience for patients and family members. Patients may fear that they are losing their minds. Delirium can be a serious health risk particularly in elderly persons. Early identification and treatment is essential. Be assured that while you are in the hospital the nurse will watch for these changes based on their ongoing observations of the patient and/or concerns expressed by the patient, family and/or medical team. Please ask one of our medical team members if you have any other questions about delirium and patient care.

Hospital Discharge Checklist

Make sure you check all items before you go home.

- I have confirmed my ride home.
- I know how to take care of my incision.
- I know what my medications are supposed to do and when to take them.
- I have an exercise program to follow.
- I know the signs that mean I need immediate medical attention.
- I have information about my follow-up appointments with my family doctor, physiotherapist and surgeon.
- I have a copy of my discharge instructions.
- I have arranged for all the equipment I need.
- I have a plan for ongoing physiotherapy.

Activities at Home

Bathing

- You are allowed to shower after your surgery, see page 31.
- Your hip needs time to heal and the structures around the hip need time to tighten. To avoid dislocation, **DO NOT** attempt to sit in the bottom of the tub for at least 3 months. A walk-in shower is easiest to use, with a bath chair to sit on for showering.
- If you use the tub to shower, it is recommended you use a tub transfer bench that has two legs inside the tub and two legs outside. You will sit on this bench from outside of the tub and swing your legs in. It is safest to remain seated on the bench for your shower.
- You may need a grab bar to steady yourself while you get in and out of the tub. Clamp-on grab bars are available if you are unable to install a wall-mounted one. Ask your Occupational Therapist for individual needs.
- Use a long-handled washing aid to wash your feet.
- **DO NOT** pull or lean heavily on towel rods, soap dish holders, shower curtain rods, or anything else that could be pulled off the wall.
- **DO NOT** bend your hip to reach your feet or the faucets.



Driving

- Check with your surgeon before starting to drive again. You usually will not be allowed to drive for 4- 6 weeks after surgery.
- Before driving, you need to be able to bend your hip enough to sit comfortably, and have good muscle control to ensure adequate reaction time, and no longer be taking narcotic medication.

Getting In and Out of the Car

- Make sure the seat is above knee height so your hip doesn't have to bend past 90° (if applicable/Posterior Precautions - You may need a firm cushion on the car seat, or a wedge cushion if your seat is angled).
- Put a large plastic bag on the seat so the surface is easy to slide on.
- Move the seat back as far as possible and recline it slightly.
- Adjust the seat once you're in the vehicle.
- Back up to the car seat. Hold onto the door frame, not the door.
- Slide your operated leg forward and sit down.
- Swing your legs into the car.
- To get out, reverse the process.



Housework

DO NOT do heavy housework such as vacuuming or shoveling snow for at least 3 months.

- For lighter tasks, avoid bending, squatting, over-reaching and twisting.
- If possible, have a family member or friend help you. If doing the housework alone you may need to modify the way you do it. You may also choose to contact a home support agency in your area to arrange for privately paid housekeepers.

TIPS

- Reorganize cupboards so that items you use often are within easy reach and you're not forced to squat or over-reach.
- Rest your hip by sitting on a high stool while cooking or ironing.
- Sit on a chair to unload laundry and wash smaller loads. Put all items into a laundry bag so you only have to carry one item.
- Leave bedding untucked.
- Use a long-handled broom or mop.
- Sit on your tub seat to clean the tub and use a long-handled sponge to avoid over-reaching.

Sexual Activity

You may return to sexual activity when it is comfortable to do so, as long as you follow your hip precautions for at least 3 months. If you have questions, talk to your Occupational Therapist or Physiotherapist. You may request information regarding safe positions relating to your hip precautions.

Airport Metal Detectors

Your new hip may set off metal detectors such as those at airports. Tell the security officer that you have a hip replacement. A hand-held wand can be passed over the area to confirm. If you are concerned about traveling, ask your physician for a letter or card stating that you have a hip replacement (not required).

Post-Surgery Activity Guidelines

About 3 months after surgery, you may resume the following activities if your surgeon approves:

- Swimming
- Golf
- Cycling on a regular bike (raise seat so your hip is not excessively bent)
- Gentle dancing
- Aquatic exercise
- Low-impact aerobics
- Light hiking
- Gardening in raised beds or with long-handled tools (to limit excessive bending)

Tips to Avoid Falls

- Avoid going outside in bad weather, if possible.
- When walking outdoors, avoid poorly maintained sidewalks, unlit streets, and icy surfaces. Try to walk with a walking partner.
- In winter, wear boots with a good gripping sole.
- When you no longer need a walker, use a cane with an ice pick tip when walking on snow or ice.
- Remove floor mats around the house. Pathways should be cleared of cords, wires, and clutter.
- Make sure your home is well lit. Use a night light or motion light if you get up during the night.
- Have a handrail on all stairways.
- Always wear sturdy shoes with non-slip soles that give your feet and ankles firm support.
- Never rush to answer the telephone. An answering machine or a cordless phone can be helpful.
- Do not carry too many packages - use home delivery or a push cart.
- Use a non-slip mat in the shower and tub to avoid falls.

Long-Term Concerns

Preventing Infection

You are at greater risk of getting an infection in your hip now that it has been replaced. If you develop an infection of any sort (bladder infection, abscessed teeth, lung infection), call your family doctor immediately. You may need antibiotics to prevent an infection from spreading to your hip replacement. If you are having major dental work or other surgery, tell the dentist or surgeon about your hip replacement. They will let you know if you need to take special precautions.

Loosening of Hip Joint

Over time, the components of your hip replacement may loosen. This often takes many years and may be caused by too much stress being placed on the replaced joint. Talk to your surgeon if you have any questions or concerns about loosening.

Online Resources

Associations

Canadian Orthopaedic Association (COA): <http://www.coa-aco.org/>

Canadian Orthopaedic Residents Association (CORA): <http://www.coraweb.org/>

Canadian Orthopaedic Nurses Association (CONA): <http://www.cona-nurse.org/>

Canadian Association of Occupational Therapists: <http://www.caot.ca/>

Canadian Physiotherapy Association (CPA): <http://www.physiotherapy.ca/Home>

Government Health Sites

Health Canada: <http://www.hc-sc.gc.ca/>

Canadian Institute of Health Information: <http://www.cihi.ca/>

Healthy Living

Active Living Coalition for Older Adults: <http://www.alcoa.ca/>

Ontario Retirement Communities Association: <http://www.orcaretirement.com/>

Disease-state Web Sites

The Arthritis Society: <http://www.arthritis.ca/>

Osteoporosis Canada: <http://www.osteoporosis.ca/>

Diabetes Care Community: <http://www.diabetescarecommunity.ca/>

Multiple Sclerosis: <http://mssociety.ca/>

Sites Providing Orthopedic Related Info

Canadian Orthopedic Foundation: <http://www.canorth.org/>

My Joint Replacement (Ontario): <http://www.myjointreplacement.ca/>

Thank you for Choosing Kemptville District Hospital

The Total Joint Replacement program at Kemptville District Hospital is made possible by financial support from the Kemptville District Hospital Foundation. The Foundation can be reached at (613) 258-6133, extension 157, or by email at mboucher@kdh.on.ca.

Kemptville District Hospital Contact Information:

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|-------------------------------------|----------|
| Physiotherapy | ext. 136 |
| Occupational Therapy | ext. 214 |
| Total Joint Replacement Coordinator | ext. 149 |
| Pharmacist | ext. 119 |
| Bookings | ext. 400 |
| Ortho Nursing Station | ext. 465 |

