PLEASE BRING THIS BOOKLET WITH YOU FOR ALL OF YOUR HOSPITAL VISITS

TOTAL HIP REPLACEMENT

ARTHROPLASTY: A Guide for Patients



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Pre-Admission Clinic

You will be contacted by the Pre-Admission Clinic for your Pre-Admission visit.						
My Pre-Admission Clinic visit is						
(date) (time)						
 Plan to stay up to 4 hours for this appointment Please bring: A Care Partner/Translator if required Health Card My completed Pre-Anaesthesia Questionnaire and completed OT/PT Total Joint Questionnaire, if you received from the surgeon's office Reading glasses and/or hearing aids This Hip booklet ALL your prescription, non-prescription and herbal medications you are taking including inhalers (puffers), injections, eye drops, medicinal patches, sprays, herbs, vitamins in their original containers (Not a medication list) Take medications as usual and eat as usual Bring your crutches so that they can be properly adjusted by physiotherapy 						
The location for my Pre-Admission Clinic is						
You will be prepared for your surgery and post-surgical care by visiting the team, which may include: • Physiotherapist/Occupational Therapist • Pre-Admission Clinic Nurse • Anesthesiologist • Pharmacy Technician • Other Diagnostic Imaging Technicians, if applicable						
Please call your surgeon if you develop a cold or if your health changes as you get closer to your surgery. Please call the Pre-Admission Clinic or your surgeon's office if you have any other questions.						
Any Other Appointments or Tests Related to this Surgery						

What is a hip replacement?

During a hip replacement operation, your surgeon will cut away the damaged bone and cartilage and replace it with artificial surfaces (prosthesis). The prosthesis allows the joint to continue to move without pain.



Getting Ready

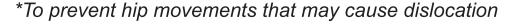
To prepare for your surgery and your return back home, you and your care partner/family should:

- Arrange for someone to bring you home from the hospital by 10:00 am.
- Arrange for someone to stay with you after your surgery for however long is necessary to ensure your safety.
- Do heavy housekeeping activities such as vacuuming and laundry ahead of time, or arrange for assistance.
- Prepare and freeze a few meals in advance.
- Ensure kitchen equipment and other items are within comfortable reach when standing.
- Rearrange furniture to allow sufficient space for you to walk around with your walking aid.
- Remove clutter and throw rugs that could create a trip hazard.
- Keep a flashlight handy in your bedroom and install night lights in your bedroom and hallways.
- If you smoke, cut down or quit prior to your surgery.
- Take care of activities that require you to leave the house such as grocery shopping or banking ahead of time.
- Make arrangements for the equipment you will need and appropriate footwear.
- Make arrangements for outpatient physiotherapy.

If you have any questions or concerns, please discuss with a healthcare professional during your pre-surgical appointments.

Equipment that may be needed at home after surgery:

- 1.Walker or crutches (Label your own equipment if bringing it to the hospital.)
- 2.Raised toilet seat*
- 3.Reacher*
- 4.Long handled shoe horn*
- 5. Transfer to bench or shower chair*
- 6.Sock aid*
- 7. Long handled sponge, back brush, bathing or dressing aids





The Day of Your Surgery

Do not Eat or Drink anything after Midnight before Surgery

Bring one pair of compression stockings, and cryotherapy device (ice machine) (optional) to check in before your surgery, if ordered by your surgeon. Please plan to arrive in Admitting 2 hours prior to your scheduled surgery.

Have your care partner bring the following items to the Surgical Unit after your surgery:

- Crutches and/or gait aids clearly labelled with your name
- Comfortable, well-fitting non-slip shoes (i.e. running shoes); footwear must have closed heels and toes
- Loose clothing: shirts and shorts and/or jogging suits, short dressing gown, underwear
- Personal care items, toiletries
- Long handled aids (reacher, shoe horn, sock aid, long handled sponge if
- purchased)
 - Prescription medication, as directed in the Pre-Assessment Clinic
- A second pair of compression stockings
- Leave your cash, credit cards, and jewelry at home
- This booklet

Your surgery could last 1 - 4 hours.

You may be in recovery until you are awake and your bed is ready.

There will be a well defined pathway of care that will be followed by your healthcare team to ensure that you receive the tests, treatments, medication and education that you need for optimal recovery. Your nurses will coordinate your plan of care on a day-to-day basis.

The goal is to be ready for discharge in 2-3 days.

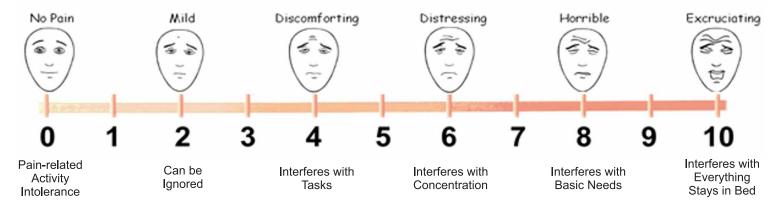
Pain Management:

IMPORTANT: If you have been taking strong medications (narcotics) every day such as oxycodone, hydromorphone, morphine, or the fentanyl patch, please let the nurse and/or anesthesia doctor know during your pre-admission clinic visit prior to your surgery. People who regularly take these stronger medications need to have their medication doses adjusted after surgery in order to control their pain.

Goal of Pain Management

The goal of pain management is to control pain to a level that is comfortable enough to rest (but not be drowsy) and be able to do the activities that promote recovery. Unfortunately, it is not possible to relieve all your pain without serious side effects from the pain medication. It is important to use other non-medicine methods to decrease pain too, such as ice, positioning and relaxation therapies. You will have some pain but we will work with you to keep it at a mild level, which is 3 or below on the 0-10 scale.

How Severe is Your Pain?



The "Pain Ruler" above is available at the hospital for you to discuss your pain level with your nurse doctor and therapist.

It isn't a good idea to "tough it out" after surgery and refuse medicine and/or non-medicine treatments like ice, which ease your pain. Research shows that patients who ask for and receive pain medication actually do better during their rehabilitation. That's because pain may prevent you from doing the activities that prevent complications and that are important to your recovery. Pain can interfere with your ability to move in bed, sit up in a chair, get up to the bathroom and participation in physiotherapy.

Pain Management Options

Your surgeon and anesthetist will decide which pain relief method is right for you based on your medical history and other factors. If your pain is not well controlled after surgery, your nurse or doctor can ask for a pharmacist or pain management nurse practitioner to suggest a more effective pain management plan.

Constipation

After surgery, a person often experiences constipation. Constipation is caused by not drinking your usual amount of fluids, not walking around as much as usual and from the strong pain medicines. You will receive stool softeners and laxatives as you need them. Be sure to let your nurses know if you are uncomfortable from constipation or if it has been more than 2 days since your last bowel movement so that the constipation can be treated.

Anticoagulants

- Anticoagulant medication reduces the chance of blood clots forming after your surgery
- You will be instructed on how, and how long to take these medications at home

Compression Stockings

May be ordered by your surgeon

Exercises

In the Recovery Room you can begin deep breathing and coughing exercises which will improve oxygenation to the body and help prevent pneumonia. To be done at 10 repetitions per hour.

Lateral Costal Expansion:

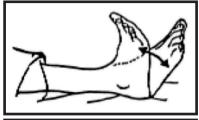
- 1. Place your hands on the outside of your lower rib cage
- 2. Take a deep breath and try to expand/push your lower rib cage into your hands as much as you are able
- 3. Hold your breath for a count of three and exhale

Diaphragm Breathing:

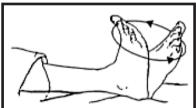
- 1. Place your hand on your stomach
- 2. Take a deep breath in and push your stomach into your hand
- 3. Hold your breath for a count of three
- 4. Exhale and pull your stomach in

Circulatory Exercises to help reduce swelling and prevent blood clots. To be done 10 repetitions per hour.

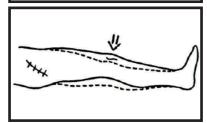
Exercise 3



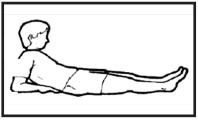
Exercise 1
With toes pointed, flex both ankles up and down



Exercise 2
Make clockwise and then counter-clockwise circular motions with both ankles



With your leg straight, bring your toes up, tighten the muscles on the top of your thigh, and push your knee down into the bed Hold and count slowly to five, then relax



Exercise 4
Squeeze your buttocks together
Hold and count slowly to five, then relax

The following exercises are designed to improve strength and range of motion as you adhere to your hip precautions. Flexibility and strength should improve gradually with practice, as pain slowly subsides.

Begin the following exercises only after you have been instructed to do so by your P.T. or Surgeon

Post Op Exercises

Marching





Raise your surgical leg up in front of you as high as you can (hip precautions), keep your toes pointing forward and bring it back to the ground by tightening your muscles and pushing through your heel.

Alternate if warranted.

Heel Raises





Hold onto counter for support, stand upright and keep your knees straight.

Go up onto your toes by tightening the muscles in your legs.

Hold 5 seconds.

Mini Squats





Hold onto counter for support, keep feet slightly more than shoulder width apart and slightly turned outward.

Slowly bend at hips and knees like you are sitting in a chair (hip precautions).

Keep your feet flat on floor and pull knees apart; never let your knees pass your toes when bending.

Stand upright, tightening the muscles in your legs.

Partial or Full Step Up







Stand facing step with your gait aid.

Place your surgical leg on the step.

If warranted, try to use your surgical leg to bring your non-surgical leg up on the step.

Go down with surgical leg.

Rehabilitation

During your rehabilitation, you will be seen by a physiotherapist (P.T.) and an occupational therapist (O.T.) who will instruct you with mobility, exercises, activities of daily living, and equipment needs.

Hip Precautions:

A physiotherapist and an occupational therapist will teach you hip precautions. It will be 3 months before the muscles and tissues surrounding your new hip will heal. As you gradually return to your regular activities, it is important that you take special care to protect your hip, and that you follow the instructions provided by your healthcare team.

Movements to Avoid:

To ensure a strong recovery, avoid the following movements for at least 3 months following your surgery, or until your doctor advises you otherwise.

Rule 1 - Don't Bend





Do not bend from your hip or waist past 90°. When sitting, your knees should not be higher than your hips. A firm pillow can be used to raise your seat height.

Do not elevate your feet onto a stool.

DON'T

DO

Rule 2 - Do Not Cross



Do not cross your legs at your knees or ankles. Keep your knees separated; use a pillow between your legs when lying in bed, or when sitting to remind you to keep your knees and ankles apart.

Rule 3 - Do Not Twist

Do not pivot or twist your body and do not turn your leg inward or outward from your hip. Place a pillow next to your hip to stop your leg from turning outward when you are lying down. Take small steps when turning.







DO

Weight Bearing Status Review

Your surgeon will recommend a specific weight-bearing status following your surgery. Your physiotherapist will instruct you in walking while maintaining your weight-bearing status.

For example:

Weight-Bearing as Tolerated (WBAT): Place as much weight as is comfortable on the leg you had operated on and let pain be your guide.

Partial Weight-Bearing (PWB): Place only about 50% of your body weight on the leg you had operated on. Use your arms on crutches or a walker to support you.

Feather Weight-Bearing (FeWB) or Toe Touch Weight-Bearing: Place no actual weight on the leg you had operated on. You may touch the floor lightly with your toe or foot to help you balance only. Your therapist may instruct you "not to break the eggshell under your foot."

Non-Weight-Bearing (NWB): Place no weight on the leg you had operated on and do not touch the floor with your affected foot.

Your surgeon will advise you when you can change your weight-bearing status.

Learning How to Move

Do not get up alone unless you are told that it is safe to do so.

The greatest chance of dislocating your new hip is when you are changing positions. Reduce the risk and protect your new hip by planning your movements ahead of time.

Lying Down:



The optimal position for you to lie in bed is on your back (try to keep your knees and toes pointing upward). A pillow between your legs will keep them apart whether you are on your back or your side.



Your therapist will show you how to safely turn onto your side.

Getting In and Out of Bed:

Your therapist will show you the correct way to get in and out of bed with reference to the layout of your bedroom at home.

Getting out of bed (preferably with a firm mattress) from a lying position:

- 1. Slide your legs to the edge of the bed while sliding your upper body to the opposite side of the bed. Keep your knees apart until you are on a diagonal in the bed.
- 2. Push up on your elbows and hands using caution not to lean too far forward or to twist.
- 3. Slide your legs over the edge of the bed to sit.

Sitting Down:

When possible, sit on a high, firm chair with armrests to help you push up when rising. The height of the chair should be higher than the back of your knees. Add a firm cushion if needed to ensure that your knees remain lower than your hips.

- 1. Back up to the edge of the chair or bed until the back of your legs touch the seat.
- 2. You should slide the leg you had operated on in front of you with your knee straight.
- 3. Lower yourself slowly and gently onto the chair, using the armrests for support.

DO







DON'T

Standing up:

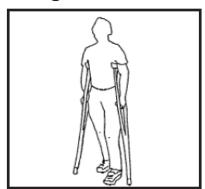
- 1. Move to the edge of the chair or bed.
- 2. Bend your good leg under you to support your body weight.
- 3. Slide the leg you had operated on forward until your knee is straight.
- 4. Use the armrests or bed to help support your weight as you stand, and put most of your weight on your good leg. Follow your weight-bearing instructions.
- 5. Use your gait aid once you have your balance.

How to use a Mobility Aid:

Your P.T. will determine the appropriate gait aid for your needs (i.e. walker or crutches) and instruct you on its safe and proper use. Always adhere to your weight-bearing instructions.

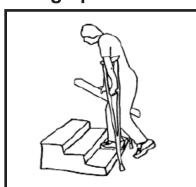
Take short walks as often as you can to prevent joint stiffness, and increase your walking distance gradually. Use crutches and/or a walker until your surgeon or physiotherapist advises you otherwise.

Using a walker or crutches:



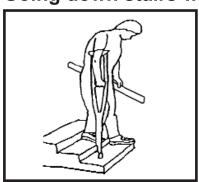
- 1. Stand up tall and look ahead while you walk.
- 2. Move the walker or crutches forward first, and move the leg you had operated on forward, followed by your good leg.
- 3. Put your weight on the walker or crutches to take the weight off the leg you had operated on when you step onto it.

Going up stairs with a railing:



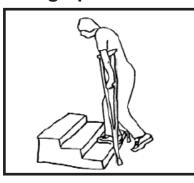
- 1. Hold onto the railing with one hand and put the cane or crutch in the other.
- 2. Go up the stairs with your good leg first.
- 3. Follow with the leg you had operated on and the crutch or cane.

Going down stairs with a railing:



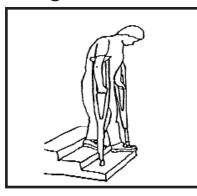
- 1. Hold onto the railing with one hand and put the cane or crutch on the stair below.
- 2. Step down with the leg you had operated on.
- 3. Follow with your good leg.

Going up stairs without a railing:



- 1. Face the stairs and stand close to the step with one crutch under each arm.
- 2. Put your weight on the crutch handles.
- 3. Step up with your good leg.
- 4. Straighten your good leg and bring the leg you had operated on and the crutches up together.

Going down stairs without a railing:



- 1. Stand close to the edge of the step with a crutch under each arm.
- 2. Place crutches in the middle of the next lower step and follow carefully with the leg you had operated on.
- 3. Put your weight on the crutch handles and step down with your good leg.

Getting Into a Vehicle:

*** IMPORTANT *** Do not drive until the doctor tells you that you are ready ***

There are a few things the driver will have to do for you:

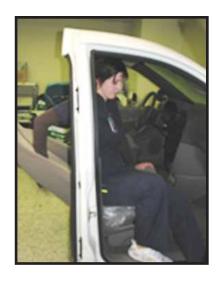
- Ensure that the driver leaves enough space from the curb so that you can get down off the curb and be on the same level as the vehicle. However, if you are getting into a vehicle where the seat is higher than your hips, have the driver park as close as possible to the curb.
- Do not use a truck while on hip precautions unless you have a sturdy step stool that is large enough to hold you and the mobility aid you are prescribed by your physiotherapist in hospital (i.e. standard walker or crutches).
- Always get into the front passenger seat
- Have the driver move the seat back for you and recline the backrest to give you more leg room. Flip the armrest back if present.
- Add a plastic bag to the seat to help you slide (if you have clothe seats).
- If your vehicle is low, you may have to add a pillow or firm cushion to the seat to make it higher.



1. Have the driver hold the door open for you and back up to the seat. Extend your surgery leg out in front, reach back for the seat and lower yourself down.



2. Place your hands behind you and slide straight back to the middle console area (you may have to put your good leg up on the door frame to help boost you back.



3. Slowly start to bring your legs into the car but DON'T TWIST. Be sure to recline back in the seat when you lift your surgical leg into the car.





DON'T

DO



4. Once in the car, keep your surgical leg extended and the seat slightly reclined.



5. When getting out of the car, slide to the edge of the seat. The driver will bring your walker/crutches to you. Get your head out and push up from the seat to stand. Don't hold onto the door.

Managing at Home

Your O.T. will teach you how to manage daily activities as you recover. The following section will serve as a helpful guide to many of these activities once you are home.

Helpful tips to help you carry things:

- If you will be using a walker, you can purchase a walker pouch from a medical supplier that can be attached to the front of your walker, or you can tie a plastic shopping bag to the front to carry small, light items, or you can use a fanny pack or a backpack.
- Wearing an apron or clothes with lots of pockets is also helpful.

Kitchen:

- If your counters are close together, stand in between and pass items from counter to counter, or from counter to kitchen table. Avoid twisting.
- Keep counters clear so you can slide items along them.
- Sit on a high stool when preparing food, washing dishes, or eating at the counter.
- Place pots, dishes and food where they are within easy reach such as the counter top and avoid storing any items on low shelves that would require bending.
- Do not load the lower dishwasher rack or use the oven unless you can do so without bending your hip or waist past 90°.
- Have your reacher nearby to assist you to pick up low items.
- Consider a lightweight cart to easily move items within your kitchen.

Meals:

- If you live alone without family support, prepare and freeze single-portion meals or purchase frozen dinners before coming to hospital.
- If you have support at home, have a family member assist you with meals.
- Arrange for Meals-on-Wheels to deliver meals.
- Order takeout food for some meals.
- Prepare food in the microwave or on the stovetop instead of reaching into the oven.
- Use a travel mug with a lid or a thermos to transport liquids, and containers with lids to transport food.

Shopping:

- If possible, have family and friends do your shopping for you.
- Look for grocery stores that will deliver.
- Stock up on frozen and canned food to cut down on frequency of shopping trips.

Housework and Yardwork:

- If possible, have someone else do heavy work such as vacuuming, washing floors, changing bed sheets, cutting grass, and shoveling snow, etc. Hire assistance if necessary.
- You should be able to do light housekeeping such as dusting.
- If you must take out the garbage, take small amounts at a time.

Caring for Yourself

Your O.T. will teach you how to care for yourself while following your hip precautions.

Dressing:

- When dressing, do not reach past your knees or bend past 90 degrees at the waist.
- Choose loose-fitting clothing. Elastic sweat pants are ideal. Avoid tight clothing.
- Choose light-weight, supportive shoes with non-slip soles and enclosed heel and toes. Running shoes are ideal.
- Use elastic laces or velcro shoes to avoid the need to bend over.

When getting dressed, follow these steps:

- Sit either on a high firm chair with a straight back, or the edge of your bed. Make sure your hips are always higher than your knees when sitting down.
- Have your clothing, shoes and equipment nearby.
- Use a reacher to assist you with underwear, pants and shoes.
- If you cannot manage your shoes, use a long shoehorn.
- Use a sock aid or pressure stocking aid to put on socks and pressure stockings, or have a friend or family member to assist you. Take them off with the use of one or more of the following: reacher, long shoe horn or sock doffer. Your occupational therapist will help determine what is required.



• Dress the operated leg first, and undress it last.

Bathing:

• Take a sponge bath at the sink while sitting on an armchair or commode,

OR...

When getting into your shower to bathe, follow these diagrams:

Your occupational therapist in the hospital will show you which transfer technique and equipment will best meet your needs.





Do not sit on the bottom of the tub while you are following hip precautions.

• Take a shower once your orthopaedic surgeon recommends doing so. This will be

reviewed with you in hospital.

 Use a long-handled sponge to wash below your knees. Never bend forward to wash your legs or adjust your taps.



Using the Toilet:

Use a raised toilet seat or a commode chair. Grab bars on the wall, arms attached
to the raised toilet seat, or a Versaframe® device, will help you get on and off the
toilet. Your therapist will determine what equipment will work best for your
bathroom set-up at home.

Step-by-step to get on and off the toilet:

- Back up to the toilet until your legs touch the seat.
- Extend your operated leg and reach back for the support (armrest, counter or grab bar) before you sit down.
- Do not lean forward or twist to wipe yourself while seated. Stand up to wipe instead.
- Reverse the process to get back up.
- Have your reacher nearby to assist with pulling up your pants.

Operated leg should always be extended forward when sitting down or standing up.



Going Home

When you leave the hospital, you will either be returning to your home to resume an independent life, or you will be entering a rest home with assisted living for your convalescent care. Arrangements for your discharge must be made before you have your surgery.

Transportation is your responsibility. **Discharge Time is 10:00 am** and you must make transportation arrangements. Ask a member of your healthcare team if you require outside transportation services.

You will be walking with a walking aid before you go home, and your physiotherapist may show you how to use stairs. You must continue to do your exercises at home to ensure a good recovery. At your follow-up appointment, your surgeon will indicate when to start out patient physiotherapy.

Care of Incision:

- Keep the area clean and dry
- Eating a healthy, well-balanced diet will help speed the healing process
- Drink lots of fluids (6-8 glass per day)

Possible Complications to watch for in the days following your surgery:

As with any surgery, hip replacement surgery carries the risk of infection. Blood clots can form in the legs and the lungs and blood thinners are commonly used to help prevent them.

Signs to watch for are:

- Increased tenderness, redness, swelling, warmth or pain in your hip
- Drainage from the incision
- Fever greater than 100°F

Notify your doctor or Telehealth Ontario (1-866-797-0000 TTY: 1-866-797-0007) immediately if you notice any of these symptoms.

Advise all of your doctors and your dentist that you have had hip replacement surgery.

Sex After Your Total Joint Replacement

Returning to Sexual Activity following Joint Replacement Surgery; http://vch.eduhealth.ca; © Vancouver Coastal Health, March 2013 Used with permission granted by Greg Terpenning, MSW, RSW Manager, Patient Health Education Materials, Volunteer Resources, Vancouver Coastal Health Authority

Will I be able to have sex after my joint replacement?

Yes! While many people don't feel like participating in sexual activity while recovering from joint replacement surgery, the pain and stiffness from arthritis can affect sexual activity even before surgery. Many people's sex lives improve after surgery because after the joint heals, it is usually free of the pain and stiffness that may have previously affected sexual activity.

When can I return to sexual activity after my joint replacement? As soon as you feel ready and comfortable and the incision is healed. This is often around 4 – 6 weeks after surgery but this is a very individual decision.

Will being sexually active damage my new joint?

Joint precautions must be followed for the first 3 months after surgery to allow the soft tissue around the new joint to heal. However, it is still possible to be sexually active while maintaining joint precautions. After the first 3 months there is little concern about damaging the new joint.

Points to consider after surgery

You and your partner may need to plan ahead for sexual activity and consider trying some new positions. It is important to maintain joint precautions.

As you may have less energy right after joint replacement surgery, plan ahead to pace your activities and make time for sexual activity when you won't be tired. To minimize pain, try positions where your partner takes the more active role, at least at first.

Joint Precautions

For the first three months after your joint replacement it is very important to maintain your joint precautions.

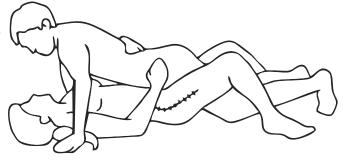
The following diagrams are suggested sexual positions for after hip surgery.

Hip Precautions

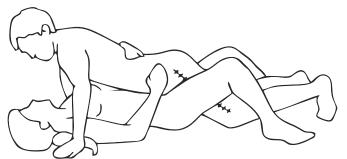
- Do not bend your operated hip more than 90°
- Do not cross your legs
- Do not twist at the hips or allow the operated leg to roll in or out

Approved Positions

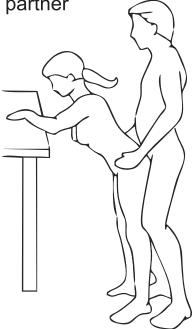
Patient on the bottom: partner on the top



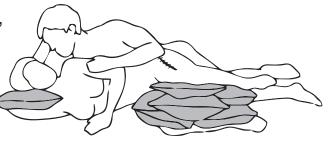
Patient on the top: partner on the bottom (avoid after knee surgery; too much kneeling on operated knee)



Standing position for both patient and partner



Pillows can be used under the knees, back and/or side for comfort and support



Pillows can be used under the knees, back and/or side for comfort and support



Positions to Avoid after Hip Surgery

Legs too far apart; too much hip bending and twisting



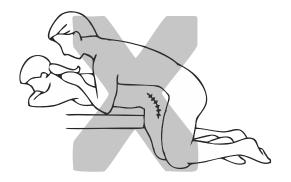
Too much hip twisting



Too much hip bending



Too much hip bending



wy notes		