



My Guide to Total Hip Replacement

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This is a guideline only.

Please ask our staff if you have any questions or concerns.

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Patient Name: _____

Surgery Date and Time: _____

Arrival Time: _____

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My Guide to Total Hip Joint Replacement

This booklet was created to help address the many questions and concerns you may have about your upcoming total hip replacement. It includes information about the surgery, how to prepare yourself for the surgery, what to expect in the days following the surgery, how to prepare your home for when you are discharged from the hospital, and tips that will hopefully make this experience as positive and stress-free as possible.

Please read this guide thoroughly and write down any questions you may have. Bring this booklet with you on the day of your surgery and for follow-up visits.

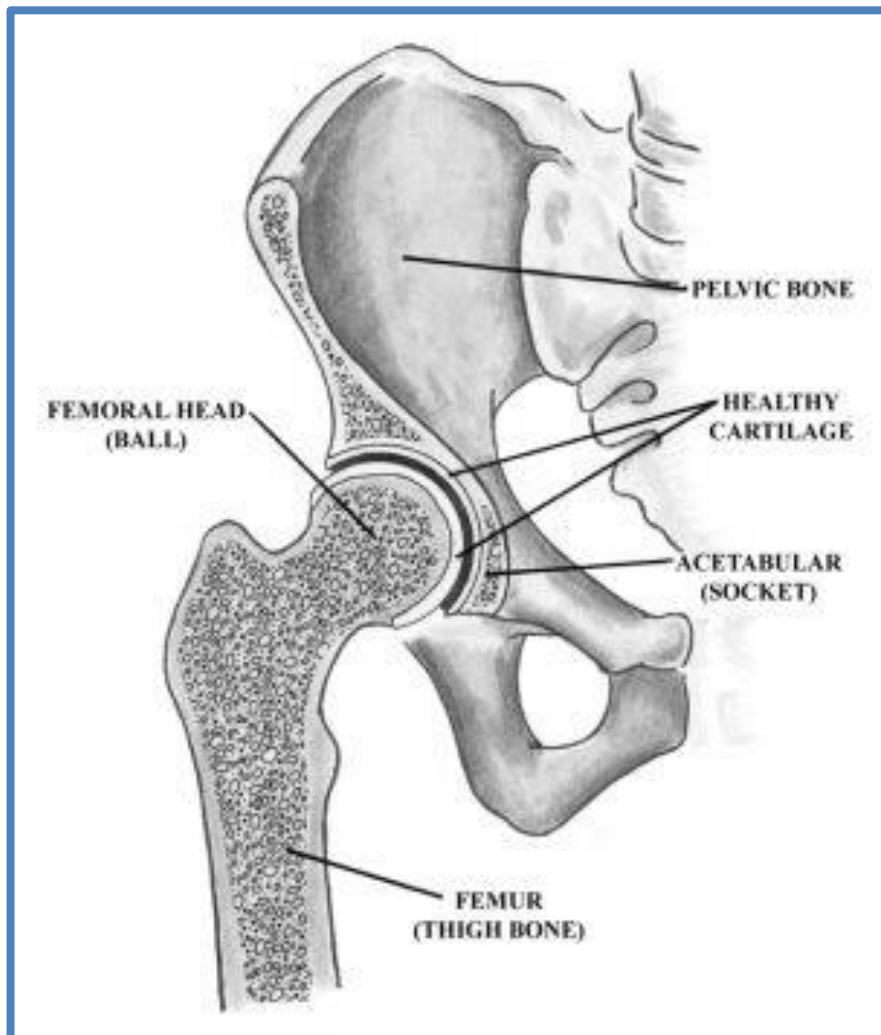
If you have any questions about the contents of this booklet, please contact the physiotherapy department at Strathroy General Hospital at: 519-246-5901

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The Healthy Hip

- The hip is a “ball and socket” joint located where the thigh bone (femur) joins the pelvis (acetabulum).
- This “ball and socket” joint allows movement in all directions.
- The smooth cartilage lining the bones allows the ball of the thigh bone to glide easily in the socket.
- Ligaments and muscles hold the joint together.
- The joint is lubricated with synovial fluid which comes from the lining of the joint.



Total Hip Replacement

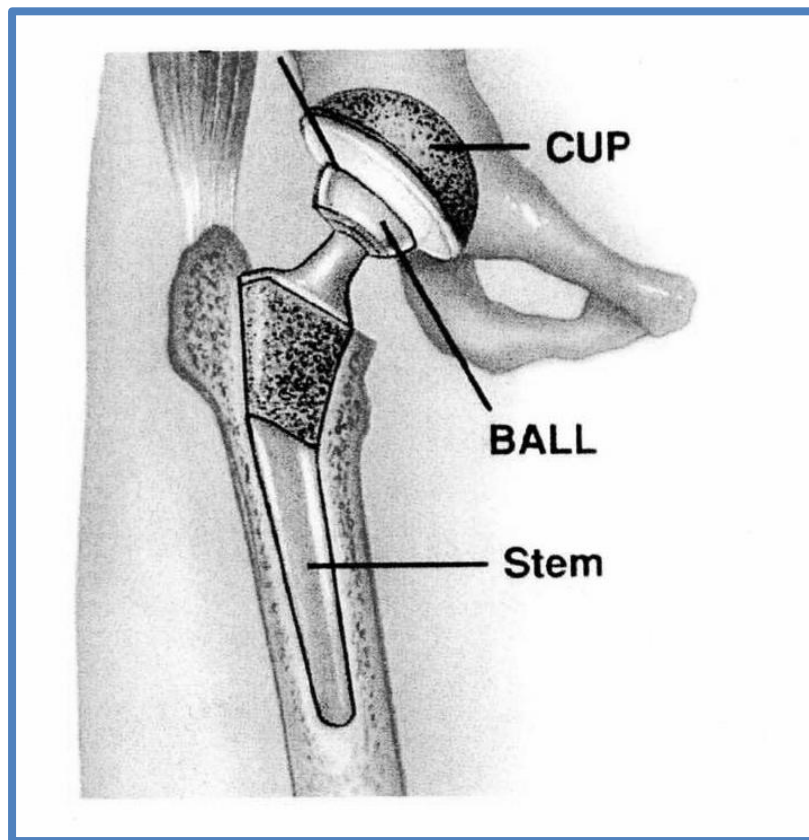
A healthy hip moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. This damage to the hip structures can be caused by osteoarthritis, rheumatoid arthritis, injuries, and loss of blood supply to the bone.

When other treatments no longer work and you cannot carry on with normal activities because of pain and limited movement, your doctor may recommend a total hip joint replacement.

The primary goal of total hip replacement is to decrease pain. It can also be done to improve function of the hip and increase stability or reliability.

There are two parts to the artificial hip:

1. The metal part that replaces the ball of the thigh bone (femur).
2. The plastic cup that replaces the socket of the pelvis (acetabulum).



Pre-admission Clinic

An appointment will be booked for you at the Pre-admission Clinic 1 to 4 weeks before your surgery. At the clinic you will learn about your surgery and be checked to make sure you are in good health before your surgery.

We strongly encourage you to bring someone with you to the pre-admission clinic.

Check in at Admitting before going to the Pre-admission Clinic. Expect to be in Pre-admission for **3 to 5 hours**.

Pre-Admission Clinic	
Tests	<ul style="list-style-type: none">• You may have bloodwork taken or an ECG done• You may have x-rays done• Movements of you hip will be measured
Medications	<ul style="list-style-type: none">• Please bring all the medications you are taking in their original containers including herbal medicines• Review of medications to take the morning of surgery with a sip of water• Review of pain management post-operatively• Review of anticoagulant therapy
Activity	<ul style="list-style-type: none">• Review of exercises to perform after surgery• Review of assistive devices to help with daily activities following surgery
Nutrition	<ul style="list-style-type: none">• Do not eat or drink any fluids, including water after midnight the night before surgery except a sip of water with morning medications
Consults	<ul style="list-style-type: none">• You may be seen by an Anesthesiologist, physiotherapy, occupational therapy, CCAC, or the Arthritis Society
Teaching	<ul style="list-style-type: none">• How to get ready for your hip surgery• What to expect during your hospital stay• How to get ready to return home• Pain control after surgery

Assistive Equipment

The following is a list of equipment that may assist you in your everyday activities following surgery.

They are recommended for your safety and will enable you to complete tasks independently when you return to your home.

These devices will be discussed in depth at your pre-admission appointment with your physiotherapist or occupational therapist. He/She will review which devices you will need and where to purchase or rent it.

You will need to get these devices before your admission to the hospital and it is recommended you practice using these devices before your surgery.

Assistive Equipment

Gait Aids	Standard Walker (MANDATORY) <ul style="list-style-type: none">• Will assist in walking. Ask your physiotherapist or occupational therapist for the most appropriate type. Crutches/cane - to assist on stairs <ul style="list-style-type: none">• Can be purchased or rented in your community Handrails <ul style="list-style-type: none">• These should be installed along stairs for safety measure
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



<p>Bathroom Equipment</p>	<p>Raised Toilet Seats with arms (MANDATORY)</p> <ul style="list-style-type: none"> • Clamp-on or molded plastic styles for regular or oval toilet bowls <p>Grab Bars</p> <ul style="list-style-type: none"> • Can be mounted into a studed bathroom wall or clamped to the side of the tub <p>Bathtub transfer bench</p> <ul style="list-style-type: none"> • Required when getting out or into tub • Discuss with your physiotherapist before getting into the bathtub <p>Hand Held Shower</p> <ul style="list-style-type: none"> • For use with tub bench
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



Assistive Dressing Devices	<p>Sock Aid</p> <ul style="list-style-type: none"> • To help put on socks or hosiery without bending at the waist <p>Elastic Laces</p> <ul style="list-style-type: none"> • Make any lace-up shoes into slip-on shoes <p>Long-Handled Reacher</p> <ul style="list-style-type: none"> • To avoid bending to the floor, reaching overhead, or for assistance when dressing <p>Long-Handled Shoehorn</p> <ul style="list-style-type: none"> • Useful to put on shoes or take off socks without bending at the waist <p>Long-Handled Sponge</p> <ul style="list-style-type: none"> • To help reach feet and back when bathing
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



How to Prepare your Home

- ✓ Remove scatter rugs, extension cords, and telephone cords as they may cause you to fall.
- ✓ If you don't already have them, install handrails on at least one side of each stairway.
- ✓ Don't be afraid to ask for help if you find a task too difficult
- ✓ Sit on high firm chairs with armrests as they are easiest and safest to get up from. You can elevate your chairs by placing firm cushions or by using extended legs.
- ✓ Place the TV, VCR, and radio so that you do not have to reach or bend to use them.
- ✓ Place things that you use often where you can easily reach them.
- ✓ Place a rubber mat in your tub and/or shower.
- ✓ Make sure there is a clear, well-lit path from your bedroom to the bathroom.
- ✓ Install a sturdy grab bar in your bathroom. DO NOT use a towel rack as a grab bar; these are not safe.
- ✓ Install a hand-held shower hose in your tub or shower.
- ✓ You may need to use a commode chair with a pail if you do not have a toilet on the main floor. Arrange for someone to empty the pail for you.
- ✓ Have easy access to a telephone and lamp from your bed.
- ✓ If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor. Look into borrowing or renting a bed if necessary.
- ✓ When in the kitchen, use a cart with wheels to move heavy items or many items at once.
- ✓ Store pots, pans and dishes in places that are easy to reach. Avoid bending down to low cupboards or reaching up to high shelves.
- ✓ Arrange for someone to come in and help with household chores upon your return. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.
- ✓ You may need to stay with a family member or friend or arrange convalescent care if you live alone.

Eating well when you go home

It is important that you have a good supply of nutritious foods at home.

- ✓ Stock your freezer with healthy foods and pre-cooked meals.
- ✓ Arrange for family or friends to do your grocery shopping or arrange for home delivery from your nearby grocery store.
- ✓ If they are available in your area, Meals-on-Wheels are a good nutritious option.
Contact your nearest Community Care Access Centre (CCAC) for details.

What to Expect Before and After Surgery

You will need to begin making plans for your hospital stay and discharge before your surgery.

Do not shave below the waist for 48 hours prior to surgery or your SURGERY WILL BE CANCELLED.

Doctors recommend that you do not drive your car for at least 6 weeks following surgery. It is therefore important that you arrange transportation ahead of time.

You will be in hospital for only a few days. Most of your recovery will take place over the next few months.

Pain following surgery is normal and will continue over the next few months. Talk to your doctor about pain control options if your pain is interfering with normal daily activities.

You will have to plan ahead for your responsibilities:

- ✓ To go home or to another place or facility to recover
- ✓ To have transportation
- ✓ To have special equipment in place for support at home
- ✓ Have support at home
- ✓ Physiotherapy appointments as needed
- ✓ To have your assistive equipment ready
- ✓ Medications
- ✓ To have groceries and food

Day of Surgery

Please plan to arrive at patient registration to ensure your arrival to SDC **two hours before surgery**.

Expect to be in hospital for about **2-5 days**. You need to arrange for a ride home the day of discharge by 11:00am.

Do not eat or drink after midnight the night before your surgery except **a sip of water** with morning medications.

What you need to bring to the hospital:

- ✓ Standard Walker (no wheels)
- ✓ Shoes/slippers with rubber soles or grips
- ✓ A light weight robe
- ✓ A cane or crutches to practice stairs
- ✓ A sock-aid and long-handled reacher to practice getting dressed
- ✓ A small overnight bag with clothes and personal care items
- ✓ Guide booklet

Day of Surgery	
Assessment & Monitoring	<ul style="list-style-type: none"> • A nurse will review your Operating Room Checklist, Pre-op Questionnaire, Consent and Surgical Safety Checklist and other assessments including any questions you or your family may have
Tests	<ul style="list-style-type: none"> • You may have bloodwork taken • An intravenous will be started
Medications	<ul style="list-style-type: none"> • You may take morning medications with a sip of water • You will receive pain medications and antibiotics as prescribed
Activity	<ul style="list-style-type: none"> • Bring assistive devices as discussed with your physiotherapist or occupational therapist at the pre-admission clinic • Confirm that needed home equipment is in place
Nutrition	<ul style="list-style-type: none"> • The nurse will check that you have had nothing to eat or drink since midnight except a sip of water with morning medications
Education	<ul style="list-style-type: none"> • The nurse will review any questions you or your family have • Review the use of the Pain-controlled Analgesic (PCA) if needed • Review that a drainage tube may be placed at the operative site to allow drainage
Discharge Planning	<ul style="list-style-type: none"> • Reinforce and explore post-operative discharge plans for assistance • Review follow-up procedure and x-rays

What to Expect After Surgery

Tests and treatment	<p>You will have:</p> <ul style="list-style-type: none"> • An IV continued • Vital signs checked at regular intervals • Dressing checked/changed every 2-4 hours • Blood tests
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none"> • pain control • nausea • anti-blood clot • antibiotics • your usual medications <p><i>Please inform a nurse if you have pain or nausea</i></p>
Activity	<ul style="list-style-type: none"> • Activity with your physiotherapist or occupational therapist will begin the day after surgery and continue through your rehabilitation. Please see the activity schedule on the next page for more detail. • Pain medications will be given by your nurse before your exercises
Nutrition	<ul style="list-style-type: none"> • You will be offered a regular diet as your nausea/comfort level permits • Maintain regular sips of fluids after surgery to stay hydrated
Consults	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapy • Anesthesia may follow you for pain control
Education	<ul style="list-style-type: none"> • Review post-op exercises and precautions • Review pain management, wound care and bowel precautions • Review follow-up appointments and care of your hip at home
Discharge Planning	<ul style="list-style-type: none"> • You will have ongoing physiotherapy appointments following discharge • CCAC visits • Follow-up phone calls • Discuss post-op surgical visit and x-ray procedure

Therapy Following Surgery

Day 0 (day of surgery)

A therapist and/or a nurse will review:

- How much weight you may put on your leg
- How to protect your hip when moving
- How to move safely in your bed
- How to get in/out of bed safely
- Preventing injury to your hip

You will:

- Sit up / stand at bedside
- Deep breathing exercises and coughing exercises
- Perform foot and ankle exercises regularly

Day 1 (first day after surgery)

A therapist and/or a nurse will review:

- How much weight you may put on your leg
- How to protect your hip when moving
- How to move safely in your bed
- How to get in/out of bed safely
- How to transfer safely into a chair
- Exercises and stretches
- How to walk correctly using a walker
- Preventing injury to your hip

You will:

- Sit on the side of the bed with help
- Move into a chair using a walker with help
- Do breathing exercises
- Go for a walk with physiotherapy
- Start your exercises. They will be completed twice daily.

Therapy Following Surgery

Days 2- 4 (after surgery)

You will learn how to:

- Move safely in your bed
- Transfer safely into a chair
- Exercise to strengthen your muscles
- Walk correctly using a walker
- Dress, bathe and go to the bathroom safely
- Prevent injury to your hip
- Manage your daily activities
- Get in and out of a car safely
- What to do if you have questions when you go home

You will:

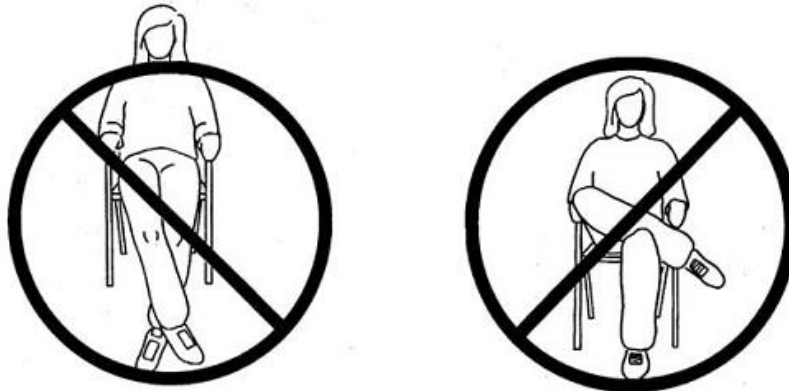
- Be able to get in and out of bed
- Walk in the halls with a walker under supervision
- Exercise regularly without help
- Sit up in a chair for all meals
- Walk safely with a walking aid
- Walk to the bathroom with a walker
- Practice stair climbing with the therapist as needed
- Review daily activities with an occupational therapist
- Review assistive device use with a therapist
- Practice dressing with assistance

***IMPORTANT:** Upon discharge home, you will have several visits from a home care physiotherapist. After completion of therapy at home, it is your responsibility to arrange beforehand for additional physiotherapy appointments at an out-patient clinic in your area.

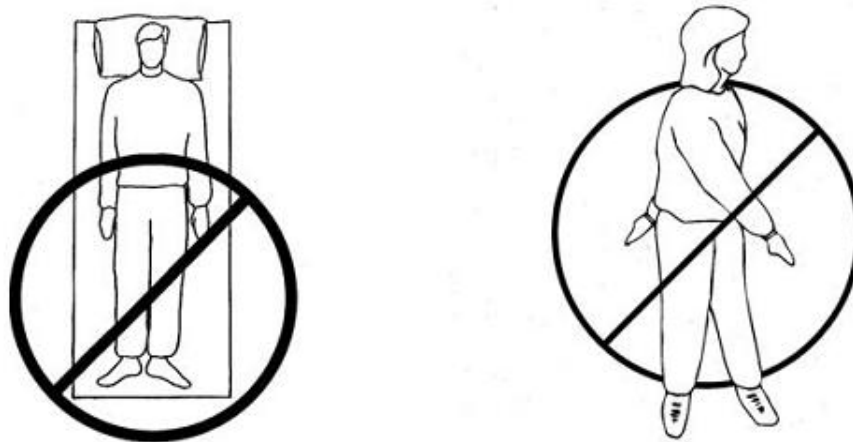
Precautions
(FOR 6 WEEKS AFTER SURGERY)



Do not bend past 90° at the waist while standing, sitting or lying.



Do not cross your legs or ankles.

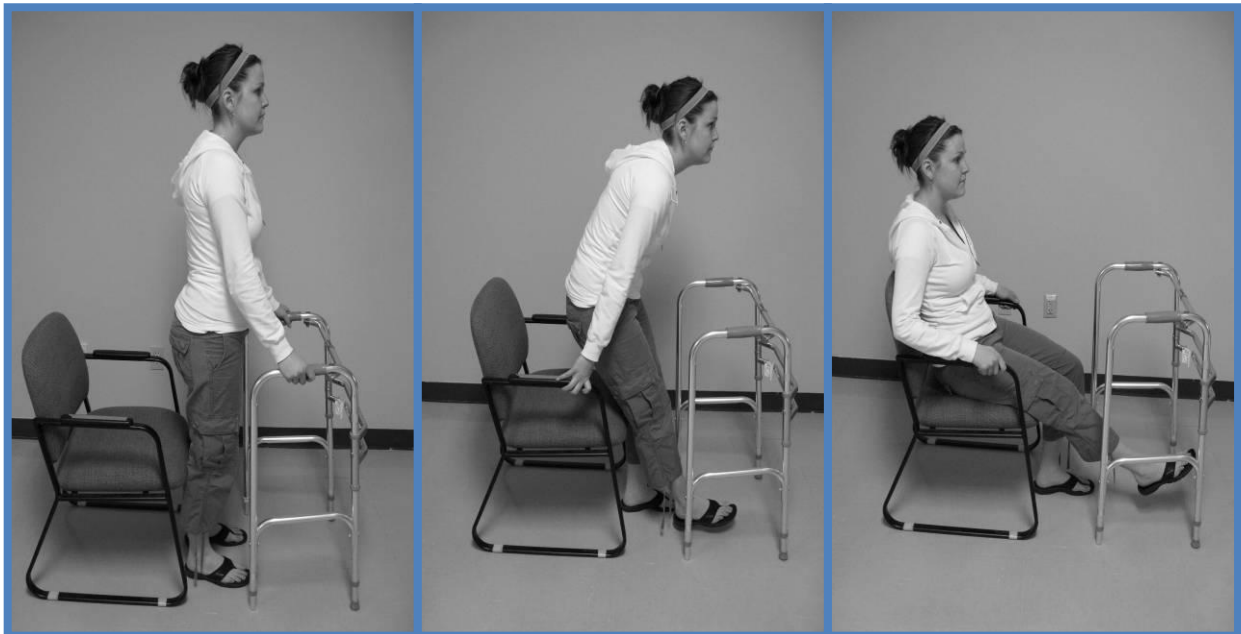


Do not twist your hip/leg in or out.

Sitting

On a chair, edge of the bed, toilet, shower chair or tub bench...

1. If the seat is lower than your knee, it is too low – you will need a different chair or a cushion
2. Stand with your back to the chair/bench
3. Keep the foot of your operated side forward
4. Back up slowly until the chair/bench touches the back of your unoperated hip
5. Hold the walker with one hand
6. Slide your operated leg forward as you reach back with your other hand
7. Reach back for the handrail or side of the chair/bench behind you (or the wall or nearby counter)
8. Keep the weight on your unoperated leg; lower yourself onto the chair/bench
9. Keep your operated leg straight.
10. Do not twist to look behind
11. Your knee should always be lower than your hip (e.g. avoid recliners and rocking chairs)



Laying down

The best way to lie down is on your back with a pillow between your legs

1. Once seated on the edge of the bed, put both your hands behind you for support
2. Lean backward
3. Swing one leg, then the other from the floor onto the bed
4. Use your hands to lower your upper body onto the bed
5. Move your body as a unit, don't twist
6. Do not reach for the end of the bed for blankets; use a reacher to pull them up
7. Keep your walker nearby
8. If you lie on your side, keep a pillow between your legs to prevent them from crossing
9. Keep your toes pointed forward, not to the side to prevent your legs from turning in or out

The Bathroom

- ✓ Make sure the floor of the tub/shower is dry
- ✓ Gather what you need ahead of time so it's within easy reach
- ✓ You should not get your incision wet until several days after your staples have been removed. *This means you should use a sponge bath.*

For a shower

1. Lift both feet over the lip and turn your whole body to face the faucet
2. Move your legs and body together: Do not twist

For a Tub

1. Do not climb into the tub
2. If you wish to use the tub, you will need a bath bench, your Occupational Therapist can talk to you about this item
3. You must lift your legs higher to get over the ledge.
4. To protect your hip, lean back
5. Lift your legs one at a time over the side of the tub and turn to face the faucet
6. Be careful not to lift your knees up past your hips
Do not use soap dishes or towel racks to support yourself. They are not made to hold your weight.



The Toilet

1. See Sitting
2. To avoid twisting or bending, keep toilet paper in easy reach or take some before
3. Stand up to wipe, and turn your whole body around to flush

*If your toilet is too low, you may need a raised toilet seat with arms or a versaframe (a device with built in arms that can be attached to the base of your toilet).
Your Occupational Therapist can talk to you about these items.*

Dressing

Please follow your Hip Precautions as you get dressed.

Getting dressed from the waist up with clothing such as shirts or slipover dresses does not change after surgery.

You will need these tools to help you:

- ✓ Reacher
- ✓ Shoehorn
- ✓ Sock aid
- ✓ Walker
- ✓ Bed/chair
- ✓ Patience

Socks

There are only 2 ways to get socks on after your hip replacement:

1. Using a sock aid.
2. Asking someone to help you.

Using a sock aid:

1. Slide sock onto sock aid.
2. Lower sock aid to ground with the string handle. Do not bend over to lower sock aid to the floor.
3. Slide foot into sock aid and then pull up the sock by pulling on the string handle.
4. If sock does not come up all of the way, use a reacher to pull it up the rest of the way.

Works best with stretchy socks such as gym socks.

Underwear, pants, shorts (any clothing worn below the waist)

To put your clothes on:

1. Have your reacher and walker close to you.
2. Start by sitting at the edge of your bed or on a chair with arms.
3. Place clothing on lap and use reacher to lower it to the floor.

Do not bend over

4. While still holding onto clothing with reacher, slide operated leg in first. Make sure that the foot comes through the clothing completely, so it does not slip off.
5. Next, slide the non-operated foot into clothing.
6. Pull clothing up as far as is possible while you are sitting down.
7. Stand up with the walker and pull clothing up rest of the way.

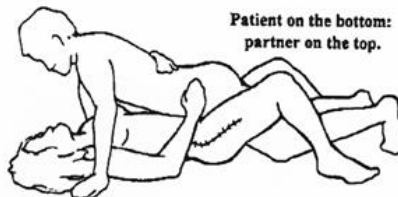
You may need to keep one hand on the walker and use your other hand to pull up the clothing.

To take your clothing off:

1. Start by standing up, with your walker in front of you.
2. Keeping one hand on the walker, use the other hand to lower the clothing. Do not bend over. Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down safely on chair or bed.
4. Use a reacher to lower the clothing to floor.
5. Take the non-operated leg out first.
6. Take the operated leg out second.
7. Use a reacher to pick the clothing off of the floor.

Sexual Relations

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



Patient on the bottom:
partner on the top.

Patient on the top:
partner on the bottom.



Standing position for both
the patient and partner.



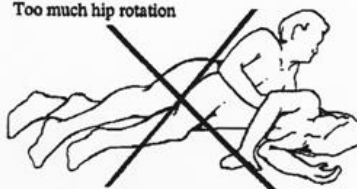
Patient lying on side with
operated leg on top.



Too much hip abduction,
flexion and rotation



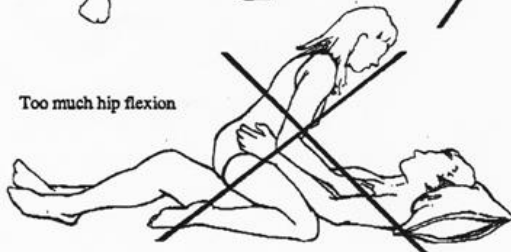
Too much hip rotation



Too much hip flexion



Too much hip flexion



Obviously, there are other safe and unsafe positions and methods of obtaining sexual satisfaction. Please think them through. If necessary, please be ready to try something new to help protect your new hip(s).

Driving

You should not drive in a car for at least six weeks after your operation

Before getting into the car

- ✓ Have the driver park away from the curb
- ✓ Have someone move the seat as far back as it will go
- ✓ Use a firm cushion to raise the height of the seat

Sitting down

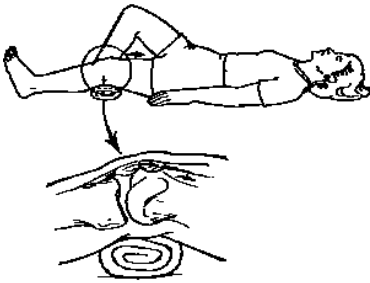
1. Stand with your back to the car
2. Hold onto the side of the car and the walker or dashboard
3. Lower yourself slowly onto the seat, keeping your operated leg forward: watch your head
4. Slide well back in the seat
5. If the seat isn't reclined, recline it
6. Lift your legs one at a time into the car
7. Do not move your body, do not twist
8. Follow your hip precautions



To get out

- Have someone open the door, follow the above steps backwards.

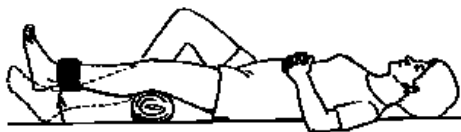
EARLY POST-OP HIP EXERCISES



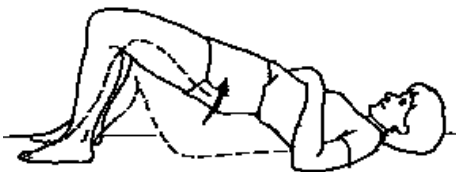
1. Lie on your back with operated leg straight.
2. Place a small rolled up towel under your knee of the operated leg.
3. Tighten your thigh and buttock muscles, pushing the back of your knee down into the towel.
4. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with legs straight.
2. Bend operated leg at hip and knee, sliding your heel toward buttock (you may use your strap to help) **DO NOT BEND YOUR HIP PAST 90°**
3. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with a can or roll under knee
 2. Raise your heel off the bed until your leg is straight
 3. Hold 5 seconds then slowly lower.
- Repeat 10 times, 3 times per day.



1. Lie on your back with both legs bent as shown (you may want to put a pillow between your legs)
 2. Tighten your buttocks and raise them off the bed as high as you can.
 3. Keep pelvis level
 4. Hold for 5 seconds then slowly lower.
- Repeat 10 times, 3 times per day.

*** Note: NO ABDUCTION EXERCISES FOR 6 WEEKS POST-OP**

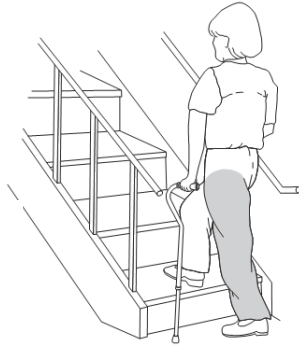
Climbing Stairs with a Cane

* When you are first home, have someone with you when you do the stairs – that person should be close behind you on the way up and should be one step below you on the way down.

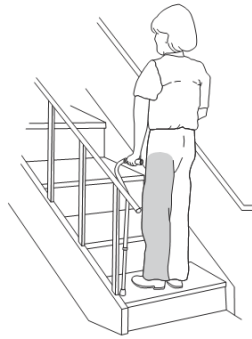
Going UP stairs using a handrail – The GOOD leg steps up first

1. Stand close to the step and hold onto the handrail with one hand, the cane in the other hand.
2. Put your weight through the handrail and on the cane.
3. Step up with the good leg.
4. Straighten the good leg and step up with the operated leg, and then bring up the cane.

* Shaded leg is the operated leg



1. Step up with the good leg.



2. Cane and operated leg step up together.

Going DOWN stairs using a handrail –the OPERATED LEG steps down first

1. Stand close to the edge of the step and hold onto the handrail with one hand, the cane in the other.
2. Bring the cane down to the lower step followed by the operated leg.
3. Put your weight through the handrail and on the cane.
4. Step down with the good leg.

* Shaded leg is the operated leg



1. Cane down first, followed by operated leg.



2. Step down with the good leg.