



My Guide to Total Hip Replacement

Updated April 2011

This is a guideline only.

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

Pre-Surgical Checklist

In preparation for your surgery, YOU MUST:

- Do not shave below the waist for 48 hours prior to your surgery
- Bring the following with you to the hospital:
 - ✓ Standard Walker (no wheels)
 - ✓ Cane or crutches
 - ✓ Shoes or slippers with a rubber sole or grip
 - ✓ Light weight robe
 - ✓ A small overnight bag with clothes and personal care items
- Have a ride home arranged any time starting at 2 days after your surgery – you may be discharged home at this time
- Have a set plan for help at home - it is important that you are not home alone immediately after your surgery
- Have all your equipment set-up at home (e.g. raised toilet seat, bring bed down to main level, railings installed on stairs, etc.)
- Be prepared to participate in physiotherapy while in hospital and upon discharge home

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Patient Name: _____

Surgery Date and Time: _____

Arrival Time: _____

Surgeon: Dr. Rajgopal

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Office Phone Number: 519-245-5775

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

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 on what the surgery includes, 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.

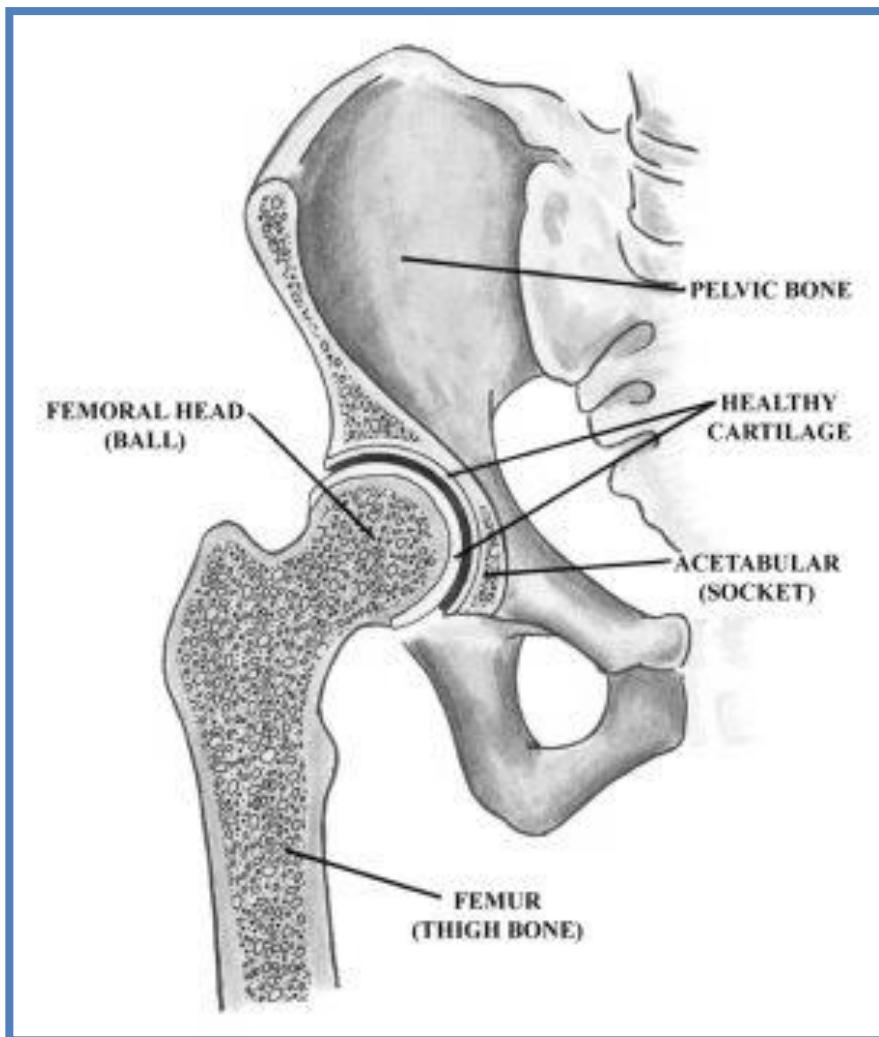
Please read this guide thoroughly and write down any questions you may have. Bring this booklet with you on the day of your surgery and for follow-up visits.

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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

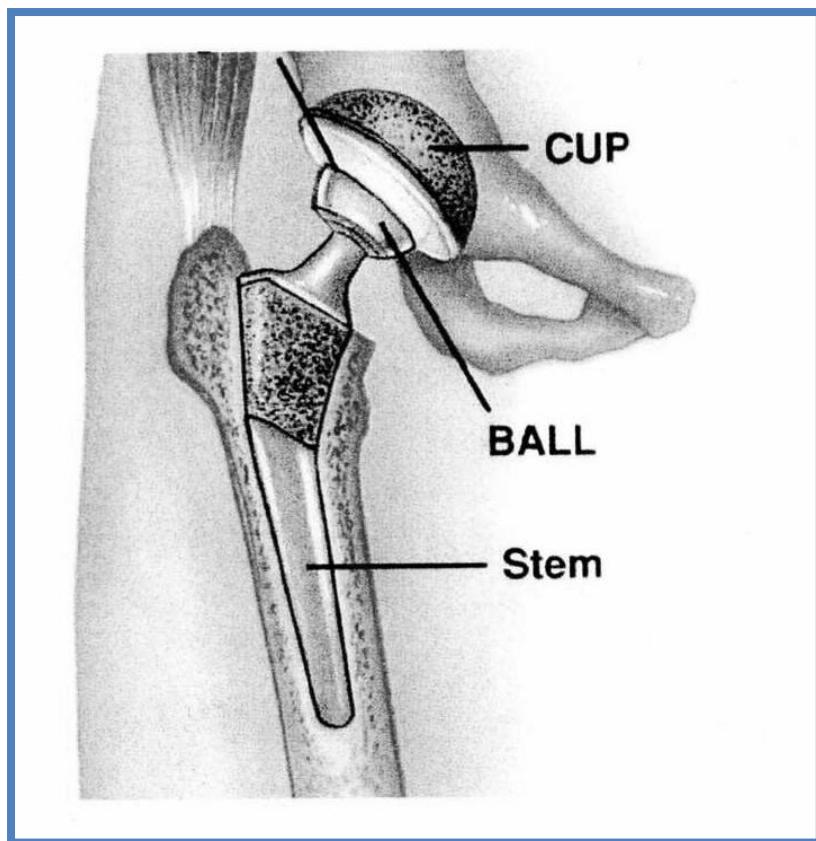
A healthy hip moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. This damage to the hip structures can be caused by osteoarthritis, rheumatoid arthritis, injuries, and loss of blood supply to the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



Responsibilities Before your Surgery

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

- 1) Assistive Equipment
- 2) Preparing Your Home
- 3) Support at Home

Assistive Equipment

The following is a list of equipment that will assist you in your everyday activities following surgery. 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. All of the equipment can be either rented or purchased within the community. For a list of vendors in your community, please visit www.jointreplacement.thehealthline.ca and click on “*Medical Equipment and Supplies*”

Gait Aids	<p>Standard Walker (Mandatory). Will assist with your walking. It should NOT have wheels</p> <p>Cane and/or Crutches (Mandatory) Will assist you on the stairs and with your walking later on in your recovery</p> <p>Handrails These should be installed along stairs at home for safety</p>
Bathroom Equipment	<p>Raised Toilet Seat with Arms (Mandatory) Clamp-on or molded plastic styles for regular or oval toilet bowls</p> <p>Grab Bars Can be mounted into a studded bathroom wall or clamped to the side of the tub</p> <p>Bathtub Transfer Bench Useful for getting into and out of the tub. You will not be able to bathe until your staples have been removed (usually 2 weeks after your surgery) or until instructed by your surgeon</p> <p>Hand Held Shower For use with the tub bench</p>
Dressing Devices	<p>Sock Aid To help put on socks or hosiery</p> <p>Long-Handled Reacher To help reach objects on the floor, overhead, or for dressing</p> <p>Long-Handled Shoehorn Useful to put on shoes or take off socks</p> <p>Elastic Laces Make any lace-up shoes into slip-on ones</p> <p>Long-handled Sponge To help reach feet and back when bathing</p>

Assistive Equipment

Standard Walker - MANDATORY



Raised Toilet Seat with Arms



Bathtub Transfer Bench



Long-Handled Shoehorn



Sock Aid



Reacher



How to Prepare your Home

- If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor temporarily. Look into borrowing or renting a bed if necessary.
- If you don't already have them, install handrails on at least one side of each stairway, including any stairs outside the house. Consider installing a temporary ramp to access the house if needed.
- Remove scatter rugs and lose electrical cords as they may cause you to fall.
- Place things that you use often where you can easily reach them such as a telephone or lamp by your bed
- 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.
- Arrange for someone to come in and help with household chores upon your return home. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.
- 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
 - If it is available in your area, you can have meals delivered to your house via *Meals-on-Wheels*. Contact your nearest Community Care Access Centre (CCAC) for details

Support at Home after your Surgery

It is important that you have someone (spouse, family member, friend, neighbour) to help you out at home when you leave the hospital.

If you live alone, you have several options:

- Arrange to stay with a family member or friend or have them stay with you. Consider going to the house/apartment that requires the least amount of stairs.
- Arrange for a convalescence / respite bed at a retirement or nursing home for a few weeks while you recover. For a list of available beds nearest you, please contact the Community Care Access Centre (CCAC) intake office at **519-473-2222**. These beds will need to be arranged prior to your surgery (based on availability) and will cost a fee.

Community Care Access Centre (CCAC)

CCAC is responsible for home support services. You may have a visit from one of their therapists before your surgery to go over safety within your house, equipment, etc.

While in the hospital, you will have a consult with a CCAC case manager to discuss needs at home when you are discharged. You will likely be set-up with in-home physiotherapy for a few weeks after your surgery as well as nursing for dressing changes. CCAC typically DO NOT supply personal support workers for everyday needs, therefore it is important for you to arrange for help at home as stated above.

Day of Surgery

- **DO NOT shave below the waist for 48 hours prior to your surgery or your surgery will be cancelled.**
- Please plan to arrive at patient registration to ensure your arrival to SDC **two hours before surgery**.
- Expect to be in hospital for **2-5 days**. You need to arrange for a ride home anywhere from **2 days** after your surgery as you could be discharged home at this time. Discharge time is 11:00am.
- Do not eat or drink after midnight the night before your surgery except **a sip of water** with morning medications.
- The admitting nurse will review your operating room checklist, pre-op questionnaire, consent and surgical safety checklists and other assessments including any questions you or your family might have.
- You will have blood work taken and an intravenous will be started

What you need to bring to the hospital:

- Standard walker (no wheels) and cane or crutches to assist with walking
- Shoes/slippers with rubber soles or grips
- A light weight robe
- A small overnight bag with clothes and personal care items
- Guide booklet

Your Recovery in Hospital

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 and changed throughout the day• Blood tests
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none">• Pain control• Nausea• Anti-Blood Clotting• Antibiotics• Your usual Medications <p><i>Pain following surgery is normal. Please inform your nurse if you are experiencing pain or nausea.</i></p>
Nutrition	<ul style="list-style-type: none">• You will be offered a regular diet as your nausea level permits• Maintain regular sips of fluids after surgery to stay hydrated
Consults	<ul style="list-style-type: none">• Physiotherapy• Occupational Therapy• CCAC• Anesthesia may follow you for pain control
Education	<ul style="list-style-type: none">• Review post-op precautions, activity, and exercises• Review pain management and wound care• Review follow-up appointments and care of your hip at home
Discharge Planning	<ul style="list-style-type: none">• CCAC will review home care needs (physiotherapy, nursing)• Discharge is 2-5 days after surgery• Follow-up phone calls• Discuss post-op clinic check-ups, staple removal, etc.

Therapy Following Surgery

Day 0 (day of surgery)	<p>Your nurse may help with:</p> <ul style="list-style-type: none">• Sit-up/stand at bedside• Transfer to commode or bathroom• Deep breathing and coughing exercises
Day 1 (first day after)	<p>A physiotherapist will review:</p> <ul style="list-style-type: none">• How much weight you may put on your leg• Your standard hip precautions• How to protect your hip when moving• How to move safely in bed and get in/out of bed• How to transfer safely into a chair• Exercises and stretches• How to walk correctly using a walker <p>You will:</p> <ul style="list-style-type: none">• Participate with physiotherapy 2 times per day• Do range of motion and strengthening exercises• Walk short distances using a walker• Sit in a chair
Days 2-4	<p>You will:</p> <ul style="list-style-type: none">• Continue with your exercises and walking with your therapist• Practice climbing stairs with a cane or crutches• Walk to/from bathroom independently• Review & practice assistive devices and dressing with an occupational therapist• Be discharged home from the hospital with follow-up physiotherapy visits from CCAC

***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. These out-patient appointments may or may not cost a fee, depending on where you live.

Precautions

- **Doctors recommend that you do not drive a car for at least 6 weeks after your surgery.** It is therefore important that you arrange for transportation ahead of time.
- Pain following surgery is normal and will continue over the next few months. Talk to your doctor about pain control options if pain is interfering with normal daily activities.
- There are several hip precautions that you must follow for 6 weeks after your surgery (see next page). **It is very important that you follow these restrictions as failure to do so may result in dislocating your new hip.**

Standard Hip Precautions

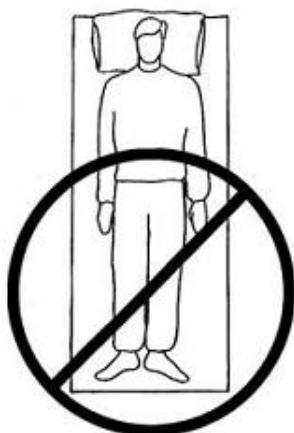
(FOR 6 WEEKS AFTER SURGERY)



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



Do not cross your legs or ankles.

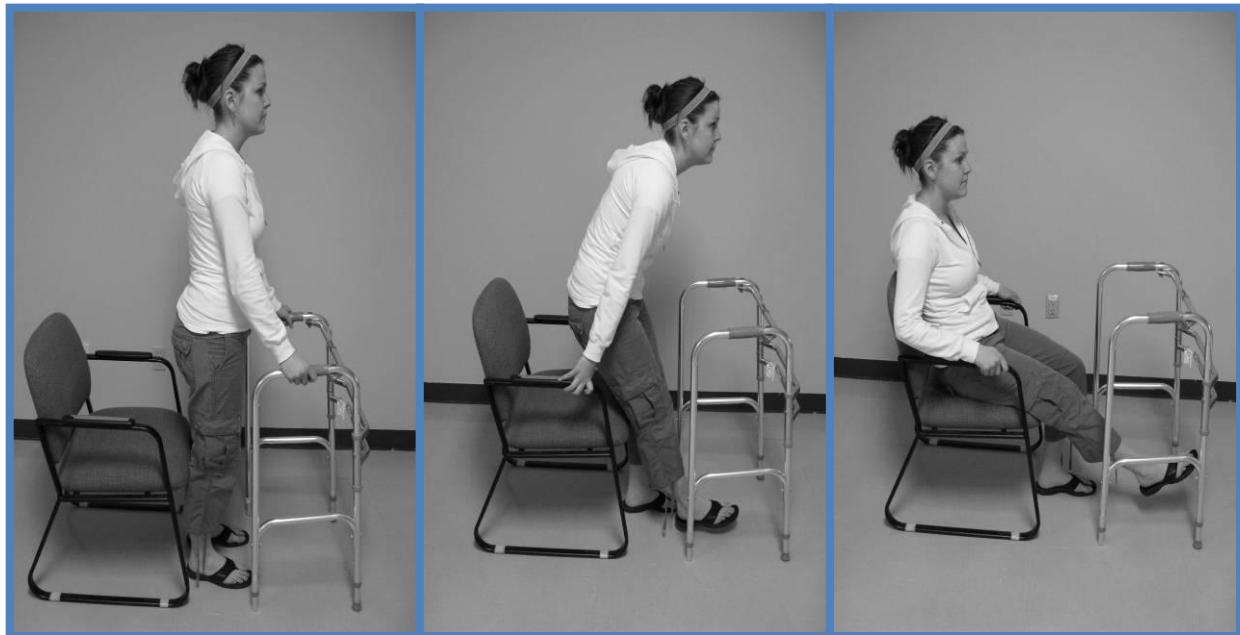


Do not twist your hip/leg in or out.

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.

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.

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.

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.

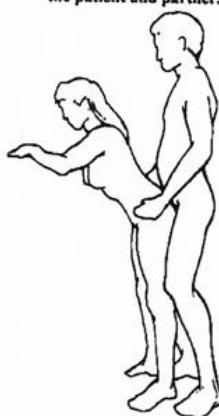


Patient on the bottom:
partner on the top.



Patient on the top:
partner on the bottom.

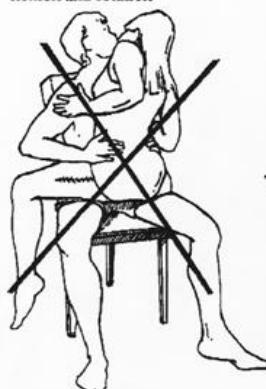
Standing position for both
the patient and partner.



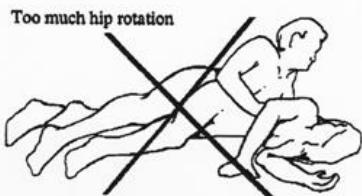
Patient lying on side with
operated leg on top.



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.

Post-operative Hip Recovery

WHEN YOU GET HOME:

- Use your walker until instructed otherwise by your physiotherapist
- You must follow these precautions for 6 weeks after your surgery – Failure to do so may cause your hip to dislocate:
 - Do not cross your legs at the ankle or knees
 - Do not twist on your new hip when standing or walking
 - When bending or sitting, always keep 90 degrees between your hip and knee. Do not crouch or squat down
 - Do not lift your operated leg straight out to the side in standing or lying
- Continue the exercises 2-3 times per day as taught by the physiotherapist. The home care physiotherapist will not come to the house everyday so it is your responsibility to do your exercises regularly
- Go for several short walks daily, with rest breaks in between
- Ask your surgeon or physiotherapist when you are ready to use an exercise bike
- Avoid jogging, jumping, lifting heavy weights, twisting, or any other activity that places excessive stress on your new hip
- You will be using a raised toilet seat for 6 weeks post-surgery

REST:

- Sit in a chair or lie down after walking exercise. Do not let your legs hang down for longer than 1 hour – elevate your leg with a stool if needed
- Don't overdo it at the start. Slowly increase your walking distance to find your limits.
- It usually takes a few weeks to regain your energy

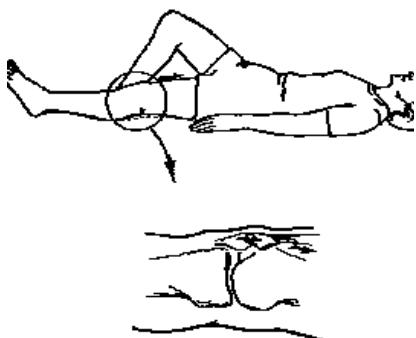
CARE OF YOUR INCISION:

- You will have a follow-up appointment with the surgeon to have your staples removed (usually around 2 weeks after your surgery)
- Do not shower or get your incision wet until the staples have been removed and your incision is healed or instructed by your surgeon
- Do not apply any creams or lotions to the incision unless given permission by the surgeon

FOLLOW-UP:

- You will have several follow-up appointments to see your surgeon. It is very important you keep these appointments, or call to arrange another date
- Call your surgeon immediately if any problems occur at home, such as a sudden increase in pain, redness, swelling, bleeding, discharge, or fever
- Out-patient physiotherapy may be necessary after your CCAC home physio. It is your responsibility to make these arrangements
- Ask your surgeon when you can return to work or resume driving.
- Handicapped parking stickers can be obtained from the Ministry of Transportation with a request form signed by your family doctor or surgeon

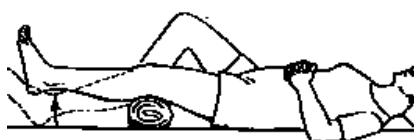
Hip Exercises



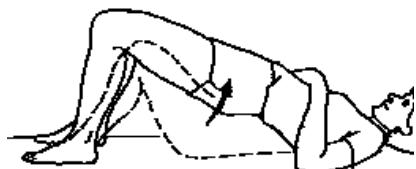
1. Lie on your back with operated leg straight.
2. Place a small rolled up towel under your knee of the operated leg.
3. Tighten your thigh and buttock muscles, pushing the back of your knee down into the towel.
4. Hold 5 seconds, repeat 10 times, 3 times per day



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**

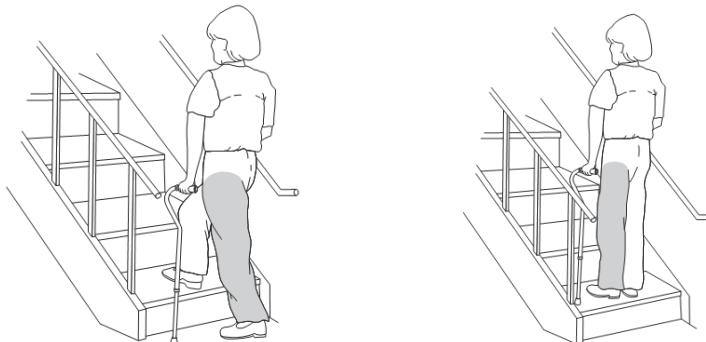
Stairs

* 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



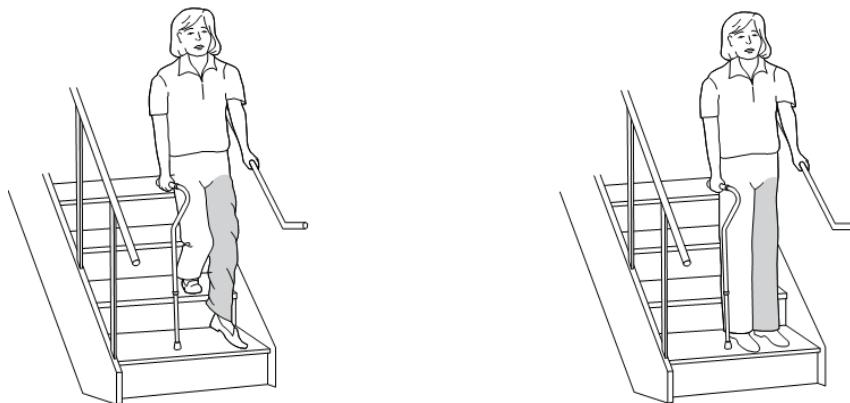
1. Step up with the good leg.

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.

Other Resources

1) The Health Line www.jointreplacement.thehealthline.ca

This website provides resources that will help prepare you for what to expect **before, during and after joint replacement surgery**, including access to patient guides and community resources within the South West Local Health Integration Network (LHIN) region of Ontario

2) Middlesex Health Alliance Patient Education Guides

http://www.mhalliance.on.ca/MHA_Health_Info_Online_Library

Collection of health information developed by the Middlesex Hospital Alliance for patients that include topics such as how to use crutches, energy conservation strategies, and installing ramps.