

Total Hip Replacement

Bring this book with you to the Health Sciences Centre and all visits.



Table of Contents

Introduction	1
Preadmission and Acute Care Stay	2
What is a Total Hip Replacement (THR)?	4
Preventing Complications and Movement Restrictions	6
Get in shape for surgery	8
Preoperative Exercise Program	8
Preparing for Joint Replacement Surgery	10
Weeks before your surgery	10
Day before surgery	11
Following surgery	12
Immediate Postoperative Exercises	12
Pain Control	14
Learning to Move	15
Weight Bearing	15
Lying down	15
Getting in and out of bed	15
Standing	16
Sitting	16
Using a walker/ crutches	17
How to Manage Stairs	17
Getting into a car	18
Looking after Yourself at Home	20
Tips to Make Your Home Safer & Prepare for Recovery	25
Problems to Watch for at Home	26
Basic Rules to Follow for 3 Months After Your Surgery	27
Guidelines On Activities	28
Questions to Ask your Doctor	30
Credits	32

Introduction

Together with your Surgeon, you have decided that a total hip replacement is necessary to correct the symptoms that you are now experiencing. This booklet has been developed to provide you with information on how to prepare for your surgery and what to expect throughout your recovery and rehabilitation period.

The health care team has put together a Clinical Pathway, which will act as your guide, so that you will know what will happen on a day-to-day basis. This Clinical Pathway is on page 2 of this booklet. Your surgeon, with the aide of the health care team; will determine how long your stay will be. This may be from 2-3 days in the acute care hospital.

Please be sure to keep and read this information, as the team members will refer to these instructions throughout your stay.

The Team:

A number of health care professionals may be involved in your care. The following is a list and brief description of their roles.

Nurses will coordinate your care needs, assist you with your day-to-day care, explain how your pain will be managed, and help you to get ready to go home.

Physiotherapists (PT) will help you gain strength and movement in your operated leg. You will be taught exercises and how to resume walking in a normal manner.

Occupational Therapists (OT) will help you get back to doing activities that you need to do on a daily basis. They may show you different types of equipment to use for these activities and/or provide you with information on community resources that you can access.

Utilization Coordinators will be able to help you in planning for transfer and discharge from hospital.

Social Worker will help coordinate your discharge from the rehab hospital and oversee appropriate contacts with other services or organizations. He or she will help you and your family with your social, emotional, and financial needs.

Community Care Access Centre Hospital Coordinator will set up home visits of health professionals if needed.

Coach/Buddy is usually a family member or close friend who will be educated to assist you with recovery and rehabilitation. They should attend the pre admission visits with the nurse and rehabilitation staff and be available to help with exercises and any other small needs for about one week after discharge from hospital.

Your role, before and after surgery, is to prepare your home for discharge, learn and do the exercises and let the team know how you are progressing.

Preadmission and Acute Care Stay

	Preadmission Clinic and Rehabilitation	Day of Surgery	Postoperative (Post Op) Day 1
Consults	<ul style="list-style-type: none"> Anesthetist Physiotherapist Occupational Therapist Nurse 		<ul style="list-style-type: none"> Physiotherapy Occupational Therapist
Tests	<ul style="list-style-type: none"> Lab Tests ECG X-ray of knees 	As needed	Lab Tests
Medications	Review the medications that you are presently taking	<ul style="list-style-type: none"> Intravenous started Antibiotics Pain and nausea medication Patient specific medication 	<ul style="list-style-type: none"> Intravenous Antibiotic Pain and nausea medication Laxative Patient specific medication
Treatments		Wound and dressing care	
Activity		<ul style="list-style-type: none"> Deep breathing and coughing Postoperative exercises Up in the evening 	<ul style="list-style-type: none"> Up in chair Walking with walker with assistance Deep breathing and coughing exercises Post op exercises
Nutrition		<ul style="list-style-type: none"> Nothing by mouth before surgery Clear fluids after surgery 	Diet as tolerated
Teaching	Review <ul style="list-style-type: none"> Clinical Pathway Educational needs Exercises Restrictions after surgery Assistive devices 	Review <ul style="list-style-type: none"> Pain control Exercise program/positioning Deep breathing and coughing Leg and ankle exercises Safe transfers Prevention of dislocation 	Review <ul style="list-style-type: none"> Pain control Exercise program/positioning Deep breathing and coughing Leg and ankle exercises Safe transfers Prevention of dislocation Prevention of constipation Safe use of walker/crutches
Discharge Planning	Discuss discharge and rehabilitation plans		Begin preparation for home discharge. Home discharge will occur between
Goals	Questions will be answered or directed to the appropriate person	<ul style="list-style-type: none"> Pain and nausea is managed Vital signs normal Stand at bedside 	<ul style="list-style-type: none"> Pain is managed Sitting, standing and walking with assistance

Post Op Day 2	Post Op Day 3
<ul style="list-style-type: none"> Physiotherapy Occupational Therapist CCAC if needed 	<ul style="list-style-type: none"> Physiotherapy Occupational Therapist if needed CCAC if needed
As needed	As needed
<ul style="list-style-type: none"> Pain medication Laxative Patient specific medication 	<ul style="list-style-type: none"> Pain medication Laxative Patient specific medication
<ul style="list-style-type: none"> Wound dressing care 	<ul style="list-style-type: none"> Wound and dressing care
<ul style="list-style-type: none"> Up in chair Walking with walker or crutches Physio exercises Stair practice 	<ul style="list-style-type: none"> Up in chair Walking with walker or crutches Physio exercises Stair practice
Usual diet	Usual diet
Review <ul style="list-style-type: none"> Pain control Exercise program/positioning Deep breathing and coughing Leg and ankle exercises Safe transfers Prevention of dislocation Wound care abnormal signs and symptoms Use of assistive devices 	Review <ul style="list-style-type: none"> Pain control Exercise program/positioning Deep breathing and coughing Leg and ankle exercises Safe transfers Prevention of dislocation Wound care abnormal signs and symptoms Use of assistive devices
<ul style="list-style-type: none"> Confirm if home supports and equipment are in place Staple removal arranged 	
<ul style="list-style-type: none"> Pain is managed Wound is healing Walking further Walking in hall independently Able to do stairs if required Ready for safely managing at home Possible discharge home with CCAC physiotherapy and nursing follow up 	Discharge home with CCAC physiotherapy and nursing follow up

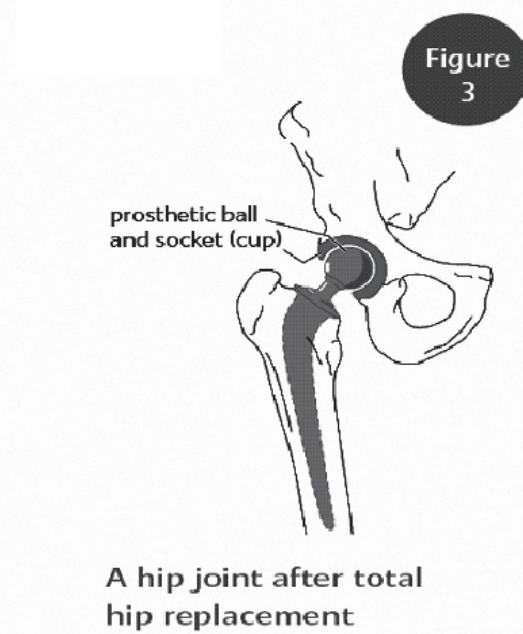
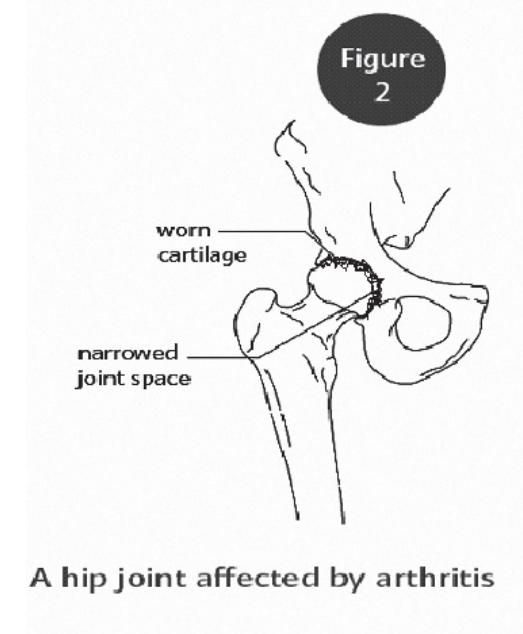
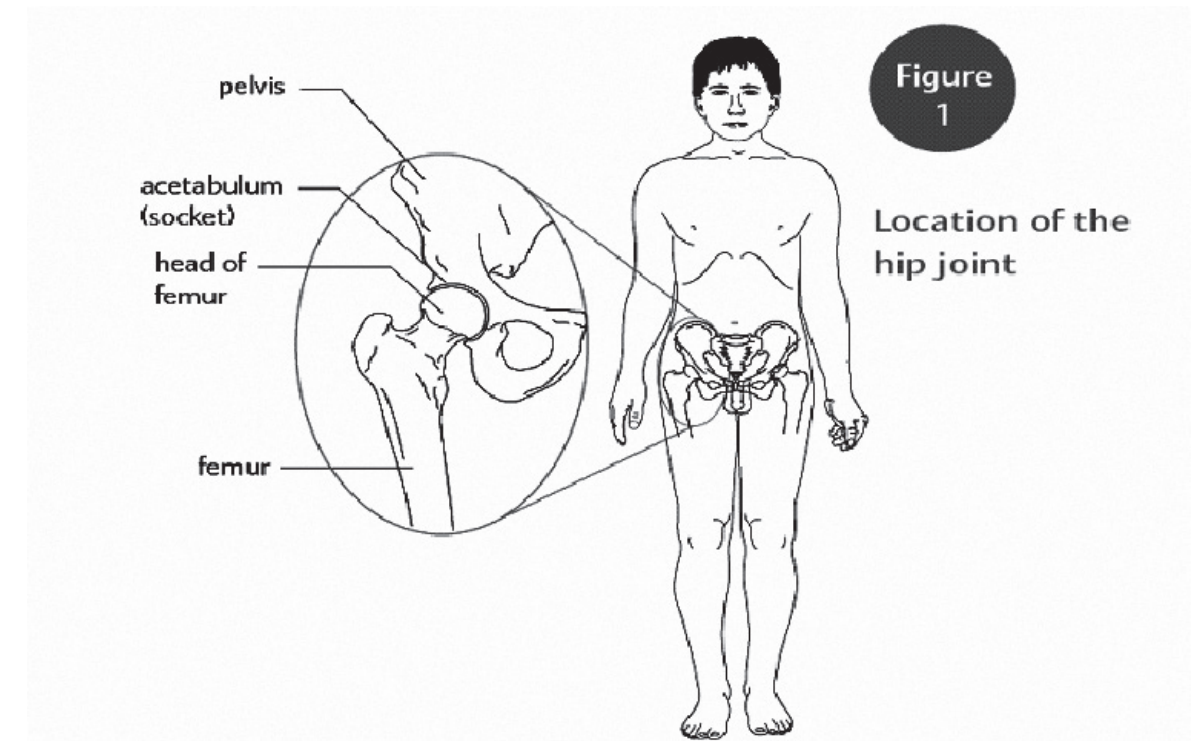
What is a Total Hip Replacement (THR)?

A Total Hip Replacement (THR) is an operation that replaces a hip joint that has been damaged. The joint is replaced with an artificial hip joint called a prosthesis.

Your hip is a ball-and-socket joint where the thighbone or femur (ball) meets the pelvis (socket). This joint is surrounded by cartilage, muscles, and ligaments that allow it to move smoothly. The cartilage is a smooth, shock-absorbing layer that covers the bones and allows the ball to glide easily inside the socket (figure 1; pg. 5).

In a problem hip, the worn cartilage no longer serves as a cushion and exposes the underlying bone (figure 2; pg 5). This causes roughening of the bones and they rub together like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness. The affected leg may become shortened, muscles may become weaker and a limp may develop.

Like your own hip, the prosthesis is made of a ball and socket that fit together to form a smooth joint, so you can walk easily and with less pain. A THR replaces the worn head of the thighbone with an artificial ball on a stem, and an artificial cup replaces the worn socket. The stem is inserted into the thigh bone for stability (figure 3; pg 5).



Preventing Complications and Movement Restrictions

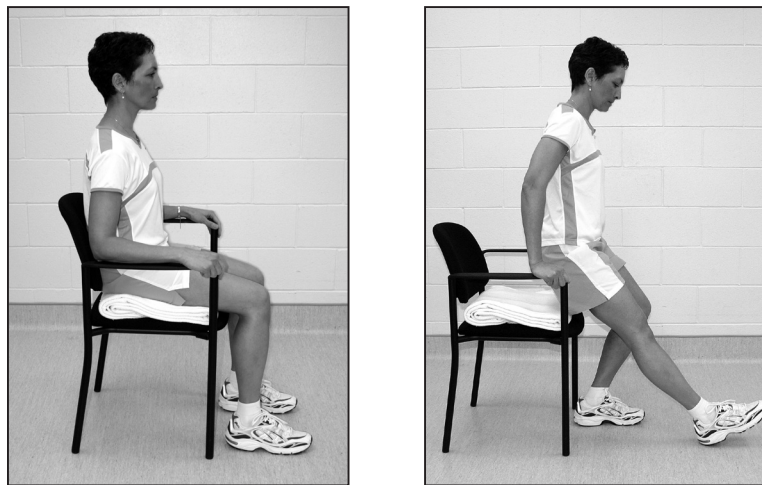
Deep breathing and coughing are things that you can do to prevent pneumonia and congestion in your lungs. The nurses and your physiotherapist will remind you to do this.

Your surgeon usually will start you on a blood thinner (anticoagulant) to prevent clots from forming in your legs. These anticoagulants may continue after you are discharged from hospital. Doing the ankle pumping exercises, wearing compression stockings and walking as soon as possible are also things that you can do to prevent clots from forming in your legs.

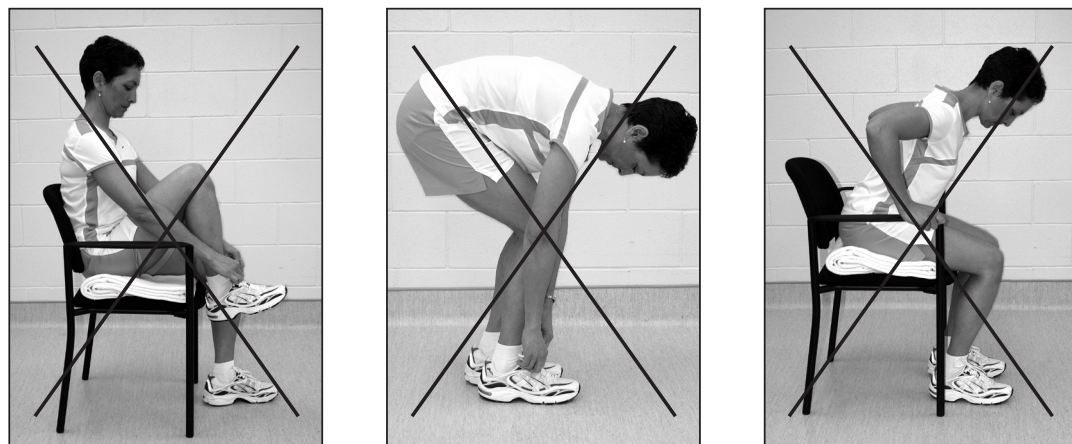
To prevent your new hip from dislocating before the muscles have healed:

Avoid Bending past 90 degrees:

Right



Wrong

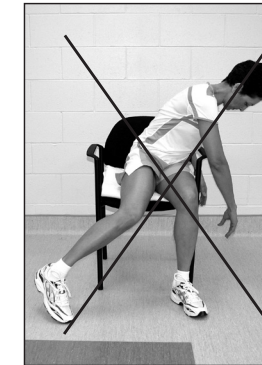
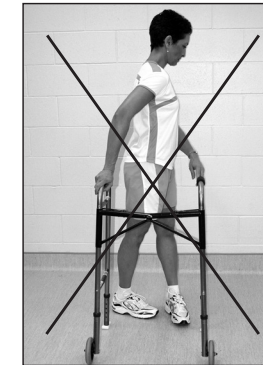


Avoid twisting your leg in or out:

Right



Wrong

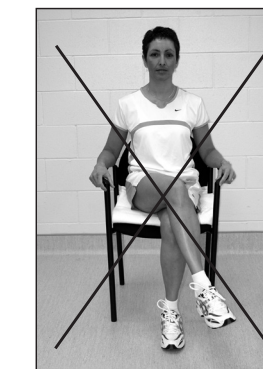


Avoid crossing your legs:

Right

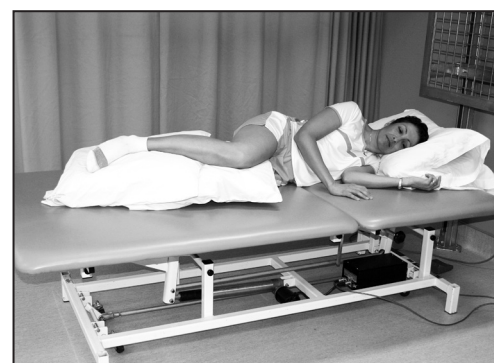


Wrong

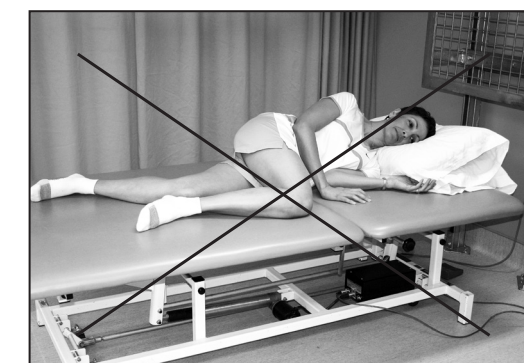


Always keep pillow between knees while lying:

Right



Wrong



Get in shape for surgery:

The physical preparations you make can affect both the outcome of the surgery and your recovery time. Most of these suggestions are common sense, although some may surprise you.

- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.
- If you drink, don't have any alcohol for at least 48 hours before surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Eat well. If you are overweight, your doctor may recommend a weight loss program.
- Complete exercise program provided by the physiotherapist, 3 times a day.

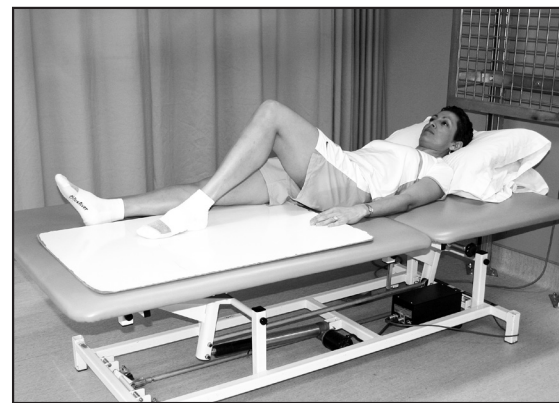
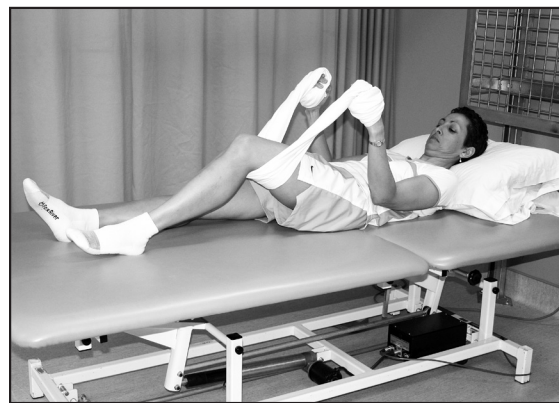
Preoperative Exercise Program

This exercise program should be completed 2-3 times daily before surgery to increase strength and movement of your hip joint.

1. Hip and Knee Bending

Lie with the head of the bed slightly up, wrap a towel under your operated leg. Pull up on the towel to slide your heel towards your buttocks. Keep your heel on the bed.

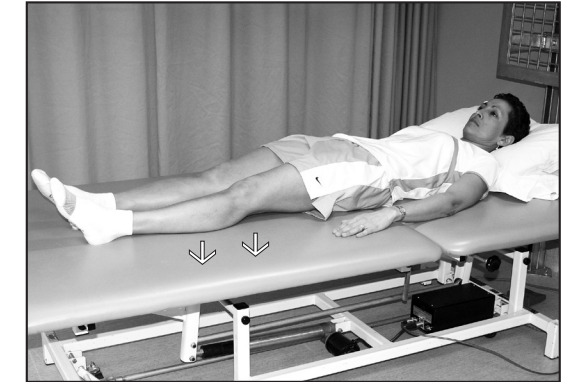
Hold 5 seconds, 10-20 times



2. Isometric Hamstrings

Press your whole operated leg into the bed. Feel the muscles in your buttock and operated leg tighten.

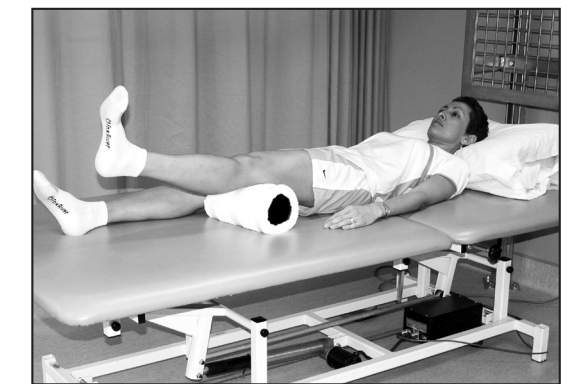
Hold 5 seconds, 10-20 times



3. Quadriceps Strengthening Over a Roll

With a towel roll under the knee of the operated leg, lift your heel off the bed. Make sure that your thigh does not come off the roll.

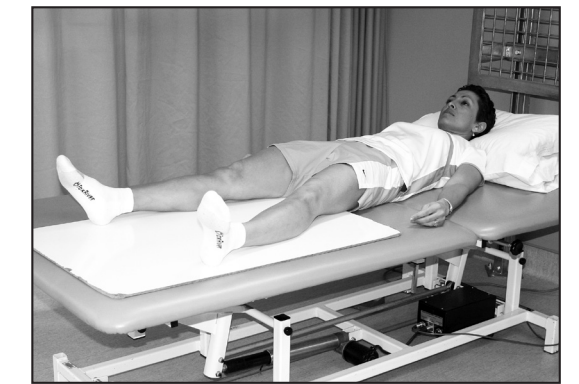
Hold 5 seconds, 10-20 times



4. Hip abduction

Slide the operated leg sideways in bed, keeping your leg pressed on the bed. Keep the kneecap and toes pointing up to the ceiling. Always keep your legs apart.

Hold 5 seconds, 10-20 times



Preparing for Joint Replacement Surgery

Weeks before your surgery:

During the weeks before your surgery, many people will be asking about your insurance coverage, medical history and legal arrangements. If you have everything written down, you can reduce your frustration and speed the process. The following information will be of help:

- Arrange for a buddy or coach usually a family member or close friend who will be educated to assist you with recovery and rehabilitation. The coach should attend the pre admission visits with the nurse and rehabilitation staff. The coach should be available to help with exercises and any other small needs for about one week after discharge from hospital.
- Choose a designated family member or friend to act as your primary contact to receive information from the doctor and health care team and to provide it to other family members and friends. Your coach could be that same person.
- A list of medical conditions and all previous operations, including those that are not bone-and-joint operations.
- A list of all the medications you currently take on a regular basis. Copy the name of the medication, the dosage and the frequency (daily, twice a day, etc.) from the prescription bottle. Don't forget to include vitamin and mineral supplements or other over-the-counter medications you take regularly. Your doctor may advise you to stop taking certain medications or supplements a week or two before your surgery.
- A list of any allergies or adverse reactions you've had to drugs or anesthesia in the past. Provide the name of the drug, why you were taking it, a description of your reaction and when this happened.
- Any dietary restrictions or other health problems you have, such as diabetes, asthma, HIV or hepatitis.
- A list of your insurance coverage, including the name of the insurance company, the plan or group number and contact information. Be sure to bring your Health Card, Status Card and insurance cards to the hospital with you.
- Information about any legal arrangements you've made, such as a living will or durable power of attorney. Bring a copy of the documents with you to the hospital.
- If you will be donating your own blood for the surgery, donation times should be scheduled at least one week apart, beginning about six weeks and ending approximately five days before your surgery. During this time, you should be especially careful to eat properly and take a daily iron supplement.
- If you are also planning dental work such as extractions or periodontal treatments, schedule them well in advance of your surgery. Do not schedule any dental work, including routine cleanings, for several weeks after your surgery.

Day before your surgery:

The 24 hours before your surgery will be busy. Use this checklist to make sure you don't forget anything.

- Take a shower or bath the night before your surgery. Give your affected leg extra scrubbing. This will help reduce the risk of infection.
- Do not shave the area of the surgery. If this is necessary, the doctor will take care of it.
- Do not wear any make-up, lipstick, nail polish or body piercing items.
- Do not eat or drink anything after midnight the night before surgery.
- A pair of comfortable, well fitting shoes with non-skid soles
- Shorts or loose fitting jogging pants
- Walker, cane(s) or crutches if you have them (with your name label on it)
- Copies of your insurance cards, Health Card, Status Card, advance medical directives and medical history
- A list of any medications you regularly take
- Personal care items such as a hair brush, denture case, tooth brush, tooth paste, soap, eyeglass case, contact lens case
- Leave your cash, credit cards and jewelry at home
- Reacher, sock aid, shoe horn.

Following surgery:

- You will wake up in the Recovery Room where you will stay until you are awake and medically stable.
- You will be checked often by the nurse to make sure that you are comfortable and doing well. The nurse will monitor your ability to move your legs, wiggle your toes and feel sensation in your legs and feet. Your heart rate, blood pressure and hip dressing will also be checked.
- You will be reminded to deep breathe and cough and do your leg and ankle exercises. Try to remember to do these every hour, it will help prevent complications.
- Your family can visit with you when you are transferred to your in-patient bed,
- You will be getting out of bed with help on the evening of your surgery day.

Immediate Postoperative Exercises

You may begin the following exercises immediately after your surgery, as they are important for:

- Helping to prevent complications with your breathing
- Helping to prevent blood clots in your legs
- Increasing your circulation

1. Deep Breathing and Coughing Exercises

Until you are up and moving well take at least 10 deep breaths, followed by a cough, every hour that you are awake.

2. Ankle pumping:

Move your feet up, down and in circles. Repeat 50 times every hour that you are awake.



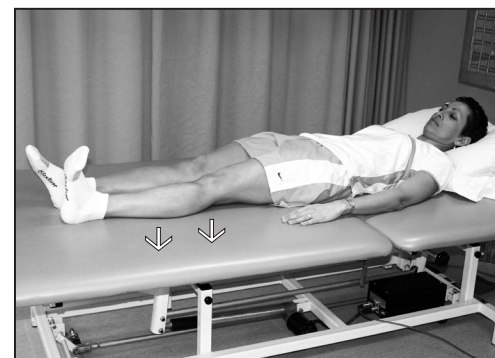
3. Buttock Contractions

Tighten your buttock muscle and hold for a count of 5 seconds. Repeat 10 times, 3 to 4 times each day.



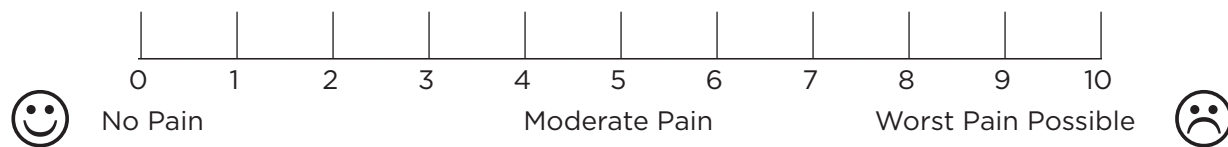
4. Static Quadriceps Strengthening

Tighten the muscle on the front of your operated thigh by pressing your operated leg into the bed. Hold 5 seconds, repeat 10 times, 3 to 4 times each day.



Pain Control

After surgery, your doctor, nurses and physiotherapists want to make your recovery as pain free as possible. Only you know how much pain you have. Don't wait too long. It is important for you to tell your nurse if you have pain and if the pain management prescribed for you is working. When you tell the nurse about the pain, use the following scale to describe the pain.



There are different ways for pain to be controlled. The nurses will assess and offer you pain medication regularly. It is easier to control the pain if it is tackled early. Talk with the doctors and nurses about pain control methods that have worked well or not so well for you in the past.

The following are some of the ways of relieving pain that your doctor may prescribe:

- Various pain medications will be given to you by either intravenous, pill, injection and/or suppository.
- Patient Controlled Analgesic (PCA). A pump that is attached to your intravenous delivers the pain medication to you. The pump allows you to get medicine when you need it by pressing a button on the hand set.
- Epidural Medication. An injection into your spinal column during surgery that will give you pain relief for hours after your surgery.
- Ice pack to the affected hip.

The goal of pain control is:

- To reduce the amount and intensity of your pain.
- To help you enjoy greater comfort while you exercise and heal, regain good hip movement, do your deep breathing exercises and get your strength back more quickly.
- To prevent the complications that can come from inactivity.

Learning To Move

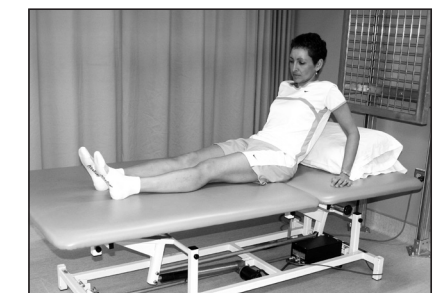
Weight Bearing

Weight bearing is the amount of weight that the doctor wants you to put on your new hip. There are three different amounts. Your Surgeon will determine how much weight to put on your operated leg.

- Feather or touch weight – Your toes touch the floor enough to help you balance through the operated leg. Do not put any weight on it.
- Partial weight bearing – Only a certain amount of weight can be put on your operated leg. Your physiotherapist will help you learn how much.
- Weight Bearing as Tolerated- Stand as straight as you can with your weight even through your legs. You are allowed to put as much weight (on your operated leg), as you feel comfortable with.
- Full weight bearing - You can put full weight, or as much as you can tolerate when standing or walking.

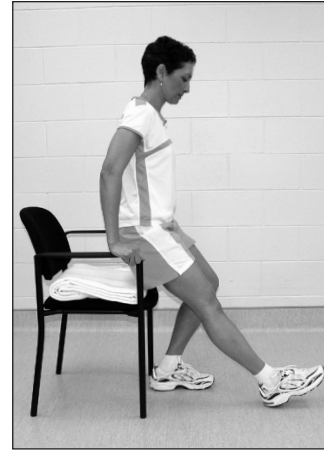
Getting in and out of bed

1. Sit down on the bed in the same manner as you would sit in on a chair.
2. Slide your buttocks backward until your knees are on the bed.
3. Pivot on your buttocks as you lift your legs onto the bed.
4. Use a pillow to keep your legs apart when lying in bed.
5. Reverse the procedure to get out of bed.



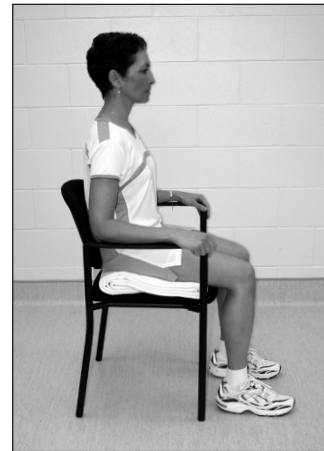
Standing up:

1. Move your buttocks to the edge of the bed or chair so that your feet are flat on the floor.
2. Bend your non-operated leg under you to hold your body weight.
3. Keep your operated leg straight out in front of you.
4. Do not bend forward.
5. With your hands, push off the surface you are sitting on. Put most of your weight on your non-operated leg.



Sitting down:

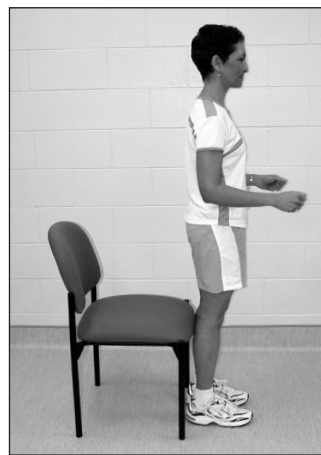
1. Sit on a firm, straight back chair with arm rests.
2. Sit in chairs higher than knee height.
3. Do not sit on soft chairs, rocking chairs, sofas or stools.



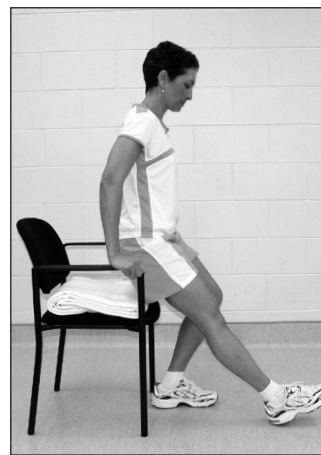
To sit down:

1. Feel for the chair or bed with the back of your legs.
2. Reach for the armrests.
3. Lower yourself down keeping the operated leg straight out taking the weight on your good leg.
4. Do not bend forward.

Step 1



Step 2



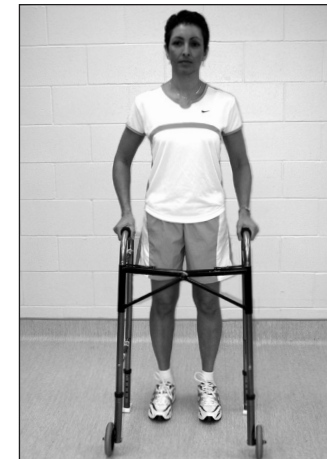
Step 3



Using a Walker or Crutches:

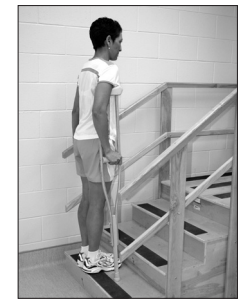
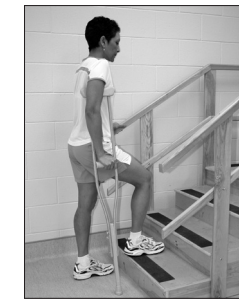
Stand up tall and look ahead while you walk.

1. Move the walker or crutches forward first followed by your operated leg. Then move your good leg forward.
2. Put your weight on the walker or crutches to take the weight off your operated leg when you step onto it. Follow your own weight bearing instructions when using a walker or crutches.



To go up the stairs:

- Keep the cane/crutches with the operated leg.
- Start close to the bottom step, and push down through your hands.
- Step up to first step, the non-operated leg goes up first.
- Step up to the same step with the operated leg and crutches, putting only the advised amount of weight through your operated leg.



To go down stairs:

- Start at the edge of the step.
- Bring the cane/crutches and your operated leg down to the next step.
- Use upper body strength to support your weight and keep your balance.
- Step down to the same step with the non-operated leg, putting only the advised amount of weight through your operated leg.



Check your balance each time before proceeding to the next step.

How to Manage Stairs

While you are in hospital, your physiotherapist will teach you how to climb stairs.

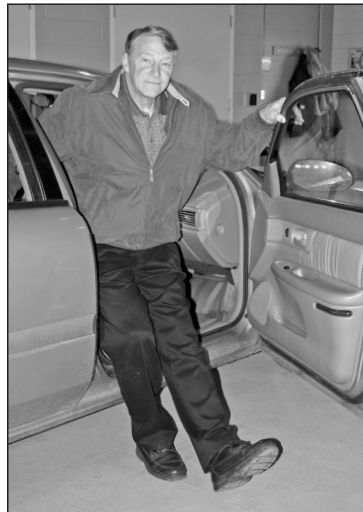
1. A handrail will make things easier and safer for you. Simply place one hand on the railing, and hold both crutches on the other side of your body.
2. If no handrail is available, use one crutch on each side of your body. Follow the same sequence as above.
3. As your knee range of motion and strength improves you will eventually be able to resume "normal" stair climbing

Getting into a car:

Move the seat back as far as it goes, and recline it slightly. Reclining the back of your seat will help you keep your operated hip straight when bringing your legs into the car.

1. Back up close to the seat and place one hand on the back of the seat and one hand on the dashboard for support. Do not hold on to the door.
2. Sit down slowly keeping your operated leg straight.
3. Slide back as far as you can go. Swing your legs in, bending your knee to a comfortable position.

Tips: Adding a firm cushion on the seat will also help you keep your operated hip straight and will help you get in and out of the car easier. You can also put a plastic bag on the seat to help you move easier.



Looking After Yourself at Home

Adaptive Equipment Used

(Refer to the vendors list on pg 21 for places to purchase the equipment below)

Bath Aid—Can assist to help you bathe safely & maintain precautions. There are several options available, your OT can assess to determine what will meet your needs.



Long-handled bath sponge—To assist you with washing your lower legs and feet. The long-handled bath sponge is useful to avoid bending. You can also wrap a towel around the sponge to help with drying off.



Raised toilet seat- To use on your toilet at home to reduce stress on your hips and knees and maintain appropriate seating height.



Seat cushion—May be needed on a chair to elevate the seat to the appropriate height so your feet are flat on the floor and your knees are in line or lower than your hips.



Reacher—To help pick up dropped items, assist with lower body dressing, underwear, pants.



Sock Aide—Use to put on sock.



Long-handled shoehorn—The handle on this shoehorn has been extended to avoid bending when putting on your shoes. Place the shoehorn inside the back of your shoe and push your heel down into the shoe.



Elastic shoelaces—These rubber/rayon laces provide firm support yet, stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.



Vendors List

Thunder Bay Locations

Shoppers Home Health Care
285 Memorial Ave
1-807-345-6564
1-800-465-3986

Canadian Red Cross
111 Johnson St.
1-807-684-9693

Superior Home Health Care
977 Alloy Drive, Unit 7
1-807-623-9110
1-888-625-5568

Out of City Locations

Fort Frances
Shoppers Home Health Care
540 Kings Hwy
1-807-274-7062
1-800-347-6448

Dryden
Shoppers Home Health Care
325 Government St
1-807-223-2900
1-888-294-8056

Kenora
Shoppers Home Health Care
702 Lakeview Plaza
1-807-468-4244
1-807-263-1008

Timmins
Shoppers Home Health Care
217 Algonquin St. E.
1-705-264-4311

Medichair
205 Commercial Ave
1-705-264-2299

Equipment may also be available at your local pharmacies. Check your telephone directory for locations nearest you.

Daily Activity Guidelines

Below are some guidelines to make your daily activities easier and safer by using the adaptive equipment mentioned.

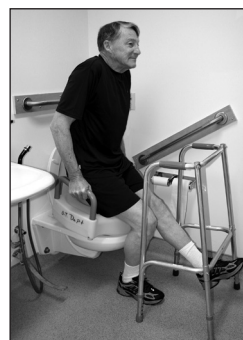
Bathing/Showering:

- Use long-handled bath sponge and hand held showerhead to wash your legs and feet.
- Your therapist will show you how to use an appropriate aid in the bathtub or shower stall.
- Use a rubber bath mat and/or grab bars for support and safety when you get in and out of the tub.



Toileting

- Use a raised toilet seat at or above knee height.
- Sit using the proper seating technique described earlier.
- Do not twist your trunk to wipe, instead reach behind.



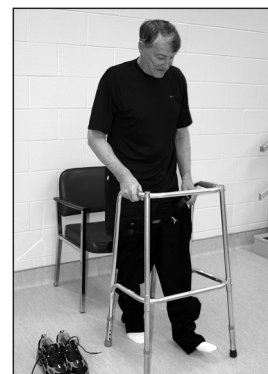
Lower Body Dressing: Underwear, Socks and Shoes

Helpful hints:

- Gather your socks and shoes, dressing aids, and walker. Place them within easy reach.
- Sit on a high firm chair.
- Wear proper fitting comfortable clothing.
- Always dress your operated leg first and undress it last.
- Use devices such as a reacher, long-handled shoe horn, sock aid and elastic shoelaces.

How to put clothes on:

1. Lay out your skirt, pants, or underwear as you normally would.
2. Sit down. Use the reacher to pinch the waist of the garment.
3. Lower the garment to the floor. First, slip it over the operated leg. Slip it over the other leg.
4. Use the reacher to pull the garment up and over your knees.
5. Stand up, with your walker in front of you. Be sure to keep your balance.
6. Pull the garment up over your hips.
7. Sit down to button or zip the garment.

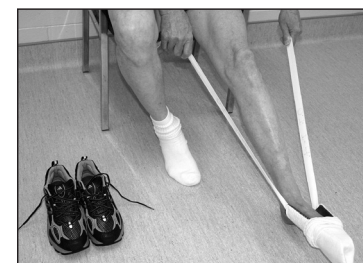


How to take clothes off:

1. Sit down to unbutton or unzip your garment.
2. Stand up, with your walker in front of you. Be sure to keep your balance.
3. Pull the garment down over your hips.
4. Push the garment down and over your knees.
5. Sit down.
6. Lower the garment to the floor using your reacher. Slip it over your unaffected leg first. Slip it over your operated leg.
7. Use reacher to pick up the clothes.

Socks:

1. Place the sock aid into your sock or stocking.
2. Make sure the heel of your sock is at the back of the sock aid.
3. Hold the sock aid by the straps with both hands. First, start with the foot of the operated leg. While holding the straps, drop the sock aid to the floor in front of the foot on your weaker leg.
4. Slip your foot into the sock aid. Pull on the strap to pull the sock aid onto your foot. Pull until the sock is up your leg. Keep pulling until the sock aid comes out of your sock.
5. Follow the same steps to put a sock on the other foot.



To Remove Socks:

1. Hold your reacher. Slide or push down your sock along the back of your leg or heel.
2. Use your reacher to pick up your socks from the floor.

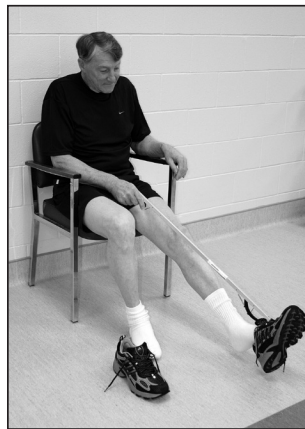


Shoes

It is important to have proper fitting shoes that support your ankles. Elastic shoelaces will make tying your shoes unnecessary.

To put on shoes:

1. With your reacher, pinch the tongue of the shoe.
2. Use the reacher to line up the shoe with your toes. Slide your foot into the shoe. You may want to use a long-handled shoe horn in the back of your shoe.



To take off shoes:

Use your reacher, or long-handled shoe horn to push your shoe off from your heel.

Note: Your therapist may tell you other ways to dress and undress, based on your needs.



Exercise:

- Continue with your exercise program at home as instructed.
- Keep exercise times short, but frequent.
- Do not sit for more than one hour without standing or stretching.
- Put a pillow between your legs when lying on your side.

Tips to Make Your Home Safer & Prepare for Recovery

This list identifies adaptations that can prevent accidents and increase your independence.

General:

- Arrange for someone to have outside path ways cleared.
- Remove items that clutter the floor to prevent falls.
- Install light fixtures or floodlights to illuminate entrances, steps and walkways.
- Ensure your home is well lit with night-lights if you go to bathroom at night.
- Carry a portable phone with you as you move from room to room.
- Have a list of emergency numbers near the telephone.
- Ensure that you have smoke alarms that are functioning properly.
- Arrange for some assistance with housekeeping (e.g. vacuuming).

Preventing Falls:

- Wear non-skid supportive shoes. Shoes that lace up are good.
- Keep your home free of clutter so that it is easy to move around furniture. There should be no scatter rugs.
- Plan ahead before moving. Concentrate on walking.
- Do not lean on furniture; use your walker, crutches or canes as support.

Kitchen/Dining Room:

- Move food and dishes to shelves/ cupboards that are easy to reach (between chest and knee height).
- Use a cart with wheels to carry items from the counter to the kitchen table or from room to room.
- Use an apron/back pack with several pockets.
- Carry hot liquids in containers with covers.
- Slide objects along the countertop rather than carrying them.
- Sit on a stool when doing countertop tasks.
- Make double portions and freeze meals for easy dinners when you get home.

Living Room:

- Increase the height of your chairs with a solid cushion or with wooden blocks under the legs of your chairs/ sofa.
- Sit on a solid chair with armrests, or sit at the side of a sofa so that you can use the one armrest.

Bedroom:

- Move clothing to cupboards that are at an easy to reach height (between knee and chest height).
- Ensure your bed is an appropriate height for ease of transfer.

Problems to Watch for at Home

Constipation

Because the surgery will make you less active, it is easy to become constipated while in hospital. Your pain medications can also make you constipated. A gentle laxative could help with this. Other things that you can do to help are to drink plenty of fluids, include fibre in your diet, eat lots of fruits and vegetables, and maintain regular exercise.

Skin

Lying in bed puts pressure on parts of your body that are not used to taking pressure for any length of time - buttocks, ankles, elbows, shoulders or ears. The first signs of pressure sores are burning, redness or pain. The best way to prevent skin problems is to move around and avoid lying in bed for long periods of time.

Incision Care/ Staple Removal

As your incision heals, the staples in your incision will need to be removed 12 to 14 days after your surgery. This will be done either in the Surgeon's clinic or your family doctor's office.

Keep the wound clean and dry.

Eating nutritious food will speed healing.

Watch for these signs of infection:

- Increased redness and warmth around the incision
- Swelling or puffiness
- Drainage from the incision
- Increased pain
- Fever

If you have any of these signs, tell your doctor and health professional right away. Bacteria in your blood can get into your new hip and cause infection. You must have any infection treated right away.

Tell your dentist or other doctors that you have had a hip replacement. Your doctors may decide that you need antibiotics before some treatments or dental work.

Recovery from Joint Replacement

- Set up a "recovery center" where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach.
- If you do not already have a parking permit for accessible parking, you may want to apply for a temporary permit several weeks prior to your surgery. Contact the Ministry of Transportation (1-800 268-4686) or www.mto.gov.on.ca for an application.

Basic Rules to Follow for 3 Months After Your Surgery

1. Follow the instructions given about weight bearing when walking. Your physiotherapist will let you know how much weight your doctor wants you to put on your leg.
2. Sit on high, firm chairs only. You will need to make sure you have a high firm chair at home to sit on after surgery.
3. Use tools to help you like a walker, canes, crutches, reaching devices, bathing and dressing aids.

Guidelines On Activities

Dr. Cullinan, Dr. Droll, Dr. Puskas

The following list is a set of guidelines designed and approved by your surgeon to help you following your Total Hip Arthroplasty (THA).

If you have any concerns regarding other activities please consult your surgeon.

Activity	Time (weeks after surgery)
Progression of gait aids	Follow recommendations by surgeon/physiotherapist
Drive a car	6 weeks if operated side
Lying on side	6 weeks but use pillow between legs
Resume sexual activities	After 4-6 weeks and if comfortable, except no hip bending greater than 90°
Use regular toilet seat	After 12 weeks with knees apart but better to use permanent high toilet seat
Sit at bottom of bath tub	Never
Cut toenails	Never
Put on shoes and socks without aid	Never
Swim	As soon as wound heals, 6 weeks. NO butterfly or whip kick
Ride a stationary bicycle with raised seat	After 6 weeks and only following specific instruction from your surgeon/physiotherapist
Ride a regular bicycle	After 12 weeks
Ballroom dancing	When ambulating without a gait aid
Golfing	After 3 months
Weight restrictions	No heavy lifting (50 lbs) for 3 months
Traveling in an airplane	After 6 weeks. Check insurance company policy prior to travel

Some activities **MAY NOT BE** recommended and it is advisable to check with your surgeon before you perform other activities. Examples are: any high impact sports such as horseback riding, court sports (volleyball, basketball, racquet sports), yoga, gardening, bowling.

Some activities are **NEVER** recommended. Some examples are: high impact sports, jogging, tennis, skiing, kneeling, crawling, climbing ladders, bending past 90 degrees, crossing operated leg over unoperated leg or lifting greater than 25-50 pounds.

Guidelines On Activities

Dr. Clark

The following list is a set of guidelines designed and approved by your surgeon to help you following your Total Hip Arthroplasty (THA).

If you have any concerns regarding other activities please consult your surgeon.

Activity	Time (weeks after surgery)
Progress walking to 2 canes	After 2 weeks
Drive a car	After 12 weeks
Lying on side	After 12 weeks
Resume sexual activities	When comfortable except no hip bending greater than 90 ° until after 12 weeks
Use regular toilet seat	After 12 weeks with knees apart
Sit at bottom of bath tub	Never
Cut toenails	After 12 weeks with knees apart
Put on shoes and socks without aid	After 12 weeks
Swim	As soon as wound heals
Ride a stationary bicycle with raised seat	Only following specific instruction from your surgeon
Ride a regular bicycle	After 12 weeks
Ballroom dancing	When ambulating without crutches
Travelling in an airplane	After 6 weeks

Some activities **MAY NOT BE** recommended and it is advisable to check with your surgeon before you perform other activities. Examples are: any high impact sports such as horseback riding, court sports (volleyball, basketball, racquet sports), yoga, golfing, gardening, kneeling, bowling.

Some activities are **NEVER** recommended. Some examples are: high impact sports such as football, jogging, running, tennis, skiing, handball.

Questions to ask your Doctor:

What medications should I continue taking when I am at home?

When should I see my doctor next?

When do I stop taking my anticoagulants?

How long do I continue my exercises?

When can I return to work?

When can I drive my car?

How long do I need to follow restrictions?

Other questions.....

Thunder Bay Regional Health Sciences Centre Total Joint Clinical Pathway Team

We hope this booklet has helped to give you information on your total hip replacement. Hopefully it gives you the answers to your questions, to help alleviate some of your fears and concerns. The information comes from the knowledge and experience of your health professionals. Special acknowledgment to Sunnybrook Holland Orthopaedic and Arthritic Centre for sharing their exercise booklets.

Copyright© 2014 Thunder Bay Regional Health Sciences Centre

All rights reserved by Thunder Bay Regional Health Sciences Centre with permission from Sunnybrook Health Sciences Centre.

No part of this publication may be reproduced or transmitted by any means, including photocopying and recording, or stored in a retrieval system of any nature without the written permission of:

Thunder Bay Regional
Health Sciences Centre
980 Oliver Road
Thunder Bay, Ontario
P7B 6V4
(807) 684-6000
www.tbrhsc.net

