

Outpatient Direct Anterior Hip Replacement



Anterior Approach Total Hip Replacement – Patient Readiness Checklist

- You will be discharged from hospital on the same day as your hip replacement. In order to be well prepared for your surgery, please follow this checklist.

Once you know your surgery date:

- I have read the patient education book. I understand the information and have shared it with my family or friends.
- I have someone to help with groceries, meals, laundry, pet care and housekeeping for at least 2 weeks after I get home.
- I have made plans to stay with family or friends if I live alone and have no help.
- 1-2 weeks before surgery:
- I have made plans to be picked up from the hospital when I meet discharge criteria.
- I have made arrangements for my walking aid such as crutches or a walker.
- I have made plans for transportation to my follow up appointments.

Day before surgery:

- I have packed a small bag with my personal items (scent free) that I will need while in the hospital. These items include: my patient education book, a pair of non-slip shoes or slippers with backs (one size larger), comfortable clothes – loose pants, t-shirts.
- I have ALL of the equipment that I will need and practiced using my walker or crutches.

Do you need help with transportation? Please see the information for your community in the Patient Education Book that you have been provided. If you are using Lift+, it takes two weeks to process an application for temporary eligibility.

For more information visit:
www.rjac.ca

(modified from: SURG-136 Total Hip and Total Knee Checklist)

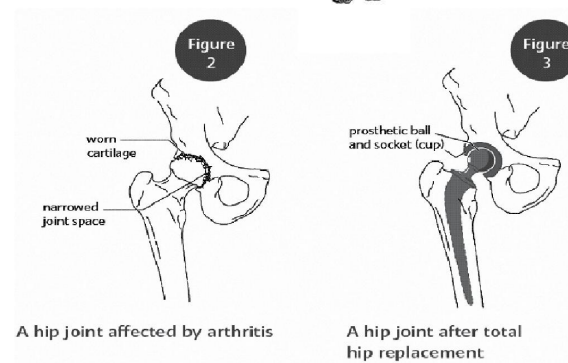
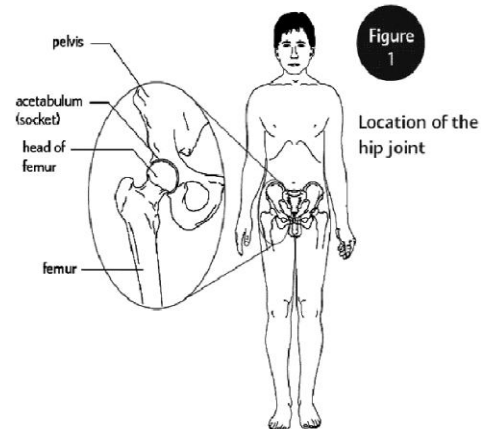
You will have a total hip replacement using the Direct Anterior approach. During this surgery, we will make an incision (cut) along the front of your hip to access your joint. The following instructions add to any information that your surgeon, nurse and physiotherapist give you.

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). In a problem hip, the cartilage becomes worn and no longer serves as a cushion for the underlying bone. 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.



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, do not 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 the pre-operative exercise program as directed by your physiotherapist, 3 times a day.
- Practice using your new equipment such as a walker, crutches, etc.
- Practice going up and down the stairs with a cane or crutches.

Tips to Make Your Home Safer & Prepare for Recovery

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

Kitchen/Dining Room:

- Move food and dishes to shelves/cupboards that are easy to reach.
- 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 healthy meals for easy dinners when you get home.

Living Room:

- 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 to get in and out easily.

General:

- Arrange for someone to have outside pathways cleared, lawn care and snow removal.
- 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, laundry).
- Identify grocery and pharmacy delivery service if available and as required.

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.
- Keep exercising regularly.

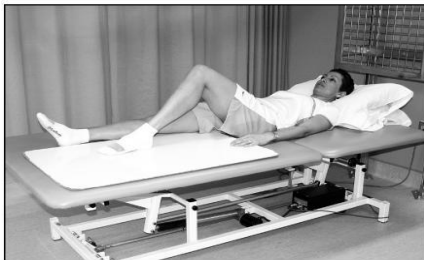
Preoperative Exercise Program

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

Wrap a towel or sheet under your 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. Hamstring and buttock strengthening.

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

Hold 5 seconds, 10-20 times



a Roll
of your
leg, into your heel on the bed. Straighten

your knee as much as possible. Make sure that you keep the back of your knee on the roll.

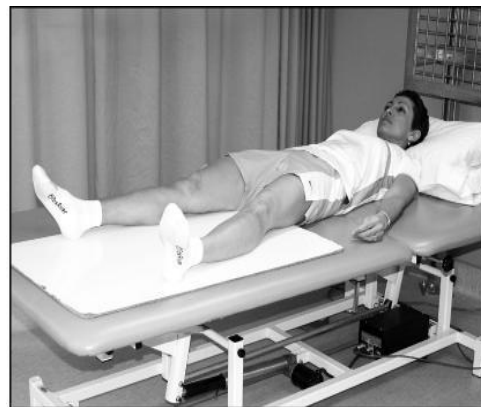
Hold 5 seconds, 10-20 times



4. Hip abduction

Slide your operated leg out to the side, keeping your leg flat on the bed (no lifting). Keep the kneecap and toes pointing up to the ceiling. Slide your leg back to the starting position.

Hold 5 seconds, 10-20 times



5. Standing hip flexion:

Stand with support for balance; bend your hip by lifting your knee towards your chest.

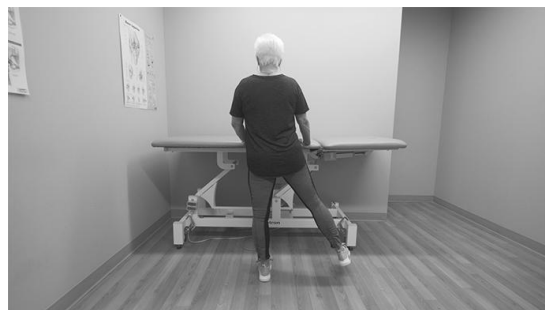
Hold for 5 seconds. Slowly lower your leg. Repeat 10-20 times.



6. Standing hip Abduction:

Stand with support for balance; lift your leg out to the side while standing tall. Keep your hips level. Keep your upper body straight and toes pointing forwards.

Hold for 5 seconds. Slowly lower your leg. Repeat 10-20 times.



7. Standing step hip extension stretch



Standing, holding onto a chair for support if needed. Step forwards and slowly bend the knee on the leg you are not having surgery on. Be sure to keep both feet flat on the ground. Hold for 30 seconds. Return to the starting position. Repeat 3-5 times. Challenge yourself to take bigger steps forwards to increase the amount of stretch your leg feels.

8. Laying on back hip extension stretch



Caution – this exercise is not recommended if you have had a previous hip replacement surgery.

Start laying on your back with your knees hanging off the end of the bed. Take the knee of the leg you are not having surgery on into your hands and bring up to your chest. Allow the leg remaining on the bed to relax as much as possible. You should feel a stretch

around the hip you are planning to have surgery on. Hold for 30 seconds. Repeat 3-5 times.

PLEASE NOTE: If you have knee pain or this stretch gives you knee pain try grabbing under behind your knee instead. Also be cautious if you have low back pain or if this stretch makes your back hurt do not continue to do this stretch.

9 Thigh muscle stretch



Laying on your side that you are not having surgery on. Bend the knee of the top leg and grab it in your hand as in the picture. Try to bring your leg as much behind you as possible.

Hold 30 seconds. Repeat 3-5 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 taught to assist you with recovery and rehabilitation. They will be the primary contact to receive information from the doctor and health care team and to provide it to other family members and friends. The coach should attend any pre-operative appointments with you. The coach should be available to help with exercises and home management activities for about one week after discharge from hospital.
- A list of medical conditions such as diabetes, asthma, HIV or hepatitis; any dietary restrictions, allergies or sensitivities, 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.
- 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 power of attorney for health care. Bring a copy of the documents with you to the hospital.
- 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.
- **You will require a walking aid to go home with on the day of your surgery. Arrange to borrow, rent or buy a pair of crutches or a standard four point walker.** Practice using your walking aid before your surgery so you are familiar with how to use it. There is a section later in this book that reviews using a walker or crutches.

Day before your surgery:

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

- It is important to clean your skin as well as possible to lessen the chance of infection. Using a chlorhexidine soap purchased from our gift shop or an antibacterial soap (ie Dial) take a shower or tub bath the night before and the morning of surgery. Cleanse the area where you are having the

operation by rubbing it with soapy water for 5 minutes.

- 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.

Items to bring to the hospital include:

- A pair of comfortable, well-fitting shoes with non-skid soles
- Shorts or loose fitting jogging pants
- Copies of your insurance cards, Health Card, Status Card, advance medical directives and medical history
- A list of any medications you regularly take
- Your patient education booklet
- Walker or crutches with your name label on it
- Leave your cash, credit cards and jewelry at home

Morning of your surgery:

- It is important to clean your skin as well as possible to lessen the chance of infection. Using a chlorhexidine soap purchased from our gift shop or an antibacterial soap (ie Dial) take a shower or tub bath and cleanse the area where you are having the operation by rubbing it with soapy water for 5 minutes.
- You will arrive at the hospital at the designated time.
- You will be prepared for surgery in the Surgical Day Care Unit.

- The nurse will assess and review your preparation.
- Before surgery, the nurse will start IV antibiotics to prevent infection.

Following surgery:

- You will wake up in the Recovery Room where you will stay until you are 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.
- The physiotherapist will see you before you are discharged home to review the exercises, provide instruction on how to safely use crutches or a walker, and how to go up and down the stairs.

Signs and Symptoms:

Report any of the following symptoms to your surgeon right away:

- If you experience sudden shortness of breath and/or sharp chest pain that is worse with a deep breath or cough, **you should present to your closest emergency department or call 911.**
- The edges of the incision site (wound) are very red.
- There is pus (thick, white or green substance) coming from the wound.

- There is a large amount of bloody discharge leaking from your dressing.
- You have a fever (temperature of 38.5°C (101.3°F) or higher).

The following symptoms are normal after surgery:

- **Pain/discomfort** - To relieve pain, take your pain medicine as directed (see **Medicine**).
- **Swelling** - You may have swelling for the first 4 to 6 weeks after surgery.
- Use ice or a cryo-compression device on your hip at least 4 to 6 times a day, starting immediately after your surgery (day 0). You can continue to use ice for up to 2 weeks.
- Do not use ice for more than 10 to 15 minutes at a time.
- Do not apply the ice directly on your skin. Place a towel or cloth between the bag of ice and your skin.

Numbness- You may experience numbness on the outer part of your thigh. This is normal. It may take up to one year to fully or partially resolve.

Medicine:

Pain medicine:

- After your surgery, you will be taking a strong pain medicine (such as a narcotic) by mouth. We will give you a prescription for this pain medicine. Please take this medicine **ONLY** as directed.
- After 3 to 7 days, take the prescription pain medicine less often so that you gradually wean off of it.
- If you still feel some discomfort after you are off of the prescription pain

medicine, you may switch to an over-the-counter pain medicine, such as Tylenol®.

Blood thinners:

- You may be prescribed an oral or injectable blood thinner to use shortly after your surgery.
- **Please take as Instructed by your surgeon.** It is critical to take as instructed to reduce your risk for blood clots.
- If you have questions or concerns regarding your medications, please contact your surgeon's office or pharmacist.

Physiotherapy

- After your surgery, you may or may not require physiotherapy. If you do, you will likely only need one to two visits. This referral may be provided to you if required.

Exercise

- The rehabilitation exercise program plays an important role in your recovery. Doing the exercises you are given after surgery will help you walk, regain motion, build strength, and help you reach your post-surgery goals.

Activity

- The most important activity after your hip surgery is walking. For the first 1 to 2 weeks, you may need to use a walker, crutches, or cane. As your walking improves, you may not need any walking aides.

- You may put as much weight on your hip as you feel comfortable, unless instructed otherwise by your surgeon.
- You can gradually increase your activity and range of motion. Let pain be your guide. If you experience pain during an activity stop the activity or try changing the position you are performing the activity in.
Remember, recovery varies from person to person and you may need to adjust how much of each activity you are doing.
- Your surgeon **does not** have any strict restrictions for the movements you do after your surgery. For at least 3 months after surgery it is strongly encouraged that you: **1) do not aggressively twist your surgical leg and 2) do not extend your leg backwards beyond a normal step length.** The activity guidelines that follow in the booklet will help you decide if an activity is right for you.
- Within 4 to 12 weeks, you may return to your day-to-day activities. You may also return to recreational activities such as swimming (if your wound is fully healed), biking, or using an elliptical machine.
- At three months, you may return to golfing, doubles tennis, skiing, weight lifting and other activities as directed by your surgeon.
- We do **NOT** recommend high impact activities, such as running or jumping with a hip replacement.

Diet

- You may eat and drink as you normally would.

Incision Care

- You will have a waterproof dressing on your incision site. Keep the dressing on for 7 days after your surgery. After 7 days, you may remove the dressing. If there is ongoing drainage, reapply the second dressing you were provided with. If at any time the dressing becomes loose, wet or damaged, you may remove it and reapply a new dressing. If you have steri-strips on your surgical incision, leave them in place until they fall off.
- Do not apply any creams or antibiotic ointments to the incision.
- If you have stitches, they will dissolve on their own. You do not need to remove them.
- If you have staples, your surgeon will remove them at your follow-up visit at the Fracture clinic within 12-14 days post-operatively.

Shower/Bath

- The dressing is waterproof and you may shower normally once you are at home without affecting the dressing. After showering, pat the dressing dry with a clean towel.
- If the dressing becomes damaged during the shower, you may remove it, but avoid getting the incision area wet. After showering, pat the incision dry and reapply a new dressing.
- Do not immerse your incision site in water (for example, do not take a bath, go swimming, or use a hot tub) after the surgery until your incision is completely healed.

Driving/Flying

- You will be able to drive when you are no longer taking prescription pain medicine (narcotics) and you are no longer using walking aids. This is usually 2 to 6 weeks after surgery.
- When entering your vehicle, enter with the non-affected hip first when possible.
- You may travel short distances as a passenger. Sitting for too long can lead to stiffness and pain. Let your symptoms be your guide.
- You may travel by plane or long distances 6 weeks after surgery. Please discuss potential risks with your surgeon.

Return to work

- Your surgeon will instruct you on when you will be able to return to work. This may be 1 month after surgery for sedentary work, up to 3 months or more for more rigorous work.

Problems to Watch for at Home

Constipation

Because the surgery will make you less active, it is easy to become constipated after your surgery. 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 change positions frequently and avoid lying in bed for long periods of time.

Keep the wound clean and dry.

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 an infection. You must have any infection treated right away. **Ensure the health professional (even at the Emergency Department) calls your surgeon prior to prescribing any medicine.**

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.

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 weight bearing instructions when using a walker or crutches.



How to Manage Stairs

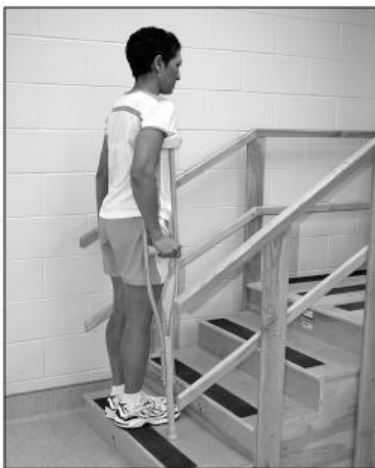
While you are in hospital, your physiotherapist will teach you how to climb stairs.

1. A handrail will make things easier and safer for you. Simply place one hand on the railing, and hold both crutches or cane 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 below.
3. As your range of motion and strength improves you will eventually be able to resume “normal” stair climbing.

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 with the non-operated leg 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.
- Go down one step at a time.

A few quick tips to help with stairs:

- The GOOD gets you UP, and the BAD gets you DOWN.
- The cane/crutch always stay with the operated leg.
- Take your time and ensure you maintain your balance each time before proceeding to the next step.

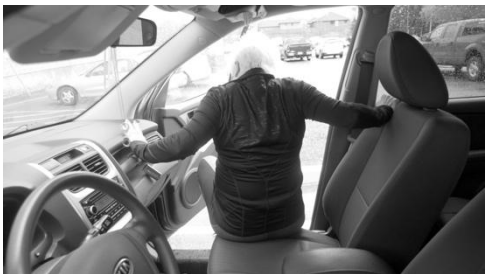
For instructional videos on how to go up and down the stairs, please visit www.rjac.ca



Getting into a vehicle:

Please remember that if you have had an anterior hip replacement, you should not drive for 2-6 weeks post surgery. If you are having any difficulty getting into the car these tips may be helpful.

1. Move the seat back as far as it goes, and recline it slightly.
2. 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.
3. Sit onto the seat and slide back as far as you can go. Swing your legs in, bending your knee to a comfortable position.



Where to shop for equipment to assist you after surgery

Shop for the items that will make your life easier after surgery. This list is subject to change without notice. Please refer to your rehabilitation department for an updated list.

Thunder Bay Locations

Wellwise by Shoppers

285 Memorial Ave
1-807-345-6564,
1-800-465-3986

Superior Home Health Care

977 Alloy Drive, Unit 7 1-807-623-9110,
1-888-625-5568

Motion

1154 Roland St
1-807-622-1877

Medigas

290 water street,
346-7059

Dryden Locations

Dryden – Wellwise by Shoppers

325 Government St.
1-807-223-2900, 1-888-294-8056

Dryden - Medigas Medical

66 Keith Ave, (Mondays)
1-833-274-4204

Motion – by appointment only

807-633-1183 or 807-622-1877

Fort Frances Locations

Sunset Medical

140 Scott St. 1-807-274-0431

Motion – by appointment only

807-633-1183 or 807-622-1877

Kenora Locations

Kenora – Wellwise by Shoppers

605 4th St., Keewatin
1-807-468-4244, 1-807-263-1008

The Borrowing Cupboard

1-807-456-9500

Timmins

Wellwise by Shoppers

70 Algonquin Blvd 1-705-268-689

For other communities please check with your local pharmacy to see if they have the recommended equipment available for purchase.

Recovery from a Joint Replacement

- If you will be needing transportation to your follow-up appointments, check the following services (See Northwesthealthline.ca- Home Health and Community Supports- Transportation- Accessible or Volunteer and Non-accessible)

Transportation list

This list is subject to change without notice. Please refer to your rehabilitation department for an updated list specific to your community.

Thunder bay

Lift +

345-0777

Superior Elder Care

473-1110

Red Cross Senior's Transportation Program

623-3073

Driving Miss Daisy

630-0890

Evi's New Quality Home Care

627-2258

Lutheran Community Care- Social Services Program

345-6062

Indigenous Friendship Centre

345-5840

Atikokan

Atikokan Transportation Program

597-6001

Atikokan Native Friendship Centre

597-1213

Dryden

Red Cross Senior's Transportation Program

223-4751

MyLift

223-3568

Dryden Native Friendship Centre

223-4180

Senior Services

223-5278

Machin Bus

227-2633 ext 28

Fort Frances

Handi Van

274-2612

Community Support Services

274-2244

United Native Friendship Centre

274-8541

Dial-A-Ride

275-9741

Geraldton

Thunderbird Friendship Centre

854-1060

Greenstone - Municipality

Aging at Home Van

Cell 807-853-0766

Office 807-854-1100

Kenora

Handi Transit

468-3295

Community Support-Transportation

468-4562

Ne Chee Friendship Centre

468-5440

Marathon

Senior Services Van

229-1740 ext 278

Red Lake

Community Support-Transportation

727-2277

Red Rock Indian Band

Medical Van 887-2510 ext. 238

Red Rock Township

Red Rock Seniors Medical Van

886-2245

Schreiber-Terrace Bay

Handi Transit

825-3273 ext 0

Terrace Bay Community Health Transportation Pro-gram

825-3315 ext 244

Sioux Lookout

Senior Transportation

738-1844

Sioux Lookout First Nation Health Authority Transportation Services

737-3850

Nishnawbe Gamik Friendship Centre

737-1903

Referrals/Appointments:

You should have a follow-up appointment booked in the Fracture clinic two weeks after your surgery. If you have not received a call from the Fracture clinic with an appointment within 7 days of your surgery, please call them at 807-684-6363. For surgeries performed outside of Thunder Bay this appointment may happen at your local health care centre by OTN Telehealth.

At your follow-up appointment, you will meet your surgeon or an advanced practice physiotherapist.

My follow-up appointment is on:

____ / ____ / ____ (dd/mmm/yyyy)

at _____ a.m./p.m.

For your follow-up appointment, please go to the:

Fracture Clinic

Thunder Bay Regional Health Sciences Centre

984 Oliver Road

You need to check in at admitting first and then drop your patient form off at Fracture clinic (across from Robin's).

My Questions for my Health care team:
