

SURGICAL SERVICES

Lateral Total Hip Replacement



Thunder Bay Regional
Health Sciences
Centre



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District Hospital



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Introduction

Together with your surgeon, you have decided that a total hip replacement is necessary to decrease your pain and increase your function. This booklet will 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 aid of the health care team; will determine how long your hospital stay will be. This may be from 1-2 days.

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 using equipment, such as a walker, as needed.

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.

Discharge Planners/ Social Workers will help you in planning for transfer and discharge from hospital and oversee appropriate contacts with other services or organizations.

Community Care Hospital Coordinator will set up in-home visits with health professionals only if needed. The majority of patients will be required to access out-patient services.

Coach/Buddy is usually a family member or close friend who will be taught 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 other tasks for about one week after discharge from hospital.

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

Pre-admission & Acute Care Stay

	Pre-admission 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 (if needed) • X-ray of hips 	As needed	Lab Tests
Medications	Review the medications that you are presently taking	<ul style="list-style-type: none"> • Intravenous (IV) started • Antibiotics • Pain and nausea medication • Blood thinner to prevent clots • Patient specific medication 	<ul style="list-style-type: none"> • IV • Antibiotic • Pain and nausea medication • Blood thinner • Laxative • Patient specific medication
Treatments	Chlorhexidine Gluconate Soap skin prep the night before and morning of surgery	Wound and dressing care	Wound and dressing care.
Activity	Learn and practice pre-op exercises and walking with walker or crutches (refer to pages in booklet)	<ul style="list-style-type: none"> • Postop exercises as instructed in the pre-op class • Up in the evening with help as needed • Stand at the bedside with help if needed 	<ul style="list-style-type: none"> • Up in raised, safe height chair • Walking with walker with assistance • Deep breathing and coughing exercises • Post op exercises • Shower with help as needed
Nutrition	High fibre diet recommended	<ul style="list-style-type: none"> • Nothing by mouth before surgery • Clear fluids after surgery 	<ul style="list-style-type: none"> • Diet as tolerated • High fibre diet recommended
Teaching	Review <ul style="list-style-type: none"> • Clinical Pathway • Educational needs • Exercises • Restrictions after surgery • Assistive devices and equipment needs 	Review <ul style="list-style-type: none"> • Pain control • Exercise program/positioning • Deep breathing and coughing • Safe transfers • Prevention of dislocation 	Review <ul style="list-style-type: none"> • Pain control • Exercise program/positioning • Deep breathing and coughing • Safe transfers • Prevention of dislocation • Prevention of constipation • Safe use of walker/crutches
Discharge Planning	<ul style="list-style-type: none"> • Discuss discharge and rehabilitation plans • Arrange for: equipment at home; transportation; family/friend support arrange 		Begin preparation for home discharge. Home discharge will occur between 1-2 days after surgery
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 with help if needed 	<ul style="list-style-type: none"> • Pain is managed • Sitting, standing and walking with assistance and equipment as needed

Pre-admission & Acute Care Stay Continued

	Post Op Day 1-2/ Discharge Home
Consults	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapist if needed • Ensure Outpatient Physiotherapy arranged • Arrange Home and Community Care (if needed)
Tests	As needed
Medications	<ul style="list-style-type: none"> • Pain medication • Laxative • Patient specific medication
Treatments	<ul style="list-style-type: none"> • Wound and dressing care
Activity	<ul style="list-style-type: none"> • Up in chair • Walking with walker or crutches • Physio exercises • Stair practice
Nutrition	Usual diet
Teaching	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
Discharge Planning	<ul style="list-style-type: none"> • Confirm if home supports and equipment are in place • Staple removal arranged
Goals	Discharge home Outpatient physiotherapy referral (Appointment already arranged) You will be contacted from the Fracture clinic with your surgeon follow-up appointment in 2 weeks. Staples will be removed at that time.

What is a Total Hip Replacement (THR)?

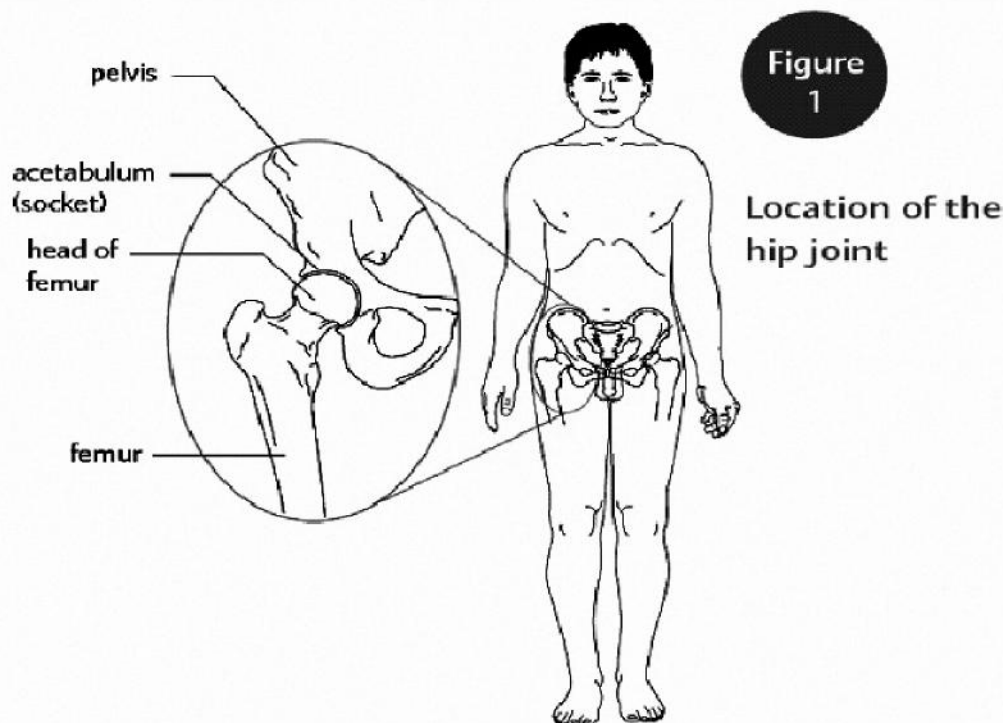
A Total Hip Replacement (THR) is an operation that replaces a hip joint that has been damaged. The joint is replaced with an artificial hip joint called a prosthesis.

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).

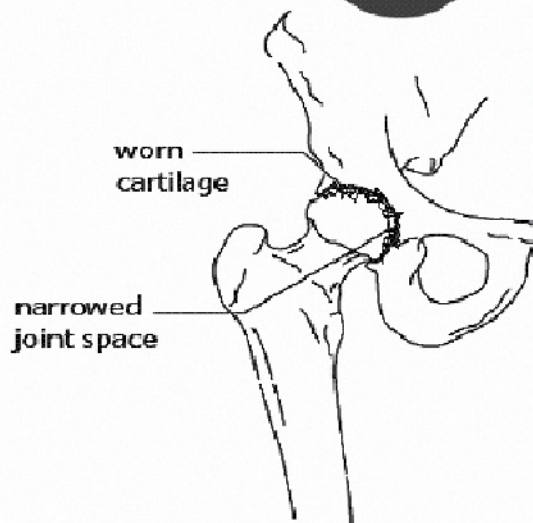
In a problem hip, the cartilage becomes worn and no longer serves

as a cushion and the underlying bone (figure 2; pg 6). 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).

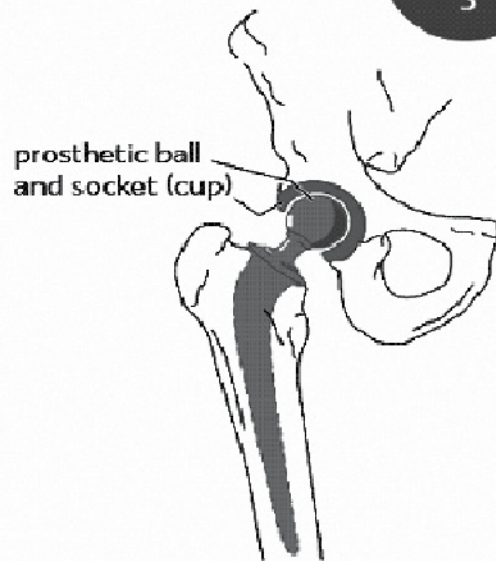


**Figure
2**



A hip joint affected by arthritis

**Figure
3**



**A hip joint after total
hip replacement**

Preventing Complications

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

Your surgeon will usually start you on a blood thinner (anticoagulant) to prevent clots from forming in

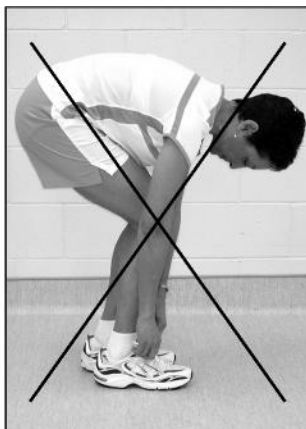
your legs. These anticoagulants may continue after you are discharged from hospital. Doing the ankle pumping exercises and walking as soon as possible are also things that you can do to prevent clots from forming in your legs.

Avoid Bending past 90 degrees:

Right



Wrong

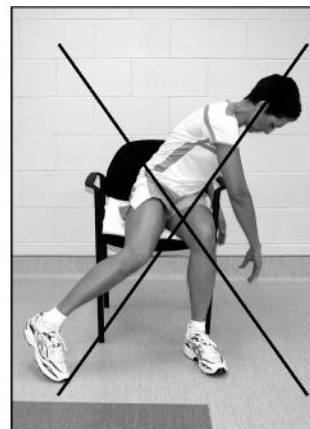


Avoid twisting your leg in or out:

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 pre-operative exercise program as directed physiotherapist, 3 times a day.
- Practice using your new equipment such as walker, crutches, etc.

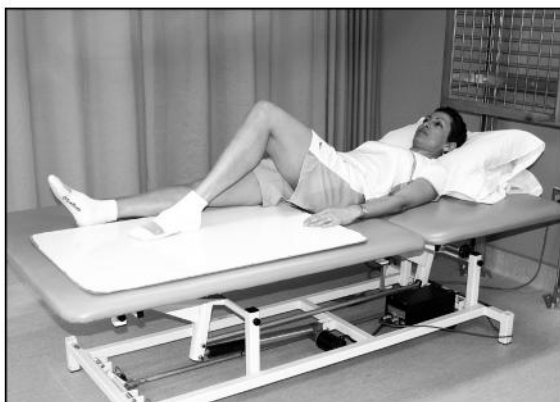
Pre-operative Exercise Program

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. Hamstrings and buttock strengthening

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. Thigh 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 your operated leg out to the side, keeping your leg pressed on the bed (no lifting). Keep the kneecap and toes pointing up to the ceiling. Slide your leg back to the starting position making sure you always keep your legs slightly 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 taught to assist you with recovery and rehabilitation and 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. The coach should attend the pre-admission visits with the nurse and rehabilitation staff. 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 durable power of attorney. 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.

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 wash with Chlorhexidine sponge or antimicrobial soap. 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.
- ☐ Bring a hospital bag. Items in your bag should include:
 - A pair of comfortable, well fitting shoes with non-skid soles
 - Shorts or loose fitting jogging pants
 - Walker, cane(s) or crutches with your name label on it

- Reacher, sock aid, shoe horn.
- 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

Morning of your surgery:

- Wash operative leg with Chlorhexidine Sponge or antimicrobial soap before coming to hospital.
- 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 11

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.

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.

1 2 3 4 5 6 7 8 9 10

 No Pain Moderate Pain Worst Pain Possible 

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.
- An IV pump that delivers the pain medication to you when you need it by pressing a button on the hand set.
- Spinal/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 decrease the amount and intensity of your pain.
- To allow you to do your exercises comfortably and get your strength back more quickly. As you gain back your movement and strength in your hip, your pain will gradually subside.
- To prevent the complications that can come from not moving.

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 teach you how much weight is safe.**
- 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 (Page 14).
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.



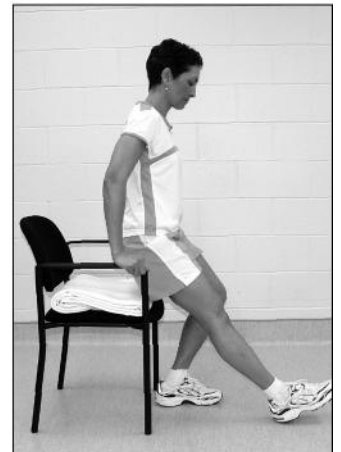
To sit down:

1. Feel for the chair or bed with the back of your legs.
2. Reach for the armrests or seat of the chair.
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



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.

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.



3. As your knee 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, 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.



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 above.

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.

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 make movement easier.



Where to shop for equipment to assist you after surgery

Shop for the items that will make your life easier after surgery. Your list might include a long-handled shoehorn, a long-handled sponge, a reacher, a big-pocket shirt, apron or soft shoulder bag for carrying items around. Some of these items are available at:

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
1-807-346-7059

Out of City Locations

Fort Frances

Sunset Medical

140 Scott St. 1-807-274-0431
Motion- by appointment only
807-633-1183 or 807-622-1877

Dryden

Wellwise by Shoppers (Dryden)

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

Medigas Medical (Dryden)

66 Keith Ave, (Mondays) 1-833-274-4204
Motion- by appointment only
807-633-1183 or 807-622-1877

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. W 1-705-268-6893

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

Adaptive Equipment Used

Bath Aid—will 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—will 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.



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.



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.

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.



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 occupational 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 & General:

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

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 healthy 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 to get in and out easily.

General:

- Arrange for someone to have outside path ways 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).
- 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.

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 and/or sutures in your incision will need to be removed 12-14 days after your surgery. This will be done at your 2-week post-op follow up surgeon visit. The follow up visit may be done in person at TBRHSC fracture clinic, your community hospital visiting specialist clinic or through telemedicine at your community hospital.

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. **Ensure the health professional (even at Emergency) 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.

Recovery from Joint Replacement

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

Transportation List

Thunder Bay Locations

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

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

Kenora

Handi Transit

468-3295

Community
Support-
Transportation

468-4562

Ne Chee
Friendship
Centre

468-5440

Red Lake

Community
Support
Transportation

727-2277

Atikokan

Transportation
Program

597-6001

Atikokan Native
Friendship
Centre

597-1213

Schreiber-Terrace Bay

Handi Transit

825-3273 ext 0

Terrace Bay
Community
Health
Transportation
Program

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

Marathon

Senior
Services Van

229-1740 ext
278

Geraldton

Thunderbird
Friendship Centre

854-1060

Greenstone Municipality

Aging at Home
Van

(cell) 807-853-0766
(office) 854-1100

Red Rock

Indian Band
Medical Van

887-2510 ext 238

Senior MedicalVan
807-886-2245

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. Follow safe seating heights recommended by the Occupational Therapist. This may require using a raised cushion

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, Dr. Marion

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.

Follow recommendations by surgeon or physiotherapist

Progression of walking equipment

After 4-6 weeks (and if comfortable)

Resume sexual activities

*except no hip bending greater than 90 ° until after 12 weeks

After 6 weeks

Drive a car as long as OFF ALL narcotics and are able to brake abruptly

Lying on side of operated hip *BUT use pillow between legs

Ride a stationary bicycle with raised seat only with specific instructions from surgeon

Travelling in an airplane **Check with insurance company policy prior to travel

Swim (as soon as wound heals) *NO butterfly or whip kick

After 12 weeks

Use regular toilet seat *with knees apart but better to use permanent height toilet seat

Cut toenails
*maintaining hip precautions i.e. with knees apart

Ride a regular bicycle

Golfing

No heavy lifting (50 lb) for 3 months

May Not Be Recommended (check with surgeon)

Horseback riding

Court sports (volleyball, basketball, racquet sports)

Yoga

Gardening

Bowling

Cross-country or downhill skiing

At Risk Activities

Sit at bottom of bath tub (Never recommended)

Jogging/Running (never recommended)

Singles Tennis

Kneeling

Crawling

Climbing ladders

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.

When Comfortable

Resume sexual activities

* except no hip bending greater than 90° until after 12 weeks

*Ballroom dancing when ambulating **WITHOUT** crutches

After 2 weeks

Progress walking to 2

After 6 weeks

Travelling in an airplane

Swim (as soon as

After 12 weeks

Drive a car as long as OFF ALL narcotics and are able to brake abruptly

Lying on side of operated hip (Still use pillow between legs)

Use regular toilet seat with knees apart

Cut toenails with knees apart

Put shoes and socks on without aid

Ride a bicycle (stationary bicycle with raised seat only with specific instructions from surgeon)

Never

Sit at bottom of bath tub

Football

Jogging

Running

Tennis

Cross country or downhill skiing

Handball

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.

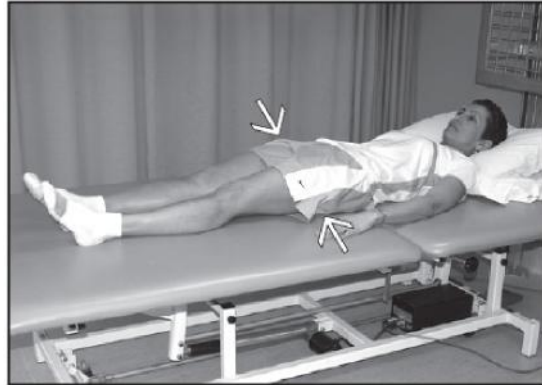
2. Ankle pumping

Bend both ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you and move your feet in circles. Repeat 50 times every hour that you are awake.



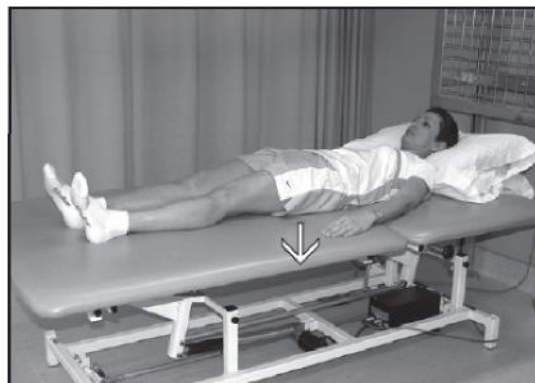
3. Buttock Contractions

Tighten your buttocks muscles by squeezing the muscles together. Hold for a count of 5 seconds. Repeat 5 to 10 times, 3 to 4 times each day.



4. Static Thigh Strengthening

Tighten the muscle on the front of your thigh by pressing the back of your knee down into the bed. Hold for a count of 5. Repeat 5-10 times, 3-4 times each day.



Questions to Ask Your Doctor

You will see the surgeon at 2 weeks, 8 weeks, and 1 year after your surgery OR anytime that you have unexpected pain or symptoms. If a surgeon is not going to be in your community at these time frames, then a telemedicine (OTN) will be booked.

- What medications should I continue taking once I return home from the hospital?
- 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?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thunder Bay Regional Health
Sciences Centre Total Joint Clinical
Pathway Team, North West Local
Health Integration Network (LHIN)
Regional Orthopaedic Program
and North West Regional
Rehabilitative Care Program

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.

Total Hip Replacement and Total Knee Replacement Patient Readiness Checklist



Thunder Bay Regional
Health Sciences
Centre



Ontario
North West Local Health
Integration Network



Lake of the Woods
District Hospital

You will be discharged from hospital day zero to two post surgery. 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.
- ☐ Call your Family Doctor or Nurse Practitioner to arrange staple remove to take place 12-14 days after your surgery.

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 ALL of the equipment that I will need at home based on what my therapist has recommended for me in my

pre-admission appointment. This may include a walker, crutches, dressing aids and possibly a raised toilet seat.

- ☐ I have called outpatient physiotherapy and made an appointment for 3 to 7 days after knee surgery or 2 to 3 weeks after hip surgery.

Publicly Funded Physiotherapy – a list will be provided to you at your pre-admission appointment and can be found at www.rjac.ca.

- ☐ I have made plans for transportation to my physiotherapy and 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 **at home** and practiced using: my walker, crutches, dressing aids and optional raised toilet seat

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 on visit
www.rjac.ca**

Arthroplastie totale de la hanche et arthroplastie totale du genou

Liste de vérification pour la préparation du patient

980, chemin Oliver
Thunder Bay ON
Canada P7B 6V4

Téléphone :
807 684-6000
www.tbrhsc.net



Thunder Bay Regional
Health Sciences
Centre



Ontario
North West Local Health
Integration Network



Lake of the Woods
District Hospital

Vous pourrez sortir de l'hôpital un zéro deux jours après l'opération. Pour bien vous préparer en vue de l'opération, utilisez la liste ci-dessous.

Une fois la date de l'opération fixée

- ☐ J'ai lu le guide du patient. Je comprends les renseignements qu'il contient et je les ai transmis aux membres de ma famille et à mes amis.
- ☐ Quelqu'un m'aidera (épicerie, repas, lessive, soin des animaux de compagnie et travaux ménagers) pendant au moins 2 semaines après mon retour chez moi.
- ☐ Si je vis seul et que je n'ai pas d'aide, j'ai pris des dispositions pour rester avec un membre de ma famille ou un ami.
- ☐ J'ai appelé mon médecin de famille ou mon infirmière ou infirmier praticien pour faire enlever les agrafes de 12 à 14 jours après l'opération.

1 à 2 semaines avant l'opération

- ☐ J'ai pris des dispositions en ce qui concerne TOUS les accessoires qu'il me faudra à la maison selon les recommandations faites par mon thérapeute lors du rendez-vous de préadmission. Il pourrait s'agir d'une marchette, de béquilles, d'aides à l'habillage ou d'un siège de toilette surélevé.
- ☐ J'ai appelé le service de physiothérapie en consultation externe pour qu'on me donne un rendez-vous de 3 à 7 jours après la date de l'opération.
- ☐ **Services de physiothérapie financés par les fonds publics**
– lors de votre rendez-vous de préadmission, on vous remettra une liste, que vous trouverez aussi à www.rjac.ca.
- ☐ Quelqu'un me conduira à mes rendez-vous de physiothérapie et de suivi.

La veille de l'opération

- ☐ J'ai préparé un petit sac contenant les effets personnels (non parfumés) dont j'aurai besoin à l'hôpital. Exemples : guide du patient, pantoufles ou chaussures fermées à semelles antidérapantes (une pointure de plus que ce que je porte habituellement), vêtements confortables – pantalon et t-shirts amples.
- ☐ I J'ai TOUS les accessoires qu'il me faudra à la maison et je me suis exercé à les utiliser : marchette, béquilles, aides à l'habillage et siège de toilette surélevé (facultatif).

Avez-vous besoin d'aide en matière de transport? Dans le guide du patient qu'on vous a fourni, consultez les renseignements concernant votre communauté. Si vous utilisez le service Lift+, il faut 2 semaines pour traiter les demandes d'admissibilité temporaire.

www.rjac.ca