

Huron Perth Healthcare Alliance

Total Hip Replacement Handbook



**Bring your handbook with you
the day of surgery**

Revised July 2014

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Equipment You Will Require at Home

- Walker
- Cane(s)
- Crutches
- High firm chair with arm rests
- Raised toilet seat
- Tub Transfer Bench
- Wedge cushion for Car
- Dressing Aids
- Adjustable or hand held shower

What to Expect After Surgery With Physiotherapy

Surgery day:

- If appropriate, you may be assisted to sit at side of bed or get up to a chair with nursing/physiotherapy
- Commence foot and ankle exercises in bed and static gluts and quads (exercise 1-3) and deep breathing

Day 1:

- Before lunch you will walk from bed to chair with Physiotherapy
- After lunch you will walk back to bed from the chair with Physiotherapy
- Commence bed exercises (exercise 4-6)

Day 2/3:

- You will walk twice a day with Physiotherapy (once before lunch and once after lunch)
- Continue bed exercises
- You will practice the stairs, review exercises and ambulation prior to discharge

An Occupational Therapist is available during your stay to follow-up on your equipment needs. They will also answer any concerns you may have concerning your daily activities at home.

Weight Bearing

Weight bearing is the amount of weight you are allowed to put on your operative leg.

PWB = Partial weight. Only allowed a certain amount of weight on your operative leg (50% PWB = if you weight 150 lbs, 75 lbs is 50%)

WBAT = Weight Bear As Tolerated. You can put as much weight as you can tolerate on your operative leg.

Making Changes in Your Home Before Surgery

Remember that making a few changes in your home prior to your surgery can make it possible for you to do many of your usual home activities when you return home. Your therapist will teach you how to make changes in your home to keep you safe.

Some changes you may need to make in your home:

- ❖ Install a railing along the stairs
- ❖ Remove loose rugs
- ❖ Add cushions to low chairs
- ❖ Move electrical cords or anything that may cause you to trip
- ❖ Put things you use often within safe reach. Safe reach is between your shoulder and your waist height.
- ❖ Use arm chairs
- ❖ Use raised toilet seat
- ❖ Raise height of bed by using blocks

Changes that may make it easier to cook:

- ❖ Washing dishes **may** be easier if you sit on a high stool or a chair
- ❖ Move things in your kitchen so they are between your shoulder and your waist height
- ❖ Do not use the bottom shelf or drawer of your refrigerator
- ❖ Move the toaster oven or microwave onto the counter so it will be easier to cook

You will need help from family or friends to:

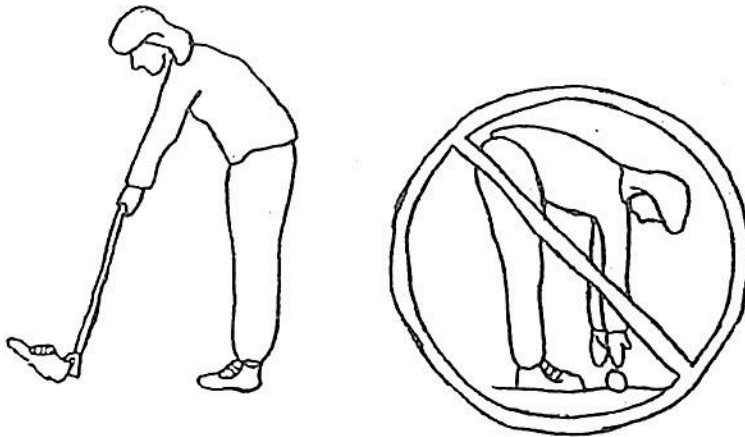
- ❖ Lift or carry heavy things
- ❖ Do work that requires reaching forward – vacuuming, changing bed linen, mowing the lawn
- ❖ Do work that requires bending – cleaning the floors, bath tub

Taking Care of Your New Hip (hip precautions)

You are now the proud owner of a new hip! Here are some helpful guidelines to make sure you don't injure or dislocate your hip. Your muscles need time to heal and following these steps will make sure this happens safely.

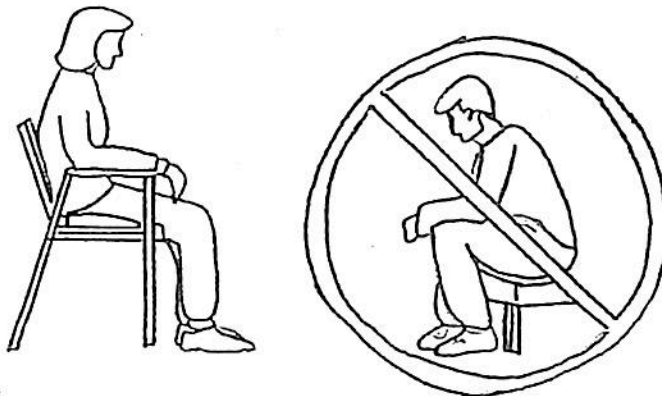
Rule number 1.

Do not bend from you hip or waist more than 70 degrees in 1st 6 weeks, either when you are sitting, standing or lying down.



Rule number 2.

When you are sitting keep your knees below the level of your hip. A wedge cushion may help make the chair higher.



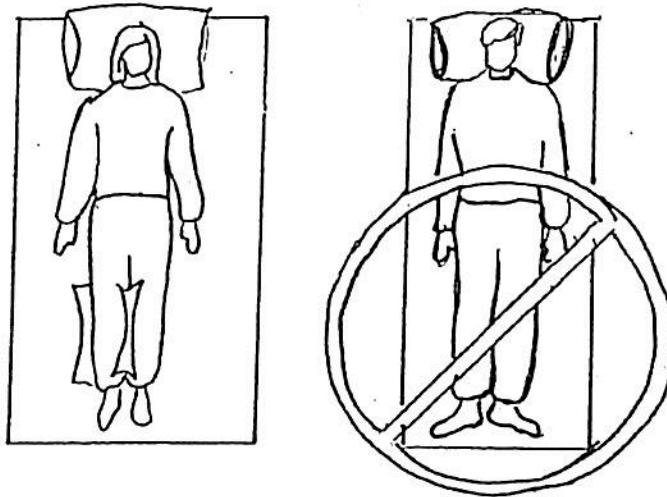
Rule number 3.

Do not cross legs at knees or ankles.
No hooking for getting into bed/car.



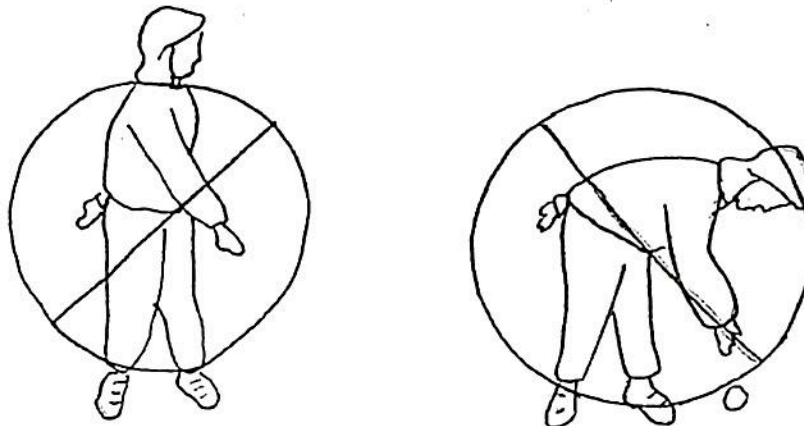
Rule number 4.

Do not twist your operated leg inwards or outwards from the hip. Lie with a pillow between your legs and a pillow under your operated leg.



Rule number 5.

Do not pivot or twist on your operated leg.



How to move around while following the six basic rules

These simple rules will lower your risk of dislocating your new hip. Practicing how you will move after surgery will make you more comfortable and confident. Remember that changing your position frequently after surgery will prevent stiffness and promote healing and strength.

Expect to start moving the day of your operation.

Lying Down

The best way to lie in bed is on your back, with a pillow between and under your operated leg to keep them apart. Try to keep your knees and toes pointed up.

Lying on your side you must have a pillow between your legs.

To get out of bed from lying position

- ❖ Slide to the edge of the bed, keeping your knees apart
- ❖ Push up on your elbows and hands
- ❖ Then slide your legs over the edge of the bed to sit

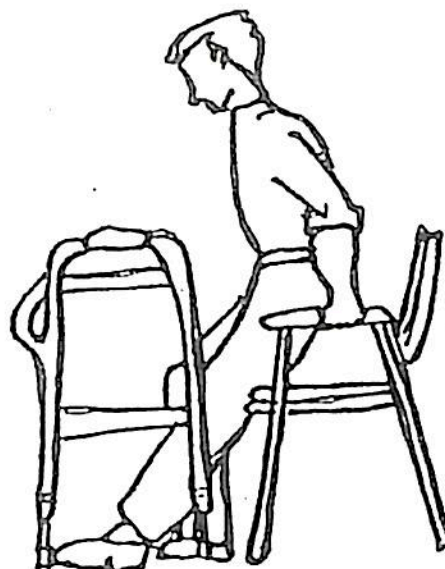
Holding a pillow between your knees can help you keep your legs apart.

A standard or regular bed with a firm mattress is best. Avoid sleeping in a low bed, remember when sitting your knees should be lower than your hips.

Sitting Down

Follow these steps to sit down:

- ❖ Back up to the edge of the chair or bed until you feel it against your legs
- ❖ Feel the armrest of your chair with your hand
- ❖ Slide your operated leg forward
- ❖ Hold the armrests or bed with your hands
- ❖ Lower yourself to a sitting position slowly and gently



Sitting

Choose high, firm chairs with arms. Ask your therapist about using your recliner chair. All things you sit on should be firm and at a height so that your knees are never higher than your hips.

Check all seat heights before you sit down. The seat should be higher than your knees when you are standing next to the seat.

Standing Up

Follow these steps to stand up:

- ❖ Move to the edge of the chair or bed.
- ❖ Bend your good leg under you to hold your body weight.
- ❖ Slide your operated foot forward.
- ❖ Push down on the chair arms or bed with your hands to stand up. Put most of your weight on your good leg.
- ❖ Once you have your balance, use your walking aid.

Walking

The first few times you get out of bed, you may feel weak or dizzy. Make sure a nurse or therapist is with you. Tell them if you feel weak or dizzy. Your nurse or therapist will tell when it is safe for you to walk by yourself.

When you are walking:

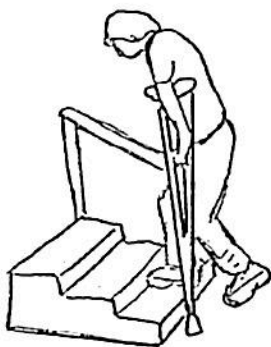
- ❖ Move your walker or crutches ahead first
- ❖ Next take a step with your operated leg.
- ❖ Then take a step with your good leg.

Take short walks as often as you can, using your walking aid. Walking helps prevent joint stiffness and is good for your general health. Try to go longer distances when you are able.

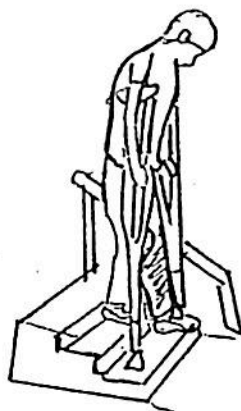
Going Up and Down Stairs

- ❖ Use a hand railing, when there is one, and your crutch/cane.
- ❖ Go upstairs with your good leg first.
- ❖ Go downstairs by putting your crutch or cane down on the stair and then your operated leg.

UP



DOWN



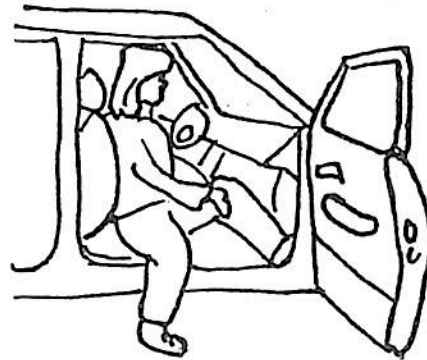
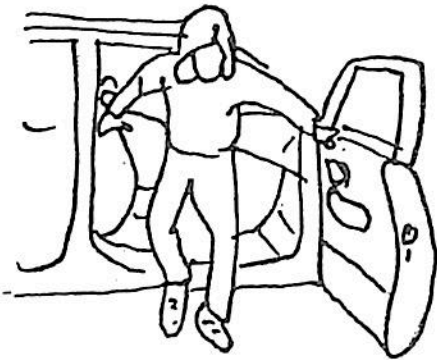
Getting In and Out of the Car

Do not drive for four to six weeks or until your surgeon tells you it is okay. It is best to ride in the front passenger seat. Your seat should be pushed back as far as possible for you. Before your surgery date, make sure to practice how you will get in and out of your vehicle and make any adjustments needed.

Getting In

- ❖ Place your wedge cushion on the seat to raise the height. Covering the cushion with a plastic bag helps to slide yourself in.
- ❖ Roll the car window down to hold onto the car door when sitting.
- ❖ Standing on the street, turn your back to the car and sit down. Do not get into the car from the curb. This will force you to crouch too low.
- ❖ Slowly slide back on the seat keeping your legs straight. Do not lean forward.
- ❖ Swing your legs around to the front of the seat being careful not to allow your operated leg to cross the midline.

Reverse these instructions to get out of the car.



Your Daily Activities

Washing or Bathing

Your Occupational Therapist will show you how to bathe safely and demonstrate equipment.

There are a few choices for bathing. Select your choice and discuss it with the Occupational Therapist at the pre-operative education group.

Choices

- ❖ Take a sponge bath at the sink
- ❖ Use a walker in the shower and sit on a high shower chair. You will need a grab bar to help you get up and down.
- ❖ Using a handheld shower head, shower while sitting over the tub on a tub transfer bench. This equipment will be demonstrated by the occupational therapist.
- ❖ You will need to identify whether the hot and cold taps are on your right or left.
- ❖ You can use a long handled sponge to wash your legs and feet; or a caregiver can help with this. Your doctor will give you permission when you are able to reach your own feet.



Using the Toilet

Most toilets are too low for you to sit on. You will need a raised toilet seat in the hospital and at home. You may need arms around the toilet to help you down and get up. These can be grab bars on the wall, arms attached to the raised toilet seats, or a separate device.

Height of your toilet seat _____

Another problem you may face is getting your walker into the bathroom. Please measure your bathroom door and area in front of the toilet.



Dressing Yourself

Your therapist will show you how to dress safely and comfortably. When dressing do not reach past your knees. The therapist will teach you how to use equipment such as elastic shoelaces, a sock aid, a long handled shoe horn and reachers. This equipment will help you get dressed without bending too far at the waist.

- ❖ Choose stretchy clothing, like a jogging suit.
- ❖ Choose lightweight, supportive shoes with a non-slip sole, with closed toes and heels, like running shoes. (Remember that your feet may swell after surgery so make sure your shoes are not too tight).

When you are getting dressed:

- ❖ Sit on the side of your bed or in a high, firm chair with a straight back and arms.
- ❖ Have your clothes, shoes and equipment near you.
- ❖ Always use your reacher to get things from the floor.
- ❖ Dress your operated leg first, and undress it last.



Work and Leisure Activities

The health professionals will discuss how you can safely do your work and leisure activities. There may be some limits on what you can do, depending on your lifestyle.

Some general rules:

1. Do not lift objects more than 50 pounds repeatedly.
2. Avoid jogging, downhill skiing or weight lifting which may wear out your hip or cause injury
3. There is a usually no limit to walking, bicycling or swimming.
4. Let your hip be your guide to other activity that you do.
5. Remind your doctors and dentists that you have had a total hip replacement. You may need to take an antibiotic before dental work or surgery.

Sexual Activity

Your surgeon may advise you not to have sexual intercourse for six to eight weeks after surgery. Ask your surgeon for advice about when you can have sexual activity again.

The best position for you is lying on your back with your legs on the bed.

Hip Exercises

A Physiotherapist will show you the exercises you need to do.

These exercises will help you:

- ❖ Strengthen the muscles in your legs
- ❖ Move your new hip and prevent joint stiffness
- ❖ Improve blood supply to your legs

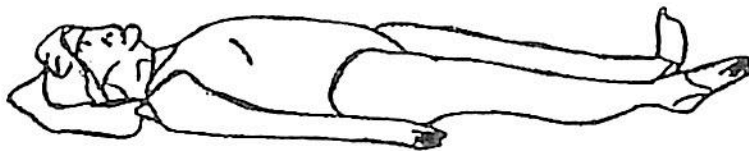
You are strongly urged to attend the pre-operative clinic before surgery. This will give you a chance to learn or practice these exercises before your surgery.

Do these exercises when you are lying down:

These exercises are to be done 3 times a day to improve strength and flexibility. It is up to you to make sure that the exercises are done.

Feel free to ask for help. (In hospital, exercises 1-3 can be started on the day of surgery and exercises 4-6 will be started on day one. Exercises 7-10 will be started once you are home at the discretion of your CCAC)

1. Bend your ankles up and down, one foot at a time



Repeat 10 times. Do this many times throughout the day

2. Slowly tighten muscles on thigh of straight leg while counting to 10



Repeat 10 times. Do this 3 times a day

3. Squeeze buttocks muscles as tightly as possible while counting out loud for 10 seconds.



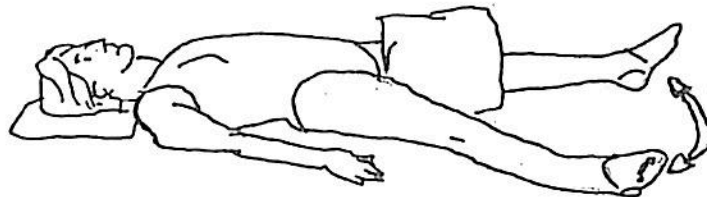
Repeat 10 times. Do this 3 times a day.

4. Bend knee and pull heel toward buttocks.



Repeat 10 times. Do this 3 times a day.

5. Slide one leg out to the side. Keep kneecap pointing toward the ceiling. Gently bring leg back to pillow. Repeat with the other leg.



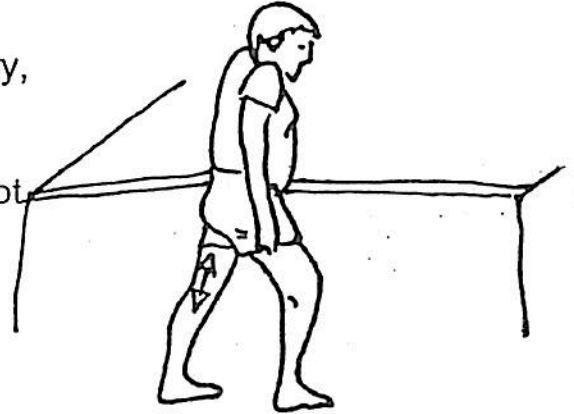
Repeat 10 times. Do this 3 times a day.

6. Place a large can or rolled towel under the leg. Straighten knee and leg. Hold for 5 seconds.



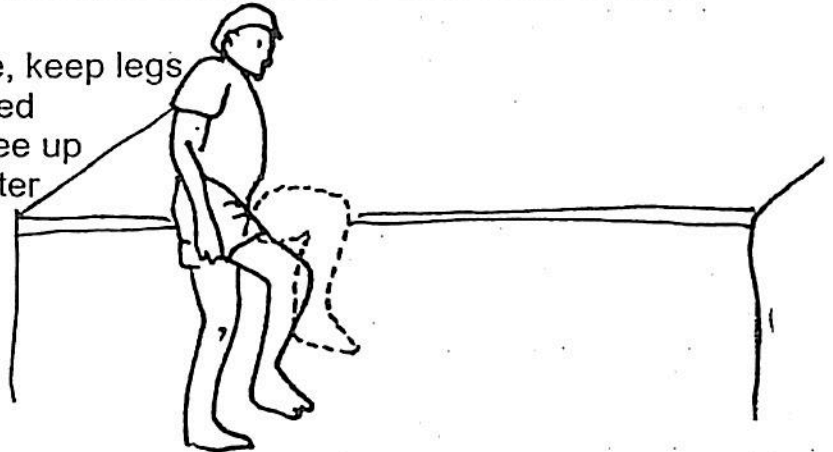
Repeat 10 times. Do this 3 times a day.

7. Using a chair or kitchen or bathroom countertop for balance if necessary, place surgical leg back, foot flat on the floor, with the forward leg bent at the knee. Slowly shift weight forward onto the other foot.



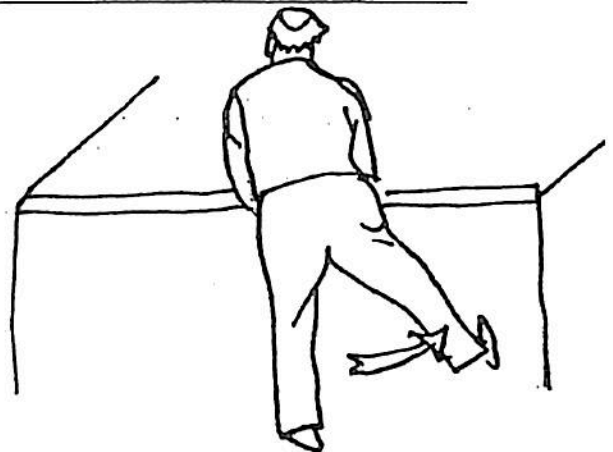
Repeat 10 times. Do this 3 times a day.

8. Using a chair or kitchen or bathroom countertop for balance, keep legs shoulder width apart and foot lined up under your knee. Lift one knee up as high as you can, but not greater than 90 degrees. Do not lean.



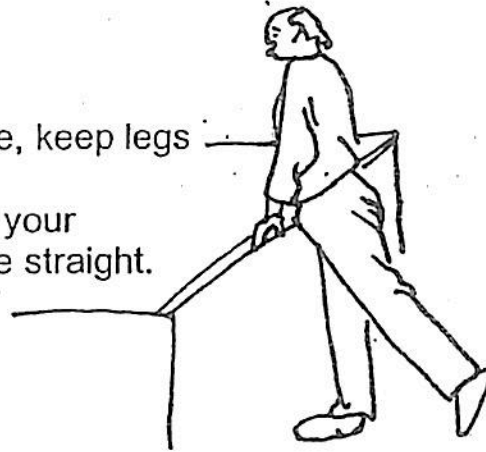
Repeat 10 times. Do this 3 times a day.

9. Holding a chair or kitchen or bathroom countertop for balance, keep legs shoulder width apart and toes pointed forward. Kick your operated leg out to the side, keeping knee straight. Do not lean.



Repeat 10 times. Do this 3 times a day.

10. Using a chair or kitchen or bathroom countertop for balance, keep legs shoulder width apart and toes pointed forward. Slowly extend your operated leg back, keeping knee straight. Do not lean forward.



Repeat 10 times. Do this 3 times a day.

Product Suppliers in the Area

Ontario Home Health & Oxygen

180 Ontario Street
Stratford, Ontario
N5A 3H4

Phone: (519) 273-5770
Toll Free: 1-800-661-1912
Fax: (519) 273-4701

Action Health Care

22 Wellington Street North
St. Mary's, Ontario
N4X 1A4

Phone: (519) 284-4348
Toll Free: 1-866-222-4843
Fax: (519) 284-4977

684 Ontario Street
Stratford, Ontario
N5A 3J7

Phone: (519) 271-6700

Action Medical (Ron Smith)

353 Norwich Avenue
Woodstock, Ontario
N4S 3W1

Phone: (519) 533-0376
Toll Free: 1-877-568-3558
Fax: (519) 533-0637

Medichair/Med-e-ox

282 Suncoast Drive East
Goderich, Ontario
N7A 4K4

Phone: (519) 524-2020
Toll Free: 1-800-265-5500
Fax: (519) 524-2222



Information From Your Nurses

- Pre-Operative Instructions
- Patient Care Plan
- Breathing Exercises
- Pain Control
- Discharge Instructions

Total Hip Replacement

PRE-OPERATIVE INSTRUCTIONS

“Admit Same Day” is a term used to refer to a patient who is admitted to the hospital on the day of his/her operation. The patient usually stays in the hospital at least overnight. If you are being admitted to the hospital on an “Admit Same Day” basis, you must observe the following rules for your safety:

Food & Beverage Intake:

Failure to follow these instructions regarding food and beverage intake pre-operatively could result in the postponement of your surgery to a later date or put you at risk for developing life-threatening complications:

- Eat as usual, up to midnight the day before your operation
- After midnight, nothing to eat or drink, including water (this also includes chewing gum)



Medication:

Contact your physician for specific medication instructions. Some medications may need to be stopped or modified up to two (2) weeks before surgery.

Smoking:

- There should be no smoking for eight (8) hours before your operation. Smoking affects your heart, lungs and blood
- You are advised to reduce and preferably stop smoking for two (2) weeks before your operation
- Smoking is not permitted anywhere on hospital property



General Reminders:

- Notify your surgeon before surgery if you develop a cold or infection
- You must bring your health card
- Leave all valuables, including money, credit cards, rings, earrings, necklaces, etc. at home
- Remove all nail polish and make-up before coming to the hospital
- Shower or bathe the evening before or morning of your surgery
- Brush your teeth and freshen your mouth, but do not swallow
- Do not wear perfumes, colognes or aftershave on the day of surgery
- Contact lenses must not be worn in the Operating Room. Bring a container to put them in.

TOTAL HIP REPLACEMENT – PATIENT CARE PLAN

	Pre-Admit Clinic	Day Of Surgery
Tests and Treatments	<ul style="list-style-type: none"> You will have an appointment with the Pre-Admission Clinic nurse You will have blood drawn for testing You will inform the nurse if you have donated your own blood (autologous) You may have an ECG (electrocardiogram) which is a test of your heart pattern 	<p>Before the Operation:</p> <ul style="list-style-type: none"> Arrive at least 1½ hours prior to your surgery time Register at Surgical Services (second floor) An intravenous will be started <p>After the Operation:</p> <ul style="list-style-type: none"> You will wake up in the Recovery Room You will have a catheter (tube in your bladder)
Medication	<ul style="list-style-type: none"> Be sure to discuss any allergies you have Bring all of your medications with you You will be told which medications you should stop prior to surgery 	<p>After the Operation:</p> <ul style="list-style-type: none"> You may receive extra oxygen by a tube in your nose Please let the nurse know if you are having pain so that analgesics can be administered
Teaching	<ul style="list-style-type: none"> You will attend a group class to prepare you for your surgery During this class pain management and equipment will be reviewed to help you manage after your hip surgery. 	<ul style="list-style-type: none"> Each day you will be reminded to: take deep breaths and cough; move your ankles and toes; ask for medication for nausea and pain
Activity	<ul style="list-style-type: none"> Normal daily activity 	<ul style="list-style-type: none"> You will get up on the day of surgery with assistance from nurses/physio therapist
Other	<ul style="list-style-type: none"> You should obtain the suggested equipment to have in your house prior to surgery You may need to prepare your home for after surgery Feel free to ask any questions, concerns 	<ul style="list-style-type: none"> You will be offered clear fluids after your operation

TOTAL HIP REPLACEMENT - PATIENT CARE PLAN

	Day 1 - After Surgery	Day 2 - After Surgery Discharge Day
Tests and Treatments	<ul style="list-style-type: none"> • You may have blood drawn for testing • Your dressing will be changed • You may need a blood transfusion • If you have a drain, it will be removed • Catheter will be removed 	<ul style="list-style-type: none"> • Your intravenous will be taken out • The nurse will change your dressing • The nurse will review your medications you will take at home and will return your own medication • Target discharge Time = 11:00 am
Medication	<ul style="list-style-type: none"> • You will be given pain medication by mouth. Please let the nurse know if medication is not effective 	<ul style="list-style-type: none"> • Ask for your pain medication regularly so you are comfortable • You will be given a prescription for pain medication at home. • You may need medication to help you have a bowel movement if you are constipated (pain pills are constipating)
Teaching	<ul style="list-style-type: none"> • A Physiotherapist will review your exercises with you and will review precautions so you do not hurt your new hip 	<ul style="list-style-type: none"> • If you have not already seen an Occupational Therapist, they can suggest devices you could use to get dressed • A Physiotherapist from CCAC will visit you at home within 2 days of your discharge
Activity	<ul style="list-style-type: none"> • You will start to get up and sit in a chair • A Physiotherapist will help you to walk using a walker • You may go to the bathroom on a commode chair or walk with your walker 	<ul style="list-style-type: none"> • You will walk in the hall with a walker • You will be taught how to do stairs • You will practice exercises on your own • Continue your exercises and increase your walking at home
Other	<ul style="list-style-type: none"> • You will gradually have fluids to a regular diet 	<p>#1 You will be given an appointment time for a follow-up appointment with your surgeon</p> <p>#2 You will need to arrange for transportation to get you home</p>

Exercises

In the first few days following surgery, it is essential for you to perform a few simple exercises and activities. You are strongly encouraged to attend the pre-operative clinic before surgery. This will give you a chance to learn or practice the following exercises before your surgery. These exercises will assist in making you more comfortable and help prevent any post-operative complications.

Breathing Exercises:

Why: To keep you lungs expanding fully and to help mucous from your lungs to your throat where it can be coughed up. This mucous can make breathing difficult if not removed.

How: Breathe in deeply through your nose. Think about taking air down around your waist. Hold for a count of three (3), then exhale through an open mouth.

When: Take ten (10) deep breaths, every waking hour for a few days after surgery

Coughing:

Why: This is the only effective way to clear the mucous you may have in your lungs following surgery. Hawking and clearing your throat will not help.

How: Lying on your back or side or sitting, breathe in and cough deeply.

DISCHARGE INSTRUCTIONS

You may notice that you tire easily after your return home. Plan to balance your activity and rest. Swelling of the feet may occur in the first few weeks following surgery. If swelling does occur, keep the leg(s) elevated when sitting, keep feet higher than the hips when lying down, and do ankle exercises as previously outlined.

Weight Bearing:

Weight bearing is the amount of weight you are allowed to put on your operative leg. WBAT stands for Weight Bearing As Tolerated. Your physiotherapist will tell you how much weight to put on your operative leg as ordered by your orthopedic surgeon. Continue as instructed until seen by your surgeon.

Care of the Incision:

- Staples are to be removed 14 days after surgery by family physician prior to discharge, ensure that follow-up instructions have been given for their removal
- Your incision should remain covered with a dressing until your staples are removed. If you need to change your dressing, please purchase gauze pads, a bottle of normal saline and some bandage tape.
- You may resume showering when the staples have been removed

Diet:

To avoid constipation, eat fruit, vegetables and bran products and drink plenty of fluids—unless you are on a special diet.



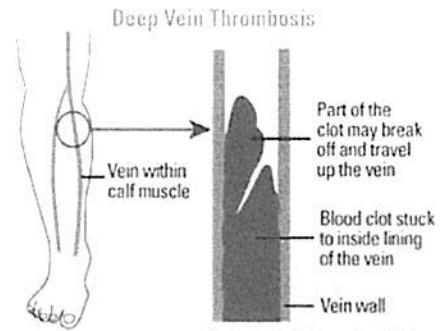
NOTIFY YOUR PHYSICIAN IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Fever and/or chills
- Hard, reddened or unusually painful areas along, or near incision
- Any drainage or bleeding from incision
- Calf or chest pain
- Excessive joint pain and/or swelling

PREVENTING DEEP VEIN THROMBOSIS

What is Deep Vein Thrombosis?

Deep vein thrombosis (DVT) is a blood clot that forms in a deep vein, often in the calf or thigh. The clot can partially or completely block blood flow and damage blood vessels. If a blood clot breaks free, it can travel to the lungs and cause pulmonary embolus (PE), which can be serious.



DVT Risk Factors

The risk of developing DVT is greatest during the 10 days following surgery. Other common risk factors for DVT include:

- Limited mobility
- Congestive heart failure
- Personal or family history of venous thromboembolism
- Smoking
- Being overweight
- Respiratory failure
- Medications such as birth control pills
- Age—those who are 40 and older have a greater risk

Preventing DVT after Surgery

There are a few things you can do to prevent DVT. Your doctor and nurse will work with you to determine the DVT prevention methods that are right for you.

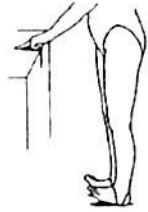
- Move as soon as possible— After surgery, get out of bed and move around as soon as **your doctor tells you it is OK to do so**. Ask a nurse or family member to assist you if you feel unsteady.
- Exercises— Exercising your lower leg muscles is important especially when you sit for long periods of time. It decreases the pooling of blood in your legs. Try to do the DVT prevention exercises on the right several times a day, while you are recovering from surgery.
- Compression stockings—Your doctor may prescribe elastic compression stockings to help prevent DVT. (Dr. Guy's patients will require these)
- Blood thinners—Your doctor may prescribe blood-thinning drugs, also called anticoagulants, after surgery. Blood thinners prevent blood clots but also increase the risk of bleeding.

DVT Prevention Exercises

There are a few simple exercises you can do to help prevent DVT, particularly in situations where you are immobile for a long time.

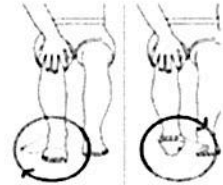
Toe lifts

With your heels on the floor, lift the toes and front of the foot as high as possible then put both feet flat on the floor. This keeps your calf muscles working to prevent blood from pooling.



Ankle Rotation

Rotate your feet clockwise and counterclockwise for 30 seconds as shown. Sit with your knee bent and circle your foot, first clockwise then counterclockwise. While doing the exercises, be sure that you are only moving your foot at the ankle. Your leg or knee should not move.



Chair Leg Raises

Keeping your right leg straight slowly lift it off the floor, hold for a moment, then slowly bring it back down. Repeat the movement with your left leg.

Preventing DVT When You Travel

There is some evidence to suggest that the risk of developing DVT may increase when you take a long car or airplane trip. Talk to your doctor if you are planning a trip during which you will be in a car or plane for an extended period of time. Your doctor may recommend that you wear compression stockings while you travel. Use the aisle of the plane or get out of the car to walk at least every hour.

- Flex and point your feet at least every 20 minutes.
- Stay hydrated. Drink a large glass of water every two hours.
- Avoid caffeinated or alcoholic beverages.

Signs that you may have a DVT or PE

In your calf or thigh:

- Pain
- Swelling
- Redness
- Warmth

Or generally:

- Shortness of breath
- Palpitations
- Lightheadedness

General Tips For DVT Prevention

There are many things you can do to lower your risk of DVT:

- Maintain an active lifestyle and exercise regularly. Walking, swimming and biking are all great exercise activities.
- Manage your weight with exercise as well as by eating a healthy diet based on Canada's Food Guide.
- Avoid smoking. Smoking causes vasoconstriction which restricts normal blood flow throughout the body.
- Get your blood pressure checked regularly and take steps to lower it if necessary.
- Speak to your family doctor about any personal or family history of blood clotting problems.
- Discuss the use of birth control pills or hormone replacement therapy with your family doctor before initiating treatment as these can also restrict blood flow in some individuals.