



WOODSTOCK GENERAL HOSPITAL

MY GUIDE TO TOTAL HIP REPLACEMENT



ADAM.

Updated June 2010

This is a guideline only.

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

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**A special thank you to Middlesex Hospital Alliance for their
assistance with this booklet.**

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Patient Name: _____

Pre-surgical CCAC Home Visit Date and Time: (you will be contacted by phone):

Pre-admission Clinic Date and Time: _____

Surgery Date and Time: _____

Surgery Day Arrival Time at Hospital: _____

Surgeon: _____

Occupational/Physiotherapy Contact:

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MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

This booklet was created to help address the many questions and concerns you may have about your upcoming total hip replacement. It includes information about the surgery, how to prepare yourself for the surgery, what to expect in the days following the surgery, how to prepare your home for when you are discharged from the hospital, and tips that will hopefully make this experience as positive and stress-free as possible.

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

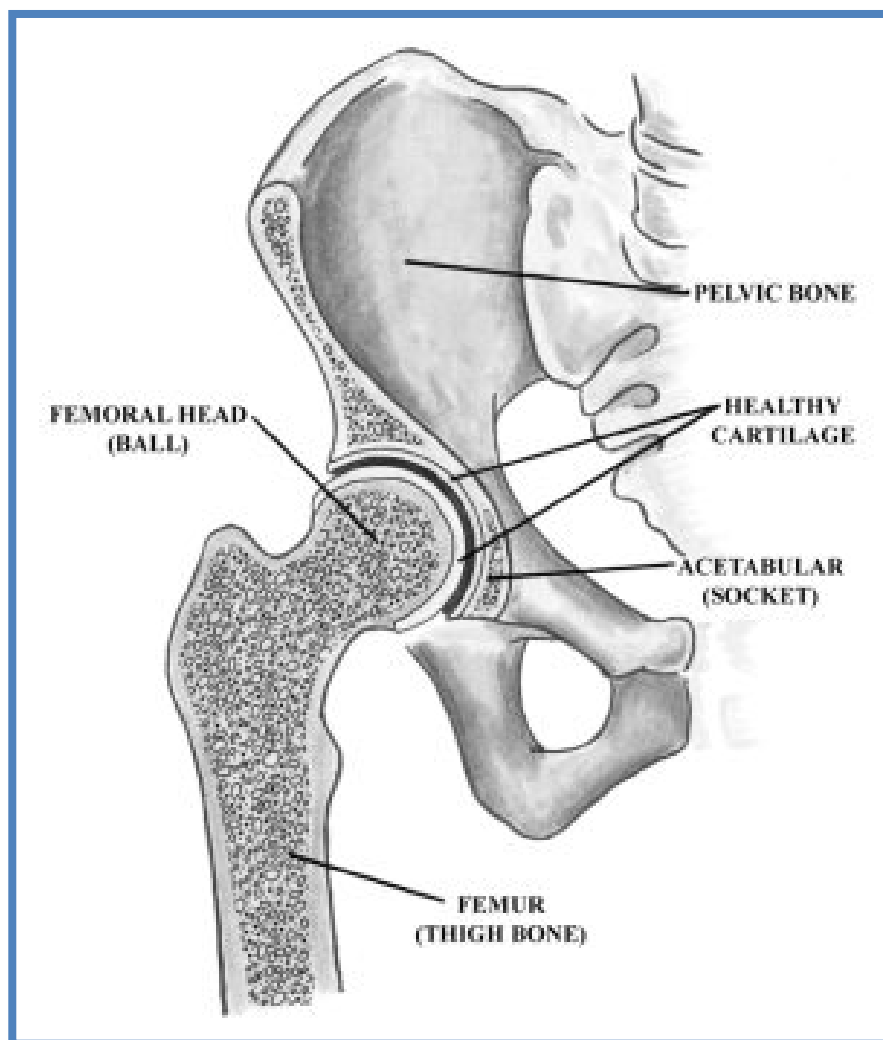
If you have any questions about the contents of this booklet, please contact the physiotherapy department at Woodstock General Hospital at: 519-421-4206

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THE HEALTHY HIP

- The hip is a “ball and socket” joint located where the thigh bone (femur) joins the pelvis (acetabulum).
- This “ball and socket” joint allows movement in all directions.
- The smooth cartilage lining the bones allows the ball of the thigh bone to glide easily in the socket.
- Ligaments and muscles hold the joint together.
- The joint is lubricated with synovial fluid which comes from the lining of the joint.



TOTAL HIP REPLACEMENT

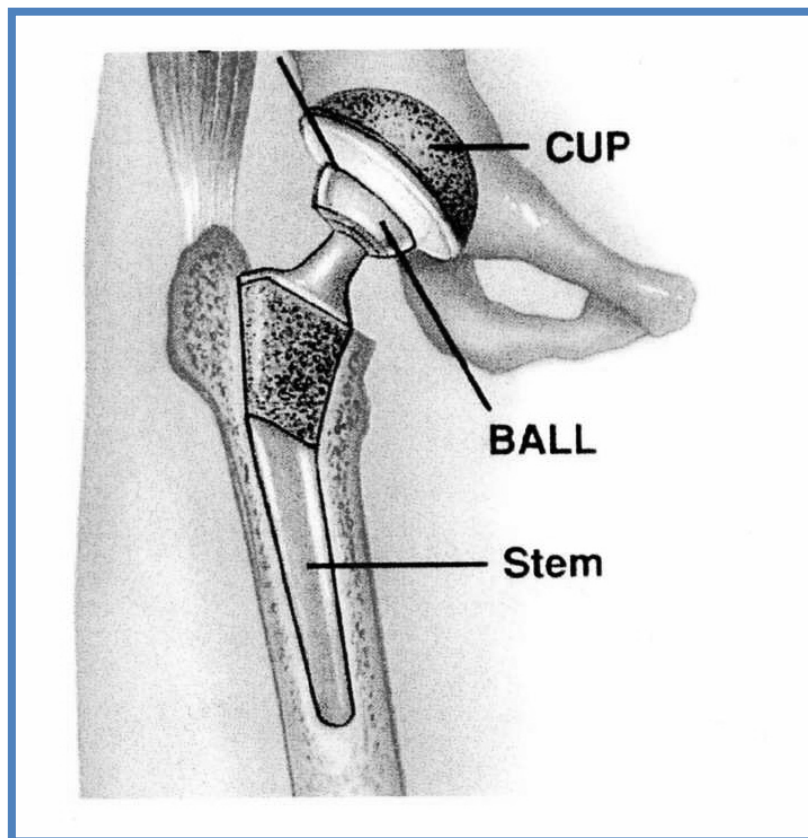
A healthy hip moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. This damage to the hip structures can be caused by osteoarthritis, rheumatoid arthritis, injuries, and loss of blood supply to the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

When other treatments no longer work and you cannot carry on with normal activities because of pain and limited movement, your doctor may recommend a total hip joint replacement.

The primary goal of total hip replacement is to decrease pain. It can also be done to improve function of the hip and increase stability or reliability.

There are two parts to the artificial hip:

1. The metal part that replaces the ball of the thigh bone (femur).
2. The plastic cup that replaces the socket of the pelvis (acetabulum).



PRE-SURGICAL HOME VISIT

Once the decision has been made for joint replacement surgery, your surgeon may arrange to have a therapist visit you at home before surgery to help you get ready to recover at home after you leave hospital.

The South West Community Care Access Centre (SW CCAC) is a Ministry of Health and Long-Term Care funded organization that provides health care services to individuals in their own homes. One service offered in the pre-surgical home visit for persons having a hip or knee joint replacement.

Four to six weeks prior to surgery, a SW CCAC Occupational Therapist or Physiotherapist can visit you at home to:

- Talk about what to expect post-surgery: how you will feel, your ability to move about and manage your daily personal care and household tasks
- Consider what supports you will want to arrange during your early recovery period
- Decide what equipment you will need to recover at home after surgery
- Give you a list of places where you can rent or purchase that equipment prior to going to hospital so it is ready for you after surgery
- Help you make sure your home is organized to allow you to move safely about when you get home
- Discuss options for post-op rehabilitation: what are the outpatient services available in your area and how can you make an appointment

The therapist will complete a report that includes all of this information and will forward it to the hospital pre-admission department so when you attend your pre-admission appointment that team will know what preparations you have made.

The report will also be placed on your hospital chart so the team on the hospital floor will have the information as well to support discharge planning.

You may or may not require in-home CCAC services post-operatively. A SW CCAC hospital Case Manager will work with your hospital care team to decide where you will receive your post-op rehabilitation and ensure that all the necessary appointments and services are arranged before you leave hospital.

Further information about SW CCAC can be obtained by calling 310-CCAC or going to our website: www.ccac-ont.ca

PRE-ADMISSION CLINIC

An appointment will be booked for you at the Pre-admission Clinic 1 to 4 weeks before your surgery. At the clinic you will learn about your surgery and be checked to make sure you are in good health before your surgery.

Feel free to bring someone with you to the pre-admission clinic.

The length of your pre-admission visit is dependent on the number of tests you require. Check in at Admitting on the first floor 15 minutes before your pre-admission appointment. The visit may take up to 3 hours.

Please note WGH is a scent-free environment. Do not wear any fragrances.

Pre-Admission Clinic	
Tests	<ul style="list-style-type: none">• You may have bloodwork taken or an ECG done• You may have x-rays done• Movements of you hip will be measured
Medications	<ul style="list-style-type: none">• Please bring all the medications you are taking in their original containers including herbal medicines• Review of medications to take the morning of surgery with a sip of water• Review of pain management post-operatively• Review of anticoagulant therapy
Activity	<ul style="list-style-type: none">• Review of assistive devices to help with daily activities following surgery
Nutrition	<ul style="list-style-type: none">• Do not eat or drink any fluids, including water after midnight the night before surgery except a sip of water with morning medications
Consults	<ul style="list-style-type: none">• You will be seen by a Physiotherapist and possibly an Anesthesiologist
Teaching	<ul style="list-style-type: none">• How to get ready for your hip surgery• What to expect during your hospital stay• How to get ready to return home• Pain control after surgery

ASSISTIVE EQUIPMENT

The following pages identify equipment that may assist you in your everyday activities following surgery.

They are recommended for your safety and will enable you to complete tasks independently when you return to your home.

These devices will be discussed in depth at your pre-admission appointment with your physiotherapist or occupational therapist. He/She will review which devices you will need and where to purchase or rent it.

You will need to get these devices before your admission to the hospital and it is recommended you practice using these devices before your surgery.

Assistive Equipment

Gait Aids	<p>Standard Walker (MANDATORY)</p> <ul style="list-style-type: none">• Will assist in walking. Ask your physiotherapist or occupational therapist for the most appropriate type. <p>Crutches/cane - to assist on stairs</p> <ul style="list-style-type: none">• Can be purchased or rented in your community <p>Handrails</p> <ul style="list-style-type: none">• These should be installed along stairs for safety measure
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



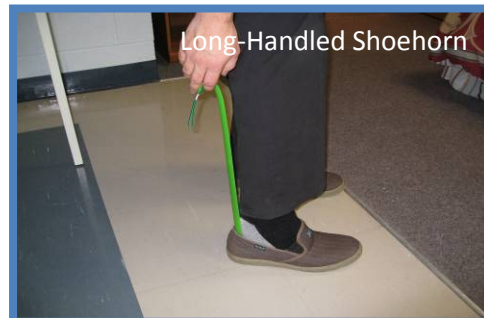
Bathroom Equipment	<p>Raised Toilet Seats with arms (MANDATORY)</p> <ul style="list-style-type: none"> • Clamp-on or molded plastic styles for regular or oval toilet bowls <p>Grab Bars</p> <ul style="list-style-type: none"> • Can be mounted into a studded bathroom wall or clamped to the side of the tub <p>Bathtub transfer bench</p> <ul style="list-style-type: none"> • Required when getting out or into tub • Discuss with your physiotherapist before getting into the bathtub <p>Hand Held Shower</p> <ul style="list-style-type: none"> • For use with tub bench
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



Assistive Dressing Devices	<p>Sock Aid</p> <ul style="list-style-type: none"> • To help put on socks or hosiery without bending at the waist <p>Elastic Laces</p> <ul style="list-style-type: none"> • Make any lace-up shoes into slip-on shoes <p>Long-Handled Reacher</p> <ul style="list-style-type: none"> • To avoid bending to the floor, reaching overhead, or for assistance when dressing <p>Long-Handled Shoehorn</p> <ul style="list-style-type: none"> • Useful to put on shoes or take off socks without bending at the waist <p>Long-Handled Sponge</p> <ul style="list-style-type: none"> • To help reach feet and back when bathing
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For more information on assistive equipment, please do not hesitate to speak with your physiotherapist or occupational therapist. They will provide you with a list of vendors or organizations you can purchase or rent the equipment from.



HOW TO PREPARE YOUR HOME

- ✓ Remove scatter rugs, extension cords, and telephone cords as they may cause you to fall.
- ✓ If you don't already have them, install handrails on at least one side of each stairway.
- ✓ Don't be afraid to ask for help if you find a task too difficult
- ✓ Sit on high firm chairs with armrests as they are easiest and safest to get up from. You can elevate your chairs by placing firm cushions or by using extended legs.
- ✓ Place the TV, VCR, and radio so that you do not have to reach or bend to use them.
- ✓ Place things that you use often where you can easily reach them.
- ✓ Place a rubber mat in your tub and/or shower.
- ✓ Make sure there is a clear, well-lit path from your bedroom to the bathroom.
- ✓ Install a sturdy grab bar in your bathroom. DO NOT use a towel rack as a grab bar; these are not safe.
- ✓ Install a hand-held shower hose in your tub or shower.
- ✓ You may need to use a commode chair with a pail if you do not have a toilet on the main floor. Arrange for someone to empty the pail for you.
- ✓ Have easy access to a telephone and lamp from your bed.
- ✓ If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor. Look into borrowing or renting a bed if necessary.
- ✓ When in the kitchen, use a cart with wheels to move heavy items or many items at once.
- ✓ Store pots, pans and dishes in places that are easy to reach. Avoid bending down to low cupboards or reaching up to high shelves.
- ✓ Arrange for someone to come in and help with household chores upon your return. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.
- ✓ You may need to stay with a family member or friend or arrange convalescent care if you live alone.

EATING WELL WHEN YOU GO HOME

It is important that you have a good supply of nutritious foods at home.

- ✓ Stock your freezer with healthy foods and pre-cooked meals.
- ✓ Arrange for family or friends to do your grocery shopping or arrange for home delivery from your nearby grocery store.
- ✓ If they are available in your area, Meals-on-Wheels are a good nutritious option.
Contact your nearest Community Care Access Centre (CCAC) for details.

WHAT TO EXPECT BEFORE AND AFTER SURGERY

You will need to begin making plans for your hospital stay and discharge before your surgery. You will have restrictions related to driving a vehicle. Please see page 29. It is therefore important that you arrange transportation ahead of time.

You will be in hospital for only a few days. Most of your recovery will take place over the next few months.

Pain following surgery is normal and will continue over the next few months. Talk to your doctor about pain control options if your pain is interfering with normal daily activities.

You will have to plan ahead for your responsibilities:

- ✓ To go home or to another place or facility to recover
- ✓ To have transportation
- ✓ To have special equipment in place for support at home
- ✓ Have support at home
- ✓ Physiotherapy appointments as needed
- ✓ To have your assistive equipment ready
- ✓ Medications
- ✓ To have groceries and food

Day of Surgery

Please plan to arrive at patient registration to ensure your arrival to SDC **one hour before surgery**.

Doctors recommend that you do not shave below your waist for 48 hours prior to surgery.

Expect to be in hospital for about **3-4 days**. You need to arrange for a ride home the day of discharge by 11:00am.

Do not eat or drink after midnight the night before your surgery except **a sip of water** with morning medications.

What you need to bring to the hospital:

- ✓ Shoes/slippers with rubber soles or grips
- ✓ A light weight robe
- ✓ A small overnight bag with clothes and personal care items
- ✓ Guide booklet

Day of Surgery	
Assessment & Monitoring	<ul style="list-style-type: none">• A nurse will review your Operating Room Checklist, Pre-op Questionnaire, Consent and Surgical Safety Checklist and other assessments including any questions you or your family may have
Tests	<ul style="list-style-type: none">• You may have bloodwork taken• An intravenous will be started
Medications	<ul style="list-style-type: none">• You may take morning medications with a sip of water• You will receive pain medications and antibiotics as prescribed
Nutrition	<ul style="list-style-type: none">• The nurse will check that you have had nothing to eat or drink since midnight except a sip of water with morning medications
Education	<ul style="list-style-type: none">• The nurse will review any questions you or your family have• Review the use of the Pain-controlled Analgesic (PCA) if needed• Review that a drainage tube may be placed at the operative site to allow drainage

What to Expect After Surgery

Tests and treatment	<p>You will have:</p> <ul style="list-style-type: none"> • An IV continued • Vital signs checked at regular intervals • Dressing checked/changed every 2-4 hours • Blood tests • X-rays
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none"> • pain control • nausea • anti-blood clot • antibiotics • your usual medications <p><i>Please inform a nurse if you have pain or nausea. You will be asked to rate your pain on a scale of 1-10.</i></p>
Activity	<ul style="list-style-type: none"> • Activity with your physiotherapist or occupational therapist will begin the day after surgery and continue through your rehabilitation. Please see the activity schedule on the next page for more detail. • Pain medications will be given by your nurse before your exercises
Nutrition	<ul style="list-style-type: none"> • You will be offered a regular diet as your nausea/comfort level permits • Maintain regular sips of fluids after surgery to stay hydrated
Consults	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapy • Anesthesia may follow you for pain control
Education	<ul style="list-style-type: none"> • Review post-op exercises and precautions • Review pain management, wound care and bowel precautions • Review follow-up appointment with surgeon and care of your hip at home
Discharge Planning	<ul style="list-style-type: none"> • Your progress will be assessed daily by your Health Care Team to ensure a timely, safe discharge.
After Discharge	<ul style="list-style-type: none"> • You will have ongoing physiotherapy appointments following discharge • You <u>may</u> receive CCAC if required

Therapy Following Surgery

<p>Day 0 (day of surgery)</p>	<p>A therapist and/or a nurse will review:</p> <ul style="list-style-type: none">• How much weight you may put on your leg• How to protect your hip when moving• How to move safely in your bed• How to get in/out of bed safely• Preventing injury to your hip <p>You will:</p> <ul style="list-style-type: none">• Sit up / stand at bedside• Deep breathing exercises and coughing exercises• Perform foot and ankle exercises regularly
<p>Day 1 (first day after surgery)</p>	<p>A therapist and/or a nurse will review:</p> <ul style="list-style-type: none">• How much weight you may put on your leg• How to protect your hip when moving• How to move safely in your bed• How to get in/out of bed safely• How to transfer safely into a chair• Exercises and stretches• How to walk correctly using a walker• Preventing injury to your hip <p>You will:</p> <ul style="list-style-type: none">• Sit on the side of the bed with help• Move into a chair using a walker with help• Do breathing exercises• Go for a walk with physiotherapy• Start your exercises. They will be completed twice daily.

Therapy Following Surgery

Days 2- 4 (after surgery)

You will learn how to:

- Move safely in your bed
- Transfer safely into a chair
- Exercise to strengthen your muscles
- Walk correctly using a walker
- Dress, bathe and go to the bathroom safely
- Prevent injury to your hip
- Manage your daily activities
- Get in and out of a car safely
- What to do if you have questions when you go home

You will:

- Be able to get in and out of bed
- Walk in the halls with a walker under supervision
- Exercise regularly without help
- Sit up in a chair for all meals
- Walk safely with a walking aid
- Walk to the bathroom with a walker
- Practice stair climbing with the therapist as needed
- Review daily activities with an occupational therapist
- Review assistive device use with a therapist
- Practice dressing with assistance

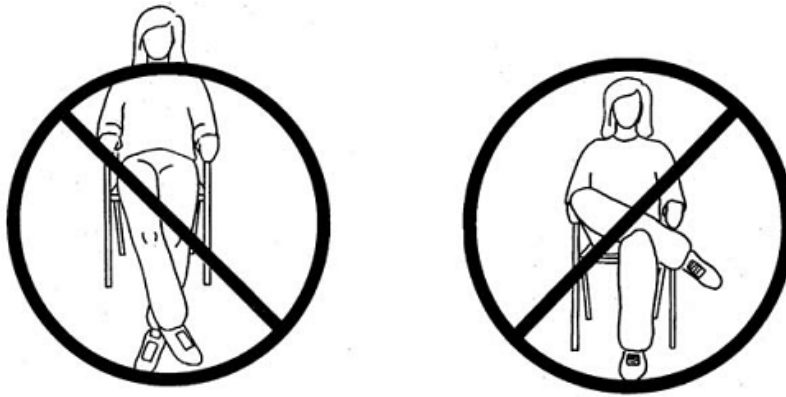
***IMPORTANT:** Please ensure you understand your plans for physiotherapy upon discharge.

Precautions

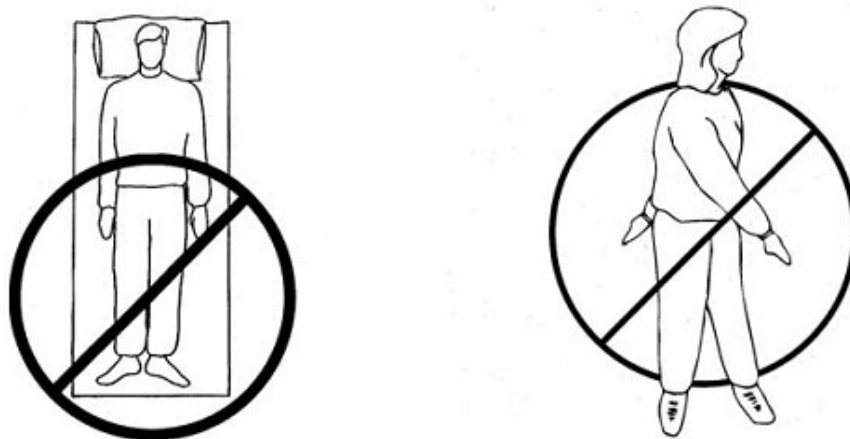
(FOR 6 WEEKS AFTER SURGERY)



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



Do not cross your legs or ankles.



Do not twist your hip/leg in or out.

Sitting

On a chair, edge of the bed, toilet, shower chair or tub bench...

1. If the seat is lower than your knee, it is too low – you will need a different chair or a cushion
2. Stand with your back to the chair/bench
3. Keep the foot of your operated side forward
4. Back up slowly until the chair/bench touches the back of your unoperated hip
5. Hold the walker with one hand
6. Slide your operated leg forward as you reach back with your other hand
7. Reach back for the handrail or side of the chair/bench behind you (or the wall or nearby counter)
8. Keep the weight on your unoperated leg; lower yourself onto the chair/bench
9. Keep your operated leg straight.
10. Do not twist to look behind
11. Your knee should always be lower than your hip (e.g. avoid recliners and rocking chairs)



Laying down

The best way to lie down is on your back with a pillow between your legs

1. Once seated on the edge of the bed, put both your hands behind you for support
2. Lean backward
3. Swing one leg, then the other from the floor onto the bed
4. Use your hands to lower your upper body onto the bed
5. Move your body as a unit, don't twist
6. Do not reach for the end of the bed for blankets; use a reacher to pull them up
7. Keep your walker nearby
8. If you lie on your side, keep a pillow between your legs to prevent them from crossing
9. Keep your toes pointed forward, not to the side to prevent your legs from turning in or out

The Bathroom

- ✓ Make sure the floor of the tub/shower is dry
- ✓ Gather what you need ahead of time so it's within easy reach
- ✓ You should not get your incision wet until several days after your staples have been removed. *This means you should use a sponge bath.*

For a shower

1. Lift both feet over the lip and turn your whole body to face the faucet
2. Move your legs and body together: Do not twist

For a Tub

1. Do not climb into the tub
2. If you wish to use the tub, you will need a bath bench, your Occupational Therapist can talk to you about this item
3. You must lift your legs higher to get over the ledge.
4. To protect your hip, lean back
5. Lift your legs one at a time over the side of the tub and turn to face the faucet
6. Be careful not to lift your knees up past your hips

Do not use soap dishes or towel racks to support yourself. They are not made to hold your weight.



The Toilet

1. See Sitting
2. To avoid twisting or bending, keep toilet paper in easy reach or take some before
3. Stand up to wipe, and turn your whole body around to flush

If your toilet is too low, you may need a raised toilet seat with arms or a versaframe

(a device with built in arms that can be attached to the base of your toilet).

Your Occupational Therapist can talk to you about these items.

Dressing

Please follow your Hip Precautions as you get dressed.

Getting dressed from the waist up with clothing such as shirts or slipover dresses does not change after surgery.

You will need these tools to help you:

- ✓ Reacher
- ✓ Shoehorn
- ✓ Sock aid
- ✓ Walker
- ✓ Bed/chair
- ✓ Patience

Socks

There are only 2 ways to get socks on after your hip replacement:

1. Using a sock aid.
2. Asking someone to help you.

Using a sock aid:

1. Slide sock onto sock aid.
2. Lower sock aid to ground with the string handle. Do not bend over to lower sock aid to the floor.
3. Slide foot into sock aid and then pull up the sock by pulling on the string handle.
4. If sock does not come up all of the way, use a reacher to pull it up the rest of the way.

Works best with stretchy socks such as gym socks.

UNDERWEAR, PANTS, SHORTS

(ANY CLOTHING WORN BELOW THE WAIST)

To put your clothes on:

1. Have your reacher and walker close to you.
2. Start by sitting at the edge of your bed or on a chair with arms.
3. Place clothing on lap and use reacher to lower it to the floor.

Do not bend over

4. While still holding onto clothing with reacher, slide operated leg in first. Make sure that the foot comes through the clothing completely, so it does not slip off.
5. Next, slide the non-operated foot into clothing.
6. Pull clothing up as far as is possible while you are sitting down.
7. Stand up with the walker and pull clothing up rest of the way.

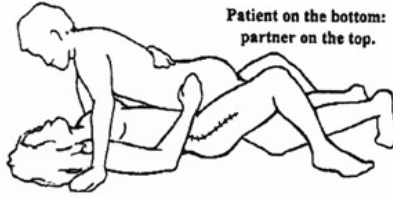
You may need to keep one hand on the walker and use your other hand to pull up the clothing.

To take your clothing off:

1. Start by standing up, with your walker in front of you.
2. Keeping one hand on the walker, use the other hand to lower the clothing. Do not bend over. Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down safely on chair or bed.
4. Use a reacher to lower the clothing to floor.
5. Take the non-operated leg out first.
6. Take the operated leg out second.
7. Use a reacher to pick the clothing off of the floor.

Sexual Relations

Pillows can be used under the knees, back, and/or side for comfort and support.



Patient on the bottom:
partner on the top.

Patient on the top:
partner on the bottom.



Standing position for both
the patient and partner.



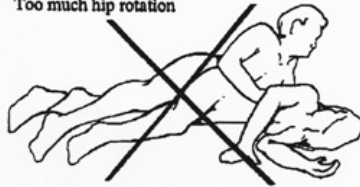
Patient lying on side with
operated leg on top.



Too much hip abduction,
flexion and rotation



Too much hip rotation



Too much hip flexion



Too much hip flexion



Obviously, there are other safe and unsafe positions and methods of obtaining sexual satisfaction. Please think them through. If necessary, please be ready to try something new to help protect your new hip(s).

DRIVING

Standard Transmission Vehicle: You cannot drive until you can fully weight bear without walking aids, your oral pain medication need is minimal, your hip motion and strength are reasonable, and you can apply the brakes and clutch quickly if needed.

Automatic Transmission Vehicle: If you have had a **right** hip replacement, the conditions are as for a standard transmission vehicle. If you have had a **left** hip replacement, you may drive when your pain medication need is minimal.

Before getting into the car

- ✓ Have the driver park away from the curb
- ✓ Have someone move the seat as far back as it will go
- ✓ Use a firm cushion to raise the height of the seat

Sitting down

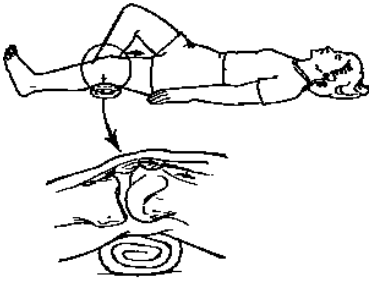
1. Stand with your back to the car
2. Hold onto the side of the car and the walker or dashboard
3. Lower yourself slowly onto the seat, keeping your operated leg forward: watch your head
4. Slide well back in the seat
5. If the seat isn't reclined, recline it
6. Lift your legs one at a time into the car
7. Do not move your body, do not twist
8. Follow your hip precautions

To get out

- Have someone open the door, follow the above steps backwards.



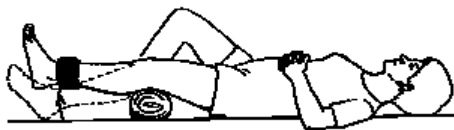
EARLY POST-OP HIP EXERCISES



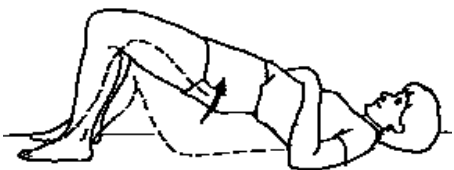
1. Lie on your back with operated leg straight.
2. Place a small rolled up towel under your knee of the operated leg.
3. Tighten your thigh and buttock muscles, pushing the back of your knee down into the towel.
4. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with legs straight.
2. Bend operated leg at hip and knee, sliding your heel toward buttock (you may use your strap to help) DO NOT BEND YOUR HIP PAST 90°
3. Hold 5 seconds, repeat 10 times, 3 times per day



1. Lie on your back with a can or roll under knee
 2. Raise your heel off the bed until your leg is straight
 3. Hold 5 seconds then slowly lower.
- Repeat 10 times, 3 times per day.



1. Lie on your back with both legs bent as shown (you may want to put a pillow between your legs)
 2. Tighten your buttocks and raise them off the bed as high as you can.
 3. Keep pelvis level
 4. Hold for 5 seconds then slowly lower.
- Repeat 10 times, 3 times per day.

*** Note: NO ABDUCTION EXERCISES FOR 6 WEEKS POST-OP**