



Total Hip Replacement

Patient Information Booklet

Please bring this book to your admission to the Hospital and to all of your appointments.

**For Information Call
613-732-2811 extension 6380**

Orthopaedic Surgeon's Name: _____

Extension: _____

Your Health Care – Be Involved

MISSION, VISION, AND VALUES STATEMENT

Mission

We are a regional community hospital committed to delivering a wide range of quality health services. Following Catholic tradition, we will meet the physical, emotional, and spiritual needs of all.

Vision

Delivering the safest and highest quality of care to every person, every encounter, every day.

Values

We uphold and promote:

- Compassion and caring
- Excellence and innovation
- Social and fiscal responsibility
- Sacredness of life
- Mutual respect
- Community spirit

Acknowledgments:

This booklet was developed with assistance from OASIS (Osteoarthritis Service Integration Systems) at Vancouver Coastal Health and adapted with permission from The Queensway Carleton Hospital.

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WELCOME TO PEMBROKE REGIONAL HOSPITAL

As a patient- and family-centred community hospital, the Pembroke Regional Hospital (PRH) provides quality healthcare in a warm and personal way through the services of dedicated healthcare professionals. We look forward to helping you throughout your hospital stay. Please be sure to ask any questions you may have at any time.

We use the acronym “Speak Up” to advise you to get involved in your health care:

- S – Suggest ideas to improve your care
 - P – Provide a list of the medications you take
 - E – Ensure you ask all your questions
 - A – Assign someone to help you
 - K – Keep your contact info up-to-date
-
- U – Understand your care
 - P – Please tell us any information that will keep you safe

This booklet is intended to provide you with information to prepare you for your hospital stay and discharge. It will give you the general information you need to get yourself, your family, and your home ready for surgery. **Read this booklet and bring it to all of your appointments including to the Pre-operative Assessment Clinic (POAC) and on the day of admission to hospital.** We hope that you find this booklet a useful reference guide before, during, and after your joint replacement surgery.

Patients who are prepared for surgery and who take part in their own care can recover in less time and with less pain. Your stay in the hospital will be short. In general, your home is a healthier place to recover, as people tend to eat, sleep, and heal better at home. The role of the healthcare team in the hospital is to get you moving as soon as possible and resuming your daily activities safely.

IMPORTANT: If your Surgeon or healthcare team gives you different recommendations than what has been provided in this booklet, please follow their directions.

HIP SURGERY

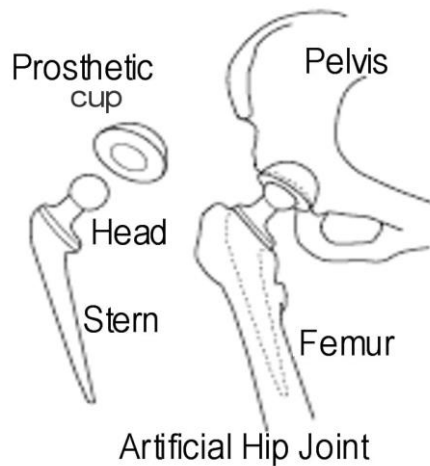
In this section, you will learn about:

- Hip replacement surgery
- Types of joint components and donation of bone
- Hip precautions

Total Hip Replacement Surgery

In total hip replacement surgery, the Surgeon replaces the worn out joint with an artificial joint (prosthesis). First, the Surgeon makes an incision and moves the muscles and ligaments away from the hip joint. Then the head of the thighbone (femur) is replaced with an artificial ball and stem. The pelvic socket (acetabulum) is smoothed and lined with a moulded shell. Then the joint is put back together with the ball fitted into the shell. Once the new joint is in place, the muscles and ligaments are moved back into place. Your skin is closed with staples (metal clips that hold your skin together while the incision heals). This surgery takes about two hours to perform.

Many patients who have hip replacement surgery can move their joint more easily, have less pain, and are able to walk more comfortably than they were prior to surgery.



Hip Revision (Repeat) Surgery

Some people who previously have had a hip replacement may need a revision or repeat surgery because:

- The replacement joint has dislocated
- The replacement joint is loose or worn out
- There has been bone loss or an infection in the replaced joint (see signs and symptoms of infection on page 39)

Types of Joint Components (Prosthesis)

- CEMENTED:** The artificial joint pieces are secured to the bone with a quick-hardening adhesive. This is rarely done.
- CEMENT- LESS:** The artificial joint pieces are closely fitted into the bones. These pieces are covered in a rough material that encourages bone growth. Bone growth into the artificial joint can provide additional long-term joint stability. Some parts of the artificial joint may be screwed in place to keep the joint stable.
- HYBRID:** In this type of surgery, one piece of the artificial joint is attached with cement while the other piece is covered in a rough material that encourages bone growth. Bone growth into the artificial joint can provide additional long-term joint stability. Some parts of the artificial joint may be screwed in place to keep the joint stable.

Donation of Bone

During surgery, bone needs to be removed. This bone may be saved to use for another patient. When you sign your consent for surgery, you will be asked to donate your bone to the bone bank. If you wish to donate your bone, you will be given more information about the process.

Allograft Bone

Sometimes, when having revision joint surgery done, there is a need to use donated bone from another person. The blood of the person donating the bone has been tested, to ensure that no disease is present. The bone is used only if it is healthy and disease free. At the time you sign your consent for surgery, you will be asked to sign a form called “Allograft Bone Consent” which gives your Surgeon permission to use this type of bone if needed.

Hip Precautions

After hip surgery, you must follow hip precautions for 3 months unless otherwise advised by your Surgeon. These rules should be followed strictly for the first 6 weeks following your surgery and carefully for the next 6 weeks. These activity restrictions will help your joint to heal and reduce the risk of hip dislocation (See “Complications” section for more information, page 38).

Take a problem solving approach; before you begin a task ask yourself:

Am I breaking any of the precautionary rules?

- | | |
|----------------------|--------------------------|
| If the answer is NO | do the task |
| If the answer is YES | change your technique OR |
| | use an adaptive aid OR |
| | ask for help OR |
| | don't do the task |

In the following pictures, the shaded leg is the surgical leg.

Flexion (Bending) 90° Rule



DO NOT bend your hip past 90 degrees

Rotation (Twisting) Rule



DO NOT twist your body or legs

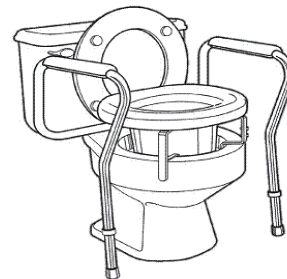
Adduction (Crossing Middle) Rule



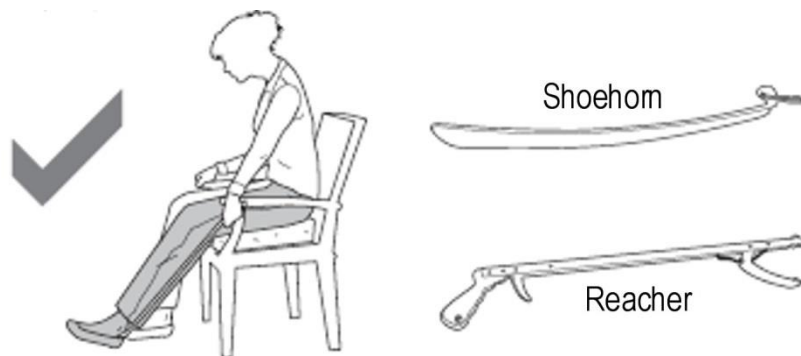
DO NOT cross your legs at the ankle or knee

Abduction (movement of leg away from midline) will be restricted for some patients. Check with your Surgeon or Nurse.

DO sit on a raised chair or use a high-density foam cushion to increase surface heights. Use a raised toilet seat. Your knee should be lower than your hip when seated.



DO use long-handled aids, such as a shoehorn and reacher, to help you dress and pick up items.



DO sleep with pillows between your legs for the first 3 months after surgery. You may require assistance placing the pillows or choose to use an extra long body pillow.



Additional notes for hip surgery and precautions:

BEFORE SURGERY

In this section, you will learn about:

- Pre-operative education
- Pre-operative assessment clinic
- Home set-up
- Equipment list
- Exercise
- Nutrition
- Final checklist before surgery
- Preparation for surgery

Pre-Operative Education

Out-Patient Pre-habilitation Program (Total Hip Replacement)

The Pembroke Regional Hospital Rehabilitation Department provides a pre-habilitation program designed to educate both patients and their caregivers. This program is done in two sessions. After seeing a Surgeon in the Total Joint Assessment Clinic, you will be contacted by phone to arrange your appointment. It is mandatory to attend these appointments or your surgery will be postponed or cancelled. We encourage you to bring a friend or relative for additional support. Please record the times of these appointments, as we will not call to remind you.

Session 1

The first session is a group information class. It lasts approximately 1.5 hours. The Occupational Therapist, in conjunction with a Rehab Assistant, will explain to you more about your surgery, what to expect in the hospital, and what you need to prepare in advance for your return home. As well, a Dietitian and Pharmacist will speak to the group.

Appointment time: _____

Session 2

The second session is done in two parts. You will be given a home checklist to complete and bring with you to Session 2 with the Occupational Therapist. The Occupational Therapist will review the hip precautions with you and make recommendations about home equipment that will be required following your surgery. You will see a Physiotherapist who will review the home exercise program that we expect you to start before your surgery and continue immediately after your surgery. We will also suggest a suitable gait aid (e.g. cane, crutches, walker). These two sessions are 45 minutes each, for a total of 1.5 hours that day.

Appointment time: _____

Pre-Operative Assessment Clinic (POAC)

This visit takes place 2 to 3 weeks before your surgery.

The Pre-Admission Scheduling Department will call you to schedule an appointment with the POAC. Your visit to the POAC may take approximately 60-75 minutes to complete. It is mandatory to attend this appointment or your surgery will be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and pre-operative tests will be performed. On the day of your appointment, report to the Pembroke Regional Hospital, Tower D, Ground Floor Registration Desk with your health card to be registered and then directed to POAC.

Some tests may be performed including:

- X-ray
- Blood and urine tests
- ECG (electrocardiogram)

Please remember these tests are not prescheduled. Therefore, there may be some waiting to complete the tests.

You will be given information about your hospital stay. The Nurse will take your health history and ask you to review your consent for surgery. The most important things you will learn during your POAC visit are:

- When to stop eating and drinking before surgery
- Medication management before and after surgery
- The date and place for your hospital admission
- How to prepare for your surgery
- Deep breathing exercises and ankle exercises

You may see other healthcare professionals during your POAC visit if requested by your Surgeon. These may include:

- Anaesthetist – bring any questions you have about anaesthetic to your appointment
- Medical doctor
- Community Care Access Centre Care Coordinator
- Social Worker
- Dietician

Please bring the following to your POAC Appointment:

- An accurate, up to date printout of all medications from your pharmacy **or** all of your current medications in the **original** bottles or boxes including vitamins and herbal products. Please include prescription and non-prescription medication, puffers, sprays, ointments, and eye drops

- If your pharmacy prepares a dosette or blister pack, bring one that contains at least a week's supply of medication and ask your Pharmacist to prepare a list with dosing instructions of medications contained within it
- A list of medication allergies including the type of reaction
- Provincial health insurance card and proof of any additional health insurance
- Your substitute decision maker if they have signed the consent for you
- Your reading glasses if required
- A translator if you have difficulty understanding or speaking English
- We recommend that you bring one able-bodied family member or friend with you to your appointment. This person has to be able to accompany you to your various appointments in the hospital, as there is some walking involved
- Bring this book to all appointments, including POAC

You will be asked if you smoke or consume alcohol on a regular basis. Please be honest, as this may affect your surgery and recovery time. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.

When Is My POAC Appointment?

The Pre-Admission Department from PRH will notify you at home of your appointment at POAC. Please report to Tower D, Ground Floor for your POAC appointment.

My POAC appointment is on _____ at _____

If you have any questions about your appointment please call the Pre-Admission Department: Monday to Friday 8:00 a.m. to 4:00 p.m. at 613-732-2811 extension 6017.

You may eat and drink as usual on the day of your POAC visit, unless otherwise notified by your Surgeon.

My date of surgery is _____

MRSA (Methicillin Resistant Staph Aureus)/ESBL (Extended Spectrum Beta-Lactamase-producing bacteria)

If you have ever been told you have or had antibiotic-resistant bacteria such as MRSA or ESBL, please notify your surgeon's office. Today, many hospitals in Canada and around the world are dealing with bacteria that no longer respond to many antibiotics. The Pembroke Regional Hospital is taking steps to prevent and control antibiotic-resistant bacteria. This bacterium does not usually cause problems in healthy people, but it can cause infections in people who have weakened immune systems or who have had major surgery. If you have stayed overnight in a healthcare facility within the last year, you will be screened for resistant bacteria at the time of your POAC visit.

Will I Need to See a Social Worker?

If there are any issues that may make it difficult for you to manage at home after discharge, a Social Worker is available to meet with you during your POAC visit. If not available to meet in person, you may talk to the Social Worker by phone. If you have financial concerns that interfere with your discharge plans or if you have other worries, please let us know. We can offer support and connect you with other services that you may not know about. If you are already on Home Care through Community Care Access Centre (CCAC), please make sure that your Care Coordinator knows the date of your surgery.

If you live alone, you should plan to have someone stay with you overnight when you are discharged from the hospital and to help make meals for a few days. You could also make meals ahead of time and freeze them. If you are worried about being alone, you may want to think about private convalescent care in a retirement home. You can make these arrangements yourself or the Social Worker can help you to do it when you come to POAC. If you are a caregiver for someone else, please let us know at the time of your POAC visit.

Primary Contact

Please discuss and decide with your family/friends who will be the primary contact person. This should be the only person to phone the hospital staff regarding your condition. This person can then further contact the rest of your family and/or friends. The name of this person will be written on the chart. Please let your family and friends know who this person will be.

My primary contact is _____
Phone number: Home: _____
Work: _____
Cell: _____

Patient recovery can be enhanced by visits from family members, but remember your recovery is also aided by plenty of rest. Please be courteous and have consideration for your fellow patients regarding the number of visitors coming to see you. Patients and their families are asked to adhere to the following visiting hours and to limit visitors to two persons at one time. Your stay in hospital is very short, so your visitors may prefer to come to your home to see you after discharge.

Visiting Hours: 11:30 a.m. to 8:30 p.m. daily

Do I need to Donate Blood?

This surgery can require blood transfusions. The Surgeon will discuss this with you and give you instructions on how to donate your own blood (autologous donation) if you wish. This donation must be arranged in advance with your Surgeon and occurs approximately 5 weeks prior to surgery.

Health Tips before Surgery

- Notify your Surgeon before your surgery if you develop a cold or any other illness
- We ask that you check your temperature regularly during the three days before your surgery date. If you feel feverish (temperature 38°C or 100.4°F or higher) or develop a respiratory or any other infection during this period, you should notify the Surgeon who is performing your surgery by calling his office. This is important for your well-being and the safety of others because there is a risk for everyone if you go to surgery with an infection in progress. Should your surgery be delayed, every effort will be made to have you rescheduled as soon as possible.
- If you have had flu shot in the past and did not have any problems with it, you may have a flu shot before your surgery. It must be done at least one week before your operation.
- Your Surgeon recommends that if you require any dental work or teeth cleaning, it should be done before your POAC visit.
- After your surgery, you must inform your Dentist and other Doctors that you have had a joint replacement surgery.

Transportation

Transportation Services offered at a fee:

- Sunshine Coach (Renfrew): 613-432-2134
- Carefor (Renfrew County): 613-732-9993 extension 3233
- Handibus: 613-735-6998

If you need to arrange a “disabled” parking sticker for your car, please make arrangements by contacting the Driver and Vehicle License Issuing Office before your hospitalization and have your family doctor complete the form.

What should I bring to the hospital?

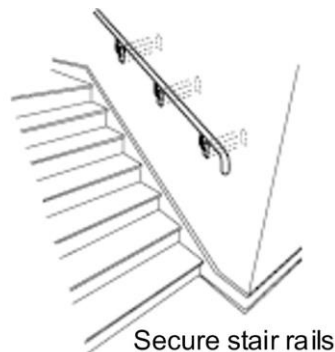
- A knee length dressing gown which opens all the way down the front
- Your regular walking gown
- Your family can bring in luggage after your surgery. You will want to bring one set of comfortable clothing like jogging pants or shorts and a shirt that you can dress in during the day. You will need loose fitting pants to wear home as your joint may be swollen
- Toothbrush, toothpaste, soap, deodorant, shaving cream, razor, and Kleenex™, etc. These items are not supplied by the hospital.
- You may be loaned a cane or a walker while in hospital, but you may prefer to bring your own. **Note: Four-wheeled walkers with hand brakes are NOT to be used immediately after surgery.**

Please bring in your long handled reacher, sock aid, and long shoehorn with name labels
A list of allergies, including the type of reaction

Home Set-up Suggestions

It is important to set up your home **BEFORE** joint surgery. This will allow you to easily move around your home with a walker or crutches after surgery and reduce the risk of falls.

- Ensure hallways and rooms are free of clutter and tripping hazards (e.g. scatter rugs, footstools, etc.)
- Add non-slip surfaces to outside stairs and walkways
- Install stair railings or make sure the existing ones are secure



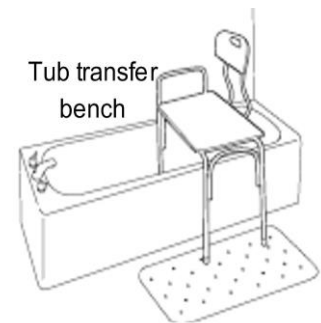
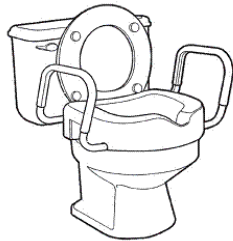
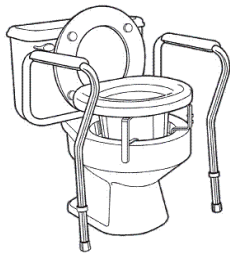
- Set-up a firm chair with armrests at your minimum sitting height (the Occupational Therapist will determine this height at the pre-habilitation session #2.)
- Ensure that you have good lighting in hallways and other well used areas
- Arrange for extra help with household tasks if needed (e.g. vacuuming, laundry)
- Move frequently used household items to counter height (e.g. pots and pans). Consider moving items in the lower parts of the fridge/freezer to a higher shelf
- Stock your freezer/pantry with healthy foods and snacks. If needed, private food/meal delivery services are available in many areas
- Keep several ice packs in your freezer for possible joint swelling after surgery. Alternatively, you can use a bag of frozen peas. Ice should be applied 3 or 4 times a day for the next several weeks after surgery
- Have a thermometer at home to check your temperature after surgery
- Consider alternatives for pet care (e.g. dog walking, changing cat litter)

Bathroom

Note: The Occupational Therapist will discuss recommendations specific to your home with you at your pre-habilitation visit. You may not necessarily need all of the equipment listed below.

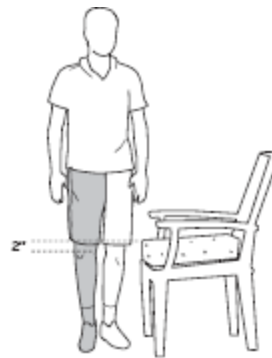
- Install an over toilet commode over your toilet to assist you to sit or stand. If you get up often during the night, you may place one next to your bed. Men may want to purchase a bedside urinal
- Remove sliding doors from your bathtub and replace with a shower curtain
- Set-up a transfer bench (in the bathtub) or a shower chair (in a shower stall)

- Use a non-slip bathmat both inside and outside the bathtub or shower
- Install a hand-held shower hose in the bathtub
- Grab bars in the bathtub/shower stall and by the toilet are very useful. Removable grab bars are available. DO NOT use towel racks or toilet paper holders to assist you to stand or sit



Seating after Hip Surgery

To follow hip precautions, you need to sit and stand from a higher surface. It is important to choose a chair with a seat that is 2 inches above knee height. This includes chairs, beds, and toilets. The Occupational Therapist will measure you to determine what your minimum sitting height will be.



- Use a high-density (firm) foam cushion or wedge cushion to increase chair height. The cushion should be firm enough that it will not compress when you sit on it. Plan to take your foam cushion with you to adapt chairs outside of the house. The thicker edge of your wedge cushion should be placed at the back of your chair, at the backrest.
- Set up a firm chair with armrests (not a rocking chair)
- Set up a table beside your chair for frequently used items
- If your bed is too low, add another mattress or place the frame on wooden furniture risers
- Reclining, Lay-Z-Boy type chairs are not recommended after surgery.



Equipment List

Arrange up to 2 weeks before surgery.

Equipment you MUST bring to HOSPITAL – unless otherwise told by a Therapist
Hip Surgery
<ul style="list-style-type: none">• Walker<ul style="list-style-type: none">□ 2-wheeled or □ Standard (no wheels)• Crutches (only if recommended by the Physiotherapist)• High-density (firm) foam cushion or wedge (at least 2 inch x 16 inch x 18 inch, needed for going home in the car)• Dressing equipment (long-handled reacher, long-handled shoe horn and sock aid)• Please make sure your name is on all equipment

Equipment for HOME
Hip Surgery
The equipment below is required: <ul style="list-style-type: none">• Raised toilet seat (with handles) OR commode placed over the toilet• Long-handled reacher• Long-handled shoehorn• Sock aid• Long-handled sponge• Non-slip bathmat (placed in the tub)• Elastic shoe laces (otherwise use slip-on shoes with an enclosed heel)• Hand-held detachable shower head• Bathing – use a shower chair in a walk-in shower <u>OR</u> use a tub transfer bench.

- Please be sure that equipment fits in your home and is in good working order before you have your surgery. You should practice using your equipment prior to your surgery
- Walkers, crutches, and canes must be adjusted to your height. Your Physiotherapist will provide the recommended height for your mobility equipment at your pre-habilitation session #2

Equipment is available at:

Medical Supply Store list will be provided to you during session #1.

- Equipment for rent and/or purchase
- May deliver to your home and/or install
- Costs may be covered by extended health plans – check your plan

Friends/Family: Check with friends and family who may have equipment you can borrow.

Exercise

Exercising before surgery will help you to have a faster and easier recovery. Do activities that put less stress on your joint. Try:

- Exercises in water, such as swimming or water walking at a community pool
- Cycling
- Nordic pole walking
- Gentle stretching and strengthening
- Specific exercises suggested by a Physiotherapist
- Balance exercises (valuable in preventing falls)

These activities will make your muscles strong, improve your endurance, and help keep your joint moving. Exercising before surgery will also help you to build up your confidence and knowledge of the exercise you will do after surgery.

REMEMBER: After surgery, daily exercise will be a part of your rehabilitation for many months.

Be sure to strengthen your arm muscles. You will need strong arms after your surgery to use walking aids, get in and out of bed, and get on and off a chair. Do strengthening exercises for at least 3 weeks before surgery.

For example, push up through your arms while seated. Work up to 10 repetitions 2 times each day.

If this exercise causes you discomfort, or if you are new to exercise and/or have other health conditions, always talk to your Family Doctor before starting a new exercise program. If you do not know how to get started, talk to a Physiotherapist.



Nutrition

Good nutrition helps you to recover from surgery and reduces the risk of infection. Talk to your Doctor, Pharmacist, or Dietitian if you have any concerns. Important nutrients before and after surgery include:

Protein

Protein promotes healing after surgery. To meet increased protein needs, try to eat at least three servings from each of these food groups every day. For example:

<p style="text-align: center;">Meat and alternatives 1 serving =</p> <ul style="list-style-type: none">• 2-3 oz. of meat, poultry, or fish• 2 eggs• 3/4 cup beans• 3/4 cup tofu• 2 tablespoons peanut butter	<p style="text-align: center;">Milk and alternatives 1 serving =</p> <ul style="list-style-type: none">• 1 cup milk or soy beverage• 2 oz. cheese• 3/4 cup yogurt
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Calcium and Vitamin D

Calcium and Vitamin D are important for strong bones. Adults should have 2 to 3 servings of milk or calcium-fortified products a day. Talk to your Doctor, Pharmacist, or Dietitian about current supplement recommendations that are right for you.

Fibre and water

It is important to have a regular bowel habit before joint surgery because constipation can be a complication of surgery. Include fibre in your diet, such as whole grains, bran, fruits, vegetables, dried beans, and lentils. Gradually increase your fibre intake and spread the fibre throughout the day. Drink at least eight glasses of water or other low-calorie fluid a day.

For more information about nutrition, see Canada's Food Guide:

www.healthcanada.gc.ca/foodguide

Alternatively, visit Eat Right Ontario at www.eatrightontario.ca

Weight Management

Being overweight or underweight can affect your recovery from surgery. If you are overweight, moderate weight loss is a good strategy to reduce hip pain and to allow you to do be more active. Every pound you carry places 3-6 pounds of force on your knees and hips. If you are trying to lose weight before surgery, aim for a gradual loss of no more than 1 pound per week. Avoid fad diets, as they may cause you to be undernourished and prolong recovery.

**Approximately
1 EXTRA POUND = 3-6 POUNDS OF FORCE
on your knees and hips**

Being underweight can make it harder for your body to heal after surgery. It is important to eat well before surgery.

Talk to a Dietitian if you are worried about being overweight or underweight before surgery. To find out more information on nutrition or specific nutrients see:

Dietitians of Canada Website: www.dietitians.ca

Final Check List: 1 Day before Surgery

By now you should have picked up your medical equipment and set up your home. Here is a final checklist of things you need to do before coming to the hospital:

- Label all of your dressing equipment with your name and **bring these items to the hospital** (e.g. walker, long-handled reacher, long-handled shoe horn, sock-aid)
- Arrange for transportation to and from the hospital. Discharge time is 10:00 a.m.
- Make arrangements for someone to stay with you or be nearby for at least the first 72 hours after you leave the hospital
- Perform your skin preparation as explained by the POAC staff
- Pack your bags for the hospital. Bring only the minimum personal belongings (clothing, etc.) with you to hospital. Your planned stay will be short, patient rooms are small, and there is limited storage.

Make sure that you have the following at home:

- A waterproof dressing will be applied in the hospital and will stay on for 7 days or longer then another dressing can be used.
- Ice or frozen gel packs to be applied 3-4 times per day at home to control swelling.
- Have all current medications in original bottles or boxes. Bring dosettes (one complete week) if it prepared by your pharmacy.
- Medications will be sent home. Only medications not supplied by the hospital pharmacy need to be kept.

Please ensure that visitors are aware of the Pembroke Regional Hospital scent-free policy. Please do not bring scented flowers to the hospital.

DO NOT bring valuables to the hospital.

Preparation for Surgery

You must follow these rules or your surgery may be cancelled:

1. **Do not eat after midnight the night before your surgery or your surgery will be cancelled. Do not chew gum or suck on any mints, candies, or cough drops. You may drink CLEAR fluids only until 3 hours before your surgery. Clear fluids include water, apple juice, gingerale, Gatorade, etc. Eating or drinking can cause you to vomit during anaesthesia and this can be dangerous.**

Exception: You should take your regular prescription medications (no vitamins or herbal products) with water the morning of surgery as instructed, unless POAC staff told you not to take the medicine.

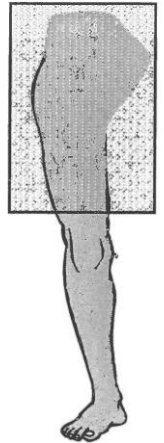
Please take:

You should stop taking:

_____ on _____
_____ on _____
_____ on _____

You **must** stop taking medications such as vitamin E, omega 3, fish oils, ginkgo biloba, garlic and ginseng at least one week before surgery. These medications “thin” your blood, which could cause excessive bleeding during and after surgery.

2. **Skin preparation:** Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. Have a bath or shower the night before your surgery using regular soap and the morning of your surgery. You are required to purchase two pre-wrapped chlorhexidine sponges. They are available at Mulvihill’s Pharmacy (Tower C). At the end of your bath or shower (if shower, shut off the water) use the non-abrasive side of the sponge and gently rub the operative area for about 2 to 3 minutes and then RINSE WELL. Remember to do the front, sides and back area of the site. Dry your body with freshly laundered towels. Do NOT use body lotion. The morning of surgery repeat your bath or shower using Chlorhexidine soap sponges.



3. If you are a smoker, stop smoking 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.
4. Do not drink alcohol 24 hours before surgery.
5. On the day of surgery do not wear make-up, body piercings, nail polish, deodorant, or contact lenses. **Please do not wear any scented products as the hospital has a scent-free policy.**

6. Do not bring valuables (jewellery, credit cards, and money) to the hospital. We do not assume responsibility for lost or stolen articles.
7. Do not drive your car to the hospital the day of surgery.

When you see the nurse for your POAC visit ask about smoking cessation support in preparation for your surgery.

DURING YOUR HOSPITAL STAY

In this section you will learn about:

- Day of surgery
- Length of hospital
- Rehabilitation
- Pain control
- Anticoagulant medications
- Going home

Day of Surgery

When you arrive at the hospital:

- Please report to the Admitting and Patient Registration Office located in Tower A, 3rd Floor. **Please bring your Health Card.**
- From there, you will be directed to the Day Surgery unit (DSU) or to a patient room.
- The staff will show you where to change into a hospital gown. Your clothes will be placed in a bag for later transfer to your room. You will then lie down on a stretcher
- A Nurse will complete the paperwork for your admission to the hospital.
- An aide or porter will take you to the Operating Room.

During Surgery: Anaesthesia

You will talk to your Anaesthesiologist and Surgeon in the waiting area of the Operating Room. The Nurse, Anaesthesia Assistant or the Anaesthesiologist will start an intravenous (IV) by inserting a small needle into your arm or hand. Medication and intravenous fluids are given through this needle.

Most people who have joint replacement surgery have spinal anaesthetic. This freezing goes into your back through a needle, makes you numb from the waist down, and stops you from feeling pain. The Anaesthesiologist will make sure you are comfortable throughout the surgery, giving you medication through your IV that makes you relaxed and sleepy. If you have a spinal anaesthetic, you may not be able to move your legs for up to 4 hours after surgery.

Some people receive general anaesthetic. This is a combination of drugs that will make you unconscious during the surgery.

Bring any questions you have about anaesthetic to your POAC appointment.

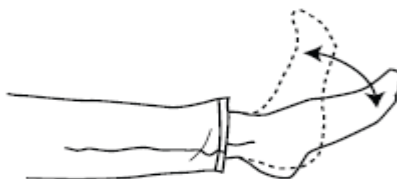
After Surgery: Recovery Room

- Your operation can last from 1½ to 2½ hours
- You are moved from the Operating Room to the Post-Anaesthetic Care Unit (PACU)
- You may have an oxygen mask or nasal prongs on your face or in your nose. You may require oxygen for 24 hours following surgery
- You may have a catheter in your bladder to drain your urine

- The Nurse monitors your vital signs, including your pulse and blood pressure, and will look at your incision frequently
- The Nurse will check the circulation, sensation, and movement of both legs. Your legs will feel heavy and will be difficult to move for a few hours after the spinal anaesthetic. They will slowly return to normal
- If you feel any pain, nausea, or itchiness tell the Nurse. You will be given medication to help you feel better. You may have a patient-controlled analgesia (PCA) pump attached to your intravenous which the Nurses will show you how to use for pain control
- You may be drowsy after the surgery; as you become more alert we will encourage you to do ankle exercises and deep breathing exercises (see below). These exercises will help to prevent post-operative complications
- You will then be transferred in your bed to your room on the Surgical unit when the Nurse determines it is safe to move you. Your family will be able to visit you after you are admitted to your room. They can also bring any extra personal toiletries and clothing at this time.

Ankle Exercises:

Point your toes toward your head, then toward the foot of the bed. Make your feet go around in circles 5 times. This exercise should be done at least every hour while you are awake.



Deep Breathing Exercises:

Take a deep breath in through your nose and slowly blow out through your mouth. Repeat this 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.

During Surgery: Surgical Unit

- You will have an intravenous (IV) in your arm to give you fluids.
- You will have a large dressing on your leg that covers your incision.
- You may have a tube in your leg that will drain blood away from the incision. This will be removed the morning after surgery.
- You will be told how much weight you can put on your new joint (known as the weight-bearing status). This can vary for each individual. Often people are told to weight bear as tolerated, but you may have a weight-bearing restriction such as partial, feather, or non-weight bearing on your surgical leg. This will be determined by your Surgeon.
- The Physiotherapist or Nurse will help you to sit on the side of the bed and possibly stand on your new joint using a walker, if allowed by your Surgeon, either the evening of your surgery or the day after your surgery.

- The Nurse will ask you if you are having any pain and/or nausea. Please tell the Nurse if you have pain or nausea so he/she can give you some medication to help you feel better.
- You will use a commode or raised toilet seat during the day to use the bathroom and a bedpan or urinal at night. As soon as you are able, you will walk to the bathroom. Some people who have spinal anaesthetic find it difficult to urinate and will need a catheter (a temporary tube placed in your bladder to empty the urine)

You will stay on the surgical unit for up to 2 days. If you are unable to manage safely within 2 days, your length of stay may be extended. Your healthcare team will help guide and determine when you have met the criteria for discharge.

Your hospital stay will follow a plan we call a “Clinical Pathway.” Your care is organized so that you, your family, and all members of your healthcare team know exactly what tests, treatments, and diet you require as well as the teaching and planning necessary for discharge. Your Clinical Pathway, showing what to expect from admission to discharge, is included in this booklet (see Appendix 1).

Length of Hospital Stay

Your time in hospital is short. Your healthcare team will work with you to make sure you are medically stable and able to leave the hospital.

Before surgery, it is important to arrange to have someone pick you up from the hospital when going home.

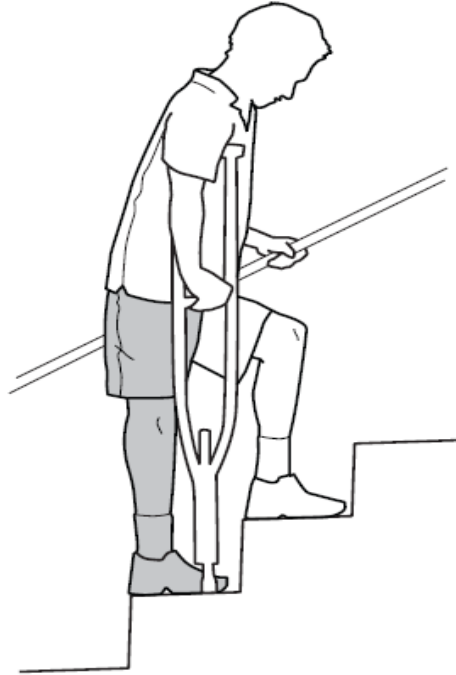
Total Hip Replacement = 1 or 2 nights
(includes revision surgery)

For example, if you have surgery on Monday, you will be sent home on Tuesday or Wednesday.

Please ensure that your travel arrangements are flexible.

Rehabilitation

- Physical activity expands your lungs, reduces the risk of blood clots in your legs, reduces pain, starts your bowels moving, and is a very important part of your recovery
- The Physiotherapist and/or Rehabilitation Assistant will work with you throughout your hospital stay. Your Physiotherapist will teach you how to:
 - Walk with a walker and/or crutches
 - Do your daily exercises
 - Use the stairs safely



- The Physiotherapist will give you exercises to do in hospital and at home. Exercises are a key component of your recovery. It will be your responsibility to continue your exercises after you are discharged from hospital.

Protecting Your Skin from Pressure Injuries

During and after your surgery, you are at risk for developing a pressure injury (bedsore, pressure ulcer). A pressure injury is skin breakdown that develops, usually over the tailbone and the heels, from sitting and lying in the same position for long periods or from sliding down in bed. Some key things that can be done to protect your skin are: avoid sitting in bed with the head of the bed higher than 30 degrees for long periods of time; reposition yourself or ask for help about every 2 hours when you turn on your side; put a pillow between your legs and when you lie on your back, use pillows under your lower legs, so your heels “float” off the bed.

Pain Management

Adequate pain management is very important for your quick and speedy recovery. Good pain management is needed in order for you to be able to participate in physiotherapy and early walking. It is very important to take your pain medication in order to be comfortable enough to move about as required. Your Anaesthetist may decide to inject a small dose of morphine into your spine during your surgery and this can provide pain relief for up to 24 hours. If you receive this medication, your oxygen level and respiratory rate will be assessed for the first 24 hours.

You can have medications for pain as ordered by your Surgeon. Ask your Nurse for pain medication if you are uncomfortable. You will be discharged home with a prescription for medication to manage your pain. You should not let the pain get higher than 4 out of 10 before taking pain medications.

Taking pain medication regularly, especially early in your recovery, will help you tolerate and perform your exercises. You should be able to gradually reduce the amount of pain medication that you need over time.

A combination of medicines will likely be used to control your pain after surgery. This normally would include acetaminophen (e.g. Tylenol™) plus an anti-inflammatory (e.g. celecoxib or Cerebex™) and/or a narcotic (e.g. hydromorphone). By taking a combination of these medicines, you may be able to reduce the side effects of any one of these medicines alone and have improved pain control. It is important to talk to your healthcare team to understand how and when to take these medicines to best control your pain and symptoms.

Constipation can be very common after surgery. It can be a side effect of some medications that are used during and after surgery. Talk to your Nurse if you are constipated. Some other side effects of pain medications are nausea, vomiting, drowsiness, and itchiness. Tell your Nurse if you have any of these symptoms.

Pain Scale Ruler:

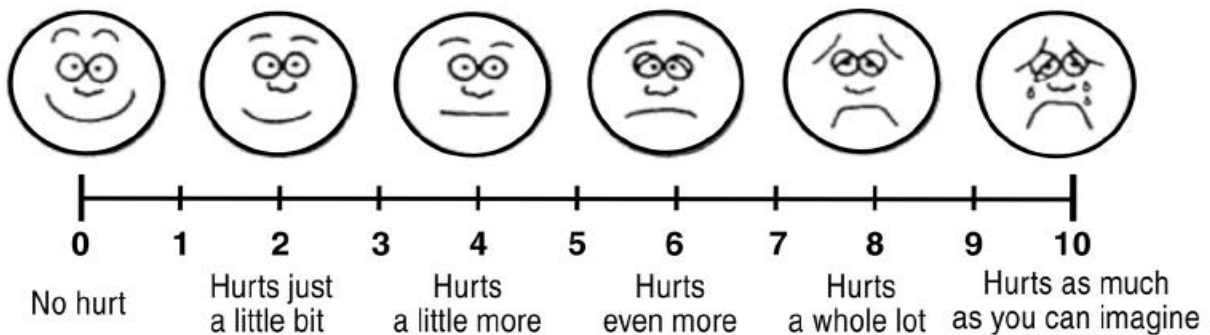
What is a pain scale ruler? A pain scale ruler is a simple tool to measure how much pain you are having. Each Nurse will use this ruler to measure your pain.

Why do we measure your pain? We measure your pain frequently so that we can be sure that your pain medication is working.

What does a pain scale ruler look like? One side of the ruler has numbers from 1 to 10. The other side has colours from white to deep red.

How does our pain scale ruler work? Our ruler is numbered from 0 to 10, with 0 being no pain as shown with a clear face, with 10 being the most severe pain you can imagine as shown with a deep red face.

The nurse will show you the ruler and ask you to choose a number or colour.



Anticoagulant Medications

After hip replacement surgery, you are at risk for developing a blood clot in your leg (see “Complications” page 38). It is important to prevent these clots from forming and from travelling to the lungs. Blood clots can cause death if untreated. Many people are given a daily injection of a blood thinning medicine such as enoxaparin (Lovenox®) to reduce this risk. You will be taught how to give yourself an injection while in the hospital. Instead of an injection, you may be prescribed a pill to reduce clots (e.g. warfarin, rivaroxaban). This most often happens when you were already taking these medications prior to your surgery for other reasons (e.g. atrial fibrillation).

Some information about anticoagulant Injections:

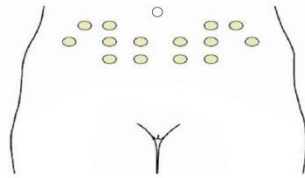
- Anticoagulant injections are usually given DAILY for 10-35 days after surgery
- Your Nurses will give you this injection while you are in hospital and will teach you how to give yourself the injection before you are discharged home
- If you don't feel comfortable giving yourself the injection, have a family member or friend come to the hospital to learn how to give you the injection
- Many pharmacies in the Pembroke area carry anticoagulant injections, but some pharmacies order the medication only when needed. Check with your pharmacy prior to your surgery to see if your pharmacy needs to order the anticoagulant injection

medication. If the pharmacy needs to order the injections, ask your Nurse to fax your prescription to your pharmacy prior to discharge so the medicine will be ready for pick up when you leave the hospital. Be sure to pick up your prescription before you go home

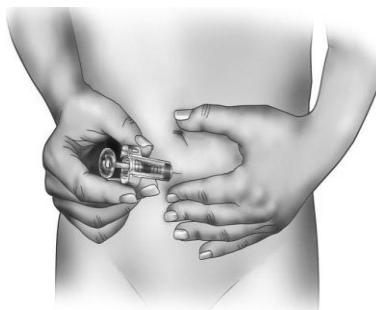
- Please note: The anticoagulation medications may be very costly and not covered by your Ontario Drug Benefits card. Ask for a referral to the Social Worker at your POAC visit if you have concerns.

Injection Tips

- Wash your hands
- Give the injection into the fat of the lower abdomen. You want to stay about 5 cm (2 inches) away from your belly button – out towards the sides of the abdomen. Do not give two injections in the same spot



- Select a different site on your lower abdomen for each injection
- When you have chosen the site for your injection, clean the area with an alcohol wipe. **Do not rub.** Remove the cap from the syringe by pulling it straight off
- **Do not** expel the air bubble from the syringe
- Lie down on your back and gather a fold of skin with your thumb and forefinger at the site of the injection. This fold of skin must be maintained throughout the injection



- Using your dominant hand, hold the syringe like a pencil between your thumb and middle finger. Insert the needle at a right angle (straight in at 90° angle to your skin) into the folded skin as far as it will go. Once inserted, the needle should not be moved. Push the plunger using the forefinger all the way down until the syringe is empty
- When you have injected all the contents of the syringe, remove the needle out of the skin at a right angle. Let go of the skin fold and press down lightly on the area with your alcohol wipe. Do not rub the injection site
- As you remove the needle from your skin, the entire needle is automatically covered by a protective sleeve. You should now safely dispose of the whole syringe as instructed by the hospital staff

Going Home

- Arrangements for private convalescent care, if desired, should be made before you are admitted to the hospital. The Social Worker is available; please ask the nurse on the Surgical Unit to speak with the Social Worker
- Your discharge is on day 1 or 2 after your operation. Most people will be discharged home. Arrangements for private convalescent care, if desired, should be made before you are admitted to the hospital
- You will need to continue your physiotherapy exercises at home for at least 3-4 months and an outline of the home exercise program is shown in the physiotherapy home exercise section of this booklet (see Appendix 2). Be sure to continue to manage your pain at home so you are able to move around and exercise
- The Physiotherapist or Rehabilitation Assistant will send your referral to CCAC for follow up therapy in your home.
You **must not** drive yourself until your Surgeon agrees that you are able (usually 6 weeks after surgery). You may want to check with your insurance company for guidelines. If you are taking narcotics, you should not drive a vehicle
- **Be aware that artificial joints sometimes make grinding or clicking noises. Do not be alarmed – this is normal.**

Follow-up Medical Appointments

Before leaving the hospital, plan the following appointments:

- Your Surgeon: _____
- Have your clips removed from your surgical incision (your Surgeon will tell you before you go home where and when this will occur):

- You should make an appointment with your Family Doctor once you are back on your feet to review your general health

AFTER SURGERY

In this section, you will learn about:

- Pain management at home
- Out-patient physiotherapy
- Transportation
- Activity guidelines
- Sexual activity guidelines
- Complications
- Dental work and medical procedures
- Returning to work

Pain Management at Home

Most people have less and less pain over the next 6 to 12 weeks after surgery. If pain is preventing you from caring for yourself, sleeping and/or exercising, talk to your Physiotherapist or Doctor. If your pain becomes increasingly worse, or if you have pain in a new part of your body, seek medical attention immediately.

Here are some ways to manage your pain:

- Take pain medicine as directed. It is normal to have some increased pain or symptoms during physical activity or physiotherapy sessions. It may be helpful to take a dose of pain medicine 1 hour before engaging in these activities in the first weeks after surgery. It is better to take medicine BEFORE the pain is severe
- Ice can reduce pain and inflammation. Place an ice pack wrapped in a towel on your hip as directed by your Physiotherapist



- Pace yourself. Do not push yourself. Regular rest is an important part of your healing process
- Relax. Use relaxation techniques such as breathing exercises or progressive muscle relaxation. Progressive muscle relaxation is when you tighten and relax each part of your body, starting with the toes and working up to your neck
- Distract yourself. Listen to music, visit with friends, write letters, or watch TV
- Think positively. You will become more and more comfortable as you recover from your surgery

Out-Patient Physiotherapy

Referral for outpatient physiotherapy is sent to CCAC for follow-up care in your home. You will be contacted. Your appointment will be an individual session lasting 30-45 minutes.

If you wish, you can have private physiotherapy follow-up, but you need to advise your hospital Physiotherapist before discharge so they can provide you with a signed referral from your Surgeon. Please let us know where you are going to go for follow-up physiotherapy so we can make arrangements.

Your Physiotherapist will give you exercises to stretch and strengthen your joints and muscles and improve your walking and balance. As you recover, the exercises will progress. Doing the exercises assigned by your Physiotherapist will help you to move your new joint and enjoy greater independence. It is important to continue with the exercises for at least 1 year after your surgery.

Talk to your Physiotherapist if you have questions about your exercises or concerns about your progress. Also ask when you can resume leisure activities.

Transportation

There are many different ways to get around after surgery. Here are some options:

- Friends/family vehicle
- Taxi
- Community Support Services (please enquire regarding fees):
 - Sunshine Coach (Renfrew): 613-432-2134
 - Carefor (Renfrew County): 613-732-9993 extension 3233
 - Handibus (Pembroke): 613-735-6998

If you need to arrange an accessible parking sticker for your car, please make arrangements by contacting the Driver and Vehicle License Issuing Office before your hospitalization and have your health practitioner complete the necessary forms for these services before surgery.

Air Travel

After surgery you may have some extra challenges when travelling by plane. Be sure to give yourself extra time when flying. Your new joint may set off metal detectors at the airport. While on the plane, do ankle exercises every hour to help reduce the risk of blood clots. If you are flying home from the hospital, check with your air carrier to see if medical documentation is needed.

Driving

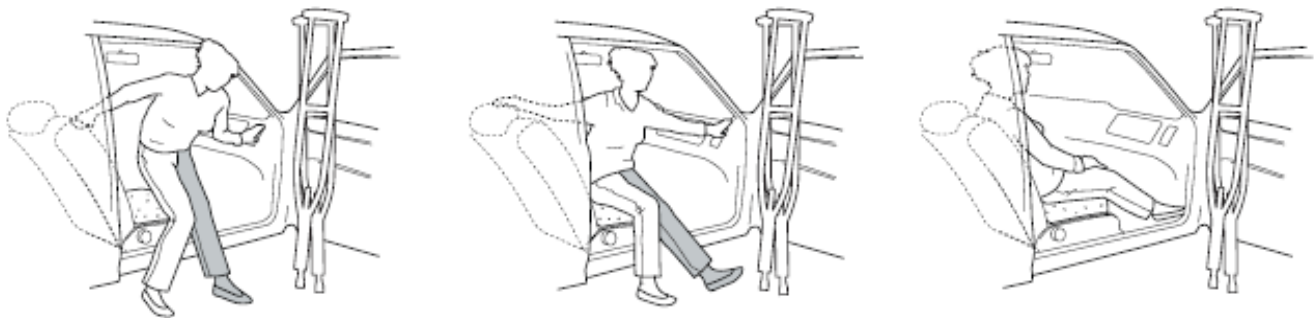
You may be a passenger in a car but driving a vehicle is restricted after hip surgery. There are a number of factors that can affect your ability to safely return to driving. These include using mobility aids and taking prescription pain medicines (narcotics). Talk to your Surgeon before driving. Most people start to drive approximately 6 weeks after surgery. Your insurance company may also have some driving guidelines post-surgery. Ultimately, your Surgeon will decide when it is appropriate for you to return to driving.

Car Transfer

It can be challenging to protect your hip while getting into some cars. Talk to your Physiotherapist if you have questions about car travel. Please practice these techniques before your surgery.

- Park away from the sidewalk or curb so you are not stepping down from the curb to the car. If you have a high truck or sport-utility vehicle, you may need to park near the curb so that you do not have to climb up to the seat
- Move the seat as far back as possible
- Recline the seat
- A cushion on the seat may be more comfortable
- Back up to the seat until you feel the back of the seat on your legs
- Extend your operated leg
- Hold onto the back of the seat and the car to stabilize yourself
- Lower yourself to the seat
- Slide back and lift your legs into the car
- A piece of plastic or a large garbage bag over the cushion or seat may help you to slide into the car seat more easily

Shaded leg is the surgical leg



Activity Guidelines

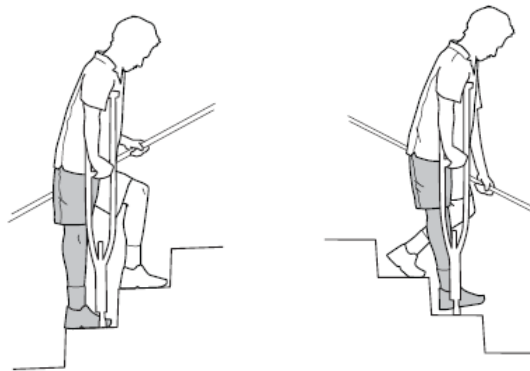
Walking

- You can expect to use walking aids such as a walker, crutches, or cane for up to 3 months or longer after surgery
- Crutches are not to be used when getting up the first time, but will be introduced by physiotherapy when you are ready and, if appropriate, a cane will be introduced 2-6 weeks post-surgery or when appropriate
- By 4 to 6 weeks after your surgery, your muscles will get stronger and you will be able to walk longer distances
- Regular physiotherapy after your surgery will help you to get the most out of your new joint. Physical activity will help you have a faster recovery and will get your blood moving. This will also reduce your risk of developing a blood clot
- Your weight-bearing status will be determined by your Surgeon

Stairs

You will likely practice the stairs with the Physiotherapist prior to leaving the hospital so that you are able to manage stairs safely and independently.

Shaded leg is the surgical leg



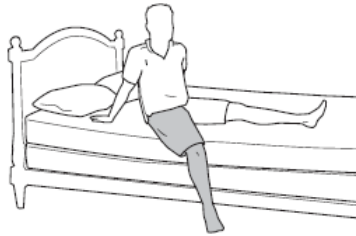
Getting into Bed

A firm mattress is recommended for sleeping. Avoid waterbeds, futons, or low beds.

- Sit at the side of the bed. It may be easier to get into bed on your stronger (non-operated) side
- Slide back across the bed using your arms for support
- If necessary, a half bed rail/bed helper can allow you to get in and out of bed more easily. A half bed rail consists of a handle with two long metal rods that are placed between the mattress and the box spring. A half bed rail can be obtained through a local medical supply store
- Lift your operated leg into bed or use a “leg lifter” (this may be the belt from your housecoat or a crutch turned upside down) hooked over your foot so that you can help lift the leg using your arms if needed

Getting out of Bed

- Slide your body to the edge of the bed
- Use your arms to push yourself to a sitting position (do not push yourself up past 90 degrees – remember your hip precautions!)
- Slide your operated leg off the bed
- Bring your body to a sitting position at the bedside, remember DO NOT twist



Sitting in a Chair

- Use a firm chair with arm rests
- Back up to the chair until you feel the edge of the seat behind your knees
- Move your operated leg forward and reach back for the arm rests
- Slowly lower yourself into the chair

Dressing Yourself

- Socks:
 - Follow the instructions provided with your sock-aid to put on your socks
- Shoes:
 - Comfortable, flat, closed-toe and heel shoes with non-slip soles are the safest option
 - Your shoes should be roomy since you will have some swelling in your feet after surgery
 - Elastic shoe laces can replace the laces in your regular shoes; this eliminates the need for bending over to tie a bow

- A long-handled shoe horn will also be useful

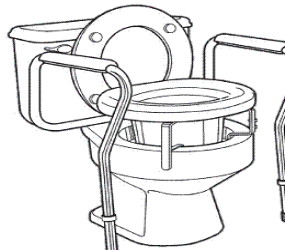
Bathroom Safety

Falls can happen anywhere but are most likely to occur in the bathroom. Here are ways to reduce the risk:

- Do not rush. Plan to use the toilet often to avoid having to rush. Have a bedside commode if needed
- When bathing, use a bench or chair, non-slip bath mats, grab bars and/or a removable tub clamp
- Make sure the route from your bedroom to the bathroom is well lit
- Wear sensible, non-slip shoes or slippers
- If you feel dizzy or unsteady, do not get into the bathtub to avoid having a fall

Using the Toilet

- You will need to have an over toilet commode for 3 months post surgery
- Make sure that the toilet seat has secure armrests or that you can install grab bars to help you stand or sit. DO NOT use towel racks or toilet paper holders to help you stand or sit down
- Toilet seat should be set at your minimum sitting height, which you will receive from the occupational therapist at session #2.
- Sit down as you would in a chair (see page 35)
- Ensure toilet paper can be reached without breaking precautions

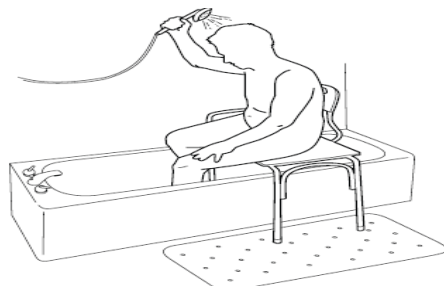


Bathtub Transfer

When you are allowed to bathe or shower:

- Use a tub transfer bench with a hand-held showerhead or shower hose (in a bathtub) or shower chair (in a walk-in shower) for the first 3 months after surgery. DO NOT try to sit on the bottom of the tub
- Sponge bathing is a safe option for those who are unable to get into or out of the tub or shower safely
- Remove glass shower doors on your tub and replace with a shower curtain
- Place non-slip bathmats inside and outside the tub
- Your transfer bench or shower chair should be adjusted to your minimum sitting height, which you will receive from your occupational therapist at session #2. If you are tall, you may need bench leg extensions on the bench or shower chair

- Sit down as you would in a chair (see page 35). Slide back as far as you can on the seat then lift your legs over the edge of the tub
- Use long-handled aids to clean your feet and other hard to reach places (e.g. long-handled sponge, towel wrapped around sponge or use a reacher)
- A detachable shower head will allow you to bathe more easily



Wound Care

You will have an incision at the site of your surgery. Your Nurse will teach you how to care for your incision at home. While it is normal to have some redness and clear drainage from your incision, watch for signs of infection (page 39). You do not need a bandage unless there is drainage.

The edges of your skin may be held together with sutures, staples, or Steri-strips™. Staples are metal clips that hold the edge of your skin together while your skin heals. Your staples will be removed 7 to 14 days after surgery. If you have Steri-strips™, leave them alone. Loose ends may be trimmed but they will fall off on their own.

Sexual Activity Guidelines after Hip Replacement

- While many people do not feel like participating in sexual activities while recovering from joint replacement surgery, the pain and stiffness from arthritis can affect sexual activity even before surgery. Many people's sex lives improve after surgery because after the joint heals it is usually free of pain and stiffness that may have previously affected sexual activity
- You may return to sexual activity when you feel ready and comfortable and the incision is healed. This is often 4–6 weeks after surgery but this is a very individual decision
- You must maintain hip precautions for 3 months during all daily activities, including sexual activity
- Think about how you will maintain your hip precautions of not twisting and not bending more than 90° degrees
- You may need to consider trying some new positions. Talk to your partner
- You and your partner may need to plan for sexual activity. As you may have less energy right after the joint replacement surgery, plan ahead to pace your activities and make time for sexual activity when you will not be tired. To minimize pain, try positions where your partner takes the more active role, at least at first
- If you have questions or concerns about how to protect your new hip during sexual activity, talk to your Occupational Therapist or Surgeon
- Visit the website: www.aboutjoints.com for illustrations of sexual positions that maintain hip precautions

Hip Precaution Review – for 3 months

- Do not bend your operated hip more than 90 degrees
- Do not cross your legs or bring your surgical leg past the midline of your body
- Do not twist at the hips or allow the operated leg to roll in or out

Complications

After surgery, a few people have complications and need more medical treatment. Here are some possible complications:

- Constipation
- Urine retention
- Deep Vein Thrombosis/Blood clots
- Swelling
- Infection
- Anemia
- Joint loosening
- Hip joint dislocation

Constipation

Constipation can be a problem after surgery. A change in your diet, less activity, and taking pain medicine (narcotics) may make your constipation worse. Here are some ways to have regular bowel movements at home:

- Drink 6-8 glasses of water or low calorie fluids a day
- Eat fibre such as prunes, bran, beans, lentils, fruits, and vegetables
- Move around as much as you can – do your exercises!

Your Nurse may give you laxatives and/or stool softeners. You may need to keep taking these medications at home. If you have constipation at home, talk to your Doctor or Pharmacist. Constipation can be a serious problem. Do not ignore your symptoms.

Urine Retention

Some patients have difficulty urinating after their joint surgery. Patients may have a catheter for 24 hours post-op. Please talk to your Nurse right away if you are having problems. You may need a catheter to be inserted into your bladder to drain your urine.

Deep Vein Thrombosis/Blood Clots

Deep vein thrombosis (DVT) or blood clots are one of the highest common complications in hip replacement surgery. A DVT is a blood clot (thrombus) that develops in a deep vein, usually in the leg. This can happen if the vein is damaged or if the flow of blood slows down or stops. When a clot forms, it can either partially or totally block the blood flow in that vein. A DVT can cause pain in the leg and can lead to serious complications if it breaks off and travels in the blood stream to the lungs.

Symptoms of a DVT can include:

- Swelling of the leg
- Warmth and redness of the leg
- Pain that is noticeable or worse when standing or walking

These symptoms are not always a sign of a DVT, but if you experience them, you should contact a Doctor immediately.

To Reduce the Risk of Blood Clots:

- Remember to take your blood thinner medication exactly as prescribed and instructed by your Doctor, Nurse, and Pharmacist
- Walk short distances at least once an hour when awake
- When you are sitting or lying in bed, pump your ankles and flex your leg muscles

Swelling

It is normal to have some swelling in your leg after surgery and during your recovery. Swelling may increase as you become more active. To help reduce swelling:

- Point and flex your feet hourly when awake
- Lie down flat and raise your legs by placing pillows under the length of your leg
- Do short periods of activity. Walk a few steps. Rest. Repeat
- For more information, talk to your Physiotherapist about using ice at home

Infection

Less than 1% of people have an infection around their new joint. An infection in the body can reach the new joint through the bloodstream. People who develop joint infections need antibiotics and, on rare occasions, further surgery. To prevent infection or incision problems, it is important to keep the incision and dressings dry. Do not touch or pick at the incision and be sure that the surrounding skin is always clean.

Artificial hips can become infected at any time, even several years after your surgery. It is important that if you have any skin infection or any other type of infection, at any time, you need to see your Doctor for treatment right away.

Tell your Doctor or Surgeon if you have any of these signs of infection:

Incision Infection:

- The area around your incision is becoming more red, there is a red streak, puffiness, and the skin feels warm to the touch
- New drainage (green, yellow or bad smelling) from the incision site. It is common for new surgical incisions to have some drainage for the first few (3-5) days after surgery but this will slowly stop and the incision should stay dry
- There is increased pain, soreness, or tenderness of the incision site and surrounding area
- Fever above 38°C or 100.4°F
- A tired feeling that won't go away
- Remember: call your Surgeon if you think you have a possible incision infection

Urinary Tract Infection:

- Pain or burning when you urinate
- Frequent or an urgent need to urinate
- Foul-smelling urine
- Fever above 38°C or 100.4°F
- Remember: call your Family Doctor if you think you have a urinary tract infection

Sore Throat/Chest Infection:

- Swollen neck glands and pain when you swallow
- Frequent cough, coughing-up yellow or green mucous, shortness of breath, or chills
- Fever above 38°C or 100.4°F
- Remember: call your Family Doctor if you think you have a throat or chest infection

Tell your Family Doctor or Surgeon immediately if you have:

- Pain, aching, heat, tenderness or redness in your calf area
- Increasing severe swelling in your surgical leg or around your incision
- Fever higher than 38°C or 100.4°F for more than 24 hours
- Any infection (e.g. tooth abscess, urinary, vaginal infection) so antibiotics can be ordered to prevent the infection from affecting your new joint

Call 911 immediately if you have:

- Shortness of breath
- Sudden chest pain

Anemia

If you have signs of anemia, see your Family Doctor. You may need an iron supplement. The signs of anemia are:

- Feeling dizzy or faint
- Feeling very tired, pale and having no energy
- Shortness of breath
- Rapid pulse

Joint Loosening

Over the years, the bond between the joint replacement and your bone may loosen. This can cause pain and make it difficult for you to move your artificial joint. To reduce the risk of this complication, avoid high-impact physical activities. If you notice increased pain in your artificial joint, talk to your Doctor as soon as possible.

Hip Joint Dislocation

It is important to follow your hip precautions to prevent your hip from dislocating. Dislocating means that the ball portion of your new joint (femur portion) comes apart from the socket portion (acetabulum). If your hip dislocates, you will experience pain and you will be unable to walk. This is an emergency and you need to go to the nearest Emergency Room for treatment.

Dental Work and Medical Procedures

It is important to tell your health care professional that you have had joint replacement surgery before having dental work or medical procedures (including procedures with the bladder, prostate, lung or colon). You may be put on antibiotics to prevent infection from moving through your bloodstream to your new joint. Talk to your Dentist or Doctor about what is right for you.

Returning to Work

Allow yourself time to recover from surgery and focus on your rehabilitation before returning to work. Some people return to some form of work quickly after surgery but others need a longer time to heal and recover. This depends on factors such as health status and the type of work you do. Talk to a healthcare professional, such as a Physiotherapist or an Occupational Therapist, about what is right for you.

We hope you found the information in this booklet useful. We wish you a speedy recovery and many happy years with your new joint.

RESOURCES

The Arthritis Society

www.arthritis.ca

Arthritis Answers Line: 1-800-321-1433

Canadian Orthopaedic Association

www.coa-aco.org

Canadian Orthopaedic Foundation

www.canorth.org/en/patienteducation and **Ortho Connect** www.canorth.org

“My Joint Replacement” information www.myjointreplacement.ca

Dietitians of Canada

www.dietitians.ca

Equipment

Veterans Affairs Canada

www.vac-acc.gc.ca

Toll Free:

1-866-522-2122

Home Safety

Home Safety Renovations (low income seniors)

www.cmhc-schl.gc.ca

Toll Free:

1-800-639-3938

APPENDIX 1

Total Hip Replacement (THR)

Clinical Pathway, Patient Version

Patient safety is very important to the Pembroke Regional Hospital. This information is provided to patients/families to help inform you of your essential role in your own safety.

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your Doctor and healthcare team about your particular healthcare needs.

Protect yourself! Clean your hands frequently and ask your healthcare providers and visitors to do the same. Clean hands save lives.

Total Hip Replacement (THR) Clinical Pathway, Patient Version

Your hospital stay will follow a plan of care called a Clinical Pathway. This is the patient version of the THR Clinical Pathway. It has been prepared so that you, your family, and all members of your healthcare team know your plan of care including what tests, treatments, and diet you require, as well as the education and planning necessary for discharge.

The patient version of the THR Clinical Pathway gives you an idea of what to expect from admission to hospital until discharge.

Once you and/or your family have read the information in this booklet, please feel free to ask your Nurse or other members of the healthcare team any questions.

Process	Pre-Admission
Assessment	<ul style="list-style-type: none"> • We will ask you questions about your general health including alcohol and smoking status. • We will take your temperature, blood pressure, pulse, oxygen level, weight and height.
Tests	<ul style="list-style-type: none"> • To be sure that you are ready to have surgery, your Doctor may order blood tests, a chest x-ray, a knee x-ray and an electrocardiogram (ECG). • We will ensure that you have seen the Physiotherapist. • Your Doctor may also want you to be seen by an Anaesthetist (the Doctor that will sedate you in the operating room); another Medical Doctor; a Social Worker, a Dietitian and or/a representative from Community Care Access Centre (CCAC).
Medications	<ul style="list-style-type: none"> • The Nurse will review your medications and tell you what you can continue to take until surgery and what you need to stop before surgery.
Nutrition	<ul style="list-style-type: none"> • You will be told to have nothing to eat or drink after midnight the night before your operation.
Rest and Activity	<ul style="list-style-type: none"> • We will ensure that you have completed the Prehab program and that you know what exercises you will be expected to do while in the hospital.
Education	<ul style="list-style-type: none"> • You will be given the “Joint Replacement Patient Information Booklet”. • You will be told about pain management after surgery. • The Nurse will tell you to increase protein, iron and fibre in your diet. • The Nurse will explain how to wash yourself in preparation for surgery.
Discharge Planning	<ul style="list-style-type: none"> • The Nurse will ask you about your plans for when you are discharged from the hospital. • We will make sure that you have all the equipment you need at home for when you are discharged.

Process	Day of Surgery
Assessment	<ul style="list-style-type: none"> • We will be checking your temperature, blood pressure, pulse, and oxygen level frequently throughout the day. If you need it, you may be asked to wear an oxygen device. • We will also be frequently asking how much pain you are having. We use a scale and will ask you to rate your pain – the number 0 = no pain and the number 10 = worst pain. • We will be checking the colour, sensation and movement in your operated leg every 4 hours. • We will be asking you and recording how much you drink and urinate. • We will be looking at your dressing frequently to make sure it is not draining too much through the bandages. If you feel anything different about your operated leg, you should tell your Nurse right away. • If you have a small drain in your leg, we will be emptying and measuring the drainage.
Tests	<ul style="list-style-type: none"> • The Doctor may order a hip x-ray. • The Doctor may order some blood work.
Medications	<ul style="list-style-type: none"> • The Nurse will give you your medications as ordered by the Doctor. • You will receive an antibiotic to prevent infection. • Please ask the Nurse if you have any questions about your medication.
Treatments	<ul style="list-style-type: none"> • We will ask you to take deep breaths and cough. This exercise helps to clear your lungs and prevent pneumonia. • We will ask you to pump your ankles and do your quadriceps exercises every hour while you are awake. The exercises help to prevent blood clots from developing and keep your muscles active. • You will have an intravenous and we will be giving you fluids as the Doctor orders. • You may have a PCA (patient controlled analgesia) pump. You will be taught how to press a button to give yourself medication. • If you have some trouble urinating, we may need to insert a urinary catheter to drain your bladder.
Nutrition	<ul style="list-style-type: none"> • You will be allowed to drink clear fluids (fluids you can see through like water). • The Nurse may give you some other types of fluids like soup later in the day. • If you need a special diet or you follow a special diet, please inform your Nurse.
Rest and Activity	<ul style="list-style-type: none"> • If you are able, you may stand at the side of the bed with assistance. • You may stand with assistance to urinate or to use the commode. • You may have a pillow between your legs to use when turning over in bed. • The Nurse will give you a post-operative bath.

	<ul style="list-style-type: none"> • DO NOT try to get out of bed by yourself. Always have a Nurse or Physiotherapist to assist you.
Education	<ul style="list-style-type: none"> • The Nurse will make sure that you know how to do deep breathing and coughing exercises and the quadriceps and ankle pumping exercises.
Discharge Planning	<ul style="list-style-type: none"> • The Nurse will review some information about your home situation and your plans for discharge.

Process	Day 1 Post-Op
Assessment	<ul style="list-style-type: none"> • We will be checking your temperature, blood pressure, pulse and oxygen level every four hours or more frequently while you are on the PCA pump. • We will be checking the colour, sensation and movement in your operated leg every shift (3 x per day). • We will be asking you and recording how much you drink and urinate. • We will be looking at your dressing frequently to ensure it is not draining too much through the bandages. If you feel anything different about your operated leg, you should tell your Nurse right away.
Tests	<ul style="list-style-type: none"> • The Doctor may order an x-ray. • The Doctor may order some blood work.
Medications	<ul style="list-style-type: none"> • The Nurse will give you your medications. • Please ask the Nurse if you have any questions about your medication.
Treatments	<ul style="list-style-type: none"> • We will ask you to take deep breaths and cough. This exercise helps to clear your lungs and prevent pneumonia. • If you have urinary catheter, we will be removing it this morning. If you have trouble urinating afterwards, we may need to put the catheter back in. • You will have an intravenous and we will be giving you fluids as the Doctor orders. • You may still have a PCA pump. • If your hemoglobin is low, you may need a blood transfusion. Your Doctor would talk to you about this option if needed. • We will take off the large dressing on your leg and replace it with a smaller one. • If you have a small drain in your incision (Hemovac), we will take it out today. • You will have a cold pack treatment on your operated hip every 2 hours for 15 minutes while you are awake.
Nutrition	<ul style="list-style-type: none"> • Regular food today. • If you need a special diet or you follow a special diet, please inform your Nurse.
Rest and Activity	<ul style="list-style-type: none"> • You will walk 5 to 50 feet using a walker and some assistance from staff. • Staff will assist you to get up and sit in the chair twice. • Staff will help you sit at the side of the bed or in the chair for lunch

	<p>and supper.</p> <ul style="list-style-type: none"> • Staff will help you to transfer from lying to sitting and from sitting to standing. • We will encourage you to do the exercises that the Physiotherapist has taught you. • We will help you to bathe.
Education	<ul style="list-style-type: none"> • If you have any questions while reading this pathway or the Joint Replacement Information Booklet, please talk to your Nurse or Physiotherapist. • The Nurse will talk to you about managing your pain and nausea. • We will ensure that you know how to do your bed exercises and your safe transfer techniques. • If you have to give yourself an injection of blood thinner medication, the Nurse will teach you or your family how to do it so you can continue at home.
Discharge Planning	<ul style="list-style-type: none"> • We will ensure that your plans for discharge are in place and that you have all the equipment you need at home. • You will be going home tomorrow. Make sure your transportation is arranged.

Process	Day 2 Post-Op
Assessment	<ul style="list-style-type: none"> • We will be checking your temperature, blood pressure, pulse and oxygen level every four hours or more frequently while you are on the PCA pump. • We will be checking the colour, sensation and movement in your operated leg every shift (3 x per day).
Tests	<ul style="list-style-type: none"> • The Doctor may order an x-ray. • The Doctor may order some blood work.
Medications	<ul style="list-style-type: none"> • The Nurse will give you your medications. • Please ask the Nurse if you have any questions about your medication.
Treatments	<ul style="list-style-type: none"> • We will ask you to take deep breaths and cough. This exercise helps to clear your lungs and prevent pneumonia. • We will change your dressing as needed. • We will stop your intravenous and your PCA pump. • We will no longer record how much you drink and how much you urinate. • You will have a cold pack treatment on your operated hip every 2 hours for 15 minutes. If your Physiotherapist thinks it is necessary, you will use a machine to bend and straighten your leg.
Nutrition	<ul style="list-style-type: none"> • Regular food today. • If you need a special diet or you follow a special diet, please inform your Nurse.
Rest and Activity	<ul style="list-style-type: none"> • You will walk 10 to 100 feet using a walker and some assistance from staff. • Staff will assist you to get up and sit in the chair twice. • Staff will watch you transfer from lying to sitting and from sitting to

	<p>standing.</p> <ul style="list-style-type: none"> • You will practice the stairs if needed at home. • We will encourage you to do the exercises that the Physiotherapist has taught you. • We will help you bathe. • You will dress in your own clothes.
Education	<ul style="list-style-type: none"> • The Nurse will talk to you about managing your pain and nausea. • If you have any questions while reading this pathway or the Joint Replacement Information Booklet, please talk to your Nurse or Physiotherapist. We will focus on talking to you about nutrition, your exercises, your bowel routine and your discharge instructions. • If you have to give yourself an injection of blood thinner medication, we will watch you or your family member perform this action.
Discharge Planning	<ul style="list-style-type: none"> • You will be going home today. • We will make sure that you have a referral for followup physiotherapy. We will make sure that any other appointments you need are arranged including arrangements to remove the clips on your incision. • If you need home care services, we will help you to arrange this through CCAC. • If you are taking a blood thinner pill, we will make sure that arrangements are made for monitoring your blood levels after you leave the hospital.

APPENDIX 2

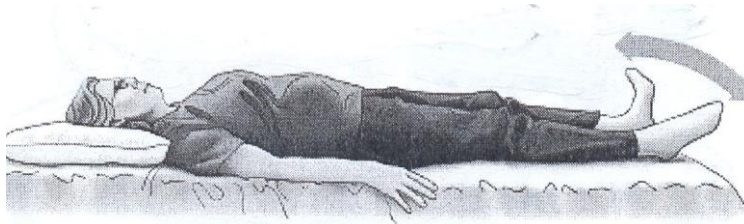
Total Hip Replacement (THR) Patient Home Exercise Program

Hip Home Exercise Program

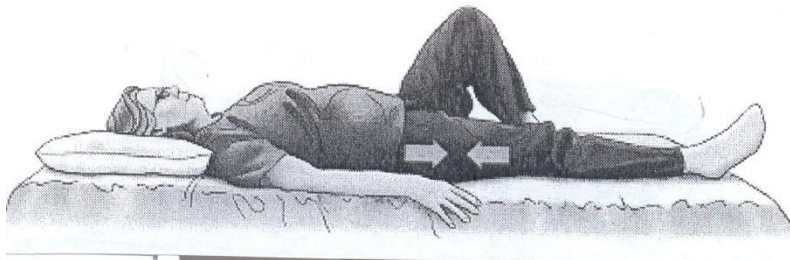
Important – Do not lie with a pillow under your knee.

These exercises should be done with the operated leg. For optimum results, do the following exercises 10-20 times, 3 times a day. Count to five when doing each exercise.

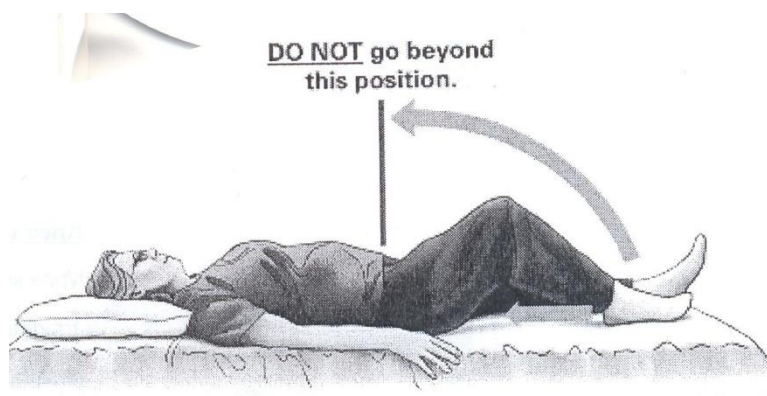
- 1) Pull ankles up and down. Then make circles with your ankles. Make sure your leg does not twist or turn while doing this exercise.



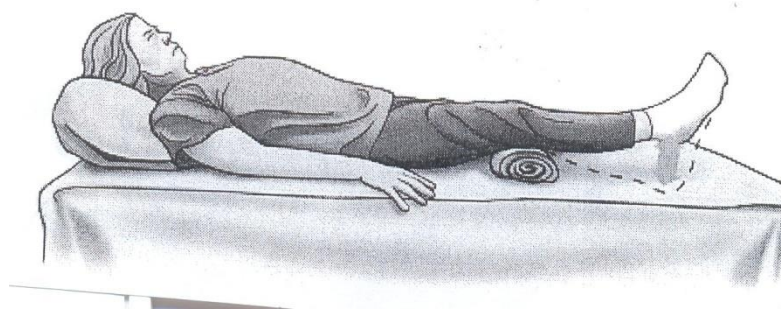
- 2) While lying on your back in bed, tighten the muscle on the top of your thigh, push your knee straight, and hold to a count of five.



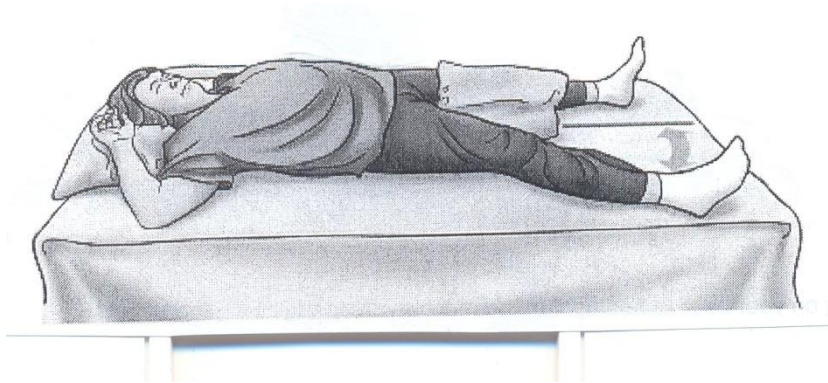
- 3) Lie on your back in bed. Bend your knee and slide your heel toward your bottom.
*Remember not to bend you hip more than 90 degrees. You can use a strap to assist you.



- 4) Lying on your back in bed, place roll under the knee of your operated side. Lift your foot off the bed to straighten your knee. Keep the back of your knee touching the roll. Hold to a count of five.



- 5) Lying on your back in bed, slide your leg out to the side as far as possible. Remember to keep your toes pointed to the ceiling.



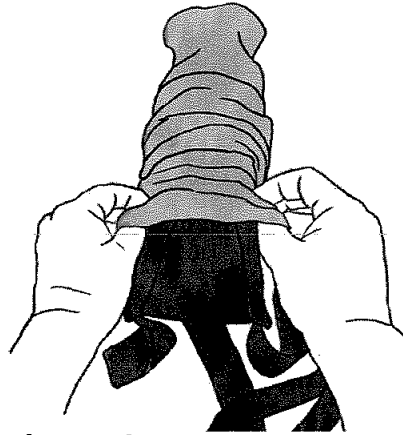
- 6) While sitting in a chair, lift your foot off the floor and straighten your knee as much as possible. Hold to a count of five.



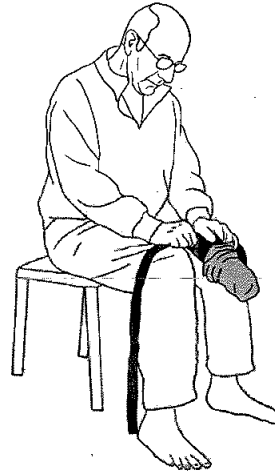
APPENDIX 3

Guide to Using Equipment

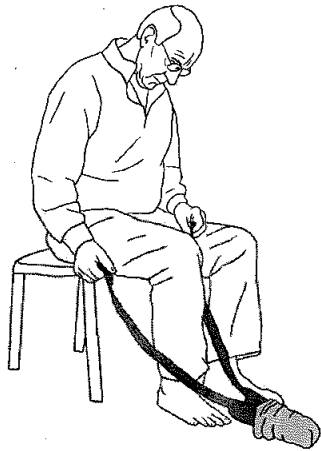
Putting on and Removing Socks and Shoes Using Adaptive Equipment



1. Gather a sock over the sock aid.



2. Keeping a hold on the straps. Toss the sock aid to the floor.



3. Position the sock aid in front of your foot.

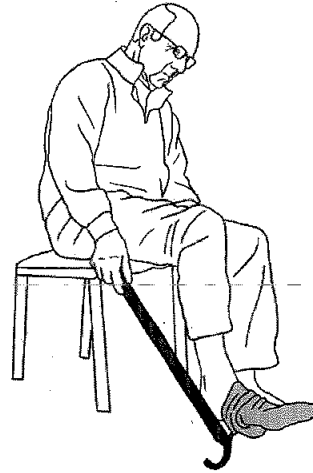


4. Start to pull the sock aid over your toes. Point your toes and lift your heel off the floor.

Putting on and Removing Socks and Shoes Using Adaptive Equipment



5. Pull the sock aid completely out, leaving your sock on your foot.



6. To remove your sock, use your dressing stick or reacher to hook the back of the sock and push it off.

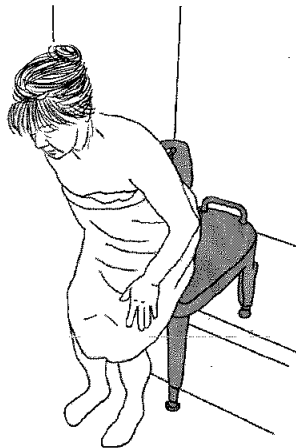


7. Wear slip-on shoes or replace the laces with elastic laces or Velcro closures. Use a long handled shoehorn to help you get your shoe on.



8. Remove your shoe using the dressing stick to push it off from the heel.

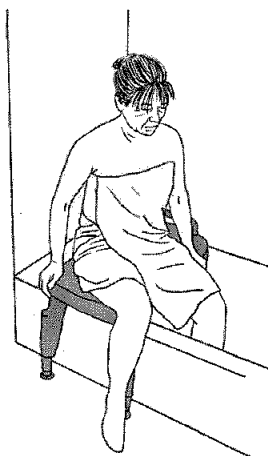
Transfer to Tub Using Bath Transfer Bench (left)



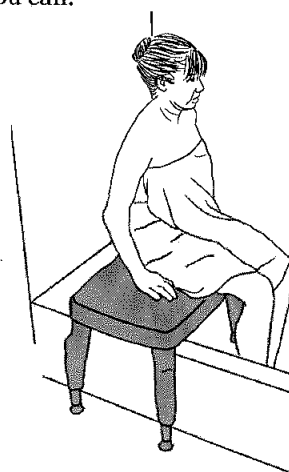
1. Back up to the tub bench until you can feel it against the back of your legs.



2. Reach for back for the tub bench and lower yourself onto the seat. Scoot back as far as you can.

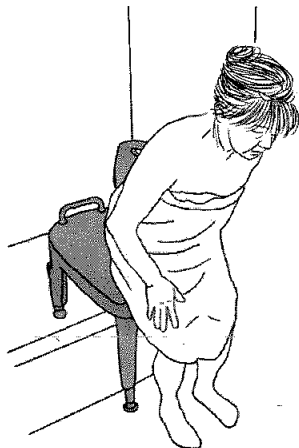


3. Turn your body to the left, in toward the tub and lift your left leg into the tub.

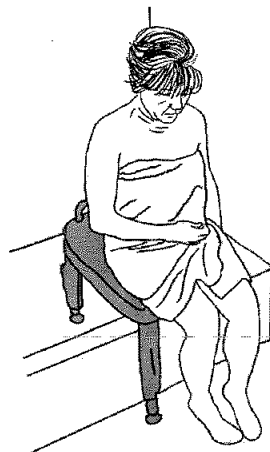


4. Scoot your bottom farther onto the seat and lift your right leg into the tub. To get back out, reverse the steps.

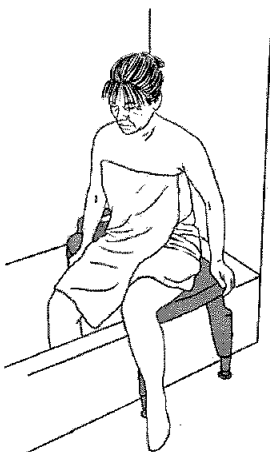
Transfer to Tub Using Bath Transfer Bench (right)



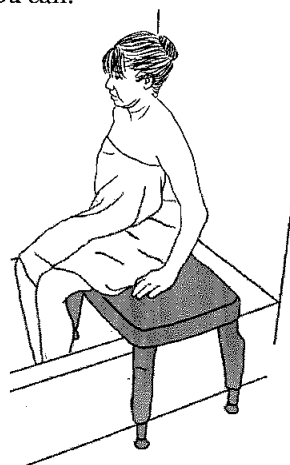
1. Back up to the tub bench until you can feel it against the back of your legs.



2. Reach for back for the tub bench and lower yourself onto the seat. Scoot back as far as you can.



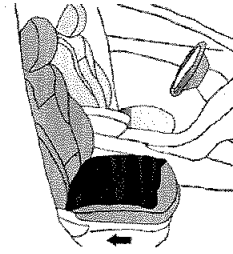
3. Turn you body to the right, in toward the tub and lift your right leg into the tub.



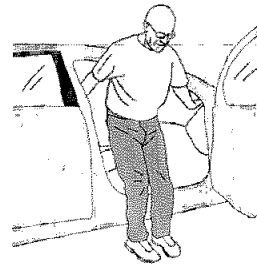
4. Scoot your bottom farther onto the seat and lift your left leg into the tub. To get back out, reverse the steps.

Transfers In and Out of a Car

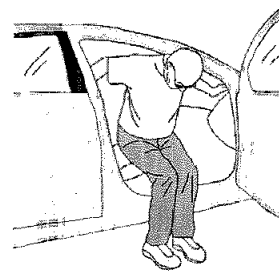
1. Position the car seat back as far as possible. Use a cushion or pillow on the seat to raise the sitting surface. Use plastic trash bag on the seat to make it easier to slide.



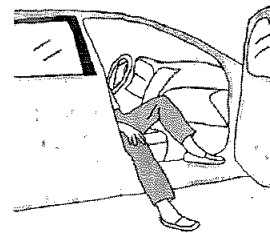
2. Back up to the car until both of your legs are touching the seat of the car.



3. Place one hand on the dashboard and one hand on the back of the seat. Tuck your head and lower yourself onto the edge of the seat.



4. Move back onto the seat as far as possible. Lift your legs into the car one at a time. Maintain any precautions you have been instructed to follow.



Remove trash bag while driving.

Reverse this procedure to exit the car.

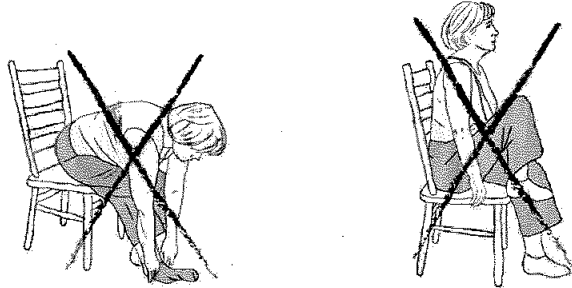
Hip Dislocation Precautions

Follow these precautions closely for the first 6-12 weeks after surgery, until your doctor instructs you otherwise. Following these hip precautions will help prevent dislocation of your new hip from your hip socket and ensure proper healing.

DO NOT Bend Your Trunk Forward More Than 90°

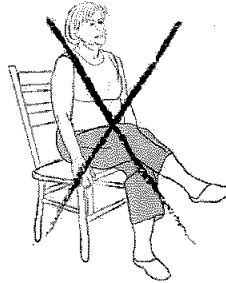
DO NOT Lift Your Knee on the Surgery Side Higher Than Your Hip

- Do not attempt to sit down in the bathtub. Instead use a shower chair.
- Do not lean forward past your knees to put on clothing, wash your feet, pick up something from the floor or reach for your walker. Instead use long-handled adaptive equipment.
- Be careful when getting up and down from sitting.
- Avoid sitting in low chairs/couches and chairs without armrests.



DO NOT Bring Your Operated Leg Past the Midline of Your Body

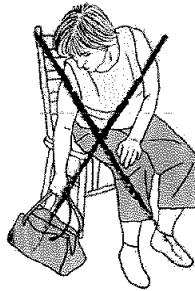
- Do not cross your legs or ankles.
- Keep your knees apart at all times.
- When sitting or lying down, keep a pillow or wedge between your knees.
- Keep your legs apart and pivot your whole body when getting out and in bed.



Hip Dislocation Precautions

DO NOT Rotate or Twist Your Operated Leg Inward

- When sitting, do not twist to the side to reach for objects.
- When standing, do not pivot on your operated leg when turning or reaching, take small steps instead.
- When lying on your back, keep your toes pointed toward the ceiling and a pillow or wedge between your knees.



Notes: