



Patient Education **YOUR NEW HIP**



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Total Hip Replacements - Pre-op Joint Education for Patients

Preparing your Body and Mind

Getting a new hip is a major surgery and recovery takes time. With hard work you can get back to being active and enjoying life! You may be anxious and excited as you wait for surgery. This is a good time to think about your feelings, lifestyle and habits, and make changes to help speed up your recovery. Here are some ways to help you cope during this time.



- **Ask questions!** Your health care providers are here to help.
- Share your concerns with family and friends.
- Make a list of things you need to do to be ready.

If possible, bring the person who will be helping you after surgery, to all appointments and day of surgery.

Please talk with your family doctor or health care provider about:

Smoking

- If you smoke, it is important that you stop now
- Smoking can increase the chance of problems after surgery such as poor healing of the bone and skin
- If you do smoke, let your doctor or nurse know if you would like nicotine replacement therapy during your stay

Weight

- A healthy weight speeds up recovery

Nutrition

- Eating healthy foods that are high in protein, calcium, fibre and iron promotes healing. Follow **Eating Well with Canada's Food Guide**: www.healthcanada.gc.ca/foodguide



Exercise

- Exercise will strengthen your muscles and joints to help you with your recovery and keep you fit
- If movement hurts, talk with your physiotherapist or health care provider about ways to active that are less painful
- You must keep your incision clean and dry
- Do not put your incision under water - No swimming or water fitness/aqua fit until your surgeon tells you that you can put your incision under water

Travel

- Your surgeon will advise you when it is safe to travel
- Please be aware that when going through security a secondary search may be done
- On the day of surgery, you will receive information about your implant to keep for your records

Safety

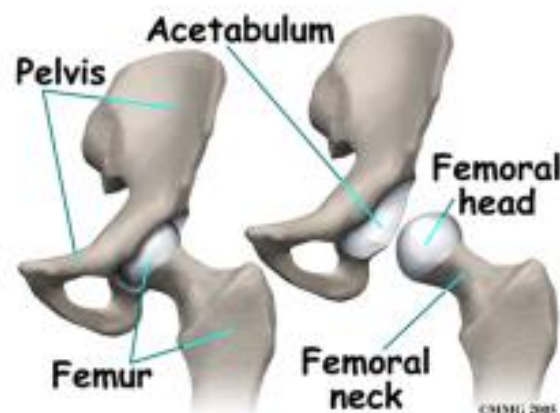
- The book provides a lot of information about keeping you safe with a new hip
- Please read and ask for help if you are unsure of your safety when moving

Introduction

You are going to have hip replacement surgery, also called a **Total Hip Arthroplasty**. This book provides information that will help you prepare for this surgery and your new hip. You will work closely with your health care team. **We are here to support and guide you before, during and after your total hip replacement!**

Why a Total Hip Replacement?

- The hip is a ball and socket joint; surfaces are covered with cartilage, allowing the joint to slide easily.
- Due to arthritis or injury, the cartilage between the bones wears down and no longer serves as a cushion.
- Results in pain with weight bearing, swelling, weak muscles, stiffness, and reduced function



BEFORE SURGERY -

Before or after you see your Surgeon

- Get involved in an exercise program to help you get stronger. You may be referred to an exercise program. This may take place months before your surgery and will help your recovery.
- You must watch a virtual hip education class provided by the hospital to learn about your surgery, hospital stay and going home.
- You must attend the Pre-op Clinic at your hospital. This is about 2 to 4 weeks before surgery.
- Sign up for the SeamlessMD App in your surgeons office or at pre op clinic appointment
- Discuss if Same Day Joint Replacement is an option for you with your surgeon (see page 16-17)



You will be contacted with the dates and times of your appointments, virtual classes and surgery



During the Pre-Op Appointment in D-Wing we will review:

- The risks and benefits of the surgery
- Your medication and let you know what you need to stop taking before your surgery
- What you will be doing post-surgery and go over any new medication you may need to take
- When to stop eating and drinking the night before surgery
- The time you need to be at the hospital

HEALTH CONCERNS?

You may have health concerns such as diabetes, heart or lung problems. Contact your family doctor or specialists and let them know that you are having hip surgery.

Brant Community Healthcare System is committed to providing safe, high quality patient-centred care. Our goal to ensure every person has an exceptional patient experience!

Virtual Hip Education Class

With **hip joint replacement surgery**, the surgery itself is just one part of the process. For your surgery to be successful, there are things that you can and should do to be well prepared. To help you achieve positive health outcomes, BCHS has put together some important education and information that **you must review before your surgery**. There are many things to consider when planning for a hip replacement surgery.

This includes:

- Driving/transportation
- Living arrangements and care after leaving the hospital
- Safety proofing your home
- Medical equipment and mobility devices
- Assistance with daily activities including cooking, cleaning, and shopping



You must view the BCHS Hip Replacement Patient Education video:

www.youtube.com/watch?v=CZbu1EfZlj8

The virtual class may take between 1 to 3 hours. In this class you will learn more about hip surgery such as:

- Your surgery, hospital stay and going home
- What items you need to bring to the hospital
- Different types of pain control
- Moving around after surgery
- Equipment needs and places to get equipment
- Care after discharge from hospital
- How to protect your hip after surgery



SeamlessMD App

SeamlessMD is an interactive, step-by-step guide to help you prepare for your procedure and recover faster afterwards.

Before your surgery you will be sent prompts to help you complete the tasks you need to do ahead of time. You will fill out questionnaires after surgery to help with your progress and will be directed with appropriate answers if you need help or have questions. Talk to your surgeon or nurses in pre op clinic to sign up.

SeamlessMD will guide you through two stages of your procedure:

Before Procedure:

- Messages to help you manage your procedure preparation
- To-do lists to help you prepare for procedure
- Access to a self-care library with information on different topics

At-Home Recovery:

- Messages to help you manage your procedure preparation
- To-do lists to help you prepare for procedure
- Access to a self-care library with information on different topics

SeamlessMD can send you messages and reminders from your doctor through:



Text Messages



Push Notifications



Email

HOW DO I SIGN UP FOR SEAMLESSMD?

Your care team will speak to you about the program and enroll you.

- 1 Check your email and/or phone for a message that says "Welcome to SeamlessMD"
- 2 Open the email/text message and click on the blue button that says "Click here to start"
- 3 Click on the green button that says "Let's Start"
- 4 For mobile users, download the SeamlessMD app from the Google Play Store or Apple Store. You can also access the platform on a computer at bchs.seamless.md.

***Note: SeamlessMD is not monitored 24/7 by your healthcare team. If you have a serious concern, please contact your healthcare team/surgeon's office.**

SeamlessMD

Learning about Hip Replacements

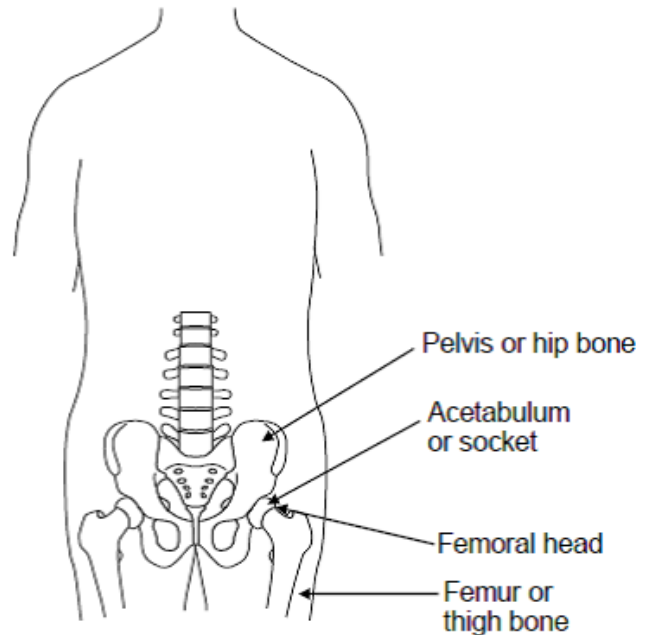
It is helpful to know how the hip works to prepare yourself for surgery!

How does the hip joint work?

The hip is a ball and socket joint. The top of the thigh bone, or femur, is shaped like a ball. It is called the femoral head. This fits into the socket, or acetabulum, which is part of the pelvis or hip bone. This is called the hip joint. The hip joint allows your leg to move forward, backward, from side to side, and turn in and out.

Three things help the hip joint work easily and without pain:

- The smooth coating over the bones called cartilage
- The slippery fluid inside the joint called synovial fluid
- The muscles and ligaments which support and move the hip



Two things make the hip painful and hard to move:

- When the smooth coating over the bones gets rough, dry and worn away
- When the muscles weaken

What is Hip Replacement?

Your surgeon removes the old hip joint and puts in a new joint. This is called a hip replacement or arthroplasty. Your new hip joint is made of metal or ceramic, and plastic. These new parts make the hip joint smooth again.

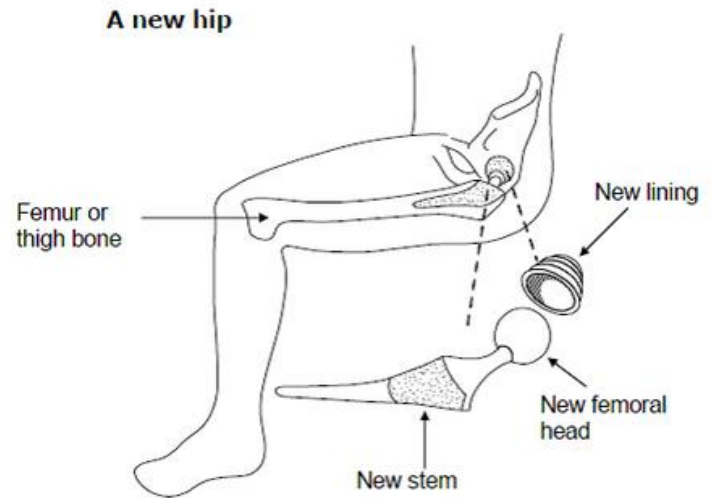
There are 2 major types of hip replacements:

Total Hip Replacement:

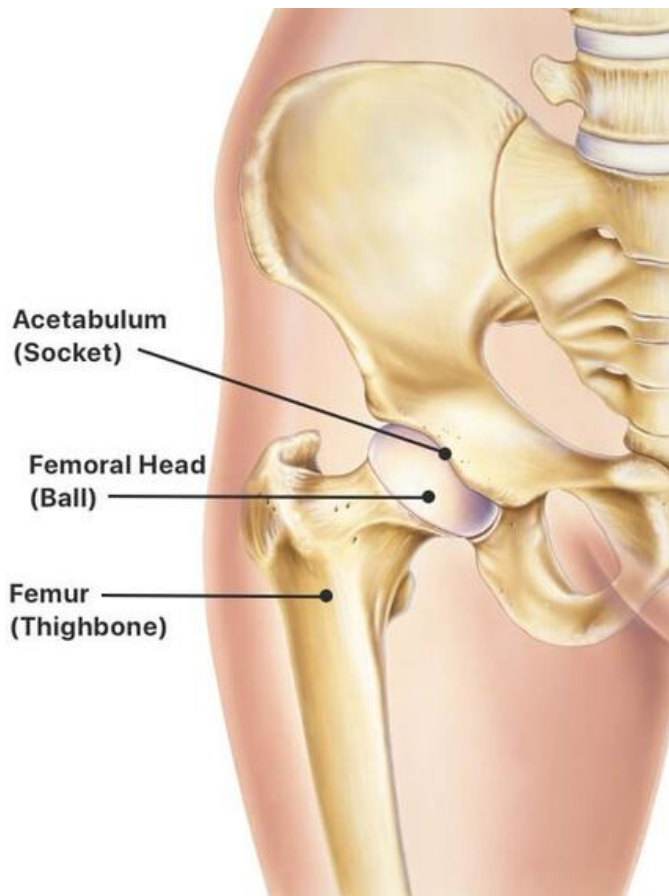
The damaged femoral head is removed and a new ball and stem is put into the thigh bone. A new hip lining is placed in the worn out socket of the pelvis.

Hemiarthroplasty:

Some people only need part of the hip joint replaced



Total Hip Replacement - Things You Should Know



BEFORE SURGERY

The Procedure

- The damaged bones are removed and replaced with a new prosthesis
- There are 2 parts- a part that attaches to the pelvis (socket) and a part that attaches to the top of the femur (ball)
- This provides a new smooth surface that allows for smooth movement again



AFTER SURGERY

There are 2 distinct parts: The cup implant is inserted into the acetabulum socket of your pelvis.

The ball replaces the top part of your femur and the stem goes into the femur bone.

Precautions after a Hip Surgery

Post Surgery Precautions

For 3 Months:

- DO NOT bend past 90 degrees when sitting standing or lying
- DO NOT cross your legs
- DO NOT twist on your operated leg



What can I do to prepare?

Supplements for Blood Conservation:

- It is normal to lose some blood during your surgery. Blood conservation means getting the most out of your own blood before, during and after surgery.
- Iron helps to build the red blood cells that carry oxygen throughout your body.
- Your surgeon may recommend that you take iron supplements.

However, eating foods high in iron before your surgery and following “Eating Well with Canada’s Food Guide” will help build your iron reserves and may provide you with all the iron you will need. www.healthcanada.gc.ca/foodguide

Building Your Muscle Strength:

Building your muscle strength will not only give you more energy before surgery, it will also help with your recovery after surgery. To build muscle strength, you may want to try one of these options:

- YMCA or YWCA
- Physiotherapy
- Daily walks
- Community gym or pool
- Hydrotherapy

Getting Ready for Surgery

Support

- Your spouse or live-in family members may need to take some time off work the first few days after you come home.
- You will be able to walk around and toilet yourself, but may need help with daily activities.
- If you live alone, you should think about asking a family member or friend to stay with you for a few days.
- If you live alone with no family nearby, you may wish to book a respite stay at a local retirement home. As rates and services may vary, be sure to contact a number of retirement homes to determine what is best for you.

Retirement Homes Online Link

<https://www.hnhbhealthline.ca/listServices.aspx?id=10158>

Transportation

- After surgery, you may not be permitted to drive for up to 3 months. You will need to arrange a ride home from the hospital and transportation to and from your follow-up appointments, including your physiotherapy appointment.

Meals

- Your best option is to have all of your meals pre-arranged, at least for the first week. Before surgery, organize your cupboards and fridge so things you may need are easy to reach. These things should be between your waist height and your shoulder height. Stock up on canned, boxed and freezer foods so you do not have to go to the store right away after your surgery.
- There are services available to help with groceries. These can be prepared frozen meals, meals supplied by family or friends, and/or meals delivered from local community service agencies, such as Meals on Wheels.

Meal Deliveries Online Link

<https://www.hnhbhealthline.ca/listServicesDetailed.aspx?id=10107®ion=Brant>

How can I be safe at home?

- Remove any tripping hazards such as area rugs, mats and electrical cords/chargers.
- Make sure you have grab bars installed in the washroom/shower. Ideally you should have a railing installed on any staircases that you will be using regularly
- Make sure your mobility devices can fit through doorways and hallways.

Wound Care

- Patients are responsible for their own dressing changes. **See page 32-35.**

INSTRUCTIONS FOR PREOPERATIVE BATHING WITH CHLOREXIDE WIPES

When you clean your skin before surgery, you help reduce the chances of getting an infection.

Prepare



- You will be purchase two packages of chlorhexidine gluconate 2% wipes from the Pre-Operative Clinic.



- Seven (7) days before surgery, stop shaving, clipping, or waxing the hair around the area having surgery (the surgery site). This includes the groin area for hip surgery and armpit for shoulder surgery.



- Test your skin to make sure you are not allergic to the chlorhexidine. Wipe a small area of skin with some chlorhexidine. Choose an area of skin away from the surgery site.



- If you get a rash, stop using the chlorhexidine. Rinse off right away. Instead, follow these instructions using regular soap.

Take TWO (2) Showers:

| Clean your skin following at the following times: | Completed on (date) |
|---|---------------------|
| One (1) night before surgery | |
| Morning of surgery | |

Please write down the dates that you cleaned your skin and give this form to the Day Surgery nurse when you come in for your surgery

Steps for Cleaning Your Skin:

- Take these instructions with you into the bathroom so you can refer to them.
- Before your shower, remove all jewelry including wedding bands and piercings (don't put them back in until after the surgery).
- Use your own shampoo and soap to wash your hair and face. Make sure your hair is washed either the night before or the morning of surgery. Make sure you clean in your belly button, under your finger nails, and between your toes.
- After shower, dry with a **freshly laundered** towel. After your shower, **do not** put any products on your skin (such as deodorant, lotion, make-up, cologne, perfume, and topical creams – unless instructed otherwise)
- You may heat the chlorhexidine wipe in your microwave according to the instructions on the back of package.

Washing with Chlorhexidine:

- 6** Using one (1) chlorhexidine wipe for each area of your body, wipe down your body following the diagram below

Instructions:

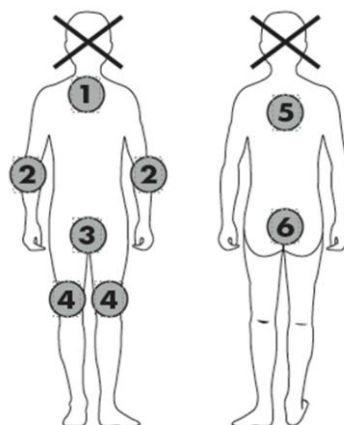
Use one wipe for each area of the body

1. Neck, Chest
2. Arms
3. Groin
4. Legs
5. Back
6. Buttocks

Do not rinse

Do Not Swallow

Product is not intended for use above the neck



- 7** Dress in **Freshly Laundered Pajamas**.
- 8** Sleep in **Freshly Laundered Sheets**.
- 9** Dress in **Freshly Laundered Clothing** to come to hospital.

Nasal Decolonization

Many people have been exposed to a germ called Staphylococcus Aureus. These germs live on your skin and in your nose. You will be given a prescription for an ointment called Mupirocin or Bactroban in pre op clinic. This ointment is used to minimize the risk of surgical site infections and other postoperative complications.

It is very important that you complete the 5 days of putting this ointment into your nose ahead of your joint replacement surgery.

How to use the Nasal Ointment (Mupirocin/Bactroban 2%)

(Your prescription may come in several small, single-use tubes or in one larger tube)

If you have the small tubes, you should use half of a tube inside each nostril each time you apply the ointment. Throw away the small tube and use a new one next time.

If you have a large tube, you should use a pea-sized amount of ointment inside each nostril each time you apply the ointment. Save the large tube and use it for all your doses.


Pre Op Mupirocin/Bactroban 2% Instructions for Use

- 1** Clean your hands with soap and water for 15-20 seconds just before using your ointment.
- 2** Tilt your head back and use a cotton swab to apply the ointment to the inside of each nostril.
- 3** Press your nostrils together and massage for about 1 minute
- 4** Do not get the ointment near your eyes. If it gets into your eyes, rinse them well with cool water.
- 5** Apply nasal ointment two times every day for 5 days unless your doctor tells you otherwise.
- 6** Clean your hands using soap and water for 15 to 20 secs as soon as you are finished.
- 7** Do not use any topical medicines or inside the nose medicines (such as nasal sprays) during the 5 days you are using the ointment.

Outpatient Physiotherapy

Please book your outpatient physiotherapy appointment prior to surgery

Full details are provided by the Physiotherapy team or on the BCHS website. Our community partners, Mobility Orthopaedic Rehab Center, is happy to answer any questions regarding outpatient therapy pre and post-surgery, and help you book your first appointment.

| Operating Name | Address | City | Postal Code | Clinic Contact |
|--|-----------------------|-----------|-------------|---|
|  Brantford | 270 King George Rd | Brantford | N3R 5L5 | (519) 304-5767 info@mobilityrehab.ca |

As of April 2019, elective hip and knee replacement surgeries are funded through a 'bundled care' model, which has replaced OHIP funding.

<http://health.gov.on.ca/en/pro/programs/ecfa/funding/ifm/default.aspx>

As a patient enrolled in the Hip and Knee Bundled Care program, your post-op Physiotherapy will take place in a community Physiotherapy clinic. Therapy provided at one of our partnered clinic locations is covered by Brant Community Healthcare System (BCHS).

Equipment to Bring to the Hospital

Leave your valuables at home! BCHS is not responsible for lost or stolen items.

This equipment will help with functional activities to avoid breaking hip precautions.

Your two-wheeled walker will...

- Have fixed skis at the back
- Fold for easy storage
- Be properly fitted and sized by medical equipment rental store

Please note that if you have hardwood floors, place socks on the ski tips to prevent damage



Two-Wheeled Walker



Long Handled Reacher



Shoe Horn

Equipment for you to have at Home



Grab Bars



Raised Toilet Seat



Sock Aid



Raised Cushion Seat



Bath Bench

2 legs in the bath and 2 legs outside for shower/bath combos.
You could also get a regular bath chair for a standalone shower.



Over-the-Toilet Raised Seat
Also available with wheels*

Equipment Vendor List

| City | Name | Address | Phone # |
|-----------|--------------------------------|--------------------------|----------------------------------|
| Brantford | Action Medical Home Health | 130 Clarence Street | (519) 756-8889 |
| | Cowell Home Health Care | 750 Colborne Street East | (519) 758-1000 |
| | Rexall Home Health Care | 260 St. Paul Ave | (519) 756-6363 |
| Caledonia | The Medicine Shoppe | 55 Argyle Street North | (905) 765-3332 |
| Dunnville | Hauser's Home Health | 140 Broad Street East | (905) 774-7331 1-855-440-8500 |
| Simcoe | Clark's Pharmasave | 454 Norfolk Street South | (519) 426-6580 |
| | Hauser's Professional Mobility | 157 West Street | (519) 428-0871 1-800-268-7698 |
| | Roulston's Wellness Centre | 65 Donly Drive North | (519) 426-8011 ext. 264 |
| | Silver Cross | 479 Queensway West | (519) 426-0525 |
| | Who Did It Club | 36 Hill Crest Road | (519) 428-0271 |

Same Day Joint Replacement

What is Same Day Joint Replacement?

Same-day joint replacement, also called outpatient surgery, are when a patient safely leaves the hospital to recover at home the same day as the surgery.

Same-day joint replacement surgery provides the same success rate as inpatient joint replacement. There has been a lot of medical research into the outcomes of same-day joint replacement surgery. The findings, in general, are that patients do better when they go home the day of their joint replacement surgery.

How is it Accomplished?

Once you have spoken to your Orthopaedic Surgeon about Same Day Joint Replacement, you will have the option to sign up for Seamless MD, which is an app to help with your recovery and is a contact point if you have questions during your recovery (see page 7).

You will have an appointment with a physiotherapist/occupational therapist in pre op clinic to review equipment needed for your home and exercises to do after surgery. You will also have blood work done, and other tests if needed. You will meet with a Nurse, Pharmacist, and Anesthesiologist during this visit to discuss your medical history and current medications.

Once you arrive on your day of surgery, you will be prepared in Day Surgery where you will meet your surgeon again and members of your surgical team.



Once you have had your surgery you will be in the recovery room for approximately 45 minutes to an hour before being transferred to Day Surgery. Physiotherapy will come to assess your mobility. You will sit on the side of the bed and when you are ready to stand Physiotherapy will assess you. You will need to do stairs before you can safely go home.

Next, nursing will assess your pain and ability to go home.

Once you have been assessed by physiotherapy and nursing they will determine if you have met the discharge criteria.

If the discharge criteria have been met, they will go over your discharge instructions with you and your ride will be called to come pick you up.

If you do not pass your assessment you may need to be admitted for a nights stay, but only if you do not pass the assessments by physio and nursing.

Why Am I a Candidate for Same Day Joint Replacement?

Same-day joint replacement is not for everyone. In our experience, patient selection is the key to ensuring a high quality, safe and successful outcome.

We use a specific criteria to decide if a patient is a candidate for same day surgery.

Some examples of the criteria are as follows:

- 1** Younger patients who are in good overall health, engaged and committed to their surgical journey and have a support system at home are ideal same-day surgery patients.
- 2** Older patients who may have limited mobility or other medical issues are typically performed on an inpatient basis and don't meet the rigorous criteria for same-day surgery.
- 3** Those who have chronic health conditions such as diabetes, certain heart ailments and COPD and don't have a support system at home may not be candidates for same-day joint replacement.
- 4** Patients who have a high BMI (body mass index) may not qualify for a same-day procedure.
- 5** Your orthopedic surgeon and other healthcare team members can determine if you are a candidate for same-day joint replacement surgery.



Benefits of Same Day Joint Replacement

- 1** Recover in the comfort of your home. For many, staying in the hospital overnight isn't what they would choose. With a same day knee replacement, patients can go home safely the day of their surgery and recover in the comfort of their own home.
- 2** See greater patient satisfaction. When patients spend more time recovering at home, they tend to be more satisfied with their overall experience and may even see improved results.
- 3** Reduced surgical risks and complications: Patients spend less time in the hospital after the joint replacement, reducing the risk of hospital acquired infections ,and are encouraged to be active as soon as possible making blood clots less likely

Timeline of your Surgery

ON YOUR DAY OF SURGERY...

Please follow the instructions given to you by the pre-op nurse, or you risk having your surgery cancelled.

Please bring your walker, crutches or cane with you to the hospital on your day of surgery.

DAY OF SURGERY

- Arrive at the D-Wing entrance and follow green footprints to elevator (lower level 1)
- After surgery you will be taken to recovery
- When you are ready you will be transported up to the surgical ward (B5)
- You will be attached to an IV, oxygen and have a dressing over your hip
- You will receive pain control

DAY OF SURGERY (Day 0)

- A physiotherapist will likely see you once you come up to B5 (surgical floor) in the afternoon
- They will ask you questions regarding your set-up at home and supports
- Verify you have equipment in place and an outpatient physio appointment booked
- They will try some standing and possibly walking with the two-wheeled walker in your room
- You will be getting up to the washroom with the nursing staff the rest of the day/night

***If you are eligible for same day joint replacement surgery please see page 16-17**

POST-OP (Day 1)

- The physiotherapist will assess your mobility and stairs (if necessary)
- The physiotherapist will clear you for discharge if your mobility is safe
- Physiotherapist Assistant will review post-op hip exercises
- Occupational Therapist – only if needed
- Will be discharged today – midmorning to late afternoon

FOLLOW UP WITH SURGEON

- Patients will have a follow-up visit with their surgeon about 2 weeks after surgery.
- If you had staples to close your incision, you will need to have them removed at this appointment after surgery.
- Wear loose comfortable clothing to your appointments. If possible, no zippers or buttons. This makes it easier for you to have x-rays if needed and for the surgeon to check your hip.

After your Surgery and Hospital Stay

- Plan to spend 0 or 2 nights in the hospital
- Make arrangements ahead of time for someone to pick you up to take you home
- **Have your walker in the car**

Your surgery will take about 1½ hours

- After surgery you are taken to the recovery area, where you will stay until your blood pressure and pulse are normal
- If you have pain or feel sick, tell the nurse
- Once you have completed your stay in the recovery area, you will move to the inpatient unit
- Your family or support person can wait in the surgical waiting area



While you are on the inpatient unit...

- Once you arrive on the inpatient unit, the nurses will check your vital signs. This includes your blood pressure, heart rate, breathing rate and temperature.

Your recovery starts as soon as you arrive and requires work that includes:

- Deep breathing and coughing exercises
- Leg and ankle exercises

To help your recovery, do your exercises!

Pain Control

- Your leg may be bruised, swollen, and painful as you move.
- It is normal to have pain after surgery but the pain needs to be controlled before you start moving. The pain can be controlled with medications, ice packs and good positioning of your leg.
- Members of the health care team will help you with pain relief.
- It is important to have your pain controlled so that you can do your knee exercises and move around.
- The pain will lessen over time as you heal.

Oxygen

- You may need oxygen which is given through your nose.

Confusion

- It is not uncommon for people who are taking pain medication to have some confusion after surgery. At times just being in the hospital can lead to confusion.
- If you have a history of being confused while in the hospital, tell your surgeon or other health care provider.
- As a family member or friend, if you notice that your loved one is acting differently or is restless, tell the nurse.

Drinking and Eating

- You may slowly start to drink fluids the night of your surgery.
- The next day you may slowly start to drink and eat more.

Constipation

- Constipation is when you have hard stools which make it difficult to have a bowel movement.
- Pain control medication causes constipation.
- In the hospital, your nurses will keep track of when you have a bowel movement.
- Your nurses will help and encourage you to move.
- You will sit up at the side of the bed and may take a few steps.
- **Do not get out of bed without someone's help.**
- Your therapist will tell you when you can get out of bed on your own.

In order to prevent constipation, it is important to get help at the first sign of a problem. To help prevent constipation:



- Drink 6 to 8 glasses of water a day - unless you are on fluid restrictions as advised by your health care provider.
- Increase fibre in your diet.
- Eat lots of fruit, vegetables and whole grains.
- Take stool softeners as prescribed.
- Be active.

Nausea

- You may have an upset stomach or nausea after surgery because of the anesthetic or pain medication.
- If you feel unwell or have nausea, tell your nurse.
- You will be given some medication to help.

Skin

- Healthy skin helps prevent infections.
- Your dressings and incision will be checked often while you are in hospital.
- Lying in bed puts pressure on your skin which can lead to bed sores.
- The first signs of this problem are burning, redness or pain. If you have any of these signs on your buttocks, ankles, heels, elbows, shoulders or ears, talk to your nurse or therapist.

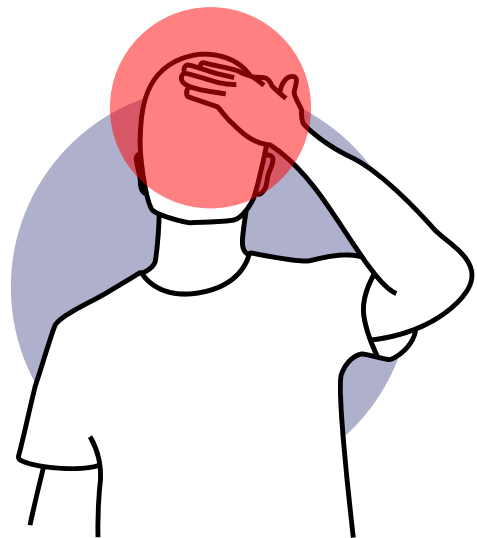
The best way to avoid skin problems is to change positions and avoid lying down in bed for long periods of time. The nurses and therapists will remind you to get up and move as much as possible after surgery. You should also remember to do this when you are home.

Weakness

- You may feel tired and dizzy when you get out of bed after surgery.
- Use your call bell and make sure someone helps you get up until you are safe to move around on your own.

Urinary Problems

- You may have trouble urinating or passing water after surgery.
- If you cannot start or stop passing urine, are urinating often, or have burning when passing your urine talk with your nurse.



Lung Problems

- After surgery, your activity will be less than normal.
- Deep breathing and coughing exercises are important to do every hour while awake.
- This will help to prevent mucus from settling in your lungs.

Blood Clots

- You have an increased risk of forming a blood clot after surgery.
- It is very important to do your exercises and get up and move as much as you can after surgery to prevent blood clots.
- Signs of a blood clot are redness, swelling, warmth or pain anywhere in either leg.
- Tell a member of your health care team right away if you notice any of these signs.
- Blood thinning medication will be ordered in pill or needle form.
- You will need to go home on blood thinning medications.

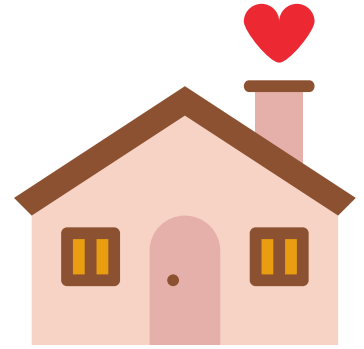
Safety at Home

General Tips:

- Remove any tripping hazard such as area rugs, mats and electrical cords/chargers.
- Make sure you have grab bars installed in the washroom/shower if advised by your therapist.
- Ideally you should have a railing installed on any staircases that you will be using regularly.
- It is a good idea to always carry a portable telephone or cell phone with you.
- Make sure your mobility devices can fit through doorways and hallways.

Sitting:

- All things you sit on should be firm with your feet supported on the floor or flat surface.
- Have a chair with arms in the kitchen. Sit on this when you are doing countertop activities or resting.
- Use an apron with pockets to carry things from place to place or attach a bag or basket to your walker to help you carry things.

**Kitchen:**

- Have a chair with arms in the kitchen. Sit on this when you are doing countertop activities or resting.
- Use an apron with pockets to carry things from place to place or attach a bag or basket to your walker to help you carry things.

Bedroom:

- A standard or regular bed with a firm mattress is best.
- Do not use a water bed or a low bed.
- You may want to move a bed to the ground floor so you will not have to worry about climbing a lot of stairs the first week or two that you are home.
- Organize the dresser drawers and closet so things are within easy reach. These things should be between your knee height and your shoulder height.
- Use a night light between the bedroom and bathroom.

Bathroom:

- Attach a hose or install a removable showerhead for easy bathing.
- Place a non-slip mat inside and outside the tub or shower.
- Remove other rugs.
- Use a long handled sponge or washcloth tied to a scrub brush to wash your lower legs and back.
- Use toilet and bathtub equipment as advised by your therapist.
- To fit a bath transfer bench into the bathtub, you will need to remove the sliding doors and replace with a shower curtain.

Laundry:

- It is a good idea to have clean clothes ready for a week or 2 after your surgery.
- Have someone help you with the laundry.

Deep Breathing and Circulation Exercises After Surgery

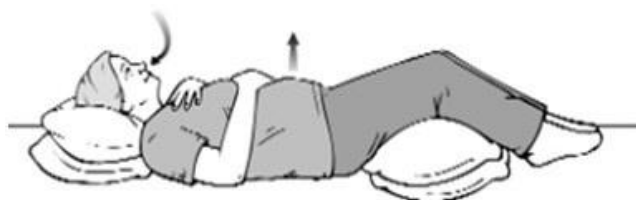
After surgery, start these exercises when you are lying in bed. It will help if you can raise the head of your bed a little. Later on, you can do them while sitting in a chair. During the first few days after surgery, do these exercises every hour that you are awake. Ask your family to remind you.

DEEP BREATHING AND COUGHING HELPS TO:

- Keep your lungs expanding fully.
- Clear mucus from your lungs and throat.
- Reduce the change of getting a chest infection.

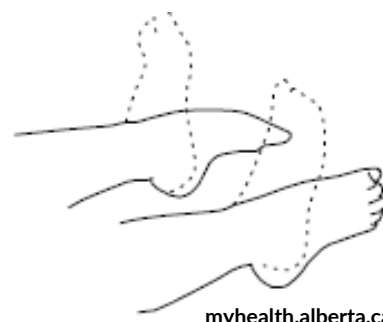
HOW TO DO DEEP BREATHING AND COUGHING:

- Lie down or sit up.
- Put your hands high up on your stomach.
- Breathe in as deeply as you can. You will feel your stomach push out against your hands.
- Breathe out slowly through an open mouth.
- Repeat 5 times.
- Then take a deep breath and make a strong, deep cough. Just clearing your throat is not enough.



CIRCULATION EXERCISES: Ankle Pumping

- Move your ankles up and down.
- Move your ankle in circles and in both directions.
- We recommend that you complete these exercises to assist with recovery and to decrease swelling.



myhealth.alberta.ca

Hip Rules

Follow these rules to help your muscles heal and keep your new hip in place. Follow these rules for at least 3 months after surgery or until your doctor tells you to stop.

NOTE: You may hear hip rules be called hip precautions. They are the same thing.

Rule #1

Do not bend from the hip or waist past 90 degrees when you are sitting, standing or lying.



Do not reach your hands past your knees



Do not use a recliner chair



Do not sit on low chairs or stools

Rule #2

Keep your legs separate. Do not cross your legs at the knees or ankles. Do not use your foot to remove the shoe from your other foot. Do not use your other foot to lift the operated leg into bed.



Rule #3

Do not twist from your operate leg inwards or outwards from the hip. You can place a pillow or roll by your ankles when sleeping to stop your legs from twisting outwards. Do not twist. Move your body as one unit when reaching, turning or walking.



Do not turn feet out.

Exercises

Exercise Will Help You:

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



Key Points About Exercising:

- Doing exercises on both legs will help promote good circulation, increase muscle strength and prevent blood clots.
- Your therapist will help you get started on exercises the first day after surgery. As you heal, you will be able to do more each day.
- You are expected to do these exercises daily on your own while in hospital and when you go home.
- As you get stronger, your therapist may change the exercises.
- It may be helpful to practice the exercises before you come into the hospital.

EXERCISES JUST AFTER SURGERY

Do these exercises 3 times a day. Do each exercise up to 10 times.

Thighs and Buttocks



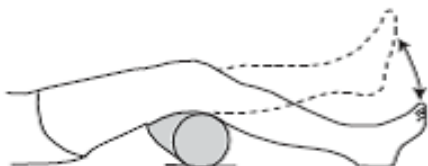
- Keep your leg straight, toes pointing up
- Tighten the muscles on your upper thigh and buttocks
- Hold for 5 seconds

Hip and Knee Flexion



- Lie on your back
- Keep your heel on the bed
- Bend your knee then straighten it
- Do not bend past 90 degrees

Quads Over a Roll



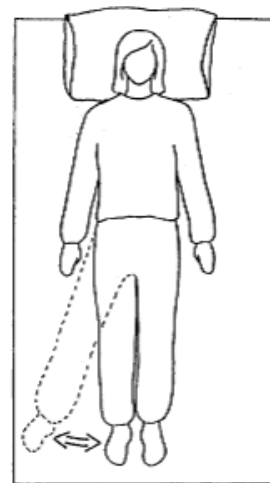
- Place a roll under your knee
- Lift your foot off of the bed and straighten your knee
- Hold for 3 seconds, then relax

You can make your own roll. Use an empty 48oz (1.4 litre) juice can and wrap a towel around it. It will be the perfect size for your exercises.

Hip Abduction

- Keep your leg straight with toes pointing toward the ceiling.
- Slide your leg out to the side and back. Do not cross the midline, or lift your leg off the bed.

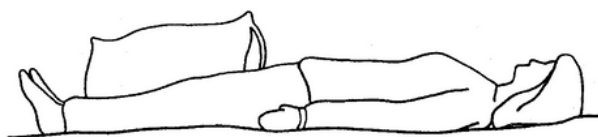
Dr Dill's patients do not do this



Learning How to Move

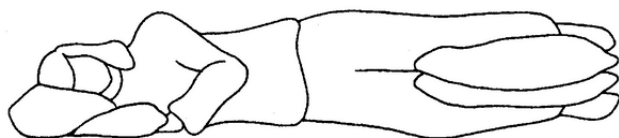
You can protect your new hip by planning ahead how you will move

Lying down on your back:



- Put a pillow between your legs when lying down on your back.
- For long periods, the best way to lie in bed is on your back.
- Try to keep your knees and toes pointing up.

Lying on your side:



- When lying on your side, you need to lie on the un-operated side.
- When on your side, you may need to use a pillow between your knees for comfort.
- Your surgeon or therapist will tell you when you can lie on the operated side.
- If you need to reduce swelling in your leg, you can lie on your back and put a pillow under your ankle. This will keep your ankle higher.

Getting in and out of bed:

- The first day after surgery, your nurse or therapist will show you the right way to get in and out of bed.

To get out of bed from a lying position:

- Move body close to the side of the bed.
- One at a time, slide your legs to the edge of the bed.
- In one motion, move your legs off of the bed by pushing up with your elbows and hands and sitting up.

Weight Bearing

- Weight bearing is the amount of weight you can put on your operated leg
- After surgery, you will be told how much weight you can put on your operated leg
- The amount of weight bearing will be different for each person
- Ask your therapist or nurse if you are unsure about how much weight you can put on your leg

THE 3 KINDS OF WEIGHT BEARING ARE:

1

Feather or Touch Weight Bearing

- Your foot on the operated leg just lightly touches the floor like a feather

2

Partial Weight Bearing

- Only a part of your weight can be put on your operated leg
- Your doctor or therapist will tell you exactly how much weight to put on your leg
- Your therapist will help you learn partial weight bearing

3

Full Weight Bearing or Weight Bearing as Tolerated

- You can put your full weight, or as much as you can tolerate on your operated leg when standing or walking



Sitting Down and Standing Up

When you sit down, follow these steps:

- 1 Back up to the edge of your chair, bed or commode
- 2 Feel the edge of the chair, bed or commode with the back of knees
- 3 Slide your operated leg forwards
- 4 Hold the armrests or bed with your hands
- 5 Lower yourself to a sitting position slowly and gently - do not bump or bounce



When you stand up, follow these steps:

- 1 Move to the edge of the chair, bed or commode
- 2 Bend your good leg under you to hold your body weight
- 3 Slide your operated leg forwards
- 4 Push down on the chair arms or bed with your hands to stand up. Put most of your weight on your good leg
- 5 Once you have your balance, use your walking aid. With time, as you bend your new knee you will be able to put equal amounts of weight on your legs



Walking

You will use a walker first. The first few times you get out of bed you may feel weak or dizzy. Make sure a nurse or therapist is with you. Tell them anytime you feel weak or dizzy.

Your therapist will tell you when it is safe for you to walk by yourself!

When you are walking with a walker, follow these steps:

- 1** Move your walker ahead first
- 2** Next, take a step with your operated leg
- 3** Then take a step with your good leg

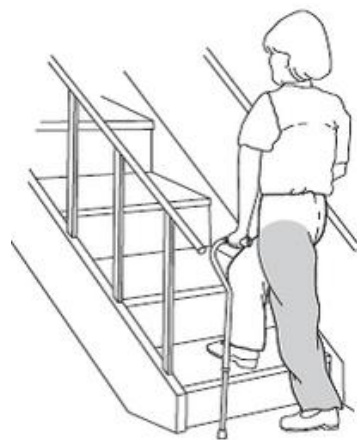
Take short walks as often as you can using your walking aid. Walking helps prevent joint stiffness and is good for your circulation, your strength and your general health. Try to go longer distances when you are able.

Stairs, Curbs and Steps

For stairs, curbs and steps - Your therapist will show you how to climb stairs safely.

Going up steps with a handrail - the good leg steps up first

- 1** Face the step with the cane in the hand away from the handrail
- 2** Stand close to the step
- 3** Put your other hand on the handrail
- 4** Put your weight on the handrail and the cane
- 5** Step up with your good leg
- 6** Straighten your good leg and bring the cane and the operated leg up together



Step up with the good leg

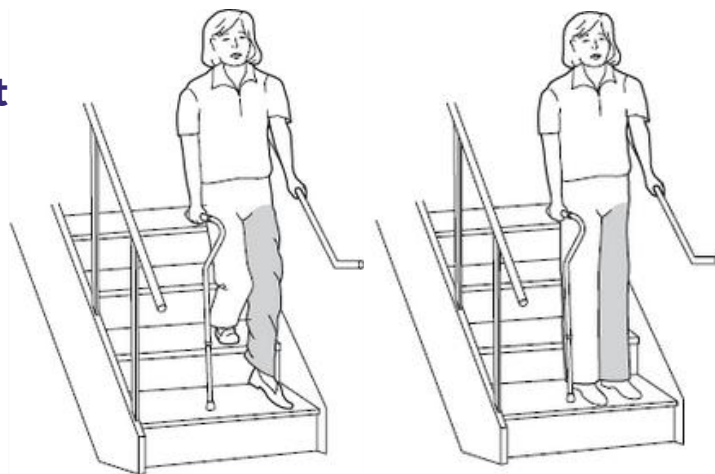


Cane and operated leg step up together

*The shaded leg is the operated leg

Going down with the handrail - the cane and the operated leg go down first

- 1 Face the step with the cane in the hand away from the handrail
- 2 Stand close to the edge
- 3 Put your other hand on the handrail
- 4 Put the cane in the middle of the next lower step followed carefully by the operated leg
- 5 Step down with the good leg



Cane and operated leg
step down together

Step down with the
good leg

*The shaded leg is the operated leg

Your therapist will practice stairs with you before you go home. When you are first home have someone with you when you do the stairs – that person should follow close behind you on the way up and should be one step below you on the way down.

WHAT TO WATCH FOR AT HOME:

Dislocation

If your hip moves out of place, you will notice:

- An increase in pain
- A change in where you feel pain in your hip
- A change in the shape of your hip
- Your hip become stuck in one position
- You will be unable to bear weight



Infection

- Some bruising, redness and swelling around the staples is normal and does not always mean an infection. Bacteria in your blood can get into your new hip and cause an infection. **Any infection must be treated right away.**

Signs of infection include:

- Increased redness around the incision
- Increased pain
- Swelling
- Fever above 38 Celsius or 11 Fahrenheit
- Drainage from the incision

Occupational Therapy and Dressing

MY DRESSING - WHAT IS IT?

Mepilex Border Post Op

Mepilex® Border Post-Op dressing is extra-conformable and easy to use for surgical wounds, cuts and abrasions. It's designed to softly stick to skin without sticking to the wound so that you can remove it easily without damaging the skin.

The absorbent pad has extra flexibility - so you can rely on it to support early mobility.

Total Hip Dressing

You may have a small square dressing at the top of your hip. This is to stay in place until you see your surgeon just like the sticky dressing over your wound.

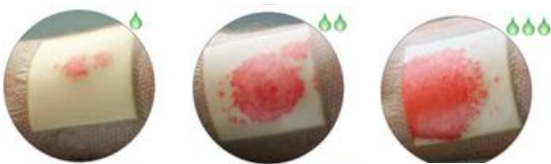


Do I need to change my dressing?

Your dressing is designed to wick (absorb) blood from your wound so it doesn't sit on your skin. The dressing is clear so you can assess when you need to change it and when you can leave it alone.

This dressing can stay on your wound for up to 14 days – or when your surgeon directs. The dressing will hold a good amount of fluid so that you don't have to change it frequently.

Please see below for pictures demonstrating when to change your dressing:



All normal, do NOT change

When your dressing is **80%** covered in blood or drainage is leaking from your dressing, you need to change it



SHOWER AND BATHING

Can I shower with my dressing on?

Yes, your dressing is water resistant and you may shower with your dressing on. However, **do not soak your dressing or place it under water.**

Can I bathe with my dressing on?

- Take a sponge bath at the sink
- Use a walk-in shower and sit on a bath stool or bath bench - you may need a grab bar to help you get up and down
- Shower while sitting on a bath bench or bath stool in the tub - your therapist will suggest the best height and will teach you the proper way to get on and off the bath bench
- Use a long handled sponge for washing your feet, lower legs and back
- Consider installing a hand held shower to use while sitting on the bath bench or stool
- Sit on a stool or chair while washing, shaving or putting on makeup

Remember to keep your incision and dressing dry and do not sit down in your bathtub*

IF YOU NEED TO CHANGE YOUR DRESSING...

If you have determined or were directed to change your dressing at home please do the following:

- 1 Wash your hands
- 2 Ensure you have a freshly laundered towel under your wound area. If you have clean gloves, use them.
- 3 Remove old dressing and dispose of it
- 4 Clean the wound with Saline or bottled water – **do not use alcohol**
- 5 Clean from top to bottom once.
Do not rub wound or reuse cloth. You may clean the wound again with a new fresh cloth.
- 6 Wash your hands again and put on clean gloves if you have them
- 7 Apply new dressing and secure in place



THINGS TO LOOK FOR IN YOUR WOUND

While you have your dressing off take a look at your wound to see if there are any signs of infection.

- Drainage - what colour is the drainage?
- The physical appearance of the wound

You may have Staples in your skin or sutures covered by Steri-Strips. If you do have Steri-Strips leave them on the wound until they fall off or you are instructed by your surgeon.

It is normal to see some redness and swelling during the first few days after your surgery, but spreading redness or persistent drainage or pus could mean your wound is infected. **If this is the case, report these signs to your doctor immediately.**

CAN I BUY MORE DRESSINGS?

You can purchase more of these types of dressings online on Amazon, or at a pharmacy that supplies dressings like Rexall or Shoppers.

The dressing is called **Mepilex Border Post- Op** and the size is **10cm x 20cm**.



HOW DO I GET DRESSED?

You will need these tools to help you dress your lower body:

(In addition to the equipment found on page 14)

- Elastic shoelaces or Velcro closure on shoes
- Bed/Chair
- And, a little patience! 😊

Socks:

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

Using a sock aid or getting someone to help you.

Using a Sock Aid - Works best with stretchy socks such as loose gym socks

- 1** Slide sock onto sock aid.
- 2** Lower sock aid to the ground with the string handles.
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 handles.
- 4** If sock does not come up all of the way, use a reacher to pull it up the rest of the way.
- 5** Remove socks with a reacher and shoehorn, or dressing.

To put your clothing 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 the reacher to lower it to the floor. **Do not bend over.**
- 4 While still holding onto the clothing with the 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 possible while you are sitting down.
- 7 Stand up with the walker and pull the clothing up the 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 a chair or bed.
- 4 Use a reacher to lower the clothing to the floor.
- 5 Take the **non-operated leg** out first.
- 6 Take the **operated leg** out second.
- 7 Use a reacher to pick up the clothing off the floor.

REMEMBER YOUR HIP RULES!

Your therapist or therapy assistant will show you how to dress and bathe safely and comfortably. If needed, a therapist will show you how to use equipment.

Transportation



- After surgery you may not be permitted to drive for up to 3 months.
- You will need to arrange a ride home from the hospital, transportation to and from your follow-up appointments, and to and from your physiotherapy appointments.
- An Accessible Parking Permit is available from the Ministry of Transportation. Your family doctor, surgeon or therapist can help you obtain a permit if needed
- Please talk to your therapist or nurse if you will have problems with parking and transportation.

Transfers

Getting in and out of all vehicles, including vans and SUVs, is almost the same as a car. You may need to make some adjustments depending on your height and physical condition. Check with your therapist. Please talk with your therapist if you have any concerns about getting into your vehicles. **SEE BELOW.**

TO GET INTO A CAR, FOLLOW THESE 5 STEPS:

Step 1

Have your driver:

- Open car door fully
- Roll down the window
- Move bottom of seat as far back as it will go
- Tilt backrest
- Put a pillow on the seat if needed and put a plastic bag on the top of the pillow



Step 2

- Back up to the seat until you feel it behind your legs
- Move operated leg forward
- Put one hand on the back of the seat
- Put the other hand on the car door
- Sit down slowly



Step 3

- Slide as far back as you can go



Step 4

- While leaning back, bring one leg into the car
- Bring the other leg into the car
- Keep the operated leg straight

Step 5

- While sitting, lean slightly back and buckle up
- Remember, do not bend operated hip more than 90 degrees

You are ready to go - wear your seatbelt!

To get out of the car - have your walker ready in front of you and reverse the 5 steps.



operated leg



keep operated leg straight

Work and Relaxation

Always think of your hip rules before you start a new activity. Your therapist can talk to you about limitations and safety during work and relaxation time. Everyone has a different lifestyle. You should participate in your activities gradually to avoid injuring your new hip.

Ask your doctor or therapist to help you plan your return to work and activities

If you are feeling tired, plan to do activities that conserve your energy. Placing items at waist level to avoid bending, lifting and reaching are a few examples. Use frozen meals or prepare and freeze meals ahead of time.



Keep from injuring your hip by:

- Doing your exercises
- Following the hip precautions
- Using the right equipment
- Changing your position often
- Stop doing an activity if you have severe pain

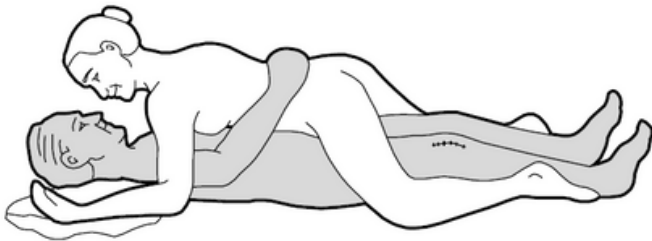
Sexual Activity

Ask your surgeon when you can resume sexual activity after surgery.

WHAT POSITIONS ARE SAFE DURING SEX?

Lying on your back

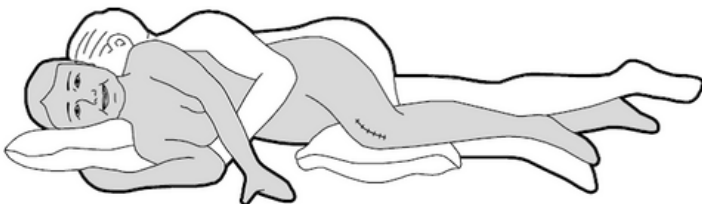
This position uses less energy and decreases the amount of movement.



Standing

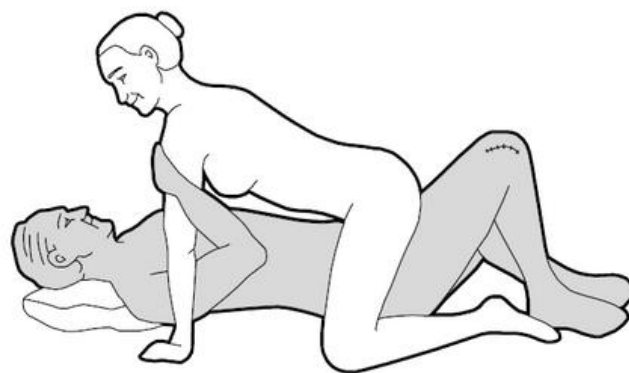


Laying on the side that was not operated on



Your partner can use different positions while you lie on your back.

Place a pillow between your legs to support the leg that was operated on.



These pictures show recommended positions that should not cause pain or complications

WHAT POSITIONS SHOULD I AVOID?

Avoid all positions that involve kneeling to prevent injury of your new hip. Please check with your surgeon before you do any kind of kneeling.

Talk to your doctor if you have any of the following:

- Skin breakdown such as redness, burning or pain
- Infection appearing as redness, swelling, drainage, pain or fever
- Pain during certain positions and movements
- Urinary problems

If you have questions or concerns about sex after surgery, please contact the following:

- Your orthopaedic surgeon
- Your family doctor
- Your occupational therapist or physiotherapist
- Your nurse
- The Arthritis Society



Preventing Falls in the Hospital

Am I at risk for falling?

- YES, if you have had surgery
- YES, if you are taking medications for pain or any other medication that may cause dizziness

TIPS TO REDUCE YOUR RISK FOR FALLING AND BE INDEPENDENT:

Wear your glasses, hearing aids and proper footwear

Get to know your hospital room

Look for the:

- Call bell and make sure it is within reach
- Bedrail and make sure there is at least 1 bedrail down at all times
- Over-head light switch and make sure the cord is within your reach

Be safe in your room

- Always call for help when getting up until members of the health care team feel you are safe to do this by yourself
- Know your way to the bathroom
- Ask for help to clean up spills or to pick up items you may have dropped such as tissues and clothes
- Do not lean on bed tables with wheels
- Keep frequently used items such as the phone nearby
- Use a reacher for hard to reach items
- If you feel lightheaded or dizzy when you sit up after lying down, pump your feet until the feeling goes away
- Get up slowly
- Make sure your feet are flat on the floor before standing
- Sit down right away if you feel dizzy
- Do not rush to do things such as go to the bathroom or answer the phone
- Do not wait until the last minute to get help to go to the bathroom