



# Total Hip Replacement

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Date of Surgery \_\_\_\_\_

Estimated Date of Discharge \_\_\_\_\_

# Purpose of this Booklet

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This booklet has been designed as a resource for patients undergoing **total hip replacement surgery**. It has been created by the surgical team, including your orthopedic surgeon, nurses, anaesthetist, and physiotherapist.

Your '**Total Hip Replacement**' Booklet shares information that is particularly important if you are having this surgery. It includes:

1. Planning for Your Discharge: how to prepare your home, what equipment you will need, and your Pre-Surgical Assessment appointment.
2. Packing and Preparing: for your hospital stay, including preparation checklists.
3. Recovering from Your Hip Surgery: pain medications, exercises and goals for each post-operative day.

You can also get information online at: <http://www.qhc.on.ca>

Click on:

Services & Clinics

This is in the header at the top of the website.

On the left-hand menu select:

Surgical Services

► Surgery at BGH

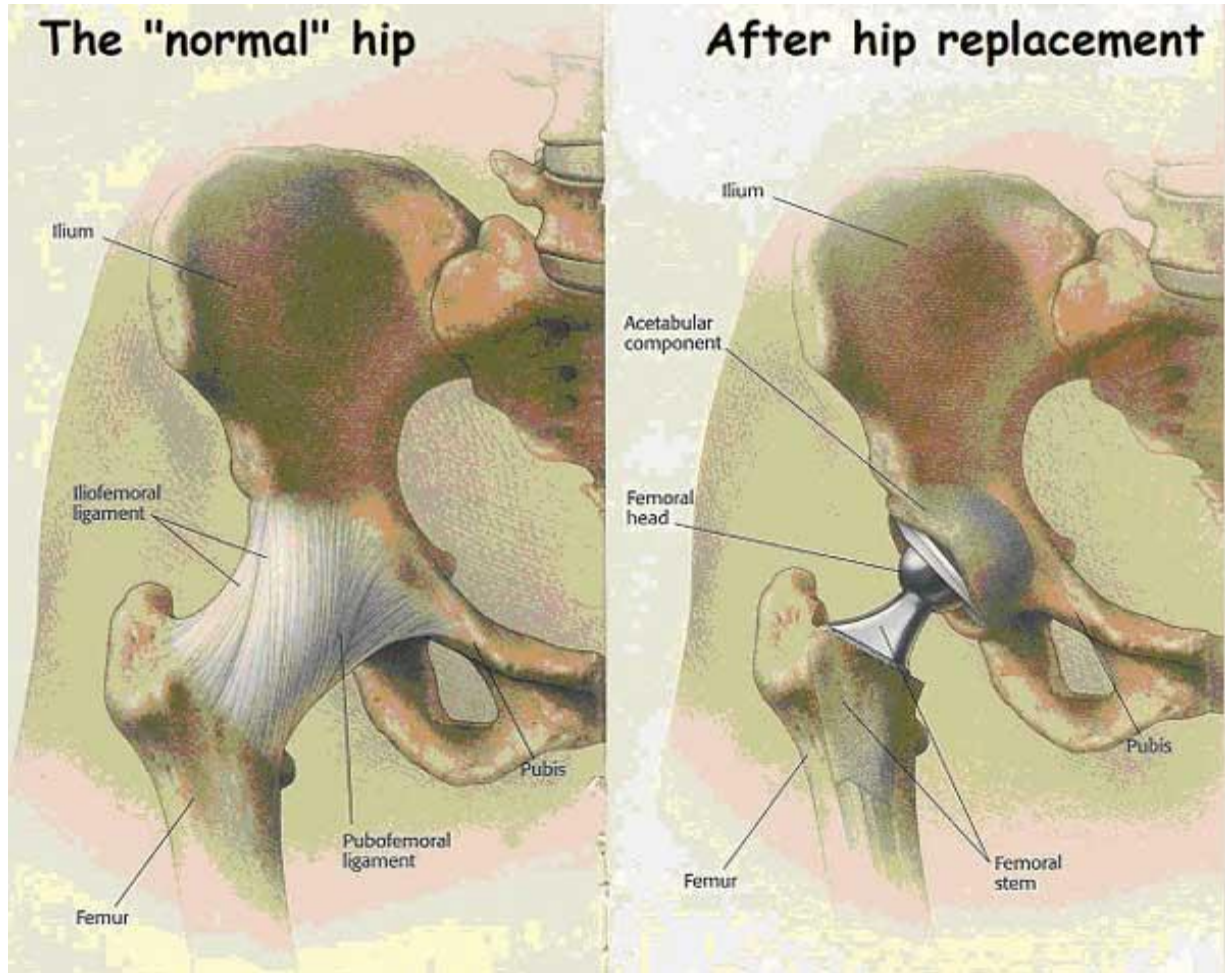
Scroll down to open surgery specific information. Click on **hip** replacement surgery to **view all** instructional videos

**You must view all instructional videos before coming to your Pre-Surgical Assessment appointment.**

# What is a Hip Replacement?

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A **total hip replacement** is a surgery done to replace the hip joint with an artificial one. The hip joint is made up of the hip socket (acetabulum – a cup shaped bone in the pelvis) and the ball (head of the thigh bone). Disease and/or damage to the joint can cause hip pain, stiffness and difficulty moving. Your surgery is done to reduce pain and make walking easier. **The usual length of stay in the hospital is 1-2 days.**



## Planning For Your Discharge

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Remember that **your surgery is planned**. It is **very important** that you have made the necessary arrangements for your discharge home *before* coming in for your surgery.

**Arrange for family or a friend to stay with you for the first week or until you see for yourself that you can manage on your own.** Alternate arrangements such as staying with family or friends should be considered.

You will need some help with things like cooking, laundry, housework, lawn care / snow removal, shopping and transportation (you will **not** be able to drive yourself until your surgeon advises you).

Your discharge plans will be discussed and documented before your surgery at your Pre-Surgical Assessment appointment.

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## Preparing Your Home



You will need to arrange your home **before** your surgery to make sure it will meet your needs after surgery. To make your return home easier and safer after surgery:

### **Clear hallways**

- ✓ Remove all clutter and items in your walking area.  
This includes: scatter mats, electrical cords, telephone cords, plants, and any other items in your walkway.
- ✓ Arrange furniture so that there are clear walkways wide enough for a walker (approximately 30 inches).
- ✓ Place night lights in hallways.

### **Remove / prevent slipping hazards**

- ✓ Tape down large area rugs.
- ✓ Place a rubber mat or non-skid adhesive strips in your tub and/or shower.
- ✓ Purchase a long, handheld sponge or handheld shower attachment to make bathing easier.
- ✓ Ensure that all railings in and outside your home are secure.  
This includes: stair railings and grab bars in the bathroom

### **Keep items you might need close**

- ✓ Place frequently used items where they can be easily reached.
- ✓ Obtain an apron with pockets, shoulder bag or knapsack to carry items around the house (i.e. phone, Kleenex).

### **Set up a ‘Recovery Centre’**

- ✓ Get a supportive chair with arms, a firm seat and that is high enough to keep your hip above your knees. Place frequently used items close (i.e. reading material, phone, kleenex, etc.).
- ✓ If your bedroom is upstairs, consider setting up a bed on the main level close to a bathroom for the first week or so.

### **Organize your kitchen**

- ✓ Stock up on groceries. Preparing meals, such as soups, stews and casseroles in advance will make your return home easier.
- ✓ Reorganize cupboards/closets/fridge so items you use often are within easy reach.

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## Dressing Supplies

Before surgery you should go to your local pharmacy and collect a couple items to care for your dressing after surgery:

- 50 ml sterile normal saline
- Two 4x4 gauze packages
- 2-4 non-adherent 4"x10" dressings (sometimes called 'island' or medipore)



## Equipment

You will also need to rent, purchase or borrow equipment prior to your surgery. This includes:

- Dressing aids (long handled shoe horn, reacher, sock aid and sponge)
- Tub transfer bench/shower seat/ chair
- Raised toilet seat with arms or raised toilet seat and a versa frame and/or commode
- Walker (**no wheeled** walker is most appropriate)

Your surgeon may also recommend you get a **special ice machine** that you will use post-operatively to help with your recovery. To use this, you will also need to buy a special bandage. **Ask your surgeon for more information.**

You can contact any health care vendor, visit [www.southeasthealthline.ca](http://www.southeasthealthline.ca) or contact the South East Home Community Care Belleville at (613) 966-3530 or Toll Free at 1-800-668-0901 for services including vendors in your area.

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## Pre-Surgical Assessment Appointment

3-4 weeks before your surgery you will receive a call booking your pre-surgical appointments. Most appointments will be over the phone, and your bloodwork and x-ray (if needed), will be scheduled.

Your pre-surgical appointments will occur 2-3 weeks before surgery. You will:

- Speak with the nurse about your health history, medications
- Speak with the bundled care nurse about your physiotherapy, pain management, and equipment

If you are unable to attend your appointments, please call the hospital and ask for the Pre-Surgical Assessment Clerk **(613) 969-7400** to reschedule.

# Planning For Your Surgery

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## Pre-Operative Checklist

Please use this checklist to make sure you are properly prepared for surgery.

### 4 weeks before surgery

- Review this Booklet and your Day of Surgery Booklet
  - Review the Occupational Therapy Handout
  - Start your physiotherapy exercises 1 – 2 times a day
  - Prepare your home for after surgery (page #3-5 in this booklet)
  - Make your arrangements for help at home after discharge
  - Arrange for the required equipment (page #5 in this booklet)
  - Arrange for rides on the day of surgery, day you are discharged and for your physiotherapy appointments
  - Make sure you have already talked to your surgeon if you are taking **Aspirin (ASA), Plavix or Blood Thinners**
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### 2-3 weeks before surgery

- Attend your Pre-Surgical Assessment Clinic Appointment
  - Complete all pre-surgical testing (blood work, ECG, x-ray if applicable)
  - Cut or trim your toenails
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## Packing For Your Hospital Stay

Please bring the following:



- Your CPAP machine (if you have one)
- Personal items: toothbrush, toothpaste, deodorant, brush/ comb
- Non-slip supportive shoes or slippers with a closed heel.
- Comfortable clothes you will be able to rest and walk in.
- If you wear glasses, hearing aid or dentures, bring a case to put them in, as well as any cleaning solutions. Please label these with your name.
- Cold rush therapy bladder/pad, if prescribed by your surgeon

**Please leave cash, credit cards, jewelry and other valuables at home.**

Please use this checklist to make sure you are properly prepared for surgery. This checklist is also available in your 'Guide to Surgery' Booklet

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### Night Before Surgery

- Pack personal items (page #6 of this booklet)
  - Do not have any food** after midnight the day of your surgery
  - Remove fingernail or toenail polish
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### Day of Surgery

- You can drink **clear fluids** until **1 hour before your hospital arrival time**

**Clear fluids:** water, apple juice, gingerale, Gatorade, **black** tea or **black** coffee (**no milk or creamer**).

- Take** only the medications you have **been instructed to take**
- Take a shower or bath the morning of (or evening before) surgery
- Remove contact lenses
- Remove **all** jewelry (including rings, earrings, body or tongue piercings)
- Remove makeup
- Wear clean, comfortable (i.e. loose fitting) clothes to the hospital
- Bring your CPAP (if you have sleep apnea)
- Bring your Health Card
- Bring a case for your hearing aids, dentures, or glasses.  
Glasses and dentures will be removed just before surgery
- Bring **all** of your medications with you in their **original containers**, including any puffers, insulin, eye drops and/or patches
- Bring a book, magazine or something to entertain you
- Bring this booklet and your 'Guide to Surgery' Booklet

**Do not bring:** valuables, money or jewelry to hospital

# Your Day of Surgery

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## Anaesthesia

You will have an opportunity to speak with the Anaesthetist prior to your surgery. The most common types of anaesthesia are general anaesthesia (which puts you to sleep) or spinal/epidural anaesthesia (numbs from the waist down). Your Anaesthetist will discuss the risks and advantages of each type of anaesthesia and answer any questions and/or concerns that you may have. The length of hip replacement surgery is approximately 1-2 hours.

## Recovery

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### Managing Your Pain

Your Surgeon and Anaesthetist will determine the best method to keep you comfortable.

Managing your pain is an important part of your recovery. Our goal is control your pain enough to do the things you need to heal. This will allow you to work with your physiotherapist and nurses on regaining your muscle control, strength and mobility.

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### Physiotherapy & Exercises

When undergoing surgery, you are at greater risk for developing respiratory and circulator problems due to inactivity and the effects of the anaesthetic. Completing your exercises and following the instructions in the sections below can help counteract these effects and prevent complications that can slow your recovery.

#### Preventing Lung Congestion

Deep breathing and coughing is **very important** to help prevent congestion and pneumonia.

- Inhale deeply through your nose then slowly exhale through your mouth. Repeat 3 times and then cough twice.
- Do this 10 times per hour when awake.

A breathing device called an incentive spirometer may also be taught and used.

#### Preventing Blood Clots

surgeon recommends leg and foot exercises (i.e. moving your feet up and down 10 times per hour) to promote good blood flow and decrease chance of blood



clots. Your Surgeon may also order a blood thinner pill (Xarelto) and/or TED compression stockings to help prevent blood clots.

## **Exercises**

You will begin doing exercises to start moving the new joint and strengthen the muscles around the joint soon after your surgery. Your physiotherapist will instruct and assist you with your exercises. These exercises are done because:

- The joint is often stiff and the muscles can become weak.
- Muscles can be bruised or cut during the surgery and need to be strengthened again.
- Appropriate movements during healing contribute to stronger, more flexible tissue surrounding the new joint.

It has been shown that with a combination of exercises and walking, people recover more quickly. With assistance from your physiotherapist, you will be getting out of bed and starting to walk with a walker the day of, or after surgery.

Please bring footwear with non-slippery soles and closed heels for safe walking.  
Assume your foot may swell after surgery when choosing sizes.

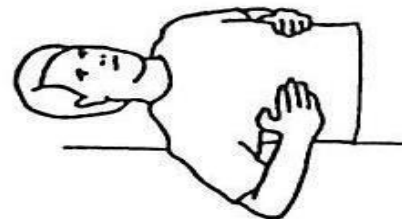
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## Exercises for Hip Replacement

Exercises are to be completed 3 times per day

### 1. Diaphragm Breathing

Lie with one hand placed on your stomach just below the rib cage. Inhale, and let your stomach swell with the inflation of your lungs. Hold, and then exhale. Repeat 10 times per hour.



### 2. Ankle Pumping

Point your toes downward, and then pull them up as far as you can. Repeat in a slow steady motion 10 times.



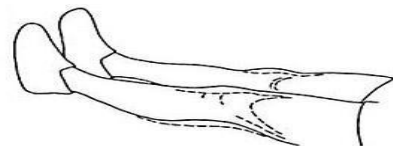
### 3. Knee Flexion

Lie on your back and slide your foot up towards your buttocks. When tension develops, hold, and slide your foot back down. Repeat 10 times.



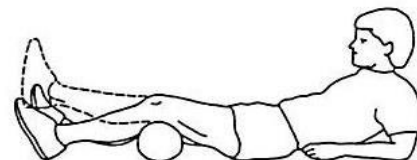
### 3. Quad Sets

Stiffen your operated leg to make it straight. Try to push the back of your knee down into the bed. Hold for 5 secs. Relax. Repeat 10 times.



### 4. Knee Extension

Lie on your back with a juice can wrapped in a towel under your knee. Lift your foot up to straighten your knee, hold for 5 seconds. Slowly lower leg down. Repeat 10 times.



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## Stair Climbing



The stairs will be done one step at a time with the rail on one side or the arm of strong person, and a cane or a crutch on the other side.

Remember this line! **“The good one up to heaven, the bad one down to hell”**

Meaning, you go **UP** the stairs with the **GOOD** foot first; then follow with the bad foot (the one with the injury or surgery).

Go **DOWN** the stairs with the **BAD** foot first; followed by the good one. The cane or crutch will be on the same stair as the “bad” leg.

Take it easy, take it slow.... one step at a time and think about what you are doing. Stairs are not difficult as long as you keep these rules in mind.



# Post-Operative Care

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## Day of Surgery

- ✓ Your surgeon will decide how much you should mobilize after your surgery. You may be up on the day of your surgery or they may recommend bed rest for the rest of the day.
  - ✓ Nursing staff will assist you with positioning every 2 hours.
  - ✓ Complete your bed exercises (please begin your exercises as you are able)
  - ✓ Keep a pillow between your legs when turning
  - ✓ Practice deep breathing and coughing (10 times per hour while awake)
  - ✓ Do ankle pumping exercises (10 times per hour while awake)
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## Surgical Short Stay Unit

Depending on your health and the plan for your surgery you may be a candidate for our Surgical Short Stay Unit (SSU); your surgeon will decide this. The SSU is designed for patients having certain procedures, who will only need an overnight stay. Please see Page #9 of your Guide to Surgery for more information.

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## Post-Operative Recovery

Your nurse and physiotherapist will help you with getting out of bed using a walker. Your activity will be slowly increased. It is **very important** that you cooperate with your physiotherapist at their requested time. **Your participation is the key** to your successful recovery. The goal is to promote healing and to get you walking again.

Hip exercises will be done with a member of the physiotherapy team and it is **very important** for your recovery that you do the exercises as instructed. Please review your Occupation Therapy Handout. An OT will visit you in hospital if required.

### **Post-Op Goals in Hospital**

- Begin physiotherapy bed/chair exercises. This will include stair exercises.
- Begin walking – Aim for 10+ meters with a walker and the assistance of staff
- Get up walking to bathroom and in a chair for meals
- Review discharge plan and instructions
- Your ride home must be ready to pick you up at your time of discharge**

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## Discharge Checklist

- Blood thinner (anticoagulant) given
- Prescription(s) provided
- Discharge Instructions provided by your surgeon, nurse and physiotherapist
- All questions/concerns answered
- All belongings packed and returned
- All medications you brought with you to hospital have been returned (if applicable)
- Confirm your outpatient physio location with your hospital physiotherapist. If this is somewhere other than Belleville, you will receive a copy of your referral.

If you do not get a phone call about your physiotherapy appointment in 7 business days please contact the location of where you are booked for physiotherapy to follow up.

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## Caring for Your Incision after Discharge

- ✓ Your dressing may stay in place for **up to 7 days**. The dressing is designed to absorb and draw fluid away from your incision.
  - ✓ Once discharged from hospital, your dressing only needs to be changed if:
    - Your incision is draining or leaking fluid, or
    - The dressing is lifting away from your skin
  - ✓ After 7 days at home, gently lift the corner of the dressing and peel it away from your skin. Look at your incision – Make sure it is closed and no leaking present. If you notice either of these things, please refer to the “Stoplight Chart” on page 15 of this booklet.
  - ✓ Sutures/staples will be removed by your surgeon 14 days after your surgery, during your follow up appointment in the fracture clinic.
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## Patient Reported Outcome Measures

Throughout your joint replacement journey you will be required to complete a self-assessment questionnaire called **Patient Reported Outcome Measures (PROM's)**. These questions help provide us with information on your quality of life both before and after your surgery. It also helps to ensure that the care you receive during your journey is effective.

- You will complete the questionnaire first at your pre-admission clinic visit.
- You will be asked the same questions at **3 months** and **1 year** post surgery. Please visit our Bundled Care webpage at 3 months and 1 year to complete the questionnaire. You may also receive an email reminder.

The survey link [www.qhc.on.ca/bundled-care-in-surgery.php](http://www.qhc.on.ca/bundled-care-in-surgery.php)

You are welcome to complete the assessment at any point to let us know how you are doing.

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## Preventive Antibiotic Therapy

It is *very important* that all doctors and dentists who treat you know that you have had a total joint replacement. You may need antibiotics before **certain** procedures to prevent bacteria from collecting on your hip replacement (prosthesis). These procedures may include:

- Those involving: the GI tract (i.e., scopes)
- Urology procedures (i.e., cystoscopy) and,
- Dental procedures (i.e., extraction, periodontal work, dental implant or root canal)

Please discuss this with your surgeon.

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## Guidelines At Home

### DO

- ✓ Use your walker until told otherwise by your surgeon or physiotherapist
- ✓ Take pain medication as ordered
- ✓ Wear proper footwear (flat, non-slip sole) both inside and outside your home.
- ✓ Use a **pillow between legs** when lying on your side.
- ✓ Use a **raised toilet seat** for at least 6 weeks.
- ✓ Slowly increase your walking. If soreness increases then cut back. It usually takes several weeks to regain your energy - pace yourself.
- ✓ It is **very important** that you continue your exercises taught by your physiotherapist (3-5 times per day). This is vital to your recovery and for achieving a successful outcome from your surgery. Taking pain medication 30 minutes before doing your exercises may make this more comfortable.
- ✓ You may shower and get incision wet once your staples are removed and the wound is healed (or when instructed by your surgeon).



### DO NOT

- ✗ Do not drink alcohol while taking pain medication
- ✗ Avoid sitting for more than 60 minutes at a time.
- ✗ **Do not drive** until your surgeon tells you that you can.



During hip replacement surgery, certain tissues and muscles that surround and help stabilize the joint are cut. Because of this, there is an increased risk of the hip coming out of the joint until the tissues are properly healed. For this reason you must follow the following precautions carefully.



### For Three Months:

- ✗ Do not bend your hip beyond 90 degrees
- ✗ Do not cross your knees or ankles. Keep your knees 3-6 inches apart.
- ✗ Do not twist your hip (no rolling your leg in or out)
- ✗ Do not perform heavy activities (vacuuming, shoveling, etc.)



# How I Might Feel and What to Do

## **Action Plan - What to do Every Day!**

- Move around and do your exercises
- Check your wound for redness and bloody or foul smelling drainage
- Check the leg you had surgery on for swelling that is getting worse

### **Green Light: All Clear - This zone is your goal!**

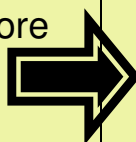
- You are able to complete your exercises and your ability to move around is getting better
- You feel well and do not have a fever
- Your wound is not draining and is not open in any areas
- Your pain is getting less and less



**You are on track and your symptoms are under control. Go to your scheduled follow up appointments.**

### **Yellow Light: Caution - This zone is a warning!**

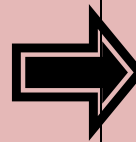
- You have swelling that is getting worse
- Your pain is not getting better or is getting worse and you have taken your pain medications
- You feel tired a lot
- You are not able to move around more and more each day
- After a few days, your wound is still draining bloody fluid



**You may need to be seen by your Surgeon.**  
**Monday- Friday (8:00-4:00)**  
**Call Bundled Care Coordinator**  
**(613)-969-7400 x 2959**  
**or (613)-813-7692**  
**After Hours Call Telehealth Ontario**  
**1-866-797-0000**

### **Red Light: Emergency - This zone means act fast!**

- Your wound is draining foul smelling fluid or is getting redder and warmer to touch
- An area of your wound is coming open
- Fever or chills (temperature above 38°C/100.5°F)
- You have severe pain in the leg you had surgery on which is not relieved by medications
- You are very, very tired
- You have chest pain or shortness of breath
- You have pain in your calf area
- Your swelling is getting much worse



**Call your Surgeon's Office today to report symptoms and request an appointment.**

**If you cannot get an appointment, go to your nearest Emergency Department.**

**\*\*\*If you are having chest pain: CALL 911 immediately\*\*\***

