

**IMPORTANT
PATIENT
INFORMATION
ENCLOSED**

MY GUIDE TO TOTAL HIP REPLACEMENT



**MIDDLESEX
HOSPITAL
ALLIANCE**

Please bring this booklet with you to each of your hospital visits, including your preadmission appointment and hospital stay

Updated March 2021

TABLE OF CONTENTS

Welcome	2
Contact Numbers	3
The Healthy Hip	4
Total Hip Replacement	5
Before Your Surgery	6
Exercise / Activity	6
Nutrition & Weight Management	6
Pre-Op Education Classes	7
Assistive Devices	8
Prepare Your Home	11
Home Support	12
Local Health Integration Network (LHIN)	12
Pre-Admission Clinic	13
Your Hospital Stay	14
Day of Surgery	14
Your Recovery in Hospital	15
Therapy Following Surgery	16
Hip Precautions	17
Sitting	18
Laying Down	18
The Bathroom	19
Dressing	20
Driving	21
After your Hip Replacement	22
Outpatient Physiotherapy.....	22
Activity	23
Rest	23
Pain / Swelling Control	24
Long-term Care of your Hip Replacement	24
Follow – up	25
Blood Clots	25
Care of your Incision	26
Hip Exercises	27
Stairs	30
Other Resources	31
Vendor List	32
My Notes	34

WELCOME TO THE MIDDLESEX HOSPITAL ALLIANCE

On behalf of all the staff at the Middlesex Hospital Alliance, we would like to welcome you. Our total hip and knee replacement program started in 2007, performing over 200 procedures annually.

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

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

If you have any questions about the contents of this booklet, please contact the *physiotherapy department* at Strathroy General Hospital at: 519-246-5901

MIDDLESEX
HOSPITAL
ALLIANCE



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Nurse Practitioner / CNS

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Strathroy Middlesex General Hospital

Main Directory	(519) 245-5295	
Surgical In-patient Unit (Two South)	(519) 245-5295	Ext. 5521
Operating Room	(519) 245-5295	Ext. 5018
Preadmission	(519) 245-5295	Ext. 5550

Physiotherapy / Occupational Therapy Departments

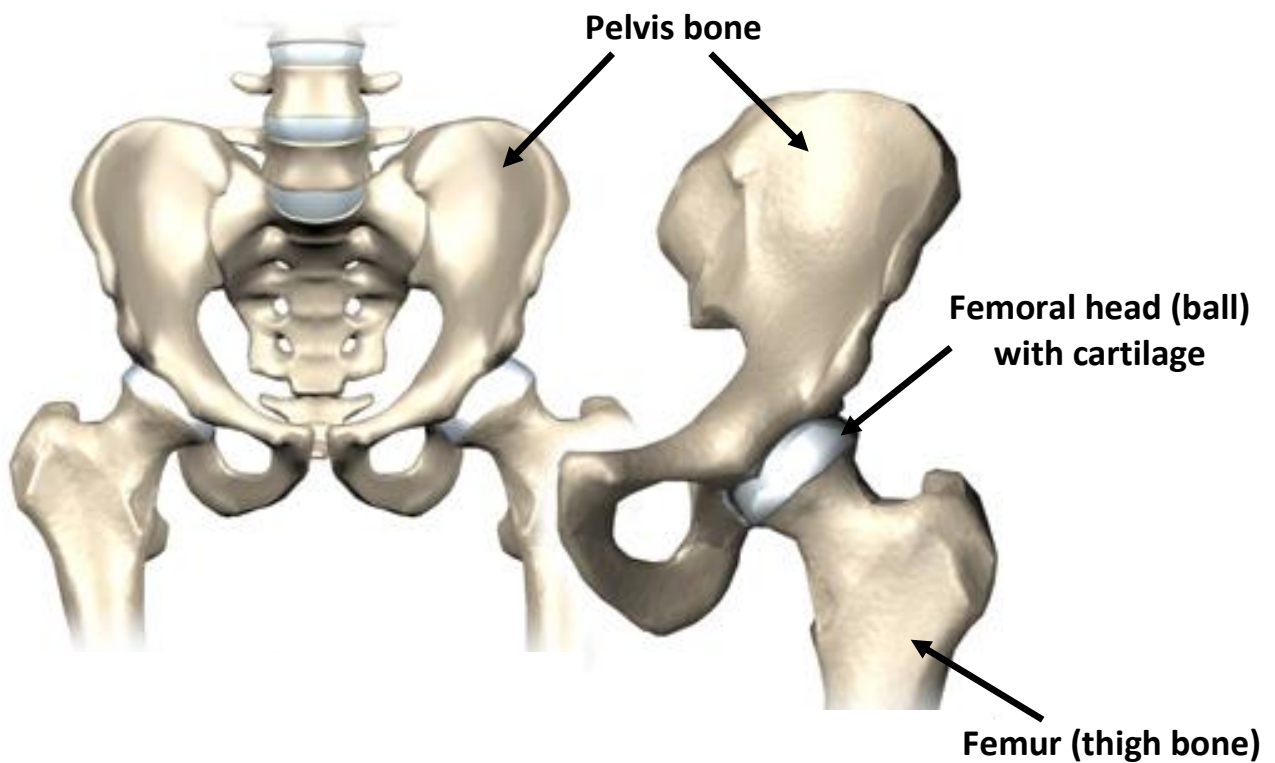
Strathroy Middlesex General Hospital	(519) 246-5901	Fax: 519-246-5928
Four Counties Health Services	(519) 693-6501	Fax: 519-693-6523

Local Health Integration Network (LHIN) Southwest Intake Office

(519) 473-2222

THE HEALTHY HIP

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



TOTAL HIP REPLACEMENT

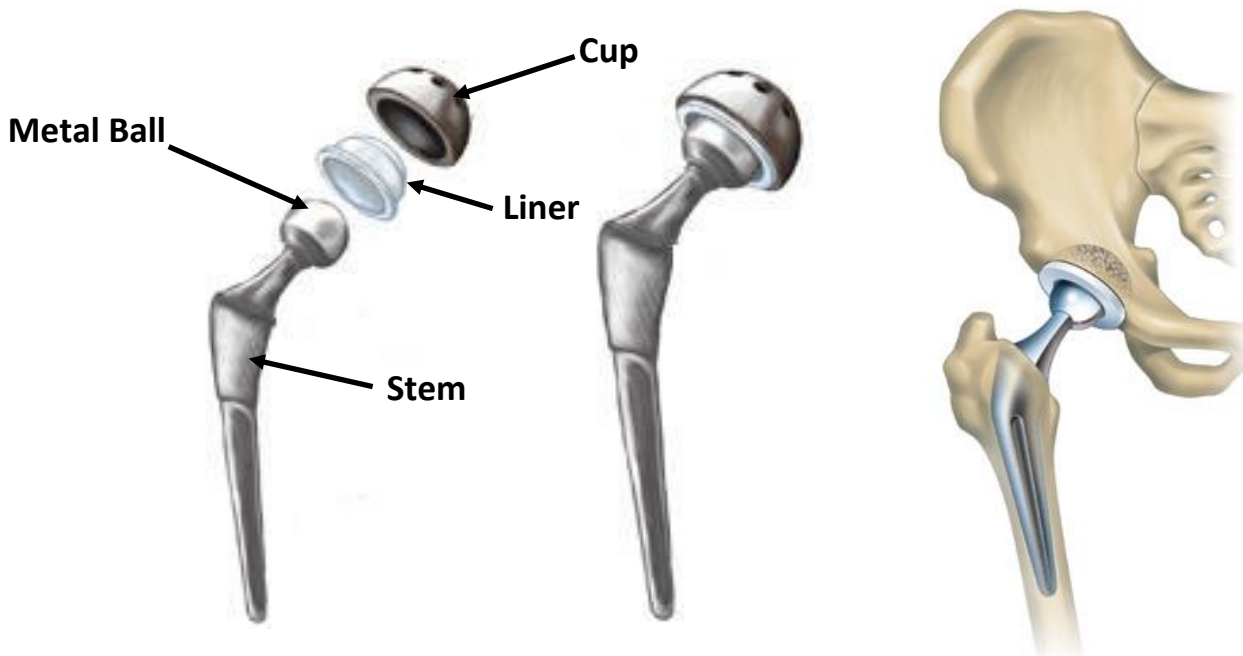
A healthy hip moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. This damage to the hip structures can be caused by osteoarthritis, rheumatoid arthritis, injuries, and loss of blood supply to the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

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

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

There are four parts to the artificial hip:

1. A metal **stem** that sits in the thigh bone for stability.
2. A metal **ball** replaces the head of the thigh bone (femur).
3. A plastic **liner** which sits in the socket of the pelvis.
4. A metal **cup** which replaces the socket of the pelvis



BEFORE YOUR SURGERY

Research shows that those who are prepared for their surgery have better outcomes and recovery periods. This section contains important information on what you can do before surgery so that your joint replacement is as successful as possible.

EXERCISE / ACTIVITY

People with a painful hip joint are often afraid to be physically active because they worry it will do more damage to the joint. **This is not the case.** Research has shown that exercise can help you decrease pain, improve strength, flexibility, and balance, and keep your heart in good condition before surgery. This in turn will help in your recovery after surgery. Refer to the section “**Hip Exercises**” in this booklet for an example of several exercises to practice before your surgery.

Endurance activities are good for your heart, lungs, circulation, and muscles. Activities to increase endurance include walking, stationary bike, elliptical trainer, and swimming. It is important with any exercise program that you start slowly. Begin with a few minutes each day and gradually progress until you can exercise at least 3 times per week for 20 to 30 minutes. If you have any questions about starting an exercise program, speak with your family doctor or other health care professional.

NUTRITION AND WEIGHT MANAGEMENT

Research has shown that during walking the hips, knees, and ankles bear three to five times a person's total body weight. If you are overweight and have arthritis in any of your weight-bearing joints, losing weight will help you more than any food supplements. Even a small weight loss can make a big difference to your joints. For example, a 10 – 15 lb weight loss results in 30 to 50 lbs of extra stress to be relieved from the joints and increase your ability to do daily activities by almost 30%. Talk to your family doctor or registered dietician about an appropriate weight loss program if needed. For more information about healthy eating visit **Canada’s Food Guide** at www.healthcanada.gc.ca/foodguide or **The Arthritis Society’s Nutrition Guidelines** at www.arthritis.ca.

PRE-OPERATIVE EDUCATION CLASSES

You will be required to attend a **mandatory** education session before your upcoming hip replacement. This 60 minute presentation is offered by your health care team including a physiotherapist, kinesiologist / physiotherapy assistant and nurse practitioner. Classes are offered 1-2 times weekly at Strathroy Hospital.

Patients who intend on coming to Middlesex Hospital Alliance, either SMGH or FCHS site, for their post operative physiotherapy, will need to arrange their first appointment with the physiotherapy department at this time. You will need to talk to the receptionist in the physiotherapy department at SMGH upon completion of the education session.

You will learn:

- ✓ What is involved in a hip replacement surgery including the type of hardware used
- ✓ Types of anesthesia
- ✓ How to help control post-op pain
- ✓ Necessary or helpful equipment
- ✓ Activities and exercises to do before and after your surgery
- ✓ How to prepare your home
- ✓ What to expect before, during, and after surgery
- ✓ How to plan for your discharge home

**** It is recommended that you bring a family member or friend (preferably the person who will be helping you after the surgery) to this class, as well as this information booklet**

PRE-OPERATIVE ASSESSMENT

For those being considered for same-day discharge, you will have a pre-operative physiotherapy assessment following the education session. This time will be used to assess your mobility, teach exercises and use of a walker, discuss support at home, and identify any potential barriers to same-day discharge.

ASSISTIVE EQUIPMENT

The following is a list of equipment that may assist you in your everyday activities following surgery. You will need to get these devices before your admission to the hospital and it is recommended you practice using these devices before your surgery. All of the equipment can be either rented or purchased within the community. For a list of vendors in your community, please see the list at the back of the booklet.

<p>Gait Aids</p>	<p><input type="checkbox"/> Standard Walker for the first time up (Mandatory) Will assist with your walking. <u>It should NOT have wheels</u></p> <p><input type="checkbox"/> Rollator Walker (Optional) Many can be progressed to a rollator if safe. Do not bring this to the hospital- you will be able to practice with a hospital walker</p> <p><input type="checkbox"/> Cane (Mandatory) Will assist you on the stairs and with your walking later on in your recovery</p> <p><input type="checkbox"/> Handrails (highly recommended) These should be installed along stairs at home for safety</p>
<p>Bathroom Equipment</p>	<p><input type="checkbox"/> Raised Toilet Seat with Arms (highly recommended) Clamp-on or molded plastic styles for regular or oval toilet bowls</p> <p><input type="checkbox"/> Grab Bars Can be mounted into a studded bathroom wall or clamped to the side of the tub</p> <p><input type="checkbox"/> Bathtub Transfer Bench Useful for getting into and out of the tub</p> <p><input type="checkbox"/> Hand Held Shower Head For use with the tub bench</p>
<p>Dressing Devices</p>	<p><input type="checkbox"/> Sock Aid To help put on socks or hosiery</p> <p><input type="checkbox"/> Long-Handled Reacher To help reach objects on the floor, overhead, or for dressing</p> <p><input type="checkbox"/> Long-Handled Shoehorn Useful to put on shoes or take off socks</p>

ASSISTIVE EQUIPMENT

Standard Walker with NO WHEELS
(MANDATORY)



Raised Toilet Seat with Arms



Bath / Shower Bench

Long-Handled Shoe Horn



Cane



Long-Handled Reacher

Guardian

BOSSONS PHARMACY+ & HOME HEALTH CARE

Your health is our top priority. We invite you to see our great selection of products tailored to your pre and post-operative needs:

- Specialized Hip and Knee Kits with Preferred Pricing
- Standard Walkers and Rollators
- Canes and Crutches
- Raised Toilet Seats and Bath Benches
- Slider Boards, Hand and Ankle Weights
- Urban Poling Supplies
- Bracing including CryoCuff and Knee Wraps
- Rental Program Available



35 Front Street West, Strathroy 519-245-3810

www.bossonsparmacy.com

PREPARE YOUR HOME

If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor temporarily. Look into borrowing or renting a bed if necessary.

If you don't already have them, install handrails on at least one side of each stairway, including any stairs outside the house. Consider installing a temporary ramp to access the house if needed.

Remove scatter rugs and loose electrical cords as they may cause you to fall.

Place things that you use often where you can easily reach them, such as a telephone or lamp, by your bed

Place a rubber mat in your tub and/or shower.

Make sure there is a clear, well-lit path from your bedroom to the bathroom.

Install a sturdy grab bar in your bathroom. DO NOT use a towel rack as a grab bar; these are not safe.

Arrange for someone to come in and help with household chores upon your return home. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry, and washing the tub.

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

- You will not be able to prepare meals in your kitchen for several weeks after surgery therefore it is recommended that you stock your freezer with healthy foods and pre-cooked meals
- Arrange for family or friends to do your grocery shopping
- If it is available in your area, you can have meals delivered to your house via *Meals-on-Wheels*. Contact your nearest Local Health Integration Network (LHIN) for details

HOME SUPPORT

It is important that you have a spouse, family member, or friend to stay with you at home when you leave the hospital. **It is recommended that you are not home alone for the first one to two weeks after surgery.** It is **MANDATORY** that you have someone stay with you a minimum of 1-2 days to be considered for same-day discharge

If you live alone or your family is unable to help, you have several options:

- Arrange to stay with a family member or friend or have them stay with you. Consider going to the house that requires the least amount of stairs.
- Arrange for a convalescence / respite bed at a retirement home (two to four weeks is recommended) while you recover. For a list of available beds nearest you, please contact the Local Health Integration Network (LHIN) intake office at **519-473-2222**. These beds will need to be arranged prior to your surgery (based on availability) and will cost a fee. Please book these beds starting **the day** after your surgery date.

HOME AND COMMUNITY CARE

Nursing support for dressing changes will be set-up only if needed and will be ordered by the surgeon. Most people will be responsible for their own dressing supplies and changes (see “Care of your Incision” section for more information). Community care typically DOES NOT supply personal support workers for elective surgeries such as total hip replacements, therefore it is important for you to arrange for help at home.

Physiotherapy through homecare is not part of the standard plans for post-operative care. Home physiotherapy is now only ordered in special circumstances.

If you have any questions about Home and Community care services before or after your surgery, please contact the intake office at **519-473-2222**.

PRE-ADMISSION CLINIC

An appointment will be made for you three to four weeks prior to your scheduled surgery date for you to come into the hospital to assess your overall health and provide information about your surgery. This visit will take several hours.

- Bring a family member or friend with you if you have difficulty getting around or if English is not your first language
- Bring your usual medications and any over the counter / herbal supplements in their **original containers**, along with a **prescription list** from your pharmacy
- Bring your ***completed* Pre-anaesthesia Questionnaire** and **History and Physical Assessment** by your family doctor and/or any current reports from any specialist you may be seeing such as an internist, sleep apnea clinic, cardiologist, or hematologist
- Bring reading glasses
- Bring this guide booklet with you with a list of questions you may have about your upcoming surgery

During this visit, you will meet with a team of health professionals:

- ✓ A **nurse** will review your health and discuss what to expect during your hospital stay and ways to prepare for your discharge home.
- ✓ An **anesthesiologist** will discuss anesthetic options and pain management
- ✓ A **laboratory technician** will take your blood and do an electrocardiogram (ECG) of your heart
- ✓ A **medical radiation technologist** will perform x-rays of your hip and/or chest

**** Your Pre-Admission Clinic appointment may be scheduled on the same day as your Readiness Review Class and Physiotherapy Pre-operative Assessment (see page 7)****

Note: You will be required to provide a urine sample during your visit. Please remember to ask the desk clerk in Ambulatory Care to provide you with a collection container before using the bathroom.

YOUR HOSPITAL STAY

DAY OF SURGERY:

DO NOT:

* Shave below the waist for 48 hours prior to your surgery or your surgery will be cancelled.

DO:

✓ A staff member from the Hospital will call you the business day before your surgery, Monday to Friday (except holidays), between 2:30-4:30pm with your arrival time on the day of surgery. If your surgery is booked for a Monday, you will be called on the Friday. (519) 245-1550 extension 5550

✓ Expect to be in hospital for **zero – one night (You will know the plan ahead of time)**. Occasionally patients need to stay an extra night for monitoring. You will need to arrange for a ride home **before noon** on the morning of discharge. The number of nights you will stay in hospital depends on how well you are moving and your pain level. The surgeon and physiotherapist will determine when you will be discharged. If you are a candidate for same-day discharge, you will know ahead of time and discharge will be in the late afternoon/evening.

✓ You may have 8 ounces or 240ml of clear liquid, for example water, apple juice, ginger ale, black tea or coffee BUT **NO MILK or CREAM** in it

✓ Bring the following items with you (please label all items with your name):

- Current medications and over-the-counter supplements in their original containers
- Standard walker (no wheels)
- Supportive shoes or slippers with rubber non-slip soles
- Loose-fitting clothes (pants/shorts and shirt) and light-weight robe
- A small overnight bag with clothes and personal care items
- Cryotherapy device (optional for Total Hips)
- This guide booklet

YOUR RECOVERY IN HOSPITAL

<p>Tests and Treatment</p>	<p>You will have:</p> <ul style="list-style-type: none"> • An intravenous (IV) continued • Vital signs checked at regular intervals • Dressing checked and changed if needed • Blood tests
<p>Medications</p>	<p>You may have medication for:</p> <ul style="list-style-type: none"> • Pain control • Nausea • Anti-Blood Clotting • Antibiotics • Your usual Medications <p>Pain following surgery is normal. Please inform your nurse if you are experiencing pain or nausea.</p>
<p>Nutrition</p>	<ul style="list-style-type: none"> • You will be offered a regular diet as you feel able • Maintain regular sips of fluids after surgery to stay hydrated
<p>Consults</p>	<ul style="list-style-type: none"> • Physiotherapy • Social work if needed
<p>Education</p>	<ul style="list-style-type: none"> • Review post-op precautions & care, activity, and exercises • Review pain management and wound care • Review follow-up appointments and care of your hip at home • Review medications
<p>Discharge Planning</p>	<ul style="list-style-type: none"> • Discharge may be in the late afternoon/evening on the day of surgery (you will know ahead of time). Otherwise, discharge is <u>one day</u> after surgery around noon. Arrange for a ride. • Follow-up phone calls • Discuss post-op clinic check-ups, outpatient physiotherapy, medications and prescriptions, etc.

THERAPY FOLLOWING SURGERY

<p style="text-align: center;">Day 0 (Day of surgery for patients who are a planned same day discharge)</p>	<p>A physiotherapist will review:</p> <ul style="list-style-type: none"> • How much weight you may put on your leg • How to move safely in and get in/out of bed • How to transfer safely into a chair • Exercises and stretches • How to walk correctly using a walker • Use of ice and/or wrapping • Practice stairs • Ankle Pumping and elevating operated leg <p>In order to be discharged home you must:</p> <ul style="list-style-type: none"> • Be independent with mobility (using a walker) • Complete stairs safely if necessary <p>If you are being admitted overnight you will not routinely have Physiotherapy until the next day. Your nurse will help with:</p> <ul style="list-style-type: none"> • Sit-up/stand at bedside • Transfer to commode or bathroom • Deep breathing and coughing exercises
<p style="text-align: center;">Day 1 (First day after- only for those patients staying overnight)</p>	<p>A physiotherapist will review:</p> <ul style="list-style-type: none"> • How much weight you may put on your leg • How to move safely in and get in/out of bed • How to transfer safely into a chair • Exercises and stretches • How to walk correctly using a walker • Use of ice and/or wrapping • Practice stairs • Ankle Pumping and elevating operated leg <p>In order to be discharged home you must:</p> <ul style="list-style-type: none"> • Be independent with mobility (using a walker) • Complete stairs safely if necessary

HIP PRECAUTIONS

Unless otherwise notified by your surgeon or therapist, you will **NOT** have specific hip restrictions following surgery. However, due to the nature of the surgery and the new prosthetic device in your hip, it is important that you move your hip within your pain and comfort level. You may want to avoid extremes of bending and twisting at the hip for the first several weeks following surgery. The following sections will outline how to sit, stand, get in and out of a tub/shower or car safely and comfortably.



SITTING

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

1. Stand with your back to the chair/bench
2. Keep the foot of your operated leg forward
3. Back up slowly until the chair/bench touches the back of your unoperated hip
4. Hold the walker with one hand
5. Slide your operated leg forward as you reach back with your other hand
6. Reach back for the handrail or side of the chair/bench behind you (or the wall or nearby counter)
7. Keep the weight on your unoperated leg; lower yourself onto the chair/bench



LAYING DOWN

1. Once seated on the edge of the bed, put both your hands behind you for support
2. Lean backward
3. Swing one leg, then the other from the floor onto the bed
4. Use your hands to lower your upper body onto the bed
5. Keep your walker nearby

THE BATHROOM

- ✓ Make sure the floor of the tub/shower is dry
- ✓ Gather what you need ahead of time so it is within easy reach

For a bathtub:

1. If you wish to use the tub, you will need a bath bench. Your occupational or physical therapist can talk to you about this item.
2. You must lift your legs higher to get over the ledge.
3. To protect your hip, lean back
4. Lift your legs one at a time over the side of the tub and turn to face the faucet

Do not use soap dishes or towel racks to support yourself - they are not made to hold your weight!



The Toilet

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

If your toilet is too low, you will need a raised toilet seat with arms in order to protect your hip.

DRESSING

The following section outlines ways to dress yourself that will be more comfortable for your hip after surgery. However, getting dressed from the waist up with clothing such as shirts or slipover dresses does not change after surgery.

Shoes & Socks:

Reaching down to put on your shoes or socks may be difficult initially after hip surgery. To make it easier, you may: 1) use a sock aid or 2) ask someone to help you.

Using a sock aid:

1. Slide sock onto sock aid.
2. Lower sock aid to ground with the string handle. Do not bend over to lower sock aid to the floor.
3. Slide foot into sock aid and then pull up the sock by pulling on the string handle.

Underwear, pants, shorts (any clothing worn below the waist):

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

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. Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down safely on chair or bed.
4. Use a reacher to lower the clothing to floor.
5. Take the non-operated leg out first.
6. Take the operated leg out second.
7. Use a reacher to pick the clothing off of the floor if you cannot reach.

DRIVING

Doctors recommend that you do not drive a car for at least 4-6 weeks after your surgery

It will be up to your surgeon to clear you before you can drive. It is therefore important that you arrange for transportation/rides ahead of time for discharge home from the hospital and to any follow-up medical or physiotherapy appointments.

Before getting into the car

- ✓ Have the driver park away from the curb
- ✓ Have someone move the seat as far back as it will go
- ✓ If you have cloth fabric seats, place a garbage bag on the seat to help you slide into the car

Sitting down

1. Stand with your back to the car
2. Hold onto the side of the car and the walker or dashboard
3. Lower yourself slowly onto the seat, keeping your operated leg forward, watch your head.
4. Slide well back on the seat
5. Lift your legs one at a time into the car or together as one unit

Getting out

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



AFTER YOUR HIP REPLACEMENT

OUTPATIENT PHYSIOTHERAPY AT MHA

- Dr. Rajgopal recommends that you do your post-operative physiotherapy at one of the MHA sites, (Strathroy Hospital or Four Counties Hospital), there is no cost. You should have your first post-operative appointment booked before your surgery.
- At SMGH or FCHS your first appointment will be within a few days of discharge from hospital and may be done virtually, if you are able or over the phone.
- After that most patients will start with weekly or biweekly appointments which will eventually space out in frequency, for a total of 2-3 months. This is a very general guideline as your appointments will vary based on your personal needs.
- Your appointments may be a combination of in-person and virtual or phone appointments.

Physiotherapy Departments

Strathroy Middlesex General Hospital	(519) 246-5901	Fax: 519-246-5928
Four Counties Health Services	(519) 693-6501	Fax: 519-693-6523

COMMUNITY PHYSIOTHERAPY

- If you are not able to attend physiotherapy at SMGH or FCHS it is **your responsibility** to book your own appointments. It is important that you confirm your outpatient physiotherapy appointment as soon as you are discharged from the hospital, your first appointment should be 1-2 weeks after surgery. **It is your responsibility to arrange outpatient physiotherapy services and transportation to and from physiotherapy at an out patient clinic in your area.**
- **Community Physiotherapy Partners -You will be able to have this treatment funded at some clinics. Ask your physiotherapist for a list of clinics that have a payment agreement with MHA.** They will also give you a bundled care payment letter to bring along with your referral to your first appointment.
- **Private Pay** – If you choose to attend a clinic that does not accept bundled care payments you will then be paying privately or using your own benefits. You will need to bring your referral to your first appointment.

AFTER YOUR HIP REPLACEMENT

ACTIVITY

- For the first two weeks after surgery it is recommended that walking is limited to getting around the home as needed. Focus on resting with your leg elevated or flat on the bed, most of the day and be diligent with your exercises 3x/day. This will maintain your mobility while preventing excess pain and swelling
- After the first two weeks, it is important to keep active after hip replacement surgery to keep you strong and moving well. Go for several short walks daily, with rest breaks.
- Use your walker until instructed otherwise by your physiotherapist. You will typically need to use a walker for three to six weeks after your surgery. After this, you may progress to a cane until your hip gets stronger.
- Continue the exercises three times per day as taught by the physiotherapist. It is your responsibility to do your exercises regularly. Remember that you will only get what you put into your hip replacement!
- Avoid becoming overly tired or over-working your hip. Gradually increase your activity (e.g. walking, household chores, etc.) as pain tolerates
- Ask your surgeon/physiotherapist when you're ready to use an exercise bike
- Avoid jogging, jumping, lifting heavy weights, twisting, or any other activity that places excessive stress on your new hip

REST

- Sit in a chair or lie down after walking exercise
- Don't overdo it at the start. Slowly increase your walking distance to find your limits
- It usually takes a few weeks to regain your energy

PAIN & SWELLING CONTROL

Pain & swelling following surgery is normal and will continue over the next few weeks to months. It should gradually improve over six weeks after surgery. Each person feels pain differently and therefore what is moderately or very painful to some may be mildly painful to others.

Pain & swelling can be relieved by:

- Balancing rest and activity
- **Take your pain medication as prescribed. Remember, if you are in too much pain, you will not be able to do your exercises. It is a good idea to take your pain medication half an hour before your exercises. You will gradually wean off your medication as your pain improves**
- Place an ice pack against your hip for 15 minutes several times daily to help reduce swelling and pain

LONG-TERM CARE OF YOUR HIP REPLACEMENT

- **Lifting:** there are no specific weight restrictions for lifting, however, only lift what you feel comfortable doing. Listen to your body!
- **Dental work / surgery:** Speak with your dentist about the need for antibiotics before undergoing any dental procedure. Antibiotics are **not** usually required with dental work.

FOLLOW-UP:

- You will have several follow-up appointments to see your surgeon at two weeks, six weeks, three months, and one year after surgery. It is very important you keep these appointments, or call to arrange another date
- Ask your surgeon when you can return to work or resume driving.

Notify your surgeon if you experience any of the following (if your surgeon is not available, inform your family doctor):

- **SUDDEN** increase in swelling, pain, or redness in your calf/calves
- **SUDDEN**, severe increase in pain in your new joint
- A foul odour, pus, or yellow or green drainage at your incision site
- Excessive bleeding
- Any other signs or symptoms of infection (i.e. bladder infection, tooth infection, etc.)
- A persistent increase in temperature (over 38°C)

BLOOD CLOTS

There is a risk of developing a blood clot after hip replacement surgery due to decreased mobility, the surgery itself, medications, etc. Deep vein thrombosis (DVT) is a type of blood clot that mostly occurs in legs. It is important to know the symptoms of a blood clot as they can lead to some very serious complications such as a pulmonary embolism (when a blood clot breaks away and travels to the lung and become lodged). Not all patients who develop a DVT will feel symptoms but if you do suspect a blood clot, go to the nearest emergency department immediately.

The best way to prevent blood clots is to keep active after surgery!

Ankle pumping is very important to prevent blood clots in the days after surgery.

Symptoms of a blood clot include:

- Tenderness or pain in calf muscle or behind knee
- Redness
- Sharp, shooting pain when the foot is bent up
- Warm sensation
- Dull, aching throb in the calves, especially with walking
- Widening of the surface veins

CARE OF YOUR SURGICAL INCISION (wound)

Most patients will leave the hospital with a waterproof bandage over your incision. This bandage is to be kept on for two weeks after your operation or until the surgeon tells you to remove it. The waterproof bandage can be left on while showering but do not submerge the dressing in a bath or hot tub. Don't worry if your bandage falls off or if it becomes unusable – you can replace the bandage with a gauze dressing and paper tape that can be found at most pharmacies. It is recommended that you do not let a gauze bandage get wet – avoid showering. You should still wash from the sink. If you have a gauze bandage, you can change the gauze if you have drainage that seeps heavily through the bandage. **Call your surgeon if drainage continues for more than four days after you leave the hospital.**

➡ If your incision is closed with dissolvable stitches that are below the skin :

- You may also have thin adhesive bandages across the top of the skin. Leave these alone until your first follow up appointment. The ends of these strips may curl upwards, there is no need to worry or do anything about this.
- Do not apply any creams or lotions to the incision unless given permission by the surgeon.
- When showering, let the water run down over the incision or waterproof bandage but do not rub or scrub with soap. After showering, gently blot your incision or waterproof bandage dry with a soft towel.

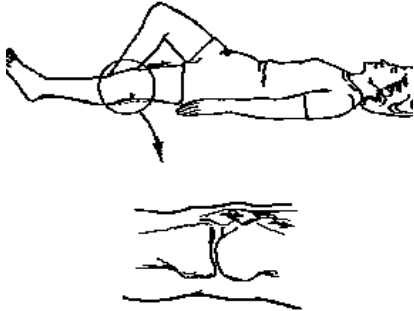
➡ If your incision is closed with STAPLES:

- You will have a follow-up appointment with the surgeon to have your staples removed (usually around 2 weeks after your surgery)
- You may shower with staples **IF** you have a waterproof bandage but do not submerge the incision in a bathtub, hot tub, etc. until the staples have been removed and your incision is healed or instructed by your surgeon
- If you have a gauze bandage over your staples that becomes wet from drainage from the incision, you can change it by using a clean, gauze and tape. **WASH YOUR HANDS BEFORE AND AFTER CHANGING THE BANDAGE. DO NOT TOUCH THE INCISION.**
- Do not apply any creams or lotions to the incision unless given permission by the surgeon

HIP EXERCISES

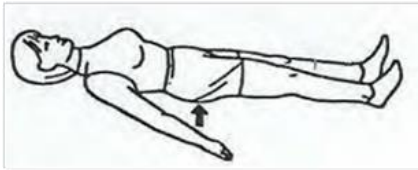
These exercises are designed to improve your range of motion, strength, and mobility in your hip. These exercises can also be performed *before* your surgery to keep your muscles strong and to help with pain, and should be done within your tolerance. A therapist will review these exercises with you after your surgery while in the hospital and at home. These exercises are divided into two stages and should be performed 3 times daily each.

STAGE 1 EXERCISES – FIRST 2 WEEKS AFTER SURGERY



This exercise helps strengthen your thigh muscle

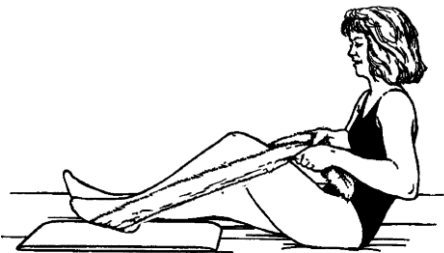
1. Lie on your back with operated leg straight.
2. Tighten your thigh muscle, pushing the back of your knee down into the bed.
3. Hold 5 seconds, repeat 10 times, 3 times per day



This exercise helps strengthen your buttock muscle

1. Lie on your back with legs straight.
2. Squeeze buttocks together
3. Hold 5 seconds, repeat 10 times, 3 times per day

This exercise helps improve range of motion of your hip



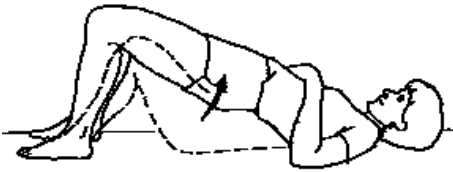
1. Lie on your back with legs straight.
 2. Bend operated leg at hip and knee, sliding your heel toward buttock (you may use your strap to help)
 3. Hold 5 seconds, repeat 10 times, 3 times per day
-

This exercise helps strengthen your thigh muscle



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

This exercise helps strengthen your buttock muscle



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

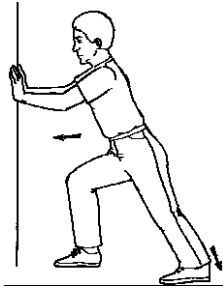


This exercise strengthens your hip/buttock muscle

1. Lie on your back with your knees bent. Place theraband around legs just above the knee
2. Keeping both feet together, slowly spread knees apart
3. Hold for 5 seconds, repeat 10 times, 3 times per day

STAGE 2 EXERCISES: WEEKS 2 to 6 AFTER SURGERY

(You should continue with your Phase One exercises in addition to adding the following phase two exercises at the discretion of your therapist)



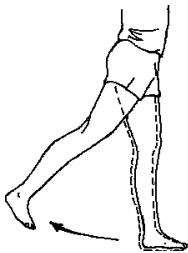
This exercise stretches your calf muscle

1. Position your body against a wall as shown with operated leg behind
2. Point toes directly toward wall and hold heel down, keep operated knee straight.
3. Lean into wall, bending front knee as shown so that you feel a stretch in your operated leg.
4. Hold for 20 seconds, repeat 3 times, 3 times per day



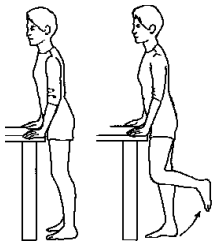
This exercise strengthens your hip flexor muscle

1. Standing, hold onto something firm for support
2. Bend operated hip up, bringing the knee towards the chest
3. Hold 5 seconds, repeat 10 times, 3 times per day



This exercise strengthens your buttock muscle

1. Standing, hold onto something firm for support
2. Lift operated leg backward as shown, keeping knee straight, do not lean your body forward
3. Hold 5 seconds, repeat 10 times, 3 times per day



This exercise strengthens your hamstring muscle

1. Standing, hold onto something firm for support
2. Standing tall, slowly bend the knee of the operated leg
3. Hold 5 seconds, repeat 10 times, 3 times per day



You may start hip abduction exercises at the discretion of your therapist as long as it is pain-free and you have good patterning

This exercise strengthens your hip/buttock muscle

1. Standing, hold onto something firm for support
2. Standing tall, slowly lift the operated leg straight out to the side
3. Hold 5 seconds, repeat 10 times, 3 times per day

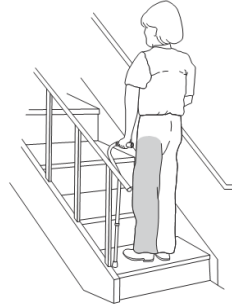
STAIRS

* When you are first home, have someone with you when you do the stairs – that person should be close behind you on the way up and should be one step below you on the way down.

Going UP stairs using a handrail – The GOOD leg steps up first

1. Stand close to the step and hold onto the handrail with one hand, the cane in the other hand.
2. Put your weight through the handrail and on the cane.
3. Step up with the good leg.
4. Straighten the good leg and step up with the operated leg, and then bring up the cane.

* Shaded leg is the operated leg

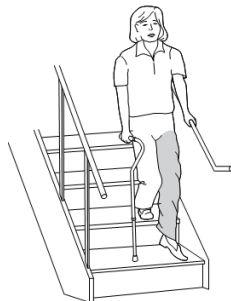


1. Step up with the good leg.
2. Cane and operated leg step up together.

Going DOWN stairs using a handrail –the OPERATED LEG steps down first

1. Stand close to the edge of the step and hold onto the handrail with one hand, the cane in the other.
2. Bring the cane down to the lower step followed by the operated leg.
3. Put your weight through the handrail and on the cane.
4. Step down with the good leg.

* Shaded leg is the operated leg



1. Cane down first, followed by operated leg.
2. Step down with the good leg.

OTHER RESOURCES

The Health Line - This website provides resources that will help prepare you for what to expect before, during and after joint replacement surgery, including access to patient guides and community resources within the South West Local Health Integration Network (LHIN) region of Ontario

<http://www.southwesthealthline.ca/libraryContent.aspx?id=211>

Middlesex Health Alliance Orthopaedic Site - You can download and print electronic copies of the MHA hip and knee replacement education guides

<http://www.mhalliance.on.ca/service/orthopaedics/>

Canadian Orthopaedic Foundation www.canorth.org

The Arthritis Society www.arthritis.ca

The Bone and Joint Network - a Canadian website with information on best practice guidelines for a variety of orthopaedic conditions including hip and knee replacement, fracture, injury prevention, low back pain, etc.

<http://boneandjointcanada.com/>

VENDOR LIST

STRATHROY			
Bossons Pharmacy	35 Front Street West	(519) 245-3810	Rent/Buy
Strathroy Royal Canadian Legion	266 Metcalfe Street West	(519) 245-0683	Loan
LONDON			
London Consistory Club (Open Tues and Thurs 9am -12pm)	243 Wellington Road South	(519) 438-5443	Loan
Precision Home Medical Equipment	390 Springbank Dr.	(519) 657-1032	Rent/Buy
Medigas London	555 Wellington Rd S.	(519) 451-7932	Rent/Buy
Motion Specialties	139 Adelaide Street S	(519) 685-0400	Rent/Buy
Dura Med Mobility Products	207 Adelaide St. S.	(519) 686-3888	Rent/Buy
Yurek Specialties Ltd	526 Newbold St.	(519) 680-7474	Rent/Buy
Shoppers Home Health Care	301 Oxford Street West	(519) 434-3326	Rent/Buy
Shoppers Home Health Care	641 Commissioners Rd. East	(519) 685-9153	Rent/Buy
NEWBURY			
Royal Canadian Legion	22 Durham St.	(519) 693-4251	Loan
PARKHILL			
Royal Canadian Legion	200 Broad St.	(519) 294-6261	Loan
FOREST			
Royal Canadian Legion	58 Albert St.	(519) 786-5357	Loan
MOUNT BRYDGES			
Custom Mobility	7943 Olde Dr.	(519) 264-3316	Rent/Buy
Lions Club	116 Lions Park Dr.	Ron Medill (519) 264-9590	Loan

VENDOR LIST

ALYMER			
Hills Pharmacy	35 Talbot St. East	(519) 765-1271	Buy
BRIGHTS GROVE			
Shoppers Drug Mart	2600 Lakeshore Rd.	(519) 869-4224	Rent/Buy
SARNIA			
True North Home Health	1139 Confederation St.	(519) 383-9900	Rent/Buy
Shoppers Home Health Care	516 Exmouth Street	(519) 344-9797	Rent/Buy
TILLSONBURG			
Coward Pharmachoice	165 Broadway St.	(519) 842-4081	Buy
Grand Medical Supplies	8 Washington Grand Avenue	(519) 842- 8949	Rent/Buy
CHATHAM			
Shoppers Home Health Care	406 St. Clair St.	(519) 351-7272	Rent/Buy
Motion Specialties	785 St. Clair St.	(519) 358-7096 or (866) 914-0484	Rent/Buy
GLENCOE			
Glencoe Pharmacy	253 Main St.	(519) 287-2731	Buy
WEST LORNE			
West Elgin Pharmacy	229 Graham Road	(519)768-1440	Buy

MY NOTES
