

**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 June 2014

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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

CONTACT PHONE NUMBERS

Dr. Rajgopal's Office

Office 3rd floor, Suite 332

(519) 245-5775

Fax: 519-245-7806

Dr. Chant's Office

Office 3rd floor, Suite 332

(519) 246-9797

Fax: 519-245-7806

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

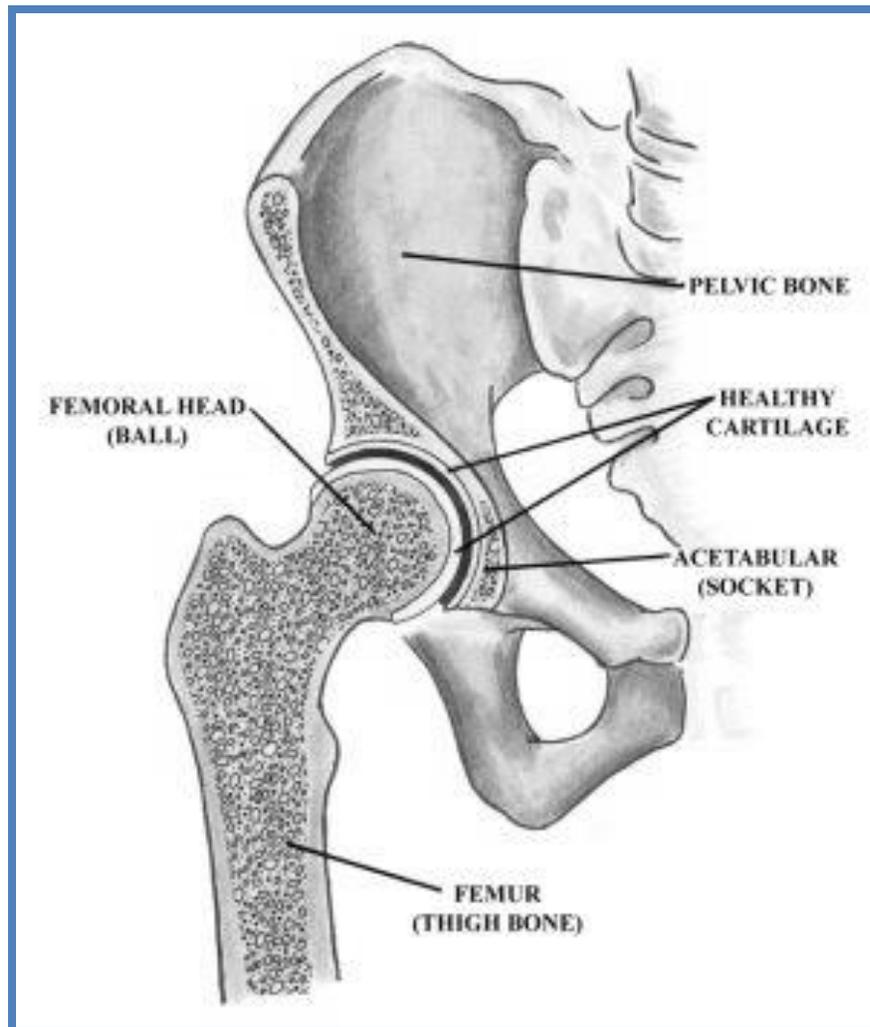
(519) 693-6501 Fax: 519-693-1202

CCAC Intake Office (London)

(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

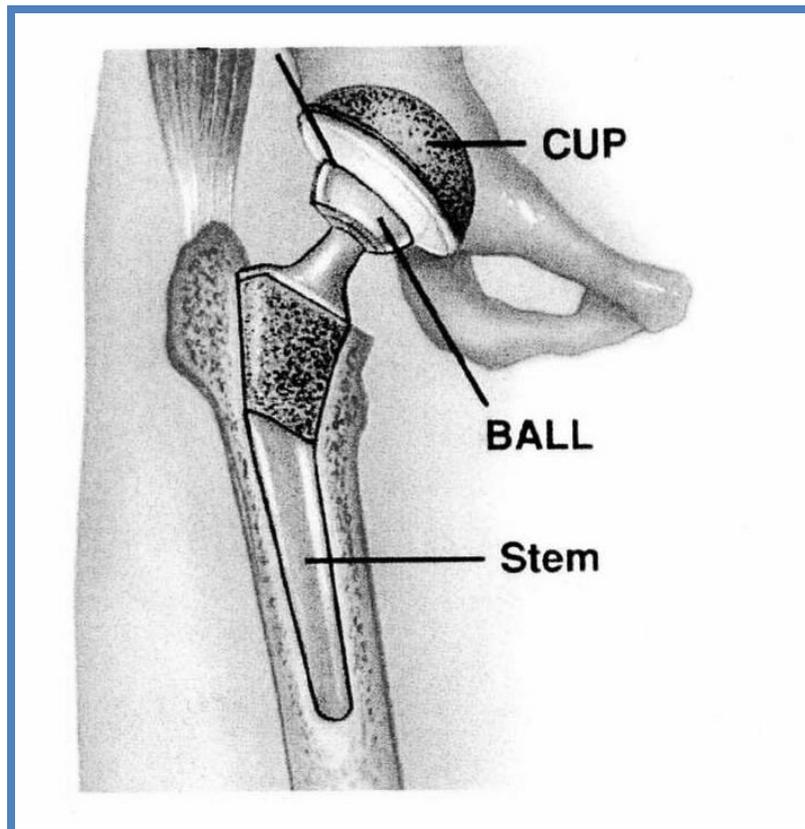
A healthy hip moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. This damage to the hip structures can be caused by osteoarthritis, rheumatoid arthritis, injuries, and loss of blood supply to the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

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

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

There are two parts to the artificial hip:

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



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 try before your surgery.

Endurance activities are good for your heart, lungs, circulation, and muscles. Activities to increase endurance include walking, stationary bike, 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.

EDUCATION & PRE-HAB EXERCISE CLASSES

We are pleased to offer two types of classes to prepare you for your upcoming surgery:

1. Education Class
2. Exercise Class

Each class will be held in the physiotherapy gym at Strathroy General Hospital. The classes are not mandatory, but are highly recommended by your surgeon and health care team in order to make the most of your hip replacement. More information about each class is provided below.

Education Class

These sessions consist of a presentation from a registered dietician and physiotherapy team member. The dietician will discuss and answer any questions you may have regarding nutrition and weight management strategies before and after your surgery. In addition, a physiotherapy team member will go over specific equipment and home needs that you will need to get prepared prior to surgery. This is a great opportunity to ask any questions you may have leading up to your surgery. 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.

Exercise Class

This class is taught by a physiotherapy team member and will involve group exercises in a circuit style aimed to prepare the individual for their surgery. Studies have shown exercise prior to surgery can help decrease pain and improve function. The goal of the exercise class will be to teach you how to perform these exercises safely so that you can continue a home-based program while you are awaiting surgery.

You will need to ***call ahead to pre-register for either class***, so please let us know which class it is you are planning on attending (one or both) and to confirm the dates that the classes will be held. Openings for the exercise class are limited due to space constraints so please book early!

TO BOOK, PLEASE CALL OR DROP INTO
THE STRATHROY PHYSIOTHERAPY DEPARTMENT at (519) 246-5901

Education Class: one Monday monthly, 1pm-2pm

Exercise Class: every Monday, 2pm-3pm

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 attached at the back of the booklet or visit www.jointreplacement.thehealthline.ca and click on “Medical Equipment and Supplies”

<p>Gait Aids</p>	<p><input type="checkbox"/> Standard Walker (Mandatory) Will assist with your walking. It should NOT have wheels</p> <p><input type="checkbox"/> Cane and/or Crutches (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 if not already available</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 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 - MANDATORY



Raised Toilet Seat with Arms



Bathtub Transfer Bench



Long-Handled Shoehorn



Sock Aid



Reacher



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 Community Care Access Centre (CCAC) for details

HOME SUPPORT

It is important that you have a spouse, family member, friend, or neighbour 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.

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/apartment 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 Community Care Access Centre (CCAC) 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 **two days** after your surgery date.

COMMUNITY CARE ACCESS CENTRE (CCAC)

CCAC is responsible for home support services. A CCAC case manager will contact you to determine if you require in-home physiotherapy after your surgery. **If you can travel directly to an out-patient physiotherapy clinic in your area immediately after your surgery, then no in-home physio will be needed. However, it is very important that you arrange for out-patient physio as soon as you leave the hospital so that you do not get behind on your therapy.** If you do require in-home physiotherapy, this will be set-up by the CCAC case manager. You will receive 4-6 visits by a physiotherapist in your house over a 2-3 week span. You will still need to arrange for out-patient physiotherapy at a clinic after the completion of in-home physio to continue your therapy.

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). CCAC typically DO NOT supply personal support workers for elective surgeries such as joint replacements, therefore it is important for you to arrange for help at home as stated above.

If you have any questions about CCAC services before or after your surgery, please contact the London 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

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.**
- ✗ **Eat or drink after midnight the night before your surgery except a sip of water with morning medications.**

DO:

- ✓ You must call the hospital the day before your surgery, Monday to Friday (except holidays), between 2:30-4:30pm for your arrival time on the day of surgery. If your surgery is booked for a Monday, please call on the Friday before for your arrival time. **(519) 245-1550 extension 5668**
- ✓ Expect to be in hospital for **two nights**. You need to arrange for a ride home **two days** after your surgery as you may be discharged home at this time. For example, if your surgery is on a Monday, plan to have a ride home on Wednesday. **Discharge time is before 11:00am.**
- ✓ 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) and cane or crutches to assist with walking
 - Supportive shoes with rubber soles or grips
 - Slippers with a back and non-slip sole
 - A light weight robe
 - A small overnight bag with clothes and personal care items
 - Assistive devices (i.e. reacher, long-handed shoe horn, leg lifter, etc.)
 - 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 daily or as 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 your nausea level permits • Maintain regular sips of fluids after surgery to stay hydrated
<p>Consults</p>	<ul style="list-style-type: none"> • Physiotherapy • Occupational Therapy • An anesthesiologist may follow you for pain control
<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 is two days after surgery, before 11:00am. • Follow-up phone calls • Discuss post-op clinic check-ups, home care physiotherapy, medications and prescriptions, etc.

THERAPY FOLLOWING SURGERY

<p style="text-align: center;">Day 0 (day of surgery)</p>	<p>Your nurse may help with:</p> <ul style="list-style-type: none"> • Sit-up/stand at bedside • Transfer to commode • Deep breathing and coughing exercises
<p style="text-align: center;">Day 1 (first day after)</p>	<p>A physiotherapist / occupational therapist will review:</p> <ul style="list-style-type: none"> • How much weight you may put on your leg • How to protect your hip when moving • How to move safely in bed and get in/out of bed • How to transfer safely into a chair • Exercises and stretches • How to walk correctly using a walker • How to use assistive devices and practice getting dressed • Practice climbing stairs with a cane or crutches <p>You will:</p> <ul style="list-style-type: none"> • Participate with physiotherapy two times per day • Do range of motion and strengthening exercises • Walk short distances using a walker • Sit in a chair
<p style="text-align: center;">Day 2</p>	<p>You will:</p> <ul style="list-style-type: none"> • Continue with your exercises and walking with your therapist • Practice climbing stairs with a cane or crutches (if not already done the day before) • Walk to/from bathroom independently • Be discharged home from the hospital with follow-up physiotherapy visits through CCAC

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 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's within easy reach

For a bathtub:

1. If you wish to use the tub, you will need a bath bench. Your occupational 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 SIX 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 in 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

ACTIVITY / THERAPY

- Upon discharge home, you will either have a few weeks of home care therapy, or go directly to an out-patient physiotherapy clinic. If you are able to travel to a clinic (i.e. you have rides arranged and you are moving well), then you do not require home care therapy. Those that have home care therapy will still need additional physiotherapy at an out-patient clinic after home care therapy is completed. **It is your responsibility to arrange for all physio appointments at an out-patient clinic in your area, whether you have home care therapy or not.** These out-patient appointments may or may not cost a fee, depending on where you live. Most insurance benefit plans will cover out-patient physiotherapy.
- At the Middlesex Health Alliance, we are able to offer a free, supervised post-surgery hip and knee exercise program, held at Four Counties Hospital in Newbury. Please see the attached flyer at the end of the booklet for more information and how to access.
- 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 will progress to crutches and/or 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 (frozen peas or corn work well) 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:** you will need to take prophylactic antibiotics before having any dental work completed in your lifetime after a hip or knee replacement. Speak with your dentist about the need for antibiotics before undergoing any dental procedure.

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!**

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 INCISION

You may leave the hospital with a special type of bandage over your incision called Mepiplex. This bandage is to be kept overtop of your incision for two weeks after your operation and will be removed at your two week follow-up with your surgeon. 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. The Mepiplex can be left on while showering but do not soak the dressing. If you have a gauze dressing, you can change the gauze daily or every few days. Remove the gauze before showering (if you have glue) and reapply with a dry, clean gauze. Inspect your incision daily for any redness or drainage. **Call your surgeon if drainage continues for more than four days after you leave the hospital.**

➡ If you have your incision closed by GLUE:

- It is a thin adhesive film that holds your incision together. The glue will remain in place usually five to ten days, enough time for your incision to heal. Then, it will naturally slough (fall) off your skin.
- Do not scratch, rub, or pick at the glue. This may result in the incision re-opening before your incision has fully healed.
- Do not apply any creams or lotions to the incision unless given permission by the surgeon.
- If you have a protective bandage covering the incision, make sure the tape of the bandage is not placed directly over the glue.
- You may occasionally and briefly wet your incision in the shower or bath. But frequent or prolonged contact with water should be avoided. Do not soak the incision (e.g. in bathtub, hot tub, pool, etc). When showering, let the water run down over the incision but do not rub or scrub with soap. After showering, gently blot your incision dry with a soft towel. If a protective dressing is being used, apply a fresh, dry bandage.

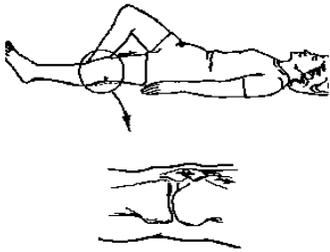
➡ If you have your incision closed by STAPLES:

- You will have a follow-up appointment with the surgeon to have your staples removed (usually around 2 weeks after your surgery).
- Do not shower or get your incision wet until the staples have been removed and your incision is healed or instructed by your surgeon.
- Do not apply any creams or lotions to the incision unless given permission by the surgeon.

HIP EXERCISES

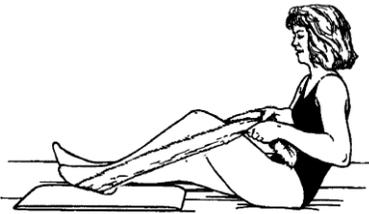
These exercises are designed to improve your range of motion, strength, and mobility in your hip. These exercises can also be performed *before* your surgery to keep your muscles strong and to help with pain, and should be done within your tolerance. A therapist will review these exercises with you after 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



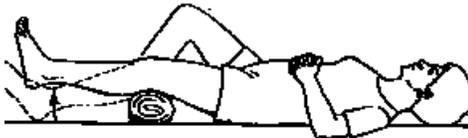
This exercise helps strengthen your thigh muscle

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



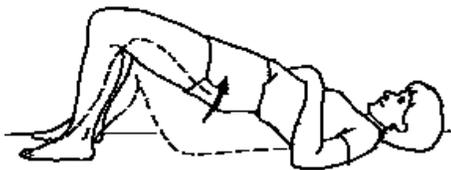
This exercise helps improve range of motion of your hip

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



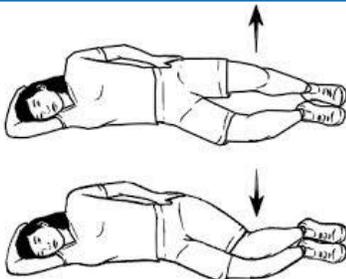
This exercise helps strengthen your thigh muscle

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 them off the bed.
3. Keep pelvis level
4. Hold for 5 seconds then slowly lower.
5. Repeat 10 times, 3 times per day.

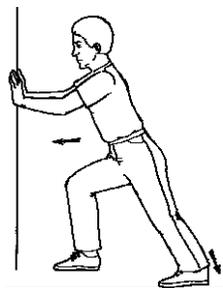


This exercise strengthens your hip/buttock muscle

1. Lay on your non-operated side with both knees and hips bent, pelvis pointed straight up towards ceiling
2. Keeping both feet together, slowly lift top knee up 3-5 inches
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)



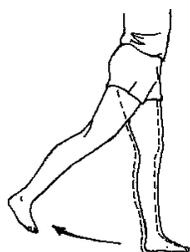
This exercise stretches your calf muscle

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



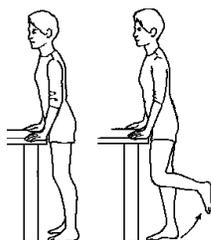
This exercise strengthens your hip flexor muscle

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

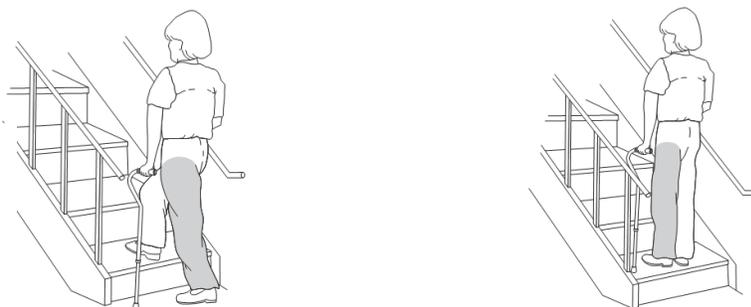
STAIRS

* 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

www.jointreplacement.thehealthline.ca

Middlesex Health Alliance Patient Education Guides - Collection of health information developed by the Middlesex Hospital Alliance for patients that include topics such as how to use crutches, energy conservation strategies, and installing ramps.

http://www.mhalliance.on.ca/MHA_Health_Info_Online_Library

Canadian Orthopaedic Foundation www.canorth.org

The Arthritis Society www.arthritis.ca

The Bone and Joint Network www.boneandjointhealthnetwork.ca



New Hip or Knee?

MHA Post-Operative Joint Exercise Program

Have you recently undergone a hip or knee replacement or a knee arthroscopy?

The MHA is pleased to offer you an extended supervised exercise program under the guidance of a Kinesiologist. This circuit-style exercise program will be held at Four Counties Health Services and will focus on joint strength as well as flexibility.

If you have recently had a recent hip or knee replacement, or a recent knee arthroscopy, please contact your surgeon, physiotherapist or family physician about getting involved with this free program.

Thursday Afternoon 1:00pm – 2:00pm

Four Counties Health Services – 1824 Concession Dr, Newbury ON

Please contact the Four Counties physiotherapy department to register

Phone: (519) 693-6501

VENDOR LIST

STRATHROY			
Bossons Pharmacy	35 Front Street West, Strathroy ON, N7G 1X5	(519) 245-3810	Rent/Buy
Strathroy Royal Canadian Legion	266 Metcalfe Street West, Strathroy ON, N7G 1N3	(519) 200-7579 or (519) 245-0683	Loan
LONDON			
Canadian Red Cross London/Middlesex Branch	810 Commissioners Road East, London ON, N6C 2V5	(519) 681-7330	Rent/ Loan
London Consistory Club	243 Wellington Road South, London ON, N6A 4V3	(519) 685-5972	Loan
Medichair- Roberts Medical	390 Springbank Drive, London ON, N6J 1G9	(519) 657-1032	Rent/Buy
Medigas London	1910 Oxford Street East, London ON, N5V 2Z8	(519) 451-7932 Fax: 519-451-7933	Rent/Buy
Motion Specialties	139 Adelaide Street South, London ON, N5Z 3K7	(519) 685-0400	Rent/Buy
Royal Canadian Legion	1276 Commissioners Road West, London ON, N6K 1E1	(519) 472-3300	Loan
Shoppers Home Health Care	301 Oxford Street West, London ON, N6H 1S6	(519) 434-3326	Rent/Buy
Shoppers Home Health Care	641 Commissioners Road East, London ON, N5Z 3J1	(519) 685-9153	Rent/Buy
ST. THOMAS			
Canadian Red Cross St. Thomas Elgin Branch	141 Wellington Street, St. Thomas ON, N5R 2R8	(519) 631-1611	Rent
Independent Order of Off Fellows/ Rebekah Lodge- Humanitarian Services	54 Moore Street, St. Thomas ON, N5R 3W3	(519) 631-3330	Rent/Buy
Jewel International/ Action Medical St. Thomas	310 Wellington Street St. Thomas ON, N5R 2T1	(519) 633-9955	Rent/Buy
Yurek's Pharmacy	519 Talbot Street, St. Thomas ON, N5P 1C3	(519) 631-3764 or 1-866-631-3330	Rent/Buy
NEWBURY			
Newbury Legion	22 Durham Street, Newbury, ON N0L 1Z0	(519) 693-4251	Loan

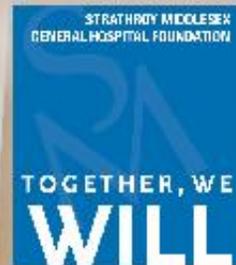
VENDOR LIST

PARKHILL			
Red Cross	185 King Street, Parkhill, ON N0M 2K0	(519)294-0442	Loan
FOREST			
Royal Canadian Legion	58 Albert Street, Forest, ON N0N 1J0	(519)786-5357	Loan
MOUNT BRYDGES			
Custom Mobility	7943 Olde Drive, Mount Brydges, ON N0L 1W0	(519)264-3316	Rent/Buy
Lions Club	116 Lions Park Drive, Mount Brydges, ON N0L 1W0	(519) 264-1348 Contact: Frank Kovacs	Loan
ALYMER			
Hills Pharmacy	35 Talbot Street East, Alymer ON, N5H 1H3	(519) 765-1271 Fax: 519-765-3607	Buy
BRIGHTS GROVE			
Shoppers Drug Mart	2600 Lakeshore Road, Brights Grove, ON	(519) 869-4224	Rent/Buy
SARNIA			
Medical Motion	1362 Lampton Mall Road, Unit 9, Sarnia ON, N7S 5A1	(519) 383-9900 Fax: 519-383-1031	Rent/Buy
Shoppers Home Health Care	49 Finch Drive, Sarnia ON, N7S 5P5	(519) 336-9334	Rent/Buy
Shoppers Home Health Care	516 Exmouth Street, Sarnia ON, N7T 8B1	(519) 344-9797	Rent/Buy
TILLSONBURG			
Coward Pharmachoice	165 Broadway, Tillsonburg ON, N4G 3P9	(519) 842-4081 Fax: 519-842-8013	Buy
Grand Medical Supplies	8 Washington Grand Avenue, Tillsonburg ON, N4G 3V2	(519) 842- 8949	Rent/Buy
CHATHAM			
Shoppers Home Health Care	300 Lacroix Street Unit #1, Chatham ON, N7M 1W3	(519) 354-6555	Rent/Buy
Shoppers Home Health Care	10 Grand Avenue West, Chatham ON, N7L 1B4	(519) 351-7272	Rent/Buy
Motion Specialties	785 St. Clair Street, Chatham, ON N7M 5J7	(519) 358-7096 or (866) 914-0484	Rent/Buy
GLENCOE			
Glencoe Pharmacy	253 Main Street, Glencoe, ON, N0L 1M0	(519) 287-2731	Buy
WEST LORNE			
West Elgin Pharmacy	229 Graham Road, West Lorne ON, N0L 2P0	(519)768-1440 Fax: 519-768-1449	Buy

MIDDLESEX HOSPITAL ALLIANCE FOUNDATION

CAROL HOWARTH

"I can't say enough about the experience at Strathroy. It's a very special place. I've been in hospitals before, but none are quite like SMGH."



"I injured my knee in high school and had problems with it on and off as an adult. By the time I turned 60, however, the knee was much worse. I was in constant pain. Everyday things like climbing stairs or going grocery shopping were agonizing.

"I went to see Dr. Rajgopal, a new orthopaedic surgeon at Strathroy Middlesex General Hospital, who recommended a knee replacement. Within a month, I had the surgery and walked out of the hospital three days later, pain free.

"I feel so fortunate that we have such an excellent hospital with outstanding physicians right nearby."

TO DONATE: Strathroy Middlesex General Hospital Foundation 395 Carrie St. Strathroy, ON N7G 3J4
519-246-5906 www.smghfoundation.com

