



Hip Replacement Surgery

Patient & Caregiver Guide

This booklet will provide you with the general information you will need to get yourself, your family and your home ready for surgery.

Take your time to read this booklet thoroughly. Please bring it to the hospital with you when you come for surgery.

***Understand it is mandatory for all patients to have a caregiver present throughout the entire same day joint surgery journey.**

Dr. Inculet

Acknowledgements:

TDMH would like to acknowledge Huron Perth Healthcare Alliance (HPHA) for sharing all of their resources with our team to help launch our Same Day Joint Program!

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Hip Surgery

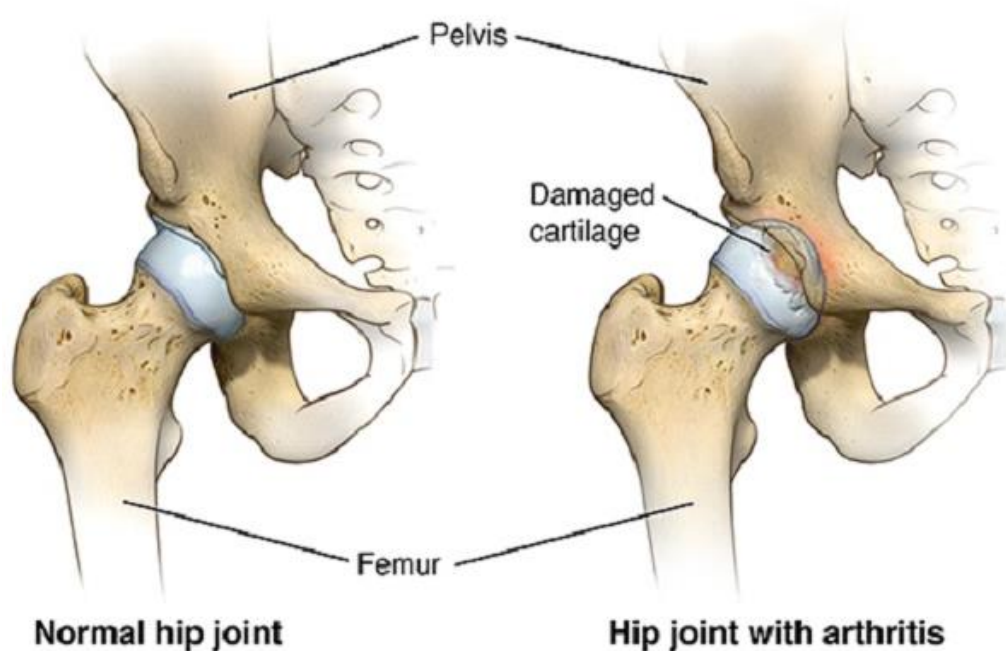
Hip Anatomy

- The hip joint is a ball and socket joint formed between the head of the femur and acetabulum of the pelvis.
- The ball is the round head of the femur. It moves in the socket of your pelvis (acetabulum), allowing your hip to move in many directions.
- Both the acetabulum and head of the femur are covered with a smooth elastic type tissue called cartilage. Cartilage helps protect the surfaces of these two bones from rubbing together.
- Muscles and ligaments support and strengthen the joint.

Hip Disease

Osteoarthritis is the most common reason people undergo joint surgery. Osteoarthritis involves the breakdown of cartilage on the ends of the bones. It typically appears in joints that carry your body weight, such as your hips and knees.

Osteoarthritis, rheumatoid arthritis, bone infection or lack of blood supply to the bone can all cause joint pain and stiffness.

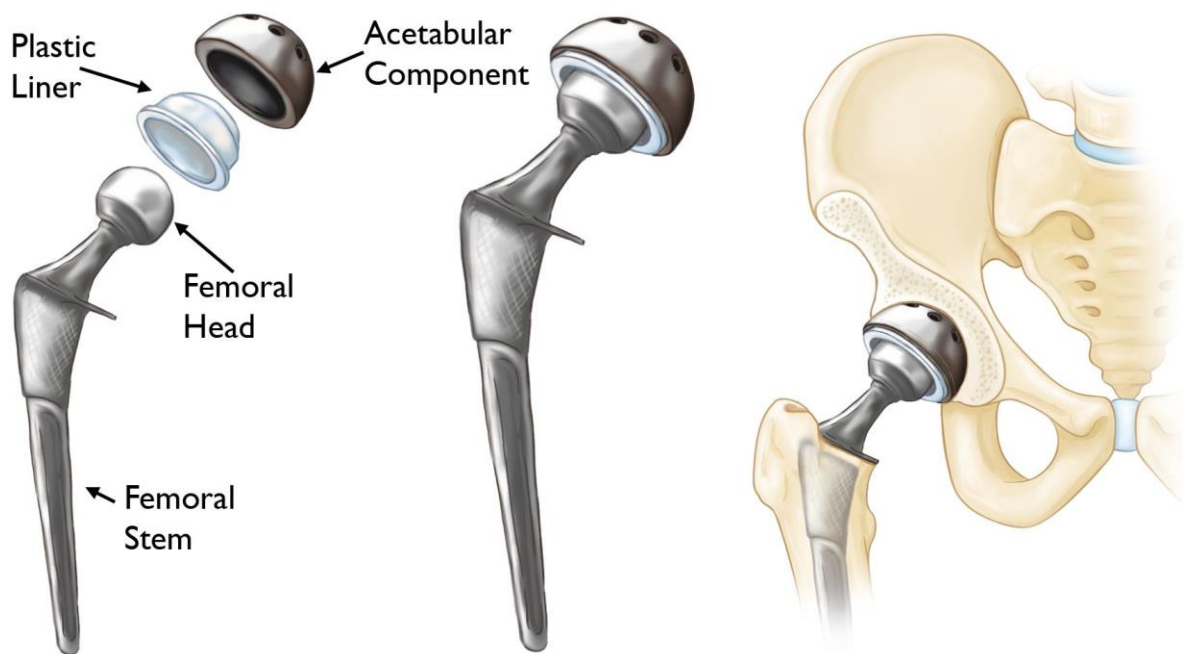


Hip Replacement

In total hip replacement surgery, the surgeon replaces the diseased joint with an artificial joint.

- The surgeon will make an incision and move the muscles and ligaments away from the hip joint.
- The head of the thigh bone is then replaced with an artificial ball and stem.
- The stem sits inside the femur.
- The pelvic socket is smoothed and lined with a plastic or metal cup.
- The joint is put back together with the ball fitting into the cup.
- Once the new joint is in place, the muscles and ligaments are repaired.
- Your skin is closed with staples to hold your skin together while the incision heals.
- The entire hip replacement surgery usually takes less than 2 hours

The goal of joint replacement surgery is to help decrease pain, improve function and mobility of the hip.



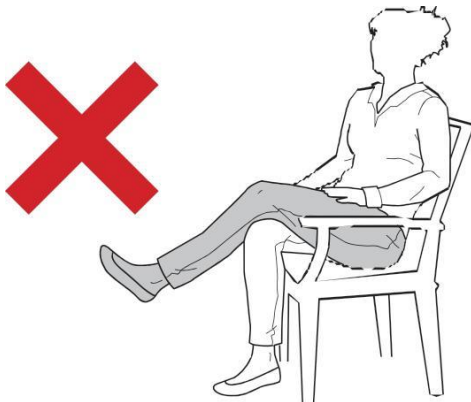
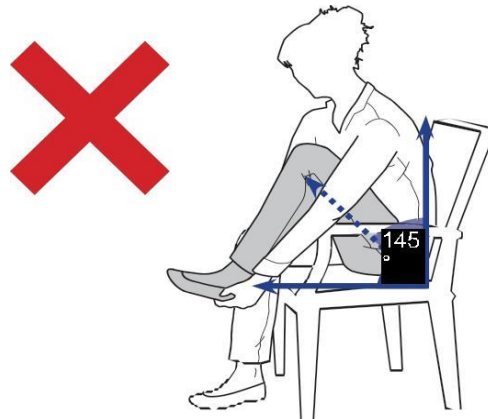
Hip Precautions

After surgery, you will need to follow hip precautions for 6 weeks or as advised by your surgeon.

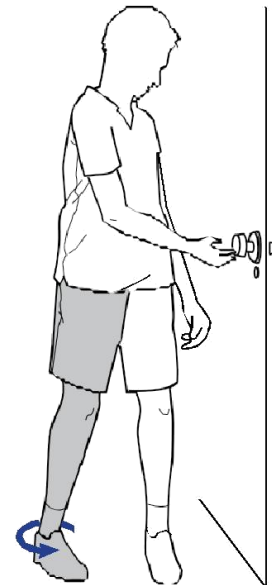
These restrictions will help to heal your joint and **reduce the risk of hip dislocation**.

- 1) **DO NOT** bend your hip past 90 degrees in lying, sitting or standing position.

Shaded leg is the surgical leg



- 2) **DO NOT** cross your legs at the ankles or knees when lying, sitting or standing.

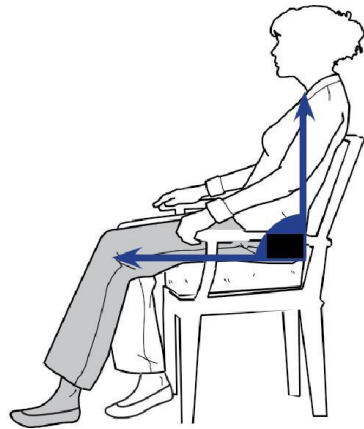


- 3) **DO NOT** twist your body or leg inward when lying, sitting, or standing

****Please refer to your physiotherapist or surgeon if you do not understand these rules.**

Things You CAN DO After Hip Surgery

DO sit on a raised chair or use a wedged cushion to increase height.



Shaded leg is the surgical leg

DO keep your knee lower than your hip when in a sitting position.

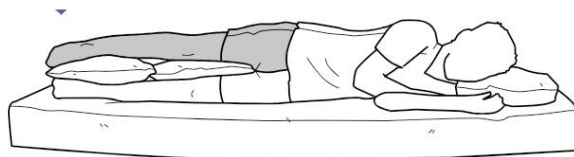
Use a raised toilet seat or commode as directed by your rehab team.



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



DO sleep with pillows between your legs for the first 6-12 weeks after surgery to prevent them from crossing. You can lie on either side with a pillow in-between knees and ankles. You may prefer to sleep on your back.



Before Surgery

Pre-Admission Appointment

You will receive an appointment date/time about 2-3 weeks prior to your surgery date to assess your overall health and provide information about your surgery. Please arrange time for this visit as it can be lengthy.

During this visit:

- A nurse will review your health and discuss the expectations of your hospital stay and how to prepare for your discharge home.
- You will have a separate pre-operative physiotherapy session to discuss mobility and strengthening before and after surgery. An Occupational Therapist will be present to discuss equipment and strategies for daily activities.
- An anesthesiologist will discuss your anesthetic care and pain management during your stay. See section “Looking after your nerve block” in the booklet.
- A laboratory technician will collect blood samples and do an ECG (electrocardiogram).
- Pre-surgical diagnostic imaging may be indicated ie. Chest X-Ray
- You may be consulted to be seen and assessed by an Internal Medicine Physician.

Setting up your Home

It is very important to set up your home BEFORE your hip surgery. This will help reduce the risk of falls and will help you maintain your hip joint precautions.

- Ensure hallways and rooms are free of clutter and tripping hazards (e.g. scatter rugs, footstools, telephone and electrical cords, etc.).
- Add non-slip treading to outside stairs and ramps.
- Install stair railings and/or make sure the existing ones are secure.
- Ensure there is good lighting in hallways and other well used areas.
- Use night lights, especially between the bedroom and the bathroom.
- Wear non-slip, supportive footwear.
- Wear eye glasses as required.
- DO NOT wax or polish the floors.
- DO NOT try moving too quickly. Let people know that it will take longer to get to the phone or the door.
- Make arrangements before your surgery to have family or friends stay with you if you live alone.
- Some Retirement Homes offer a Respite Stay, which is a temporary accommodation to assist with personal care. This must be arranged prior to surgery.
- If there are a lot of stairs to get up to your bedroom, consider moving your bed to the main floor temporarily. Look into renting or borrowing a bed if necessary.
- Place commonly used items where you can reach them. Consider a cellphone or portable phone and lamp beside your bed.

Plan Ahead- Household

- Arrange for extra help from family and/or friends for about 12 weeks with household tasks that involve heavy lifting, bending or twisting if needed (e.g. vacuuming, laundry, changing bed linen, garbage).
- Stock your freezer/ pantry with healthy foods and snacks. Private food/ meal delivery services may be available. (Please set up prior to surgery)
- Move frequently used household items to counter height (e.g. pots and pans). Consider moving items in the lower parts of the fridge/ freezer to a higher shelf. For items placed high or low, use a reacher.
- Rather than bending down to the oven, use a microwave or toaster oven at counter height.

Many jobs in the kitchen can be managed safely and easily by sitting on a kitchen chair.

Bathroom

- Refer to your rehab team as to which is the best option - installing a raised toilet seat or having a commode with armrests. A commode can be used elsewhere in the home if there is not a toilet nearby
- Set up a tub transfer bench in the bathtub or a shower chair in a shower stall. You may need to remove sliding doors from your bathtub and replace them with a shower curtain to accommodate the chair.
- Use a non-slip bathmat both inside and outside the bathtub or shower.
- Consider installing a hand-held shower head, this would make showering easier while sitting. Having a caregiver assist with washing your hair rear-facing at the sink or using dry shampoo are also options.
- Use a long handled sponge or have a caregiver assist to help your wash feet.
- Consider installing grab bars in the bathtub/shower stall and by the toilet.
- You will not be able to bend over to cut your toe nails after surgery, consider a caregiver or professional to assist with this task.
- Do NOT use towel racks, soap dishes, toilet paper holders, or curtain rods to assist you in standing or sitting.

Seating

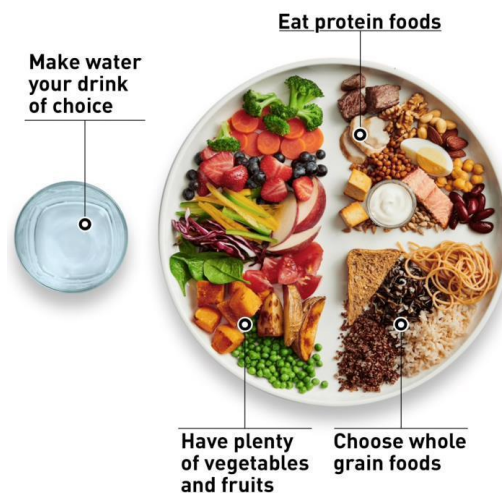
- Ensure seat height is approximately 2 inches above your knee
- Use a wedge cushion, pillow, folded blanket, firm cushion or blocks to increase chair and bed height.
- Use chairs with firm seats, back and arm rests. Avoid couches and rocking chairs.
- Set up a table beside your chair for frequently used items.

If your knees are higher than your hips when sitting at the edge of your bed, add a foam topper or blocks under the bed legs.

Nutrition

Good nutrition helps you recover from surgery and reduces the risk of infection. Important nutrients before and after surgery include: Protein, Calcium & Vitamin D, Fibre, Water, Vitamins & Minerals

*Talk with your family doctor if you have any questions regarding nutritional intake.



For more information check out Canada's Food Guide at <https://food-guide.canada.ca>

Bundled Care (Post-Operative Physiotherapy)

Bundled care is a service provided for all patients having elective single (one-sided) hip and knee replacement.

This service helps to ensure that physiotherapy supports are in place to you help recover and gain your independence after surgery.

- All patients will be assessed before surgery to determine the most appropriate course for post-surgery rehabilitation
- Patients undergoing a hip replacement will receive **4-6** covered physiotherapy sessions, meaning there is no charge for this service.
- These therapy sessions will be spread out over the course of approximately 2-3 months.
- Please call 519-842-3611 ext. 5220 to book your outpatient physiotherapy sessions at TDMH. Alternatively, you may book PT at another physiotherapy clinic.
- Your physiotherapy may call for a virtual check in post-operative day 1 or 2.
- Your first in-person physiotherapy session should be booked prior to surgery for 1 week post-operative, once your surgery date is known)

*If you have any questions regarding your therapy please talk to your physiotherapist or surgeon.

TDMH Partnered Physiotherapy Clinics

- Tillsonburg Physiotherapy Clinic – Tillsonburg Ontario
- Back in Motion – Tillsonburg, Ontario
- Active Physiotherapy Clinic – Ingersoll, Ontario
- Lifemark PT – St. Thomas Ontario
- Meridian Health Group – London Ontario

Equipment Checklist

Complete 1-2 weeks before surgery

A list of equipment vendors can be found at the end of this booklet.

Gait Aids	<input type="checkbox"/> Walker _____ (Mandatory) <input type="checkbox"/> Cane (Mandatory) <input type="checkbox"/> Crutches (optional) if recommended by physiotherapist
Household	<input type="checkbox"/> Handrails (highly recommended)
Bathroom Equipment	<input type="checkbox"/> Raised Toilet Seat with Arms and/or Commode <input type="checkbox"/> Grab Bars <input type="checkbox"/> Bathtub Transfer Bench <input type="checkbox"/> Handheld Shower Head
Dressing Devices	<input type="checkbox"/> Sock Aid <input type="checkbox"/> Long Handled Reacher <input type="checkbox"/> Long Handled Shoehorn <input type="checkbox"/> Long Handled Sponge

*Your physiotherapist/occupational therapist will provide you with a list of equipment you will need prior to surgery. **It is your responsibility to ensure all equipment is ordered and ready for day of surgery.**

Pre-surgical Checklist

- ☐ Outpatient Physiotherapy session is booked (once you know your surgery date)
- ☐ Review hip precautions
- ☐ Check to ensure the seat/chair heights are set appropriately
- ☐ Make regularly used items easily accessible
- ☐ Arrange for help from family/friends with personal care, laundry, shopping, cooking, pet care, and basic housework.
- ☐ Arrange for someone to stay with you after surgery or consider staying at family member's house that requires using the least amount of stairs.
- ☐ Declutter the house
- ☐ Arrange for ride to/from appointments for at least 6 weeks after surgery
- ☐ Plan to have a phone that can be carried with you or plan to have someone present at all times.
- ☐ Practice exercises once a day before surgery

The Evening Before Your Surgery

- Shower using soap and water
- Wash your hair with shampoo
- DO NOT eat anything after midnight
- We encourage you to reduce or quit smoking 2 weeks prior to your surgery
- DO NOT smoke eight hours before your surgery
- DO NOT shave below the waist 48 hours prior to surgery
- DO NOT apply any makeup, nail polish, deodorant, lotion or perfume
- Nothing to drink after midnight prior to surgery
- No use of recreation substances including marijuana 1 week prior to surgery unless directed by your surgeon

A FINAL Checklist (What to bring to the hospital)

Complete before day of surgery.

By now you should have picked up your medical equipment and set up your home.

****Please bring your gait aid (walker/crutches) with you to the hospital****

Pack your bag for the hospital including:

- ☐ Patient & Caregiver Education Booklet
- ☐ Any medications you routinely take at home
- ☐ Loose fitting pajamas/clothes to exercise in and to wear home
- ☐ Comfortable slip on footwear that allow room for potential swelling (Crocs, Birkenstocks, running shoes with elastic laces)
- ☐ Eyeglasses, hearing aids (if applicable)
- ☐ Reading materials

DO NOT bring valuables to the hospital.

During Your Hospital Stay

Day of Surgery

Before Surgery:

- The morning of surgery take only the medication that you have been instructed to take by the hospital healthcare team with a small sip of water.
Medications you can take the morning of surgery:
-
- Upon arrival at Hospital, proceed to check in at Registration. You will then be directed up to the Surgical Services waiting room on the second floor.
 - To prepare for surgery, you will change into a hospital gown and a nurse will start an intravenous line (IV) in your arm.

After Surgery: Recovery Room

- You will move from the operating room to the recovery room or day surgery unit.
- You may have oxygen by mask or nasal prongs for a short time
- You will have pain medicine on a regular basis. Tell your nurse if you are in pain.
- You may have a catheter inserted
- You may have blood taken
- The nurse will regularly check your:
 - pain level and comfort level
 - breathing, blood pressure, pulse and temperature
 - sedation or level of sleepiness
 - ability to feel or move your legs
 - ability to pass urine
 - drains and dressing
 - blood sugars (if needed)
- You will sit on the side of the bed, get up to a chair, and walk to the bathroom with the assistance of the nurse and/or Physiotherapist.
- You will start with sips of fluid and increase to a regular diet.
- You will be started on a blood thinner medication after surgery to help reduce your risk of developing a blood clot.
- You may start exercises #1- 6 on the Bed Exercises Page #31

A Physiotherapist Will:

- Review and practice your post-operative mobility, including how to properly get in/out of bed, how to transfer safely into a chair, and how to properly walk with your walker.
- Review how much weight you can put on your leg
- Review bed exercises and precautions
- Review discharge plans and follow up
- Practice stairs if applicable

Physical therapy is an important part of your recovery after surgery. It helps to improve the function of your joint, helps clear your lungs and reduce the risk of complications such as blood clots.

Physiotherapy staff will continue to provide you with exercises to do at home throughout your post-operative journey.

****It is important to continue your 6 bed exercises you were doing pre-operatively and in hospital 3-4 times a day.**

Going Home

You will be ready to go home when you have accomplished the following goals:

- Able to get in and out of bed independently (or with minimal assistance as you will have help at home.)
- Able to walk short distances with your walker independently.
- Able to do your bed exercises.
- Able to go up and down steps safely, if applicable.
- Understand how to move while following the hip precautions.
- Your pain is managed.

Patients are discharged the day of surgery.

→Typically, your surgeon will provide a prescription to take an oral antibiotic for 24 hours after surgery. Please take as prescribed.

Looking After your Nerve Block

YOU HAVE RECEIVED A NERVE BLOCK as part of your anesthesia and surgery.

The duration of the nerve block will vary. It can last from 6 to 36 hours. The body area where the nerve block targets may be numb. A block in your arm or leg may cause weakness and heaviness as the numbing medicine also affects the nerves that supply the muscles. Typically, the muscle weakness wears off before the pain relief. However, the recovery of sensation and movement can happen in any order.

WHAT ARE THE PRECAUTIONS TO BE TAKEN?

Due to the lack of feeling in the limb, you may injure yourself without realizing it. You should take the following precautions until you have full sensation in your limb.

For leg surgery, get assistance from others and use a wheelchair or gait aid when you walk, until the nerve block has worn off. Your hip, knee or ankle can be weak and may buckle if you walk without support. Take precautions not to burn or scald the numb hand or leg with hot liquids.

If you develop any of the following problems with the blocked arm or leg:

- Redness, swelling, or leaking at the site where the numbing medicine was given
- Numbness or weakness in the blocked arm or leg lasting longer than 36 hours
- Electric shock-like feeling or severe pain going through your blocked arm or leg

Visit the emergency department if you require **immediate attention**

For non-urgent concerns regarding your block, please review your concern with the surgeon if further assessment is required.

You had the following block(s):

☐ RIGHT ☐ LEFT

Lower Limb

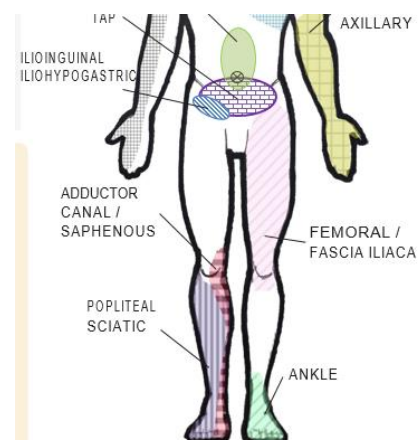
- ☐ Popliteal sciatic
☐ Adductor canal/Saphenous
☐ Femoral/Fascia iliaca
☐ Ankle

Upper Limb

- ☐ Interscalene
☐ Supraclavicular
☐ Infraclavicular
☐ Axillary

The block was performed at

____:____ on ____ / ____ / 20____



Pain Control After Surgery

- Your nurse will monitor your pain level using a pain scale.
 - Level of pain “0” = no pain and 10 = worst possible pain
- Pain medication is given orally. A combination of medications will be used to control your pain after surgery.
 - Tylenol
 - NSAID (ie. Advil)
 - And/or Narcotic (ie. Tramacet, Dilaudid)
- Your nurse will discuss with you how to take your pain medications at home on discharge.
- Some common side effects of pain medication include the following:
 - Nausea/Vomiting
 - Drowsiness
 - Headache
 - Itchiness
 - Constipation
 - Inability to urinate

Pain Control At Home

Your pain should gradually decrease over the next 6-12 weeks.

Here are some ways to manage your pain at home:

- Take **pain medication** as directed. It is helpful to take pain medication prior to physical activity or physiotherapy session.
- **Ice** can reduce pain and inflammation. (15-20 minutes maximum before/after exercise)
- **Pace yourself.** Do not overdo it. Give yourself some rest periods to recover.
- **Relax** using deep breathing exercises or visualization techniques.
- **Distract** yourself by listening to music, watching television or visiting
- **Think positive.** You can do this! You will become more comfortable as you continue to recover from surgery.

There are **3 general rules** when it comes to pain management at home. You should be comfortable enough to:

- 1) Complete your exercise program 3-4 times per day
- 2) Walk with a gait aid for exercise at home
- 3) Sleep similar to your normal sleep

If pain is preventing you from sleeping or exercising, please talk to your physiotherapist or physician.

If your pain becomes increasingly worse or if you develop pain in another area of your body, seek medical attention immediately.

Follow up Medical Appointments

- Arrange follow up appointment with your surgeon 2 weeks and 6 weeks after surgery.
- At your 2 week appointment, your surgeon or nurse will usually remove your staples.
- Arrange a follow up with your family physician once you are back on your feet to review your general condition

After Surgery And Beyond

Everyday Activity Guidelines

Getting Out of Bed

- With a pillow between your knees, move your body to the side of the bed
- Keep your body straight
- Slide your legs over the edge of the bed while using your arms to push yourself to a sitting position. DO NOT push yourself beyond 90 Degrees at hip joint.
- Bring your body to a sitting position

Getting into Bed

- Sit at the side of the bed
- Slide back across the bed using your arms for support.
- Slowly go down onto your unaffected elbow, bringing both legs into the bed without crossing
- Alternatively, once you slide your back across the bed, position your body with your back facing toward the top of the bed. Use a strap to help move your surgical leg into the bed

Sitting to Standing

- Sit on the edge of the bed with your surgical leg slightly ahead of the other
- Place your hands on the bed. Push up from the bed then reach for the walker.
- Do not bend past 90 Degrees when pushing up into standing



Sitting Down

- Use a firm chair with armrests
- Back up to the chair, bed or toilet until you feel the edge behind both of your knees
- Move your surgical leg forward and reach your hands back to the armrests
- DO NOT twist to look behind you
- Slowly lower yourself into the chair

Walking Forward With Your Walker

Expect to use a gait aid such as a walker, crutches, or cane for 2+ months after your surgery based on guidance from your physiotherapist.

- Move the walker forward making sure all 4 legs are down
- Move your surgical leg forward into the walker making sure it is in line with your hands
- Push through your arms on the walker as you take a step forward with your non-surgical leg to be in front of your surgical leg yet not in front of the walker
- Repeat



Stairs

Your Physiotherapist will determine whether you will use crutches or a cane on the stairs. This is determinant of your home set-up.

****REMEMBER→ UP with the GOOD, DOWN with the BAD****

Going up the stairs with ONE rail and ONE crutch/cane

- Hold onto the rail, place the crutch/cane in the other hand
- Put weight on rail, crutch/cane and the surgical leg
- Step up with your non-surgical leg
- Follow with your surgical leg and crutch/cane, one step at a time



Going down the stairs with ONE rail and ONE crutch/cane

- Hold onto the rail, place the crutch/cane in the other hand
- Place crutch/cane down onto the step below
- Put weight through the rail, crutch/cane, and non-surgical leg
- Step down with your surgical leg onto the step
- Follow with your non-surgical leg onto the same step, again one step at a time

Getting Dressed

- Sit on raised chair or bed
- **Dress your surgical leg first** with the assistance of adaptive aids such as a long handled reacher, sock aid, and shoehorn. Using these devices will help ensure your hip precautions are maintained while you put on your socks, pants, shoes, etc.
 - Sit at the edge of your bed or chair with armrests
 - Place clothing (pants/shorts/underwear) on lap. Use your reacher to lower your clothes to the floor
 - While holding onto your clothing with the reacher slide your surgical leg in first making sure your foot comes through the clothing completely
 - Slide the non-surgical foot into your clothing
 - Pull your clothing up as far as possible while you remain seated
 - Stand up with the walker and pull clothing up the rest of the way
- **Using a Sock Aid:**
 - Slide sock onto aid
 - Lower sock aid to group with the string handle, DO NOT bend over to lower aid to the floor
 - Slide foot into sock aid and pull the sock up by pulling on the string handle
- **Undress your surgical leg last**
 - Stand up with your walker in front of you
 - Keep one hand on the walker. Using the other hand, lower your clothing.
 - Sit down safely on a bed or chair
 - Use reacher to lower the clothing onto the floor
 - Take the non-surgical leg out FIRST
 - Take the surgical leg out
 - Use your reacher to pick up the clothing off the floor
- If you have a caregiver to assist you with these tasks, you may not need to use these adaptive aids

Bathtub Transfer

Use a bath tub transfer bench with a hand held shower head or shower chair for the first 6 weeks after surgery.

DO NOT sit in the bottom of your tub.

- Sit down as you would in a chair sliding back as far as you can on the seat and lean back to protect your hip
- Lift your legs one at a time clearing your feet over the edge of the tub. Make sure you do not bend your hip past 90 Degrees.
- Move your body down the bench using your arms and lifting your bottom
- Use long handled aids (long handles sponge) to help clean your legs/feet and other hard to reach places



Getting in and out of Vehicles

- Have your driver park away from the sidewalk or curb. If you have a high truck or sport utility vehicle, you may need to park closer to the curb to ensure you do not have to climb up to the passenger seat
- Move the seat as far back as possible and recline the back of the seat
- You may need to place a pillow or cushion on the seat if the seat is low to the ground or bucketed
- If the vehicle has cloth seats, place a piece of plastic or garbage bag over the seat to help you slide more easily
- Back up to the seat until you feel the back of the seat on both of your legs
- Straighten your surgical leg
- Hold onto the back of the seat and vehicle to stabilize yourself
- Lower yourself onto the seat
- Slide back and gently lift your legs into the vehicle ensuring you DO NOT bend more than 90 Degrees as you face forward

To get out of the vehicle, use the same steps in the opposite order.

Wound Care

You will have an incision at the site of your surgery. The edges of your skin will be held together by staples.

- A dressing will be put on your hip at the time of surgery. This dressing will remain in place of 2 weeks (until your follow up appointment with the surgeon).
- At your 2 week appointment, your surgeon will usually remove your staples.
- It is important to keep your hip dressing clean and dry
- If your incision is draining and your hip dressing has become soiled consult with your surgeon.
- DO NOT soak your surgery hip in water; no bathing or swimming until after your follow up appointment with the surgeon.
- You CAN shower as long as the hip dressing remains dry and intact. (Consider shower seat bench and hand held shower head).
- You may shower as normal 48 hours after the staples have been removed, as long as your incision is closed and healing well.
- No direct sunlight, lotions or massage on your incision for 6 weeks

Complications

If you develop any of the following complications, call your surgeons office. If you are unable to contact your surgeon, please proceed to the emergency department or call 911.

Call 911 immediately if you have the following:

- Shortness of breath
- Chest pain
- Coughing up blood
- Surgical leg is suddenly painful, shortened and/or the hip cannot move

Seek medical advice immediately if you have the following:

- Pain, aching, heat or redness in you calf of either leg
- Severe swelling in either leg or around incision
- Temperature greater than 38 degrees Celsius
- Increased drainage from the incision site, change in drainage colour, odour, redness, or opening of the incision.
- Increased difficulty walking

Incision Infection

Signs/symptoms that your incision may be infected:

- Area around incision becomes red
- New green, yellow, brown or foul smelling discharge is noted from the surgical site
- You have increased pain or swelling around the incision site
- You have fever >38 Degrees Celsius

Call your surgeon immediately if you think you may have an incision infection.

Joint Infection

An infection in the body has the potential to reach your hip joint by travelling through your bloodstream. People who develop joint infections may require prolonged period of antibiotics and potentially another surgery.

To help prevent joint infection:

- Ensure incision is clean, dry and intact
- Do not touch or pick at the dressing or incision site
- Ensure the skin surrounding your incision is clean and dry as well

Myocardial Infarction (Heart Attack)

Some individuals may be at increased risk for Heart Attack.

Signs you may be having a heart attack include:

- Chest pain
- Heart palpitations
- Pain radiating down left arm
- Back pain
- Excessive sweating

Call 911 immediately if you think you are having a heart attack.

Blood Clots

Blood clots can develop in the deep veins in the legs or in the lungs after surgery.

You are at greater risk if you:

- Are overweight
- Smoke
- Have cancer
- Have poor mobility
- Have other complex medical conditions
- Become dehydrated
- Have history of reduced circulation

To reduce your risk of blood clots:

- Stay hydrated
- Take your blood thinner medication as prescribed
- Walk short distances every hour you are awake
- When sitting or lying in bed, pump your ankles
- Stop smoking and maintain a healthy weight

Bladder/Bowel Dysfunction

After surgery you may experience:

- Constipation
- Difficulty urinating

It is important to stay hydrated, eat a fibrous diet, monitor for sign/symptoms of a urinary infection (frequent, painful urination).

Talk with your doctor if you are experiencing any bladder or bowel dysfunction.

Pressure Sores

Pressure sores are skin wounds that develop when there is repeated pressure or friction from a body part staying in one place for too long. Common areas for pressure sores include elbows, heels, and tail bone.

To reduce the risk of pressure sores:

- Change your position frequently while in bed or chair
- Get up and move at regular intervals
- Tell someone if you have pain/burning in those commonly affected areas

Swelling

It is normal to have some swelling in your operated leg after surgery.

To help reduce swelling:

- Pump your ankles hourly when awake
- Raise your legs while maintaining your hip precautions by properly placing pillows under the entire length of your operated leg
- Change positions frequently. Avoid periods of standing, sitting or walking for greater than 30 minutes
- Ice your hip joint for no more than 20 minutes repeated throughout the day

Joint Loosening

Over years, the bond between the joint replacement and your bone can loosen. This can make it difficult to move your hip joint and be painful.

To reduce the risk joint loosening:

- Avoid high impact physical activity

If you notice increased pain in your joint talk with your doctor.

Joint Dislocation

This is a rare complication that required immediate medical attention.

The signs of joint dislocation are:

- Extremely painful hip
- Shortened leg
- Difficulty moving

Call 911 or go to the emergency room immediately if you are experiencing these symptoms.

Sexual Activity After Your Hip Replacement

- Sexual activity may resume when you feel ready and comfortable keeping in mind hip precautions must be maintained for 6 weeks during all activities.
- It is important to think about how you will maintain your hip precautions.
- Consider other ways to express intimacy including holding hands and kissing.

If you have any questions regarding resuming sexual activity after your hip surgery, talk with your surgeon.

Returning to Work

Returning to work is a patient specific timeline. Ensure you give yourself enough time to recover after surgery and time to focus on your physical therapy rehab.

Talk with your surgeon before planning to go back to work.

Long Term Care of Your Hip

Here are some guidelines on how to care for your hip going forward:

- Do not lift anything heavier than 50 lbs on a repeated basis
- Talk with your dentist or surgeon before having any dental work done. You may be required to take antibiotics.
- There is NO limit to low impact exercises including walking, biking or swimming.
- Some contact sports and running are not recommended after hip replacement.

Speak with your surgeon if you have any questions or concerns regarding long term care of your hip.

Exercise Program

These exercises are designed to improve your flexibility and strength in your hip. These exercises should be performed within your tolerance before your surgery to keep your strength and familiarize you with the post-operative routine. Do not hold your breath while doing exercises. Ensure bed is flat before starting your exercises.

For #3 -14 - Start with 10 repetitions and build to 20 as tolerated 3-4 times each day.

STAGE 1 BED EXERCISES ***(first 2 weeks after surgery)***

#1 Deep Breathing and coughing

Take 10 deep breaths followed by 2-3 coughs every hour when awake to keep your lungs clear.

#2 Ankle Pumping

Pump your ankles up and down 10 times each hour throughout day and night when awake.

#3 Static Quads

Lie on your back with surgical leg straight. Pull forefoot towards you and push back of your knee down into bed by tightening the front of your thigh.

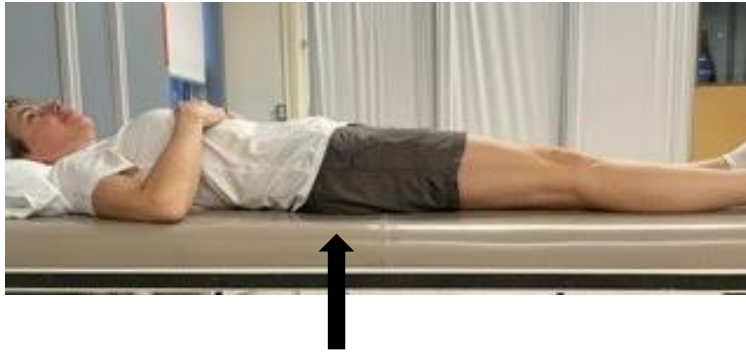
Hold x 5 seconds and relax. Repeat 10 times. 3-4 times per day.



#4 Static Gluts

Lie on your back with legs straight. Squeeze your buttock muscles together.

Hold x 5 seconds and relax. Repeat 10 times. 3-4 times per day.



#5 Hip and Knee Flexion/Extension

Lie on your back with legs straight. Bend your hip and knee by sliding your heel towards buttock. Slowly slide your heel down until leg is straight again. You may use your strap to help.

Repeat 10 times. 3-4 times per day.



#6 Quads over Roll

Lie on your back with a can or towel roll under knee. Pull your forefoot towards you and straighten knee by pushing down into roll.

☐ Add ___ lbs weight to ankle

Hold x 5 seconds and lower foot. Repeat 10 times. 3-4 times per day.



STAGE 2 EXERCISES: BEGIN AT DISCRETION OF YOUR THERAPIST (~2 Weeks after Surgery)

Stand at sturdy counter or rail and hold with hands.

DO NOT use a walker or chair as they could tip.

#7 Hip Flexion

Lift knee of surgical leg up. Do not lift knee higher than hip (90 degrees).

- ☐ Add ____ lbs weight to ankle

Repeat 10 times. 3 times per day.



#8 Hip Extension

Keep knee of surgical leg straight.

Push backwards one foot length and feel buttock tighten.

- ☐ Add ____ lbs weight to ankle

Repeat 10 times. 3 times per day.



AT 4 WEEKS POST OPERATIVE

#9 Hip Abduction in Lying

Lie on your back with legs straight. Keep toes and kneecap of surgical leg pointing towards ceiling. Slide surgical leg out to side approximately 18". You may use a plastic bag under your leg to decrease resistance if necessary.

Repeat 10 times. 3-4 times per day.



#10 Step Ups

At bottom of steps holding rails, place surgical leg on first step. Step up onto first step using surgical leg to do the 'work'. Step down with nonsurgical leg ('good') first.

Repeat 5 times and increase as tolerated. 3 times per day



AT 5 WEEKS POST OPERATIVE

#11 Hip Abduction in Standing

Keep toes of surgical leg pointed forwards.

Push surgical leg out to side.

Repeat 10 times. 3 times per day.

- ☐ Add ____ lbs weight to ankle
- ☐ Stand on surgical leg. Push nonsurgical leg out to side.

Repeat 10 times. 3 times per day



#12 Step Downs

Hold onto rails and stand on first step facing down.

Step down with nonsurgical leg ('good') using surgical leg to do the 'work'.

Step up backwards with surgical leg first.

Repeat 5 times and increase as tolerated. 3 times per day.



AT 6 WEEKS POST OPERATIVE

#13 Clamshells

Lie on nonsurgical side with knees bent and feet together. Keeping feet together, lift top/surgical leg up and bring down slowly.

Repeat 10 times. 3 times per day.

If this is comfortable, move on to #14



#14 Hip Abduction in Side Lying

Lie on nonsurgical side. Roll forwards so navel is facing the bed. Push straight surgical leg backwards and feel bottom tightening. With heel leading, lift up towards ceiling. Lower slowly.

- ☐ Add ____ lbs weight to ankle

Repeat 10 times. 3 times per day.



Adaptive Equipment

The following is a list of various equipment items that may be recommended by your physiotherapist/occupational therapist. Your therapist will check all that apply.

					
<input type="checkbox"/> Raised Toilet Seat	<input type="checkbox"/> Raised Toilet Seat With Arms	<input type="checkbox"/> Toilet Safety Frame	<input type="checkbox"/> Commode		
					
<input type="checkbox"/> Tub Transfer Bench	<input type="checkbox"/> Bench Shower Chair	<input type="checkbox"/> Shower Stool	<input type="checkbox"/> Clamp-on Grab Bar		
					
<input type="checkbox"/> Two Wheeled Walker With Skis	<input type="checkbox"/> Standard Walker	<input type="checkbox"/> Rollator Walker	<input type="checkbox"/> Crutches		
					
<input type="checkbox"/> Bedrail	<input type="checkbox"/> Cane	<input type="checkbox"/> Reacher	<input type="checkbox"/> Sock Aid	<input type="checkbox"/> Leg Lifter	<input type="checkbox"/> Long Handeled Sponge

Notes/Measurements: _____

Occupational Therapist: Kathy Gooding

Physiotherapist Name: _____ Phone Number: 519-842-3611 ext 5270

Local Vendors List for Home Health Products and Mobility Equipment

- You can explore any vendor of your choice.
- When you call, ask if there is a representative for your area that can deliver the equipment to your home and assist with set up/installation if necessary.
- Inquire about the “service call” policy and/or cost

<p>Tillsonburg Grand Medical 141 Broadway Street Tillsonburg, ON N4G 3P7 (519) 842-8949</p> <p>Ingersoll Pharmasave 19 King Street East Ingersoll, ON N5C 1G3 (519) 485-2300</p> <p>Woodstock Action Medical 225 Main Street Woodstock, ON N4S 1T1 (519) 533-0376</p> <p>St. Thomas Yurek Pharmacy Limited 519 Talbot Street South St. Thomas, ON N5P 1C3 (519) 631-3330 Toll Free 1-866-631-3330</p>	<p>Simcoe Hauser's Professional Mobility 157 West Street Simcoe, ON N3Y 1S7 (519) 428-0871 Toll Free 1-800-268-7698</p> <p>Silver Cross 479 Queensway West Simcoe, ON N3Y 4R2 (519) 426-0525 Toll Free 1-800-597-775 Fax (519) 426-5888</p> <p>Clarks Pharmasave 454 Norfolk Street South Simcoe, ON N3Y 2X3 (519) 426-3680</p> <p>Roulstons 65 Donly Drive North Simcoe, ON N3Y 0C2 (519) 426-8011</p>
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QUESTIONS for your Healthcare Team

*Please use the space below to jot any questions you may have for your healthcare team regarding your joint surgery.

Follow-up Appointment Times

Physiotherapy

Name: _____

Appointment Date/Time: _____

Surgeon

Name: _____

Appointment Date/Time: _____

Family Doctor

Name: _____

Appointment Date/Time: _____

Resources

Huron Perth Healthcare Alliance. (2021). Before, During and After Hip Replacement Surgery: Patient, Family and Caregiver Guide.

https://www.hpha.ca/uploads/Common/SGH%20Hip%20Replacement%20Booklet%20POTS_2021.pdf

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(Photograph of Hip Joint Replacement). (n.d.). The American Academy of Orthopaedic Surgeons:

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