Patient and Coach Information
Total Hip Replacement

Please bring this booklet with you for clinic visits and hospital stays
Total Hip Replacement

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The purpose of this booklet is to provide information for you and your coach before your hip surgery. This booklet gives you instructions on preparing for surgery and what to expect after your surgery.

You have chosen to have a hip replacement. Your health care team will do all they can to make your surgery a success. We hope that keeping you informed helps you understand what to expect and how you can take an active role in your care. How well you prepare for surgery and the efforts you make after surgery will be important factors in your recovery. Your success depends on you.

**Patient and coach information**

It is important that you choose a personal coach to be with you throughout your hip replacement journey. A coach is a person who will be supporting you prior to surgery, during your hospital stay, and at home with your recovery. This person can be a family member, friend or caregiver. Please review this booklet with your coach before your surgery so you have an understanding of the care you will be receiving.

**What does a coach do?**

- Attends an education session with you prior to your surgery
- Supports and works with you during your hospitalization
- Supports you with your rehabilitation once you have been discharged
- Translates – if English is not your first language

Remember…

Your coach is there to be a “guide on the side” – not to take over for you!
All About Your Hip

What is a hip joint?

The hip joint is a “ball and socket joint” – it can move in many directions. The ball is the top of the thigh bone and fits into the socket of the pelvis. In a healthy hip, a layer of cartilage covers the ball and socket, acting as protection between them. This allows smooth, pain free movement in all directions.

Why do I need a hip replacement?

Arthritis of the joint is the most common reason for a hip replacement. Arthritis damages the cartilage and roughens the bone surfaces. This damage creates pain on movement and decreases joint flexibility and strength.

Most people have very good results after surgery, including:

• Less pain
• Better movement and strength
• Improved ability to do everyday activities

What is a hip replacement?

When a joint is replaced, the unhealthy or damaged bone is removed and replaced with man-made parts called a prosthesis. A Total Hip Replacement consists of two parts:

1. A metal ball and stem fit into the thigh bone.
2. The metal socket and plastic cup liner fit into the socket in the pelvis.
The components may be held in place in one of three ways:

- Cemented – Both parts of the replacement may be held in place with bone cement.
- Uncemented – Both parts have a special rough coating that allows your bone to grow right into the replacement parts.
- Hybrid – The stem is held in place by bone cement and the cup is uncemented.

Your surgeon will talk to you about which type of hip replacement is best for you.

**How is Total Joint Replacement surgery done?**

The surgeon makes an incision on the outside of your hip.

**FIRST** Muscles attached to the thigh bone are partially detached and the thigh bone and socket are separated. The socket of the pelvis is prepared for the fitting of the plastic and metal cup.

**THEN** The ball of the thigh bone is removed and the metal ball and stem are fitted into place.

**LAST** The hip is put back in place and tested for movement and stability. The muscles are reattached. When the new pieces are secure and move well, the surgeon closes the incision. The surgeon often uses staples to close the incision.

**Alternative procedures**

**Birmingham Procedure** -- (Hip Resurfacing) In hip resurfacing, the femoral head is not removed, but is instead trimmed and capped with a smooth metal covering. This procedure has a very similar recovery time as Total Joint Replacement.

**Anterior Approach** -- In the Anterior approach, the surgeon accesses the hip joint from the front. Muscles are not detached, so mobilization is faster and there are fewer precautions. Hospital stay is generally 1-2 days. Not all surgeons offer this type of surgery.
Total Hip Replacement

Preparing for Hip Surgery

Get thinking and feeling your best

Emotional preparation is very important for your surgery. Sometimes it is difficult to deal with pain while waiting for surgery. You can experience problems sleeping and may become anxious or frustrated. It is important to deal with these feelings.

Here are some suggestions:

- Practise formal relaxation techniques like deep breathing, visualization/visual imagery and progressive muscle relaxation.
- Be active. Continue your usual daily activities. Use your walking aid to take stress off your sore joint.
- Discuss concerns with your coach or other support person.
- Be informed and prepared prior to your surgery. This will help decrease anxiety and make you more hopeful.

Improve your physical health:

- Manage your weight. Eat a well-balanced diet, as recommended by the *Eating Well with Canada’s Food Guide*.
- Ensure that health issues (including dental, vision, cardiac, diabetes, prostate and urinary tract problems) are dealt with by your family doctor before your surgery.
- Quit smoking. It delays healing and slows your recovery from surgery.
- Stay active! Exercise and do your regular activities. Research shows that exercise can help decrease pain, increase strength and flexibility, and keep your heart healthy before surgery.
- Exercising for longer periods of time can benefit your heart, lungs, circulation and muscles. Exercises include walking (on land or in water), swimming or stationary cycling.
Multi-Disciplinary Clinic (MD Clinic)

You may be referred to a multi-disciplinary clinic, where you will be assessed by various team members, who may include a nurse, physiotherapist, occupational therapist, physician, etc.

Pre-Admission Clinic (PAC)

- The Pre-Admission Clinic (PAC) is an outpatient clinic that is the final step in preparing you for surgery.
- You will be contacted with an appointment date and time for this clinic. This appointment will happen approximately two to six weeks before surgery.
- You need to bring a coach/family member to this appointment.
- Basic tests may be done such as an ECG, X-rays, and blood test.
- If your surgeon requests an anesthetic or medical consultation, it will be done at this time.
- If you have any last minute questions, this is an excellent time to ask.
- You will be given a time to come to the hospital for your surgery.
Pre-surgery exercises

These exercises may be reviewed with you at an educational session. If you have any questions or problems with these exercises, please ask your doctor or therapist for help.

Start with 3 repetitions of each exercise with each leg. Gradually do more until you can complete 10 repetitions of each. Hold each position for 5 seconds. Repeat exercises twice a day.

Note: “Involved heel/leg” means the leg that will be undergoing surgery.

1. Knee leg press
   - Place a sheet around middle of foot.
   - Actively bend knee. Use the sheet to give added bend.
   - Straighten leg against resistance of the sheet.
   - Repeat 10 times on each leg, twice a day.

2. Quads over a roll (knee straightening)
   - Place towel roll under knee.
   - Lift heel off bed until knee is straight.
   - Hold 5 seconds. Repeat 10 times on each leg twice a day.

3. Standing hamstring
   - Hold onto a counter top or sturdy chair for balance.
   - Bend knee so your foot moves towards buttock on same side.
   - Be sure to stand up straight. Do not lean forward.
   - Repeat 10 times on each leg twice a day.
4. **Standing hip abduction**
   - Hold onto a counter top or sturdy chair for balance.
   - Keeping knee straight, move leg out to the side as far as possible.
   - Be sure to stand straight. Do not lean.
   - Hold 5 seconds. Repeat 10 times on each leg, twice a day.

5. **Toe raises**
   - Hold onto a counter top or sturdy chair for balance.
   - Rise up on toes by lifting heels as high as possible.
   - Be sure to stand straight. Do not lean.
   - Hold 5 seconds. Repeat 10 times, twice a day.

6. **Sideways leg slide**
   - Lie on your back and slide your legs apart as far as you can.
   - Keep kneecaps and toes pointing to the ceiling. Hold for 5 seconds.
   - Return your legs to the middle. Repeat up to 10 times, twice a day.

7. **Chair push-ups**
   - Sit with hands on arms of chair.
   - Push down on hands to lift buttocks off chair.
   - Hold 5 seconds. Repeat 10 times, twice a day.
Medications and Equipment

About your medications

Some medications must be stopped several days before surgery.
Your doctor will tell you which medications to stop and when to stop taking them.
Common medications stopped before surgery are:

- warfarin (Coumadin®, Taro-Warfarin®)
- acetylsalicylic acid (ASA®, Aspirin®, Entrophen®)
- clopidogrel (Plavix®)
- ibuprofen (Motrin®, Advil®)
- herbal medications

Some medications can cause bleeding during surgery.

Equipment

You will need some of the following equipment.

Some of the equipment is provided on a free loan basis by the Saskatchewan Abilities Council and some will need to be purchased. A physical therapist or occupational therapist will help determine what you need and where to get it.

Plan to have the equipment for about 3 months following surgery to help protect your hip during activities of daily living:

- Walker/crutches/cane
- Tub transfer bench/shower seat
- Raised toilet seat with arm rests/commode
- Wall grab bars
- Non-slip surfaces in tub/shower, bath mat outside of the tub
- Long-handled reacher, sock aid, long-handled shoe horn
- Long-handled sponge/brush
- Elastic shoelaces or slip-on shoes
- Sturdy, firm armchair, above knee height
- Any other items identified for you by a health care provider

It is very important to have any required equipment before you go to the hospital for surgery. Having the equipment in place ahead of time will give you the opportunity to practice with it before surgery so that you can manage better at home after you leave the hospital.
What to Bring to the Hospital

**Items you will need:**
- easy slip-on walking shoes or slippers
- loose fitting clothing/walking shorts
- toothbrush and toothpaste
- dentures, eyeglasses, hearing aids
- hairbrush
- electric razor
- standard walker without wheels

**Clothing and belongings**
- Remove all jewelry, dentures, glasses, contact lenses, artificial body parts, clothing, nail polish, and make-up before your surgery.
- Send all valuables home with your family/coach.
- All belongings will be taken to the surgical unit that you will be going to after surgery.

**Length of stay**
- You will be discharged once you have met your care goals (see the In-Hospital Care Plan at the back of this booklet). You can expect to be discharged 2-3 days after surgery depending on the type of procedure you are having.
- If you live alone, plan to have your coach or someone else available to assist and support you for 1 or 2 weeks after surgery.
- If you anticipate needing more assistance on discharge, there are community resources available. A member of your health care team will talk about this prior to discharge from hospital.

**DO NOT bring valuables, large sums of money or medications with you to the hospital. Your health care facility is not responsible for lost items.**
Pre-Surgery Patient Checklist

Have the following ready before your surgery:

- a coach
- equipment that I will need when I go home (and I’ve practiced using it)
- railings installed on all sets of stairs
- a ride to the hospital
- arranged a ride home for when I’m discharged
- practised the exercises in the booklet
- loose, comfortable clothing and walking shoes to wear in the hospital
- some meals prepared for when I get home
- pillows (for elevation)
- ice (ice packs for reducing swelling)
- someone (my coach/family member) available to assist and support me when I get home
- talked to my doctor about medication issues

Between Your Clinic Visit and Day of Surgery

- If you suffer from constipation, take your usual laxative two days before surgery.
- Be sure you have a bowel movement before coming to the hospital.

IMPORTANT: If you develop a fever, infection, cold, flu, or gastric symptoms (such as diarrhea) before your surgery, please call your surgeon’s office as it may mean your surgery has to be rebooked.
The DAY BEFORE Surgery

Skin Preparation:
- The night before or the morning of surgery – shower or bath using an unscented or non-perfumed soap.
- Remember to shampoo your hair.
- Remove nail polish.

Nutrition:
- Continue to follow your regular diet and avoid eating a heavy meal the day before surgery.
- It is important to have an empty stomach before surgery. Anesthesia can weaken the systems that keep food and drink safely in your stomach. Serious problems can arise if food or drink find their way out of the digestive system and into your lungs.
  
  **After midnight:**
  - do not drink fluids
  - do not eat any food
  - do not smoke
  - do not chew gum

- Any medication that your doctor has instructed you to take should only be taken with a sip of water.

The DAY OF Surgery

- Have someone drive you to the hospital.
- You will be directed to the pre-surgical area where the necessary preparation is done for your surgery.
- You and the doctor responsible for anesthesia will decide together what type of anesthetic is best for you.
- An intravenous (IV) will be started in one of your arms.
- You may be given sedation and other medication before your surgery.
- You will be taken to the operating room.
- You will be given an anesthetic.
Anesthesia and Pain Control

Anesthetist
An anesthetist is a doctor with specialized knowledge of illnesses, drugs and treatment of serious medical problems. This doctor gives you the medication that will relax you and allow you to sleep for your surgery, if required. A member of the anesthetic team will stay with you and monitor you closely throughout your surgery. The anesthetist is also responsible for helping you manage your pain after the surgery.

The anesthetist will discuss with you the type of anesthesia you will be having with your surgery.

Types of Anesthesia

1. General Anesthetic
The anesthetic will allow you to be asleep during the surgery. A breathing tube is placed in your mouth and throat to assist with your breathing. The tube is removed once the surgery is done. After surgery, you will be taken to the post anesthetic care unit where you will wake up.

*Possible Side Effects:* nausea, drowsiness, mild sore throat

2. Regional Anesthetic

**Spinal or Epidural:** Medication is injected in the spinal fluid below your spinal cord, freezing the nerves of your hips and legs. A small area on your lower back will be frozen. A very small needle is used to inject medication below your spinal cord (the needle is removed).

*Possible Side Effects:* headache, backache

**Nerve Blocks:** Medication is injected around the specific nerves needed to numb the surgical area and block the pain during and after the surgery. The duration of effect may last up to 24 hours.

With both methods, you have the option of staying awake during surgery or having medication to put you asleep. If you choose to stay awake, you will not see the surgery taking place, nor feel any pain.
Types of Pain Control

Several types of pain control are available. Your anesthetist will discuss which types are best for you. They may include:

**Oral Pain Medication**
- Usually pain is well controlled with oral pain medication.
- When you are able to sip fluids, you will be given your medication by mouth.

**Intravenous or Injected Pain Medication**
- This pain medication is given through an intravenous line or injected into a muscle if you are unable to take medication by mouth.

**Patient Controlled Analgesia (PCA)**
- You control the amount of pain medication you receive.
- By pushing a button, a pump delivers a small amount of medication into your intravenous line.

**Epidurals**
- This medication is usually inserted before your surgery by your anesthetist.
- After your surgery, the epidural will be connected to a pump to give a steady dose of pain medication.

**Patient Controlled Epidural Analgesia (PCEA)**
- This is the same as an epidural, but you can push a button to give yourself an extra dose of pain medication when needed.
- It is programmed to allow only a safe amount of medication for your body.

**Nerve Blocks**
- This is an injection of local anaesthetic near the nerve(s) that go to the surgical site. It will “freeze” the area so it is numb and pain free.
- It provides up to 24 hours of post-surgery pain control and can be used along with a spinal or general anesthetic.
Your Part after Hip Surgery

Immediately after surgery you will be taken to the Recovery Room:
• Your nurse will check your circulation and the sensation in your leg. They will also be monitoring your breathing, pulse, blood pressure and pain level.
• You will have a large dressing on your hip.
• There may be a drainage tube with a small container to help remove blood and fluid from your hip. This tube is removed about 2 days after surgery.

You will then be taken to your hospital room:
• The nurse will continue to monitor your blood pressure and breathing.
• The nurse will ask you to do deep breathing exercises and foot and ankle exercises. See the following page for these exercises.
• If you are having difficulty urinating, a nurse will insert a tube into the bladder to drain the urine.
• You can expect to see some bruising and swelling develop in your leg.
• The side rails will be raised on your bed for safety.
• Your coach and family members are welcome to visit.

Pain control
• After your surgery, you will be given pain medication. Good pain control allows you to move and become more active.
• You will be asked to describe your level of pain on a scale of 0-10. Zero represents no pain and 10 represents the worst possible pain.
  » 1 to 3 = mild pain
  » 4 to 6 = moderate pain
  » 7 to 10 = severe pain

<table>
<thead>
<tr>
<th>Numeric Pain Assessment Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>No Pain</td>
</tr>
</tbody>
</table>

Pain medication works best if taken:
» regularly every 4-6 hours
» before activity
» before severe pain develops
Breathing exercises

- Sit or lie down.
- Inhale deeply through your nose.
- Without exhaling, take 3 small “sniffs” to fill your lungs.
- Hold 2 to 5 seconds, then exhale.
- Do this 10 times every hour that you are awake while in hospital.

Circulation exercises

- Begin by lying on your back.
- Pump your feet up and down.
- With your legs straight out in front of you, squeeze the muscles on the front of your thighs and buttock muscles.
- Hold for 3 seconds. Relax.
- Do ankle circles in each direction.

REMEMBER: Your recovery will go more smoothly if you do breathing and circulation exercises and get out of bed and walk with assistance as early as possible.
Swelling

It is normal for your legs to swell a little after surgery, but it is important to try to reduce the swelling. Elevate your leg at least twice a day for 20 to 30 minutes each time.

- Lie on your back. Raise your leg using pillows so that your foot is well above the level of your heart.
- Make sure you have support all the way from your hip to your heel with no gaps. Your leg should be fully supported and your knee straight.
- Your leg should be relaxed. You should not be working to hold it on the pillows.

Note: In hospital, ice will be applied by nursing/therapies to help with pain and swelling.

Rest and sleep

- Limit your visitors.
- Try to get enough rest as it is important for recovery.
- When lying on your back, do not use pillows under your knees. This will keep them bent and it is important that you are able to get your knee to straighten completely.
- When lying on your side, place 1 or 2 pillows between both your knees and ankles to help the leg relax and to support your knee.

Incision care

- Your dressing should be checked and changed as needed.
- It is normal for your incision to feel tender, tight, itchy and numb.
- The incision can be sore for several weeks.

Nutrition

- You will start on a liquid diet.
- You can eat solids when your appetite improves.
- A poor appetite is common after surgery.
Precautions to Avoid Dislocation of Your Hip

Your surgeon had to dislocate your hip to put in your replacement hip. This caused the tissue around your hip joint to stretch. For a period of time after surgery, you are at risk of dislocating your hip again. Your surgeon will suggest a specific length of time for you to be careful, but it usually from 6 weeks to 3 months for tissues to heal and tighten again. Until then, avoid certain movements and activities.

DO NOT BEND your hip past 90°
• Avoid sitting on soft or low furniture or low beds.
• Do not bring your knee towards your chest.
• Do not squat.
• Do not reach forward while sitting.
• Use a long-handled reacher to put pants on and off.
• Do not reach for items on the floor; use a long-handled reacher.
• Use a sock aid to put on socks and shoes.
• Use elastic shoelaces or slip-on shoes.

DO NOT CROSS your legs
• While sitting or lying down, do not cross your legs at the knees or the ankles.
• In bed, use pillows between your legs when lying on your side. Do not let the operated leg fall over the other leg.

DO NOT TWIST on your operated leg
• When turning, step around instead.
• Avoid pivoting on the operated leg.
• Keep your nose and toes facing in the same direction.
• When sitting or standing avoid twisting to reach for items.

DO NOT JAR your hip
• Avoid slippery surfaces and wear shoes with a non-slip sole.
Getting Moving

Activity will prevent you from getting stiff and sore. You will be shown how to change position and helped to sit on the edge of the bed (dangle) on the day of surgery. You will be helped to stand on the first day after surgery. You will sit up, then stand and walk with a walker and staff assistance.

You will see a physical or occupational therapist soon after surgery. Your physical therapist will show you how to use your walking aid. Once you can walk alone, take short frequent walks during the day, using the walker or crutches. You will need a walking aid for 6 to 8 weeks. Use a walking aid until your doctor or physical therapist tells you otherwise.

You will also start an exercise program to regain strength and movement in your hip. Some of the exercises may be painful, but it is important to start them as soon as possible. **You will not damage your replacement or incision by following your therapist’s directions.** You will practice some everyday activities, including getting in and out of bed, dressing, and climbing stairs.

Getting in and out of bed

- To get out of bed, sit straight up with your legs out in front of you.
- Swing your legs over the side of the bed, using your operated leg as much as you can.
- You can get in or out of bed leading with either your operated or strong leg. If you are having difficulty, ask your therapist for suggestions.

Do the reverse for getting out of bed.
- For the first few weeks, place your operated leg slightly forward when you stand up.
- Do not pull up from your walker - push from seated surface when standing up.
Sitting in a chair

Sit with your knee bent and your foot flat on the floor for short periods of time.

- Back up until you can feel the chair with the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently into the chair.
- To stand up, reverse the procedure.

Using the toilet

You will use a raised toilet seat and armrests or a commode. Be sure that when you are seated, the toilet paper is within easy reach.

- Back up until you can feel the toilet with the back of your legs.
- Slide your operated leg forward.
- Grasp the armrests and bend your knees.
- Lower yourself gently onto the toilet.
- To stand up, reverse the procedure.
Climbing stairs

You will learn to climb stairs before you leave the hospital.

Going up:
- Hold the handrail with one hand and a cane/crutch with the other.
- Step up with your strong leg. Then bring your operated leg and cane/crutch up to it.

Going down:
- Hold the handrail with one hand and use a cane or crutch in the other.
- Step down with your operated leg and cane/crutch. Then step down with your strong leg.
After-Surgery Exercises

Your in-hospital therapist will be going over these exercises with you. If you have questions or problems with the exercises, please talk to your doctor or health care provider.

The first step for all exercises should be to stabilize your body by pulling your stomach muscles back toward your spine.

Do these exercises **3 times a day** following surgery. You may wish to ice your leg before and after exercises.

1. **Hip and knee bending**  
   - Lie on your back. On your operated side, slide your heel towards your buttocks.  
   - Keep your kneecap pointing to the ceiling.  
   - Hold for five seconds, and slowly relax.  
   - Do one set of 10 repetitions with each leg, 3 times a day.

2. **Knee straightening**  
   - Lie on your back with a roll under your knee. A large coffee can or rolled up bath towel works well.  
   - Raise your heel off the bed until your knee is straight. Keep the back of the knee on the roll.  
   - Hold for five seconds, then slowly lower your foot.  
   - Do one set of 10 repetitions with each leg, 3 times a day.

Exercises continued on following page.
3. **Sideways leg slide**
   - start now  
   - start in 6 weeks

   - Lie on your back.
   - Slide your legs apart as far as you can.
   - Keep kneecap and toes pointing to the ceiling.
   - Hold for five seconds, then return your legs to the middle.
   - Do one set of 10 repetitions, 3 times a day.

4. **Knee straightening while sitting**

   - Sitting well back on the bed or the chair, pull your toes up and straighten your knee.
   - Hold for a count of five, then slowly lower.
   - Bend back as far as you can.
   - Alternate with the other leg.
   - Do one set of 10 repetitions with each leg, 3 times a day.
Reduce swelling

- Lie on your back.
- Raise your leg on pillows so your foot is well above the level of your heart.
- Make sure you have support all the way from your hip to your heel with no gaps.
- Your leg should be fully supported and your knee straight.
- Your leg should be relaxed. You should not be working to hold it on the pillows.
- Relax for 20 – 30 minutes.
- Apply ice for up to 15 – 20 minutes at a time, as often as once an hour.
- If your incision isn’t fully healed, protect it with a cold pack (gel pack, crushed ice or frozen vegetables) wrapped in plastic and a tea towel.
- If your incision is fully healed, you can try using damp cold as it will penetrate more deeply and is easier to tolerate. Wrap your cold pack in a damp tea towel and place it directly over the area that is painful.
Discharge Home

You will be ready to go home approximately 2-3 days after your surgery. Recovery varies from person to person.

Before you go home, you must be able to safely:
• Move on and off the toilet and a chair
• Get in and out of bed
• Dress with aids or with minimal help
• Get in and out of the tub with a tub transfer bench (if applicable)
• Complete a simulated car/vehicle transfer
• Walk the distance you need to get around your home
• Use stairs if necessary

You must know how to:
• Do your exercises - therapists will review these with you. This will be your home exercise program.
• Follow the movement precautions on page 17 of this booklet.

Note: If you anticipate needing more assistance on discharge, community resources are available. A member of your health care team will talk about this prior to discharge from hospital.

Day of discharge
• It is important that your coach is present.
• Your nurse and therapist will review your discharge instructions with you and your coach.
• Discharge from the hospital is generally in the morning. Have a ride available.

If you are travelling a long distance:
• Plan to make frequent stops.
• Bring extra pillows and ice packs.
• Remember to take your pain medications before you leave the hospital.
Hospital Discharge Checklist

Make sure you check all items before you go home.

- I have confirmed my ride home.
- I have had a bowel movement.
- I know how to take care of my incision.
- I know what my medications are supposed to do and when to take them.
- I have an exercise program to follow.
- I know how to follow my hip precautions.
- I know the signs that mean I need immediate medical attention.
- I have information about my follow-up appointments with my family doctor, physical therapist and surgeon.
- I have signed and kept a copy of my discharge instructions.
- I have arranged for all the equipment I need.

When to call your family doctor

If you experience any of the following symptoms at home, call your family doctor:

- Pain in your chest, difficulty breathing or shortness of breath
- An increase in pain, swelling or tenderness in your leg that is not relieved by elevation and icing
- Your incision becomes red, hard, hot and swollen, or begins to drain
- Redness or pain in your lower legs, even when resting
- Chills and a fever (above 38.5° C)
- A painful ‘click’ or decreased movement in your hip or sudden difficulty walking
- Blood in your stool, urine or sputum, and increased bruising
- Other infections such as a chest cold or bladder infection

After clinic hours, contact your family doctor or go to the nearest emergency department.
Activities at Home

Getting dressed

Putting on underwear, pants, socks and shoes will be difficult because you must not cross your legs or bend down to your feet.

- Sit on the side of the bed or a chair, with feet flat on the floor.
- Dress the operated leg first and undress it last.
- You may need the following if there is no one to help you dress:
  » sock aid
  » long-handled shoe horn
  » long-handled reacher

Sleeping

- When lying on your back, do not use pillows under your knees. This will keep them bent and it’s important for you to straighten your knee and hip completely.
- When lying on your uninvolved side, place one or two pillows between both your knees and ankles to help your leg relax and support your hip.
- Use a firm mattress. If your bed is low, have it raised on blocks.
Bathing

- Your hip needs time to heal and the structures around the hip need time to tighten. To avoid dislocation, DO NOT attempt to sit in the bottom of the tub for at least 3 months. A walk-in shower is easiest to use. Have a shower/tub seat to sit on and a non-slip mat on the bottom of your shower or tub.
- If you use the tub to shower, you may need a tub transfer bench that has two legs inside the tub and two legs outside.
- You will sit on this bench from outside of the tub and swing your legs in.
- Try to arrange to have your coach assist you when showering or using your tub bench.
- You may need a grab bar to steady yourself while you get in and out.
- Use a long-handled sponge to wash your feet.
- DO NOT pull or lean heavily on towel rods, soap dish holders, shower curtain rods, or anything else that could be pulled off the wall.
- DO NOT bend your hip to reach your feet or the faucets.
- DO NOT raise the foot on your operated leg.
Getting in and out of the car

- Make sure the seat is above knee height so your hip doesn’t have to bend past 90 degrees.
- You may need a firm cushion on the car seat.
- Put a large plastic bag on the seat so the surface is easy to slide on.
- Move the seat back as far as possible and recline it slightly.
- Readjust the seat once you’re in the vehicle.
- Back up to the car seat. Hold onto the door frame, not the door or your walker.
- Slide your operated leg forward and sit down.
- Lean back into the partially reclined seat and swing your legs into the car.
- To get out, reverse the process.
Driving

- Check with your surgeon before starting to drive again. You usually will not be able to drive for at least 6 weeks after surgery.
- Before driving, you need to be able to bend your hip enough to sit comfortably, and have good muscle control to ensure adequate reaction time.

Housework

**DO NOT** do heavy housework such as vacuuming or shovelling snow for at least 3 months.
- For lighter tasks, avoid bending, squatting, over-reaching and twisting.
- If possible, have a family member or friend help you. If doing the housework alone you may need to modify the way you do it.

Travelling after surgery

Your new hip may set off metal detectors such as those at airports. Tell the security officer that you have a hip replacement. A hand-held wand can be passed over the area to confirm. If you are concerned about traveling, talk to your physician.

Sexual activity

You may return to sexual activity when it is comfortable to do so, as long as you follow the standard hip precautions for at least 3 months. If you have questions, talk to your therapist. For additional information, see your therapist for a separate handout.
Tips for around the home

- Reorganize cupboards so that items you use often are within easy reach and you’re not forced to squat or over-reach.
- Rest your hip by sitting on a high stool while cooking or ironing.
- Sit on a chair to unload laundry and wash smaller loads. Put all items into a laundry bag so you only have to carry one item.
- Leave bedding untucked.
- Use a long-handled broom or mop.
- Sit on your tub seat to clean the tub and use a long-handled sponge to avoid over-reaching.

Tips to avoid falls

- Avoid going outside in bad weather if possible.
- When walking outdoors, avoid poorly maintained sidewalks, unlit streets, and icy surfaces. Try to walk with a walking partner.
- In winter, wear boots with a good gripping sole.
- When you no longer need a walker, use a cane with an ice pick tip when walking on snow or ice.
- Remove floor mats around the house. Pathways should be cleared of cords, wires, and clutter.
- Make sure your home is well lit. Use a night light or motion light if you get up during the night.
- Have a handrail on all stairways.
- Always use sturdy shoes with non-slip soles that give your feet and ankles firm support.
- Never rush to answer the telephone. An answering machine or a cordless phone can be helpful.
- Do not carry too many packages - use home delivery or a push cart.
- Have a non-slip mat in tub or shower.
Post-surgery activity guidelines

About 3 months after surgery, you may resume the following activities if your surgeon approves:

- Swimming
- Golf
- Cycling on a regular bike (raise seat so your knee is not excessively bent)
- Gentle dancing
- Aquatic exercise
- Low impact aerobics
- Light hiking
- Gardening in raised beds or with long-handled tools (to limit excessive bending)

Long-Term Concerns

Preventing infection

You are at greater risk of getting an infection in your knee now that it has been replaced. If you develop an infection of any sort (bladder infection, abscessed teeth, lung infection), call your family doctor immediately. You may need antibiotics to prevent the infection from spreading to your knee replacement. If you are having major dental work or other surgery, tell the dentist or surgeon about your knee replacement. They will let you know if you need to take special precautions.

Loosening of hip joint

Over time, the components of your hip replacement may loosen. This often takes many years and may be caused by too much stress being placed on the replaced joint. Talk to your surgeon if you have any questions or concerns about loosening.
<table>
<thead>
<tr>
<th>DISCHARGE GOALS</th>
<th>STOP: Surgery just completed</th>
<th>CAUTION: Progressing toward independence</th>
<th>GO: Ready for discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your pain managed?</td>
<td>- Receiving IV and oral pain medications regularly</td>
<td>- Pain is getting better</td>
<td>- Pain is getting better</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Transition to oral pain medication</td>
<td>- Oral pain medication only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Symptoms managed</td>
<td>- Have prescriptions to take home</td>
</tr>
<tr>
<td>Can you eat a regular diet?</td>
<td>- Intravenous and fluids</td>
<td>- Progressing to a regular diet</td>
<td>- Tolerating a regular diet</td>
</tr>
<tr>
<td></td>
<td>- Some nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your incision healing well?</td>
<td>- Bandage changed and reinforced as needed</td>
<td>- Evidence of normal wound healing</td>
<td>- Surgical incision is clean and dry</td>
</tr>
<tr>
<td></td>
<td>- May have a drain in place</td>
<td>- Bandage changed as needed</td>
<td></td>
</tr>
<tr>
<td>Can you manage activities of daily living?</td>
<td>- Need assistance to mobilize</td>
<td>- Some assistance required</td>
<td>- Up and about on your own</td>
</tr>
<tr>
<td></td>
<td>- Deep breathing and coughing</td>
<td>- Up in chair at all meals</td>
<td>- Able to walk with mobility aid</td>
</tr>
<tr>
<td></td>
<td>- Foot and ankle exercises</td>
<td>- Walking with a walking aid</td>
<td>- Able to perform self-care (toilet, dress, wash)</td>
</tr>
<tr>
<td></td>
<td>- Assessment with Physical Therapist and Occupational Therapist</td>
<td>- Practice stairs as needed</td>
<td>- Able to climb stairs as needed</td>
</tr>
<tr>
<td>Have you had discharge education?</td>
<td>- Pre-surgery education and preparation complete</td>
<td>- Post-operative discharge teaching has started</td>
<td>- All necessary equipment &amp; support ready at home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Asking questions</td>
<td></td>
</tr>
<tr>
<td>Hav you arranged for follow up?</td>
<td>- No appointments made</td>
<td>- Follow up plan ordered</td>
<td>Appointment made (or instructions given) for:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Staple/suture removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- follow up with surgeon</td>
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<td></td>
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<td>- physiotherapy visit</td>
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Patient and Coach Information

Notes

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Total Hip Replacement

Are you prepared for surgery?
Complete your Pre-Surgery Checklist on page 10.
Surgical Wait List Phone Lines

<table>
<thead>
<tr>
<th>City</th>
<th>Phone</th>
<th>Toll free</th>
<th>TTY Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina</td>
<td>306-766-0460</td>
<td>1-866-622-0222</td>
<td>1-866-312-7674</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>306-655-0567</td>
<td>1-866-543-6767</td>
<td></td>
</tr>
<tr>
<td>Moose Jaw</td>
<td>306-691-2621</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prince Albert</td>
<td>306-765-6370</td>
<td></td>
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</tbody>
</table>

More Surgery Information

www.sasksurgery.ca

LiveWell with Chronic Conditions

1-877-LIVE-898
1-877-548-3898
www.saskatoonhealthregion.ca/locations_services/Services/cdm

The Arthritis Society

1-800-321-1433
www.arthritis.ca

Programs:
Twinges n’ Hinges (Aquatic Program)
Arthritis Exercise Land Program
Arthritis Self- Management Programs

Canadian Joint Replacement Registry

1-416-481-2002

Healthline

Call 811 or visit www.healthlineonline.ca

Smoker’s Helpline

1-877-513-5333

Canada’s Food Guide

www.healthcanada.gc.ca/foodguide

Saskatchewan Abilities Council

SAC is contracted by the Ministry of Health to provide some of the equipment you may need. Some items are lent out free for as long as required. You must return equipment to one of the agencies listed below when it is no longer needed. You may need to purchase some additional equipment. Your physical or occupational therapist will complete the necessary forms for loan equipment and advise you if you need to purchase other equipment.

Saskatoon
2310 Louise Ave. 306-664-6646

Regina
825 McDonald St. 306-569-1262

Swift Current
1505 Chaplin St. W. 306-773-2071

Yorkton
144 Ball Road 306-786-9255

Prince Albert
1205-1st Avenue East 306-922-0225

www.abilityscouncil.sk.ca

saskatchewan.ca