



Name:

YOUR GUIDE TO

TOTAL HIP REPLACEMENT SURGERY

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NORTH EAST JOINT ASSESSMENT CENTRE	CENTRE D'ÉVALUATION DES ARTICULATIONS DU NORD-EST

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Introduction

This booklet is a guide for patients and their families who are preparing for hip replacement surgery at Health Sciences North. Joint replacement surgery is a safe and effective procedure that will help lessen your pain and improve the function of your hip.

In this package, you will learn what hip replacement surgery is and what to do before and after surgery. We have also provided some exercises and activities that will help you get stronger before and after surgery so you can progress to full recovery as soon as possible.

Please read this Guidebook before your surgery and have it with you at all appointments. The information could also be helpful to friends and family who will help you during your rehabilitation. Our commitment is to you and your family. If any questions come up as you read this booklet, please list them below and discuss them with your health care team.

Questions to ask

[illegible]

LEARNING ABOUT HIP REPLACEMENT

A total hip replacement (THR) is an operation that replaces the damaged hip joint with an artificial one called a prosthesis.

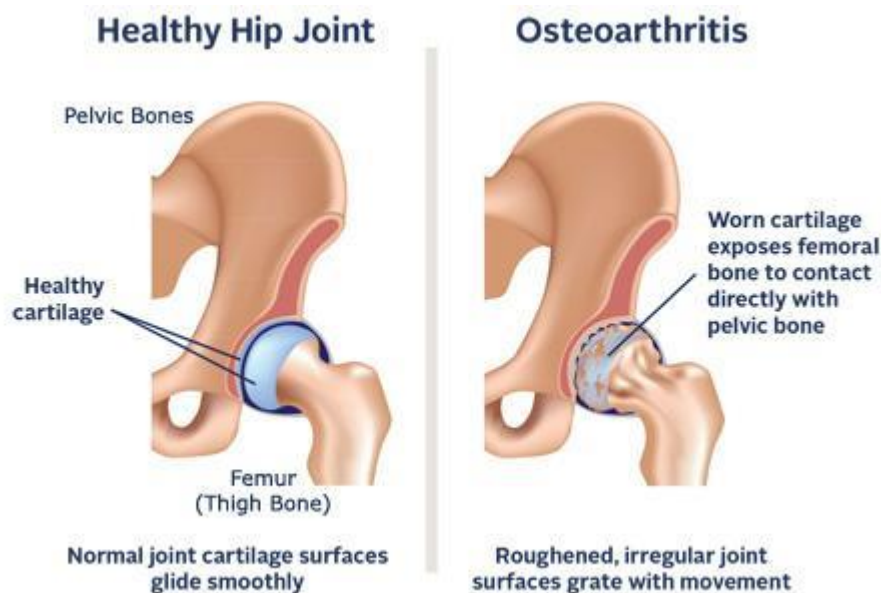
The hip joint is a “ball and socket” joint. It allows your leg to move in six different directions. The end of the thigh bone (femur) is shaped like a ball, and it fits into the socket (acetabulum) of the pelvis. The bones are covered in cartilage (like a Teflon coating) that acts as a shock-absorbing layer and allows the hip to move smoothly. Ligaments and muscles hold the joint together.

What helps a healthy hip work smoothly and without pain?

- Smooth coating (cartilage) over the bones
- Slippery fluid inside the joint called synovial fluid
- Muscles, ligaments and tendons which support and move the hip

What makes a damaged hip painful and hard to move?

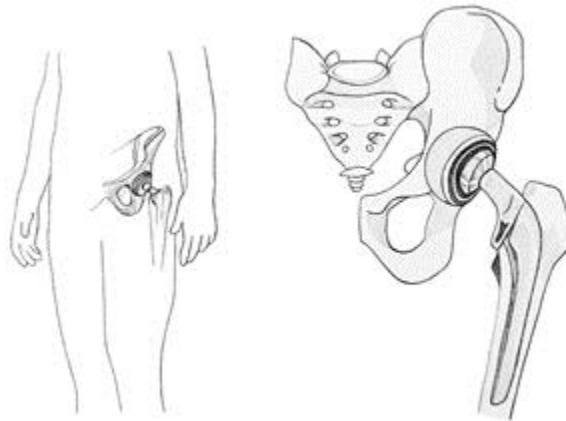
- cartilage wears down and bones rub together like sandpaper
- slippery synovial fluid begins to dry up
- muscles weaken and a limp may develop



What is total hip replacement surgery?

Hip replacement surgery replaces your arthritic joint with an artificial ball and socket. Once in place, the artificial ball and socket work almost the same as your natural hip joint. Your surgeon may access the hip joint either from the side (Lateral approach), the front (Direct-Anterior-Approach) or the back (Posterior Approach).

- Lateral (side) approach uses an incision at the side of the hip. A cut is made over the side of the hip releasing the abductor muscles. These are re-attached after the ball and socket have been replaced.
- Direct Anterior (front) approach uses an incision at the front of the hip from the pelvis down to the upper thigh. Muscles are spared with this technique.
- Posterior (back) approach uses an incision at the back of the hip close to the buttocks.



PREPARING FOR SURGERY AND DISCHARGE

Patient Checklist

The following checklist will help you keep track of the important steps leading up to your surgery date and through your rehabilitation.

1 Once you know your surgery date

- ☐ I have read this Guidebook. I understand the information and have shared it with my family and friends. I have signed up to attend the Pre-Surgery Education Class by calling 705-675-4772.
- ☐ I have a plan which includes around-the-clock assistance in my home or a family or friend's home to help with groceries, meals, laundry, pet care and housekeeping for at least 2 weeks after I get home.
- ☐ I have booked my outpatient physiotherapy appointment for 2-3 weeks after surgery.

2 1-2 weeks before surgery

- ☐ I have made plans for someone to pick me up and drive me home from the hospital. I expect to go home ON THE SAME DAY of my surgery.
- ☐ I have made arrangements for ALL of the equipment that I will need at home. This may include a walker, cane, dressing aids and possibly a raised toilet seat.
- ☐ I have made plans for transportation to my physiotherapy and follow up appointments.
- ☐ I have ALL of the equipment that I will need at home.
- ☐ I practised using my walker, cane, dressing aids.

3 Day before and morning of surgery (follow Pre-op instruction sheet)

- ☐ I have showered or bathed twice with antibacterial soap (i.e. liquid hand soap or dish soap marked "antibacterial") - night before and the morning of the surgery.
- ☐ I will not eat any food 10 hours before surgery. I can take clear fluids until 3 hours before surgery
- ☐ I have packed a small bag with my personal items (scent free) that I will need while in the hospital. These items include: this Guidebook, a pair of non-slip shoes, comfortable clothes, toiletries and Kleenex.

YOUR CARE PATHWAY

These tables summarize the Care Pathway that you will follow for your hip replacement surgery and what you can expect at each stage.

WHAT TO EXPECT	BEFORE SURGERY Pre-Admission Clinic Appointment	DAY OF SURGERY (PRE-OP) Surgical Day Care (SDC)
How to prepare	Please bring all the medicine you are currently taking, in their original packaging to the appointment.	You must stop eating 10 hours before surgery. Clear fluids can be taken up to 3 hours before surgery. No milk products or orange juice.
Tests	We will do: <ul style="list-style-type: none"> • Blood tests • Electrocardiogram (ECG) as needed • X-rays of your hip • You may need to see the Anaesthetist 	We will do: <ul style="list-style-type: none"> • Blood tests, as needed • Check your vitals (heart rate, blood pressure) • Interview you to confirm information from Pre-Admission Clinic appointment
Medicines	We will check all the medicines you are currently taking.	We will give you medicines as needed.
Activity	Keep active right up until your surgery day.	You will change into a hospital gown. You may be given a “Bair Hugger” gown to wear which is attached to a warming system to keep you warm before your surgery.
Education and Discharge Planning	You may arrange your physiotherapy appointment for 2 – 3 weeks after your surgery You have obtained your equipment (walker, cane, dressing aids, etc.)	We will review with you what to expect before, during and after surgery.

WHAT TO EXPECT	DAY OF SURGERY (POST-OP) Post-Anesthetic Care Unit (PACU)	DAY OF SURGERY (POST-OP) Surgical Day Care (SDC)/ Surgical Short Stay Unit (SSSU)
Tests	We will do: <ul style="list-style-type: none"> • Blood tests, as needed • X-rays of your hip 	
Treatments	We will: <ul style="list-style-type: none"> • Give medicines and fluids through the IV • Check your dressing • Check your pain level • Give oxygen, if needed 	We will: <ul style="list-style-type: none"> • Remove your IV after the last dose of antibiotics • Check your dressing and pain level
Medicines	We will give you pain medication through the IV.	Through the IV, we will give you: <ul style="list-style-type: none"> • Decadron to reduce inflammation as needed • Antibiotics to prevent infection • By mouth, we will give you: • Medicine for pain
Activity	Do deep breathing, coughing and ankle pumping exercises (p.25)	Continue deep breathing, coughing and ankle pumping exercises (p.25) You will start walking and practise stairs (if applicable) with a walker/cane with the Physiotherapist
Nutrition	You will have clear fluids only.	You can gradually resume your regular diet as tolerated. Increase fluid and fibre intake to help reduce constipation.
Elimination		If you feel the need to pee, call for assistance.
Education and Discharge Planning	We will review with you: <ul style="list-style-type: none"> • Breathing, coughing and ankle pumping exercises (p.25) 	We will review with you: <ul style="list-style-type: none"> How to manage your pain at home (p.20) How to care for your dressing (p.21) Breathing, coughing, ankle pumping exercises (p.25) Any follow-up appointments The Physiotherapist will also review the home exercise program (pages 27-28) and teach you how to move with a walker/cane.

POSSIBLE COMPLICATIONS

With any surgery, there is a risk of complications. Please review the list below prior to your appointment. If you have any questions, you can discuss them with the surgeon or another member of your health care team.

General Health Concerns

Because the skin, tissues, ligaments, and bones are cut during surgery, recovery may be slow. Heart disease, diabetes, chronic lung disease, smoking, anemia (low iron), rheumatoid arthritis, obesity, and other medical problems may slow your recovery and wound healing.

Infection

The infection rate is less than 1%. If infection occurs, the artificial parts may need to be removed and replaced after the infection has been controlled.

Signs of infection can include:

- Increased pain or stiffness in a previously well-functioning joint
- Swelling
- Warmth and redness around the wound
- Wound drainage
- Fevers, chills and night sweats
- Fatigue

Please contact your surgeon or go to the local Emergency Department if you experience the above symptoms. See page 24 for more details.

Dental

- Patients should be in optimal oral health BEFORE having total joint replacement surgery and should maintain good oral hygiene and oral health following surgery.
- Antibiotics are NOT needed for routine dental work such as cleanings. It is recommended that you inform your dentist that you have had a total hip replacement so they can decide the proper course of action.

Blood Loss

You may lose a large amount of blood during or after the surgery. This is rare but you may need a blood transfusion

There is a very small risk that you can get an illness from a transfusion. The Blood Conservation Nurse will discuss this with you during your Pre-Admission Clinic appointment.

Pain

Pain following hip surgery is different with each person. It is important to keep your pain under control in order to be able to participate in physiotherapy after surgery. It is better to treat your pain when it is mild than wait for it to become severe.

Bruising or Bleeding

After surgery, blood can collect in the wound. Your body will eventually resorb it. Dark bruising may also occur. This is quite common.

Blood Clots (Deep Vein Thrombosis or Pulmonary Embolus)

Harmless blood clots in the veins of the legs can occur in as many as 40% of knee or hip replacement surgeries. It is rare for them to travel to the lungs (less than 1%), however, if this happens, it could result in death. Blood thinning medication is required for a minimum of 4 weeks after surgery to prevent clots from forming.

The medication may come in the form of a pill or needles. The needles are given under the skin of the stomach, usually by the patient. Your surgeon will inform you which method you will use.

Nerve or Blood Vessel Damage

Nerve or blood vessel damage is rare. The incidence of damage to the major nerves of the hip range from 1% to 3% while damage to the arteries range from 0.1 to 0.2%. These injuries occur mostly during major revision surgery or surgery done to correct large deformities. If nerve damage occurs, it may leave numbness, weakness, or paralysis in the foot. Damage can be short term or permanent. A brace or sometimes additional surgery may be required.

It is common to have upper hip and thigh numbness after surgery due to damage to the lateral femoral cutaneous nerve. In some patients this may become permanent.

Swelling (Edema)

The normal healing process will cause swelling in your leg. *This may last several weeks or months.* Swelling will often decrease if you raise your legs and pump the ankles. If the hip becomes severely painful or swelling continues to increase, call your surgeon's office.

Leg Length Difference

Your damaged hip may have made your leg slightly shorter than your other leg. During the operation, attempt is made to make the leg lengths equal. It is very important that your artificial hip is stable, that the "ball" does not come out of the socket or "cup" (dislocate). Occasionally, we need to make your leg longer or leave it short in order to make sure the hip replacement is stable. You may require a shoe lift to make up for any differences.

Limp

The muscles around your hip that are responsible for normal walking must be rehabilitated. It is important that you follow the exercise progression instructions to get back their strength and to prevent a permanent limp.

Delirium

Short-term confusion (delirium), following the surgery may be due to age, medication, anaesthesia, or medical conditions. It usually goes away after a day or two. Alcohol or drug use before surgery can make post-surgery delirium worse.

Slow Wound Healing

Because the skin, tissues, muscles and bones are cut during surgery, sometimes healing is slow. This may give some short-term local pain and swelling. Healing occurs with time. Those with medical issues such as diabetes will experience slower wound healing. Eating healthy, vitamins and protein-rich foods will promote wound healing.

Constipation

After surgery, people may experience constipation because of decreased mobility, side effects of pain medications and anaesthetic. You may be prescribed a laxative after surgery.

Continue to maintain a high fibre diet and drink plenty of water. Over-the-counter stool softeners are also available at any drug store.

PREPARING FOR SURGERY






Pre-Surgery Education Class

You and your support person **MUST** attend the Pre-Surgery Education Class for Total Hip Replacement. Please sign up by calling **(705) 675-4772**.

For those living outside the Greater City of Sudbury, video conferencing is possible through MS Teams. Please sign up by calling **(705) 675-4772**.

If it is impossible for you to attend either in person or virtual class, you can also view the slides at: <https://www.hsnsudbury.ca>. This is the homepage of the hospital website. At the top right of the page you will see a “search box” as seen below:

[Home](#) | [Contact Us](#) | [News](#) | [Volunteer](#) | [Careers](#) | [Français](#)

Type “total hip replacement” and it will take you to links to this Guidebook and Pre-surgery education class video. You can view the slides there.

Pre-Admission Clinic (PAC) Appointment

Your surgeon’s office will call to give you the date of your surgery. Health Sciences North will call two to six weeks before your surgery date to give you the date of your appointment for the Pre-Admission Clinic (PAC).

This is a 3 to 4 hour session where you can discuss current medical issues and ask questions.

What to expect:

- medical testing and assessments will be completed.
- you may meet with the Blood Conservation Nurse who can help you increase your blood iron to avoid delaying surgery or possibly needing a transfusion.
- you may also meet with the Anaesthetist who will ask you about your medical history, will perform a medical exam, and will discuss which type of anaesthetic is best for your operation.

Things to bring and things to consider:

- **Support person:** If you require a care partner, bring your designated family member / friend with you.
- **Medications:** Bring the medications you currently take in the original prescription bottles and a list of the medications. Don’t forget to include vitamins and

supplements or other over-the-counter medications you take regularly. Your doctor may advise you to stop taking certain medications or supplements a week or two before surgery.

- **Allergies or Adverse reactions:** Identify if you have had issues in the past with certain medication and/ or anesthesia. Provide the name of the medication, why you were taking it, a description of your reaction and when this happened.
- **Medical conditions / Previous surgeries:** Make a list of all your past surgeries and any medical conditions. This will make the visit easier and faster.
- **Insurance coverage:** Know your insurance coverage, including the name of the company, your plan or group number and contact information. Be sure to have your health card, status card and insurance cards with you.
- **Legal arrangements:** You will be asked the name of your next of kin, substitute decision maker or Power of Attorney (POA) if you have a living will.

Get In Shape for Surgery

The following preparations can help improve the outcome of the surgery and your recovery time.

- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing, slows recovery and increases risk of infection. The hospital offers nicotine replacement therapy – ask your doctor or nurse about this. You **must STOP** smoking 48 hours before your operation. Also note that smoking is not allowed anywhere on the hospital property.
- Do not consume alcohol for at least 48 hours prior to surgery.
- If you use other controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Eat well. If you are overweight, try losing weight sensibly. Your doctor may recommend a weight loss program.
- It is particularly important to consume an iron-rich diet to help restore blood levels. Please see www.dieticians.ca for food sources that are rich in iron. Vitamin C rich foods help you absorb iron.
- If able, keep active right up until the day of your surgery, including walking, swimming or cycling.
- Do the hip exercises (p. 24-25).

Preparing Your Home

- Clear floors of obstacles or hazards such as telephone/electrical cords, loose rugs and other objects. If possible, fasten area rugs securely to the floor.
- Ensure you can easily move around your home with a walker.
- Set up a “**recovery center**” where you will spend most of your time. Things like the telephone, television remote control, radio, facial tissues, waste basket, pitcher of water and glass, reading materials and medications should all be within easy reach.
- You will need a chair with armrests and a firm, higher-than-average, seat (e.g. captain’s or wing chairs.)
- **Avoid** rocking chairs, swivel chairs, and office chairs with casters or wheels.
- **Avoid** recliner chairs (i.e. La-Z-Boy) as they are usually difficult to go from sitting to standing.
- In the kitchen and bathroom, place all items you use regularly at arm level, so you won’t have to reach up or bend down too much.
- Use nightlights, especially between your bedroom and the bathroom.
- If you must use stairs regularly, a sturdy railing(s) is essential. If you do not have a railing, it is recommended that one be **professionally** installed.
- Arrange for any equipment you think you will need (p.16).

Discharge Planning

Start planning now for your discharge from hospital. Be prepared to be discharged home the same day of your surgery. It is important to include your family and friends in your discharge planning. Have your ride available as early as the same day of surgery.

Assistance:

Many people live alone. If so, arrange **now** to have someone stay with you (or you could live with them) for about 2 weeks after your surgery. If you have no one to stay with you, there are a few Respite Beds (short term room and board) available at some retirement homes in the Sudbury region. **You must make the respite bed arrangements yourself before admission to hospital.**

Living Arrangements:

If you have stairs at home, your Physiotherapist will practise these with you before you leave the hospital. They may be more difficult at the beginning. You will go up and down the stairs stopping at each step. With time you will be able to do them normally! Try to arrange rooms you frequently use so that everything is within easy reach.

Driving:

You are not allowed to drive for 6-8 weeks after your hip replacement surgery.

Meals:

Prepare meals and freeze them ahead of time. Your local “Meals-on-Wheels” is another option. Make a schedule for friends and family to deliver meals. Ask your local supermarket about having groceries delivered.

Housework/Yardwork:

Do any big cleaning ahead of time. Contact friends and family to help you after surgery.

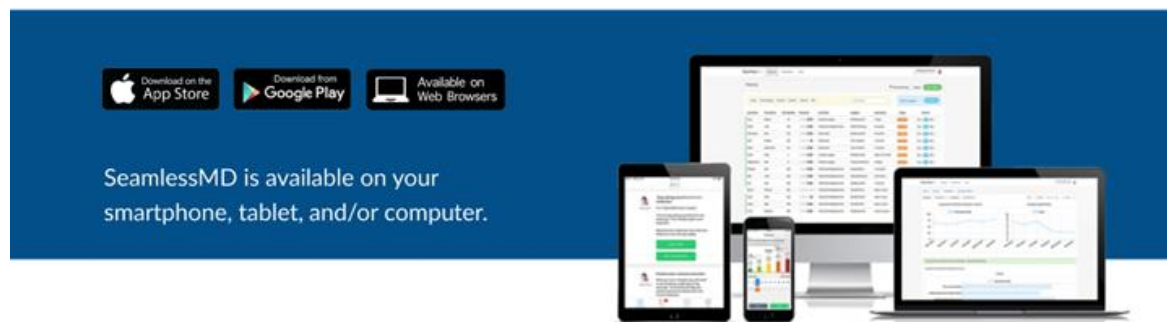
Care-giving:

- Consider getting the Senior’s Help Line (in Sudbury 705-523-7000) for emergencies.
- If you do not already have a parking permit for your accessible parking, you may want to apply for a temporary permit several weeks prior to your surgery. Contact the Ministry of Transportation at (1-800-268-4686) or www.mto.gov.on.ca for an application. You will require a referral from a regulated health practitioner such as your Family doctor or Physiotherapist
- You will need transportation for appointments or outings. You could access your local Handi-Transit services (in Sudbury 705-671-2489 or www.greatersudbury.ca). The Red Cross also has a Seniors’ Transportation Program: 705-525-1244. In Espanola, there is the Espanola Care Van (Jubilee Bus) 705-862-0244.
- Consider signing up for on-line banking.
- Consider who will care for your pet(s).
- Consider who will care for your significant other if you are the primary caregiver.

SeamlessMD

Health Sciences North also offers an App called **SeamlessMD**

SeamlessMD is an interactive step-by-step guide to help you prepare for your surgery and recover faster afterwards. You and/or a caregiver can access the platform on any smartphone, tablet and/or computer.



Enrollment in SeamlessMD is based on surgeon participation. If your surgeon is participating in the program you will receive a call from HSN inviting you to enroll and an email will be sent with a link to register.

The program will guide you through both stages of your surgery – before surgery and at-home

Before surgery, SeamlessMD will:

Give you real time reminders about tasks you need to complete (ex: go to your Pre-Surgery Admission Clinic appointment)

Have a library of information on different pre-surgery topics

At-home, SeamlessMD will:








- Ask you to complete a daily health check, which will let you know whether you are on-track with your recovery, and alert your healthcare team if you have problems
- Give you information about diet and medications

SeamlessMD will let you know what to do based on your answers. It might tell you to try some self-care tips or it might tell you to call the healthcare team – please follow the instructions/actions.

Do not wait for someone from our team to call you back because we might not see it right away.

Equipment and Supplies

Well before your surgery, shop for personal equipment that will make your life easier after surgery. You may qualify for financial assistance if you are under WSIB (formerly WCB), DVA or private insurance coverage. Often, community agencies such as the Lion's Club may have items that can be borrowed.

Reacher ** 	Long handled shoehorn** 
Sock-Aid** 	Long handled bath sponge** 
Hand-held shower extension 	Non-slip bath mat 
Seat cushion 	<ul style="list-style-type: none"> • Elastic shoe laces • Stair Rails • Cane

** items are sold as part of the “Hip Kit” that can be purchased at NEJAC.

Rental Items

If you have private insurance or other coverage, you *may* qualify for some assistance in rental costs. Contact your insurance company to inquire.

Walker (required for most) 	Transfer tub bench and shower chair 
Raised toilet seat or a commode chair (mandatory for <u>posterior-approach</u> hips) 	Versa Frame 

Day Before Your Surgery

- Shower or bathe twice with antibacterial soap (i.e. liquid hand soap or dish soap marked “antibacterial”) – **night before and the morning of the surgery.**
- Leave ALL valuables and jewelry/piercings at home – the hospital is not responsible for lost belongings.
- DO NOT wear makeup, perfume or any scented products.
- Pack a bag to bring to the hospital with the following items:
 - Health card
 - A pair of comfortable, well-fitting shoes with non-skid soles
 - Loose fitting clothing, preferably jogging pants or shorts
 - Basic toiletries and a pack of Kleenex
 - **Bring this booklet with you**
- Do not eat for 10 hours before surgery. You may be able to drink clear liquids until
- 3 hours before the procedure. Follow your doctor’s recommendations.






After Your Surgery





- The nurse will check your pain level, blood pressure, heart rate and temperature. The nurse will also check the circulation and feeling in your leg, check your dressing.
- The Physiotherapist will teach you how to use your walking aid, stairs and your exercises.
- Your ride home should be available on short notice. **Be prepared to be discharged home on the same day of surgery.** Depending on your surgical plan, however, you may be admitted for an overnight stay.
- You will be given a prescription for pain medication
- It is a good idea to ask your nurse for a dose of your pain reliever just prior to being discharged home. Expect to have significant discomfort from your car ride home. This is normal. Rest and elevate the leg immediately upon arrival home.
- Your staples will be removed approximately 14 days after your surgery - either at the hospital or your doctor's office
- You will attend physiotherapy 2-3 weeks after discharge. Your home exercises must be started immediately after returning home.
- You will be given an appointment to follow up with your surgeon. This is generally 6-8 weeks after surgery.
- Follow the instructions provided by the hospital on discharge day.

At Home

	Instructions		
Managing Pain	Pain Medicine		
	By the time you leave the hospital, you will only need oral medicines to control you pain.		
	Mild Pain <ul style="list-style-type: none">• Round the clock Acetaminophen (Tylenol)• Can be taken every 6 hours• Can affect the liver if taken in high doses for long periods of time	Moderate Pain <ul style="list-style-type: none">• Follow Step 1• Add a prescribed anti-inflammatory (Examples: Celebrex, Naproxen, Ibuprofen, Meloxicam or Diclofenac)	Severe Pain <ul style="list-style-type: none">• Follow Steps 1 & 2 plus narcotic• Start with lowest prescribed dose of narcotic. Increase if needed to the higher prescribed dose• Narcotic use is recommended no longer than 5 days after surgery
	Non-Medicine Methods		
	Non-medicine methods can help relieve pain. Some of these include: <ul style="list-style-type: none">• Meditation, relaxation, distraction with breathing, and imagery techniques.• Physical techniques, such as positioning, movement and cold packs. When applying a cold pack, apply the pack for 10-15 minutes at a time, 4 to 6 times a day or as needed. Make sure you place only a thin layer of cloth, such as a pillow case, between the ice pack and your skin.		

Taking care of your wound	<p>Your healthcare team will teach you how to take care of your wound before you leave the hospital.</p> <p>Do not put any of these products on your wound:</p> <ul style="list-style-type: none"> • Scented creams or powders • Vitamin oil or creams • Ointments (unless your healthcare team tells you to) <p>Do not take baths, go into hot tubs or go swimming until your surgeon says it is safe to do so.</p> <p>If you notice any of the following, call your surgeon. If you cannot reach your surgeon, and you do not think it is safe to wait, call your Family Doctor or go to the nearest Emergency Department.</p> <ul style="list-style-type: none"> • Redness that is increasing • Warmth that is increasing • Swelling that is getting bigger • Blisters (little water-filled pockets) • Hardness around the area • Yellow or green liquid coming out of wound • Bad smell from the wound • Bleeding enough to soak through the dressing <p>If you have staples/stitches, they may be removed at either the hospital or your Family Doctor's office about 14 days after surgery. You may also have dissolvable stitches that don't require any follow-up care other than managing the dressing.</p>
Diet	<p>Drink plenty of water, eat fruits and vegetables and add fibre to your diet to give you energy and prevent constipation.</p>

<p>Exercise, Medications & Swelling</p>	<p>Do your exercises 2-3 times a day (p.24-25).</p> <p>The Physiotherapist at your outpatient physiotherapy visit will progress your exercises.</p> <p>To keep your pain under control, take your pain medicines.</p> <p>To reduce and control swelling, ice for 10 to 15 minutes at a time throughout the day. Remember to put thin layer of cloth between your skin and the ice.</p>		
<p>Showering & bathing</p>	<p>You may shower after the surgery, but do not soak your incision in water (do not take a bath, go swimming or use a hot tub) until it is fully healed. Do not scrub the incision, let water cascade over the incision and pat dry. Do not leave a wet bandage on the incision. You may need a tub transfer bench (see below). Use a hand-held shower head and long-handled bath sponge.</p> <div data-bbox="381 772 703 1117">  </div> <div data-bbox="730 772 1031 1117">  </div> <div data-bbox="1058 772 1425 1117">  </div>		
<p>Dressing</p>	<p>When dressing, sit down on a bed or firm chair.</p> <p>Always dress your operated leg first. To undress, start with the non-operated leg.</p>		
<p>Walking</p>	<p>Do not progress from a walker to a cane unless you are instructed by your Physiotherapist. This will help you walk without a limp. Walking with a limp puts more pressure on your joint. It will also stop your muscles from getting stronger. It is better to walk without a limp using a cane or a walker. Walking with a limp without a cane or walker is also unsafe.</p>		
<p>Going up and down stairs</p>	<p>If available, always use a hand rail and a cane.</p> <div data-bbox="332 1543 922 1890"> <p>Going up the stairs, step up with your non-operated leg first, followed by your operated leg and cane</p> <div data-bbox="662 1543 898 1890">  </div> </div> <div data-bbox="922 1543 1511 1890"> <p>If you are going down the stairs, put your cane down first, and then step down with your operated leg.</p> <div data-bbox="1287 1543 1511 1873">  </div> </div>		

<p>Getting out of bed</p>	<p>Bring your good leg towards the edge of the bed. This may not always be possible due to the orientation of the bed.</p> <p>Push yourself up to sitting with your arms.</p> <p>Start to turn your body towards the edge of the bed.</p>	
<p>Getting into bed</p>	<p>Getting into bed is the same as above but in reverse. You may need to use a leg lifter, cane or strap to help slide the operated leg in and out of bed.</p>	
<p>Sleeping</p>	<p>Find a position that is comfortable for you. We recommend sleeping and resting with a pillow under your foot and ankle to prevent swelling.</p> <div data-bbox="397 1087 852 1327">  </div> <div data-bbox="868 1087 1360 1327">  </div>	
<p>Sexual activity</p>	<p>You may resume sexual activity if you feel comfortable. If you are not sure about positions, speak with your therapist or surgeon. Try positions gently and stop if you have pain.</p>	
<p>Leisure and sport activity</p>	<p>Walking is an excellent activity after surgery! You are strongly encouraged to increase both walking distance and the amount of time as tolerated. Walk outdoors when conditions are dry. Consider going to a mall to walk during poor weather conditions.</p> <p>Within 6 to 12 weeks, you may return to your day-to-day activities. You may also return to recreational activities such as cross-country skiing, swimming, golf, tennis, biking or using the elliptical. We do not recommend you take part in prolonged high impact activities, such as running or jumping. Your surgeon and Physiotherapist can advise and guide your return to activities.</p>	

Complications after Surgery – what to do:

If you are having the following problems:

Increasing calf pain + swelling
New or sudden chest pain
Trouble breathing at rest



**Go immediately to the
Emergency Department**

If you notice the following problems:

Wound that is:

- red or increasing warmth
- has swelling and hardness that is increasing
- yellow or green liquid coming out
- has a bad smell
- bleeding enough to soak through bandage
- splitting open
- If you had an accident or fall
- Operated leg suddenly looking shorter with severe wound pain
- Fever above 38°C
- Severe wound pain (8, 9 or 10 out of 10)

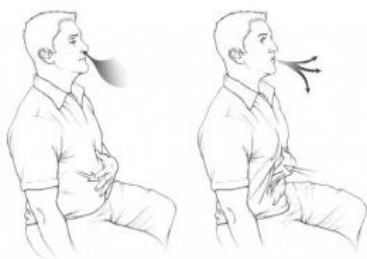


Call your surgeon. If you cannot reach your surgeon, and you do not think it is safe to wait, call your Family Doctor or go to the nearest Emergency Department.

Exercises to prevent complications

After surgery, we will encourage you to do the following exercises to help prevent blood clots in your legs and lungs. Your nurse and/or Physiotherapist may review these with you.

Deep Breathing and Coughing

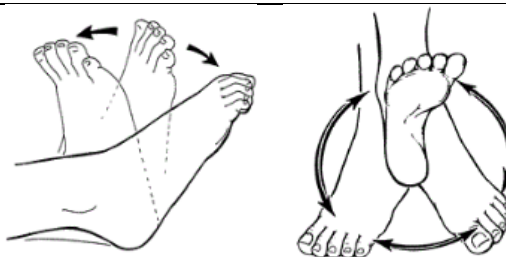


Do this exercise in any position (such as lying in bed or sitting in a chair).

- Take 5 deep breaths
- Then cough 2-3 times.

Repeat this every 15 minutes during your waking hours.

Ankle Pumping



Do this exercise while lying on your back or sitting up in bed.

*Make sure you keep your legs straight. You should feel a stretch in you calf muscles.





- Pump your ankles by pointing your foot up and down as far as possible.
- Pump each ankle 10 times.
- Instead of pumping, you may also move your ankles in circles for 10 times.

Repeat this every hour while you are awake.

Driving, Getting in and out of a vehicle

Driving is **NOT** permitted for a minimum of 6-8 weeks after surgery. This should be discussed with your surgeon during the first follow-up visit after surgery.

Getting in to a vehicle

<p>Park the car away from the curb.</p> <p>Slide passenger seat back as far as you can, and recline the back. You may want to add a cushion to increase the seat height.</p> <p>Back up to the passenger seat with your walker.</p> 	<p>Slide your operated leg ahead as you slowly lower yourself down to the seat.</p> <p>Place your hands on the seat, and/or hold onto the grab handle inside the car.</p> <p><i>Do not hold onto the door.</i></p> 
<p>Slide as far back as you can, using your non-operated leg.</p> <p>To make it easier, place a plastic bag on the seat.</p> 	<p>Bring both legs into the car.</p> <p>You may bend your knee to bring your leg into the car, as long as you are leaning back onto the (reclined) seat.</p> 

Getting out of a vehicle

To get out of the passenger seat, complete the same steps above but in reverse. Remember to scoot forward to make it easier to stand.

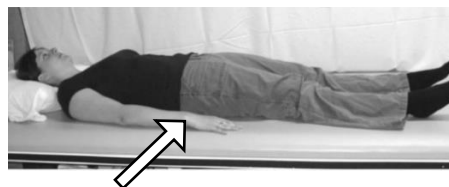
Home exercise program (before and after surgery)

Repeat each exercise **10 times**. Do **2-3 sessions per day**.

1. Buttock Squeezes

Tighten your buttock muscles.

Hold 5 seconds.



2. Hamstrings Squeezes

Press your heel down into the bed. Feel the muscles in your buttock and back of operated leg tighten.

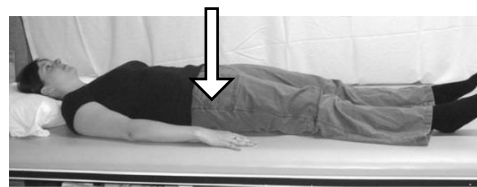
Hold 5 seconds.



3. Quadriceps Squeezes

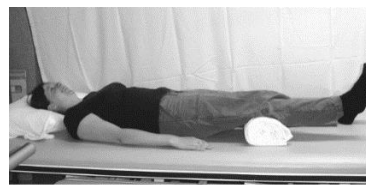
Tighten the muscle on the front of your operated thigh by pressing your operated leg into the bed.

Hold 5 seconds.



4. Knee extension over a roll

With a towel roll (8" across) under the knee of the operated leg, lift the heel off the bed. Hold 5 seconds.



5. Heel slide

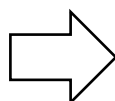
Wrap a towel under your operated leg. Pull up on the towel to slide your heel towards your buttocks. You may also use a garbage bag under your heel.

You should not lift your heel off the bed.



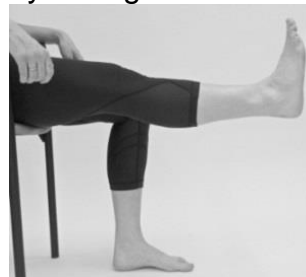
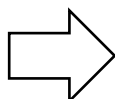
6. Moving leg sideways

- Lie down on your back.
- Place a garbage bag under your operated leg.
- Keeping your leg straight, slowly slide your operated leg out to the side and return to starting position.
- Make your toes stay pointing up toward the ceiling.
- Hold 5 seconds.



7. Knee straightening in sitting

- Sit on a chair.
- Pull your toes up, tighten your thigh muscle and straighten your knee.
- Hold for about 5 seconds and then slowly relax your leg.



WARNING!

- Do not move your operated leg forcefully to the side for **6 weeks** after surgery if your **incision is at the side of your hip (lateral approach)**.
- If your **incision is at the back of the hip (posterior approach)**, you will have movement restrictions for the first 6 weeks. Your surgeon will discuss these with you.
- Do not push into the extreme in any direction of hip movement that cause pain

Exercises beyond what is in the Guidebook are up to the discretion of the Physiotherapist. There are no specific exercise restrictions 6 weeks after surgery. Use pain as your guide.

Personal Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

****This booklet is meant as general guide for your exercises and other aspects of rehabilitation. If you are unsure of a particular exercise, or how to progress the intensity, it is best to clarify it with your physiotherapist***

We hope this booklet has helped and given you the information you need. The information comes from the knowledge and experience of your health professionals. Special acknowledgment to Humber River Hospital, Thunder Bay Regional Health Sciences Centre as well as St- Joseph's HealthCare Group in London for sharing their Total Hip Replacement booklet.

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