

# **My Guide to Total Hip Joint Replacement**



**London Health  
Sciences Centre**

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## INTRODUCTION

This guide will give you and your family information about your total hip joint replacement. It is divided into five sections:

**Section 1:** General Information About Your Hip and Total Hip Joint Replacement

**Section 2:** What to Expect Before and After Surgery

**Section 3:** Activities of Daily Living Following Total Hip Joint Replacement

**Section 4:** Exercises Following Total Hip Joint Replacement

**Section 5:** Final Remarks

Please read this guide and write down any questions you may have in the spaces provided. **Please remember to bring this guide with you for your hospital stay and follow-up visits.**

For the most current information on Total Hip Joint Replacement, please visit the web-site at

**<http://www.lhsc.on.ca/jointreplacement>**



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**SECTION 1**

**General  
Information**



## General Information About Your Hip and Total Hip Joint Replacement

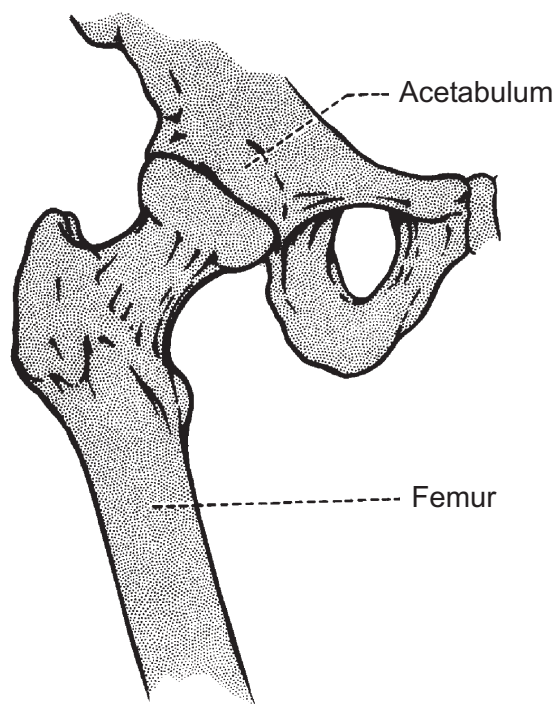
### Structure of the Hip Joint

- The hip joint (Figure 1) is a ball and socket joint.
- The head of the femur (thigh bone) forms the ball side of the joint.
- The socket (or acetabulum) is located on the pelvic bone.
- The cartilage is a smooth elastic type tissue that covers and protects the surfaces of these bones
- The muscles and ligaments support and move the hip.

### Function of the Hip Joint

The hip joint allows your leg to:

- turn in and out
- move forwards
- move backwards
- move from side to side



**FIGURE 1**  
**Structure of the Hip Joint**

## Hip Pain

Arthritis is a common age-related disease leading to hip pain.

*The hip becomes painful when:*

- cartilage is destroyed
- irregular bone surfaces appear
- muscles weaken and the joint becomes stiff

*Changes in the hip joint often result in:*

- pain, especially when walking
- aching felt in the groin and/or the knee, and loss of hip movement

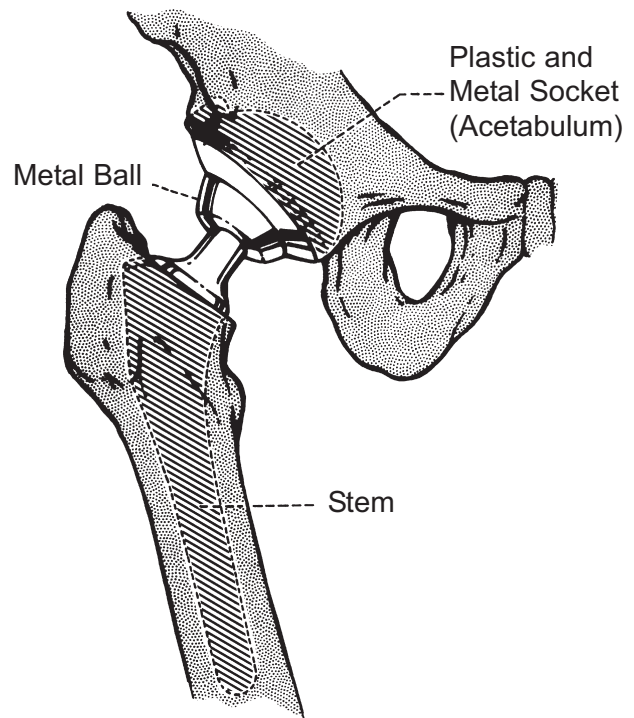
## What is a Total Hip Joint Replacement (Arthroplasty)?

It is the replacement of both sides of the hip joint with

- a plastic and metal socket, or all metal socket
- a metal or ceramic ball and stem (Figure 2)

## Why Have a Total Hip Joint Replacement?

- to end or reduce your pain
- to improve your hip movement and function
- to improve your quality of life



**FIGURE 2**  
**Total Hip Arthroplasty**

## **Risks and Benefits of Total Hip Joint Replacement**

With your decision to proceed with total hip joint replacement, you will have already discussed the benefits and risks of this surgery with your surgeon. To date, over six million hip joint replacements have been performed worldwide. They have proven to be extremely durable. Ninety to ninety-five percent success rates at ten to twenty year check-ups are common.

As with any operation, total hip joint replacement has a number of potential risks.

These include:

- Anesthetic complication
- Deep vein thrombosis and pulmonary embolism (blood clot in leg or lungs)
- Death (0.7%)
- Infection (approximately 0.5%)
- Slow healing
- Technical complication (i.e. damage to skin, muscle, bone, nerve or blood vessel)
- Post-operative dislocation (0.4%)
- Leg length discrepancy (occasional occurrence)
- Late wear and loosening of the implant needing revision (between 0.5 and 1% per year)
- Thigh pain
- Limp

Your surgeon will review these with you before your surgery and answer any of your questions.

## **What Happens in Surgery?**

Your hip surgery will take about two hours. The surgeon:

- removes damaged bone from your hip joint
- selects and fits your new joint according to your individual size
- may use surgical bone cement to anchor your new hip to the bone

## **How Long Will I Be in Hospital?**

The goal for our patients is to be able to go home 3-4 days after a total hip joint replacement and 4-6 days after a revision total hip replacement. In some cases a less invasive surgery may be done and your length of stay will be less than 4 days.

## **Revision Total Hip Joint Replacement**

### **What is a Revision Total Hip Replacement?**

In patients over age 60 years, it is hoped that a total hip replacement will last the lifetime of the patient. Occasionally, implants fail for a variety of reasons such as polyethylene (plastic) wear, loosening, dislocation or deep infection. A revision total hip replacement often involves removing the implants put in during the first operation, and replacing these with new total hip devices.

### **What Results Can I Expect?**

Revision total hip replacement is a more difficult and lengthy operation than the initial total hip replacement, but can offer extremely good results in terms of pain relief and restoration of function. The chances of an excellent result are slightly lower than those of the primary procedure, but still in the range of 80-90%.

### **What Are the Risks of Revision Total Hip Replacement?**

As with any operation, a revision total hip replacement has a number of potential risks. These would include:

- Anaesthetic complication
- Flaring up of medical condition(s)
- Deep vein thrombosis and pulmonary embolism (blood clot in leg or lungs)
- Death (0.7%)
- Infection (approximately 0.5-1%)
- Slow healing
- Slow convalescence
- Technical complication (ie. damage to skin, muscle, bone, nerve or blood vessel)
- Post-operative dislocation of the hip (1-3%)
- Leg length discrepancy (an occasional occurrence)
- Late wear and loosening of the implant needing revision (approximately 1% per year)
- Limp
- Thigh pain

Your surgeon will review these with you before your surgery, and answer any of your questions.

### **What Happens in Revision Surgery?**

A revision total hip replacement usually takes 3-4 hours to perform. The surgeon must:

- expose and remove the failed implant
- insert all or part of a new total hip replacement

### **What Happens After Revision Surgery?**

The information in the Guide will generally apply to you. However, after a revision total hip replacement your weight bearing and exercises may be more restricted than with your first hip replacement. Your physician, nurse, physiotherapist and occupational therapist will discuss these restrictions with you.



**SECTION 2**



**What to Expect  
Before and  
After  
Surgery**



## WHAT TO EXPECT BEFORE AND AFTER SURGERY

*The following may be used as a checklist.*

### My First Pre-Admission Clinic (PAC) Visit

- I bring in all of my prescribed medications, vitamins and herbal supplements, in their original containers. I take my medications as usual this day.
- I will spend 4-6 hours in the Pre-Admission Clinic.
- I receive "My Guide to Total Hip Joint Replacement" booklet. If I have already received this booklet, I bring it with me to the Pre-Admission Clinic visit.
- I provide a medical and nursing history and undergo a physical examination.
- I may be asked to complete a bone donor questionnaire.
- I may be given a pamphlet on bone donation.
- I may be asked to sign a bone donor consent.
- I may see an anesthetist or internist.
- I have bloodwork, x-rays, a urine test and any other tests that are ordered by the doctor.
- I may be asked to be a part of a research study.
- I receive information about the Peri-operative Blood Conservation Program.
- I meet with the occupational therapist to learn about managing my daily activities after surgery (see Section 3).
- I understand what equipment I will need after my surgery and where I can obtain it (see Section 5, Page 42).
- I understand that I should practice getting in/out of the car, van or truck that I will be riding home in, using the techniques discussed with the occupational therapist.
- I have received the Same Day Admission - Patient Information pamphlet.
- I have my questions about the surgery and my hospitalization answered.
- I understand what to expect of my surgery and post-operative care.
- I purchase two chlorhexidine cleansing sponges from the hospital pharmacy.
- I understand when and how to use the cleansing sponges.
- I agree with the discharge plans that have been discussed.
- I leave the Pre-Admission Clinic satisfied that my needs have been met and will be met during my hospital stay.
- If out-patient physiotherapy followup is required, I understand that I am responsible for making the necessary arrangements in my community.
- I understand that I will be discharged on the third or fourth day after surgery. I will arrange for transportation home and for any additional help that I may require.

## MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

Following surgery, you will use crutches or a walker for at least 6 weeks. If you have crutches at home, please have them brought into the hospital after your surgery. Crutches may also be purchased at the hospital. If you need a walker, rental can be arranged from services in your community.

Doctors recommend that you do not drive your car for at least 6 weeks following surgery. It is therefore important that you arrange a ride to physiotherapy by family, friends, or public transportation. In a small number of cases, depending on your medical and physical status, physiotherapy may be arranged through the Community Care Access (CCAC) program.

### **What Happens if I Do Not Feel Well?**

- I call my surgeon immediately if I develop a cold or my health changes in ANY way as I get closer to my surgery.

### **Day Before Surgery**

- I call my surgeon's office between 2:30 p.m. and 4:00 p.m. to confirm the time of surgery. (If my surgery is scheduled on a Monday, I will call the Friday prior to the surgery date.)
- I remove polish from fingernails and toenails.
- I shower or bathe the night before and the day of surgery.
- I use the cleansing sponges, following the instructions given to me by my pre-admission clinic nurse. There are also printed instructions that come with the cleansing sponges.
- I have nothing to eat or drink after midnight the night before my surgery and on the day of surgery.
- I do not chew gum, have candy or smoke after midnight the night before my surgery and on the day of surgery.
- I follow any special instructions given to me by the doctor or nurse to prepare for surgery.
- I remember not to shave my legs less than 48 hours before surgery.

**Day of Surgery**

- I pack a small overnight case or bag with 2-3 sets of night clothes, bath robe, slippers, crutches, **hip guide** booklet and personal care items (toothbrush, toothpaste, mouthwash, soap, lotion, razor, comb, deodorant, tissues and feminine hygiene products). I ask a family member to keep this bag and bring to my room after my surgery.
- I have had nothing to eat or drink after midnight the night before my surgery.
- I pack clothing to wear home, which may also be used to practice dressing techniques with the occupational therapist.
- I do not take any medications unless told to do so with a sip of water.
- I may wear dentures, glasses, hearing aids, or hair pieces, but they will be removed before surgery. I will bring containers for these.
- I may brush my teeth the morning of surgery, being careful **not to swallow any water**.
- I do not bring large amounts of money, jewellery, or other valuables.
- I do not wear makeup.
- I do not wear contact lenses.
- I follow any special instructions given to me by the doctor or nurse to prepare for surgery.
- \_\_\_\_\_
- \_\_\_\_\_

**Arriving at the Hospital**

- I report to the Pre-Admission Clinic area and then I will be directed to go to the Surgical Preparation Area, where I will be prepared for my surgery.
- I arrive 2-1/2 hours before my scheduled surgery time.

**Surgical Preparation Area**

- I get dressed in a hospital gown.
- I have my blood pressure, pulse and breathing rate checked.
- I will have an intravenous started.
- The nurse will ask me about medications taken today.
- I may have preoperative medications given to me. This may include a rectal suppository to help control my pain after surgery.
- I will speak to my anesthetist or delegate.
- I will speak to my surgeon or delegate.
- I am taken to the operating room.

### Operating Room

- My surgery takes 1-1/2 to 4 hours depending on the surgery being performed.
- I am taken to the Post-Anesthetic Care Unit (PACU) in my bed.

### Post-Anesthetic Care Unit (PACU)

- I have my blood pressure, pulse, and breathing rate checked.
- I receive medication for my pain by pushing the PCA (pain pump) button or pain medication may be given to me by the nurse.
- I have my circulation, sensation, and pulses, checked and I am asked to move my foot.
- I will have an x-ray done of my hip.
- I will have a large gauze bandage over my hip, which the nurse will check regularly.
- I may be moved to the Post-operative Observation Unit on the Inpatient Unit to be monitored closely for my first post-operative night.
- I may have a drainage tube in my hip.

### Post-Operative Observation Unit

- In this unit there may be females and males in the same room. Curtains will be used to ensure privacy.
- I am provided with a call bell and shown how to call for the nurse.
- My surgeon speaks with me or my family about the surgery.
- I have my foot, gauze bandage, blood pressure, pulse and breathing rate checked often.
- I ask for and receive pain medication as I need it.
- I use a bedpan or urinal the day and night of my surgery.
- I have a pillow placed between my legs and am helped to lie on my back or my side.
- I may start to drink if I wish.
- I ask for medications to settle my stomach if needed.
- I may be given oxygen overnight.
- My family is welcome to stay with me until visiting hours are over.
- I will be moved to a different room the day following my surgery.
- I may be assisted to sit at the side of my bed and may walk a short distance.

*The following may be used as a checklist.*

**First Day After Surgery (Post-Operative Day 1)**

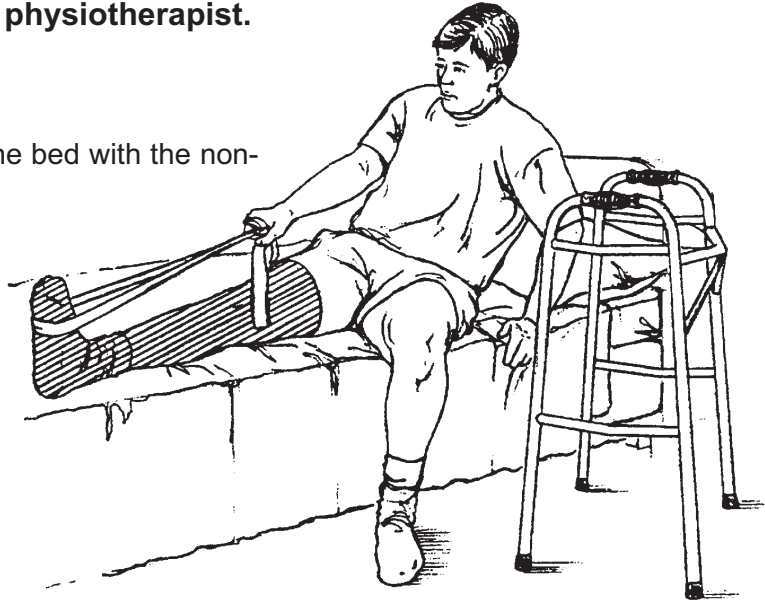
- Visiting may be interrupted to provide appropriate patient care and therapy or restricted if safety and privacy rights need to be protected.
- I will begin to eat solid food today.
- I am given a basin of water and helped with my bed bath.
- I may be moved to another room today.
- My physiotherapist and/or nurse reviews how much weight I may put on my leg.
- My physiotherapist and/or nurse shows me how to use a walker (see Pages 11-12).
- My physiotherapist and/or nurse reviews how to protect my hip when moving.
- My physiotherapist and/or nurse may help me to sit in a chair.
- My physiotherapist and/or nurse may help me to walk to the hallway.
- I am reminded of the basic rules for protecting my hip (see Pages 21-22) and activity restrictions.
- My nurse removes my hip drainage tube and changes my initial bandage. This may produce mild discomfort for a short time.
- I have blood taken.
- My intravenous is taken out if I am drinking well. If I have had a revision hip replacement, my intravenous may be left in for a few more days.
- My oxygen may be removed.
- I receive the medications that I was taking at home.
- I ask for and receive medication as needed for pain, nausea, and vomiting.
- My nurse teaches me how to give my blood thinner by injection.
- My temperature, pulse, breathing rate and blood pressure are taken regularly throughout the day and night.
- My circulation, sensation, and pulses are checked. I am asked to move my foot.
- I am asked to deep breathe and cough regularly.
- I am asked to do foot and ankle exercises regularly.
- I have my hip bandage checked regularly for any drainage.
- I am helped to turn from side to side with a pillow placed between my legs.
- I ask for help to walk to the bathroom.
- I start exercises (#1-5) for my hip, as instructed by my physiotherapist.
- I am encouraged to sit up in the chair for dinner.
- My pain begins to ease over the first day or two.

## Mobility

I will be helped by my nurse or physiotherapist.

### *Lying to Sitting:*

- I move my body to the edge of the bed with the non-operated side leading.
- I keep my body straight, and my operated leg out to the side.
- I move from lying to sitting at the edge of the bed. I do not twist my leg. I may use a strap to assist with this movement.



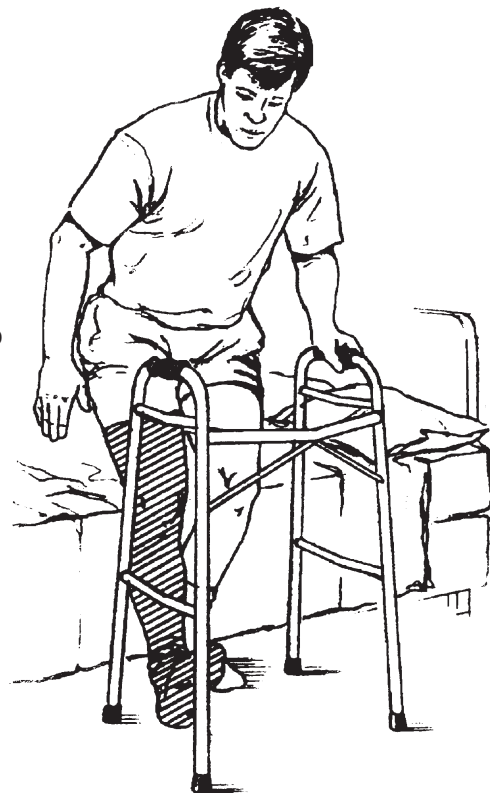
### *Bed to Chair:*

- I sit on the edge of the bed with my operated leg straight out in front.
- I place my hands on the bed. I use my hands and the non-operated leg to push myself up from sitting to standing and then reach for the walker. **I do not lean forward when moving from sitting to standing.**

- I move the walker forward first making sure that all four of its legs are down, I move the operated leg forward into the walker maintaining appropriate weight bearing. I follow with my non-operated side to meet the operated leg.

1. Walker
2. Sore (Operated) Leg
3. Good (Non-Operated) Leg

This sequence is repeated for walking with the walker (ie. to the bathroom, in hallway)





- I feel for the back of the chair with my non-operated leg. If the chair is lower than my knee, I will need a higher chair or a cushion to increase the height. I slide my operated leg forward reaching for the arms of the chair behind me. I lower myself down into the chair. **My knee should always be lower than my hip.** I do not twist to look behind me.
- I follow the same steps when sitting on a commode chair or raised toilet seat.
- I **never** sit down on anything that is lower than my knee.

*The following may be used as a checklist.*

**Second Day After Surgery (Post-Operative Day 2)**

- I may have blood taken.
- I am given a basin of water and am helped to bathe at the bedside.
- I am helped to the chair for my meals until I can do this alone. I eat my dinner sitting in the chair.
- My nurse teaches me how to give my blood thinner by injection.
- My physiotherapist and nurse help me to progress my walking with the walker or crutches, as able.
- I walk in the hall and/to the bathroom today, as much as possible.
- I use a raised toilet seat with arms for at least six weeks.
- My nurse removes my hip bandage, cleans my incision, and puts a new bandage on.
- I receive a laxative at bedtime as needed.
- I am helped to the bathroom as needed.
- I practice getting in and out of bed.
- My occupational therapist reviews how to protect my new hip and manage my daily activities safely.
- My occupational therapist confirms that I have arranged the equipment I will need at home.

**My plans for discharge are reviewed and I am aware of my responsibilities:**

- Outpatient Physiotherapy appointment - arrangements made prior to surgery
- Exercise
- Dressings/obtaining gauze for dressings
- Equipment
- Supports
- Transportation

*The following may be used as a checklist.*

**Third Day After Surgery (Post-Operative Day 3)**

- I may go home today.
- I may have blood taken.
- I bathe at the sink.
- My nurse teaches me how to give my blood thinner by injection or I will demonstrate how to do it.
- My plans for discharge are reviewed and I am aware of my responsibilities.
- I get in and out of my bed on my own.
- My physiotherapist helps me to progress my walking with the walker or crutches.
- I walk in the hallway using my walker or crutches - without the help of my physiotherapist or nurse.
- My physiotherapist instructs me on how to climb and descend the stairs.
- I ask for a suppository if I have not moved my bowels.
- I am up in the chair for all my meals.
- I confirm home arrangements for my discharge.
- I confirm my ride home and am aware of my probable discharge time.
- My occupational therapist reviews how to manage car transfers safely.
- I make sure that my driver is aware of any modifications needed to ensure proper positioning of my hip (eg. a firm cushion on the passenger seat).
- I am given an outpatient physiotherapy referral form from the physiotherapist.

# MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

- My occupational therapist gives me the opportunity to practice getting dressed using the appropriate devices.
- I check the Fourth Day After Surgery Activity List if I am discharged today.

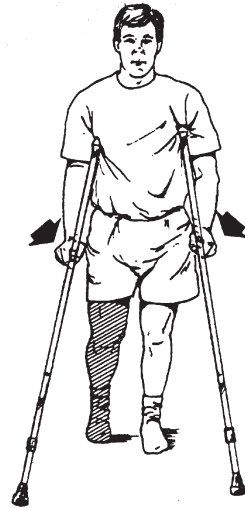
## *Using Crutches:*

When using crutches, I put my weight on my palms, not my armpits. **I do not twist to turn** - I take small steps instead. I am sure to follow the advice given to me about how much weight I can put on my hip.

I follow the sequence of

1. Crutches
2. Sore (Operated) Leg
3. Good (Non-Operated) Leg

**My physiotherapist will check my crutches to ensure proper fit and safety before I use them.**

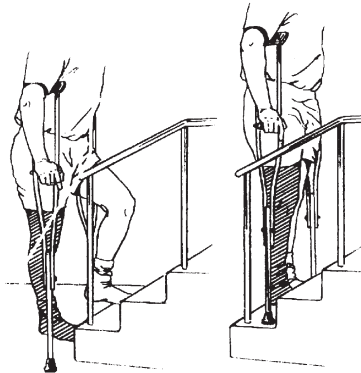


## *Crutches on Stairs:*

Instructions whether to use one crutch or two on stairs will be given by my physiotherapist depending on my individual home setting or needs.

- To go **up** the stairs, using my crutches:

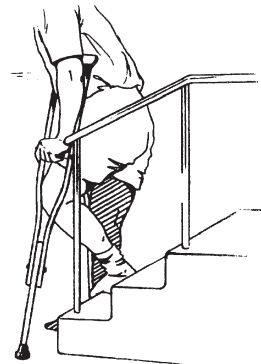
1. I put my **non-operated** leg on the stair.
2. I put my **operated** leg on the stair.
3. I put my **crutches** on the stair.



## *Crutches on Stairs:*

- To go **down** the stairs, using my crutches:

1. I put my **crutches** on the stair below.
2. I put my **operated** leg on the stair.
3. I put my **non-operated** leg on the stair.



*The following may be used as a checklist.*

**Fourth Day After Surgery (Post-Operative Day 4)**

- I go home today.
- I bathe at the bedside or sink.
- I demonstrate to my nurse how to give my blood thinner by injection.
- I walk to the bathroom by myself using a walker or crutches.
- My physiotherapist asks me to walk in the hallway and climb stairs with crutches or cane.
- I get in and out of bed on my own.
- I sit in a chair for all meals.
- I have made arrangements for equipment for my home  
(see Section 5, Page 42).
- I am told about problems to watch for at home (see Section 2, Page 17).
- I am given a prescription for pain medication and my blood thinner.
- I am asked if I have any questions about my medication.
- I am given an appointment to come to the orthopaedic clinic on the main floor in six weeks,  
if I do not already have one.
- I am given a staple remover and letter to give to my doctor.
- I am given a card for my wallet which says I have had a total joint replacement.
- I am taken to the front door in a wheelchair when my ride arrives.
- I am helped to get into my car.
- I feel I am prepared for my discharge home with appropriate followup.

*The following may be used as a checklist.*

**At Home**

- I use my walker or crutches at all times when up.
- I call my family doctor to have my staples removed. This appointment is made for two weeks after my surgery.
- I take the staple remover and letter to my appointment with my family doctor.
- My pain and swelling should continue to improve over the next few weeks.
- I do my hip exercises twice a day as taught.
- I see a physiotherapist within 2 weeks of my discharge as arranged.
- I do not drive until my surgeon sees me at the 6-week appointment.
- I follow my hip restrictions for at least six weeks.
- I sponge bathe while my staples are in and for two days after they are removed. I may shower if staples are removed in hospital.
- I do not get in or out of a bathtub for at least six weeks unless I use a bath transfer bench as discussed with my occupational therapist.
- I call my surgeon with any questions or concerns I have. My surgeon's number is provided on my wallet card.

**Prevention of Constipation:**

Pain pills, reduced activity and changes in your diet can lead to constipation. Adding fibre to your diet such as fruits, vegetables and bran, as well as increasing your fluid intake can all help to prevent this. Some patients may need to take Metamucil, stool softeners, laxatives or even enemas. If you continue to have difficulties, please contact your family doctor or pharmacist.

**Problems to Watch For When at Home**

**If I experience any of the following symptoms or have any concerns, I will call my surgeon or family physician.**

1. Increased pain in calf or thigh of either leg.
2. Increased pain in leg and leg appears shorter.
3. Increased swelling, tenderness, or redness in either leg.
4. Temperature above 38°C taken at least 30 minutes after eating or drinking.
5. Increased drainage from the incision, redness, or opening of incision edges.
6. Increased difficulty with walking.
7. Shortness of breath.
8. Chest pain or tightness.
9. If I develop shortness of breath or chest pain/tightness, I will go to my local Emergency Department.

**Prevention of Edema (Swelling) :**

Edema or swelling occurs as a natural response to surgery and tissue injury. Swelling tends to increase in the affected leg when sitting or standing, but should decrease over time and should be less upon waking in the morning. **Pain and redness should not be present.** If you experience pain or redness contact your physician. To minimize swelling lie down several times per day with your leg slightly elevated. Doing your exercises as instructed by your physiotherapist should also reduce the swelling.

## CARE OF YOUR INCISION AT HOME

1. Do not allow your incision to get wet until two days after the staples have been removed.
2. Look at the incision every other day and watch for any redness, drainage or opening of the edges.
3. Change the bandage when necessary and replace it with a new sterile bandage. Bandages can be bought at a pharmacy. Do not touch the incision with your hands. **Remember: Wash hands before and after incision care.**
4. Have the staples removed by your family doctor two weeks after your surgery.
5. **NO** lotions, ointments or creams should be applied over or around the incision area until you have your 6 week follow-up appointment with your surgeon.

*The following may be used as checklist.*

### **Return Visits**

- I return to see my surgeon about 6 weeks after my surgery.
- I go to the orthopaedic out-patient clinic on the 1st floor. If I have had X-rays done on my own, I bring them with me.
- I may be asked to go to the x-ray department on the 2nd floor after I have registered (1 hour before my clinic appointment).
- I bring a list of questions/concerns that I might have.
- I may be asked to fill out a questionnaire while I am waiting to see the surgeon.
- I bring any note from my therapist to my surgeon.
- I am told by the surgeon if I need to follow my hip restrictions any longer.
  - I may no longer need a pillow placed between my legs when in bed.
  - I may no longer need to use a raised toilet seat.
  - I may now be allowed to bend down to put my shoes and socks on.
  - I may now be allowed to put more weight through my leg.
  - I may now be allowed to drive.     Yes     No
- I am given a note by the surgeon to give to my physiotherapist.
- I am given an appointment for my next return visit.
- I will ask my surgeon about return to specific activities (ie: golf, tennis, gardening, etc.).
- At 6 weeks post-operative, I will receive new information from my doctor to give to my physiotherapist concerning my rehabilitation.

The London Health Sciences Centre Foundation usually calls discharged patients within 6 weeks of discharge for donations. Please consider directing any donations to the Orthopaedic Program (see Page 41).

*The following may be used as checklist.*

### **Further Return Visits**

- I return to see my surgeon 3 months, and 1 year after my surgery.
- I am seen every 1 to 2 years thereafter.
- I may have x-rays done at each visit.
- I may contact my surgeon for earlier visits if I develop any problems or have concerns.

### **Long Term Care of Your Hip**

1. Do not lift objects more than 50 pounds repeatedly.
2. Jogging, downhill skiing or weight lifting is generally not recommended. Please speak with your surgeon about these activities.
3. There is usually no limit to walking, bicycling, or swimming.
4. Let your hip comfort be your guide to other activity that you do.
5. Remind your doctors and dentists that you have had a total hip replacement. You will need to take an antibiotic before dental work or surgery.



**SECTION 3**



**Activities of Daily  
Living Following  
Total Hip Joint  
Replacement**



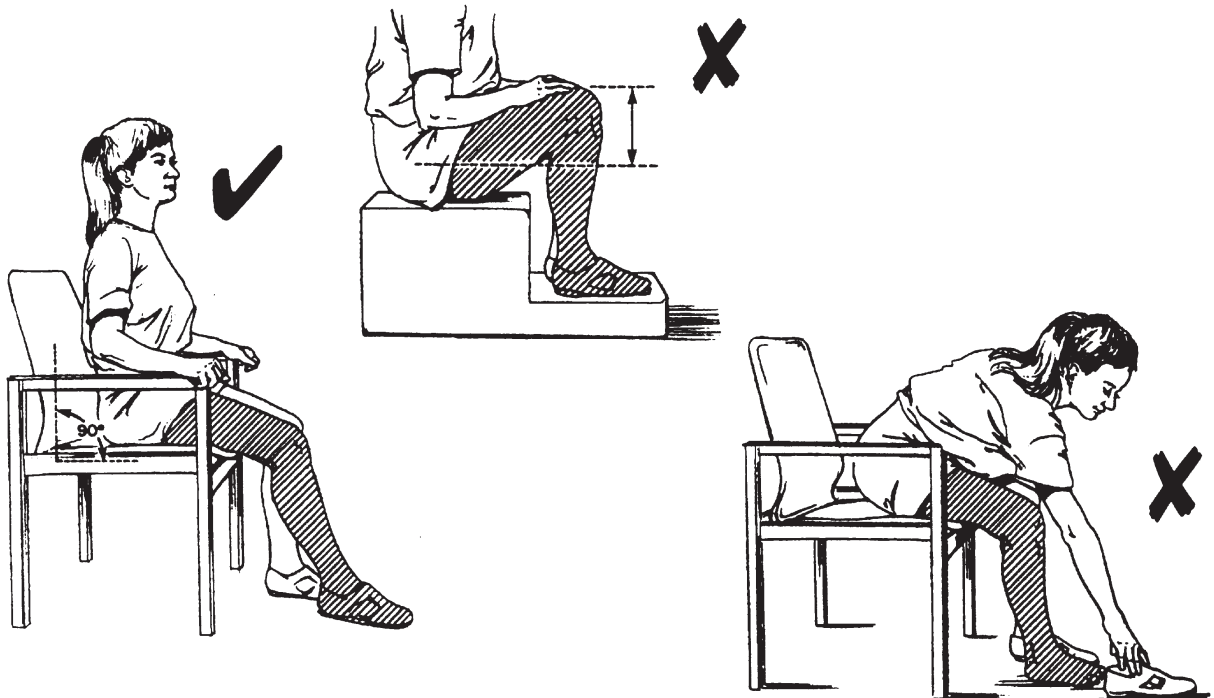
*Activities of Daily Living Following Total Hip Joint Replacement*

For at least six weeks following your operation you will have to be careful not to bend or twist your new hip too much. The following rules will help to keep your hip in place while you are healing. Your surgeon will tell you when you can increase your hip movement.

**BASIC RULES FOR PROTECTING YOUR HIP**

**Rule 1:**

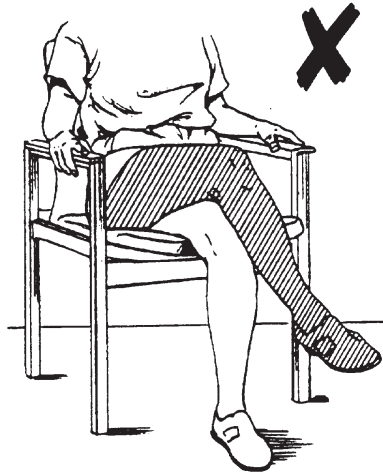
**DO NOT** bend your hip more than 90°. For example, when sitting, your knee should not be raised above the level of your hip and you should not bend forward at the waist. **Do not crouch or squat.**



MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

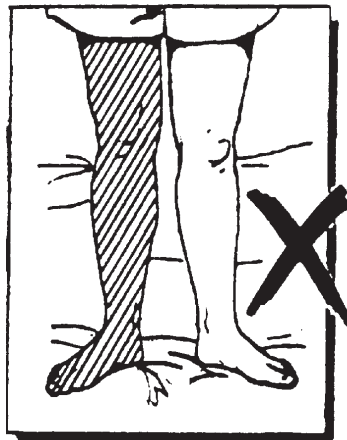
**Rule 2:**

**DO NOT** cross your legs at the ankles or knees.



**Rule 3:**

**DO NOT** let your operated leg turn inward or outward too far. Try to keep your toes pointing forward, not to the side. Do not twist your body when you are standing.



Ask your therapist to explain these hip precautions if you don't understand them.

## Activities of Daily Living (A.D.L.s)

Now that you understand the basic rules for protecting your new hip, you must look at how they apply to everyday activities. Your occupational therapist (O.T.) will review the safest way to manage these activities.

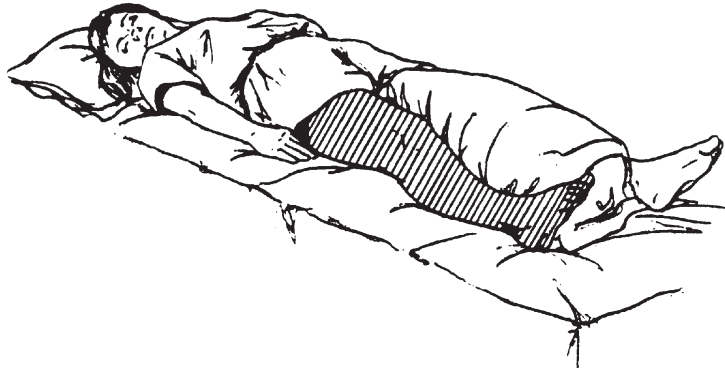
You must be careful whenever you change positions. This is the time when you are most at risk for dislocating your hip.

Always think about how you are going to move and the position your hip will be in.

### Lying Down

Make sure your bed is **high enough** so that when you sit down your knees are lower than your hips. The best way to lie in bed is on your back with a pillow between your legs. **Avoid waterbeds.**

You may lie on your side but be sure to have pillows between your legs to prevent them from crossing.



Your nurse or therapist will show you how to turn onto your side safely.



### **Sitting**

Use chairs with firm straight seats and arms. Do not use rocking chairs. Chairs which have angled seats, such as recliners, should also be avoided as they may put your knees up higher than your hips.

Check the height of any seat before you sit down. When you stand in front of a chair, the seat should be at least as high as your knees.

If you need to raise the height of a chair, you can place a firm cushion on the seat. You may also put special blocks under the chair legs. Your occupational therapist can explain this further.

### **Using the Toilet**

As with all seating, you need to make sure that the toilet is high enough. If the seat is lower than knee level, you will need to use a raised toilet seat. You will also need arms to help you sit down and get up more easily.

Some raised toilet seats have arms built in or a device called a versaframe may be attached to the toilet to provide arms with adjustable height. Your occupational therapist can tell you about the loan, rental or purchase of these items.



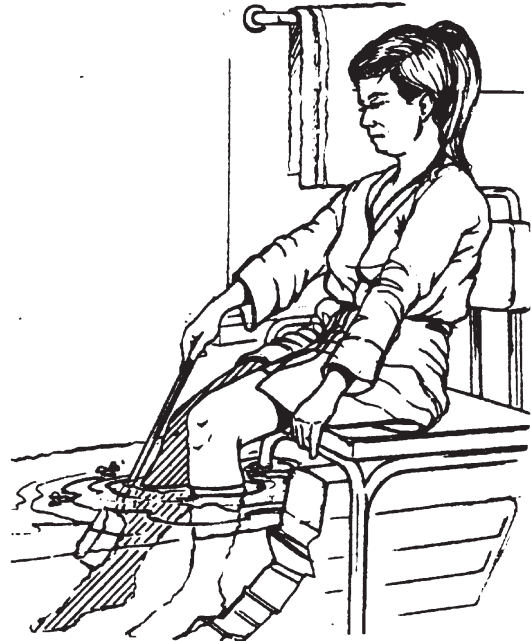
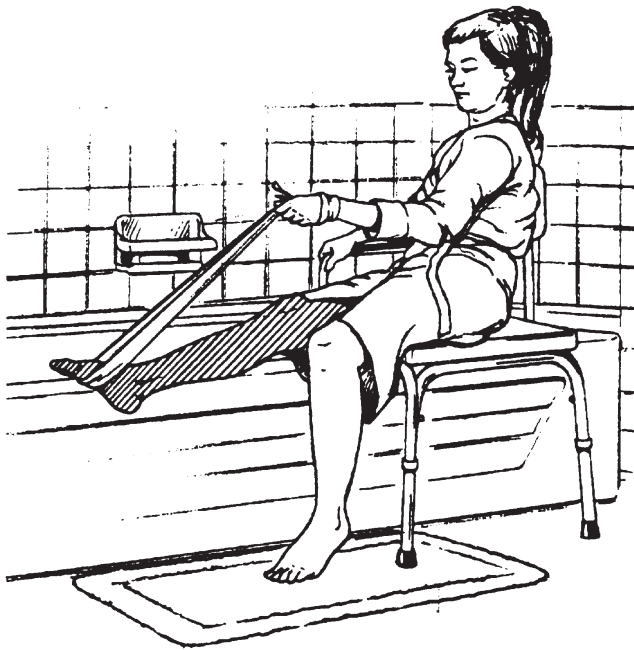
## Bathing

You should not get your incision wet until several days after your staples have been removed. This means that at first you should sponge bathe.

Once the incision is healed, you may shower. **Do not climb into the tub.**

If you wish to shower in the bathtub, you will need to use a bath bench. Your occupational therapist can show you the proper kind and how to transfer safely. If you have a walk-in shower, you should use a seat with arms or a chair and a grab-bar to get up and down safely. A long handled bath sponge can be used to wash your legs and feet so you do not bend forward.

Never use soap dishes or towel racks to support yourself. They are not made to hold your weight and may give way.

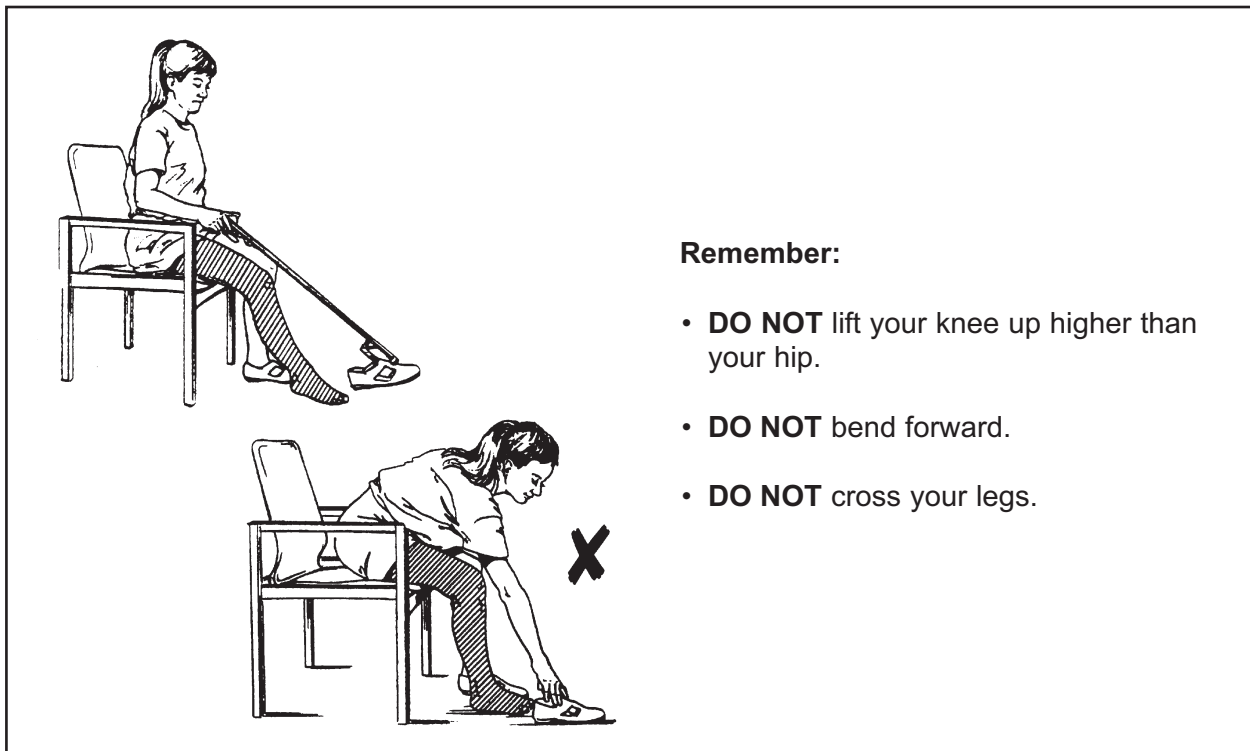
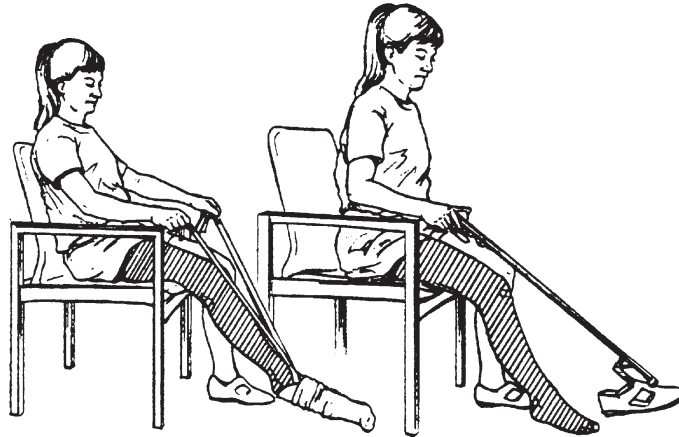


## Dressing

Your occupational therapist will show you how to get dressed safely and independently. There are several assistive devices that can help you put your socks, shoes, and pants on and off. By using these devices, you will find it easier to follow the “Basic Rules for Protecting Your Hip”. If there is someone at home who can help you to get dressed, you may not need to use these devices.

### Steps to Dressing

- Choose loose clothing if possible.
- Sit on the side of the bed or on a firm chair.
- Have your equipment near you (reacher, sock-aid, etc.)
- Dress your operated leg first, undress it last.



### Remember:

- **DO NOT** lift your knee up higher than your hip.
- **DO NOT** bend forward.
- **DO NOT** cross your legs.

## Sexual Relations

As with any activity, it is important to remember the “Basic Rules for Protecting Your Hip”. (See Pages 21-22). The safest position will be lying on your back. You may be on your side as long as your operated leg is supported. Avoid turning your leg outward too far. Ask your physiotherapist or occupational therapist for a guide titled “Sex after Joint Replacement”.

## Driving and Riding in the Car

You should not drive a car for at least six weeks after your operation. Your surgeon will advise you further at your six-week check-up.

To get into the car as a passenger:

- Have the driver park away from the curb.
- Make sure the seat is pushed back as far as possible to provide maximum leg room.
- If the car seat is low, **use a firm cushion to raise the height.**
- Stand with your back to the car so you feel the seat touching your legs.
- Lower yourself slowly keeping the operated leg forward.
- Slide well back in the seat.
- Recline the back of the seat a little so that you won't bend  $>90^\circ$  as you turn and swing your legs
- Swing your legs into the car gently as you turn to face forward.
- You may find it easier to transfer if you place a 'slippery' material over the seat or cushion (eg. green garbage bag).

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



### **Safety Proofing Your Home**

1. Install railings along stairs.
2. Remove scatter rugs.
3. Move telephone wires and electrical cords out of the way.
4. DO NOT wax your floors.
5. Use night lights, especially between your bedroom and the bathroom.
6. DO NOT try moving too quickly. Let people know that it will take you longer to get to the phone or the door.

### **Homemaking - Plan Ahead**

Because you will be using crutches or a walker, you may require help with meal preparation and homemaking tasks. If you are able, try preparing meals ahead of time. You will need help from family or friends for about 12 weeks for chores which involve heavy lifting, bending or twisting. Chores to avoid are, carrying laundry or garbage, vacuuming, cleaning floors, changing bed linen. To reach items in the kitchen safely, you may need to re-organize. Try to store items you use often at a level between your waist and shoulders. For items higher or lower, you may be able to use a reacher. Rather than bending down to the oven, try using a microwave or toaster oven at counter height. Many jobs in the kitchen can be managed more safely and easily by sitting on a high stool or chair. For example, preparing food at the counter or carrying things from one place to another is difficult when using crutches or a walker. Your occupational therapist may be able to make some helpful suggestions.

If help from family or friends is limited or unavailable, you may be able to access services such as Meals on Wheels or private homemaking. Please call your family physician or the Community Care Access Centre (CCAC) for information on home support services and related costs.

## Equipment

The following is a list of equipment which your Occupational Therapist has reviewed with you.

You **must** have:

- crutches (or in some cases a walker)
- raised toilet seat with arms or commode chair
- a chair which is high enough, has a firm level seat and arms

You might need:

- versaframe (if raised toilet seat does not have arms)
- bath transfer bench (adjustable height)


The following items, or assistive devices, are optional, depending on how much help is available to you at home:

- long handled reacher (32" is best)
- long handled bath sponge
- long handled shoehorn
- sock-aid
- elastic shoelaces

**Remember that getting in/out of a car, truck or van after surgery can be difficult. Decide ahead of time what vehicle you will be going home in and practice your transfers, making sure you don't bend or twist your hip.**



**SECTION 4**



**Exercises  
Following  
Total Hip Joint  
Replacement**



## **EXERCISES FOLLOWING TOTAL HIP JOINT REPLACEMENT**

The following exercises will be reviewed with you by your physiotherapist (P.T.). They are designed to improve your mobility and your muscle strength following your total hip joint replacement. These exercises will be started on Day 2 of your hospital stay. You need to continue doing these exercises when you go home.

All exercises should be carried out just as they are written. Any questions should be referred to your physiotherapist.

**Exercises should be done**

**two (2) times daily.**

**Repeat each exercise ten (10) times.**

**Continue to exercise at home.**

## EXERCISES DURING THE FIRST TWO WEEKS AFTER SURGERY

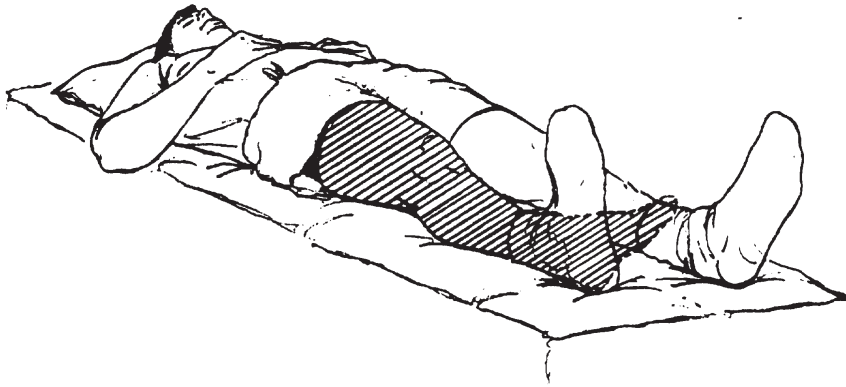
*Exercises #1 to #5 are done lying on the bed on your back.*

### Exercise #1:

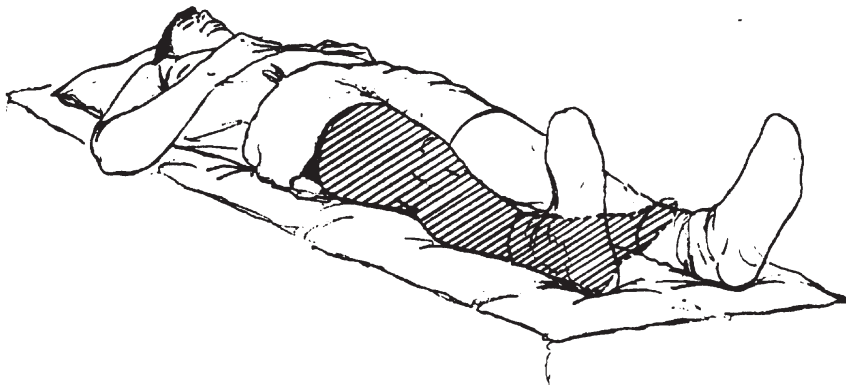
This exercise encourages proper positioning of the operated leg and strengthens the muscles that control your leg rotation. It is important to begin all of the following exercises with your operated leg in this neutral position.

#### ***Lying on your back -***

1. Roll your operated leg to the neutral position so that your knee cap and toes are pointed towards the ceiling.
2. Hold for a count of 10 seconds. Relax.
3. Do this as often as you can.



1. Keep your ankles moving to prevent them from getting stiff and to help the circulation. Move your feet in a clockwise and counter-clockwise direction. You can do this sitting or lying.
2. Repeat 10 times every hour.

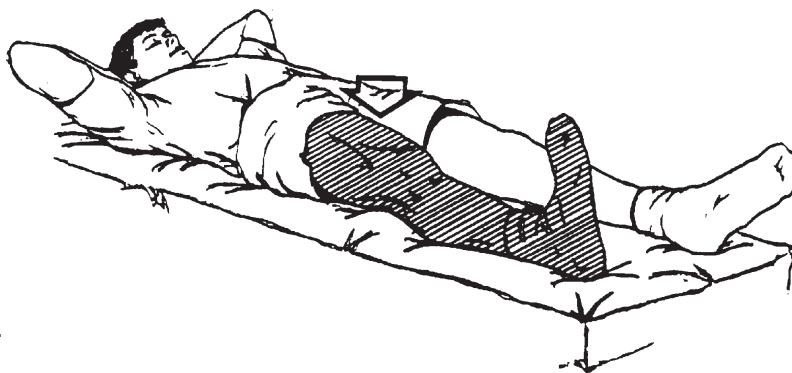


**Exercise #2:**

**\*This exercise is to strengthen your thigh and buttock muscle.**

***Lying on your back -***

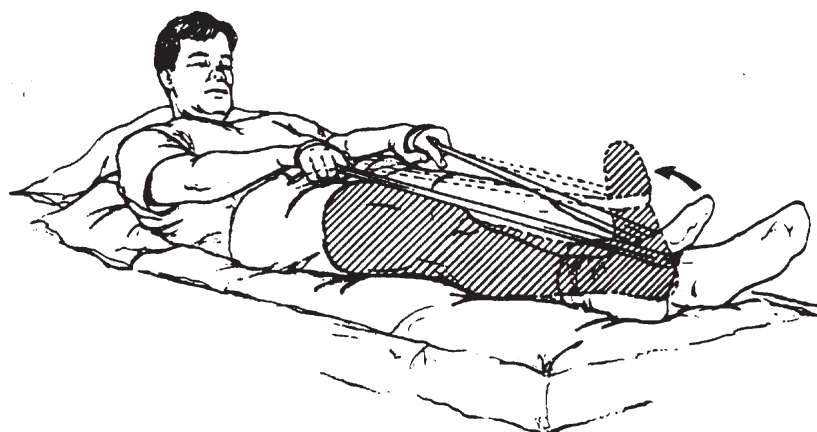
1. Pull your toes up (operated leg) pointed towards the ceiling.
2. Tighten your thigh muscle.
3. Squeeze your buttocks.
4. Press the back of your knee down into the bed.
4. Hold for 5 seconds.
5. Relax.
6. Repeat the exercise 10 times.



**Exercise #3:**

**\*This exercise stretches the muscles on the back of your lower leg and ankle.**

1. Loop your strap around the ball of your foot.
2. Keep your heel down and your knee straight. Do not lift your leg off the bed.
3. Pull on the strap (you should feel a stretch along the back of your leg and calf).
4. Hold for 5 seconds.
5. Relax.
6. Repeat the exercise 10 times.

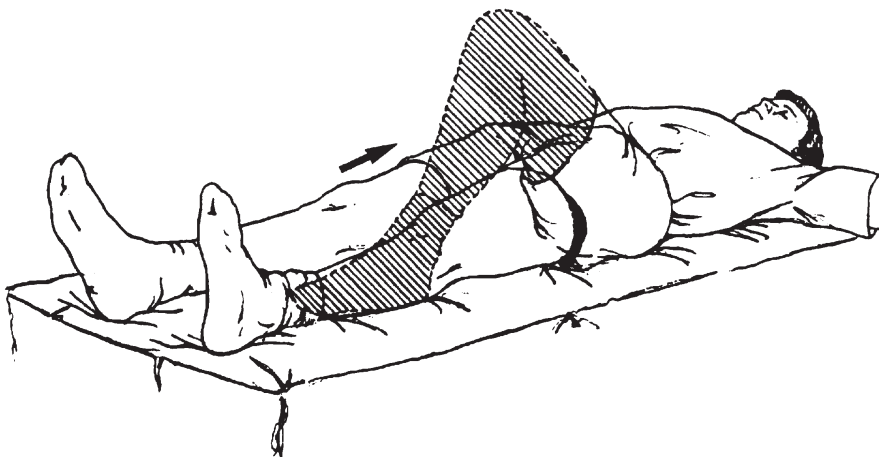


**Exercise #4:**

***Lying on your back with the leg in neutral position -***

1. Bend your knee by sliding your heel on the bed.
2. You may use a plastic bag under your heel to help you slide.
3. You may use the strap to assist with the bending if you are having difficulties.
4. Repeat the exercise 10 times.

**DO NOT BEND YOUR HIP BEYOND 90°**

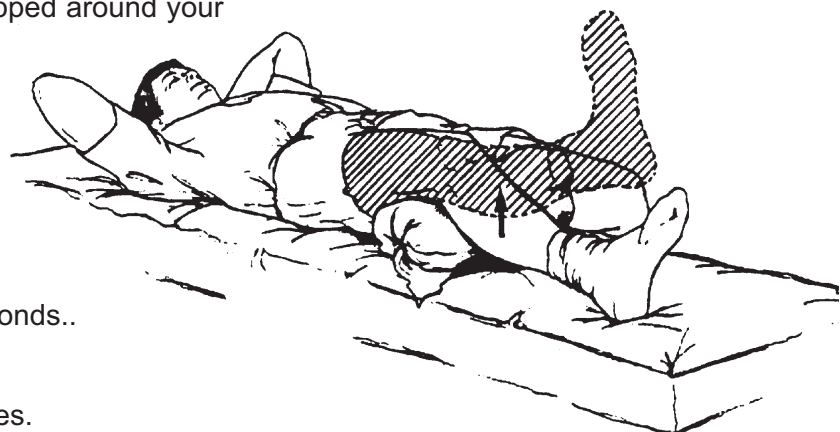


**Exercise #5:**

**\*This exercise is to strengthen your thigh muscle.**

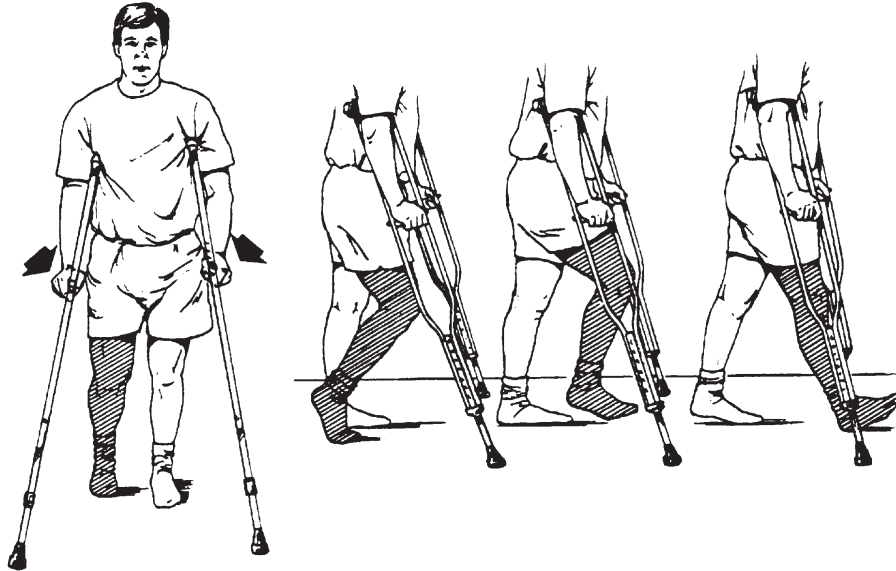
***Lying on your back -***

1. Place a rolled towel (6 inches in diameter or use a 48 oz. juice can) under your knee of the operated leg.
2. You may use the strap wrapped around your foot to assist with this exercise.
3. Pull your toes up and lift your heel off the bed straightening your knee. Your thigh must remain supported on the roll.
4. Hold your heel up for 5 seconds..
5. Relax.
6. Repeat the exercise 10 times.



### POINTS TO REMEMBER:

- use your walking aid until you return to the clinic or until your physiotherapist indicates a change
- use a normal heel toe gait - pick your foot up and take a normal step - keep your big toe pointing forward



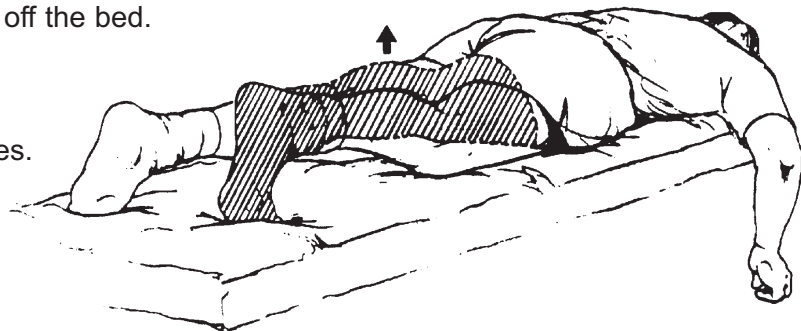
### Exercises Two Weeks After Surgery

*At two weeks after your surgery your physiotherapist may introduce exercises A to D.*

#### Exercise A:

##### *Lying on your stomach:*

1. Place your foot (operated leg) so that the toes are supporting the weight of your leg.
2. Tighten the muscles on the back of that leg.
3. Lift the knee (operated leg) off the bed.
4. Hold for 5 seconds.
5. Relax.
6. Repeat the exercise 10 times.

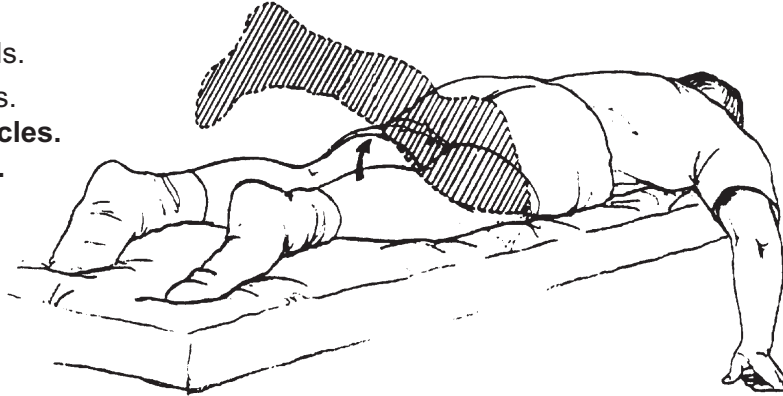


**Exercise B:**

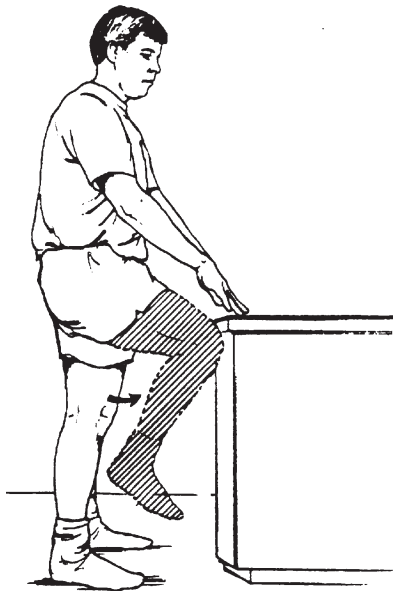
***Lying on your stomach with both legs straight -***

1. Raise your operated leg up off the bed about 2 inches.
2. Hold for 5 seconds.
3. Relax to a count of 5 seconds.
4. Repeat the exercise 10 times.

**Do not use your back muscles.  
Keep your hips on the bed.**



**\*These exercises are designed to improve the way you walk.**



**Exercise C**

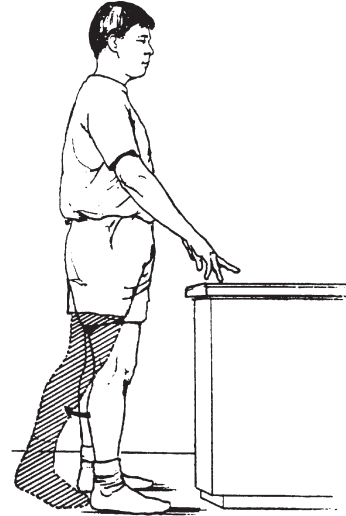
***Standing, holding onto the kitchen counter or table - make sure that you do not bend forward at the waist.***

1. Bring your knee (operated leg) up in a marching fashion.  
**Do not bring your knee higher than the level of your hip.**
2. Hold for 5 seconds.
3. Relax.
4. Repeat the exercise 10 times.

### Exercise D

**Standing, holding onto the kitchen counter or table, with your knee straight -**

1. Bring the operated leg out behind you.  
**Do not bend forward at the waist.**
2. Hold for 5 seconds.
3. Relax.
4. Repeat the exercise 10 times.



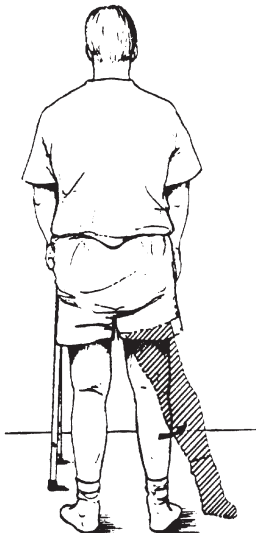
### Exercises Four Weeks After Surgery

**At four weeks after your surgery your physiotherapist may introduce exercises A and B.**

#### Exercise A:

**Lying on your back with your big toe (operated leg) pointed toward the ceiling -**

1. Slide your operated leg out to the side.
2. Hold for 5 seconds.
3. Bring the operated leg back beside the other leg - do not cross the midline.
4. Relax.
5. Repeat the exercise 10 times.



#### Exercise B

**Standing, holding onto the kitchen counter or table, with your knee straight (operated leg) -**

1. Move your operated leg out to the side.  
**Try to keep your hips level.**
2. Relax.
3. Repeat the exercise 10 times.

## Exercises Six Weeks After Surgery

### Exercise A:

**\*These exercises are designed to improve your range of motion and strength.**

#### *Lying on your back -*

1. Bend your operated leg, sliding your heel towards you along the bed. Lift your heel off the bed. Hold 5-10 seconds, then relax and repeat.
2. Bend your non-operated leg and slide it along the bed and lift it up towards your chest. Hold it against your chest. At the same time, push your operated leg down against the bed. Hold 5-10 seconds, then relax and repeat.

### Exercise B:

#### *Lying on your non-operated side -*

- With your operated hip facing the ceiling lift your operated leg up sideways towards the ceiling (keep your knee straight). Hold your leg up 5 seconds.
- Relax.
- Repeat the exercise 10 times.

To progress this exercise, place a weight above your knee. You may gradually move it down to your ankle.

To increase resistance, increase your weights by one pound as tolerated.

### Exercise C:

#### *Standing -*

- Hold onto a kitchen counter. Balance your body weight equally between both your legs. Standing on your operated leg, bend your opposite knee up. Hold for 5 seconds. Try and hold your hips level.
- Relax.
- Repeat the exercise 10 times.

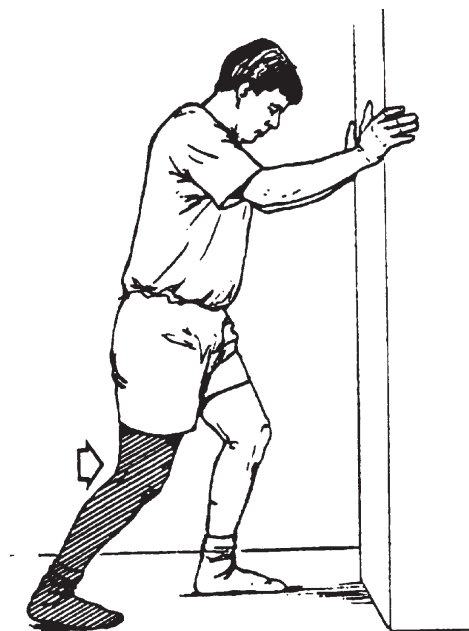
### Exercise D:

- Balance your body weight equally between both your legs. Take all your weight on your operated leg. Lift your non-operated leg out sideways. At the same time, try to maintain your hips on a level. Hold 5 seconds.
- Relax.
- Repeat the exercise 10 times.

**Exercise E:**

***Standing a few feet away from the wall, facing it -***

- Place your operated leg behind the other leg.
- Place your hands on the wall.
- Keep your back heel on the ground and bend this knee slightly.
- Lean forward.
- Hold for 5 seconds.
- Relax.
- Repeat the exercise 10 times.

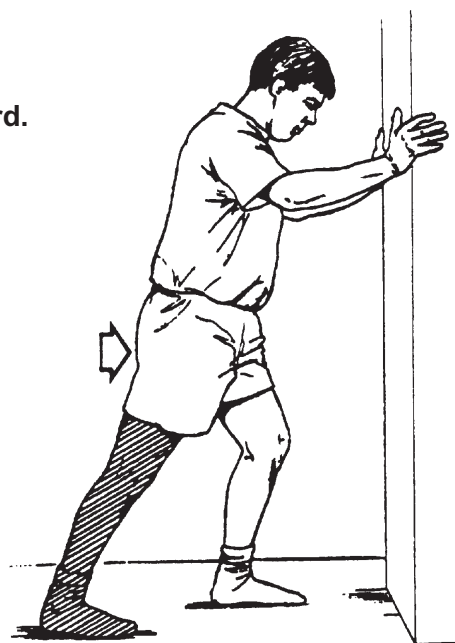


**Exercise F:**

**\*This exercise stretches your calf muscle and heel cord.**

***Standing a few feet away from the wall, facing it -***

- Place your operated leg behind the other leg.
- Place your hands on the wall.
- Keep your back leg straight and heel on the ground.
- Lean forward, keeping your back straight - you should feel a stretch in the back of your calf muscles.
- Hold for 5 seconds.
- Relax.
- Repeat the exercise 10 times.



**If you have any questions, please contact your Physiotherapy Department.**



**SECTION 5**



**Final  
Remarks**



## TELEPHONE DIRECTORY

*Here is a list of phone numbers that you might find helpful.*

Dr. R.B. Bourne's office..... 519-663-2909  
 Dr. S. MacDonald's office..... 519-663-3689  
 Dr. R. McCalden's office..... 519-663-3049  
 Dr. D. Naudie's office ..... 519-663-3407  
 Dr. J. McAuley's office..... 519-663-3307  
 Dr. J. Howard's office..... 519-663-3551



Orthopaedic Inpatient Area..... 519-685-8500 ext. 32454  
 Orthopaedic Outpatient Area ..... 519-685-8500 ext. 32487  
 Occupational Therapy Department..... 519-663-3502  
 Physiotherapy Department..... 519-663-3503  
 Pre-Admission Clinic ..... 519-685-8500 ext. 35422  
 Nurse Practitioners  
     Terry Lyne McLaughlin..... 519-685-8500 ext. 36843  
     Ann Whitley ..... 519-663-4859  
     Maribeth Witteveen..... 519-663-6315  
 Manager Orthopaedics  
     Donna Kalman ..... 519-685-8500 ext. 34881  
 Coordinator Orthopaedics  
     Sylvia Simon..... 519-685-8500 ext. 34942  
 Clinical Educator Orthopaedics  
     Hazel Celestino ..... 519-685-8500 ext. 36309  
 Community Care Access Centre (London).... 519-473-2222  
 Arthritis Society..... 519-433-2191

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

**SUPPORTING OUR PROGRAM**

With the help of our generous community members, the Orthopaedics Program at University Hospital is on the leading edge of medical advances, living its mission of excellence in research, education and patient care.

Government funding is not enough to meet all our needs in advancing health care. We count on generous donations from our community to buy equipment, help improve facilities, advance research and introduce new programs.

Many people give to the London Health Sciences Centre, Orthopaedics Program to say thank-you for the wonderful treatment they or the people they love have received at the Hospital. Others give because they want to know that outstanding health care will be available when they or others need it. To make this easy for you we have developed the form below. **Please place a check ✓ in the appropriate box (  ) below and enter the amount in the column provided on the right.**

|                                                             | <b>Amount (\$)</b> |
|-------------------------------------------------------------|--------------------|
| <b>Orthopaedic Patient Care:</b>                            |                    |
| <input type="checkbox"/> Nursing                            | _____              |
| <input type="checkbox"/> Occupational Therapy               | _____              |
| <input type="checkbox"/> Physiotherapy                      | _____              |
| <b>Orthopaedic Research</b>                                 |                    |
| <input type="checkbox"/> Dr. R.B. Bourne                    | _____              |
| <input type="checkbox"/> Knee <input type="checkbox"/> Hip  |                    |
| <input type="checkbox"/> Dr. S. MacDonald                   | _____              |
| <input type="checkbox"/> Knee <input type="checkbox"/> Hip  |                    |
| <input type="checkbox"/> Dr. R. McCalden                    | _____              |
| <input type="checkbox"/> Knee <input type="checkbox"/> Hip  |                    |
| <input type="checkbox"/> Dr. D. Naudie                      | _____              |
| <input type="checkbox"/> Knee <input type="checkbox"/> Hip  |                    |
| <input type="checkbox"/> Dr. J. McAuley                     | _____              |
| <input type="checkbox"/> Knee <input type="checkbox"/> Hip  |                    |
| <input type="checkbox"/> Dr. J. Howard                      | _____              |
| <input type="checkbox"/> Knee <input type="checkbox"/> Hip  |                    |
| <input type="checkbox"/> <b>Operating Room Equipment</b>    | _____              |
| <input type="checkbox"/> <b>Outpatient Clinic Equipment</b> | _____              |

**Please complete this form and return it with your commitment:**

**London Health Sciences Foundation**  
 c/o Arthroplasty Program, University Hospital  
 747 Baseline Road East, London, Ontario N6C 2R6  
 Telephone: 519-685-8409

*Thank you for your continued support.  
 If there is any more that we can do for you please let us know*

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT



**Joint Replacement Surgery  
Patient Checklist**

[www.lhsc.on.ca/jointreplacement](http://www.lhsc.on.ca/jointreplacement)

With joint replacement surgery, the surgery itself is just one component of the whole process. In order for your surgery to be successful, there are things that you can and should do to be adequately prepared.

It is important to discuss with your family and friends your decision to have surgery and how they may be of assistance to you before, during, and after surgery. Things to consider and arrange are:

- I am aware discharge is 3-4 days after surgery. Discharge is by 11:00 AM
  - I have made arrangements for transportation in an appropriate vehicle to take me home and to my appointments ie. With your family physician, physiotherapist and surgeon
  - I have practiced car transfers so that I can follow the movement restrictions I may have after surgery
  - I have arranged for help at home following discharge ie. Assistance with grocery shopping, meal preparation, house cleaning, laundry, and general errands after surgery
  - If I am unable to manage at home, I have made arrangements for an alternate discharge destination ie. Convalescent or respite bed, relatives or friends home
  - As discussed with the Occupational Therapist, I have arranged the following:
    - Crutches
    - Standard walker with no wheels
    - Raised toilet seat with arms or raised toilet seat with a versa frame
    - Commode chair
    - Tub transfer bench or shower chair
    - Long-handled bath sponge
    - Long-handled reacher
    - Long-handled shoe horn
    - Sock-aid
    - A chair higher than knee height with arm rests and a firm and level seat
    - Your bed should be higher than knee height
    - Other: \_\_\_\_\_
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