



West Parry Sound Health Centre

A Guide for Patients Having a Hip Replacement



West Parry Sound Health Centre
6 Albert St
Parry Sound, Ontario P2A 3A4
705-746-9321

www.wpshc.com

**Please bring this booklet to
each hospital visit, including
your hospital stay.**



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WELCOME TO THE WEST PARRY SOUND HEALTH CENTRE

On behalf of all the staff and volunteers at the West Parry Sound Health Centre, we would like to welcome you. We are pleased to announce enhanced, year-round Orthopaedic Services are being provided at West Parry Sound Health Centre.

To be assessed for a hip or knee replacement, please ask to be referred to the **North East Joint Assessment Centre (NEJAC)** program by your physician. You may reach the NEJAC program at the following number: **705-746-4540 extension 3304.**

West Parry Sound Health Centre staff and our medical professionals are pleased to be working together in service to the health care needs of patients by expanding surgical programs in our community.



TELEPHONE DIRECTORY

This is a useful page of the Health Centre and community's telephone numbers you may need. Please call the West Parry Sound Health Centre Main Telephone number (705) 746-9321 if the area you are trying to reach in the Health Centre is not listed below.

Health Centre

- Admitting..... (705) 746-4540 x 3708
- Pre-Op Clinic..... (705) 746-4540 x 3410
- Rehabilitation Dept..... (705) 746-4540 x 1302
- Foundation Office..... (705) 746-4540 x 3348

Community

- CCAC (Community Care Access Centre)..... (705) 773-4602
- **Pharmacy**
 - Pollard's IDA (Parry Sound)
.....(705) 746-2581
 - Lane's Family Pharmacy (Parry Sound)
.....(705) 746-2187
 - Huntsville Hometown IDA Drugstore
.....(705) 789-7534
 - Heather's Home Health Care (Bracebridge)
.....(705) 645-7572

Pre Surgery Exercises for Patients Having a Hip Replacement

Contact the Rehabilitation Department at the West Parry Sound Health Centre (705) 746-4540 ext. 1302 if you have any questions regarding these exercises.

Note: Stop exercising if you feel sharp, sudden or severe pain.

Isometric Hip Abduction

- Lie on back.
- Spread legs apart as far as you can.
- Repeat 10 times.



Glut Sets

- Lie on your back.
- Tighten buttocks together and hold for 5 seconds.
- Repeat 10 times.



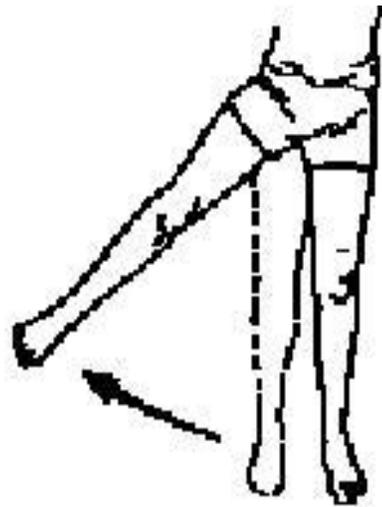
Quads over Roll

- Lie on your back with a pillow or towel rolled up under your knee on affected side.
- Hold 5 seconds.
- Repeat 10 times.



Standing Hip Abduction (Advanced exercise)

- Stand, holding onto a solid object for balance.
- Raise involved leg out to the side to a comfortable position keeping knee straight.
- Keep trunk straight and move only the leg.
- Repeat 10 times.



Single Leg Stance (try this exercise as pain permits)

- Stand on involved leg, while squeezing buttocks together.
- Hands on the table or back of chair for support if needed.
- Keep pelvis level.
- Hold for 5-10 seconds.
- Repeat 10 times.



Chair Push-ups

- Sit with hands on arms of chair.
- Push down on hands to lift buttocks off chair.
- Repeat 10 times.



EQUIPMENT YOU MAY NEED FOR HOME FOR HIP REPLACEMENT

Before your surgery, it is helpful to obtain and set up some equipment so that you can manage easier at home upon discharge.

Note: The prices listed for each item are approximated.

- **Long-handled Reacher**
(\$14.95-\$19.99)



- **Long-handled Sponge/Brush**
(\$5.99-\$8.95)



- **Long-handled Shoe Horn**
(\$6.99-\$15.99)



- **Sock Aid**
(\$5.99-\$15.99)



- **Solid Foam Cushion (3-4 inch)**
(\$36.99-\$59.99)



- **Lock Raised Toilet Seat**
(To rent: \$20-\$25 a month)
(To purchase: \$69.99)



- **2 Wheeled Walker**
(To rent: \$20-\$45/month)



- **Tub Transfer Bench**
(To rent: \$20-\$35/month)
(To purchase: \$159.99)



- **Bath Seat**
(To rent: \$15-\$25/month)
(To purchase: \$89.99)



PREPARE YOUR HOME

There are a number of things you can do before your surgery to help get prepared.

- Tell your family and friends that you are having surgery and might need their help during and after your hospital stay.
- Ask someone to help you with household tasks such as grocery shopping, house cleaning and laundry.
- Arrange transportation on day of surgery, discharge day and first follow up visit.
- Cook and freeze meals ahead of time.
- Place frequently used items at waist or shoulder level to minimize bending.
- Ensure that your chairs and couches are not too low. You may need to elevate them on wooden blocks to prevent hip dislocation.
- Install night lights so that you can see the floor clearly if you get up at night.
- Place a non-slip coating or bath mat in the tub or shower.

SEE YOUR FAMILY DOCTOR / SPECIALIST

See your **Family Doctor** as soon as you decide to have surgery. It is important to make sure you are as healthy as possible so that your surgery and recovery goes smoothly. This will also prevent your surgery from being postponed because of any untreated or unstable medical conditions.

If you are being followed by a **specialist**, such as a cardiologist or hematologist, it is important to see them and let them know you are having surgery. This gives them time to organize tests to make sure you can safely proceed with your surgery.

Nutrition and Weight Management

Eating a well balanced diet, as recommended in “Eating Well with Canada’s Food Guide” will help your body heal. Extra weight can also affect your recovery by reducing your exercise tolerance. Talk to your doctor about an appropriate weight loss program if needed. You can access Canada’s Food Guide at www.healthcanada.gc.ca/foodguide for more information about healthy eating.

SMOKING

People who smoke are at a higher risk of developing complications with their lungs and circulation. Talk to your family doctor about ways to help you stop smoking.

DENTIST

Your dentist is an important part of your healthcare team. Bacteria from an infection in your mouth can travel through your bloodstream to your new joint causing an infection there. So make sure any tooth or gum problems are treated before your surgery.

ILLNESS BEFORE SURGERY

If you develop a cold, flu or gastric symptoms (such as diarrhea, nausea and vomiting) before your surgery, please call your surgeon's office. If surgery must be postponed because of the illness, we will make every effort to arrange a new surgical date as priority. If these symptoms occur on the weekend prior to a Monday surgery, please call the hospital at 705-746-9321 and ask to speak to the hospital's supervisor.

LENGTH OF STAY

Almost all people are ready to return home 3 days after surgery. Further rehab can take place on outpatient basis or at home with home care/CCAC.

The Day Before Your Surgery

- **DO NOT** drink any alcoholic beverages, including wine and beer, for 24 hours prior to surgery.
- **DO NOT** use any recreational drugs (marijuana, cocaine etc) for 48 hours prior to surgery.
- **DO NOT** consume any solid foods or fluids (unless told otherwise), candies or chewing gum after midnight.
- Shower or bathe the night before or the morning of surgery. Do not use body lotion or deodorant.

PROTECT YOURSELF FROM FALLS

Arthritis of the hip can increase your risk of falls. There are a number of things you can do to decrease this risk before and after your hip replacement surgery.

Consider these suggestions:

- In the kitchen, do not use a footstool to reach for objects. Move frequently used items to lower shelves. Use a reacher for items that are out of arm's reach.
- In the bathroom, equipment such as a raised toilet seat, grab bars or a tub seat may be helpful. An Occupational Therapist can help you determine which aids would be most helpful for you. Everyone should use a non-slip rubber mat or self-stick strips on the floor of the tub or shower.
- Put a nightlight on the path from the bed to the bathroom if the area is normally very dark.
- In the bedroom, make sure there is a bedside lamp in easy reach so that you can turn it on if you have to get up during the night.
- Always get up slowly after sitting or lying down
- Take your time when going up or down the stairs.
- Remove throw rugs.
- Pathways should be clear of cords or wires by coiling or taping them to the wall.
- Keep emergency numbers in large print near each phone.

- In the garden, put tools away, wear supportive shoes and avoid walking on wet grass.
- Use your walking aid indoors and outdoors if one has been prescribed.
- Be sure indoor and outdoor shoes fit properly. Footwear should have support around the heel and rubber soles. Try elastic laces if you have difficulty tying shoes.
- If you have pets, consider removing your pet from the home during your early recovery stage or arrange for family/friends to take your dog out for walks. Be careful of active or sleeping pets as you walk. Try to keep pet toys in a designated area to minimize the risk of tripping over them.
- When walking outdoors, avoid walking on poorly maintained sidewalks, unlit streets and icy surfaces. Try to walk with a partner. Consider other options such as walking in a mall for exercise.

Know your limitations. If you had falls in the past, think about possible causes and think about ways to prevent falls in the future.

YOUR HOSPITAL STAY

ITEMS TO BRING TO THE HOSPITAL

Please label all personal equipment with your name.

1. Ontario Health Card.
2. Current medications in their original containers.
3. Any new medications with you that were not on the list that you had brought to the pre-op clinic.
4. Personal toiletries.
5. Shoes, preferably a non-skid bottom and support around the back of the foot. Shoes with laces or velcro may be difficult to manage due to your hip precautions.
6. Comfortable clothing. Jogging pants or pants with an elastic waist band are easier to manage.
7. If applicable, please bring your **two wheeled walker** and your **“hip kit”** with you on surgery day.

What to Leave at Home

- Perfume or scented items. The West Parry Sound Health Centre is a fragrance-free environment.
- Jewelry and valuables.

Please be advised that the West Parry Sound Health Centre is not responsible for money, valuables or other personal property including eye glasses, dentures and hearing aids.

ON THE DAY OF YOUR SURGERY

DO NOT

- Consume any solid foods or fluids, candies or chewing gum. If you have been directed by the surgeon, anaesthetist or Pre-op clinic nurse to take medication you may do so with a sip of water.
- Wear perfume or after-shave.
- Wear make-up, nail polish (fingers and toes), artificial nails and body jewelry.

In the Pre-op Area

- Whoever is with you on surgery day may come in and sit with you.
- Your nurse will start an intravenous through which medications will be given during your surgery. You may be given antibiotics before your surgery.
- Your nurse will review your consent for surgery with you and confirm

the joint that your surgery will be performed on.

- If you are diabetic, your blood sugar will be checked.

ANESTHESIA AND SURGERY

All surgery requires some form of anesthesia. This is done by “numbing” various parts of the body or creating a state of “deep sleep” with medication. This allows your surgery to proceed comfortably.

Anesthesiologist

Your anesthesiologist is a doctor with a specialized knowledge of illness, drugs and treatment of serious medical problems. This doctor gives you the anesthesia during surgery. A member of the anesthetic team will stay with you and monitor you closely throughout your surgery.

The anesthesiologist who assesses you before surgery in the Pre-Anesthesia clinic may not be the same one who gives you your anesthetic on the day of surgery. Our anesthesiologists work as a team. All information will be in your hospital record and will be reviewed on the day of surgery.

Before the Anesthetic

During anesthesia, the systems that keep food and drink safely in your stomach, become weak. Food and drink may find its way out of your digestive system and into your lungs, by vomiting or regurgitation and cause serious problems. This is why it is **VERY** important to have an empty stomach before surgery. You will be given instructions regarding when to

stop eating solids and fluids before your surgery. Please follow these instructions carefully.

What are the Risks of Anesthesia

All operations and all anesthesia have some risks. The risk depends on the type of surgery, the type of anesthesia and your health. Fortunately, bad outcomes are very rare. Your anesthesiologist will make every effort to ensure your safety and is prepared to deal with any problems that may arise.

Types of Anesthesia

For hip replacement procedures, two kinds of anesthesia are common: general or spinal. Most patients (about 80 - 90%) having a joint replacement at the WPSHC have a spinal anesthetic. You will have an opportunity to discuss with your anesthesiologist which type is best for you. This is influenced by your general health and the type of surgery you are having.

General Anesthetic

General anesthesia often involves multiple medications. They can be given through your intravenous line or in the form of a gas you breathe. The ones your anesthesiologist chooses for you depend on your general health and the type and complexity of your surgery. In general anesthesia, you are fully asleep during surgery. A breathing tube is placed in your mouth and throat during surgery and you are hooked up to a breathing machine. When your surgery is finished, the breathing tube is removed and you breathe on your own. You are then taken to the Recovery Room, where you will wake up.

What are the Risks of General Anesthesia?

- A mild sore throat that lasts one to two days.
- Tooth or airway damage may occur from putting in the breathing tube.
- You may feel nauseated and drowsy.
- Slight confusion or memory loss can happen in older people and usually lasts for a short time only.
- Regurgitation of stomach contents in your lungs (aspiration).
- Allergic reactions, damage to nerves, heart attacks and death are extremely rare.

Spinal Anesthetic

With spinal anesthesia, medication is put in the spinal fluid around the spinal nerves. This freezes the nerves so that you have no feeling or movement in your legs. This numbness lasts about 5 hours. Spinal anesthesia is suitable for surgeries in the lower half of the body.

Before receiving spinal anesthesia, medication is given to help you relax. You will be asked to sit up or lie on your side. The anesthesiologist will freeze a small area of your lower back. A very small needle is then inserted to inject medication into the fluid around your spinal nerves. Once the spinal medication is in, the needle is removed.

When having spinal anesthesia, you will be given medication to put you into a light sleep. This is called sedation. You will not see or feel the actual surgery taking place. Your anesthesiologist can adjust your medication to reduce the chance of you hearing anything during your surgery. Please discuss this if it is a concern. You may also choose to stay awake during surgery rather than having a sedation. Just let your anesthesiologist know.

What are the Benefits of Spinal Anesthetics?

- You will not need a breathing tube. You breathe on your own without needing an artificial breathing machine.
- Fewer medications are used.
- Reduces post-operative nausea and vomiting.
- You won't feel as groggy.
- Some research suggests that patients who have a spinal anesthesia have less blood loss during surgery and have better pain control after surgery.
- There is also a decreased incidence of blood clots.
- You recover more quickly.

What are the Risks of Spinal Anesthetics?

- You may experience a headache; the risk is less than 1%.
- Your blood pressure may drop. A machine will check your blood pressure often, and an intravenous will give you fluids to help prevent this.
- Nerve damage, heart attack and death are extremely rare.

PAIN MANAGEMENT AFTER SURGERY

Our goal is to make sure you are as comfortable as possible. **Good pain control allows you to exercise and progress with your activity, which is important for a successful recovery.**



You will be asked to rate your pain using this scale. This helps us to measure the success of the medication in reducing your pain to an acceptable level.

There are several methods of pain control available. Your anesthesiologist will discuss which methods are best for you. They include:

- Oral pain medication & multi-modal analgesia
- Patient-controlled analgesia (PCA)

Oral Pain Medication & Multi-modal Analgesia

There are several different types of oral pain medication (taken by mouth) available depending on what works best for you. You will be given several different types of pain pills on a regular basis. This is called “multi-modal analgesia”. Each pill works differently in your body and reduces the need for stronger pain medication, such as morphine. If the medication does not control your pain, please discuss this with your nurse. Additional or different pain medication can be given.

Patient Controlled Analgesia

Patient controlled analgesia (or PCA) is a pump containing pain medication. It connects directly to your intravenous line and provides fairly rapid pain relief. The PCA allows you to control your pain safely and effectively, by pushing a button when you experience pain. The pump will “beep” and deliver a small dose of pain medication. The pump is programmed to allow pain medication every 5 minutes, with the maximum dosage of 10 mg per hour. This means you cannot take too much.

It is important that only **you** push the PCA button, not friends or family members. The PCA is used for the first 24-48 hours after your surgery. Side effects, such as nausea or itching, may occur. Medication can be given to relieve these symptoms.

POTENTIAL COMPLICATIONS AND HOW TO HELP PREVENT THEM

Despite the success of a total hip replacement, there is a small risk of developing complications. These complications can occur because of the anesthesia, any health problems or the surgical procedure itself. Possible local complications: surgical site infection, damage to blood vessels and nerves, blood loss requiring blood transfusion, bone or implant fracture, increased bone formation around the joint, dislocation of the joint, altered limb length, early wear of the prosthesis and persistent or worsened pain and stiffness in the joint that was replaced. These complications may require additional surgery to improve your function.

Other medical complications include the risk of developing a deep venous thrombosis (DVT), pulmonary embolism, heart attack stroke and even death.

Although the likelihood of such complications occurring is low, your surgical team will make every effort to minimize the risk as much as possible. Your surgeon and anesthesiologist will discuss these issues with you before your surgery. Please make sure any questions you have are addressed when you meet with your surgical team.

Infection is a possible complication of any surgery. The risk is reduced through the use of antibiotics before and after your surgery and careful surgical technique.

Bacteria can travel through your bloodstream from infection elsewhere in your body to your new hip joint, e.g. from your throat, teeth, skin or urine. This is why it is important to have all infections assessed and treated before your surgery, as well as after surgery to protect your new hip joint.

Breathing problems - Pneumonia can occur after surgery. For a few days after your surgery, it is important to do deep breathing and coughing exercises 3 times every hour while awake. This helps to provide oxygen to your lungs and keeps your airway clear. Sitting up and getting out of bed as soon as possible also helps to prevent any breathing issues.

Cardiovascular complications (heart problems) - This may occur due to the stress of surgery. Surgery puts an additional workload on the heart. In patients with known heart disease, this can increase the risk for abnormal heart beats, chest pain or very rarely, heart attack. These complications can also happen in patients with no known heart problems. This is why it is important to have a thorough health assessment before your surgery.

Deep Vein Thrombosis (DVT) - These are blood clots which can form in the deep veins of your legs. This is often associated with lack of movement, so getting out of bed and being active as early as possible is encouraged. It is important to move your feet at the ankles up and down several times an hour after surgery. This is called “ankle pumping”. This exercise will help to keep your blood circulating properly.

Anticoagulants (blood thinners) will also be used to prevent blood clots. They are given in either a pill or needle form.

At the Pre-Operative clinic, the nurse will go through this information more in depth with you.

Pulmonary Embolism - This can occur when blood clots from the deep veins in the legs or pelvis break off, travel up to the lung and lodge there. If the clot is large enough, blood circulation to the lungs may be cut off. This is a serious complication. Anticoagulants (blood thinners) are given after surgery to prevent clot formation. Ankle pumping and early activity will also help prevent this from occurring.

Blood Transfusion - A blood transfusion is a medical procedure that gives you certain components or parts of blood that your body needs to stay healthy. At the Pre-Operative clinic, the nurse will go through this information more in depth with you.

Admission to West Parry Sound Health Centre and General Patient Information

The West Parry Sound Health Centre encourages patients to be involved in their health care. Please see the Patient Safety brochure **Your Health Care - Be Involved** to learn how you can become more involved in your care during your stay with us.

ADMISSION

Your Ontario Health Insurance Plan (O.H.I.P.) will cover all in-hospital costs for Canadian Residents; with the exception of preferred accommodation charges, telephone long distance charges and T.V. hookup which are the patient's responsibility. These charges must be paid on discharge.

PREFERRED ACCOMMODATION

You may have additional health insurance to cover the cost of a private or semi-private room. Please bring this insurance information with you at the time of your admission. The Health Centre will submit the preferred accommodation claims to your insurance company, however, the responsibility for payment remains the patient's.

In the event that the preferred accommodation you have requested is not immediately available, every effort will be made to transfer you to the requested accommodation as soon as possible.

Please bring with you:

- **Your health card (HIN)**
- **Any necessary insurance information**
- **Personal care items**

INFECTION CONTROL

On admission, you will be asked questions related to infection control. You will be asked if you have a fever, cough or diarrhea and if you have been travelling or have been a patient in another hospital.

Visiting Hours

Visiting hours are from **2:00pm to 8:00pm**. Timely nursing care and therapy sessions are important for your recovery, so visitors may be asked to step out of your room at these times.

Dietary

Breakfast is served at 8:00 a.m., lunch at 12:00 p.m. and dinner at 5:00 p.m. Please ask the nursing staff to notify the Dietary Department if a specialty diet is needed. Your physician may order a special diet. Please check with the nursing staff before you eat or drink anything that visitors may bring to you.

Patients and visitors are welcome to purchase meals and snacks in our cafeteria. The cafeteria hours are:

Lunch: 11:30AM - 1:30PM

Dinner: 5:00PM - 7:00PM

Vending machines are available at all times.

Additional Costs

During your stay, there may be additional costs, such as canes, crutches etc, that are not covered by OHIP or other health insurance.

Telephone

There will be a telephone in your room which is free of charge, except if making long distances phone calls.

- To make local calls, dial "9", the area code and then the number

Television Rentals

All patient rooms are equipped with televisions; rental charges are included in the Private and Semi Private preferred accommodation rate. All other rental charges are the responsibility of the patient and are paid to the television company. Rental forms are available at the nursing desk.

A television is available in the lounge of each unit.

Mail, Parcels and Deliveries

Friends and family may send you flowers, gift baskets or other gift deliveries while your in the hospital. All deliveries will be brought to your room. Please tell your family and friends of your expected length of stay, so that your delivery is not returned to the sender after you leave the hospital.

Flowers, Perfumes and Balloons

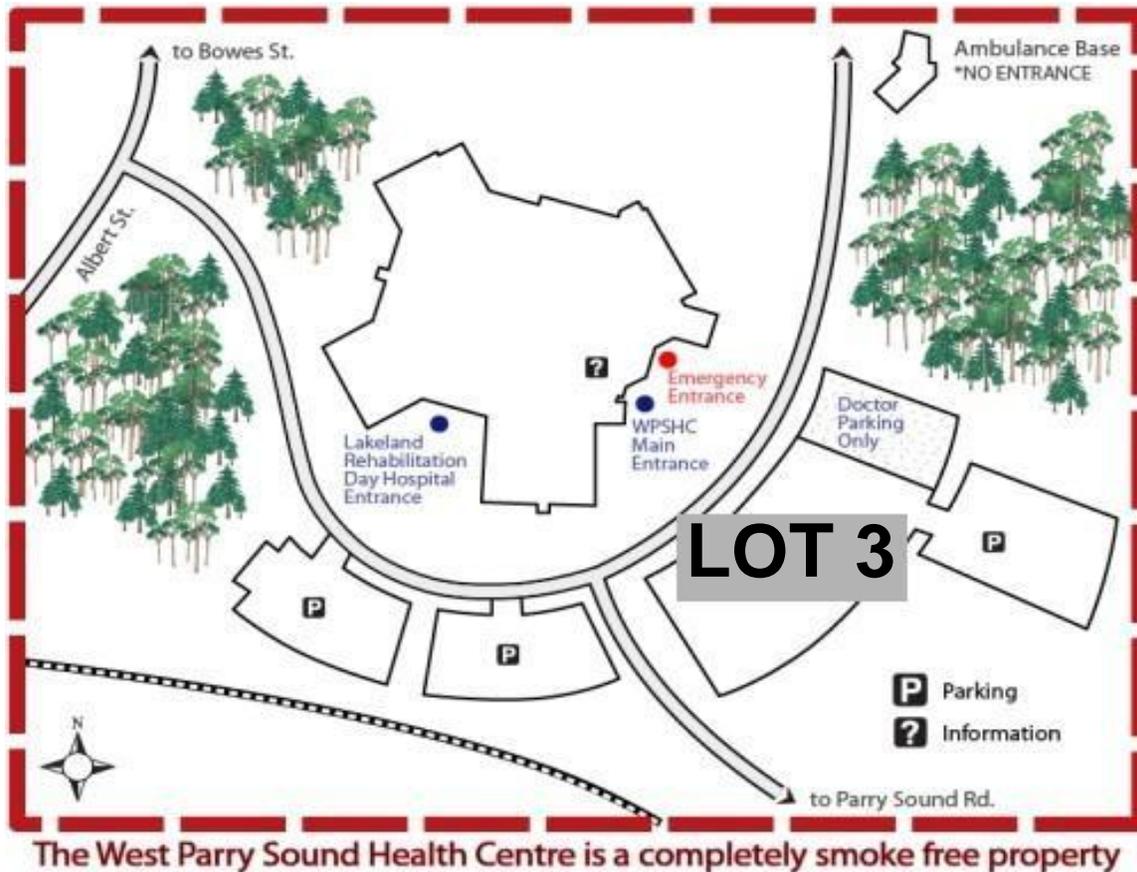
Latex balloons, strong scented flowers and perfumes are **not** permitted in the Health Centre due to potential patient allergies and sensitivities. Mylar balloons are permitted. Flowers sent to you will be delivered to your room with the exception of the Intensive Care Unit (flowers are not allowed in the I.C.U.).

Electrical Devices

Any electrical devices (i.e., razors, hair dryers, laptops, cell phones) brought into the Health Centre must be inspected by the Maintenance Department before being used. For your safety and that of the Health Centre staff, each item must meet the Ontario Hydro Electrical Code and CSA Standards for Hospital use. We are not responsible for any loss or damage to electrical devices brought into the Health Centre.

Parking and Transportation

Parking is available, with three main lots. **There is a \$5 charge required upon exit.** Please keep in mind that the **main entrance** to the Health Centre is directly in front of lot #3. Lot #3 is at the top of the hill and has both a front and a rear section for parking. Parking tokens are available near the 3rd floor entrance. They can be purchased at Switchboard for \$5.



Smoke Free Environment

The West Parry Sound Health Centre is a **SMOKE FREE** environment. This includes the exterior of the building, as well as the parking lots. If caught smoking on property, you could be **fined up to \$305**. This policy applies to staff, students, visitors and patient population that are within the boundaries of the West Parry Sound Health Centre.

Auxiliary and Volunteer Services

At the West Parry Sound Health Centre, our volunteers are dedicated community members who give their time and effort to improve your comfort and make your stay more pleasant. Whispering Pines Gift Shop, located at the main entrance on the third floor, is operated by the Auxiliary. The gift shop is open 9:30 a.m. to 4:00 p.m.

Home Care

If you were receiving home care before admission, please make sure our nursing staff are aware. If you would like further information regarding home care or other community services, please ask the nursing staff.

Discharge

Upon receiving a discharge order from your doctor permitting you to leave the Health Centre, we would ask that you make arrangements to leave by discharge time is 11:00 a.m. Be sure that you thoroughly understand all the instructions about medication, diet and activity and when to follow up with your doctor.

Payment of outstanding hospital costs should be made at either the Admitting or Finance Departments prior to leaving the Health Centre.



Our Vision: To provide extraordinary support for health care in cottage country.

Working together with health care professionals, patients, our community and government, the West Parry Sound Health Centre Foundation's goal is to continually raise funds to support the on-going medical needs of the people who choose to live and cottage here.

Serving a population that fluctuates from 20,000 upwards to 121,000 during the peak summer season in Georgian Bay, the West Parry Sound Health Centre's services are diverse. The unique bundle of programs offered would not be possible without the generous support, commitment and dedication of our community.

**If you would like to make a donation, you may contact the
West Parry Sound Health Centre Foundation at:**

The West Parry Sound Health Centre Foundation
6 Albert Street
Parry Sound, Ontario
P2A 3A4
Telephone: 705-746-4540 ext 3348

Website: www.wpshcf.com



AFTER YOUR HIP REPLACEMENT

You will stay in the Recovery Room for a couple of hours before moving to your hospital room. Your family may visit you after you have settled in your room.

You will have:

- Oxygen on when you wake up.
- An intravenous (IV) for fluids and medications.
- A dressing over your incision.
- A pillow between your legs to keep them apart.

The nurses will check:

- Your blood pressure, pulse, oxygen saturation frequently.
- The dressing over your incision.
- The pulse in your foot.
- If you have any pain or nausea.

You will be asked to:

- Wiggle your toes and move your feet at the ankle up and down. **No ankle circles due to your hip precautions.**
- Breathe deeply and cough to clear your lungs. You should do this 3 times every hour while awake.

THE FIRST DAY AFTER YOUR SURGERY

- Your nurses will continue to check your temperature, pulse, blood pressure, oxygen saturation and the amount of pain you are having. They will also check for the colour, sensation, pulse and movement of your operative leg.
- You will be given pain medication on a regular basis around the clock.
- Your nurse will check your dressing.
- Drink plenty of fluids, your diet will be increased as your appetite returns and there is no nausea or vomiting.
- You will have a blood test done in the morning. If your hemoglobin is low, you may be offered and ordered a blood transfusion.
- You will be started on blood thinners as ordered by your physician. If you will be taking this medication at home, your nurses will teach you how to give yourself injections while in hospital.
- **In the morning**, a Physiotherapist and an Occupational Therapist will be in to see you. They will assess your mobility, transfers and your ability to wash and dress yourself following your hip precautions. They will also instruct you on the use of your walker and an exercise program will be given.
- **In the afternoon**, Physiotherapy will be in to see you for your exercises and a walk.

Note - You will be seen by Physiotherapy 2 times a day (morning and afternoon) during your stay in hospital.

TWO DAYS AFTER YOUR SURGERY

- The intravenous will be disconnected when you are drinking well. The intravenous medications will be completed. However, the PLD will be left in for any IV medications or antibiotics that may need to be given during your stay.
- You will have a blood test in the morning. If your hemoglobin is low you may be offered and ordered a blood transfusion.
- You will continue to receive pain medication on a regularly scheduled basis.
- Your dressing will be changed to a smaller dressing.
- Your nurse will show you how to administer your blood thinner.
- **Physiotherapy** will be in to see you for your exercise program in the morning and afternoon today. If you have stairs at home, they will also be practiced.
- **Occupational Therapy** will be in to see you so you can practice bathing, dressing and hygiene tasks while keeping hip precautions in mind. You will learn how to use assistive devices to help you with these tasks.

THREE DAYS AFTER SURGERY TO YOUR DISCHARGE

- **Patients who have had their surgery on Monday -** Physiotherapy will see you in the morning of your discharge day for exercises, mobility and discharge teaching.
- **Patients who have had their surgery on Wednesday -** Physiotherapy is not provided on the weekends, so please complete your exercises independently in your room while getting ready for discharge.
- Ask your nurse, doctor or pharmacist to explain anything you do not know about the medications you are taking.
- Upon discharge, you will receive a prescription for any medications your doctor will need you to take and a follow-up appointment to see the surgeon.

PRIOR TO YOUR DISCHARGE

- Discharge time is 11:00 a.m. Please ensure that you will have transportation home.

HIP PRECAUTIONS (3 Months Post-Op)

During your surgery, your surgeon cuts through the large muscle on the side of your hip. This weakens the muscle temporarily and makes the hip joint less stable; therefore, there are some positions that you must avoid to reduce the risk of dislocation.

1. **DO NOT** bend your operated hip past 90° when sitting, standing or lying.



2. **DO NOT** cross your legs, ankles or let your operated leg move past the midline of your body.



3. **DO NOT** twist your leg in or out.



4. **DO NOT** actively bring your operated leg out to the side.
This precaution is for **6 weeks**.

5. **DO NOT** put more than 50% of your weight on your operated leg when walking or standing.
This precaution is for **6 weeks**.

TRANSFERS AND MOBILITY

If you have any difficulty with the following steps, please speak to your therapists, as they will be able to suggest other helpful tips.

Getting in and out of Bed after Hip Replacement Surgery

Your Physiotherapist will review this technique with you while in hospital.

Stairs

Physiotherapy will instruct you on how to go up and down the stairs safely. Make sure you maintain your **weight bearing status (50% or less allowed through your operated leg)** when going up and down stairs.

GOING UP

- **STEP UP** with your non-operated leg leading first. Then your operated leg and the cane/crutch will follow.

GOING DOWN

- **STEP DOWN** with your cane/crutch and operated leg first. Then your non-operated leg will follow.

If you have 2 rails, substitute the cane/crutch for the 2nd rail.

Same steps still apply.

Sitting

The best chair for you is a high, firm chair with armrests. When sitting in a chair, your knees should be lower than your hips. **DO NOT use lazy boy type chairs and other recliner chairs.** They are too low and do not provide enough support. A carry cushion should be used to ensure that the chair is high enough for proper hip positioning and to make your transfers in and out of the chair easier.



In the sitting position, do not bend forward at the waist or hips to reach below your knee level. Use your reacher to assist you if you need to reach past your knees (e.g. to pick up an object up off the floor). Talk to your Occupational Therapist about adjusting your chair and bed to the appropriate height.

Most toilets are too low to safely sit on. A raised toilet seat or a commode is needed to raise the sitting surface.

To Sit Down

1. Back up toward the chair with your walker until you feel the back of your knees touching the seat.
2. Keep your operated leg out in front of you.
3. Reach your hands back for the armrests and slowly lower yourself down.

To Stand Up

1. Make sure your walker is in front of you. Slide to the edge of the chair while keeping your operated leg out in front of you.
2. Place your hands on the armrests of the chair and push up. DO NOT bend forward at the hips (especially off the toilet).
3. Avoid sitting for long periods of time to prevent stiffness and swelling of the operated leg.

ACTIVITIES OF DAILY LIVING

Dressing

Dressing your lower body (legs and feet) is a challenge, as you must avoid reaching past your knee. A reacher, long handled shoehorn and sock aid will help you to dress yourself. Your Occupational Therapist will show you other assistive devices to try, if needed.

Shoes

Your shoes need to provide you with good support but should be easy to put on and take off. You can use slip on shoes or shoes with elastic shoelaces. Try to avoid shoes with velcro straps or regular laces as you cannot bend to strap them up or tie them on.

IN THE BATHROOM

To reduce the risk of slipping, place a rubber mat or nonskid decals, treads or strips on the bottom of the shower. When getting in and out of the shower, do not use the towel rack or shower curtain rod for assistance. They are not designed to support your weight. **Do not sit on the bottom of the bathtub for 3 months.** Use your bath/shower equipment (e.g. tub transfer bench, bath seat).

IN THE KITCHEN

You may find that walking and standing to make meals is difficult. Have meals prepared ahead of time to save you time. To decrease standing during cooking and preparation time, use a food processor or microwave oven. Toaster ovens help decrease bending and reaching. These appliances should be left out on the counter. When you are preparing meals and beverages, sit on a raised chair to avoid prolonged standing.

When working in the kitchen, do not reach below your waist level in order to maintain your hip precautions. Place frequently used items at shoulder/chest level to ensure safe reaching.

Avoid reaching into a deep freezer as you will bend your hip more than 90°. To avoid this, you can place prepared meals in plastic bags that can be picked up using a reacher. Also avoid reaching into a dishwasher.

IN THE BEDROOM

Arrange your frequently used items so that they are located on top or in the top drawer. Have a bedside lamp nearby so that you do not have get up to turn the ceiling light off. Make sure your bed is not too low. Discuss with your Occupational Therapist if it needs to be raised on blocks.

Shopping

Ask a relative or friend to assist you with your grocery shopping. If you do go out to the grocery store, make sure you bring a backpack instead of using the carrying bags.

Laundry

Ask a relative or friend to assist you with laundry. If you do laundry, try to do smaller, more frequent loads. Carry small loads in a backpack.

Cleaning

Arrange for family or friends to help you with these tasks. Avoid awkward positions and heavy indoor/outdoor household cleaning, such as washing floors or windows, cleaning the bathroom (toilet and bathtub), vacuuming, changing bed sheets, lawn mowing, snow removal and heavy garbage removal during the time your hip precautions are in effect.

RETURNING TO WORK

When you return to work depends on what type of duties you must perform. Most patients do not return to work until at least 6-8 weeks after their joint has been replaced. However, some patients return to work earlier if their job is sedentary in nature, for example, computer work. If you have made arrangements with your employer to return to work within the first 6-8 weeks after your surgery, you will need to bring your assistive devices with you, specifically the raised toilet seat, carry cushion and reacher to ensure you maintain your hip precautions. In order to keep your hip in safe positions,

you may need to speak to your employer about modifying your workplace. If you have any questions regarding returning to work after your surgery, talk to a member of your health care team when in hospital.

SEXUAL ACTIVITY

After surgery, you may initially participate in sexual activity by assuming a passive position (i.e. on your back with both your legs spread apart to protect your hip). Try this position gently. After 3 months there are no other concerns with this activity. Please speak with your Occupational Therapist if you would like more information.

COMMUNITY ACTIVITIES

Driving a Vehicle

If you are having a replacement of your **right hip** or you drive a standard transmission, you are not allowed to drive for **eight weeks**. Insurance companies may not provide coverage for the eight weeks after your hip replacement if you choose to do so. Contact your insurance company if you have any questions.

If you are having a replacement of your **left hip**, you may begin driving once your mobility has improved to allow you to get in and out of the car more easily and safely. It is usually 3-4 weeks that you may resume regular driving activities.

Passenger in a Vehicle

You will be able to sit in the front of the passenger seat of most vehicles. Make sure you have your carry cushion with you to sit on. You will need to take frequent breaks if you are travelling long distances.

Getting in and out of a Vehicle

Your Physiotherapist will review this technique with you before you leave the hospital.

ACTIVITY DISCHARGE INSTRUCTIONS

Activities that can be resumed immediately

- Walking
- Stair climbing

Note: Maintain **partial weight bearing** (PWB) when doing these activities.

After 2 weeks (incision must be healed)

- Swimming (breast stroke kick is NOT allowed for the first 3 months)

After 6 weeks

- Stationary bike

After 8 weeks

- Driving

After 3 months

- Gardening
- Outdoor cycling
- Curling
- Golfing

Activities to Discuss With Your Surgeon after 3 Months

- Alpine skiing
- Cross country skiing

- Tennis
- Weight lifting

Activities to Discuss With Your Surgeon after 6 Months

- Horseback riding
- Yoga

Never Permitted

- Jogging
- Squash/racquetball

LEG LENGTH DISCREPANCY

There is a chance that your operated leg may be a little longer after surgery. During your surgery, your buttock muscles are stretched out and made taught. This optimizes the position of the hip in the socket to make it more stable. As a result, this may make your leg approximately 0.5 - 1 centimetre longer. If so, there are easy solutions! Options are to either lift the shoe for the shorter leg, or build up the sole of the shoe.

DISCHARGE INSTRUCTIONS AND FOLLOW-UP

WARNING SIGNS TO LOOK FOR AT HOME

Call 911 if you have

- Unexplained chest pain.
- Any difficulty breathing.

Visit your emergency department if you have

- Sudden, severe increase pain in your new knee.
- Increased pain, swelling or redness in your calves.
- Prolonged vomiting or diarrhea.
- Numbness in your leg / foot / toes or bluish toes.
- Your incision opens up.
- Have a fever over 38° C (101° F).

Notify your surgeon or family doctor if you have

- Increased redness, swelling or a sudden increase in bruising around the incision site.
- Any change in the amount or type of drainage at the incision site
- Excessive bleeding from the incision.
- Painful urination, frequent or foul smelling urine.

FOR QUESTIONS/CONCERNS AFTER DISCHARGE

- **Monday to Friday - 8:00 a.m. to 4:00 p.m.:** Contact the Pre-Op Clinic at (705) 746-4540 ext. 3410
- **Monday to Friday - 8:00 a.m. to 4:00 p.m.:** Contact the Rehabilitation Dept. at (705) 746-4540 ext. 1302 regarding **your exercises.**

EXERCISES AND ACTIVITY

It is very important to continue with your exercises after discharge from the hospital. Balance your activity and exercise carefully with periods of rest. Avoid becoming over-tired or over-worked. As you become stronger, you can gradually increase your activity such as walking, household chores, etc. Follow the instructions you were given by your therapists.

CARE OF YOUR INCISION AT HOME

It is important to wash your hands before and after touching your incision or dressing.

If your incision is dry (no drainage), cleanse it daily with saline and leave it open to the air until the staples are removed and the wound has healed.

If you have drainage from your incision, cover it with a dry sterile dressing and call your family physician.

Common signs of infection include:

- Redness
- Swelling
- Fever
- Increase in pain at the site
- Increased drainage
- Foul odour

Note: If you notice these signs or symptoms, visit your nearest Emergency Department.

Personal Hygiene

You may shower once wound is dry and not weeping. When showering, do not wash incision. Let the water run softly down the leg. Pat lightly with a clean towel and air dry the incision well.

It is normal to have some numbness around the area of the surgical incision. This should improve with time.

Please report any concerns with your wound or any difficulties you are having to your family physician or your surgeon.

PAIN CONTROL

Having some pain after your operation is normal. Keep in mind that everyone feels pain differently. What is moderately or very painful to some, may be mildly painful to others. Pain can be relieved by:

- Balancing rest and activity.
- Elevating your leg above your heart level to assist with swelling, pressure and pain.
- Take pain medication as ordered.
- Use ice to reduce swelling and pain - use it 10-15 minutes at a time for full benefit.

Pain Medication:

1. _____

2. _____

3. _____

- Avoid alcoholic beverages while taking pain medication.
- When you are ready, talk to your family doctor or pharmacist about how to reduce your use of medication.
- If your pain is not well controlled, call your surgeon's office.
- Common side effects of pain medication are **constipation, nausea or vomiting and sleepiness.**

- **CONSTIPATION** - If you experience constipation, you should increase your fluid intake (prune juice may help as well), eat foods that are high in fibre and increase your activity. You may need a laxative to assist with your bowels such as senokot or milk of magnesia.
- **UPSET STOMACH** - If you experience nausea, take your pain medication with food. If you need medication to settle your stomach, talk to your pharmacist or family doctor about what medication would be best for you.
- **SLEEPINESS** - If your pain medication makes you sleepy/drowsy, try taking a smaller dose. For example, one tablet instead of two tablets.

DENTAL AND OTHER MEDICAL PROCEDURES

It is important to let your dentist and other health care professionals know that you have had a hip replacement. **For 2 years after your hip replacement, antibiotics should be prescribed before any dental work or other surgical procedures** to prevent bacteria from infecting your new joint. Contact your dentist or doctor a few days before any procedure to ensure that you are given a prescription.

FOLLOW UP APPOINTMENTS

After your hip replacement, routine follow up is very important. Although long term results are excellent, problems can develop related to wear and loosening of the components. Sometimes you may not notice these problems and you may not experience any pain. Consistent follow up and early detection may prevent the need for complex revision surgery.

Date: _____

Time: _____

BEFORE YOU GO HOME CHECKLIST

Before your discharge home, you want to make sure you have completed the following:

- Ⓐ Able to walk safely with appropriate walking aid.
- Ⓐ Have the proper equipment for home (e.g., raised toilet seat, bath seat, tub transfer bench etc). Refer to pages 6-8.
- Ⓐ Able to get in and out of bed on your own.
- Ⓐ Able to go up and down stairs safely (unless no stairs).
- Ⓐ Know what your exercises are to continue at home.
- Ⓐ Know what activities you can perform safely and what to avoid.

Remember:

- Ⓐ Your prescriptions (e.g. pain medications, anticoagulant).
- Ⓐ Your own medication returned.
- Ⓐ Your appointment for your follow up visit.
- Ⓐ To have someone to pick you up by 11:00 am.
- Ⓐ All your personal belongings.

WHAT TO EXPECT AFTER YOUR HIP REPLACEMENT

Pain and Swelling

It is very common to experience pain and swelling at the surgical site. Over the next 6 weeks, you should feel an improvement in the symptoms. Be sure to take your pain medications as prescribed. You may be able to gradually wean yourself off of your pain medication. Use ice as needed throughout the day (follow the instructions about the use of ice from your Rehab team). A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack.

General Health

It is normal to feel tired and have poor appetite in the first few weeks after your surgery. Some patients also experience constipation from certain medications. Try not to nap too much during the day to help you sleep better at night. Drink plenty of water and eat fruits and vegetables to help you feel more energetic and prevent constipation.

Exercise

Follow the exercises on the exercise sheet and do them 3 times a day. You should find that in the first 6 weeks after surgery that you feel stronger and the exercises become easier to do.

Walking

Continue using your walker as your Rehab team taught you before leaving the hospital. This will help you to develop a “normal” walking pattern. It is better to walk normally with a cane than to walk with a limp without a cane. Walking with a limp may put more load on your hip replacement and may be a hard habit to break even when you have no pain, and your muscles will not strengthen in a pattern that will improve your walking.

*Update
d June
12,
2014*

