



Halton
Healthcare

Welcome to Prehab

Hip Rapid Access Clinic

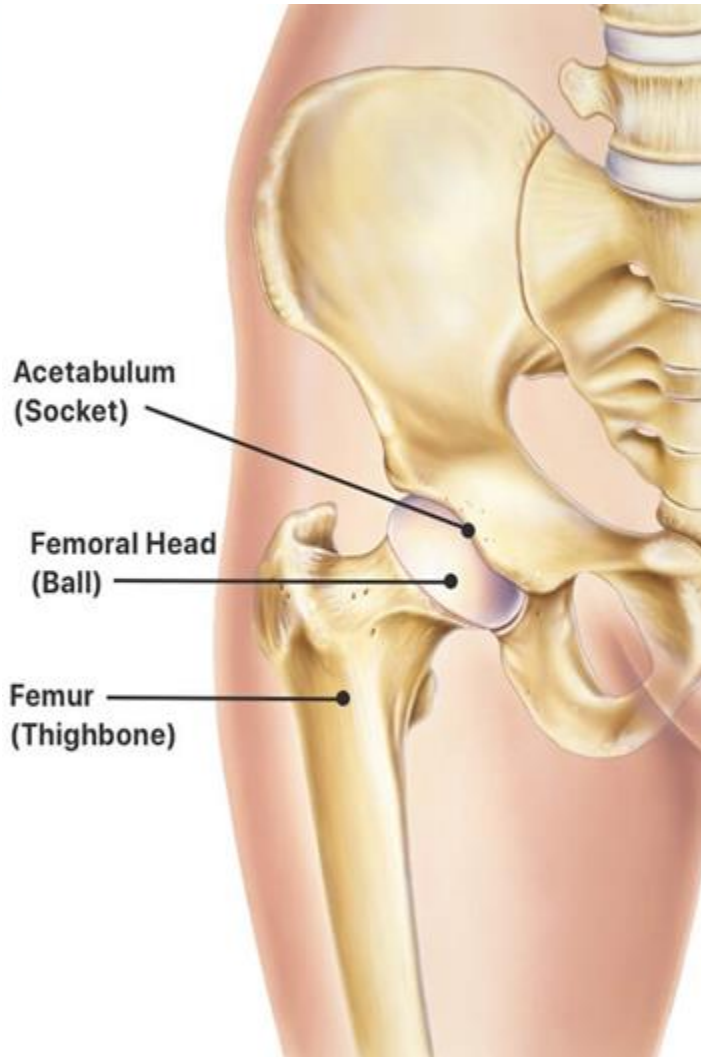
Surgeon Appointment

Prehab Education Session

Pre-Admission Appointment

Surgery

The Hip Joint

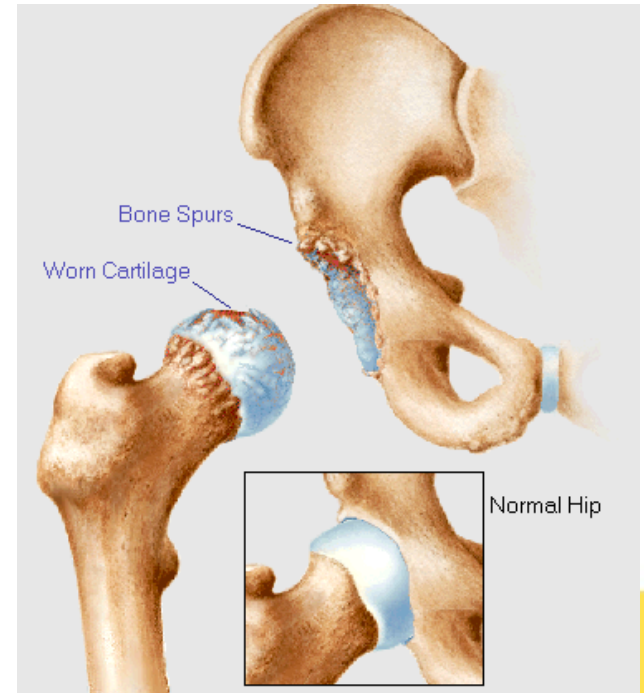


- ❖ The hip joint is one of the largest weight-bearing joints in our body and is found where the end of the thigh bone meets the pelvis.
- ❖ It is made up of two large bones:
 - The top end of the femur (**femoral head**)
 - A socket in the pelvis (**acetabulum**)
- ❖ The femoral head is ball shaped and fits into the socket of the acetabulum.
- ❖ **Articular cartilage** (a smooth, elastic type tissue) covers the surfaces of these bones to protect them and allow for smooth movement
- ❖ There are also strong, rope-like structures (**ligaments**) that connect the femoral head to the acetabulum to support and stabilize the hip joint.
- ❖ There are also large **muscle groups** that surround the joint which help support it and enable movement.

- ❖ **Osteoarthritis** is the most common form of arthritis.
 - It is a disease of the joint that results from wearing of the protective cartilage that cushions our bones.

- ❖ There are many reasons for this happening including:
 - ↑ BMI/obesity
 - previous injury to your hip
 - joint mal-alignment/abnormal joint shape
 - heavy or repetitive use of your hip over a prolonged period of time
 - age, gender
 - genetics

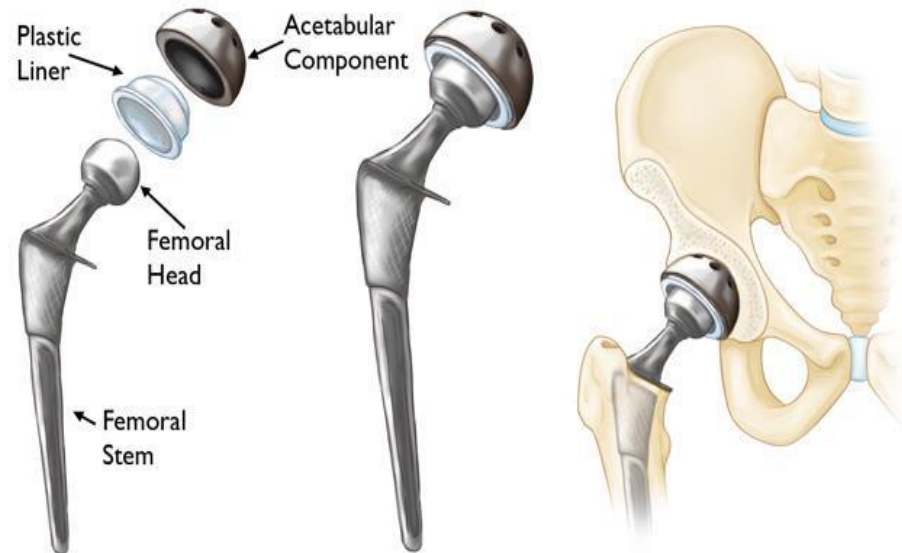
- ❖ As the cartilage wears, the hip becomes damaged and can cause pain, swelling, stiffness, reduced movement and overall loss of function in the joint.



Total Hip Replacement Surgery

- ❖ During hip replacement surgery, the surgeon will remove the damaged cartilage and bone of your hip joint and replace it with an implant. The implant is made up of two components:
 - A metal socket lined with a strong plastic liner (*to replace your acetabulum*)
 - A metal ball and stem (*to replace your femoral head*)

- ❖ The purpose of the total hip replacement is to:
 - Relieve your pain
 - Improve the movement of your hip
 - Restore your function
 - Improve your overall quality of life



Before & After



The Pre-Admission Appointment

- ❖ A health history, health assessment and pre-op tests will be performed prior to surgery:
 - Typically takes place at the hospital 2-4 weeks prior to surgery (2-3hrs long)
 - Paperwork will be reviewed
 - Please complete the “Pre-Op Surgical Questionnaire” and “Confidential Admission Form” and bring them to the appointment
 - You will meet with a nurse, pharmacist and anesthetist
 - Bring your OHIP card, surgery package (including CPP), your prepared medication list and all of your current medications, vitamins, supplements/herbals
 - Information will be provided regarding
 - Where to check in on the day of your surgery
 - When to stop eating/drinking prior to surgery
 - Managing your medications before and after surgery
 - How to prepare for your surgery
 - Details of COVID test/considerations

Day of Surgery

❖ Items to bring:

➤ Your overnight bag

- Toiletries (*toothbrush, toothpaste, deodorant, soap, shaving kit, etc.*)
- Appropriate clothing (*loose fitting, soft, easy to slip on and off*)
- Loose fitting underwear
- Appropriate footwear (*sneakers or slippers that enclose the whole foot*)
- Glasses, hearing aids, dentures
- Surgery booklet, notepad & pen

➤ CPAP machine

➤ Your walking aid

➤ Ice machine



Please do not bring any personal items of sentiment or value.

In the recovery room

- ❖ Incision covered by large dressing.
- ❖ Pillow between legs.
- ❖ IV fluids connected at the wrist.
- ❖ Blood pressure, pulse & tubes will be checked by a nurse.
- ❖ If you feel sick or have pain, tell your nurse right away.
- ❖ Start deep breathing and foot & ankle pumping 10x/hourly when awake



"You have a slice in your fairway, but you're out of the rough and doing about par."

Dealing with *pain* after surgery

- ❖ Following surgery, it is important to **discuss any issues you are having managing your pain** with members of your healthcare team.
 - Numerical Pain Rating Scale (0 to 10)
 - **0 = no pain, 10 = worst pain ever experienced**
- ❖ When your pain is dealt with effectively, your function and recovery will be easier.
- ❖ Always inform your nurse when pain medication is required. Do not wait for the pain to get worse.
 - Try to maintain your pain around 4/10 or less.
- ❖ Take your pain medication for physiotherapy appointments.
 - When your pain is controlled you are able to walk and exercise more effectively.

My hospital stay

- ❖ The average length of stay in hospital is **up to 24 hours**.
- ❖ Plan to be discharged from the hospital at approximately **11:00am**.
 - To be confirmed by your healthcare team.
- ❖ During your admission you will have many people making up your healthcare team. They will help you get prepared for discharge home.
 - *(Surgeon, Nurse, Physiotherapist, Occupational Therapist...)*



Inpatient Physiotherapy

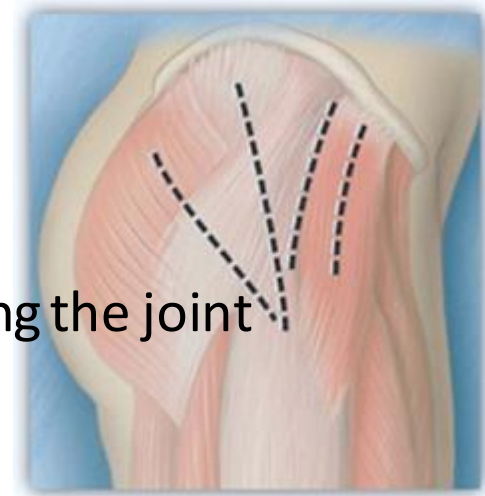
- ❖ Mobility starts the day of your surgery.
 - Nursing staff will assist you with safe movement after your hip is replaced.

- ❖ You will also be assessed by physiotherapy. Their goals are to help you:
 - Understand your hip precautions & weight bearing status
 - Practice transfers
 - Start walking (with your walking aid)
 - Ensure you are safe going up and down stairs (if needed)
 - Teach you an exercise program



Activity after surgery

- ❖ During surgery, the capsule and soft tissue surrounding the joint are cut to allow access to the bones.
- ❖ These structures are important for providing hip stability and strength and will require time to heal.
- ❖ After surgery, you are advised to complete activity and walking *as tolerated*. Continue to exercise the operated hip as *prescribed by your physiotherapist* to further improve strength and function.
- ❖ For the *first 6 weeks*, avoid activities that will place your operated hip in prolonged stretch position or extreme movements.
 - Although the risk is very low, adhering to these precautions also decreases the possibility of dislocating your new hip.



Direct Lateral Approach Precautions

FLEXION



No extreme bending of your operated hip.

Avoid bending forward more than 90 degrees.

ADDUCTION



Do not cross your legs or ankles when lying, sitting and standing.

INTERNAL ROTATION



Keep your legs in line with your trunk.

No turning your operated leg inward.

No pivoting or twisting on your operated leg.

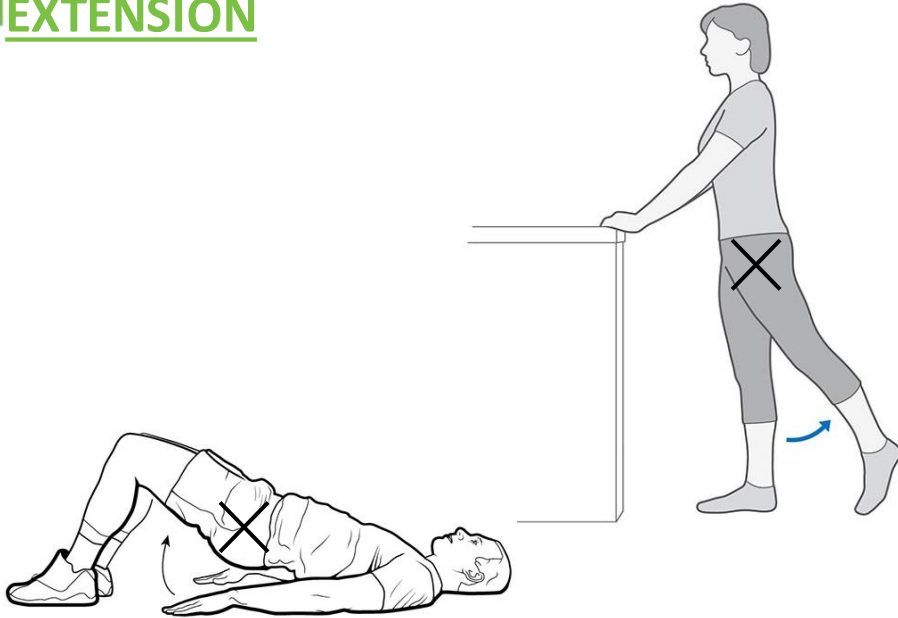
ABDUCTION



Avoid actively lifting your operated leg out to the side, when lying down and standing.

Anterior Approach Precautions

EXTENSION



Do not step backward with your surgical leg. When you're backing up, lead with your non-surgical leg. No wide stepping backward and to the side.

No extending or dragging your hip behind you.

EXTERNAL ROTATION



Do not allow your surgical leg to externally rotate. No turning the operated leg outwards.

No twisting or pivoting on the operated leg.

Walking after surgery



- ❖ The amount of weight you are able to put on your operated leg will be decided by the **surgeon**:
 - Weight bearing as tolerated
 - Partial, Toe-touch, Non-weight bearing

- ❖ You will require the use of a walking aid after surgery as you learn to put weight through your new hip:
 - Two-wheeled walker
 - Cane

- ❖ The prescribed walking aid will vary depending on your weight bearing status and level of physical conditioning.

Going home

❖ You will be able to:

- Dress yourself with minimal assistance.
- Transfer safely (chair, toilet & bed).
- Walk independently on level surfaces with your walking aid.
- Go up and down stairs safely.
- Perform your home exercise program.

❖ You must also have:

- A stable, healing wound.
- Effective pain control.
- Your adaptive equipment set up at home.
- Follow-up services in place (*Outpatient Physiotherapy*).



Outpatient Physiotherapy

❖ Work-Fit Total Therapy

- Oakville, Milton, Georgetown Hospitals
- OHIP covered



❖ Community Physiotherapy Clinics

- http://health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx
- OHIP covered

❖ Private clinics

- Review your insurance requirements/costs
- You may need a signed prescription from your surgeon

❖ Local Hospital

- Check if they have an outpatient clinic and any costs

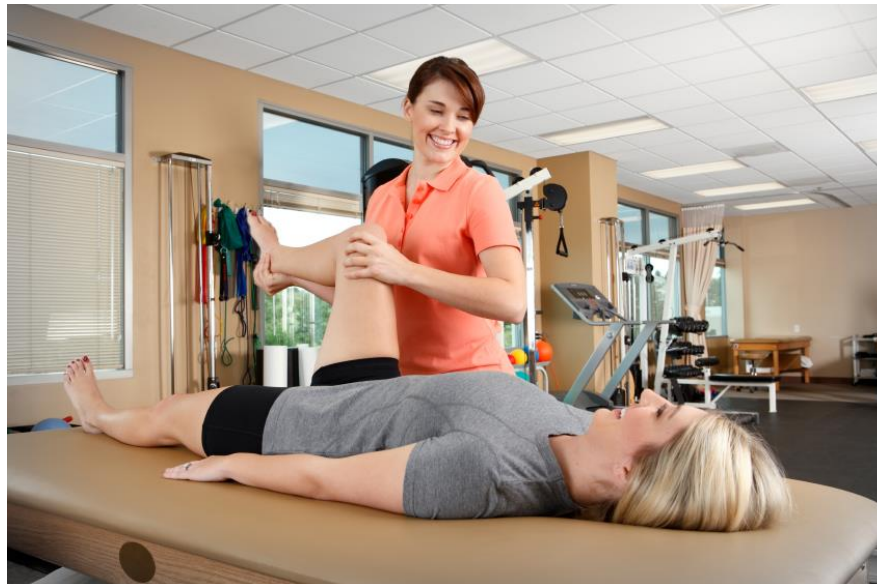
Booking Outpatient Physiotherapy

- ❖ **Anterior hip replacement**

- 7-10 days after surgery

- ❖ **Lateral hip replacement**

- 10-14 days after surgery



Important Contacts

St. Elizabeth Health

Questions after hip or knee replacement surgery?

Call anytime 24/7

1 (866) 898-2480

Available for 90 days after surgery



Bundled Care Integrated Care Coordinator

Daniel Pope

905.845.2571 ext.5717

- You may receive a call between 48-72 hours after your discharge from hospital to check in on your health status and address any questions/concerns you may have related to your recovery.

Your Surgeon

- Changes to your pain medication protocol
- A refill of opioid medication prescription
- Sudden and extreme hip pain

Your Family Doctor

- Fever over 100.4°F or 38°C
- New leg swelling, calf soreness or calf pain
- Increased redness, swelling or drainage around skin incision
- A foul odour or yellow or green drainage at the incision site
- Sudden increase in bruising around the incision site
- Any skin rashes, ulcers or infections
- Infection (i.e. tooth abscess, burning on urination, vaginal infection).
- Prolonged bleeding from cuts and nosebleeds; increased menstrual flow; black tarry stools and red or dark brown urine

Break (10 minutes)

❖ *Coming up:*

- Managing your every day activities despite limitations from surgery
- The implications of surgery on your activities of daily living
- Adaptive equipment needs
- Activity restrictions

Tips: Setting Up Your Home

❖ **Before your surgery**, consider these tips for preparing your home to ensure it is a safe place to return to after your hospital stay:

- Ensure proper indoor/outdoor lighting.
- Safe entry & exit to your home:
 - Secure handrails along staircases.
 - Remove any items or decorations from stairways.
- Check bathroom bars & install adaptive equipment.
- Clear paths to maneuver safely with a walking aid:
 - Eliminate clutter in hallways & rooms.
 - Move electrical cords or items that may cause you to trip.
 - Remove small rugs & tape down edges of larger rugs.
- Be aware of your surroundings
 - Pets & small children.

Your Care Partner

- ❖ Following surgery, you will require a responsible caregiver to take you home from the hospital and stay with you.

- ❖ If you live alone, plan to have someone stay with you for 1-2 weeks after surgery:
 - Transportation
 - Groceries & meal preparation
 - Housework & yard work

- ❖ If you cannot make arrangements for supports, a list of respite options can be found in your surgical booklet.



Adaptive Equipment - Chairs

- ❖ It is important to choose an appropriate chair:
 - Arm rests, firm & high seat
 - Avoid: low furniture, soft surfaces, footstools, rocking chairs, chairs with wheels.
 - Your knees should be lower than your hips
- ❖ If you need to make the seat higher:
 - Use a high density foam cushion, folded sheets or blankets on the seat
- ❖ Set up a table beside you for placing frequently used items.
- ❖ Do not sit for more than 1 hour without standing or stretching



Adaptive Equipment - Beds

- ❖ Do not use a low or soft mattress
 - Avoid: futons, pull-out couches, sofas, waterbeds
- ❖ Consider the height of your bed.
 - If it's very low, you may need to raise it up temporarily with furniture blocks.
- ❖ Following surgery, good sleeping positions include on your back or on your side. Keep a pillow between your knees.
 - Change positions as you feel comfortable
 - Do not sleep on your stomach



Adaptive Equipment - Toilets

- ❖ Equipment is required to temporarily raise the height of the toilet seat.
 - Raised toilet seat with arms
 - Commode chair with arms
 - Versa frame



Adaptive Equipment – Tubs & Showers

- ❖ Tub or shower equipment is also necessary to ensure safe entry, use and exit from your shower.
 - Shower chair
 - Tub transfer bench
 - Grab bars
 - Non-slip bath mat
 - Hand held shower head
 - Long-handled sponge



Adaptive Equipment – Getting Dressed

- ❖ Various dressing aids are available to help with dressing after surgery:
 - Long-handled reacher
 - Long-handled shoe horn
 - Sock aid
- ❖ Dress the operated leg first, undress it last



Working in the kitchen

- ❖ Keep frequently used kitchen items at an accessible height.
- ❖ Plan ahead and freeze meals to last 2-4 weeks after surgery.
- ❖ Stock up on easy to prepare foods or pre-packaged frozen meals.
- ❖ Consider home frozen meal delivery services.



Housework

- ❖ Heavy housework will be difficult to do for several weeks after surgery.
 - *Plan to have someone help you for the first 6 weeks*
- ❖ Deep squatting and kneeling will not be possible and is not recommended.







Transportation/Driving

❖ No driving is permitted for several weeks.

➤ *Do not return to driving without confirming with your surgeon.*

❖ As the passenger:

➤ Use a firm wedge cushion for low/bucket seats.

➤ Begin with short rides, break every hour on longer rides.

❖ Alternatives:

➤ Friends & family

➤ Public/paid transit

➤ Taxi services

➤ Volunteer drivers

➤ Grocery delivery



Exercises

The exercises you will be shown can be started **today** in order to prepare you for surgery.

Try to do **5-10 repetitions** of each exercise **3 times a day**.

If you experience any increase in pain or swelling, stop doing the exercise that is aggravating your hip.



From now until surgery



In conjunction with the medication / treatment prescribed by your doctor:

- *Keep active!*
- Use of heat
- Use of ice & elevate



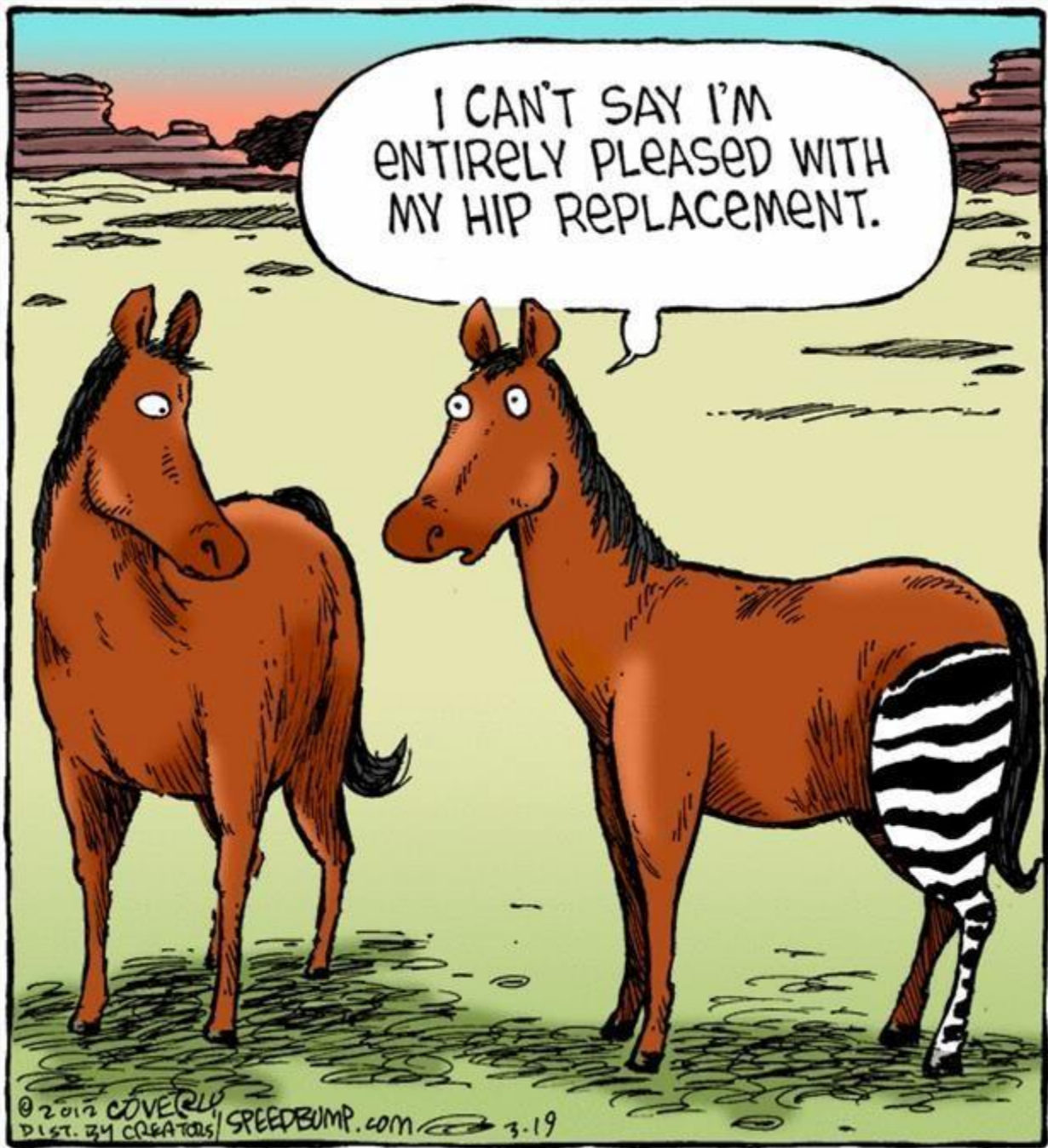
After Prehab Class – Planning ahead

It is **your responsibility** to think ahead and make the necessary arrangements to ensure a safe return home.

You need to plan the following prior to surgery:

- ✓ Your care partner/respite care
 - ✓ Transportation
 - ✓ Adaptive Equipment
- ✓ Outpatient Physiotherapy
 - ✓ Meals
- ✓ Housework/Yard work





I CAN'T SAY I'M ENTIRELY PLEASED WITH MY HIP REPLACEMENT.

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Thank you



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