

MY GUIDE to Total Hip Replacement Surgery and Recovery



TABLE OF CONTENTS

Please bring this booklet with you to all appointments and on the day of surgery

MY TOTAL HIP REPLACEMENT JOURNEY

• Your Health Care: Be Involved	4
• Why Do I Need Surgery?	4
• Bundled Care Integrated Care Coordinator and SE Health 24/7 Help Line	6
• My Journey	6

PREPARING FOR SURGERY

• Managing Pain	9
• Physical Activity/Exercise	9
• Nutrition	10
• Smoking	10
• Alcohol	10
• Preparing Your Home Environment/Home Safety Preparation	11
• Care Partner/Respite Care	11
• Adaptive Equipment	12
• Housework & Yard Work	13
• Private Home Services	13
• Transportation	13

MY IN HOSPITAL STAY

• Surgery	14
• Pain Management and Medication Schedule	14
• Hip Precautions	15
• Incision Care	16

MY POST-OPERATIVE CARE

• Exercises after Your Total Hip Replacement	17
• Managing Movement	21
• Bathroom Transfers	22
• Getting Dressed	22
• Managing Stairs	23
• Getting in/out of a Car	25
• Returning to Driving	26
• Returning to Work	26
• Travel	26
• Sexual Activities	26
• Physical Activity/Sporting Guidelines	26
• Potential Complications/Side Effects	27

WHEN AND HOW TO SEEK MEDICAL ATTENTION/CARE

• Who Do I Contact?	28
---------------------------	----

PATIENT REPORTED OUTCOME MEASURES (PROMs) SURVEY

APPENDIX A – PRIVATE HOME CARE SERVICES	30
APPENDIX B – RESPITE CARE OPTIONS	31
APPENDIX C – TRANSPORTATION SERVICES	32

IMPORTANT CONTACTS

Area/Location	Phone Number:
My Surgeon's Office	—
Pre-Admission Clinic	905-845-2571 ext. 4497
Prehab Education Class <i>Email: Prehab@haltonhealthcare.com</i>	905-845-2571 ext. 5638
Bundled Care Integrated Care Coordinator	905-845-2571 ext. 5717
24/7 Help Line - St. Elizabeth Home Care	1-866-898-2480
Fracture Clinic	905-845-2571 ext. 3193
Outpatient Physiotherapy Clinic	—

Important Dates

Area/Location	Phone Number:
My Care Partner	Name: Relationship:
Discharge Location <i>(ex. home, staying with friend/family, respite care)</i>	
Transportation Plans <i>(ex. to/from hospital - to/from appointments)</i>	Name:
Prehab Education Class <i>https://haltonhealthcare.com/prehab</i>	Date: Instructor:
Pre-admission Clinic Appointment	Date:
Surgery Day	Date:
Fracture Clinic Appointment	Date: Location:
Outpatient Physiotherapy Appointment First appointment: Anterior Hip = 7-10 Days Post Surgery Lateral Hip = 14 Days Post Surgery	Date: Location:

MY TOTAL HIP REPLACEMENT JOURNEY

Your Health Care: Be Involved

You and your surgeon have decided to proceed with joint replacement surgery. You have now taken the first step toward returning to your daily routine and to the activities you have enjoyed in the past.

This guide is designed to give you the important information you need to achieve the best results from your joint replacement surgery. This booklet has been developed to provide you with general, helpful information regarding what you may experience before and after your surgery.

This guide is your workbook; **please bring this booklet to all appointments on your journey.**

This Workbook Discusses:

- How to prepare for your upcoming surgery
- What to expect before, during, and after surgery and during your hospital stay
- What to expect and what to do to continue your successful recovery at home

Our goal is to help you get back to your home and community as soon as possible after your surgery. To achieve the best results from your surgery, it is very important that you actively participate and prepare in order to optimize your recovery.

Why Do I Need Surgery?

The primary reason for needing hip replacement surgery is to relieve the pain in the hip caused by damage to the joint. This occurs from wear and tear on the hip joint or from the disease process called **Arthritis**. The normal cartilage which protects the hip becomes damaged and causes pain, swelling and stiffness in the joint.

❖ What Does My Hip Joint Look Like?

The hip joint is one of the largest weight-bearing joints in our body and can be found where the end of the thigh bone meets the pelvis.

It is made up of the parts of two large bones:

- The top end of the femur (thigh bone) known as the **femoral head**.
- A socket in the pelvis known as the **acetabulum**.

The femoral head is ball shaped and fits into the socket of the acetabulum. Because of this, the hip joint is known as a ball-and-socket joint. The way these bones are formed allows our leg to move forward and backward, side to side, and turn in and out.

Articular hyaline cartilage (a smooth, elastic type tissue) covers the surfaces of these bones to protect them and allow for smooth movement. There is also a ring of fibrocartilage (**the labrum**) which is a rubbery tissue that deepens the acetabulum to improve stability of the hip joint.

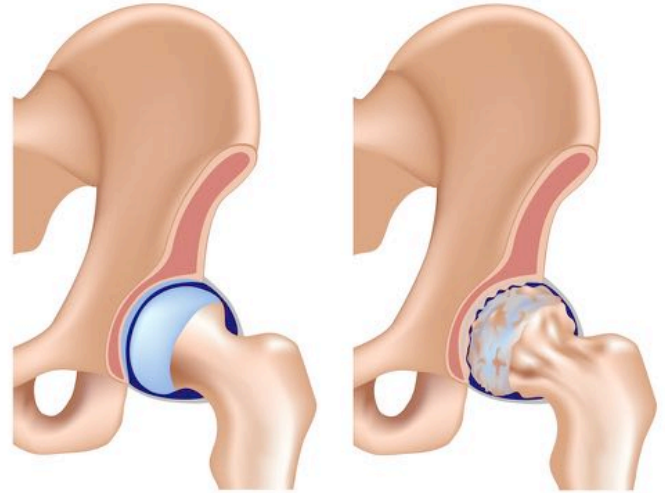
We also have strong, rope-like structures (**ligaments**) that connect the femoral head to the acetabulum which help to support and stabilize the hip joint.

There are also **large muscle groups** that surround the hip joint which helps to support it and enable movement.

MY TOTAL HIP REPLACEMENT JOURNEY

❖ What is Osteoarthritis?

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 having a high body mass or obesity, previous injury to your hip, heavy or repetitive use of your hip over a prolonged period of time, age, gender and 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.



Healthy hip joint

Osteoarthritis

Presently, there is no cure for osteoarthritis. Often, people with osteoarthritis are able to manage their symptoms with weight loss, physiotherapy, exercise, medication or even joint injections. However, when these non-surgical options no longer help you manage your pain, you and your surgeon may discuss surgical management.

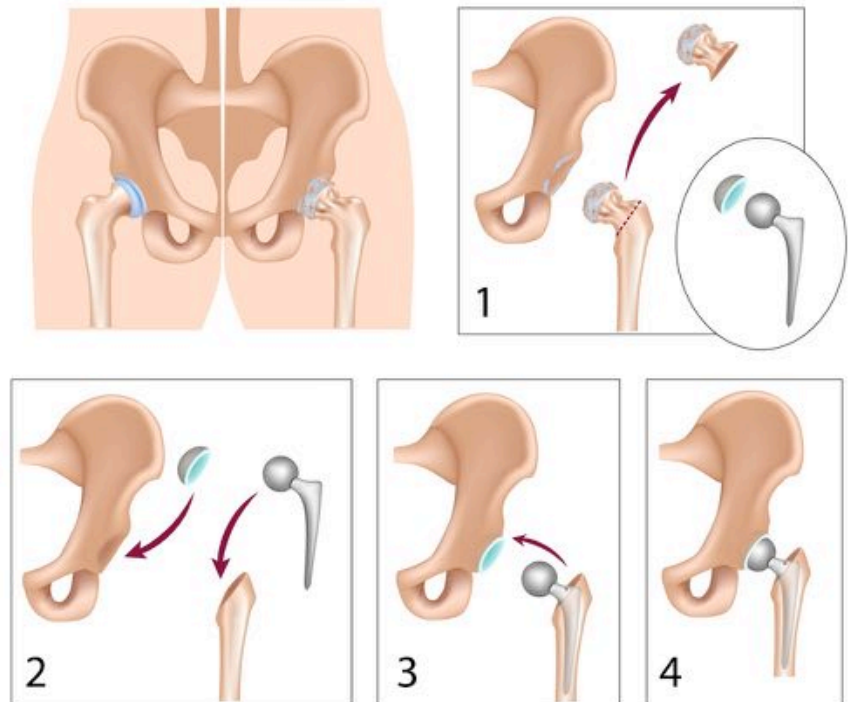
The most common reason for having a total hip replacement is to relieve the pain and restore lost function in the hip due to **osteoarthritis**.

❖ What is a Total Hip Replacement?

During hip replacement surgery, the surgeon will remove the damaged cartilage and bone of your hip joint and replace it with an implant.

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



MY TOTAL HIP REPLACEMENT JOURNEY

Bundled Care Integrated Care Coordinator And SE Health 24/7 Help Line

- The Bundled Care Integrated Care Coordinator is available to ensure you understand your journey and, if necessary, assist with your discharge and plans for follow-up care. This caregiver will be a key contact for you and your family before, during, and after your surgery and hospital stay.
- Services after your surgery will be provided based on clinical recommendations from your healthcare team for your transition home.
- A 24/7 helpline (**1-866-898-2480**) is available to you for 90 days after surgery.

My Journey

You will be required to attend appointments prior to your surgery. All appointments/classes are mandatory to ensure a successful journey.

1. Prehab Education Class

You are expected to attend the Prehab Education Class prior to your surgery. The educational session is specific to patients undergoing an anterior or lateral hip replacement. The class is given in small groups and is instructed by a physiotherapist. Depending on what is available, you may participate in the class virtually or in person. The class will cover all topics related to your upcoming surgery including what to expect post-operatively, how to best prepare your home and what arrangements you will need to make to ensure your return home from the hospital is a safe one. This is a great place to get any of your questions answered and learn tips for a successful recovery. You will receive a call from the Prehab team (Approx. 2 - 3 weeks) prior to your surgery to arrange your appointment. If you do not receive a call you can reach Prehab at:

905-845-2571 Ext. 5638 (Email: Prehab@haltonhealthcare.com)

- Bring a friend or family member to the education class.
- Do you have a discharge plan that includes family/friend supervision for 1-2 weeks?
- You will require adaptive equipment after surgery. A vendor list will be provided.
- Do you have someone to help with groceries, meals, laundry, pet care and housekeeping for at least 2 weeks after you get home?
- Do you require specialized transportation services (ParaTransit)?
 - *Have you organized transportation to and from your upcoming appointments?
- I understand my expected discharge will be the day after surgery.**

*Day surgery patients will be discharged same day.

***Please note that the hospital does not provide transportation services.**

You will need to arrange for someone, either a family member or friend, to stay with you for 1 – 2 weeks after discharge from the hospital or until you feel safe to be on your own.



MY TOTAL HIP REPLACEMENT JOURNEY

2. Pre-Admission Clinic Appointment

Approximately 2-3 weeks before surgery, you will also have an appointment at the Pre-Admission Clinic where you will meet with a nurse and an anesthetist. You may also require pre-operative testing. The appointment is approximately 2-3 hours in length so you may wish to bring something to eat and drink. Please ensure to bring the following items to your appointment:

- Your Ontario Hospital Insurance Plan (OHIP) card and photo identification
- Ensure that your family doctor has filled out and provided a CPP (**C**umulative **P**atient **P**rofile). This can be either faxed to the Pre-Admission Clinic at 905-338-4496 or fax it to your surgeon's office.

If this is not completed prior to the Pre-Admission Clinic appointment, the anesthetist consult may be rescheduled to another appointment.

- Your envelope that includes all the documents given to you at your surgeon's office, any test results (if done outside the hospital) and additional notes/forms from physician assessment visits.
 - ▶ **Remember to complete all documents or forms included in your envelope**
- A detailed list of all of your medications in addition to all medications, vitamins, herbals supplements in their original bottles. You will also be asked to provide information regarding use of any other substances such as alcohol or street drugs.
- Your Care Partner (family member or friend) is encouraged to come with you
- Ensure you are aware of what to expect on the night before surgery and day of surgery before leaving this appointment.

3. Surgery

It is **necessary that you arrive 2 - 3 hours BEFORE your surgery** to provide the surgical team with adequate time to complete your surgical preparation. Please ensure you bring:

- Your OHIP card and photo ID
- "My Guide to Total Hip Replacement Surgery" booklet
- A written list of current medications
- Eye glasses and/or hearing aid and their storage cases. If you wear dentures, bring a container to store them in.
- 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 for sleep apnea - if prescribed
- Your two-wheeled walker is mandatory**
- Your ice machine (if recommended by your surgeon)
- Please do not bring any personal items of sentiment or value**

MY TOTAL HIP REPLACEMENT JOURNEY

4. In-Patient Stay

During your admission you will have many people making up your healthcare team. They will help you get prepared for discharge home. Mobility starts the day of your surgery and nursing will assist you with:

- ▶ Safe movement after your hip is replaced
- ▶ Work with you to keep your pain under control
- ▶ Complete dressing changes and ensure a stable healing wound

You will also be assessed by physiotherapy. Their goals are to help you:

- ▶ Improve mobility and range of motion
- ▶ Practice transfers
- ▶ Start walking (with your walking aid)
- ▶ Ensure you are safe going up and down stairs
- ▶ Teach you an exercise program



5. Outpatient Physiotherapy Appointment

You will be asked at The Prehab Education Class where you plan to attend outpatient physiotherapy. For successful recovery, your outpatient physiotherapy appointment should be scheduled to start within **14 days after surgery** to continue your hip rehabilitation.

[You must have this appointment booked prior to surgery.](#)

There are many publicly funded options for outpatient physiotherapy within the province. A list of places in your area can be found at the Ministry of Health website under Publicly Funded Clinics. Publicly funded options can also be accessed at Work-Fit Total Therapy Centre's in Oakville, **905-845-9540**, Milton and Georgetown Hospitals. There are also many private physiotherapy clinics however, these clinics are not publicly funded and you will be responsible for reimbursing the clinic for their services.

For a list of publicly funded clinics in your area, please visit:

http://www.health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx

6. Discharge Planning / Going Home

Expect to be discharged the day after surgery. Please confirm discharge time with hospital staff. Day surgery patients will be discharged in the afternoon on the same day.

The Bundled Care Integrated Care Coordinator will ensure follow-up services are in place as needed.

MY TOTAL HIP REPLACEMENT JOURNEY

7. Fracture Clinic Appointment

The follow up appointment with your surgeon will be scheduled approximately **10-14 days** after surgery in the fracture clinic. The surgeon will reassess your hip, observe your mobility, ask about pain, reevaluate medications and will remove your staples. Ensure you take this time to ask any questions regarding your recovery.

Managing Pain

Exercises #1-7 are recommended to complete prior to surgery to maintain strong muscles and range of motion in your hip joint.

Please keep in mind that these are **suggested** exercises. If you are seeing a physiotherapist prior to surgery, prescription of exercises would be up to the treating physiotherapist's discretion. Your physiotherapist can also educate you on other pain management techniques such as the use of heat or ice.

Physical Activity/Exercise

The majority of individuals living with hip osteoarthritis experience pain and reduced mobility. However, exercising within your limits to improve your overall fitness helps with post-operative outcomes. Although you are experiencing pain it is important that you continue to exercise right up until your surgery. While exercising let pain be your guide, if your pain rating is between 4-5/10 you may continue at that intensity as long as your pain returns to its normal level within 24 hours. If the pain stays elevated or increases, you have done too much.

- ▶ Start an exercise routine as early as possible. It is important to improve your overall strength and cardiovascular fitness.
- ▶ Your preparation prior to surgery is vital to the successful rehabilitation of your new hip and directly affects post-operative outcomes.
- ▶ ***Speak with your physiotherapist about pre-operative exercise.***



PREPARING FOR SURGERY

Nutrition

To prepare for surgery it is recommended that you continue to eat a healthy, balanced diet. Good nutrition can assist in recovery from surgery and also helps reduce the risk of infection. Please speak with your doctor, pharmacist or dietitian if you have any questions or concerns about dietary requirements.

- ▶ Drink plenty of fluids and stay hydrated (8 glasses a day).
- ▶ Include fiber in your diet to help avoid constipation. Foods high in fiber include beans, leafy green vegetables, raisins, prunes, whole wheat pasta and breads.
- ▶ Make sure you are getting enough Vitamin D, Vitamin C, iron and calcium through whole, healthy foods and speak to your doctor or pharmacist if you have any questions regarding additional supplementation.



Constipation is a common side effect of anesthesia and pain medication.

Eat light meals, drink plenty of fluid and consume a diet rich in fiber.

Smoking

We recommend that you stop smoking before surgery and stay off cigarettes until at least one week after surgery. If you stop smoking, you will improve your healing process and prevent infection after surgery, as well as improve your overall heart health and lung function.

If you have thought about quitting for good, there is no better time than now, especially because you are having surgery. Ask your healthcare team about how they can help you deal with the withdrawal symptoms while in hospital. They can also assist in providing you with stop-smoking interventions, including community resources.

Our hospital is a **Smoke Free Facility**. This also means that smoking or vaping is prohibited on all hospital grounds.

Alcohol

We recommend that you eliminate or minimize alcohol use before surgery. Alcohol consumption can cause complications during and after surgery. **It is important that you inform your doctor and admission nurse if you drink alcohol on a regular basis.**

PREPARING FOR SURGERY

Your Home Environment/Home Safety Preparation

Before surgery, consider making some changes in your home for easier management.

- Make sure there is proper lighting indoors and outdoors, especially around stairs, and consider using a nightlight for your pathway to the bathroom.
- Safe entry & exit to your home
 - ▶ Make sure railings are secured. If there are no railings in your home, you may wish to install at least one.
- Move obstacles – such as throw rugs, extension cords, and footstools – out of your walk way. Create a wide, clear path from your bedroom to your bathroom and kitchen so you can easily move about with a walker.
 - ▶ Remove small rugs and tape down the edges of larger rugs.
- Make sure telephones are within easy reach. Keep emergency contact numbers clearly visible beside all telephones.
- If you have trouble getting off furniture surfaces, such as a bed, chair and toilet before your surgery, speak to your therapist at your prehab education class about furniture modifications or adaptive equipment that you may require.
 - ▶ Low furniture, soft surfaces, footstools, swivel chairs, rocking chairs and chairs with wheels (e.g. office chairs) **must be avoided**.
 - ▶ Consider sitting on a high stool during meal preparation
- Place commonly used items within safe reach, such as on the counter top. Safe reach is between your shoulder and waist height. Low shelves and drawers, such as those found in the refrigerator cannot be accessed during your recovery period.
 - ▶ Use counter height toaster ovens and microwave ovens for easier cooking.
 - ▶ Avoid using the regular oven.
- If you have pets, make arrangements to keep pets in another area of the house when you arrive home.

Care Partner/Respite Care

Following surgery, you will require a responsible caregiver (your Care Partner) 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.**

Consider the following options for a safe discharge home:

- Have someone stay with you (your Care Partner).
- Temporarily move into a family member or friend's home.
- Access a retirement home for a short respite stay. Retirement homes offer professional supervision that is not covered by OHIP or most private medical insurances. You are responsible to pay for the cost of respite care.

Please contact your retirement home of choice as soon as possible to ensure a reservation for the day after your surgery, as some respite homes require 2-3 months' notice.

*Please refer to **APPENDIX B** for a list of respite care options for consideration.*

PREPARING FOR SURGERY

Preparing Your Home Environment/Home Safety Safety Preparation:

Optional Adaptive Equipment

Please arrange for the adaptive equipment below to be appropriately set up in your home **before coming in for your surgery**. You will be provided with a vendor list at the Prehab Education Class. Use this list to investigate suppliers in your area and inquire about prices. Check with your insurance company with regards to financial coverage/reimbursement for medical equipment.

Please rent/buy a folding two-wheeled walker before coming into hospital. The handle on the walker should be as high as the crease in your wrist when standing.

Below is a list of suggested adaptive equipment options that can make your life easier and keep you safe.

Personal Aids	Bathroom
<input type="checkbox"/> Two-Wheeled Walker	<input type="checkbox"/> Elevated Toilet Seat/Commode
<input type="checkbox"/> Cane	<input type="checkbox"/> Shower Chair/Tub Transfer Bench
<input type="checkbox"/> Long-Handled Reacher or (Grabber)	<input type="checkbox"/> Non-Slip Bath Mat
<input type="checkbox"/> Sock Aid	<input type="checkbox"/> Grab Bar for Shower/Tub
<input type="checkbox"/> Wedge/Cushion for the Car	<input type="checkbox"/> Hand-Held Shower Head
<input type="checkbox"/> Long-Handled Shoehorn	<input type="checkbox"/> Long-Handled Bath Sponge
<input type="checkbox"/> Elastic Shoe Laces	<input type="checkbox"/> Cooling Unit/Ice Packs
<input type="checkbox"/> Stander Handybar for Car	
<input type="checkbox"/> Leg Lifter	
<input type="checkbox"/> Prepare a Roll for your Exercises	

Private Home Services - Fee For Service

If you require assistance to manage at home after surgery, please consider organizing private home services.

Refer to [Appendix A](#) for a list of private home service agencies in the area. If you require further information, or home services outside of the local catchment area, contact the Bundled Care Integrated Care Coordinator - **905-845-2571 Ext. 5717**.

PREPARING FOR SURGERY

Asking for help is not always easy. Family and friends often want to help but are not sure how. Try sharing this list with them and decide together how they can help.

Housework and Yard Work

<input type="checkbox"/> Running errands or driving you (in a suitable vehicle) to appointments.	<input type="checkbox"/> Encouraging/helping with your exercises.
<input type="checkbox"/> Grocery shopping and lifting/carrying other heavy items.	<input type="checkbox"/> Helping with personal care (e.g. showering)
<input type="checkbox"/> Vacuuming, dusting, making/changing beds, laundry, cleaning the bathroom etc.	<input type="checkbox"/> Prepare and freeze meals for yourself to last 2–4 weeks after your surgery. Single serving portion sizes are easier to manage.
<input type="checkbox"/> Meal preparation and clean-up.	<input type="checkbox"/> Stock up on easy-to-prepare foods or pre-packaged frozen meals.
<input type="checkbox"/> Taking out the garbage.	<input type="checkbox"/> Meals can also be purchased at a cost. See Appendix A for options of private home services which may be of help.
<input type="checkbox"/> Lawn/garden care or removing snow.	<input type="checkbox"/> Picking up newspapers and flyers left outside the door.

Transportation (The hospital does not provide transportation)

You will not be able to drive for 6 weeks after your surgery. **DO NOT RETURN TO DRIVING UNTIL CLEARED BY YOUR SURGEON.** It is your responsibility to plan your transportation to and from surgery and all appointments.



If you plan to use accessible community transportation, please note that applications for these transportation services must be filled out prior to your Prehab class. **Note:** application forms must be signed by a health care provider e.g. (Family Physician or Prehab Instructor).

Local transportation applications can take up to 4 weeks, please ensure timely completion of your application. See Appendix C for a list of services and phone numbers.



Temporary accessible parking permits are available if you are having significant difficulty managing to get to a destination after parking your car. You can apply for one in-person at any Service Ontario location or my mail. Please visit <https://www.ontario.ca/page/get-accessible-parking-permit> to access the application form and for more information. The form must be certified by a regulated health professional such as a physician, physiotherapist or occupational therapist. If you have any questions, do not hesitate to ask your Prehab Instructor.

MY IN HOSPITAL STAY

Surgery

When you arrive in Surgical Day Care, (2nd floor) - centre elevators, you will be asked to change into a gown and brought to the pre-operative area. In the pre-operative area, the nurses may start an IV in your arm, provide you with any pre-operative medications, and ensure you are prepared for surgery.

You will also be seen by the anesthetist and your surgeon prior to your surgery.

If there are any changes to your surgery time the nurses will notify you. Then the operating room nurse will walk you to the operating room. **Your surgery may last up to 2 hours.**

After surgery you will go to the recovery room where nursing will reassess your medical status. They will also assist with managing your pain and/or nausea. From the recovery room you will be taken to the surgical floor where you will stay until you are discharged.

On the surgical floor (7th Floor) the nurse will check your incision, pain control, temperature, blood pressure and oxygen level. Expect pain and swelling in your operated leg after surgery. You may also have some bruising and tenderness.

You and your family are encouraged to ask your healthcare team any questions if you are anxious or unsure about anything.

Pain Management and Medication Schedule

Following surgery, it is important that you discuss any issues you are having managing your pain with members of your healthcare team. You may be asked what your pain is on a scale of **0 – 10** (**0** = no pain, **10** = the worst pain ever experienced).

When your pain is dealt with effectively, your function and recovery will be optimized. Always inform your nurse when pain medication is required (ex: when pain is not controlled or prior to physiotherapy).

You should not expect to be pain free after surgery. The first few weeks can be challenging and you should be prepared to work through some discomfort.

With less pain, you will be able to walk sooner, more frequently and perform your exercises.

Ice

Icing can be useful in helping with pain control, swelling and your ability to participate in physiotherapy in the days after your surgery. Some patients when icing regularly, take less pain medicine. We suggest using ice packs for ~ 20 min after exercise. Talk to your physiotherapist or surgeon if you have questions about the use of ice.



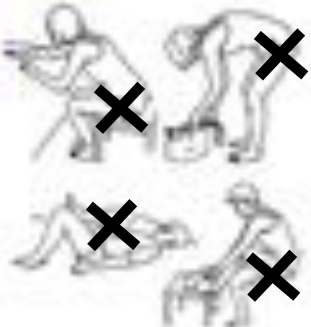


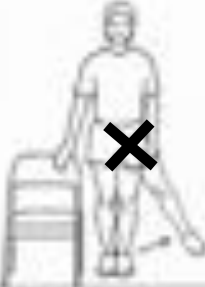
Your outpatient physiotherapist can also help with pain management.

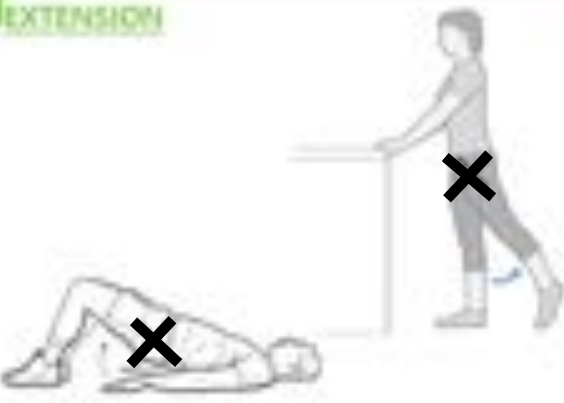
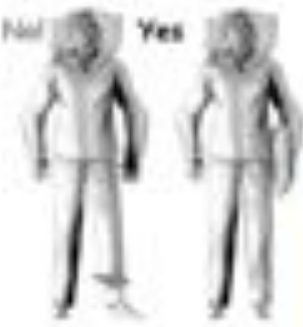
MY IN HOSPITAL STAY

Hip Precautions

Patients 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.

Direct Lateral Approach Precautions

<p>FLEXION</p>  <p>No extreme bending of your operated hip.</p> <p>Avoid bending forward more than 90 degrees.</p>	<p>ADDUCTION</p>  <p>Do not cross your legs or ankles when lying, sitting and standing.</p>
<p>INTERNAL ROTATION</p>  <p>Keep your legs in line with your trunk.</p> <p>No turning your operated leg inward.</p> <p>No pivoting or twisting on your operated leg.</p>	<p>ABDUCTION</p>  <p>Avoid actively lifting your operated leg out to the side, when lying down and standing.</p>

<p>EXTENSION</p> 	<p>EXTERNAL ROTATION</p> 
<p>Do not step backward with your surgical leg. When you're backing up, lead with your non-surgical leg. No wide stepping backward to the side.</p> <p>No extending or dragging your hip behind you.</p>	<p>Do not allow your surgical leg to externally rotate. No turning the operated leg outwards.</p> <p>No twisting or pivoting on the operated leg.</p>

MY IN HOSPITAL STAY

Incision Care

Nursing staff may change your dressing before you go home and will provide you with materials for home dressing changes. Please remember to ask any questions if you are unclear.

Your dressing can remain in place until you see your surgeon at your follow up appointment. If your dressing is soaked through or leaking and you are concerned, please change your dressing and contact the Hip and Knee Helpline.

Call the 24/7 Helpline at 1-866-898-2480.

How to Change your Dressing after Hip Surgery

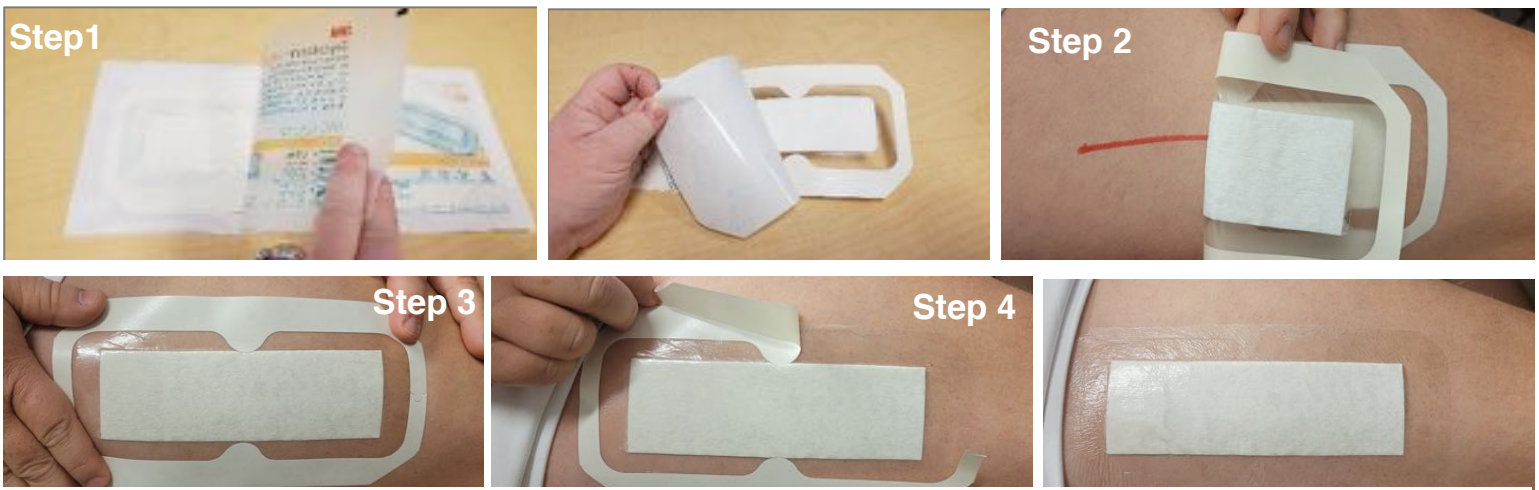
Remove wet or soiled dressing and discard in garbage.

Step 1: Remove new dressing from package. Remove backing. Be mindful not to touch the white bandage (the non-sticky portion of the dressing)

Step 2: Apply new bandage over your incision

Step 3: Ensure dressing completely covers incision.

Step 4: Remove outer edges of dressing



You may remove your dressing if your wound is **not** leaking fluid. If there is some fluid still draining, change your dressing every other day. Do not apply any ointments, lotions or creams to your incisions. Swelling and warmth around the incision are common after a hip replacement. Each Orthopaedic Surgeon has their own preference for dressing changes. If you have questions, contact your Surgeons office.



Showering:

You can shower 3 days after your surgery with your waterproof dressing on to prevent your incision from becoming wet. Avoid any standing water (i.e. bathtub, hot-tub, pool, lake etc.) until your staples are removed and staple holes are closed to minimize risk of infection. If dressing is wet after showering, please change it.

MY POST-OPERATIVE CARE

Exercises Before and Following Your Total Hip Joint Replacement

Walking and exercise should be performed as tolerated following your total hip replacement. The early stages of your rehabilitation include walking for short distances in your home and performing the exercises prescribed by your inpatient physiotherapist (exercises 1-7 below).

DO NOT START ANY OTHER EXERCISES ON YOUR OWN.

Pre And Post-Operative Exercises Weeks 0 - 2 (#1 - 7)

Your success is dependent on performing the following exercises 3 times a day to the best of your ability, starting day 1. Continue these exercises until progressed by your outpatient physiotherapist.

It is normal to have some discomfort while doing exercises.

For best pain control, try doing exercises 20 - 30 minutes after taking pain medication.

1.

Ankle Pumps & Circles

- Sets: 20-30 | Frequency: Hourly

Preparation:

- Find a comfortable position

Execution:

- Point and flex your feet



2.

Heel Slides

- Reps 5 - 10 | Hold: 5 Seconds | Frequency: 3x/day

Preparation:

- Lie on your back with your leg straight.
- Place a belt or strap around your foot. If you would like additional assistance, you may also rent or purchase a heel slider.

Execution:

- Gently bend your knee and hip by sliding your heel on the bed and pulling on the belt.
- Keep your heel in contact with the bed.
- Stay within your comfort level and do not force any bending.
- Straighten your leg and repeat the exercise.



MY POST-OPERATIVE CARE

3.

❑ Isometric Glutes

- Reps: 5-10 | Hold: 5 seconds | Frequency: 3x/day

Preparation:

- Lie on your back with your knees bent and your feet flat on the bed.

Execution:

- Tighten your buttocks (Squeeze them together).
- Hold 5 seconds, relax and repeat.



4.

❑ Isometric Quadriceps

- Reps: 5-10 | Hold: 5 seconds | Frequency: 3x/day

Preparation:

- Lie flat on your back and place a small towel roll under your knee as shown.

Execution:

- Tighten your thigh muscles and push the back of your knee into the towel roll.
- Hold 5 seconds, relax and repeat.



5.

❑ Knee Extension (Roll)

- Reps: 5-10 | Hold: 5 Seconds | Frequency: 3x/day

Preparation:

- Lie down flat on your back and place a large towel roll underneath your knee as shown.

Execution:

- Tighten your thigh muscles into the roll and straighten your leg.
- Hold 5 seconds, relax back to the start position and repeat.



MY POST-OPERATIVE CARE

6.

❑ Hip Abduction + Adduction

Reps 5-10 | Hold: 5 seconds | Frequency: 3x/day

***Only initiate this exercise once approved by your physiotherapist.**

Preparation:

- Lie flat on your back.

Execution:

- Keeping your knee straight and your toes pointed toward the ceiling, slide your heel out to the side as far as you comfortably can.
- Slide your heel back the starting position.



7.

❑ Seated Knee Extension

Reps 5-10 | Hold: 5 seconds | Frequency: 3x/day

Preparation:

- Sit on a chair or the edge of your bed.
- Maintain good posture.

Execution:

- Straighten your leg.
- Hold 5 seconds, relax back to the starting position and repeat.



Please refer to our Prehab video's for additional information:
www.haltonhealthcare.com/prehab

MANAGING MOVEMENT AFTER SURGERY

Positioning in Bed

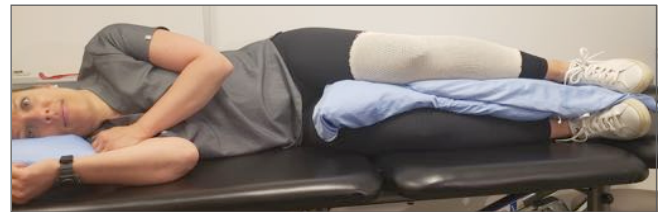
- While in bed, do not place a pillow underneath your hips.
- **Do not twist.** Do not sleep on your stomach.
- **Use a regular bed with a firm mattress.** DO NOT use a low or soft bed (ex: waterbeds, futons, pull-out couches, sofas).
- It may be necessary to raise the height of your bed by adding an extra foam pad or placing blocks under the legs of the bed

Lying on your back

- Do not put pillows under your legs or hips.

Lying on your side

- Always have a pillow between your legs when lying on your side.
- You may wish to place another pillow behind your back to prevent you from rolling over in your sleep.




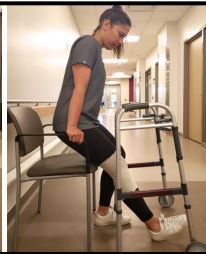






Getting in/out of Bed

- Back up to your bed and sit down on the edge of the bed.
- Slide your buttocks back so that your thighs come onto the bed.
- Turn slowly on the bed as you slide each leg onto the bed. Lift your non-operated leg first.
- *Note: You may use a cane to help lift your operated leg onto bed.*
- Scoot your buttocks until you get to the middle of the bed by pushing through non-operated leg and arms/elbows.
- Lie down on your back. You may keep pillow between your thighs. Do not place a pillow under your hips.
- Reverse the steps to get out of bed.



MANAGING MOVEMENT AFTER SURGERY

Sitting and Standing

							
1.	2.	3.	4.	1.	2.	3.	4.
Standing Up <ol style="list-style-type: none">1. Slide your operated leg forward.2. Push through your non-operated leg and both arms to gradually rise out of sitting.3. Transfer hands to your walker, one hand at a time.4. Complete your stand and make sure both feet are inside the walker.				Sitting Down <ol style="list-style-type: none">1. Step back until you feel the chair behind both knees.2. Slide your operated leg out forward.3. Reach back for the arm rests, one hand at a time.4. Slowly lower yourself into a seated position using your arms and non-operated leg.			

Bathroom Transfers

Toilet

- Toilets at home are typically very low (a standard toilet is usually 14" from the floor).
- This is usually too low for you to get on and off safely and easily after a total hip replacement.
- If the height of your toilet at home is at your knee height or lower, you will need to use a raised toilet seat with arm handles or a commode.
- Arrange to rent, purchase or borrow a raised toilet seat with arm rests or a commode to make transfers safer and easier.



Bathtub

- Arrange to rent, purchase or borrow a shower chair or tub transfer bench for safe transferring in/out of your tub.
- Back up to the tub until you feel your knees touching it. Slide your operated leg out in front of you.



MANAGING MOVEMENT AFTER SURGERY

Bathroom Transfers

Bathtub

- Keeping one hand on your walker, reach for the back of the shower chair/tub transfer bench or grab bar if one is near you.
- Slowly lower yourself down onto the seat and slide back as far as you can.
- Lean back as you slowly turn to face the faucet and lift your legs over the side and into the tub.
- Reverse the process to exit.
- If there are doors on your tub remove them to allow more room for your operated leg to get in and out of the tub.



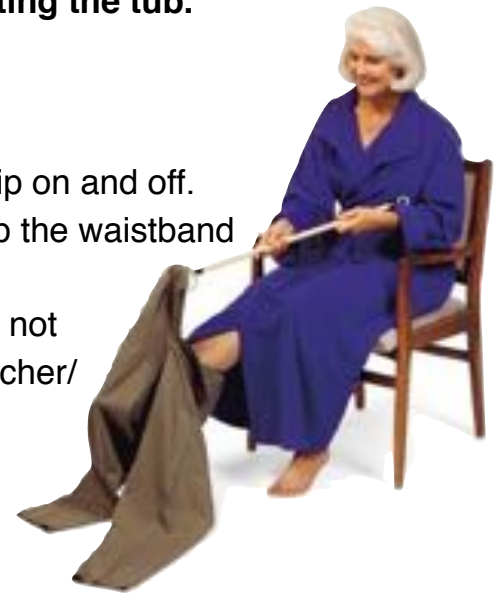
Washing and Bathing

- Make sure someone is with you when you take your first shower after surgery.
- **Do not sit on the bottom of the tub.**
- Adjust the temperature and water level before getting in. Ask for help from your Care Partner if you do not feel comfortable doing this on your own.
- Sit on a shower chair instead of standing to shower. A hand-held shower attachment is useful to prevent accidental slipping while you are rinsing off.
- Use a non-slip bath mat, grab bars and a long-handled sponge to reach your legs/feet.
- **Always ensure you thoroughly dry yourself before exiting the tub.**

Getting Dressed

Pants and Underwear

- Choose loose-fitting pants and underwear that are easy to slip on and off.
- **While seated**, use the long-handled reacher/grabber to clasp the waistband of the pants or underwear.
- Use the reacher/grabber to lower the clothing to the floor. Do not hold onto your pants with the hand that is not holding the reacher/grabber.
- Slip the leg of the clothing over your operated leg first.
- Place your non-operated leg into the other leg of clothing.
- Pull your pants or underwear up over your hips.
- Using your walker, stand up and pull your pants or underwear up.



** Always sit when dressing your lower body. Do not twist around to pick up anything lying behind you – ensure to keep clothing within easy reach.*

Getting Dressed

Socks and Stockings

- Use a sock aid to manage putting on socks for both feet.
- Slide your sock onto the sock aid. Make sure the toe of the sock is positioned at the end of the sock aid.
- Holding onto the straps, lower the sock aid in front of your foot.
- Gently slip your foot into the sock aid and pull the sock on using the straps.
- Repeat the process for your other sock.

Removing socks

- Use your long-handled reacher/grabber or shoe horn to push your sock down.
- The long-handled reacher/grabber can then be used at the back of your heel to grasp the sock and slide it off of your foot.

Shoes

- Choose shoes that are enclosed around the whole foot with a low, wide heel.
- Slip-on shoes with a supportive back (heel cup) are the easiest to put on.
- Use elastic shoelaces for tie-up shoes.
- Your long-handled reacher/grabber can be used to assist pulling on/taking off shoes.



Managing Stairs



Going Down Stairs

1. Start at the edge of the step.
2. Bring the cane and your operated leg down to the first step.
3. Step down to the same step with the non-operated leg.

Going Up Stairs

1. Place the non-operated leg up on the first step.
2. Use the cane/handrail to help step up.
3. Bring the operated leg up to the same step.

**Always use handrail/cane for support and safety.*

MANAGING MOVEMENT AFTER SURGERY

Getting in/out of a Car

Tips for car transfers:

- As the passenger, the best position in a vehicle after your total hip replacement is in the front seat. Use a firm wedge cushion, folded sheets or blanket in a pillowcase to raise the seat height if the car seat is too low or if it is a bucket seat.
- Placing a plastic bag on a fabric seat may make swiveling on the seat easier.
- If you are getting into a van or a vehicle that has higher seats, you may need a footstool to help you up to the seat.
- When taking extended car rides, make sure to take breaks every 30 to 60 minutes. Get out of the car and stand/stretch/walk for a few minutes so you don't become too stiff.
- You can also get a device called a Stander Handybar to help you transfer in and out of a car. It can be purchased at medical supply stores.



The first 6 weeks after surgery can be challenging. To achieve best results - it is vital to be an active participant in your rehab program.



MANAGING MOVEMENT AFTER SURGERY

Getting in/out of a Car



1. Have the driver park on a flat surface and/or near the driveway ramp. Do not try to get into a car if you are standing on a curb.
2. Walk towards the car using the appropriate walking device.
3. Slide the front passenger seat back as far as possible and recline the back support of the seat to give you more space.
4. Turn and back up to the seat until you feel the car seat on the back of your legs. Never step into the car.
5. Use both hands to hold onto a stable part of the car such as the car seat or headrest and dashboard to stabilize yourself. Do not use car door for support as it could move.
6. Extend your operated leg.
7. Slowly lower yourself to the seat, keeping your operated leg slightly out in front of you.
8. Once seated, slide back until your hips are on the seat. You want to make sure your shoulders are behind your hips as you're sliding back.
9. Lift your legs into the car one at a time to face forward. You can move each leg a few inches at a time. You can use your hands to help move your legs or ask for assistance from the driver.
10. Avoid crossing your legs.
11. Reverse these steps to get out of a car.

****To assist with reducing friction when getting in and out of the car - you may want to use a plastic bag under your bottom.***

MANAGING MOVEMENT AFTER SURGERY

Returning to Driving

You will need to consult with your surgeon regarding your return to driving. It may take 6 weeks to be cleared for driving. Being cleared to drive will depend on your individual progress.

Do not drive while taking opioids medications. Opioids impair your ability to safely operate a vehicle.

Returning to Work

Allow yourself enough time to heal before you return to work (usually two to three months). Speak with your surgeon to determine a realistic return to work time frame.

Travel

Before you book or plan travel after surgery, you will require clearance from your surgeon.

Sexual Activities

In preparing for this elective surgery, it is recommended that you discuss limitations and expectations with your partner in regards to how you will be able to participate in physical intimacy postoperatively.

You may resume sexual relations as soon as you are comfortable with this activity. Keep in mind your energy level, comfort and protecting your hip. Generally, it is safe to resume sexual activity six weeks after surgery as long as there is no significant pain. Initially, being on your back will be the safest and most comfortable position. As your hip heals, you will be able to take a more active role.

What positions are safe during sex.

1. Lying on your back with your feet pointing straight up and your legs slightly apart
2. Standing without bending your hip more than 90°
3. Your partner can use different positions while you lie on your back or side

Physical Activity/Sporting Guidelines*

Permitted at 6 - 8 Weeks	Permitted at 3 Months	Potentially Permitted at 3 - 6 Months	Not Permitted
Swimming (No whip kick or egg beater)	Gardening	Downhill/Cross-Country Skiing	Jogging/Running
Increase walking endurance	Bowling/Lawn Bowling	Weight training (lower body)	Squash/Racquetball
Golfing (putting and chipping only)	Curling	Horseback Riding	Whip kick or egg beater in swimming
Stationary Cycling	Golfing	Skating/Snowshoeing	Contact Sports
Elliptical/Treadmill	Outdoor Cycling	Canoeing/Kayaking	
Weight training (upper body, core)	Dancing	Yoga/Pilates (modify as necessary)	
Driving a car		Rowing	
Tai Chi		Tennis/Pickleball (doubles)	

MANAGING MOVEMENT AFTER SURGERY

*Physical Activity/Sporting General Guidelines.

Some surgeons allow earlier return to above activities. Always speak with your surgeon first before attempting/trialing any new activity or sport. Avoid any forceful extreme ranges of motion at your hip. Stay within a comfortable range.

POTENTIAL COMPLICATIONS / SIDE EFFECTS

Your nurse will teach you how to recognize blood clots, infection, how to prevent constipation and how to care for your dressing/incision. Your nurse will also teach you about your medications.

❖ Incision/Wound Care /Swelling/Blood Clot

Keep your incision **clean and dry**. After 10 – 14 days your staples will be removed at your fracture clinic appointment. Physiotherapy can begin prior to staples being removed.

The ankle on the operated leg may also swell. This is a normal process of healing and can last for several weeks to months after surgery. To reduce swelling, elevate your leg slightly and apply ice to the incision. Wearing compression stockings may also help reduce swelling. If you experience any increased swelling, deep throbbing calf pain, warmth and redness of the leg that is unalleviated with rest or pain medication, please notify your doctor. These are possible signs of a blood clot.

It is normal to have swelling and bruising around your surgical site and/or it can extend along the operated leg. This will be most significant the first 3 weeks after surgery.



❖ Infection

If discharge from your wound is green, thick, or has an odour and/or you notice more pain and redness, you should follow up with your doctor as your wound could be infected.

Clear, watery, pinkish yellow fluid is normal from your wound after surgery.

❖ Constipation

Constipation often happens after surgery because of pain medication and limited activity. Here are some ways to prevent constipation.

- Drink lots of fluid (8 cups a day)
- Include fiber in your diet (bran, beans, raisins, etc.)
- Continue regular activity
- Maintain a regular bowel routine
- Do not overuse laxatives
- You may also be given medication to help prevent constipation. Remember to tell your nurse when you have a bowel movement.

WHEN AND HOW TO SEEK MEDICAL ATTENTION/CARE

Who Do I Contact ?

❖ Surgeon

Call your surgeon's office regarding:

- Sudden and extreme hip pain
- Changes to your pain medication protocol
- A refill of opioid medication prescription
- Concerns for infection of the incision/hip

❖ Call SE Health 24/7 Help Line (1-866-898-2480) or your Family Doctor if you have:

- Fever over 100.4°F or 38°C.
- Increased redness, swelling or drainage around skin incision
- A foul odor or yellow or green drainage at the incision site
- Sudden increase in bruising around the incision site
- New leg swelling, calf soreness or calf pain
- Any skin rashes, ulcers or infections
- Infection (i.e. tooth abscess, burning on urination, vaginal infection)
Antibiotics may be ordered to prevent the infection from affecting your hip
- Prolonged bleeding from cuts and nosebleeds; increased menstrual flow; black tarry stools and red or dark brown urine
- Any type of upcoming surgery or dental work, including routine cleaning, you may need antibiotics to protect your hip from infection
- **Let your doctor and dentist know that you have had a total hip replacement.**

❖ Bundled Care Integrated Care Coordinator (BCICC)

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.

905-845-2571 Ext. 5717 (The BCICC is available Monday - Friday 8am - 4pm).

❖ Emergency Department

- If you experience any of the following, go immediately to the emergency department:
- New or worse shortness of breath or difficulty breathing.
- New or worse pain, tightness, and or pressure in your chest.
- A significant increase in pain, swelling or redness of your calf/calves.
- A sudden, severe increase in pain in your new joint.
- Coughing up blood.
- **If you have a serious fall or trauma.** There is a high risk of bleeding from your blood thinning medication.

APPENDIX A – PRIVATE HOME CARE SERVICES

In Home Service Providers		
Acclaim Health	acclaimhealth.ca	905-827-8800
Bartimaeus (Mental Health/Dementia)	bartimaeus.com	905-634-8903
Bayshore Healthcare	bayshore.ca	905-896-0200 905-844-5588
CBI Home Health Service	cbi.ca/web/home-health	905-507-2273
Closing the Gap	closingthegap.ca	905-306-0202
Home Instead Senior Care	homeinstead.ca	905-639-4357
Home Well Senior's Care	homewellcares.com	905-639-4357
Links 2 Care (Bathing assist only)	links2care.ca	905-844-0252
Milestone Health Care	milestonehealth.com	1-888-509.9394
Nurse Next Door	nursenextdoor.com	905-599-7906
Para-Med Home Health	paramed.com	905-847-1025
Seniors for Seniors	spectrumhealthcare.com	905-276-1140 905-572-6162
SE Health	sehc.com	905-826-0854
St. Joseph's Home Care	stjosephshomecare.ca	905-522-6887
Tender Love Care		905-847-4463

Community Resources		
Able Living Recharge Respite Program (referrals through Central Registry)	ableliving.org	905-338-8357
Meals On Wheels	mealsonwheels.ca	905-815-2020
Connect Care Medical Alert Button	connectcaremedicalalert.ca	905-338-4357
Driving Miss Daisy (accompaniment service)	drivingmissdaisy.ca	905-399-6831
Heart To Home Meals	hearttohomemeals.ca	1-800-786-6113
OSCR & Outreach	oscrservices.ca	905-827-4139
Oakville Hospital Footcare & Orthotics Center	oakvillehospitalfootcare.ca	905.618-0162
Supports to Daily Living, Nucleus Independent Living	nucleusonline.ca	905-829-4499

The resources above are not an endorsement by Halton Healthcare of the products and services provided.

APPENDIX B - RESPITE CARE OPTIONS

Retirement Homes

OAKVILLE	Website	Telephone Number
Chartwell of Oakville 180 Oak Park Drive, Oakville L6H 0A6	chartwell.com	905-257-0095
Churchill Place by Revera 345 Church Street, Oakville L6L 7G4	reveraliving.com	905-338-3311
Sunrise Assisted Living 456 Trafalgar Road, Oakville L6J 3H9	sunriseseniorliving.com	905-337-1145
The Kensington by Revera 25 Lakeshore Rd. W. Oakville L6J 6B4	reveraliving.com	905-844-4000
Trafalgar Lodge by Revera 299 Randall Street, Oakville L6J 6B4	reveraliving.com	905-842-8408

Milton	Website	Telephone Number
Birkdale Place 611 Farmstead Drive, Milton L9T 4M3	reveraliving.com	905-636-6300
Martindale Gardens 45 Martin Street, Milton L9T 2R1	siennialiving.ca	905-693-8592

Georgetown	Telephone Number	Telephone Number
Amica at Georgetown 224 Maple Ave., Georgetown, ON L7G 1X2	amica.ca	905-702-1555

Burlington		Telephone Number
Appleby Place 500 Appleby Line, Burlington L7L 5Z6	reveraliving.com	905-333-1611
Chartwell Christopher Terrace 3131 New Street, Burlington L7N 3P8	chartwell.com	905-632-5072
Lakeshore Place 5314 Lakeshore Road, Burlington L7L 6L8	lakeshore-place.com	905-333-0009
Park Avenue Manor 924 Park Ave, W. Burlington L7T 1N7	parkavenuemanor.ca	905-333-3323
Pearl and Pine 390 Pearl Street, Burlington L7R 2M8	pearlandpineretirement.com	905-633-8300
Sunrise Assisted Living 5401 Lakeshore Rd W. Burlington L6L 6S5	sunriseseniorliving.com	905-333-9969
The Williamsburg 1893 Appleby Line, Burlington L7L 0G5	reveraliving.com	905-335-1121

The resources above are not an endorsement by Halton Healthcare of the products and services provided.

APPENDIX C - TRANSPORTATION SERVICES

Transportation Services	Website	Telephone Number
ActiVan in Georgetown	haltonhills.ca	905-702-6435
care-A-van in Oakville	oakville.ca	905-337-9222
Handi-Van in Burlington	burlingtontransit.ca	905-639-5158
Mobility Access Plus in Milton	miltontransit.ca	905-864-4141
TRANSHELP in Peel Region	peelregion.ca	905-791-1015
WHEELTRANS in Toronto	ttc.ca/wheeltrans	416-393-4111

The Meds-To-Beds Program at OTMH makes it easier for patients or families to receive their medications before leaving the hospital or for optional for home delivery.

T: 905-847-3223 - F: 905-825-8677



Meds-to-Beds

• Physiotherapy • Chiropractic Care • Registered Massage Therapy



Oakville Hospital
3001 Hospital Gate, Oakville, ON L6M 0L8
T: 905-845-9540 F: 905-815-5109

Milton Hospital
725 Bronte Rd. Milton, ON L9T 7H6
T: 905-876-7022 F: 905-876-7005

Georgetown Hospital
1 Princess Anne Drive, Georgetown, ON L7G 2B8
T: 905-873-4598 F: 905-873-4567

All net proceeds support hospital programs and services.

You may choose a publicly or privately funded physiotherapy clinic of your choice.

