



**Brockville  
General Hospital**

Right here, with you.

# TOTAL HIP REPLACEMENT SURGERY

LATERAL APPROACH

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## Appointment Information

Please remember to bring all medications in the original containers and your Ontario health card to all appointments.

<b>Surgery</b>	<b>Date:</b>	<b>Time:</b>
<b>Arrival Time at Central Registration: (Main Entrance, Central Registration on the right)</b>		

<b>Pre Admission Clinic</b>	<b>Date:</b>	<b>Time</b>
<b>Arrival time at Central Registration:</b>		
<b>Arrival time at Central Registration:</b>		
<b>Pre-Operative Education Class for Total Knee Replacement (scheduled by your surgeon)</b>		
<b>Date:</b>		
<b>Time:</b>		
<b>Directions: Main Entrance through the long hallway, turn left through the double doors, follow signs to pre-operative class</b>		

<b>Additional Information:</b>

Please bring this book with you to all your appointments before your surgery and to the hospital the day of your surgery.

## Getting Started

Throughout your total hip replacement journey, this booklet will cover all the information you require to be successful. It is designed as a guide for your pre-surgery, hospital stay, and throughout your recovery and rehabilitation.

It is our goal as dedicated community team to prepare you, your home, and your family for your impending surgery and recovery. We look forward to working with you along this journey.

Being an active participant throughout this journey is one of the ways to achieve a successful outcome. There is lots of information to remember, however, much of this will be continually reviewed throughout your journey.

### **Three things you must plan immediately.**

- 1. See your primary care provider (family doctor) as soon as you make your decision to have surgery**

The healthier you are going into your surgery, the easier and more manageable your surgery and recovery will be. This includes both physical and mental health. Untreated or unstable medical conditions may prevent or postpone your surgery. Routine check-ups with your primary care provider (family doctor) are strongly recommended.

- 2. See your specialist**

Your surgeon may require you to see additional specialists prior to your surgery.

- 3. Book an appointment with your dentist**

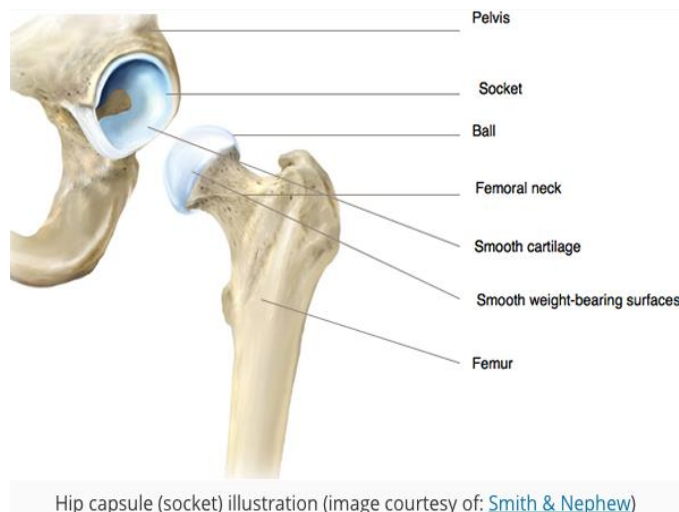
Make an appointment with your dentist if you have not been seen in the last six months. Untreated dental infections could lead to cancellation or postponement of your surgery.

# Total Hip Replacement

## The Hip Joint

The hip joint is a large weight-bearing joint at the top of your thigh where your lower body connects to your upper body. It is a ball and socket joint, which allows a lot of movement in many ways. The joint has two parts:

1. The hip socket (acetabulum) is a cup shaped bone in the pelvis. It is designed this way to increase stability of the joint.
2. The head of the femur, or thigh bone, is shaped like a ball and fits inside the acetabulum. The ball shape allows for a lot of movement.

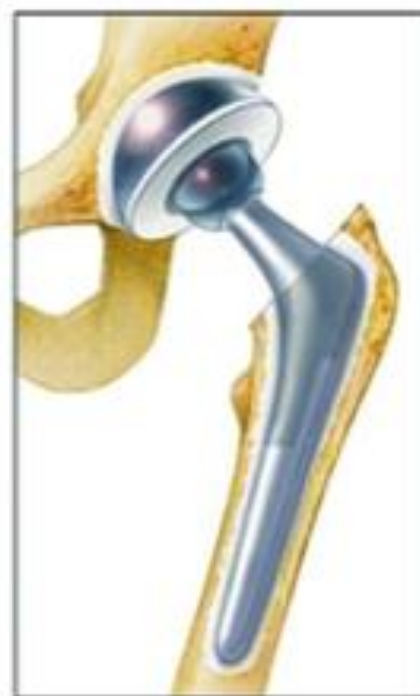


## The Replacement

Total hip replacements are usually performed for severe arthritic conditions when pain and immobility affect your quality of life. Osteoarthritis is the most common form of arthritis and usually occurs with age. As the cartilage wears, the joint is less able to respond to the forces placed on it, and may become stiff and painful. Many people can manage their symptoms conservatively, through medication, activity modification, weight loss and exercise. A hip replacement is offered after conservative management has failed and is no longer helpful.

## Expectations

Between 90-95% of patients who have undergone a total hip replacement report pain relief. Many patients who reported a stiff and painful joint prior to the surgery show improved range of motion, less stiffness, and better quality of life.



## **New Hip, New Look, New Me**

Your new joint will consist of a ball, a socket, and a stem. The damaged bone is removed and a metal ball and stem is inserted into the femur. The acetabulum is widened to accommodate the new metallic ball and lined with a plastic cup to mimic the original joint. The metallic ball is then inserted into the widened acetabulum. The stem is quite porous which allows bone to grow into and around it creating a very stable connection.

## **Equipment Preparation for Surgery**

You will require specialized equipment following your surgery to help with you with your mobility and getting dressed. These are required for your safety.

Our Occupational Therapy team will also review these items and their use during your inpatient stay.

**You must obtain these items prior to your surgery:**

- 1. Two-Wheeled Walker \*\***
- 2. Cane \*\***
- 3. Long-Handled Reacher \*\***
- 4. Long-Handled Shoehorn \*\***
- 5. Sock-aid \*\***
- 6. Bath Chair or Tub Transfer Bench**
- 7. Raised Toilet Seat with Arms Rests or Height Adjustable Commode or Toilet Safety Frame \*\***

**\*\* indicates required equipment**

**A list of places to obtain these items will also be provided to you at the Pre-Operative Education Class**

Information to assist you in choosing the most appropriate equipment and instructions on how to use this equipment are provided on pages 28-33. Any concerns or questions you have about the equipment can be discussed at the Pre-Operative Education Class.

## Choosing a Mentor

Choosing a mentor is a very important decision. It must be someone that you can count on from the start of your journey until the end. This person will accompany you throughout this process and can be a family member, a friend, or someone who has gone through a total hip replacement. There is great evidence that supports the link between social support and recovery.

Your mentor will learn with you and be at your side before, during, and after your hospital stay. They will also be an important part of your rehabilitation as well.

Your mentor will:

- Attend all preoperative appointments with you
- Be a second set of ears to help remember instructions
- Aid with planning for hospital admission
- Come with you on the day of your surgery
- Help you prepare for discharge and arrange transportation home
- Be available throughout the admission and for discharge home to help settle and remind you of your instructions
- Stay with you for at least one week after your discharge from the hospital
- Assist with heavy lifting and meal preparation after your surgery
- Offer physical assistance to you as needed after your surgery

## Physical Preparation for Surgery

The stronger you are going into your surgery, the better your outcome. This is a well-known fact and supported by research. Our goal, just like yours, should be the best version of you in preparation for surgery day. It is expected that you train three to five times per week. Start slowly, add more exercises as you are able to or as you see fit. Continue to be as active as possible leading up to your surgery and limit your painful activities. If your pain is very severe, you may only be able to exercise in water or at a lower level. We are here to help you coordinate your program to your individual needs.

Expect to be sore and experience some pain. This is normal. This is not to be feared. However, we advise you to follow the two-hour pain rule – if you are sore or are in pain longer than two hours after exercise then you have done too much. Decrease your exercise time and/or intensity if this occurs.

### **Endurance exercise**

Endurance exercises are important for your cardiovascular health, or your heart, lungs, and circulation. Some examples of endurance activities are:

- Walking.
- Stationary cycling or outdoor cycling.
- Swimming, water aerobics, aqua-fit.

Water activities such as swimming, aerobics, aqua-fit, or simply walking (forwards, backwards, and sideways) in a pool are incredibly beneficial. Your weight in water is reduced thereby decreasing the force on your joints and the added resistance helps build muscle strength.

### **Strengthening exercises**

Strength training is important for building and maintaining muscle in your legs and arms. The stronger you are, the better you feel. The exercises have been chosen in a way to focus on the muscles most important for your total hip replacement. The arm and shoulder exercises are just as important as the leg exercises. Strong arms and shoulders will make using your walker after surgery easier. You are expected to work each side of the body, not just the affected or unaffected side.

- You will receive a pre-operative exercise program at your initial appointment with the physiotherapist



## **Deep Breathing Exercises**

Deep breathing exercises help to:

- Exercise the lungs and move mucous along the airway to maintain a clear path
- Increase blood and oxygen and enhance circulation
- Lower respiratory complications such as pneumonia or infection

How to complete deep breathing exercises

1. Place hands on lower sides of your ribcage
2. Take a deep breath through your nose, hold for one to three second and then slowly exhale through your mouth
3. Your goal should be 10 deep breaths every hour
4. Cough as often as you need, this helps clear any excess mucous

## **Foot and Ankle Exercises**

Foot and ankle exercises help to:

- Improve circulation
- Improve range of motion of the ankle and foot
- Prevent post-operative complications such as blood clots

How to complete foot and ankle exercises:

1. Practice drawing the upper case alphabet with your foot
2. After surgery aim for one alphabet every half hour
3. Don't forget to wiggle your toes as often as possible

## Let's Talk About Lifestyle

### Nutrition

Proper nutrition prior to and following surgery is important for your recovery. Good nutrient intake is important for bone health as well as muscular and skin integrity following surgery. The best nutrition is to eat a variety of foods from each group, and regular meals. The following websites are good resources to help:

- [www.healthcanada.gc.ca/foodguide](http://www.healthcanada.gc.ca/foodguide)
- [www.eattracker.ca](http://www.eattracker.ca)
- [www.unlockfood.ca](http://www.unlockfood.ca)

### Body Weight

Obesity can have a big effect on both your surgery and your rehabilitation. Research has shown that a decrease in bodyweight by 10% can decrease the amount of force on your weight bearing joints by 100N (Newtons) per side. A moderate weight loss prior to surgery can reduce pre-operative joint pain and allows you to be more active. Gradual weight loss focused on the long term is best. Quick weight loss programs may work but are nearly impossible to maintain and tend to be unhealthy by creating massive caloric deficits. This can cause potential harm to your body in a variety of different ways. If you have questions regarding weight loss or proper nutrition, consult your Primary Care Provider, or the following is a list of resources:

- Public Health Unit: [www.healthunit.org](http://www.healthunit.org)
- Telehealth: 1-866-797-0000
- Private Practice Dietician: <https://www.collegeofdietitians.org>

### Smoking Cessation – Time to Quit?

People who smoke have a greater risk of serious complications with their heart and lungs during and after surgery. There is also a link between smoking and incisional infection resulting in an increased length of stay at the hospital.

We understand that smoking is an addiction and can be a very difficult habit to break. You will not be permitted to smoke in the hospital or on the grounds of the Brockville General Hospital. We would like to help you take this opportunity to manage your addiction. Advise your doctor or your nurse if you do smoke and would like nicotine replacement therapy during your stay. If you have questions regarding smoking cessation, the following is a list of resources:

- Public Health Unit: [www.healthunit.org](http://www.healthunit.org)
- Lanark Leeds and Grenville Addictions and Mental Health: <https://llgamh.ca>

## Protecting Yourself at Home

We have developed a list of safety checks to help you, your mentor, and your home get ready for your return from your Total Hip Replacement. Please review this list and if you have any questions you can ask them at your Pre-Operative Assessment Clinic.

- ☐ I have a secure railing on all steps/stairs inside my home or I will not have to use the steps/stairs to access my bedroom, bathroom, or other living area I plan to use during my recovery.
- ☐ My bed is at a good height to allow getting into and out of it easily. My mattress is supportive to allow easy mobility.
- ☐ I have a comfortable chair with arm rests that I can easily get into and out of.
- ☐ My bathroom is safe and easy to use (ex. raised toilet seat, grab bars, bath/shower equipment).
- ☐ I have a night light in my living area to help when I am awake during the night.
- ☐ I have removed all tripping hazards from my living area (ex. area rugs, cords, rugs, furniture) and there is an open path with enough room to use a walker.
- ☐ I have set up my pets in a separate room for the duration of my recovery or have arranged for others to watch. My pets are not to sleep on me or in my bed until my incision has fully closed to decrease the risk of infection.
- ☐ I have organized my cupboards and refrigerator so that items are easily accessible and safe to reach.
- ☐ I have adequate groceries on hand to help me through the first day of my return home, or I have set up a meal delivery service.
- ☐ Emergency contacts and numbers are easily available by cell phone or placed by each landline.

- ☐ I have asked my family/mentor to help me with daily chores and heavy lifting during my recovery.
- ☐ Transportation to the hospital as well as all follow up appointments has been arranged. I am aware that I will not be driving until approved by my surgeon (usually a minimum of 6 weeks).
- ☐ If I am the prime caregiver to my spouse, child, parent, I have made other arrangements for their care during my recovery.

### **Planning for After Surgery**

If your home does not fit this safety checklist consider staying elsewhere

- With family
- Respite Stay at a local Retirement Home

**If your care plan is for a short-term respite stay while you recover you must have this set up in advance and call the day before your discharge to inform them that you will be arriving the next day.**

**A list of retirement homes which offer short stay respite care will be provided at the Pre-Operative Education Class.**

## Pre-Surgical Appointments

### 1. Pre-Operative Assessment Clinic (POAC)

Your surgeon will provide the hospital with the details regarding your surgery. A clerk from the Operating Room Scheduling Department will contact you to schedule your POAC visit approximately 1-6 week before your surgery. This is a mandatory appointment prior to your surgery.

The clerk will give you instructions about what you need to bring with you on the day of your POAC visit. You are encouraged to bring your mentor with you to this appointment.

You POAC visit will include:

- Assessment by a registered nurse.
- Assessment by an anesthesiologist.

The anesthesiologist may need to refer you to other medical specialists or require you to complete additional blood work or other tests.

#### Things to complete for this appointment:

1. Contact your mentor and ask if they can accompany you to this appointment. If they can't come, then bring a family member or friend.
2. Bring:
  - a. Your health card.
  - b. Insurance information (to confirm room coverage).
  - c. A print out of your medication list from your pharmacy, including:
    - i. Prescriptions.
    - ii. Pills, drops, creams, patches, inhalers, injections.
    - iii. All vitamins, herbal therapies, and over-the-counter medications should be brought in their original packaging.
3. Wear loose, comfortable clothing and comfortable shoes.
4. Do not wear scented personal products.
5. Plan to be at the hospital for about three hours this day. Bring water and a snack.
6. The main entrance to the hospital and visitor parking is off of Charles Street. Keep your parking ticket with you. You can pay for parking at the kiosks at

the front door as you leave the hospital. If you are being dropped off at the front door, there is a patient drop off area.

7. Just inside the main entrance is the Information Desk. The volunteers can direct you to Patient Registration.
8. We ask you to register for your appointment 15-20 minutes before your scheduled time. Once registered, a staff member will give you directions to the Pre-Operative Assessment Clinic (POAC).

## **2. Pre-Operative Education Class**

Your surgeon's office will arrange this appointment and let you know the date and time. This is a mandatory appointment prior to your surgery. The class will last 90 minutes with 30 minutes for questions and answers. A Kinesiologist and/or Physiotherapist will provide you and your mentor with information to learn:

1. More details about the content of this booklet
2. The items requested by your surgeon
3. The exercises you are expected to do post operatively
4. Your rehabilitation plan following your discharge from the hospital
5. How to manage your daily activities and what equipment you will need

## Pre-Surgery Checklist

- ☐ The Operating Room scheduling clerk **will call** the day before your surgery, or the Friday before if your surgery is on Monday. If you have not heard by 2:30 p.m. the day before then call **613-345-5649 ext 51360** to receive your surgical time.
  
- ☐ Pack a small suitcase or bag with:
  - One set of loose comfortable clothing, such as elastic waist shorts and tops you can wear during exercise and in bed
  - One pairs of loose fitting underwear
  - One pair of comfortable and supportive shoes, not slippers or flip flops
  - This Total Hip Replacement – Lateral Approach surgery book
  - Personal care items (toothbrush, toothpaste, soap, lotion, razor, comb, brush, tissue, deodorant). Please refrain from bringing in any scented products. The BGH policy on scented products can be found at [www.brockvillegeneralhospital.ca/policies](http://www.brockvillegeneralhospital.ca/policies)
  - The items requested by your surgeon
  - Check and bring proof of insurance and any other corresponding documents. Patients are assigned to the first available bed that meets their needs. We will not know which room you will go to until the day of admission
  - Photo ID, you will need it when you pick up your pain prescription at your pharmacy the day of your discharge
  - Ensure all your medications are brought with you to the hospital and in their original containers
  - Your 2 wheeled walker
  - Your CPAP breathing machine, along with the appropriate settings
  
- ☐ Remove all nail polish and artificial nails from fingers and toes
  
- ☐ Follow all instructions given to you by your health care team to prepare for surgery
  
- ☐ Follow instructions given to you at your POAC appointment about when to stop eating and drinking

- ☐ **DO NOT** use marijuana in any form (inhaled, edible, oils, etc) prior to surgery. Recreational marijuana should be stopped 24 hours prior and medical marijuana should be stopped 8 hours prior to surgery.
- ☐ Shower and use a clean towel or allow your skin to air dry on the day of your surgery
- ☐ Brush your teeth and try not to swallow the water
- ☐ **DO NOT** wear any scented personal products
- ☐ Remove all jewelry including rings, earrings, necklaces, watches, body piercings etc. Rings that cannot be removed may be cut off.
- ☐ Wear clean comfortable clothing
- ☐ **DO NOT** chew gum, have candy, or smoke
- ☐ Ensure to take all medications that you were instructed to take by your surgeon or Pre-Admission nurse with just enough water to swallow the pills
- ☐ **DO NOT** bring valuables to the hospital such as money or jewelry. Patient and families assume full responsibility for money, valuables, and personal items kept in your room or on your person.
- ☐ Plan to arrive at the time you were instructed to by your pre-admission nurse
  - If a time was not specified, arrive 2 hours before your scheduled surgery time
  - Come in as you did for your POAC appointment and report to Patient Registration for the directions to Day Surgery



## Hospital Expectations

### Day of surgery

The day surgery nurse will review with you the following:

- Medications to verify and or make necessary changes
- Preoperative medical history, physical, and consent
- Instruct you to leave belongings with family member or Mentor who will keep them until after your surgery
- Will ask you to identify which is the surgical leg and then mark the surgical leg
- Start an intravenous (IV)
- Answer any other questions

### Operating Room

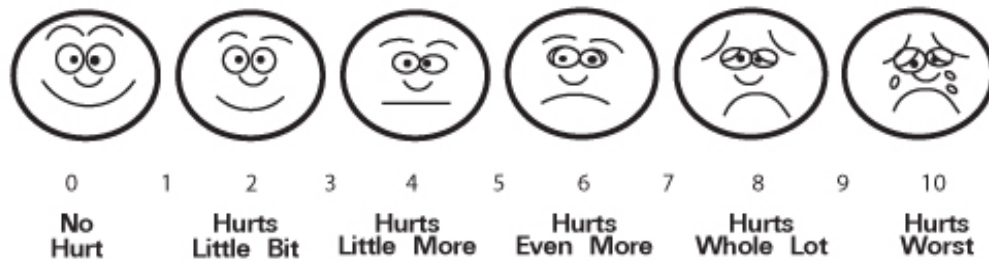
- The operating room is quite cool, you can request a warm blanket
- You will receive IV antibiotics
- You will speak with the anesthesiologist who will answer any questions you have regarding the anesthesia or pain control
- The Surgical Safety Checklist will be completed with you prior to surgery
- Your surgery is approximately 2 hours

### Post anesthesia care unit (Recovery Room)

- Assessment of you pain, the nurse will provide ongoing pain medication at your request
- Assessment of your level of nausea and/or vomiting and provide you with medication for these symptoms
- Review deep breathing and foot and ankle exercises
- Complete an x-ray of your hip
- You will have a dressing applied to your hip
- Your stay in the recovery room will be 1-2 hours before you are transferred back to the day surgery area

## Pain Assessment

Your nurse will be routinely monitoring your pain levels using a Visual Analogue Scale of 0-10, with 0 being no pain and 10 being worst pain ever.



It is very important to have your pain under control and you must notify your nurse if it is not. It is normal to have pain following surgery and very normal to not be able to rid you of all pain. Pain control is a necessary part of your recovery because without adequate pain control you will not be able to participate in your rehab in hospital or be able to get up and move around very well. The goal of pain management is to make you comfortable so that you can participate.

## Nausea

Nausea and vomiting is an unfortunate side effect of the anesthetic and is common in people post-surgery. There is additional medication that you can be given so it is important for you to notify your nurse about any of these symptoms.

## Confusion

Confusion and delirium are another common side effect following surgery and can last from days to weeks. You may experience confusion, hallucinations, and changes in behavior. This can be related to the anesthetic, pain medication, lack of sleep, or alcohol withdrawal. It is important to notify your nurse if you begin to experience any of these symptoms.

## Diet

You will begin with fluids and then progress to a regular high fiber diet barring any surgical complications.

## Getting up after surgery

Approximately four hours after your surgery has been completed, your nurse will complete a physical exam. If all is well and your pain is under control they will assist you sitting at bedside and getting you into a chair. The change in position is good for

lung health. You will be moving around with a walker and starting to take few steps. Tiredness and dizziness after first getting out of bed is a very normal.

### **Urinary tract health**

Urinary problems can arise following surgery and it is important to rectify this quickly to prevent an infection. If you are having trouble urinating, notify your nurse. They may use a device to check your bladder and if needed insert a catheter to help drain excess urine.

### **Fall prevention**

Our goal is always patient safety and certain measures have been put in place while you are here to keep you safe from falling.

**It is important that you know and understand your own limitations. If you have a history of falls, consider the potential causes and implement ways to prevent future falls.**

Any important items will be easily within your reach:

- Call bell if you need assistance
- Pull cord for your light
- Bedside table and telephone
- Personal items, meal, drinks
- Eyeglasses and hearing aids
- Walker

You can help us by:

- Only getting up on your own once approved by a nurse or physiotherapist
- Wearing non-skid footwear
- Call for help when needed
- Not leaning on equipment for help other than your walker

Let's help each other by making sure you're safe at all times.

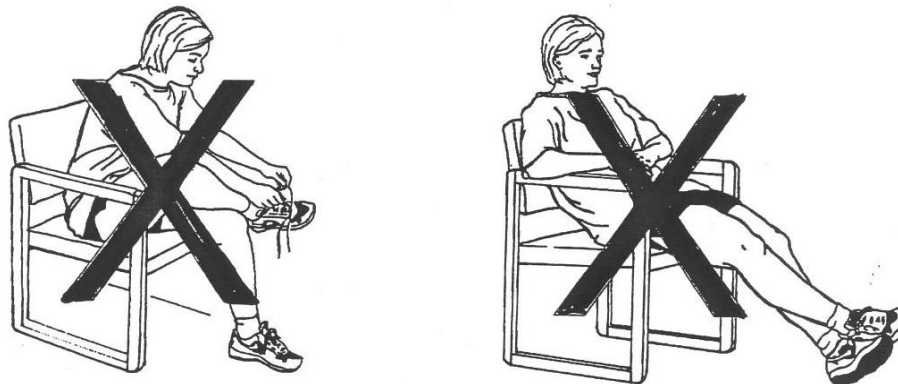
## The Three Hip Precautions

**FOLLOW THE THREE HIP PRECAUTIONS FOR 6-12 WEEKS AFTER YOUR SURGERY**

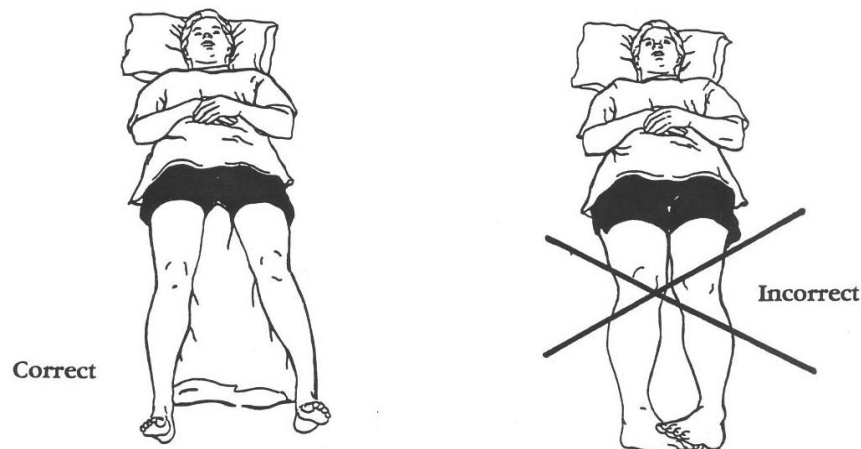
**DO NOT BEND PAST 90° AT THE WAIST WHILE STANDING, SITTING, OR LYING**



**DO NOT CROSS YOUR LEGS OR ANKLES**



**DO NOT TWIST YOUR HIP OR LEG IN OR OUT**



## Potential Problems

Although you have been discharged from the hospital, this does not mean that complications after surgery will not arise. Make sure that you continue self-monitoring for symptoms. We have come up with a list of potential problems that can come up following surgery outside of the hospital setting.

### **Blood clots**

A blood clot after surgery is a serious situation and can cause many complications. Your surgeon may prescribe you a medication to help prevent this. This medication can be taken orally or through injection. If you are prescribed an injectable anticoagulant, the team will make sure you are confident in taking this before you leave hospital, community nurses will not be able to inject you at home. Following your surgery, you will be less active, this can affect the normal movement of blood throughout your body. We stress the importance of continuing on your blood thinner as prescribed for the recommended duration. To help reduce the risk of a blood clot forming you should continue your foot/ankle exercises you were doing in hospital, and be walking a short distance at least once every hour that you are awake.

### **Pain**

Your pain should decrease as time passes. It is important to take your pain medications as prescribed. This will allow you to move more and complete your rehab exercises.

- If you have increased pain that is not relieved by your medication, then call your surgeon. If you are unable to reach your surgeon, go to your Emergency Department. Contact your surgeon the next day to notify them of the problem you experienced
- Once you no longer need the prescribed narcotic, take all extra pills back to your pharmacy for proper disposal. Do not leave them in your home

### **Call 911 immediately if you experience**

- Unexplained shortness of breath
- Sudden onset of chest pain

### **Notify your surgeon, primary care provider, or go to the Emergency Department if you experience**

- Increased pain or tenderness in your legs or unexplained shortness of breath
- Heat or redness in the calf area of either leg
- Increasing severe swelling noted in your legs

- Persistent vomiting that does not go away
- You notice bright red or dark black stools (if not on an iron supplement)
- Excessive or continuous wound drainage

## **Diet**

You may return to your normal diet as tolerated. Ensure you drink plenty of water to keep yourself well hydrated. Refrain from alcohol for the next two weeks or longer if you are still taking your pain medication.

## **Dental and surgery precautions**

It is important to inform your dentist and other specialists that you have undergone a Total Hip Replacement. Although the risk of post-operative infection is low, dental work has a risk of allowing bacteria directly into the bloodstream which could travel to your prosthesis and create an infection. Avoid dental procedures for at least three months after your surgery.

## **Maintaining Your Incision**

### **Taking care of the dressing:**

If the dressing is dry, intact and staying in place, leave it alone.

### **Change the dressing if:**

- It has fallen off
- Excessive drainage is present

### **To change the dressing:**

- Purchase dressing supplies from any pharmacy
- WASH YOUR HANDS FIRST
- If anyone helps you, they must WASH THEIR HANDS FIRST
- Carefully remove the soiled dressing
- Do not touch the incision with your hands. Use a clean gauze square and a saline solution to clean the incision and pat the area dry.
- Open the dressing package, peel off the backing and carefully lay it on your incision to cover it completely

## **Preventing infection**

- If your dressing is intact, showering is allowed. Do not wash or scrub around the dressing, just let the soap and water run over. Pat dry using a clean towel.

- Do not submerge the dressing in water at anytime
- Do not submerge the incision until it is fully healed, meaning no more scabs
- Good hygiene can help prevent infection
- If incisions are not treated with care they can become infected and can cause serious complications
- Washing your hands is very important

### **Signs and symptoms of possible infection**

- Chills or fever of 38.5° C (101° F) for 24 consecutive hours
- Increased drainage from the incision that may be cloudy or foul smelling
- Increased redness, swelling, heat, or severe bruising around the site
- Flu like symptoms

### **What to do if symptoms present?**

- Call your surgeon or primary care provider the first day you experience or see any of the above changes
- If you can't reach your surgeon or primary care provider, go to the Emergency Department
- If you go to the Emergency Department, call your surgeon's office the next day

## **Questions you may have following your surgery**

### **How much weight can I put on the leg I had surgery on?**

Your surgeon and physiotherapist will routinely instruct you throughout your rehab on how much weight you can be putting on your operated leg. If you can't remember, it is also listed on your discharge sheets that were given to you before you left the hospital. Most often you will be weight bearing as tolerated. If there are complications your surgeon may order a partial weight bearing restriction.

### **How long do I need to use the walker, cane, crutches, or other walking aid for?**

You must continue to use the walker until either your surgeon or physiotherapist clear you to safely walk without it. You will also be given further instructions on any changes in weight bearing status or equipment to use.

## **Is a bowel routine needed at home?**

The short answer is yes. You are at a higher risk of constipation because the anesthetic and pain medication slow down your digestive system. You may need to consider using a stool softener or laxative, both are available at your local pharmacy. We advise that you speak with your pharmacist for the proper instructions on how to use the softener or laxative. Do increase your water intake and eat high fiber foods with plenty of fruits and vegetables. If you notice dark black stools (and you are not taking an iron supplement) or bright red stools, you need to contact your surgeon immediately or go the Emergency Department.

## **Do I need to make clinic physiotherapy appointments?**

You should have been provided with an appointment for your initial assessment at the Brockville General Hospital outpatient physiotherapy clinic before discharge. If you do not plan on using the Brockville General Hospital outpatient services, then prior to surgery you must arrange an appointment elsewhere.

- A list of clinics will be provided at the Pre-Operative Education Class

## **Why is my incision bruised and/or swollen?**

This is very common after this type of surgical approach. The muscles are not cut, but are split apart. There is the potential for a pocket of blood to form. This creates swelling and bruising around the thigh and incision. The incision should not be draining and the bruising and swelling will resolve in the next 4-6 weeks.

## **Returning Home**

CONGRATULATIONS! You have made it through your surgical journey and are now at home. You have met the expectations of your surgeon, hospital, physiotherapist, occupational therapist and have met the required discharge criteria. However, there is still a lot of work left to be done in your recovery and rehabilitation. You may think you are alone but we want to assure you that we stand firmly by your side.

Here is more information for your review and to help you succeed at home.



## Handling Activities of Daily Living

When needing to dress on your own, ensure you have all of your clothing and equipment (reacher, sock-aid, etc) close by.. Think about all the rooms where you may be reaching for something, set this up appropriately before your surgery. Practice this prior to surgery.

### Steps to Dressing – Underwear/Pants

DO NOT get dressed lying down, DO NOT bridge/lift your bottom to pull pants up

1. Sit down on a bed or chair
2. Use the long-handled reacher to grasp the waistband of the underwear/pants
3. Gently guide the clothes onto the surgical leg first then complete with the non-surgical leg
4. Pull clothing to your thigh
5. Stand with the walker in front of you and pull the underwear and pants up together



### Steps to Undressing – Underwear/pants

1. Stand to push down your pants and underwear
2. Sit and use the long-handled reacher to finish removing the clothes from your non-surgical leg first

### Steps to Dressing – Socks

You CANNOT bend forward to put on your socks after surgery, a sock aid can help with this

1. Slip the sock on the sock aid with the heel on the curved part of the sock aid
2. Make sure to pull the sock up the sock-aid so the toe of the sock is tight but not over the knots in the rope
3. Use the ropes to throw the sock-aid towards the floor
4. Slide your foot in the sock-aid all the way to the toe of your sock and then scoop it over your heel

5. Pull up on the ropes until your sock comes off onto your foot. You may have to wiggle your ankle up and down.

- Tips:

- Longer socks work best (not ankle socks).
- Sprinkle baby powder on sock-aid if feet are sticking to plastic.
- Push socks off using a **long-handled shoehorn**



## Steps to Dressing – Shoes

Use a long-handled shoehorn to put on and take off your shoes. Consider the use of slip-on shoes, or shoes with elastic shoelaces or Velcro. You can use the long handed reacher to fasten and undo Velcro straps.

## Toilet Safety at Home

You may require toileting equipment to help you get on and off the toilet. You must ensure the equipment is safe and secure.

There are three main options:

1. **Toilet Safety Frame** – provides only arm support and no additional height, best if combined with a tall toilet.



2. **Raised Toilet Seat with arm rests** – The most commonly used as it provides arm support and increased height. Note there are different toilet bowl shapes (eg. elongated, round). \*Ensure you select the matching style to your toilet.



**Stationary Commode** – Can be placed anywhere and adjusted to the height you need, also provides arm support. The commode is better used for people who do not have a bathroom on the main floor.



## Bathing Safety at Home

- It is important for you not to get your incision wet until after your staples have been removed and your incision is closed
- This means you will need to sponge bathe for the first 14 days after surgery
- You are not to lay down or sit down in the bottom of the tub, use the shower only for the first 6 weeks.
- You may benefit from having something to sit on in your shower/bath. You are to never use soap dishes or towel racks to support yourself. This is very dangerous and unsafe and could lead to a fall. These are not designed to support you and are at risk of breaking or failing resulting in a fall. Consider installing grab bars.



**Bath Stool**



**Bath Chair**



**Bath Transfer Bench**

## Getting in and out of the bathtub

- Walk to the bathtub bench, slide your operated leg forward while reaching back for the arm rests with your hands (Your foot can still be in contact with the ground for balance.)
- Slowly sit down
- Turn to face forward in the bathtub



### Standing with a walker

- Scoot to the edge of your chair, keeping your operated leg out in front
- Lean forward, and push yourself up using both arms



### Sitting down with your walker

- Slide your operated leg forward while reaching back for the arm rests with your hands
- Your foot can still be in contact with the ground for balance
- Slowly lower yourself to the chair, keeping your leg out front



### Walking safely with your walker

- The walker should be fit to your height; handle bars at the level of your wrist crease when standing tall
- Move the walker forward, step to the middle of the walker with your operated leg, followed by a step with your non-operated leg.



## Turning with your walker

- Turn the walker in the direction you wish to go, do not pivot, take small steps when turning



## Navigating Stairs

- If you have a railing, you will hold the rail and use a cane or 1 crutch in the free hand. A cane is usually preferred.
- If you do not have railings, your hospital Physiotherapist will recommend the best way for you to go up and down stairs before you go home. Some people may be comfortable using 2 crutches on the stairs.

### Going up stairs:

- Step **UP** with your **NON-OPERATED** (“GOOD”) leg. Follow with your operated leg and the cane or crutch.

### Going down stairs:

- Step **DOWN** with your **OPERATED** (“BAD”) leg and the cane or crutch. Follow with your non-operated leg.

## **Managing your kitchen**

- Remove rugs and other obstacles to avoid tripping
- Use clothing or an apron with several pockets
- A walker bag can be purchased to carry items including plates, silverware, and food in sealed containers
- Carry hot liquids in containers with secure covers in a bag or basket attached to your walker
- Slide objects along the counter instead of carrying them
- Sit on a high stool when doing tasks at the counter
- A reacher may be useful for objects that are too high or too low
- A utility cart would be useful to carry many objects at once and cut down on trips. Simply push it ahead of your walker which allows your hands to be on the walker

## **Getting in and out of a car**

- Ensure you are on level ground and not up on a curb. This will make it easier to complete the transfer
- Maximize the leg room in the passenger seat by moving the seat back as far as possible
- Place a plastic bag on the seat to decrease friction and allow you to slide more easily
- Stand with your back toward the seat and hang onto the seat and the dashboard while you slowly lower yourself down onto the seat
- Supporting your surgical leg, slowly lift and move it into the car
- Reverse the procedure for getting out of the car



## Physiotherapy

**You will not be seen by Physiotherapy following your surgery while you are in the hospital.**

### **Outpatient Physiotherapy**

Your pain management and control must continue into your physiotherapy visits. You should time your pain medication to be taken just before starting your physiotherapy. This will allow you to participate while your pain is better controlled.

Your surgery has solved the damaged joint, but the muscles surrounding the joint will have become smaller and weaker. The only way for these to get bigger and stronger is through regular exercise and strength training. These exercises will be designed by your physiotherapist and can be completed at home. The only way to achieve the best overall outcome of your Total Hip Replacement is to follow a strict exercise program.

### **The physiotherapist will**

- Build upon the exercises you started in the hospital when you are ready and able
- Assess your progress
- Advise you how long and how often you will attend. Each person's needs are different, typically appointments are once a week

## Resuming Physical Activity

Your surgeon and physiotherapist will continue to instruct you on your weight bearing restrictions, if any.

### **Activity Restrictions after a Total Hip Replacement**

- Use your walker at all times, your physiotherapist will tell you when you can switch to a cane or crutches or no aid at all
- Driving will be restricted for a minimum of 6 weeks. You will need to speak with your surgeon about return to driving. You will not be allowed to drive while you are on narcotic pain management.
- You are advised to take at least 6 weeks off from work. Your surgeon will decide when you are able to return to work. You will need to discuss with your employer any special needs you will require upon your return.



- Low impact leisure and sport activities usually start again around three months after surgery. These include walking, dancing, swimming, golf, and bowling.
- Your surgeon will advise you when you can resume sexual activity. The best position for you will be laying on your back.

### **General activity guidelines**

- Continue to progress your activity level, range of motion, strengthening, and walking tolerance
- Maintain a healthy weight
- Stay healthy and active
- Avoid repetitive heavy lifting
- Do not lift or push heavy objects
- Avoid excess stair climbing
- Consult your surgeon prior to starting any new sport or activity
- Avoid any physical activities involving quick stop-start motions, twisting, or high impact
- Avoid excessive bending when weight bearing

### **Follow up appointment with your surgeon**

Location: Orthopedic Clinic  
Ground Floor, Charles Street Site  
Brockville General Hospital  
75 Charles Street, Brockville ON

You will need a follow up appointment with your surgeon. If you do not have one scheduled, then please call their office to schedule an appointment.

Wear loose, comfortable clothing to your appointment.

After you register at Patient Registration, you may be taken to Diagnostic Imaging to have X-rays of your hip completed prior to seeing your surgeon.

Your surgeon will assess your progress, evaluate your incision, and your recovery.

### **Questions to ask your surgeon at this appointment**

- How much weight should I be putting on my operated leg now?
- How much longer should I wear my anti-embolism stockings?
- What future follow up appointments with you do I need?
- How long do I follow the activity restrictions?

## Thank You

As we near the end of your Total Hip Replacement journey, we continue to work toward our goal of optimal care for you. We care about your recovery and we tried to make this transition for you as smoothly as possible.

Thank you for your commitment to this process. It hasn't been an easy one for you, but it is well worth the time and effort that you put forth.

For information regarding Brockville General Hospital and our various amenities,  
please ask for a copy of our Patient and Family Guide.  
Visit: [brockvillegeneralhospital.ca](http://brockvillegeneralhospital.ca) | 613-345-5649

Surgical Department  
Bundled Care – Elective Unilateral Hip and Knee Replacement

