

# Your Guide To Total Hip Replacement

At the North Bay Regional Health Centre

## Going Home The Day of Your Surgery

North Bay Regional  
Health Centre



Centre régional  
de santé de North Bay

NEJAC | CÉANE

NORTH EAST  
JOINT  
ASSESSMENT  
CENTRE

CENTRE  
D'ÉVALUATION  
DES ARTICULATIONS  
DU NORD-EST

*Disponible en français*

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*Acknowledgments:*

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*Government of Saskatchewan (2018), Patient and Coach Information: Total Hip Replacement*





To better prepare you for  
your surgery, we would like  
to invite you to attend our  
Pre-Op Hip Class.

*This class is mandatory!*

## PRE-OPERATIVE EDUCATION CLASS



how to  
prepare for  
your surgery



how a hip  
replacement  
is done



what to  
bring to the  
hospital



exercise  
for your hip  
after surgery



and much  
more

### WHEN

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** North Bay Regional Health Centre



Patients outside of the North Bay area can participate via videoconference through the Ontario Telemedicine Network.

### ABOUT

This one-hour education session will help you prepare for your total hip replacement surgery. The class is led by a physiotherapist and an occupational therapist. In the class you will learn how a hip replacement is done, how to prepare for your surgery, what to bring to the hospital, exercise for your hip after surgery and much more.

For more information or to reserve a spot in the class, please call:  
North East Joint Assessment Centre (NEJAC): 705-474-8600 ext. 4858

[www.nbrhc.on.ca](http://www.nbrhc.on.ca)

## PREPARING FOR YOUR SURGERY

This booklet has been developed as a step-by-step guide to help you prepare for your surgical journey. It includes important information and instructions on how to prepare for your surgery and what you can expect before, during and after.

Bring this booklet with you to all your pre-op appointments and on the day of your surgery.

Your health care team will do all they can to make your surgery a success. How well you prepare for surgery and your efforts after surgery are important factors in your recovery. Your success depends on you!

**My Surgery Date:** \_\_\_\_\_

\_\_\_\_\_



## My Coach

It is important that you choose a coach to be with you throughout your hip replacement journey. This person can be a family member, friend or caregiver who will support you before surgery, day of your surgery, and at home with your recovery.

Your coach must attend the pre-operative education class, pre-admission clinic appointment and pre-operative physiotherapy/occupational therapy session with you, come to the hospital with you the day of your surgery, and help you settle in after you are discharged and remind you of all your instructions.

**My Coach is:** \_\_\_\_\_

**My pre-admission clinic (PAC) appointment:** \_\_\_\_\_

**My physiotherapy/occupational therapy appointment (before surgery):** \_\_\_\_\_

**My pre-operative education class:** \_\_\_\_\_

**My physiotherapy appointment (after surgery):** \_\_\_\_\_

**My ortho clinic appointment:** \_\_\_\_\_

## Notes:

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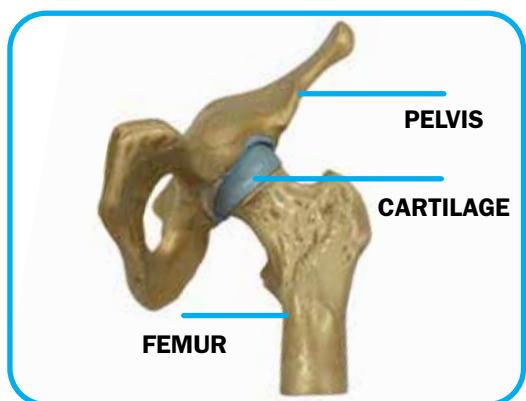
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# HIP SURGERY

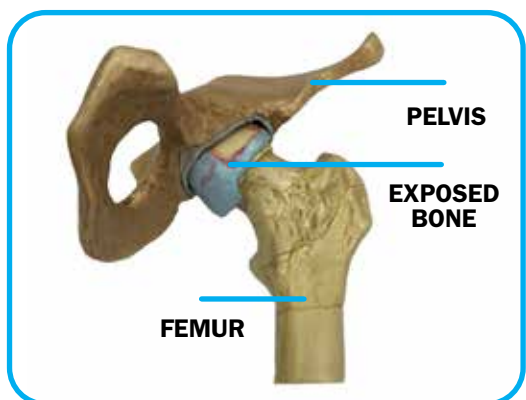






## WHAT IS A HIP JOINT?

The hip joint is a “ball and socket joint”— it can move in many directions. The ball is the top of the thigh bone and fits into the socket of the pelvis. In a healthy hip, a layer of cartilage covers the ball and socket, acting as protection between them. This allows smooth, pain free movement in all directions.



## WHAT IS OSTEOARTHRITIS?

Osteoarthritis is the most common reason for a hip replacement. Osteoarthritis is a progressive disease of the whole joint that leads to the breakdown of cartilage and underlying bone. This damage causes pain, decreases joint flexibility and limits function.

Most people have very good results after surgery, including:

- Less pain
- Better movement and strength
- Improved ability to do everyday activities



## WHAT IS A HIP REPLACEMENT?

When a joint is replaced, the unhealthy or damaged bone is removed and replaced with a prosthesis. A total hip replacement consists of two parts:

1. A metal ball and stem fit into the thigh bone.
2. A metal socket and plastic cup liner fit into the socket in the pelvis.



## HOW IS THE SURGERY DONE?

The surgeon makes an incision on the outside of your hip for a lateral approach and in the front of your hip for an anterior approach.

**First** muscles attached to the thigh bone are partially detached (only for the lateral approach). The thigh bone and socket are separated. The socket of the pelvis is prepared for the fitting of the metal cup and plastic insert.

Then the ball of the thigh bone is removed and the artificial metal ball and stem are fit into place.

**Last** the hip is put back in place and tested for movement and stability. The muscles are reattached (only for the lateral approach). When the new pieces are secure and move well, the surgeon closes the incision with staples.

There is no cement used in total hip replacement. Both parts have a special rough coating that allows your bone to grow right into the replacement parts. If you are having an anterior approach hip replacement, no muscles are cut during this procedure.

## WHAT TYPE OF ANESTHESIA IS USED?

All surgeries require some form of anesthesia.

Your anaesthesiologist is a physician with specialized knowledge and training in giving anesthetics, controlling pain, and treating serious medical illnesses or emergencies.

The anesthesia chosen is based on factors such as physical condition, the types of medication you are taking, the nature of the surgery, and your reactions to medications.

## TYPES OF ANESTHESIA

For hip replacement surgery, two kinds of anesthetic are common: general or spinal.

### General Anesthetic

The general anesthesia will allow you to be asleep/unconscious during the surgery. A breathing tube is placed in your mouth and throat to assist your breathing. The tube is removed once the surgery is done.

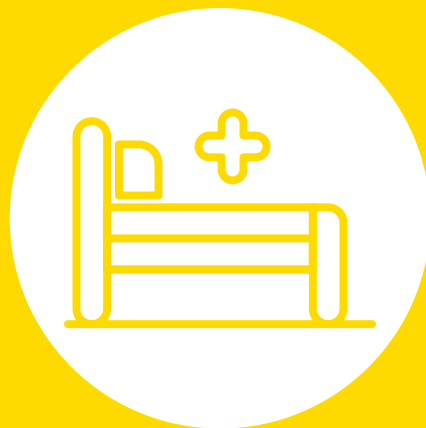
### Spinal Anesthetic

Typically, a sedative to help you relax is given before the spinal is performed in the operating room. Medication is injected in the spinal fluid below your spinal cord, freezing the nerves of your hips and legs. A small area on your back will be frozen. A very small needle is used to inject medication below your spinal cord (the needle is removed). This numbness can last for 1-2 hours after surgery. More sedative is given so you sleep during the surgery.

**Notes:**

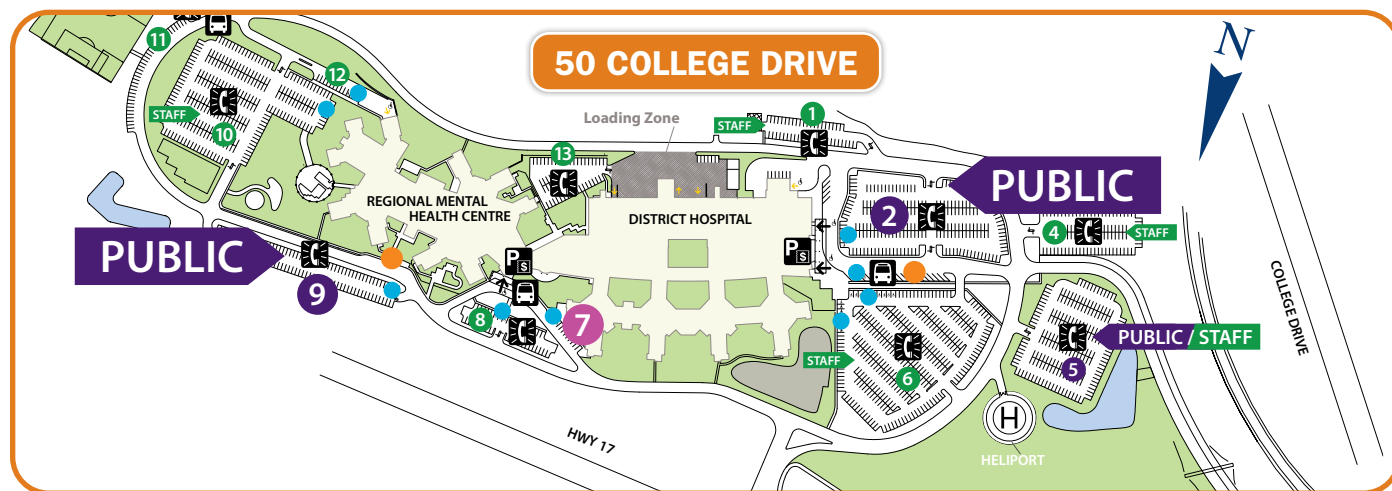
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# BEFORE SURGERY



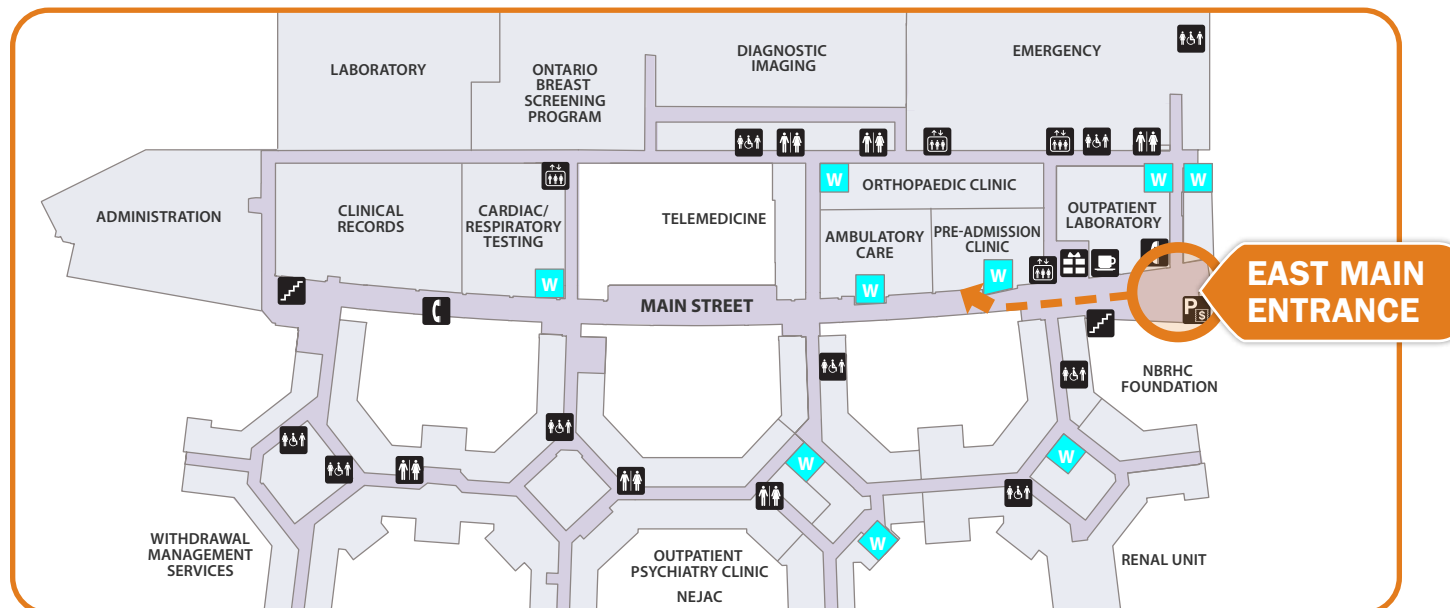
## PRE-ADMISSION CLINIC (PAC)

To access the pre-admission clinic (PAC) from main east entrance:



- |                         |                            |   |
|-------------------------|----------------------------|---|
| Parking Pay Station     | Public Parking Lot Numbers | 15 Minute Parking                         |
| Emergency Call Stations | Staff Parking Lots         | Accessible Parking                        |
| Bus Stop                | Main Entrances             | Outpatient Rehabilitation/Patient Parking |

Take Main Street straight to the Pre-Admission Clinic. It will be on your right past the Gift shop.



## PREPARING FOR YOUR SURGERY

Your surgeon's office will contact you with your surgery date.

## PRE-OPERATIVE PHYSIOTHERAPY AND OCCUPATIONAL THERAPY SESSION

You will be contacted by the rehabilitation department to schedule this appointment. This is a mandatory appointment before surgery. Your coach must also attend this session.

During this visit, you will learn how to walk with a walker, practice going up and down the stairs, learn the post-operative exercises, learn how to do your daily self-care activities, use equipment in the bathroom, and organize your home environment for after surgery. You will have the chance to ask questions and problem-solve through any potential barriers to your discharge home after surgery.

## PRE-ADMISSION CLINIC (PAC)

Before your surgery, you will be scheduled for a visit to the Pre-Admission Clinic at the North Bay Regional Health Centre. This appointment can be up to six weeks before your scheduled surgery date. Your coach must attend this appointment.

During this visit, you will see a nurse, an anesthetist, and possibly the blood conservation nurse and an internist. The team will also make sure you are medically stable for surgery and anesthesia, provide you with information about what to expect before, during and after your surgery and answer any questions you may have.

All the tests ordered by your surgeon, including an ECG, blood tests, and X-rays will be done at this time. Depending on the total number of tests and appointments planned, it can sometimes take up to six hours.

### What should I bring to my pre-admission appointment?

- ☐ Your health card
- ☐ Information on your private health insurance
- ☐ Any paperwork you have been given by your Surgeon or other health care providers about your upcoming surgery
- ☐ All of your current medications (in their original bottles) with the exception of narcotic medications. This includes any over the counter medications (including eye drops, creams and lotions); herbal medications, vitamins, inhalers/nasal sprays, medicated patches, injectable medications (e.g. insulin); medication samples and any medications you have recently stopped taking.



**If you are on 3 or more prescription medications**, make an appointment with your pharmacist to have a MedsChek done before your PAC appointment and bring the list with you to your PAC appointment.

## What types of appointments will I have?

### Nursing Assessment:

- During your nursing assessment, a nurse will review your health history and your medications; inform you about what to expect during your hospital stay and post-surgical care; and review the pre-Anesthetic Questionnaire you completed as part of the package given to you by your surgeon's office.
- Your nurse will also remind you that if you have infected teeth, cuts, rashes or any signs of infection, it is important that you notify your surgeon as soon as possible before the day of your surgery. Your surgeon will want to assess these conditions.
- You will also be provided written instructions about when to stop eating and drinking before your surgery and how to cleanse your skin before surgery. The skin cleansing product can be purchased at the Pharmacy.
- You will have an opportunity to ask any questions you may have.

### Blood Conservation Program:

- Some patients having a total hip replacement surgery may require a blood transfusion. The goal of the Blood Conservation Program is to ensure your blood work is at its best before your surgery and to help reduce the need for transfusions after surgery.
- To reduce the risk of needing a transfusion, the blood conservation nurse will review your blood work and provide guidelines and/or medications as needed to reduce your likeliness of needing a transfusion.
- Depending on your blood tests, medical condition, and time before your surgery, you may need to take iron or medication to help your body make red blood cells.
- The Blood Conservation Nurse may discuss the following options with you and recommend one or more blood conservation strategies:

**Diet:** Iron rich foods include some meats, green vegetables, and whole grains such as oatmeal or cream of wheat cereals.

**Iron Supplements:** Iron supplements are another option, which you may use to increase your red blood cells. Intravenous (IV) iron may be required if there is a short time before surgery or if oral iron is contraindicated or not well absorbed.

**Erythropoietin:** This is a naturally occurring hormone produced by the kidney that helps your body make red blood cells. If required, it is given by injection before surgery.

**Antifibrinolytics:** This medication may be given during your surgery to reduce blood loss.

## OTHER WAYS TO PREPARE FOR SURGERY

### HEALTHY EATING:

Eating well before and after surgery will promote recovery and healing. Try to maintain a healthy body weight to reduce the stress on your arthritic joint. One pound of extra body weight is equal to four pounds of stress on your joint. For more information on healthy eating and how to contact a dietician in your area, visit: [www.unlockfood.ca](http://www.unlockfood.ca)

### STOP SMOKING BEFORE YOUR SURGERY

People who smoke have a greater risk of developing heart and lung complications during and after their surgery and an increased risk of developing infections. NBRHC is a tobacco-free environment, which means there is no smoking or vaping on hospital property, including the outdoor property. Preparing for this before surgery will help you during your recovery. Visit [www.stopsmokingforsafersurgery.ca](http://www.stopsmokingforsafersurgery.ca) or call the Smoker's Helpline at **1-877-513-5333**.

### STAY PHYSICALLY ACTIVE

Exercising before surgery will help you have a faster and easier recovery. Do activities that put less stress on your joint. You may want to try activities like water-based exercises (swimming or water walking in a community pool), cycling, pole walking, gentle stretching and strengthening, or balance exercises which are valuable for preventing falls.

Talk to your primary care provider about your exercise plans if you have a heart condition, chest pain, high blood pressure, poor balance or dizziness or have not been regularly active.



**When you exercise, follow the 2-hour pain rule:** If your joint hurts for longer than 2 hours after you walk or exercise, you have probably exercised too much or too quickly. Decrease the repetitions of the exercises or how long you do the activity.



## PRE-OPERATIVE EXERCISES

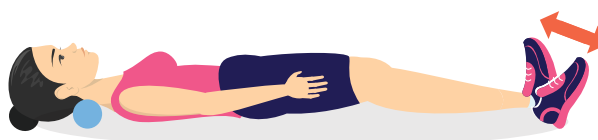
Practice all of your exercises so you know them before your surgery. This will make it easier for you to do them after the surgery.

# 1

### ANKLE PUMPS

Move BOTH ankles up and down

**Repeat 10 times in each direction**



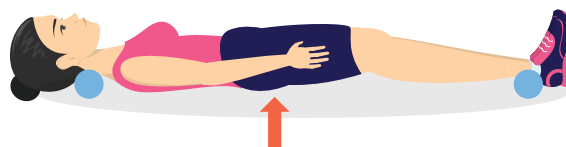
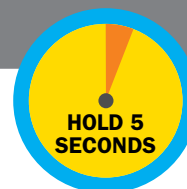
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### BUTTOCKS STRENGTHENING

Tighten buttocks muscles.

**Hold 5 seconds**

**Repeat 10 times**



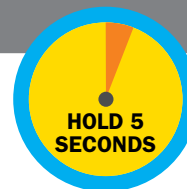
# 3

### THIGH STRENGTHENING (A)

Tighten muscles in the front of your thigh, then push the back of your knee into the bed, keeping your toes pointed upwards.

**Hold 5 seconds, then relax.**

**Repeat 10 times**



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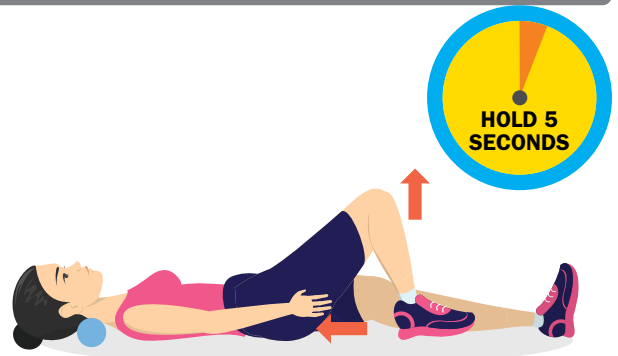
## HIP AND KNEE FLEXION

Bend your leg by sliding your heel towards your buttocks, keeping your knee up towards the ceiling.

Do not lift your heel off the bed.

**Hold 5 seconds**

**Repeat 10 times**



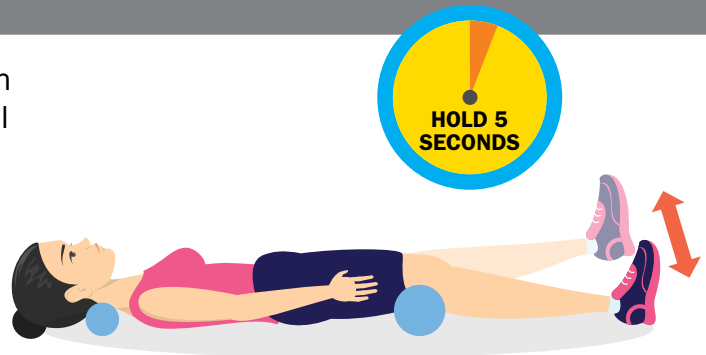
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## THIGH STRENGTHENING (B)

Place a roll under your knee and then try to raise your heel off the bed until your leg is straight.

**Hold for 5 seconds**

**Repeat 10 times**



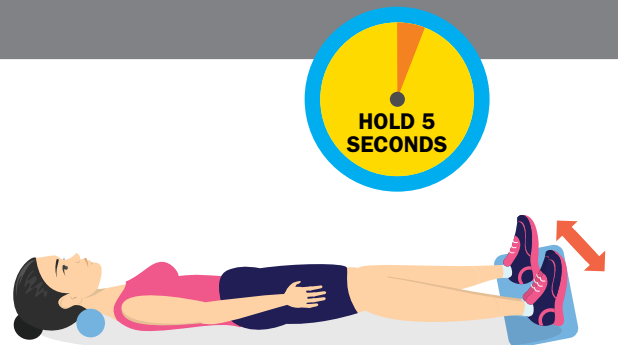
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## HIP ABDUCTION

Slide leg out to the side and back. Keep knee straight, toes pointing to ceiling. Reduce the friction by putting plastic bag under your leg.

**Hold for 5 seconds**

**Repeat 10 times**



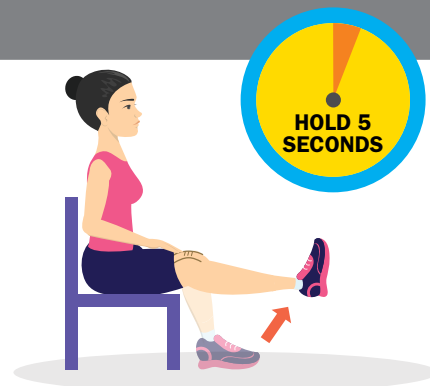
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## THIGH STRENGTHENING (C)

Straighten your knee by raising your foot off of the floor.

**Hold for 5 seconds**

**Repeat 10 times**





## EQUIPMENT:

Here is a list of equipment that you may want to borrow or rent to support you during your recovery.

### Bathroom

- ☐ Raised toilet seat (with or without arms)
- ☐ Toilet seat frame
- ☐ Non-slip bathmat
- ☐ Long-handled sponge
- ☐ Hand-held shower hose
- ☐ Shower chair
- ☐ Tub transfer bench
- ☐ Removable tub clamp
- ☐ Grab bars
- ☐ Urinal
- ☐ Commode

### Gait Aids

- ☐ Crutches
- ☐ Cane
- ☐ 2-wheeled walker or rollator walker

### Dressing Equipment

- ☐ Sock-aid
- ☐ Slip-on shoes with an enclosed heel
- ☐ Long-handled shoehorn
- ☐ Long-handled reacher

### Bedroom

- ☐ Bed rail

**Make sure the height of your walker is correct!**

Measure the height of your walker to the level of your wrist crease.

## PREPARE YOUR HOME AND PROTECT YOURSELF FROM A FALL

Osteoarthritis of the hip can increase your risk of falls. There are a number of things you can do to decrease this risk before and after your joint replacement surgery. Know your limits. If you have had falls in the past, think about possible causes and think about ways to prevent falls in the future.

- ☐ Arrange or remove furniture, mats and area rugs so that you have a clear path around your home wide enough for your walker - at least 30 inches or 76 centimetres.
- ☐ Keep rooms and hallway clear and well lit.
- ☐ Ensure extension cords and telephone cords are out of the way.
- ☐ Make sure you have armchairs with a firm seat, a firm backrest and sturdy arms for your recovery. You will need the arms to help you sit down and stand up (not too low). Avoid chairs that recline, rock, roll or glide.
- ☐ Keep your stairways well lit and free of clutter. Take your time when going up and down.
- ☐ If your bathroom is on a different level of your home than your bedroom, you may want to consider borrowing or purchasing a commode for use at night.
- ☐ Other bathroom equipment like a raised toilet seat, grab bars and a non-stick rubber mat may be helpful.
- ☐ Consider having a cordless phone so you can carry it with you. Never rush to answer the telephone. Ask friends/family to allow the phone to ring many times, allowing you time to answer.
- ☐ Keep emergency numbers in large print near each phone.
- ☐ Wear glasses and hearing aides if required.
- ☐ Organize your kitchen so that most frequently used items are close by and at waist level. Pull out frequently-used items from cupboards and leave on the counter in the kitchen. Do not use a footstool to reach for objects.

## OTHER IMPORTANT WAYS TO PREPARE FOR YOUR SURGERY

- ☐ Freeze extra meals ahead of time and ensure they are placed in an easy-to-reach spot.
- ☐ Arrange with family or friends to shop, do laundry, help with basic housework, and drive you to your medical or therapy appointments.
- ☐ If you live alone, you may want to consider making alternate living arrangements right after your surgery, like staying with family or friends; have someone stay with you or arranging to stay in a retirement home or lodge.
- ☐ Practice getting in and out of bed pretending that you have had your surgery (you will not be able to lift your operated leg very well).
- ☐ Practice walking with your walker.
- ☐ If you have a pet, make arrangements for their care (walks etc). You will want to be careful of active or sleeping pets when you walk. Some may consider making arrangements for the pet to be removed from the home during their early recovery. Consider placing a bell on their collar so you are aware of their movements. Try to keep pet toys in a designated area to reduce the risk of tripping over them.
- ☐ When walking outdoors, avoid walking on unmaintained sidewalks, unlit streets, and icy surfaces.
- ☐ Try to walk with a walking partner.
- ☐ Ensure that you have an appropriate chair to sit in after surgery where you will not bend your hip past 90 degrees.
- ☐ Practice getting dressed while maintaining your hip precautions



## WHAT TO BRING WITH YOU TO THE HOSPITAL:

- ☐ Your health card
- ☐ Your copy of Power of Attorney for Personal Care document (if you have not provided it to Pre-Admission Clinic)
- ☐ Current medication list
- ☐ Wear comfortable clothing including: loose fitting clothing such as a t-shirt, sweat pants (without elastics at the ankle) or shorts
- ☐ Supportive shoes with non-slip soles that are easy to put on. Your shoes should be roomy since you will have some swelling in your feet
- ☐ Your walker
- ☐ If you wear glasses, contact lenses, a hearing aid or dentures, be sure to bring a case to put them in, as well any cleaning solutions. These should be labelled with your name and telephone number.

## PREPARING FOR YOUR SURGERY



The Day Surgery Clerk will call you the day before to provide a reminder of what time you will need to arrive.



Do not shave your leg for 7 days before your surgery. Any small cuts or nicks in your skin can increase your chance of getting an infection. If these instructions are not followed, your surgery may be cancelled.



The night before your surgery, carefully follow all the instructions provided to you during your pre-admission clinic about how to prepare for surgery, what you can eat and drink and any other specific information for your circumstances.

**Notes:**

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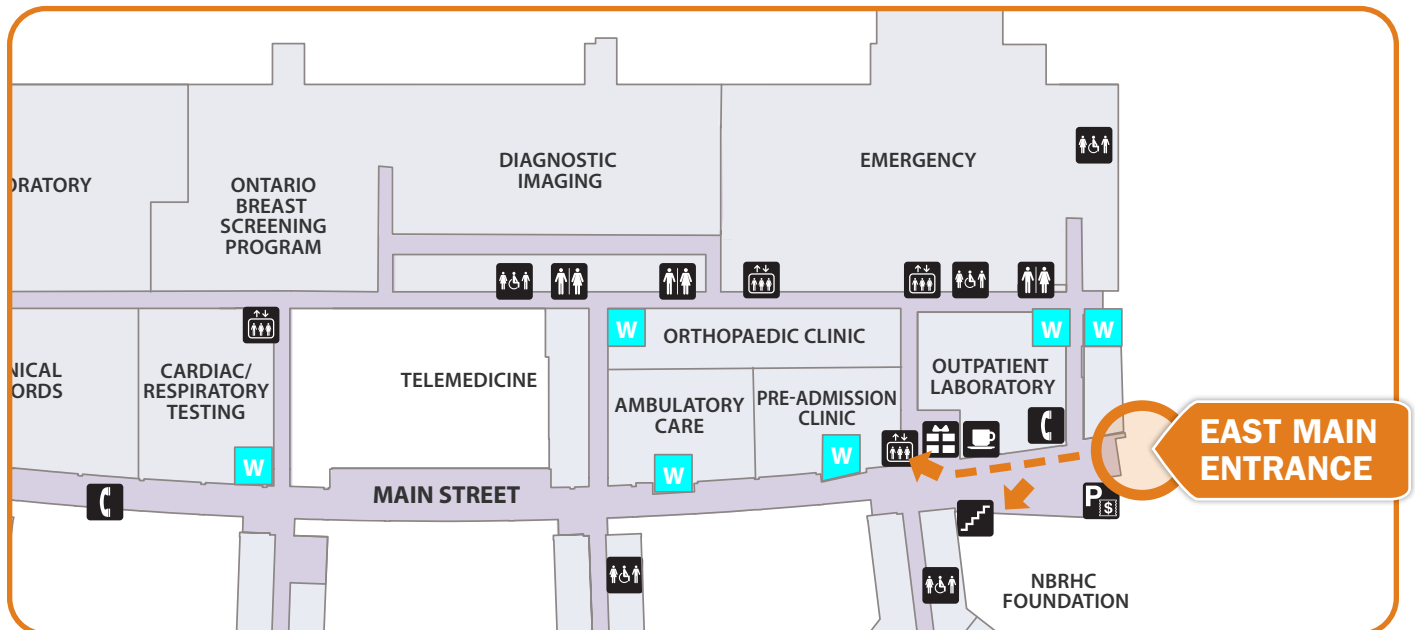


**ON THE DAY  
OF SURGERY**

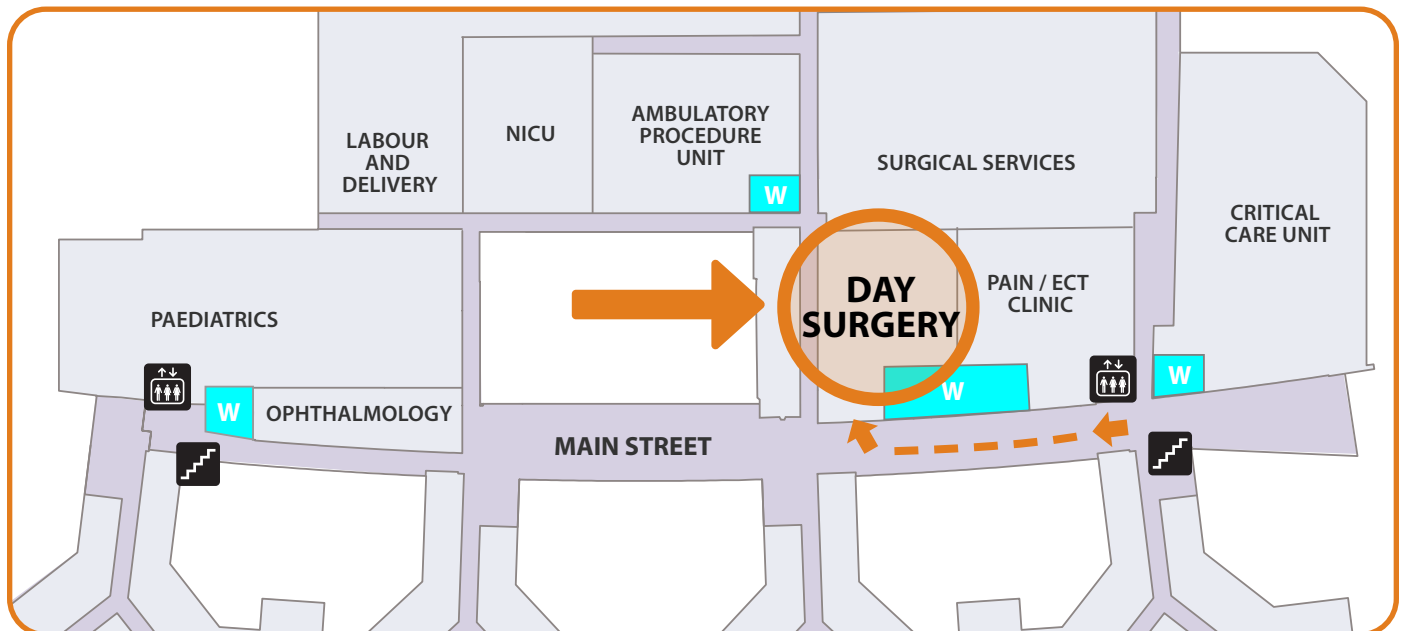


## YOUR SURGERY:

Take the elevator or the stairs to Level 300 (you are currently on level 200).



Follow the hallway until you reach Day Surgery (it will be on your right hand side).



**Have someone drive you to the hospital.**

Make sure you arrive two hours before your scheduled surgery time.

## DAY SURGERY

In Day Surgery, a nurse will meet with you, update your health history, and review your medications. Your blood pressure, pulse, breathing and temperature will be taken. You will be given a special soap and instructed how to scrub your hip before surgery to reduce the chance of infection.

An intravenous will be started in your arm before you go to the Operating Room (OR). A nurse from the Operating Room and an anaesthetist will review your health history and discuss any concerns with you in the Day Surgery department before you go to the Operating Room.

Your surgeon will mark the location for the joint replacement surgery on your body.

## THE OPERATING ROOM

In the Operating Room, you will be introduced to the OR team and then you will participate in the OR team surgical safety checklist.

The surgery usually takes 1- 2 hours. After surgery, you will be transferred to the Post Anesthesia Care Unit- PACU (Recovery Room) where you will stay for about one hour.

## THE POST-ANESTHESIA CARE UNIT (PACU) – RECOVERY ROOM

The nurses will check your vital signs, level of consciousness and dressing. Your pain will be assessed and you will receive pain medication.

You will be asked to do deep breathing exercises and encouraged to do these exercises frequently. The nurse will check the colour and movement of your toes, as well as check sensation using ice. They will ask you to flex your foot towards your face and point your toes down and check for pulses in your feet.

You will have a dressing (bandage) on your hip incision. The staples are removed 14 days after your surgery.

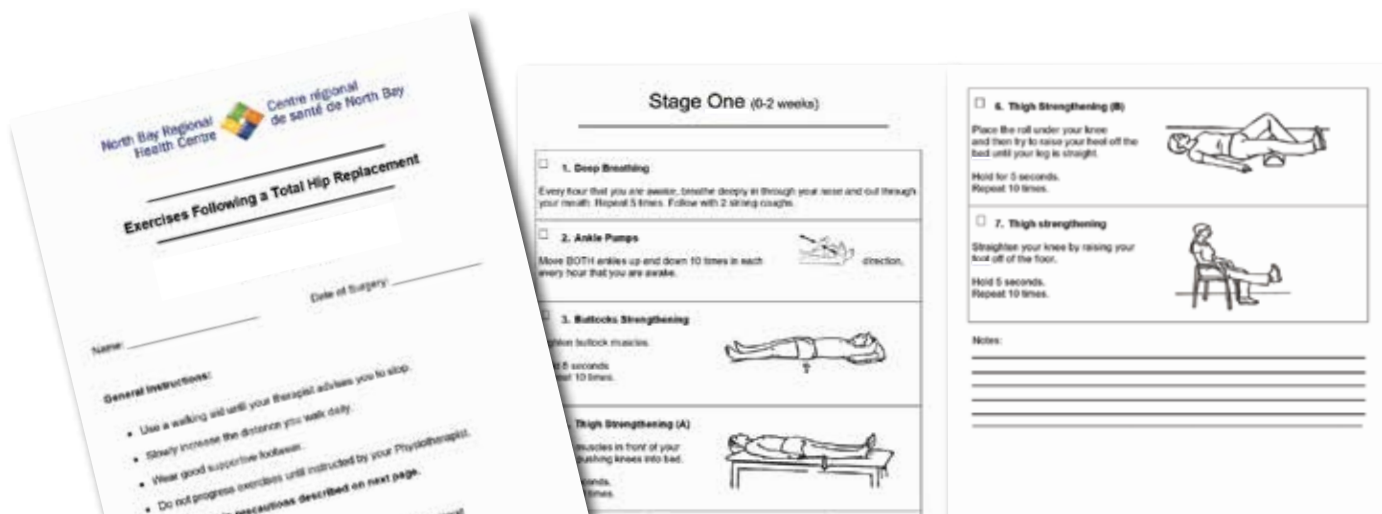
You will receive a blood thinning medication to help prevent harmful blot clots from forming. You will also go home on a blood thinning medication.

## MOVING AFTER SURGERY:

- Once you have fully recovered from the anesthetic and your vital signs are stable, a nurse will help you transfer to a chair.
- A physiotherapist will take you for a short walk using your walker and practice going up and down the stairs. You will be given an exercise booklet. This will include the exercises that you practiced in your pre-operative physiotherapy session.
- Some of the exercises may be painful, but it is important to do them as instructed. These exercises will help you to regain movement and strength in your hip. You are encouraged to use pain medication about 30 minutes before doing the exercises.
- Activity will prevent your hip from getting stiff and sore. You will not damage your hip replacement or incision by following your therapist's directions.
- An occupational therapist will discuss any questions you have in regards to self-care and performing your daily activities. You will practice using a sock-aid, sitting on a raised toilet seat, and discuss car transfers for your safe journey home. During this session, your cognitive status will be screened as well.

## PRECAUTIONS TO AVOID DISLOCATION OF YOUR HIP:

Your surgeon had to dislocate your hip to put in your replacement hip. This caused the tissue around your hip joint to stretch. For a period of time after surgery, you are at risk of dislocating your hip again. Your surgeon will suggest a specific length of time for you to be careful, for tissues to heal and tighten again. Until then, avoid certain movements and activities. You will be given a handout after surgery, outlining your surgeon's specific protocol for exercises and precautions.



You are encouraged to use pain medication about 30 minutes before doing the exercises

## PAIN MANAGEMENT AFTER SURGERY:

Good pain control allows you to exercise and progress with your activity, which is important for a successful recovery. It is not a good idea to “put up with the pain.” We use a pain rating scale where 0 = no pain and 10 = worst pain. You will be asked to rate your pain using this scale. This helps us measure the success of the medication in reducing your pain to an acceptable level. Pain medication works best if taken regularly every 4-6 hours; before activity and before severe pain develops.

### TYPES OF PAIN MANAGEMENT:

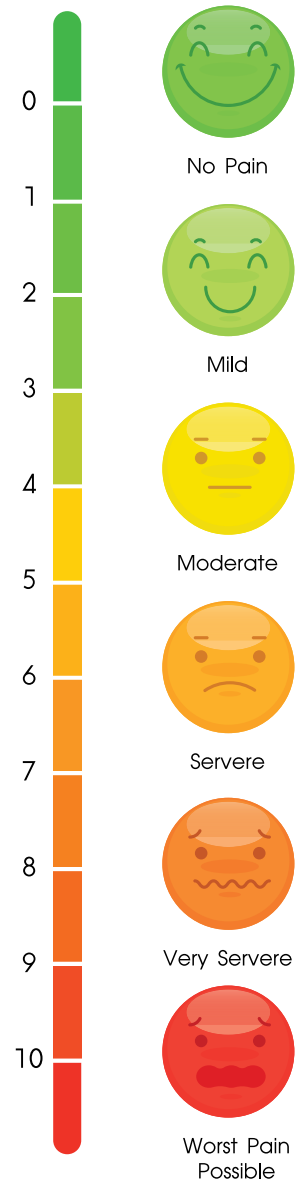
#### Oral Pain Medication:

There are several different types of oral pain medication (taken by mouth). You will be given several different types of pain pills on a regular basis. Each pill works differently in your body and reduces the need for stronger pain medication.

#### Spinal Analgesia:

Once the spinal medication has been given, the nurse will ask if you are sleepy, check the movement and feeling in your leg, and ask if you are feeling pain. The nurse will continue to ask these questions until you have full feeling in your legs.

### PAIN MEASUREMENT SCALE



## DISCHARGE HOME

You will be discharged from the hospital on the same day as your surgery.



### Before you go you must be able to safely:

- ☐ Move on and off the toilet
- ☐ Move on and off a chair
- ☐ Get in and out of bed
- ☐ Dress with aids or with minimal help
- ☐ Walk the distance you need to get around your home
- ☐ Use stairs if necessary
- ☐ Do your exercises.

## DAY OF DISCHARGE

Your nurse and therapist will review your discharge instructions with you. For those travelling bring extra pillows and remember to take your pain medications before you leave the hospital.

### Before you are discharged, you will be provided with:

- Prescriptions from your surgeon for blood thinner, pain medication and stool softener (if needed). These can be purchased at your pharmacy.
- Follow up appointment at the Orthopedic Clinic (usually at 2 weeks or as determined by the surgeon). You will have your staples removed at this appointment. Please talk to your family and friends to make sure that someone will be able to take you to these appointments.
- List of medications you will be continuing when you leave the hospital and when they were last given to you.

## Wound Care

Your nurse will review how to care for your wound before discharge. Watch the wound and around the dressing for increased redness and drainage or a bad smelling odour. If the dressing becomes soiled, wet or if you have any concerns, please call your surgeon's office.

## MY HOSPITAL DISCHARGE CHECKLIST



**Make sure you check all items before you go home.**

- ☐ I have confirmed my ride home
- ☐ I know how to take care of my incision
- ☐ I know what my medications are supposed to do and when to take them
- ☐ I have an exercise program to follow
- ☐ I know the signs that mean I need immediate medical attention
- ☐ I have information about my follow-up appointments with my family doctor, physiotherapist and surgeon
- ☐ I have kept a copy of my discharge instructions
- ☐ I have arranged for all the equipment I need



### Note:

If you anticipate needing more assistance on discharge, community resources are available. A member of your health care team will talk about this prior to discharge.



**Notes:**

[illegible]

# **AFTER DISCHARGE FROM HOSPITAL**



## RECOVERING FROM HIP SURGERY

### Rest and Sleep:

- Limit your visitors.
- Try to get enough rest as it is important for recovery.
- When lying on your back, do not use pillows under your knees. This will keep them bent and it is important to get your knee and hip to straighten completely.
- When lying on your side, place 1 to 2 pillows between your knees and ankle.



### Incision care

- Your dressing should be checked and changed as directed.
- It is normal for your incision to feel tender, tight, itchy and numb.
- The incision can be sore for several weeks.

### Swelling

- It is normal for your leg to swell after surgery, but it is important to try to reduce the swelling.
- Apply ice to your hip to help with swelling.

### Nutrition

- You will start on a liquid diet.
- You can eat solids when your appetite improves.
- A poor appetite is common after surgery.

## FUNCTIONAL ACTIVITIES

### GETTING OUT OF BED

You will have a chance to practice some of these functional activities with your occupational therapist and physiotherapist during the pre-operative assessment and on the day of discharge. It is recommended that you practice these activities (using your hip precautions) before surgery to help you be prepared for after surgery.

- Swing your legs over the side of the bed. Use your operated leg as much as you can.
- For the first few weeks, place your operated leg slightly forward when you stand up.
- Do not pull up from your walker - push from seated surface when standing up.
- Do the reverse for getting into bed.



Make sure your bed is high enough so that when you sit down your knees are lower than your hips. If your bed is too low, add another mattress or place frame on bed risers.



Measure the height of your bed at home and bring this measurement with you to the hospital.

## SITTING IN A CHAIR

Sit with your knee bent and your foot flat on the floor for short periods of time.



- Back up until you can feel the chair with the back of your legs

- Slide your operated leg forward
- Grasp the armrests and bend your knees

- Lower yourself gently into the chair
- To stand up, reverse the procedure

## GETTING DRESSED

Putting on your underwear, pants, socks and shoes will be difficult because you must not cross your legs or bend down to your feet. Sit on the side of the bed or a chair, with feet flat on the floor.

Dress the operated leg first and undress it last.

If there is no one to help you dress, you may need these:

- Sock aid
- Long-handled shoe horn
- Long-handled reacher
- Dressing stick



## USING THE TOILET

You can use a raised toilet seat with armrests or a commode. Be sure that when you are seated, the toilet paper is within easy reach.

- Back up until you can feel the toilet with the back of your legs. Slide your operated leg forward
- Grasp the armrests and bend your knees
- Lower yourself gently onto the toilet
- To stand up, reverse the procedure

## CLIMBING STAIRS

While you are in the hospital, your physiotherapist will teach you how to go up and down the stairs. A handrail will make it easier and safer for you.

### Going UP the stairs:

Use a handrail and a cane (crutch).

Step UP with your good (non-operated) leg first.

Follow with your operated leg and cane (crutch), one stair at a time.

### Going DOWN the stairs:

Use a handrail and a cane (crutch).

Place your cane (crutch) on the step below.

Step DOWN with your operated leg first.

Follow with your good (non-operated), one stair at a time.



### REMEMBER:

Good leg (non-operated) leads going up and bad (operated) leg leads going down.

## SLEEPING

- When lying on your side, place 1 or 2 pillows between both your knees and ankles.
- When lying on your back, do not use pillows under knee. It is important to straighten your knee completely.



## BATHING

- Your hip needs time to heal. Do not get your incision wet until your surgeon advises that you can start to shower. A walk-in shower is easiest to use.
- Have a shower/tub seat to sit on and a nonslip mat on the bottom of your shower or tub.
- If you use the tub to shower, you may need a tub transfer seat that has two legs inside the tub and two legs outside. You will sit on this bench from outside of the tub and swing your legs in.
- You may need a grab bar to steady yourself while you get in and out.
- DO NOT pull or lean heavily on towel rods, soap dish holders, shower curtain rods, or anything else that could be pulled off the wall.
- Use a long-handled sponge to wash your feet.





## DRIVING

Check with your surgeon before starting to drive again. You usually will not be able to drive for at least 6 weeks after surgery. Before driving, you need to be able to bend your leg enough to sit comfortably, and have good muscle control to ensure adequate reaction time.

## GETTING IN AND OUT OF THE CAR (AS A PASSENGER)

Have the driver park away from the curb if using a car. If you are using a van, SUV or truck, use the curb to stand on. If a curb is not available, bring a step stool or short box to step onto when getting in or out of the vehicle.

- Make sure the seat is pushed back as far as possible to give maximum leg room
- Make sure the seat is above knee height
- If the car seat is low, use a firm cushion to raise the height
- Put a large plastic bag on the seat so the surface is easy to slide on
- Back up to the car seat. Hold onto the door frame, not the door
- Slide your operated leg forward and sit down
- Swing your legs into the car
- Adjust your seat once you are in the vehicle



### NOTE:

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

## PHYSIOTHERAPY

The goal is start your first physiotherapy session within 2-3 weeks of leaving our hospital after your surgery.

Depending on where you plan to access physiotherapy, you may be given a copy of the referral or it may be faxed for you from your pre-admission appointment.

It is also strongly recommended you try to pre-book your first appointment in order to access physiotherapy in a timely manner.

## HOME AND COMMUNITY CARE

For information about in-home therapy, nursing, and care coordination services, please call (705) 476-2222 (North Bay).

## URGENT AND EMERGENCY CARE AT HOME

**Call an ambulance to take you to the nearest emergency department** if you have chest pain, tightness, or shortness of breath or have "the worst headache of your life" that does not go away by taking pain medication



**Call your primary care provider if you experience any of the following symptoms at home:**

- ☐ pain in your chest, difficulty breathing or shortness of breath
- ☐ increase in pain, swelling or tenderness in your leg that is not relieved by elevation and icing
- ☐ your incision becomes red, hard, hot and swollen, or begins to drain
- ☐ redness or pain in your lower legs, even when resting
- ☐ chills and a fever (above 38°C)
- ☐ a painful 'click' or decreased movement in your hip or sudden difficulty walking
- ☐ blood in your stool, urine or sputum, and increased bruising
- ☐ other infections such as a chest cold or bladder infection



If unable to contact your primary care provider, **go to the nearest emergency department.**

### Notes:

[illegible]

**Please bring this booklet with you to all appointments AND on the day of surgery.**



50 College Drive,  
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[www.nbrhc.on.ca](http://www.nbrhc.on.ca)

North Bay Regional  
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de santé de North Bay

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