



# TOTAL HIP REPLACEMENT

Date of Surgery \_\_\_\_\_

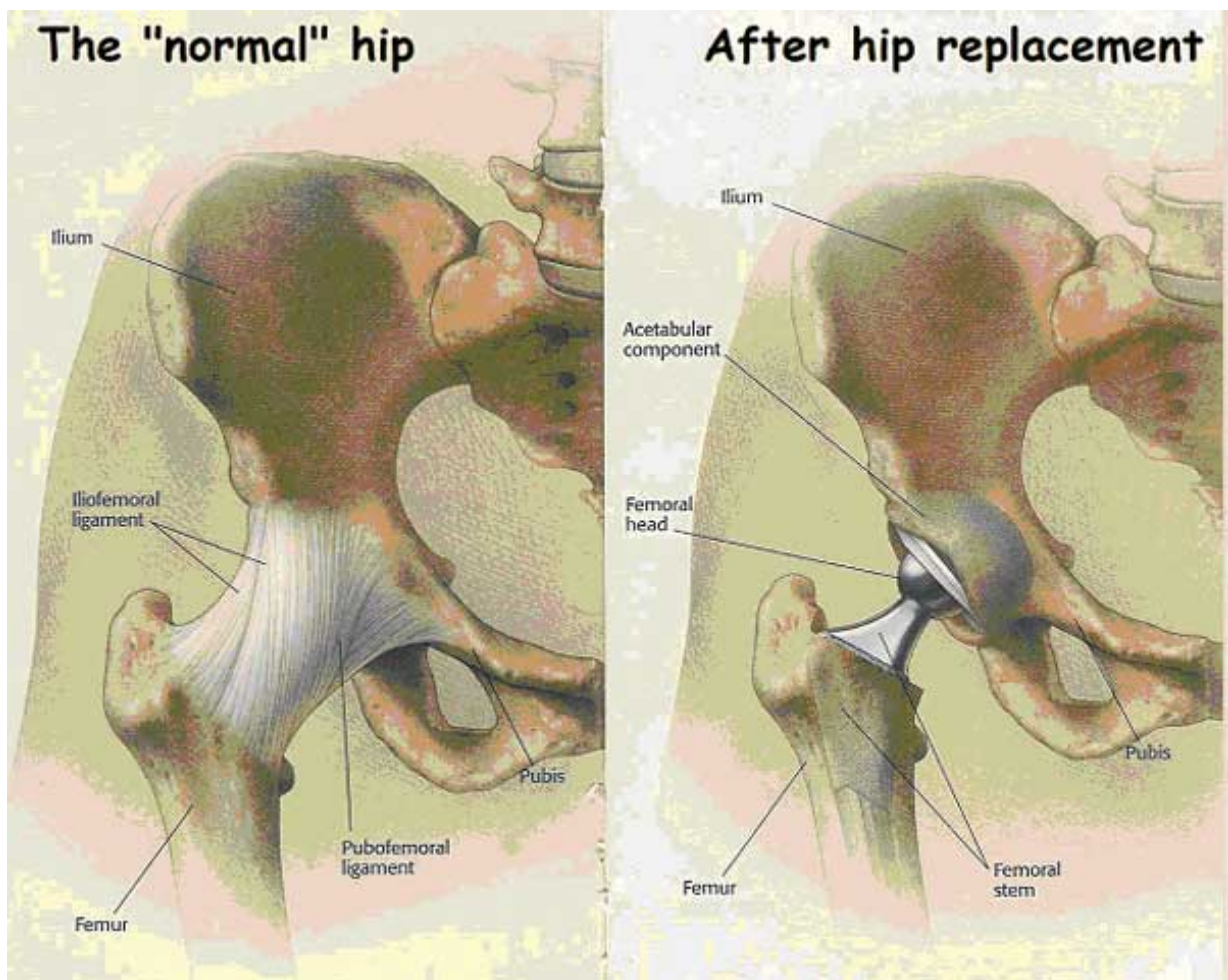
Estimated Date of Discharge \_\_\_\_\_

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## What is a Hip Replacement?

Total Hip replacement is surgery done to replace the hip joint with an artificial one. The hip joint is made up of the hip socket (acetabulum – a cup shaped bone in the pelvis) and the ball (head of the thigh bone). Disease and/or damage to the joint can cause hip pain, stiffness and difficulty moving. Your surgery is done to reduce pain and make walking easier.



The usual length of stay in hospital is 3 days.



## PREPARING YOUR HOME

To make your return home easier and safer after surgery:

- Remove all scatter mats, electrical cords and telephone cords from your walking area. Tape down large area rugs
- Remove plants or other items from walkways
- Arrange furniture so that there are clear walkways wide enough for a walker (approx. 30 inches)
- Ensure that all stair railings in and outside your home are secure
- Place frequently used items where they can be easily reached
- Obtain an apron with pockets, shoulder bag or knapsack to carry items around the house (i.e. cordless phone, Kleenex, etc.)

## PREPARING YOUR HOME

- Stock up on groceries. Preparing meals, such as soups, stews and casseroles in advance will make your return home easier
- Place night lights in hallways
- Install grab bars in the bathroom
- Place a rubber mat or non-skid adhesive strips in your tub and/or shower. Purchase a long, handheld sponge or handheld shower attachment to make bathing easier
- Reorganize cupboards/closets/fridge so items you use often are within easy reach
- If your bedroom is upstairs, you may want to consider setting up a bed on the main level close to a bathroom for the first week or so
- Set a “recovery centre”. A chair with arms, a firm seat and high enough to keep your hip higher than your knees. Place frequently used items close (i.e. reading material, phone, kleenex, etc.)

## PLANNING FOR YOUR DISCHARGE

**Remember that your surgery is planned.** It is *very important* that you have made the necessary arrangements for your discharge home prior to coming in for your surgery.

Arrange for family or a friend to stay with you for the first week or so until you see for yourself that you can manage on your own. Alternate arrangements such as staying with family or friends should be considered. You will need some help for **several weeks** with such tasks as cooking, laundry, housework, lawn care / snow removal, shopping and transportation (you will not be able to drive yourself until your surgeon advises you).

If you live alone and do not have someone to help you at home, please call the Access Centre (Home Care) 966-3530 or 1-800-668-0901 to speak to Placement Coordination Services to receive information. Some nursing homes offer short-term accommodations (i.e. Hastings Manor, Westgate Lodge, Hallowell House, etc.). Retirement Homes also offer short-term convalescent care (i.e. Bridge Street Retirement Home, The Richmond Retirement Home, etc.)

Your discharge plans will be documented prior to your surgery at your Pre admission Clinic visit.

## **PRE ADMISSION CLINIC VISIT**

The hospital will arrange a Pre admission Clinic visit 2-3 weeks prior to your surgery. The Pre admission Clinic is designed to assist you in preparing for your upcoming surgery. While it is not unusual to have some concerns and anxiety before surgery, knowing what to expect can decrease anxiety, alleviate concerns and increase your ability to take an active role in your recovery. Being informed can also help you recover more quickly and may decrease your risk of complications. Family members and/or a friend are welcome and encouraged to attend.

### **The Pre admission Clinic will help:**

- Ensure that all necessary forms are completed
- Ensure that all necessary pre op testing is completed
- Provide all necessary teaching
- Answer any questions/concerns that you or your family may have
- Assist you with planning for your discharge from hospital

## DAY OF APPOINTMENT

- Take your usual medications, unless directed otherwise
- Eat normally, unless directed otherwise
- Wear comfortable clothing, footwear
- Avoid using body lotions, powders or perfumes

### **Please bring the following:**

- All papers/forms and teaching booklets given by your surgeon and/or doctor
- Health card and Hospital Registration card (Blue)
- If you are diabetic, please bring a list of recent glucometer readings
- All of your current medications
- A list of questions

The Pre-admission Clinic will help to coordinate all appointments on the same day, if at all possible. Please plan to be at the hospital approximately 6 hours.

If you are unable to attend your appointment, please call **OR Bookings (613) 969-7400 ext. 2407** to reschedule.





## **PACKING FOR YOUR HOSPITAL STAY**

Please bring the following:

- Personal items: toothbrush, toothpaste, unscented soap, deodorant, Kleenex, comb, brush, electric razor, etc.
- Non-slip supportive shoes or slippers with heel enclosed.
- A knee length nightgown or t-shirt, baggy shorts and a knee length housecoat
- If you wear glasses, hearing aid or dentures, be sure to bring a case to put them in, as well as any cleaning solutions. These should be labeled with your name
- CPAC (if needed)
- Books / magazines
- Please leave cash, credit cards, jewelry and other valuables at home

## PREOPERATIVE INSTRUCTIONS

- Notify your surgeon if you receive antibiotics before dental work or other surgery due to heart murmur and/or heart valve replacement, joint replacement, etc.
- Notify your surgeon if you are taking blood thinners, aspirin, arthritic or anti-inflammatory medications, vitamins or herbal supplements. These may need to be stopped before your surgery. Inquire when to restart these after your surgery
- No smoking is advised within 48 hours of your surgery. Smoking may increase the risk of complications after surgery and decrease wound healing. There is no smoking in the hospital
- No alcoholic beverages for at least 24 hours before your surgery as the alcohol may interfere with the medications you will be receiving
- If you develop a sore throat, fever, cold or flu within a few days of your surgery, call your doctor. Your surgery may have to be delayed until you are feeling better

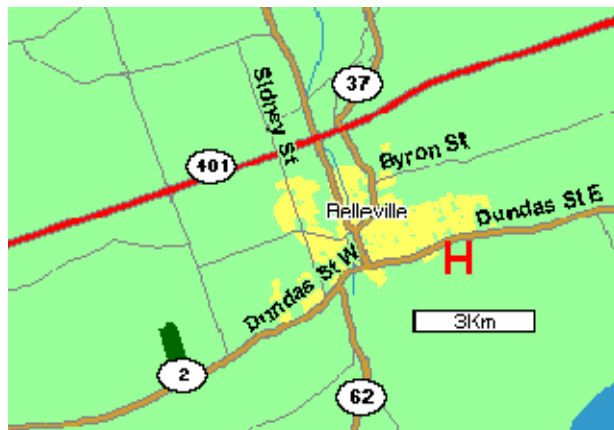
## PREOPERATIVE INSTRUCTIONS

- If your surgeon has ordered blood work and the lab applies a pink bracelet to your arm, do not remove it. If it falls off, bring it to the hospital with you
- A \$5.00 telephone charge for phone use is to be paid in admitting on arrival, if you wish to use the phone in your room. Local calls – dial 9, Long distance calls – dial 0 to go through the hospital operator
- Leave money and jewelry at home. The hospital is not responsible for lost items
- **QHC Reduced Scent Policy** (patients, visitors and staff). Please refrain from wearing any scented products (perfumes, colognes, scented soaps, lotions, etc.) or bringing high-fragrance flowers into the hospital
- If you are not able to speak English or do not understand English, please bring an interpreter with you
- **Discharge time is 10 a.m.** Please ensure that your ride home is arranged.

**PARKING IS ALLOWED IN DESIGNATED AREAS ONLY. NO PARKING IS ALLOWED IN FIRE ROUTES.** Drivers are only permitted to stop in these driveways to drop off or pick up someone. Unattended vehicles will be considered parked and subject to ticket and/or towing. Patient pick-up instructions will be given by hospital staff.

The **cost of parking** is \$4.00 per hour to a maximum of \$15.00 for the day. Tickets must be purchased at the pay and display unit in the parking lot and placed in your window shield. The machines accept quarters, loonies and toonies. Change machines are available in the main and emergency entrances of the building.

There are five **handicapped parking** spaces directly in front of the Charlotte Sills building on the east side of the hospital and a 15 minute patient drop off/pick up zone in front of the Sills building.



## Visiting Hours

QHC encourages visits from family throughout the patient's hospital stay. We know that having loved ones nearby while in hospital will make our patients more comfortable and will support their recovery.

Visiting hours are flexible to accommodate the patient circumstance; there are no prescribed hours. Visiting may be adjusted in timing and the number of visitors based on the clinical care needs of the patient. This is planned in collaboration with the patient, family and inter-professional care team.

It is recommended that patients admitted to the hospital should have no more than 2 visitors at a time. Visits of more than 2 people may be accommodated through collaboration with the patient and the inter-professional care team.

**Please note:** Visitors who are feeling unwell; have an infection; have symptoms of respiratory illness, symptoms of flu-like illnesses or symptoms of other communicable diseases should not visit.

**Patient care is our priority.** If visitors are asked to leave for any reason, please abide by staff request. There is a waiting area provided on the patient care unit.

# PRE OP CHECKLIST

This checklist has been designed to assist you in preparing for your surgery. Please use it as your guide and check off items as they apply.

## 3-4 weeks before Surgery

- Review this booklet, Physiotherapy handout and the Occupational Therapy handout. Please do not start any exercises until you are advised by your Surgeon and/or physiotherapist
- Home Preparation completed (page 4 in this booklet)
- Arrangements made for help at home on discharge (page 6 in this booklet)

## My Discharge Plans

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- Ride arranged for the day of surgery and on discharge.

# **PRE OP CHECKLIST**

## **2-3 weeks before Surgery**

- Attend Pre admission Clinic
- All pre admission testing completed (blood work, ECG and X-rays – if applicable)
- Begin pre op exercises as advised by your surgeon and/or physiotherapist

## **1-2 weeks before Surgery**

- Medication(s) to discontinue (if applicable)
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## **48 hours before Surgery**

- Hospital has notified you of your arrival time
- Pack personal items (page 9)
- Take a mild laxative for bowels (if needed)
- Try not to smoke (if applicable)

# PRE OP CHECKLIST

## Day before Surgery

- Eat well-balanced meals. Avoid fatty foods. Drink plenty of fluids. Do not consume alcohol.
- Bath or shower evening before surgery and/or morning of surgery
- Remove all nail polish, perfume, makeup
- Remove all jewelry (may leave wedding band on)
- Nothing to eat or drink after midnight.**  
Your surgery may be delayed or cancelled otherwise

## Day of Surgery

Please bring:

- Health card and Hospital registration card (Blue)
- \$5.00 for phone charge (if desired)
- Breathing machine (CPAP) if used
- Don't forget your **Total Hip Replacement Folder**



# PRE OP CHECKLIST

## Day of Surgery

Medication

Take all of your usual *prescription* medication with small amounts of water only. Do not take any diabetic medication(s) unless instructed by your Surgeon and/or Anaesthetist.

### Special Instructions

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- Bring **all** medications to the hospital (prescription and non-prescription items) including puffers in their original containers
  
- Arrange for family or a friend to bring your personal items to your hospital room after you have arrived in your room

# TOTAL HIP CARE PATHWAY

Your Total Hip Care Pathway is a guide for you to follow during your hospital stay. It is a day-to-day plan of what to expect during your hospital stay and what you should do to assist in your recovery. Each day is mapped out as to what you will be doing (under “Goals for Today”) in this booklet.

Please review all of the information and be familiar with what to expect during your hospital stay. Then you will be able to work with your Health Team to make a successful recovery.



# The Day of Surgery

Arrive at Patient Registration – (Admitting/Emergency entrance) at your scheduled time.

You will then be directed to Day Surgery where your nurse will prepare you for your surgery.

Your nurse will:

- Review deep breathing and coughing exercises
- Review leg exercises
- Apply anti-embolic (TEDS) stocking to your unaffected leg (if ordered by your surgeon)

Once you are prepared for surgery, a family member or friend may sit with you until it is time to go over to the Operating Room.

While you are in the Operating room and Recovery room, family may wait in the OR Waiting room (located across from the Operating room doors).

Your Surgeon will provide your family with an update after your surgery or a phone number may be left for the surgeon to call.

## **ANAESTHESIA**

You will have an opportunity to speak with the Anaesthetist prior to your surgery. The most common types of anaesthesia are general anaesthesia (which puts you to sleep) or spinal/epidural anaesthesia (numbs from the waist down). Your Anaesthetist will discuss the risks and advantages of each type of anaesthesia and answer any questions and/or concerns that you may have. The length of surgery is approximately 2-3 hours.

### **Recovery**

After surgery, you will remain in the recovery room for 2-3 hours while recovery from anaesthesia is monitored. You will then be taken to your hospital room. Patients often return from surgery with a variety of tubes:

- Intravenous is given for fluids and medications
- Hemovac (drainage tube) is used to collect drainage
- Catheter to drain bladder which may stay in place for 48 hours (if ordered by your surgeon)
- Oxygen tube in your nose

## MANAGING YOUR PAIN

Your Surgeon and Anaesthetist will determine the best method to keep you comfortable. Your pain may be controlled by injection or a patient-controlled analgesic pump (PCA).

### **Patient-Controlled Analgesia (PCA)**

Your doctor may order medication through the PCA pump. The PCA pump allows you to give yourself pain medication through your IV when you need it. You can do this by pressing the button when you are uncomfortable or prior to activity. The PCA pump will only deliver the amount of medication your doctor has prescribed. If you are still uncomfortable after waiting a few minutes, press the button again. Please let your nurse know if you are still uncomfortable.

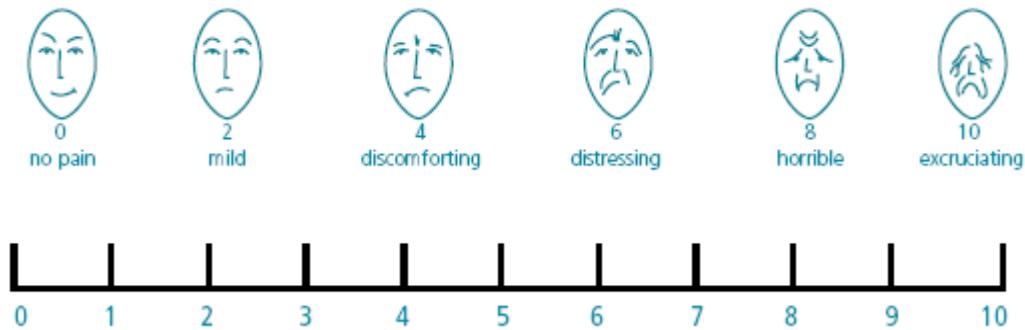
Do not ask family or friend to push the button for you. It is important that only **YOU** give yourself the medication when you feel you need it.

Sometimes, this method of pain medication delivery may be given through a spinal/epidural catheter, which is inserted during your surgery.

Managing your pain is an important part of your recovery. Our goal is to keep you as comfortable as possible, allowing you to work with your physiotherapist and nurses on regaining your muscle control, strength and mobility.

## Measuring your Pain

To help your doctors and nurses evaluate your pain, you will be asked to rate your pain using a scale of 0-10 with 0 meaning no pain and 10 indicating the worst possible pain. Using this scale will help your doctors and nurses make sure that your pain is adequately controlled.



After surgery, anti-nausea medication will be given if you are experiencing any nausea or vomiting.

You will be allowed to increase your diet as your condition permits, starting with ice chips and clear fluids to diet as tolerated. Specific diets may be ordered according to your health and cultural needs.

## **PREVENTING LUNG CONGESTION**

Deep breathing and coughing is **very important** to help prevent congestion and pneumonia. Inhale deeply through your nose then slowly exhale through your mouth. Repeat 3 times and then cough twice. Do this 10 times per hour when awake. A breathing device called an incentive spirometer may also be taught and used.

## **PREVENTING BLOOD CLOTS**

Leg and foot exercises (i.e. moving your feet up and down in circles) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots. You will be helped to turn in bed every 2 hours for comfort and to prevent complications.

Your Surgeon will order an anticoagulant (blood thinner) to help prevent blood clots.

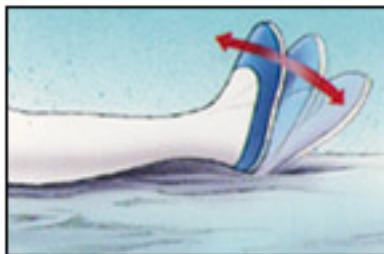
- Coumadin (pill form)
- Fragmin (injection form)
- Xarelto

Your surgeon will decide which type of anticoagulant is best for you after surgery. An information handout will be provided.

Your surgeon may order support stockings (anti-embolic or TEDS). These stockings aid the circulation in your legs to reduce the risk of blood clots. If you are discharged home with these stockings, application and care will be discussed prior to your discharge.

## **GOALS FOR THE DAY OF SURGERY**

- Bed rest the day of surgery, nursing staff will assist you with positioning every 2 hours
- Bed exercises (please review your physiotherapy handout)
- Pillow between legs when turning
- Deep breathing and coughing (10 times per hour while awake)
- Ankle pumping (10 times per hour while awake)





## Post op Day 1

Your nurse and physiotherapist will assist you with getting out of bed with the assistance of a walker. Your activity will be gradually increased.

It is **very important** that you cooperate with Physio at their requested time. **Your participation is the key** to your successful hospital recovery to promote healing and to get you walking again.

Hip exercises will be done each day with the physiotherapist and it is expected and **very important** for your recovery that you do the exercises as instructed (Please review the Total Hip Physiotherapy handout).

The Anaesthetist will visit you to assess your pain control to ensure that you are staying comfortable with the PCA pump (if ordered).

An Occupational Therapist (OT) will visit you to review your **hip precautions** (please review the OT Handout)

Your diet will be increased if you are drinking well and have no nausea.

## **POST OP DAY 1**

The intravenous (IV) will be changed to a saline lock (short-tube left in the vein) if you are drinking well.

The large bandage covering your incision will be removed today.

The hemovac (drainage tube) may be discontinued today (if ordered by your surgeon).

## **GOALS FOR TODAY**

- Continue with bed exercises (10 times per hour)
- Continue with deep breathing and coughing (10 times per hour)
- Begin walking – Aim for 3-10 meters with a walker and the assistance of 2 staff
- Up in chair for meals
- Discharge plans will be reviewed

**Have you met your goals for today?**

## **POST OP DAY 2**

The Anaesthetist will visit you to assess your comfort and will discontinue your PCA pump (if ordered). Your Anaesthetist will start you on pain pills. Remember to let your nurse know when you are having pain. It is important to continue to receive pain medication on a fairly regular basis to maintain your comfort.

An Access Centre Case Manager will visit you to begin making the necessary arrangements for your discharge home. A standard walker and a raised toilet seat will be provided at no cost to you for 30 days. Arrangements will be made for home nursing visit(s), if ordered by your surgeon and home visits by physiotherapist or out-patient physiotherapy.

The hemovac will be removed if used and a strip dressing applied to your incision.

The catheter will be removed (if in place).

Your diet will be increased to a regular diet as tolerated. A healthy diet promotes wound healing and helps to prevent constipation. High fiber foods such as grains, fruits and vegetables should be eaten to improve bowel function.

## **POST OP DAY 2**

It may be necessary to receive a laxative to assist with regular bowel movements since medication and reduced activity may change your bowel habit.

### **GOALS FOR TODAY**

- Independent bed exercises
  
- Walking with a walker with minimal assistance to the hallway two to three times 10-25 meters wearing a knee immobilizer if required
  
- Up in chair for meals
  
- Occupational Therapy (OT) assessment and review of Hip Precautions (please review your OT handout)
  
- Demonstrate self-administration of Fragmin (if ordered by your surgeon)

**Have you met your goals for today?**

**Remember if all is well, discharge will be tomorrow.**

**Is your ride arranged?**

## **POST OP DAY 3 – Discharge Day**

An Access Centre Case Manager will visit you to finalize your discharge arrangements and provide you with supplies for the home nursing visit (if ordered by your surgeon).

Anticoagulant (blood thinner) will be administered prior to discharge. If Fragmin is ordered, self-administration will be demonstrated.

Take this opportunity to ask staff any outstanding questions you may have.

### **GOALS FOR TODAY**

- Independent transfers (getting in/out of bed/chair) and exercises
- Walk 15-25 meters in hallway independently
- Up walking to bathroom with supervision
- Up in chair for meals
- Stairs done with assistance
- Demonstrate self-administration of Fragmin (if ordered by your surgeon)

**Have you met your goals for today?**



## DISCHARGE CHECKLIST

- Arrangements made by the Access Centre (CCAC) Case Manager for necessary equipment – walker, raised toilet seat (if desired), follow-up nursing visit (if applicable) and physiotherapy. Dressing supplies provided for home nursing visit (if ordered). Contact phone numbers provided
- Blood thinner (anticoagulant) given
- Prescription(s) provided
  - \_\_\_\_\_ Pain medication
  - \_\_\_\_\_ Blood thinner (anticoagulant)
  - \_\_\_\_\_ Blood work (if required)
- Discharge Instructions provided by your surgeon, nurse and physiotherapist
- All questions/concerns answered
- All belongings packed and returned

# DISCHARGE CHECKLIST

- All medications you brought with you to hospital have been returned (if applicable)
- Follow-up appointment with surgeon

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_ Phone \_\_\_\_\_

## Special Instructions

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We hope that your hospital stay has been a pleasant one and wish you many happy years with your new hip.

## GUIDELINES AT HOME

Use your walker until told otherwise by your surgeon or physiotherapist

Take pain medication as prescribed by your surgeon. Do not drink alcohol while taking pain medication

It is **very important** that you continue your exercises taught by your physiotherapist. This is vital to your full recovery and for achieving a successful outcome from your surgery. Taking a pain pill 30 minutes before doing your exercises may make this more comfortable

Wear proper footwear (flat non-slip sole) inside and outside your home

Use a pillow between legs when lying on your side.

Use a raised toilet seat for at least 6 weeks.

It usually takes several weeks to regain your energy. Pace yourself. Slowly increase your walking and if soreness increases then cut back



## **GUIDELINES AT HOME**

Do not perform heavy activities for 3 months (i.e. vacuuming, snow shoveling, gardening, etc.)

You may shower and get incision wet once your staples are removed and the wound is healed or as advised by your surgeon

Avoid sitting more than 60 minutes at a time

### **NO DRIVING UNTIL YOUR SURGEON ADVISES YOU**

#### **For 3 months**

- No bending your hip beyond 90 degrees
- Do not cross your knees or ankles, keep your knees 3-6 inches apart
- Do not twist your hip (no rolling your leg in or out)



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**Call your doctor or come to the nearest  
Emergency Department immediately if  
you experience:**

- Pain (not relieved by medication)
- Unusual swelling or redness in your hip or knee
- Fever
- Excessive bleeding or drainage
- Unusual cough, shortness of breath, or chest pain
- Leg tenderness or redness in the calf
- Feeling faint and/or dizzy

## PREVENTIVE ANTIBIOTIC THERAPY

It is *very important* that all doctors and dentists who treat you know that you have had a total knee replacement. You will need antibiotics before **certain** procedures, especially those involving the GI tract (i.e. scopes) or any urology procedures (i.e. cystoscopy) and dental procedures (i.e. extraction, periodontal work, dental implant or root canal) to prevent bacteria from collecting on your knee replacement (prosthesis).

