

Your Guide to Total Hip Replacement Surgery



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

Mississauga Halton Local Health Integration Network



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Total Hip Replacement Surgery

Why do I need the surgery?

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

In a healthy hip, the surface of the thigh bone and pelvis are smooth so they can roll, rotate, and glide over each other. Cartilage is a sponge-like substance which covers the bones evenly, allowing smooth movement.

In a problem hip, the surfaces on the bones become rough, cartilage may wear away, and the joint becomes painful and movement is often limited.

In hip replacement surgery the surgeon removes the rough, arthritic surfaces of bone at the joint. The surgeon then replaces these with a new smooth surface called an implant or prosthesis.



Getting Ready for your Hip Surgery

Improving your overall health

Nutrition

Good nutrition promotes healing, helps fight infection and ensures a smooth recovery.

- **Do not** go on a crash diet – it may hinder recovery.
- **Do** eat at least three meals a day.
- **Do** cut down on fats, junk food and sweets.
- Consult your doctor if you wish to begin a weight loss plan before your surgery.

What should I eat?

1. For healthy blood, choose **iron-rich** foods and a **Vitamin C** source at every meal.
 - There are 2 types of iron found in food- heme iron and non-heme iron.
 - Heme iron is found mainly in meat, liver, poultry and fish, oysters and clams. This type of iron is more easily absorbed by the body than non heme –iron.
 - Non-heme iron is found in legumes such as chickpeas and kidney beans, breads and pastas, breakfast cereals, nuts, dried fruits, and some fruits and vegetables. You can boost the absorption of this type of iron from foods if you eat it with meat/poultry/ fish or with foods rich in vitamin C.
 - Good sources of vitamin C include oranges, orange juice, grapefruit and grapefruit juice, strawberries, cantaloupe, tomatoes, tomato sauce, tomato juice, green and red peppers, raw cabbage.
2. For healing, include a **protein** choice and a calcium rich food at each meal.
 - Protein choices include **meat, fish, poultry, eggs, dried beans** (baked beans) and **nuts** (peanut butter).
 - Calcium is important for healing bones. Choose from **milk, yogurt, cheese** and **pudding** or from non dairy foods such as juice and soy drinks fortified with calcium, tofu, salmon and sardines with bones, turnip greens and broccoli.
3. For regular bowels, choose **fibre** at every meal and plenty of fluids between meals.
 - Good sources of fibre are **fruits, vegetables, whole grain breads, legumes**, and high fibre **cereals** (greater than or equal to 4 grams of fibre per serving).
 - Drink 6 to 8 glasses of fluids per day (not including tea or coffee) such as water, juice, herbal tea and milk.

What about herbal medication and dietary supplements?

Certain herbal medications and dietary supplements may interfere with [the medication used during your surgery] anesthetic agents (drugs used during your surgery) or blood thinners. Some may increase the risk of bleeding or raise blood pressure. **It is very important that you tell your doctor and admission nurse if you are taking these medications.**

Smoking

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

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

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

Alcohol

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

Activity

Continue to stay as active as possible before your surgery. This will help with your recovery phase.

You may start the exercises you learned in your class and on the DVD before surgery. Ask your therapist which exercises are recommended.

Consider a pain management plan that includes the use of ice packs on your painful joint, exercise and rehab therapy, along with pain killers and drugs that reduce swelling.



Preparing for Your Return Home

Preparing Your Home Environment

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

Entrances and Stairs:

- Make sure railings are secured. If there are no railings in your home, you may wish to install at least one.
- Keep all entrances clear from clutter.
- In the winter season, keep entrances clear from snow.
- Make sure there is proper lighting indoors and outdoors, especially around stairs.

Rooms and Floors:

- Eliminate clutter in hallways and rooms.
- Move electrical cords or anything that may cause you to trip.
- Remove small rugs and tape down the edges of larger rugs.
- Make sure telephones are within easy reach. Keep emergency contact numbers clearly visible beside all telephones.

Furniture:

- If you have trouble getting off of furniture surfaces such as a bed, chair and toilet before your surgery, speak to your therapist about furniture modifications or adaptive equipment that you may require.
- Make sure all furniture that you will use for sitting is at or above the crease of your knee.
- Low furniture, soft surfaces, footstools, rocking chairs and chairs with wheels (e.g. office chairs) **must be avoided**.

Kitchen:

- Place the most frequently used items within safe reach. Safe reach is between your shoulder and waist height. Low shelves and drawers such as those found in the refrigerator cannot be accessed during your recovery period.
- Use counter height toaster ovens and microwave ovens for easier cooking. Avoid using the regular oven.
- Sit on a high stool during meal preparation.

Bedroom:

- Use a nightlight.
- Ensure the top of your mattress is at a height that is level with or above your knee.
- If you are worried about managing the stairs immediately after discharge, you may wish to set up a bed on the main level of your residence for a short time.
- Another option is to climb the stairs twice a day. Come down in the morning to stay on the main level, then go back up the stairs at bedtime.

Bathroom:

- Use a nightlight.
- Equipment for the toilet, tub and/or shower stall will likely be prescribed for temporary use. The therapist will discuss bathroom size, style of toilet, tub and shower stall as well.
- A handheld showerhead makes bathing and showering easier.



Preparing Meals and Light Housework

It is best to plan ahead if you do not have someone to do these tasks for you when you return home.

For meals you can:

- Prepare and freeze meals for yourself to last 2-4 weeks after your surgery. Single serving portion sizes are easier to manage.
- Stock up on easy-to-prepare foods or pre-packaged frozen meals.
- The Community Care Access Centre (CCAC) can give you the contact information to have Meals on Wheels provide you with a daily meal. Call CCAC at 905 855-9090 or (toll-free) at 1-877-336-9090 to assist with arranging this service.

For housework, including vacuuming, sweeping and laundry you can:

- Ask family or friends to help.
- Look in the phone book under “Home Support” or “Housekeeping” to purchase housekeeping services.
- Call the Community Care Access Centre (CCAC) at 905 855-9090 or (toll-free) at 1-877-336-9090 for agencies that offer these services.

Equipment Needs

Please arrange for the following equipment to be in your home and ready for use when you are discharged from the hospital. Investigate medical suppliers located in your neighborhood. Check the vendor list provided for suppliers in your area. Inquire about prices! Check with your insurance company with regard to financial coverage/reimbursement for medical equipment.

- Please rent/buy a folding two-wheeled walker. A therapist will measure you for your walker height at your education class. The handle on the walker should be as high as the crease in your wrist when standing.
- Please rent/buy a raised toilet seat. Generally, if you are 5’2” or under (162 cm or less) a set of removable toilet bars is adequate.
- Please purchase a long-handled reacher and a long shoehorn for your home use.
- Please purchase a shower hose and a non-slip bath mat. If you have to rent/buy other tub/shower equipment, your CCAC physiotherapist will advise you about this.
- Prepare a large coffee can or an empty paint can by wrapping it with a folded towel that is taped down. You will need this for your home exercise program.

You may be asked to purchase the following items to assist with your care at home.

Please confirm what you need by discussing this list with your therapist when you attend your “Education Class”.

- A “Krazy Karpet” to use during your at-home exercise program.
- Two one-pound wrap-around weights for your home exercise program.
- A foam wedge carry cushion.

Other Things You Need to Consider

How Family and Friends Can Help

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

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

- Running errands or driving you (in a suitable vehicle) to appointments
- Grocery shopping and lifting/carrying other heavy items
- Vacuuming, dusting, making/changing beds, doing laundry, scrubbing the bathroom and floors
- Meal preparation and clean-up
- Taking out the garbage
- Mowing the lawn, weeding the garden or removing snow
- Picking up newspapers and flyers left outside the door
- Encouraging/helping with your exercises

Transportation Needs

You may not be able to drive for as long as three months after your surgery. Please plan for transportation to and from appointments in the community. Please make the following arrangements before you leave the hospital:

- Ask a family member or friend to drive you. You will be responsible for your own transportation home from the hospital on your day of discharge, as well as to any appointments you may have. **Discharge time from the hospital is 08:00 am. Please confirm time with the hospital staff.**
- If you plan to use public transportation please contact the service below to inquire about obtaining an application form and initiate an account.
 - TRANSHelp in Peel Region. (905) 791-1015
 - WHEELTRANS in Toronto. (416) 393-4111
 - Care-A-Van in Oakville. (905) 337-9222
 - Milton Transportation. (905) 878-7252 Ext 2182 or 2211
- If you live outside these areas, please ask your healthcare provider for a contact number.
- If you need to arrange for a temporary accessible parking permit for your car, contact the Ministry of Transportation at 416-235-2999 or toll free at 1-800-387-3445 or ask your home physiotherapist.
- Application forms are available online at:
<http://www.mto.gov.on.ca/english/dandv/vehicle/app.htm>
- You may return to driving once your surgeon has said that you may do so.

Appointments Before Surgery

You will be required to attend appointments prior to your surgery. The number of appointments will depend on your medical condition and our ability to accommodate your appointment requests. These appointments must be booked for 2 - 6 weeks before your surgery.

Doctor's Appointments

- You need to see your Family Doctor to have a history and physical. It is best to see your Family Doctor before your hospital assessment appointment which will be 2 - 4 weeks before surgery.
- You may need to see a specialist (Cardiologist, Internal Medicine, Geriatrician or other specialist) depending on your medical condition. Ideally these appointments should occur before your hospital assessment; however, this is not a requirement. The specialist may see you the same day you come for your hospital assessment appointment.

Pre-Surgery/Pre-Admission Appointment

- Approximately 2 - 4 weeks before surgery, you will have to visit the hospital to meet with a nurse, physician(s) and possibly undergo some tests. Expect to be at the hospital for about 4 - 6 hours that day. You may wish to bring a snack and a drink.
- You may need to see our blood conservation nurse. This will be decided after your initial blood tests are completed.

Education Class

You will also be required to attend an education class, where a **physiotherapist, occupational therapist and assistant** will help you prepare for your surgery, hospital stay and recovery at home.

It is important that you watch the **patient education DVD** which reviews the information provided in this package before coming to your education class. This will assist with your learning needs and allow you to think of any questions ahead of your visit.

Preparing to come to Hospital Checklists

Pre-Surgery/Pre-Admission Appointment

- Your Ontario Hospital Insurance Plan (OHIP) card and photo identification.
- A detailed list of all of your medications or bring your pills in their original bottles. Make sure you bring any vitamins, herbal pills or pain pills that you take. Provide information on other substances such as alcohol or street drugs that you are taking.
- Your envelope that includes all the documents given to you at your surgeon's office, any test results (if done outside the hospital) and additional notes/forms from physician assessment visits.
- Remember to complete all documents or forms included in your envelope.
- Your coach or support person (family member or friend) is encouraged to come with you.

the Night Before and Day of Surgery

The Surgeon and/or Anesthetist will decide when you need to begin fasting before surgery. They will instruct you to follow one of the options indicated below. It is important that you follow these instructions or your surgery may be cancelled.

-
- DO NOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT** REMEMBER this includes gum, candy or water during the fasting time. You may brush your teeth, but try not to swallow any water.

OR

-
- DO NOT EAT ANYTHING AFTER MIDNIGHT.** You may have **CLEAR FLUIDS** (e.g. water, apple juice, ginger ale) **UP TO 6 HOURS** before surgery.

- Remember to stop smoking.
- Have a shower or bath and wash your hair the day before or the morning of your surgery. Remove all makeup, nail polish and toenail polish. Do not shave your legs 48 hours before surgery. Follow any additional instructions provided to you by your admission nurse.
- Please leave all valuables (jewelry, wallet, money) at home. Do not wear contact lenses.
- Wear comfortable clothing to the hospital.

What to bring to the hospital

- Your OHIP card and photo ID
- Eye glasses and/or hearing aid and a case to store these in. If you wear dentures, bring a container to store them in.
- You will have to change into hospital clothes. Bring a housecoat to keep you warm while you are waiting to go into surgery.
- Bring an empty gym bag to store the above items while you are in surgery.
- Have a family member bring the articles you packed before your surgery to your room on the day of your surgery. These can be brought to your room once it is assigned. **DO NOT** bring luggage to the surgery check-in area. Include the following when packing:
 - Toiletries, including toothbrush and toothpaste, Kleenex, deodorant, soap, and shaving kit
 - Loose, comfortable clothing such as sweat pants and tops suitable for wearing during exercise. Wear pants (or shorts) that are loose enough so the therapists can look at your incision and so that there is no pressure on it.
 - Slippers that are closed toed, have a supportive back (heel cup) and non-slip soles, or sneakers. Remember your feet may be swollen so shoes should not be too tight.
 - 2 pairs of loose-fitting underwear
 - 2 pairs of socks with loose ribbing
 - Any splint, brace or other assistive devices such as dressing aids that you currently use at home or were prescribed pre-operatively. Label them clearly with your name.
 - Prescription medications from home (give them to your nurse)
 - Any other equipment instructed by your admission nurse (e.g. gel ice packs)
 - This book *“Your Guide to Total Hip Replacement Surgery”*

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

Do not bring walking aids in to the hospital unless requested to do so.

It is **necessary that you arrive two hours before your surgery** to allow the surgical team to complete your preparation for surgery.

After Surgery

What to Expect During Your Stay in Hospital

Day of Surgery

After surgery you will go to the recovery room where you will need to lie on your back. You may have a tube in your vein (intravenous), a drainage tube (hemovac) from your hip and/or a tube (catheter) to empty your bladder. Your blood pressure, pulse and tubes will be checked often by a nurse.

If you feel sick or have pain tell your nurse right away. Medications will be given to you as ordered by your doctors.

You will be moved to your room in your bed and the nurse will check your incision, pain control, temperature, blood pressure and oxygen level. Expect your leg to be swollen after surgery. You may also have some bruising and tenderness. You will be given clear fluids at first then you will receive a normal diet high in fibre.

Your care team will follow a plan for each day of your stay to help you recover as quickly as possible. This plan of care is the same for all the hospitals in the Mississauga Halton Local Health Integrated Network (LHIN). During your hospital stay the staff will support you as you regain your ability to care for yourself (walking, getting to the bathroom, dressing, etc.)

You will be asked to take some deep breaths and cough each hour to keep your breathing passages clear from secretions. You will be encouraged to bend your leg gently and do the calf-pumping exercise after surgery. You will have help to stand at the edge of the bed in the evening. When resting in bed, keep your legs apart while in bed. Your doctor may recommend an abductor pillow for 1-2 days to help position your legs.

Have a family member or friend bring your clothing, toiletries and shoes to your room after surgery (see checklist on page 11). **Remember to NOT bring personal items of value or sentiment** or walking aids unless requested to do so.


First day after surgery (Day 1)

Your nurse will check on you frequently. You may have a blood test early each morning. If you have a catheter or Hemovac, these will be taken out today.

Your IV will be discontinued either today or tomorrow depending on your needs. The patient-controlled pain medication through the IV will be stopped in the first 48 hours post-surgery. You may be given a blood transfusion based on your blood count (hemoglobin).

Do your deep breathing and calf-pumping exercises at least every hour. Be sure your pain is under control before you get up.

Using a walker, your nurse, physiotherapist (PT) and/or occupational therapist (OT) will help you take a few steps to move from the bed into a chair. You will also have help to get to the



bathroom. The nurse, PT or OT will tell you how much weight the surgeon says you can put on your leg, and will review the important hip precautions (see page 14).

Your PT will teach you strengthening exercises. You will be working very hard in the days before you go home. Do your exercises 3 times each day. Do not wait for the therapist to come to do them with you. Family members or your nurse can help you set up the equipment (roll, towel) for you to do your exercises. These exercises are listed in this booklet on page 18.

Remember to take pain medication before activity and as needed.

You and your family are encouraged to ask questions of staff if you are unsure or anxious about anything.

Second day after surgery (Day 2)

Your PT or physiotherapist assistant (PTA) will help you walk in the hallway with a walker for support and will let you know if you are safe to walk on your own. You will do range-of-motion and strengthening exercises.

Your OT or occupational therapist assistant (OTA) will teach you how to use the assistive devices to get dressed while following the post-op hip precautions. Your nurse will help you get dressed using these devices.

Third day after surgery (Day 3)

You will walk with the walker outside your room to increase your walking distance. You may also practice going up and down the stairs. A home exercise program will be reviewed with you. Continue your exercises regularly.

You will work with the OT or OTA to discuss and practice how you will manage some of your daily activities while following the hip precautions. The goal is for you to be able to use the assistive devices for walking and daily living with minimal assistance or independently.

Ensure that your equipment is ready at home by this day.

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

Going Home (Day 4)

Follow your exercise program, doing each exercise 3 times per day. Remember to follow the hip precautions and use the assistive devices recommended for your daily activities such as getting dressed.

If requested by your surgeon, a physiotherapist from the Community Care Access Centre (CCAC) will come to see you within 48 hours of your return home and will visit you twice a week. You may also be referred to outpatient physiotherapy.

It is important to your recovery to keep all scheduled physiotherapy appointments.

Hip Precautions

The muscles and tissues around your hip take from three to six months to heal. During this time you are at risk for dislocating your hip. While rare, hip dislocations are very painful, require a return to the operating room and results in a much longer recovery period. For these reasons, you must follow these basic precautions throughout all of your activities until your hip is strong again.

DO NOT **BEND** MORE THAN 90 DEGREES

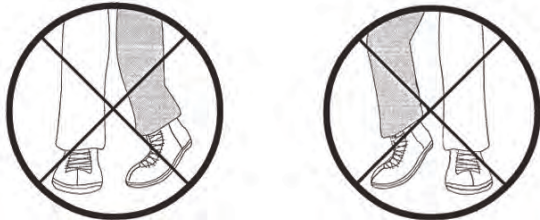


DO SIT WITH HIP HIGHER THAN KNEES



- In sitting, do not bend forward or reach past your knees. In standing, you may bend forward only until you can touch your knees.
- Be especially careful when sitting in the car and on toilet seats as these tend to be low.

DO NOT **TWIST** LEG

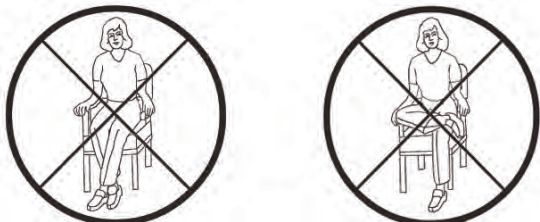


DO KEEP LEGS IN LINE WITH TRUNK



- Keep your toes pointing forward. Do not twist around to reach objects (such as telephone, kitchen items). Turn around with small steps.

DO NOT **CROSS** LEGS



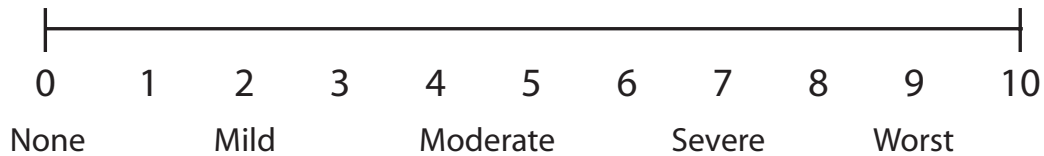
DO KEEP A SPACE IN BETWEEN LEGS



- Crossing occurs any time one leg overlaps the other. When sleeping, it is recommended to sleep with a pillow in between the legs to avoid crossing.

Pain Management

After surgery, you will have some pain. The nurses will ask you often to describe your pain and rate it on a scale from 0-10. Zero means you have no pain and 10 means the worst pain imaginable. It is important for you to rate your pain and describe it to others.



You will be given medication to manage this pain so you can do the exercises that help you get better. The better your pain is managed after surgery, the better you will be able to function. With less pain, you will be able to walk sooner and more frequently. You will also be able to do your exercises with physiotherapy as required and your sense of well-being will improve and help your body to heal faster.

Ask your nurse for pain medication when you are uncomfortable. Do not wait for the pain to get worse. It is important to request pain medication prior to physiotherapy and as needed. Let the nurse know if the medication is not helping your pain.

In the beginning, medication can be given in several different ways: through an intravenous (IV) or through a small tube in your back. In addition, you may also get a pill for pain relief. Your doctor will talk to you before surgery about which method is best for you. Your nurse will also tell you what else you can do to reduce your pain.

Patient-Controlled Analgesia (PCA)

The intravenous medication is hooked up to a pump. This is called PCA: Patient Controlled Analgesia. You can administer pain medication to yourself by pressing a button so you will be comfortable during nursing care or physiotherapy. You do not need to wait for the nurse to bring you pain medicine. The PCA pump lets YOU give yourself the pain medicine when you need it. **NO ONE OTHER THAN YOURSELF (this includes family and friends) SHOULD BE TOUCHING THE PATIENT CONTROLLED ANALGESIA BUTTON.**

How does the PCA pump work?

When you feel pain, press the button on the handset. You will hear a "beep". After the beep, the pain medicine is delivered quickly through the intravenous into your arm.

How much medicine do I need?

When you feel comfortable and not sleepy, you have had enough medicine.

Can I give myself too much medicine?

No, you will not get too much medicine if you only press the button when you feel pain. The PCA pump has a computer that gives you the amount of pain medicine your doctor orders.

How long will I have the PCA pump?

You will have the PCA pump for 24-48 hours after surgery depending on your needs.

The Road to Recovery

Constipation

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

- Drink lots of fluid (8 cups a day)
- Include fibre in your diet (bran, beans, raisins, etc.)
- Continue regular activity
- Do not overuse laxatives
- Maintain a regular bowel routine



You may also be given medication to help prevent constipation. Remember to tell your nurse when you have a bowel movement.

Anticoagulants

An anticoagulant is a medication that reduces the chance of blood clots forming. Your doctor will prescribe an anticoagulant medication for a period of time after surgery. There are 3 options that your doctor will choose from, depending on what is best for you:

1. *Injection*

You may receive a daily injection of an anticoagulant medication post-op Day 1. The nurse will teach you and/or your family member how to administer the injection starting on post-op day 2 or 3. You will be asked to demonstrate the technique on post-op day 2 or 3 and self-administer by day 4. The advantage of the anticoagulant injection is that you do not have to get blood tests for this medication after your discharge from the hospital.

2. *Pill that requires blood testing*

You may receive a pill form of an anticoagulant. The dose of this medication depends on your blood test results, which are checked daily while you are in hospital. You may need to see your family doctor after you are discharged from the hospital to have your blood checked and your dose adjusted.

3. *Pill that does not require blood testing*

You may be able to receive a pill form that does not require blood testing because it works in a different way. This pill is more expensive and may not be covered by drug plans.

Exercises after your Total Hip Replacement

Immediately after your surgery you can begin the following 2 exercises.

Each hour you should do:

Deep breathing and coughing

Take 10 deep breaths and cough every hour while you are awake.

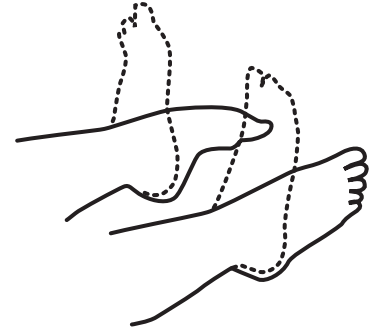
This helps to keep your lungs clear.

Ankle exercises (calf pumping)

Point your feet and toes up and down.

Repeat 20 times every hour.

This exercise helps the blood to circulate in your legs.



It is important for you to bend your leg soon after surgery to help your recovery.

The **FIRST DAY** after surgery, your physiotherapist will help you start a routine exercise program. **You are responsible for doing these exercises on your own, as you are able, between therapy sessions.**

These exercises should each be done **three times (sessions) each day**, repeating each exercise 10 times per session on the first day.

Your physiotherapist will tell you when to increase the number of repetitions you should do in each session. You can break up the exercise program into more sessions throughout the day.

Take rest breaks during the day. Take rests between exercise or activity sessions or after walking. Avoid doing your exercises right before or after a walk.

Exercises

1. Static Knee Extension

Pull your foot and toes up and press your knees down firmly against the bed. Hold for five seconds, then relax and repeat 10 times.



2. Static Gluteals (buttock squeezes)

With both knees straight, squeeze your buttocks together. Hold for five seconds, relax and repeat 10 times.



3. Leg Flexion

Lie on your back. Place a towel behind your knee/thigh. Slide your heel along the bed towards your buttock using the towel. The goal is to use YOUR muscles as much as possible to bend your knee up and use the towel less. Repeat 10 times.

Do not bend your hip more than 90 degrees. Use a towel under your thigh to assist. Do not let your knee roll in or out.

Your therapist may also suggest that you use a slider board or Crazy Karpet under your leg. (It is best to have a sock on your foot when using the Crazy Karpet).



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4. Leg Extension

Lie on your back with a roll under your operated knee.

Pull your toes up and raise your heel off the bed until your knee is straight. Hold for five seconds and slowly lower back down. Repeat 10 times.

The roll can be made from a coffee/juice can/tin covered with a towel.



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DO NOT do the following exercises unless recommended by your PHYSIOTHERAPIST:

1. Hip Abduction

Slide your operative leg out to the side as far as you can and then back. Keep your toes pointing at the ceiling. Do not move your buttocks during this exercise and **do not cross the midline**.



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2. Seated Knee Extension

While seated, pull your toes up, tighten your thigh muscle and straighten your leg. Hold for five seconds.

Slowly relax your leg and lower it back down. Repeat 10 times.



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3. *Isometric hamstrings*

Bend your knee slightly. Push your heel into the bed, tightening the muscles on the back of your thigh. Hold the contraction for five seconds. This is an isometric contraction and no movement should occur at your knee joint. Repeat 10 times.



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4. *Bridging*

Lying on your back with knees bent. Squeeze your buttocks together and lift your bottom off the bed. Return to starting position. Repeat 10 times.



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5. *Arm exercises* may also be included in your postoperative physiotherapy program to assure you have adequate strength in your arms for moving around in bed, for standing up from a chair, and for walking when using a walker.

Taking Care of your New Hip

You are now the proud owner of a new hip! Here are some helpful guidelines to help prevent injury or dislocation of your hip. Your muscles need time to heal. Following these steps will help promote a better recovery.

Weight Bearing

Your surgeon will tell you and the team exactly how much weight to put on your operated leg. For the first six weeks after surgery it is important to follow the weight bearing instructions of your doctor and physiotherapist. You may delay your healing if you ignore these instructions.

Activity after your Total Hip Replacement

During the education class before your surgery, an Occupational Therapist (OT) or Physiotherapist (PT) will teach you how to manage your daily activities after surgery. Here are some suggestions:

Transfers and Positioning

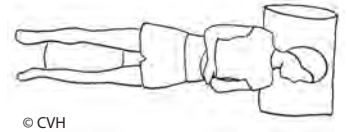
Positioning In Bed

- While in bed, keep a thick pillow between your knees at all times (including rolling).
- **Do not twist.** Keep your shoulders and hips in line with each other.
- Use a regular bed with a firm mattress. **DO NOT** use a low end or soft bed. (e.g. waterbeds, futons, pull-out couches, sofas).
- It may be necessary to raise the height of your bed by adding an extra foam pad or placing blocks under the legs of the bed.
- When sitting on the bed, lean back on your hands.

Lying On Your Back

Have a pillow between your legs. (Keep legs approximately 6 - 12 inches apart).

Do not put pillows under your leg or knee.



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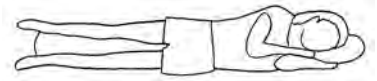
Sidelying

You must have pillows between your legs. You may wish to have another pillow behind your back to prevent rolling over in your sleep.

Note - Rolling over:

When rolling over in bed, have a pillow between your legs and do a “log” turn. Bend your knees slightly.

Do not lie on your stomach.



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To Get Into Bed

- Back up to the bed and sit down on the edge of the bed.
- Slide buttocks back so that your thighs come onto the bed.
- Turn slowly on the bed, as you slide each leg onto the bed (one at a time). If you are having difficulty lifting your operated leg onto the bed, your PT or OT may recommend a leg lifter.
- Then lean backward and support yourself with your arms.
- Move back on the bed until you are lying comfortably on your back

To Get Out of Bed

- Move to the edge of the bed, staying on your back.
- Pivot on your hips using your elbows to help.
- Using your hands, push yourself up to sitting.
- Turn slowly.
- Do not twist your leg.

Sitting

- Sit on a firm, high chair with arm rests
- You must always keep your knees BELOW hip level.
- Always keep your legs APART.
- Never cross your legs or ankles.
- Do not sit at heights lower than the crease at the back of your knee.
- Do not bend forward while sitting.
- If you need to make the seat higher, use a wedge carry cushion, folded sheets or blankets on the seat. Do not use soft cushions or pillows.

Standing Up

- Move to the front edge of your chair or bed
- Bend your good leg under you to support your body weight
- Slide your operated leg forward
- Put both hands on a supportive surface (armrest, chair, edge of bed). Push up from the armrests on the chair with your hands and use non-operated leg to gradually raise yourself
- Once you have your balance, grasp hold of your walker or crutches



Sitting Down

- Back up with your walker/crutches until the back of your legs touch the seat/chair/toilet
- Keep your operated leg out in front of you
- Reach back for support (e.g. reach for an armrest, edge of bed/chair) with one hand and then the other
- Lower yourself into a sitting position slowly and gently



Toilet Transfers

- Toilets at home are very low (usually 14" from the floor). This is usually too low for you to get on and off safely and easily. It forces you to bend your hip more than 90 degrees when getting on/off the toilet.
- Use a raised toilet seat or commode with arms.
- You will need to use a raised seat if you are over 5' 2" or if the height of the toilet seat is at knee height or lower.
- You will need something to push up from
- Arrange to rent, buy or borrow a raised toilet seat with arm rests to make it easier. This will be discussed with you during the pre-op education class.



Bathtub Transfers

- Back up to the tub until you feel your knees touching it. Put your operated leg out in front of you.
- Keeping one hand on the walker, reach for the back of the bath seat or reach for the grab bar, if one is near you.
- Keeping your operated leg straight, slowly lower yourself down onto the seat.
- Slide back on the bench as far as you can.
- As you slowly turn to face the faucet, lean back as you lift your legs over the side of the tub.
- Reverse the process to exit the tub.
- You will find it safest to dry yourself off before you stand up.



Shower Stall Transfers

- Stand sideways to the shower. Brace yourself by putting both hands on the doorframe or on grab bar in front of you.
- Bend your knee and lift your leg BEHIND you to step over the ledge. Leave enough room for your other foot. Transfer your weight from the outside one to the inside one and then lift the other one in behind you.
- Once you are strong enough to lift your leg high enough behind you, you can use the same technique to step into a bathtub.

Self Care

Washing and Bathing

- Make sure someone is with you when you take your first shower after surgery.
- **Do Not** sit in the bottom of the tub as long as you have to follow the Hip Precautions.
- Check with your surgeon regarding showering. Cover your incision to shower until staples have been removed.
- **Do Not** reach for the taps or shower attachments while you are sitting because you may bend forward too much. Adjust the temperature and water level before getting in. You may need help for this.
- Sit on a bath seat instead of standing to shower. A hand-held shower attachment is useful to prevent accidental slipping while you are rinsing off.
- Use a rubber mat inside and outside of the tub or shower stall to prevent slipping.
- If available, use grab bars for extra support when getting in or out of the tub or shower stall.
- If there are doors on your tub, if possible, remove them to allow more room for your operated leg to get in and out of the tub.
- Use a long-handled sponge/bathbrush to reach your legs or feet. Dry them by using a large towel and loop it around the leg or foot.
- The CCAC physiotherapist will show you how to get in and out of the shower safely and will recommend appropriate equipment for rental/ purchase.

Getting Dressed

- Wear loose fitting clothes and good, supportive shoes. Avoid soft slippers without a firm heel.
- You are not allowed to bend forward to reach your lower legs and feet for 6 - 12 weeks after your surgery.
- You will need to use the long-handled aids recommended by your Occupational Therapist (e.g. dressing stick, long-handled shoe-horn, reacher, stocking/sock aid, and elastic shoelaces).
- Have clothes, shoes and assistive devices near you.
- Sit on the side of a bed or chair. DO NOT twist round to pick up anything lying behind you.

Pants and Underwear

- Using the reacher, grasp the waistband of the pants or underwear.
- Use the reacher to lower the clothing to the floor.
- Slip leg of clothing over operated leg first.
- Put non-operated leg into the other leg of clothing.
- Pull underwear and pants up over knees.
- Stand with walker and pull up underwear and pants.



Socks and Stockings

- Slide sock onto aid.
- Make sure the toe of the socks at the end of the sock aid.
- Holding onto the straps, drop the sock aid in front of your operated leg.
- Slip foot into sock aid and pull it on.
- Use the sock aid to put your other sock on.



To Remove Sock

- Use the long-handled shoehorn, reacher or dressing hook to push the sock down.
- Use the reacher at the back of the heel and toe to remove the sock from the foot.

Shoes

- Slip-on shoes with a supportive back (heel cup) are the easiest to put on.
- For tie-up shoes use elastic shoelaces.
- Use a long-handled shoe horn and/or reacher to assist you.



Moving in and Around Your House

Going Up Stairs

1. Hold the hand rail with one hand and the cane or crutch with the other hand
2. First, take a step up with your non-operated ("good") leg
3. Then take a step up with your operated ("bad") leg
4. Finally, bring your cane up onto the step

Always go one step at a time. Use hand rails.



Going Down Stairs

1. Hold the rail with one hand and the cane or crutch with the other hand
2. First, put your cane or crutch one step down
3. Then take a step down with your operated ("bad") leg
4. Finally, take a step with your non-operated ("good") leg, onto the same step as your operated leg

Always go one step at a time. Use hand rails.

Ask for help to carry your walker up/down stairs, or get one walker for each level of your home. This will be particularly important if you live alone or will be home alone for long periods during the day.



Riding in a Car

- You will not be able to drive for 6 - 12 weeks after surgery. Please check with your surgeon to determine when it is safe to drive again.
- When you are a passenger in a car, it is best for you to sit in the front passenger seat.
- It is easier to get into a car if you are standing on the same level as the car.
- Do not get into your car if you're standing on a curb.
- Use a firm wedge cushion, folded sheets or blanket in a pillowcase to raise the seat height if the car seat is too low or is a bucket seat.
- Ask someone to move the car seat back as far as it goes to give you the most leg room. Have them recline the seat back a little as well.
- To get into the car, lower your bottom to sit on the edge of the seat. Lean back as you swing your leg into the car, keeping your knees lower than your hips.
- A plastic bag on the seat will make it easier.
- To get out of the car swing your legs out, then stand up with one hand on your walker and the other hand on the car seat.
- If you are getting into a van or a vehicle that has higher seats, you may need a footstool to help you up to the seat.



- Begin with short-distances and progress gradually. For long distances, you should exit the car every hour or so to take a break and stretch your legs.

Planning for Home after your Total Hip Replacement

It's important that you begin your plan to return home before you come to the hospital.

Remember to arrange for someone to drive you home.

The goal for discharge home is 8:00 am on your fourth day after surgery. The person picking you up should arrive by 7:30 am.

Your team will send you home once you are:

- Independent on level surfaces with a walking aid
- Safe on stairs, if needed
- Able to transfer safely (chair, toilet)
- Familiar with your home exercise program
- Able to dress yourself with help

and have:

- A stable, healing wound
- Effective pain control
- Follow-up services in place e.g. CCAC, Outpatient Physio
- Arranged assistive equipment for home

Leaving the Hospital Checklist

Things to remember:

- Fill prescriptions for pain and blood thinners on the day of discharge and know when you must take your medication
- Obtain instructions for blood testing, if required
- Know the date of your next doctor's appointment
- Know the date of your next physiotherapy appointment
- Ensure you have a walker or cane
- Have your house key ready
- Ensure there is food in the refrigerator
- Keep your phone within easy reach



Blood Thinning Medication

You will go home with a prescription for medication to prevent harmful blood clots from forming. This will be either in pill form or as an injection. For some medications, it is important that your blood be checked regularly so your dosage of medication can be adjusted as needed. It is recommended that you check to make sure your pharmacy of choice carries the medication prescribed. Prices vary so you may want to check with more than one pharmacy location.

Always tell your doctor, dentist, or pharmacist that you are taking blood thinning medication.

Please dispose of your syringes in a sharps container or a glass jar with a lid.

Pain Management

Continue to take your pain pills as ordered, especially before exercising.

Activity

Use a mobility aid, such as a walker, crutches or cane as prescribed by your physiotherapist. Keep doing your exercises 3 - 5 times per day. Wear non-slip supportive shoes. Do not sit for more than an hour without standing or stretching. Do not overdo it! Take frequent rests.

Remember to follow the hip precautions in all activities. This includes reaching to a side table, pulling the covers up in bed, getting things out of lower cupboards and drawers.

Eating

Eat well-balanced meals. Have extra fibre (e.g. whole grain breads, fresh fruit) and drink plenty of fluids to prevent constipation.

Incision Care

Keep your incision clean and dry. After 10 - 14 days your staples will need to be removed (this will be done either in the fracture clinic or surgeon's office).

Bathing

Shower and sponge bathe only. Use a shower chair or bath bench to keep your hip from bending too much. Ask your surgeon when you can return to sitting in the tub.

Driving and Sports

Discuss these activities with your doctor at your first appointment after surgery. It may be as long as 3 months before you drive independently. You will need to arrange transportation for your follow-up appointments.

You may return to certain sports when you do not have hip precautions any longer. Sports involving jarring, twisting, jumping, running or pivoting are not recommended.

Returning to Work

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

Sexual Activities

You may resume sexual relations as soon as you are comfortable with this activity. Remember to follow your hip precautions. The safest position is on your back on the bottom, legs apart. Men may lie on their non-operated side with the operated leg on their partner's thigh. Women may lie on their non-operated side, with the operated leg supported by a pillow. Women should always avoid twisting their leg outwards too far.

Protect Your New Hip Against Infection

Always tell your doctor and dentist that you have had a total hip replacement. Your new joint can get infected by bacteria in your bloodstream at any time, **even years after your surgery**.

Whenever you have any type of surgery or dental work, including routine cleaning, you will need antibiotics to protect your hip from infection. **Let your doctor and dentist know that you have had a total hip replacement.**

If you experience any of the following go immediately to the emergency department:

- Sudden chest pain
- Shortness of breath
- Coughing up blood

Call your family doctor if you have:

- Sudden and extreme hip pain
- Fever over 100.4°F or 38°C
- Increased redness, swelling or drainage around skin incision
- New leg swelling or calf soreness
- Any skin rashes, ulcers or infections
- Infection (i.e. tooth abscess, urinary, vaginal infection). Antibiotics may be ordered to prevent the infection from affecting your hip.
- Prolonged bleeding from cuts and nosebleeds; increased menstrual flow; black tarry stools and red or dark brown urine
- **Call your doctor immediately if you have a serious fall or trauma. There is a high risk of bleeding from your blood thinning medication.**

CCAC & Community Resources

If you live alone, have limited support or live a distance away, please arrange to:

- Have someone stay with you
- Temporarily move into a family member or friend's home
- Access a retirement home for a short stay depending on room availability

Retirement homes offer professional supervision that is not covered by OHIP or most private medical insurances; therefore you would be responsible to pay for the cost of convalescence.

Please contact the retirement home of choice directly a week in advance of your surgery.

- The rooms need to be reserved
- You would need a room approximately four days after the date of your surgery

Retirement Homes for Convalescence - Oakville

Name	Address	Phone
Churchill Place	345 Church Street Oakville, Ontario L6J 7G4	905-338-3311
Sunrise of Oakville	456 Trafalgar Road Oakville, Ontario L6J 3H9	905-377-1145
The Kensington	25 Lakeshore Road West Oakville, Ontario L6K 1C6	905-844-4990
Trafalgar Lodge	299 Rendall Street Oakville, Ontario L6J 4B4	905-842-8408
Vistamere	380 Sherin Drive Oakville, Ontario L6J 4J3	905-847-1413

Retirement Homes for Convalescence - Toronto/Etobicoke

Name	Address	Phone
Central Park Lodges	303 Queens Drive Toronto, Ontario M6L 3C1	416-241-1113
Meadowcroft - Centennial Park Place	25 Centennial Park Road Etobicoke, Ontario M9C 5H1	416-621-2139
The Kingsway	4251 Dundas Street West Etobicoke, Ontario M8X 2Z5	416-236-7575

Retirement Homes for Convalescence - Milton / Georgetown

Name	Address	Phone
Martindale Gardens	45 Martin Street Milton, Ontario L9T 2R1	905-693-8592
Royal On Gordon	1691 Gordon Street Guelph, Ontario N1L 1E1	519-837-3605

Retirement Homes for Convalescence - Mississauga

Name	Address	Phone
Amica at City Centre	380 Princess Royal Drive Mississauga, Ontario L5B 4M9	905-803-8100
Amica at Erin Mills	4620 Kimbermount Avenue Mississauga, Ontario L5M 5L5	905-816-9163
Beechwood Court/Place	1500 Rathburn Road East Mississauga, Ontario L4W 4L7	905-238-0800
Erin Mills Lodge	2132 Dundas St. West Mississauga, Ontario L5K 2K7	905-823-6700
Heritage House	73 King Street West Mississauga, Ontario L5B 1H1	905-279-4800
King Gardens	85 King Street East, Mississauga, Ontario L5A 4G6	905-566-4545
Meadowcroft -Bough Beeches Place	1130 Bough Beeches Blvd Mississauga, Ontario L4W 4G3	905-625-2022
Meadowcroft-Constitution Place	3051 Constitution Blvd. Mississauga, Ontario L4Y 2Z1	905-279-8554
Sunrise of Erin Mills	4046 Erin Mills Parkway Mississauga, Ontario L5L 2W7	905-569-0004
Sunrise Retirement Home	1279 Burnhamthorpe Road East Mississauga, Ontario L4Y 3V7	905-625-1344
Tyndall Estates	1044 Eglinton Ave. East Mississauga, Ontario L4W 3A5	905-624-5027
Wawel Villa	880 Clarkson Road South Mississauga, Ontario L5J 4N4	905-823-3694

Community Resources

Your local Community Care Access Centre (CCAC) can help link you with community services and supports that may be of help to you when you go home.

Mississauga Halton Community Care Access Centre

(905) 855-9090 or 1-877-336-9090
2655 North Sheridan Way
Suite 140 Mississauga, Ontario L5K 2P8

Central West Community Care Access Centre

(905) 796-0040 or 1-888-733-1177
199 County Court Blvd.
Brampton, Ontario L6W 4P3

Toronto Central Community Care Access Centre

(416) 506-9888 or 1-866-243-0061
250 Dundas Street West, Suite 305
Toronto, Ontario M5T 2Z5

Safety Reminders for Home

Remember to follow the 3 basic precautions at all times:

1. Avoid **bending** your hip more than 90 degrees at all times.
2. Do not **twist** on your operated leg. Do not turn your operated hip or leg inwards (internal rotation).
3. Do not **cross** your legs or ankles and avoid putting your legs together when lying or sitting.

The following are unsafe and dangerous actions. **Do not** do the following:

- DO NOT use your walker in the shower/bathtub for support
- DO NOT jump or hop into the bathtub
- DO NOT stand on one foot in the bathtub
- DO NOT use the walker on stairs or carry it up the stairs
- DO NOT carry items in your hands while walking with a walker. This may cause you to tip the walker and fall. Instead, keep both hands on the walker while walking.
- DO NOT try to carry anything hot or that may spill while using a walker or crutches. Try this instead:
 - Use a wheel trolley or cart
 - Slide objects along countertops
 - Pass objects from surface to surface
 - Carry hot liquids in a thermos

Here are some additional methods to maximize safety in your home.

Do the following:

- Consider obtaining a shower chair, grab bar and non-slip bath mat to improve your safety while bathing
- Ensure someone is available to assist you in stepping in and out of the bathtub/shower. (Do not get in by yourself)!
- Sit on a firm surface (bed or chair) while getting dressed. This will prevent you from tiring and will help you maintain your balance.
- Carry items safely by using pockets, knapsacks or a basket/bag attached to your walker. Baskets can be rented from the same location you get your walker.
- Move frequently used items to places that will be easy to reach while using your walker
- Ask questions

