



## Guide to Total Hip Replacement

A hip replacement is a type of surgery to replace damaged parts of the hip with man-made parts. The operation can relieve hip pain and improve movement. It is commonly recommended if you have severe hip damage that interferes with your life, when other treatments have not helped.

### What is a hip replacement?

During hip replacement surgery, damaged bone and cartilage (tissue at the end of the bone that cushions the joint) are removed from the hip joint. These are replaced with metal or plastic parts.

Hip replacement surgery usually takes 2 to 3 hours. You will be given a general anaesthetic, which makes you fully unconscious, or a spinal anaesthetic, which numbs the lower half of your body.

A hip replacement is also known as hip arthroplasty or a total hip replacement.

### When is a hip replacement recommended?

You may be recommend a hip replacement if you have:

- hip pain that has lasted a long time and that makes moving difficult
- the pain has not improved with medications, physical therapy or walking support
- the pain is making it difficult for you to look after yourself and is affecting your daily activities
- you are in pain even when you're resting or in bed

A hip replacement can reduce your pain, improve your mobility and give you a better quality of life.

There might be alternatives, such as continuing with physical therapy, adding new methods of pain relief or trying hip resurfacing therapy.

### Risks and complications of hip replacement surgery

Hip replacement surgery is considered safe and effective. However, complications can include:

- infections
- blood clots
- hip dislocation, especially in the first few months after surgery
- that the artificial hip joint wears out over time
- nerve and blood vessel injury
- continued pain.

### Should I have a hip replacement?

To help you decide, here are some questions you might want to ask your surgeon:

- What are the alternatives to surgery?
- What are the possible complications and how likely are they?
- What can I expect during recovery?
- How much improvement can I realistically expect?



- Will the new hip last all my life?

### **How long will I be in the hospital?**

Generally, 3 to 5 days. Occasionally certain patients may need more time and will be transferred to a rehab facility for another week or two. Also, if being sent directly home from the hospital you may need home help. This will all be discussed while in the hospital.

### **Can I go on flights after my surgery?**

Generally, flying is not allowed until 6 weeks after your surgery, due to the risk of blood clotting.

### **Flu Injection after surgery:**

It is safer to wait for a period of 4-6 weeks post-surgery before having any flu injection.

### **Following surgery**

- You will sit out of bed/mobilise the day of surgery or day 1 post-operatively.
- Weight bearing will be as tolerated, unless otherwise ordered.
- During the first few days after surgery, there is naturally some pain. The anaesthetist will implement the best suited pain relief protocol. If at any time you are experiencing pain, please inform the nursing staff as the doses given can be adjusted to help make you more comfortable. The aim following surgery is to make you comfortable so that you are able to get in and out of bed and that you do the exercises that the physiotherapist has given to you. It is advisable to take pain medication at least half an hour before physiotherapy. It may be necessary to continue with the pain medication after you are discharged home.
- Within 24-48 hours after surgery any drains are removed and the wound is inspected.

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### **Discharge information**

- Your stay in hospital will be approximately 3-5 days long.
- You will be discharged home or to a rehabilitation unit.
- Not everyone goes to rehabilitation. Some people go home to recuperate.
- For patients going directly home with no inpatient rehabilitation prior to your discharge the physiotherapist will show you how to go up and down stairs using the crutches. You will be discharged using crutches or a walking stick. On discharge the physiotherapist will instruct you on the exercises that you need to continue at home. You will need to speak with the physiotherapist if you need to hire equipment for home. The physiotherapist will instruct you on the length of time needed for walking aids. You will be allowed to fully weight bear, unless otherwise instructed.
- We will be provided with an x-ray request form in your discharge pack. You will need to have another x-ray of your pelvis and hip prior to coming to see Dr Chien in his rooms for your 6 week post-operative appointment. This x-ray is so that Dr Chien can check the placement of your prostheses after the operation.
- Pain will take 6 months to maximally improve, but every week will be better. Some patients may take only Panadol/Panadeine by 4 weeks post-surgery. Everybody recovers at vastly different rates; however, so it is best to not compare yourself to others you know who seem to have recovered faster than you. Throughout your recovery, keep elevating your knee, and using ice.



- Upon discharge the nursing staff will give you instructions about the care of your wound and removal of stitches if needed. Your sutures if need be are removed when the wound is healed, usually at 2 weeks after surgery. You should go to the GP 2 weeks after surgery to check your wound. If the wound is well healed, the GP can take the dressing off completely. If not, the GP can change the dressing.
- To reduce the incidence of clots/deep vein thrombosis (DVT) in your lower leg, several things are done. TED (anti embolism) stockings are worn to help decrease the incidence of DVT. These must be worn all day and night, every day for four (4) weeks after surgery. You should only remove them for showering and bathing. You will also receive a daily Aspirin tablet for 4 to 6 weeks from day of or day after surgery. This helps reduce the incidence of DVT. Doing leg and feet exercises while in bed as well as mobilisation (starting from the time instructed by the surgeon), also helps decrease your chances of getting DVT in the lower legs.
- It is very important that you do deep breathing and coughing exercises every hour. This helps improve your circulation and also reduces the chances of you getting any respiratory complications.
- The nurse will come and talk to you on discharge. Following surgery, you will be recommenced on your regular medications. This may not include anti-inflammatory medication or hormone replacement therapy. These medications will recommence when ordered by the doctor. Painkiller prescriptions will be given only if necessary.
- Following joint replacement, constipation is common due to decrease in physical activity, change in dietary habits and pain medication used during and after surgery. Having a high fibre diet and drinking large amounts of fluids will help relieve constipation.
- You will need to be confident on your crutches to be discharged.
- During the period between discharge from hospital and your follow-up visit with Dr Chien it is important that you use your walking aid to assist and protect your new joint, while you aid recovery and circulation by moving around.

### REPORT TO YOUR SURGEON:

Tell your surgeon or local doctor at once if you develop any of the following:

- Increased temperature (fever or chills).
- Calf/ankle swelling, increased pain or tenderness.
- Any bleeding from the incisions.
- Redness around an incision that is spreading or any other sign of infection.
- Nausea or vomiting.
- Worsening flexibility or inability to bend the knee/hip.
- Loss of mobility after a fall.
- Any concern you may have regarding your surgery.

When leaving hospital, you may need to acquire some of the following to assist you safely in your daily activities:

Walking stick, frame, raised toilet seat, shower chair, rails in the bathroom or on steps, easy-reach, Meals on Wheels, home help. Your physiotherapist or the nursing staff can organise the purchase or hire of any of these items. Please ask about them prior to discharge.

### Who do I call after hours and on weekends?





If there are any urgent concerns or questions that you may have during the after office hours (after 5:00pm) or on weekends, please call the hospital where your surgery was performed. For Private Hospital patients ask for the nurse in charge; Public Hospital patients should ask for the Orthopaedic Registrar on call. Every attempt should be made to contact my team during office hours to ensure prompt response and resolution. If there is an emergency please visit the nearest emergency department.

## **CARE TO BE TAKEN AFTER SURGERY**

### **SELF CARE AIDS:**

To help you carry out activities at home independently and safely you may need to temporarily alter the way in which you undertake such tasks as showering, dressing and toileting. The nursing staff and physiotherapist will discuss your home living environment with you and make suggestions for temporary adaptations where necessary.

### **Using the Toilet**

More often than not, your toilet at home will be too low. An over-toilet aid will increase the height of the toilet making it easier for you to get on and off without bending excessively. These can be bought or hired from some chemists. This will be discussed at the clinic. If you are going to a rehabilitation hospital, they can assist you in hiring the necessary equipment.



Adjustable height toilet seat

### **Showering**

Use a shower for washing in preference to a bath. In the recovery period it is not possible to get in and out of a bath safely. If you have a shower recess it is recommended that you shower whilst sitting on a high stool or chair. The installation of a handrail is to be considered. If your shower is over a bath, a bath board can be used providing that the bath is sufficiently deep enough that when you sit on the bath board you do not bend too much. A bath board is a wooden seat that sits across the top of the bath and is used in conjunction with a hand shower. When using a bath board, you do not need to step into and out of the bath. Hiring of bath boards is available through selected outlets; however, it is much safer to shower.



Handheld Shower

### Extra Bathroom hints

To avoid slipping on the wet bathroom floor a good quality suction mat is a worthwhile consideration.

To avoid bending too much a long-handled brush may be useful when washing your feet. A long-handled toe dryer will enable you to dry your toes and the lower part of your legs. Using a soap-mitt, soap on a rope or placing soap into a pair of pantyhose which is tied to the shower taps will help to avoid the disaster of dropping the soap in the shower.



Long handled brush



Long handled toe washer

### Dressing

Always sit down to dress or undress your lower garments such as trousers, underwear, stockings, shoes and socks. Dress the operated leg first, undress the operated leg last. To enable you to pull on heavy lower clothing such as trousers or slacks it may be useful to use 2 bulldog clips with 60 cms of tape tied to each end through the clip holes.

Slip-on shoes are preferable, using a long-handled shoe horn. A reach aid is a very useful item for dressing as well as for other tasks around the house which would otherwise require bending. A magnet attached to a reaching aid is even more useful.



Long handled shoe horn

### Sitting

Avoid low chairs and chairs without arms. When sitting down or standing up, grasp chair arms and keep operated leg in front.

### Getting into bed

1. Sit down on the bed bottom first
2. Slide bottom backwards into the bed
3. Pivot and lift legs carefully onto the bed
4. Reverse the procedure to get out of bed Assistance or equipment may be required to complete this task.



### Getting into a car

1. Ensure the front passenger seat is adjusted to provide enough space
2. Holding the door frame, sit down on seat facing away from the car
3. Slide bottom backwards in direction of the driver's seat
4. Leaning back, swivel legs into car without crossing legs
5. Reverse the procedure to get out of the car

Tip: A plastic bag on the seat may assist with swinging legs into the car. A firm cushion can be used to raise the seat height.

For personal safety and insurance purposes, it is extremely important to gain medical clearance prior to returning to driving.

### Picking items up from the floor

Long handled reaching aids or BBQ tongs may be useful to retrieve items safely without bending past 90 degrees.

### Sexual activity

Sexual activity may be recommenced once the wound is well healed. Adopt positions that protect the hip and maintain all recommended hip precautions.

### Returning to work

It is important that patients and their employers understand what work tasks will be safe on returning to the workplace. Returning to work should be discussed with the surgeon and the GP. It is best to ease back to normal work activities after receiving advice from a medical professional.





## Total Hip Replacement Exercise Guide

Regular exercise to restore strength and mobility to your hip and a gradual return to everyday activities are important for your full recovery after hip replacement. Your physiotherapist may recommend that you exercise for 20 to 30 minutes, 2 or 3 times a day during your early recovery. They may suggest some of the exercises shown below.

This guide can help you better understand your exercise and activity program, supervised by your physical therapist and orthopaedic surgeon. To ensure your safe recovery, be sure to check with your therapist or surgeon before performing any of the exercises shown.

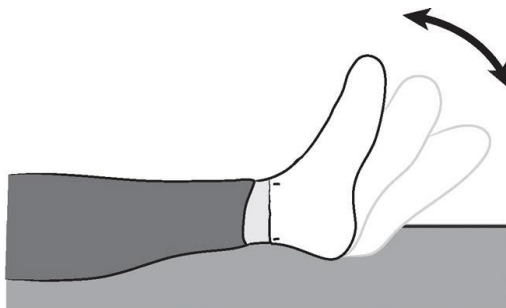
### Early Postoperative Exercises

The following exercises will help increase circulation to your legs and feet, which is important for preventing blood clots. They will also help strengthen your muscles and improve hip movement.

Start the exercises as soon as you are able. You can begin them in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will help speed your recovery and actually diminish your postoperative pain.

#### *Ankle Pumps*

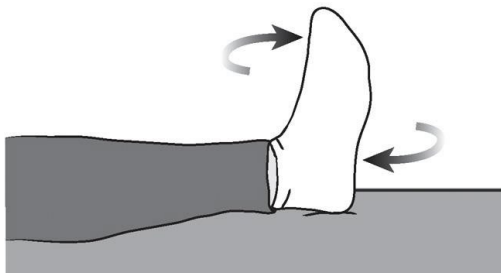
Slowly push your foot up and down. Repeat this exercise several times, as often as every 5 or 10 minutes.



Begin this exercise immediately after surgery and continue it until you are fully recovered.

#### *Ankle Rotations*

Move your ankle inward toward your other foot and then outward away from your other foot.



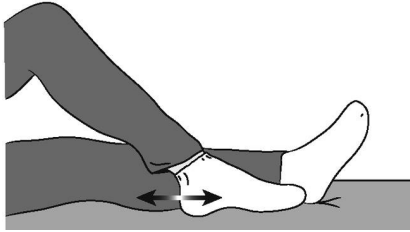
Repeat 5 times in each direction.

Do 3 or 4 sessions a day.



### *Bed-Supported Knee Bends*

Slide your foot toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten.

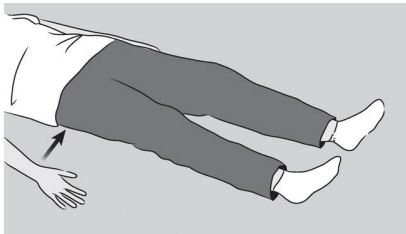


Repeat 10 times.

Do 3 or 4 sessions a day.

### *Buttock Contractions*

Tighten your buttock muscles and hold to a count of 5.

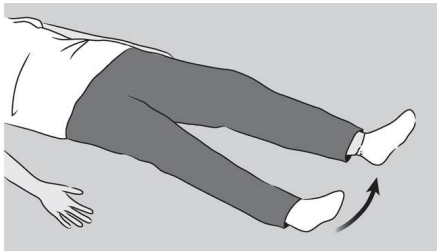


Repeat 10 times.

Do 3 or 4 sessions a day.

### *Abduction Exercise*

Slide your leg out to the side as far as you can and then back.

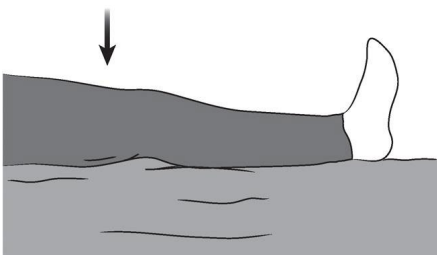


Repeat 10 times.

Do 3 or 4 sessions a day

### *Quadriceps Set*

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.



Repeat this exercise 10 times during a 10-minute period, rest one minute and repeat.

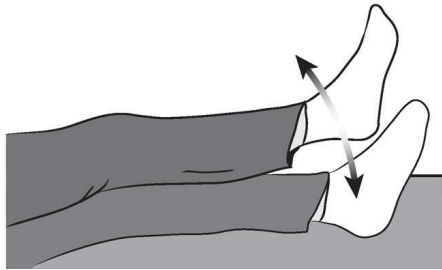
Continue until your thigh feels fatigued.





### *Straight Leg Raises*

Tighten your thigh muscle with your knee fully straightened on the bed. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower.

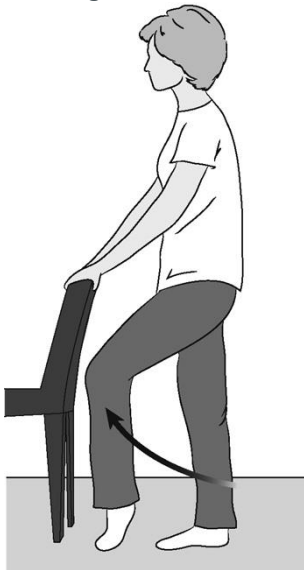


Repeat until your thigh feels fatigued.

### *Standing Exercises*

Soon after your surgery, you will be out of bed and able to stand. You will require help at first but, as you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding on to a firm surface such as a bar attached to your bed or a wall.

### *Standing Knee Raises*



Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts and put your leg down.

Repeat 10 times.

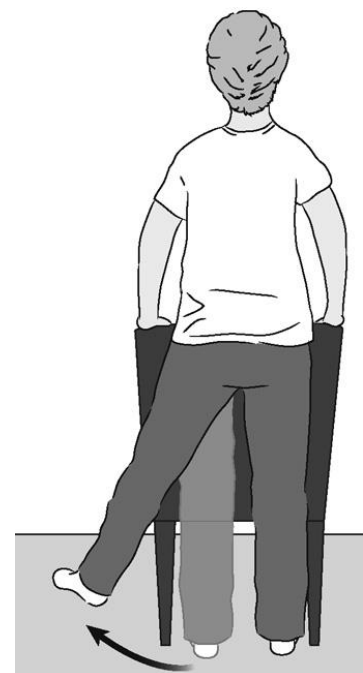
Do 3 or 4 sessions a day.

### *Standing Hip Abduction*

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor.

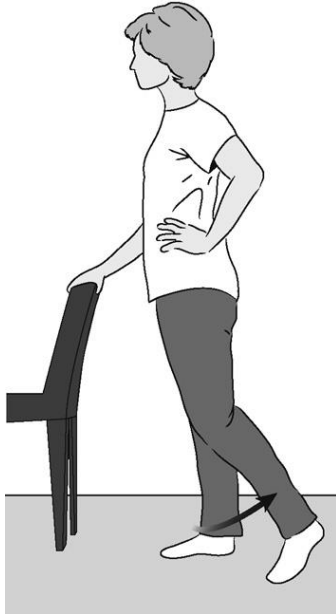
Repeat 10 times.

Do 3 or 4 sessions a day.





### *Standing Hip Extensions*



Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts. Return your foot to the floor.

Repeat 10 times.

Do 3 or 4 sessions a day.

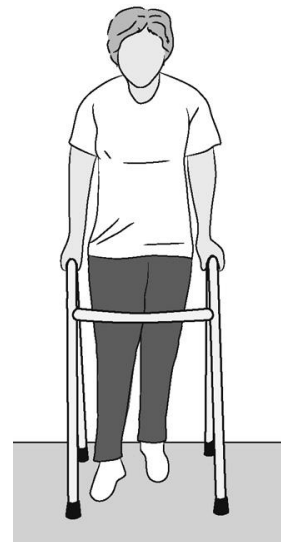
### *Early Activity*

Soon after surgery, you will begin to walk short distances in your hospital room and perform light everyday activities. This early activity aids your recovery and helps your hip regain its strength and movement.

### *Walking*

Proper walking is the best way to help your hip recover. At first, you will walk with a walker or crutches. Your surgeon or therapist will tell you how much weight to put on your leg.

Stand comfortably and erect with your weight evenly balanced on your walker or crutches. Advance your walker or crutches a short distance; then reach forward with your operated leg with your knee straightened so the heel of your foot touches the floor first. As you move forward, your knee and ankle will bend and your entire foot will rest evenly on the floor. As you complete the step, your toe will lift off the floor and your knee and hip will bend so that you can reach forward for your next step. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor.



Walk as rhythmically and smoothly as you can. Don't hurry. Adjust the length of your step and speed as necessary to walk with an even pattern. As your muscle strength and endurance improve, you may spend more time walking. You will gradually put more weight on your leg. You may use a cane in the hand opposite your surgery and, eventually, walk without an aid.

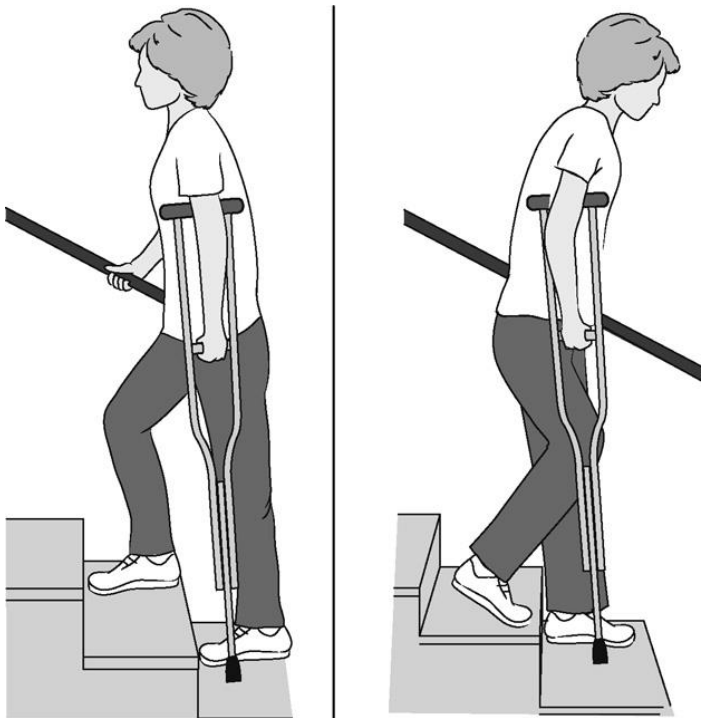
When you can walk and stand for more than 10 minutes and your leg is strong enough so that you are not carrying any weight on your walker or crutches, you can begin using a single crutch or cane. Hold the aid in the hand opposite the side of your surgery.



### *Stair Climbing and Descending*

The ability to go up and down stairs requires both strength and flexibility. At first, you will need a handrail for support and will be able to go only one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember, "up with the good" and "down with the bad." You may want to have someone help you until you have regained most of your strength and mobility.

Stair climbing is an excellent strengthening and endurance activity. Do not try to climb steps higher than the standard height (7 inches) and always use a handrail for balance. As you become stronger and more mobile, you can begin to climb stairs foot over foot.



### **Advanced Exercises and Activities**

The pain from your hip problems before your surgery and the pain and swelling after surgery have weakened your hip muscles. A full recovery will take many months. The following exercises and activities will help your hip muscles recover fully.

These exercises should be done in 10 repetitions, 4 times a day. Place one end of the tubing around the ankle of your operated leg and attach the opposite end of the tubing to a stationary object such as a locked door or heavy furniture. Hold on to a chair or bar for balance.



***Elastic Tube Exercises***

***Resisted Hip Flexion***

Stand with your feet slightly apart. Bring your operated leg forward keeping the knee straight. Allow your leg to return to its previous position.



***Resisted Hip Abduction***



Stand sideways from the door to which the tubing is attached and extend your operated leg out to the side. Allow your leg to return to its previous position.



### *Resistive Hip Extensions*

Face the door to which the tubing is attached and pull your leg straight back. Allow your leg to return to its previous position.

### *Stationary cycling*

Stationary cycling is an excellent activity to help you regain muscle strength and hip mobility.

At first, adjust the seat height so that the bottom of your foot just touches the pedal with your knee almost straight. Pedal backwards at first. Ride forward only after a comfortable cycling motion is possible backwards.

As you become stronger (at about 4 to 6 weeks) slowly increase the tension on the exercycle. Exercycle for 10 to 15 minutes twice a day, gradually building up to 20 to 30 minutes, 3 or 4 times a week.

### *Walking*

Walk with a cane until you have regained your balance skills. In the beginning, walk for 5 or 10 minutes, 3 or 4 times a day. As your strength and endurance improve, you can walk for 20 to 30 minutes, 2 or 3 times a day. Once you have fully recovered, regular walks of 20 to 30 minutes, 3 or 4 times a week, will help maintain your strength.

