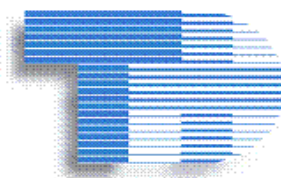


# Total Hip *Replacement*

Timmins and District  
Hospital

Please bring this book to all your appointments

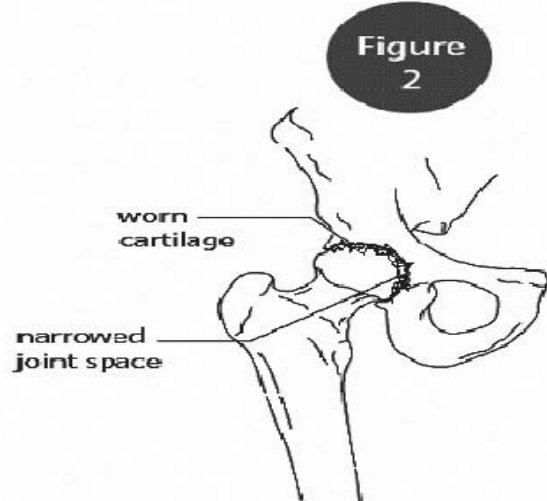
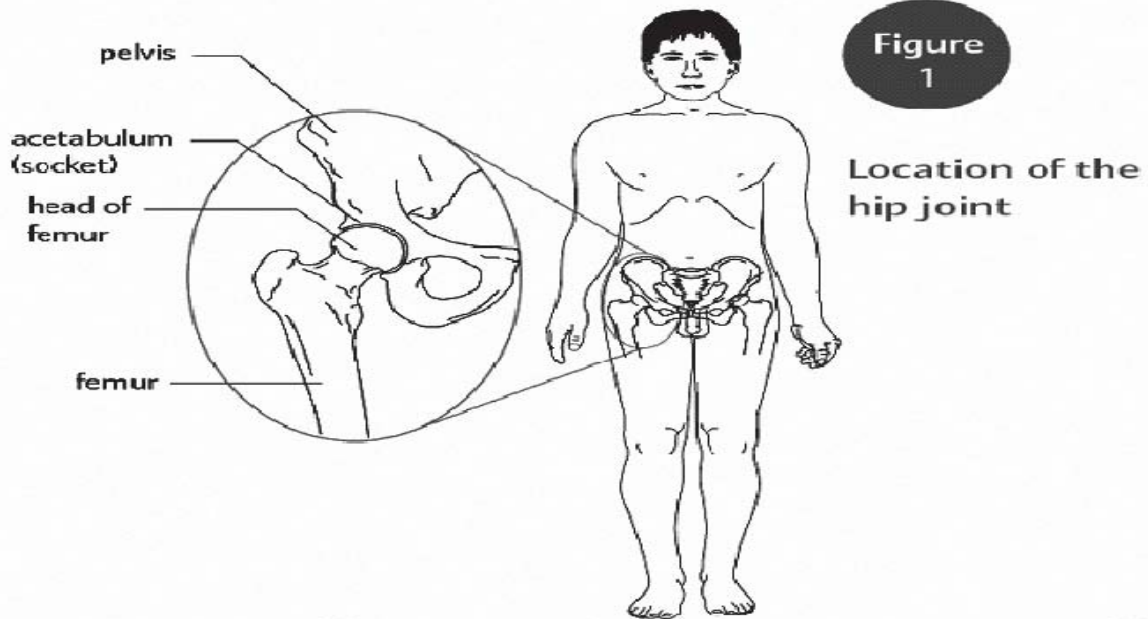




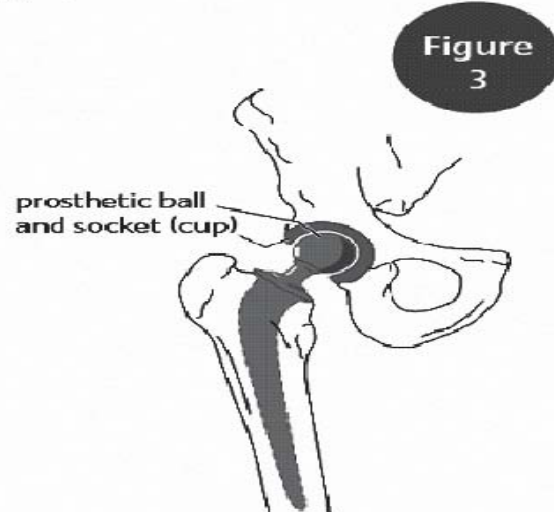
# What is a Total Hip Replacement (THR)?

- A Total Hip Replacement (THR) is an operation that replaces a hip joint that has been damaged. The joint is replaced with an artificial hip joint called a prosthesis.
- Your hip is a ball-and-socket joint where the thighbone or femur (ball) meets the pelvis (socket). This joint is surrounded by cartilage, muscles, and ligaments that allow it to move smoothly. The cartilage is a smooth, shock-absorbing layer that covers the bones and allows the ball to glide easily inside the socket (figure 1).
- In a problem hip, the worn cartilage no longer serves as a cushion and exposes the underlying bone (figure 2). This causes roughening of the bones and they rub together like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness. The affected leg may become shortened, muscles may become weaker and a limp may develop.

# Total Hip *Replacement*



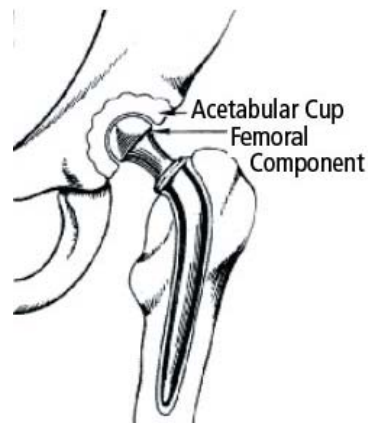
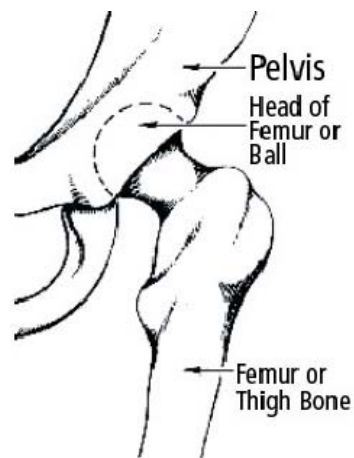
A hip joint affected by arthritis



A hip joint after total hip replacement

# Total Hip *Replacement*

- Like your own hip, the prosthesis is made of a ball and socket that fit together to form a smooth joint, so you can walk easily and with less pain. A THR replaces the worn head of the thighbone with an artificial ball on a stem, and an artificial cup replaces the worn socket. The stem is inserted into the thigh bone for stability.





# Total Hip *Replacement*

## **Get in shape for surgery:**

- The physical preparations you make can affect both the outcome of the surgery and your recovery time. Most of these suggestions are common sense, although some may surprise you.
- If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing and slows recovery.
- If you drink, don't have any alcohol for at least 48 hours before surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Eat well. If you are overweight, your doctor may recommend a weight loss program.

## **Plan ahead for your homecoming:**

- Your surgeon will determine how long you will be in hospital. Your stay will be approximately 4 days in hospital. The team will decide whether your rehabilitation therapy will be in your home or out patient setting.
- Your surgeon may order you a blood thinner on discharge to help prevent the formation of blood clots during the recovery period (note: there may be a cost involved with this so please check with your insurance company or physician to see if this will be covered).

## **You will be ready for discharge when:**

- your wound looks like it is healing well
- you are able to get to the bathroom
- you are able to get around with a walker, cane or crutches
- you are able to manage stairs if you have them



# Recovering from Joint Replacement:

- Recovering from joint replacement surgery takes time. But you can take steps now that will help make your recovery easier and faster. Planning ahead is the key to minimizing stress and optimizing your outcome.
- Arrange for someone to take you home.
- Create clear pathways for walking inside and outside.
- If you do the cooking, make double batches of everything for a week or two before your surgery. Freeze half, and you'll have two weeks of ready-made meals when you get home. Or stock up on ready-made foods that you enjoy.
- While you're in the kitchen (and in other rooms as well), place items you use regularly at arm level so you don't have to reach up or bend down.
- Arrange to have help with housework (i.e. vacuuming).
- If possible, borrow a walker or a pair of crutches and see how well you can maneuver through your home. You may need to rearrange furniture or temporarily change rooms (make the living room your bedroom, for example).
- If you are using a cane, crutches or walker, check the rubber tips and replace if worn.
- Use nightlights, especially between your bedroom and bathroom.
- Remove any throw or area rugs that could cause you to slip.
- Remove or tie up long telephone cords and/or electrical cords.
- Consider modifying your bathroom to include a shower chair or bench, grab bar, or raised toilet seat.
- Wear footwear with adequate support and non-slip soles.
- Set up a "recovery center" where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach.
- If you do not already have a parking permit for accessible parking, you may want to apply for a temporary permit several weeks prior to your surgery. Contact the Ministry of Transportation (1-800 268-4686) or [www.mto.gov.on.ca](http://www.mto.gov.on.ca) for an application.



# List of Vendors of Rehabilitation Equipment

- Shop for the things that will make your life easier after surgery. Your list might include a long-handled shoehorn, a long-handled sponge, a reacher, a big-pocket shirt, apron or soft shoulder bag for carrying things around. Some of these things are available at:

- **Medichair**

- 219 Wilson Avenue
- Timmins, Ontario
- 705 264-2299
- 888 449-2727

- **Motion Specialties**

- 77 Waterloo Road
- Timmins, Ontario
- 705 360-1941

- **Shoppers Home Health Care**

- 4-681 Algonquin Boulevard
- Timmins, Ontario
- 705 268-6893
- 866 988-0838

- Equipment may also be available at your local pharmacies.
- If you are from out of town, please check your telephone directory for locations nearest you.



## Day before your surgery

- The 24 hours before your surgery will be busy. Use this checklist to make sure you don't forget anything.
- Take a shower or bath the night before your surgery. Give your affected leg extra scrubbing. This will help reduce the risk of infection.
- Do not shave the area of the surgery. If this is necessary, the doctor will take care of it.
- Do not wear any make-up, lipstick, nail polish or body piercing items.
- Do not eat or drink anything after midnight the night before surgery.
- Do bring a hospital bag. Some of the items you should include are:
  - Non-skid shoes big enough to allow for swelling
  - A knee-length robe or gown
  - Shorts or loose fitting jogging pants
  - Walker, cane(s) or crutches if you have them (with your name label on it)
  - Copies of your insurance cards, Health Card, Status Card, advance medical directives and medical history
  - All medications, including herbal medication in their original containers
  - Personal care items such as a hair brush, denture case, tooth brush, tooth paste, soap, eyeglass case, contact lens case
  - Leave your cash, credit cards and jewelry at home
  - Ortho cushion, reacher



## **Morning of your surgery:**

- You will arrive to the hospital at a designated time.
- You will be prepared for surgery in Day Surgery.
- The nurse will assess and review your preparation.
- Before surgery, the nurse will start an intravenous and administer an antibiotic as a precautionary measure.

## **Following your surgery:**

- You will wake up in the Recovery Room where you will stay until you are awake and medically stable.
- You will be checked often by the nurse to make sure that you are comfortable and doing well. The nurse will monitor your ability to move your legs, wiggle your toes and feel sensation in your legs and feet. Your heart rate, blood pressure and hip dressing will also be checked.
- You will be reminded to deep breathe and cough and do your leg and ankle exercises. Try to remember to do these every hour. It will help prevent complications.
- Your family can visit with you when you are transferred to your in-patient bed, 3 to 4 hours after the start of your surgery.
- You will be getting out of bed with help on the first day after surgery.

# Learning to Move

## Weight Bearing

- Weight bearing is the amount of weight that the doctor wants you to put on your new hip. Your surgeon will determine how much weight to put on your operated leg.
- Feather or touch weight bearing – Your operated leg touches the floor enough to help you balance. Do not put any weight on it.
- Partial weight bearing – Only a certain amount of weight can be put on your operated leg. Your physiotherapist will help you learn how much.
- Weight Bearing as Tolerated- Stand as straight as you can with your weight evenly through your legs. You are allowed to put as much weight (on your operated leg), as you feel comfortable with.
- Full weight bearing - You can put full weight, or as much as you can tolerate when standing or walking.

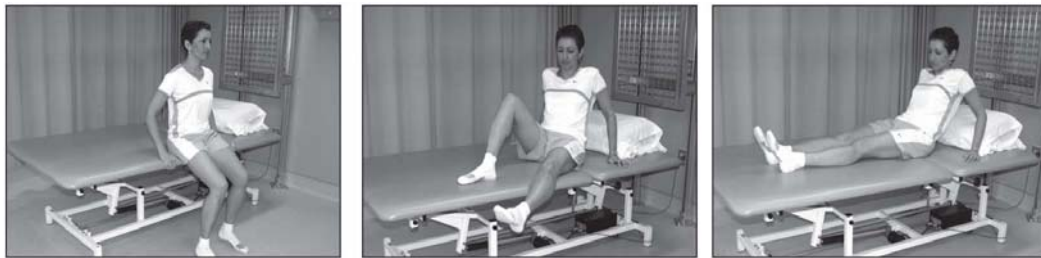


## Lying down

- Your nurse or physiotherapist will show you how to safely turn in bed.

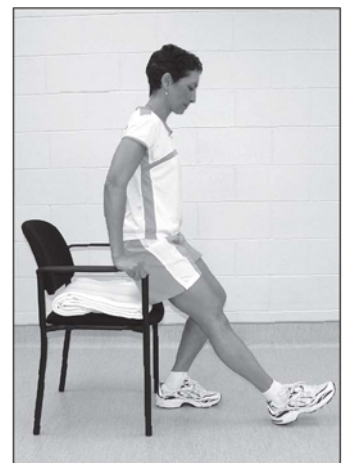
## Getting in and out of bed

- Sit down on the bed in the same manner as you would sit in on a chair.
- Slide your buttocks backward until your knees are on the bed.
- Pivot on your buttocks as you lift your legs onto the bed.
- Use a pillow to keep your legs apart when lying in bed.
- Reverse the procedure to get out of bed.



## Standing up:

- Move your buttocks to the edge of the bed or chair so that your feet are flat on the floor.
- Bend your non-operated leg under you to hold your body weight.
- Keep your operated leg straight out in front of you.
- Do not bend forward.
- With your hands, push off the surface you are sitting on and put most of your weight on your non-operated leg.

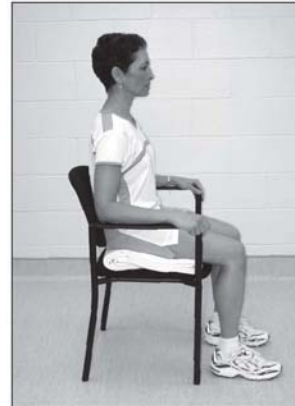
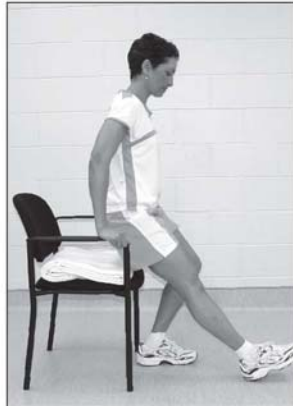
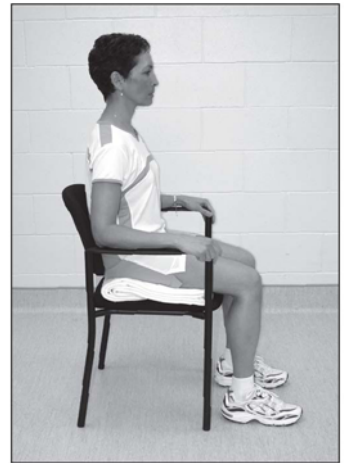


## Sitting down:

- Sit on a firm, straight back chair with arm rests.
- Sit in chairs higher than knee height.
- Do not sit on soft chairs, rocking chairs, sofas or stools.

## To sit down:

- Feel for the chair or bed with the back of your legs and reach for the armrests.
- Lower yourself down keeping the operated leg straight out taking the weight on your good leg.
- Do not bend forward.



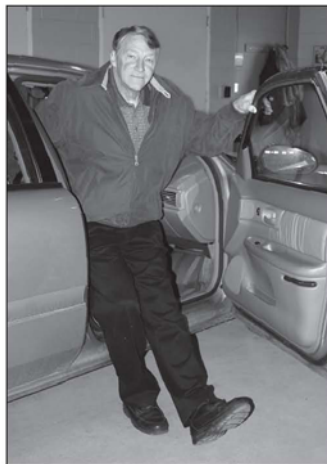
## Using a Walker or Crutches:

- Stand up tall and look ahead while you walk.
- Move the walker or crutches forward first followed by your operated leg. Then move your good leg forward.
- Put your weight on the walker or crutches to take the weight off your operated leg when you step onto it. Follow your own weight bearing instructions when using a walker or crutches.



## Getting into a car

- Move the seat back as far as it goes, and recline it slightly. Reclining the back of your seat will help you keep your operated hip straight when bringing your legs into the car.
- Back up close to the seat and place one hand on the back of the seat and one hand on the dashboard for support. Do not hold on to the door.
- Sit down slowly keeping your operated leg straight.
- Slide back as far as you can go. Swing your legs in, bending your knee to a comfortable position.

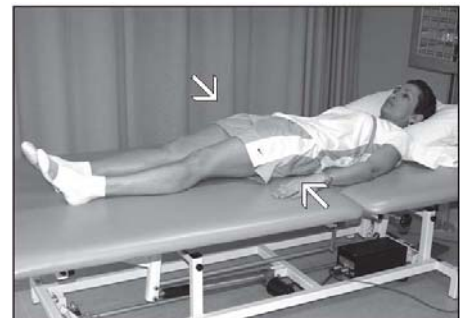


- *Tips: Adding a firm cushion on the seat will also help you keep your operated hip straight and will help you get in and out of the car easier. You can also put a plastic bag on the seat to help you move easier.*

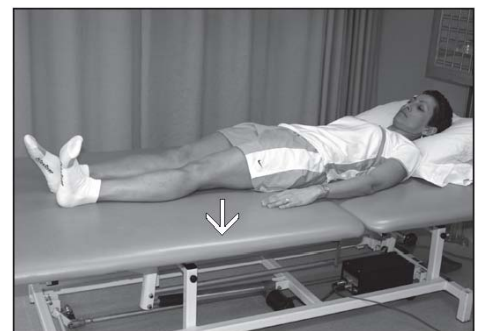
# Immediate Postoperative Exercises

- You may begin the following exercises immediately after your surgery, as they are important for:
  - Helping to prevent complications with your breathing
  - Helping to prevent blood clots in your legs
  - Increasing your circulation, range of motion and strength in your legs
- 
- **1. Deep Breathing and Coughing Exercises**
  - Until you are up and moving well, take at least 10 deep breaths, followed by a cough, every hour that you are awake.
- 
- **2. Ankle Pumping**
  - Move your feet up, down and in circles. Repeat 50 times every hour that you are awake.

- **3. Buttock Contractions**
- Tighten your buttock muscle and hold for a count of 5 seconds. Repeat 5 to 10 times, 3 to 4 times each day.



- **4. Static Quadriceps Strengthening**
- Tighten the muscle on the front of your thigh by pressing your operated leg into the bed.



# Postoperative Exercises:

- The following exercises will help you to restore normal hip range of motion and strength and improve your recovery.

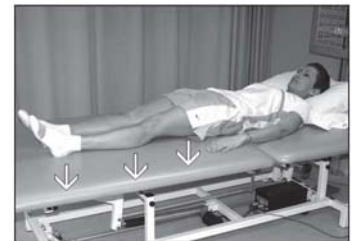
## ■ 1. Hip and Knee Bending

- Lie with the head of the bed slightly up, wrap a towel under your operated leg. Pull up on the towel to slide your heel towards your buttocks. Keep your heel on the bed.



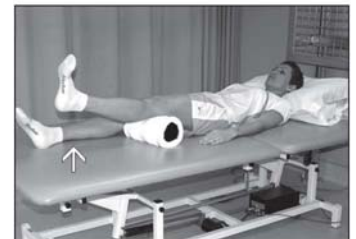
## ■ 2. Isometric Hamstrings

- Press your whole operated leg into the bed. Feel the muscles in the back of your operated leg tighten.



## ■ 3. Quadriceps Strengthening

- With a towel roll under the knee of the operated leg, lift your heel off the bed. Make sure that your knee does not come off the roll.



## ■ 4. Hip Abduction

- Slide the operated leg sideways in bed, keeping your leg pressed on the bed. Keep the kneecap and toes pointing up to the ceiling. Always keep your legs apart.



## ■ 5. Abdominal Activation

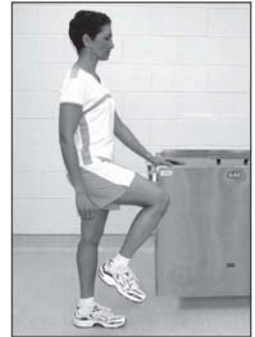
- While you are lying in bed on your back, lift your head slightly and tighten your stomach muscles so that your belly button moves down toward your spine.



## Exercises Continued

### ■ 6. Standing Hip Bending

- Stand with support for balance; bend your operated hip by bringing your knee towards your chest. Do not go beyond a 90 degree bend.



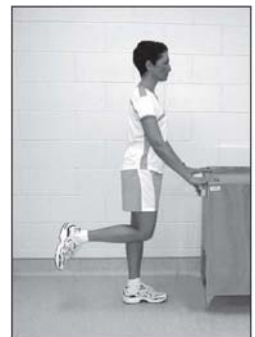
### ■ 7. Standing Hip Abduction

- Stand with support for balance; lift your operated leg out to the side while standing tall. Keep your hips level. Keep your upper body straight and toes pointing forward. Slowly return leg to the starting position.



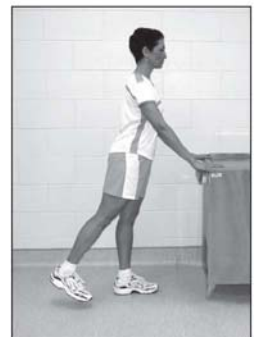
### ■ 8. Hamstring Curls

- Stand with support for balance; bend the heel of the operated leg towards your buttock. Keep your thighs level with each other. Slowly return leg to the starting position.



### ■ 9. Standing Hip Abduction

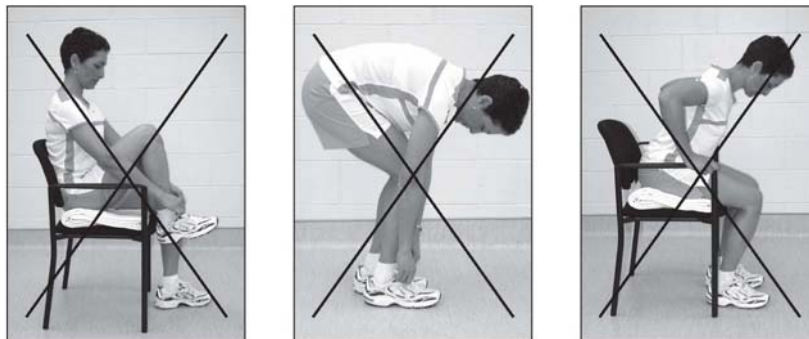
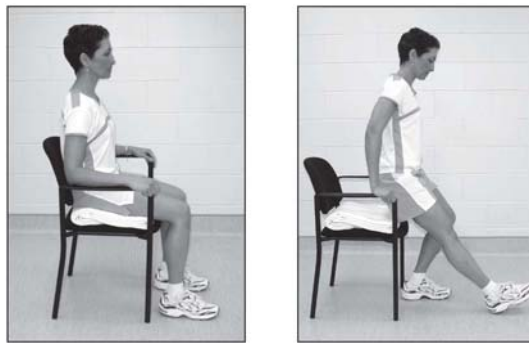
- Standing with your hands at your side holding something for support, lift your operated leg backwards, keeping your knee straight. It is important to remain standing up tall.



## Preventing Complications

- Deep breathing and coughing are things that you can do to prevent pneumonia and congestion in your lungs. The nurses will remind you to do this.
- Your surgeon usually will start you on a blood thinner (anticoagulant) to prevent clots from forming in your legs. These anticoagulants may continue after you are discharged from hospital. Doing the ankle pumping exercises, wearing compression stockings and walking as soon as possible are also things that you can do to prevent clots from forming in your legs.
- **To prevent your new hip from dislocating before the muscles have healed please adhere to the following restriction for 6 weeks after surgery:**
- Avoid bending past 90 degrees:

Right



Wrong

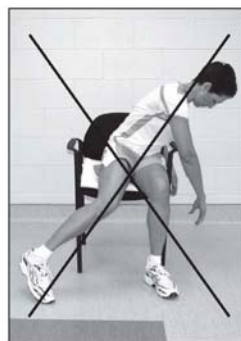
## Preventing Complications Continued

- Avoid twisting your leg in or out:

Right



Wrong

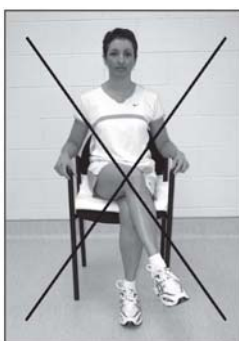


- Avoid crossing your legs:

Right



Wrong

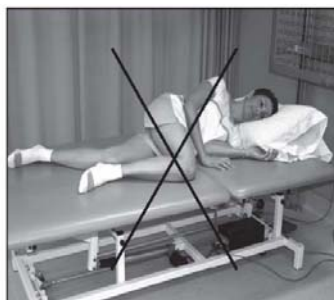


- Always keep a pillow between your knees while lying:

Right



Wrong



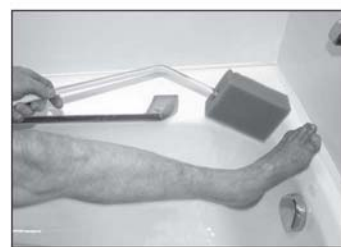
# Looking After Yourself at Home

## Adaptive Equipment

- **Bath Bench:** extends over the side of the tub to help you bathe safely and maintain precautions. Place the bath seat in the tub or shower and elevate to the appropriate height.



- **Long-handled Bath Sponge:** to assist you with washing your lower legs and feet. The long-handled bath sponge is useful to avoid bending. You can also wrap a towel around the sponge to help with drying off.



- **Raised Toilet Seat:** To use on your toilet at home to reduce stress on your hips and knees.



- **Seat Cushion:** may be needed on a chair to elevate the seat to the appropriate height so your feet are flat on the floor and your knees are in line with your hips.



- **Reacher:** to help pick up dropped items.



- **Sock Aide:** used to put on socks.



## Adaptive Equipment Continued

- **Long-handled Shoehorn:** the handle on this shoehorn has been extended to avoid bending when putting your shoes on. Place the shoehorn inside the back of your shoe and push your heel down into the shoe.
- **Elastic Shoelaces:** these rubber/rayon laces provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.



## Daily Activity Guidelines

- Below are some guidelines to make your daily activities easier and safer by using the adaptive equipment mentioned.
- **Bathing/Showering:**
  - Use long-handled bath sponge and hand held showerhead to wash your legs and feet.
  - Your therapist will show you how to use a bath bench or chair in the bathtub or shower stall.
  - Use a rubber bath mat and/or grab bars for support and safety when you get in and out of the tub.
- **Toileting:**
  - Use a raised toilet seat at or above knee height.
  - Sit by using the proper seating technique described earlier.
  - Do not twist your trunk to wipe, instead reach behind.



# Lower Body Dressing: Underwear, Socks and Shoes

## ■ **Helpful Hints:**

- Gather your socks and shoes, dressing aids, and walker. Place them within easy reach.
- Sit on a high firm chair.
- Wear proper fitting comfortable clothing.
- Always dress your operated leg first.

## ■ **How to put clothes on:**

- Lay out your skirt, pants, or underwear as you normally would.
- Sit down. Use the reacher to pinch the waist of the garment.
- Lower the garment to the floor. First, slip it over the operated leg. Then slip it over the other leg.
- Use the reacher to pull the garment up and over your knees.
- Stand up, with your walker in front of you. Be sure to keep your balance.
- Pull the garment up over your hips.
- Sit down to button or zip the garment.

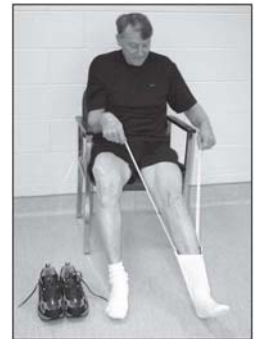
## ■ **How to Take Clothes Off:**

- Sit down to unbutton or unzip your garment.
- Stand up, with your walker in front of you. Be sure to keep your balance.
- Pull the garment down over your hips.
- Then push the garment down and over your knees.
- Sit down.
- Lower the garment to the floor using your reacher. Slip it over your unaffected leg first. Then slip it over your operated leg.



## **Socks:**

- Place the sock aid into your sock or stocking.
- Make sure the heel of your sock is at the back of the sock aid.
- Hold the sock aid by the straps with both hands. First, start with the foot of the operated leg. While holding the straps, drop the sock aid to the floor in front of the foot on your weaker leg.
- Slip your foot into the sock aid. Then pull on the strap to pull the sock aid onto your foot. Pull until the sock is up your leg. Keep pulling until the sock aid comes out of your sock.
- Follow the same steps to put a sock on the other foot.



## **To Remove Socks:**

- Hold your reacher. Slide or push down your sock along the back of your leg or heel.
- Use your reacher to pick up your socks from the floor.



## **Shoes:**

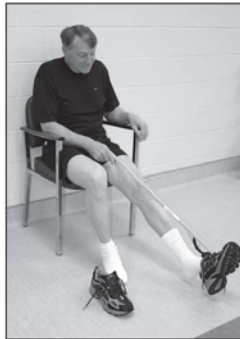
- Your leg, ankle and foot will be swollen. Please bring shoes that will be able to accommodate for these changes. Elastic shoelaces will make tying your shoes unnecessary.

## **To Put Shoes On:**

- With your reacher, pinch the tongue of the shoe.
- Then use the reacher to line up the shoe with your toes. Slide your foot into the shoe. You may want to use a long-handled shoe horn in the back of your shoe.

## To Take Shoes Off:

- Use your reacher, or long-handled shoe horn to push your shoe off from your heel.
- *Note: Your therapist may tell you other ways to dress and undress, based on your needs.*



## ■ Exercise:

- Continue with your exercise program at home as instructed.
- Keep exercise times short, but frequent.
- Do not sit for more than one hour without standing or stretching.
- Put a pillow between your legs when lying on your side.

## ■ Preventing Falls:

- Wear non-skid supportive shoes. Shoes that lace up are good.
- Keep your home free of clutter so that it is easy to move around furniture. There should be no scatter rugs.
- Keep your home well lit. Night-lights should be used especially if you go to the bathroom at night.
- Plan ahead before moving. Concentrate on walking.
- Do not lean on furniture; use safe objects for support.



# Problems to Watch for at Home

- **Constipation:**

- Because the surgery will make you less active, it is easy to become constipated while in hospital. Your pain medications can also make you constipated. A gentle laxative could help with this. Other things that you can do to help are to drink plenty of fluids, include fibre in your diet, eat lots of fruits and vegetables, and maintain regular exercise.

- **Skin:**

- Lying in bed puts pressure on parts of your body that are not used to taking pressure for any length of time - buttocks, ankles, elbows, shoulders or ears. The first signs of pressure sores are burning, redness or pain. The best way to prevent skin problems is to move around and avoid lying in bed for long periods of time.

- **Incision Care/Staple Removal:**

- As your incision heals, the staples in your incision will need to be removed 12 to 14 days after your surgery. This will be done either in the surgeon's clinic, your family doctor's office or in your home by a nurse.

- **Keep Wound Clean and Dry:**

- Eating nutritious food will speed healing. Watch for signs of infection:
- Increased redness and warmth around the incision
- Swelling or puffiness
- Drainage from the incision
- Increased pain
- Fever
- If you have any of these signs, tell your doctor and health professional right away. Bacteria in your blood can get into your new hip and cause infection. You must have any infection treated right away.
- Tell your dentist or other doctors that you have had a hip replacement. Your doctors may decide that you need antibiotics before some treatments or dental work.



# Basic Rules to Follow for 6 Weeks After Your Surgery

- Follow the instructions given about weight bearing when walking. Your physiotherapist will let you know how much weight your doctor wants you to put on your leg.
- Sit on high, firm chairs only. You will need to make sure you have a high firm chair at home to sit on after surgery.
- Use tools to help you like a walker, canes and crutches, reaching devices and bathing and dressing aids.

## ■ Your Notes:

- This booklet was developed by Raphael Delli Quadri Advanced Practice Physiotherapist and adapted from resources provided by Thunder Bay Regional Health Science Centre.

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