GRACE
HOSPITAL

Total Hip Joint Replacement

A publication in collaboration with:

Grace Orthopaedic Centre
MUSCULOSKELETAL SURGERY AND MEDICINE

Physio @ Grace

This information booklet will help you, your family and friends prepare for your surgery.
It will also help you to plan for your hospital stay and explain how to take care of yourself in the weeks following discharge.

Grace Hospital Phone: 07 577 5270

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Patient check list for Day of Surgery

Blood tests completed ☐

Surgisponge shower ☐

Betadine nasal swabs ☐

Pre-op drink ☐

Nil by mouth instructions followed ☐

Specify Medication Instructions (Completed by Pre Assessment Nurse)

Day and date of surgery_____

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Introduction

The Hip Joint

The hip joint is a weight bearing ball and socket joint comprising of two parts. The first part is the head (ball) of the **femur** (thighbone) and the second part is the **acetabulum** (socket) in the pelvis.

In a healthy hip, smooth cartilage covers the head (ball) of the femur and the socket. The cartilage acts as a cushion and allows the ball to glide easily inside the socket. The surrounding muscles support the joint, allowing it to move freely.

Arthritis is the most common cause of chronic hip pain and disability. It can present in different forms including Osteoarthritis, Rheumatoid Arthritis, and post Traumatic Arthritis. The most common cause of deterioration of the hip joint is osteoarthritis. This condition causes the cartilage to become damaged and worn, allowing the bones within the joint to rub together. Movement of the joint causes the ball to grind into the socket, causing the bone ends to become roughened and irregular. This causes pain and stiffness.

Other conditions that can damage the hip joint to the extent that it requires replacement include rheumatoid arthritis (inflammatory arthritis) and hip fractures (particularly in the elderly).

Hip Joint Replacement surgery

Your Surgeon will assess the need for a hip replacement, taking into account medical history, life-style, physical examination and x-rays of the damaged hip(s). A hip replacement is a major operation and there are many things to consider before deciding upon surgery. Your Surgeon will discuss the benefits and risks of the surgery.

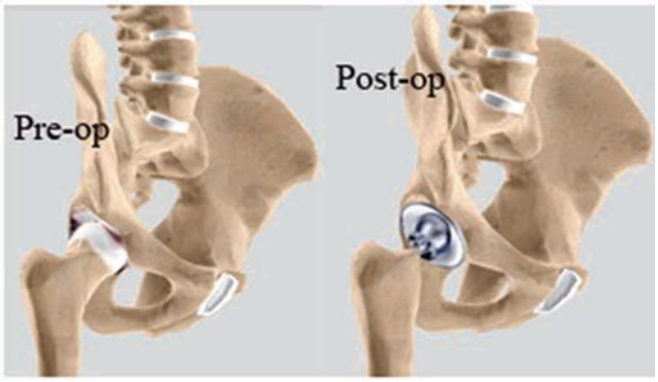
The surgery

A hip replacement operation can be performed using either spinal or general anaesthetic. This will be discussed with your Anaesthetist prior to surgery and a decision made as to which anaesthetic is appropriate.

The artificial hip joint (prosthesis) consists of a ball and stem (the femoral component) and a socket (the acetabular component). There are different types of prostheses made of various metals (e.g.: stainless steel, chrome, titanium), ceramics, plastic, or a combination of these. The two components of the prosthesis fit together to form a smooth joint. Some prostheses are “cemented” into place using acrylic bone cement. Others do not require cement and rely on bone growing onto the prosthesis to anchor them into place.

Surgery begins with an incision being made just behind the hip joint that is to be replaced. The muscles that support the hip joint are retracted and the damaged ball of the hip joint is cut from the top of the femur. The femoral component of the prosthesis is inserted into the femur and the acetabular component of the prosthesis is inserted into the prepared socket area in the pelvic bone. The artificial ball and socket are then fitted together.

Antibiotics are usually given during and after the operation to reduce the risk of infection in the new joint. A blood transfusion may also be required. This will be discussed by your Surgeon prior to surgery.



Complications

There is a possibility of complications after any type of surgery. Below is a list of complications that can occur following hip joint replacement surgery

Infection

- Superficial infection which affects the outer layers of the wound and usually heals without any treatment or a short course of oral antibiotics.
- Deep infection is when the deeper layers of the wound are involved. This can occur in <1% of patients. This usually necessitates further surgery and may require removal of the artificial joint so that the infection can be treated with antibiotics.

Blood clots
Blood clots can occur in patients undergoing surgery on their legs. Most patients don't know they have a clot, but some patients will develop pain in the calf, swelling of the leg and occasionally the clot will move from the leg to the lungs and cause discomfort and shortness of breath. We take special precautions to minimise this happening, but it is important for you to follow treatment guidelines to reduce the risk of blood clots occurring.

Bleeding and wound haematoma
A wound haematoma is when blood collects in a wound. It's normal to have a small amount of blood leak from the wound after any surgery. Usually this stops within a couple of days. But occasionally blood may collect under the skin. This can discharge by itself causing a larger but temporary leakage from the wound usually a week or so after surgery, or it may require a smaller second operation to remove the blood collection.

Blood transfusions
A joint replacement can result in blood loss that may require a blood transfusion. We check your blood count after surgery to monitor your need for blood transfusion. Your Surgeon and Anaesthetist will discuss this with you pre-operatively. If a blood transfusion is needed, it will be discussed with you, and further reading material provided to inform you of the benefits and risks.

Urinary retention
You may have a catheter (small tube) inserted into your bladder at the time of surgery. Following removal, some patients may experience urinary retention and the catheter may need to be reinserted until you are able to manage independently again.

Loosening
An artificial joint may loosen over time, however in New Zealand, 88% of total hip joint replacements will still be functioning well at 15 years after surgery. If loosening occurs, another operation may be required to revise the joint.

Dislocation
Sometimes an artificial hip may dislocate. This occurs in less than 1 in 20 cases, and the hip needs to be put back in place under anaesthetic. If the hip keeps dislocating, you may need further surgery or a brace to stabilise it.

A hip prosthesis has a limited range of motion compared to a natural hip and special care will need to be taken until the soft tissue around the new hip joint has healed. Certain movements and positions must be avoided to reduce the chance of dislocation. The first six weeks after surgery is the highest risk time for dislocation of the new hip. Even after you've started walking without support it's important to continue with a programme of muscle-strengthening exercise to help stabilise your hip and improve function.

Leg length inequality
Occasionally the leg is deliberately lengthened to make the hip stable during surgery. There are some occasions when it is simply not possible to match the leg lengths. All leg length inequalities can be treated by a simple shoe raise on the shorter side, if it is symptomatic.

Other complications that may occur relating to your hip surgery are pain, stiffness and neuro-vascular complications.

Anaesthetic risks which are common to all types of surgery will be discussed by your Anaesthetist. Medical complications related to surgery include myocardial infarction (heart attack), chest infection, bladder infection and CVA (stroke)

Further information about the complications of hip joint surgery can be discussed with your Surgeon.

Before Admission to Hospital

Your consent is needed for all your treatment while you are in hospital. Usually your treatment is verbally agreed between you and your Surgeon. However, written consent is needed for your operation and anaesthetic.

Before you sign the consent form it is important that you understand the risks and effects of the operation. Talk to your Surgeon or the hospital staff if you are unsure about any aspect of your surgery.

Before your admission for surgery, we will assess your general health

- Blood tests will be required.
- You will be asked to attend a pre-assessment appointment with your Anaesthetist. Please bring all of your medications and any health supplements in their original packaging with you to this assessment, or bring a pharmacy list with all the current medications you take.
- Some medications and/or health supplements such as those that thin the blood may need to be stopped a few days prior to surgery. Confirm this with your Surgeon or Anaesthetist.
- You will also be contacted by Grace Hospital for a pre-assessment appointment with a nurse and a physiotherapist 1-2 weeks before surgery. This may be coordinated with your Anaesthetic pre-operative assessment. This will take up to 2 to 3 hours and will prepare you for your surgery and hospital stay. You may bring a support person with you. It is also an opportunity to ask any questions you may have.

Before admission, what you can do to help

- Try to improve your general health before your operation
- **Avoid chest infections** (stay away from people with coughs and colds) and give up smoking at **least two weeks** before the operation date. Grace Hospital staff can assist you with a smoking cessation programme which includes nicotine patches, lozenges or gum.
- If you drink **alcohol**, cut down or stop before your surgery. Alcohol can add to the risk of developing confusion following an anaesthetic.
- Surgery may be cancelled if you have any **source of infection** such as ulcers, tooth problems, sores or open wounds. Please see your GP or dentist if you have any of these. Notify your Surgeon before admission if you have any concerns.
- **Regulate your weight.** If you are overweight, it makes the surgery more difficult. Recovery can be more difficult as well as you have more strain on your muscles and joints. It can be hard to lose weight, especially if you have reduced mobility, but exercise and changes to your diet can reduce your chances of complications after surgery.
- Swimming and cycling are good activities if your painful joint allows this.

Plan Your Discharge Home

Your anticipated length of stay in hospital is 1-2 nights. This includes the night after your surgery. We aim to have you confident and capable of mobilising independently with crutches, able to get in and out of bed safely, shower and toilet and dress on your own before returning home. The physiotherapist will teach you how to get up and down stairs with crutches. Usual discharge time is 10am so please ensure your transport home is arranged for that time. However, you will need to consider the following before you come in for your surgery:

- **Organise your home.** An appropriate firm upright chair is necessary (not too low). If you do not have one, please discuss suppliers with your Physiotherapist at your pre-assessment appointment.

- Check that your **bathroom is safe**. A non-slip mat and a handrail can be useful. If your shower is over a bath, it is advisable that you discuss managing this with your Physiotherapist at your pre-assessment appointment.

- **Remove rugs or electrical cords** from areas where you will be walking. Rearrange furniture to give you open space to walk in.

- Review the access and **entrance** ways you have to your home. Check the number of steps into your home and the number of stairs inside your home if you have any.

- **Arrange things in your home**, and in particular the kitchen, at bench height. Place items that you use frequently at arm level, so you don't have to bend down or reach up.

- Consider **making and freezing meals** prior to coming into hospital, to have on hand when you return home.

- **If you live alone**, we recommend you organise a family member or a friend to stay with you for a week or two after discharge. This is to provide you with extra support and assistance that you will need as you recover from your surgery. Alternatively, you may wish to consider having a period of convalescence at a rest home before returning home or arrange for a private caregiver. This should be arranged **prior** to your admission.

- **Arrange pain relief tablets**. Your Pre-assessment Nurse will advise you about medications that you should purchase and have available for use at home for after discharge, e.g., paracetamol tablets.

- **Organise transport**. You will not be able to drive yourself for about four weeks after surgery so you will need to organise a driver or alternative transport. Once you are able to walk unaided for up to 20 minutes you should be fine. Insurance companies will not cover motor vehicle accidents caused by patients who have had total hip joint replacements, whom are not fully mobile.

Plan Your Hospital Stay

- **Clothing:** We recommend you bring soft, stretchy, comfortable underwear and day clothing with you for 1 to 2 days. We will assist you to dress the day after your surgery, and anything too tight or firm may not be comfortable. Some swelling to your hip area is expected after surgery, so clothing that fits loosely around your waist and hips is ideal, such as shorts, skirts, or track-pants. Comfortable night wear is important as well.
- **Footwear:** Bring footwear that is the least restrictive, as feet can swell post operatively and make your footwear too tight. Scuffs are not recommended as these may increase the chance of tripping. Slippers are **not** essential while in hospital, it is fine to walk bare foot.
- **Toiletries:** Bring your usual toiletries with you.
- **Entertainment:** A television is available in your room and in the patient lounge with sky channels. Wireless broadband connection is available for on-line activities such as checking emails etc. on your own device. Please ask the reception staff on arrival for a WiFi password.
- **Medications:** Please bring all your regular medications (including inhalers) in their original packaging, if possible, or in their blister packs if this is how they are packaged. A list of your current medications from your pharmacy or GP is also helpful.
- **Equipment:** You will require crutches, a raised toilet seat and perhaps a 'helping hand' device to assist you in your recovery. These will be discussed by your Physiotherapist at pre-assessment and advice about short term hire given.

The day before surgery

Your Pre-assessment Nurse will give you Chlorhexidine sponges/ washes for showering and iodine nasal swab sticks, please follow your specific written instructions for each.
Refer to Grace Hospital website to view instruction videos,
https://www.gracehospital.co.nz/Specialties/orthopaedics

If you have received a pre-op drinks, please follow specific written instructions.

The day of surgery

- Please follow your written instructions for showering and application of nasal swabs. Please use a clean towel and wear clean clothes to your admission.
- Unless otherwise stated, you are **not** allowed to have any food for six hours before your anaesthetic (this includes milk, lollies and any sort of gum). You can have water up to two hours before your admission time.
- If you have pre-op drinks, please follow specific written instructions.

The day of surgery *...continued*

- Your Anaesthetist or the Pre-assessment Nurse will have instructed you on which of your usual medications you should take before admission (if any). Remember to bring all your normal medications with you.
- Please report to the main reception at Grace Hospital at the time you have been instructed to.
- We realise this can be a stressful time and our staff make every effort to keep you comfortable and informed.
- Your admitting Nurse will recheck all your written information and prepare you for surgery. Part of your preparation may be clipping the hair over your operative site.

- Bring your consent form for surgery, if you have received one (your consent form is not included in the online patient questionnaire; if you have completed your questionnaire online please ensure that you bring your paper consent form).

Waiting for surgery:

- Once you are in your gown and prepared for surgery, you will wait in your bed in our preoperative area. You will usually wait for 1 – 2 hours before you are taken through to the operating theatre. You are welcome to have a family member or friend wait with you.
- Your Surgeon, Anaesthetist and Theatre Nurse will carry out final checking procedures with you prior to your surgery. Your Surgeon will mark the operation site with a marker pen. Your Anaesthetist will also go over your anaesthetic consent which you can then sign if not already completed.
- You will walk or be wheeled to theatre where you will be cared for by the theatre team. They will assist you and ensure you are comfortable and safe throughout the procedure.

In Theatre:

- The theatre team will introduce themselves and begin preparing you for surgery. Your Anaesthetist will insert an IV line into a vein in your arm so that medication and IV fluids can be given during surgery. Your Anaesthetist will have given you an explanation about the kind of anaesthetic you will receive, such as a spinal or general anaesthetic.

- The theatre team will be by your side during surgery and keep you positioned safely and comfortably.

In Recovery Room

- You will be taken to the recovery room until you are ready to go to the ward. Nursing staff will take your blood pressure, pulse and temperature and check your wound at regular intervals.
- You will be given additional oxygen initially through a mask or plastic tubing that sits just inside your nostrils. You will have fluids through a drip in your arm and you may have a urinary catheter (a plastic tube inserted in theatre to drain your bladder). You will have a pillow between your legs to keep them in correct alignment and position.
- If you have had a spinal anaesthetic, you will have reduced sensation and movement in your legs. This will gradually wear off over the next few hours.
- It is important that you tell your Nurse as soon as you begin to feel any discomfort so that it can be managed and to keep you as comfortable as possible.
- It is also important that you tell your Nurse if you begin to feel unwell or feel the need to vomit so this can be managed as soon as possible.
- Nurses will also remind you to carry out exercises to prevent complications and enhance your recovery.
- There will be 'footpumps' on your feet. Footpumps are designed to reduce your risk of developing a post-operative Deep Vein Thrombosis (DVT) by assisting circulation of blood from your lower legs.

Once you are in the ward:

- Your family or nominated contact person will be notified and able to visit you.
- The nursing staff will monitor your vital signs regularly and check your wound and your circulation frequently.
- Your pain level will also be monitored by the nursing staff. While some discomfort is expected, it is important to tell your Nurse about an increase in your pain levels so that it can be adequately controlled. In addition, if you feel sick (nauseated) let your Nurse know so that this can be managed with medications.
- The nursing staff will assist you to change position in bed to prevent pressure areas from forming and you will be reminded to do your deep breathing and ankle exercises. Several hours after your surgery, the nurses will assist you to sit on the side of the bed, stand next to the bed and take a few steps.
- You will have in intravenous (IV) line of 'drip' in your arm to make sure you have sufficient fluid. You will be given antibiotics and possibly pain relief through the IV line which will be removed when you are able to eat and drink normally. You will be given small amounts of fluid and a light meal on the day of surgery.

After Surgery

The day after surgery (Day 1)

- You will be seen by your Surgeon, Anaesthetist, Physiotherapist and Nurses. You will have a blood test taken.
- Your Nurse will continue to monitor your vital signs and discuss your pain levels with you. While some discomfort is expected, the nurses will provide pain relief medication to help control your pain. You will be given medication for the prevention of blood clots and the footpumps will continue while you are in bed.
- Your drip (IV) line will be stopped if you are drinking sufficiently and you will be able to eat light meals.
- If you have a catheter draining your urine, it will be removed early in the morning.
- You will be reminded about your exercises and hip precautions.
- Your Nurse or Physiotherapist will assist you getting out of bed. You will be assisted to have a shower or will be assisted with a wash. You will be assisted to dress in your own clothes. Your Physiotherapist will supervise you walking with crutches or if necessary, a frame may be used initially.
- Ear plugs are available if you are a light sleeper, just ask your Nurse.

Day of Discharge

- You will be seen by your Surgeon, Anaesthetist, Physiotherapist and Nurse.
- Your Nurse will check your surgical site, vital signs and measures for the prevention of clots and pressure areas will continue. You will be offered laxatives to keep your bowels regular. Your Nurse will show you how to start managing your pain relief and you will be asked to keep a record of this in the pain management diary at the end of this booklet.
- You will be able to shower on your own and get dressed in your own clothes. If you need assistance, please ask. You will be able to spend longer sitting out in your chair today. Your Physiotherapist will continue to progress you through your exercises and mobility. You will be assisted to complete your activity diary at the end of this booklet. All of your arrangements for equipment, transport and support should be in place for your discharge today.
- You will continue to practice mobilising with crutches and getting in and out of bed. Your Physiotherapist will instruct you and assist you to practice going up and down stairs with the crutches. Your plans for managing at home will be discussed.
- You will be able to go home today.

Included in your discharge paperwork will be a Discharge Summary with basic care instructions, follow up appointment card and prescription for pain medication as required. Your Surgeon and Nurse will discuss on-going DVT (clot) prevention measures and wound management with you.

- A refundable $50.00 bond for the equipment is required and must be paid prior to discharge (this is separate from the hire charge for equipment).
- Your Nurse will assist you to your car, and help you get into your car safely.
- Air travel is not recommended for six weeks.
- Contact your Surgeon’s rooms (during business hours) or Grace Hospital if you have any concerns. Grace hospital will contact your Surgeon with your concerns if they are unable to help you.

Once You are Home

Wound Care:

- Your Nurse will have advised you regarding your Surgeon's preference for wound care once at home. It is important to keep the wound clean and dry.
- Once your wound or incision line is healed you can wash the wound in the shower gently, and pat dry with a clean towel.
- If your wound is discharging fluid after a couple of days at home, contact your Surgeon's rooms. If it is outside of business hours you can contact Grace Hospital for advice.
- Showering is fine, please avoid bathing.
- If you have steri-strips on your wound, remove them if they become loose or lift at the edges. If you have sutures or staples, your Nurse will have advised you about arrangements for removal.

Constipation can be a problem

Constipation occurs when bowel motions become drier or harder than normal and are more difficult to pass. For some people, a bowel movement every day is normal, and for others it is one every three or four days.

Symptoms:	**Likely Causes:**
• Straining to pass a bowel motion • Small, hard bowel motions • Less frequent bowel motions • Pain when passing a bowel motion • Stomach cramps or bloating	• Fasting for your surgical procedure • Limited intake of food • Eating different foods from your usual diet • Not enough fibre or roughage in your diet • Not drinking enough fluid • Lack of exercise or mobility • Not responding to the urge to have a bowel motion • Medications – many pain relief tablets contribute to constipation

As you can see, there are many reasons why you may become constipated after a surgical procedure.

Things you can do:

- Increase your fluid intake to 1-2 litres/day;
- Try some dried fruits like apricots, prunes, or sultanas, which will absorb liquid and soften your bowel motions;
- Fresh fruit such as kiwifruit encourage bowel activity;
- Go for short walks;
- Try to respond to the urge to pass a bowel motion.

It is important not to wait too long before you seek assistance with constipation.

If you are experiencing any of the symptoms above, you should visit your pharmacy and explain that you have recently had surgery, and that you require treatment for constipation.

Treatment:

Your Surgeon may prescribe a laxative for you if anticipate that constipation may be a problem after your return home:

- Oral laxatives – these come in different forms, e.g., tablets, granules, liquids. Your pharmacy will be able to recommend the best type for you. Some medications work by softening your bowel motion, others by stimulating your bowel.
- Suppositories and enemas – for more stubborn constipation, you may need something to help remove very hard bowel motions, and your pharmacist may recommend these for you.

Deep Vein Thrombosis (DVT)

A DVT is a blood clot that may form in one of the large veins of the body. DVTs happen more commonly in the legs. The blood clot may partly or completely block the flow of blood in that vein. This may cause pain, redness and/or swelling.

Some of the clot may travel through the veins to the lungs. This is called a Pulmonary Embolus (PE). A PE can block the blood supply to the lungs and slow the supply of oxygen to the rest of the body which can be life threatening.

When are you at risk of a DVT?

Blood clots can occur because the flow of blood slows down when people cannot move about freely. A few examples of where you may be more at risk of DVT would be:

- Increasing age – though young people can also get blood clots;
- History of blood clots (you, your immediate family or close relative);
- Being overweight;
- Cancer;
- After an accident or surgery;
- Being immobilised in hospital for any reason;
- Travelling for long periods in an airplane or motor vehicle.
- Smoking

Other potential risk factors include:

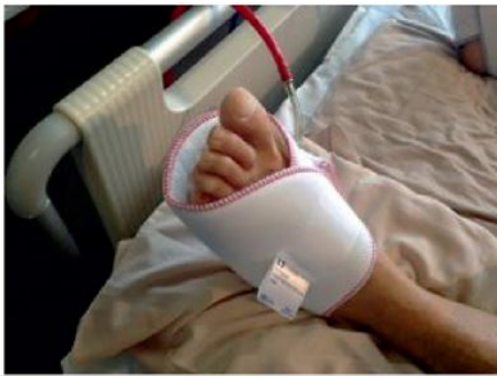
- Severe heart or lung disease;
- Taking hormone replacement therapy;
- Taking Oestrogen containing contraceptive therapy;
- Having inflamed varicose veins.

Reducing the risks

When you come into hospital your risk for developing a deep vein thrombosis (DVT/blood clot) will be assessed and treatment options will be discussed with you.

These may include:

- Getting out of bed and walking about as soon and often as possible;
- Gently exercising your feet and legs while in bed;
- Drinking adequate fluids;
- Taking prescribed medication and/or injections to help prevent a clot;
- Using a compression pump on your lower legs or feet or other device recommended by hospital staff.



What you can do to help

While in hospital you can help reduce the risk of a blood clot forming by:

- Making sure you take any medication that has been prescribed for you.
- Following exercise guidelines.
- Regular mobilising as advised in your activity diary.

What you should watch for

- Pain or swelling in your legs;
- Pain in your chest;
- Difficulty breathing.

Other things to look out for once at home:

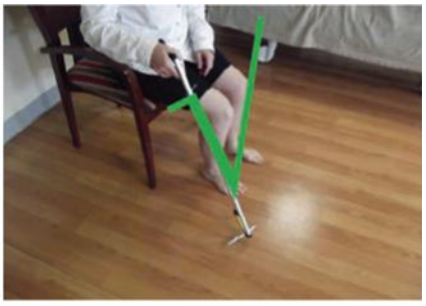
- If your wound becomes hot, reddened, swollen or painful – contact your Surgeon
- If you develop a cold or any other infection – contact your Surgeon
- You may experience lower leg swelling, it is often normal and will reduce with rest. If however, your swelling extends above the knee, or doesn't improve or resolve overnight, you should contact your Surgeon for evaluation. Sometimes patients experience swelling in their other leg as well. It's best to stretch out on your bed to elevate your legs rather than using a foot stool.
- If you have any of the following symptoms:
    - Sudden severe pain in your hip
    - Sudden shortening of your operated leg, with rotation of your foot and leg, or hip deformity, it may indicate that your hip is dislocated. Phone your Surgeon or the hospital for advice.

Do's & Don'ts Following Hip Replacement Surgery

To reduce the risk of dislocation, for the first **6 weeks** following your operation you must **AVOID** the following three movements:

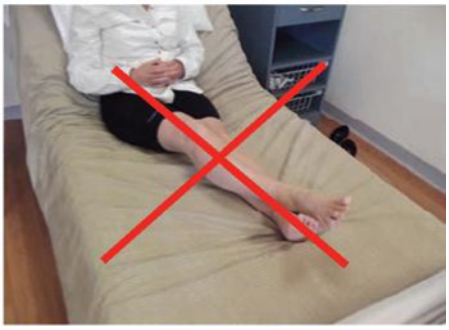
1. Bending

- Do not bring your thigh any closer to your body than 90° or a right angle.
- Try to avoid reaching any further than just below the knees.
- When seated do not lean too far forward.
- Always use your 'helping hand' to reach for objects.
- **Do not** sit on low chairs, low beds, or low toilets.
- Avoid squatting.



2. Crossing the midline

- **Do not** take your operated leg inwards over the midline of your body.
- **Do not** cross your legs.
- When lying in bed always have a pillow between your legs.
- **Do** get out of bed on the side of your operation.
- Avoid lying on your operated side in bed.
- You are permitted to rest lying on your non operated side, with **2 pillows** between your legs – *it is important that you be shown how to achieve this, please ask your Nurse or Physiotherapist to demonstrate.*



3. Twisting

- **Do not twist** or swivel on your operated leg.
- Take care when turning to either side when standing or sitting.
- **Do not twist at the waist, it twists your hip.**
- Always sit or stand with your feet pointing straight ahead.

To protect your hip, for the first **6 weeks** following your operation, you must **AVOID** the following:

- Driving
- Heavy lifting (maximum 5 kg)
- Heavy house/yard work e.g., Vacuuming, lawn mowing, scrubbing
- Cycling (Exercycle is O.K.)
- Tying shoelaces & putting on socks
- Walking on soft sand

Most surgeons request you wait **3 months** before returning to golf or fishing from a boat.

N.B. Before recommencing any sporting or recreational activities **discuss your return** with your Surgeon at the **4-6 week check**.

Post Operative Exercises

Stage 1 exercises

These exercises are to be practiced from when you wake after your operation and continue until you are fully mobile.

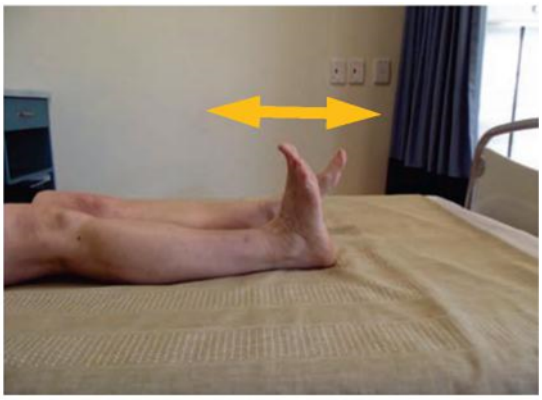
Deep Breathing & Circulation Exercises (half hourly or hourly)

*Perform **three relaxed, deep breaths** – IN through the nose — OUT through the mouth.*

Perform before and after each of the following exercises:

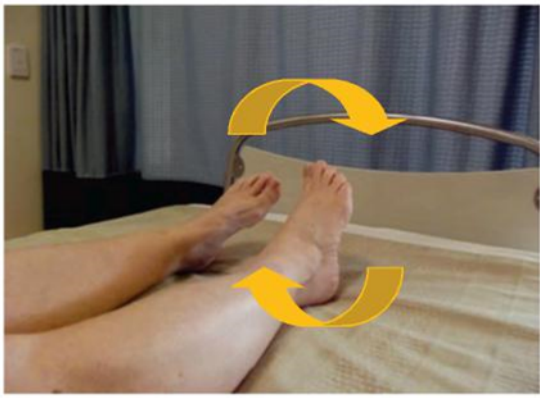
1. Ankles Up and Down (10x)

With your knees straight, SLOWLY pedal your ankles up and down. As you slowly stretch and bend, you should feel tension in your calf muscles.



2. Circulating Ankles (10x in each direction)

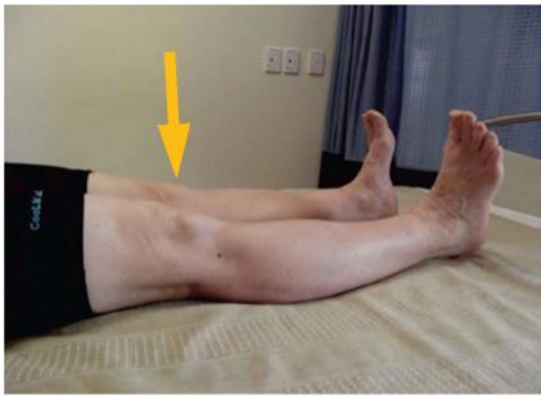
With your knees straight, SLOWLY circle your ankles. You should feel tension in your calf muscles during this exercise.



3. Whole Leg Tensing (5x-10x)

Perform the following 3 movements simultaneously:

- Point the toes of both your feet to the ceiling.
- Push both your knees into the bed.
- Squeeze your buttocks together.
- Hold for count of 5, slowly release, and repeat.



Finish with **2x Huffs** i.e. *Short, sharp breath OUT* (helps to clear airways).

Stage 2 Exercises

Range of Movement & Strengthening Exercises

These exercises increase the **movement, strength and stability** of your new hip. These exercises can commence after your surgery on your Physiotherapist's advice. **Your Physiotherapist will guide you through these exercises & discuss when to start each stage as every program is individualised.**

General Instructions

- Perform all exercises **2 – 3 times per day**, slowly and controlled. eg. 1 session in the morning, 1 in the afternoon and 1 in the evening.

- Start with **5 repetitions** of each exercise and work up to **20 repetitions** as the exercise becomes easier/as you are able. (N.B. achieving 20 repetitions can take between 2-4 weeks)

- If any exercise causes lasting discomfort or pain, **STOP** the exercise and consult with your Physiotherapist.

- Once you have reached 20 repetitions, 2 - 3 x daily, and they begin to feel "easy", then you can cease doing that exercise altogether.

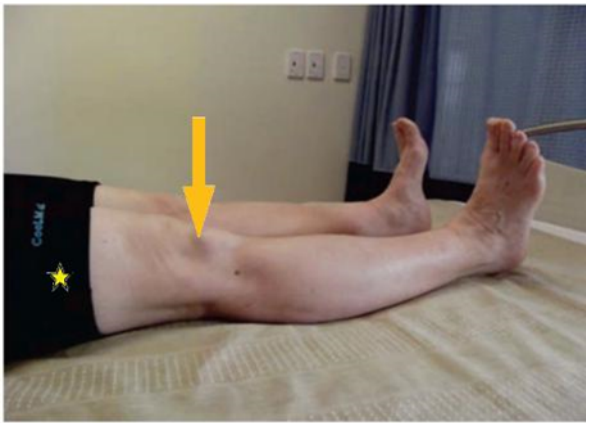
Exercise 6 days a week

- **Walking** is a large part of your exercise regime - *gradually increase your walking distances* as the days go by e.g., walk an extra telephone pole, or lap of the hallway, each or every alternate day.

Exercises lying on your back on the bed

On the next 9 pages **Affected leg** indicated by a ★

1A. Isometric Quadriceps



- With leg straight, **press the back of knee down into bed**, straightening leg as much as possible.
- **Hold for 5 seconds**. Relax. Repeat.

1B. (ONLY Mr Poutawera & Mr Bartie's patients are to do these exercises)

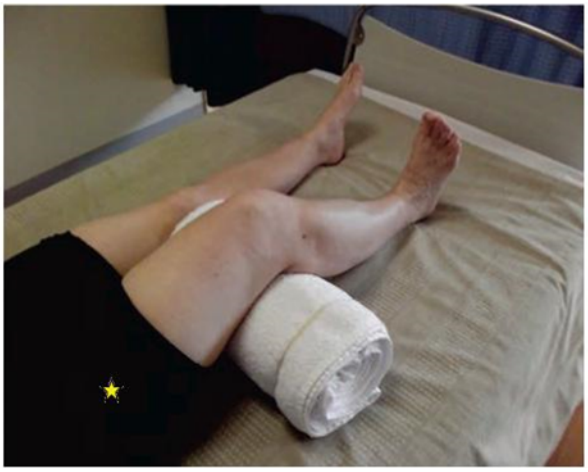
- Lying flat with knees straight as above, **gently rotate inwards from the hips** keeping the knees straight.
- **Hold for 5 seconds**. Relax. Repeat

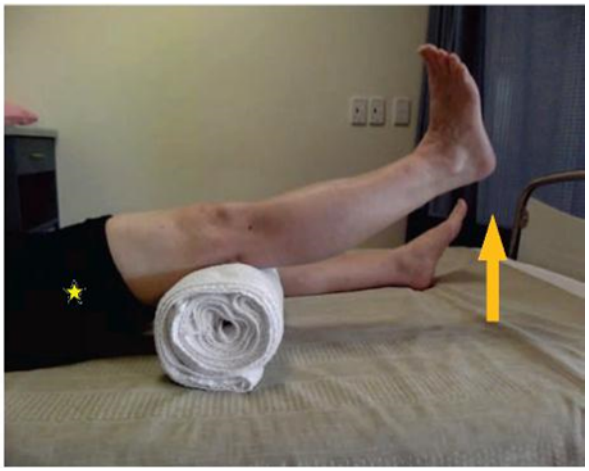
2. Hip & Kneepatients

- Lie flat on your back.
- Slowly **slide the heel** of your operated leg towards your buttocks.
- **Hold for 5 seconds**. Lower slowly. Relax. Repeat.
- Do not bend your operated hip less than 90 degrees.
- *A* **smooth board/plastic bag** *placed under operated leg aids this exercise.*

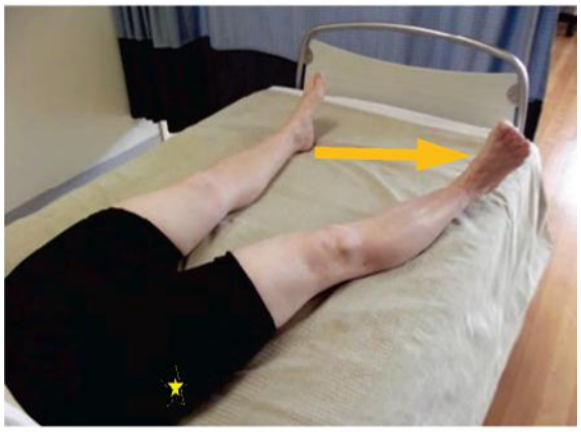
3. Knee Extension over Rolled Towel

- Lie on back with rolled towel under knee.
- Keep thigh resting on the rolled towel.
- Straighten knee by lifting foot up off the bed.
- Hold for 5 seconds. Lower slowly. Relax. Repeat.





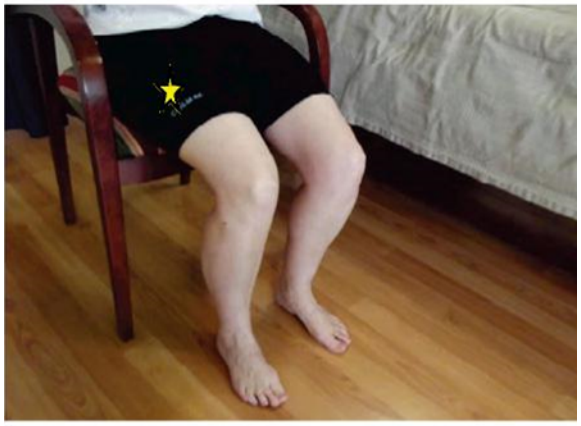
4. Hip Abduction
(Not for 6 weeks if Mr Giles' patient)



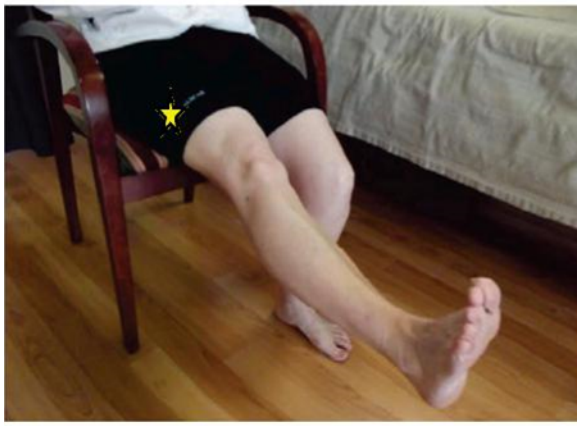
- Lie flat on your back.
- Slowly slide operated leg out to the side, keeping toes pointing to the ceiling.
- Slowly slide operated leg back to the midline.
- Do not allow your operated leg to cross the midline of your body.
- A **smooth board/plastic bag** placed under operated leg aids this exercise.

Exercises sitting on a chair

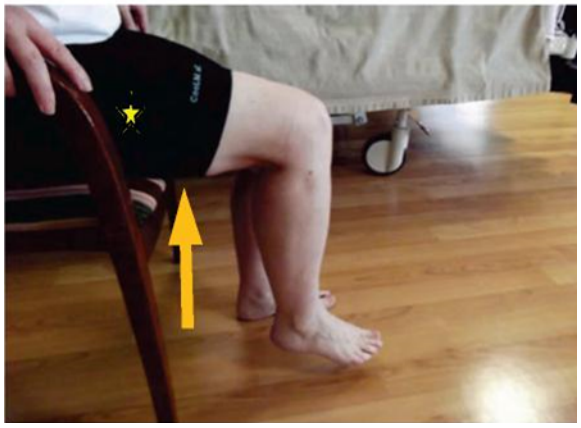
5. Knee Extensions



- Sit with the back of both knees against the chair.
- Slowly **straighten knee** of operated leg.
- **Hold for 5 seconds.**
- Slowly bend knee and lower foot to floor.
- Relax. Repeat.



6. Hip Flexion - ”Marching”



- Lean back
- Lift unaffected knee off the chair
- Slowly lower
- Lift affected knee off chair
- Slowly lower

Do not lift the hip to greater than 90°

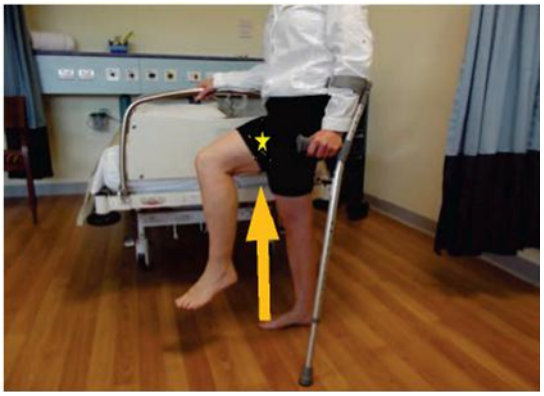
Stage 3 Exercises

Commence these exercises on your Physiotherapist's advice

1. Pelvic Lift

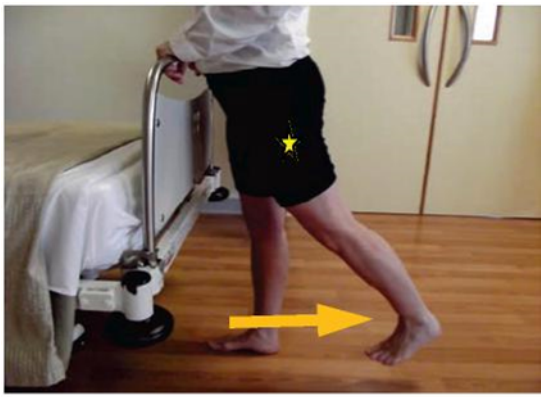
- Lie on back **on bed** with knees bent up.
- Gently tighten lower stomach and buttock muscles.
- Do not hold your breath.
- Slowly **raise lower back and buttocks** from bed.
- **Hold for 5 seconds.** Lower. Relax. Repeat.

2. Hip Flexion in Standing



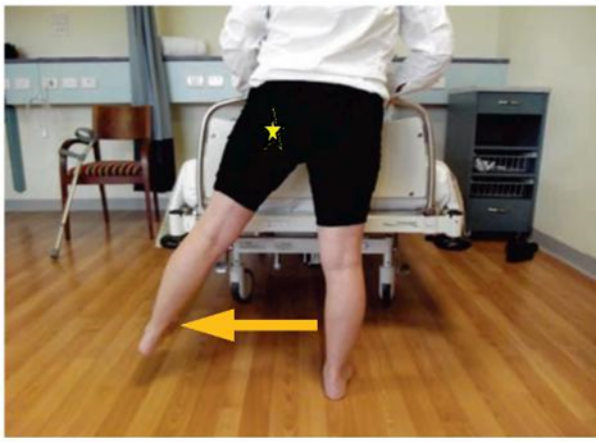
- Stand on your un-operated leg and hold ontosomething for balance e.g. a chair
- **Lift your operated leg forwards** and up allowingthe knee to bend
- Lift no higher than a right angle
- **Hold for 5 seconds**; avoid leaning your body/trunk to the side
- Slowly lower operated leg to the starting position. Relax. Repeat.

3. Hip Extension



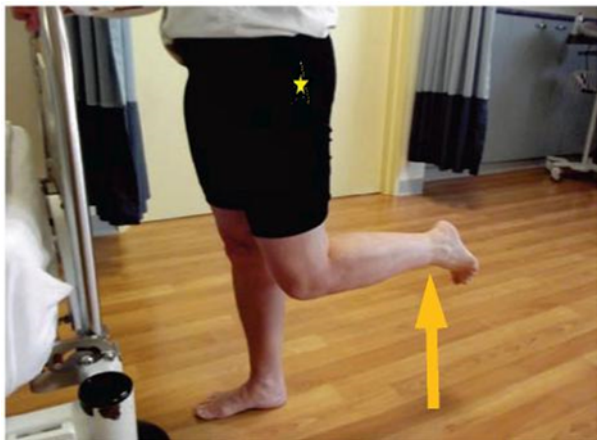
- Stand straight, holding onto a chair with both hands.
- Slowly **bring operated leg backwards**, keeping knee straight. (N.B. Your hip has only a small range of movement into extension)
- **Hold for 5 seconds**; avoid leaning your body/trunk forwards.
- Slowly bring operated leg to start position. Relax.

4. Hip Abduction
(Not for 6 weeks if Mr Giles' patient)



- Stand straight, holding onto a chair with one or both hands.
- Slowly **lift operated leg sideways**, keeping knee straight.
- **Hold for 5 seconds**, keeping trunk straight.
- Slowly lower operated leg to starting position.
- Relax. Repeat.

5. Knee Flexion



- Stand straight, holding onto a chair with both hands.
- Slowly **bend knee of operated leg** raising heel toward buttocks.
- **Hold for 5 seconds.**
- Slowly lower operated leg to starting position.
- Relax. Repeat.

Activities of Daily Living

Getting into Bed

- When you are sitting on the side of the bed, move your bottom back as far as possible.
- Then move back across the bed and up towards the pillows, using your arms and non-operated leg to lift your bottom.
- Keep your operated leg out straight.
- When lying in bed, you must have a pillow between your knees when sleeping.

Getting out of Bed

- Bend your non-operated leg.
- Move sideways to the edge of the bed, using your arms and non-operated leg to lift your bottom.
- Slowly lift your bottom around until both legs come forward off the bed.
- Slowly lower both legs down onto the floor, keeping your operated leg out straight.

Getting up from Sitting

- Use the arms of the chair/bed to push up into standing.
  Then, put hands/arms into crutches.
- Do not put hand/arms into crutches before standing.
- Always keep your operated leg straight and out in front.

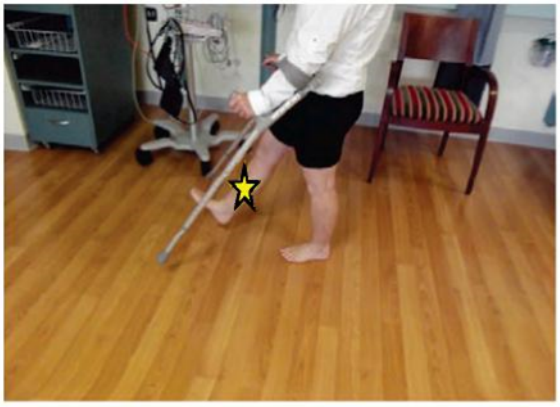
Sitting Down

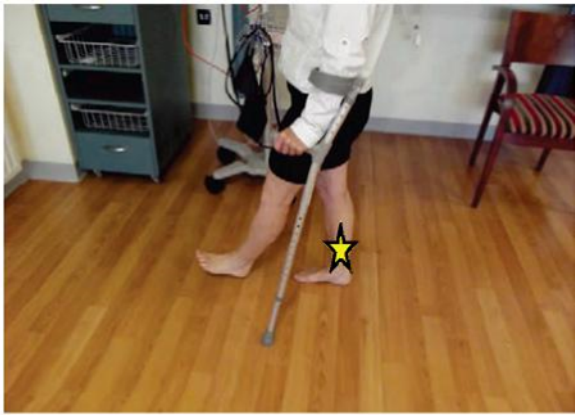
- Back up to bed/chair until you can feel it behind your non-operated leg.
- Step operated leg forward.
- Remove your hands/arms from the crutches, then use the arms of the chair/bed to sit down.
- As you sit, gently slide foot of operated leg forwards - *this stops any sudden stretch of scar/wound.*
- Do not sit down or stand up holding onto your elbow crutches - *this risks damage to your shoulders and you may overbalance.*

Walking Using Elbow Crutches

To take a step forwards:

- Take both elbow crutches and operated leg forwards together.
- Stand up straight and keep your head up.
- Step forward with your good leg taking some weight through your arms if necessary.





- When walking - keep both feet pointed straight ahead. Try not to let your operated leg turn out to the side.
- When turning - **do not pivot or swivel on your operated leg**. Instead, when turning, lift your feet up and take small steps around.
- Use 2 elbow crutches and progress as you feel safe, steady and secure to 1 elbow crutch, ***held on your non-operated side.***
- ***Gradually progress to no elbow crutches as you feel safe, steady and secure.***
- Commence walking progressions **firstly indoors then outdoors** at a later date.
- Remember there are no prizes for getting rid of your crutches early.
- **NB** If un-cemented hip replacement — your Surgeon may want you to continue with 2 crutches for six weeks.

Safety Comes First

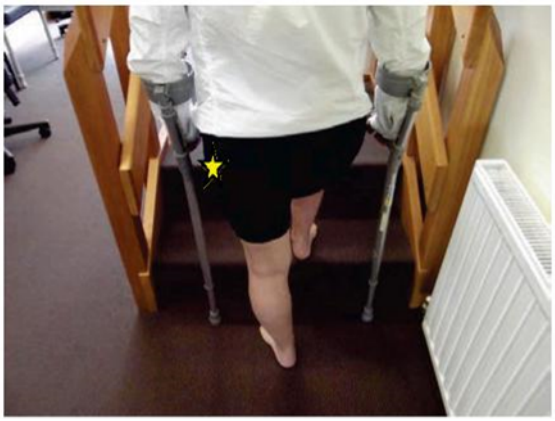
A good indication for whether you ought to discard your crutches is whether you can walk without limping.

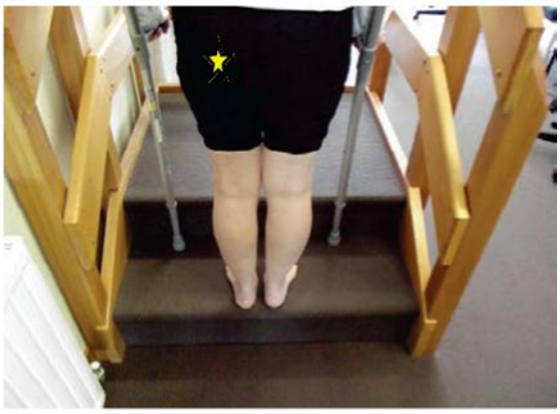
Going up and down Stairs

You may use either 2 elbow crutches OR 1 elbow crutch and the handrail. Take one step at a time.

Going up stairs: (GAS i.e. Good, Affected, Sticks)

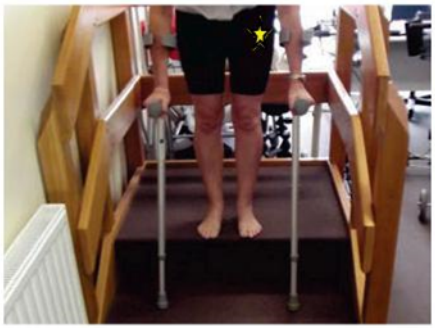
- Place non- operated leg up a step first.
- Then place operated leg on the same step.
- Followed lastly by both elbow crutches on the same step.

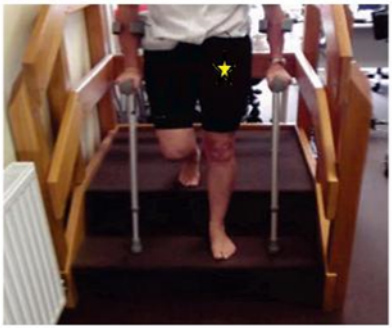


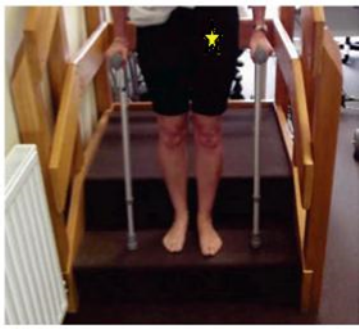


Going down stairs: (SAG i.e. Sticks, Affected, Good)

- Place both elbow crutches down a step first.
- Then place operated leg on the same step.
- Followed lastly by non-operated leg on the same step.







Getting into and out of the Car

- Get into the car from street level NOT footpath level.
- Have your driver slide the seat back as far as possible.
- If your back-rest reclines, get your driver to tilt it right back as far as it will go.
- Place a large plastic bag on the seat (This helps you slide more easily into the car). Use a cushion if the seat is too low.
- Lower yourself into the car with your operated leg stepped out forwards and sit on the edge of the seat.
- Slide your bottom well back towards the centre of the car.
- Bring your legs into the car slowly by pivoting on your bottom to face forward. ***Remember not to twist your operated leg.*** Have your driver assist you with bringing your operated leg into the car if necessary.
- Your driver can now bring the backrest of your seat up for your journey.

N.B. When getting your legs out of the car, with the backrest reclined, you can lean back again to manoeuvre out of the car.

Remember…

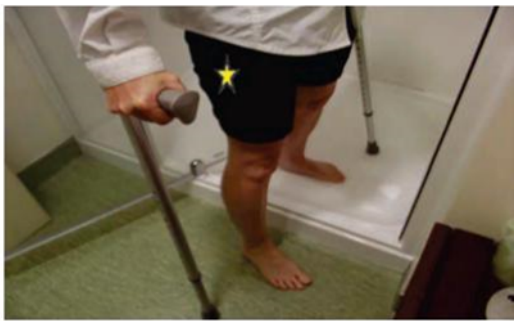
- It is easier to get into and out of a raised/taller vehicle.
- Avoid sitting in cars with deep bucket seats e.g., Sports cars.
- Take your time when getting into and out of a car. Be careful.
- Ensure that you keep your trunk leaning back as you bring your legs in and out of the car. (This helps you avoid bending your hip more than a right angle.)
- Sit in the car so that your knees are at a level lower than your hips or counteract this by keeping the seatback reclined.
- Take short journeys only in the first 3 months. If longer journeys are necessary it pays to stop regularly e.g. hourly, to get out and stretch your leg. This frees up the muscle stiffness and allows the circulation to flow.
- Do not drive without first consulting your Surgeon. Note, some surgeons will allow you to drive once you are walking safely without crutches.
- (Normal guidelines are ‘no driving for 6 weeks following hip joint replacement surgery).

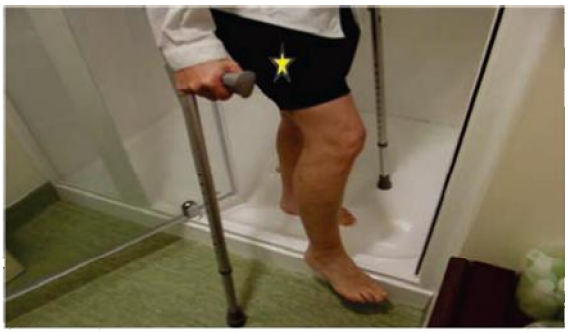
Picking Things up off the Floor

- Ask for help if possible. Alternatively, use your 'helping hand'.
- **Avoid twisting.**
- If picking something up from, on or near the floor is unavoidable, use the following method which is also used for reaching items from the bottom of a fridge or cupboard:
- Make sure you have a **firm support** (such as a table) near the dropped object to lean on.
- Put your **operated leg out behind you** while bending your **non-operated** leg at the knee.
- Never bend forward from the hip with both feet on the floor.
- Never squat down onto the floor.

Showering - *this is always a potentially hazardous area*

- Use a **non-slip mat**, especially if you have been aware of past slipperiness. (Rubber mats with suction cups are effective)
- **Hand rails** will assist your balance and safety.
- A **shower stool** or **raised toilet frame** may be useful to sit on.
- Soap on a rope, liquid soap or a cake of soap suspended in a pair of pantyhose may be helpful.
- Use a **long handled brush** to wash your feet and lower legs.
- Avoid bending to wash below your knees.
- For the initial period following your operation, it is recommended to **shower when there is someone in the house**. Continue with this until you are confident you can manage independently and safely.





Dressing

- **Dress sitting** on a chair or bed at good height.
- Take your time.
- ***Dress your operated leg first and undress it last.***
- Use your **'helping-hand' to assist.**
- **A long-handled shoe horn** may be useful for your shoes.
- **A sock aid** will enable you to put your socks on safely.

Using Ice Packs

- Icepacks are useful for **decreasing the extent of swelling** post-surgery.
- They are best applied after exercise or an extended walk.
- Apply for **20 minutes** for optimal effect.
- Icepacks will be most effective if the leg is also in an **elevated position** e.g. stretched out on the bed. Apply as often as you like.

Using Heat Packs

- **Not** for use on the **wound area** for 2 - 3 weeks, as will encourage swelling
- In the event of **muscle cramps or aches** a heat pack or wheat bag can be very soothing.

Pool Exercises

- To reduce the risk of infection, do not use a swimming pool, spa pool or go into seawater for the first 3 weeks following your operation.
- After 3 weeks, hydrotherapy exercises help increase the movement, strength and stability of your hip.

The following guidelines are recommended:

- Do not spend more than 20 minutes in a pool at any one time.
- Have someone to assist you into and out of the pool until you feel sufficiently confident to manage alone.
- Use handrails (if available) when getting into and out of the pool.
- Enter by the steps, **NOT** a ladder.
- Drink plenty of water before and after exercising in the pool.
- Wear suitable footwear (for example 'kayaking shoes') if the bottom of the pool is slippery.

The following pool exercises are recommended:

Walking - *With the water at around waist height.*

- Slowly walk backwards, utilising buttock muscles as each leg is pushed out behind.
- Slowly walking forwards, using the water as a resistance.
- Slowly walking sideways, one way then back the other way.

Exercises

The following exercises should be performed both slowly (for movement) and quickly (for strength):

- Bring operated leg backwards, keeping knee straight. Return leg to start position. Repeat.
- Bring operated leg forwards, bending knee and raising thigh to horizontal. Return leg to start position. Repeat.
- Lift operated leg sideways, keeping knee straight. Return leg to start position.
- Repeat. Keeping thighs together, bend knee, raising heel towards buttocks. Return leg to start position. Repeat.

Soft Tissue Massage

- You may be helped with soft tissue massage of a **gentle nature** to your thigh muscles.
- We recommend you use “Antiflamme” or “ Metron Rub”.
- **Avoid getting cream into or near your wound.**
- Once your wound is well healed you will find gentle massage quite useful to aid *the freeing up of your scar*. Some people use **Bio oil** and others an **Aloe Vera cream**. Also things like **Vitamin A** cream help.

Resuming Sexual Activities

- You may resume sexual activities once home from hospital.
- Initially take a **passive role**. Let your partner take the active role.
- **Avoid excessive bending** of your operated hip.
- The most stable position for your hip is on your back.
- Avoid excessive force on your new hip.
- Ask your Physiotherapist if you’d like a handout with further information.
- Check the following website for more useful information : www.recoversex.com

Exercycle

At about 2 weeks it is beneficial to use an exercycle. This exercise helps to *increase the movement and strength* of your legs.

The following guidelines are recommended:

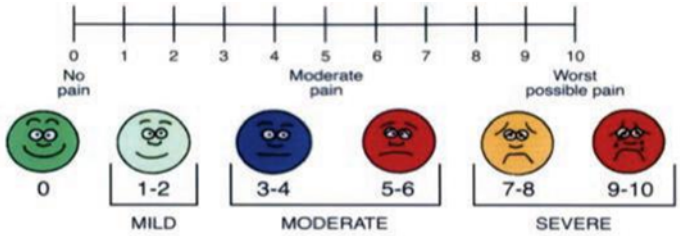
- Commence with the **seat raised** sufficiently so that you will not bend your hip into too much flexion, as you work the pedal.
- **Start small**, 1-2 minutes and gradually increase. (Do not cycle for more than 20 minutes at any one time).
- Use **no resistance at first**.
- As the weeks progress, and you can cycle with greater ease, **gradually increase the resistance** - to improve leg strength.
- It can be beneficial to **apply ice** for 15-20 minutes after each session on the exercycle.

Activity Diary

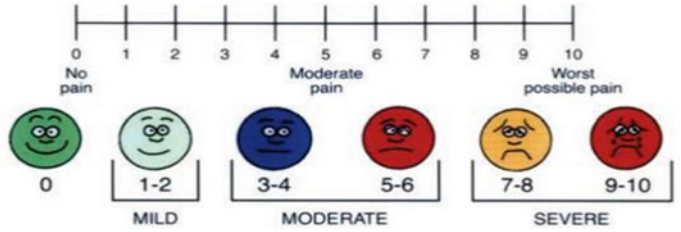
Day 1

	Sat out of bed for at least half an hour		*Walked*		*Practiced my exercises:*		*Practiced my exercises*
☐	In the morning	☐	In the morning	☐	My circulation and breathing exercises	☐	Morning
☐	In the afternoon	☐	In the afternoon	☐	Isometric quadriceps	☐	Afternoon
☐	For lunch	☐	In the evening	☐	Physio exercises as instructed	☐	Evening
☐	For dinner	☐	Dressed in my own clothes				

Today my worst pain was:



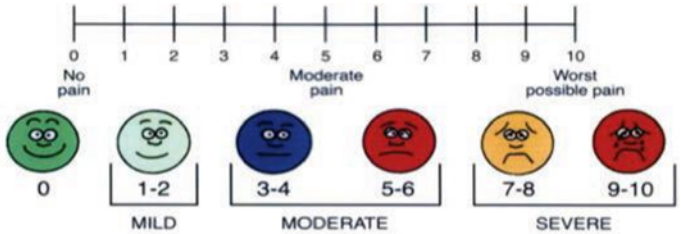
Today my lowest pain score was:



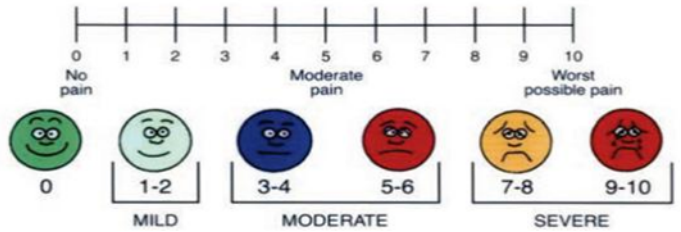
Day 2

	Sat out of bed for at least half an hour		*Walked*		*Practiced my exercises:*		*Practiced my exercises*
☐	In the morning	☐	In the corridor	☐	My circulation and breathing exercises	☐	Morning
☐	In the afternoon	☐	Practiced stairs	☐	Isometric quadriceps	☐	Afternoon
☐	For lunch			☐	Physio exercises as instructed	☐	Evening
☐	For dinner						

Today my worst pain was:



Today my lowest pain score was:

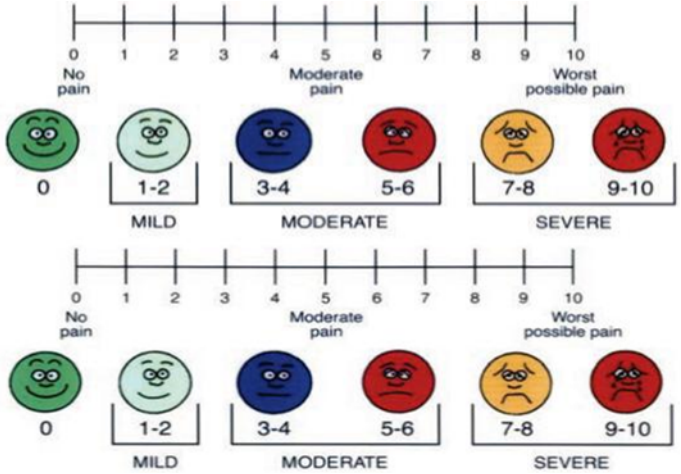


Day 3

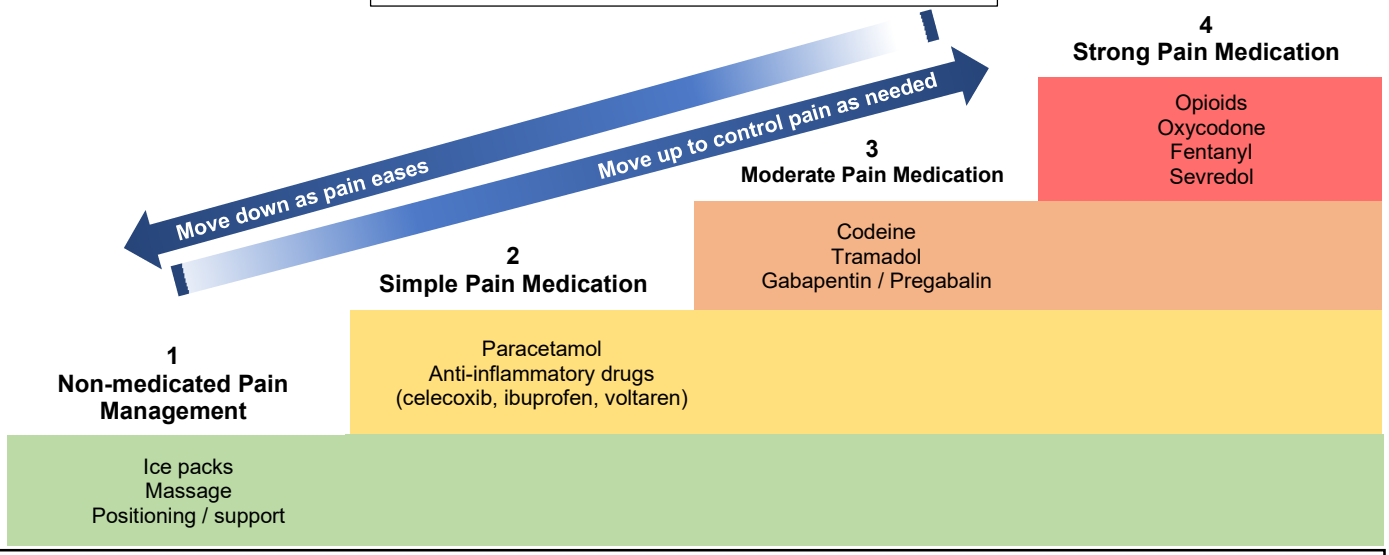
	Sat out of bed for at least half an hour		*Walked*		*Practiced my exercises:*		*Practiced my exercises*
☐	In the morning	☐	In the corridor	☐	My circulation and breathing exercises	☐	Morning
☐	In the afternoon	☐	Practiced stairs	☐	Isometric quadriceps	☐	Afternoon
☐	For lunch	☐	Walking a few more steps each day	☐	Physio exercises as instructed	☐	Evening
☐	For dinner						

Today my worst pain was:

Today my lowest pain score was:



Pain Plan



Pain Relief Plan

You may find this simple chart helpful in planning your pain medication management.

Medication	*Suggested* administration times			
Paracetamol / Panadol 4 doses per 24 hours, 4-6 hours between doses.				
Anti-inflammatory _____				
Tramadol Up to 4 doses per 24 hours, 4-6 hours between doses. May be used regularly or only as necessary.				
Tramadol SR (Slow Release) Longer effect, taken twice a day.		X	X	
Gabapentin / Pregabalin Targets 'nerve' pain. Use as prescribed.				
Codeine May be used regularly or only as necessary.				
Oxycontin (Slow release Oxycodone) Slow release, lasts 12 hours.		X	X	
Sevredol / Oxynorm (Immediate release opioid) For "break-through" strong pain. As prescribed.				
Additional Medications:				

Pain Plan

PAIN MANAGEMENT ADVICE

Some discomfort is normal and expected after surgery. Our goal is to optimise comfort, so that pain is at a manageable level, allowing you to cope with daily activities, progress mobility and optimise breathing. Most people will require pain relief for at least a week after surgery, longer for more major procedures. Generally, pain should steadily improve throughout recovery and if this is not the case, you should seek medical review.
Different pain relief medications may be more effective or tolerable for some people than others, and your pain relief prescription will be targeted to your individual needs.
The goal will be to wean off your pain relief medication in a step wise manner from strongest to weakest. Pain is best managed using a combination of medications that work in different ways. Use your individual pain relief pain, over the page, as a guide to safe administration, and follow packet directions.

Stay ahead of your pain. Pain relief works better when taken regularly to prevent pain becoming worse. It is also a good idea to take pain relief before doing exercises or activities which are more painful for you.

Keep a pain relief record. While you are getting used to taking medication, it can be useful to keep a record of what you are taking and when. This can help in planning your day and exercise times, and working out when and what you need. There are many printable documents available online, such as the example below - or you can make your own. Some patients have told us that they have found the ***app 'take your pills'*** helpful. Example:

Monday		Time of day						
Name	Dose							

Side Effects. All medications have potential side effects. Common side effects of pain medications can include: nausea, vomiting, headaches, dizziness, drowsiness and constipation. Many people can cope with mild side-effects for a short time if they are not too severe. However if you develop unpleasant side effects, please seek advice from your surgeon's rooms, your family health care provider (during business hours) or from Grace Hospital (24 hours). You can also seek advice from these sources if you are not getting adequate pain relief from the medications given to you on discharge from hospital.

Only Take Medications that you are prescribed. Check before using other over-the-counter medications, as medication interactions can occur.

Additional Medications
Laxsol is a laxative / stool softener, often used with pain medications to avoid constipation. The usual dose is 1-2 tablets each night, but please follow packet instructions.

Omeprazole is used to reduce stomach acidity and irritation which can occur with some pain relief medications. The usual dose is 20mg daily, but please follow packet instructions.

Ondansetron (Zofran) is used to treat or prevent nausea. It is usually taken only as required, please follow packet instructions.

Cyclizine (Nausicalm) is used to treat or prevent nausea or motions sickness. It is usually taken only as required, please follow packet instructions.