



Patient Information

# Hip Replacement



# Orthopaedic Education Package for Hip Replacement Surgery

The Nursing Unit Manager and Staff welcome you to Kareena Private Hospital. This booklet was prepared for your information and to aid and inform you of aspects of your proposed operation. We believe that a patient who is well informed is better able to participate in his or her own care during their hospital stay. This ensures that you will gain full benefit from your joint replacement surgery. We hope that you find it useful. We also hope that you have a comfortable stay. Please do not hesitate to contact us if you have any questions.

## Visitors Information

Kareena Private Hospital is a smoke free zone.

### Telephone Numbers:

Front desk: 9717 0000

Preadmin clinic: 9717 0120

Day Surgery Lounge: 9717 0163

[kareenaprivate.com.au](http://kareenaprivate.com.au)

### Visiting Hours

10AM – 12PM & 3PM – 8PM

REST PERIOD 12PM – 3PM (no visitors allowed)

Rehabilitation Ward: 3.00pm – 8.00pm

### Private Rooms

Whilst every effort is made to accommodate your request, we cannot always guarantee availability.

# What is a Hip Replacement?

## The hip joint

The hip joint is a ball and socket joint. The ball is formed by the head of the thigh bone (femur bone) and sits inside the socket (acetabulum).

## Arthritis

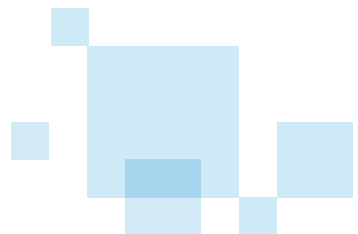
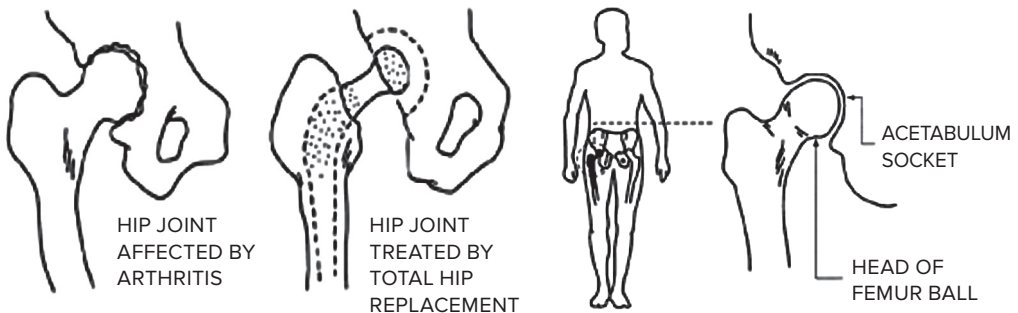
Arthritis is the most common condition that leads to the need for a Total Hip Replacement. Arthritis occurs when the smooth gristle coating the ends of the bone wears away, exposing the underlying bone, causing roughness and distortion of the joint. Movement becomes restricted and chronic pain results. A limp often develops and limb shortening, wasting and instability may occur.

## Total hip replacement

This is an operation designed to replace the joint which has most commonly been damaged by arthritis. The operation replaces the worn ball and relines the socket. There are several types of replacements available; your surgeon will choose the one most suited to your needs.

## Your new joint will

- Relieve pain
- Decrease stiffness and limited movement
- In most cases correct limps
- Restore quality of life



## Prior to admission

To assist with the efficient process of your admission and subsequent discharge from the hospital, a degree of planning is required by the hospital staff.

### Pre Admission Clinic

Depending on your surgeons preference, you will be requested to attend the Orthopaedic Preadmission Clinic. This clinic, is staffed by a GP who will do a comprehensive medical assessment and ensure that you are prepared for the scheduled surgery. All questions and queries can be answered by the nursing staff at this time. You will also be invited to partake in the Orthopaedic Joint Clinic that is customised for your surgical experience incorporating pre and post surgery and your hospital stay flowing on to your Rehabilitation journey.

### Pre-existing medical conditions

If you have a pre-existing medical condition, you may need to see a Specialist Physician before admission. Your surgeon will let you know if this is necessary.

### Blood tests

Blood tests, x rays and often an ECG (a trace of your heart) will need to be attended as per your surgeons request.

### Antimicrobial soap

You will be required to shower for 2 days prior to your surgery with an antimicrobial soap, with particular attention being paid to the joint to be operated on. Please shower with the antimicrobial soap again on the day of surgery prior to admission. Please use a clean towel after each shower. **DO NOT USE** powders, deodorants, creams, perfumes, make up or nail polish after that shower.

### DO NOT SHAVE YOUR LEGS

#### Skin integrity

It is important that your skin is intact and free of infection and inflammation prior to your surgery. Any cuts, abrasions, rashes or sores must be reported to your surgeon. We advise that you stay away from gardening and home maintenance work 1 week prior to surgery.

### Smoking

You are advised to stop smoking for as long as possible prior to surgery. It will affect the anaesthetic and the healing process.

## Admission time

Your admission and fasting times depend on the time of your operation. You will be called the day prior to your surgery with these times.

## Expected length of stay in hospital

This depends a little on the individual and the surgeon. Average length of stay is 3–5 days. Discharge time is 10am.

## What to bring to hospital

- **MEDICATION**

In it's original packaging from the pharmacy. We ask that you do not bring in Webster packs or day dividers.

- **X-RAYS, MRI & Scans** (related to this surgery only)

- **NIGHT ATTIRE**

- **DRESSING GOWN AND SLIPPERS** (thongs and scuffs are not suitable)

- **LIGHT COMFORTABLE CLOTHING**

Track pants, shorts & t-shirts, skirts. Dressing in day clothes is important for personal comfort and safety. It also has a positive psychological effect following surgery.

- **TOILETRIES**

- **CRUTCHES**

You will be given a pair of crutches, if you would like to use Canadian or elbow crutches you can hire these from most major pharmacies or surgical supply outlets. We have crutches (underarm) available for purchase.

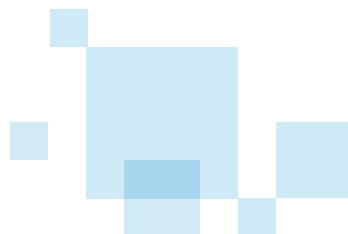
- **OTHER EQUIPMENT**

e.g. walking frames already in use at home. Patients with sleep apnoea using CPAP are asked to also bring these into hospital.

- **PERSONAL AIDS**

Hearing aids, glasses

- **PLEASE LEAVE ALL VALUABLES AT HOME**



## On admission

On the day of your admission please report to the Hospital reception desk on the ground floor.

### DSU

You will be escorted to the Day Surgery Admission Centre. You will be prepared for your operation in this area or if an afternoon admission the ward you will be returning to.

### Anaesthetist

Your Anaesthetist will see you and discuss your anaesthetic and pain management with you and will assess your suitability for General, Epidural or Spinal block anaesthetic. Information about anaesthetics used in hip replacement surgery will be discussed at the pre-admission clinic.

### Graduated compression stockings

These will be applied to your non operative leg to help in the prevention of blood clots and applied to the affected leg post operatively.

### Blood tests

Any blood tests and x-rays that have not been completed prior to admission will be attended.

### Operating theatre

You will be transferred to the theatre holding bay before transferring to the operating theatre. Joint replacement surgery takes between 1 1/2 hours – 2 hours and then 1 hour + will be spent in recovery.

### Ward

You will only be transferred to the Orthopaedic ward after your stay in recovery. The time frame from transferring from DSU to arriving on the ward following your operation is approximately 4 hours.

## After the operation

### Recovery room

You will wake up in the recovery ward, you will be drowsy and may not remember very much. Average length of stay in recovery is about 1 hour.

### Oxygen mask

You will have an oxygen mask on your face (oxygen is usually continued for the first 12 to 24 hours).

### Intravenous cannula

You will have an IV cannula (or drip) for replacement fluids and antibiotics.

## **Pain control**

Your pain will be controlled as per the Anaesthetist's instructions.

## **Dressing**

A dressing will extend over the surgical incision.

## **Wound drain**

You may have a wound drain in place to remove any excess blood and fluid from the operation site, depending on the surgeon.

## **Wedge pillow**

You will have a wedge pillow between your legs which must stay in place. This is to keep your legs separated (or abducted), as this is the safest position for your new hip.

## **Indwelling urinary catheter**

This will be inserted into your bladder while you are asleep. Some medication for pain relief can affect how the bladder works.

## **Calf compressor machine**

Calf compressors are used in conjunction with the graduated compression stockings to assist in the prevention of blood clots.

## **X-ray**

An x-ray will be taken of your new hip before you are transferred to the ward.

## **On the ward**

The nurses will monitor your progress closely. Vital signs (blood pressure, pulse, temperature), will be checked regularly. IV fluids will continue, but you will be able to eat and drink as desired.

## **Nausea**

May occur (not always) for a short period of time. Medication can be given to control it.

## **Pain management**

Your pain will be managed by methods as discussed by the Anaesthetist. Pain levels will be monitored closely by the nurses.

## **Wound drain and dressings**

These will be removed after 24–36 hours and a waterproof dressing will be applied to allow you to shower normally.

## Urinary catheter

This will be removed within 24–36 hours.

## Physiotherapist

The Physiotherapist will visit and commence your exercise program. You will be shown how to do deep breathing and coughing exercises to expand your lungs and prevent chest congestion. In the first 24 hours you may sit out of bed and walk a short distance (using a walking frame), depending on how you are feeling.

## Pain management

Pain and discomfort associated with surgery usually affects how you feel physically as well as emotionally. In turn how you feel can influence how quickly you recover from your surgery. So controlling your pain effectively is important for your comfort and recovery.

Pain is a very individual experience, so we can not advise you of how much pain to expect. Some people have experienced more pain in their hip before surgery than after the surgery. It is very important that your pain is well controlled and that you do not put up with excessive pain, as it will diminish your ability to move your new joint and do your physio exercises.

### Benefits of effective pain management

Besides making you feel better and more comfortable, effective pain management:

- Speeds up your healing and recovery
- Reduces your risk of complications
- Helps you move about sooner
- Improves your return to health and wellbeing

### Regular pain medication

You will be given regular pain medication as per your surgeon's preference. If you have any difficulty with the pain medication, please discuss it with the nursing staff.

## Ice packs

Ice packs are very effective in reducing pain. They are used regularly to reduce swelling and bruising.

## On discharge

When you are discharged home you will be given pain medication to take with you and information on its use.

## Managing Constipation

To manage constipation it is recommended you increase your intake of fibre in your diet. Please speak with your nurse if you are worried about this, and a mild laxative may be supplied.



## Physiotherapy

Physiotherapy is a vital part in the recovery of joint replacement surgery. If the exercise program is not followed, then the risk is that your joint will stiffen and you will not achieve the best result from the surgery.

### Walking frame

The Physiotherapist will visit you every day and assist you with your exercise program. You will commence mobilising using a forearm support frame which enables you to take some of your body weight through your arms, but you will be encouraged to take as much weight through your legs and walk as normally as you can.

### Crutches

You will then progress to crutches and be able to safely negotiate stairs with crutches before discharge. You will need to continue to use crutches for 3–4 weeks after surgery, or as your surgeon directs you.

### Activities of daily living

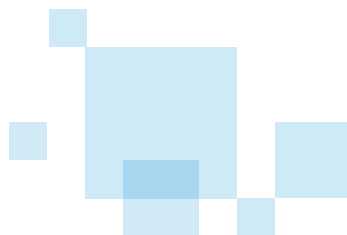
The nurses will assist you with showering and dressing as needed and encourage you with your exercises. We do encourage you to be as independent as possible in preparation for discharge home.

### Rest

Rest is equally as important as exercising. We maintain a daily rest period between 12pm–3pm. No visitors are allowed. This gives the patient the opportunity to have some quiet time.

### On discharge

The Physiotherapist will give you instruction on exercises to be continued at home. Further physio visits after discharge are not always necessary after hip replacement surgery.



## Going home

Many patients go home with feelings of uncertainty. These feelings are quite normal. A positive attitude and common sense regarding what you can do and can't do will contribute to a smooth recovery. You should be reasonably independent with showering, dressing and mobilising with crutches. Some assistance may be required from family and friends.

### Rehabilitation

Following your surgery you may need ongoing rehabilitation prior to returning home. For this you may be transferred down stairs to the Rehabilitation Unit or a hospital / Rehab of your choosing. Your Doctor and Physiotherapist will assess your need for Rehabilitation before your discharge.

### Wound care

You will be given instruction on discharge about caring for your wound at home. Arrangements for removing clips or stitches will be made prior to discharge. Once the clips or stitches have been removed it is safe to shower directly onto your wound. You may experience lower leg swelling for up to 6 months after discharge. If this occurs, lie down and elevate your leg.

**Contact your surgeon during business hours or the hospital after hours if you develop any of the following:**

- an increase in pain
- any swelling not reduced by rest or elevation
- wound separation, redness or discharge
- elevated temperature
- pain in the calf or groin
- difficulty with breathing

**IT IS IMPORTANT THAT YOU ARRANGE FOR SOMEONE TO DRIVE YOU HOME ON THE DAY OF DISCHARGE**

**IF YOU HAVE ANY CONCERNS ABOUT YOUR DISCHARGE HOME PLEASE TALK TO A MEMBER OF STAFF**

## Equipment needed for home

- **RAISED TOILET SEAT**

To assist with getting safely on and off the toilet. These can be hired from surgical supply outlets.

- **CRUTCHES**

You do not have to bring these in on the day of admission (you will not need them that day). You can arrange for a family member or friend to bring them in a day or two after surgery.

- **LONG SHOE HORN**

For putting shoes on.

- **REACHING AIDE**

This can be useful for picking things up while your range of mobility is limited after surgery.

- **SHOWER CHAIR**

We recommend that you sit down to shower when you first go home

- **A SUITABLE CHAIR TO SIT IN**

You should have a chair that is not too low and difficult to get out of. Special adjustable chairs can be hired.

- **A CUSHION TO RAISE THE CAR SEAT WHEN TRAVELLING**

An ordinary pillow will be fine. Make sure that there is one in the car for your trip home from hospital.

## Important rules for the first 3 months following hip replacement surgery

The hip joint is at risk of dislocating following surgery if you move incorrectly and don't follow instructions.

- **DO NOT** Flex your hip more than 90 degrees (your knee should not be higher than your hip when sitting).
- **DO NOT** Sit on a low chair or toilet.
- **DO NOT** Cross your legs or ankles.
- **DO NOT** Twist at the waist. Take small steps to move around.
- **DO NOT** Bend forward when getting out of a chair. Push up using the arms of the chair and stand up straight.
- **DO NOT** Bend down from the waist while sitting (you will need assistance to wash and dry your feet and apply socks and stockings).
- **DO NOT** Drive a car for 4–6 weeks. Speak to your surgeon if you have questions regarding driving restrictions.

**FOLLOWING MOST HIP REPLACEMENT SURGERY YOU WILL BE ABLE TO FULLY WEIGHT BEAR ON YOUR OPERATED LEG**

# Possible complications

## Deep Vein Thrombosis (DVT)

Deep Vein Thrombosis refers to the formation of blood clots in the deep veins in the legs. They cause swelling, redness and pain in the legs and restrict the blood flow. These clots can travel to the lungs and cause pulmonary emboli (PE), which can be life threatening.

To reduce the risk we recommend

1. Lower limb exercises (e.g. foot and ankle)
2. Early mobilisation
3. Graduated compression stockings to be worn for the first 6 weeks (day & night)
4. Anticoagulants (blood thinning medication). Your surgeon may ask you to continue taking these for several weeks after surgery.
5. Calf compressors to be worn while in bed in hospital.

## Infection

There is a risk of infection following a surgical procedure because it involves the disruption of your main defence against infection – your skin. The following steps are taken to decrease the risk:

### 1. **Antibiotics**

These are given at the time of surgery and for the first 24 hours.

### 2. **Dressings**

The wound is covered with a plastic waterproof dressing. The nurses will check the dressing daily, but will only change it as required. Take care not to wet your wound until after the clips or stitches have been removed.

## Constipation

To help avoid this becoming a problem:

1. Drink plenty of fluids
2. Mobilise
3. Tell your nurse if you are having trouble with your bowels

# How to improve your recovery process

Rapid recovery from hip replacement surgery revolves around:

## Reducing swelling

Use ice packs at home. We recommend that you use an ice pack for 20 minutes, 3 – 4 times daily until swelling has reduced.

## Strengthening muscles

Continue the exercise program as instructed.

## Reducing pain

Continue to take pain medication regularly as required. We also recommend that you take pain medication 30 minutes before exercising so that you can mobilise your joint effectively.

**Failure to address these issues will slow down your recovery considerably. Your dedication to doing your exercises is very important in achieving a successful outcome.**

The staff of the Orthopaedic ward is committed to ensuring you are well cared for and that your stay is pleasant. Best wishes for a speedy recovery.

# Falls

## THE FALLS PROGRAM IS FOR THE SAFETY OF ALL PATIENTS

### Reasons for falls

1. Unfamiliar surrounds
2. Medication – The anaesthetic drugs and pain medication can make you feel quite dizzy
3. Lack of confidence following surgery
4. Dependence
5. Stress
6. Confusion – Some patients become a little confused after an anaesthetic
7. Slippery floors
8. Graduated compression stockings – Walking on tiled bathroom floors in stockings is unsafe

### Preventing falls

1. Ask the nurses for assistance
2. Be aware of your room environment
3. Footwear – We suggest that you bring in some slip on shoes or good sturdy slippers for mobilising in
4. Get out of bed slowly. Give your head a chance to clear
5. Use your stability aides. Don't be tempted to go off to the bathroom without your crutches
6. Make use of the call bell
7. Let the staff know if you feel unsteady
8. Report any spills
9. Put a light on at night if you need to get out of bed
10. Make sure there are no obstacles in your way

# Home exercise program

## 1. Deep Breathing

Whilst you are resting in bed and not exercising, take slow deep breaths to expand your lungs. Do at least 10 every hour.



## 2. Ankles

Move your ankles up and down to help maintain circulation and prevent blood clots. Do at least 10 every hour.



## 3. Quadriceps Muscle

Pull your foot back and push your knee down firmly against the bed. Hold 5 secs. – relax. Repeat 10 times every hour.



## 4. Gluteal Muscles

Squeeze buttocks firmly together. Hold for 5 seconds. Repeat 10 times every hour.

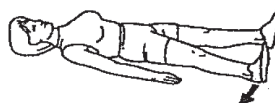
## 5. Hip Flexion

Slide your foot along the bed, bending your knee. Remember not to flex your hip past 90 degrees. Repeat 10 times every hour.



## 6. Hip Abduction

Lying on your back, bring your leg out to the side and then back to mid position. Repeat 10 times every hour.



## 7. Hip Flexion

Holding on to a chair or the end of your bed, lift your leg forwards so hip and knee bend up only as far as 90 degrees. Repeat 10 times, 5 times a day.



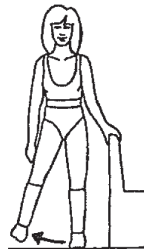
## 8. Hip Extension

Stand straight holding on to a chair or the end of your bed. Bring your leg backwards keeping your knee straight. Do not lean forwards. Repeat 10 times, 5 times a day.



## 9. Hip Abduction

Holding on to a chair or the end of your bed, lift your leg sideways and bring it back keeping your trunk straight throughout the exercise. Try not to “hitch” your hip. Repeat 10 times, 5 times a day.



## 10. Stairs

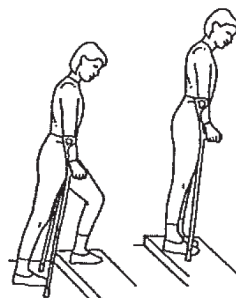
We will practice stairs with you before you are discharged from hospital.

### UP

- Good leg first
- Operated leg
- Crutches

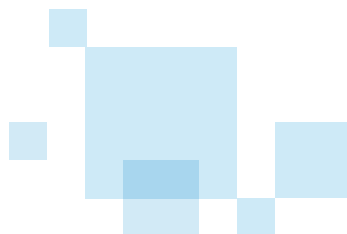
### DOWN

- Crutches first
- Operated Leg
- Good Leg



## Remember

1. Do not lift your knee higher than your hip, i.e. more than 90 degrees
2. Do not bend forward more than 90 degrees
3. Do not bring your operated leg across your other leg (as when crossing your legs)
4. Do not roll your leg inwards or “twist” on the operated leg

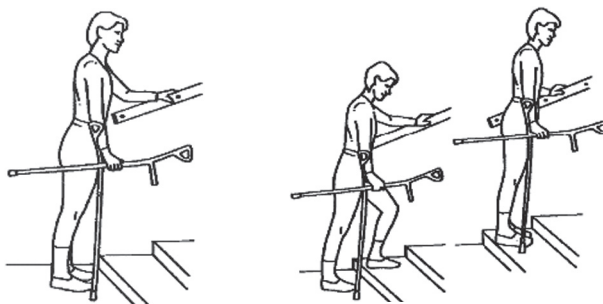


# Stairs

Stand close to the stairs. Take one step at a time.

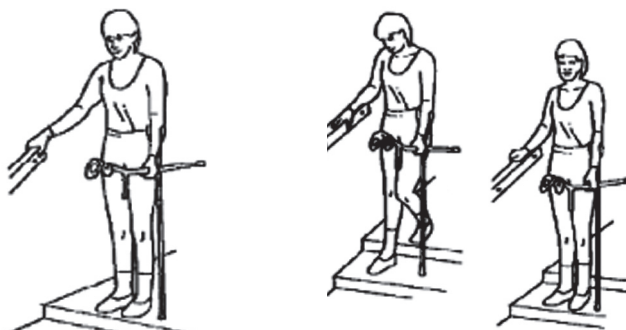
## To go up “Good leg to Heaven”:

- Hold onto the handrail with one hand and the crutch/es with the other hand
- First take a step up with your unoperated leg
- Then take a step up with your operated leg
- Now bring up the crutch



## To come down “Bad leg to Hell”:

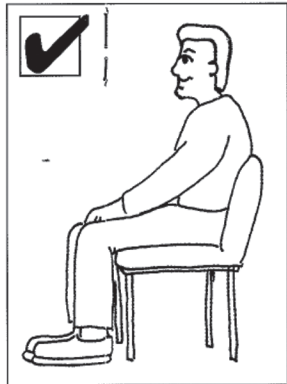
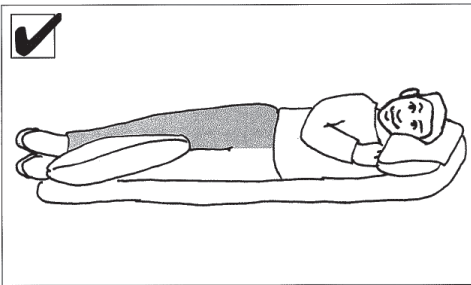
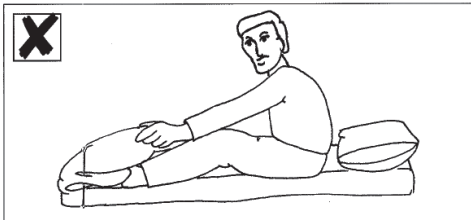
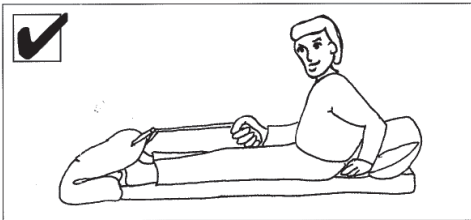
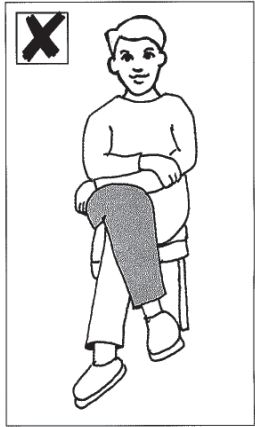
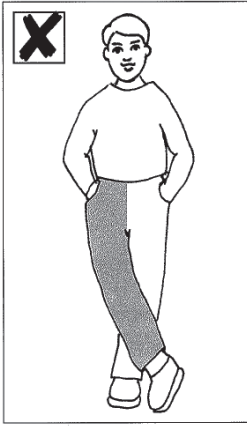
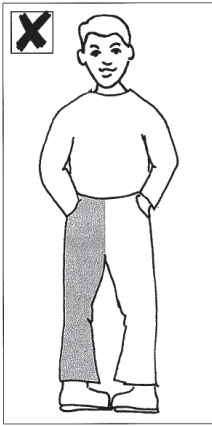
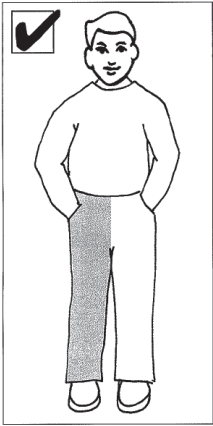
- Hold onto the handrail with one hand and the crutch/es with the other hand
- Put the crutch down first and reach down the rail with the other hand
- Step down with the operated leg first
- Then step down with your unoperated leg



You will be assisted as necessary and be able to perform these independently prior to discharge



# Important Rules for the First 3 months following Hip Replacement



## Notes

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## Kareena Private Hospital

Part of Ramsay Health Care

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[kareenaprivate.com.au](http://kareenaprivate.com.au)

People caring for people.