Osborne Park Hospital

Total Hip Replacement

Patient information guide

Revised November 2009.

Osborne Park Hospital Physiotherapy Department
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Introduction

Welcome to Osborne Park Hospital orthopaedic service.

This guide has been designed to help patients undergoing total hip replacement prepare for surgery and their recovery.

Please read this guide and make any necessary preparations before your hospital stay. Share the information with carer, friends or family who can assist you and invite them to attend your appointments. Write down any questions so you can ask them at your appointment times.

Please bring this guide with you to hospital.
**Hip replacement surgery**

The hip is a ball and socket joint. The ball portion of the joint is the top part of the thighbone and is called the femoral head. The socket is part of the pelvic bone and is called the acetabulum. This joint moves in its natural fluid called synovial fluid which helps to keep the joint moving. A degenerative joint disease known as osteoarthritis causes cartilage breakdown. This breakdown removes the cushioning in the joints and results in bone against bone. This is painful and therefore can cause eventual loss in joint movement.

Hip replacement surgery involves removing a diseased hip and replacing it with an artificial hip (prosthesis) that has smooth surfaces for more comfortable movement. The implant that replaces the socket is a metal shell with a strong plastic liner. The implant that replaces the ball is a long metal stem that fits down into the femur. The metal ball is secured on the top of this stem.

Advances in both surgical techniques and our rehabilitation program mean you can look forward to less pain, more strength and more freedom for a faster recovery.

Your surgeon will access your hip joint for surgery in one of several ways: through tried and tested traditional techniques or through a recently developed mini-invasive technique. This uses the same artificial joint as other methods but less skin and fewer muscles are cut during the surgery.

Our accelerated rehabilitation program combines additional physiotherapy with care from the orthopaedic team, to help you recover as soon as possible.

(Source: Zimmer, 2006)
Preparations to make before your hospital admission

Pre-admission appointments

The Pre-admission Clinic is located in Block B, Osborne Park Hospital

Before your hospital stay you will be given an appointment to attend the Pre-admission clinic. You should bring to this appointment the following:

- Any x-rays relating to your planned surgery
- Medication you are currently taking
- Your Medicare card
- Invite a carer, family member or friend who will help you after your surgery.

The Pre-admission clinic (allow up to 4 hours) will involve:

1. Assessment by an Anaesthetist and discussion of pain relief options

2. Assessment by the doctor and pre-admission nurse. During this time
   - You may also require a blood test, x-ray, heart recording and a urine test
   - You will be given surgical soap to shower with on the day of surgery.

3. An occupational therapist will
   - Review your current function and home set-up and provide aids and equipment as necessary (see page 9).
   - Provide education/strategies for preparing your home environment and completing daily activities, such as meal preparation, after your surgery
   - A home visit may be arranged prior to surgery if required

4. A physiotherapy session which includes
   - Education about hip replacement surgery, its effect on you physically and what is involved in getting ‘back on your feet’
   - A physiotherapist will teach you which skills you need to practice in lead up to your operation (pages 6 to 8) and discuss what walking aids you might need after surgery. These aids will be provided to you so that you can practice with them prior to having surgery.

Support to prepare your home

Suggestions to help prepare your home are provided on page 8. If you or your carer anticipate any practical or personal difficulties after your surgery, please phone 9346 8121 to speak with the Elective Orthopaedic Social Worker. Assistance is also available during your hospital stay for any concerns your or carer may have.
Skills to practice

After the operation there are ‘easier’ ways to move about. You and your carer will be shown these during the physiotherapy skills sessions and are strongly encouraged to practice them before you come to hospital. This is a better time for you to learn new movement skills as your ability to fully concentrate immediately after surgery may be distracted by all that is going on around you. The physiotherapist will also provide crutches and teach you to use them. Please ensure that you bring these crutches into hospital with you.

Getting into bed

- Sit with your bottom well back on the bed
- Lean back and use your arms to pull your body onto the bed
- Bring your leg onto the bed using your hand if necessary
- You may lie on your side to sleep. A pillow between your legs adds comfort.

Getting into bed

- Bend and push through your non-operated leg to lift your bottom up and across to the side
- Slide your operated leg to the bed edge
- Raise your body using your arms
- Let your legs slide around and place your feet on the floor

Standing up

- Take the strain off your new joint by using your arms to push up with as you stand
- Transfer your grip to your crutch handles when you are balanced.

Sitting down

- Turn around completely and have your legs against the back of the chair before taking your hands out of the crutches
- Place your crutches to the side
- Reach back with your arms to control and slowly sit down.
Walking

- Crutches first (the distance of a step, not too far ahead)
- Your operated leg next (in line with the crutches)
- Take weight through your arms
- Step your non-operated leg to land past the crutches.

N.B. Look up to see where you are going and aim to take fluent and evenly spaced steps.

Climbing stairs

Going Up
- The non-operated ‘good’ leg first
- Take your weight through your arms
- Then step the operated leg and crutches last

Going Down
- Crutches on the lower leg first
- Step down the operated ‘bad’ leg
- Take weight through the crutches
- Follow with your non-operated leg.

N.B. If available, holding a sturdy rail will be your safest option and use only one crutch as shown in the diagram.

Reaching to the ground

- Do not attempt if you are uncertain of your balance
- Always hold onto a supportive surface
- Kneel down onto the knee of your operated leg
- Use your non-operated leg to do the lowering and the standing up

N.B. Let someone else pick up items from the floor until you are certain you can safely and comfortably kneel to the ground.
Preparing your home

When you are discharged from hospital you will be able to walk about your home and manage simple tasks. However, you will need to walk with support of crutches. As these occupy your arms, you may need assistance or equipment to assist with some home management tasks.

Read the following suggestions so you can make arrangements that best suit your circumstances. You may live with family or a friend/carer who are happy to assist. If you live alone you may want to ask someone to stay with you or ask whether you may stay temporarily with him or her after your operation. Alternatively you can pre-prepare or simplify some tasks to manage them on your own, or seek assistance from community services. Please contact the Elective Orthopaedic Social Worker on 9346 8121 if you have any queries or need help for your preparations.

Meal preparation and shopping

- Pre-cook meals and freeze in small containers or buy frozen meals
- Contact our social worker to find out about home meal delivery service
- Stock up on food when at your local supermarket or enquire if they do home deliveries. It may be 4 to 6 weeks before you can resume driving
- Buy a packet of paracetamol tablets ready to take when you come home.

Home duties

- Give the house a thorough clean before your hospital stay
- Water and perform garden maintenance before your hospital stay
- Make arrangements for care and feeding of your pets.

Transport

- Ask carer, family or friends to drive you to and from hospital and to drive you to your follow-up appointments 4 to 6 weeks after surgery
- If you live outside the Perth metropolitan area, or are unable to rely on family or friends, ask your local hospital about Patient Assisted Travel Scheme (PATS).

By planning well in advance of coming into hospital, you will be able to look forward to your return home knowing you have prepared your home to comfortably suit your needs.
Equipment hire

Equipment to make moving about your home easier and coping easier at home can be loaned from Osborne Park Hospital for a small one-off administrative fee. An invoice will be sent to your mailing address in the weeks following your operation.

Your home environment and your recovery rate will determine whether and for how long you might need any items. Loan arrangements can be made before your hospital stay but after your surgery you may have a more accurate idea of your needs. The Occupational Therapist will discuss your anticipated home equipment needs with you.

Seats: Low seat heights may be harder to stand from during the first week or two after your operation.

A seat with armrests can be positioned over your toilet so you can use your arms to take some of your weight when rising or sitting down. We encourage you to use your arms when standing up from your bed, chairs or toilet during the first few weeks as this reduces the forces acting across the new joint.

Please contact the Elective Orthopaedic Occupational Therapist on 9346 8260 if you have any queries.

What to bring to hospital

- Any medications (including puffers, tablets, injections in their original packagings)
- Any x-rays you have relating to your planned surgery
- Your Medicare card or private health fund details
- Underwear, nightgowns or pyjamas and dressing gown
- Comfortable and supportive flat shoes/slippers (ensure shoes/slippers have backs in them)
- Casual clothes to wear to the physiotherapy gym (tracksuit/loose pants)
- Toiletries
- Reading glasses and/or hearing aids if you require them
- Walking aids/crutches (with your name marked on them)
- This guide.

We advise you to leave all valuables and jewellery at home and not bring large sums of money into the hospital.
A final checklist and you are ready

1. Ensure you have arranged your transport to and from hospital. Discharge time is usually 10am. Have information regarding your arrangements and appropriate phone number for us to contact when you are ready to go home.
2. Confirm that your home preparations are completed and you have either person(s) available to help you after you leave hospital or arrangements to utilise community services.
3. Drink fluids and maintain a healthy diet up until the time you have been advised to stop eating and drinking. **The Sunday before your operation you will receive a phone call to confirm your admission time. If we have been unable to contact you before 5pm, phone 9346 8071 and ask for the ward coordinator.**
4. Have your bags packed and ready!

*Your hospital admission*

*Your admission and operation day*

Prior to coming to the hospital please shower with the soap given to you in the pre-admission clinic. On the day of your operation please report to Osborne Park Hospital reception and from there you will be escorted to Ward 6. Here, a nurse will greet you and prepare you for surgery and provide a gown to change into. From this ward you will go to the operating room.

The operation generally takes between one and two hours. You will wake up in the recovery area where a nurse will look after you until you are taken to the ward to start your rehabilitation. A pain medication delivery device will be providing your pain relief; you will have additional oxygen given through a mask and may have a urinary catheter in place. These are all continued until the next morning.

You will be encouraged to do breathing and circulation exercises whilst resting in bed.

- Point your feet up and down vigorously
- Repeat 10 times every hour as this helps prevent blood clot formation.

You may have a calf or foot pump machine on both lower legs to help with blood circulation. A physiotherapist and nurse will help you stand for the first time on the afternoon of your surgery or the next morning.
Keeping you comfortable

Effective pain relief is important for your rest and recovery. It is common to experience some discomfort or pain after surgery. However, pain relief medication taken regularly will make it easier and more comfortable for you to walk and do your physiotherapy exercises.

If your levels of discomfort are increasing, let your nurse know before you experience pain so your medications can be adjusted to keep you comfortable.

If you should experience medication side effects such as drowsiness, dizziness or nausea let your nurse or doctor know so that we may help relieve these symptoms.

Ask questions and begin to understand which medications are giving you the best pain relief and how often to take them so that you may continue to manage your pain at home. Further information about the strengths of pain medications and when to take them is provided on page 16. Your carer may wish to discuss your pain relief with the nursing staff caring for you.

Other medications you may be offered (if suitable for you) are:
- Medication to protect against blood clots
- Anti-inflammatory medication to reduce swelling
- Medication to relieve any nausea if you experience this

Getting fit to return home

Your initial rehabilitation focus, if necessary, is to improve your ability to get in and out of bed, walk with crutches, shower and dress, climb stairs and to understand how to improve your activity levels once you are home. Physiotherapy sessions begin on the afternoon following your surgery or the next morning.

On the morning after your surgery you will be assisted to walk to the shower and encouraged to participate in bathing and dressing. Ask to try using a dressing stick if it is difficult to reach your feet. As your joint movement eases, you will need less assistance with your personal hygiene.

Spending more time out of bed as you recover will help to decrease the risk of blood clots and skin pressure areas. Be an active participant during your recovery giving your full concentration and effort when you practice the activities that you need to perform safely before returning home.

You may take as much weight as feels comfortable on your leg, however use of a walking aid is advisable for at least 2 weeks. Recovery rate can vary for many reasons so your rehabilitation will be tailored to suit your individual needs. Listen to your body and only GRADUALLY increase your activity levels. Combine this with brief rests on your bed to help reduce leg swelling and allow wound healing. Your discharge will be arranged once you are safely able to perform the activities that you will need to do at home. This can be from one to several days after surgery.
**Strengthening Exercises**

Become familiar with the exercises below before your surgery. Your physiotherapist will assist you with them after your operation. Initially, exercise only the operated leg. Take your pain medication 45 minutes before your workout to maximise your ability and comfort. Perform each exercise 10 to 20 times, twice a day.

**Hip Bending**

Bend the knee of your operated hip up in front of you

**Leg out to the back**

Keep your knee straight and slowly move your leg behind you

**Knee bending**

Keep your hip still as you bend your knee towards your bottom

**Movements to avoid**

Avoid activities that involve moving your hip to the full extent of its movement in any direction while the joint capsule heals for 3 months.

**Do not**

- force your leg back and twisted out behind you (like a golf swing position)
- twist and bend your knee up and across the midline of your body

**Do instead**

- dress by bringing your foot to the inside so your knee points outward
Discharge from hospital and getting home

Congratulations on completing your hospital recovery and being ready for home. We wish you well and look forward to supporting the later stages of your rehabilitation with assistance from the community services of Homelink or Silver Chain.

Leaving the hospital

Hospital discharge

A discharge pamphlet and required medication scripts will be given to you or your carer at the time you leave the hospital.

Getting in and out of a car

A Patient Service Assistant will take you in a wheel chair to your transport home.

The technique for getting into a car is similar to how you get into bed. Ask the driver to slide the front passenger seat back to make more room. Use the same technique you would use to sit down to a chair and then swing your legs into the car. Ask your occupational therapist if you have any concerns with this.

Arriving home

Relax and be confident to move about within your home environment, just as you practiced before your surgery. Remember to continue your pain relief medication. The first day home can be tiring, so allow yourself adequate time to rest.

Support for you at home

During the initial week or two following your operation we encourage you or your carer to accept nursing visits to your home and to participate in further physiotherapy rehabilitation. Prior to your discharge the hospital staff make referrals for you to these services. Alternatively you may elect to visit your local doctor (GP). Advice regarding your recovery is also available at the times of your orthopaedic outpatient clinic appointments.
Community nursing assistance

Following referral to Community Nursing, you will get a phone call confirming a time to visit your home. This visit is usually a day or two after your hospital discharge to observe your wound and answer any questions. More information about caring for your wound and monitoring your recovery at home is provided on page 15.

Physiotherapy assistance

A Community Physiotherapist may visit you if a home service is available in your locality. Alternatively, arrangements can be made for you to continue your rehabilitation at your local hospital outpatient physiotherapy department. Advice on how to balance your activity and comfort levels is detailed on pages 16 and 17.

Orthopaedic clinic review

The surgical team will continue to monitor your recovery when you attend outpatient clinic appointments at Osborne Park Hospital. These appointments will be at 6 weeks post surgery with the physiotherapist. The surgeon will review if required.

Transport

The hospital does not have a transport service or provide taxi vouchers to patients undergoing surgery. It is a good idea to plan for and arrange transport options prior to coming in for surgery. Remember that you may have GP or physiotherapy appointments to attend following discharge home.

X-ray of a Total Hip Replacement
Being aware of your body’s recovery

Caring for your wound

Skin glue or sutures that lie underneath the skin’s surface do not need to be removed. However if you have clips, your local doctor or the visiting nurse removes these 12 days after surgery.

Care and regular observation of your wound at home is very important. Wash the area and pat it dry with a clean towel. Avoid using powders until healing is complete. Do not go swimming until your wound has completely healed (3 weeks).

Swelling

It is normal to have some swelling around your hip and in your leg, and it may take a number of months for this to return to normal. Take time to rest with your leg up. Reduce your walking or activity levels (you may be doing too much too soon). Gentle massage with moisturising cream may soften, reduce the sensitivity of your scar(s) and also help with swelling.

Numbness

A loss of sensation in your thigh occasionally occurs after surgery and may not return to normal for a few months.

Problems with your hip

If you experience any or all of the following, it is essential that you or your carer contact your local doctor or surgeon immediately:

- Excessive SWELLING, HEAT, REDNESS or PAIN in your hip or leg
- Fluid seeping from your WOUND
- FEVER or feeling generally unwell.

To reduce the likelihood of infection in your new joint, let your dentist or doctor know that you have had joint replacement surgery before you have another surgical procedure.

Constipation

Reduced activity level, decreased drinking and strong pain medication may lead to constipation or bowel irregularity. Drink extra fluids, especially water, and
increase the fibre content of your diet. Let your visiting nurse or local doctor know if you have not been able to use your bowels for more than two days.

**Balancing activity and comfort levels**

**Continue to take your pain relief medication**

‘Listen to your body’ and be aware of your pain levels to know how much pain relief you should take to keep yourself active and comfortable at home.

Your pain levels may vary greatly throughout the day, be different one day to the next or stay the same. However, your discomfort should gradually decrease as time passes. Sometimes you may feel that it hasn’t changed much but you may be doing more physical activity before reaching the same level of discomfort.

When and how much pain relief medication to take is different for every person. It is likely that you will need to continue taking pain medications at similar times to when you were in hospital initially, then gradually decrease the frequency, strength or amount of medication.

If you experience pain, you need to:

- Take mild medication regularly throughout the day (within prescribed amounts)
- If pain persists, add moderate or strong medication. Taking your medication one hour before your most active periods of the day allows the medication to take effect before you need it most
- Rest and reduce your activity levels. You may be doing too much.

Medications must be taken according to prescribed amounts. Some examples of the different strengths of pain relief medication you may be prescribed are:

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol/ Panamax</td>
<td>Tramadol</td>
<td>Oxycodone/ Endone</td>
</tr>
<tr>
<td>Celebrex or Nurofen</td>
<td>Panadeine Forte</td>
<td></td>
</tr>
</tbody>
</table>

**Changing your medications**

As your body heals you will have less pain, however it is likely that you’ll be doing more as well. You may need to continue the same amount of pain medication for a few weeks. If you have very little pain while you are most active, begin to reduce your pain medication GRADUALLY.

Seek advice from your pharmacist, visiting therapist or GP if you experience side effects such as nausea, constipation or dizziness so they can investigate whether there may be an alternative medication that may suit you better.
Moderate your activity levels

- Balance periods of rest with activity. Walk as much as you feel able, but do this GRADUALLY by walking a little further each day. A few short walks are better than one long walk.

- Plan your day and simplify any possible tasks. Do small tasks each day rather than all of them at once. Decide...
  - Whether the task really needs to be done
  - Whether someone else could do it, or
  - Whether it could be made easier by using an appliance or aid.

- Give your muscles a break, as they are likely to have more to deal with than before your operation. They may be a bit stretched if they had shortened during the arthritic process or they may be trying to control more movement if your hip was previously stiff.

- Aim to resume your daily activities as soon as you can, however do not overstrain yourself. ‘Listen to your body’ to know if you have done too much. Overactivity can aggravate your healing tissues and cause further swelling.

- Allow time for your body to heal. REST is as important as activity during the initial weeks of your recovery. Put your leg up so gravity may assist to reduce leg swelling.

- Consider which of your activities may involve movements you should avoid (page 12). Rethink an alternative way to achieve the activity which will not strain your healing tissues or avoid the activity for 3 months.

- Your body will take 6 to 8 weeks to heal and it also takes time for your bone to grow into the prothesis if it is not cemented in place. Avoid taking unnecessary risks or engaging in activities which may risk a loss of balance or a fall.

- Request the advice of your physiotherapist or surgeon if you are unsure when to resume certain activities. Supports are available to assess whether you are ready and to show you how to progress towards goals of dressing yourself and walking around without the need of aids.

Getting back to an active lifestyle

Walking without aid

As your confidence, pain and leg control improve, take more weight on your hip and push less through your arms and crutches. To walk with one crutch you need to hold the crutch on the opposite side to your new hip.
Remember, it is better to have a good walking pattern using two crutches than to limp and risk losing balance, so do not rush your progress. Keep using at least one crutch for two weeks.

When you are able to walk the distance of a street block and are not relying on the support of your arms, then you may be ready to try walking without aid.

**Resuming Driving**

Driving may be restricted for 4 to 6 weeks after surgery. If you have an automatic car and a left hip replacement, you may be allowed to drive sooner if you are capable of controlling the car. However you must check with your doctor and insurance company before resuming driving.

**Returning to Work and Recreation**

At your clinic appointment discuss when you can return to work, sport and recreational activities such as golf, swimming, bowls or tennis.

**Resuming Sexual Activity**

Sexual activity may be resumed after you return home when you feel you are ready. Your partner should take a more active role until your body has fully recovered. A comfortable position is to lie on your back with knees apart.
Osborne Park Hospital Contact Telephone Numbers

Surgical Ward Co-ordinator (Ward 6)  9346 8070
Pre-Admission Clinic              9346 8272
Pre-Admission Clinic Nurse        9346 8471
Physiotherapy                    9346 8317
Occupational Therapy              9346 8260
Social Worker                     9346 8121
Orthopaedic Clinic (OPH)         9346 8010

This document is available in some other formats on request

Revised September 2009
Delivering a Healthy WA