



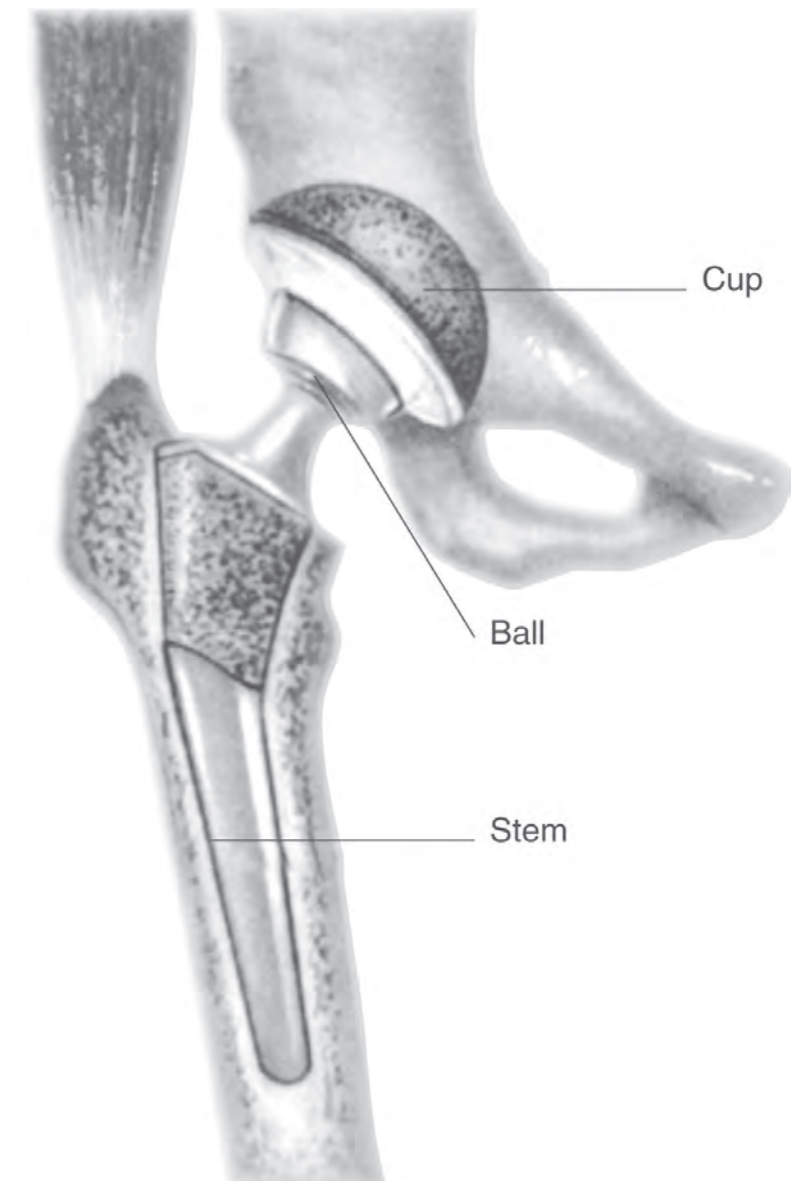
ST JOHN OF GOD
Murdoch Hospital

Your hip surgery

About St John of God Health Care

St John of God Murdoch Hospital is a leading Catholic not-for-profit Health Care group, serving communities with hospitals, pathology, home nursing and social outreach services throughout Australia, New Zealand, and the wider Asia-Pacific region.

We strive to serve the common good by providing holistic, ethical and person-centred care and support. We aim to go beyond quality care to provide an experience for people that honours their dignity, is compassionate and affirming, and leaves them with a reason to hope.



Please read this book carefully before coming to hospital, bring it with you and take it home with you when you leave.



100 Murdoch Drive, Murdoch, WA 6150
T. (08) 9366 1111 F. (08) 9366 1133 E. info.murdoch@sjog.org.au
f facebook.com/stjohnofgodmurdoch t twitter.com/sjgh_murdoch

www.sjog.org.au/murdoch



Published July 2015
St John of God Health Care Inc.
ARBN 051 960 911 ABN 21 930 207 958

SCMHBK6008 07/15



Equipment list for Total Hip Replacement



Shower chair with arms



Wedge cushion



High back chair with adjustable legs



Over toilet frame



Elbow crutches



Classic reacher



Ice bag



Leg lifter

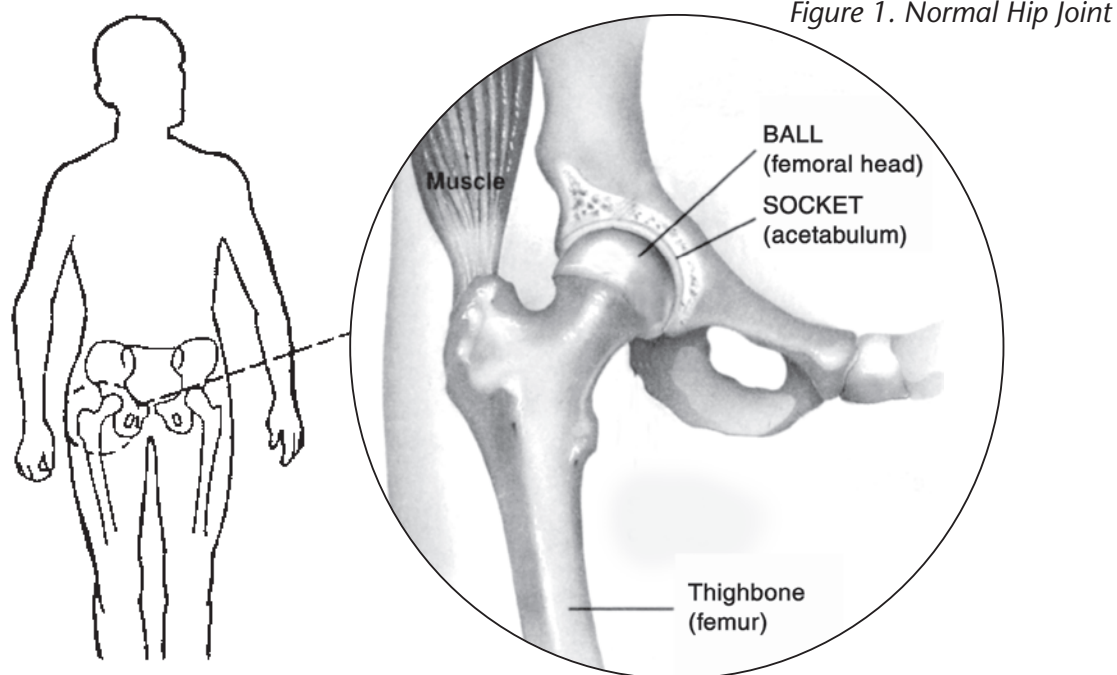


Contents

Introduction	2
Pre-operative	4
Pre-admission clinic	5
Admission and day of surgery	6
After the operation	7
Falls preventions	9
Physiotherapy	10
Discharge	17
Acknowledgments/contributors	18

Introduction

The hip is a ball and socket joint. The ball is formed by the head of the thigh bone (femur) and fits snugly into the socket (acetabulum). The surface of both these bones is covered with a smooth compressive substance known as articular cartilage. Arthritis occurs when the cartilage wears away, exposing the underlying bone. This causes roughening and distortion of the joint, resulting in painful and restricted movement (Figure 2).



Sometimes a total or partial hip replacement is performed after an injury. This happens when the injury to the hip is so severe that it damages the blood supply which nourishes the hips, and the broken or fractured hip cannot heal.

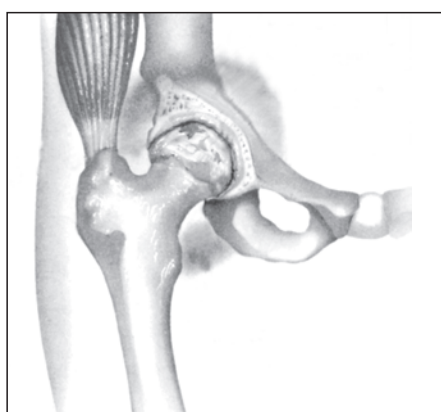


Figure 2. Arthritic Hip (surface cartilage worn away causing a roughened distorted joint)

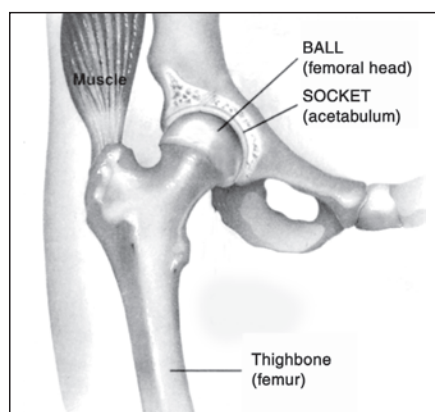


Figure 3. Total Hip Replacement

The total hip replacement is made up of three parts:

- metal or ceramic ball, which replaces the worn head of the thigh bone(femur), and is mounted on a stem
- a metal stem that is placed into the femur
- a metal socket is placed into the pelvis (acetabulum) to replace the worn socket. The socket is lined with metal, ceramic or plastic.

The total hip replacement is made up of three parts:

- metal or ceramic ball, which replaces the worn head of the thigh bone(femur), and is mounted on a stem
- a metal stem that is placed into the femur
- a metal socket is placed into the pelvis (acetabulum) to replace the worn socket. The socket is lined with metal, ceramic or plastic.

There are several types of hip replacements. Your surgeon will choose the type of prosthesis most suitable for you.

Total hip replacement benefits:

- Relief of joint pain and stiffness
- Improve joint movement and mobility
- Improved strength (if you exercise)
- Overall improved quality of life

Pre-operative:

Pre- operative assessment:

1. Your Surgeon may have ordered some routine tests to check your general health. These tests may include:
 - Chest x-ray
 - Hip X-rays / MRI
 - E.C.G (electrocardiogram)
 - Blood tests
 - Urine test
2. An assessment with the anaesthetist who will discuss the type of anaesthetic suitable for you and your pain control in the post-operative stage.
3. An appointment with the pre-admission nurse

Preparing for surgery:

There are many things you can do to contribute to a positive outcome after your surgery.

It is a good idea to think about the need for minor home modifications, i.e. handrails in the shower, before coming to hospital. The occupational therapist (OT) can visit and advise you at home before admission into hospital. He/she will help you maintain and enhance your independence and safety at home.

The Occupational Therapy Service is provided privately, so you will receive an account.

Your health insurance fund can advise regarding your rebate. Please speak to your GP if you would like a home visit from an OT.

You can prepare for your rehabilitation phase by:

- Identifying your recovery destination prior to your discharge from hospital i.e. your home or rehabilitation facilities
- Identifying equipment needed to manage safely in your home
- Arranging family/friends support
- Stocking up on shopping
- Freezing pre-cooked meals
- Improving your muscle strength with a program of exercises provided by a physiotherapist started a few weeks before your surgery

You may need to stop taking some medications, e.g. **anti-inflammatory tablets, warfarin, aspirin, fish oil, herbal homeopathy and complementary medications etc.**, prior to surgery. Please discuss this with your surgeon.

If you are a smoker, we suggest that you contact your GP about “QUIT” or stop smoking prior to your surgery. St John of God Murdoch Hospital is a non-smoking hospital.

If you are overweight, losing weight will help reduce stress on the new hip joint. Excessive stress is a contributing factor to possible wear and tear of the new joint.

Please notify your doctor or nurse if you have:

- Any infection including fungal, tinea and urinary infection
- Scratches or cuts on your skin, unhealed wounds or skin disorders
- Had recent dental work or any abscesses
- donated blood/plasma recently

Pre-admission clinic

Prior to your hospital stay, a visit to the pre-admission clinic or a telephone interview will answer any queries relating to your surgery. This will enable you to meet or speak with a caregiver who will explain what to expect whilst in hospital. You will also be able to discuss equipment needs and plan for your return home after discharge.

Please be prepared to discuss:

- Previous and current health problems and operations
- Medication you are currently taking – please bring a medication list from your GP or pharmacist
- Whether you have experienced an allergic reaction to any drug, foods, surgical tapes, etc
- Who will be taking care of you when you leave hospital
- Your home facilities (e.g. whether you have stairs, if support rails are required)
- Who will pick you up before 10am on the day of discharge

Equipment needed

- elbow crutches ,frame or walker
- over toilet seat raiser
- shower chair
- chair of correct height and with arm rests
- dressing stick or pick up stick. A dressing stick is 60 centimetres length of dowel with a plastic coated cup hooked on the end.

A dressing stick, also referred to as a pick up stick or a helping hand, can be purchased from most chemists.

It is advisable that you have the dressing or pick up stick on arrival or as soon as possible so the caregivers can instruct you on how to use it. This is done to enable us to plan thorough and individualised care for you when you are in hospital, and on your return home.

Admission and day of surgery

What to bring to hospital

- All your x-rays/scans
- This booklet
- All medication
- Nightie/pyjamas and comfortable day wear
- Safe footwear – flat and supportive; non-slip soles
- Toiletries
- Valuables to be kept to the minimum –small change for the newspaper
- Any electrical items brought in may need to be checked by the hospital's engineering department prior to use
- Please keep luggage to a minimum - carry-on size recommended

Admission to hospital

Your blood pressure, temperature and pulse will be taken, you will be weighed and you will have a routine urine test.

The nursing caregivers will show you how to roll over safely with the use of a special pillow strapped to your legs. This is only used until you are able to walk around or no longer need any assistance in bed.

You will not be allowed to eat or drink anything for approximately six hours before your surgery, or as advised by your anaesthetist.

Your hip will be shaved with clippers. **Do not shave your own leg prior to admission.**

All jewellery must be removed except your wedding ring which can be taped to your finger.

Should you have a pre-medication, please **do not** attempt to get out of bed. You may be drowsy or unsteady on your feet. Ring the nurse call bell should you require anything.

A note to family and friends

Please note, for the first 48 hours after surgery, visitors and telephone calls to patients should be restricted to close family members only. Patients can become very tired if subjected to excessive visiting and phone calls during this time.

The post operative room may not be available until the end of your surgery. Immediate family may be required to wait in the ward's patient lounge until your return.

Information about the recovery room

When you wake up after the operation, you can expect the following:

- An oxygen mask over your mouth and nose.
- In some cases, drainage tubes may be coming from your hip.
- An intravenous drip (IV) in your arm which may contain pain relieving medication, as discussed with your anaesthetist. The drip will be removed 24 – 48 hours after surgery.
- Routinely, your blood pressure, pulse and breathing rates are checked frequently. (Continued on the ward for the first 24 – 48 hours to ensure your wellbeing)
- In most cases it is necessary to have a tube (catheter) in your bladder to drain urine for a few days. This is because it can be difficult to empty your bladder for a day or so after your surgery.
- It is expected that you will remain in the recovery room for approximately 30 minutes to one hour.

After the operation

Pain relief medications / Analgesia

Pain control is an important part of your recovery. You will have in place the type of pain relieving medication as discussed with your anaesthetist before the surgery.

Tell your nurse if you are experiencing pain.

Pain medications will need to be taken regularly everyday until the discomfort from the operation begins to decrease. A combination of medications is often needed to achieve this as each person experiences pain differently.

If you experience any unpleasant side effects (nausea, vomiting, itch) **please tell your nurse.**

You may be concerned about becoming addicted to pain medication. The appropriate use of pain medications is very unlikely to cause addiction. Effective pain control will achieve a faster and more comfortable recovery.

Eating and drinking

You will have an IV drip in your arm that will deliver fluids until you are able to eat and drink normally, usually on the day of surgery or the day after the operation. It is advisable to start with a light diet.

It is not uncommon to have a loss of appetite in the first few days after your operation.

Sometimes nausea and vomiting can occur following surgery. **You should tell your nurse** if you are feeling sick so that he/she can give you some medication to relieve your nausea.

Wound care

The hip wound may have either staples or sutures and will be covered with a dressing. A home visiting nurse or GP will remove the staples between 10-14 days after the operation, depending on your surgeon's preference.

If you have wound drains, they will usually be removed on 24 - 48 hours after the operation.

The hip dressing will be replaced if required by your nurse. It is quite normal to have a large amount of bruising and swelling, so do not be alarmed.

(Once the hip wound is dry you may commence hydrotherapy, but first check with your surgeon).

Elimination

You will have a urinary catheter into your bladder after the operation for approximately one to three days. Your nurse may monitor your urine output until your bladder returns to your usual pattern. A bladder scanner may be used to check your bladder.

Constipation can often be a problem. Your nurse will discuss the **Murdoch Bowel Protocol** with you, and will administer medications until your usual bowel habit returns.

Pressure care relief

After the operation you will be in bed for 4-24 hours. You will be encouraged to relieve pressure on your back, heels and buttocks, with assistance from caregivers.

Blood clots prevention

Foot or calf pumps may be used. This involves pads which compress intermittently to stimulate blood flow in the legs.

Your surgeon may prescribe an injection of a medication or a tablet which helps to prevent blood clots forming in your legs or lungs.

Early mobilising is the key to prevent blood clots.

Mobility and activity

The physiotherapist will visit you after surgery and will show you how to get out of bed safely and assist you with walking.

After the operation you may have a foam cushion between your legs to stop you from crossing your legs or turning onto your side. This pillow will be removed once you no longer need assistance to get in and out of bed.

Exercise to increase blood circulation and deep breathing are important to assist in prevention of blood clots in the legs and lungs. Refer to Exercises immediately after surgery. Adequate fluid intake may help.

Patients after total hip replacement need to be **proactive** about doing their exercises before going home. Refer to section *Physiotherapy*.

Depending on your limitations, your caregivers may instruct you on how to use aids that will help you in bathing, toileting, dressing, putting on socks/shoes and reaching for household items. Our aim is to help you regain your independence as soon as possible.

Hip replacement patients are generally discharged from hospital when they are able to get in and out of bed unaided, walking and climbing stairs independently with use of aids (generally two to five days post-surgery).

Discharge

To ensure a safe and timely discharge home, we will ensure that:

- Your blood count is of an acceptable level Your bladder and bowel are functioning correctly You can walk unassisted with a walking aid
- You are able to walk up and down stairs (when applicable)
- You can get in and out of bed by yourself
- A check x-ray of your hip has been performed
- Removal of staples has been organised (if applicable). Ensure you are aware of the date this is to occur.
- Pain relief and other medications are organised for you to take home

Falls prevention

Keep trip hazards out of your home:

- Remove loose wires or cords from areas you walk through to go from room to room
- Remove loose throw rugs
- Fix any uneven flooring in doorways and use good lighting
- Have night lights placed in hallways and rooms that can be dark
- Be cautious if you have pets, that may become a trip hazard

Falls can result in injury to your hip replacement, so it is important to be careful when mobilising both during your hospital stay and when you return home. In the first 24 hours after your surgery you may experience numbness in your operated leg as a result of your anaesthetics. If you are experiencing numbness in your operated leg it is important to have a physiotherapist or nurse present when getting out of bed.

When getting out of bed, sit on the edge of bed for a minute. If there is no dizziness, you may stand. Once standing, stay by the edge of the bed. If no dizziness is experienced you may then move away. The same may apply after sitting for long periods.

Always take your walking aid (frame or crutches) with you and keep them within reach when showering or toileting. Your physiotherapist will advise as to when you don't need your walking aid anymore. Stairs are a particular hazard so ensure you use your crutches or handrails when ascending and descending stairs.

If you have had any falls recently or are concerned about your balance, please feel free to discuss this with your physiotherapist.

Physiotherapy

Physiotherapy treatment in the hospital is provided by a private clinic on site, therefore is charged separately from your hospital account. Depending on your health fund and level of cover, you may receive an account from the physiotherapy practice. Please feel free to discuss this with your physiotherapist.

- You will stand by your bed from the day of operation to the first day post-surgery. You will start walking with a frame from the first to second day after your operation, gradually progressing to elbow crutches. It is usual to continue elbow crutches for six weeks post-operatively.
- You are encouraged to increase your walking distance every day and sit out of bed regularly and for meals.
- Before you go home, you will learn how to walk up and down stairs depending on your home environment.
- Your physiotherapist will provide you with a handout of exercises to be done at home. These exercises will begin during your hospital stay.

When your wound has healed enough, you can exercise in a heated pool (hydrotherapy), usually about two weeks after your surgery. This is available at the outpatient physiotherapy clinic at the hospital.

An instruction sheet will be provided by your physiotherapist.

Exercises immediately after the operation

The following exercises increase the blood circulation and therefore assist in preventing clot formation in the legs and chest. The leg and muscle exercises will restore muscular strength and greatly assist with controlled walking. **All exercises should be performed every hour while you are awake.** You can start these immediately after your operation.

1. Deep breathing exercises

Take 10 deep breaths every hour and cough to clear any secretion from your lungs. If left, these secretions can cause a chest infection.

2. Leg Exercises

(a) Ankle Exercises

Move feet up and down and then together in circles. Repeat 10 times.



(b) Quadriceps Exercises

Press the back of your knees against the bed, hold for five seconds and release. Repeat 10 times.



(c) Gluteal Exercises

Tighten your buttocks together, hold for five seconds and relax. Repeat 10 times.



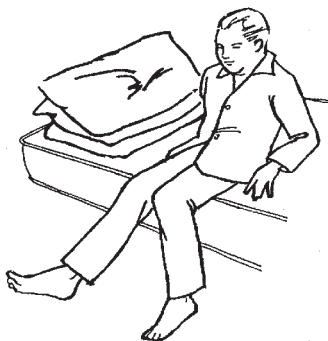
Walking and sitting at home

Getting in and out of bed

- When getting out of bed independently, get out on the side of the operated leg. In the first two days, however, your physiotherapist may assist you in getting out of bed on either side.



- Shuffle as close to the edge of the bed as possible before leaning forwards. Once your un-operated leg touches the floor, bend it well back and push with your hands on the bed to stand up straight.



- Keep your operated leg out in front until you are standing.

Negotiating stairs

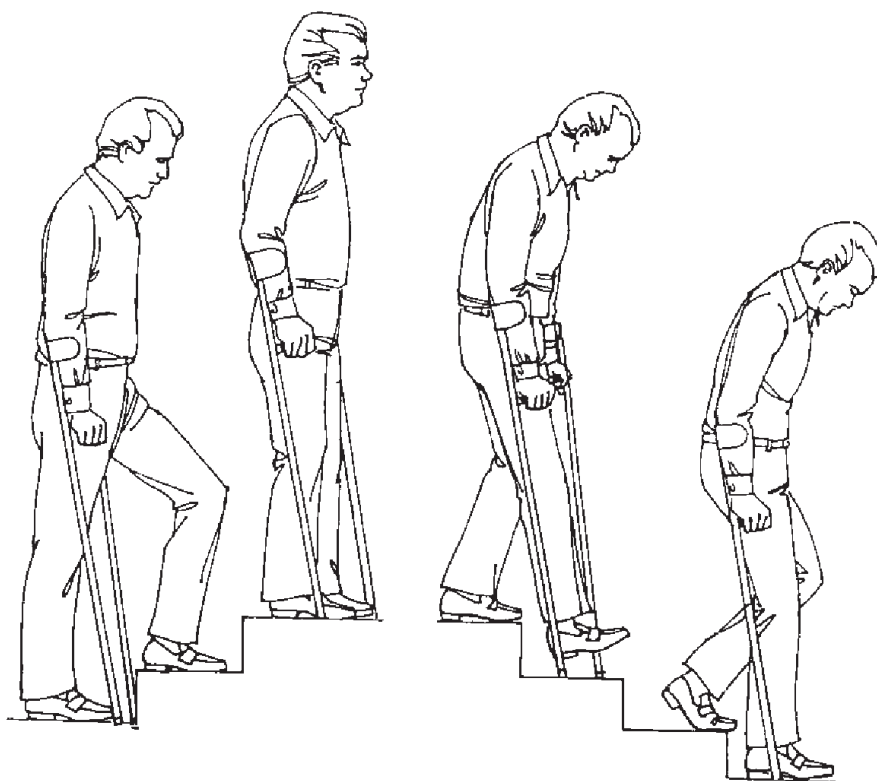
- When negotiating stairs, it is best to follow the simple steps listed below.

Going Up

- Un-operated leg first, then operated leg and crutches at the same time.

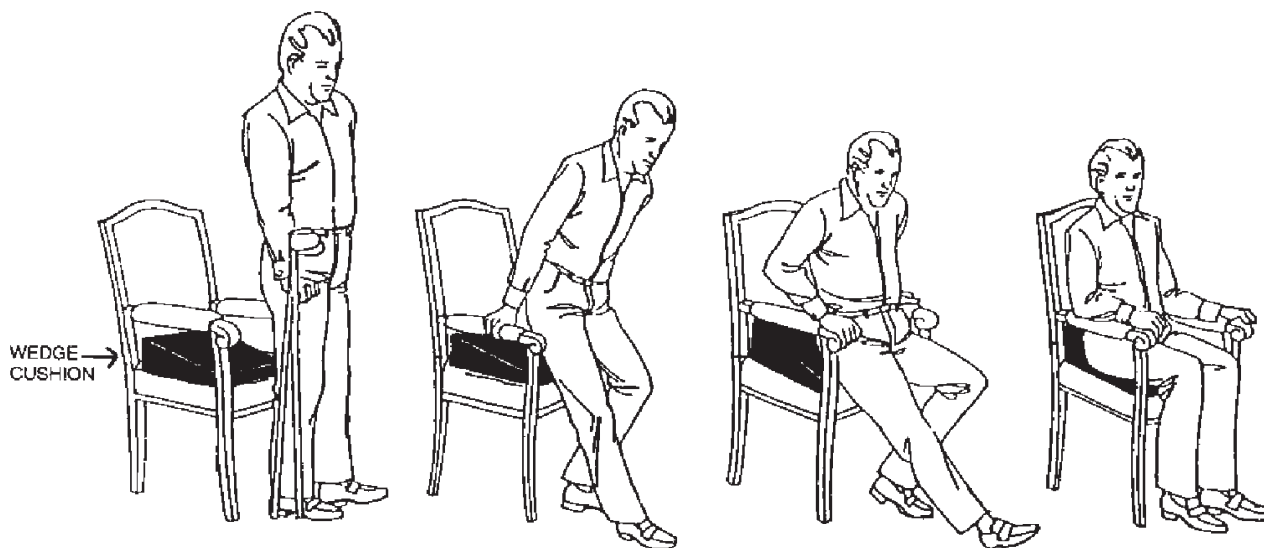
Going Down

- Crutches down first then operated leg, followed by unoperated leg.
- Always use a handrail and one crutch if available.



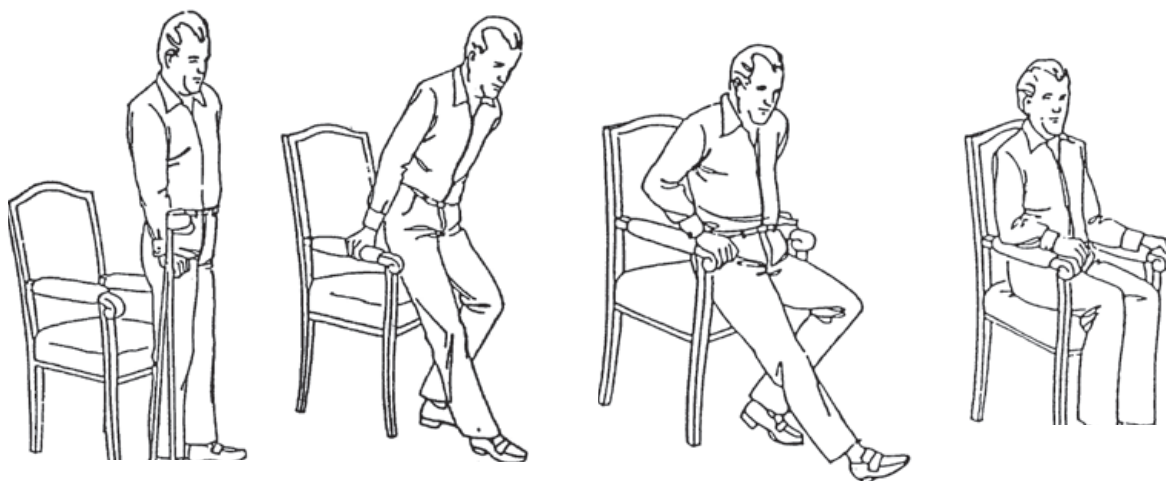
Sitting

- When you start sitting, it must be a chair with arms, with a seat that slopes down towards your knees, or on your wedge cushion which is given to you before you leave hospital.
- When lowering yourself into a chair, put your operated leg forward.



Toileting

- The same principles apply as for sitting.
- You will need an angled toilet seat raiser as your toilet at home will be too low.



Showering and bathing

- A shower is preferable to a bath because of the difficulty in getting into a bath.
- Shower with your heels 20-30 cm (8-12 inches) apart, preferably standing on a non-slip rigid suction mat (these can be bought from a chemist). If unsteady, use a shower chair or “grab rail”.
- **Do not** use taps, soap holders, water pipes or shower screens to hold onto while in the shower or getting out of the shower.
- Place your toiletries on a high chair or stool within reach to prevent bending and reaching.
- To save picking up dropped soap, it is advised that you use shower gel or soap in a stocking. You may wish to bring this item with you to use while in hospital.
- If you have a bath, the occupational therapist can advise of alternative safe methods of washing.

Dressing

You may have trouble:

- putting on shoes and socks
- putting on pants and underpants
- picking up items from the floor

Therefore:

- Sit down to get dressed – such as on the edge of the bed or on a high chair.
- Avoid bending forward at the hip or bending the hip past the sitting position.
- While sitting, use long handled aids (eg. shoe horn, dressing and pick up stick) to put on clothing.
- Use flat slip-on shoes without laces or shoes with elastic laces. Ensure that your shoes have a non-slippery sole and are not too loose fitting.
- Avoid wearing high heeled shoes as this throws your body weight forward and encourages bad posture.

Sex

- Your usual pattern of sexual activity may be resumed when the wound is healed and sutures removed, unless your doctor advises otherwise
- Let your partner take the active role
- The most stable position for your hip is on your back with legs apart

Household tasks

General principles

With household tasks, planning and simplification are key:

1. Take frequent rests
2. Use resources in the house (e.g. family members, electrical equipment)
3. Set realistic work goals
4. Break down tasks into achievable steps
5. Store all commonly used objects at waist height to avoid bending

Picking up objects

- **When bending** - stretch operated leg out behind you
- **When kneeling** - kneel on operated leg
- Use pick up sticks

Avoid:

- Putting objects at ground level
- Bending where possible

Bed Making

- Avoid excessive hip bending when tucking in sheets and blankets. If you have them, use fitted sheets and quilts.

Cooking

- Store commonly used items at waist height.
- Avoid bending and lifting.
- Avoid bending to use a low oven.

Cleaning

- Plan to do a few small tasks each day, rather than all in one day.
- Avoid vacuuming under tables and beds because of excessive flexion.
- Do not kneel to scrub floors or climb to clean windows.

Laundry

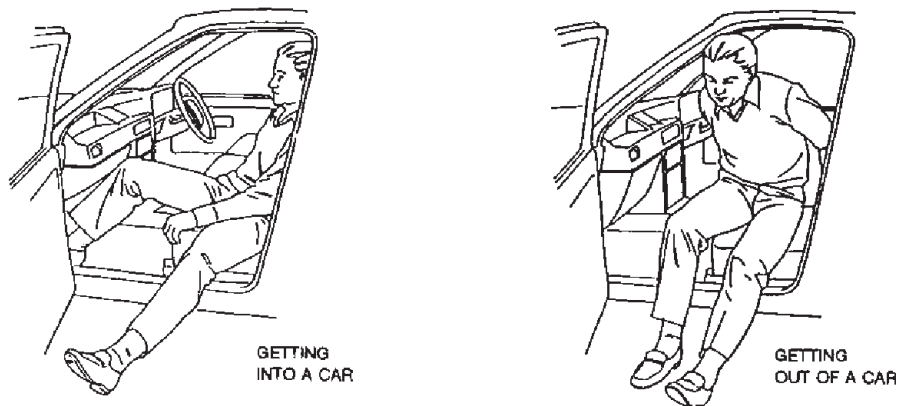
- Wash in small quantities.
- Avoid working at low levels.
- When hanging out washing, put the washing basket on a chair or use a washing trolley.
- Sit on a chair or use an adjustable board to iron.

Getting out of a car

The following adjustments to the front passenger seat will make getting in and out of a car easier for you.

- Have someone slide the seat back as far as it goes.
- Tilt the seat as far back as possible.
- Place your wedge cushion on the seat.
- Face your bottom towards the car, sit then slide your body to the far corner of the seat.
- Lean back and bring both legs into the car together.
- Be assisted to return your seat to the upright position.

Reverse this sequence to get out of the car. Your OT or physiotherapist can practice this with you before you go home.



Dislocation of the hip

There are several precautions you must take for at least three months after your surgery.

All of these precautions are necessary to maintain the stability of your new hip joint and most importantly, to prevent your hip from dislocating.

Dislocation of the hip is when the head of the femur becomes dislodged and comes out of the acetabulum (socket). The risk of this happening is far greater within the first three months while the muscles and tissue around the hip joint are still healing. Dislocation is possible because the metal and plastic socket is not as stable as the natural deep hip joint.

It is very important that you:

- **Do not cross your legs** - Keep your legs out to the side and away from the mid line of your body.
- **Do not bend your operated hip past 90 degrees** - by sitting completely upright or by bending the same knee up high towards your chest.
- **Do not roll your leg in or out** - the toes and the knee cap should point to the ceiling.

The most common causes of hip dislocation are:

- bending down to put on socks, shoes or stockings.
- sitting in low chairs and bending forward to get up.

Commonly asked questions

Driving a car

- Your surgeon will advise when you can drive. This will depend on which hip was operated on and the type of car you drive.
- Most people feel that approximately 6-8 weeks is needed post-operatively before they can fully control a manual car with the ability to stop suddenly without causing undue stress to their hip.

Work

- With a few exceptions, a total hip replacement need not be a limiting factor on your work activities.
- Your return to work date will vary with the type of work you do. Please discuss this with your surgeon.

Discharge – some tips

When you leave hospital, you may go home to family, friends or to another hospital for further rehabilitation. This decision will be made by you and your doctor.

With household tasks, **planning** and **simplification** are the key words.

Use resources in the home or ask a family member for help.

- Rest frequently.
- Set realistic goals - don't spring clean when you go home.
- Try placing commonly used objects at a higher level; do not work at floor level.
- Consider pre-packed or frozen food.
- Use a tray mobile especially if you live alone so you can transport your cup and plate from the bench to the table.

Support services

The following services may be available:

- Occupational therapist
- Social worker
- Case manager co-ordinator – discharge planner

Outpatient physiotherapy to continue your exercise program

If you require advice/assistance from any of these services please speak to your caregiver as soon as possible at the Pre-admission clinic or on admission.

Please take all your belongings including medications and X-rays.

When you leave hospital

Be sure you know when your surgeon wishes to see you for a post-operative check and make your appointment time as soon as possible.

Once home, you should continue with your exercises as instructed and progress with your walking.

If you have any problems at home, contact your surgeon or nearest health care facility.

Acknowledgements

Royal Perth Rehabilitation Hospital, Shenton Park WA

St John of God Subiaco Hospital

Contributors

The Orthopaedic Surgeons, St John of God Murdoch Hospital.

The Orthopaedic Ward Teams, St Emile and St Luke, St Francis, St. Rose and St. Catherine at St John of God Murdoch Hospital.

Occupational Therapist and Physiotherapist.