

PROOF



Interior Health
Every person matters

BEFORE, DURING & AFTER

Direct Superior Approach Hip Replacement Surgery

Please bring this guide to the hospital and to all physiotherapy appointments

Name: _____

Surgery Date: _____

Surgeon: _____

Special Instructions: _____

www.interiorhealth.ca

Table of Contents

Introduction	3
About Hip Replacement Surgery.	3
Pain Management.	5
Optimizing Your Health.	8
Supports At Home	10
Preparing Yourself	12
Enhanced Recovery After Surgery	15
During Your Hospital Stay.	16
Caring For Yourself At Home	18
Complications	20
Activity Guide	24
Resources	26
Notes	28

Acknowledgements: This booklet adapted from booklet

“Before, During and After Your Total Joint Replacement” Booklet, developed by Vancouver Coastal Health Authority as well as “Your Total Hip Replacement” and “Your Total Knee Replacement” by The Physical Therapy Department of The Mary Pack Arthritis Program and The Reconstructive Orthopedic Health Care Team at Vancouver General Hospital.

Introduction

People who are well prepared have a smoother and faster recovery after joint replacement surgery. Preparing for surgery involves getting yourself and your home in the best shape possible before surgery. During the wait for surgery, it is important that you try to maintain and improve your health and fitness.

The purpose of this booklet is to describe what you can do before, during and after surgery so that your joint replacement is as successful as possible.

If there is a difference between this booklet and the instructions from your surgeon, family doctor or health care team, **FOLLOW THE INSTRUCTIONS OF YOUR SURGEON/DOCTOR/TEAM.**

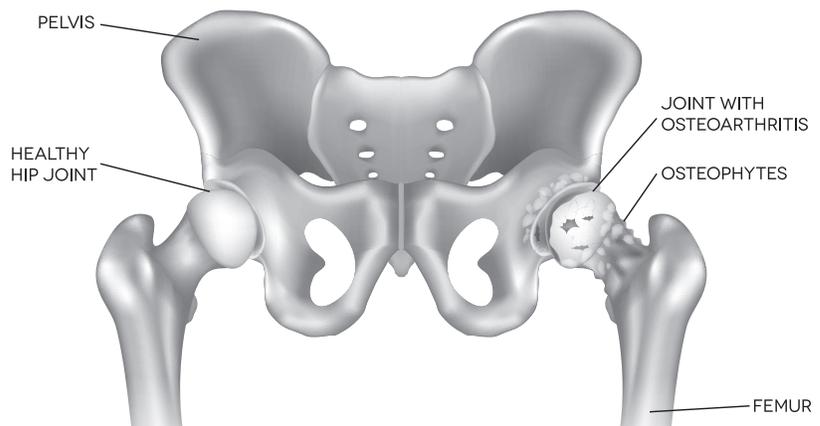
About Hip Replacement Surgery

The common cause of joint disease is arthritis. Surgery is only for those people with painful joints that can't be helped by exercise, weight loss, medications, etc.

Surgery may:

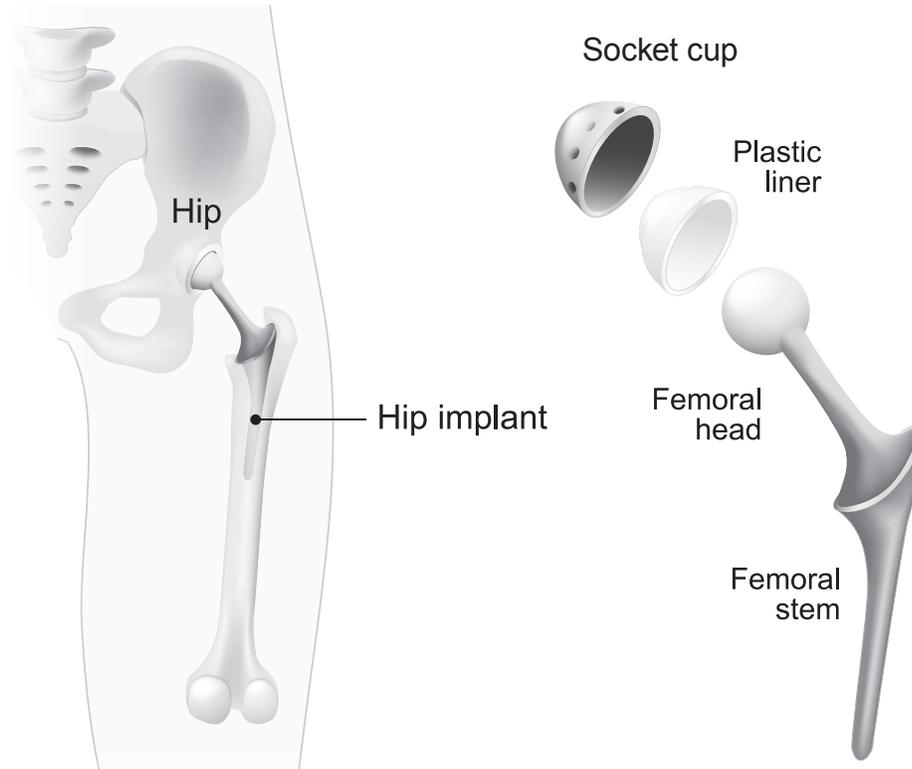
- Relieve pain
- Improve walking, standing, dressing, bathing, etc

Most people have good results following their first joint replacement. With daily exercise, the new joint usually lasts 15–20 years or more.



PROOF

Components of the total hip replacement:



The Surgical Procedure for Hip Replacement

With the direct superior approach, a cut is made at the back of your hip. Muscles and tendons are not cut or released but moved to the side during surgery. Once the hip joint is exposed, the damaged cartilage and bone are cleaned away. Then the new socket cup is put in place in the pelvis.

Then the head (ball) at the end of the femur (thigh bone) is removed. Some bone marrow is removed from the hollow of the femur so that the metal stem can be placed.

The new hip is put together and the muscles moved back in place. The skin is closed with staples. The hip is then tested for movement and stability. The surgery usually takes about 1.5 hours.

The direct superior approach hip arthroplasty is a muscle sparing surgery so most patients go home the day of or the day after surgery.

Pain Management

Pain is common in people with damaged joints. Effectively treating and managing your pain is important to ensure you have quality of life.

Why is there pain?

- Pain may be caused by tissue damage, infection, swelling, joint injury or osteo/rheumatoid arthritis:
 - In osteoarthritis, the joint surface that acts as a cushion is worn down. This leads to swelling which causes pain or stiffness.
 - Rheumatoid arthritis is a disease where the immune system attacks the joint lining, known as the synovium. This leads to swelling, stiffness and pain.

Why is pain control important?

- Untreated pain may lead to anxiety, depression, impaired sleep, high blood pressure, and poor wound healing.

When talking about your pain, include the:

- place or location.
- type (throbbing, stabbing, dull).
- things that change or cause pain.
- rate of your pain on a scale of 0–10.



0

No Pain



2

Mild



4

Moderate



6

Quite a Lot



8

Very Bad



10

Worst Pain

3 Main Types of Pain Medication



1. **Acetaminophen** (Tylenol® - Long acting or arthritic formula)
 - Works by lowering pain signals.
 - Lower risk of side effects
 - **CAUTION:** Discuss with your doctor if you regularly consume alcohol. Do not exceed 4,000 mg per day.

2. **Non Steroidal Anti-inflammatory Drugs - NSAIDS** - ibuprofen (Advil®) (Motrin®), ASA (Aspirin®), diclofenac (Voltaren®), celecoxib (Celebrex®), naproxen (Aleve®)
 - NSAIDS are used to treat pain and swelling.
 - **CAUTION:** Let your doctor know if you have a history of stomach ulcers, heart failure or kidney disease.

3. **Narcotics (Opioids)** – Tylenol® #3, Tramacet®, Tramadol
 - Works by blocking the pain signals.
 - **CAUTION:** Discuss use of narcotics (opioids) with your doctor if you take regularly prior to surgery.

Side Effects of Pain Medications

NSAIDS

Side effect	Management
Stomach upset	Take with food. Coated tablets may help
Bleeding	Let your doctor / pharmacist know if you have a bleeding disorder or are on a blood thinner
Allergy	Let your doctor / pharmacist know if you have an allergy or breathing problem with ASA (Aspirin®) or any NSAID
Kidney Function	Inform the doctor / pharmacist if you have poor kidney function

Narcotics (Opioids)

Side effect	Management
Sleepiness	Allow a few days to get used to the sleepiness. Do not drive until you know how the medication affects you. Do not mix with alcohol or other medications that may cause drowsiness without talking to your doctor.
Dry Mouth	Use a sugar-free candy or lollipop
Nausea/Vomiting	Take with food. Lie down if you feel sick to your stomach. You may also use Gravol [®] (dimenhydrinate)
Constipation	Prevention is key! Drink lots of fluids (minimum of 8 glasses a day). Use a laxative and/or stool softener under doctor advice
Allergy	Let your doctor/pharmacist know if you have an allergy to any narcotics (opioids).
Delirium/ Confusion	Let your surgeon/pharmacist know if you have experienced delirium/confusion after taking narcotics.

Common concerns about taking pain medications

Addiction to pain medication rarely occurs when medication is taken for the purpose of pain relief. If you have a history of addiction to alcohol or substances talk to your doctor to develop a pain management plan.

Other Pain Relief Options

Heat and cold – Follow your doctor’s orders. For more information about using ice see **Swelling** section on page 18 of this booklet. Before surgery, moist heat such as a warm bath or shower or dry heat such as a heating pad placed over the joint for 15 minutes may help to relieve your pain. After surgery, heat should not be applied for 3 days.

Relaxation exercises – May help you rest, sleep and distract you from your pain. Use music to relax the mind and body. Breathing or meditation can help lower your stress or your pain. Sleep is important and can help to lower your pain.

Walking aids – A cane, walker or crutches can take stress off your joint and lower your pain.

Talk with an occupational or physiotherapist – They will teach you how to use equipment that will assist you with movement, walking and daily activities. Ask your Pre-Surgical Screening nurse about how to connect with a occupational/physiotherapist in your community.

Massage – A therapist will massage your muscles to relax them and may help to lower your pain. Arthritic joints are tender so tell the therapist about your condition.

Medical Marijuana – This option may be available to you but can not be prescribed by your surgeon. Please consult a local private clinic if you would like to explore this option. Lowest THC is best, edibles or oils are preferred over smoking or vaping.

Optimizing Your Health

Make sure you go to your **Living Well** class for more information.

It is important to get in the best physical shape possible before surgery. **Work on building your strength and staying active!**

After surgery, you will rely on your arm strength to move yourself in and out of bed. See a physiotherapist, fitness trainer or attend an aquatic or group class that supports people with arthritis to build strength prior to surgery.

Choose low-impact activities like swimming, water aerobics, stationary cycling, or chair aerobics. If exercise is new to you, **consult your family doctor to ensure there are no health concerns before starting a program.**

The Arthritis Society is an excellent resource for information about activities to help you build your strength. Contact the “Arthritis Answers” Line at 1-800-321-1433 or www.arthritis.ca.

Also see <http://www.theprehabproject.ca/>

Stop Smoking

If you smoke or vape, you are at a higher risk for pneumonia, infection, poor healing and/or loosening of your hip replacement after surgery. **It is recommended to stop smoking all substances including tobacco, vaping, or medical marijuana prior to surgery.** If you are thinking about quitting smoking, or have made the decision to quit, go to www.quitnow.ca or call 8-1-1 and ask for QuitNow.

There may be resources available to help you quit other substances as well. Please discuss your options with your surgeon or family doctor.

Healthy Eating

The nutrients from food provide us with strength, energy and also support our ability to heal. People who eat well heal faster and are less prone to infection. For more information call 8-1-1 or visit www.dietitians.ca.

The following nutrients are important:

- **Protein** is needed for healing. High protein foods include: meat, seafood, dairy, eggs, beans, and nuts. Include protein at every meal. Consider taking Boost or another high protein beverage if you have difficulty eating enough protein.
- **Iron** is needed to build up hemoglobin. Hemoglobin in your blood carries oxygen through your body. If your hemoglobin is low (anemia), you may feel tired, dizzy and weak or get short of breath easily. Good sources of iron include meat, seafood, beans, tofu, some green leafy vegetables, and fortified whole grains.
- **Calcium** heals your bones and keeps them strong. Good sources of calcium include: dairy, dark leafy greens, and nuts. Note: Drinking more than 4 cups of coffee or caffeinated products each day will take calcium from your body, so limit these items.
- **Vitamin D** helps your body absorb calcium. Look for vitamin D-fortified foods or supplements and get 15 minutes of sunshine every day.
- **Vitamin B12 and folate/folic acid** prevent some types of anemia. Good sources of vitamin B12 include: meat, seafood, dairy and eggs. Good sources of folate/folic acid include: leafy green vegetables, beans, fortified grains, and orange juice.

Bowel Health

Constipation can be a common side effect of pain medications and reduced activity. You should take enough fibre and fluids to keep your bowels moving. Good sources of fiber include fruit, vegetables, bran and whole grains. You should drink 6 to 8 glasses of non caffeinated fluids per day to stay hydrated and keep your bowels moving. If desired, you may use a mild stool softener to treat constipation.

Dental work

Any dental work including cleanings should be completed 3 months before surgery. A routine check-up and cleaning is advised before surgery to ensure any tooth or gum problems are identified and treated in advance. Bacteria from an infection in your mouth can travel through your bloodstream to your new hip replacement and may cause an infection there.

Supports At Home

There are several things you will need to do before surgery. This includes preparing your home and getting equipment to help you get around after surgery. Also, you will be required to organize how you will get home and arrange supports at home. You **MUST** identify someone as your support person (“buddy”) to help you after discharge. Someone **MUST** stay with you 24 hours a day, for at least the first 3 days, and be available for 10 – 14 days after this.

You **MUST** arrange transportation home from the hospital. If family or friends can not help, you may choose to contact a private agency (listed under Home Support in the yellow pages).

If you will be travelling from out of town, you may need to stay in a hotel overnight or for a period of time until you feel well enough to travel. Please plan ahead in case you are not well enough to travel home when you are discharged.

You will require help with shopping, meals, housekeeping and sometimes personal care after you are discharged home.

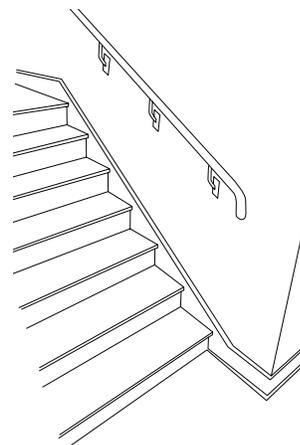
If you are having difficulty managing at home now, or are concerned about managing at home after your surgery call the Nurse Navigator (250-558-1200 ext 5765) or BC Healthlink at 8-1-1 for information about local resources.

Preparing Your Home

You will need to make changes to your home **BEFORE** surgery.

Stairs and hallways

- Install a railing along inside and outside stairs.
- Remove rugs, cords, clutter and anything that could cause you to trip.
- Remove all items from steps including plants, carpets, boots etc.
- Remove mildew or ice/snow from outdoor steps.
- Have good lighting and use night lights to show a clear path to the bathroom.



Bathrooms

- Install a grab bar or hand rail in your shower or bath.
- Be sure that your shower or tub has a non-slip coating or mat.
- Install a hand-held shower head if you wish.



Kitchen

- Move items you use often within reach for easy use and safety.
- Buy frozen meals or freeze your own. Stock up on canned food and other basic items. See “Health Care Resources”, page 26, for more information on Meal Catering.
- Have a high stool for sitting when doing activities at a counter.

Equipment

You may use crutches or a walker to get around after surgery. If you have questions about equipment, please talk to your physiotherapist and/or occupational therapist during your pre-operative education session. They can make recommendations about what equipment you may need at home.

A physiotherapist will teach you how to use crutches safely and how to climb stairs prior to going home. You may progress to using a cane on your non-operative side as you feel more comfortable.

You **MAY** need the following:

- Long-handled reacher (grabber).
- Long-handled shoe horn.
- Sock aid.
- Loose, comfortable clothes.
- Safe supportive shoes that are either slip on or have elastic laces or velcro.
- Long handled bath sponge.
- Bath transfer bench/shower seat.



How to Get Equipment

Canadian Red Cross Depots or service clubs/health units have crutches, walkers, canes, raised toilet seats, and grab bars to lend for up to 3 months. You will require a referral from your health care team to borrow equipment. You will be asked to attend a pre-operative education session and the Canadian Red Cross form will be provided to you at this class. If you are unable to attend the class, your surgeon, family doctor or nurse at your pre-surgical appointment can provide you with a Canadian Red Cross form. Medical supply stores have most equipment you need if you wish to purchase these items instead.

At least one week before your surgery, arrange purchase or pick up of your equipment from the Canadian Red Cross or service club/health unit. There are Canadian Red Cross Depots throughout Interior Health.

Preparing Yourself

There are key members of the healthcare team who will provide you with information about what to expect and how to prepare for surgery. These individuals include pre-surgical screening staff, your anesthesiologist, your occupational therapist and physiotherapist. You will meet either a physiotherapist and/or an occupational therapist at your pre-education session. If you will be travelling to have surgery, it is important to connect with the pre-surgical team at the site where you will be having surgery. Ensure you connect with the site's pre-surgical program by phone before surgery so you have the right equipment and supports.

The hospital will call you to tell you when your pre-operative education session is and when your Pre-Surgical Screening appointment will be.

Your Pre-Surgical Screening appointment may be in-person or over the phone. If it is in-person you will likely meet with the anesthesiologist at the appointment as well. If you have a phone interview only, the anesthesiologist will meet with you the day of surgery.

At the Pre-Surgical Screening appointment, the following will be completed:

- A review of your physical history and medications (please bring all medications to pre-surgical appointment).
- Screening tests such as bloodwork or x-rays.
- Teaching about what to expect before, during and after your surgery.

At your Pre-Surgical Screening appointment or day of surgery your anesthesiologist will discuss the type of anesthetic that will be used.

- Typically, if you are a candidate for the direct superior approach, you will have a general anesthetic. **A general anesthetic** puts you to sleep during the surgery and allows for early mobilization after surgery. It is our goal to get you up and moving as early as possible.

There is key information that should be shared with your healthcare team prior to surgery. Please share with the pre-surgical staff and your anesthesiologist if you have had:

Delirium

Notify your healthcare team if you have had delirium (confusion) with other hospital stays.

If you drink alcohol or consume other substances regularly, you are at risk for delirium. For six weeks before surgery, limit alcohol to no more than one drink (8 ounces of beer, 3 ounces of wine or 1 ounce of spirits) per day. Please contact your family doctor about cutting down or quitting other substances before surgery. Please inform staff before surgery if you have been unable to abstain from alcohol or other substances so we can help to manage potential withdrawal and keep you safe while you are having surgery.

Recent Infection

Call your surgeon's office if your surgery is within a few days and you think you have an infection (e.g. sore throat, infected cut, bladder infection, boil, etc.).

Blood Clots

Tell your surgeon and health care team before surgery if you have had a blood clot in the past.

A Checklist to Help you Prepare

Initial tasks as completed

- Read Before, During & After Direct Superior Approach Hip Replacement Surgery (this booklet).
- Keep active and improve exercise tolerance as able.
- Make sure your medical and dental problems are treated and well controlled so you are as healthy as possible for your surgery.
- Arrange for help 24 hours/day for 3 days (and help/assistance for up to 14 days) following discharge for tasks such as house cleaning, laundry, meal preparation, etc.
- Prepare your home as recommended in this document (page 10).
- Obtain the recommended assistive devices as listed in this document approximately 2 – 3 weeks before surgery (page 11).
- Plan for discharge from the hospital the day of after surgery.
- Arrange for someone to drive you home from the hospital.

As soon as you have seen your surgeon, begin working on the following:

- Attend **Living Well** program (page 8).
- Begin a healthy eating plan (page 9).
- Contact your family doctor if:
 - Your pain is altering your sleep, appetite or activity.
 - You are having difficulty walking due to severe pain or unsteadiness.
 - You are feeling depressed or sad for longer than two weeks.
 - You are having trouble dressing, bathing, preparing food, etc.
- Prepare your home for easy use and safety (page 10).
- Consider who will support you (act as your buddy) when you go home. You will need someone in your home for the first 72 hours and then available for 10 to 14 days until you can move around easily (page 10).
- Schedule a routine dental cleaning and check-up.

3 months prior to surgery:

- Make plans with your support person (buddy).
- Have a check up with your family doctor and have your hemoglobin checked. If you have any medical issues, see your specialist to ensure that you are in the best possible shape.
- Take any iron supplements ordered by your doctor. Eat iron rich foods.
- Attend your pre-operative education session (surgical optimization class - SOC) as scheduled.

1 week before surgery:

- DO NOT** remove hair on or around your hip or thighs for 7 days PRIOR to surgery.
- Get all required equipment.
- Pack clothing for your hospital stay.
- Confirm with your support person (buddy) that they can pick you up on discharge and will be available to support you for the first 3 days.
- Go to your pre-surgical screening appointment.
- Buy sugar free chewing gum.

Follow instructions about taking medications prior to surgery:

- One week before surgery, stop taking all natural or herbal supplements.
- If taking Cannabidiol (CBD oil), you may continue to take prior to surgery.
- Take medications as you were told in your pre-surgical screening call or visit.

Enhanced Recovery After Surgery

The Enhanced Recovery After Surgery (ERAS) care pathway will be used during your surgery. ERAS aims to speed up your recovery by using methods before, during and after your operation. Some of these methods include:

- Providing you detailed information about your surgery and how to prepare.
- Having a pre-operative drink 3 hours prior to surgery.
- Early activity and early eating after surgery.
- Making sure your pain and nausea is managed.
- Having you chew gum after surgery to promote digestion.
- Optimize 2 days prior to surgery - 1 Boost[®], Ensure[®] or equivalent per day

Day Before Surgery

Please carefully follow:

- Instructions on when to stop eating and drinking before your surgery. Stop eating solid food as recommended by your surgeon and anesthesiologist. As part of ERAS, you will be allowed to have pre-op fluids up to 3 hours prior to surgery.
 - Drink 500 mL or 2 cups of juice (apple or cranberry) 12 hours prior to surgery.
 - Then drink 250 mL or one cup of juice (apple or cranberry) 3 hours prior to surgery.
 - If you are diabetic it is still recommended that you have regular juice. Ensure you follow the medication instructions from the anesthesiologist about managing your blood sugars prior to the surgery.
- Instructions on which medications to take the morning of surgery.
- Instructions on showering pre-operatively.
 - Use a new bar of regular soap or liquid soap to shower or bathe the evening before and wash your hair.
 - Dry yourself with a clean towel.

During Your Hospital Stay

This section will outline what to expect during your hospital stay.

Morning of Surgery

- Have a shower or bath before coming to the hospital.
- **Do Not** wear any scented products, make-up, nail polish or jewellery.
- Go to the Admitting/Registration area.
- Bring sugarless chewing gum to chew after surgery as it will stimulate your digestive system. If you have dentures, please select gum that will not stick to your dentures.
- Your blood sugar will be tested (even if you do not have diabetes) as surgery can create stress in your body that affects blood sugars.

After Surgery

Recovery Room

- You may need oxygen for a short period of time.
- A nurse will check your pulse and blood pressure.
- Your blood sugar will be tested again. If the results are abnormal you may require further testing.
- You will be given pain medications on a regular basis. **Tell your nurse if you have pain.**
- You will be instructed to start moving your foot, and bending your hip and knee as soon as you are able.
- You will be given your gum to chew in the recovery room after your surgery.

On the Hospital Ward

- Once you are ready, you will be taken to the surgical ward.
- A nurse will ask you if you have pain or feel sick (nausea).
- A nurse will check your blood pressure, temperature, and oxygen levels as well as the colour, warmth, movement and feeling of your leg. Your blood sugar may be tested again.
- You will have an intravenous (IV) in your arm to give you fluids and medications. Your IV will be removed when no longer needed.
- You will be given a blood thinning medication after surgery. This medication will help prevent blood clots.
- A nurse will teach you how to care for your incision and dressing.

Movement

- You will be helped to walk the day of surgery.
- Take 3 to 6 big deep breaths and cough to clear your lungs every hour you are awake.
- Pump your feet and ankles and bend your knees and hips every hour while awake.
- Your physiotherapist will review your post-op exercises, give you a home exercise program and instruct you how to walk with an appropriate mobility aid.

Pain Management

- Request pain medication regularly so that you can move and sleep well.
- If your pain is not controlled, **tell your nurse**.

Length of Hospital Stay

Your time in the hospital will be short. Most patients go home the morning after surgery.

Preparing to go home

- **On discharge you MUST have someone to:**
 - Drive you home.
 - Pick up your medications.
 - Stay with you 24 hours a day for the first 3 days and be available for 10 – 14 days after this to help you at home.

Follow-up with Your Surgeon

Call your surgeon's office to schedule a follow up appointment when you get home.

Caring For Yourself At Home

This section contains information about how to care for yourself once you are discharged home.

Care of your incision

DO NOT soak the incision (e.g. bath tub, pool or hot tub) until **the incision is completely healed**. No bathtubs, hot tubs, or pool for 6 to 8 weeks. Staples are usually removed 10 to 14 days after surgery.

- If there is bloody drainage on your dressing, reinforce it with another layer of dressing. Do not remove initial dressing until 48 hours after discharge.
- Once drainage stops, your incision may be left uncovered. If you find it more comfortable or the staples are catching, a light dressing may be used.
- Ask your surgeon when you can shower. Remove the dressing before showering. After showering, pat the area dry with a clean towel (do not rub) and replace the dressing if needed.
- Your staples should be removed 10-14 days after surgery by a healthcare professional. Follow the instructions you were given on discharge.

Swelling

For a number of weeks after surgery you will have some swelling.

Preventing and Reducing Swelling:

- Lie down, elevate your leg on a few pillows for 30 minute intervals..
- Limit sitting to a maximum of 30 minutes at a time.
- Pump your feet and ankles.
- With surgeon permission, ice your hip for 15 to 20 minutes every three to four times per day. To avoid frostbite, place a piece of clothing or a thin towel between the skin and ice. Never allow ice to come in contact directly with skin.

Pain Control after Surgery

Good pain control is important and required for optimal recovery.

- If your pain level is moderate (4 or less out of 10), start with Tylenol® and/or Ibuprofen (start with the recommended dose on the bottle).
- If your pain level is more than 4 out of 10, take the prescription pain medication that your surgeon ordered.
- Pain medication can make you drowsy, dizzy and constipated.
- As your pain improves, slowly lower your pain medication (do not stop abruptly).
- Follow the activity guidelines given to you by your physiotherapist to optimize recovery.
- You may feel some pain when you do your exercises. If it is too painful, talk to your physiotherapist.
- Use ice packs after exercise to ease pain, if directed by surgeon. See page 18: Swelling for more information.
- Distract yourself when having pain (i.e. listen to music, visit with friends, do breathing exercises, watch TV, etc.).

Constipation

You should have a bowel movement within the first few days of surgery. If you become constipated, take laxatives and /or a stool softener as needed (such as sennosides and docusate sodium).

Tips for Prevention:

- Drink plenty of non-caffeinated fluids (6 to 8 glasses per day).
- Eat fibre rich foods (i.e. bran, fruit, vegetables).
- Use fiber supplements if needed.
- Do short walks at least 4 times per day.

Tell your doctor or pharmacist if you have ongoing problems with constipation, nausea and vomiting.

Maintaining Safety

Preventing Falls

- Wear rubber soled shoes.
- Use hand rails.
- Do not lean against items that may move.
- Wear your eye glasses.
- Get up slowly and make sure you have your balance before taking a step.
- If needed, use a walking aid (walker, cane, etc).
- See also “Preparing Your Home” on page 10.

Traveling

Avoid sitting as a passenger for periods greater than 2 hours in the first 6 weeks after surgery. Sitting for too long may cause discomfort or complications.

- Do not drive for 6 weeks after your surgery. Check with your surgeon before you begin to drive.

Complications

All surgery comes with the risk of complications. Complications may occur due to prior health problems, the anesthetic or injury to the muscles, nerves and blood vessels during surgery. There are things you can do to prevent or lower your risk of complications.

Low Hemoglobin (Anemia)

Some blood loss can be expected during surgery. This can result in a drop in your hemoglobin (anemia), which can be measured with a blood test. You may feel dizzy, weak and/or tired if your hemoglobin is low. You may require a blood transfusion and/or iron supplements depending on how low your hemoglobin is after surgery.

Blood Clots

Blood clots can form in your calves or thighs (which may move to your lungs), in the first weeks after surgery.

Tips to Prevent:

- Get out of bed often, pump your feet and ankles, tighten and release your thigh and buttock muscles every hour.

Your surgeon will order blood thinning medication which may include pills such as Aspirin® (ASA) or injections.

- Blood thinners (Aspirin® or injections) may be ordered for up to 35 days after surgery. It is important that you take blood thinners, for as long as your surgeon has told you to.

It is your responsibility to ensure that the prescription is filled. You will need to carefully read and follow all instructions for this medication.

Signs of a Blood Clot

You may have one or more of these signs:

- Calf pain that is worse when standing or walking.
- Calf muscle is tender to touch.
- Sudden increase in swelling and/or pain.
- Sudden shortness of breath and/or chest pain.
- A temperature above 38°C or 100.4°F that lasts over 12 hours.

Notify your surgeon or family doctor right away if you think you have a blood clot. If you have a sudden onset of chest pain and/or shortness of breath, GO TO THE NEAREST EMERGENCY DEPARTMENT.

Lung Complications

Fluid in the lungs or infection (pneumonia) may occur after surgery if you are inactive.

Tips for Prevention:

- Change your position every 2 to 3 hours when awake. Get up and move as soon as possible.
- **Take 3-6 big deep breaths and cough every hour (or up to 5 times per hour) while awake.**
- Brush your teeth every 4 hours while awake to prevent pneumonia.
- **DO NOT SMOKE OR VAPE.** People who smoke after surgery are at higher risk for lung problems.

Delirium

Confusion after surgery is called delirium. You may be forgetful, mixed up and see or say things that do not make sense. Delirium usually goes away in a few days but may last longer.

Delirium may be caused by:

- Anesthetics and medications
- Alcohol/substances withdrawal
- Low oxygen levels
- Lack of sleep
- Infection
- Pain
- Constipation

If you are experiencing symptoms of delirium please tell your healthcare team. Your buddy will be important in noticing changes in your behaviour.

Infection

Infection after surgery can occur and can be very serious. You may need antibiotics and/or more surgery. You are more likely to get an infection if you are not healthy and strong.

Tips for Prevention:

- Eat healthy foods and supplement with *Boost*[®] and *Ensure*[®].
- Wash your hands often.
- Avoid people with infections.
- Tell your surgeon right away if you think you have an infection

Signs and Symptoms of Infection

The incision and/or area is:

- Red and hot
- More painful (whole leg may hurt)
- Smelly
- Draining more (soaking through dressing and/or clothes)
- More swollen
- Draining cloudy liquid that is white or yellowish/green in colour

OR you develop a fever (above 38°C or 100.4°F) that lasts over 12 hours.

Notify your surgeon and family doctor immediately if you think you have an infection

Dislocation after Surgery

The risk of dislocation after a direct superior hip replacement is very low. Dislocation occurs when the components of your hip replacement separate from one another or when the 'ball comes out of the socket'.

Signs of Dislocation

You have a:

- Sudden/sharp severe pain
- Shortened leg

Notify your surgeon or family doctor right away if you think you have a hip dislocation. You will need to come into the hospital to have your hip put back in place.

Activity Guide

Physical Therapy

You will be discharged from the hospital with a home exercise program. Continue to do these exercises as prescribed by your physiotherapist until you begin therapy in an outpatient clinic, or private practice clinic. The length of your therapy will depend on your progress.

Daily Activity Tips

Choose a chair with arm rests and a high seat that is level with the back of your knee.

Standing up:

- Move yourself to the front edge of the chair or toilet.
- Lean forward slightly while pushing yourself up using the arm rests, grab bars or stable surface.
- Make sure you feel steady before starting to walk.

Sitting down:

- Reach back for the arm rests, grab bars or stable surface and lower yourself gently.
- Back up until you feel the back of your legs against the edge of the chair or toilet.

Walking:

- Gradually discontinue using your mobility aid as advised by your therapist or surgeon.
- Gradually increase your walking distances during the initial 6 weeks.

Going Up and Down Stairs:

- Use a railing if available
- Step up: with the unoperated leg.
- Step down: leading with the operated leg.



Recreational Activity Guidelines

Regular exercise is important. Choose activities that are low impact and have a low risk of injury or falling.

As each situation is different, speak with your surgeon and therapist about any physical activities that you wish to do.

6 to 8 weeks after surgery you may:

- Walk on a treadmill
- Cycle using a stationary bike
- Resume swimming, water aerobics, deep water running



Activities to AVOID:

(discuss with your surgeon or physiotherapist)

- Running, jogging
- Extreme yoga



Sexual Activity

Resume sexual activity when you are comfortable. Some changes may be needed to avoid pain.

Discuss any concerns with your surgeon or therapist.

Living with your new joint

Your new joint should last 15 – 20 years if you avoid high risk activities and follow the tips in this book and from your therapist.

If you are having another surgery / procedure or dental work, tell your doctor or dentist that you have a joint replacement.

Resources

Health Care Resources

General Medical and Dietitian Information

HealthLink BC Phone: 8-1-1 or 7-1-1 (Hearing impaired)
Visit: www.healthlinkbc.ca

Dietitians Visit: www.dietitians.ca

Community Resources – While in hospital you may ask to meet with a social worker to talk about resources you may access in your community.

Meal Resources – Search for companies that provide ready-to-eat or frozen meals.

Help in your home – Search under private “home support services” or private “home making” for a trained support worker to assist you with your personal care and/or cleaning.

Transportation

HandyDART Custom Transit*

HandyDART service is available throughout some communities in the province. Book at least 3 working days in advance for rides during the week and 7 days in advance for weekend service. Visit: www.bctransit.com/handyDART

Disabled Parking Placards (SPARC)*

Tel: 604-718-7744
E-mail: permits@sparc.bc.ca
Web: www.sparc.bc.ca

The application process takes 2 to 3 weeks if mailed in or 10 minutes if done in person. The placard is good for use throughout BC.

* An application form must be completed to qualify for these services. After completing the form, have your doctor or therapist confirm your need and then submit it to the appropriate office.

Stop smoking resources

QuitNow



1-877-455-2233 (free call)

www.quitnow.ca

BC Cancer Agency

www.bccancer.bc.ca

Health Canada

www.gosmokefree.ca

Internet Resources

The Arthritis Society

www.arthritis.ca

**National Institute of Arthritis,
Musculoskeletal and Skin Diseases (NIAMS)**

www.niams.nih.gov/hi

Dietitians of Canada

www.dietitians.ca

Osteoarthritis Service Integration System (OASIS)

www.vch.ca/oasis

Physiotherapy Association of BC (PABC)

www.bcphysio.org

Canadian Orthopedic Foundation

www.canorth.org

American Academy of Orthopaedic Surgeons

<http://orthoinfo.aaos.org>

Other Orthopedic Sites

www.myjointreplacement.ca

www.eOrthopod.com

www.mayoclinic.com

Please note: When looking for information on the internet, visit government, university and professional association web sites. Not all information found on the internet is credible, reliable or correct.

Additional resources are available for loan from the Arthritis Learning Center at www.arthritis.ca-supports/education.

