

Patient Education

Your New Hip



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Sciences

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St. Joseph's
Healthcare & Hamilton

JOSEPH BRANT
HOSPITAL

Ontario 

This program is part of Ontario Health (West) Hamilton, Niagara, Haldimand, Burlington, Brant Region.

We would like to thank our patients and families, hospital staff and orthopaedic surgeons who provided comments and suggestions.

Joint Replacement Patient Education Committee

Brant Community Healthcare System,
Hamilton Health Sciences, Joseph Brant Memorial Hospital,
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Preparing your body and mind

Getting a new hip is major surgery and recovery takes time. With hard work you can get back to being active and enjoying life!

You may be anxious and excited as you wait for surgery. This is a good time to think about your feelings, lifestyle and habits, and make changes to help speed up your recovery.

Here are some ways to help you cope during this time:

- ✓ Ask questions. Your health care providers are here to help.
- ✓ Share your concerns with family and friends.
- ✓ Make a list of things you need to do to be ready.
- ✓ Write your questions at the back of this book and carry it with you to all of your appointments.

Please talk with your family doctor or health care provider about

Smoking



If you smoke, it is important that you stop now. Smoking can increase the chance of problems after surgery, such as poor healing of the bone and skin. Let your doctor or nurse know if you do smoke and would like nicotine replacement therapy during your stay.

Weight

A healthy weight speeds recovery.

Nutrition

Eating healthy foods high in protein, calcium, fibre and iron promotes healing. Follow Eating Well with Canada's Food Guide:

www.healthcanada.gc.ca/foodguide

Exercise

Exercise will strengthen your muscles and joints to help you with your recovery and keep you fit. If movement hurts, talk with your physiotherapist or health care provider about ways to be active that are less painful. After surgery, you must keep your incision clean and dry. Do not put your incision under water. No swimming or water fitness/aquafit until your surgeon tells you that you can put your incision under water.

Travel

Your surgeon will advise you when it is safe to travel. Please be aware that when going through security a secondary search will be done. A letter or note is not provided by your surgeon about your joint replacement.

Safety

The book provides a lot of information about keeping you safe with a new hip. Many of our patients have told us how helpful the information has been to their recovery. At the back of the book, you will find a section on how to prevent a fall. Please read and ask for help if you are unsure of your safety when moving.

Introduction

You are going to have hip replacement surgery, also called Total Hip Arthroplasty. This book provides information that will help you prepare for this surgery and your new hip.

Please bring this book with you to all of your appointments, classes and to the hospital. If possible, bring the person who will be helping you after surgery.

Health care team

You will work closely with your health care team. We are here to support and guide you before, during and after your hip replacement.

At the end of this book there is space to write the names and telephone numbers of your health care team.

Before surgery

Before or after you see your surgeon:

- ✓ Get involved in an exercise program (you may be referred to an exercise program) to help you get stronger. This may take place months before your surgery and will help your recovery.
- ✓ You must review hip education from your hospital to learn about your surgery, hospital stay and going home. This should be done a few weeks before surgery.
- ✓ You must attend the Pre-op Clinic at your hospital. This visit is about 2 to 4 weeks before surgery.

You will be contacted with the dates and times of your appointments, classes and surgery.

Health Concerns

You may have health concerns such as diabetes, heart or lung problems. Contact your family doctor or specialists and let them know that you are having hip surgery.

Research

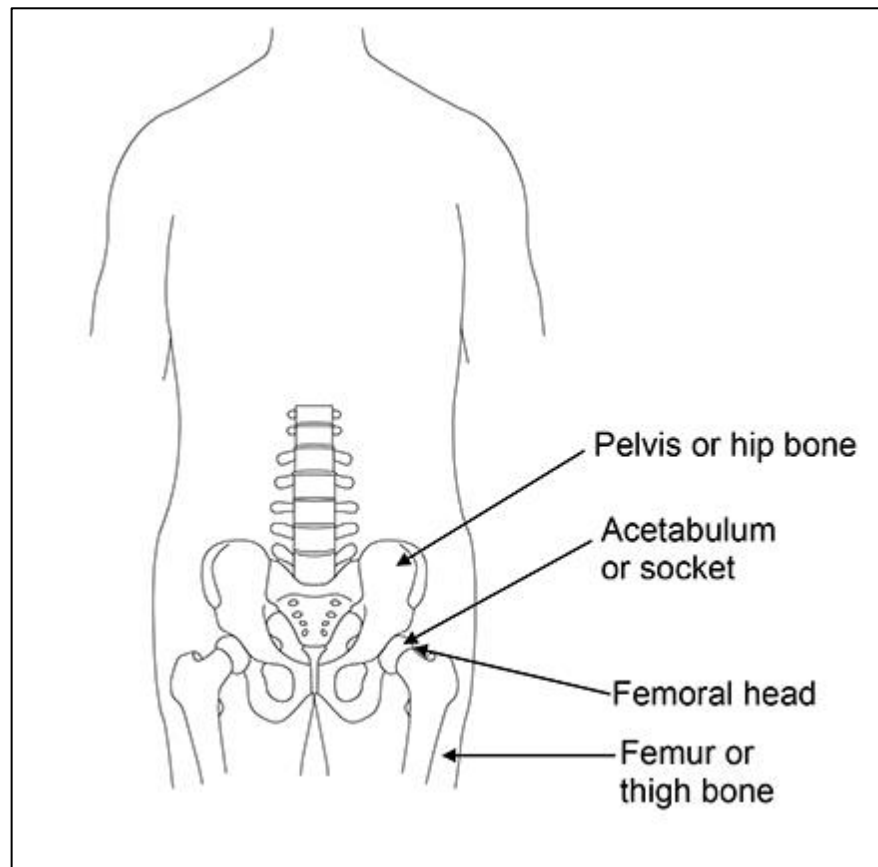
During your hospital stay or clinic visit, you may be asked to take part in a research study. The research will be explained to you. You can decide whether you want to take part or not. If you decide not to take part, your care will not be affected.

Learning about hip replacement

It is helpful to know how the hip works to prepare yourself for surgery.

How does the hip joint work?

The hip is a ball and socket joint. The top of the thigh bone, or femur, is shaped like a ball. It is called the femoral head. This fits into the socket, or acetabulum, which is part of the pelvis or hip bone. This is called the hip joint. The hip joint allows your leg to move forward, backward, from side to side, and turn in and out.



The hip joint consist of the pelvis, acetabulum, femoral head and femur or thigh bone.

Three things help the hip joint work easily and without pain:

- the smooth coating over the bones called cartilage
- the slippery fluid inside the joint called synovial fluid
- the muscles and ligaments which support and move the hip

Two things make the hip painful and hard to move:

- the smooth coating over the bones gets rough, dry and worn away
- the muscles weaken

What is a hip replacement?

Your surgeon removes the old hip joint and puts in a new joint. This is called a hip replacement or arthroplasty. Your new hip joint is made of metal or ceramic, and plastic. These new parts make the hip joint smooth again. There are two major types of hip replacements:

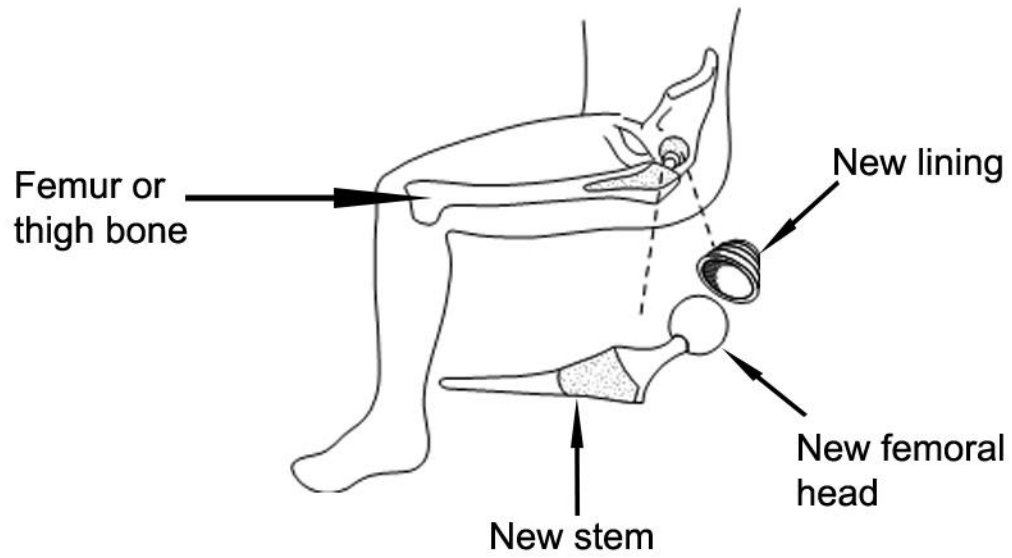
1. Total hip replacement

The damaged femoral head is removed and a new ball and stem is put into the thigh bone. A new hip lining is placed in the worn out socket of the pelvis.

2. Hemiarthroplasty

Some people only need part of the hip joint replaced.

A new hip



The new hip parts include a new stem, new lining and a new femoral head.

How is my new hip attached?

There are different ways that the surgeon will attach your new hip. The surgeon may use cement, screws, a non-cemented type of substance or a combination of these.

Why do I need a hip replacement?

You may need a hip replacement to:

- lessen your pain
- improve the function of your hip
- make your hip more stable

A new smooth surface allows improved movement. Your surgeon will tell you why you need a hip replacement.

Getting ready for surgery

It is helpful to plan ahead. Having a hip replacement means that you have to change how you do things. Learning how to walk with a walker and getting in and out of bed are just a few things that you need to learn how to do differently.

Blood conservation

You will lose some blood during your surgery and this is normal. Blood conservation means getting the most out of your own blood before, during and after surgery. Iron helps to build red blood cells that carry oxygen throughout your body. Your surgeon may recommend that you take iron supplements. However, eating foods high in iron before your surgery and following “Eating Well with Canada’s Food Guide” www.healthcanada.gc.ca/foodguide will help build your iron reserves and may provide you with the iron that you will need.

Building your muscle strength before surgery

Building your muscle strength will not only give you more energy before surgery, it will help with your recovery after surgery. To build muscle strength, you may want to try one of these options:

- YMCA or YWCA
- community gym or pool
- physiotherapy
- hydrotherapy
- daily walks



Hip education

Hip surgery education may be in person or done as a virtual class with videos and resource material from the hospital. It is important to complete it a few weeks before your surgery.

You will learn more about hip surgery such as:

- your surgery, hospital stay and going home
- what items you need to bring to the hospital
- different types of pain control
- moving around after surgery

The education will also review:

- equipment needs and places to get equipment
- care after discharge from hospital
- how to protect your hip after surgery

If possible, the person who will be helping you after your surgery should also have the hip education.

Pre-op Clinic Visit

This clinic visit may take up to 3 to 4 hours.

Please bring a list of all medications (including over-the-counter), vitamins, minerals, plus herbal or natural supplements you take at home. You may want to go to your local pharmacist and get a current list of your medications. If possible, bring your medications in their original containers.

Work with your pharmacist

- Ask for a current list of your medications.
- Understand the reason that you take the medication.
- Make sure that you are taking your medications correctly.

During the pre-op visit:

- You may have several tests such as an ECG (heart test), blood tests and an x-ray.
- You will have your health history and medications reviewed.
- You will talk with an anesthesiologist about pain control and the type of anesthetic you will need during your surgery.
- You will talk with a nurse about instructions before your surgery which includes:
 - when to stop eating and drinking the night before surgery
 - the time you need to be at the hospital

Items that you need to bring to the hospital

- This book.
- Your glasses, dentures and hearing aids.
- Your own personal items such as tissue, toothpaste and grooming items.
- Your CPAP if you are using this device at home along with the settings.
- Loose, stretchy clothing (jogging pants, stretchy socks, loose top) for therapy.
- Ear plugs and a sleep mask.



Choose light-weight, supportive shoes with non-slip soles. No backless or poorly fitting slippers are allowed. Slippers with a back and a non-slip sole are okay.



Please leave your valuables at home

- large sums of money
- jewelry

We are a fragrance restricted hospital

Please do not wear or bring perfume, cologne, aftershave, scented hair spray or other scented products.



Day of surgery

It is very important not to have solid food after midnight the night before your surgery. Follow the fluid guidelines you received at the Pre-op Clinic. Take only the medications, with sips of water that you were told to take the morning of your surgery.



Please follow the instructions given to you by the pre-op nurse, or you risk having your surgery cancelled.

- You will be asked to change into a hospital gown.
- A nurse will check for allergies, consent and any changes related to your health or medications.
- Your blood pressure, pulse and temperature will be taken.
- An intravenous (IV) will be started.
- The surgeon will be in to see you and will mark the correct leg for your surgery.
- A porter will take you to the operating room when it is time for your surgery.
- Personal items will be labeled and brought to your room.

If you came to the hospital with a walker, cane, crutches or a wheelchair, have a family member take it home.

All equipment that you will need while in the hospital will be provided during your stay.

After surgery and hospital stay

After your surgery you will go home from the hospital when you meet the criteria for discharge. Make arrangements ahead of time for someone to pick you up to take you home. **Have your walker in the car.**

Your surgery will take about 1½ hours.

After surgery you are taken to the recovery area, where you will stay until your blood pressure and pulse are normal. You may have a pillow or splint between your legs. If you have pain or feel sick, tell the nurse. From here you go to the unit.

Your family or support person can wait in the surgical waiting area.

While you are on the unit

Once you arrive on the unit, the nurses check your vital signs (blood pressure, heart rate, breathing rate and temperature).

Your recovery starts as soon as you arrive and requires work, which includes:

- deep breathing and coughing exercises
- leg and ankle exercises.

To help you with your recovery, do your exercises!

Your leg may be bruised and swollen, and painful as you move. The nurses will check your dressing and ask you about your pain and give you pain medication.

You may need oxygen which is given through your nose.

You will sit up at the side of the bed and may take a few steps.

Pain control

It is normal to have pain after surgery and pain needs to be controlled to start moving. The pain can be controlled with medications, ice packs and good positioning of your leg. Members of the health care team will help you with pain relief. It is important to have your pain controlled so that you can do your hip exercises and move around. The pain will lessen over time as you heal.

Confusion

It is not uncommon for some people after surgery, who are taking pain medication, to have some confusion. At times just being in the hospital can lead to confusion. If you have a history of being confused while in the hospital, tell your surgeon or other health care provider.

If you are a family member or friend and notice that your loved one is acting differently or is restless, tell the nurse.

Drinking and eating

You may slowly start to drink fluids the night of your surgery. The next day you may slowly start to drink and eat more.

Constipation

Constipation is when you have hard stools which make it difficult to have a bowel movement. Pain control medication causes constipation. This, added to your decreased activity level, may cause problems for you. In the hospital, your nurses will keep track of when you have a bowel movement. Your nurses will encourage you to move and help you get up and use the bathroom.

Do not get out of bed without someone to help you. Your therapist will tell you when you can get out of bed on your own.

It is important to prevent constipation or at the first sign of a problem to get help. To help prevent constipation:

- drink 6 to 8 glasses of water a day (unless you are on fluid restrictions as advised by your health care provider)
- increase fibre in your diet
- eat lots of fruit, vegetables and whole grains
- take stool softeners as prescribed
- be active

Nausea

You may have an upset stomach or nausea after surgery because of the anesthetic or pain medication. If you feel unwell or have nausea, tell your nurse. You will be given some medication to help.

Skin

Healthy skin helps prevent infections. Your dressings and incision will be checked often while you are in hospital.

Lying in bed puts pressure on your skin and you can get sores. The first signs of this problem are burning, redness or pain. If you have any of these signs on your buttocks, ankles, heels, elbows, shoulders or ears, talk to your nurse or therapist.



The best way to avoid skin problems is to change positions and avoid lying down in bed for long periods of time. The nurses and therapists will remind you to get up and move as much as possible after surgery. You should also remember to do this when you are home.

Weakness

You may feel tired and dizzy when you get out of bed after surgery. Use your call bell and make sure someone helps you get up until you are safe to move around on your own. Your therapist will tell you when it is safe for you to walk by yourself.

Urinary problems

You may have trouble urinating or passing water after surgery. If you cannot start or stop passing urine, are urinating often, or have burning when passing your urine, talk with your nurse.

Lung problems

After surgery, your activity will be less than normal. Deep breathing and coughing exercises are important to do every hour while awake. This will help to prevent mucus from settling in your lungs.

Blood clots

You have an increased risk of forming a blood clot after surgery. It is very important to do your ankle exercises and get up and move as much as you can after surgery to prevent blood clots.

Signs of a blood clot are redness, swelling, warmth or pain anywhere in either leg. Tell a member of your health care team right away if you notice any of these signs.

Blood thinning medication will be ordered in pill or needle form. You will need to go home on blood thinning medications.

Deep breathing and circulation exercises after surgery

After surgery, start these exercises when you are lying in bed. It will help if you can raise the head of your bed a little. Later on, you can do them while sitting in a chair. During the first few days after surgery, do these exercises every hour while awake. Ask your family to remind you.

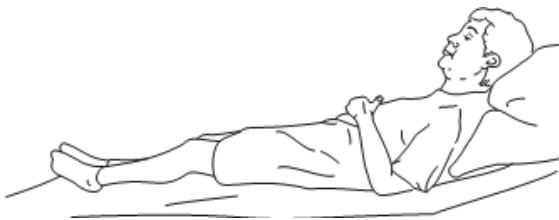
Deep breathing and coughing

Deep breathing and coughing helps to:

- keep your lungs expanding fully
- clear mucus from your lungs and throat
- reduce the chance of getting a chest infection

How to do deep breathing and coughing

1. Lie down or sit up.
2. Put your hands high up on your stomach.
3. Breathe in as deeply as you can. You will feel your stomach push out against your hands.
4. Breathe out slowly through an open mouth.
5. Repeat 5 times.
6. Then take a deep breath and make a strong, deep cough. Just clearing your throat is not enough.



Deep breathing lying down

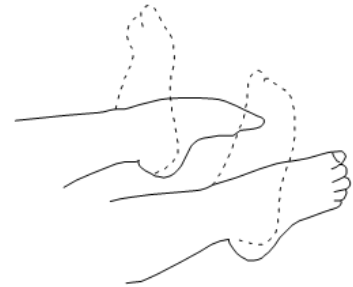


Coughing sitting up

Circulation exercises

Ankle pumping

- Move your ankles up and down.
- Move in circles, both directions.



Ankle pumping exercises

Hip rules

Follow these rules to help your muscles heal and keep your new hip in place. Follow these rules for at least 6 weeks after surgery or until your doctor tells you to stop. You may hear hip rules called hip precautions. They are the same thing.

There are different types of approaches or ways to perform hip replacement surgery. Your surgeon will review the hip rules that are right for you, depending on the approach that was used.

Rule #1

Do not bend from the hip or waist past 90 degrees when you are sitting, standing or lying.



Do not reach your hands past your knees.



Do not use a recliner chair.



Do not sit on low chairs.

Rule #2

Keep your legs separate. Do not cross your legs at the knees or ankles. Do not use your foot to remove the shoe from your other foot. Do not use your other foot to lift the operated leg into bed.



Do not cross your foot over your knee



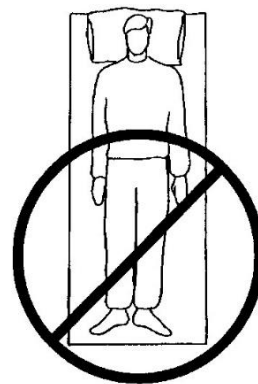
Do not cross your ankles

Rule #3

Do not twist from your operated leg inwards or outwards from the hip. You can place a pillow or roll by your ankles when sleeping to stop your legs from twisting outwards. Do not twist. Move your body as one unit when reaching, turning or walking.



Do not twist



Do not turn feet out

Exercises

Exercise will help you:

- ✓ strengthen the muscles in your legs
- ✓ move your new hip and prevent joint stiffness
- ✓ improve blood supply to your legs

Doing exercises on both legs will help promote good circulation, increase muscle strength and prevent blood clots.

Your therapist will help you to get started on exercises the first day after surgery. As you heal, you will do more each day.

You are expected to do these exercises daily on your own while in hospital and when you go home. As you get stronger, your therapist may change the exercises.

It may be helpful to practice the exercises before you come into the hospital.

Exercises just after surgery

Do these exercises 3 times a day. Do each exercise up to 10 times.

Thigh and buttocks

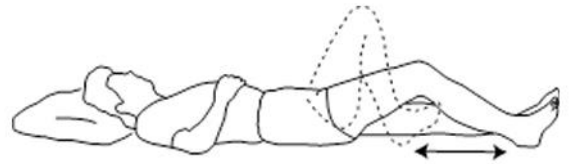
- Keep your leg straight, toes pointing up.
- Tighten the muscles on your upper thigh and buttocks.
- Hold for 5 seconds, then relax.



Lie on your back

Knee Flexion

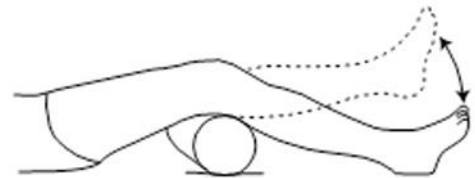
- Lie on your back.
- Keep your heel on the bed.
- Bend your knee then straighten it.



Bend and straighten your knee

Quads over a roll

- Place a roll under your knee
- Lift your foot off of the bed and straighten your knee.
- Hold for 3 seconds, then relax.



Place a roll under your knee

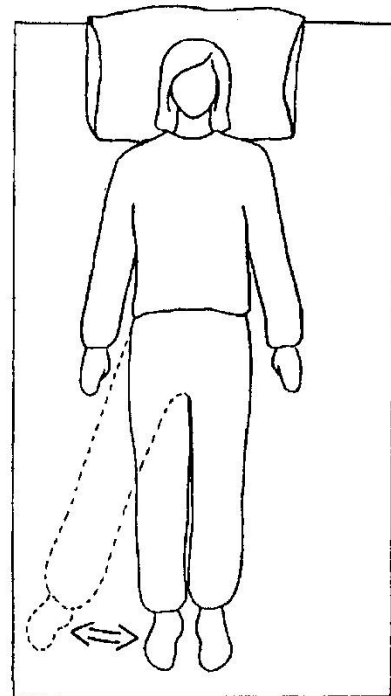
You can make your own roll. Use an empty 48 oz (1.4 liters) juice can and wrap a towel around it. It will be the perfect size for your exercises



Do this exercise only if instructed by your therapist or surgeon.

Hip Abduction

- Keep your leg straight with toes pointing toward the ceiling.
- Slide your leg out to the side and back. Do not cross the midline, or lift your leg off the bed.



Slide leg out to the side and back to the centre.

Learning how to move

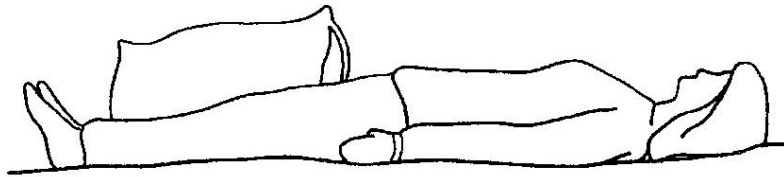
You can protect your new hip by planning ahead how you will move.

Do not sit up in bed and reach forward to get things at the end of the bed.

You can get things safely by using a long handled reacher.

Lying down on your back

Put a pillow between your legs when lying down on your back.



Put a pillow between your legs when lying down on your back

For long periods, the best way to lie in bed is on your back.

Try to keep your knees and toes pointing up.

Lying on your side



Lie on your side with a pillow between your knees

When lying on your side, you need to lie on the unoperated side. When on your side, you may need to use a few pillows between your legs to keep your hip, knee and ankle at the same level. Your nurse or therapist will show you how to turn safely onto your side.

Your surgeon or therapist will tell you when you can lie on your stomach or operated side.

Getting in and out of bed

The first day after surgery, your nurse or therapist will show you the right way to get in and out of bed.

To get out of bed from a lying position:

- Move body close to the side of the bed.
- Slide your legs to the edge of the bed, one at a time. Your therapist may suggest that you use a pillow between your legs.
- In one motion, push up with elbows and hands to sit up, moving legs off the bed.

Weight bearing

Weight bearing is the amount of weight you can put on your operated leg. After surgery, you will be told how much weight you can put on your operated leg. The amount of weight bearing will be different for each person.

Unless otherwise told, you are **full weight bearing** or **weight bearing as tolerated**. This means that you can put your full weight, or as much as you can tolerate, on your operated leg when standing or walking.

The other 2 types of weight bearing are:

1. Feather or touch weight bearing. Your foot on the operated leg just lightly touches the floor like a feather.
2. Partial weight bearing. Only a part of your weight can be put on your operated leg. Your doctor or therapist will tell you exactly how much weight to put on your leg.

Your therapist will help you learn partial weight bearing.

Sitting down

When you sit down, follow these steps:

1. Back up to the edge of the chair, bed or commode.
2. Feel the edge of the chair, bed or commode with the back of your knees.
3. Slide your operated leg forwards.
4. Hold the armrests or bed with your hands.
5. Lower yourself to sitting position slowly and gently – do not bump or bounce.



Sitting down with a walker.

Sit on a chair with arms. The seat should be higher than your knees when you are standing in front of it.

Standing up

When you stand up, follow these steps. Remember to follow your own weight bearing instructions when standing up.

1. Move to the edge of the chair, bed or commode.
2. Bend your good leg under you to hold your body weight.
3. Slide your operated leg forward.
4. Push down on the chair arms or bed with your hands to stand up.
5. Bring one hand up at a time to the walker. Once you have your balance, use your walking aid.



Standing up from seated position.



Standing up with walker.

Walking

You will use a walker or crutches first, then progress to a cane when advised by a therapist. The first few times you get out of bed you may feel weak or dizzy. Make sure a nurse or therapist is with you. Tell them any time you feel weak or dizzy.

Your therapist will tell you when it is safe for you to walk by yourself.

When you are walking with a walker, follow these steps:

- Move your walker ahead first.
- Next, take a step with your operated leg.
- Then take a step with your good leg.

Follow the weight bearing instructions that you have been taught when using a walker.

Take short walks as often as you can using your walking aid. Walking helps prevent joint stiffness and is good for your general health, your strength and circulation. Try to go longer distances when you are able.



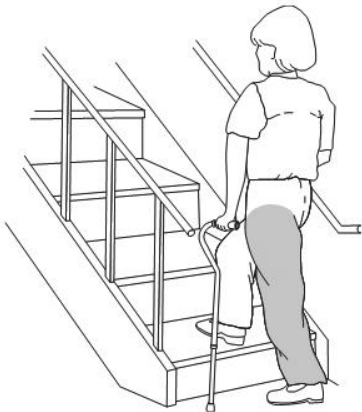
Do not turn suddenly. Do not twist your hip when turning or changing directions. Keep your feet moving. Pick up your feet while you turn.

For stairs, curbs and steps

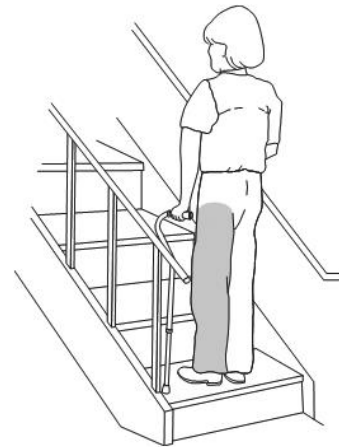
Your therapist will show you how to climb stairs safely.

Going up steps with a handrail - the good leg steps up first

1. Face the step with the cane in the hand away from the handrail.
2. Stand close to the step.
3. Put your other hand on the handrail.
4. Put your weight on the handrail and the cane.
5. Step up with your good leg.
6. Straighten your good leg and bring the cane and the operated leg up together.



Step up with the non-operated leg first.



The cane and operated leg step up together.

Shaded leg is the operated leg.

Going down with a handrail - the cane and the operated leg go down first

The cane and the operated leg go down first.

1. Face the step with the cane in the hand away from the handrail.
2. Stand close to the edge.
3. Put your other hand on the handrail.
4. Put the cane in the middle of the next lower step followed carefully by the operated leg.
5. Step down with the good leg.



Cane and operated leg step down together.



Step down with the good leg.

The shaded leg is the operated leg.

Your therapist will practice stairs with you before you go home.

When you are first home have someone with you when you do the stairs –that person should follow close behind you on the way up and should be one step below you on the way down.

Going home

You will go home when you meet the goals of discharge. Your pain should lessen as time passes. It is important to keep your pain controlled so that you move and do your exercises. Continue to follow your hip rules.



Call your surgeon if you have severe or increasing pain that does not lessen by lying down and resting.

You will need family and friends to help you for up to 3 months after you leave the hospital, such as driving you to your appointments.

If you live alone, you may want to think about respite care, or other services that you pay for to help you at home. Please talk with a member of your health care team about your concerns.

Follow-up

You will see your surgeon 2 to 6 weeks after you leave the hospital. If you have staples to close your incision you will need to have them removed 9 to 14 days after surgery.

Wear loose comfortable clothing (if possible, no zippers or buttons) to your appointments. This makes it easier for you to have x-rays if needed and for the surgeon to check your hip.

If you need dressing changes to your incision after leaving the hospital, the health care team will arrange for a community nurse to do so.

Dental work or other surgery

Tell your dentist and other doctors that you have had hip replacement surgery. You may need to take medication to prevent an infection in your hip.

What to watch for:

Dislocation

If your hip moves out of place, you will notice:

1. An increase in pain.
2. A change in where you feel pain in your hip.
3. A change in the shape of your hip.
4. Your hip becomes stuck in one position.
5. You will be unable to bear weight.



If you have any of these changes, contact your surgeon right away. Any dislocation must be treated right away.

Infection

Some bruising, redness and swelling around the staples is normal and does not always mean an infection.

Bacteria in your blood can get into your new hip and cause an infection.

Any infection must be treated right away.

Signs of infection are:

- ✓ increased redness around the incision
- ✓ swelling
- ✓ drainage from the incision
- ✓ increased pain
- ✓ fever above 38°C or 100°F



If you have any of these changes, contact your surgeon right away.

Walking and physiotherapy

Most patients are walking with a walker before they go home and are able to climb stairs safely with a cane or crutches. Your therapist will review your equipment needs with you before you go home. You will need to have this equipment at home before you leave the hospital.

Physiotherapy will be needed for a period of time. **Please make arrangements before surgery.** Your hospital may have an accessible clinic or you may attend a community clinic. Refer to the orthopaedic education information from your hospital for physiotherapy clinic details.

Make your first physiotherapy appointment at the outpatient clinic 3-4 days after surgery.

Exercises

Your therapist will help you with exercises until you are able to do them yourself. You must keep doing your exercises on your own at home to strengthen your muscles and get your hip moving well.



Being active keeps you and your new hip healthy. Your therapists will help you get back to being active and independent walking. As you recover you will be encouraged to walk and take part in activities that you enjoy.

Dressing and occupational therapy

Follow your Hip Rules as you get dressed.

Getting dressed from the waist up with clothing such as shirts or slipover dresses does not change after surgery.

You will need to purchase these tools to help you dress your lower body:

- ✓ long handled reacher
- ✓ long handled shoehorn
- ✓ sock aid
- ✓ elastic shoelaces or velcro closure on shoes
- ✓ walker
- ✓ bed/chair

Practice using these tools before your surgery.

Socks

There are only 2 ways to get socks on after your hip replacement:

1. Using a sock aid.
2. Someone to help you.

Using a sock aid:

Works best with stretchy socks such as loose gym socks.

1. Slide sock onto sock aid.
2. Lower sock aid to ground with the string handles. **Do not bend over to lower sock aid to the floor.**
3. Slide foot into sock aid and then pull up the sock by pulling on the string handles.
4. If sock does not come up all of the way, use a reacher to pull it up the rest of the way.
5. Remove socks with a reacher and shoehorn, or dressing aid (stick).



Sock aid

Underwear, pants, shorts (any clothing worn below the waist)

To put your clothes on:

1. Have your reacher and walker close to you.
2. Start by sitting at the edge of your bed or on a chair with arms.
3. Place clothing on lap and use reacher to lower it to the floor. **Do not bend over.**
4. While still holding onto clothing with reacher, slide **operated leg in first**. Make sure that the foot comes through the clothing completely, so it does not slip off.
5. Next, slide the non-operated foot into clothing.
6. Pull clothing up as far as is possible while you are sitting down.
7. Stand up with the walker and pull clothing up rest of the way. You may need to keep one hand on the walker and use your other hand to pull up the clothing.

To take your clothing off:

1. Start by standing up, with your walker in front of you.
2. Keeping one hand on the walker, use the other hand to lower the clothing. **Do not bend over.** Only lower the clothing enough to be able to sit down without sitting on it.
3. Sit down safely on chair or bed.
4. Use a reacher to lower the clothing to floor.
5. Take the **non-operated leg** out first.
6. Take the **operated leg** out second.
7. Use a reacher to pick the clothing off of the floor.

Bathing

Your therapist will show you how to bathe and/or shower safely. **Keep your incision and dressing dry.**



Do not sit down in your bathtub. It is very important that you do not put your incisions under water (no hot tub, swimming or water fitness/aquafit) until your surgeon says it is safe to do so.

There are a few choices for bathing:

1. Take a sponge bath at the sink.
2. Use a walk-in shower and sit on a shower chair. You may need a grab bar to help you get up and down. Ask your therapist about the right chair to use.
3. Shower while sitting on a bath bench in the tub. Your therapist will suggest the best height and will teach you the proper way to get on and off the bath bench.
4. Use a long handled sponge for washing your feet, lower legs and back.
5. Consider installing a hand held shower to use while sitting on the bath bench.
6. Sit on a stool or chair while washing, shaving or putting on makeup.

Remember the Hip Rules!

Driving

Do not drive until your surgeon tells you that you are ready. If you choose to drive before the surgeon gives you the okay, you may not be covered by your insurance.

Your therapist will teach you how to get in and out of a car or truck safely.

If you plan to ride in a high-rise truck or van, or low seat car, you may need special instructions from your therapist. Some people arrange travel with a transportation service offered in their community. Your therapist can help you to arrange the service offered in your community.

Remember to move your knee and leg often while riding in a car.

Try to avoid long rides at first, or at least stop often for stretch breaks.

Transportation



An Accessible Parking Permit is available from the Ministry of Transportation. Your family doctor, surgeon or therapist can help you obtain a permit if needed

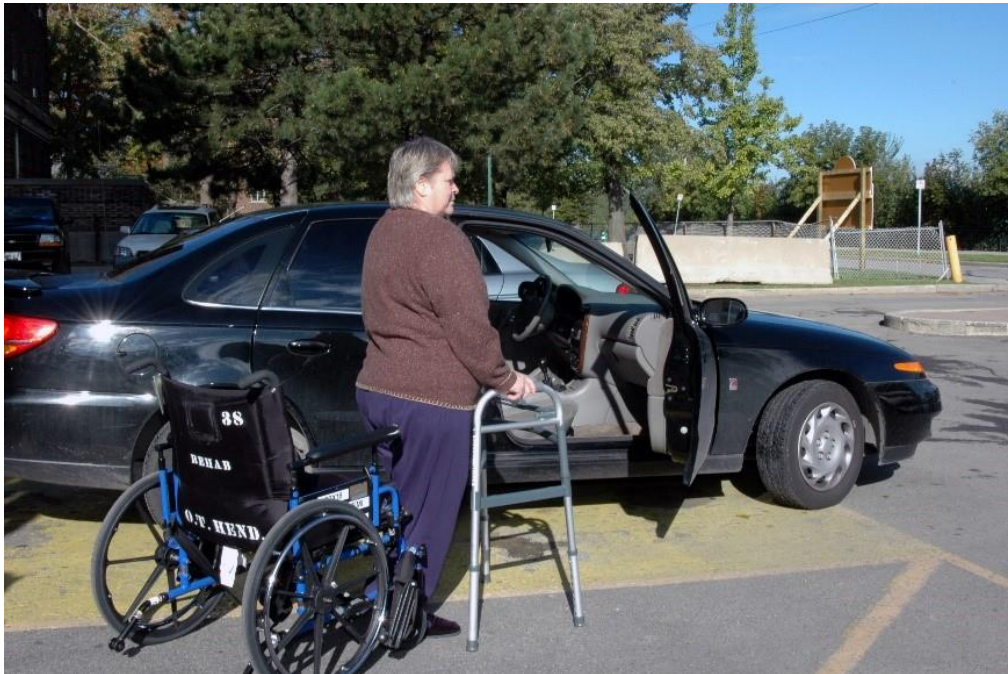
Please talk to your therapist or nurse if you will have problems with parking and transportation.

How to get in a car with your new hip

Getting in and out of all vehicles including vans and SUVs is almost the same as a car.

You may need to make some adjustments depending on your height and physical condition. You may need a pillow, a foam wedge and/or a plastic bag (to help you get into the car) on the car seat. Check with your therapist.

Please talk with your therapist if you have any concerns about getting into your vehicle.



Stand beside the car.

To get into a car, follow these 5 steps:

Step 1

Have your driver:

- Open car door fully.
- Roll down the window.
- Move bottom of seat as far back as it will go.
- Tilt backrest.
- Your knees should **NOT** be higher than your hip.
- Put a pillow or a foam wedge on the seat, if needed.
- Put a plastic bag on top of the pillow or foam wedge, if needed.



You may need a pillow or foam wedge on the seat.

Your therapist will advise you about getting into a car.

Step 2

- Put one hand on the back of the seat.
- Put the other hand on the car door.
- Sit down slowly



Back up to the seat. Slide your operated leg slightly forward.

Step 3

- Slide as far back as you can go.



Slide back in the seat.

Step 4

- While leaning back, bring one leg into the car.
- Bring the other leg into the car.



Bring one leg into the car



Bring the other leg into the car.

Step 5

- While sitting, lean slightly back. Buckle up!
- **Remember, do not bend operated hip more than 90 degrees.**



You are in the car and ready to go.

- ✓ Wear your seatbelt.
- ✓ To get out of the car – have your walker ready in front of you and reverse the 5 steps.

Work and relaxation

Always think of your Hip Rules before you start a new activity.

Your therapist can talk to you about limitations and safety during work and relaxation time. Everyone has a different lifestyle. You should increase your activities gradually to avoid injuring your new hip. Ask your doctor or therapist to help you plan your return to work and activities.

If you are feeling tired, plan to do activities that conserve your energy. Placing items at waist level to avoid bending, lifting and reaching are a few examples. Use frozen or prepare and freeze meals ahead of time.

Keep from injuring your hip by:



- 1. Doing your exercises.**
- 2. Following the Hip Rules.**
- 3. Using the right equipment.**
- 4. Changing your position often.**
- 5. Stop doing an activity if you have severe pain.**

Sex

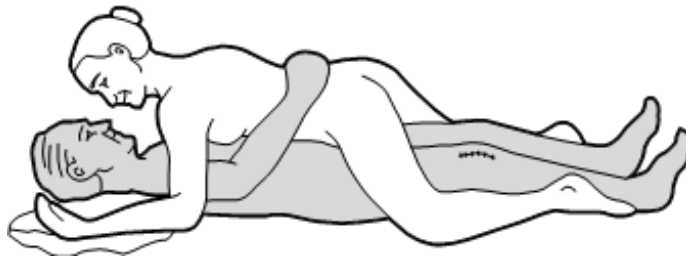
Ask your surgeon when you can have sex after surgery.

What positions are safe during sex?

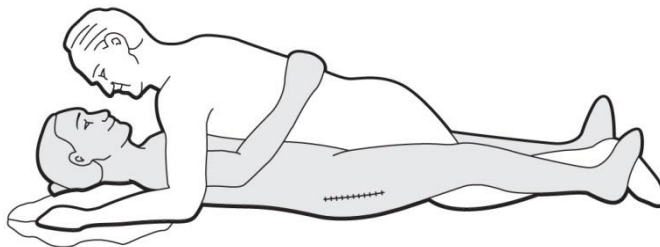
These pictures show recommended positions that should not cause pain or complications. Keep in mind your energy level, comfort and the hip rules!

These positions should be followed for 3 months. **The shaded person has had a hip replacement.**

1. Lying on your back with your feet pointing straight up and your legs slightly apart.



Laying down facing each other with the man on the bottom.



Laying down and facing each other with the woman on the bottom.

2. Standing without bending your hip more than 90°.



Operated person behind

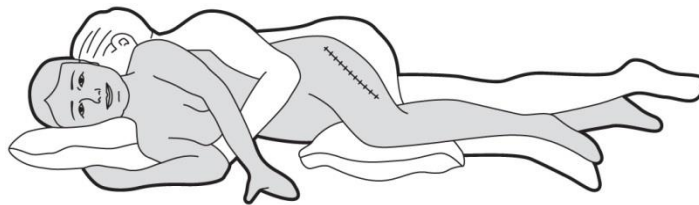


Operated person in front.

3. Your partner can use different positions while you lie on your back or side.



Different positions



Lying down on the non-operated leg.

What positions should I avoid?

Follow the Hip Rules.

Do not:

- cross your legs at the knees or ankles
- bring your knees above your hips (bending hip more than 90°)
- twist your legs inward or outward from the hip

Talk to your doctor if you have pain during certain positions and movements.

If you have questions or concerns about sex after surgery, please contact:

- your orthopaedic surgeon
- your family doctor
- your occupational therapist or physiotherapist
- your nurse
- The Arthritis Society

Preparing your home



- Keep safe! Remove your scatter rugs in every room, so you will not trip and fall over them.
- Keep cords and phone wires out of the way. Tape them down before surgery.
- It is a good idea to always carry a portable telephone or cell phone with you.
- If you use stairs, use handrails. If you do not have handrails, install them for inside and outside stairs before surgery.
- Be careful not to trip over your pet.
- Do not wax the floors.

Sitting

Choose high, firm chairs with arms. All things you sit on should be firm and at a height so that your knees are always lower than your hip and your feet supported on the floor or flat surface.

Check all seat heights before you sit down. The seat should be higher than or level to your knees when you are standing next to the chair.

Chairs can be adjusted to the right height. Talk with your therapist about how to adjust chair height.



Do **not** sit in a lazy boy recliner chair for 3 months after surgery.

Kitchen and eating

Have a chair with arms in the kitchen. Sit on this when you are doing countertop activities or for resting. Use an apron with pockets to carry things from place to place. Attach a bag or basket to your walker to carry things.



Walker with a basket

Before surgery, organize your cupboards and fridge so things you may need are easy to reach. These things should be between your waist height and your shoulder height.

Stock up on canned, boxed and freezer foods so you do not have to go to the store right away after your surgery. There are services available to help with groceries. Check the yellow pages or the internet for more information.

Bedroom

Type of bed

A standard or regular bed with a firm mattress is best. **Do not use a waterbed or a low bed.** Remember to speak to your therapist about how to raise your bed at home to the proper height.

You may want to move a bed to the ground floor so you will not have to worry about climbing a lot of stairs the first week or two that you are home.

Organize the dresser drawers and closet so things are within easy reach. These things should be between your waist height and your shoulder height.

Use a night light between the bedroom and bathroom.

Bathroom

Attach a hose or install a removable showerhead for easy bathing.

Place a non-slip mat inside and outside the tub or shower. Remove other rugs.

Use a long handled sponge or washcloth tied to a scrub brush to wash your lower legs and back.

Use toilet and bathtub equipment as advised by your therapist.

To fit the bath transfer bench into the bathtub, you will need to remove the sliding doors and replace with a shower curtain.

Laundry

It is a good idea to have clean clothes ready for a week or two after surgery. Have someone help you with the laundry.



Equipment



You will need equipment to help you. You will need to have some equipment ready for when you go home after surgery. You may not need everything listed here.

Equipment rental

You will need to rent the equipment for up to 6 weeks. Your therapist or surgeon will let you know when you are safe to stop using the equipment.

You can rent equipment at:

- local health supply stores
- Veteran's Association

Walker

You will be walking with a standard walker (no wheels) when you go home after surgery. At some hospitals the walker may have fixed wheels in the front.



Standard walker

Cane

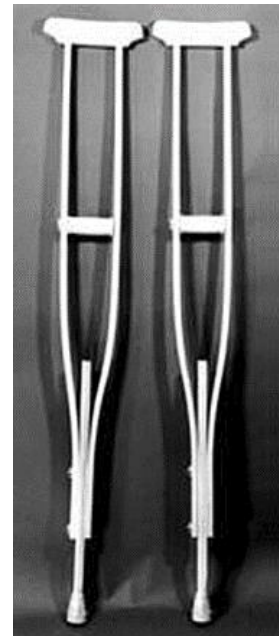
You will be using a cane or crutches to go up and down the stairs.



Cane

Crutches

You will be using crutches or a cane to go up and down the stairs.



Crutches

Toilet

Most toilets are too low for you to sit on. You will need a raised toilet seat (make sure it fits your toilet) or a commode chair to help you get on and off your toilet.



Raised toilet seat



Commode chair

Bath Transfer Bench

The therapist will let you know if you will need a bath transfer bench. You will be directed on where to get it and how to use it.



Bath transfer bench

Bathing Aide

A bathing aid is optional.



Long handled sponge

Long Handled Reacher



Long handled reacher

Long Handled Shoehorn



Long handled shoehorn

Sock Aid



Sock aid

Dressing Aid



Dressing aid

Am I at risk for falling?

- **YES**, if you have had surgery
- **YES**, if you are taking medications for pain or any other medication that may cause dizziness

Tips to reduce your risk for falling and be independent:

Get to know your room

Look for the:

- ✓ call bell, make sure it is within reach
- ✓ bedrail, there is at least one bedrail down at all times
- ✓ overhead light switch, the cord is within your reach

Be safe in your room

- Know your way to the bathroom! Map out a safe, clutter-free path to the bathroom.
- Call for help when getting up until members of the health care team feel you are safe to do this by yourself.
- Ask for help to clean up spills or to pick up items you may have dropped such as tissues and clothes.
- Do not lean on overbed tables with wheels.
- Keep frequently used items such as the phone nearby.
- Use a “reacher” for hard to reach items.

Wear your glasses and hearing aids when awake!

Get up safely

- Ring the call bell for help when getting up until members of the health care team all decide it is no longer necessary.
- If you feel lightheaded or dizzy when you sit up from lying down, pump your feet until the feeling goes away.
- Get up slowly.
- Make sure your feet are flat on the floor before standing.
- Sit down right away if you feel dizzy.

To keep yourself safe

- Wear well-fitting shoes or slippers with a closed back and rubber sole. Wear non-skid socks or socks with rubber on the bottom.
- Do not rush to do things such as go to the bathroom or to answer the phone. It is hard to concentrate on being safe when rushing, and this is when most falls happen.
- Do not wait until the last minute to get help to go to the bathroom.

Equipment

- Keep your wheelchair, walker or cane nearby, so you do not have to reach for them.
- Lock your wheelchair or walker brakes before you begin to stand up or sit down.
- Lock brakes when not in use.

Your health care team members

List the names of caregivers below.

Surgeon _____

Family doctor _____

Therapist _____

Therapist _____

Therapist _____

Hamilton Niagara Haldimand Brant
Home and Community Care Support
Services Case Manager _____

Other _____

Questions

