

TOTAL HIP REPLACEMENT - POSTOPERATIVE INSTRUCTIONS

The hip joint is also referred to as a ball and socket joint and is kept in place by muscles, ligaments, and tendons. The ball is the femoral head, which is the upper end of the femur (thighbone). The socket is the acetabulum, which is part of the pelvis bone. Both the femoral head and the acetabulum are covered with articular cartilage, a smooth substance that cushions the bone surfaces and enables them to move easily. Traumatic and non-traumatic conditions can damage the articular cartilage and adjacent bones. You may be offered surgery if your quality of life is affected by pain and/or limited hip function.

SURGICAL PROCEDURE

The damaged hip joint will be replaced by artificial components (prostheses) typically made of metal, ceramic and/or plastic. Also called total hip arthroplasty, total hip replacement is performed under general or regional anesthesia.

There are various surgical approaches to hip arthroplasty surgery. The approach is how the surgeon can access the site to be operated on. A single incision is made at the lateral(side), posterior (back), or anterior(front)aspect of the hip joint. It will depend on your specific case and the surgeon s preference. The damaged bone and cartilage in the acetabulum(socket)and the femoral head(ball) are removed, and new joint surfaces (metal, ceramic, or plastic)are positioned. After that, the surgeon will bend and move your leg to ensure that it functions properly. The incision is closed, and dressings are placed on it. On average, total hip replacement procedures last about 1-3 hours.

RECOVERY

Recovery after surgery will be different for each individual. Usually, patients will continue to require an assistive device (walker, crutches, or a cane) for 4-8 weeks after the surgery. Most people can resume their normal activities within 3 months. However, improvement in function can occur up to a year following surgery. Please remember that you are not only recovering from the surgery but also recovering from years of pain and limited hip function.

POSTOPERATIVE CARE

HOSPITAL STAY

After recovering from the anesthetic which takes about an hour, you will be taken to the orthopaedic ward. You will likely wake up feeling tired and groggy. You will notice a large bandage over your incision. Medical staff will monitor your vital signs, pain level, and the need for medications. You will be given antibiotics and pain medication. It also may be prescribed medicine to prevent blood clots.

On the day of the surgery, you should be able to stand with help beside the bed and on the day after the surgery, you will begin to walk with the help of parallel bars and the physiotherapist. On the second postoperative day, you will generally start using crutches or a walker. Once you are able to manage well enough with the crutches or a walker to get in and out of bed and get to the bathroom and back, you will be discharged. Most patients will be ready for discharge on the 2nd postoperative day.

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AT HOME

ACTIVITY/ SELF-CARE

- A dislocation occurs when the ball comes out of the socket. You will need to be careful to not put your artificial hip in a position where it might dislocate. Although the risk of dislocation is higher in the first 3 months, this risk will always exist.
- Extreme movements in either flexion or extension can cause the hip to dislocate. Normally your hip will be less stiff after the surgery than it was before; you just need to be careful not to push it too far.
- Do not cross your legs.
- Do not bend your hips past a right angle (90 degrees).
- Do not bend down to pick up things. Use a helpful device such as a grabber for it.
- Avoid chairs that are too low. Your hips should be higher than your knees when you are sitting.
- Avoid soft chairs and soft sofas.
- Use an elevated toilet seat to keep your knees lower than your hips.
- You can sleep on your back with a pillow between your thighs or on your non-operative side with two pillows between your knees.
- Getting dressed - first, put clothes on the operative side.
- Undressing - first, remove clothes from the non-operative side.

PAIN MANAGEMENT

- The usual regimen we use is a combination of acetaminophen, anti-inflammatory drugs, and narcotics.
- Taking your pain medicine as prescribed by your surgeon regularly will help you manage your pain more effectively, even if you are in mild pain.
- Strong painkiller (hydromorphone, morphine, oxycodone, etc) has been prescribed, so don't wait until the pain is severe. Use strictly as prescribed by your doctor. Do not take an extra dose.
- **In case of remaining pills, you should return them to the pharmacy. If it is not possible to do that, it is recommended to take medications out of the container, mix them with unpalatable substances, such as used coffee grounds, dirt or kitty litter, sealing in a plastic bag, and throwing in the trash.**
- You could apply ice for up to 15-20 minutes, remove it for an hour and repeat the application 6 to 8 times a day, always with one-hour intervals. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer's directions.
- You can use a TENS (transcutaneous electrical nerve stimulation) unit- please follow the manufacturer's directions.

WOUND CARE/ SHOWER

- You should keep the bandage that was placed on the day of the surgery.
- You can shower, but you must keep your dressings dry and covered. Waterproof bandages work well for this purpose.
- If non-absorbable sutures or staples are used, they will be removed at the 2 weeks postoperative visit.

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BLOOD THINNERS

- During your hospital stay should be given to you oral or injectable blood thinners. You will need them for at least 3-5 weeks after hospital discharge. Follow your doctor's prescription.

PHYSICAL THERAPY

- Physiotherapy will begin after your first follow-up with your surgeon.
- Our goal is to improve your gait and strengthen the hip and thigh muscles.
- In the meantime, you are encouraged to move your foot and ankle 4-5 times per day, at least 5-10 minutes at a time.
- You will follow a rehabilitation protocol based on your surgery and on special needs.
- At **Footbridge Clinic** we have a **Physiotherapy team** used to our protocols and will instruct you on how to perform the exercises at home. But if you already have a physiotherapist you should contact them so that you can book your appointment.

DRIVING

- You should not drive for 2 months if it is your right leg that was operated on. If it was your left leg you can drive a car with an automatic transmission as soon as you are comfortable and are not taking narcotics. You cannot drive a standard transmission for 2 months.

SEXUAL ACTIVITY

- It is safe to resume normal sexual relations as soon as discomfort in the hip allows. It is important to be mindful of the position your hip is in so it does not dislocate.

RISKS

- Infection
- Dislocation
- Blood clots
- Nerve, blood vessel damage
- Leg length discrepancy
- Loosening or wearing out of the prosthesis components
- Fractures near the prosthesis
- Other: depending on your medical condition



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INFECTION

- Infection of the prosthetic components is a serious complication. You may need multiple surgical procedures, hospitalization and long-term antibiotic treatment.
- Be vigilant for breaks in the skin and minor infections (i.e. nail infections) in a limb that has had a joint replacement.
- Seek prompt medical attention for bacterial infections (especially abscessed teeth, urinary tract infections, skin infections, and pneumonia).
- Notify your doctor/dentist that you are a patient with an artificial joint when having any medical/dental procedure or surgery. You may need prophylactic antibiotics.

It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green and may go down the thigh.

Contact Footbridge Wound Care Resource line: 778-945-6756, Ext 8 if:

- **Pain on your CALF, BACK OF KNEE, THIGH or GROIN.**
- **Increased swelling on the operated thigh, knee or leg.**
- **Body temperature above 38 Celsius/101 Fahrenheit.**
- **Increased warmth, redness, and swelling around the wound.**
- **Increased fluid leaking from the wound.**

CALL 911 if:

- **You have trouble breathing.**
- **You have chest pain.**
- **Anyone noticed that you lost consciousness.**

