

I am having a Total Hip Replacement

Hip Replacement surgery has become a common operation for those patients whose hip has been damaged by arthritis, a fracture, or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. Your hip may be stiff, and it may be hard to put on your shoes and socks. You may even feel uncomfortable while resting. Approximately 300 000 people undergo Total Hip Replacement surgery each year. The hip is one of the main weight-bearing joints in your body. It consists of two main parts:



A ball (femoral head) at the top of your thighbone (femur).

A rounded socket (acetabulum) in your pelvis.

In a Total Hip Replacement, the damaged bone and cartilage is removed and replaced with prosthetic components. The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws are sometimes used to hold it in place. A plastic or ceramic spacer is inserted into the socket. The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow centre of the femur. The femoral stem may be either cemented or “press fit” into the

bone. A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.

In consultation with you, and based on your lifestyle and age, the surgeon will decide prior to the operation which prosthesis is best for you.

How can I prepare for my surgery?

Planning ahead is the key to having less stress and achieving the best outcome from your surgery. Recovering from joint replacement surgery takes time. You can take steps before surgery that will help make your recovery easier and faster. Having a positive attitude and looking forward to getting back a good quality of life is an important part of the recovery process. The pain and deterioration of your joint has affected your daily life so just think about how much things will improve after surgery.

Before your surgery, many people will be asking about your insurance coverage, medical history, and legal arrangements. You may feel that you are answering the same questions over and over again. If you have everything written down, you can reduce your frustration and speed the process.

You should be in the best possible health before your surgery. The physical preparations you can make, can affect both the outcome of the surgery, and your recovery time. Eat well and start some light exercise. If you are overweight your doctor may suggest that you lose weight. Losing weight will help reduce stress on your new joint. If you are diabetic make sure you have clear instruction from your doctor about your medication. If you take **Blood Thinning** medication please let your surgeon know.



If you smoke, it is highly recommended that you quit or cut down, because smoking can change blood flow patterns and delay healing and slow recovery. If you drink, limit the amount of alcohol for at least 48 hours before surgery. If you are more than a social drinker please let your surgeon know to reduce the incidence of withdrawals.

Avoid any activities where you may get cuts and scratches on your legs e.g. gardening, fencing and any of those last minute little jobs. It is very important that you have no signs of cuts, scratches or infections on your skin. If you have any sign of infection anywhere in your body, or areas of skin that



are red, swollen painful or hot; cough or sore throat, contact the hospital or surgeon as this may affect your planned surgery.

The more you know about your surgery, the better you will be able to face the challenges and changes that having a Total Hip Replacement will make in your life. Don't ever hesitate to ask questions, voice concerns, or speak up when you do not understand.

Planning for Extra Help:

If you live alone or have special needs, now is the time to get organised. Arrange for someone to take you to hospital and pick you up when you are ready to go home. The hospitals have a discharge by 10:00am policy on the day that you are ready to leave. You will be able to walk with the assistance of aids after surgery but you will need someone to look after you during the first 2-6 weeks. You will need help with showering, cooking, laundry and shopping.

You may find some long-handled devices for daily living activities of benefit. A reacher to dress and pick things up from the floor. A sock-aid that will assist in putting on socks, and a long-handled shoe horn. A long-handled sponge to wash your legs and feet.

Planning for Mobility Aids and Concerns:

For mobility during your immediate post-operative period in the hospital you will be walking with the aid of a Zimmer Frame. The physiotherapy department will instruct you on how to walk.

You will more than likely go home with this aid, then under the guidance of the physio therapy department graduate to a walking stick. You will also require an elevated chair to go over the toilet and to place in the shower to sit on. These aids can be organised before you have your surgery. If you are a DVA patient, the physiotherapy department will send a referral organising your aids.

Another couple of aids you may find useful are a long handled sponge for showering and a reaching device that will allow you to grab objects without bending your hip. It may also be advisable that you put a slip resistant mat inside and outside your shower or bath. You will need a stable chair for your early recovery with a firm seat cushion that allows your knees to remain lower than your hips, a firm back and two arms. You may need to take firm pillows with you for travelling in the car to enable you to sit with your knees lower than your hips.



Planning your Food:

Prepare meals ahead of time and store in the freezer for simple reheating, or stock up on frozen dinners. Make sure you have foods that can be easily prepared. Have foods available that are easy on your stomach, such as soups, crackers, and soda. Move high use kitchen items so they are within easy reach. This will help reduce the need to bend and lift.

Planning your Medications:

If you take regular medication make sure your scripts are up to date. Have a written detailed list of medication, (scripted and over the counter), dosages and when you take your medication. This will enable the admission nurses to easily chart your medication, to ensure you continue taking your medication as prescribed. It is preferred that you have your medication in its original packages, not in a Webster Pack from the pharmacy.

Preparing your home to make it a safer place:

Your mobility and function will be restricted when you first return home. Adapt your environment before you go into hospital. Have suitable seating at home for both lounge and dining areas, at a height that has your knees lower than your hips, and with armrests. Minimise fall and trip hazards by picking

up loose rugs, mats and cables. Arrange furniture so that pathways are not cluttered and allow enough



space for crutches or a walking frame. Find a small bag that you can wear over your shoulder to carry small items around your home. Both hands will be needed to manage your walking aid at first. Avoid

slippers or shoes with open backs as they do not provide adequate support and can lead to slips and falls. Ensure toiletries, towels, toilet paper and frequently worn clothes can be reached without



bending or stretching too far.

If you have stairs both inside and outside your home you will need to let your physiotherapist know so they can best guide you to manage. You may need to think about moving your bed to the ground floor of your home during this time.

If you prepare your house before going to hospital it will take the stress out of the return to home phase of your surgical journey.

Hospital Admission Process:

As your admission is planned and to ensure that it is quick and easy, you must first register your details with the Hospital well in advance of your planned admission date, through the Admission Call Centre. Make sure you have all the relevant information at hand e.g. Medicare, Private Health Care provider. The Admission Call Centre will then contact you closer to the date of admission to acknowledge your admission and confirm health fund details. You will then be contacted by an admission nurse to obtain your medical history and provide you with information about your impending procedure and offers you the opportunity to ask questions about what to expect during your stay and remove the fear of the unknown.

Bone Banking – At the time of surgery bone removed (femoral head) may be donated to the Queensland Bone Bank so it can be used for reconstructive orthopaedic surgery. Your consent is required for this process and is best given prior to the surgery. The preadmission nurse will ask you during your preoperative interview if you are willing to be a donor. You will then be contacted by the Qld Bone Bank for further information.

Anaesthetic Pre-Admission Clinic:

Your surgeon may require you to visit the preadmission clinic, prior to your surgery to have a health assessment. This would be carried out by an anaesthetist. They take a detailed medical history to ensure that you are in the best medical position for your anaesthetic and surgery. This may include having routine laboratory tests e.g. Blood tests, urine tests, an ECG (electro-cardiogram) to monitor your heart function, and a chest X-ray may be ordered to confirm that you're fit for surgery.

What happens the day before my surgery?

The days before coming into hospital for your surgery are usually busy. Use this check list to make sure you don't forget anything.

- **Bring your Orthopaedics Toowoomba surgical folder as it contains your Consent Form completed by you and your surgeon.**
- **All X Rays and Scans**
- Your Medicare Card, Pension Card and Health Benefits Card.
- Your Pharmacy Benefits/Safety Net Card/Work Cover/Third party claim details/DVA Card.
- Your current medications in their pharmacy dispensed containers and a clearly written list of your medications, dosage and how often you take them. Do not bring Webster Packs.

The hospital will notify you with an admission time, where to arrive and a fasting time on this day. Fasting means no food or fluids after the time given. If you are required to take medication, take with a sip of water only.

- Shower prior to coming into hospital. Do not wear talcum powder, deodorant, perfumes



or nail polish.

- Wear comfortable clothes that are easy to remove.
- Do not wear jewellery or bring valuables with you to hospital.
- Bring aids you usually require e.g. glasses, hearing aids, C Pap or walking aids in good working order.
- Do bring a hospital bag. Some items you should include are:
 - A pair of comfortable, sturdy bedroom slippers with non-skid soles.
 - A knee-length robe or gown.
 - Night attire or comfortable clothing at least 3 sets.
 - Personal care toiletries.
 - Something to read.
 - A loose fitting sweat suit or leisure wear and comfortable shoes to wear home.

If you have not asked others for help yet, do so now. Have someone check in with you daily. You'll recover more quickly if you have help instead of straining and trying to do it all yourself.

What happens during my surgery?

On the day of your surgery, arrive at the designated admission area of the relevant hospital in a timely manner. You will be greeted by the clerical staff to finalise all the information you had previously given the preadmission clinic staff. Once that has been completed you will then meet the nursing admission staff.

The nursing staff will take your blood pressure, temperature, weight, height and attend to any other tests you may require as part of your pre-surgery work up e.g. ECG, Blood Tests. They will also prepare your operative hip according to the surgeon's preference by painting and wrapping it in a paper towel. The nurses will also check your consent form and X-Rays. Once this has all been completed you will be changed into surgical attire and taken to a waiting room. Depending on where you are on the Surgeon's operating list and how the surgery is proceeding your wait may be longer than you anticipate therefore bring a book or magazine with you.

When it is close to your operative time the theatre staff will collect you to escort you to the pre-anaesthetic bay. Here you will meet the Surgical Team.

Surgical Team:

The surgical team consists of your Surgeon, his assistant and the Anaesthetist. The Surgeon will see you in the pre-anaesthetic bay before you are taken into the theatre to place an identification mark on the hip you have consented to have replaced. The Anaesthetist will introduce himself to you and go through your health history, medications to enable him to make a decision on the most suitable anaesthetic for you and the most appropriate pain relief regime for you. It is at this stage that the

Anaesthetist will insert a drip to give you fluids while you are having your operation and to administer anaesthetic drugs and antibiotics.



During this phase you will be asked repeatedly your name, date of birth, allergies and which side you want the operation performed. This is part of the Operating Room requirements of safe surgery. Once everything is organised you will be wheeled into the operating theatre and positioned on the operating table where a final check of your details and the operation you wish to have will occur.

Recovery:

After your surgery you will be taken to the recovery room where your vital signs will be monitored closely for approximately an hour before you are taken up to the ward. At this stage your pain relief



will commence according to your surgeons orders.

What happens while I am in hospital?

Day of Surgery Post-Operative Care:

Once you have returned to the ward the monitoring of your vital signs will continue. You will be given the ordered pain relief that is suited for you. You will be encouraged to deep breathe and cough. There will be a dressing on the outside of your thigh and there will be a wedge between your ankles to keep your legs in position. The IV therapy will still be in your arm to enable you to receive antibiotics and pain relief, this will come out the next day if you are feeling well enough. You will be able to eat and drink if you desire. Depending on the time of day you return to the ward you may be visited by the physio department for the commencement of your therapy.

1st Day

The nurses will continue to monitor your vital signs closely during this day. If you are feeling well enough you may wish to get up for a shower. If you have a PCA for pain relief it will be removed during this morning and you will commence on a multimodal pain relief regime. If you have a drain in your hip it will be removed. If you are tolerating fluids and food the IV therapy will also be removed.



If you have not seen the physio therapist, today will be the day they get you up and start moving, doing exercises and learning to walk with the hopper frame.

During this day make sure you stay on top of your pain relief, keep taking medication even though you may be feeling OK. As you are taking different medications for pain relief your bowel habit may change so the nurses may commence you on an aperient to keep regular. You will also commence anticoagulant therapy to prevent you getting clots.

2nd Day

You will still have your vital signs taken. Analgesia, anticoagulant therapy and bowel regime continue. The sessions with the physiotherapy department continue walking with frame. The nurses will check your dressings and they may be changed if required. Independence will be encouraged.

3rd Day

The routine of the past two days will continue. Depending on your progress you may be ready for discharge today. If not, independence will be encouraged and physiotherapy. If you require transport home today is the day to make sure that it is arranged.

4th Day

Routine ward care continues. After discussions between you and your surgeon you may be ready for discharge today.

5th Day

You will be discharged on this day, unless there is a complication from surgery. Your dressing will be changed before you go home and it is to remain in place until you see your surgeon at the postop visit

10-14 days after your surgery. The physiotherapist will see you once more before you are discharged. Discharge is usually about 10am. Make sure that you have your returning home transport ready and that your mobility aids are available.



What happens when I go home?

Positional Precautions:

After Total Hip Replacement surgery there are several precautions you must learn to keep your hip from dislocating:

- Do not bend forward to reach your feet. You must maintain a 90 degree angle between your torso and legs. This means you can't bend down to tie your shoes for a while.
- Do not sit on low chairs, beds, or toilets. You may want to get a special raiser for your toilet seat temporarily
- Do not lean forward while you are sitting down, or as you sit down or stand up.
- Be careful as you get in or out of bed or a car, so your operative leg does not cross the centre of your body towards the other leg.
- Do not lift your knee higher than your hip on the operated side.
- Do not cross your legs.
- Do not allow your legs to internally rotate (feet turned in) or externally rotate (feet turned out) too far. Keep toes pointed forward or slightly out.
- Do not twist while lying or standing.
- Sleep on your back with a pillow between your knees to prevent crossing your legs.
- Strictly observe your weight bearing precautions during standing or walking.



Managing Pain:

After surgery, your doctor will make every effort to control your pain, however you should expect to feel some discomfort.

Many types of medicines are available to help control pain, including opioids, simple analgesics, and non-steroidal anti-inflammatory drugs (NSAIDs). Treating pain with medications can help you feel more comfortable, which will help your body heal and recover from surgery faster. So don't feel you need to 'tough it out'. When you feel less pain, you can start moving sooner and get your strength back more quickly.

Unless otherwise instructed, simple analgesia e.g. Paracetamol and NSAIDs are preferred to more powerful analgesics. Both paracetamol and NSAIDs are effective when it comes to relieving mild to moderate pain. They both relieve pain but work in different ways.

The key to successful pain relief is taking it before it is required (pre-emptive) and regularly in the first days postop. It is also ideal to take a small amount of several safe pain killers (multimodal). It is generally safe for an adult to take 2 standard Paracetamol every four hours **not exceeding 8 tablets in a day** and 2 standard NSAIDs e.g. Ibuprofen, Advil or Neurofen, every 6 hours, **not exceeding 6 tabs in a day**.

If breakthrough pain is a problem, analgesics such as Targin, Panadeine Forte, Endone and Lyrica may be prescribed.

Example of Medication Regime:

7:00a.m. – 2 NSAIDs with breakfast

9:00a.m. – 2 Panadol/ Targin/ Lyrica

1:00p.m. - 2 NSAIDs and 2 Panadol with lunch

5:00p.m. – 2 Panadol

7:00p.m. – 2NSAIDs with dinner

9:00p.m. – 2 Panadol **or** if required stronger pain killers e.g. Panadeine Forte and Targin or Endone and Lyrica

After the acute phase of post-operative period has passed you may be comfortable on medications



such as Panadol Osteo or Maxi Gesic to be taken as per instructions.

Constipation is often a side effect of taking frequent pain medication. This may be overcome by changing lifestyle e.g. increased fluid intake or increase fibre intake or by taking laxatives. A combination of the two may be needed to return to and ensure a more comfortable bowel habit.

Wound Care:

The surgical dressing over your wound will usually stay in place during your hospital stay. This helps your wound to stay clean and dry. The ward nurse will change the dressing before you are discharged, this dressing is to remain intact until you have your postoperative visit to your surgeon for the removal of the skin staples.

After you have had your staples removed your wound still needs to be looked after carefully as it heals to limit scarring, avoid discomfort and to lower the risks of infections. Another waterproof dressing will be applied and this should remain in place for a further 5 days, unless instructed otherwise by your doctor. After the dressings come off, bathe with a mild soap. Do not rub or scrub and pat dry with a clean towel.

- Do not use any lotions, salves or creams on it for at least 2 weeks from having your staples removed.
- You may notice some numbness near the wound edge. This is normal, and is due to skin nerves being cut during surgery. The numbness will decrease over time.

Swelling:

Expect mild to moderate swelling for 3 to 6 months after surgery. To reduce swelling, elevate your leg slightly and apply ice. Notify your doctor if you experience new or severe swelling, as this may be the warning sign of a blood clot.

Sexual Activity:



You can resume sexual activity as soon as you feel physically and mentally ready, taking care to protect your new joint. Many people resume sexual activity between 6 and 8 weeks after surgery, by which time the surgical incision should have healed, and the muscles and ligaments are healing properly. Avoid sexual positions that cause you to have your hip bent more than a 90 degree angle, internal rotation of the affected leg and crossing the legs and ankles.

Driving:

You will need permission from your surgeon to start driving again. This is usually around 6 weeks after surgery, sometimes longer. It is important to follow your surgeon's advice, for your own safety and the safety of others. Driving too early may also have implications for your insurance should you have an accident. Also, avoid travelling long distances as a passenger, by car or by plane, for at least a month after your operation, as this can cause excessive swelling and discomfort.

Physiotherapy:

Commit to your exercise program. To get the most benefit from your hip replacement surgery, rehabilitation will be very important. Think of each exercise as a stepping-stone toward improved strength, range of motion and function





Post-Operative Appointment:

At the time of your surgical booking, you are given your postoperative appointment for a 10-14 day review with the Practice Nurse and Surgeon. Phone number 07 4637 1111

What happens if I have a problem?

Notify your Doctor for a wound review if any of the following occur:

- If there is any discharge, from the wound, that is yellow, green and offensive smelling.
- If there is heavy bleeding from the incision
- The wound edges have separated.
- Redness and hardening around the incision.
- The incision is hot to touch.
- Severe pain and tenderness.