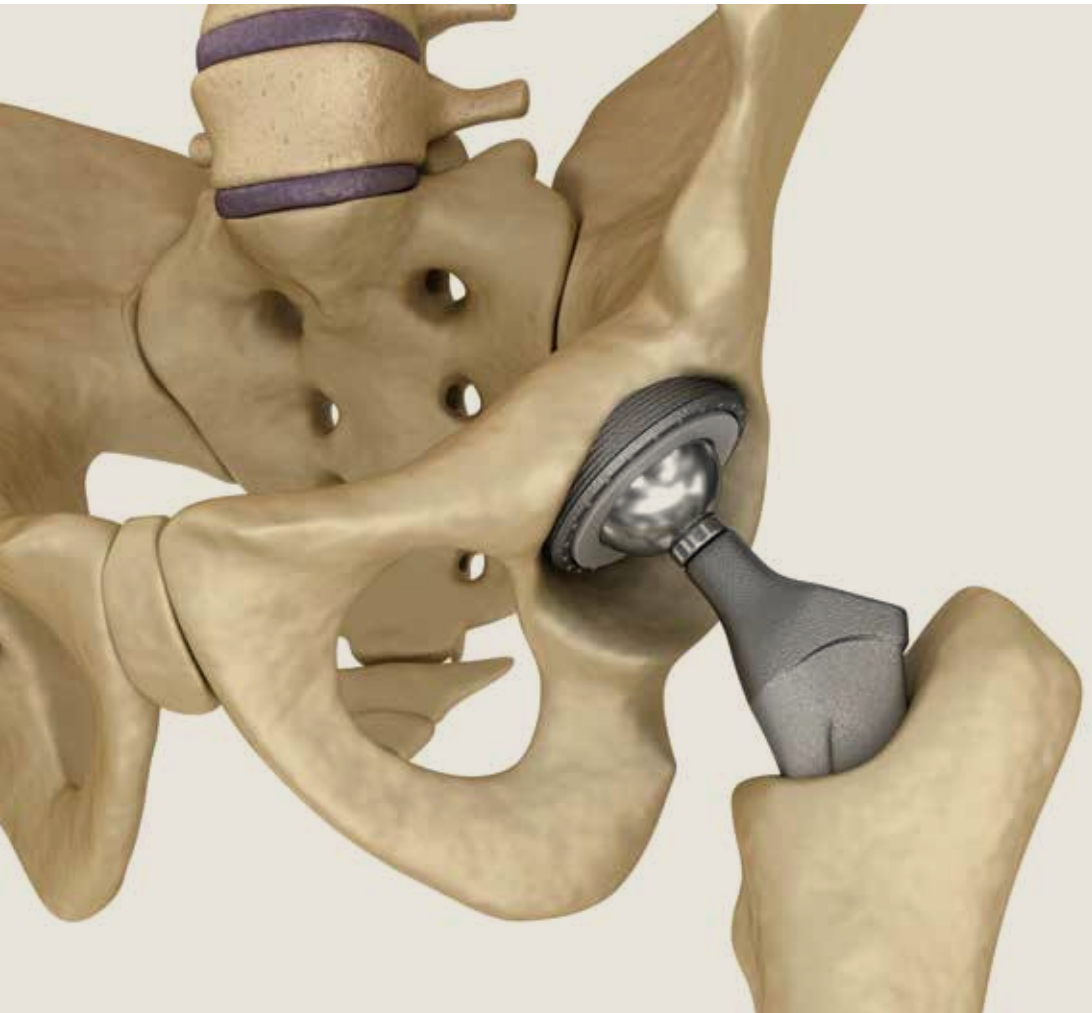


Patient information
Total Hip Replacement





Welcome to The Wesley Hospital

The Wesley Hospital is part of UnitingCare and is a not-for-profit hospital operated by the Uniting Church of Australia, Queensland Synod.

We provide a comprehensive range of services and utilise the latest technology to assist staff and accredited medical practitioners to deliver a high standard of patient care and services.

This handbook provides helpful information to assist you during your stay with us.

As most of our patients are funded by their private health insurance, it is important that you have a good understanding of your level of cover and discuss your upcoming stay at The Wesley with your health fund.

Thank you for choosing The Wesley Hospital. We hope that the care and service you receive during your stay meets your physical, emotional and spiritual needs.

Acknowledgment of Country

We acknowledge the traditional custodians of the land on which we work and serve. We acknowledge that these custodians have walked upon and cared for these lands for thousands of years. We acknowledge the continued deep spiritual attachment and relationship of Aboriginal and Torres Strait Islander peoples to this country and commit ourselves to the ongoing journey of reconciliation.

Contents

This booklet will provide you with a step-by-step guide to your stay at the Wesley.

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Introduction

In consultation with your Orthopaedic Surgeon you have decided to have a Total Hip Replacement.

This booklet has been compiled by your Orthopaedic Care Team at The Wesley Hospital and explains:

- + What a total hip replacement is;
- + The preparation needed before surgery;
- + What is involved on the day of your surgery?
- + Information about your recovery in hospital; and
- + Advice and information for when you go home.

Commit to your rehabilitation

Your Orthopaedic Care Team will guide you through your post operative rehabilitation. Please note you will be in the very early phase of recovery when you leave hospital and it is normal to still experience pain/discomfort at this stage. You will continue to recover for at least 6-12 weeks after your surgery.

Total hip replacement surgery

There are several different surgical approaches for a hip replacement. You and your doctor will decide which implant and surgical approach is best for you. The prosthetic hip replaces the head (ball) of the femur (thigh bone) and the acetabulum (socket). This enables the joint to glide smoothly again, allowing you to move without discomfort. It is important to strengthen the muscles around your new hip joint after your surgery. This will take time and provides additional stability to your new joint.



Precautions after total hip replacement

After your hip surgery there are no formal hip precautions. However each person will be individually assessed as to what is necessary for their successful recovery. It is recommended that you do not force any movements or perform combined movements such as bending forward and twisting at the same time. Your Allied Health team will discuss strategies and/or assistive equipment if you are having difficulties with functional tasks such as showering, dressing or toileting.

Preparing for surgery

Prehabilitation is often recommended prior to your surgery. The goal of Prehabilitation is to prepare you for your operation and to aid recovery for an improved outcome. Prehabilitation can be a combination of fitness, strength and functional task training designed to suit each individual person.

There are a number of things you can do to improve your health and prepare for surgery.

- + Reduce excess weight by considering your diet, and consulting your GP or Dietitian for advice.
- + Continue gentle exercise during activities such as gentle walking, exercise in water, or gentle cycling.
- + Take care to avoid skin cuts/tears e.g. gardening, as your surgery may be postponed because of the increased risk of infection.
- + Reduce or cease smoking. This enhances your rate of healing and can reduce the risk of complications such as blood clots and lung infections. Please note the hospital is a non-smoking site. Talk to your doctor or pharmacist about options for your hospital stay.



Carbohydrate loading

- + Carbohydrate loading prior to surgery may assist in your recovery. During surgery-related fasting the body uses carbohydrates stored in the liver and muscles as fuel. Carbohydrate loading helps to prevent the use of muscles as energy during fasting. It is **NOT** recommended you follow carbohydrate loading if you have diabetes.
- + The carbohydrate loading protocol uses sports drinks (e.g. Maximus/ Powerade/Gatorade) as they are clear fluids and free from fibre, fat and protein. They are also emptied from the stomach quickly.
- + Nil by Mouth/"Fasting" = No food or fluids to be consumed after the time specified.
- + Refer to the instructions provided by your surgeon/anaesthetist for your individually specified timings for fasting prior to surgery. If your "fasting" time is set for midnight the night before surgery, only follow "the day before surgery" instructions as below.

Carbohydrate loading protocol

Choose ONE of the below Sports Drinks	Day BEFORE Surgery	Day OF Surgery
NOTE: Do not choose the "Zero"/Sugar free versions – you need the sugar for the carbohydrate loading	Consume your usual food and fluids PLUS:	Up until the time specified by your doctor as Nil By Mouth (NBM) you may consume these fluids only. **DO NOT have these fluids IF your doctor has advised you to be NBM from MIDNIGHT**
Maximus Isotonic Sports Drink	1350ml	675ml
Powerade – ION4 or Isotonic	1750ml	850ml
Gatorade	1750ml	850ml

Need more Information? For further information contact:
Wesley Nutrition Services (07) 3232 7435.

Pre-admission clinic

After you have completed your hospital registration, please contact the Wesley Pre-Admission Clinic on 3232 7316 to schedule a pre-admission appointment. Your surgeon requires a nursing assessment to be completed together with investigations (eg.pathology, ECG and/or x-rays) prior to your surgery. This appointment will include a discussion with a registered nurse and occupational therapist or physiotherapist and should be done 1-2 weeks prior to surgery.

Pre-surgery home preparation

Prior to your surgery it is important that you prepare your home in anticipation of your discharge from hospital. Things to consider include:

- + Set up and prepare equipment to assist with completing your daily tasks such as showering and toileting. Note: some people prefer to sit whilst showering and use an aid over the toilet and/or in the shower to assist with getting on and off.
- + De-clutter and ensure your home is safe to move around with no obvious trip hazards, such as loose rugs or power cords.
- + Develop a plan for boisterous pets.
- + Prepare some meals in advance by cooking and freezing, or arranging a meal delivery service.
- + Arrange a support person (family, friend or neighbour) to assist with household tasks or transport in the first few weeks after you go home.
- + Consider options for physiotherapy follow-up after your discharge. There are several options available depending on your health fund cover. These will be discussed at your pre-admission appointment.

After surgery

In partnership with your care team, you will be guided through your recovery journey. The aims include:

- + Preventing post-operative complications e.g. blood clots;
- + Minimising pain;
- + Preventing pressure injuries to your skin;
- + Managing swelling;
- + Preventing constipation;
- + Managing your wound;
- + Retraining your walking pattern;
- + Preventing slips, trips or falls;
- + Progressing your exercises;
- + Progressing your mobility; and
- + Facilitating your functional recovery e.g. showering and dressing.

Day of surgery mobilisation

It is usual post-operative care to commence mobilisation (walking) on the day of your surgery. The physiotherapist will determine your suitability to mobilise, in conjunction with your nursing team. If appropriate, you will be assisted to sit on the edge of the bed, stand, or go for a short walk. Early mobility is important for preventing blood clots, gaining confidence in your new joint and improving your recovery time.



On the road to recovery

Preventing blood clots

Following a major operation your risk of experiencing a blood clot is higher than usual. A blood clot that forms in the deep veins of the leg is called a Deep Vein Thrombosis (DVT). A portion of this clot may break off and travel to the lung, this condition is called a Pulmonary Embolism (PE).

Symptoms of DVT

- + Pain, swelling or a feeling of tightness in your leg (most commonly calf).
- + Increased warmth or a change in skin colour in your leg.

Symptoms of pulmonary embolus

- + Difficulty breathing or shortness of breath.
- + Pain in your chest or lungs.
- + Feeling faint or generally unwell.
- + Coughing up blood.

Pain control

Post operatively it is expected that you will experience some degree of pain; however the pain should not prevent you from moving or completing your exercises. You are likely to need some form of pain medication. Discuss the options with your doctor and care team.

Effective pain management after surgery allows you to:

- + Sit out of bed, shower, and start walking;
- + Relax and sleep more restfully;
- + Practice your exercise program more comfortably; and
- + Have fewer complications, recover faster and leave hospital sooner.

Physiotherapy, occupational therapy and exercises

Post-operatively you will be working with the physiotherapist to facilitate your rehabilitation. This enables you to recommence an active lifestyle. You will be seen regularly during your stay in hospital. If you are experiencing difficulties with functional tasks, or require further advice regarding aids for home you may request to see the occupational therapist.

Post operative bed exercises

These exercises help to reduce your risk of developing post operative complications. Complete hourly.

1. Deep breathing

Take a slow breath in, trying to fill your lungs completely, then relax and breathe out. Repeat 5 times.

2. Ankle pumps

Move your feet up and down at the ankle to pump your calf muscles strongly. Repeat 20 times.



3. Static quadriceps

Tighten your thigh muscle so that you feel the crease at the back of your knee pressing down onto the bed. Hold this for 3-5 seconds then relax. Repeat 10 times.



4. Static gluteals

Squeeze the cheeks of your bottom together. Hold for 3-5 seconds then relax.

The following exercises should be done 2-3 times a day. Please ensure the head of your bed is flat when performing these exercises.

1. Hip flexion

Keeping your heel on the bed, slide the heel of your operated leg up towards your bottom, bending your hip and knee. You may need assistance or a slide sheet at first.



2. Hip abduction

Slide your leg out to the side then back to the starting position. Ensure you keep your knee straight with your toes pointing to the ceiling. You may need assistance or a slide sheet at first.



3. Supine bent knee fall out

Lie on your back with your knees bent and feet hip width apart. Place hands on your hips and gently engage your lower stomach muscles. On your operated side, gently and slowly lower your knee out to the side as pain and stiffness allows. Return to the starting position.



Bed mobility

Moving around in bed

The team will teach you how to move in the bed, as this is an important start to your recovery. To assist your movement in bed you can use the overhead ring or push through your arms and non-operated leg to lift your bottom. This technique is known as bridging. Practice this bridging technique regularly as an exercise to relieve pressure or when changing positions.

Remember: Please notify a member of your care team if any areas of your body become tender, in particular your heels or bottom.



Lying to sitting

- + Move to the edge of the bed on your non-operated side using the bridging technique.
- + Push up on your arms to sit forward slightly, lower your legs to the floor, one at a time. Your physiotherapist and nursing staff will assist you initially.



Sitting to standing

- + Adjust the bed to an appropriate height.
- + Slide your bottom forward to the edge of the bed.
- + Place both hands on the bed beside you.
- + It may be comfortable to have your operated leg slightly forward however you should push through both legs to stand.
- + Place your arms onto the walking aid and stand tall.



Using crutches

In preparation for discharge, your physiotherapist may teach you how to walk with crutches. It is important to learn how to use crutches safely, and to understand the importance of practicing a good walking pattern.

When using crutches, you need to allow yourself more time than usual and be aware of your environment to prevent slips, trips or falls. You may also need to rest more often as it can be tiring. Your physiotherapist will adjust the crutches to the appropriate height for you.

- + You should be able to stand up straight using the crutches, and
- + Your hand grips should be at a height to allow a little bend at your elbow.

Getting out of a chair with crutches

- + Slide your bottom a little forward on the seat.
- + Place both crutches in one hand or put your crutches beside you.
- + Position your non-operated leg underneath you, and have your operated leg forward, if required.
- + Push yourself up using armrests and/or crutches for support.
- + Once you are standing, move the crutches into position.



Sitting onto a chair with crutches

- + Ensure your legs are back against the chair or bed.
- + Place both crutches in one hand, or put crutches beside you.
- + Lower yourself into the chair using armrests and/or crutches for support.
- + As you sit, let your operated leg slide forwards if necessary.



Walking and gait re-education

Walking Pattern

- + You will be instructed on how to regain a normal walking pattern in order to avoid 'old' walking habits.
- + When stepping forward with your operated leg aim to strike with your heel first.
- + Try to take weight through your operated leg. Your crutches or walking aid will assist in de-loading your new hip joint, encouraging you not to limp.
- + Initially the muscles around your hip may feel 'tight'. This is normal and will improve with time and exercise.
- + By exercising and walking regularly for short periods you will become stronger, more mobile and independent.

Remember: You are able to take as much weight through your new hip as comfortable, unless otherwise advised by your doctor or physiotherapist.

Walking

- + Keep the crutches about 15-20cm from the sides of your feet.
- + Move the crutches in front of you.
- + Step the operated leg forward, level with the crutches.
- + Take some weight down through your arms and your operated leg as you step through with your non-operated leg.
- + When you are ready, your physiotherapist will progress you to using a single crutch. You will hold the crutch in the opposite hand to your operated side.



Stairs

If handrails are available it is safer to use one hand rail and one crutch in the other hand. Your physiotherapist will teach you how to safely carry the spare crutch.

Going up with crutches

- + Take your weight down through your crutches/hand rail.
- + Step your non-operated 'good' leg up onto the step.
- + Follow with your operated 'bad' leg and crutches.



Going down with crutches

- + Holding the hand rail, lower your crutch down onto the step.
- + Take your weight down through your crutches/handrail and step down with your operated 'bad' leg.
- + Follow with your non-operated 'good' leg.



Standing exercises

The following exercises should be done 2 - 3 times a day. Remember to hold on to a firm support to do these exercises.

1. Weight shift

In front of a mirror, stand with your feet shoulder width apart and toes pointing forwards, your weight should be evenly distributed on both feet. Slowly shift your weight onto your operated leg aiming to keep your posture upright and your hips level. You should feel the muscle in your buttock on your operated leg working to support your weight. Hold this position for 3-5 seconds then shift your weight back to the starting position. Gently increase the time held as your strength and pain allows.

Repeat ____ times.



2. Heel raise

Raise up onto your toes then slowly lower.

Repeat ____ times.



3. Mini squats

Stand with feet shoulder width apart and toes pointing forwards. Imagine you are about to sit on a high stool. Poke your bottom out and gently bend both knees, keeping your heels on the floor. To return to an upright position, push through your heels, tighten your thigh and bottom muscles. Remember this is only a small bend at the hip and knee.

Repeat ____ times.



4. Knee lifts

Standing on your non-operated leg, raise your operated knee as high as comfortable.

Repeat ____ times.



5. Side toe tap

Keeping your leg straight and toes pointing forwards, move your operated leg out to the side to perform a toe tap. Ensure your hips stay level.

Repeat ____ times.



6. Backwards toe tap

Keeping your toes pointing forwards, move your operated leg backwards to perform a toe tap. Keep your body upright and straighten your knee as able. This will be difficult to begin with and you may feel a stretch in the muscles at the front of your hip.

Repeat ____ times.



Exercise progression

7. Bridging

Lie on your back with your knees bent and feet hip width apart. Tighten your bottom muscles and push through your heels to raise your bottom off the bed. Hold for 3-5 seconds then lower.

Repeat ____ times.



8. Lunge

Step forward with your non- operated leg. Gently lunge onto your front foot allowing the heel on your back foot to lift a little. Ensure your body stays upright. You should feel a stretch in the muscles at the front of your operated hip. Hold for 20 seconds.

Repeat ____ times.



Getting into a car

As a passenger, make sure the seat is pushed back and slightly reclined. Sit your bottom on the seat, lean back and lift your leg up and around into the car. A firm cushion can be used on the seat to increase the seat height if it is too low or difficult to get in and out of.



Driving a car

You need to be able to control your leg well before trying to drive. Consult with your surgeon about return to driving.



Discharge planning

Assistive aids

On discharge you will still be in the phase of recovery. Some tasks such as going to the toilet, having a shower or reaching to your feet for dressing may be more difficult or cause discomfort. You may find some assistive aids useful in allowing you to complete your daily activities independently. Some of these may include an over toilet frame, a shower chair or a long handled reacher.

The occupational therapist will discuss the options at pre-admission with you, or you can request a further occupational therapy review during your hospital stay.



Wound care

The team will discuss with you your ongoing wound care needs and determine the most appropriate plan for discharge.

Sport

You can usually start swimming again after two - six weeks. Before you leave hospital, ask your surgeon when it is safe to exercise in water. Hydrotherapy is physiotherapy in warm water and is often a comfortable way to improve both range of movement and muscle strength.

Avoid playing active sport for three months until you have had a follow-up appointment with your surgeon. Check with your surgeon when it is safe to resume golf, bowling or any other sports. Avoid running, jumping or high impact activities.

Sexual intercourse

You can usually resume sexual intercourse when you are comfortable to do so. At first, it is suggested that you lie on your back. Please remember to consider your hip position for the first three months. If you have any questions or concerns, please do not hesitate to speak to your therapist or surgeon.

Ongoing physiotherapy

It is advised to continue with ongoing physiotherapy after your discharge to assist you in achieving the best possible outcome.

There are many options for ongoing physiotherapy, please discuss these with your hospital care team at your pre-admission appointment.

The Wesley Day Rehabilitation Service offers patient specific treatment sessions for post surgery recovery. This rehab program allows people to attend therapy sessions as an outpatient.

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Disclaimer:

This information is intended as a guideline and reflects the consensus of the authors, at the time of publication. The sources used are believed to be reliable and in no way replace consultation with a health professional.

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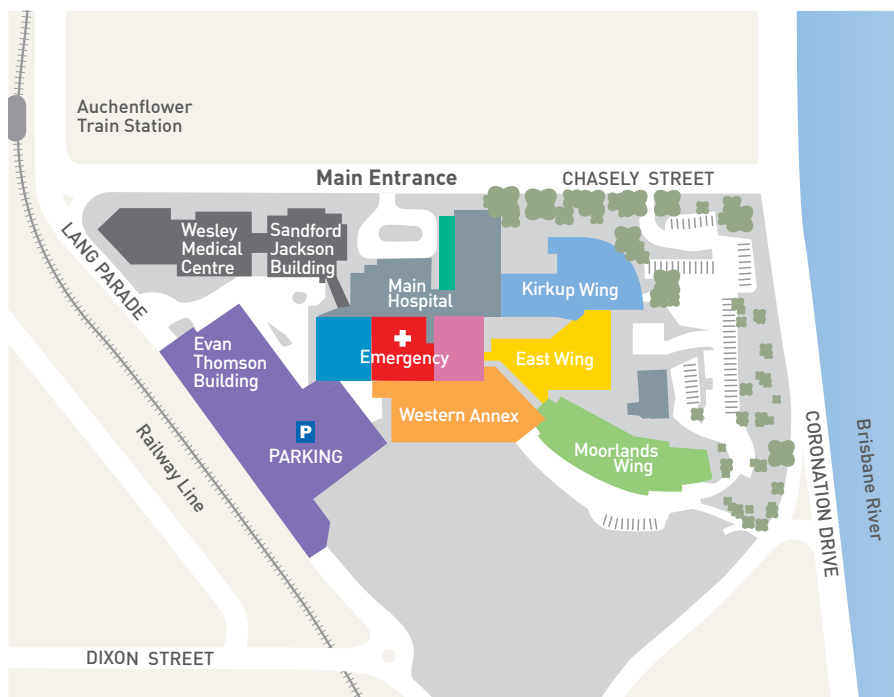
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