

A Guide to Hip Replacement Surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

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Patient Education Office

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, Dr. Michael Tanzer and the orthopedic surgeons, nurses, physiotherapists, and the MUHC Patient Education Office.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



This material is also available through the MUHC Patient Education Office website www.muhcpatienteducation.ca

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What is a care pathway?

When you come to the hospital for your hip replacement surgery, you will be part of a program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, exercising, and controlling your pain. These things will help you to feel better faster and go home sooner.

Bring this booklet with you on the day of surgery. Use it as a guide in hospital and when you go home after your hospital stay. Staff may refer to it as you recover, and review it with you before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

Your MUHC surgery team

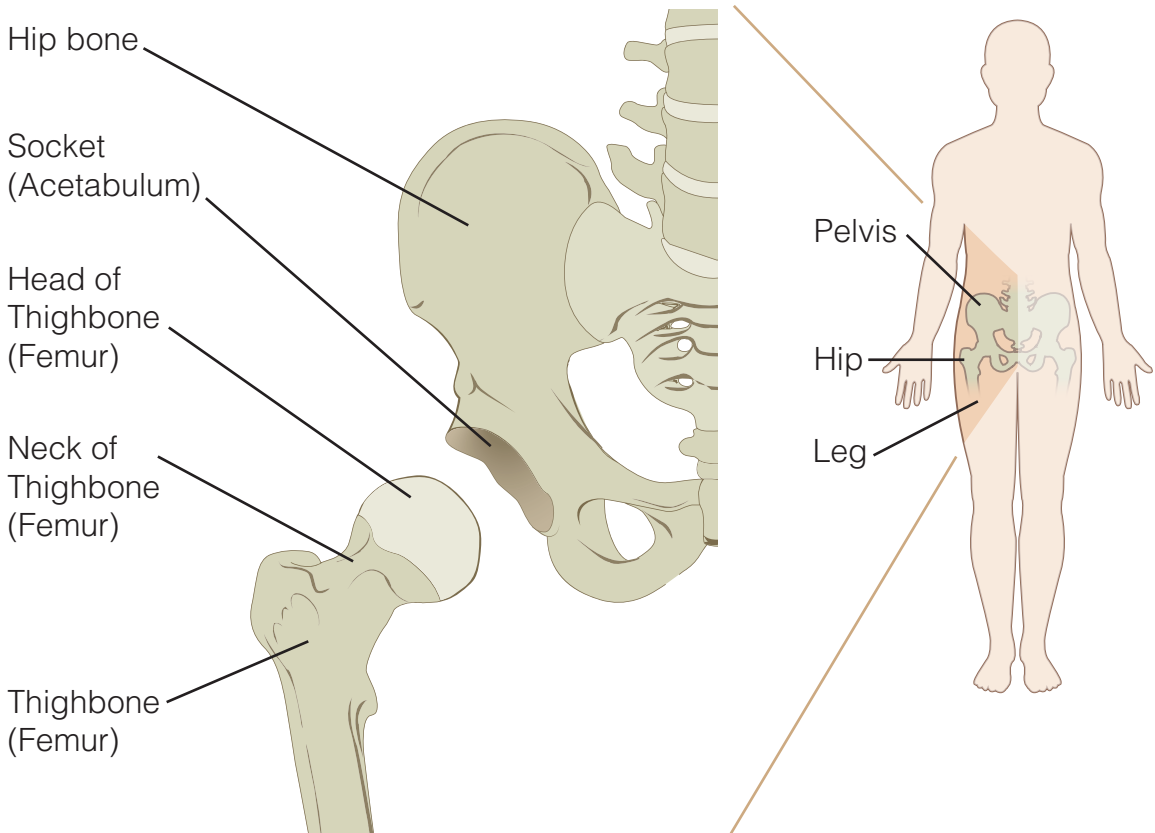
What is the hip joint?

The hip joint is made of 2 parts:

- The pelvic bone and
- The thighbone also called the femur

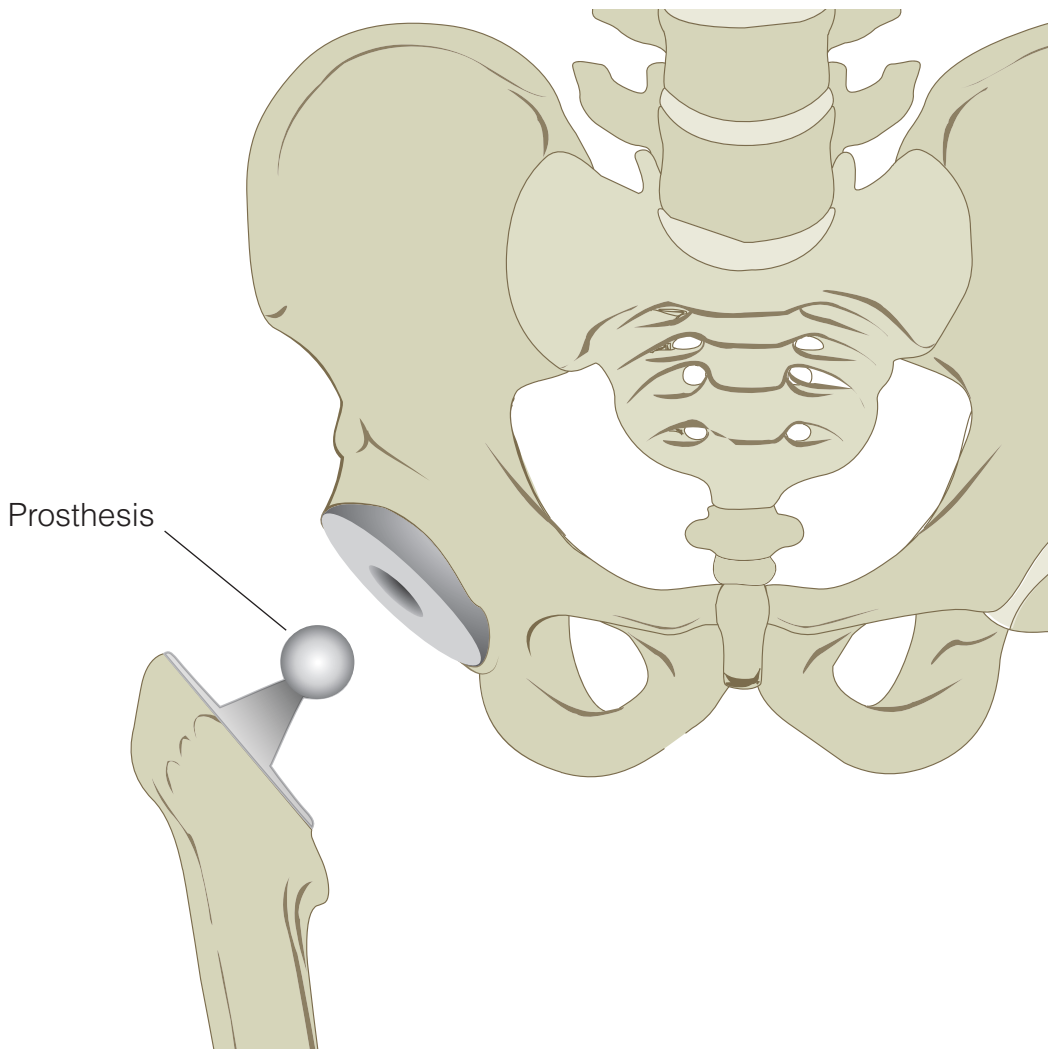
The neck of the femur is the part that bridges the femur head to the rest of the femur bone. The hip joint is a ball-and-socket joint.

The head of the femur fits into the pelvis in a crater called the acetabulum (socket). The top part of the femur is called the head of the femur (ball).



What is hip replacement surgery?

- When the hip joint is worn out or damaged, the head of the femur (ball) and the acetabulum (socket) is replaced with a prosthesis. This prosthesis is made out of metal and plastic or ceramic.
- This surgery is called a total hip replacement or a hip arthroplasty.
- The goal of this surgery is to reduce your pain and increase your mobility.



Preparing for your surgery

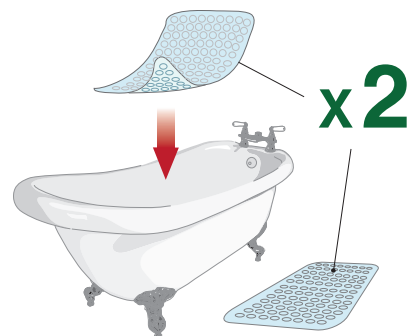
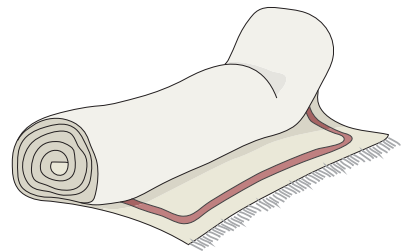
Make sure everything is ready for you when you go home after your surgery. You might have some restrictions. Some tasks might be difficult, especially at the beginning. You may need some help at first from friends or family with meals, laundry, bathing, cleaning etc.

Your CLSC will visit or phone you at your home before your surgery. They will assess and recommend equipment you will need when you return home such as a walker, raised toilet seat, bath bench or others and where to get them.

Arrange your living space to make life easier when you go home after your surgery.

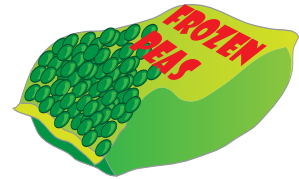
Here are some suggestions:

- Put away non wall-to-wall carpets, area rugs and clear the space around your bed, in the hallways, in the kitchen and bathroom so that you get around freely with your walker.
- Remove electric cords from the floor where you may walk. You might want to move some furniture around so that you can move around safely after surgery.
- Get 2 good quality, non-slip mats (the CLSC staff can advise you at their visit)
 - o 1 for the shower/tub (sticky patterns in the tub are not sufficient)
 - o 1 for the bathroom floor
- Get well-fitted shoes and slippers with soles that are not slippery.



Preparing for your surgery

- Stock the refrigerator and freezer. Buy frozen foods or prepare individual portions that can be reheated until you are well enough to cook.
- Get a thermometer to check your temperature after your surgery.
- Have an ice pack or a bag of frozen peas to help with swelling and pain control.
- Stop smoking before your surgery. Quitting smoking will reduce the risk of lung complications after surgery and help the incision (cut) to heal.
- Reduce your alcohol use. Do not drink alcohol for 24 hours before surgery. Alcohol can interact with some medications. Let us know if you need help decreasing your alcohol use before surgery.



Organize your ride back home.

The day of surgery is called Day 0. Some patients leave the hospital the day after surgery (Day 1) others on the 2nd day after the surgery (Day 2). Arrange your ride back home before 11:00 a.m.

Tell your nurse if you have worries about going home.

Exercise program

Exercise will help make your body as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day.

Exercise does not need to be strenuous to be helpful; in fact, a 15 minute walk a day is far better than not exercising at all.

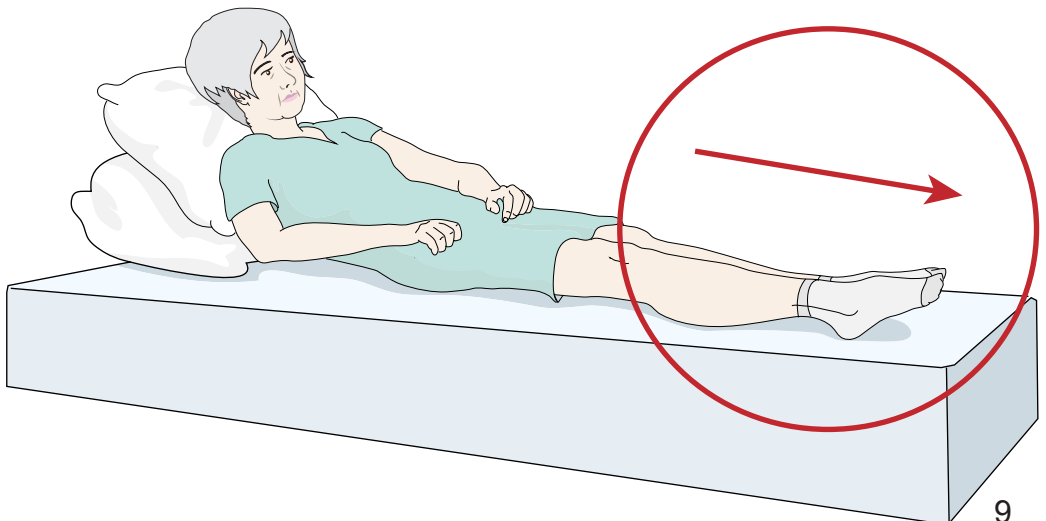
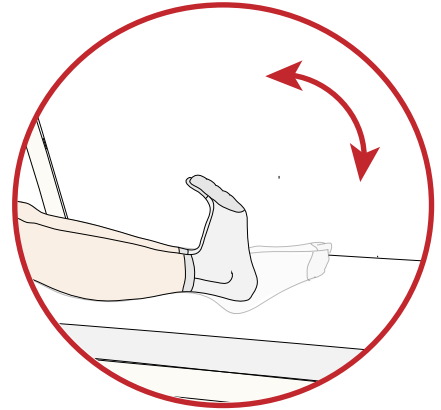
The following exercises are important to help strengthen your muscles and help your recovery after the surgery.

These 3 exercises are done in bed or on a hard surface.

Repeat each of these exercises 10 times-3 times a day.

Ankle Pumping

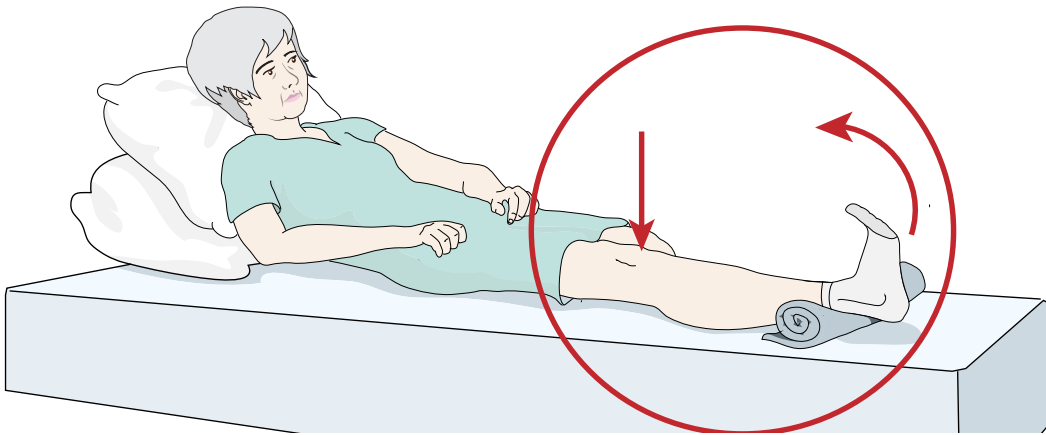
- With your legs straight and without moving your legs:
 - Lift your toes as far as you can and then lower them as much as you can.



Exercise program

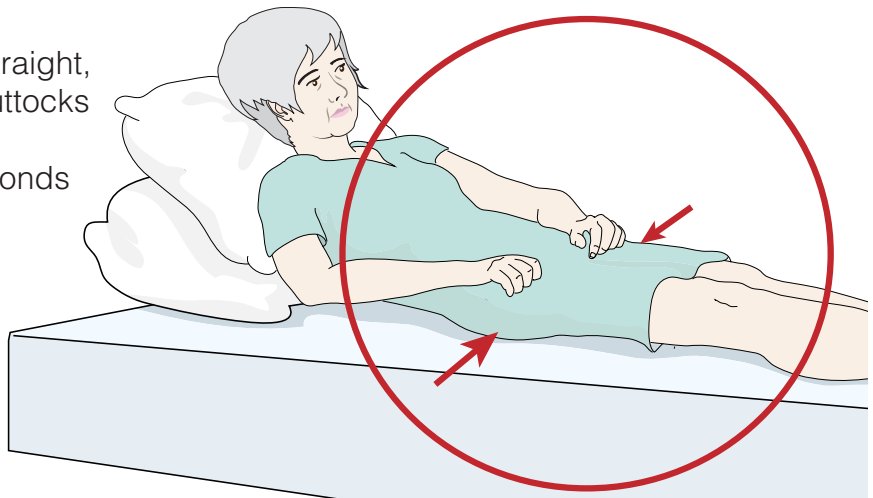
Strengthening of Thigh

- Put the affected leg straight with a rolled up towel under the ankle,
- Lift the toes toward you, and press your knee in the mattress, as tolerated.
- Hold the position 5 to 10 seconds and relax.



Contraction of Buttocks

- With your legs straight, squeeze your buttocks together.
- Hold 5 to 10 seconds and then relax.



Preoperative clinic visit

When you visit the Pre-op Clinic,

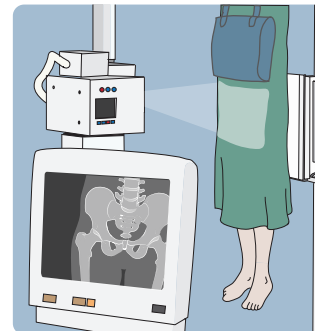
You may:

- have blood tests.
- have an ECG (electrocardiogram).
- meet an anesthesiologist (the doctor that will put you to sleep for the surgery).



You will:

- meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital.
- meet with a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.
- have an X-Ray of your hip.



Preoperative clinic visit

When you visit the Pre-op Clinic,

You will:

meet with a physiotherapist.

- The physiotherapist will review some exercises and activities with you.
- After the surgery the physiotherapist will help you improve your movement and strength in your hip joint and help you recover your mobility. For example the physiotherapist will have you practice getting in and out bed, standing from a chair, walking and doing stairs. The physiotherapist will recommend the exercises that are best for you.



You may have to stop taking some medication and herbal products before surgery. The Pre-op Clinic doctor will explain to you and will order in your file which medication you should stop and which ones you should keep taking. Ask your pharmacy to fax us your list of medication; fax number: 514-934-4446

If you have questions phone the Pre-op Clinic nurses at 514-934-1934, ext. 43778

Monday to Friday, 1:00 p.m. to 3:00 p.m.

Phone call from Admitting

The day before your surgery, the Admitting Department will phone you, to tell you when to come to the hospital.

They will ask you to arrive 2 to 3 hours before your planned surgery time. The time of surgery is not exact. It may happen earlier or later than planned.



Exception: If your surgery is planned for 7:30 a.m., they will ask you to arrive at 6:00 a.m.

Date of surgery:

Time of arrival at the hospital:

Room: **Surgical Admission Services D10-124 (D Wing, 10th floor, room 124)**

If you do not receive a call before 2:00 p.m., contact the Admitting Department at 514-934-1934 ext 42190

Cancelling

If you get sick, pregnant, or you are not able to come to the hospital for your surgery, call your surgeon's office and the Central Operating Room Booking (CORB) at 514-934-4460 (9 a.m. - 11 a.m. and 1 p.m. - 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating: your full name, date of surgery, telephone number, hospital card number, surgeon's name, your reason for cancelling or postponing your surgery and the timeframe you are not available to have the surgery.

All of these situations may require that we cancel and postpone your surgery:

- Cold.
- Flu.
- Fever.
- If you are not feeling well.
- If you become pregnant.
- Any infection (urinary track infection, skin abscess, infected ingrown toe nail).



Keep in mind that the Montreal General Hospital is a Trauma Centre. This means that your surgery may need to be delayed or cancelled because of an emergency. Your surgeon will reschedule your surgery as soon as possible.

Washing

Protect Yourself From Infections: Use Body Cleansing Cloths Before Your Surgery



What are body cleansing cloths?

These cloths contain a special product called chlorhexidine, which kills the germs that cause infections. If you use these cloths before your surgery, you will lower the chances of your surgical wound being infected.

When should I use them?



Night before your surgery:

1. Take a shower and shampoo your hair
2. Follow the instructions in the section called *How do I use them?*



Morning of your surgery:

1. Do not take a shower, bathe, or shampoo your hair
2. Follow the instructions in the section called *How do I use them?*

Washing

How do I use them?

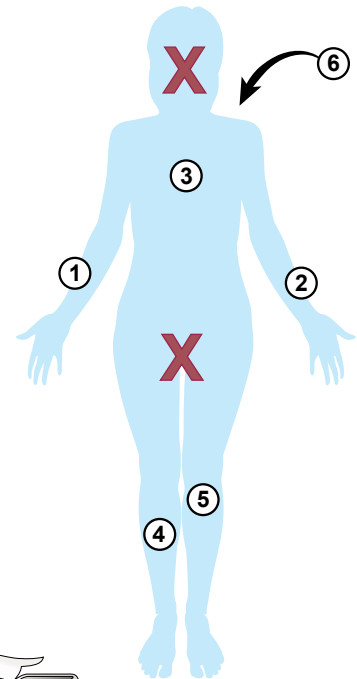
1. Make sure your skin is dry.
2. You may use the cloths at room temperature, or warm them if you prefer (simply place the package in the microwave for no longer than 30 seconds).



Caution: Do not use cloths if too hot. Let them cool before use.

3. Peel the front label to open the package. It contains 6 cloths.
4. Wipe each area, using a back-and-forth movement. Use 1 clean cloth to wipe each area of your body in the order shown here. Wipe each area fully. Use all cloths in the package.

- | | |
|--------------|--------------|
| 1. Right arm | 4. Right leg |
| 2. Left arm | 5. Left Leg |
| 3. Chest | 6. Back |



5. Allow your skin to air dry completely.
6. Put on freshly, washed clean clothes.
7. Throw used cloths in the trash.



Washing

What should I avoid when using these cloths?

Do not let the cloth come in contact with your face (eyes, ears, mouth) and genital areas. Wash your face and genital areas with water and soap instead.

Do not rinse or run the cloths under water.

Do not re-use the cloths.

Do not use any lotions, creams or makeup.

Do not flush the cloths down the toilet (throw used cloths in the trash).



Who should I speak to if I have questions?

Speak to your doctor, nurse, or any other member of your treatment team. We are here to help!

Do not shave the area of the operation.

Diet

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like marathon runners, patients going for surgery should also prepare and feed their bodies. The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

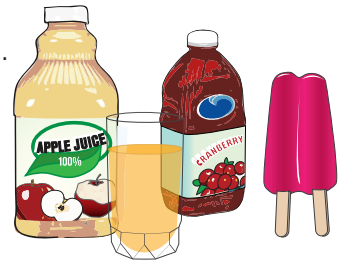
Day before surgery

Until midnight:

- Eat and drink normally until midnight (unless told otherwise).

After midnight:

- Do not have any food, dairy products, or juice with pulp.
- Drink clear fluids up to 2 hours before your surgery. You can drink any clear juice (juice that you can see through) and have jello or popsicles.



Exception: If you are asked to come at 6 a.m. stop drinking any clear fluids at 5:30 a.m.

Remember: Some people should not drink at all after midnight. Your nurse will tell you if you need to stop drinking at midnight.

The morning of surgery:

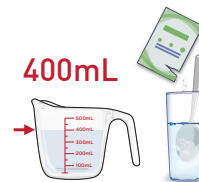
Drink 1 PREcovery® beverage. This drink has special sugars and salts that will give you energy.

When?

- Drink it **2-3 hours before surgery.**
- This is usually the same time that you are asked to arrive at the hospital.
- If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How?

1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water.
2. Add all of the content of the powder pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5-10 minutes. Do not sip it.



Want to know more about PREcovery®? Follow this link:

18 www.enmednut.com/products/precovery

What to bring to the hospital

- This booklet.
- The list of medication you take at home (your pharmacist may provide you one).
- Medicare and hospital cards.
- Private insurance information, if you have any.
- Bathrobe, slippers, pajamas, loose comfortable clothing.
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues, and perhaps earplugs.
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name.
- Cane, crutches, walker, if you use these, labeled with your name.



Do not bring anything of value, including credit cards, jewelry and cell phones. The hospital is not responsible for lost or stolen items.



To rent a TV in your hospital room, you will need to pay, using either a credit card or cash. Ask someone to take the credit card home after paying or have them arrange the payment for you.

At the hospital

Admitting area

Report to the Surgical Admission Services (D10-124) at the time you were given. The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer.

It is not always possible to have a private or semi-private room.

Pre-operative area

The nurse will give you another package of cleansing wipes to use (see instructions how to use them on page 14), ask you to change into a hospital gown and will complete a preoperative checklist with you.

Before leaving for the operating room the nurse will give you some pain medication.



Operating room

An orderly will take you to the operating room. You will meet your anesthesiologist (the doctor who will put you to sleep) and other members of your surgical team. You will be pain-free during your surgery.

Waiting room

- Family and friends may wait for you in the waiting room located in D10-117 (D wing, 10th floor, room 117).
- The space is small so we ask that you limit the number of people coming with you.
- Family or friends may phone the Post-Anesthesia Care Unit (PACU) also called the Recovery Room at 514-934-1934 ext. 43285 for updates.
- Ask one person (not many persons) to contact the PACU, and make that person responsible to give the information to the others.
- The PACU nurse will call your family member or friend when you are out of surgery or when you are being transferred to the room.
- There are no visitors allowed in the PACU.
- Internet access
Network: CUSM-MUHC-PUBLIC
Username: public
Password: wifi



Other resources:

- Coffee shops: 1st floor Pine Ave. entrance and the 6th floor near the main entrance of Cedar Ave.
- Cafeteria: D4, D wing, 4th floor.
- Small sit down restaurant called the Hospitality Corner: D6-125, D wing, 6th floor, room 125.
- Bank machines: 1st floor Pine Ave. entrance and 6th floor near the main entrance on Cedar Ave.
- Gift shop: D6-145, D wing, 6th floor, room 145, near the main entrance.

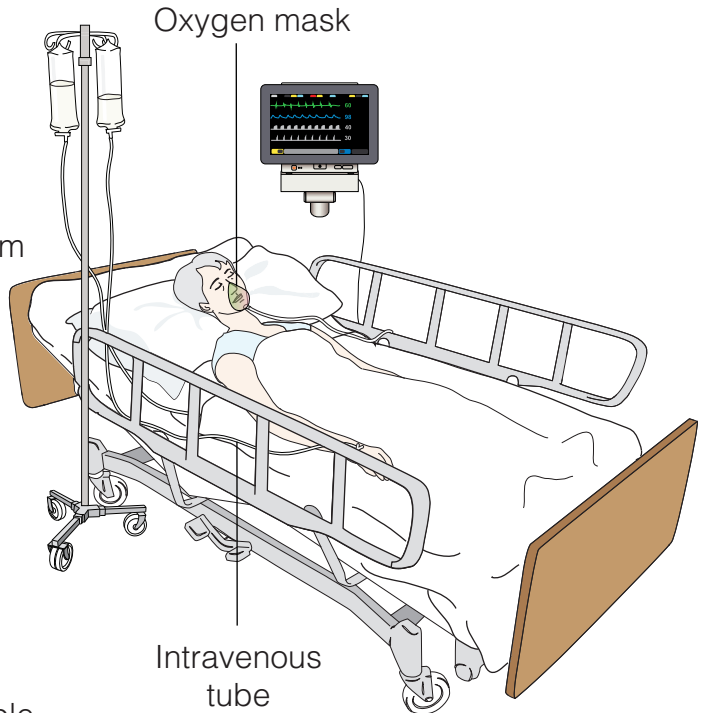


In the Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the PACU, **also called the Recovery Room**. This is an area where patients are watched closely. You will be there for a few hours before being transferred back to your room.

You may have:

- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- An X-ray of your hip before being transferred to your room



Your nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable and ask you about your pain

When you are ready, you will go to your room.

There are no visitors in the PACU, unless you are staying overnight in the PACU. Your family may visit you once you are back in your room.

Pain Control

It is important to control your pain after surgery because it will help you to:

- Breathe more easily
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you
- Do your hip exercise program

We will ask you to describe your pain using a number between 0 and 10.

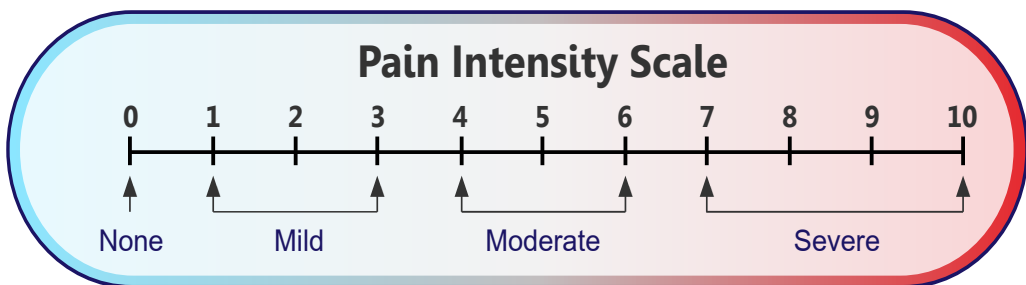
0 means no pain and 10 is the worst pain you can imagine.

We want to keep your pain below 4/10.

You will have some pain but tell us if you have too much pain (over 4/10).

We will adjust your medication to decrease your pain and help you.

Do not wait until the pain gets too bad before telling us.

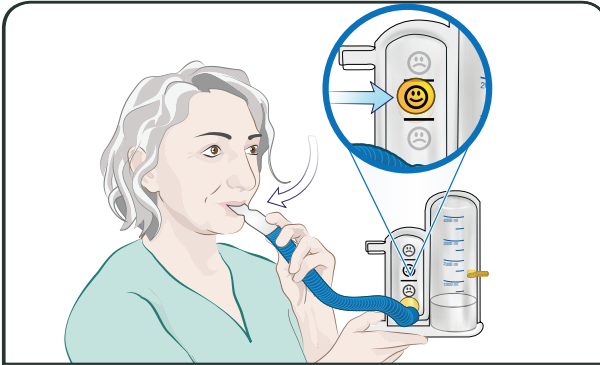


Exercises

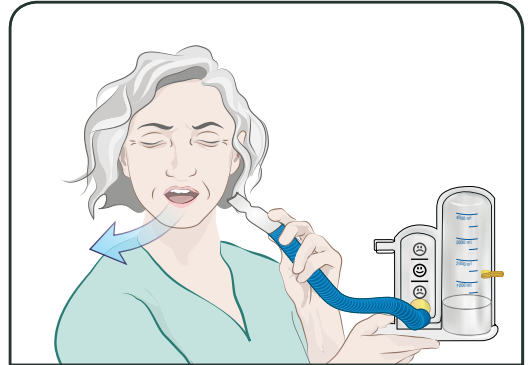
Deep breathing and coughing exercises

An inspirimeter is a device that helps you breathe deeply to prevent lung problems.

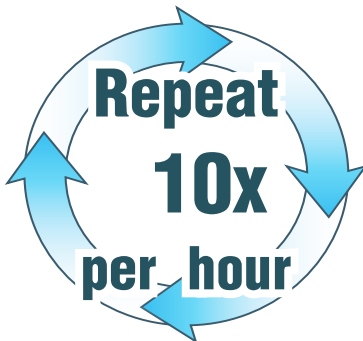
To use your inspirimeter:



- Put your lips around the mouthpiece.
- Breathe in deeply for 2 to 4 seconds. Try to hold the yellow ball where you see the happy face. (☺)



- Remove the mouthpiece and breathe out.
- Rest for a few seconds.

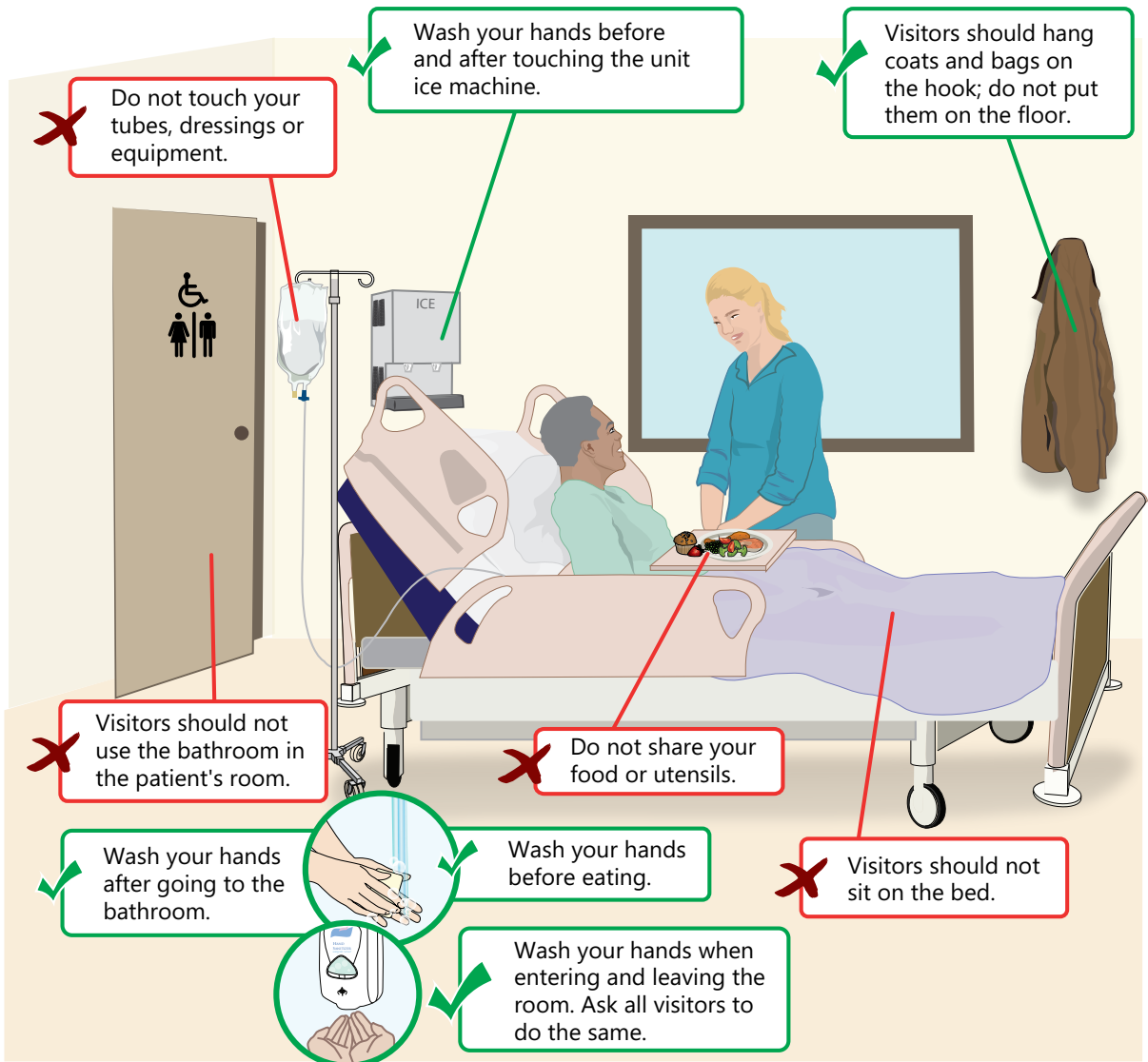


- Repeat this exercise 10 times every hour while you are awake.



- Take a deep breath and cough. If you have some secretions, cough them up.

Tips for preventing infection in your hospital room



Restrictions

Weight bearing

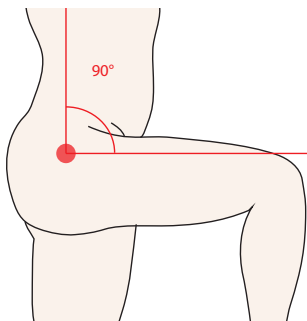
The amount of weight you can bear on your leg while walking varies depending on your arthritis and the surgery.

The following is a checklist to be completed after the surgery.

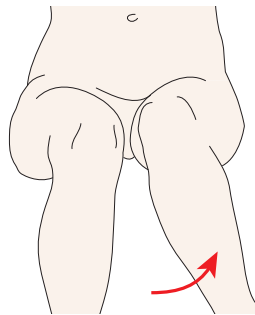
- Weight bearing as tolerated on the operated leg
- No weight bearing allowed for _____ weeks
- Minimal weight bearing (toe touch) for _____ weeks
- Partial weight bearing for _____ weeks

Hip movements

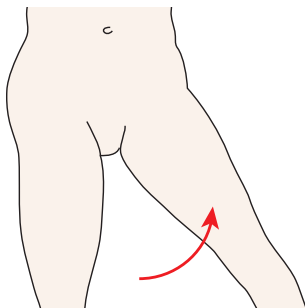
- No restrictions



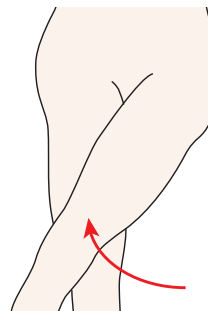
- No hip flexion more than 90 degrees



- No hip internal rotation



- No hip abduction



- No hip adduction past neutral

In your room: Goals for day 0

Pain

Tell your nurse if you are having pain greater than 4/10 on the pain scale.

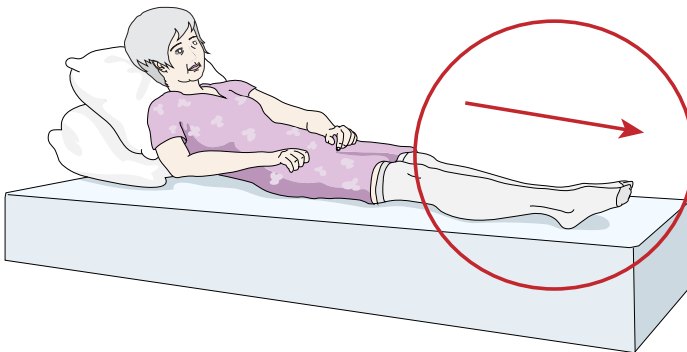
Eating and drinking

With the nurse's help, you will get up and sit in a chair for your meals.



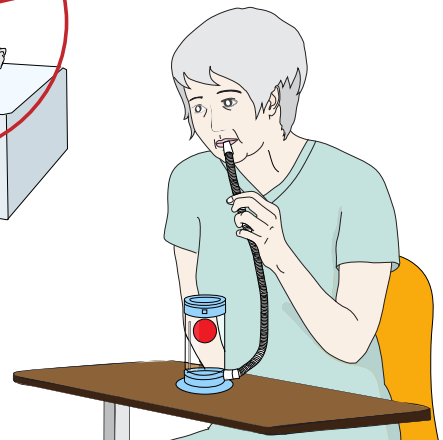
Activities

With the nurse's help, you will get up and sit in a chair.
 With the nurse's help and using your walking aid, you will walk to the bathroom instead of using the commode or the urinal.
 Do your leg exercises as described on pages 9 & 10.
 Refer to your activities on page 24 for any restrictions you might have.



Breathing exercises

Start your breathing exercises to help prevent infections of your lungs.



Goals for day 1

Some patients may go home today while others will go home on Day 2.

If you go home today:

- The nurse and the physiotherapist will go through your exercise program and review the discharge instructions with you.
- The nurse will review how to safely use your pain medication.
- The nurse will review the “At home” section of this booklet. Specifically the parts about:
 - Blood clots,
 - How to take care of your incision(cut),
 - When to bath/shower, drive,
 - Going back to work.
- The nurse will also give you your follow up appointment with your surgeon.

If your surgeon asks you to use a cane, it should be used on the opposite side of the operated leg. This will be confirmed and shown to you before you leave the hospital.



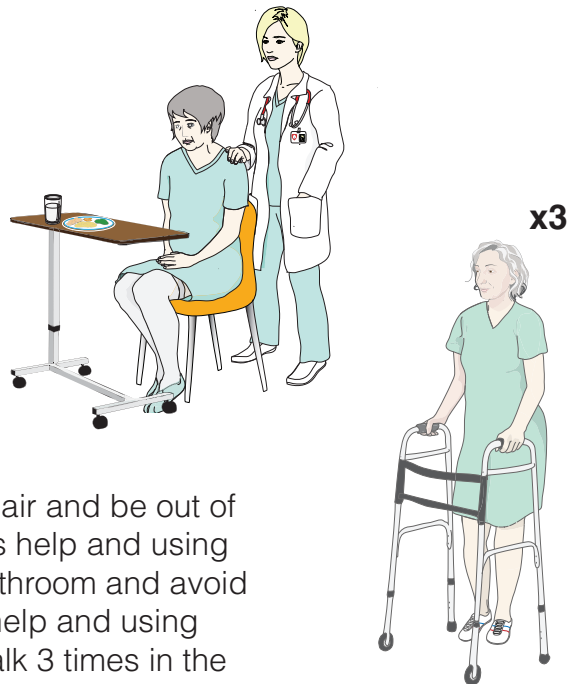
Goals for day 1

Pain

Tell your nurse if you are having pain greater than 4/10 on the pain scale.

Eating and drinking

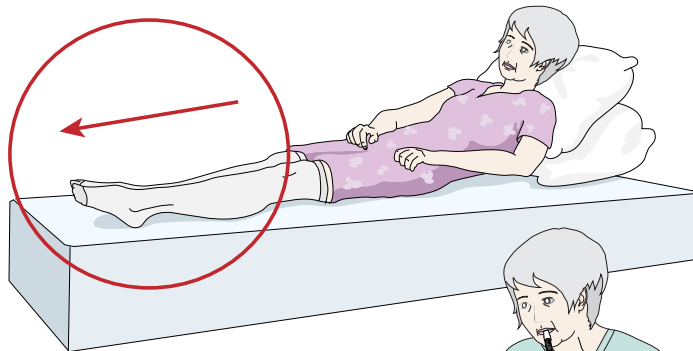
With the nurse's help, you will get up and sit in a chair for your meals. Add fruits and vegetables to your diet to prevent constipation.



Activities

With help, you will get up and sit in a chair and be out of bed for most of the day. With the nurse's help and using your walking aid, you will walk to the bathroom and avoid using the commode or the urinal. With help and using your walking aid, you will get up and walk 3 times in the hallway.

Do your leg exercises as described on pages 9 & 10. Move your hip joint. Refer to your activities on page 24 for any restrictions you might have.



Breathing exercises

Continue to do your breathing exercises at least 10 times every hour while awake.



Goals for day 2: Going home

Plan to go home today before 11:00 a.m.

Before you go home:

- The nurse and the physiotherapist will go through your exercise program and review the discharge instructions with you.
- The nurse will review how to safely use your pain medication.
- The nurse will review the “At home” section of this booklet. Specifically the parts about:
 - Blood clots,
 - How to take care of your incision(cut),
 - When to bath/shower, drive,
 - Going back to work.
- The nurse will also give you your follow up appointment with your surgeon.

If your surgeon asks you to use a cane, it should be used on the opposite side of the operated leg. This will be confirmed and shown to you before you leave the hospital.

When you are discharged from the hospital, you will be well on your way to recovery and will be able to gradually carry on with your activities.

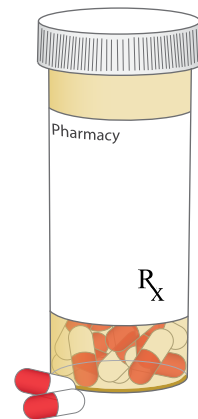
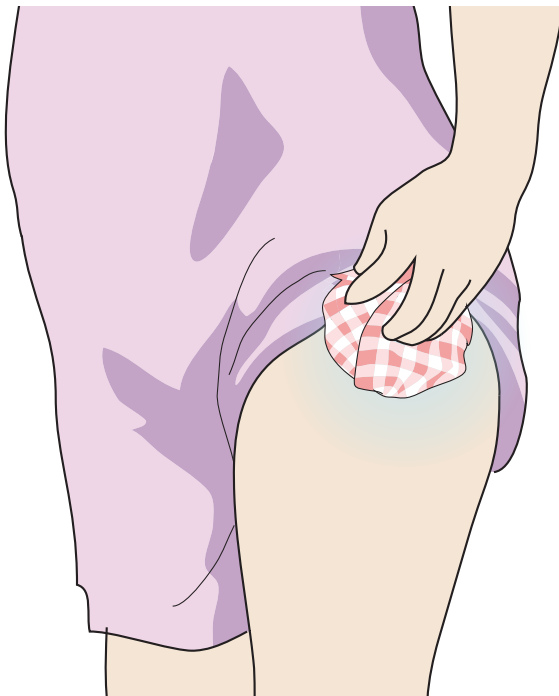


At Home

Your CLSC will phone you for a visit once you are home.
Phone your CLSC if they haven't scheduled a date for their visit.

Pain

- Pain should diminish gradually with time.
- After each exercise session, if you have pain, apply ice on the operated hip for about 15 minutes to decrease pain and inflammation.
- Put the ice in a plastic bag and wrap the bag with a dry cloth (not directly on the skin). You may put the ice every 2 hours, as needed.
- If you keep on with your exercise program, your pain will decrease.
- Do not hesitate to take the painkiller prescribed by your surgeon 60 minutes before doing your exercises or at bedtime as needed.



At home

Diet

- You have no new restrictions to your diet.
- Eat anything you want.
- Include foods containing fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication and being less active can cause constipation.



Incision (cut)

- The bandage covering your cut can stay on for 7 days. It can then be removed and your cut can stay exposed to air with no more bandage to cover it.
- The clips will be removed 10 to 14 days after your surgery. The CLSC nurse will remove these. We will notify the CLSC nurse when to remove the bandage and the clips.

Washing and showering

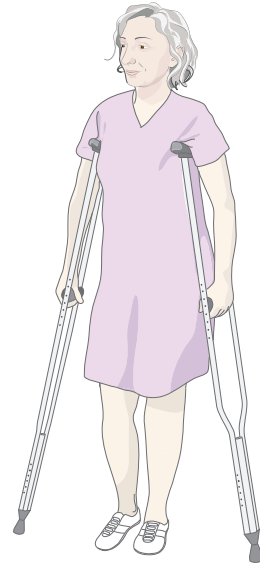
- Wash at the sink for a few days.
- You will be able to take a shower 24 hours after the clips have been removed and the incision stops draining.
- You can shower with the dressing on as long as it remains sealed and you do not get the incision wet.
- Use an adjustable bath bench to take a shower during your recovery.
- Do not sit at the bottom of the tub for at least 12 weeks.



Your exercise program

Walking

- Walking is an excellent exercise.
- You will start walking at the hospital with help from staff. Your endurance will gradually increase. Walk short distances several times a day.
- Use the support of walking aids such as a walker, crutches or cane until your leg is stronger. If your surgeon asks you to use a cane, it should be used on the opposite side of the operated leg.



Your exercise program after the surgery:

- Follow the physiotherapist's recommendations to help your recovery.
- Do the exercises 3 times a day.
- Repeat each exercise at least 10 times and gradually increase the number of repetitions, as tolerated.
- Do the exercises slowly and relax between each exercise.

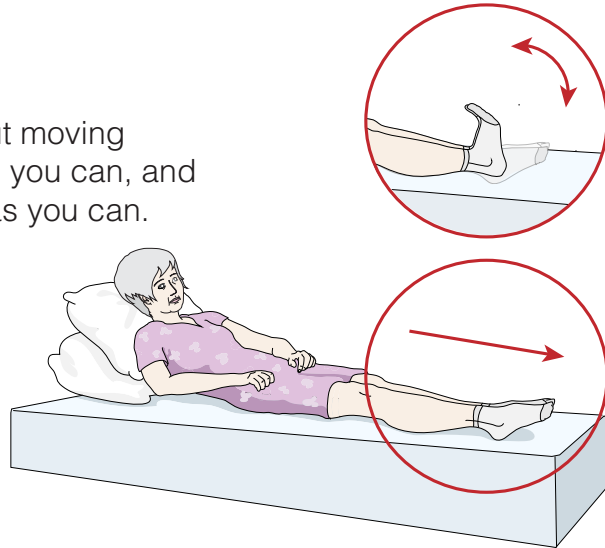
Your exercise program

The physiotherapist will choose the following exercises for you by writing a ✓ in the boxes below.

Exercises lying down

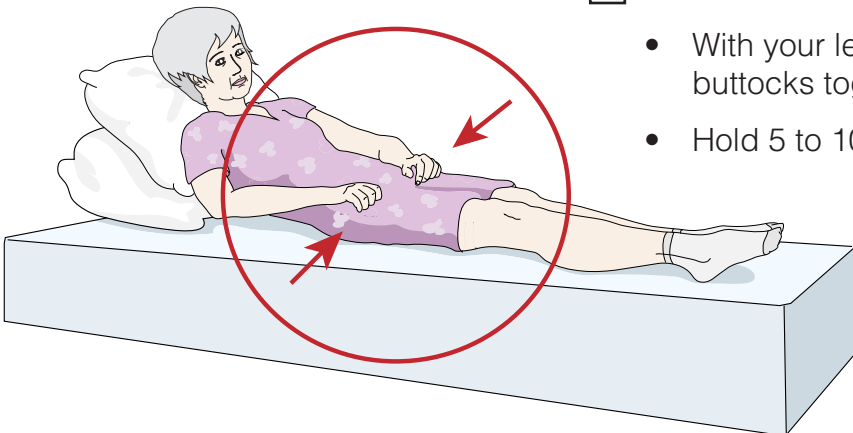
Ankle pumping

With your legs straight and without moving them, lift up your toes as much as you can, and then point downwards, as much as you can.



Contraction of buttocks

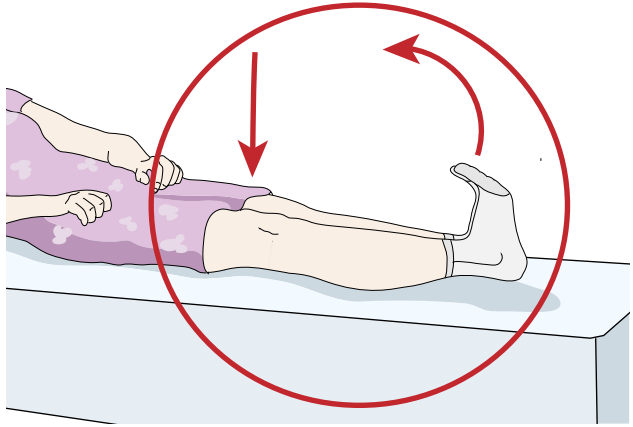
- With your legs straight, squeeze your buttocks together.
- Hold 5 to 10 seconds and then relax.



Your exercise program

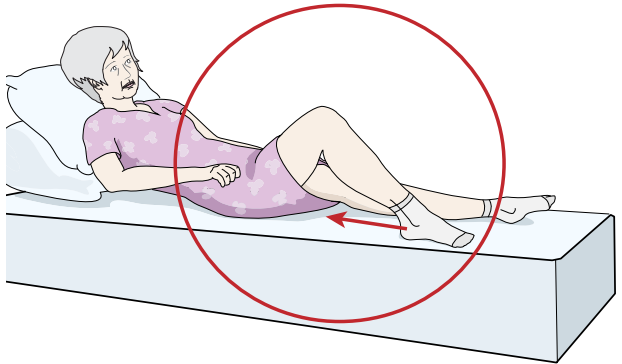
Strengthening of thigh

- With both legs straight, bring your toes up toward you and push your knees in the mattress.
- Hold 5-10 seconds and relax.



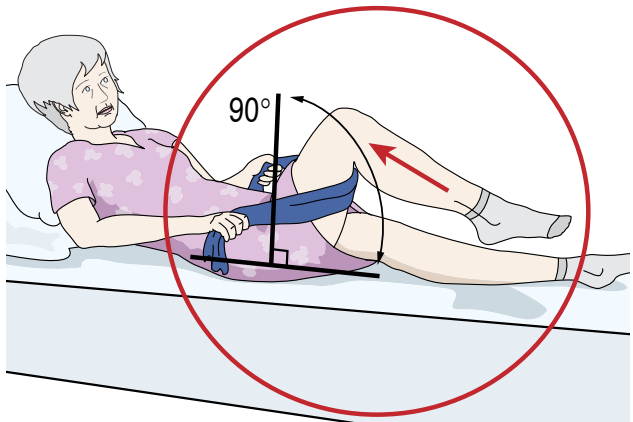
Hip Flexion

- Slide your heel on the mattress towards your buttock, bending and keeping your knee in the vertical position.
- Do not bend hip past 90 degrees.
- Hold 5 seconds and return to the start position.



Hip flexion 2

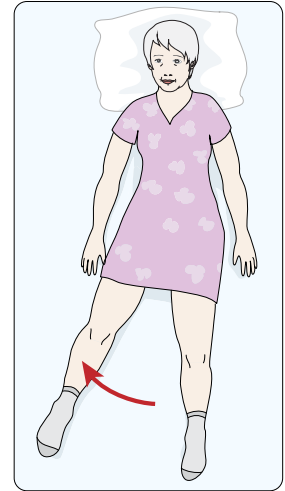
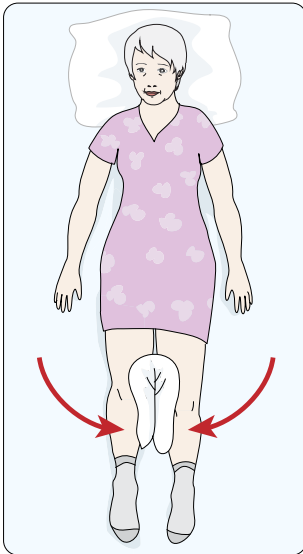
- Bend your hip and knee, lifting the heel off the mattress if possible.
- Do not bend hip past 90 degrees.
- Hold the position 5 seconds and return to the start position.
- You can use a towel to help yourself if necessary.



Your exercise program

Abduction

- Do this exercise on a flat and free surface
- With your legs straight and toes pointing up towards the ceiling, spread the operated leg as far as you can on the mattress, without turning your foot
- Put a garbage bag under the leg to make it easier to slide



Adduction

- Lie down on your back with a pillow between your knees
- Squeeze the pillow between your knees, keeping the knees straight
- Hold 5 seconds and relax

Knee extension

- While lying down, place a rolled up towel under your knee
- Lift your foot and straighten your leg, without lifting your knee off the towel
- Hold 5-10 seconds and put your leg back down



Your exercise program

Exercises Lying on Your Side

Abduction

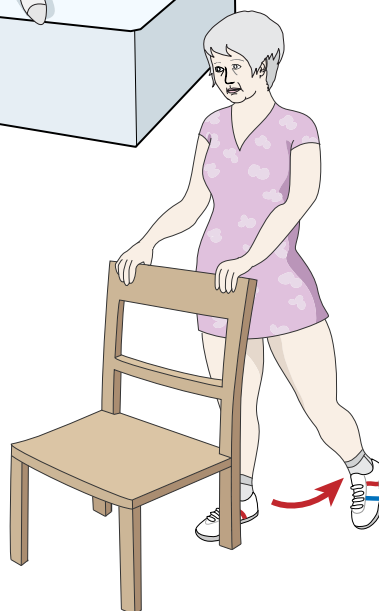
- Lie down on your good side (non-operated side) and keep pillows between your knees
- Bend your good leg toward your chest
- Keep your operated leg straight while you raise it up toward the ceiling.
- Do not rotate your leg
- Hold for 5 seconds and relax



Exercises Standing

Abduction standing up

- Stand with your hands on the back of a chair and keep your knee and foot aligned
- With your knee straight and keeping your body straight, lift the operated leg sideways
- Return the leg back down slowly

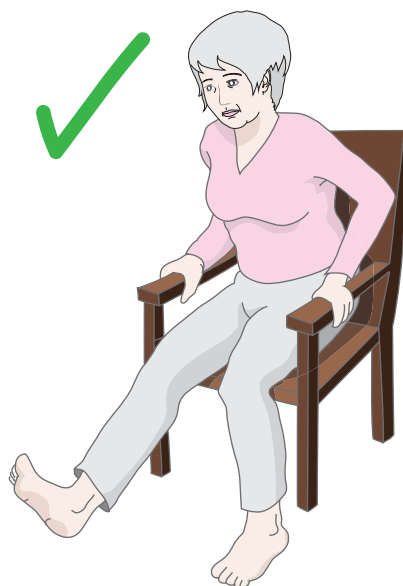


Your activities

Each patient is different and these are based on restrictions you might have.

The sofa

- **Avoid** sofas so you do not have to bend your hip past 90 degrees.
- Sit on a chair with armrests.
- To sit: slide the operated leg forward while holding on to the armrests and go down slowly.
- To get up from the chair: bring your buttocks to the edge of the chair and slide your operated leg forward pushing with your hands on the armrests. Get up slowly.



The Bathroom

- Use a raised toilet seat.



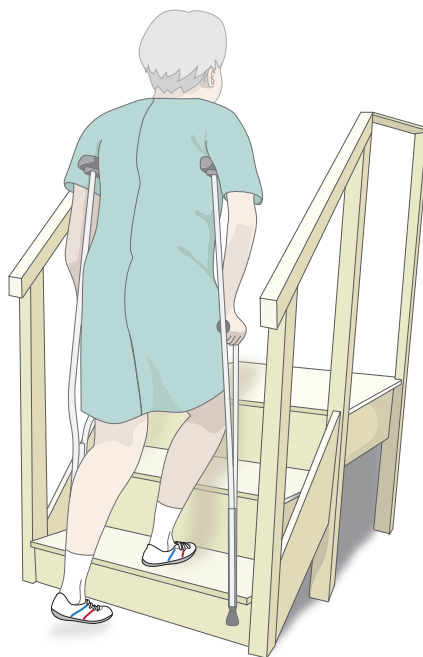
- Do not keep your knees together
- Do not twist your body to reach the toilet paper or to flush.

Your activities

The stairs

To go up:

- 1) Put the good leg up first.
Then, bring up the operated leg and the crutches or cane.



To go down:

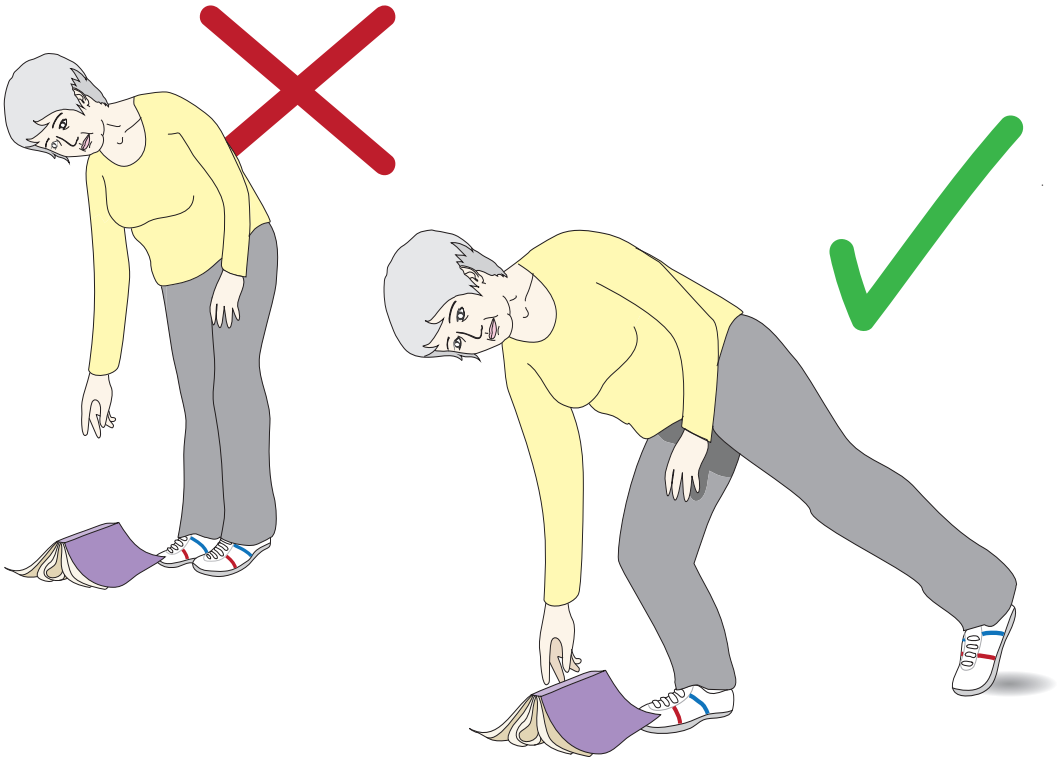
- 1) Lower the operated leg first
then the crutches or cane.
- 2) Lower the good leg after.



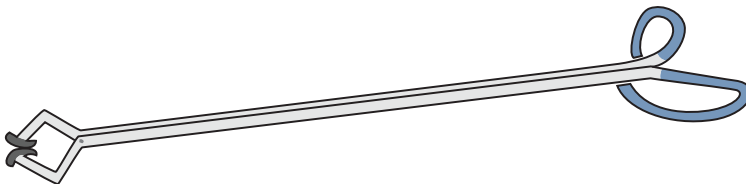
Your activities

Picking objects from the floor

- Do not bend.



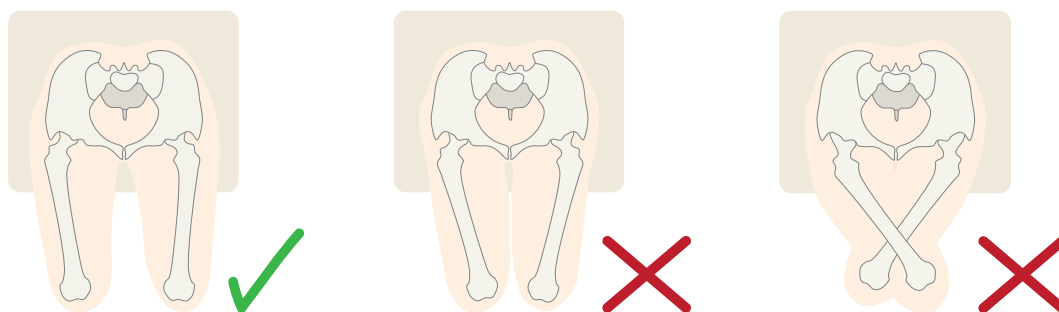
- Instead straighten your operated leg backwards.
- You can also obtain a clip with a long handle specially made for this or barbecue tongs.



Your activities

Bringing your knees together (adduction)

- For 6 weeks, this restriction applies to people with only certain types of hip arthroplasty surgery.
- You must keep your hips slightly apart at all times.
- Do not cross your legs but you can cross your ankles.



Sleeping on the operated side with a pillow between your legs or on your back

- For 6 weeks, this restriction applies to people with certain types of hip arthroplasty surgery.

Household chores

- Use an apron with large pockets, a knapsack or a basket attached to your walker to carry objects.
- If possible, put your table close to the kitchen counter for the duration of your recovery.



Your activities

Traveling by car

- If you travel by car, stop every hour and walk around to help blood circulation in your legs
- To get in and out of the car, put a cushion on the seat if it is too low
- Ask the driver to park far from the curb



To get into the car:

- The car should be parked far from the curb. (0.6m or 2 feet)
- The seat should be backed up as far as possible so you can straighten out your leg
- The back of the seat should be tilted back so you can lean back to lift your leg
- Put your back to the seat
- With your hand on the door, sit, keeping your feet on the ground
- Slide as far as you can on the seat
- Rotate both your legs, while leaning back on the seat

To get out of the car, do the reverse.

Dentistry or other surgeries

- If you need another surgery or dental work tell the surgeon or dentist that you have a hip prosthesis
- It may be necessary to prescribe an antibiotic to avoid infection

When to call your doctor

Complications do not happen very often but it is important that you know what is normal and what to look out for.

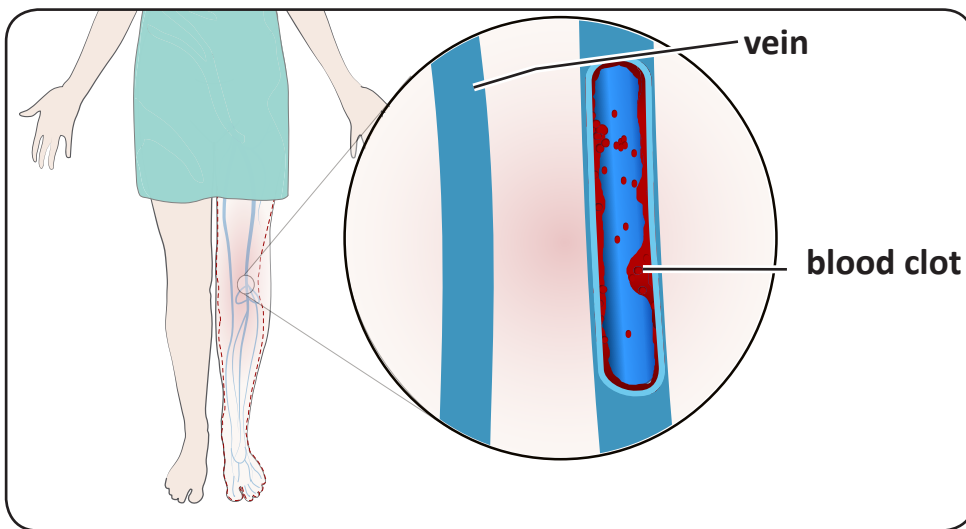
Phlebitis (blood clots)

You have an increased risk of forming a blood clot after surgery.

Do your exercises, get up and move as much as you can after surgery to prevent blood clots.

Phlebitis is an inflammation of the vein, which can block blood circulation.

A blood clot can cause inflammation in the vein. To prevent a phlebitis, you will receive a prescription for medication to take after your surgery.



Call your surgeon, the nurse from the CLSC or come to the Emergency Room right away if you notice any of these signs in either leg:

- redness
- swelling
- warmth or pain

When to call your doctor

Dislocation of your prosthesis

Signs

- Sharp and sudden pain in your hip or groin.
- The leg is extremely turned in or out and cannot be made to go straight.
- The leg is shorter than the other.
- You can not put weight on the leg.



Prevention

- Follow the guidelines about the movements to avoid if you have any.

What to do?

- Phone your surgeon or come to the Emergency Department of the Montreal General Hospital.
- An X-ray will be necessary to confirm the dislocation.

Infection

- If your incision (cut) is painful and red and/or your temperature is above 38°C or 100°F, for 2 days in a row

Frequently asked questions

How long can I sit for?

- You can sit as long as you can tolerate and feel comfortable.
- Depending on your surgeon, make sure your hip does not bend more than 90 degrees after surgery.

What kind of physical activity is safe before surgery and also good to continue after your surgery?

- Walking is the best and safest exercise.
- Walking increases flexibility, blood circulation and strength to your hip.
- Swimming or aqua therapy is also a good activity but make sure your hip incision is healed (check with your surgeon or your nurse first).

How long will my leg be swollen?

- Your leg may be swollen for the first few days after surgery, this is normal.
- The swelling will diminish over several weeks.
- It is normal for your leg to swell if you are up a lot.
- As you walk more in the days and weeks following your surgery, the swelling should gradually diminish.
- Overnight, the swelling should diminish and your leg should not be very swollen when you wake up in the morning.
- If your leg is swollen in the morning before getting up, contact your surgeon.

Frequently asked questions

Can I travel by plane after my surgery?

- The risk of blood clots is high after surgery.
- Do not fly until you are no longer taking your anticoagulant medications (blood thinners).

When can I expect to play sports again?

- Wait for your surgeon's permission before starting to play sports.

When can I have sexual activities?

- You can start having sexual activities as soon as you feel ready.
- Do not forget the limitations you have with various movements.

When can I expect to drive again?

- Narcotics (pain medication) may cause drowsiness. You should not drive while you are taking narcotics to control your pain.
- Your surgeon will tell you when you can start driving again at your follow up appointment.
- If it is your left leg, you can drive an automatic transmission vehicle as soon as you are comfortable.
- If it is your right leg, it is not safe to drive until you have full control of your leg so that you can move from the gas pedal to the brake quickly.
- This can take an unpredictable amount of time, but is usually about 4 weeks.

Follow up appointment

You will have an appointment to see your surgeon about 6 weeks after your surgery.



Resources

CLSC's often have a list of resources that you can contact to make it easier for you. During their visits ask them about these services if you are having doubts or difficulties. They will help you find solutions.

They may be able to give you names of resources or services such as:

- Meals on wheels
- Caterers
- Grocery store that delivers
- Maid service
- General help

The following links might be useful

If you would like to know more about the surgery:

www.mayoclinic.org/tests-procedures/hip-replacement-surgery/basics/definition/prc-20019151

If you would like to know more about anesthesia:

www.cas.ca/english/patient-information

If you would like to know more about tips on quitting smoking:

www.cancer.ca/en/support-and-services/support-services/quit-smoking/?region=qc

www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/nou-maintenant/index-eng.php

can you add the following:

Quit line : 1-866-527-7383 (free) or : www.iquitnow.qc.ca

Quit Smoking Centers, ask your CLSC for information

The Quebec Lung Association: 1-888-768-6669 (free) or : www.pq.lung.ca

Smoking cessation clinic at the MUHC: send the consultation by fax:
514-934-8488 (requires referral from your doctor)

MGH parking information:

www.muhc.ca/mgh/handbook/parking-hospital-0

Parking Information

Note that these rates were in effect in May 2018 and could have changed since the printing of this booklet. Please visit the link on page 48 for any updated information.



MINIMUM AND MAXIMUM 24H RATES

0-30 minutes

FREE

4-24 hours

FLAT RATE \$24

REDUCED PARKING RATE PASSES

AVAILABLE AT THE CUSTOMER SERVICE PARKING OFFICE

WEEKLY PASS	7 DAYS	\$60	Unlimited entry and exit at the hospital where the pass was purchased
	14 DAYS	\$85	
LONG-TERM PASS	30 DAYS	\$70	Certain conditions apply
FLEXI-PASS	7 VISITS	\$100	1 entry 1 exit per visit No expiry date

WHERE TO PAY



By debit card or credit card
Visa or MasterCard

**Customer Service
Parking Office**



By credit card Visa or
MasterCard

Barrier gate at exit
(hourly parking only)

CONTACT US



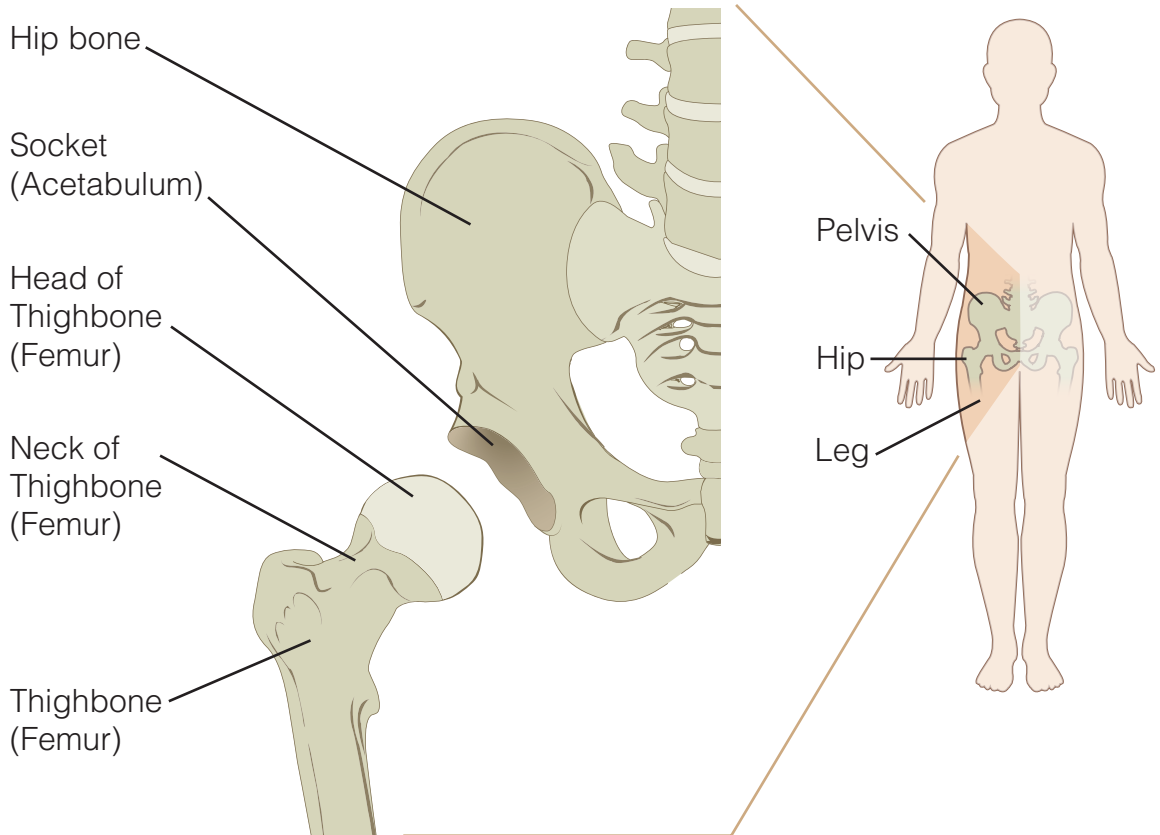
Monday to Friday
8 a.m. to 12 p.m.
1 p.m. to 4 p.m.

Customer Service Parking Office
L6-129
514 934-1934, 43626



If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.

The hip



Looking for information on

YOUR SURGERY ?



Visit the Patient Education Collection
Search : Surgery Patient Guides
muhcpatienteducation.ca



Centre universitaire de santé McGill  McGill University Health Centre

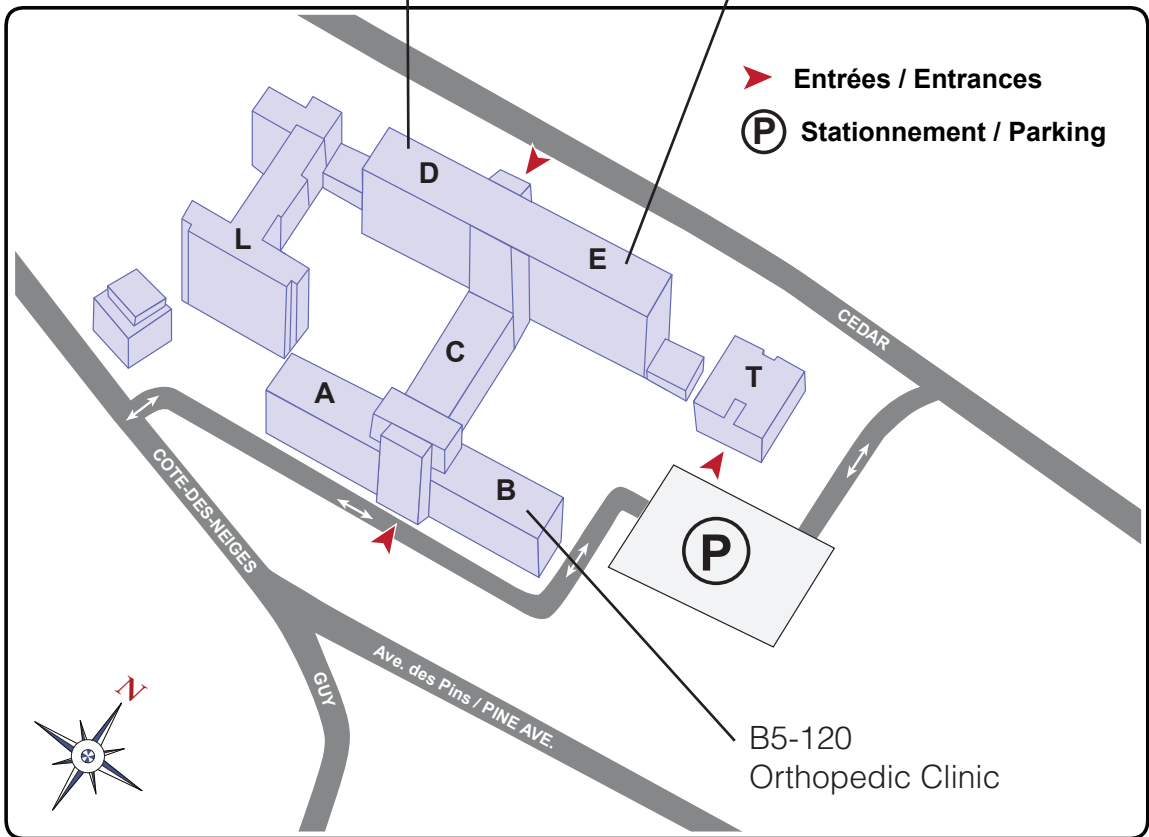
Office d'éducation des patients
Patient Education Office



D10-124
The surgical admission services.

E10-117
Preoperative clinic

▶ Entrées / Entrances
Ⓟ Stationnement / Parking



Montreal General Hospital

1650 Cedar Avenue, Montreal, Quebec, H3G 1A4