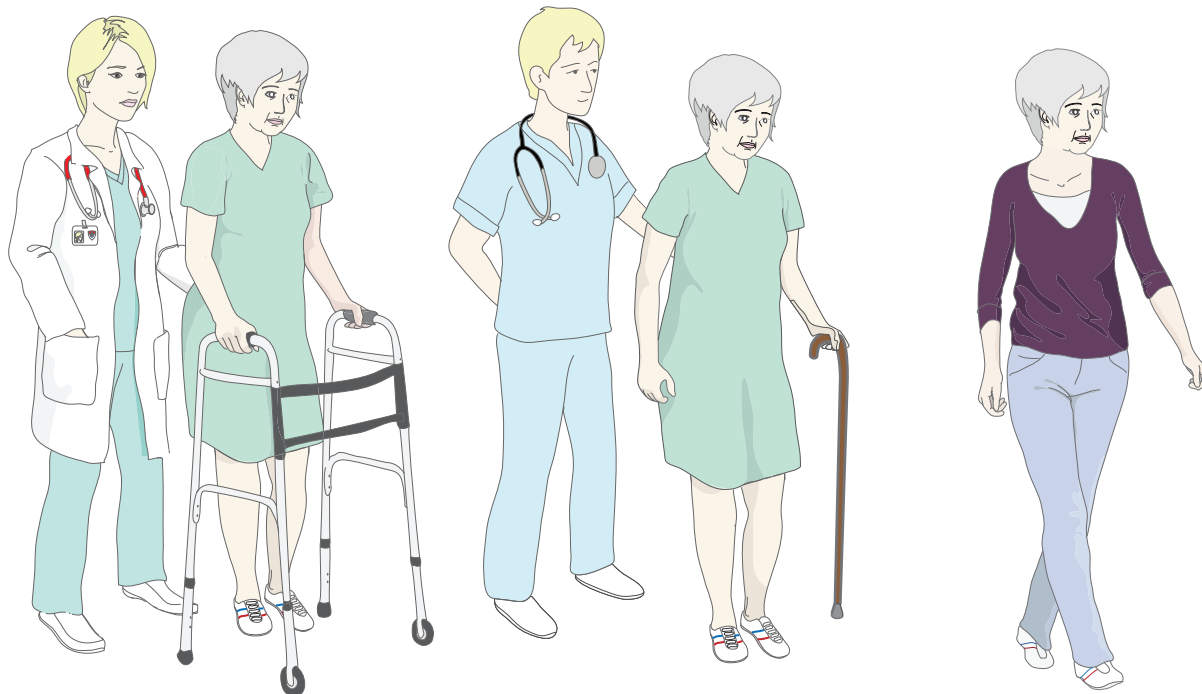


A Guide to Hip Replacement Surgery

A patient friendly book for:



This booklet is to help you understand and prepare for your surgery
Please review it with the nurse and your family.
Please bring it with you on the day of your surgery

Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal

Québec 

This booklet was developed by the McGill University Health Centre's (MUHC) Surgery Recovery Program. We extend a special thank you to this team and the MUHC Patient Education Office as a whole for permission to adapt their model and content for this booklet.

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Important: Please Read

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

Centre universitaire
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McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

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Québec 

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Introduction

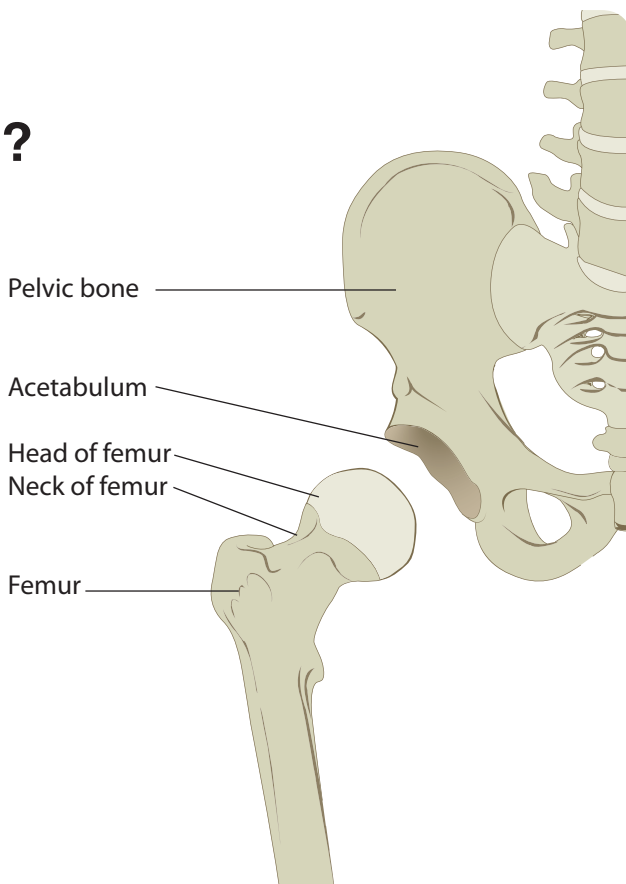
When you are admitted to hospital for your hip surgery, you will be taking part in a **Clinical Care Pathway (fast recovery program)**. The aim of this program is to help you recover quickly and safely.

What is the hip joint?

The hip joint is made of 2 parts: one is the pelvic bone and the other is the thighbone called the femur.

The top part of the femur is called the head of the femur. The neck of the femur is the part that bridges the femur head to the rest of the femur bone.

The head of the femur fits into the pelvis in a crater (hollow) called the acetabulum.



This booklet will give you information on how you can play an active part in your recovery and give you daily goals to achieve.

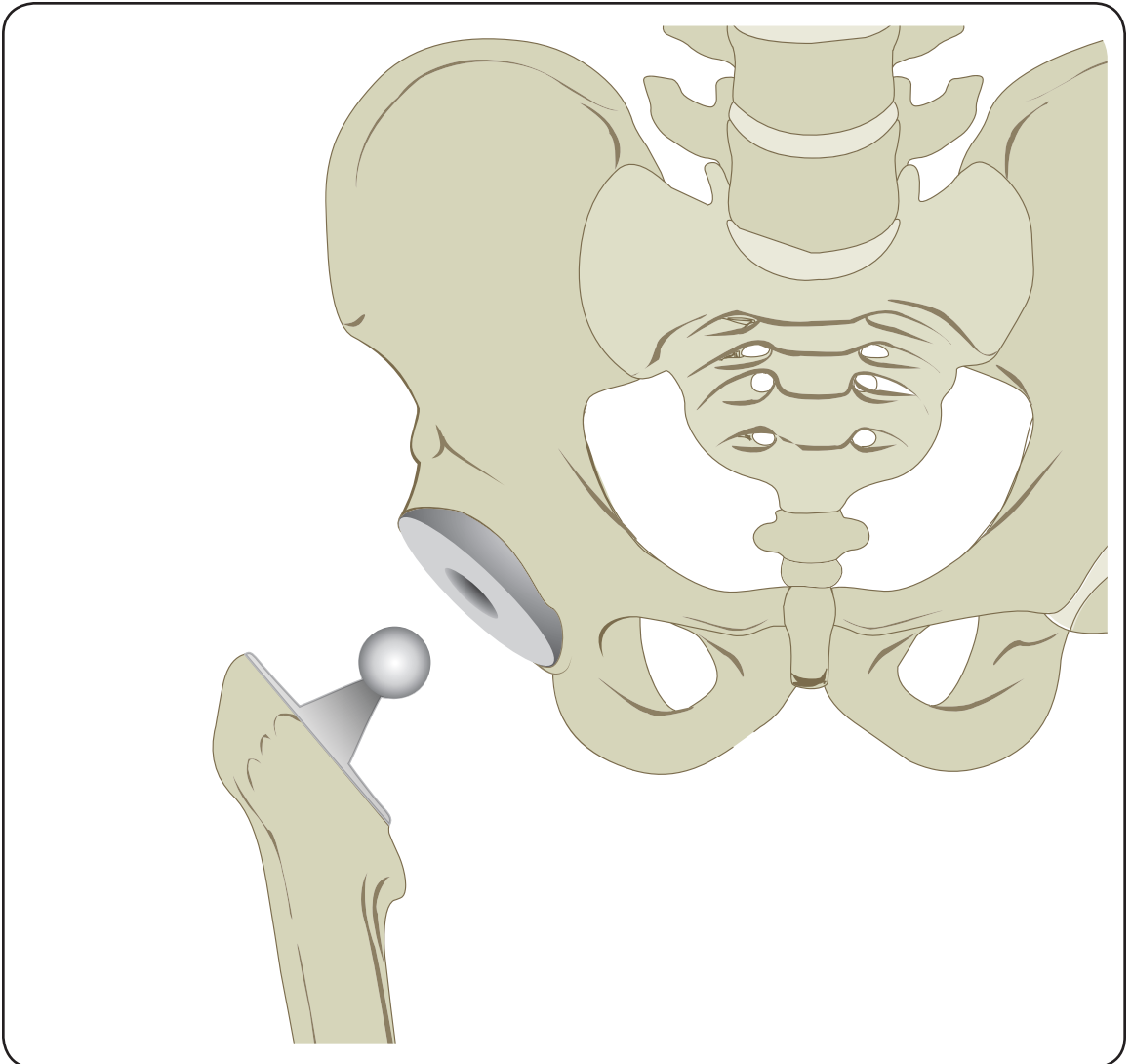
Please review it with the nurse and your family. Please bring it with you on the day of your surgery

What is hip replacement surgery?

When the joint is worn out or damaged, we replace the head of the femur and the acetabulum with a prosthesis made out of metal and plastic or ceramic.

We call this type of surgery a total hip replacement or a hip arthroplasty.

The goal of the surgery is to reduce your pain and increase your mobility.



Before Your Surgery

Preparing for surgery

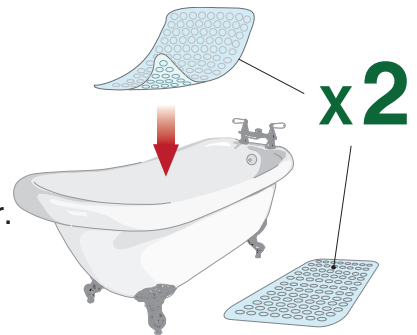
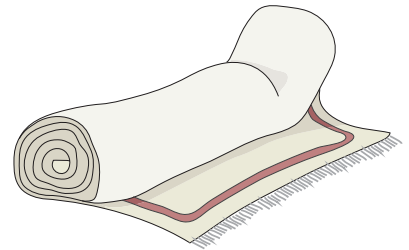
Plan ahead; make sure everything is ready for you when you go home after your operation.

You might have certain restrictions and some tasks could be more difficult to accomplish. At the beginning, you may need some help from friends or family with meals, laundry, bathing, cleaning etc.

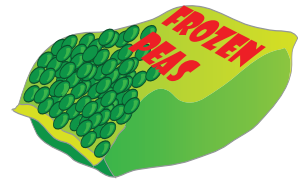
Your CLSC _____ will visit you at your home before your surgery. Someone from the CLSC will assess and recommend any equipment that you may need when you return home after the surgery. This could include things such as a walker, raised toilet seat, bath bench or other types of mobility aids. They will inform you where these can be purchased. (See page 39) 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 and area rugs. Clear the space around your bed, hallways, kitchen and bathroom so you can get around freely with your walker. Remove electric cords on the floor where you may walk. You may also need to move some furniture for a few weeks so you can move around safely.
- Place frequently used items within arm's reach. Make sure you have a telephone in an easily accessible area
- Get a good quality, non-slip bath mat for the shower/tub (sticky patterns in the tub are not sufficient) and another one for the bathroom floor. If you are not sure, the CLSC staff can give you some advice when they visit you at home.
- Get well-fitted shoes and slippers with soles that are not slippery or sticky.



- Stock the refrigerator and freezer. Think about preparing or buying frozen food in individual portions that can easily be reheated until you are well enough to cook.
- Make sure you have a thermometer at home to check your temperature after your surgery
- Have an ice pack or a bag of frozen peas available to help with swelling and pain control.
- We strongly suggest you stop smoking completely before your surgery, as this will reduce the risk of lung complications and help the incision to heal. Doctors can help you stop smoking by prescribing certain medications. Please discuss these options with your family doctor. Refer to page 40 for tips on how to stop smoking and find resources available.
- Decrease your alcohol use. Alcohol can interact with medications. Do not drink alcohol 24 hours before surgery.



Discharge from the hospital is planned for the 3rd day after surgery; usually before 10am. Tell the nurse as soon as possible if you have any worries about going home. **Please remember to organize transportation back home before 10am.**

Your CLSC knows many resources in the neighborhood that you could contact to make it easier for you. During their visits, either before or after your surgery, do not hesitate to share with them if you are having difficulties. They will help you find solutions. It may be also helpful to obtain the phone numbers of the resources below in case you might need them.

Such as:

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

Speak Up

Patients must sign a consent form before going for a planned surgery. Signing a consent means that you are giving permission to your surgeon to proceed with the surgery. We encourage and want all our patients to participate in their care and ask questions.

Here are 3 simple questions that can help you get clear information and improve communication with your doctors and/or your nurses.



- What is my main health problem?
- What do I need to do about it?
- Why is it important for me to do this?

Before signing consent, your surgeon must give you enough information so that you can make an informed decision.

It is not necessary or expected that you know every detail of the surgery. You need only the information that would be expected to make the best decision. This information should include the potential risks and benefits of the surgery.

If you have any questions please ask your surgeon. It is important that you understand your surgery.

As part of your preparation, your surgeon will discuss some alternatives to surgery and what might happen if you decide not to have the surgery.

If you have any questions, again it is important that you ask your surgeon and that you understand.

Finally, the consent form will be signed and dated by both the surgeon and yourself.

Exercise program before and after surgery

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, slowly start adding exercise into your daily life.

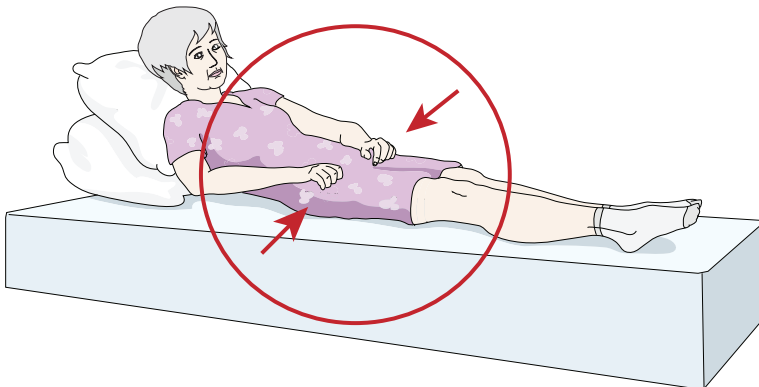
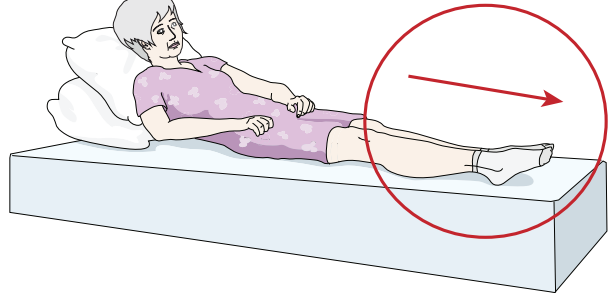
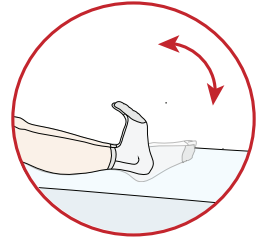
Exercise does not need to be strenuous to be helpful; in fact, a 15 minute daily walk is far better than not exercising at all.

The following exercises are important to help strengthen your muscles and help your recovery after the surgery. **All these exercises are done in bed or on a hard surface.** Repeat each movement 10 times-3 times a day. Gradually increase the number of repetitions according to your tolerance.

Exercises lying down

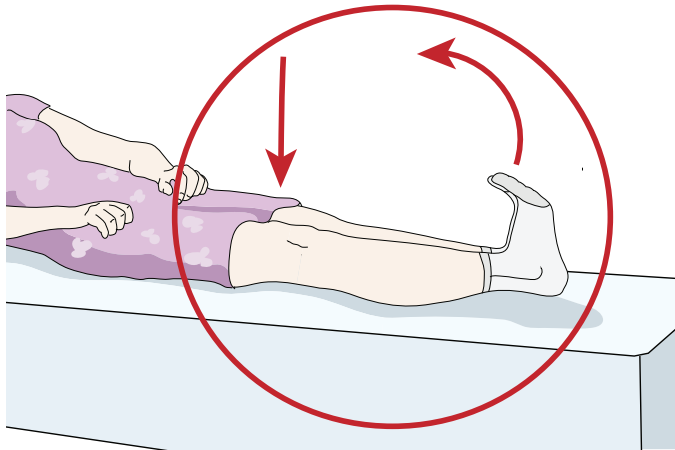
- Ankle pumping (for blood circulation)**
 With your legs straight and without moving them, lift up your toes as much as you can, and then point downwards, as much as you can.

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



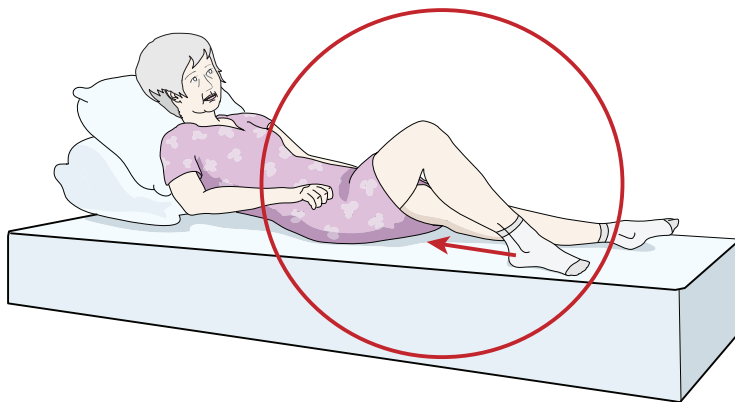
□ **Strengthening of thigh**

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



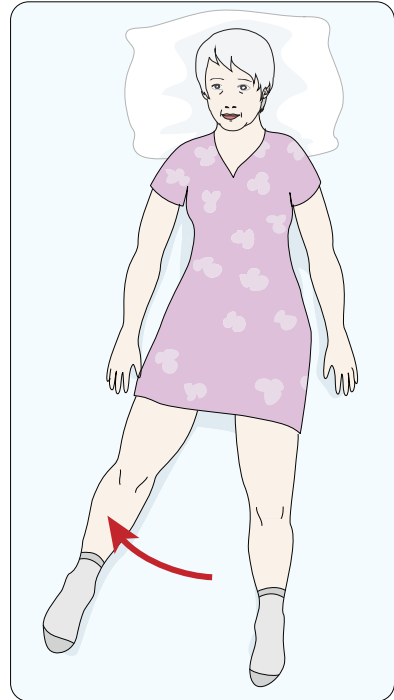
□ **Hip Flexion**

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.



□ **Abduction**

Make sure you do this exercise on a flat and free surface. With your legs straight and toes pointing up towards the ceiling, spread the affected leg as far as you can on the mattress, without turning your foot. You can put a garbage bag under the leg to make it easier to slide.



□ **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.

Pre-operative visit

A nurse will explain what to expect during and after the surgery. You will also have a general checkup of your health.

During your pre-operative visit, you will:

- Have a blood test
- Have an ECG (electrocardiogram) if you are over the age of 40 or if you have any heart condition
- Have an x-ray of your hip
- Meet one of the physiotherapists who will review information that will help you get ready for surgery and your return back home after the surgery.
- Meet one of the occupational therapists who will review the equipment needed for home readaption.
- Meet with a doctor who will ask you questions about your health and health problems.
- Begin your registration process with the admitting office.



If there are any other medical problems that need attention, you may be asked to see another doctor before the surgery.



Some medication or herbal products need to be stopped 1 or 2 weeks before surgery. If not done so already you may ask your pharmacy to fax us your list of medication at the preoperative centre; fax number: 514-630-4875

If you have any further questions, you can contact the nurses of the Pre-operative centre at (514) 630-2225, extension 1802 or 1804, Monday to Friday, from 1:00 p.m. - 3:30 p.m. Fax: (514) 630-4875.

Instructions: Day before surgery

The Admitting Department will phone you to let you know what time to come to the hospital.

You are usually expected to arrive 2 to 3 hours before your surgery is planned to start.

The time of surgery is not exact. It may be earlier or later than planned.



Due to emergency surgeries, the Lakeshore General Hospital may need to delay or cancel your surgery. Your surgeon will reschedule your surgery as soon as possible.

Date of surgery: 

Time of arrival at the hospital:

Expected discharge date: at 10:00 a.m.

Room: **Admission Department in the main entrance.**



**If you do not receive a call before 2:00 pm,
you can contact the Admitting
Department at (514) 630-2225 ext 1288**

If you have any further questions, you can contact the nurses of the Pre-operative centre at (514) 630-2225, extension 1802 or 1804, Monday to Friday, from 1:00 p.m. - 3:30 p.m.

Cancelling your surgery

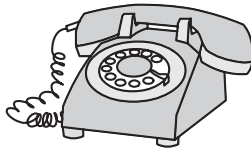
You must notify the nurse at the pre-operative clinic and your surgeon's office if you notice any changes in your health, if you feel sick and unwell, or if you become pregnant. It is also important that you contact the surgeon's office if you have a cold, flu, or have **any type of infection** such as a urinary tract infection, abscess, or even an infected ingrown toenail.

If you need to cancel your surgery you should inform your surgeon's office. If you can not reach your surgeon or surgeon's office, please call the preoperative clinic. If you can not reach either of them please phone the admitting department at (514) 630-2225 extension 2799.

Call to reschedule if:



You are not well.



You need to cancel.

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Your surgery may be delayed or cancelled if an urgent case comes in. Cancellations may also occur due to lack of resources. Your surgeon will reschedule your surgery as soon as possible.

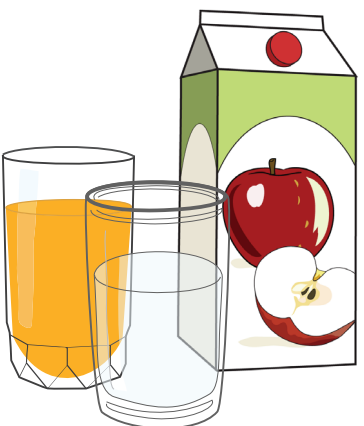
Instructions: May I eat or drink before my surgery?

The nurse at the Pre-Operative Clinic will use the following pages to explain the best diet plan for you. Speak with your nurse to discuss any questions or concerns you might have.



Do NOT have anything to eat or drink (including gum, water and candy) **starting at midnight** the night before your surgery.

OR

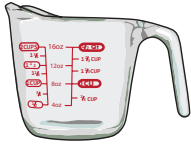


You should stop eating at midnight.
You are allowed to have carbohydrate drinks up until 2 hours before your arrival to the hospital.
No diet drinks please.
See (page 16)


If you are allowed to drink carbohydrate drinks, **choose only one** of the drinks on the next page and drink the amount suggested.

You do not need to choose the same drink for the evening and the morning.

You will see an amount of mL indicated beside your chosen beverage. This is the quantity you must drink at the indicated time.




Try to drink the amount shown



apple juice

OR

evening before: 850ml
morning of: 425ml




orange juice
(no pulp)

OR

evening before: 1000ml
morning of: 500ml

OR



commercial iced tea

OR


evening before: 1100ml
morning of: 550ml



cranberry cocktail

OR


evening before: 650ml
morning of: 325ml



lemonade

OR

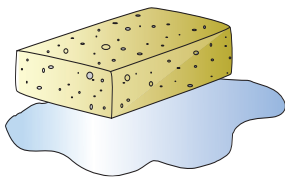
evening before: 1000ml
morning of: 500ml



Stop drinking any fluids 2 hours before your expected time of arrival at the hospital.

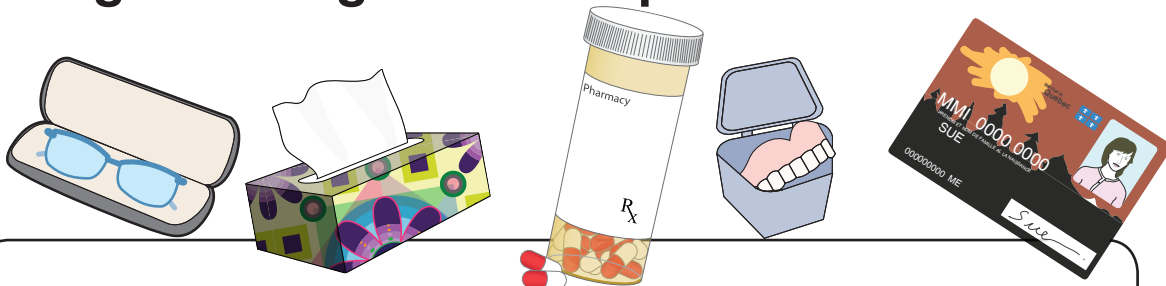
For example, if you have to arrive at the hospital at 11 am, do not drink fluids after 9 am.
Exception: if your time of arrival is between 6 and 6:30 in the morning you should stop drinking at 5:30 in the morning.

Before Your Surgery



Take a bath or shower the evening before your surgery. Once clean and dry, use the first chlorhexidine cloth to wipe the area that will be operated on. Make sure to wear clean pyjamas and have clean bed sheets the night before surgery. Before coming to the hospital the day of your surgery, use the 2nd chlorhexidine cloth. Wear clean clothes.

Things to bring to the hospital



- This booklet.
- Your valid Medicare card (RAMQ) or insurance papers.
- Any private insurance information you might have.
- Your medication in their original containers.
- A list of your medications from your pharmacy (dated no later than 1 week)
- Bathrobe, non-slip slippers or shoes, pyjamas, loose comfortable clothing.
- Toothbrush, toothpaste, comb, deodorant, mouthwash, soap, Kleenex, shaving equipment, and perhaps earplugs.
- If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them.
- Someone to translate for you if you do not speak English or French.
- A long-reach tongs if you have one.

Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen articles.



Day of Surgery

At the hospital

- Report directly to the **Admission Department (near the main entrance)** at the time given.

Please keep in mind that it is not always possible to have a private or semi-private room - this depends on the availability in the hospital that day.

The nurse will help you to get ready for the surgery.

The nurse will:

- Have you change into a hospital gown.
- Go through a checklist with you.
- Make sure your personal belongings are in a safe place.



When the operating room is ready, a patient attendant will take you there on a stretcher or bed. In the operating room area, you will meet your anesthesiologist and the other members of the surgical team.

The anesthesiologist will decide with you what type of anesthesia is best for you.

Waiting room

Family and friends can wait for you on the **surgical unit 3 West**. If your room is available they may wait in your room.



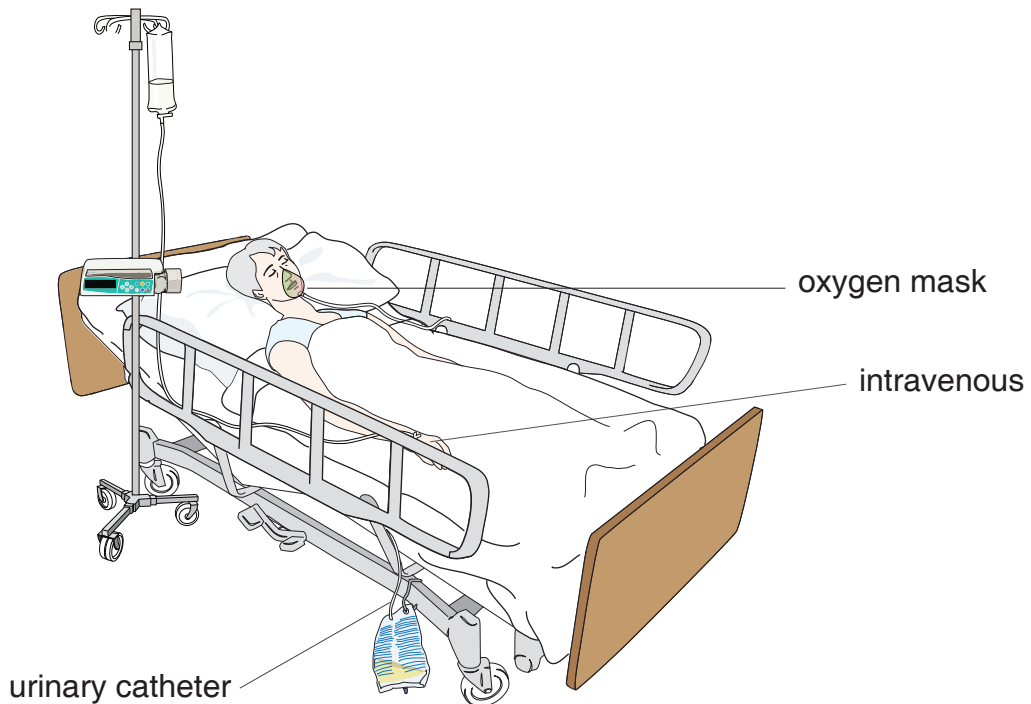
After your surgery

You will wake up in the Post Anesthesia Care Unit (PACU).

There are no visitors allowed in the Post Anesthesia Care Unit.

You will have:

- An intravenous, to give you fluid and medications.
- An oxygen mask. This should be removed before you are transferred to your room.
- You might have a urinary catheter.



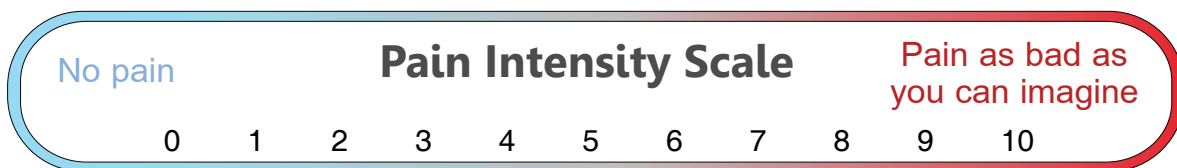
- Your vital signs (pulse, blood pressure) will be checked often.
- Your nurse will verify the bandages (dressing) and ask you about your pain.
- Your family and friends will only be able to see you once you are in your room.

Pain Control

Your anesthesiologist will be talking to you about the best way that we can relieve your pain while you are in the hospital.

Pain relief is important because it helps you:

- Breathe more easily
- Move more easily
- Sleep well
- Recover faster
- Eat better
- Do your hip exercise program



You will be asked to rate your pain on a scale from 0-10. Our goal is to keep your pain score below 4/10.

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

You will not become addicted to pain medication given to you for surgical pain.



Always tell the nurse if your pain is more than 4 on the pain scale (where 0 is no pain and 10 is pain as bad as you can imagine). This will help the nurse decide how to best manage your pain.

Breathing exercises

The inspirimeter is a simple device that makes you breathe deeply, to prevent pneumonia.

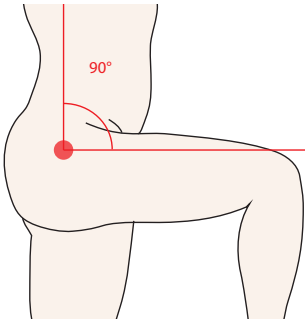
- Put your lips tightly around the mouthpiece, breathe in deeply and try to hold the yellow ball up as long as you can.
- Remove the mouthpiece, breathe out and rest for a few seconds.
- Repeat this exercise 10 times every hour while you are awake.
- Then take a deep breath and cough



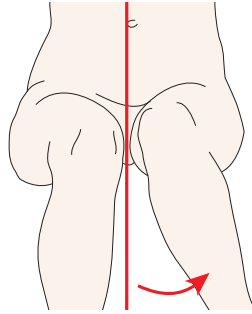
Restrictions

Hip movements

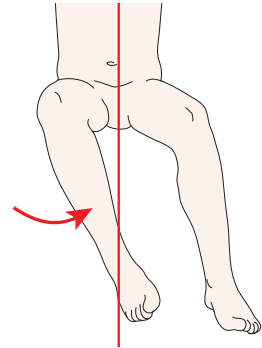
- No restrictions



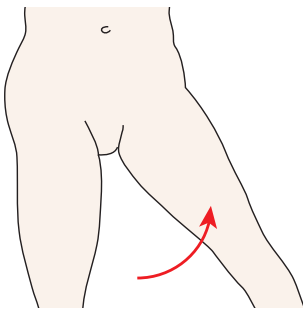
- No hip flexion more than 90 degrees



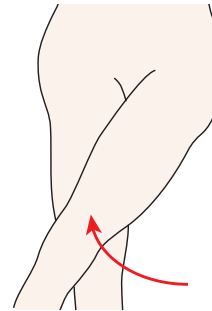
- No hip internal rotation



- No hip external rotation



- No lifting the leg outwards to the side (active abduction)



- No crossing of legs over each other

Other : _____

These restrictions must be followed for 6 to 12 weeks depending on the orders of your surgeon. The physiotherapist will tell you what restrictions to follow after your surgery, and for how long to follow them.

Never cross your legs

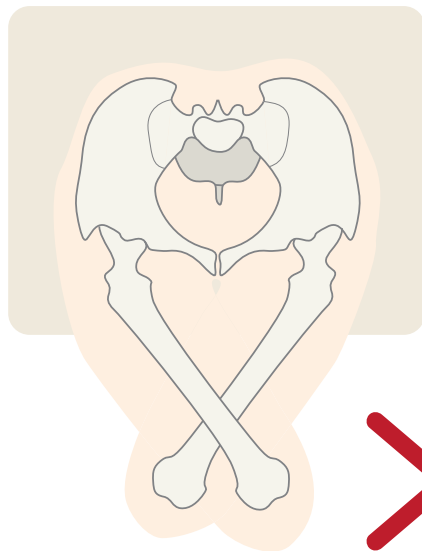
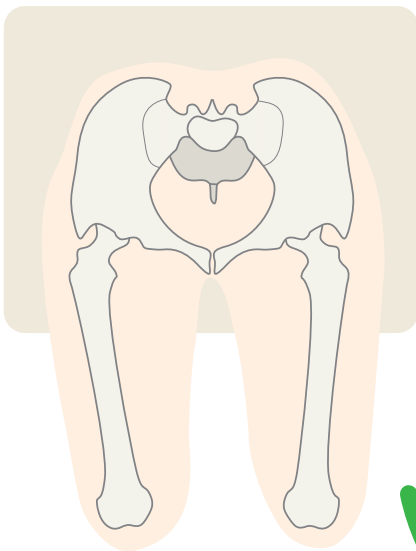
- You must keep your hips slightly apart at all times.
- Never cross your legs.

Weight bearing

Normally, the amount of weight you can bear on your operated leg while standing or walking varies depending on your surgery and tolerance to pain.

Verify which of the following weight bearing level your surgeon has ordered for you:

- 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



MY PAIN TODAY

Morning: ____ /10

Midday: ____ /10

Evening: ____ /10

Night: ____ /10

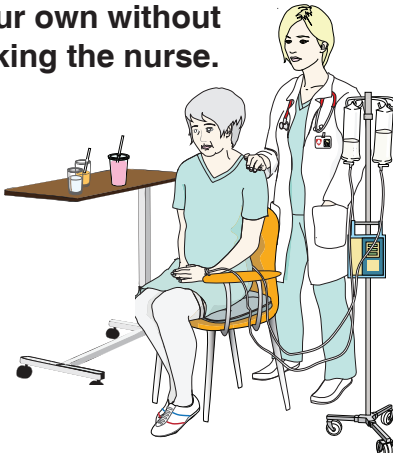
In your room after the surgery

Meals

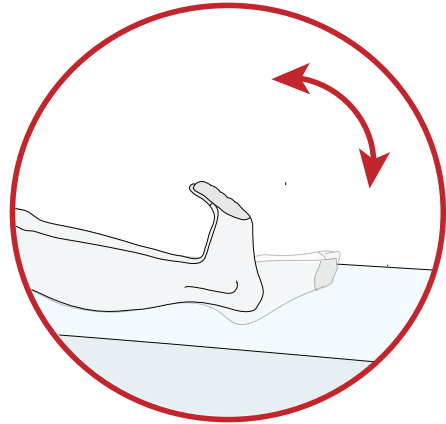
If you are not nauseous, you should be able to have liquids and then go back to your normal diet.

Activities

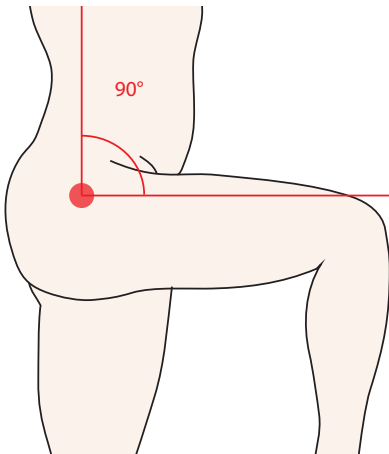
With the help of the nurse, it **may** be possible to get up and into a chair. **Do not get out of bed on your own without asking the nurse.**



Do your exercises for blood circulation as described on **page 9**.



Respect any movement restrictions described on page 23.



Start your breathing exercises to help prevent pneumonia and other infections of your lungs.



***Plan to go home in 3 days.**

One day after surgery

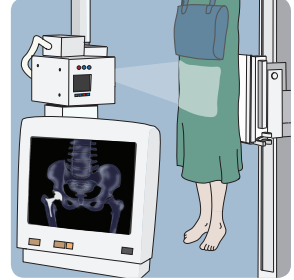
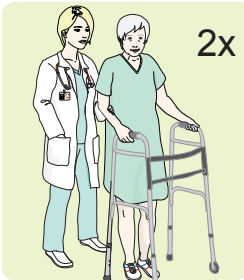
Pain

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

MY PAIN TODAY

Morning: ____ /10
Midday: ____ /10
Evening: ____ /10
Night: ____ /10

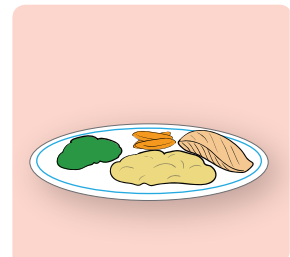
Activities:



- With assistance, you will get up and walk today to the door of your room and back to your chair.
- With assistance walk and use the bathroom, not the bedpan or commode.
- Respect any movement restrictions described on page 23.
- Do your breathing exercises at least 10 times every hour while awake.
- Do your leg exercises 3 times a day (refer to pages 9 to 11).
- You will have an x-ray of your operated hip.

Meals:

- You should be able to go back to your normal diet today. You should drink adequate amount to prevent constipation.



MY PAIN TODAY

Morning: ____ /10

Midday: ____ /10

Evening: ____ /10

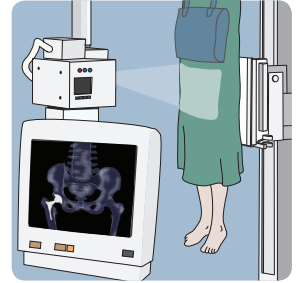
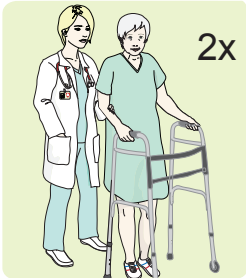
Night: ____ /10

Two days after surgery

Pain

- Tell your nurse if you are having more than 4/10 on the pain scale.
- Tell your nurse if you have not had a bowel movement since your surgery.

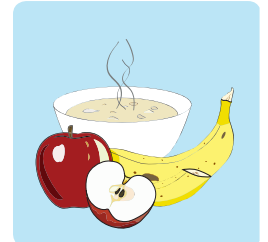
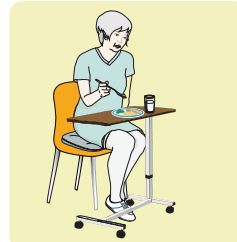
Activities:



- With assistance, you will get up and walk at least 2 times today. You should be walking longer distance than yesterday. With assistance, walk and use the bathroom, do not use the bedpan or commode.
- With assistance, practice how to transfer from your bed to the chair on your own.
- Be out of bed, for most of the day.
- Respect any movement restrictions described on page 23.
- Do your breathing exercises at least 10 times every hour while awake.
- Do your leg exercises 3 times a day (refer to pages 9 to 11).
- The physiotherapist will help you practice going up and down the stairs.
- You will have an x-ray of your hip if you did not have one yesterday.

Meals:

- Try to add fruits and vegetables to your diet to prevent constipation.
- Sit in the chair for all your meals.



*** Plan to go home tomorrow**

Three days after surgery : Going home

Pain

Tell your nurse if you are having more than 4/10 on the pain scale. In order to be discharged home, you will need to get in and out of bed, walk to use the bathroom and be able to use the stairs (if you have stairs at home).

Before you go home:

1. The nurse and the physiotherapist will go through your exercise program and review the discharge instructions with you.
2. The nurse will review with you how to safely use your pain medications when leaving the hospital and when at home.
3. The nurse will also give you your follow up appointment with your surgeon.

Follow-up appointment after surgery

Surgeon's name: _____ 

Appointment Date and Time: _____



Plan to go home today before 10:00 a.m

Review the discharge instructions with the nurse before leaving.

If you are unable to leave the hospital at this time, you can wait in the patient's sitting room located on each unit. We need to prepare your room for the next patient.

Summary

By doing your deep breathing exercises, eating well, being out of bed and doing your hip exercises, research has shown that you will recover quicker. You will also be less likely to develop any complications. By avoiding these problems, you are more likely to go home sooner and feel better faster.

At Home

Your CLSC will contact you to organize a visit with a physiotherapist and a nurse once you are home. If they haven't scheduled a time, please contact them.

The Pain

The pain should not prevent you from doing your exercises.

- If you keep on with your exercise program, your pain will decrease gradually. Do not hesitate to take the painkiller prescribed by your surgeon 60 minutes before doing your exercises or at bedtime, if necessary.
- After each exercise session, if you have pain, you may apply ice on the operated hip for about 10 minutes.
- Put the ice in a plastic bag; wrap the bag with a dry cloth (not directly on the skin) in order to decrease pain and inflammation.
- You may put the ice for about 10 minutes every 2 hours, as needed.
- **Please track your pain levels at home using the Pain Diary found on page 41.**

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. You should use the support of walking aids such as a walker.

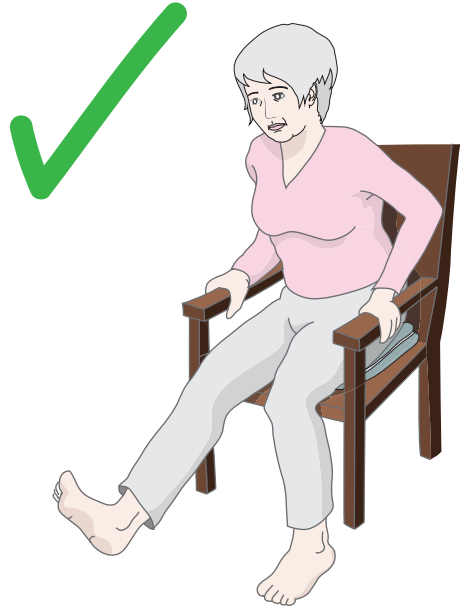
When you are discharged from the hospital, you will be well on your way to recovery and will be able to gradually carry on with your activities. You should be able to walk with a walker or crutches, get on and off of a chair, get in and out of bed and go to the bathroom by yourself. With a bit of help and assistance, you should be able to wash yourself and get dressed.

Your activities:

Here are some examples of activities that will need to be modified according to your restrictions.

Transfers to a chair

- AVOID sofas so you do not have to bend your hip. A seat with armrests is highly recommended.
- 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.
- Never use your walker to get up from the chair!



Transfers to the toilet

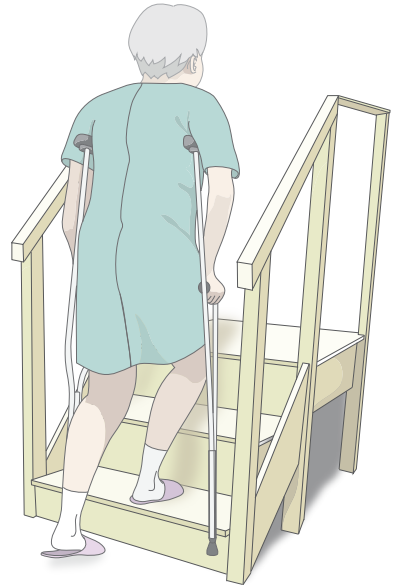
- If appropriate for your height, you may be required to use a raised toilet seat. The CLSC nurse will let you know what seat height is appropriate for you.
- To sit down on the toilet, follow the steps outlined above describing how best to sit down in a chair. If your toilet is not equipped with armrests, keep the hand of your operated side on the walker and hold the edge of the toilet seat with the hand of your non-operated side, then lower yourself gently with your operated leg forward.
- To get up from the toilet, follow the above steps in reverse order



The stairs

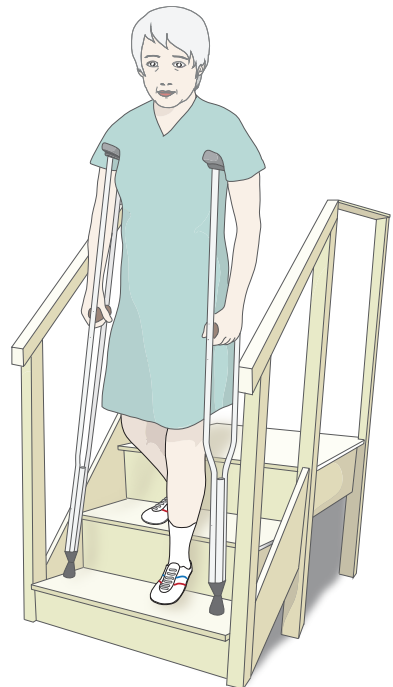
To go up:

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



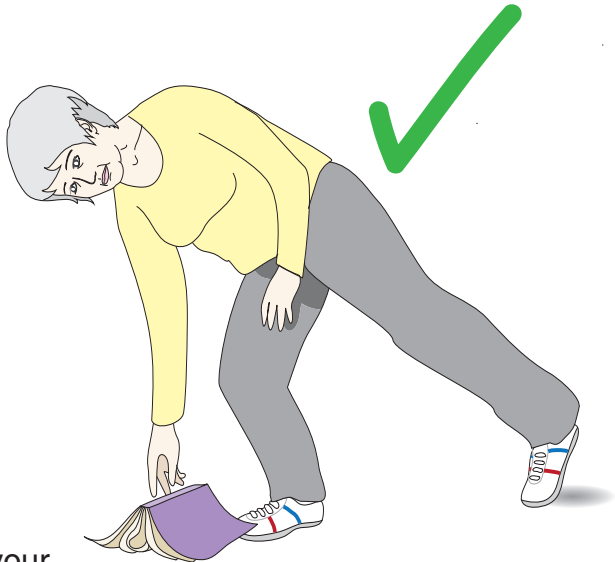
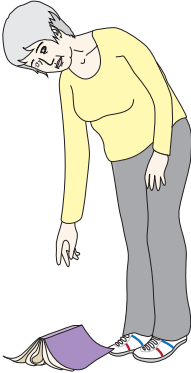
To go down:

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

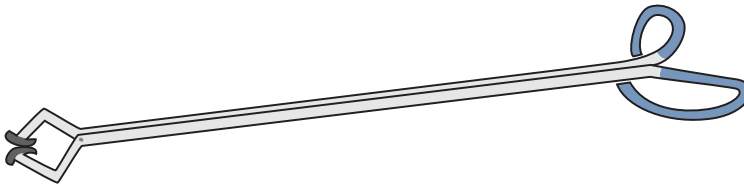


Picking objects from the floor

- Do not bend.



- You should instead straighten your operated leg backwards.
- You should get a clip with a long handle specially made for this or barbecue tongs.



Transporting objects

To carry objects, use an apron with large pockets, a knapsack or a basket attached to your walker.

If possible, put your table close to the kitchen counter for the duration of your recovery.



Sleeping

- If you sleep on your back: place a pillow between your legs to avoid crossing your legs while you sleep
- If you sleep on your non-operated side: place a pillow between your knees
- If you sleep on your operated side (at your surgeon's discretion and if comfortable for you): make sure the leg of your operated side is straight and avoid bringing your knees close to your chest. If it is more comfortable, you may place a pillow between your knees.
- Avoid sleeping on your stomach.

Traveling and driving

If you travel by car, plan to 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.

A plastic bag could be placed on the seat to facilitate sliding during the transfers in and out of the car.

To get into the car:

Make sure the car is 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 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.

At the follow up appointment, the surgeon will tell you when you can start driving again.

Washing and showering

You will have to wash at the sink for a few days. You will be able to take a shower once the incision is dry and stops draining.

We recommend that you use a handrail in order to take a shower during your recovery.

Getting into the bathtub with a shower bench:

- With your walker, place yourself with your back to the tub so that your knees are touching the shower bench
- Place one hand on the bench and one hand on the walker
- Extend outwards your operated leg in front of you and sit down on the bench
- Slowly lift your legs over the edge of the tub while leaning slightly back and keeping your operated leg straight.

To exit the tub:

- Slowly lift your legs out of the tub while leaning back slightly and keeping your operated leg straight.
- Use your non-operated leg and the bench to push yourself up into a standing position.
- Put weight on your walker only once you are in a stable standing position.

Do not sit at the bottom of the tub for at least 12 weeks.

Sexual activities

You will be able to resume sexual activity around 6 weeks after your surgery. It is important to respect this in order to ensure proper healing of the incision and the muscles surrounding your prosthesis.

Going back to work and sport

Please wait for your surgeon's permission to go back to work or before resuming sport activities.

Other daily activities

For activities such as dressing and washing the lower body, you must always remember to never flex your hips more than 90 degrees, avoid crossing your legs (adduction), and avoid internally rotating your hips. For these activities, you can use aids such as a dressing-aid stick, a long-reach sponge, or reaching aid to help you.

Dentistry or other surgeries

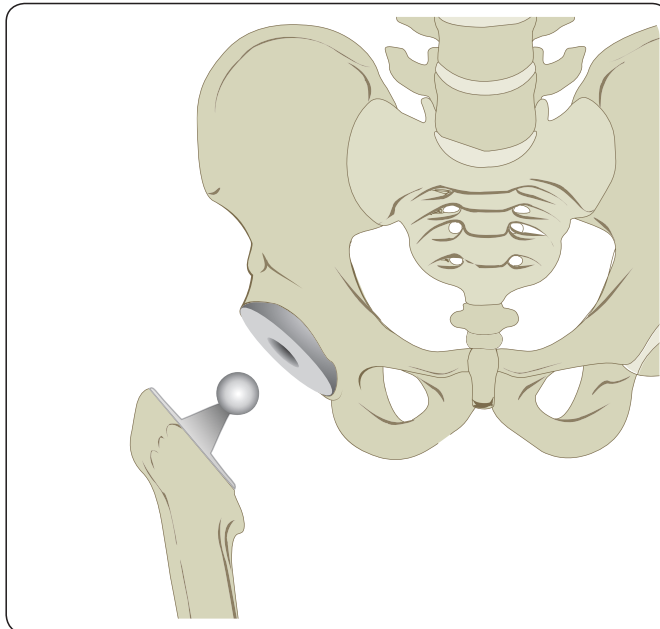
If you require another surgery or dental work please notify the surgeon or dentist that you have a hip prosthesis. It may be necessary to prescribe an antibiotic to avoid infection.

Your incision

The clips are usually removed 7 to 14 days after your surgery by a CLSC nurse. When you are discharged from the hospital, the CLSC will be notified which date the clips need to be removed.

Life expectancy of the prosthesis

The life expectancy of the prosthesis varies. Several factors can influence how long the prosthesis will last.

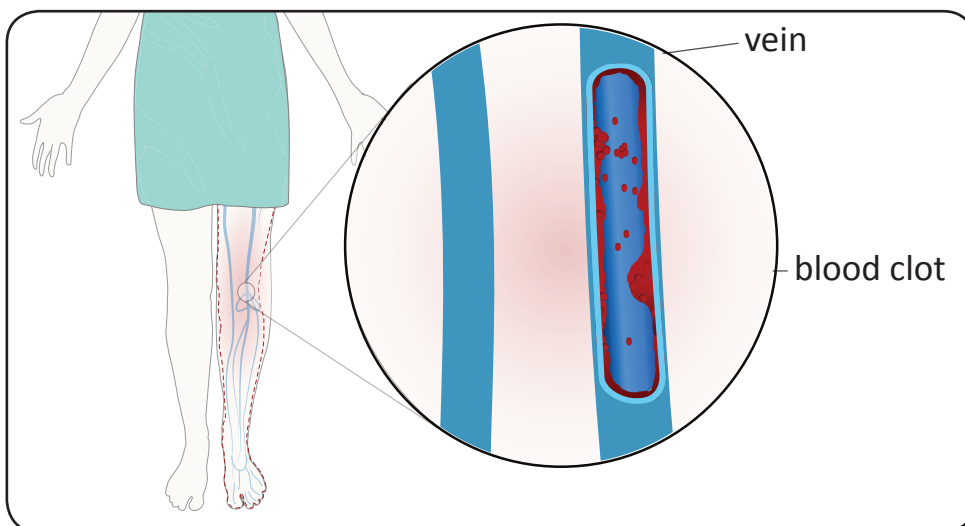


When to Call Your Doctor

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. It is very important to do your exercises and to get up and move as much as you can after surgery to prevent blood clots.
- Phlebitis is an inflammation of the veins, which can block blood circulation.
- A blood clot can cause inflammation in the vein. In order to prevent 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 anywhere in either leg:

- **redness**
- **swelling**
- **warmth**
- **pain**

Dislocation of the prosthesis

Signs:

- Sharp and sudden pain in the operated hip or groin
- The operated leg is excessively turned in or out and cannot be made to go straight
- The operated leg is shorter than the other
- Inability to put weight on the operated leg

Prevention:

Strictly follow the movement guidelines and restrictions (if you have any).

What to do?:

- Phone your surgeon or come to the Emergency Department of the Lakeshore General Hospital.

Constipation

Pain killers often cause constipation. Decreased mobility also causes constipation.

What to do?

If constipation becomes a problem, increase the amount of fluids you drink, add more whole grains, fruits and vegetables to your diet and continue to exercise and walk.



Infection

If your incision (cut) is painful and red and/or you have a fever (temperature above 38°C /100.4°F) for 2 days in a row, **please phone your surgeon's office.**

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 operated hip does not bend more than 90 degrees.

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 helps to increase 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).

How long will my leg be swollen?

- Expect your leg to be swollen for the first few months after surgery.
- The swelling will reduce gradually over several months. 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 will gradually diminish. Overnight, the swelling should settle and your leg should not be very swollen when you wake up in the morning. If it is, you should contact your doctor.

Can I take a plane with my prosthesis?

- The risk of blood clots is elevated after surgery; therefore, you should not fly until you are off your anticoagulants.

When can I expect to return to work?

- You can return to work as soon as you are comfortable to do so. You should discuss this with your doctor before or after the surgery.

When can I expect to drive again?

At your follow-up appointment, your surgeon will advise you when you can start driving again after your surgery. Until this time, it is not safe for you to drive your automobile.

Important Resources

The following links might be useful:

If you would like to **know more about anesthesia**:

<http://www.cas.ca/english/patient-information>

If you would like to **know more about tips on getting fit**:

<http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pa-ap/index-eng.php>

If you would like to **know more about hip surgery**:

<http://orthoinfo.aaos.org/menus/arthroplasty.cfm#hip>

<http://www.canorth.org>

The **equipment and aids** described in this booklet can be purchased at any of the following:

Activaides Équipement médical

<http://www.activaide.ca>

285A Boul. Saint-Jean, Pointe-Claire, Qc, H9R 3J1

Tel.: 514-671-1234

Email: activaidemical@gmail.com

Medequip

175 Avenue Stillview, Pointe-Claire, Qc, H9R 4S3

Tel.: 514-697-8868

Medicus Pointe-Claire

<http://medicus.ca>

965 Boul. Saint-Jean, Pointe-Claire, Qc, H9R 5K3

Tel.: 514-782-2222

Email: info@medicus.ca

Suggestions to help you stop smoking

There are four phases of quitting

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses

- Stop smoking now and you will already be on your way to quitting.
- Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
- Ask your family and friends not to smoke around you.
- Get a family member or a friend to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit such as the nicotine patch.

If you would like to **know more about tips on quitting smoking**, the following links might be useful:

<http://www.cancer.ca/fr-ca/support-and-services/support-services/quit-smoking/?region=qc>
<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/nou-maintenant/index-fra.php>
<http://www.pq.lung.ca/services/poumon-9/quit-cesser/>

or contact the Quebec Lung Association
(514) 287-7400 or 1-800-295-8111
www.pq.lung.ca

Get more information from:
Montreal Chest Hospital
(514) 934-1934 extension 32503
www.muhc.ca


or contact your local CLSC.







Pain Diary

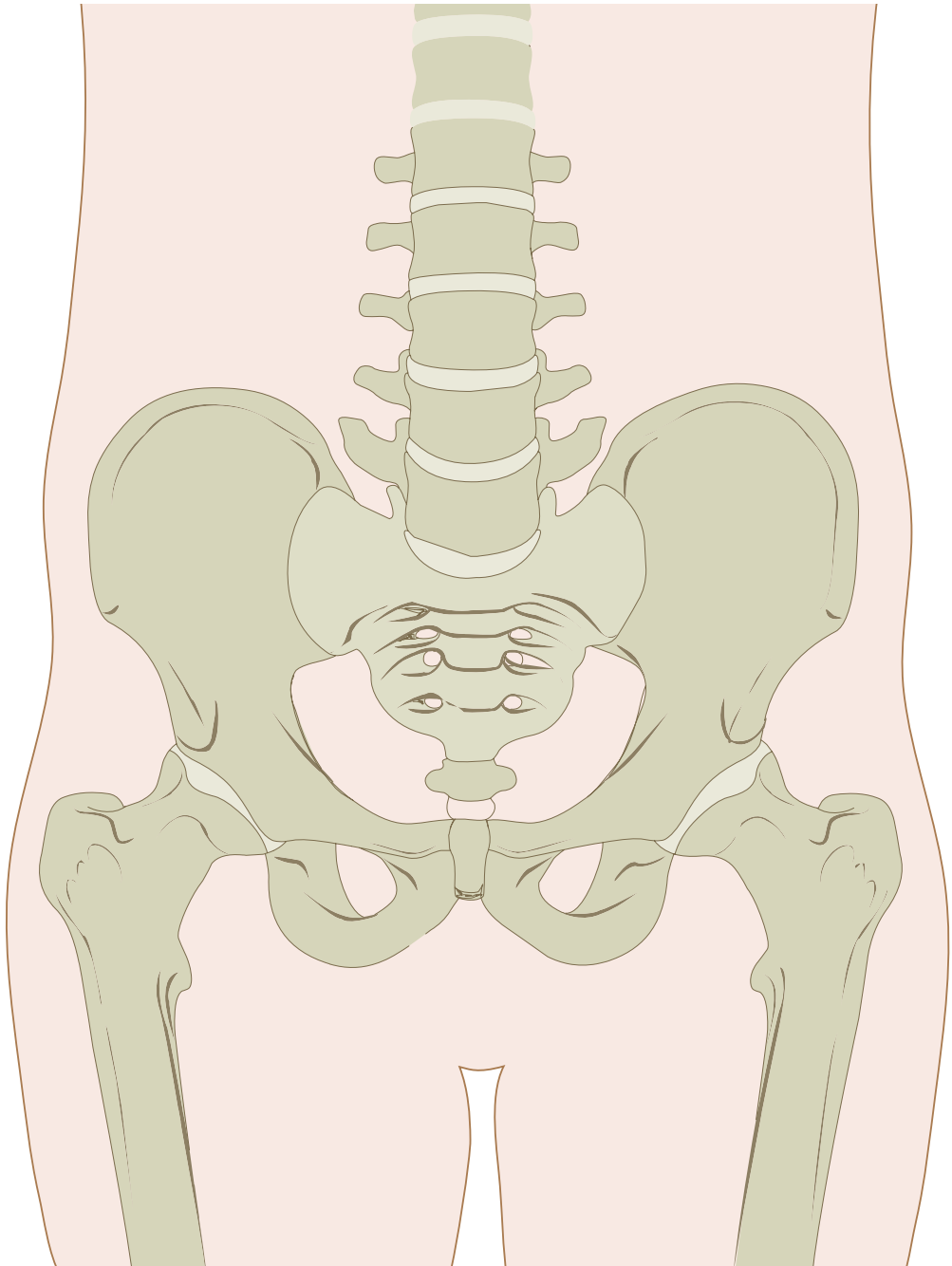
Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.

For example:

Morning  4 / 10



Days After Surgery	 Morning	 Noon	 Evening	 Night
1	__ /10	__ /10	__ /10	__ /10
2				
3				
4				
5				



Looking for information on

YOUR SURGERY ?

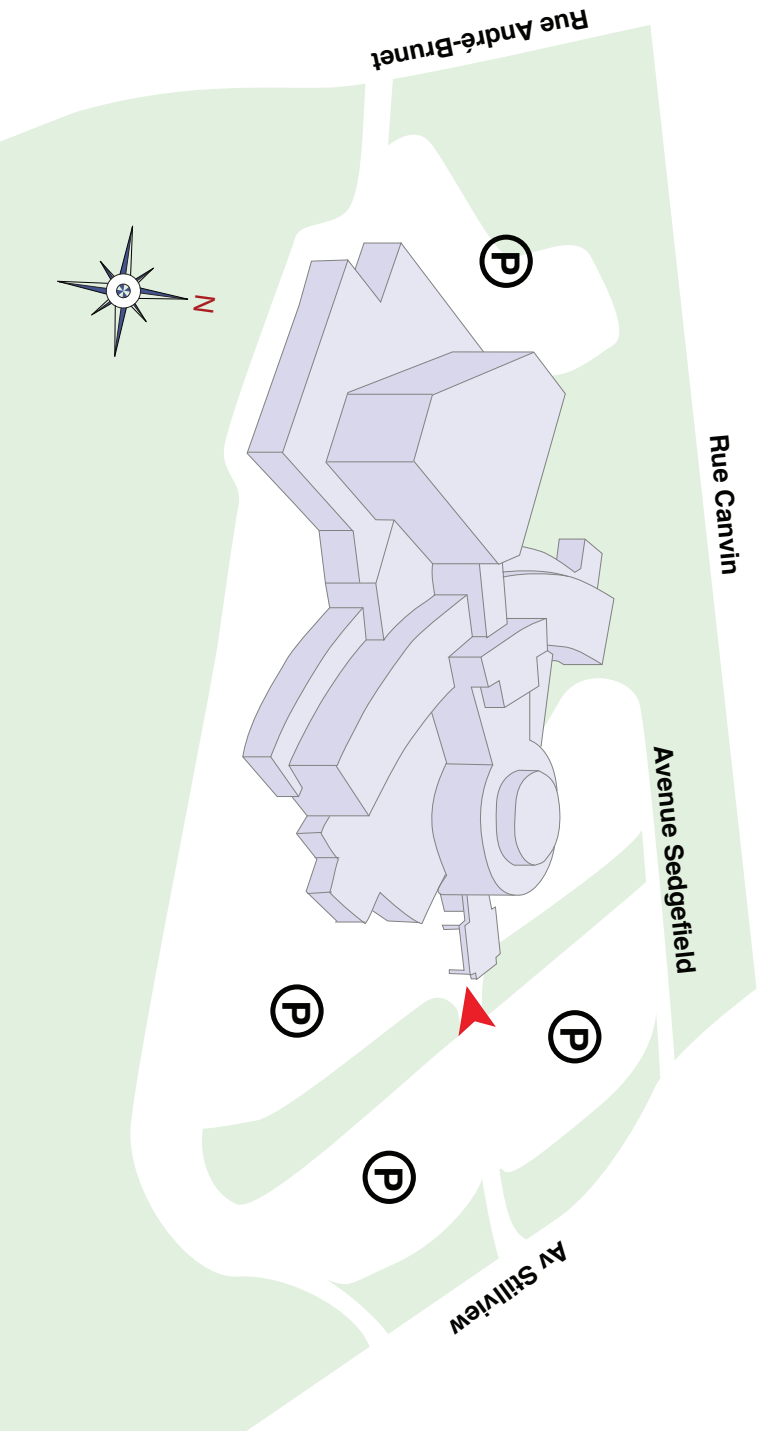


Visit the Patient Education Collection
Search: **Surgery Patient Guides**
muhcpatienteducation.ca



Centre universitaire de santé McGill  McGill University Health Centre

Office d'éducation des patients
Patient Education Office



Lakeshore General Hospital
160 Av Stillview, Pointe-Claire, QC H9R 2Y2

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