



Health
South Eastern Sydney
Local Health District

TOTAL HIP REPLACEMENT

This pamphlet is provided for educational purposes. It has not been assumed that it contains the answers to all of the questions you may have prior to giving consent for your operation.

If you have any questions regarding your operation, please ask your doctor.

To allow nursing staff the maximum amount of time to care for their patients, it is requested that one member of the family be nominated as the representative to contact the ward to enquire about a patient's condition.

Sutherland Hospital

General Visiting Hours

10am to 1pm & 3.30pm to 8pm

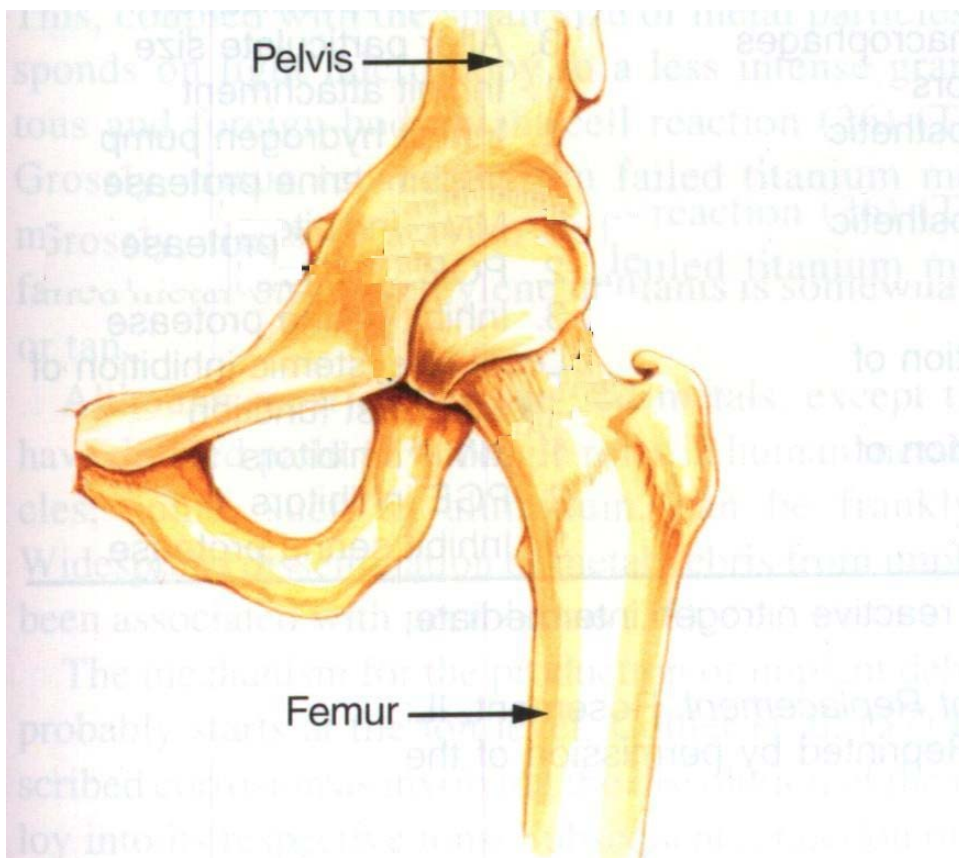
Intensive Care / High Dependency

10am to 1.00pm & 3.30pm to 8pm
(or at the discretion of ICU nursing staff)

THE HIP:

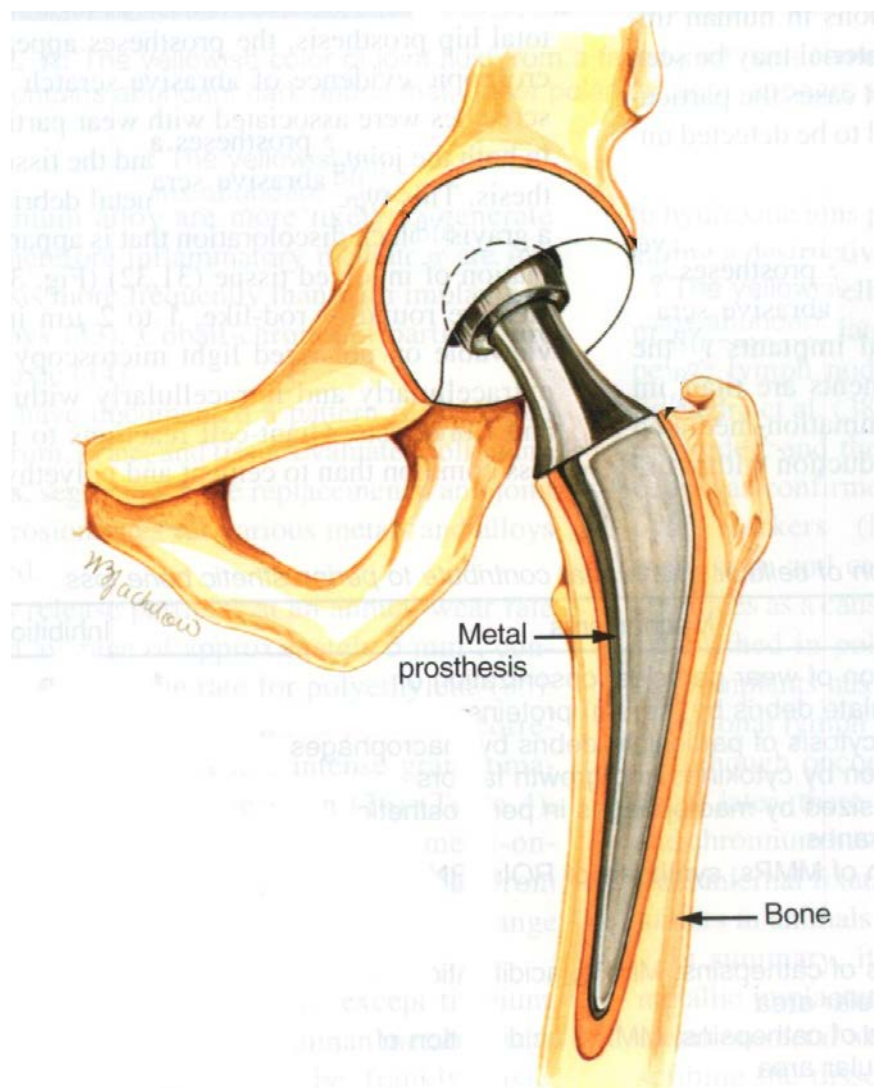
The hip joint is a ball and socket joint: the ball portion on the top of the thigh bone fits closely into the socket of the pelvic bone. There are several strong ligaments and a tough fibrous tissue (called the joint capsule) holding the ball in place.

Figure 1. The Hip Joint Orthopaedic Pathology V.J. Vigorita (1999) p.623



Osteoarthritis is the most common reason for the hip replacement surgery. This condition is commonly referred to as “wear and tear arthritis” - the hip simply wears out. The major problem in osteoarthritis is that the cartilage on the surface of the bone inside the joint wears away. This results in bone rubbing against bone and the joint capsule thickens. This leads to pain, stiffness and muscle tightness.

A hip replacement operation replaces the ball portion, attached to a stem that is inserted into the thigh bone (femur), and the socket.



**Figure 2. Components of a Total Hip Replacement Orthopaedic Pathology
V.J. Vigorita (1999) p.623**

The Night Before the Operation:

- You are advised to have a shower the night before your operation with Gamophen soap.
- Fast as directed in the Preadmission Clinic.
- Please **DO NOT** shave the operation site.
- Try to have your bowels open prior to having your operation as constipation as constipation can be a problem post operatively.
- Remove any nail polish you have on.

Day of Operation: Prior to Surgery:

- Have another shower with Gamophen soap before admission.
- Please follow the medication instructions given to you in the Preadmission Clinic.
- You will be admitted to the Perioperative ward and asked to change into a theatre gown and remove any make-up, jewelry or nail polish (you may ask to get a ring taped if required).
- You will be admitted by a nurse and will also be seen by an Anaesthetist, who will discuss with you the kind of anaesthetic that you will have, and you will also be seen by an orthopaedic doctor.
- Your leg will be marked with permanent ink before surgery in the Perioperative ward.

Day of Surgery : After Your Operation:

After surgery you are moved into the Recovery Ward and given oxygen through a plastic mask. You will usually be in recovery for approximately an hour or so. You may have:

- A drain in your hip, which removes any excess fluid from your wound.
- A drain called a “catheter” to drain the urine from your bladder.
- A pillow between your knees to stop you from crossing your legs.
- An intravenous tube (drip) in your arm to give you fluids, pain relief and antibiotics.
- You may have a special drip called a PCA (Patient Controlled Analgesia) through your intravenous tube. This allows you to control your own pain relief through pressing a button whenever you need pain relief.
- An x-ray of your hip will be taken before sending you to Jara, the orthopaedic ward.

Once You Are On the Ward:

- Nursing staff will monitor you closely and record your progress.
- Gradually you are commenced on fluids and a light diet is offered when you feel ready for it.
- You will be given intravenous antibiotics, usually for 24 hours.
- You will be given white compression stockings to wear to help prevent you from developing clots in your leg.
- Depending on your surgeon, you may be able to sit out of bed after your operation. You will be assisted to do this by the physiotherapists and/or nurses.
- You are encouraged to practice deep breathing and coughing exercises as often as possible to prevent stiffness and chest infections, as well as ankle exercises (moving the ankles back and forth).
- Your surgeon may have put a small catheter or “Painbuster” in your hip. This will be used to inject a local anaesthetic and anti-inflammatory into your hip joint by accredited nursing staff to help with pain relief.

The First Day After Your Operation : Day 1

- You will have a bed sponge in the morning.
- You will be given blood thinning medication -either Aspirin tablets or an injection called “Clexane” into your abdominal area to prevent you from getting blood clots.
- **Please Note** : Depending on your Surgeons preference, you will have these injections for your length of stay in the hospital or sometimes, for a total of up to 14 days after your operation; so you will require them even when you go home until those 14 days are completed. The nurses can teach you or a relative/friend to give them or they can organise a community nurse to attend them daily. (This sometimes this depends on where you live in).
- You will usually be given a drink to help you have your bowels opened and will be encouraged to take medication to assist with preventing constipation throughout your stay if required.
- Your drain will be removed and your dressing changed. This dressing will not be changed until you go home, unless you have a lot of wound ooze or the dressing starts to come off.
- Your fluid drip and your pain drip (if you have one) will usually be removed and you will be given strong pain tablets instead.
- Sometimes you will need a blood transfusion, depending on your blood test results.
- You will get out of bed with your physiotherapist. They will also help you with ankle, knee and hip exercises, and deep breathing exercises. It is very important to practice these regularly.
- Your catheter (if you have one) will be removed at midnight. This will allow your bladder to rest overnight while you sleep. The nurses will then perform a scan on your bladder after you first pass urine to ensure that you are emptying your bladder.

The Second Day After Your Operation and Until the Day of Discharge:

- From the second day and on-wards you will have a shower in the morning, and are expected to become more independent each day.
- You will begin walking with the physiotherapist using a walking frame for assistance.
- Nursing staff are ready to assist you as required but you are encouraged to be as independent as possible once you are mobile. This will help you get home quicker and assist your progress. **Your progress ultimately depends on you.**

The Day of Discharge:

- It is important that someone is available to drive you home on the day that you are discharged. If you are unable to be picked up before 10am, then you may be moved to the transit lounge on “Burrawang Ward” (located in the Perioperative Ward) while you wait for your transport as we often need to utilise your bed to get new patients in from surgery.
- You will be sent home with all your follow up instructions, necessary paperwork and medications that include pain relief and your blood thinning medication (if required).
- If you are doing your own injections, the nurses will give you a special take-home pack that contains a sharps container to dispose of your needles, a booklet and instructional DVD.
- If the community nurse will be giving your injections, your nurses will organise this for you.

Planning For Discharge:

An Occupational Therapist will show you how to perform aspects of daily living whilst maintaining the hip precautions and your safety. Tasks that will be targeted include:

- Showering – using adaptive equipment
- Dressing – alternative ways of putting on shoes and socks
- moving around in bed, moving from sitting to standing from chairs and the toilet

You are encouraged to start planning for your discharge before your operation, for example, preparing meals and freezing them and thinking about how you will manage once you get home.

A social worker is available to provide assistance with services such as home care if you feel you will require assistance. Please inform the nursing staff (as early into your admission as possible) if you feel you will need to see a social worker.

Hip Precautions:

After a hip replacement there are several movements that **MUST** be avoided. As these movements may cause your new hip to dislocate. These movements are:

- **DO NOT** bend your hip more than 90 degrees (a right angle)
- **DO NOT** cross your legs (at the knee or the ankles)
- **DO NOT** twist on the operated leg

In practical terms this means:

DO NOT:

- Bend down to pick up objects off the floor
- Bend down to put on your shoes
- Sit on low chairs or toilets

DO:

- Use an easy-reacher to pick up objects and shoes
- Sleep with a pillow between your legs to avoid crossing your legs
- Use a long handled shoehorn and preferably wear slip-on shoes (not thongs)

The nurses, doctors, occupational therapist and physiotherapist will reinforce and remind you of these precautions. You **must** keep these precautions for a minimum of three months after your operation and it is wise to follow them indefinitely.

Reference:

Information taken from –The Joint Replacement Booklet –TSH-2009

