

Hip Replacement

- Total Hip Replacement
- Bilateral Hip Replacement
- Revision Hip Replacement



Patient Information



Nepean
PRIVATE HOSPITAL

Note: The information in this booklet is to be used as a guide only as each person is an individual and may require differing treatments. It is important that you carefully follow any specific instructions given to you by your surgeon.

Contents

Welcome to Nepean Private Hospital	2
What is a Hip Replacement?	3
What does a hip joint look like?	3
What does Hip Replacement surgery involve?	4
What kind of results can one expect from a Hip Replacement?	5
What tests need to be done pre-operatively?	5
What should I tell the anaesthetist?	6
What else will I need to do before the operation?	6
What should I bring to hospital?	7
What happens on the day of admission?	8
What happens before my operation?	8
What happens after surgery?	9
What pain relief will I get?	10
What happens in the days following surgery?	11
Physiotherapy & mobilisation	12
What do I need to remember when sitting and mobilising?	14
What happens when I go home?	16
What to expect	19
When to contact the doctor	19
Precautions	19
Notes	19
Nepean Private Hospital Profile & Services	20

Welcome to Nepean Private Hospital

This booklet has been designed to guide you through your operation and to answer some of the questions patients most commonly ask. We understand that having surgery can be a very stressful experience and our goal is that this booklet, combined with the pre-admission class, will help to alleviate some of those feelings.

It is however, only a guideline and each person's treatment may differ. It is important that you follow the specific instruction given to you by your surgeon.

Doctors at Nepean Private Hospital perform many hip replacements each year. This means that you will be cared for by a team of well-trained staff who are trained in looking after your type of surgery and rehabilitation.

Staff involved in your treatment will include doctors, nurses and physiotherapists.

Your stay in hospital will be approximately 5-7 days. To achieve this goal your cooperation and assistance is essential.

Please bring this booklet into hospital with you so that you can read the relevant sections as required.

If you have any further questions throughout your hospital stay, please feel free to ask the staff on the ward and/or your surgeon. This is important because the better informed you are, the greater the likelihood that you will gain full benefit from your surgery.

What Is a Hip Replacement?

This is an operation to replace a joint which has been damaged, usually by arthritis, with an artificial one. The common reasons for needing a hip replacement are to treat the effects of arthritis, to relieve pain, to correct a deformity, to repair a damaged hip and to improve mobility. This operation is offered after other forms of treatment such as physiotherapy and medications are no longer of any benefit.

What Does a Hip Joint Look Like?

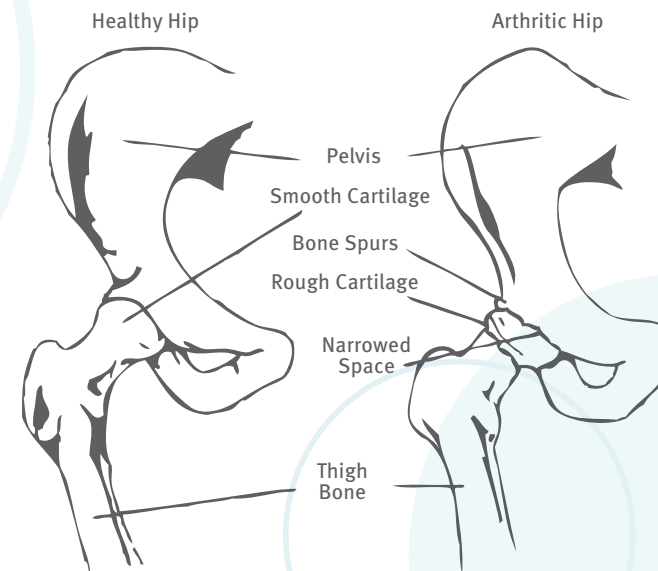
The hip is called a ball and socket joint. The ball is the head of the thigh bone. The ball fits into the socket of the pelvis or the acetabulum. The surfaces of these bones are covered by cartilage. The cartilage cushions the joint and allows the hip to move smoothly.

In arthritis, the cartilage covering the bone surfaces become softer and lose their strength. Eventually the cartilage wears out and the bone ends become exposed. The hip joint over time subsequently becomes rough and damaged as bone is constantly rubbing against bone. Nerves in the bone ends are exposed due to the lack of cartilage and become irritated causing pain.

Pain and restricted movement are common symptoms of arthritis. Wasting of the hip muscles and a limp when walking may also be indicative of arthritis.

The diagram below illustrates a hip joint which has been effected by arthritis. Notice the roughened edges and bone spurs.

Wear & Tear Arthritis of the Hip

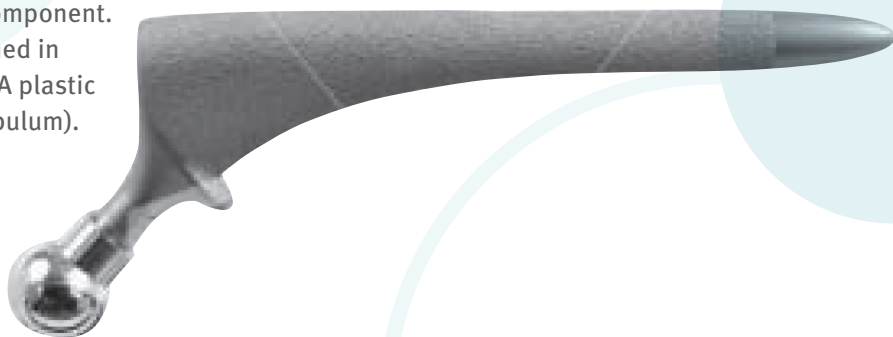


What Does Hip Replacement Surgery Involve?

Procedures vary from doctor to doctor and are often dependent on the individual patient's needs. However the following provides a basic guide to hip replacement surgery.

In the operation the damaged or diseased parts of the bone are removed and replaced with a metal part called prosthesis. The prosthesis consists of four components; a cup, liner, ball, and stem.

A cut will be made at the side of your hip or thigh. A ball mounted on a metal stem will replace the worn head of the femur. The ball-end of the thigh bone (femur) is cut and replaced with the new metal ball and stem component. The damaged surface of the socket is smoothed in preparation for the insertion of the new cup. A plastic or ceramic liner is placed into the cup (acetabulum).



The prostheses are then press fitted into the bone so that living bone tissue can grow onto the outside surface of the prosthesis and hold the joint firmly in place. This may take up to 6 weeks. Sometimes synthetic bone cement is required to hold the prosthesis in place.

The length of the operation is approximately 1-2 hours however this may vary depending on the individual. If you have any further questions in regards to what the operation involves, please feel free to discuss this with your surgeon.

What Kind of Results Can One Expect From a Hip Replacement?

No implant can ever entirely replace that of a healthy hip, however more than 90% of individuals following a hip replacement experience a reduction in pain and an improvement in their mobility.

This will not happen however without a large degree of commitment from you, the patient!

What Tests Will Need to be Done Pre-operatively?

A hip replacement is major surgery so both medical and nursing staff will need to know about your health. It is important you tell us about any health conditions you have and if you are taking any medications or herbal remedies.

Some information cannot be obtained by asking questions so your doctor may order any or all of the following tests to determine your existing medical condition.

- Chest X-ray
- Hip X-ray
- Electrocardiograph
- Blood Tests
- Urine Tests
- A physical examination by a doctor and or anaesthetist

What Should I Tell The Anaesthetist?

An anaesthetist will visit you prior to the surgery. Some patients are asked to visit the anaesthetist at their rooms prior to admission to hospital. Your anaesthetist will discuss the different types of anaesthetics available and various pain medications. They may also request that some of the tests, outlined on the previous page, be undertaken.

Generally, the anaesthetist will want to know:

- How healthy you are, if you have had any recent illness and past operations
- Abnormal reactions to any drugs and allergies
- History of asthma, bronchitis, heart problems, sleep apnoea or any other medical conditions
- Whether you are taking any drugs at present including recreational, alcohol, cigarettes, and/or the pill
- If you have any loose teeth, crowns or dentures

The anaesthetist wants to have the best possible picture of you and your health so the most suitable anaesthetic can be planned. Please answer all the questions honestly as it is really about minimising risk to you.

What Else Will I Need To Do Before The Operation?

- Stop smoking at least 3 weeks before surgery. Ask your doctor for more information
- Write down a list of all medications that you are taking both prescription and non-prescription
- Ask your surgeon if you need to stop taking any arthritic or aspirin type medications prior to your surgery. As generally **ALL ANTI-INFLAMMATORY AND ASPIRIN MEDICATIONS SHOULD BE STOPPED 2 WEEKS PRIOR TO YOUR OPERATION DATE**
- The night before and the morning of surgery you will need to have a chlorhexidine (Triclosan) shower. Do not wear any deodorant, perfume, talcum powder, make up or jewellery except a wedding ring
- Your anaesthetist or the hospital will contact you and tell you when to fast from food and fluids
- Cease all non-prescribed medication including fish oil and glucosamine

What Should I Bring To Hospital?

- Dressing gown
- Nighties and/or pyjamas (short pyjamas or loose legged pants are the best to allow staff easy access to your wound)
- Slippers with non-slip soles or shoes
- Toiletries
- Tissues and wet wipes
- Books and magazines
- Comfortable clothing to wear throughout the day
- **All** medications that you are currently taking in their original packaging
- **All** x-rays
- Glasses if you require them for reading
- Hearing aid/s if used at home with spare batteries and a container
- Any special equipment if used at home eg. CPAP machine, special walking frame, or modified footwear

Please do not bring:

- Large amounts of cash
- Jewellery/or valuables
- Microwavable heat packs

Please understand that Nepean Private Hospital cannot be responsible for any missing items.

Any electrical equipment, eg. hairdryer or laptop, brought into the hospital needs to be checked by our electrician.

Please contact your nurse to have this done.

What Happens On The Day Of Admission?

The booking clerk will give you your admission time when you ring the day before surgery.

You are generally admitted on the day of surgery unless requested by your surgeon to be admitted the day prior. You will be admitted to our Orthopaedic Ward (Waratah Ward). For any enquiries about your progress your family can contact the ward on 02 4732 7330

What Happens Before My Operation?

On admission to the Orthopaedic Ward you will be weighed, shown to your room and orientated to the room and ward. The nurse will then proceed to check your vital signs; temperature, pulse, blood pressure, oxygen saturation % (often referred to as your 'obs'), weight, blood supply to your feet ('neuro obs') and fill out a pre-operative checklist. These are all non-invasive tests.

The operative area will then be clipped of hair and the skin's integrity will be checked. Do not try and remove hair yourself prior to surgery as even superficial grazes can become infected and postpone your surgery. The area will then be cleaned with an antiseptic solution and prepared as your surgeon requests.

The nurse will fit you with special knee length tight stockings (called TEDs) that will improve the blood circulation and help prevent the formation of clots in your un-operated leg. You will wear one on the operative side the next day.

You will need to put on a theatre gown and your wedding ring will be taped over. All other jewellery will need to be removed and sent home.

You will be commenced on anticoagulant medication, which is to prevent complications with your circulation by thinning your blood. This may occur before or after your operation depending on what your surgeon requests. Let your family know you will be away from the ward for approximately 3-4 hours.

Please feel free to discuss your condition with those caring for you at anytime. It is important that you understand what is happening to you, so please ask any questions you may have.

What Happens After Surgery?

After your surgery you will be transferred to the recovery room. You will stay in the recovery room until you are awake and your pain has been managed so that you feel comfortable. You will then be transferred back to your room in the Orthopaedic Ward.

When you wake up you will have an oxygen mask on your face or nasal prongs and IV fluids running. The IV will stay in for approximately 24 hours to give you extra fluids, pain relief and antibiotics.

You may have a plastic drainage tube inserted into your joint. This allows blood to drain away from the operation site and helps prevent post-operative swelling.

You will have on a pair of compression sleeves known as SCDs on your legs. These blow up and down with air to keep your circulation moving and prevent DVT.

Once you are able to take sips of water, you will be able to drink and eat as tolerated. It is advisable to avoid or dilute acidic drinks (eg. apple and orange drinks) as they may increase feelings of nausea.

The nurses will assist you with your toileting needs. If you are unable to pass urine 6-8 hours after surgery we will do a non-invasive ultrasound of your bladder to assess the need for insertion of a urinary catheter into your bladder, which will stay until you are more mobile. It is not usual to have a bowel motion at this early stage but you should experience some bowel sounds and pass wind.

The nurses will closely monitor your vital signs and record your progress. Your operated leg will be checked for colour, warmth, movement sensation and feeling. It is IMPORTANT that you report any tingling, soreness and numbness to the nurses or doctors immediately. These assessments will continue overnight and may disturb your sleep.

The nursing staff may roll you on your side to relieve the pressure on your buttocks. When this happens, 2 pillows will be placed between your legs to help support your hip. You are encouraged to be as independent as possible, so please assist nursing staff as much as you can. Pain and nausea medication will be administered as you need it, so please let the staff know if you are feeling nauseous or if you have pain.

What Pain Relief Will I Get?

Pain relief is often managed by using Patient Controlled Analgesia. Nurses may refer to it as a PCA.

A PCA is an electric pump that has analgesia present in a syringe and is connected to your IV. When you have pain, you press a button which is connected to the machine delivering a pre-ordered dose of analgesia. The pump will beep to let you know that it has delivered the dose. The dose should start working within 5-10 minutes of the button being pressed. This means that you will have greater control over your analgesia.

Your anaesthetist will order the amount of medication that you will receive each time you press the button and this is programmed into the machine. The machine will not allow you to give yourself any more medication than the doctor has ordered.

You may wish to give yourself a dose when you have pain and/or before you undertake painful activities such as getting out of bed or physiotherapy.

The PCA will be removed Day 1 after your surgery and oral pain relief will commence. Although you will receive regular pain relief throughout the day, you must let the nurses know when you require more, so extra can be given.

The nurse will closely monitor your pain, nausea and level of consciousness. If you have any concerns, please ask the nursing staff.

What Happens In The Days Following Surgery?

- You will have a blood test the day after surgery to check your blood count and electrolytes
- The physiotherapist will get you out of bed the day after surgery and begin walking with you, your health permitting. You will progress to smaller walking aids when the physiotherapist sees fit
- You will be assisted by the nurse to have a sponge in bed, as generally having a shower is unattainable on day 1. This is more likely to occur on day 2
- We will use ice packs intermittently on your hip to reduce pain and swelling
- The bulky dressing is usually removed with the drain a day or two after surgery and a smaller waterproof dressing will be applied
- Your wound will be redressed every second day unless there is a need to change it beforehand
- Don't try and get out of bed on your own. Ask the staff for help until you have been assessed as being safe to do so by the physiotherapist

- A Doppler Test (ultrasound) may be done day 3-5 after surgery to rule out any chance of a DVT in your legs

You will be discharged when your surgeon is satisfied that you are medically fit, your wound is healing, you have achieved the expected physiotherapy outcomes set for this procedure and your support person will be able to manage to care for you at home.



Physiotherapy And Mobilisation

The aim of physiotherapy after your hip replacement surgery is to obtain smooth movement of your hip, restore muscle strength, and return you to a normal gait.

Moving in bed is encouraged. The nurse will assist you in moving your operated side when required. You must assist by using the overhead bar and your non-operated leg. This will enable you to lift and move in bed more easily.

Exercises

Deep breathing and coughing exercises are very important to prevent complications with your lungs such as infection and congestion. To do these exercises take 10 deep breaths, holding each for 3 seconds and follow this with a strong cough. You should plan to do these exercises at least 10 times per day (try to do this once every hour you are awake).

Foot and ankle exercises should also be undertaken as they are very important in aiding circulation and to reducing the risk of blood clots and help prevent stiffness. Move both ankles up and down 10 times, do it every hour.

If you are unsure of how to do these exercises please ask the physiotherapist for assistance.

Physiotherapy begins soon after surgery with exercises in bed. Your physiotherapist will go through a number of exercises with you to improve your strength and flexibility.

It is important that for the next three months following your surgery that you:

- **DO NOT** cross your legs
- **DO NOT** roll onto either side or twist the operated leg in
- **DO NOT** bend the operated hip too far ie. greater than 90 degrees as you may dislocate your hip.

Often on day 1 post surgery, the nurse and physiotherapist will stand you beside the bed and assist you to sit in the chair. On day 2 the nurse will assist you to shower and you will be encouraged to walk with assistance and to sit out of bed. A walking frame or crutches will help assist you with walking and relieve weight on your operated side. You will be told how much weight you can place on your operated side by your surgeon. Always move the operated side first to turn to prevent twisting your hip.

Over the next couple of days you will be introduced to a number of exercises. If you do not know how to correctly undertake these exercises please ask the physiotherapist for help. As a general rule try to do each different exercise 10 times, 3-5 times per day. As you improve, your physiotherapist may stop some of these exercises and move you on to others.

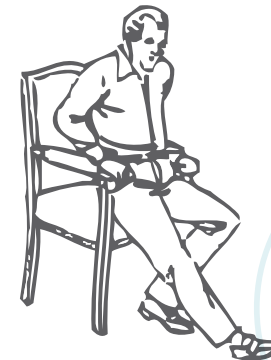
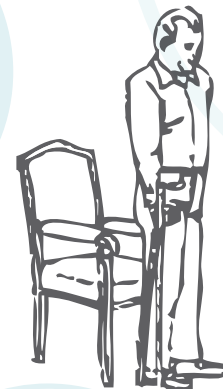
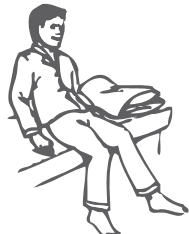
It is important that you attempt to mobilise once the physiotherapist and doctor have indicated that it is safe to do so. This is to prevent complications and to assist with your rehabilitation progress.



What Do I Need To Remember When Sitting And Mobilising?

Getting out of Bed

- Always get out of bed on the operated side. This means if you have had a left hip replacement you get out on the left side
- Lift your bottom to the side of the bed. To do this you will need to bend your non-operated leg and push through that leg whilst holding onto the overhead bar
- Use your hand to support you as you sit up, pivot on your bottom and swing your legs over the side of the bed
- Move your bottom to the bedside and allow your feet to touch the ground
- Place both your hands on the bed. Push up on your hands and non-operated leg to stand



Getting into Bed

- Get into bed on your operated side
- Place your hands on the bed, lean backwards, pivot on your bottom and swing both legs onto the bed
- Bend your non-operated leg at the knee. Support yourself with your hands on the bed; push down through your hands and through your non-operated leg to position yourself in bed comfortably

Walking

Once you can stand and balance normally, walking begins. The physiotherapist will teach you to walk with a frame or with other types of walking aids 1-2 days after surgery. At this time you will also be assisted to the shower and will sit out of bed.

A walking frame or crutches will help assist you to walk and will relieve some of the weight on your operated side. You will be told how much weight you can place on your operated leg by your surgeon.

Remember to always move toward the operated side first to prevent twisting your leg.

- Walking aid first
- Then the operated leg
- Then the non-operated leg

Sitting

Chairs with arm rests make it easier to stand up during the early period after surgery due to the support the arm rests provide. The diagram below illustrates the correct way to sit post surgery. Avoid bending your knee up to your chest or having your knee higher than your chest. Chairs higher than normal are recommended so that the hip is not flexed more than 90 degrees.

It is recommended that you shower seated for the first 6 weeks after surgery. It is also recommended that you use a raised toilet seat so that standing is made easier. The hiring of equipment can be discussed at the preadmission clinic.

Activities At Home

When you go home you should be able to do easy household chores such as:

Cooking: Store commonly used items at waist height to avoid bending and lifting

Cleaning: Plan to do small tasks each day rather than all in one day

Bed Making: Use fitted sheets or quilts if possible

Laundry: Wash small quantities and avoid working at floor level. When hanging out washing use a trolley or chair for your washing basket and pegs

Ironing: Use an adjustable ironing table and sit on a stool

Shopping: Do small shops and use a trolley if possible

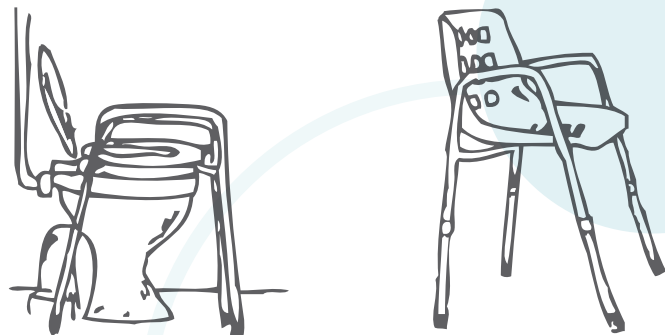
Gardening: Do a little at a time using long handled implements

Sport And Recreation: As instructed by your doctor

Managing Stairs

When walking up the stairs, remember to always put your non-operated leg up first, followed by your operated leg and walking aid last.

When walking down stairs, you will need to put the walking aid down first, followed by the operated leg then the non-operated leg.



What Happens When I Go Home?

Discharge Planning

Planning for your discharge is very important, as you may need to make adjustments to your lifestyle and home. Discharge planning starts on your admission. If you live alone, you may need assistance from family members, a visiting nurse or a home care agency. The role of the carer will be to provide you with meals, dry your feet, apply your compression stockings (6 weeks) and be the designated driver (6 weeks). If your home has a staircase, limited use of this is recommended for a few weeks, so you may need to make alternative arrangements. You must discuss issues such as these with the nursing staff.

If care provided by another person is not possible, then going to a rehabilitation facility may need to be considered. These are centres dedicated to providing you with physiotherapy and getting you ready to be discharged home to care for yourself. Stays at rehabilitation are generally 1-2 weeks in duration depending on your progress.

If you would like to go to a rehabilitation centre, please discuss this with your doctor and nurse on admission, so the process of booking a bed can be started early. Please ask your nurse for information on rehabilitation centres in your area.

You may also need to rent some special equipment, eg. a raised toilet seat. Please discuss your needs during your stay with your Physiotherapist or nurse.

Transport

It is important to get in and out of the car safely. Use the front seat and push the seat back as far as possible. Back up to the seat, rest the crutches on the car, stand with your leg toward the car, sit back into the seat and swing your legs into the car. Avoid driving long distances in one go and stop regularly to stretch your legs. Do not drive a car until you have discussed this with your surgeon.

Follow up Appointments

You will have a follow-up appointment at your doctor's surgery. Your doctor will tell you when they wish to see you and you are required to make an appointment at their rooms.

Exercise Program

Remember to maintain your exercise program at home and continue to use your walking aid when mobilising to protect your new joint until your doctor tells you otherwise. You must still wear your TED stockings once you are home for approximately 6 weeks. Walk and exercise daily and avoid driving, squatting, jumping, running and high impact sports. Overseas travel is discouraged due to the risk of DVT. Car journeys are permitted but with numerous breaks to allow you to stretch and exercise.



What To Expect

- Some swelling and bruising to the area
- Some pain associated with the incision and after attending exercises

When To Contact The Doctor

- If you notice any new wound discharge or redness
- If you develop a temperature
- Any new swelling in the leg
- A dramatic increase in pain
- Severe sweating
- Breathlessness, chest pain or palpations - contact your surgeon, GP or emergency department immediately

Precautions

If you intend to get any dental procedures done after your knee replacement surgery please check with your doctor if you need to take preventative antibiotics.

If you are going to travel by air to any destination within 6 weeks of having your surgery please contact your surgeon also to discuss any extra precautions that may be needed.

Notes:

Nepean Private Hospital is a 109 bed hospital which specialises in General Surgery, Womens Health, Maternity, Orthopaedics, Neurosurgery, ENT, Dental, Ophthalmology, Urology, Gastroenterology and Endoscopy.

Our friendly and highly trained staff and specialists foster a dynamic, team-based environment, which is reflected in the best clinical care and warm caring environment.

Our facilities include:

- Private Rooms
- Private Bathrooms
- Air Conditioning
- TV
- Phones
- Café on site
- Visitor Parking
- Radiology
- Pathology
- WiFi

Nepean Private Hospital is an accredited member of the Australian Council on Healthcare Standards (ACHS) and regularly undergoes an accreditation as part of our commitment to quality healthcare.





1-9 Barber Avenue
Kingswood NSW 2747

Phone: 02 4732 7333

Fax: 02 4721 8895

www.nepeanprivatehospital.com.au

A Healthscope Hospital

