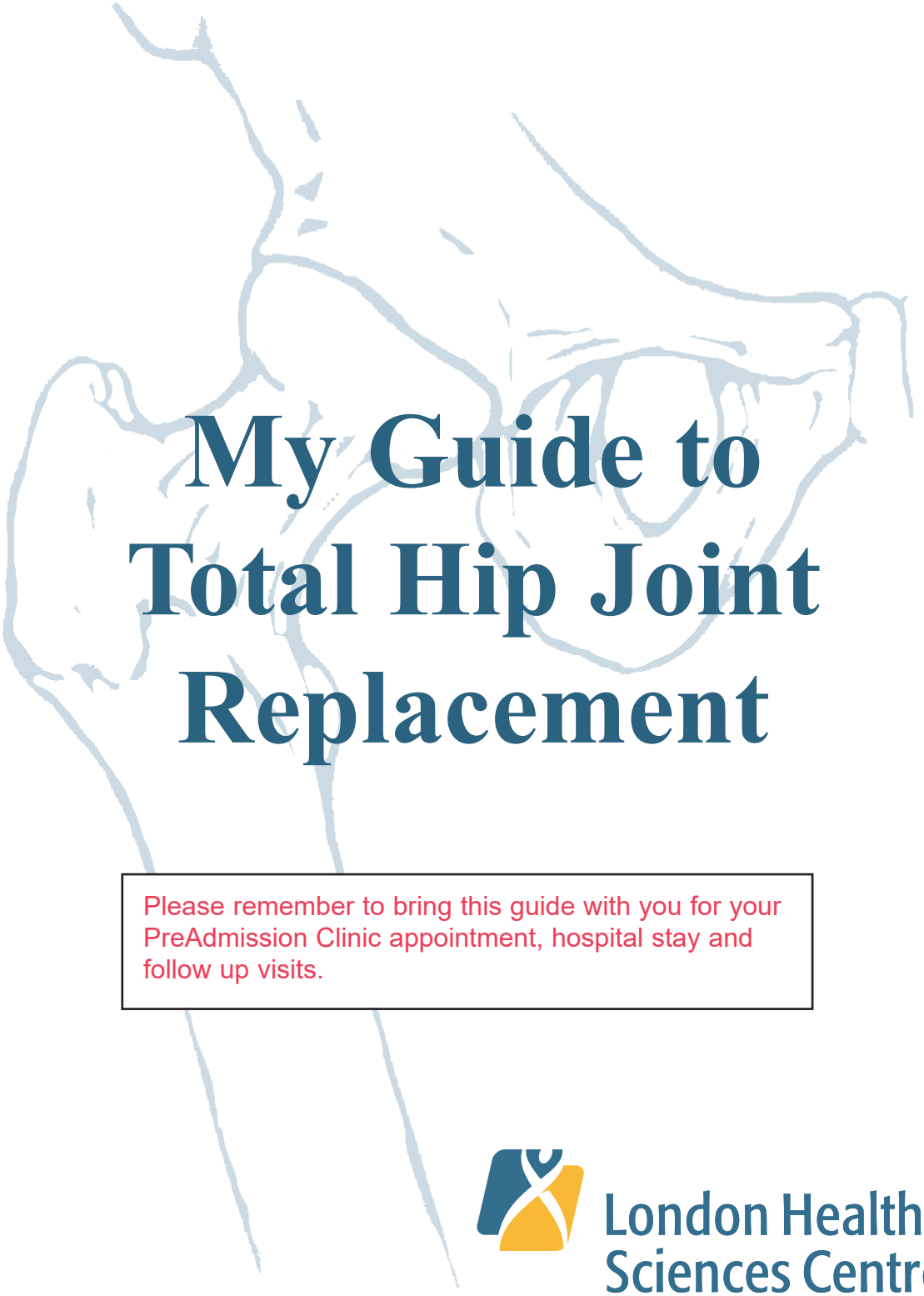
My Guide to Total Hip Joint Replacement



Please remember to bring this guide with you for your PreAdmission Clinic appointment, hospital stay and follow up visits.

London Health Sciences Centre

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INTRODUCTION

Research shows that people who are well prepared and fully participate in their care have a smoother and faster recovery after joint replacement surgery. This guide will give you and your family information about your total hip joint replacement. It is divided into five sections:

Section 1: General Information About Your Hip and Total Hip Joint Replacement

Section 2: What to Expect Before and After Surgery

Section 3: Activities of Daily Living Following Total Hip Joint Replacement

Section 4: Exercises Before and Following Total Hip Joint Replacement

Section 5: Final Remarks

Please read this guide and write down any questions you may have in the spaces provided. **Please remember to bring this guide with you for your PreAdmission Clinic visit, hospital stay and follow-up visits. Important: If your surgeon or health care team gives you different advice than what has been provided in this booklet, please follow the individualized direction you receive.**

For the most current information on Total Hip Joint Replacement, please visit the web-site at

http://www.lhsc.on.ca/jointreplacement

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SECTION 1

General Information

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

GENERAL INFORMATION ABOUT YOUR HIP AND TOTAL HIP JOINT REPLACEMENT

Structure of the Hip Joint

- The hip joint (Figure 1) is a ball and socket joint.
- The head of the femur (thigh bone) forms the ball side of the joint.
- The socket (or acetabulum) is located on the pelvic bone.
- The cartilage is a smooth elastic type tissue that covers and protects the surfaces of these bones.
- The muscles and ligaments support and move the hip.

Function of the Hip Joint

The hip joint allows your leg to:

- Turn in and out.
- Move forwards.
- Move backwards.
- Move from side to side.

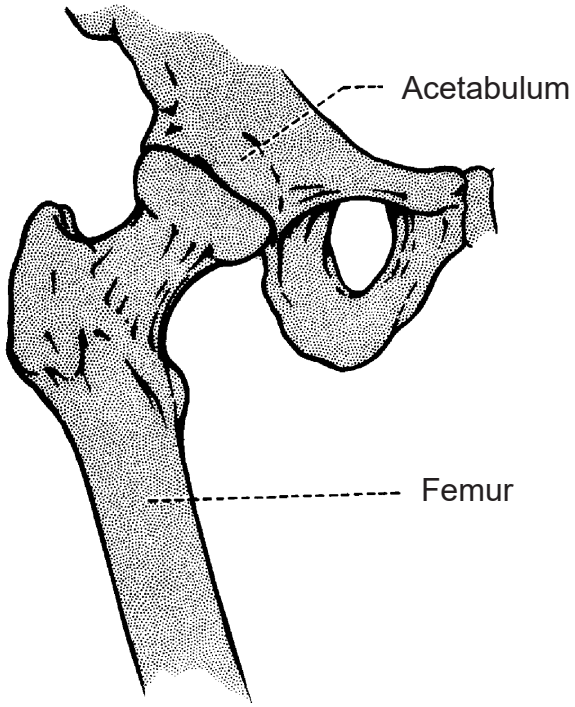


FIGURE 1
Structure of the Hip Joint

Hip Pain

Arthritis is a common age-related disease leading to hip pain.

The hip becomes painful when:

- Cartilage is destroyed.
- Irregular bone surfaces appear.
- Muscles weaken and the joint becomes stiff.

These changes in the hip joint often result in:

- Pain, especially when walking.
- Aching felt in the groin and/or the knee, and loss of hip movement.

What is a Total Hip Joint Replacement (Arthroplasty)?

It is the replacement of both sides of the hip joint with:

- A plastic and metal socket.
- A metal or ceramic ball and stem (Figure 2).

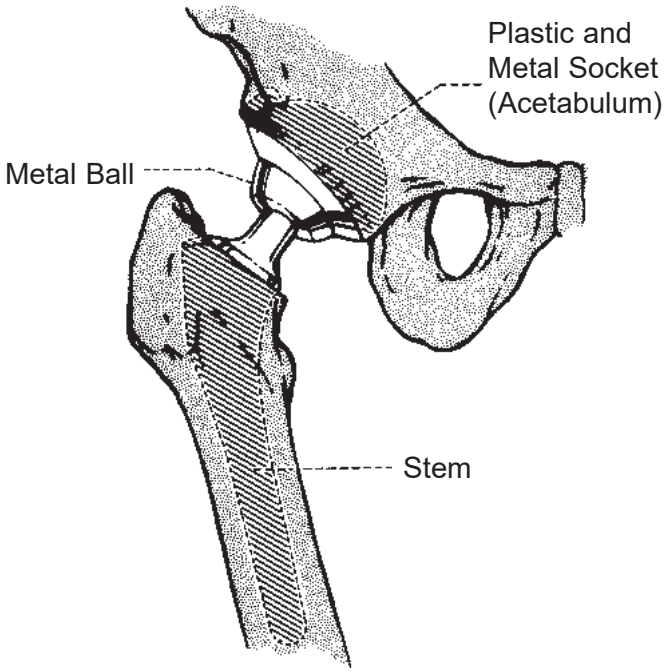


FIGURE 2
Total Hip Arthroplasty

Why Have a Total Hip Joint Replacement?

- To end or reduce your pain.
- To improve your hip movement and function.
- To improve your quality of life.

Risks and Benefits of Total Hip Joint Replacement

With your decision to proceed with total hip joint replacement, you will have already discussed the benefits and risks of this surgery with your surgeon. Total hip joint replacements have proven to be extremely durable. Ninety to ninety-five percent success rates at ten to twenty year check-ups are common.

As with any operation, total hip joint replacement has a number of potential risks.

These include:

- Anesthetic complication
- Deep vein thrombosis and pulmonary embolism (blood clot in leg or lungs)
- Death
- Infection
- Slow healing
- Technical complication (i.e. damage to skin, muscle, bone, nerve or blood vessel)
- Postoperative dislocation
- Leg length discrepancy
- Late wear and loosening of the implant needing revision
- Thigh pain and numbness
- Limp
- Flaring up of other medical conditions

Your surgeon will review these with you before your surgery and answer any of your questions.

What Happens in Surgery?

Your hip surgery will take about one to two hours. The surgeon:

- Removes damaged bone from your hip joint.
- Selects and fits your new joint according to your individual size.
- May use surgical bone cement to anchor your new hip to the bone.

How Long Will I Be in Hospital?

If your hip replacement is an outpatient surgery (you are not staying overnight in hospital) you are expected to go home the same day. If your surgery is planned as an inpatient admission your discharge is expected to be the next day after surgery for most patients.

REVISION TOTAL HIP JOINT REPLACEMENT

What is a Revision Total Hip Replacement?

In patients over age 60 years, it is hoped that a total hip replacement will last the lifetime of the patient. Occasionally, implants fail for a variety of reasons such as polyethylene (plastic) wear, loosening, dislocation or deep infection. A revision total hip replacement often involves removing the implants put in during the first operation, and replacing these with new total hip devices.

What Results Can I Expect?

Revision total hip replacement is a more difficult and lengthy operation than the initial total hip replacement, but can offer extremely good results in terms of pain relief and restoration of function. The chances of an excellent result are slightly lower than those of the first procedure, but still in the range of 80-90%.

What Are the Risks of Revision Total Hip Replacement?

As with any operation, a revision total hip replacement has a number of potential risks. For the list of risks see section 1, page 3.

Your surgeon will review these with you before your surgery, and answer any of your questions.

What Happens in Revision Surgery?

A revision total hip replacement usually takes 1-4 hours to perform. The surgeon must:

- Expose and remove the failed implant.
- Insert all or part of a new total hip replacement.

What Happens After Revision Surgery?

If you have a revision surgery your discharge is expected to occur 1-2 days after surgery. The information in this Guide will generally apply to you. However, after a revision hip replacement your weight bearing and exercises may be more restricted than with your first hip replacement. Your physician, nurse practitioner, unit nurse, physiotherapist and occupational therapist will discuss these restrictions with you.

SECTION 2

What to Expect Before and After Surgery

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

PRE/POSTOPERATIVE MEDICAL PRECAUTIONS

IMPORTANT — Follow these instruction:

- **No** cortisone injections in the joint that will be replaced six months before your surgery date.
- Avoid dental procedures including cleanings, acupuncture, bowel or bladder procedures (i.e. scopes), injections (i.e. vitamin B12), piercings and tattoos one month before surgery and for 3 months after unless you have been instructed otherwise.
- Do not shave the operative leg 48 hours before surgery and for 2 weeks after surgery.

What to expect at your visits to LHSC X-ray

As a part of your preoperative and postoperative assessment, an x-ray of your joint is needed.

Here is some helpful information:

- There may be a significant wait for your x-ray.
- Bring any medication, food or hydration you may require while you are waiting.
- Bring any mobility aids that you may normally use or require to move in x-ray (i.e. walker, cane, etc.).
- Wear comfortable, loose clothing without metal components (i.e. if you wear jeans with rivets and zippers, you may be asked to change to a hospital gown).
- You may be required to stand to have the hip/knee x-ray views completed.

Postoperative X-rays for LHSC Clinical Appointments

- Do **NOT** come earlier than the appointment time you were given. These are booked to precede your clinic appointment times.
- Arriving early to x-ray **WILL NOT** speed up your clinic visit.
- **Please note:** To facilitate your clinic or virtual visit you might have your X-ray done at an outside site the week before your appointment. Please follow the instructions from your surgeon's office.

My Pre-Admission Clinic (PAC) Visit

- I bring in all of my prescribed medications, vitamins and herbal supplements, in their original containers. I take my medications as usual this day.
- I will spend 4-6 hours in the Pre-Admission Clinic.
- I bring "My Guide to Total Hip Joint Replacement" with me to the Pre-Admission Clinic visit.
- I provide a medical and nursing history and undergo a physical examination.
- I may see an anesthetist or internist. In some cases, this may need to occur at another appointment.
- I may have bloodwork, x-rays, a urine test and any other tests that are ordered by the doctor and/or nurse practitioner.
- I may be asked to be a part of a research study.
- I receive information prior to my pre-admit visit about the Perioperative Blood Conservation Program. If needed the team will discuss results at this appointment.
- I meet with the occupational therapist to learn about managing my daily activities after surgery (see Section 3).
- I understand what equipment I will need after my surgery and where I can obtain it (see Section 3, Page 26).
- I understand that I should practice getting in/out of a vehicle that I will be riding home in, using the techniques discussed with the occupational therapist (see section 3, page 23).
- I have received the Same Day Admission or Outpatient Surgery information pamphlet.
- I have my questions about the surgery and my hospitalization answered.
- I understand what to expect of my surgery and postoperative care.
- I understand when and how to use the mupirocin ointment and chlorhexidine cleansing wipes I have purchased from the hospital pharmacy.
- I will fill out a paper or online questionnaire while I am waiting to see the various health care providers during my pre-admission clinic visit..
- I need to stop any medication(s) as instructed at my preadmission appointment. If I have failed to do so I need to call the surgeon's office immediately.
- I have received information about outpatient physiotherapy. I will start my outpatient physiotherapy 2 weeks after hip replacement surgery (or 2-6 weeks after a hip revision).
    - University Hospital is the preferred site for outpatient physiotherapy provided you live within reasonable travel time. The physiotherapy team at University Hospital will submit your referral. **LHSC will call you** to schedule your appointment after your surgery.
    - If you are NOT able to have your outpatient physiotherapy at University Hospital your community clinic options will be discussed with you at this appointment. For all hip replacement surgeries (excluding revisions), you must book your outpatient physiotherapy **BEFORE coming to the hospital for**

your surgery. If you have questions about LHSC partner clinics please call 519-685-8500, extension 37710 for assistance from the LHSC Bundled Care Program (Section 5, page 41).

Helpful Information to plan for your Discharge from Hospital and your Recovery at Home:

- Hospital stays are becoming shorter all the time with improved surgeries. The length of time you spend in hospital depends upon the type of joint replacement you have and your overall health. Some people go home the day of surgery and others go home the day after. Those with serious health concerns may stay longer. This will be determined by your health care team and your recovery after surgery. People tend to recover better in their own home.
- I will arrange for transportation home.
- I will arrange for appropriate help at home after my surgery. I may need help with meal preparations, getting required prescriptions filled, and having someone to stay with me the first few days and nights. I will discuss this with the occupational therapist and nurse practitioner during my pre-admission clinic visit.
- If I am planning on going to another facility for Respite Care, it is my responsibility to arrange this for my discharge date and to arrange transportation to get there. Some questions I should ask the facility when considering this plan are:
    - Do they provide help with bathing or dressing?
    - Do they provide help with my mobility needs (i.e. walking to the bathroom or dining room)?
    - What equipment (i.e. commode or bed side rail) is available in the room?
    - Is there access to a call bell for help if needed?
    - Can meals be brought to my room?
    - Do they change the wound bandages?
    - Is a chest x-ray required prior to admission?
    - Do they admit on weekends?
    - This information will be discussed at my Pre-Admission Visit and if I do not have a plan in place, there is the potential that my surgery will be **postponed** until I can ensure this support is available.

- Following surgery, most patients will use a standard walker (no wheels), or in some cases crutches for at least 6 weeks. If you have crutches at home that require the physiotherapist to size them to fit you, please have them brought into the hospital after your surgery. Walkers and crutches may be purchased at the hospital during your surgical stay. Equipment rentals can be arranged from medical equipment vendors in your community.

- My outpatient physiotherapy needs to be arranged prior to my surgery (see section 2, page 6-7). I will arrange a ride to my physiotherapy appointments with family, friends, or public transportation as I will not be driving until my surgeon approves me to do so at 4-6 weeks.
- Depending on your surgery, medical and physical status, the need for additional services may be assessed during your inpatient stay.
- If you want to explore private pay home help options discuss this at your pre-admission visit or visit www.southwesthealthline.ca (Home Health and Community Supports, In-Home Personal Support)

What Happens if I Do Not Feel Well?

- I call my surgeon immediately if I develop a cold or my health changes in **ANY** way as I get close to my surgery.

Day Before Surgery

- My surgeon's office will call one business day before my surgery to confirm the time of surgery. If I have not heard from the surgeon's office by 3:00 p.m., I will call the surgeon's office to confirm the surgery time. If the office is unable to reach you, your surgery may be canceled.
- I remove polish from fingernails and toenails.
- I shower or bathe the night before and the day of surgery.
- I use the cleansing wipes, following the instructions given to me by my pre-admission clinic nurse. There are also printed instructions that come with the cleansing wipes.
- I do not eat or drink anything after midnight the night before my surgery.
- I do not chew gum, have candy or smoke after midnight the night before my surgery and on the day of surgery.
- I follow any special instructions given to me by the doctor or nurse to prepare for surgery.
- I remember not to shave my legs less than 48 hours before and within 2 weeks after surgery.

Day of Surgery

- I pack a small overnight bag with a set of night clothes and clothes to go home in, slippers or loose-fitting shoes, walker, crutches/cane (only if you require the physiotherapy team to verify the quality/sizing), hip guide booklet and personal care items (toothbrush, toothpaste, mouthwash, denture cleansing tablets, soap, lotion, razor, comb, deodorant, tissues and feminine hygiene products). I ask a family member to keep this bag and bring to my room after my surgery. Also, I pack oral care products to use the evening and morning after surgery.
- I pack clothing (preferably loose fitting) to wear home, which may also be used to practice dressing techniques with the occupational therapist.

- I do not eat or drink anything after midnight the night before my surgery.
- I do not take any medications unless told to do so with a sip of water.
- I may wear dentures, glasses, hearing aids, or hair pieces, but they will be removed before surgery. I will bring containers for these.
- I may brush my teeth the morning of surgery, being careful **not to swallow any water.**
- I do not bring large amounts of money, jewellery, or other valuables.
- I do not wear makeup.
- I do not wear contact lenses.
- I follow any special instructions given to me by the doctor, nurse practitioner or nurse to prepare for surgery.

Arriving at the Hospital

- I report to the Pre-Admission Clinic area and then I will be directed to go to the Surgical Preparation Area, where I will be prepared for my surgery.
- I arrive 2½ - 3 hours before my scheduled surgery time as instructed by the surgeon's office.

Surgical Preparation Area

- I get dressed in a hospital gown.
- I have my blood pressure, pulse and breathing rate checked.
- I will have an intravenous started.
- The nurse will ask me if I have any new medications added to my home list.
- The nurse will ask me about medications taken today.
- I may have preoperative medications given to me.
- I will speak to my anesthetist or delegate.
- I will speak to my surgeon or delegate.
- I will have my leg marked by my surgeon or delegate.

Operating Room

- My surgery takes 1 - 4 hours depending on the surgery being performed.
- I am taken to the Post-Anesthetic Care Unit (PACU).

Post-Anesthetic Care Unit (PACU)

- I have my blood pressure, pulse, and breathing rate checked.
- I receive medication for my pain as needed given to me by the nurse.

- I have my circulation, sensation, and pulses, checked and I am asked to move my foot.
- I will have an x-ray done of my hip.
- I will have a dressing over my hip, which the nurse will check regularly.
- I may be moved to the Inpatient Unit.
- Some patients are discharged home from the PACU or the Surgical Preparation area.

Admission to Hospital - Postoperative Care

- I may have an opposite sex roommate depending upon bed availability.
- I am provided with a call bell and shown how to call for the nurse.
- The surgeon or resident speaks with me or my family about the surgery.
- I have my foot circulation, sensation, pulses and movement checked regularly.
- The dressing, my blood pressure, pulse and breathing rate are checked often.
- I ask for and receive pain medication as I need it. I may control this by pushing a Pain Pump button.
- I use a bedpan, urinal or get up (with assistance from the healthcare team) to a bedside commode the day and night of my surgery. I may have a urinary catheter in place.
- I may have a pillow placed between my legs and be assisted to lie comfortably on my back or my side.
- I may start to drink or eat light diet selections if I don’t feel ill.
- I ask for medications to settle my stomach if needed.
- I may be given oxygen overnight.
- My family is welcome to stay with me according to LHSC Visitor Guidelines, recognizing my need for rest after surgery.
- Visiting may be interrupted to provide appropriate patient care and therapy or restricted if safety and privacy rights need to be protected.
- I may be assisted by the health care team to sit at the side of my bed and may walk a short distance with a walker the day and night of my surgery.

During Your Hospital Stay

- I am assisted to sit up and helped to bathe.
- My therapist and/or nurse shows me how to use an appropriate gait aid such as a walker, crutches or a cane (see section 3, page 19).
- My therapist and/or nurse reviews how to protect my hip when moving.
- My therapist and/or nurse may help me to be up in a chair, walk in hallway, advance my ambulation as able.
- My nurse may change my initial bandage. This will continue to be monitored for drainage. Some dressings are intended to stay in place until the 2-week mark when your staples are removed.
- I have blood taken.
- My intravenous is taken out if I am drinking well.
- My oxygen will be removed and I will be asked to deep breathe and cough regularly.
- I receive the medications that I was taking at home.
- I will be given a blood thinner.
- I am helped to turn from side to side with a pillow placed between my legs.
- I am encouraged to sit up in the chair for meals.
- I will use a commode or an elevated toilet seat for ease of motion and comfort when toileting.
- I receive a laxative at bedtime as needed.
- My physiotherapist or physiotherapy assistant will teach me exercises and I will continue to do them 3 times a day (see section 4, page 29).
- If your hip replacement is an outpatient surgery you are expected to go home the same day. If your surgery is booked as an inpatient admission your discharge is expected to be the next day after surgery for most patients. Your discharge is expected to be 1 to 2 days after revision surgery.

Preparation for Home:

My plans for discharge are reviewed and I am aware of my responsibilities.

- I confirm my ride home.
- My therapist will review going up and down the stairs with me if required for safe household mobility (see section 3, page 24).
- My therapist reviews how to manage car transfers safely. I make sure that my driver is aware of any modifications needed to ensure proper positioning of my hip (i.e. a firm cushion on the passenger seat).

- My physiotherapist will review my postoperative physiotherapy plans with me. If I am receiving physiotherapy at University Hospital Outpatient Clinic, my physiotherapy team will submit my paperwork and I will receive a phone call to schedule the first appointment. If I choose to receive physiotherapy services elsewhere, I will be given my referral paperwork (see section 2, page 6-7).
    - Most hip replacement patients will have their initial appointment 2 weeks after discharge from the hospital.
    - Patients that had a hip revision will have their appointment 2-6 weeks after discharge.
- My therapist reviews home supports in place for discharge.
- My occupational therapist gives me the opportunity to practice getting dressed using the appropriate devices.
- My therapist will review that I have all the necessary equipment in my home prior (see section 3, page 26).
- I am told about problems to watch for at home (see Section 2, Page 13).
- I am given a prescription for pain medication and my blood thinner.
    - If I have any questions about my medication, I ask my nurse.
- A nurse gives me instructions on caring for the wound dressing.
- I am given an appointment to come to the orthopaedic out-patient clinic (Rorabeck Bourne Joint Replacement Clinic) on the main level of University Hospital, if I do not already have one.
- I may be given a staple remover and letter to give to my doctor.
- In most cases a hospital porter takes me down in a wheelchair to the front door when my ride arrives.
- I am helped to get into my car.
- I have someone to stay with me for the first few days and nights or the time frame recommended by my healthcare team until I am accustomed to managing in my home.

AT HOME

- I use gait aids (walker, crutches or cane), when walking as I have been instructed.
- I will be given instructions about my 2 week follow up visit. I will receive either a letter to take to my primary care provider (family doctor or nurse practitioner) and a staple remover or I will return to see my surgeon as arranged.
- My pain and swelling may increase or decrease daily depending on my activity but it should continue to improve over the next few weeks.
- I do my hip exercises multiple times EVERY DAY as taught by the physiotherapy team.
- I see a physiotherapist 2 weeks after my hip replacement (or 2-6 weeks after hip revision) as instructed.
- I do not drive until instructed I can do so by my surgeon (i.e. at 4-6 weeks post-op).
- IF I was given hip restrictions by my surgeon I will follow them for at least 6 weeks.
- I will be given instructions by my healthcare team as to when it is safe to shower.
- I use bathroom equipment (i.e. raised toilet seat or bath transfer bench) as instructed by my occupational therapist.
- No submersion in water for 6 weeks (i.e. pool, hot tub or bath tub).
- I call my surgeon with any questions or concerns I have. My surgeon's number is provided on discharge information.

PROBLEMS TO WATCH FOR WHEN AT HOME

If I experience any of the following symptoms or have any concerns, I will call my surgeon or family physician.

1. Increased pain in calf or thigh of either leg.
2. Increased pain in leg and leg appears shorter.
3. Increased swelling, tenderness, or redness in either leg.
4. Temperature above 38.5°C taken at least 30 minutes after eating or drinking.
5. Increased drainage from the incision, redness, or opening of incision edges.
6. Increased difficulty with walking.
7. **If I develop shortness of breath or chest pain/tightness, I will go to my local Emergency Department.**

Prevention of Edema (Swelling)

Edema or swelling occurs as a natural response to surgery and tissue injury. Swelling tends to increase in the affected leg when sitting or standing, but should decrease over time and should be less upon waking in the morning. Significant pain and redness should not be present. If you experience intense pain or redness contact your physician. To minimize swelling lie down several times per day with your leg slightly elevated. Continue the foot and ankle pumping exercises while lying down. Avoid prolonged periods of sitting with your legs in a dependent position. Doing your exercises as instructed by your physiotherapist should also reduce the swelling.

CARE OF YOUR INCISION AT HOME

1. Follow the wound care instructions provided to you in hospital. A shower may be acceptable when specified by the healthcare team but do not submerge in water (baths, whirlpool or swimming pool) for 6 weeks after surgery.
2. If you must change your bandage wash your hands before and after incision care. Only change the bandage when necessary (i.e. when fully saturated or liquid is pooling) and replace it with a new sterile bandage. Bandages can be bought at a pharmacy. Do not touch the incision with your hands.
3. If you have staples, your family doctor will need to remove them two weeks after your surgery. If you have a 2 week return appointment with your surgeon, the staples will be removed during this clinic visit.
4. **NO** lotions, ointments or creams should be applied over or around the incision area until you have your 6 week follow-up appointment with your surgeon.

Return Visits

- I return to see my surgeon about 6 weeks after my surgery. In some cases earlier visits will be scheduled.
- I go to the orthopaedic out-patient clinic (Rorabeck Bourne Joint Replacement Clinic) on the main level at University Hospital.
- I may be asked to go to the x-ray department on the 2nd floor after I have registered (½ hour before my clinic appointment). See x-ray instructions (section 2 page 5).
- I bring a list of questions/concerns that I might have.
- I may be asked to fill out a paper or online questionnaire while I am waiting to see the surgeon.
- I bring any note from my physiotherapist to my surgeon.
- I am told by the surgeon if I need to follow my hip restrictions (if applicable).

  - I may no longer need a pillow placed between my legs when in bed.
  - I may no longer need to use a raised toilet seat.
  - I may now be allowed to bend down to put my shoes and socks on.
  - I may now be allowed to put more weight through my leg.
  - I may now be allowed to drive.
- I am given an appointment for my next return visit.
- I will ask my surgeon about return to specific activities (i.e: work, golf, tennis, gardening).
- At 6 weeks after surgery, I may receive new information from my doctor to give to my physiotherapist concerning my rehabilitation.

Further Return Visits

- I may return to see my surgeon 3 months and 1 year after my surgery.
- I may have virtual follow up visits with my surgeon following surgery.
- I am seen every 1 to 2 years thereafter.
- I may have x-rays done at each visit.
- I may contact my surgeon for earlier visits if I develop any problems or have concerns (see section 5, page 40 for contact information).

LONG TERM CARE OF YOUR HIP

1. There is usually no limit to walking, bicycling, or swimming.
2. Certain high level activities may not be recommended with a hip replacement. Examples include but are not limited to repeated heavy lifting, tennis, jogging and contact sports. Please discuss with your surgeon.
3. Remind your doctors and dentists you have had a total hip replacement. You will need to take a prophylactic (preventative) antibiotic before dental work including cleaning or surgery and within the first 3 months after your surgery. In some cases, life-long prevention may be recommended by your surgeon. Please follow your surgeon's recommendations.

The London Health Sciences Centre Foundation usually calls discharged patients within 6 weeks of discharge for donations. Please consider directing any donations to the Orthopaedic Program (see section 5, page 42).

Prevention of Constipation

Constipation is defined as having fewer bowel movements than normal, or hard stools that require straining to pass.

Why do I get constipated?

There are many reasons why you get constipated. Some of them are specific to your recent surgical experience:

- medication for pain or nausea (i.e. narcotics)
- dehydration
- not enough fibre in your diet
- lack of physical activity
- being bed-ridden or chair bound

Your body needs three things for your bowels to work properly:

- fibre
- fluids
- peristalsis (muscle contractions in the bowel)

How can I prevent constipation?

Here are some helpful hints to help relieve or prevent constipation:

- Know your normal bowel movement habits. Remember that normal bowel habits vary.
- Eat a well-balanced diet that is high in fibre.
- Drink plenty of liquids during the day.
- Exercise regularly and go for walks.
- Do not avoid the urge to have a bowel movement.
- Set aside time after breakfast or dinner for undisturbed visits to the toilet.

How can I manage constipation?

The most effective way to manage constipation is by slowly including fibre with every meal and snack to reduce bloating and gas. You will also need to drink more fluids:

- Sprinkle 1-2 tablespoons All Bran® or All Bran Buds®, 1-2 tablespoons wheat bran or psyllium husk into pudding, yogurt, oatmeal, applesauce, or on top of your favourite cold cereal. Add to casseroles, soups, meatloaf, mashed potatoes, baked goods etc.

- Add 1 rounded teaspoon of Metamucil® or Benefibre™ to beverages.
- Cut up some fresh fruit to put on your breakfast cereal or have it for a snack.
- Include 1-2 vegetables with meals and snacks.
- Eat small frequent meals and snacks.
- Avoid skipping meals. Eat meals and snacks at regular times each day.
- Try 20 minutes of activity (based on your individual activity level) after eating a meal.
- Include foods that are natural laxatives like prunes, prune juice, rhubarb and papaya.
- Limit fast food, processed foods, high fat foods and large servings of meat or cheese.

Fluids to choose

- Plenty of water (1-1/2 litres per day), prune juice, fruit juices with pulp, hot beverages (decaf tea, herbal tea, broth and soup). Caffeine products help move the bowels but can also lead to dehydration. Water is a better choice.

Recipe Suggestions

Fibre Smoothie

½ cup (125 mL) of juice
½ cup (125 mL) of plain yogurt or silken tofu
1 rounded tsp. (5 mL) of Benefibre™ or Metamucil®
Pour juice and yogurt (or tofu) into the blender.
Mix on high speed until smooth.
Add Benefibre™ or Metamucil® and blend.
Pour into a large glass and enjoy.

Fruit Lax-Natural

Mix equal amounts of apple sauce, prune juice and All Bran or Raisin Bran.
Refrigerate and take 1 teaspoon (5 mL) at a time twice daily.
NOTE: if the mixture becomes dry, add more apple sauce or prune juice.

If you continue to have difficulties with constipation, please consult your family physician or pharmacist for advice.

References: Nutrition Management of Constipation, London RCP, RNAO BPG on Constipation

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

SECTION 3

Activities of Daily Living Following Total Hip Joint Replacement

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

ACTIVITY GUIDELINES

Following your surgery, you will need to be careful to not bend or twist your new hip too much. Generally you are allowed to move your new hip within your pain and comfort level. In some cases, you may have specific hip precautions that will need to be followed. Your surgeon and healthcare team will identify any specific instruction you will need to follow.

ACTIVITIES OF DAILY LIVING

Following your surgery you may have difficulty with everyday activities due to surgical pain and stiffness. Your therapist will review strategies to help you manage your daily activities during your recovery.

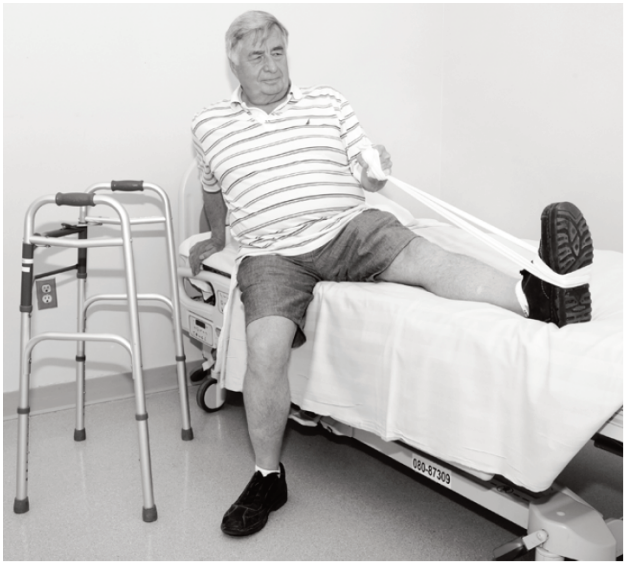
If you are having a lot of difficulty managing your everyday activities (such as walking, getting on/off the toilet) **before** the surgery, you may benefit from using some of the equipment and strategies outlined in this section.

Lying Down

You may find sleeping on your back to be the most comfortable position initially. You may lie on your side and a pillow placed between your thighs/knees to support your operated leg can make it more comfortable.

Getting in/out of Bed

- Move your body to the edge of the bed. Usually you will find it easier to lead with your non-operated side first.
- Keep your body straight and your operated leg out to the side.
- Move from lying to sitting and avoid too much twisting.
- A strap or leg lifter can assist with moving your operated leg in/out of bed.



Walking

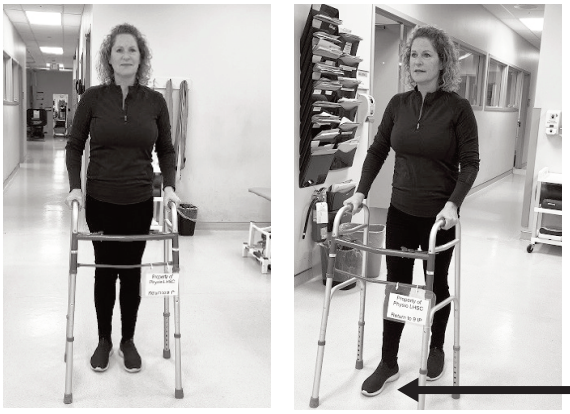
Use the appropriate gait aid (i.e. usually a walker or crutches) recommended by your therapist. You will use your gait aid at all times when you are up. Your therapist will advise you how much weight you are allowed to put through your operated leg (ie. weight bearing status). When using crutches, put weight through your hands, not your armpits. Also avoid bending your wrists back too far (hyperextension) when using a walker or crutches.

Walking with Gait Aid Instructions:

- Move the walker/crutches forward first. Ensure all legs of the gait are on the ground.
- Move your operated leg forward into the walker/crutches maintaining the appropriate weight-bearing.
- Follow with your non-operated leg to meet the operated leg. Do not let your toes move past the front of the walker.

Remember this sequence for walking:

1. Walker/crutches
2. Sore (Operated) Leg
3. Good (Non-operated) Leg



Operated leg

Figure 1. Therapist demonstrating walking with a standard walker.

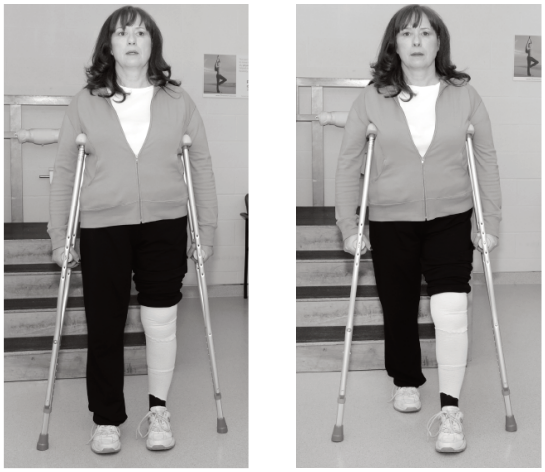


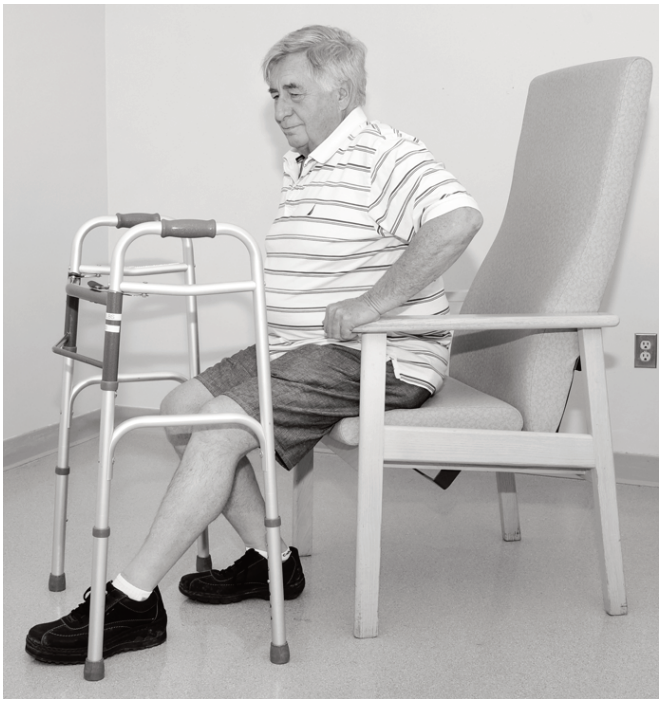
Figure 2. Patient demonstrating walking with crutches.

Sitting

Use chairs with firm straight seats and arms rests. A higher seat will make it easier to get on/off the chair. Generally, rocking chairs and chairs which have angled seats, such as recliners are more difficult to use in the early days after hip replacement.

As a guideline, choose a chair, with a seat that is as high as your knees. If you need to raise the height of a chair, you can place a firm cushion on the seat.

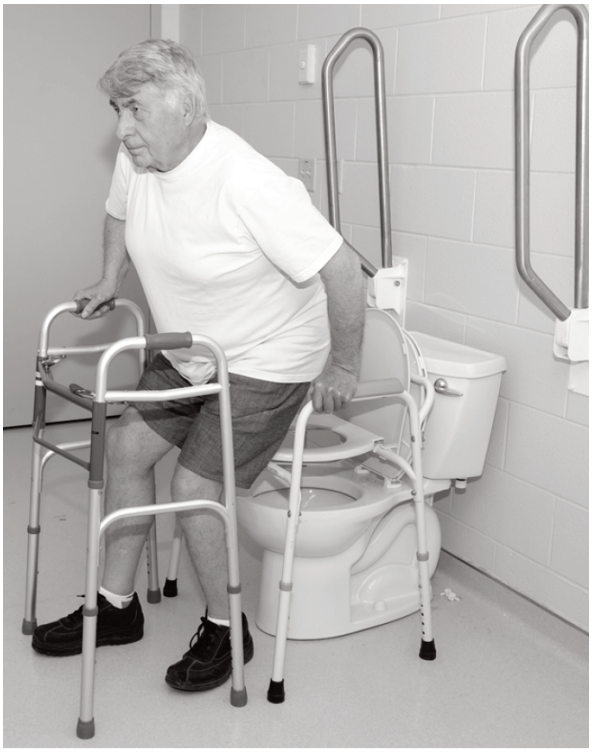
When sitting down, feel for the back of the chair with your legs. Slide your operated leg forward and reach for the arms of the chair behind you. Lower yourself slowly onto the chair.

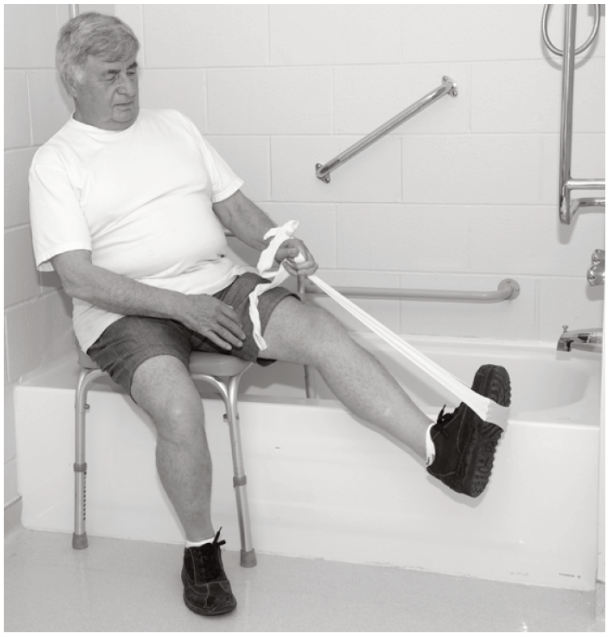


When standing up, slide your operated leg forward and use your hands to push yourself up from sitting and then reach for the walker. **Never use the walker to pull yourself up into a standing position as it may tip.**

Using the Toilet

As with all seating, you will benefit from a higher toilet seat height. A raised toilet seat with arm rests or a commode for over the toilet will make it more comfortable for your hip and easier to get on/off the toilet.





Bathing

- Do not climb over the side of your bathtub.
- You may need to use a bathtub transfer bench (pictured above). You will **not** be able to use this bench if there are sliding doors on your tub. Space can sometimes be an issue as two of the bench legs sit outside of the tub.
- A walk-in shower stall may be easier to manage.
- A long-handled bath sponge or brush, can be helpful to wash your lower legs and feet.
- Never use soap dishes, towel racks or curtain rods to support yourself. They are not made to hold your weight and may give way.
- You may have bathing restrictions after your surgery. Ask your nurse for specific instructions.

Getting Dressed

Following surgery, you may find bending down difficult or uncomfortable. There are several assistive devices that can help you put your socks, shoes, and pants on and off. If there is someone at home who can help you to get dressed, you may not need to use these devices.

Steps to Dressing

- Choose loose clothing if possible.
- Sit on the side of the bed or on a firm chair.
- Have your equipment near you (i.e. reacher, sock-aid, etc.).
- Dress your operated leg first, undress it last.

Sexual Relations

As with any activity, choose positions that are within comfortable limits. The safest position will be lying on your back. For more information ask your therapist for a guide titled “Sex after Joint Replacement” or view on-line at www.lhsc.on.ca/jointreplacement.

Vehicle Transfers

You should **NOT** drive a vehicle for at least **four to six** weeks after your operation. Your surgeon will advise you further at your follow-up appointment. You need to arrange transportation ahead of time for your discharge from hospital and to/from medical or therapy appointments.

Remember that getting in/out of a car, truck or van after surgery can be difficult. Decide ahead of time what vehicle you will be going home in and practice your transfers.

To get into the vehicle:

- Back up to the front passenger seat.
- Make sure the seat is pushed back as far as possible to provide maximum leg room. You may recline the seat back slightly to provide more room to get in.
- If the seat is low, use a firm cushion to raise the height.
- Back up so that you feel your legs against the seat.
- Lower yourself slowly while keeping your operated leg forward.
- Slide back in the seat.
- Swing your legs into the vehicle gently as you turn to face forward. You may need some assistance lifting your legs into the vehicle.
- You may find it easier to get in if you place a ‘slippery’ material over the seat or cushion (i.e. plastic garbage bag).
- To get out of the vehicle, use the same steps, in the opposite order.

Stairs

Your physiotherapist will give you specific instructions and you will have an opportunity to practice before you are discharged from the hospital. If you have a railing, a cane or one crutch may be used. Crutches are necessary for stairs if you do not have a railing.

Going **UP** *the stairs with crutches:*

1. Put your good non-operated leg up on the stair first.
2. Then put your sore operated leg up on the stair.
3. Follow with your crutch up on the stair.

Going **DOWN** *the stairs with crutches:*

1. Put your crutch on the stair below.
2. Put your sore operated leg down on the stair.
3. Follow with your good non-operated leg on the stair.

Prepare and Safe Proof Your Home

- Install railings along at least one side of your stairs. Consider both infoor and outdoor stairs.
- If you have a lot of stairs at home, consider temporarily setting up a bed on the main floor if necessary.
- Remove scatter rugs.
- Move telephone wires and electrical cords out of the way.
- Use night lights, especially between your bedroom and the bathroom.
- Do not try moving too quickly. Let people know that it will take you longer to get to the phone or the door.
- Wear non-skid, supportive footwear.
- Set up your recommended equipment at home (i.e. raised toilet seat or commode) and practice using the equipment.

Tips for Managing in your Home and Kitchen

- You will need help from family or friends for chores which involve heavy lifting, bending or twisting. Examples include carrying laundry or garbage, vacuuming, cleaning floors and changing bed linen.
- Using a reacher can help access light weight objects out of high or low cupboards. You can keep common kitchen items at counter height or items on the top shelf of the fridge for easier accessibility as well.
- Asisstance with groceries and meal preparation may be required initially. If you are able, try preparing meals ahead of time and stock up your freezer.
- You must have both hands on the walker when taking steps or walking at all times.
- Use a basket or bag attached to your walker to help with transporting items.
- A cup holder attached to your walker can help with carrying beverages.
- Use a travel mug with a lid that fully closes for transport of hot beverages.
- Using containers (ie. Tupperware) with lids that seal will help with transporting food/meals to your table.
- You may benefit from having a chair in the kitchen that you can sit on for rest breaks as needed.
- Rather than bending down to the oven, try using a microwave or toaster oven at counter height.

Equipment

Recommended equipment you may use for up to 6 weeks following your surgery will be discussed with you by your occupational therapist your pre-admission appointment. You may rent or purchase items from your local home health store or medical equipment vendor. If you plan to obtain any of the equipment to use before the surgery, you may want to consider purchase because an ongoing rental fee may cost more. Also, if you have any extended health coverage (i.e. benefits from an employer), consider looking into whether it may cover a portion of the cost of the equipment. Some service clubs will loan equipment at no charge.

You must ensure the equipment is in place at home by the time you come in for your surgery.

Equipment you may need:

- a standard walker (no wheels)
- crutches and/or cane (may be required for stairs)
- a raised toilet seat with arm rests or a stationary commode (which can be used over your toilet)
- a bath transfer bench
- a bed side rail (if you find getting in/out of bed difficult)
- a long handled reacher
- a long handled shoehorn
- sock-aid
- long handled bath sponge or brush
- a chair at home which has a firm, level seat and arms

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

SECTION 4

Exercises Before and Following Total Hip Joint Replacement

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

EXERCISES BEFORE AND FOLLOWING YOUR TOTAL HIP JOINT REPLACEMENT:

Prior to Your Surgery

- Your rehabilitation starts pre-operatively by strengthening key muscle groups.
- Having strong muscles prior to your surgery will make moving much easier after surgery.

Getting Physically Fit

- The majority of individuals planning on having a hip replacement have pain and reduced mobility.
- In spite of this pain, exercising within your individual limits and improving your fitness will make postoperative rehabilitation easier.
- It is important to recognize that some pain while doing exercise is not harmful.
- The exercise intensity should be kept at a level where you do not experience greater pain after the exercise is stopped.

Planning Your Preoperative Fitness Regime

- Start your fitness regime as early as possible as it can take months to significantly improve your muscle strength and cardiovascular fitness.
- At your Rapid Access Clinic Appointment (RAC) your Advanced Practice Provider may suggest options in the community to plan a program that best meets your individual needs.
- A physiotherapist will be able to prescribe you a fitness regime that will include exercises to improve muscle strength, balance and cardiovascular fitness.

Is Your Surgery Scheduled as an Outpatient Surgery?

- If your surgery has been scheduled as an outpatient surgery (not staying overnight in hospital), your surgeon will refer you to LHSC University Hospital Outpatient Physiotherapy for a pre-op assessment. You will receive a phone call from the physiotherapy department to schedule that appointment.

Additional physiotherapy information available online:

http://www.lhsc.on.ca/jointreplacement

Following Your Surgery

While in the hospital, you will be seen daily by a therapist starting either on the day of your surgery or the morning after. You will be informed of your weight bearing status which is full weight bearing, 50% weight bearing or less depending on your surgeon's orders.

Mobility goals to be achieved while in the hospital include:

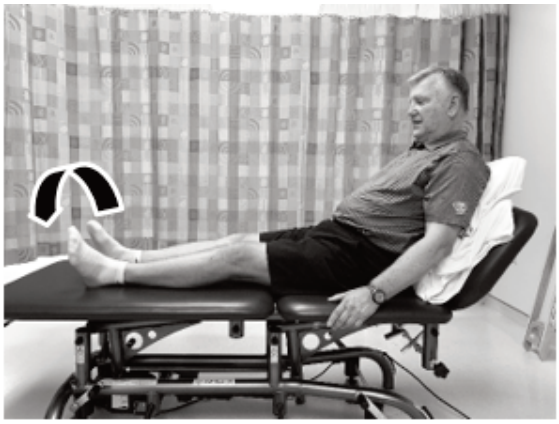
1. Independently getting in and out of bed/chair.
2. Walking safely on level ground using a standard walker or crutches.
3. Going up and down stairs safely especially if it is required for you to do stairs to live at home.
4. Your physiotherapist will start you on a set of exercises that are designed to improve your mobility and strength.
   - These exercises will be started on the day after your surgery.
   - You need to continue to do these exercises every day when you go home.
   - Your outpatient physiotherapist will assess and progress your exercises as appropriate

Exercises for the Initial 2 Weeks Following Surgery

The following 5 exercises should be done a minimum of **3 times per day** for the first **2 weeks** post operatively. The exercises can be done in sitting or lying. Please be sure to do the exercises with a neutral alignment of your operative leg. Make sure that your knee cap and great toe are pointing to the ceiling – do not allow your leg to rotate out at the hip. This will be the neutral starting position for most of your exercises..

Exercise #1 — Ankle Circles

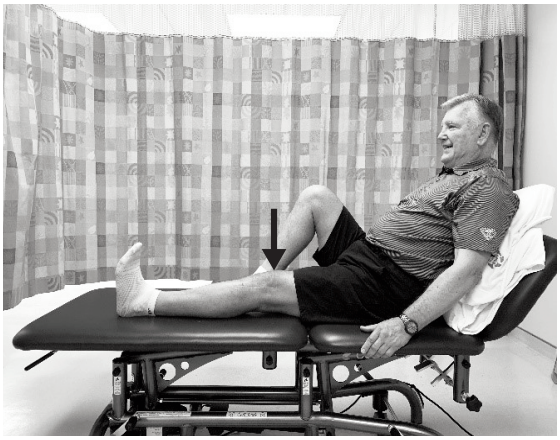
- Make 10 large circles with your ankles in each direction (clockwise and counter clockwise), maintaining good alignment of your leg. Repeat multiple times per day.



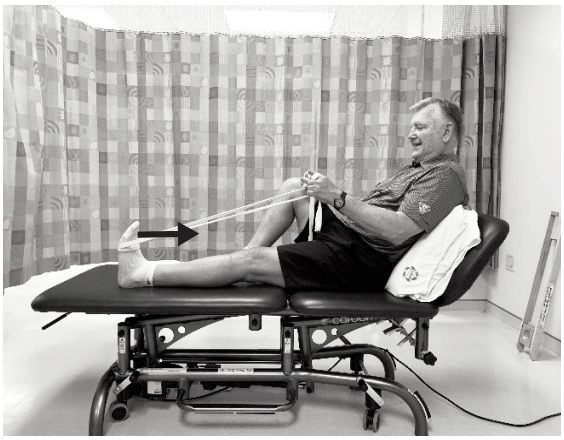
Exercise #2 — Quad Set

- Lie on your back or sit up with your operative leg in the neutral starting position. Contract your thigh and buttock muscles and press the back of your knee down into the bed. Hold for 5 seconds then release.

  Repeat 10 times, multiple times per day.

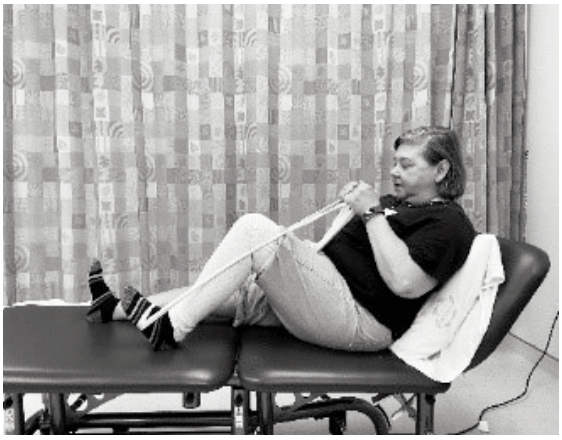


Exercise #3 — Calf Stretch



• Lie on your back or sit up with your leg in the neutral starting position. Loop the strap around the ball of your foot and pull, flexing your foot towards your knee. Do not allow your knee to bend. You should feel a stretch in your calf muscle. Hold for 5-10 seconds then release.
Repeat 10 times, multiple times per day.

Exercise #4 — Heel Slides



• Sit up or lie down with your operative leg in the neutral starting position. Loop your strap around your forefoot and slide your heel towards your chest as far as you can. It is normal to have a feeling of tightness and/or discomfort in the knee. Hold for _____ seconds, repeat_____ times, multiple times per day. You can use a slider board or a plastic bag under your foot to decrease friction during this exercise.
**** IF YOU HAVE BEEN GIVEN HIP PRECAUTIONS DO NOT BEND YOUR HIP PAST 90 DEGREES**

Exercise #5 — Quads over the Roll (with assist)

• Lie on your back or sit up with your leg in the neutral starting position. Loop the strap around your forefoot. Place a 6” roll under your knee (this could be a rolled-up towel, a large juice can etc.). Keeping the back of your knee in contact with the roll, lift your heel and straighten your knee. You can use the strap to assist if needed. Slowly lower your heel down onto the bed.
Repeat 10 times, multiple time per day.

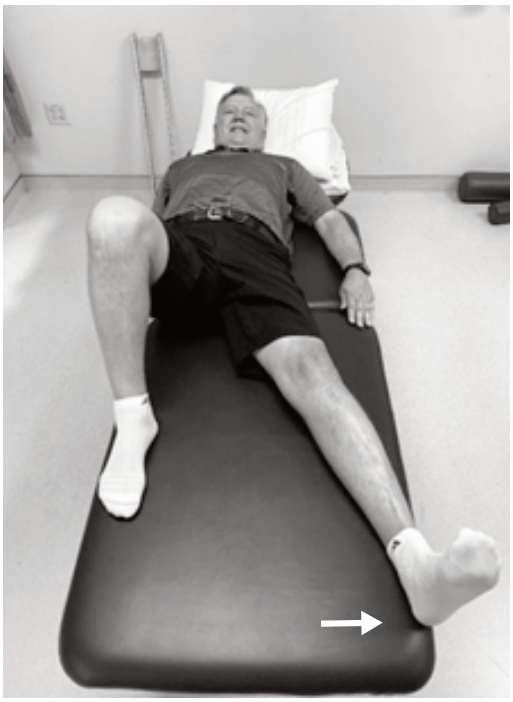
PHYSIOTHERAPY AFTER THE FIRST TWO POSTOPERATIVE WEEKS

At your outpatient physiotherapy appointment your physiotherapist will assess your recovery and progress your exercises and mobility (including walking aid) appropriately. Your physiotherapist will discuss other aspects of your recovery such as balance exercises and cardiovascular fitness.

Exercises Beyond 2 Weeks (as directed by your physiotherapist)

The following exercises **could** be initiated **2 weeks after** your surgery. **Please refrain from starting these exercises on your own.** They should **ONLY** be started with physiotherapist instruction as progression is patient specific.

Exercise #1 — Hip Abduction (supine)

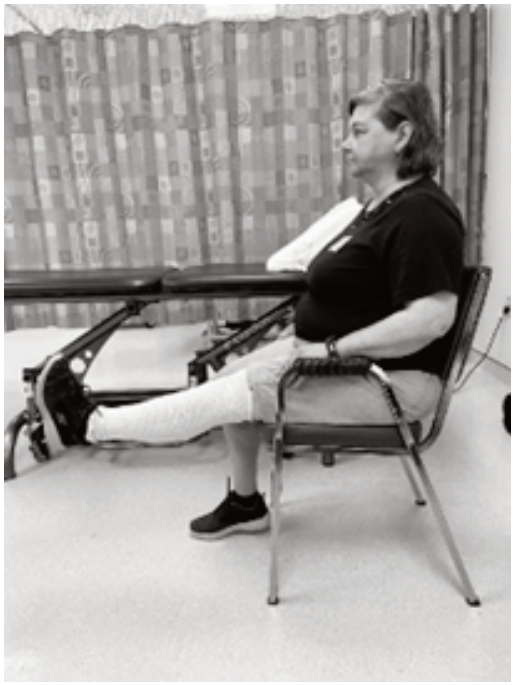


- Lie on your back with your leg in the neutral starting position. Slide your leg out to the side as far as you comfortably can, then slide it back. Make sure that you maintain neutral alignment of your hip throughout the whole movement (keep kneecap and great toe pointing to the ceiling). This may only be a small movement to start – do not force the range of motion. You can place a smooth board or a plastic bag under your foot to reduce friction during this exercise.

Repeat _____ times, _____ times per day.

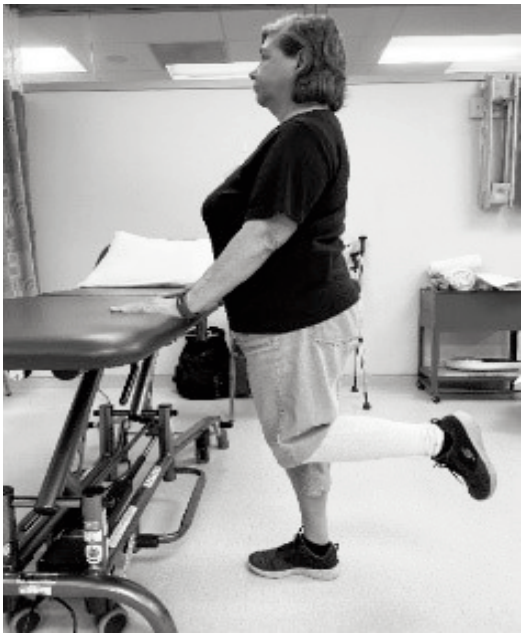
****Patients that had a direct anterior approach hip replacement may be instructed to perform this exercise in the first 2 weeks after surgery.**

Exercise #2 — Seated Knee Extension



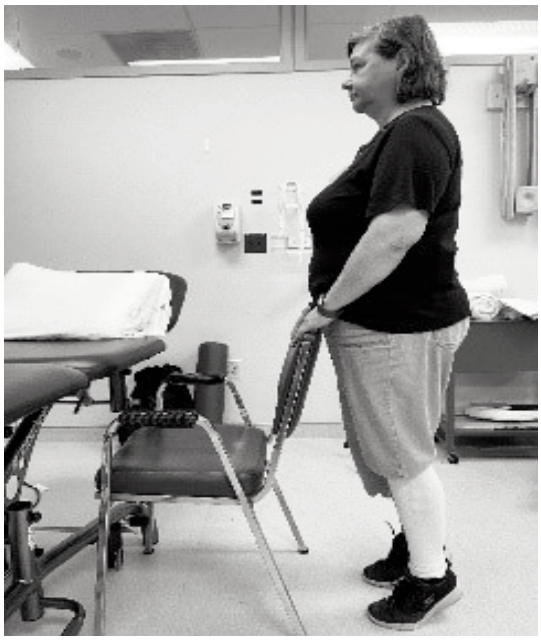
• Sit in a chair or on the side of the bed. Tighten up your thigh muscle and straighten out your leg (operative side). Hold for _____seconds then slowly lower your leg to the starting position.
Repeat _____times, _____time per day.

Exercise #3 — Standing Knee Flexion (hamstring curl)



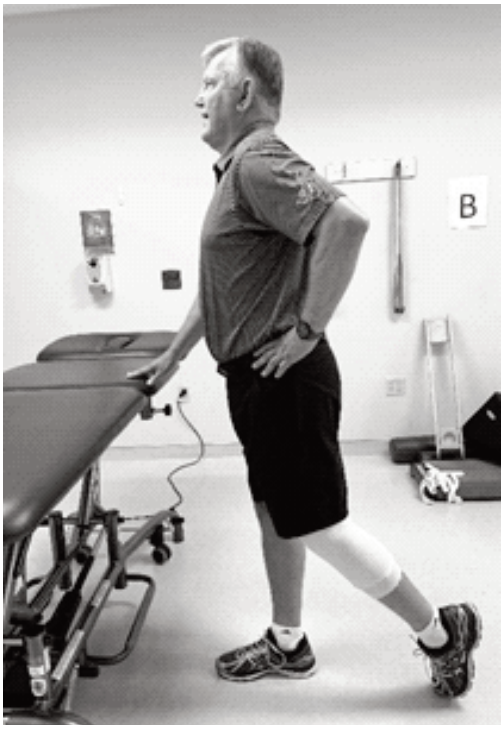
• Stand at a countertop, maintaining good standing posture. Lift the foot of your operative leg up towards your buttock. Hold for _____seconds then slowly lower your leg to the starting position.
Repeat _____times, _____ times per day.

Exercise #4 — Standing Heel Raise



• Stand at a countertop or hold onto a chair for balance. Using both legs, push up onto your toes. Hold for _____seconds then slowly lower to the starting position. Repeat _____times, _____times per day.

Exercise #5 — Standing Hip Extension



• Stand at a countertop for support. Shift your weight onto your non-operative leg. Standing with good posture, extend your leg backwards using your glute muscles. Hold for _____ seconds then slowly return to the standing position. Repeat _____times, _____times per day.

Functional Strengthening Exercises

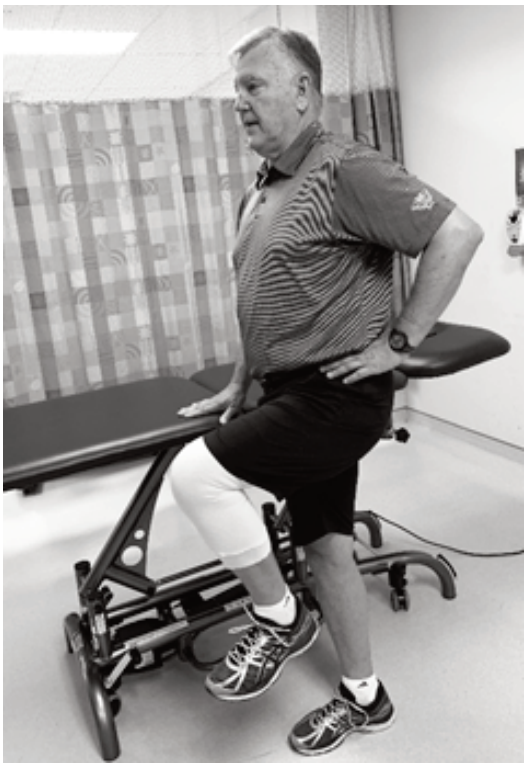
The following exercises should not be initiated until 4-6 weeks after your surgery. Please refrain from starting these exercises on your own. They should ONLY be started with physiotherapist instruction as progression is patient specific.

Exercise #1 — Bridge

- Lie on your back with your knees bent and feet planted. Your arms can rest alongside your body. Contract the muscles in your buttocks and lift your hips up 4-6 inches.

Repeat _____times, _____times per day.

Exercise #2 — Standing Hip Flexion



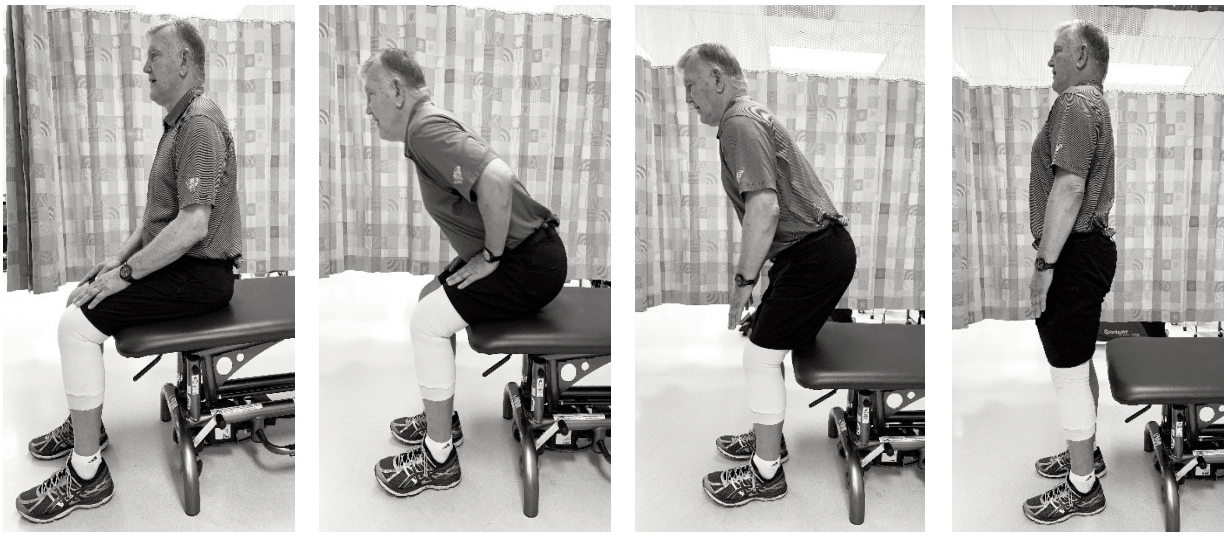
- Stand at a countertop for support, holding on with the same hand as your operative side. Shift your weight onto your non-operative leg. Standing with good posture, bring the knee of your operative leg up towards your chest. Hold for _____ seconds then slowly return to the starting position.

Repeat _____times, _____times per day.

**** Patients that had a direct anterior approach hip replacement may be instructed to not perform this exercise until a later stage of healing. Please consult with your Physiotherapist prior to initiating this exercise.**

Exercise #3 — Sit to Stand

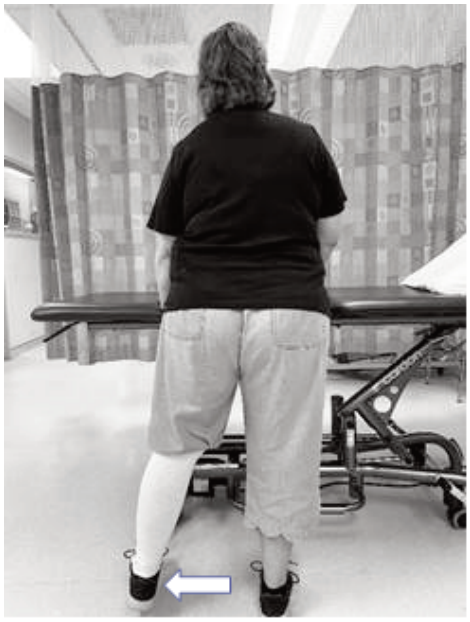
Sit in a chair that is pushed up against a wall (so it doesn't slip). Sitting at the edge of the seat with both feet firmly planted on the floor, lean forwards ("nose over toes"), push down through your feet and stand up. Try not to use your hands on the arms of the chair to help you stand. Be sure to fully straighten out your knees and hips. Slowly return to a seated position. For this exercise the lower the seat height, the harder the exercise will be. Initially you might have to start this exercise from your bed or add a cushion to your chair.
Repeat _____times, _____times per day.



Exercise #4 — Standing Hip Abduction

• Stand at a countertop for support. Shift your weight onto your non-operative leg. Standing with good posture, move your operative leg out to the side. This may not be a big movement — be sure to keep your trunk straight and upright (don't tip to the side). Hold for _____ seconds then slowly return to the starting position.
Repeat _____times, _____times per day.

**** Patients that had a direct anterior approach hip replacement may be instructed to perform this exercise in the first 4 weeks after surgery.**



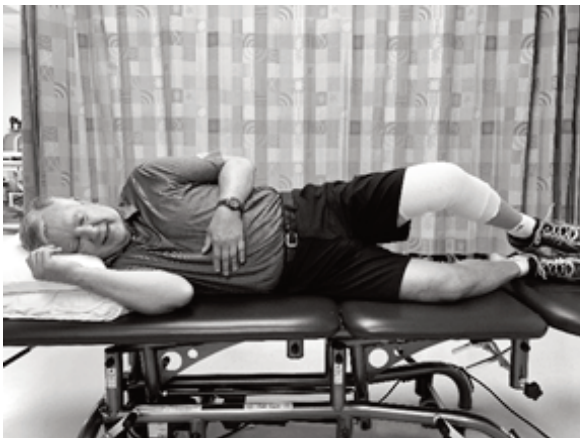
Advanced Exercises

The following exercises will continue to improve your strength. These exercises should **NOT** be started until **6 weeks** post-operatively. **Please refrain from starting these exercises on your own.** They should ONLY be started with physiotherapist instruction as progression is patient specific.

Exercise #1 — Standing Hip Abduction

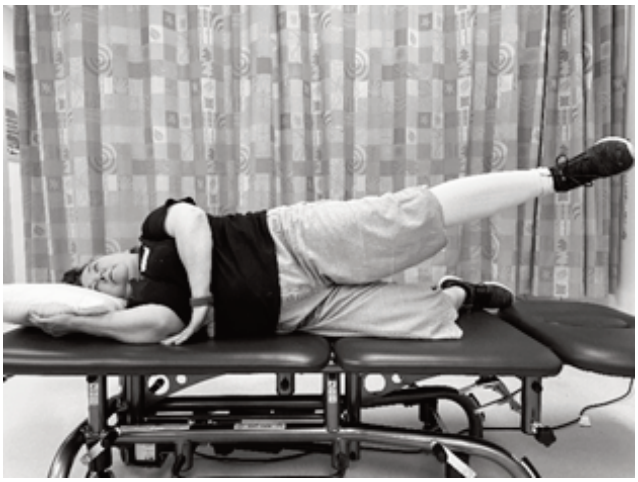
• Lie on your back. Pull your knee up to your chest as far as you can. Place your hands behind your knee and gently pull your knee a little closer into your chest. Hold for _____ seconds. Repeat _____ times, _____times per day.

Exercise #2 — Clam Shell



• Lie on your side on your non-operative hip. Bend your knees and keep your shoulders, hips and ankles in alignment. Keeping your feet together, rotate your top knee up. Do not allow your pelvis to roll back. Initially this may only be a small range of motion. You should feel the muscles in your buttocks activating. Repeat _____times, _____times per day.

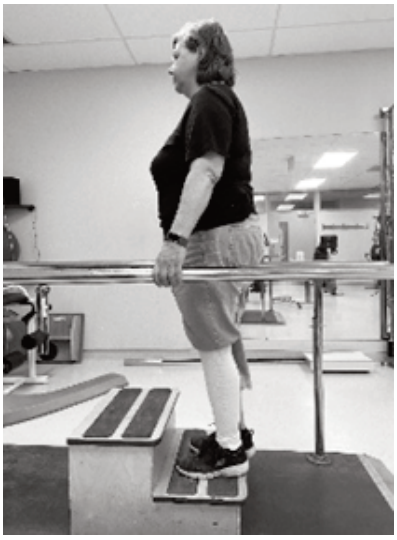
Exercise #3 — Side Lying Abduction



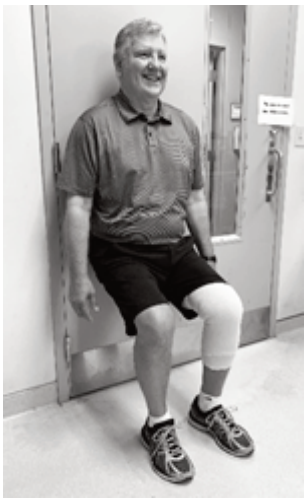
• Lie on your non-operative hip with your top leg (operative leg) straight — your bottom leg can be slightly bent for stability. Keep your shoulders, hips and ankles in alignment. Lift your top leg (operative side) above 6". Hold for _____ seconds. Repeat _____times, _____times per day.

Exercise #4 — Step Up

Stand in front of a step with a sturdy railing on at least one side. Bring the foot of your surgical leg onto the step. Make sure to bring your knee straight up to get your foot on the step — do not swing the leg out to clear the step. Push through your foot to step up onto the step, using your hands on the railing to help as needed. Fully straighten your knee and bring your other foot up onto the step. Step down backwards leading with your non-operative side. Repeat _____times, _____ times per day.



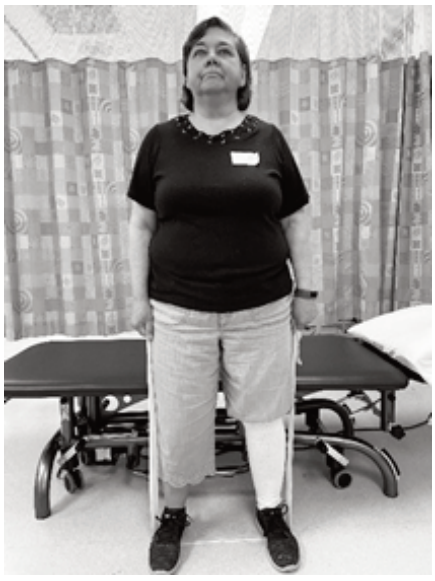
Exercise #5 — Wall Squat



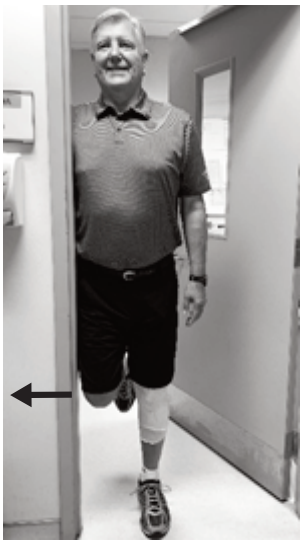
- Stand with your back against a wall and your feet about 12-18 inches from the wall. Keep your back flat against the wall and maintain equal weight on each leg. Slide down the wall, allowing your knees to bend, as low as you can comfortably. Push through your feet to return to standing. Repeat _____times, _____times per day.

Exercise #6 — Monster Walk with Band

Stand with your resistance band under your feet and your feet hip distance apart. Maintain good posture and bend your knees slightly. Step sideways against the band. Repeat _____times, _____ times per day.



Exercise #5 — Wall Squat



- Stand in a doorway. Keep your shoulders and pelvis within the plane of the door opening. Lift the knee of the leg closet to the door frame to about 90° and bend the standing leg slightly. Push your raised leg out sideways into the door frame, maintaining the bend in your standing leg. You should feel the buttock muscles in your standing leg contract. Hold for _____ seconds. Repeat _____ times, _____ times per day.

Balance Exercises

Balance exercises can be started with the guidance of your physiotherapist when appropriate. Improving your balance will ultimately improve your functional mobility and prevent falls. The following exercise is one suggestion – your therapist may prescribe others. **Please refrain from starting this exercise on your own**. Balance training should **ONLY** be started with physiotherapist instruction as progression is patient specific.

Exercise #1 — Single Leg Stand

- Stand facing your countertop. Shift your weight onto your operative leg. Stand up tall, engage your core muscles and lift your non-operative foot off the floor. Hover your hands over the countertop and try to maintain your balance for up to 30 seconds. Repeat _____ times, _____ times per day.

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

SECTION 5

Final Remarks

MY GUIDE TO TOTAL HIP JOINT REPLACEMENT

TELEPHONE DIRECTORY

Here is a list of phone numbers that you might find helpful.

Dr. J. Howard's office 519-663-3551

Dr. B. Lanting's office 519-663-3335

Dr. S. MacDonald's office 519-663-3689

Dr. R. McCalden's office 519-663-3049

Dr. D. Naudie's office 519-663-3407

Dr. E. Schemitsch's office 519-663-3307

Dr. E. Vasarhelyi's office 519-663-3413

Orthopaedic Inpatient Area ..... 519-685-8500 ext. 32454

Orthopaedic Outpatient Area ..... 519-685-8500 ext. 32487

Occupational Therapy Department 519-663-3502

Physiotherapy Department 519-663-3503

Pre-Admission Clinic ..... 519-685-8500 ext. 35422

Nurse Practitioners

- Robert Harris ..... 519-685-8500 ext. 32409
- Terry-Lyne McLaughlin ..... 519-685-8500 ext. 36843
- Andrew Ferguson ..... 519-685-8500 ext. 34859
- Maribeth Witteveen ..... 519-685-8500 ext. 36315

Clinical Manager 9 Inpatient Orthopaedics .. 519-685-8500 ext. 34942

South West LHIN (London) 519-473-2222

Arthritis Society 519-433-2191

Bundled Care Program ..... 519-685-8500 x 37710

What is Bundled Care?

Bundled Care is a provincial model for integrated care and funding. The bundled care funding model applies to patients in Ontario having joint replacement surgery on that joint for the first time. This new funding pathway of care and services includes your initial pre-op visit, your surgery, hospital stay and your postoperative rehabilitation therapy (at LHSC UH or a designated partner clinic discussed with you at your pre-admit appointment). If you are having a revision surgery or other hip surgery you are not in the bundled care model at the time of this Guide publication and you would follow OHIP guidelines/criteria for funded physiotherapy options.

Helpful Websites

LHSC Joint Replacement Surgery ..... https://www.lhsc.on.ca/joint-replacement-surgery/your-journey

South West Health Line ..... www.southwesthealthline.ca

**Information about transportation services can be found on the websites listed above.

SUPPORTING OUR PROGRAM

With the help of our generous community members, the Orthopaedics Program at University Hospital is on the leading edge of medical advances, living its mission of excellence in research, education and patient care.

Government funding is not enough to meet all our needs in advancing health care. We count on generous donations from our community to buy equipment, help improve facilities, advance research and introduce new programs.

Many people give to the London Health Sciences Centre, Orthopaedics Program to say thank-you for the wonderful treatment they or the people they love have received at the Hospital. Others give because they want to know that outstanding health care will be available when they or others need it. To make this easy for you we have developed the form below. **Please place an X in the appropriate box (☐) below and enter the amount in the column provided on the right.**

Amount ($)

Orthopaedic Patient Care:

- ☐ Nursing _____
- ☐ Occupational Therapy _____
- ☐ Physiotherapy _____

Orthopaedic Research

- ☐ Dr. J. Howard
  - ☐ Knee ☐ Hip _____
- ☐ Dr. B. Lanting
  - ☐ Knee ☐ Hip _____
- ☐ Dr. S. MacDonald
  - ☐ Knee ☐ Hip _____
- ☐ Dr. R. McCalden
  - ☐ Knee ☐ Hip _____
- ☐ Dr. D. Naudie
  - ☐ Knee ☐ Hip _____
- ☐ Dr. E. Schemitsch
  - ☐ Knee ☐ Hip _____
- ☐ Dr. E. Vasarhelyi
  - ☐ Knee ☐ Hip _____

☐ **Operating Room Equipment** _____

☐ **Outpatient Clinic Equipment** _____

☐ **Inpatient Equipment** _____

Please complete this form and return it with your commitment:

London Health Sciences Foundation
c/o Arthroplasty Program, University Hospital
747 Baseline Road East, London, Ontario N6C 2R6
Telephone: 519-685-8409

Thank you for your continued support.

APPENDIX 1

Rules for Protecting Your Hip as Directed by Your Surgeon

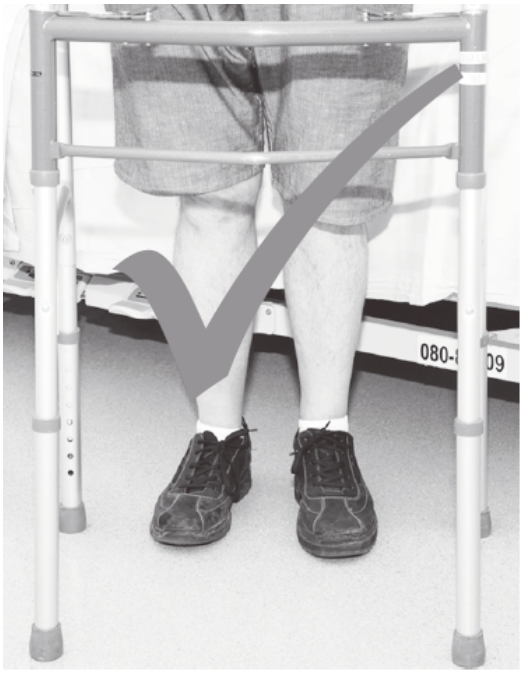
There may be occasions when additional protection of your hip may be required. Hip revision surgery is an example when additional protection may be indicated. Your surgeon will be clear if these "rules" need to apply in your circumstances.

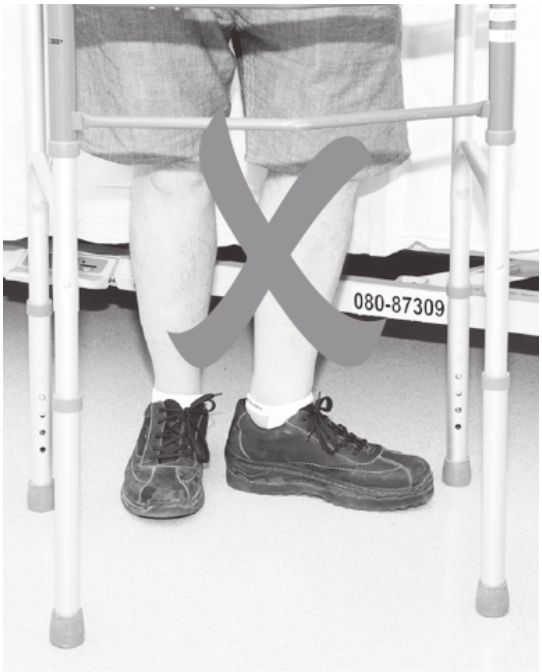
Rule #1: DO NOT bend your hip more than 90°. For example, when sitting, your knee should not be raised above the level of your hip and you should not bend forward at the waist. Do not crouch or squat.

Rule #2: DO NOT cross your legs at the ankles or knee.

Rule #3:

DO NOT let your operated leg turn inward or outward too far. Try to keep your toes pointing forward, not to the side. Do not twist your body when you are standing.





Ask your therapist to explain these hip precautions if you don't understand them.

APPENDIX II

Lifestyle Changes Before Your Joint Surgery

Being Overweight – Obesity

All patients should eat nutritiously in preparation for surgery by following Canada's Food Guide. Patients who are considered obese, a Body Mass Index (BMI) greater than 30, are at increased risk of incision healing problems, including increased drainage after surgery.

To calculate your BMI, visit: http://www.mhp.gov.on.ca/en/active-living/about/tools/bmi.asp.

Obesity can make it more difficult for you to rehabilitate after your surgery and may increase your risk for respiratory complications and blood clots. Being overweight may reduce the lifespan of your joint replacement. Reducing your weight prior to surgery is usually recommended. There are resources in the community to help you lose weight:

Middlesex-London Health Unit 519-663-5317	www.healthunit.com
Eat Right Ontario 1-877-510-5102	www.eatrightontario.ca
Canada's Food Guide to Healthy Eating	www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Various companies also offer self-pay weight loss programs.

Alcohol Use

The Canadian Centre for Addiction and Mental Health recommends a maximum of one alcoholic drink per day for women and two alcoholic drinks per day for men. More than this increases your risk for cancer and liver disease. Heavier drinking may also result in experiencing withdrawal symptoms when in hospital which may increase your risk of adverse events and prolong your hospitalization. Our recommendation is to reduce your alcohol intake to one or two drinks per day. There are resources available to help:

Middlesex-London Health Unit 519-663-5317	www.healthunit.com
Connex Ontario 1-866-531-2600	www.connexontario.ca

Regular Exercise

Engaging in an active lifestyle, maintaining a healthy weight and improving your fitness level can help your recovery after surgery. Exercise before surgery can take many forms including group classes, pool therapy and individual resistance and cardiovascular programs. For fitness and recreational programs specifically designed for seniors and for a list of physiotherapy clinics, please visit www.southwesthealthline.ca

Many patients can be limited in their ability to participate in fitness programs because of pain. Advice from a physiotherapist or other health care professionals may be beneficial in providing you with strategies to manage your pain while trying to remain active. Other resources include:

The Arthritis Society 519-433-2191	www.arthritis.ca
Canadian Centre for Activity and Aging 519-661-1603	www.ccaa.uwo.ca

Smoking

Quitting smoking has been proven to be beneficial to overall health. For patients having surgery, those who smoke can have issues with bone and incision healing, breathing problems and infection, as well as, a higher risk of complications such as heart attack, stroke and pneumonia. We encourage all of our patients to reduce their smoking prior to surgery and if possible stop completely.

Stopping smoking is not easy and many patients need planning, motivation and sometimes, medication to do so. There are programs available for smoking cessation and it is important to discuss with your family physician and surgeon.

Smokers Helpline 1-877-513-5333	www.smokershelpline.ca
Middlesex-London Health Unit 519-663-5317	www.healthunit.com

Most people need support from family or friends to make life-style changes. Always discuss any lifestyle issues or changes with your family physician or primary health care provider. They can be an excellent resource and support for you.

In accordance with the Smoke-Free Ontario Act,
LHSC is a non-smoking facility.