

TOTAL HIP REPLACEMENT

OVERVIEW

This Pathway has been developed in an effort to streamline the episode of care for your *Total Hip Replacement*. It is intended as a guide only.

Each patient is an individual and responses may vary. Sometimes you may need to initiate treatment by letting the nursing staff know if you require extra personal needs, such as more rest, sleep or additional pain relief.

PRE-ADMISSION

Education

- When you come to the Pre-admission Clinic the pre-admission nurse and physiotherapist will instruct you on deep breathing exercises to do post-operatively, to prevent chest complications.
- You will also be taught how to help prevent clots from forming in the deep veins in your legs due to your extended stay in bed. This will include the self administration (once taught) of an injection called Clexane® and the use of compression stockings.
- You will also be instructed on certain precautions to take following your surgery to prevent hip dislocation. These include the use of the charnley pillow, which prevents rotation of your hip and also reminds you not to cross your legs.
- Initially post-op, you won't be allowed to sit up higher than at a 30° angle. This angle is gradually increased each day, according to the Physiotherapist's instructions.
- You will also be required to use a "high seat" when sitting on the toilet or sitting out of bed.

Discharge Planning

Your proposed discharge destination, transport home and any home services that you may require will be discussed.

Tests & Investigations

Any tests that are required before your surgery will be organised.

Observations

The pre-admission nurse will measure and record your temperature, pulse, respirations, blood pressure, blood oxygen level. The pre-admission nurse will also record your height, weight and calf measurements.

Medications

If you take blood thinning medication, aspirin or anti-inflammatory tablets, you will need to obtain instructions about the use of these from your doctor during the lead up to your surgery.

Skin Integrity

If you have any skin rashes, infections, lesions or ulcers, please ensure that the pre-admission nurse is made aware of them.

Pain Management

You will be shown how to rate your post-operative level of pain on a scale of 0 to 10.

Mobility/Safety

- In most cases providing you are well enough, under the instructions and with the help of your physiotherapist, you will stand out of bed the day after surgery.
- Your mobilisation will gradually increase each day.
- Please remember to wear shoes when walking with your compression stockings on, as they can be slippery.

Elimination

If you are unsure about the use of bedpans or urinals post-operatively, ask the pre-admission nurse to explain them to you.

Please discuss any concerns you have with any Health Professionals that see you pre-operatively.

DAY OF SURGERY

Prior to Leaving Home

- Shower in Chlorhex prep prior to leaving home.
- No make up, powder or perfume

Admission

- When you arrive at the hospital for admission, you will be directed to the Day Procedure Unit.

- Your temperature, pulse and blood pressure will also be taken again.
- The hair around your wound site will be clipped and the skin will be cleansed with an iodine solution. You are free to move around the ward until this is done.
- Please ensure that you empty your bladder before you are taken into surgery.
- Your surgeon may visit and draw a line on your skin down the side he/she is going to operate on.
- Your anaesthetist will also see you and discuss the anaesthetic and post-operative pain management.

Observations

- After surgery, you will be closely monitored in the Recovery Room.
- On return to your room, a nurse will continue to monitor your observations frequently and then less often as you recover.
- If you are a diabetic, your blood sugar levels will be taken.

Eliminations

You will need to use a urinal/bedpan for the first few days as you won't be mobile enough to go to the ensuite.

Hydration / Nutrition

- After surgery, you will have an intravenous drip in your arm for replacement of fluids.
- You may experience nausea as a result of the anaesthetic, but medication can be given to help relieve this.
- You will be allowed to have ice and then progress to fluids and a light diet as you feel up to it.

Medications / Pain Management

- You will be given medication to relieve your pain and nausea through your intravenous drip or you may require injections.
- Your normal medications will be recommenced when you are able to eat, unless otherwise ordered by your doctor.
- Please let your nurse know if your pain is unacceptable, so that drug doses can be adjusted accordingly.
- You will receive a Clexane® injection each day. After four days, the nursing staff will begin to instruct you how to give your own injection.

Skin Integrity / Hygiene

- Gel pads will be placed under both your heels for a couple of days to relieve pressure.
- You will be able to shower in 2 – 3 days, but until then, you will be given a sponge in bed to freshen up.
- With the help of the nursing staff, you will be log rolled onto your side with a Charnley pillow between your legs. This will relieve pressure off your back.

Physio / Mobility / Safety

- After surgery, it is very important that you do deep breathing, coughing and limb movements every hour, while you are awake.
- Remain in bed with the buzzer within reach and keep the bed rails up until you are alert.
- Remember not to raise the head of the bed higher than 30° until instructed by the physiotherapist.
- The Charnley pillow will have been placed between your lower legs.
- The nursing staff will put your compression stockings on. Please wear these at all times except when showering, until your full normal mobilisation is regained.

Wound

- You will have an incision on your hip region with a dressing over it.
- A small drain tube will have been inserted into the area of the operation and is usually removed 24 to 48 hours post-op.
- The nursing staff will be checking this area frequently to observe your blood loss.

Rest and Sleep

Initially post-operatively, your nurse will need to interrupt your rest frequently to care for you. The interruptions will become less frequent as you recover.

DAY ONE

Tests

- A blood test will be taken from you today. The result of this will determine whether or not you need a blood transfusion.
- An x-ray will also be made to check the position of your new hip.

Observations

- Your observations will continue to be recorded, but less often each day.

- If you are a diabetic, your blood sugar levels will also continue to be checked.

Hydration/Nutrition

- Your intravenous drip will probably stay in today and you may continue to have light meals.
- Please tell your nurse if you are nauseated, so that medication can be given to help you.

Medication / Pain Management

- Pain relief may continue through your intravenous drip or you may require injections, depending on which method your doctor has chosen for you.
- Oral pain relief and your routine medications may be given.
- It is important to have your level of pain under control so that you are able to move freely.
- Please tell your nurse if you require more analgesia.

Physio / Mobility / Safety

- It is important that you continue to do your deep breathing, coughing and limb movements every hour while you are awake, for the whole of your stay in hospital.
- If you are up to it, the physiotherapist will help you stand out of bed today and instruct you on how to use a walking frame.
- You will gradually be allowed to sit up more each day.
- It is important that you carry out all of the instructions you are given.

Wound

- Your drain tube will be removed today or tomorrow and the dressing on your hip may be changed.
- There will probably be swelling and bruising developing around the wound area, but this is normal.

DAY TWO UNTIL DISCHARGE

Nutrition

Your intravenous drip will be removed today and you should be able to drink and eat as you desire.

Medication / Pain Management

- Remember to continue to keep your level of pain under control so that you are able to move more freely.
- Please tell your nurse if you require an aperient.

Physio / Mobility / Safety

- A physiotherapist will visit you daily and gradually your mobilisation will increase.
- You will need help and supervision when ambulating at first, but will become more independent each day.
- The physiotherapist will determine when you are ready to go from using a frame to crutches and will also teach you how to manage stairs.

Wound

- If you have stitches or clips in your wound, they are normally removed 10 to 14 days post-operatively. Arrangements will be made for you to have them out at your post-operative review appointment.

Rest and Sleep

Sleep patterns will be disturbed during the first few days but it is important to try and get adequate sleep and rest throughout your hospital stay.

DISCHARGE

- A follow up appointment with your doctor and physiotherapist and prescriptions for medications will be organised for you.
- Remember to ask for your x-rays and own medications to take home with you.
- Any home services or home aides, should you require them, will also have been organised.
- Further information on your continued recovery at home will be given along with contact details in the event of complications.

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