

TOTAL HIP REPLACEMENT – INFORMATION SHEET MILDURA HEALTH PRIVATE HOSPITAL PRE-ADMISSION CLINIC

You have been booked to attend Mildura Health Private Hospital Pre-Admission Clinic:

On _____
At _____

Please report to Reception on arrival.

Please bring with you:

1. Completed Physiotherapy referral
2. Patient Pathway
3. Patient Information Guide
4. Any questions you may have regarding your surgery, recovery and return home.

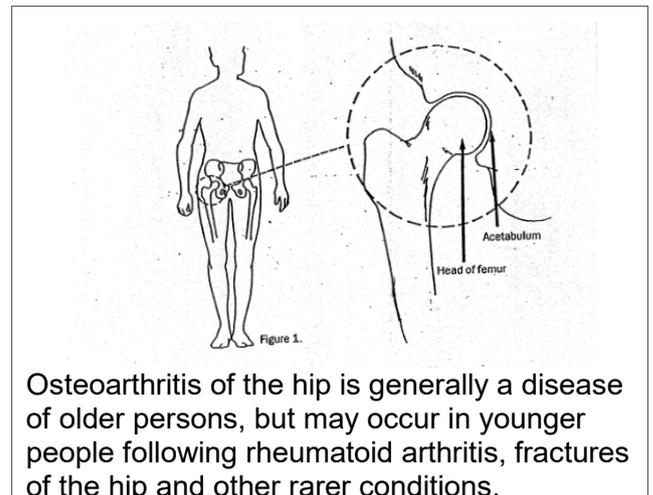
The Pre-Admission Clinic is run by nursing and Allied Health staff to give you a greater understanding of the procedure you will be having at Mildura Health Private Hospital, and prepare you for your recovery and return home afterwards.

The Occupational Therapist may be able to give you advice regarding your home situation when discharged from hospital. Please contact them at Sunraysia Community Health Services for an appointment and further information on **T: 03 5022 5444**.

What is a total hip replacement?

Total Hip Replacement is an operation designed to replace a hip joint which has been damaged, usually by arthritis. The hip joint is a ball and socket joint. The ball is formed by the head of the thigh bone (femur) which fits snugly into the socket (acetabulum).

The surfaces of these bones are coated by a smooth compressible substance known as gristle or articular cartilage. Arthritis occurs when the articular cartilage wears away exposing the underlying bone. This causes roughness and distortion of the joint, resulting in pain and restricted movement. A limp will often develop and the leg may become wasted and shortened.



Pre-Admission Clinic

- When you present to Mildura Health Private Hospital to book in, our staff will arrange a time for you to attend a Pre-Admission Clinic.
- The clinic is an opportunity for us to obtain information required by the hospital, which

will expedite your admission and give you a greater understanding of your procedure.

- This information sheet should be brought with you to the Pre-Admission Clinic and offers an opportunity to answer any queries you may have.
- You will see a Registered Nurse who will organise blood tests, ECG's and x-rays, etc. You will also have an appointment with a Physiotherapist.

Before the Operation

- Consult your doctor regarding the cessation of the following medication (10 - 14 days before your operation):
 - Aspirin, eg Aspro, Cardiprin, Ecotrin, Disprin, Solprin.
 - Non-steroidal anti-inflammatory drugs, eg Brufen, Feldene, Indocid, Naprosyn, Voltaren, Orudis.
- If you are taking Warfarin, contact your Surgeon, as he may wish to refer you to a physician for pre-operative assessment.
- Bring any x-rays into hospital with you.

Prior to your Admission

Please notify us before you come to hospital should you be suffering from colds, chest infections, cuts and abrasions.

Time in Hospital

Can be anywhere from 3 – 7 days.

On Admission to Hospital

Please bring with you:

- Medications **IN BOXES** - not blister packs
- CT Scans/X-rays (**full size hard copy for Mr Rickman**)
- Pick up stick

Your admission to day procedure will be completed by a nurse, this will involve:

- Your vital signs will be taken and recorded
- Your paperwork will be completed
- You will be given a patient pathway to read for your information. This will explain to you what to expect throughout your hospital stay
- Your area of surgery may be clipped or shaved
- Your hip will be painted with betadine and wrapped in a sterile drape.

- You will receive a theatre gown and knicker to put on.

You are now ready for surgery and you will be seen by your anaesthetist prior to going to theatre.

A theatre attendant will collect you from your room and take you to theatre.

Pain Management

- The anaesthetist will discuss with you the type of pain relief you want after your operation, eg epidural, narcotic injection or narcotic infusion (PCA).
- The aim is to maintain a relatively pain free experience. This will be achieved by a variety of methods, which will be discussed with you prior to surgery.
- Your fasting times will have been communicated with you the day prior to your procedure.

After the Operation

- You will be brought back to your room by a nurse, where they will continue to monitor your vital signs.
- You may be drowsy at this stage.
- You will have a wedge pillow between your legs and you will be positioned on your back.
- You may have a drain tube coming from your wound and an intravenous line in your hand. You may also have oxygen on for a period of time.
- Please inform nursing staff if you have any pain or nausea as this can be controlled.

Chest physiotherapy involves regular deep breathing and coughing and is most important in preventing a chest infection, which you are most susceptible to by having to remain in bed.

You will also be given a series of leg exercises for both legs, which your physiotherapist will progress as necessary. Due to your inactivity, it is important to do these leg exercises to maintain blood circulation throughout your legs to prevent the formation of a blood clot (deep vein thrombosis).

The leg exercises are also important in strengthening the muscles around your knee and hip to prepare you for walking after bed

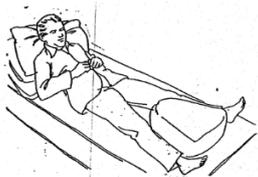
rest, usually around day 1 – 2 after the operation.

After the operation, you must be on your back with a wedge shaped pillow between your legs to keep them apart. This and other precautions are necessary to prevent unwanted harmful movements causing undue stress on your new hip and to ensure the hip remains in the correct position.

Important

The wedge shaped pillow will remain between your legs for the time you are in hospital.

Towards the end of your stay in hospital, this pillow will only be placed in position while you sleep.



As you will be encouraged to lie in bed with the head of the bed at less than 45 degrees for the first 2 – 4 days, a light diet is suggested.

Bed Exercises

Post Joint Replacement

1. PUMP ankles up / down. (x10)



2. KNEES – bend and straighten. May need help to get started on operated leg. (x10)



3. TIGHTEN thigh and bottom muscles. (x10)



4. BREATHS – Inhale and raise arms.
Exhale and lower arms. (x6)
Cough.

3 sets x 3 times a day

Transferring in and out of Bed

When you have sufficient control of the operated area, you will commence standing beside the bed with the assistance of the physiotherapist and the support of a walking frame.

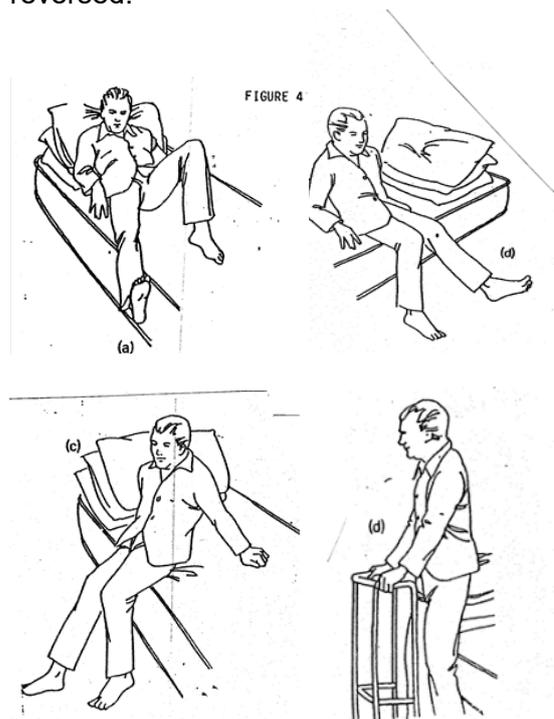
You must always get out of, and into bed on the side of the operated area. Remember these precautions; keep your legs well apart

and lean back to avoid excessive bending of the hip.

Once your un-operated leg touches the floor, bend it well back and push down through your hands on the bed to stand up straight. Keep the operated leg out in front until your are standing. You will be assisted as necessary.

This procedure can be practised before the operation.

To return to bed, the above procedure is reversed.



Walking

Once you are accustomed to the upright position and have acquired balance, you will begin walking, using a frame to ease the weight on your new hip.

The sequence is always:

1. Walking frame moved forward first
2. Then the operated leg
3. Then the un-operated leg

Turning around should be towards your un-operated side to prevent twisting or pivoting on your new hip.

As your confidence and leg control improves, you will progress to walking with crutches and maybe to a stick.

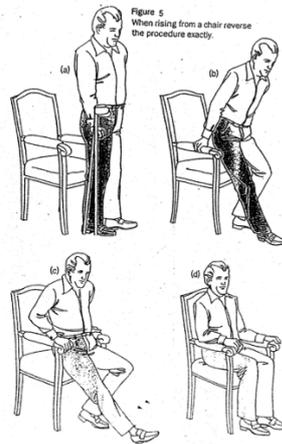
Prior to discharge, you will be taught to negotiate steps by the physiotherapist, always

using your walking aid to support the operated leg.

The sequence is as follows:

1. Going up steps, un-operated leg first, then operated leg and finally stick (*good leg to heaven*)
2. Going down stairs, stick first, then operated leg and finally the un-operated leg (*bad leg to hell*)

With the help of your physiotherapist you can commence sitting in a firm, high chair with arms for 10 – 20 minutes. You must keep your back straight and lean back, not forward. The physiotherapist will teach you how to do this correctly.



The same posture should be maintained when using the toilet.

Prior to discharge, you may need to have supportive bars fitted to your bathroom to assist with showering and toileting. If you have any steps at home, a supportive rail may be necessary. It is beneficial to consider the installation of these aids prior to your admission to hospital.

Other aids that would be of assistance to you, will be arranged during your hospitalisation. These include:

- Raised toilet seat
- Pick up stick
- Dressing aids
- Long handled shoe horn.

Precautions

There are four basic movements which must be avoided for 6 weeks after the operation. These precautions apply to all positions including sitting, when transferring in and out of bed or a chair.

DON'T

- Cross your legs
- Rotate or twist
- Bend hip more than 90°
- Jump

Considerations

This information is to be used as a guide to ensure that you return home to a safe environment.

Daily activities (i.e. showering, dressing) will need to be altered temporarily.

Please ask the staff about any concerns with the following:

Seating

You will need a firm chair with armrests. You will find it easier to get up from a sitting position if the seat is high and the chair has arms.

Showering

When using a shower recess:

- Stand and use rails for stability or sit on a shower chair.
- Put a non-slip mat inside the shower to prevent slipping.
- A long handled brush may help to wash and dry feet.
- Soap on a rope and soap in an old stocking may assist if you drop the soap.
- Rails may need to be installed in bath/shower recess.



Dressing

There are a variety of aids that can be purchased to assist in dressing, if required.

- Long handled extended hand to pick up items.
- Sock/stocking gutter to put on socks/stockings.
- Long handled shoe horn
- A dressing stick.



Driving

Consult your surgeon when you have your post-op appointment as to when you can resume driving.

On Discharge

Discharge time is 10:00am.

Before you depart, remember to:

- Take x-rays home
- Receive outpatient appointment
- Received discharge medication
- Check at reception on leaving

Other reminders include:

- Continue your exercises and regular short walks
- Limit your sitting time to 30 – 45 minutes at a time to prevent your operated leg swelling
- Spend some time each day lying completely flat on your back on the bed.

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