

Total Hip Replacement

Education Group



What to Expect

1. Pre-Op
2. Admission
3. Post-Op
4. Possible Complications
5. Discharge



Therapy Role in this Setting

To perform Individual assessments based on:

- Person/ Task/Environment
- Advise you on how to prepare for surgery
- Advise you about hip precautions
- Ensure you are safe for discharge
- Home exercise programme: demonstration



Precautions for THR

- Do not cross your legs or cross imaginary mid-line
- Do not bend your hip beyond 90°



Precautions (continued)

- Do not twist at the hip
- Avoid kneeling



**For 3 months unless advised otherwise to reduce risk of dislocation **



Long Handled Dressing Aids: Demonstration

- Given precautions: how will you get dressed?
- Always dress sitting down
- Always use long handled dressing aids
- Demonstration: Long handled dressing aids



Mobility and Transfers:

Demonstration

- Mobility: Walking Frame
- Chair & Toilet transfers



Bed and Car Transfer

Bed

- Demonstrate bed transfer.
- Sleep on your back for 6 weeks post operation
- After 6 weeks: can sleep on operated side to ensure operated leg does not cross midline.



Car

- Use front passenger seat, recline seat, make room in foot well, park away from curb.
- Do not drive until you can do an emergency stop: about 6 weeks post op.



Home Exercise Programme Demonstration

1. Circulatory Exercises
2. Range of Movement & Strengthening Exercises
3. Standing Exercises



Circulatory Exercises: In High Lying

1. **Toes:** Wiggle toes
2. **Ankle** Briskly bend & straighten ankles
Pumps: Keep knees straight → calf stretch
3. **Quads:** Pull toes & ankles towards you. Push knee firmly into the bed
4. **Gluts:** Squeeze buttocks together, hold 5 seconds & relax

These exercises to be completed briskly x 10!



Range of Movement & Strengthening Exercises

****Exercises to be completed slowly****

1. Static Quads:

- Pull toes & ankles towards you
- Push knee firmly into the bed: hold 5 seconds & relax

2. Hip Flexion:

- Gently flex your operated hip, sliding foot up the bed
- Keep knee facing upwards
- Slide your foot down slowly (do not break 90°)

3. Abduction:

- Gently bring your operated leg out to the side & back to middle

4. Inner Range Quads:

- Place a rolled towel under your knee
- Keep your knee on the towel and straighten knee



Standing Exercises

Holding onto a work surface

1. Hip Flexion:

- Slowly march on the spot

2. Hip Abduction:

- Slowly lift your leg sideways & back to the middle
 - Keep body straight

3. Hip Extension:

- Bring your leg backwards keeping knee straight
 - Keep body straight: do not lean forwards



What YOU can do to prepare for surgery

- Practise transfers & exercise programme
- Practise with Long Handled Dressing Aids
- Prepare your home environment:
 - Rugs: move to one side
 - Ensure you have space to mobilise
 - Kitchen/bathroom: minor adjustments
 - Freezer: stock up
 - Shopping: plan ahead
- Elective Surgery: expected to provide your own transport



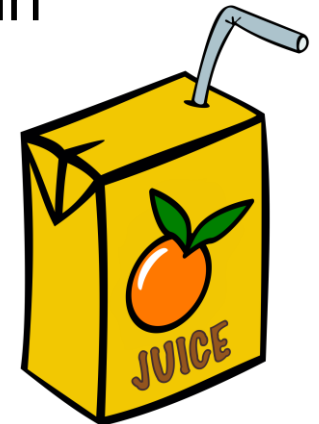
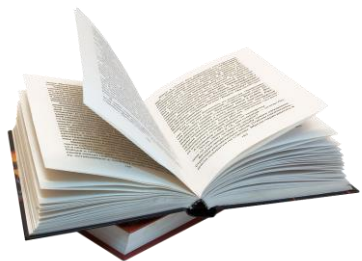
What YOU can do to prepare for surgery (continued)

- Good hygiene can dramatically reduce the risk of infection post operation.
- Shower on the morning of surgery if possible. █
- Maintain good oral hygiene before/after surgery.
- Don't forget to bring your toothbrush & toothpaste into hospital.



What to bring into hospital

- Long Handled Dressing Aids (labelled) & toilet bag
- Loose fitting clothes & proper slippers/shoes
- THR booklet with exercises
- Book, Kindle, magazines, crosswords etc
- Juice: if you don't like water
- Medication labelled in original packaging and placed in green bag provided



Carbohydrate Drinks

- If you are not diabetic: you will be provided with 6 carbohydrate loading drinks to take prior to admission.
- You need to take 4 drinks the night before surgery, and 2 drinks on the day of surgery, both in the last hour you are allowed to drink. For example, if you are due in at 7am, you take them at 6am. If you are due in hospital at 11am, then take them at 10am.



Admission: Admitted in list order at either 7a.m. or 11a.m.

- Observations taken: to check no change since pre-op assessment (temp, pulse, respiratory, Blood Pressure, Saturated Oxygen)
- Meet surgeon: consent form confirmed
- Meet anaesthetist: techniques discussed – spinal & sedation is the norm
- Limb marked & jewellery taped up
- No nail varnish
- Can take MP3 player/phone into surgery
- If you have asthma: take inhalers to theatre with you



Anaesthetic Room, Theatre & Recovery

- Walk to theatre if possible
- ECG electrodes put in situ & attached to heart monitor
- Cannula put in back of hand & IVs attached
- Position for spinal explained & given/sedation given
- Into theatre: Screen between you and surgeon
- Operation: approx. 1 hour – 1 hour 20
- In recovery for around 40 minutes
- Transfer back to ward once clinically stable



Post Op: Nursing

Day 0 - On return to ward:

- Observations taken & wound checked: can eat and drink
- Drink plenty: can become dehydrated very quickly
- Oral analgesia starts at 6 pm (Oxycontin)

Day 1 Post-Op:

- Bloods, HB and kidney function checked
- 6 a.m. Analgesia given (Oxycontin)
- Post-op check X-Ray



Therapy input Day 0

- ROM – muscle strength – exercises
- Start to mobilise with walking Frame
- If back early: can sit in chair for short time
- Exercises: essential between therapy



Therapy Input Day 1

- Get dressed with long handled aids
- Progress mobility from walking frame to elbow crutches
- Stairs assessment
- Practice transfers & washing/dressing



Therapy Discharge Goals

To achieve independence with:

- Mobility
- Stairs
- Transfers
- Washing/dressing
- Meal preparation



Pain

Your hip may be painful:

- Take pain relief on a **REGULAR BASIS**
- You will still be expected to do your exercises, sit out of bed and mobilise as this will decrease the pain



Constipation

- Pain relief meds can cause constipation
- We prescribe laxatives which start on night of surgery
- BUT: mobilisation, change of position, drinking water and eating fruit & vegetables will all help
- Important to maintain good bowel habit pre-op and try to avoid becoming constipated



Possible Complications:

Infection

- Risk after any operation
- Hand hygiene: strict hospital guidelines
- Inform hospital if unwell prior to surgery
- Dressing can remain in place for 2 weeks post op
- Nursing staff will monitor in hospital
- You need to monitor wound on discharge
- **Signs of Infection:**
 - Temperature – Increase in redness – Heat**
 - Swelling – Pain – Discharge**
- Contact the orthopaedic team if concerned



Deep Vein Thrombosis

- Risk after any operation
- Medication prescribed pre and post op & foot pumps fitted post op
- Drink plenty of water
- Do your exercises regularly & early mobilisation
- **Signs of DVT:**
- Swelling in thigh-calf-ankle (that does not go down with elevation)
- Pain-redness-increased temperature in calf



Swelling

- Natural part of healing process
- Sitting in 1 position: increases fluid build up
- Reduce swelling by:
 - Doing your exercises
 - Walking
 - Elevating your leg when sitting
- Aim for a balance between exercise & rest



Lung Complications

- Following surgery you are at increased risk of lung complications
- We use ICOUGH to reduce the risk of you developing a chest problem
- What is ICOUGH?
 - Incentive Spirometer exercises
 - Coughing and deep breathing
 - Oral Care
 - Understanding ICOUGH
 - Getting out of bed
 - Head of bed elevation
- An information booklet is found in your pre-op pack and you can visit the ICOUGH UK website it is important you read this



Further “Possible” Complications

- P.E. (Pulmonary Embolism)
- Wear/loosening
- Dislocation
- Nerve Injury
- Leg Length discrepancy
- Revision of operation
- Fracture
- Ongoing pain



Falls: Avoidance/Awareness

- Footwear: Wear good, sensible shoes
- Dehydration: Easy to become dehydrated in hospital: drink plenty of water/juice
- Light headed: Pause before standing, mobilising etc and SIT DOWN if you feel light headed. Ask for assistance if you are unsure
- Clutter: Be aware of clutter around bedside: table legs, elbow crutches etc = trip hazard



Visitors & Therapy

- **2 visitors per bed please!** – open visiting
- PLEASE co-operate with therapists when asked.
- PLEASE do not turn therapists away – even if you have visitors
- Therapy will continue throughout visiting times



Length of Stay and discharge

- When medically fit. (Confirmed by Ward Doctor)
- Met all therapy goals. (Physio and Occupational Therapy)
- You will not be seen by your consultant or surgeon
- Advised not to fly for 3 months (DVT risk)
- Discharged with 1 week supply of meds:
 - Contact your GP for further analgesia post op
- Therapy follow-up will be arranged with the Physio prior to discharge



Concerns on Discharge

- Any concerns regarding your wound please contact:
 - Senior Orthopaedic Nurse (Mobile number on business card)
 - Ortho Ward directly
- In an emergency: contact your local A & E

No emergency trauma service at Trafford site



Key message to take home

- Important post op to engage with both the therapy and nursing teams 'get out what you put in' – THR is hard work!!
- Gradually increase mobility
- Continue exercises: **Regularly!**
- Rest as appropriate
- Gradually return to normal activities
- Take analgesia for as long as required

