



ENHANCED RECOVERY AFTER SURGERY (ERAS)

HIP REPLACEMENT | A GUIDE FOR PATIENTS

EXPECTED STAY IN HOSPITAL: 2-3 NIGHTS

Please bring this booklet with you to all appointments and when you come in for surgery

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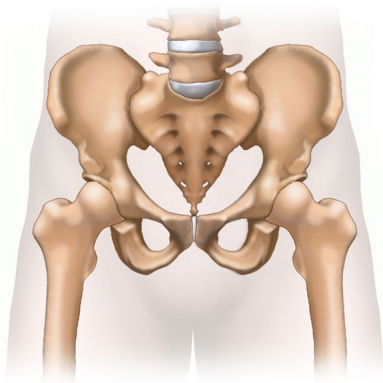
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WELCOME



THIS BOOKLET IS DESIGNED TO PROVIDE YOU WITH INFORMATION ABOUT HAVING A TOTAL HIP REPLACEMENT.

It will explain how you can prepare for your surgery, what to expect during and after your surgery and how to prepare for your discharge home from hospital.

It is recommended that you read this booklet thoroughly before your surgery and write down any questions you may have in the space for questions on page 25.

The better prepared you are for surgery, both physically and emotionally, the quicker you will recover from it.

The hip joint is made of two parts, the acetabulum (hip socket) and the 'ball' or head of the femur (thigh bone). During a hip replacement operation, these two parts are removed and replaced with smooth artificial surfaces. The hip replacement operation is designed to relieve pain, reduce stiffness and improve your ability to walk. Most hip replacements (95%) last more than 10 years.

Burwood Hospital uses the Enhanced Recovery after Surgery (ERAS) pathway. ERAS is a programme that is dedicated to assisting your recovery so you can go home from hospital sooner and return to your normal activities more rapidly.

Recovery from surgery is not the same for every patient. Some patients recover faster than others depending upon age, health status, personal motivation and response to rehabilitation.

Once you are mobilising safely and medically well you will be discharged home. For many patients this will be after 2-3 nights (3-4 days) following their hip surgery.

Support from family / whānau and friends is important for your recovery.

Please read the information in this booklet and watch the Joint Replacement Surgery videos. These videos can be found on the Health Information for Canterbury website (www.healthinfo.org.nz and search for "Hip replacement"), or by scanning this QR code.



We encourage you to bring along one key person to your appointments, so they know what is happening and can support you.

For this programme to be successful we need you to play an active role in your own recovery.

WHAT YOU CAN DO TO PREPARE FOR SURGERY

CHECKLIST

A checklist to help prepare you for your surgery and recovery is found on pages 21-24 of this booklet. It is important that you read and fill in this checklist as it will help you plan for your surgery, prepare you for your hospital stay and your safe discharge home.

Please continue to fill in this checklist and bring this booklet with you to all appointments and when you come in for surgery.

SMOKING

If you smoke we strongly advise you to stop smoking prior to and after your surgery. Continuing to smoke doubles your risk of complications and slows healing after your operation. If you need help to quit smoking, please contact your GP or Quitline (0800 778 778) or visit www.quit.org.nz We have a 'No Smoking' policy in our hospital and throughout our hospital grounds. To minimise withdrawals from nicotine, free nicotine patches are available for the duration of your hospital stay.

ALCOHOL

We encourage you to minimise your alcohol consumption prior to and after your surgery. Alcohol consumption significantly increases the risk of complications, slows healing and can affect sleep quality after your operation.

EXERCISE

Building muscle strength in the weeks leading up to your surgery will speed up your recovery. This includes arm and stomach exercises that will make getting in and out of bed easier. Walking, cycling or swimming are also good exercises to build strength and fitness.

MEDICATIONS

It is important that you follow the instructions about your medication(s) given to you at your preadmission / anaesthetic clinic.

HEALTHY DIET

Make sure you are eating a healthy diet. Your body needs good nutrition to recover well. If you are overweight, a total hip joint replacement can be more difficult to perform due to there being more tissue around the hip. Recovery can also be more difficult as there will be additional strain on your muscles and joints.

It can be hard to lose weight, especially with reduced mobility, but exercise and changes in diet even without weight loss can reduce your chance of complications after surgery.

RISKS OF SURGERY

WHAT ARE THE RISKS OF SURGERY?

Your surgeon will discuss with you the risks of surgery specific to your hip replacement.

Hip replacement surgery is usually very successful, however it is a major procedure and as such there are some complications that occasionally may occur. This booklet is not designed to frighten or scare you, but to help you make an informed decision regarding your proposed surgery. Some illnesses, smoking or being overweight may increase your risk of complications. Though complications are uncommon, they may delay or limit your full recovery.

INFECTION

The wound on your hip can become inflamed, painful and weep fluid. This may be caused by infection. The majority of wound infections can be treated with a course of antibiotics and often settle down following treatment. Deep wound infections where the new hip is infected may require the new hip to be removed, which can result in a one to three inch leg length shortening. This leg can be weak and you may need to use a stick or crutch when walking. The risk of developing an infection following a hip replacement is less than 1 in 100 patients.

DEEP VEIN THROMBOSIS (DVT)

This is the term used when a blood clot develops in the deep veins in the back of your lower leg. Nursing staff will also give you medications to help reduce this risk and your surgeon may request that you wear foot pumps initially following surgery.

Walking and keeping active as soon as you are able will help the blood flow and reduce the risk of DVT. Nursing staff and physiotherapists will assist you with this.

PULMONARY EMBOLISM (PE)

This can happen when a part of a blood clot formed in your leg vein breaks off and travels to your lung. The risk of developing a life threatening pulmonary embolism is very low. Treatment involves additional medications and requires a longer hospital stay and may require transfer to Christchurch Hospital.

DISLOCATION

The two parts of your hip joint replacement can slip out of place (dislocate).

Dislocation is most likely to happen in the first six weeks after your surgery. This can happen because ligaments and muscles that normally keep your hip in position are disrupted during the operation. Your hip joint is at risk of dislocating until these structures become stronger.

It is usually related to crossing your legs, twisting, falling or sitting in a very low chair. You may require an operation to put the hip back into the socket and it may be necessary to protect the hip by wearing a brace. If your hip repeatedly dislocates, you may need further surgery to help stabilise your hip. You can reduce the risk of dislocation by following the hip joint precautions after your surgery. (Described later in the guide – see page 19).

DIFFERENCE IN LEG LENGTH

Your surgeon will do his or her very best to ensure your leg lengths are equal at the end of your surgery. However sometimes there can be a minor variation. Most commonly it is the operated leg which is slightly longer. To reduce the risk of dislocation and to ensure the hip replacement is stable, sometimes the operated leg is lengthened. This may be quite noticeable in the early weeks following your recovery from surgery. However this seldom represents a major long term issue. If necessary shoe raises can be provided if the difference causes problems.

LOOSENING OF THE PROSTHESIS

This can happen slowly over time, usually taking longer than 10 to 15 years to become noticeable. If it happens, you may need another operation to replace the loose hip. Excessive activity or being overweight may accelerate this wearing process. Loose, painful artificial joints can usually, but not always, be replaced. Results of a second operation are not always as good as the first, and the risks of complications are higher.

FOOT DROP

This occurs when the nerves that control the muscles in the foot become stretched or damaged as a complication of your surgery and can leave you with a weakened lower leg or a foot that drops down. This complication is rare, occurring in less than 1 in 1000 patients.

NOT ALL THE PAIN DISAPPEARS

This operation will only take away the pain that is caused by your arthritic hip joint. It will not help to relieve pain that is caused by problems elsewhere. Your surgeon will explain this to you in more detail when you are deciding about having surgery.

BROKEN BONES

The bones in your hip can break during surgery. Normally, these breaks can be fixed during the operation. If this happens your surgeon may want you to restrict how much weight you put on your leg. This is to give it extra time to heal. This complication is rare, occurring in less than 1 in 100 patients.

BRUISING AND SWELLING

After the operation, bleeding under the skin may make the wound bruised, swollen and painful.

DYING FROM SURGERY

Death following hip replacement surgery is uncommon.

PRE-ADMISSION ASSESSMENT

You will receive an appointment to attend a pre-admission assessment. This will be at the Outpatients Department at Burwood Hospital.

It is important that you are assessed prior to your operation to make sure you recover quickly and reduce the risks associated with your surgery.

Most people will have their first appointment to assess their fitness for surgery with a nurse in a pre-admission clinic.

At your pre-admission assessment appointment, you will be given the **Occupational Therapy Environmental Checklist**. You will need to complete this checklist and send it back in the pre-paid envelope supplied.

Please bring in all the medications you are currently taking including herbal products / alternative medications and supplements.

During your assessment the pre-admission nurse will ask you about your general health, your medical history, and that of your family including any anaesthetics you may have had. You will have investigations, such as blood tests, a heart tracing (ECG), urine tests and X-rays.

If you have an Advanced Care Plan, please discuss this at your preadmission clinic appointment.

This information will help your healthcare team consider any problems that may either affect the risks to yourself or the likelihood of complications from the anaesthetic or surgery.

The pre-admission nurse will give you time to ask questions about the possible complications and give advice and education on your admission, the operation and activities following surgery. Nothing will happen to you until you understand and agree with what is being planned. If you do not want surgery or if you want more information or more time to decide, please let the nurse know. You may change your mind at any time.

Some patients need to be seen in a separate clinic by an anaesthetist prior to surgery. If this applies to you, the pre-admission nurse will organise this. This anaesthetist might not be your anaesthetist during your surgery. If you do not need to see an anaesthetist in clinic prior to surgery, you will meet your anaesthetist on your day of surgery.

OCCUPATIONAL THERAPY

You will receive a telephone call from the Occupational Therapy Department 7 – 10 days before your surgery. Your occupational therapist will have received the Occupational Therapy Environmental Information Form you completed. You will be asked routine questions about yourself and your home, and how you are managing currently, and your discharge plans for returning home after your surgery.

TYPES OF ANAESTHETIC

Your anaesthetist will discuss different types of anaesthetic with you and plan which type will be best for you. You will be asked to sign a consent form to have the anaesthetic.

There are 2 common types of anaesthetic, a full general anaesthetic (GA) or a spinal (epidural) anaesthetic block (SAB).

SPINAL ANAESTHETIC (SAB)

During a SAB, a sedative is usually given before a local anaesthetic (numbing drug) is injected between the back bones at the lower end of the spine. This drug quickly numbs you from your waist to toes so you will not be able to move or feel your legs. During surgery you will be closely monitored and most patients ask to be sedated. Often you will not remember much due to the sedating drugs. Your surgery will take about 1 - 1½ hours, whilst the numbness usually lasts 4 - 6 hours.

Even if you are sedated during surgery you may be aware of your surroundings at times, including noise.

Most patients are pleasantly surprised how well they feel after they have had a spinal anaesthetic.

GENERAL ANAESTHETIC (GA)

As part of a GA, a drug is injected into your vein via an IV drip that makes you unconscious so you do not remember anything about the surgery. When you are under this anaesthetic the anaesthetist puts a tube in your mouth and throat to ensure your breathing is controlled. Advantages of a GA is that you have no memory of the surgery.

WHAT ARE THE RISKS OF ANAESTHETICS?

Both types of anaesthetics are very safe but as with everything in life there are also risks and complications can occur. Some complications can be serious and result in transfer to Christchurch Hospital for specialised care.

The risks will be different for everyone depending on their general health, age and previous problems (if any). If you have any concerns about any of these complications write them down and talk to your anaesthetist.

SIDE EFFECTS AND COMPLICATIONS

VERY COMMON (1 in 10) COMMON (1 in 100)	UNCOMMON (1 in 1000)	RARE (1 in 10,000) VERY RARE (1 in 100,000)
Feeling sick and vomiting after surgery	Slow breathing (depressed respiration)	Damage to the eyes - GA
Dizziness, blurred vision	An existing medical condition getting worse	Nerve damage – SAB
Feeling faint	Chest infection - GA	Serious allergy to drugs
Headache	Muscle pains - GA	
Difficulty passing urine needing a catheter	Damage to teeth - GA	
Itching	Awareness (becoming conscious during your operation) - GA	
Aches, pains and backache		
Pain during injection of drugs		
Bruising and soreness		
Confusion or memory loss		
Sore throat - GA		
Damage to lips or tongue (usually minor) - GA		

Deaths caused by anaesthesia are very rare, about 1 in 60,000 for over 60 year olds.

CONSENT FORMS

Prior to surgery you will need to sign a consent form. This form will say that you agree to the operation and the collection of specimens and technical data. A full explanation of the surgery and risks will be given to you before you sign the consent form. You will also need to give consent for anaesthesia, blood transfusion, joint registration and bone donation, if applicable.

CHANGES IN MY HEALTH OR SKIN

We need to know at least two days before surgery if you have any of the following:

A cold or cough.

Skin problems – such as a sore (unhealed area), reddened swollen (infected) areas, insect bites, a graze, pimple or eczema, especially around your operation site.

Burning pain or passing urine more frequently than usual, or a urinary infection treated by GP.

You are generally unwell - such as diarrhoea, vomiting or high temperature.

If you have been admitted to hospital since your last appointment.

Any alterations to your medication(s).

Any of these conditions could lead to the postponement of your operation. For your safety it is important that we know about them prior to your operation. Please phone us (preferably during office hours) on the following numbers to discuss any concerns:

Office Hours:

Anaesthetic Co-ordinator:
(03) 3836836 Ext 99959

After Hours:

(03) 3836836 and ask for the Burwood Hospital Duty Manager.

WHAT TO BRING TO HOSPITAL

The CHECKLIST FOR MY SURGERY on pages 21 - 23 is a useful guide to prepare you for surgery. Please start filling in these pages as soon as you receive your pre-admission appointment.

VISITING HOURS

Visiting times are between 3 – 8 pm. Please check with the Charge Nurse if you need to visit outside these hours.

BEFORE YOUR SURGERY

ASPIRIN

If you have been given an aspirin tablet by the pre-admission nurse (attached to your Pre-op Medication and Fasting Instruction leaflet), please take it at the time instructed on the form.

CONFIRMATION OF REPORTING TIME FOR SURGERY

You will receive a telephone call from the Burwood Admitting Unit prior to your surgery to confirm the time to arrive for your operation and clarify any questions you may have.

THE DAY BEFORE YOUR SURGERY

FASTING INSTRUCTIONS

If you do not follow these instructions your surgery may be delayed or cancelled.

IF YOUR PROCEDURE IS IN THE MORNING

No food after midnight (this includes sweets, milk and chewing gum).

We encourage you to drink water up to 6.00 am.

You may be given a special carbohydrate drink in the Admitting Unit before you have your operation.

IF YOUR PROCEDURE IS IN THE AFTERNOON

No food after 7.30 am (this includes sweets, milk and chewing gum).

We encourage you to drink water up to 11.30 am.

You may be given a special carbohydrate drink in the Admitting Unit before you have your operation.

MEDICATION

In the days leading up to your surgery, please ensure you take the medication(s) you have been advised to take at your pre-admission / anaesthetic clinic (please refer to the Pre-op Medication and Fasting Instruction leaflet).

KEEPING WARM

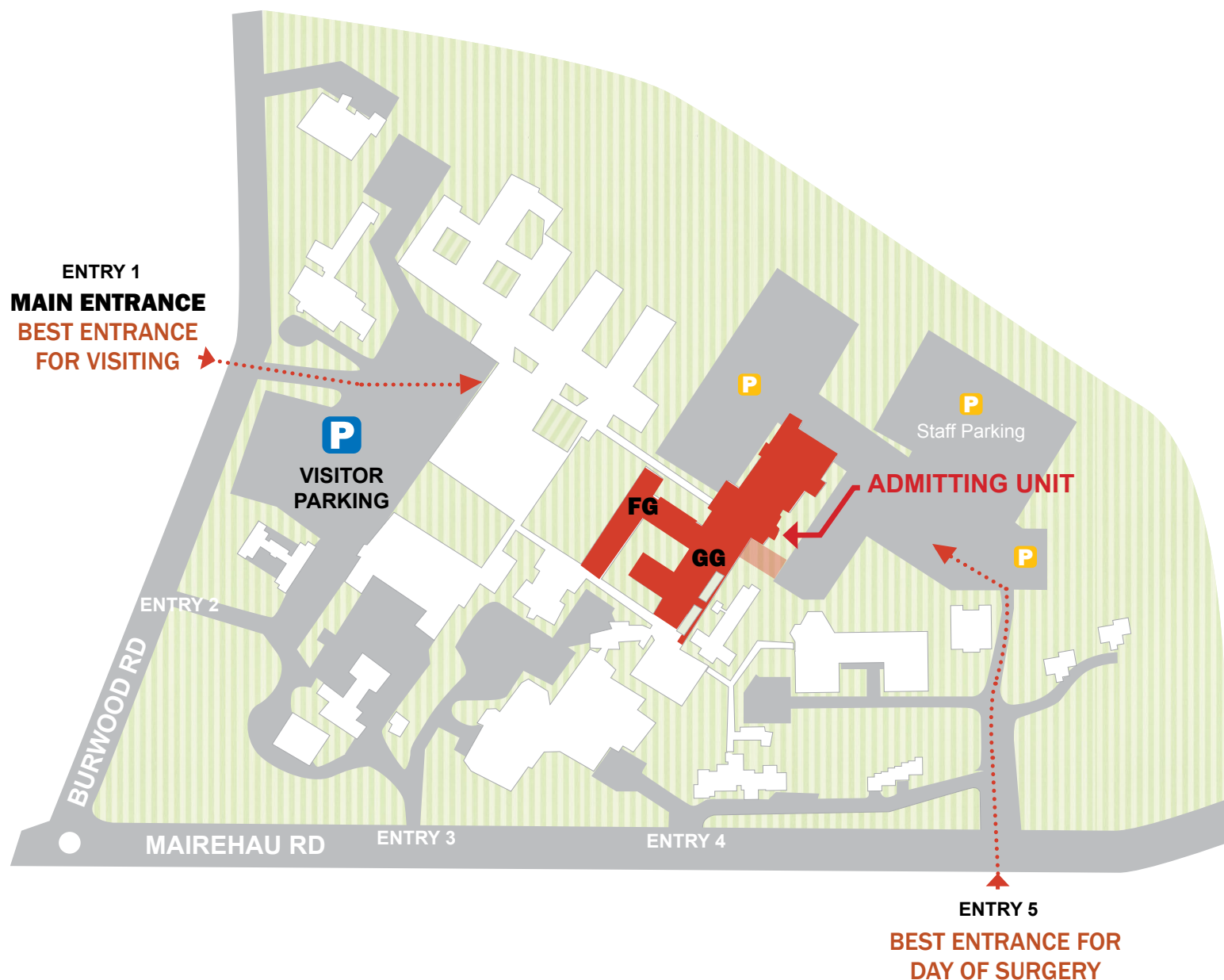
Please wear something that keeps you comfortably warm while you are waiting for your operation.

WHERE DO I GO BEFORE SURGERY?

Please report to the reception desk at the Admitting Unit at Burwood Hospital at the time given to you.

■ Surgical Service (Ward FG / GG)

Other hospital wards



YOUR OPERATION

IN THE ADMITTING UNIT

The admitting nurse will prepare you for your operation and ensure that all your paperwork is completed. Your surgeon / registrar and anaesthetist will visit you here prior to your operation. Your surgeon / registrar will draw an arrow on your leg to be operated on. They will discuss the consenting process surrounding your surgery and answer any questions you may have. You are also likely to have an intravenous (IV) drip or cannula placed in your arm so that you can be given medications.

IN THE OPERATING THEATRE

You will be wheeled to the operating room on a bed, as shown on the videos where the surgical team will be ready to look after you. The team includes your anaesthetist and an assistant, your surgeon and your operating theatre nurses. The operating room can be quite noisy when you arrive. Before you have your anaesthetic, the theatre team do a final check of your identity and planned operation. Your anaesthetist will be with you all the time during your surgery. Please be aware that when you arrive in the operating room it can be very noisy.

IN RECOVERY / POST ANAESTHETIC CARE UNIT (PACU)

Following your operation, you will be transferred to the recovery room. Nursing staff will check on you frequently, closely monitoring your condition to make sure you are safe and comfortable.

YOU MAY HAVE

An intravenous (IV) drip in your arm – this is used to give you fluids, antibiotics and pain medications.

A facial mask or nasal prongs to give you oxygen.

Foot pumps on for the first 24 hours, until you are walking.

You will be encouraged to start your exercises and drink as soon as you wake up.

When recovery staff are satisfied that you have recovered safely from your surgery and anaesthetic, you will be taken to the Surgical Service (ground floor, Ward FG / GG).

Ward FG / GG is divided into two areas, the Progressive Care Unit (PCU) and the ward. Many patients will spend their first night in the PCU.

ON RETURNING TO THE SURGICAL SERVICE (Ward FG / GG)

You now have a new hip and your recovery has already started.

You will be monitored regularly and encouraged to drink and eat as soon as you are able.

Most people will be helped to get out of bed on the day of surgery including using the commode. You will be shown how to position yourself with pillows while in bed and how to safely look after your new hip (see page 19).

EXERCISES

It is very important that you do limb and chest exercises. These will help prevent clot formation and help clear your lungs. Aim for approximately 10 repetitions per hour while you are awake.

Foot and ankle exercises: Pump your feet up and down, and in a circular motion.

Quadricep exercises (these are the muscles in front of thigh): Push the back of your knee into the bed, tightening your thigh muscles and hold for 3 seconds.

Gluteal/ buttock exercises: Squeeze your buttocks together and hold for 5 seconds

Chest exercises: Take 5 deep breaths per hour.

DAY 1 AFTER YOUR OPERATION

The day after your operation, the aim is for you to become as independent as possible whilst also staying safe.

You will receive help with tasks such as washing, dressing and walking to the toilet.

The day after your operation you can expect the following to happen:

You should expect some pain after surgery, however you will receive regular pain relief medication to reduce your discomfort.

You will get out of bed to the toilet or commode with assistance.

You will continue to do leg and chest exercises regularly as shown in the Joint Replacement Surgery videos.

You will be eating and drinking normally.

Nursing staff will assist you with washing and dressing as required.

You will get dressed in your own night wear or clothes.

Your wound will be monitored and any drains will be removed.

Your physiotherapist will visit you to assess your walking and provide you with the best walking aid for your needs.

You will go for regular walks with assistance and with appropriate walking aid.

You will receive tablets to help prevent constipation or nausea if required.

You will be taken on your bed to the x-ray department for a check x-ray of your hip.

A blood test will be taken.

Your IV drip will be taken down.

You will be expected to sit in a chair for your evening meal.

DAY 2 AFTER YOUR OPERATION TO GOING HOME

On the second day after your operation you can expect the following to happen:

You will be given regular pain relief medication.

You will have a wash or shower and get dressed in your own clothes.

You will go to the toilet as independently as possible.

You will eat your meals in a chair by your bed or in the patient lounge.

You will be expected to walk to the bathroom and go for regular walks outside of your room.

Your nurse will check your wound and discuss any cares required.

Your physiotherapist will visit you to check you are able to do your exercises and can walk safely. They will also check that you are safe to go up and down stairs (if you have steps at home). You will be given the Total Hip Replacement Rehabilitation pamphlet for your home exercise programme, and information about your walking aids.

Your occupational therapist will assess your ability to manage essential everyday tasks such as dressing and transferring on and off a bed, chair and toilet.

Your occupational therapist may loan you any further equipment you may need at home for a short term 8 week loan.

If you need any home support, this will be discussed with you and organised if you are eligible.

Nursing staff will discuss your discharge arrangements to ensure everything is in place for a safe return home.

THE DAY YOU GO HOME

Your nurse will discuss your discharge plan with you and give you your **DISCHARGE INFORMATION** envelope. This is usually completed by 11am. This will include a:

Discharge letter.

Follow-up appointment will be sent out to you.

Prescription for any new medications.

Joint replacement card.

Discharge instructions card with contact telephone details for the first 48 hours following discharge.

Care & Removal of Stitches or Staples pamphlet.

Keeping Yourself Safe from Falls pamphlet.

Constipation - Following Surgery pamphlet.

Please ensure that all medications and belongings that you brought in with you are returned to you.

Support from family / whānau and friends is important for your recovery. The more they are informed about your surgery and what you need, the more helpful they can be.

WHEN YOU RETURN HOME

YOUR OPERATED LEG WILL BE SWOLLEN

After your operation, your leg will swell. If you sit for long periods, you will notice swelling in your foot and ankle. This will be more noticeable as the day goes on. Walking will help reduce the swelling, as will resting with your feet up. When you get out of bed in the morning, you should notice this swelling has decreased.

Bruising and discolouration may be seen all the way from your buttock to your toes. This is perfectly normal and may occur for a number of weeks following your surgery.

Before discharge your nurse will check your operation site / wound and discuss the care. Please refer to the Care & Removal of Stitches or Staples pamphlet that is in your discharge package.

ONGOING HEALTH CONCERNS

If you have any concerns regarding your health within the first 48 hours after your discharge from hospital, please contact us on (03) 3836834 or seek advice from:

Your GP or an After Hours Surgery.

The Emergency Department at your nearest hospital.

The following signs and symptoms are especially important:

Chest pain.

Calf pain or calf swelling.

Shortness of breath.

Fever or chills.

Ongoing nausea or vomiting.

Bleeding.

If your wound becomes red, painful, inflamed, or has any discharge.

ANTIBIOTIC COVER

Because you have had a joint replacement, it is important that you talk to your GP about getting appropriate antibiotic cover should you have any further surgery, including dental surgery. You will also need antibiotic cover if you develop any abscesses, boils, skin, chest or urinary infections.

CONSTIPATION

Constipation can be a serious problem. It is important that you contact your GP if you have not passed a bowel motion for 5 or more days or earlier if you are concerned. Please refer to the Constipation - Following Surgery pamphlet for advice.

DIET

You may eat what you like unless you are on a special diet. We suggest you eat more fruit, vegetables and fibrous foods. We also encourage you to drink plenty of fluid.

EXPECTED ACTIVITIES AFTER SURGERY

CRUTCHES / WALKING FRAME

Keep using your crutches / frame until you attend your follow-up appointment, unless you are advised otherwise by your surgeon.

Please concentrate on walking without a limp.

EXERCISES

You should not require extra physiotherapy after going home. Please continue with the exercises taught to you by the physiotherapist. Refer to the Total Hip Replacement Rehabilitation pamphlet that you will be given and continue with these at home.

Your surgeon will assess you at your follow-up appointment and will refer you to physiotherapy if required.

The aim of surgery is for you to be able to gradually resume normal everyday activities without pain.

Please discuss with your surgeon any physical activity / sport that you may want to return to. Strenuous activity should not be resumed until you discuss it with your surgeon.

Activities not suitable after surgery include jogging or running, contact sports, jumping sports and high impact aerobics. The reasons for this are that the hip replacement will wear out faster or an injury involving the replacement may be difficult to treat. However please discuss this with your surgeon.

Avoid short and long haul flights in the first 6 weeks unless necessary, as you are at a higher risk of a blood clot (DVT / PE).

RETURNING TO WORK / HOBBIES

Following your surgery it is important not to take on too much too soon. Plan your day so that you spend small amounts of time doing different tasks. Remember that you need to rest when you are tired.

Most people can usually return to sedentary jobs between 6 and 8 weeks following surgery. If your job involves stooping, bending, heavy lifting or operating heavy machinery, it may be unwise to return too quickly.

If in any doubt, do not return to work without discussing it with your surgeon.

When returning to hobbies it is important to think about the actions you are doing and how long the activity will take to complete.

SEXUAL ACTIVITY

When you resume sexual activity, remember to think about your hip and movements you need to avoid. Consider using pillows to help with positioning. There is a pamphlet available that provides options for comfort following your surgery. This is available from your occupational therapist.

HOUSEHOLD TASKS

YOU ARE LIKELY TO FIND HOUSEHOLD TASKS DIFFICULT WHILE YOU ARE STILL USING CRUTCHES OR A FRAME

You will probably need help with cleaning bathrooms, floors, vacuuming and changing bed linen. Please ask your family/whānau and friends if they can help you with this.

DRESSING AND UNDRESSING

Wear loose-fitting clothing.

It is recommended that you sit in a chair or on the side of the bed.

Dress the operated leg first and undress the operated leg last.

Remember to use your easy reach, long-handled shoehorn and/or sock aid.

MEAL PREPARATION

Avoid lifting heavy saucepans. Slide them across the bench instead.

The contents of your cupboards and refrigerator should be arranged so that essential items are within reach without bending or stretching (between shoulder and waist height).

If you live alone you may need a trolley to move heavier items across the room.

Your occupational therapist can provide loan equipment if needed.

You should think about using a high stool to sit on while preparing food, washing up and using the stove top.

Avoid using the oven if it is not at waist height.

Small items can be carried in a backpack or an apron with pockets.

Think about using a frozen meal or meal delivery service.

LAUNDRY

Wash small loads of clothes over the week, rather than one heavy load.

Adjust the clothesline to avoid stretching or try using a clotheshorse for smaller items.

SHOWERING

Use a shower chair or stool that has been adjusted to the correct height.

Do not sit in a bath tub.

Use an easy reach or shoe horn with a sponge or flannel wrapped around it to wash your legs.

Wrap a towel around an easy-reach or shoe horn to dry your legs.

If your shower is over your bath, there is equipment available to ensure safe transfers during showering.

SHOPPING

Consider shopping for groceries on the internet.

Shop with someone who is happy to carry items for you.

Avoid shopping during peak times.

Do smaller, regular shopping trips to avoid heavy shopping bags and trolleys.

Have items packed into several smaller bags for easier carrying.

If possible, use a trolley to push your groceries rather than carry them.

If you must carry shopping, divide the weight evenly into at least two bags with one in each arm, or try using a backpack.

CLEANING

Once you return to cleaning, use long-handled aids and lightweight items to limit twisting and bending.

If you have a Community Services Card you may be eligible for home help.

GETTING IN AND OUT OF THE CAR

If possible, get into the car on flat ground. This allows room for your mobility aid.

Ensure your seat is high enough to allow you to sit with your hips higher than your knees. You may need to place a cushion on your seat to make it higher and firmer.

Have the passenger seat pushed as far back as possible with the back of the seat in a recline position.

Back up to the seat as if you are backing up to a chair. Reach for the seat back or dashboard, not the car door.

Slide your operated leg forward and gently lower yourself down to the seat.

Shuffle yourself backwards into the seat as far as possible, leaning back against the seat until you are able to bring both legs into the car.

Getting out of the car is done in the same way, only in reverse.

DRIVING

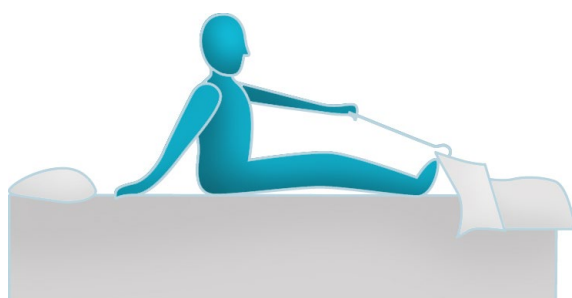
You may not be able to drive for up to 6 weeks following your surgery. You should discuss this with your surgeon. Before you return to driving you need to be able to get in and out of the car safely and also control the vehicle in an emergency.

HIP PRECAUTIONS

DO



- **DO** sleep on your back with a pillow between your legs for 6-8 weeks
- Keep a pillow between your legs when in bed and also when rolling over onto your side
- You may sleep on your side providing you have one or two pillows between your legs



DO use an easy reach to pull up the sheets



DO use (where possible) a chair with arms when getting up. Put your good leg behind and push up on the arms of the chair

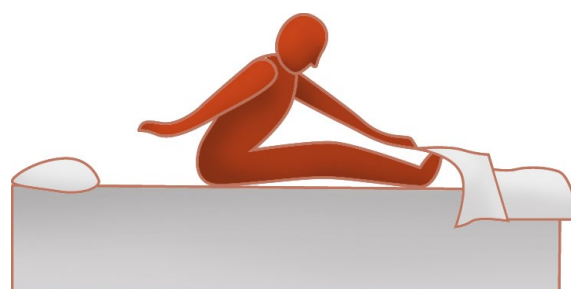


DO place operated leg behind you when bending to pick up

DO NOT



DO NOT lie or sleep like this without a pillow between your legs for 6 - 8 weeks



DO NOT lean forward to pull up blankets from the end of the bed



DO NOT sit on low chairs, couches or lounge chairs
DO NOT bend forward to get up



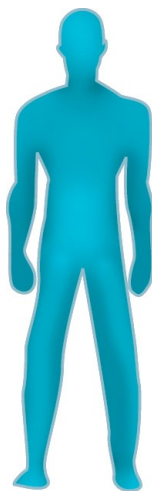
DO NOT bend right over like this
NEVER bend your hip past 90 degrees

HIP PRECAUTIONS

DO

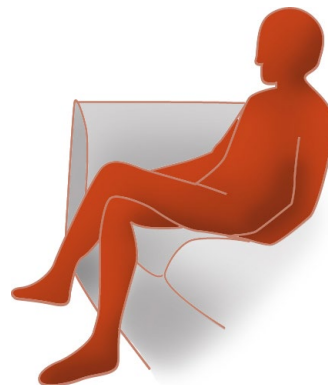


DO always sit with your hips higher than your knees



DO concentrate on walking without a limp
DO walk or stand with your feet/toes facing forward or slightly turned out

DO NOT



DO NOT try to bend your hip more than 90 degrees (a right angle)

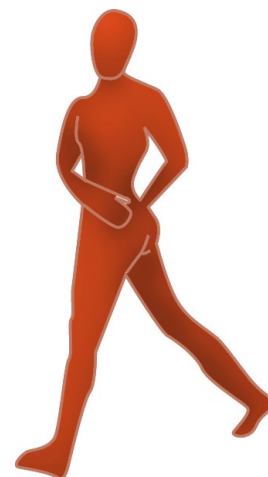
DO NOT sit on low chairs or on a low bed



DO NOT cross your legs at your knees or ankles when sitting / lying / standing



DO NOT twist your affected leg in or out



DO NOT twist your body in extremes

CHECKLIST FOR MY SURGERY

PREPARING FOR MY PRE-ADMISSION ASSESSMENT

I HAVE:

- ☐ packed ALL my medications / herbal products / alternative medications and supplements to take to my pre-admission appointment.
- ☐ packed my yellow Medication Card.
- ☐ read the information in this booklet.

WHEN I KNOW MY SURGERY DATE

I NEED TO:

- ☐ arrange for someone to take me to hospital.
- ☐ arrange for someone to take me home on the day I am discharged.
- ☐ arrange for someone to stay with me for a few days after discharge (if I live alone), if at all possible.
- ☐ arrange for someone to take me to my follow-up appointments.
- ☐ tell family / whānau, friends and neighbours about my procedure.
- ☐ organise family / whānau, friends and neighbours who are willing to help with chores / housework.
- ☐ cook extra meals and freeze them.
- ☐ buy extra groceries and /or arrange for someone to do my grocery shopping.
- ☐ if necessary, put on hold my home help and / or Meals on Wheels while in hospital.
- ☐ organise appropriate seating at my home.
- ☐ consider buying an easy reach, long-handled shoehorn and sock-aid.
- ☐ place commonly used items at waist height to prevent the need to bend.
- ☐ get a clotheshorse for my washing.
- ☐ organise a gardener for six weeks if needed.
- ☐ organise someone to look after my pets.
- ☐ check my house security, cancel paper delivery and organise for my letterbox to be cleared if needed.
- ☐ make a list of useful contact numbers.
- ☐ remove rugs and mats, loose cords and anything that can be a trip hazard.
- ☐ watch the Joint Replacement Surgery video online with family / whānau and friends (www.healthinfo.org.nz and search for “Hip replacement”).

LEADING UP TO MY SURGERY

I HAVE:

- ☐ informed the anaesthetic nurse co-ordinator of any changes in my health or skin. Further information is found on page 8 of this booklet.
- ☐ stopped smoking and plan to stay smokefree for at least 6 weeks after surgery (Quitline 0800 778 778).
- ☐ minimised alcohol consumption and plan to minimise my intake for at least 6 weeks after surgery.

TWO WEEKS BEFORE MY SURGERY

I HAVE:

- ☐ rewatched the Joint Replacement Surgery video online with my family / whānau and friends (www.healthinfo.org.nz and search for “Hip replacement”).
- ☐ stopped taking any herbal / natural / homeopathic medication as advised by the pre-admission nurse / anaesthetist.



THE DAY BEFORE MY SURGERY

I HAVE:

- ☐ taken any extra medications that I have been told to take this evening by the pre-admission nurse or anaesthetist.

I HAVE PACKED:

- ☐ comfortable, loose fitting day clothes to wear after my surgery.
- ☐ nightclothes.
- ☐ a pair of comfortable (not new) slippers or closed shoes without laces.
- ☐ toiletries.
- ☐ reading material and /or games and / or portable radio and headphones.
- ☐ dressing aids such as easy reach, shoe horn and sock aid.
- ☐ all my regular medications.
- ☐ my glasses, hearing aids, diabetes blood sugar monitor, if used.
- ☐ my home CPAP machine, if used.

- ☐ removed nail polish, jewellery and body piercings.
- ☐ kept make-up to a minimum.
- ☐ my crutches or walking frame (if currently used).
- ☐ my cellphone and charger.

THE DAY OF MY SURGERY

I HAVE:

- ☐ followed my fasting instructions.
- ☐ taken only the medications that I have been told to take this morning by the pre-admission nurse or anaesthetist.
- ☐ left my valuables at home. We do not accept any responsibility for lost or stolen items.

GOALS WHILE I'M IN HOSPITAL

DAY 1 AFTER MY OPERATION

I HAVE:

- ☐ washed, dressed and have been out of bed to the toilet / commode with assistance.
- ☐ sat out of bed for my evening meal.
- ☐ completed my exercises regularly.
- ☐ been for regular walks today with assistance.

DAY 2 AFTER MY OPERATION TO GOING HOME

I HAVE:

- ☐ showered / up for a wash and dressed in my day clothes.
- ☐ been to the toilet as independently as possible.
- ☐ sat out of bed for my meals.
- ☐ completed my exercises regularly.
- ☐ been for regular walks outside my room.

BEFORE I GO HOME

I CAN:

- ☐ get in and out of bed independently or someone at home can help me with this.
- ☐ walk independently with appropriate walking aid.
- ☐ do my daily exercises independently.
- ☐ go up and down steps independently (if applicable).
- ☐ shower / wash and dress independently (or personal cares have been arranged).
- ☐ go to the toilet independently.

I HAVE:

- ☐ the medications that I brought in with me.
- ☐ my crutches / frame.
- ☐ any loan equipment.
- ☐ my belongings (including those locked away and my cellphone charger).
- ☐ my DISCHARGE INFORMATION envelope

MY PERSONAL GOALS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SURGEON'S SPECIFIC INSTRUCTIONS

[illegible]

QUESTIONS AND NOTES

[illegible]

FAREWELL

The Burwood Surgical Services Team wish you all the very best with your ongoing recovery.

CONTACTS, ORGANISATIONS & WEBSITES

CONTACT NUMBERS

ANAESTHETIC CO-ORDINATOR

(03) 3836836 Ext 99959

After Hours:

(03) 3836836

and ask for the Burwood Hospital Duty Manager

SURGICAL SERVICE (WARD FG / GG)

Burwood Hospital

(03) 3836834

OCCUPATIONAL THERAPY DEPARTMENT

Burwood Hospital

(03) 3836845

PHYSIOTHERAPY DEPARTMENT

Burwood Hospital

(03) 3836833

ORGANISATIONS

QUITLINE

0800 778 778

MEDICAL ALARM (ST JOHNS)

0800 785 646

WEBSITES

HEALTHINFO

Health information for Canterbury

This website has further information about knee surgery including videos and other useful links.

www.healthinfo.org.nz



ARTHRITIS NZ

www.arthritis.org.nz

0800 663 463

AGE CONCERN CANTERBURY

(03) 366 0903

0800 803 344

ASPIRE CANTERBURY

(03) 366 6189

www.aspirecanterbury.org.nz

GET BONE SMART

www.bonesmart.org

HEALTH NAVIGATOR NEW ZEALAND

www.everybody.co.nz

ACKNOWLEDGEMENTS

The primary source of this information has been derived from the National ERAS Collaborative <http://eras.hiirc.org.nz>

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