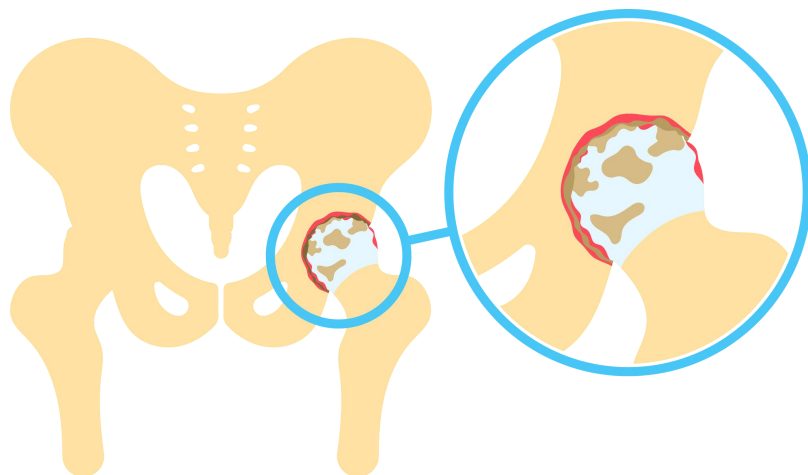


Hip Replacement Surgery Post-Operative Guide

You may be considering or have already been scheduled for a Hip Replacement surgery. Many people will go for a hip replacement when they have a painful hip that limits their activities, or they may have a hip fracture and are recommended this surgery by the doctor.

Surgery is only a part of your journey to regain function and pain relief. The rehabilitation process is important and you will play a major role in determining the success of your total hip replacement.

This booklet will guide you on what to expect after your hip replacement surgery.



Managing Self-care

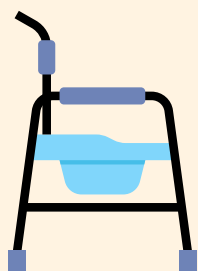
During your recovery, you may experience difficulties with daily activities. Consider these self-care tips and reach out to your Occupational Therapist for questions about equipment such as commodes, grab bars, wheelchairs.



Sit on a supportive chair when dressing and showering



Use grab bars to support yourself when in the bathroom



Use a toilet seat raiser or elevated commode, do not squat down



Reduce swelling by elevating your leg above the level of your heart.

Quick Tips



Thread your operated leg first when putting on pants, and remove your non-operated leg first when taking pants off



Use a long handled reacher, shoe horn, long-handled sponge and/or sock aid to avoid bending over

Let pain guide how much you can continue with your daily activities:



<p>You may carry on with your usual activities like walking, light housework, deskbound work. Take breaks often.</p> <p>You may not require painkillers; if required, use the minimal effective dose.</p> <p>If you are pain-free, you should progressively do more before you perform intensive physical activity.</p>	<p>You may consider carrying on with your usual activities but do less than before and always take regular breaks before your pain gets worse.</p> <p>You should consider painkillers.</p> <p>Avoid all intensive activities.</p> 	<p>You need to use painkillers unless the risks outweigh the benefits.</p> <p>Seek advice with your physiotherapist if you're unsure about activity levels.</p> 
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It is normal to expect pain after surgery and you can take charge of your pain by following this advises:

- Apply ice to the operated hip for 10-15 minutes, especially after exercise
- Take your pain medication 30-45 minutes before your exercise session
- Take your pain medication as prescribed if pain affects your sleep

Possible complications after surgery

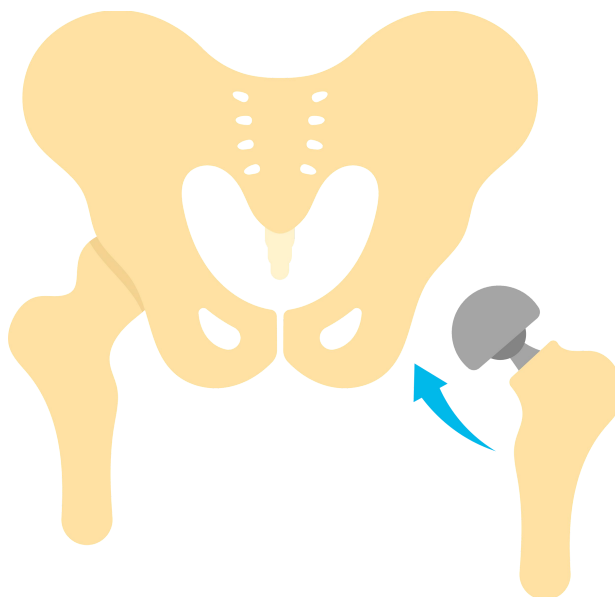
- Deep Vein Thrombosis (DVT): After the surgery, some people suffer from blood clots which form in the deep veins of the leg. You can reduce the risk of this happening by wearing compression stockings, performing regular ankle pumps and prescribed exercises.

Ankle pumps

Gently move your ankle "up" and "down" in a pain-free range. It is normal to experience more discomfort to move the ankle "down" as compared to "up". Perform this action 20 times every hour.



- Dislocation: In the event the artificial hip dislocates, the hip needs to be put back into place under anaesthesia. Please follow the hip precautions page as advised by your therapist/doctor.
- Wound infection: Make sure your wound is clean. Check in with your doctor if there are any yellowish discharges.
- Peri-prosthetic and peri-implant fracture



Surgical Approaches and Hip Precautions

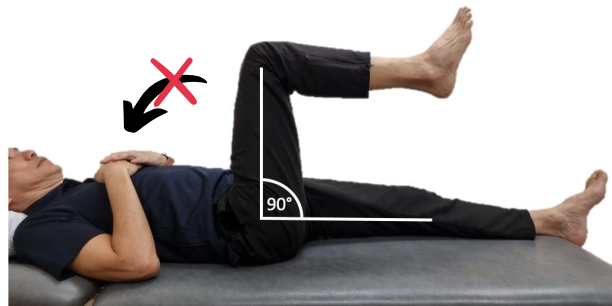
Posterior Approach

Hip precautions for 6 weeks

Abduction pillow when lying down (Only for day 1 post-operation)



No hip flexion > 90 degrees



No hip internal rotation



No hip adduction



Surgical Approaches and Hip Precautions

Anterior Approach (Primary, non-complex)

- No precautions to note

Anterior Approach (Complex/revision)

Hip precautions for 6 weeks

No hip extension beyond neutral



No hip external rotation into end range



No hip adduction into end range



Post Operative Care

Getting out of bed right after your hip replacement prevents unnecessary deconditioning and speeds up your return to independence. The physiotherapist will review you after your surgery to teach you how to get out of bed, stand from a chair and walk. Most patients require a walking aid to assist in standing and walking in the initial period of recovery.

Possible complications after surgery

Seek medical attention immediately if you experience any of the symptoms:

- Chest pain
- Calf swelling or pain
- Shortness of breath
- Fever or chills
- Nausea or vomiting
- Bleeding
- Unusual discharge or bad smell from the dressing



Discharge care

It is important to take good care for the first 12 weeks after the operation to avoid dislocating the hip. Strengthening exercises prescribed by your physiotherapist are crucial to facilitate recovery. On top of that, home aids will be recommended if necessary to help you manage daily tasks.

You can expect to be discharged from the hospital within 1 to 3 days after surgery. If you do not have an identified carer or cannot cope, you can opt to be discharged to a community hospital.

Follow up appointments

Outpatient therapy is an essential part of the rehabilitation process as it allows you to continue working towards your recovery goals with the help of trained professionals. During your appointments, your physiotherapist and/or occupational therapist will assess your progress and adjust your treatment plan accordingly. Home exercises and activities will be provided for you to do at home to further aid in your recovery.

Outpatient services include but are not limited to:

- Equipment prescription (i.e. walking aid or assistive devices)
- Activities of daily living (i.e. skills needed to complete an activity in a natural environment or simulation on a specific skill)
- Caregiver training (i.e. transfers)
- Education on falls prevention
- Education on home modification

Do not hesitate to ask questions or raise any concerns you may have during your sessions. Your therapist is there to support you and help you achieve your goals.



Contributed by Occupational Therapy and Physiotherapy, Rehabilitation, Allied Health Services

This brochure is produced for educational purposes and should not be used as a substitute for medical diagnosis or treatment. Please seek the advice of a qualified healthcare provider before starting any treatment or if you have any questions related to your health or medical condition.

Information shared is accurate as of February 2024 and subject to revision without prior notice.



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