



HIP SURGERY - TOTAL PROSTHESIS AND RESURFACING

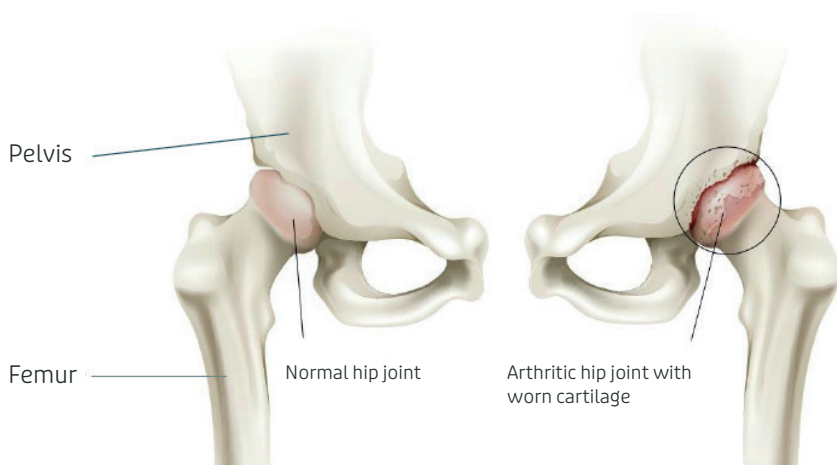
Treatments and
Recommendations

ANATOMY

The hip is a joint made up of the femur (thigh bone), and pelvis. In a ball-and-socket manner, the hip joint joins the femoral head (ball) to a pelvic cavity, the acetabulum (socket).

Ligaments and muscles keep the femoral head in place. The femoral head and acetabulum are covered with a thin, smooth tissue called cartilage that enables them to glide smoothly on each other.

WHAT IS THE ISSUE?



Joint degeneration of the hip can occur in several ways, osteoarthritis being the most common cause. Degeneration may result from a previous injury, a bone deformity, an infection, or simply from ageing and normal wear and tear. Several forms of inflammatory diseases may also lead to joint degeneration, the most common being rheumatoid arthritis.

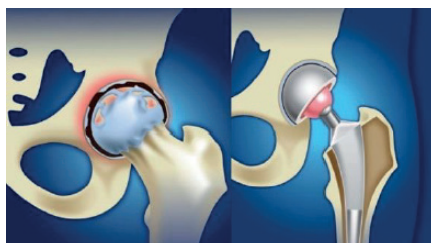
Surgery aims to replace the damaged joint, relieve pain, and restore movement of the hip. As a result, your functional abilities will improve (e.g., walking tolerance).

WHAT DOES THE SURGERY INVOLVE?

Total hip replacement can be achieved using various types of prostheses made of plastic, metal, or ceramic. A variety of techniques may be used. Make sure you speak with your team of health professionals to ensure you do the appropriate exercises.

Total hip replacement (THP)

Total hip replacement involves replacing both parts of the joint by placing a long or short stem into the thigh bone (femur) and a socket into the pelvic cavity (acetabulum).

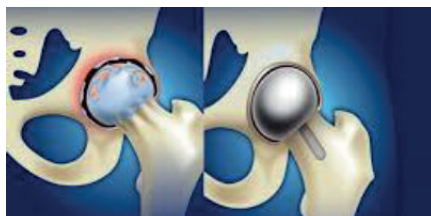


Arthritic hip

Total hip replacement

Hip resurfacing

Hip resurfacing involves replacing only the surfaces of the worn bones, preserving the femoral neck and head.



Diseased hip

Resurfacing

POTENTIAL COMPLICATIONS

Complications after hip surgery are rare, but it is important to remain alert and know how to recognize them:

- Infection
- Pulmonary embolism
- Need for a blood transfusion
- Nerve or vascular damage
- Persistent pain
- Deep vein thrombosis (DVT)
- Bleeding or hematoma
- Femoral or pelvic fracture that may require surgical fixation
- Dislocation
- Ankylosis

Deep vein thrombosis (blood clot formation in a leg vein) or pulmonary embolism (a blood clot that travels to the lungs) are two potential complications that may occur within 35 days after surgery, even if you wear compression stockings. These situations require urgent medical attention (see SYMPTOMS on page 9).

HOW LONG WILL I STAY AT THE HOSPITAL?

Your surgery is usually scheduled as a day surgery procedure, so you will typically be discharged the same day. Otherwise, you will remain in the hospital for 24 to 48 hours.

The surgery itself takes about 2 hours. However, the entire process (preparation, surgery, and time in the recovery room, etc.), lasts about 4 to 5 hours. You will meet with your anesthesiologist on the day of your procedure to discuss your anesthesia options (regional or general).

WHEN CAN I RESUME MY REGULAR ACTIVITIES AFTER SURGERY?

You will need to wait a few weeks before going back to work, driving a vehicle, or practising sports. Here is a recovery timeline:

- Going back to work: Allow for 6 to 12 weeks of recovery, depending on the type of surgery, your age, and the nature of your profession.
- Driving: Wait 4 to 6 weeks depending on the side operated on, your use of medications, and your level of autonomy.
- Sports: Wait at least 12 weeks.
- Travel: When driving long distances, make short stops every hour to move and walk. Avoid air travel for the first few weeks. Speak to your surgeon.

Estimated recovery time for certain activities

Aquatic activities: Pool or spa	1 month (the wound must be healed)
High-impact sports or activities involving abrupt movements or changes in direction: skiing, running, tennis, badminton, squash, etc.	Follow your orthopedist's recommendations.



Postpone all major decisions, because you might have difficulty concentrating up to two weeks after the surgery due to the effects of anesthesia and medication.

MOBILIZATION AFTER SURGERY

After your first time getting up with the help of a staff member and a walker, you will be asked to:

- walk at least 3 times a day, taking steps of equal length, and gradually increasing the distance;
- eat all meals seated in an armchair or in the dining room;
- go to the bathroom (no bedpans, no commode chairs);
- take an active part in your personal hygiene.

Doing so will prevent complications and promote faster recovery.



WARNING!

To reduce the risk of falling, do not get up by yourself the first time. A staff member will assist you the first time you get up after surgery.

WOUNDS AND DRESSINGS

It is normal to have some bruising (bluish discolouration) around the hip and thigh, as well as reduced sensitivity along the scar and surrounding area.

Your surgeon may close the wound with surgical glue or staples.

- The glue dissolves within about 10 days. Do not rub to remove it.
- Staples will be removed 14 days after the surgery by CLSC staff.
- If adhesive strips (Steri-Strips) are applied, they will fall off on their own after about 2 weeks. Do not rub to remove them. You can cut off the ends with clean scissors if they are peeling off.

At discharge, the nurse will explain how to remove the bandage and whether you are allowed to shower (see HYGIENE section).

Note: Avoid exposing the wound to sunlight and apply sunscreen (SPF 60) during the first year after surgery if the area is exposed.

HYGIENE

Shower:

Permitted after 48 hours

If you have a water-resistant adhesive dressing, make sure it is fully sealed.

If you have staples or surgical glue and there is no discharge from the wound.

NOT permitted

If you have another type of bandage, wait until it is removed.

If your wound was closed other than with staples or glue, wait until it is completely healed/closed (about 3 weeks).

Bath: Wait for your surgeon's authorization.

RECOMMENDATIONS

- Make sure you are able to stand for the duration of your shower, or use appropriate equipment (see *Orthopedics prosthesis Hip/Knee Equipment* brochure).
- If you need to step over the tub rim to shower, first make sure you are able to do so and follow the movement restrictions that will be explained to you.
- Avoid directing the water jet directly onto the wound, over-soaking it, rubbing it, and applying soap on it. Do not apply any cream or ointment on the wound.
- Avoid any contact between your wound and animal saliva or hair.

PLANNING YOUR RETURN HOME (DISCHARGE)

Make sure you have someone to accompany you on the day of your surgery.



The person accompanying you **must** come with you on the day of your surgery and must make sure the surgery has not been rescheduled or postponed before leaving.

For same-day surgeries, the person accompanying you may stay in the waiting room or leave during your surgery, but must return at the time of your discharge.

For surgeries requiring hospitalization, the person accompanying you will be given your room number once the surgery is over. At discharge, you will have 2 hours to vacate your room. Of course, ensuring your safe departure remains our priority.

WARNING!

You will not be allowed to drive yourself home or to take a taxi unaccompanied.



Arrange for a friend or relative to be present at home

For safety reasons, you will need to be accompanied during the first few days at home since you may have certain restrictions or limitations.

You will be able to walk independently with a walker, but your caregiver will need to be able to supervise you when you move around in case you need assistance.

You may require assistance with meal preparation, housekeeping, laundry, and so on.

If your social support is limited, consider arranging a stay in a rehabilitation facility before your procedure.



Rearrange the layout of your home

To help prevent falls, keep walkways clear, remove mats and rugs, and purchase a non-slip bath mat.

Place night tables near your bed and your armchair so you can put what you need on them.

Set up a bedroom on the ground floor of your home, if possible.



VIDÉO

**Organizing your home
before your hip surgery**

www.youtube.com/watch?v=1uM0jDxSBKc



If needed,
call your CLSC

You can call your local CLSC to learn more about community outreach services (meals on wheels, Réseau d'Amis de Sherbrooke for transportation, home services cooperative, rehabilitation care, etc.).



Stock up on supplies

Make sure that you have enough food at home. Prepare balanced meals in advance and freeze them, or purchase single-portion meals that are easy to reheat. Eat a balanced diet by following the recommendations in Canada's Food Guide, and stay well hydrated.

Place frequently used items within easy reach so that you do not need to bend down or stretch to access them.

Keep an ice pack or a pack of frozen peas within reach to reduce swelling or control pain.



Gather and prepare the forms you will need

If applicable, we will tell you where to submit these forms during your hospital stay or outpatient visit (insurance: salary, disability, employment, or other).

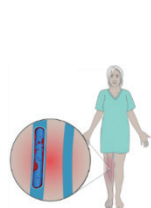
WHEN TO CONSULT

**IF ANY OF THE FOLLOWING SYMPTOMS APPEAR,
DIAL 811 FOR INFO-SANTÉ OR GO TO THE EMERGENCY ROOM
(24/7/365)**

SYMPTOMS

PHLEBITIS
(blood clots in the legs)

- Most frequently in the calves
- Redness
- Heat
- Swelling
- Pain



**PULMONARY
EMBOLISM**
(Blood clots
in the lungs)

- Difficulty breathing
- Chest pain when breathing
- Blood in sputum



INFECTION



Temperature above 38°C (100°F) recorded twice
within 12 hours.

**WOUND DRESSING
CHANGES**
(It is perfectly normal
to experience reduced
sensitivity around the
wound for a period of
time.)

- Swelling
- Redness or heat that seems to be increasing
- Pus
- Increased bleeding or bleeding from the wound
that starts again after it had stopped
- Foul odour
- Opening of the wound

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SYMPTOMS

SIGNIFICANT
UNRELIEVED PAIN

You are unable to relieve your pain despite following recommendations.

PERSISTENT NAUSEA
OR VOMITING

You are unable to feed and hydrate yourself due to nausea and vomiting.

URINARY
PROBLEM



- You are unable to urinate.
 - You feel pain or burning sensation when urinating.
 - Frequent urination and in small quantities.
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DISLOCATION
(prosthesis
displacement)



- You feel sudden, sharp pain in the hip or groin area.
 - Your leg is turned excessively inward or outward and can no longer be straightened.
 - One leg appears shorter than the other.
 - You are no longer able to put weight on the leg.
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NOTES

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