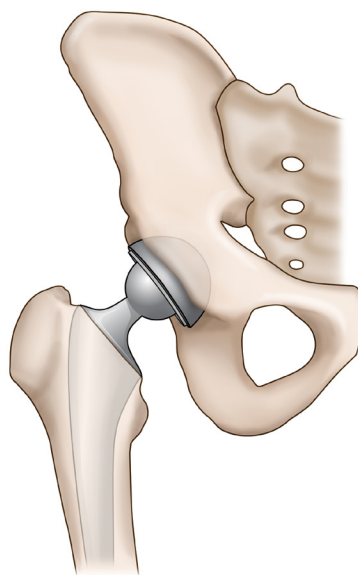


ENHANCED RECOVERY AFTER SURGERY (ERAS): HIP REPLACEMENT

A GUIDE FOR PATIENTS AND THEIR FAMILIES THROUGH
HIP REPLACEMENT SURGERY AND RECOVERY

Saint John Area



***It is important to bring this booklet to each hospital visit,
including your hospital stay after surgery.***

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INTRODUCTION TO ERAS

Horizon Health Network is excited to implement the Enhanced Recovery After Surgery (ERAS) program into your surgical plan. By using this program and following its specific guidelines, we are providing the same evidence-based, high-quality care to each patient.

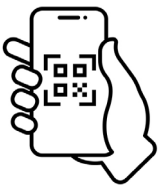
The ERAS program is a patient-centred approach used around the world that includes guidelines for before, during, and after your surgery. The goal of ERAS is to improve your surgical outcomes, which allows you to recover faster and return home sooner!

You will be an active participant in this plan. The work you put in before, and after surgery will impact how well you recover.

We expect that you read this book before your surgery. Please review this information with your designated support person and other people that will be with you during your surgery and recovery. The exercises listed in this book should be practiced **BEFORE** surgery so that you are familiar with them. **BRING THIS BOOKLET WITH YOU ON THE DAY OF YOUR SURGERY.**

To reinforce the information in this booklet please visit HorizonNB.ca and search “ERAS.” There you will find additional resources to prepare you for surgery including a [VIDEO](#) that further explains your hip surgery and recovery.

What is a QR Code (a square barcode)?



Throughout this document you will see QR codes. QR stands for “Quick Response” and these barcodes will link to more information on Horizon’s website. To use the QR Codes:

- 1) Turn on the camera feature on your smart phone or tablet device.
- 2) Point the camera at the QR code.
- 3) Tap the banner that appears on your phone or tablet.
- 4) The banner will take you to a specific webpage.

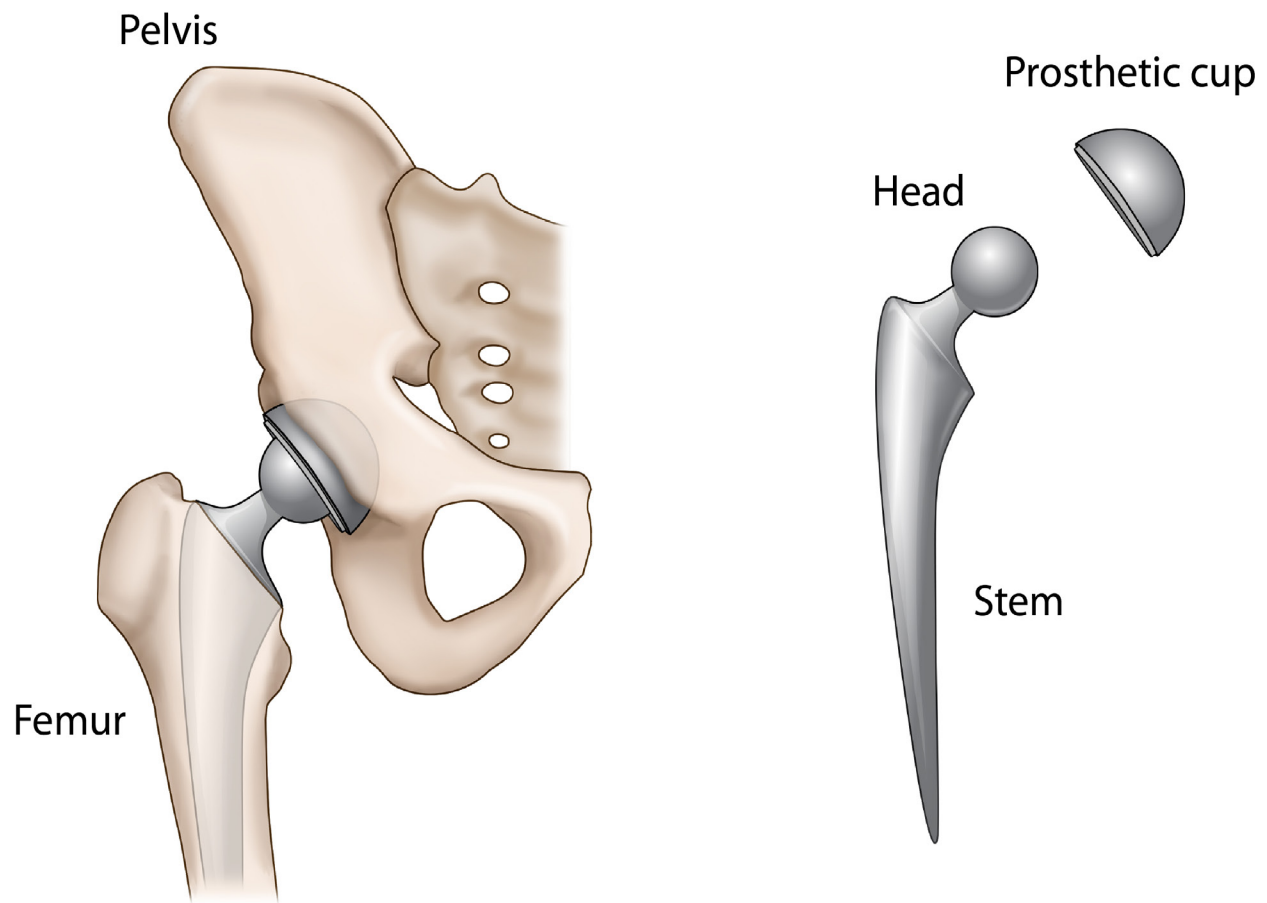


WHAT IS HIP REPLACEMENT SURGERY?

The hip joint is a ball and socket. In a healthy hip, a layer of cartilage covers the ball and socket, allowing smooth, pain-free movements in all directions.

As we age, the cartilage in your hip joint can gradually wear away and you can start to experience pain in your hip. You may have tried different ways to control your pain in the past, but now you and your surgeon have decided that surgery is the next step.

In a hip replacement surgery, the damaged ball and socket joint is replaced with a man-made ball and socket.



PREPARING FOR YOUR SURGERY

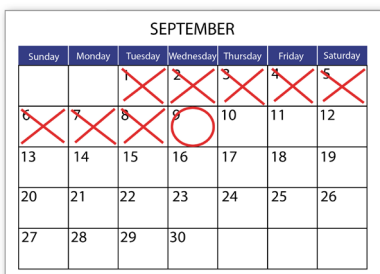
Research shows that people manage their surgery and recovery better when they are prepared. We ask you to follow these instructions so you will be at your strongest before your surgery.



1. Watch the Horizon's Preparing for Hip Replacement Surgery video: <https://youtu.be/zlftPRZMemo>

2. **Tell your primary health care providers about your upcoming surgery.** It is important to make sure you are as healthy as possible so that your surgery and recovery go smoothly. This will prevent your surgery from being postponed because of any untreated or unstable medical conditions. Please inform the following people that you are having hip surgery:

- primary health care provider
- any specialist involved in your care
- dentist (if you are having any tooth or gum problems)



3. **Arrange for time off work.** Each patient's recovery time varies and when you can return to work depends on the type of work you do. Talk with your surgeon about how long you might be off work and let them know if you need a doctor's note.

4. **Stay active.** Exercise can help decrease pain, improve leg strength and help keep your heart in good condition before surgery. If you already exercise, keep up the great work! Continue to exercise as you normally would. If you do not exercise and are able to, we encourage you to start with some light exercises (like a stationary bike or swimming) and the exercises in this book on **page 32**.





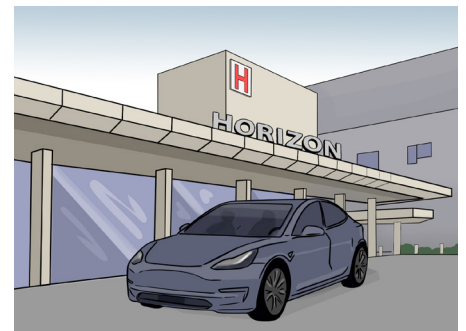
5. **Quit smoking.** People who smoke or vape are at higher risk of developing complications after surgery. If you smoke, we ask you to stop as soon as possible before your surgery. This is important to help you recover faster and avoid complications with your lungs. Quitting smoking isn't easy! For more information call 1-866-366-3667 or text SMOKEFREENVB to 123456. All Horizon hospitals are a smoke-free environment.

6. **Limit alcohol intake.** If you drink alcohol, we ask you to limit your intake and avoid alcohol completely 24 hours before your surgery. Alcohol can alter how some medications work for you after your operation. You can find additional resources on **page 38**.



7. **Eat healthy.** Healthy eating can help you through your surgery and speed up healing. Protein is one of the most important nutrients to eat before surgery as it will help your body heal and recover after surgery.

8. **Arrange a drive.** You cannot drive after your surgery. Be prepared to have a family member or friend pick you up from the hospital **on the morning** of your discharge. They will also need to drive you to any follow-up appointments.



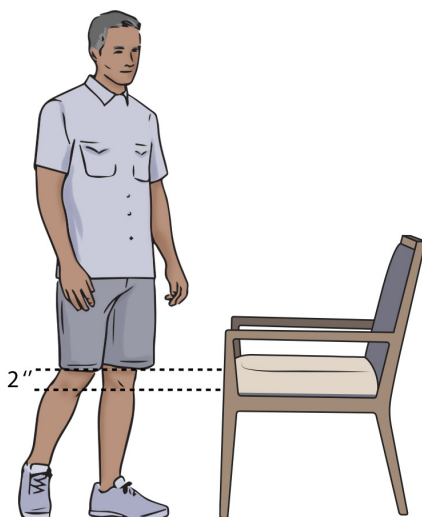
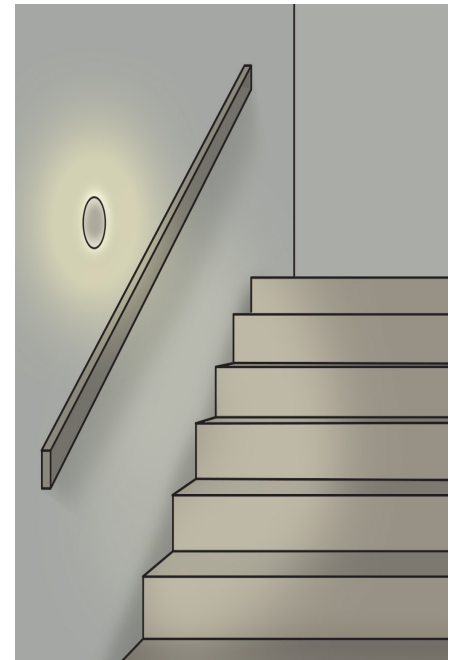
9. **Choose a designated support person (DSP).** This family member or friend should go to any appointments with you and read the educational material you are given. They should help you prepare for your surgery and be willing to help you with your recovery at home. You will need help for the first few days after surgery. If you live alone, you should plan to have someone stay with you.

10. If you are the caregiver for someone, you must **find someone else to care for them** after your surgery. You may also want to find help caring for your pets.
11. **If you live alone, consider making alternate living arrangements** for a short period after you are discharged from the hospital. You may arrange to stay with a family member or friend, have someone come stay with you at your home, or arrange convalescent care.



PREPARING YOUR HOUSE CHECKLIST

- ☐ Prepare a space that is easily accessible, preferably on the main floor. If your bedroom is upstairs, consider preparing a bedroom on the main level.
- ☐ Install a hand railing along all stairs.
- ☐ Clear the space around your bed and in hallways, kitchen, and bathroom (i.e., remove electric cords) so you can get around freely with your walker.
- ☐ Place items that you regularly use where you can reach them (ideally between shoulder and hip height). Do not use footstools to reach items.
- ☐ Put away area rugs.
- ☐ Make sure you have adequate lighting by stairs and in hallways. If you will be getting up at night, consider a night light.



- ☐ Find a chair with armrests and one that is high enough that when you sit, your knees stay below your hips.
 - For any sitting surfaces, **ensure the height is 2 inches above the top of your knee.**
 - If you need to raise the height of the seat to help you stand up, add a high-density foam cushion.
 - Use furniture risers/blocks to raise your bed if needed, they can be purchased at your local home health store.
 - Do not sit in a chair that swivels or rolls.
- ☐ For easy access and safety, attach a basket to your walker to carry a phone, water bottle, or other needed items around the house.

- ☐ Ask someone to help you with household tasks and errands such as grocery shopping and house cleaning (mopping, vacuuming, laundry and taking out garbage).
- ☐ Cook and freeze meals before your surgery or consider Meals on Wheels if available in your area.
- ☐ Depending on the season of your surgery, have someone look after lawn care or snow removal.



EQUIPMENT

After surgery, you will require some equipment to keep you safe while you recover at home. Your health care team will talk to you about equipment during your pre-operative education and will let you know if you need to bring any of this equipment with you to the hospital for your surgery. You need to arrange for all the recommended equipment **BEFORE** your surgery.

You can rent or purchase the equipment through community vendors, and we encourage you to check with your insurance company for coverage of these items. You may require a prescription for your equipment rental, which will be given to you during your pre-operative education. If required, you may be able to access the equipment through a local loan agency, such as Red Cross.

AFTER SURGERY YOU WILL NEED:

Walker:

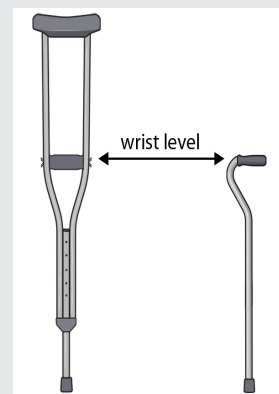
You will need a walker.

To make sure it's the right height for you, the handgrips should be at the level of your wrist when your arm is hanging at your side.



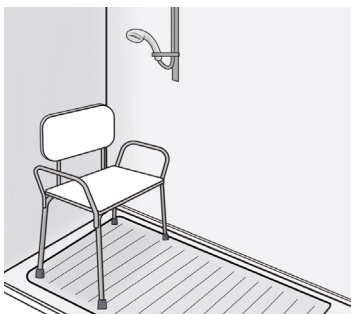
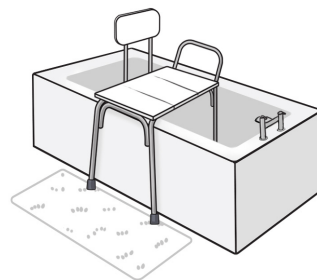
Cane/Crutch:

You can progress to a cane when you are able to walk without a limp. Ensure the cane or crutch is used in the hand opposite your surgical side. These items can be helpful for stairs.



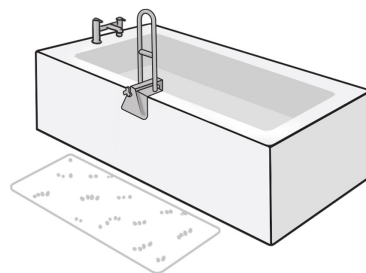
Depending on your home set-up, extra equipment may be needed to provide you comfort and keep you safe while recovering at home.

A **tub transfer bench** will help you safely get in and out of the tub/shower.



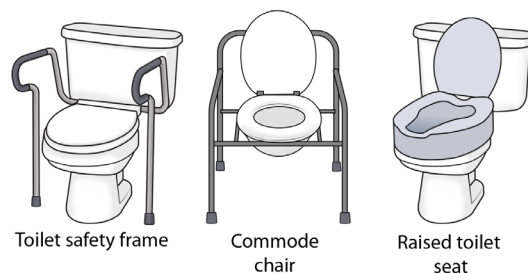
For a walk-in shower, a **shower chair** will allow you to sit while taking a shower.

A **clamp-on bath rail** can reduce your risk of falling while getting in and out of tub/shower.



Grab bars can reduce your risk of falling while showering or using the toilet.

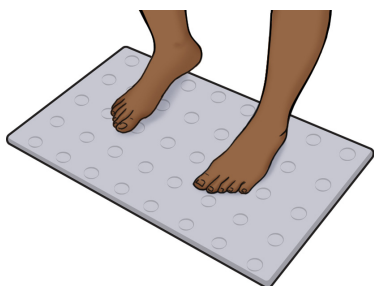
A **raised toilet seat, toilet safety frame, or commode chair** will make it easier to get on and off the toilet.



Toilet safety frame

Commode chair

Raised toilet seat



A **non-skid self-stick strips or rubber bathmat** can reduce your risk of slipping around your tub/shower. Consider placing one inside the tub, and one at the side of the tub.

A shower caddy/mesh or plastic bag will help you keep your toiletries within arm's reach when you are bathing.



Long-handled devices can help you reach difficult areas without bending. These include:

- brush and/or toe cleaner:
- long-handled reaching aid
- long-handled shoehorn
- sock aid

If you are having your surgery in the winter, consider getting winter gear, such as an ice pick for your cane/crutch, or cleats for the bottoms of your outdoor shoes.



A portable car handle can assist you with getting in and out of your vehicle

YOUR PRE-ASSESSMENT VISIT

You will receive an appointment for the Pre-Assessment Clinic 5 to 10 days before your surgery. At this appointment, your health care team will check your health, plan your care and make sure you are ready for surgery. Your appointment may be in person or over the phone.



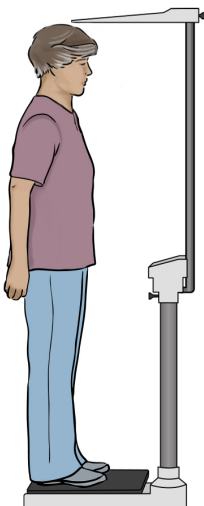
During your Pre-Assessment Clinic visit, you may be given appointments for:

- Blood work
- ECG (electrocardiogram)
- Hip X-rays



Some people may need to see an anesthesiologist. An anesthesiologist is a doctor who will give you medications so that you can be asleep and pain-free for your surgery. Let the anesthesiologist know if you've ever had problems with previous surgeries such as:

- bleeding that was hard to stop
- history of blood clots
- nausea and vomiting
- a reaction to any medications during surgery



During your Pre-Assessment visit, you will:

- review your medications with the nurse, including any natural products or vitamins you take. Please bring your medications with you in their original packaging. Leave all controlled medications such as narcotics or sleeping pills at home.
- tell the nurse if you have diabetes that is hard to control
- give the nurse a **recent and accurate** weight and height.

You may need to stop taking some medications and natural products before surgery. During your pre-assessment appointment, the nurse or surgeon will tell you which medications you should stop and which medications you should keep taking.

On the morning of surgery take all your medications **EXCEPT**:



Some medications may need to be stopped for several days before surgery.

STOP the following:

(medication)_____on (date):_____

(medication)_____on (date):_____

If you have any questions, call the Pre-Assessment Clinic at 506-648-7221,
Monday to Friday from 7:30 a.m. to 2:30 p.m.



If you need to cancel your surgery because you are sick (fever, coughing), have an infection, or become pregnant, call your Surgeon's office and the Pre-Assessment Clinic.

WHAT TO BRING TO THE HOSPITAL

You should bring:

- ☐ This booklet
- ☐ Your Medicare card
- ☐ All your medications in their original bottles, including any over-the-counter medications, puffers, eye drops and controlled substances
- ☐ CPAP machine (no water) for patients with sleep apnea
- ☐ Loose comfortable clothing
- ☐ Non-slip shoes with a closed heel (i.e., running shoes)
- ☐ Personal items such as a toothbrush, toothpaste, comb, deodorant, etc.
- ☐ Glasses, hearing aid, and dentures (label case with your name)
- ☐ Eye mask and ear plugs if desired



What to leave at home:

- ☐ **Jewelry:** All piercings and jewelry, including wedding rings, **must** be removed before your surgery.
- ☐ **Wallet/money:** We suggest that no more than \$20 be kept at your bedside. For your convenience, ATM machines are available at most hospitals.
- ☐ **Cellphones and tablets** should be left with your family until after surgery.

**Horizon Health Network is a fragrance-free facility.
The hospital is NOT responsible for lost or stolen belongings.**

EATING BEFORE SURGERY

Your Pre-Assessment Clinic nurse will explain what to eat and drink before surgery, including the day before surgery and the morning of surgery. **If you do not follow these instructions, your surgery may be cancelled.**

The day before surgery

- You can eat and drink normally up until midnight.
- After midnight you should drink clear fluids (a liquid you can see through) up to 3 hours before your surgery. Clear fluids include apple juice, cranberry juice, sports drinks, black coffee, or black tea.
- **DO NOT** drink beverages with pulp, milk, cream, or alcohol.



The morning of your surgery

- Carbohydrate loading: 3 hours before surgery drink 250mls (1 cup) of a sports drink or apple juice. Example: Your hip surgery is scheduled for 9 a.m. Drink 250mls (1 cup) Gatorade or apple juice at 6 a.m.
- Take medications as directed by your pre-assessment nurse, surgeon, anesthesiologist.

If you are diabetic

- You may drink water or sugar-free clear liquids up to 3 hours before your surgery.
- You **should not** drink the carbohydrate load 3 hours before surgery. You can treat a low blood sugar with sugar-added clear fluids or glucose tablets (16 grams).

The day before and morning of your surgery

Washing



The night before surgery you should shower and wash your body with soap and wear clean clothes to bed.



DO NOT shave or wax anywhere near your hip.



Remove **ALL** nail polish from fingers and toenails.



The morning of surgery, shower and wash your body with soap again.



Wear clean, comfortable clothes to the hospital.



DO NOT use any creams or perfumes. **DO NOT** bring any jewelry with you.

ARRIVING AT THE HOSPITAL

On the morning of your surgery, please arrive at the time you were told.

Go to level 1 of the: ☐ Saint John Regional Hospital ☐ Saint Joseph's Hospital



The admitting clerk may ask what kind of room you prefer to stay in after surgery: a private, semi-private or ward. Please know that your preference may not always be available.

Once you are in day surgery, a nurse will meet with you to update your health history and review all your medications. You will be asked to change into a hospital gown.

- Your surgeon and anesthesiologist will meet with you before surgery.
- The surgeon will talk to you about your surgery and mark and initial the joint to be replaced on your body.
- The anesthesiologist will talk to you about your options for sedation and pain control during your hip surgery. You will have the opportunity to discuss what option is best for you. The most common options are:
- **General Anesthesia.** This involves giving drugs through your IV to help put you to sleep and control your pain. You will have a breathing tube to help you breathe during your surgery.
- **Spinal Anesthesia.** This involves medication being put into your spinal fluid by a small needle. This will freeze the nerves so that you have no feeling in your legs, which keeps you from feeling any pain. This numbness will go away within 5 hours. When having a spinal anesthetic, you may choose to stay awake or have medications to put you into a light sleep.

**Your surgery will usually take
about 60 to 90 minutes.**



AFTER SURGERY

PACU

- You will wake up in the Post Anesthesia Care Unit (PACU). This is also called the Recovery Room.
- You will stay here until you are awake, and your pain is well controlled.



- Family or friends cannot visit you in the Recovery Room but they can wait for you in the waiting room if there are no visiting restrictions in place. The surgeon will speak/call your family after surgery to give them an update.



- There is free Wi-Fi for you, your family and friends:












Network: **Wifi-Patients**

PAIN & NAUSEA MANAGEMENT

Our goal is to make sure you are as comfortable as possible, although you will not be completely pain-free. Good pain control allows you to exercise and progress with your activity, which is important for a successful recovery.

Sometimes, pain medication given during or after surgery can make you nauseous. **YOU need to be an active participant in your pain and nausea control; tell your nurses if you are having pain or nausea.**

Members of your health care team will ask you to rate your pain on a scale from 0 to 10, so that 0 means no pain, and 10 means worst pain possible.

What is Your Pain Level?						Quel est votre niveau de douleur?					
0	1	2	3	4	5	6	7	8	9	10	
No pain Aucune douleur		Moderate pain Douleur modérée				Severe pain Douleur grave		Worst pain possible Douleur maximale			
											

Keeping your pain well-controlled is necessary so you can participate in your recovery. **You will be expected to get up soon after your surgery, walk in the corridor with help, and sit in the chair for all your meals.** We need you to participate in these activities so that you have the best recovery possible.



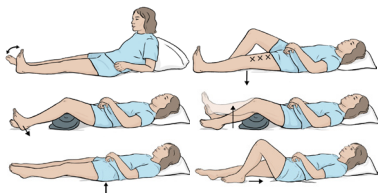
There are different ways to help control your pain:

- You will be given medication by mouth. Each pill will help control your pain in different ways, which will help reduce the need for stronger medications. Some of these medications, like Tylenol, will be given to you on a schedule, and you will continue this schedule when you go home.



- You should put ice packs on your hip for 15 minutes every 2 hours. Make sure to wrap the ice pack with a thin fabric to protect your skin.

- You should lay flat on your back and elevate your leg throughout the day. Your leg needs to be elevated above your heart to help reduce swelling.



- Do your exercises (**Page 32**). To have the best recovery possible you must continue your physiotherapy exercises at home.

- Other ways to help manage your pain include distraction, relaxation therapy, and music therapy.



- Confusion after surgery is rare but it can happen, especially for those over 65. It is important to let your health care team know if this has happened to you in the past.

- Difficulty passing urine (peeing) can happen following any surgery. **Let your nurse know if you have had a history of urinary problems or encounter problems passing urine after surgery.**



ACTIVITY AFTER SURGERY

As part of your recovery on the nursing unit, you should expect to do the following tasks **starting on the day of your surgery**:

1. Get out of bed and walk with the assistance of your health care team.



2. Use the bathroom rather than a commode or bedpan.



3. Eat your meals in your chair. You will be offered food after your surgery. If you feel nauseous, speak to a member of your health care team.



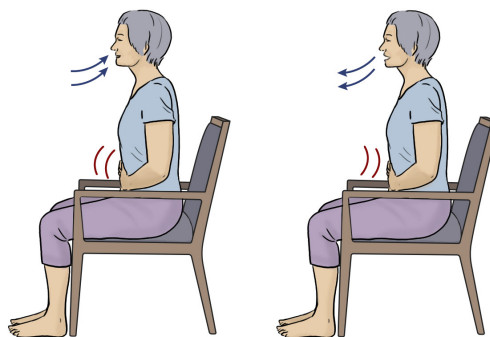
It is necessary that you keep moving after your surgery. This will help prevent problems such as blood clots and pneumonia. Practice these activities **BEFORE** you have surgery to make sure you understand how to do them properly.

1. Deep breathing and coughing

It is important to do deep breathing and coughing exercises after surgery to prevent pneumonia (an infection in your lungs).

To do deep breathing exercises:

- sit up straight; in a chair works best
- place your hands on your stomach
- take in a deep breath; you should feel your hands move out
- hold for 2 to 3 seconds
- breath out and you should feel your hands move back in
- relax and repeat 10 times each hour you are awake



It is normal to feel like you need to cough after your breathing exercises. These exercises help clear any mucus from your lungs.

2. Getting in and out of bed

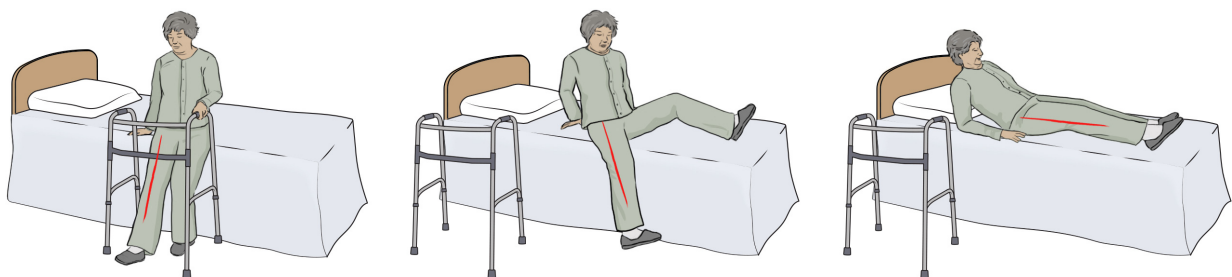
The right way to get in and out of bed after surgery will be reviewed with you by your physiotherapist.

Getting out of bed

- Make sure your walker is at your bedside.
- Using your arms and non-operated leg, slide yourself to the edge of the bed.
- Move your legs over the edge of the bed and slowly come to a seated position. Do not twist your legs.
- Sit on the edge of the bed keeping your operated leg out in front of you. Make sure you are not feeling dizzy before you stand up. Push off from the bed, and once standing place your hands on your walker.

Getting into bed

- Back up to the bed until you feel your legs touching the bed. Place your operative leg out in front of you.
- To keep your balance, place one hand on the bed, and the other on your walker.
- Once seated, use your arms and push yourself back across the bed until most of your operative leg is on the bed.
- Move your body up towards the pillow and slide your legs onto the bed.

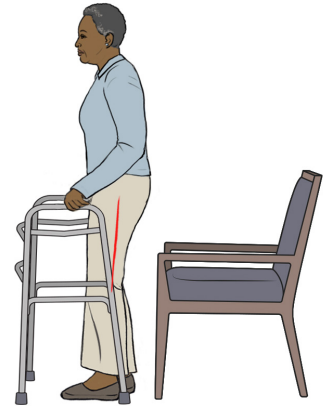


3. Sitting

The best chair for you after your surgery is a firm, high seat with armrests. Avoid sitting for long periods of time as it could cause stiffness and increased swelling in your operated leg.

To sit in a chair:

- Back up with your walker until you can feel the chair at the back of your legs.



- Release your hands from the walker and reach down and hold on to the armrests. Slowly lower yourself into the chair, while keeping your operated leg in front of you.



- Sit and slide back into the chair pushing with your non-operated leg.



- Reverse this process to stand up from a chair. Slide forward to the edge of your chair. Keep your operated leg out in front of you. Use your arms to push up off the armrests and push with your non-operated leg.

4. Using your walker/crutches

To safely use your walker/crutches, follow these steps:

- Place the walker/crutches one step length ahead.
- Put the operated leg ahead one step.
- Put the weight through the walker/crutches and step forward with the non-operated leg.
- Keep feet pointed forward.

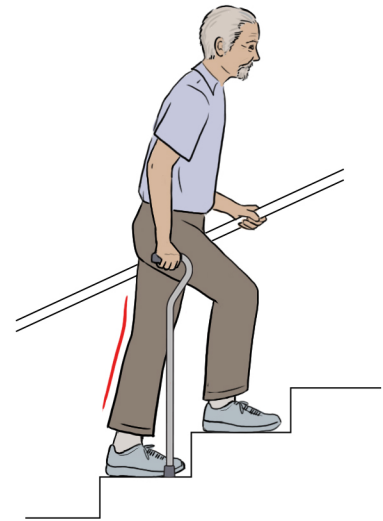
It is better to walk normally with a walker than to limp without a walker.

5. Going up or down stairs

If you have stairs in your home that you must go up and down, your physiotherapist will ensure you can do this safely before you go home.

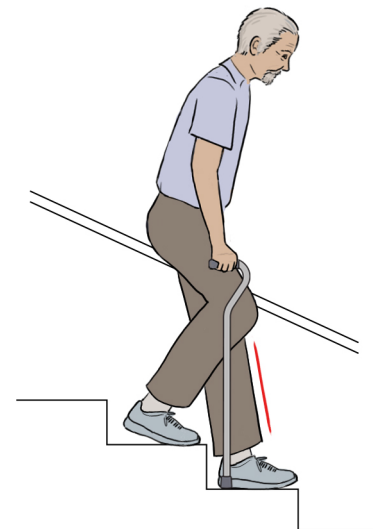
Going upstairs

- Stand close to the bottom step.
- Step up with your non-operated leg.
- Push through with the crutches/cane/railing and bring the operated leg up.
- Move the cane/crutch to the same step.



Going downstairs

- Stand close to the top step.
- Place the crutches/cane on the next step down.
- Place weight through crutches/cane/railing and put the operated leg down.
- Then step down with the leg that was not operated on.



YOUR RETURN HOME

Your surgeon will discharge you home when appropriate. You should arrange for someone to pick you up **in the morning** on the day of discharge. We make every effort to have all patients discharged by 11 a.m. Typically, you should plan to stay in the hospital for 1 to 2 days after your surgery. Remember: you cannot drive after surgery, so you will need to arrange for a family member or friend to drive you home.

Before you are discharged home make sure you have:

- ☐ A follow-up appointment to see your surgeon
- ☐ Any medications you brought with you from home to the hospital
- ☐ Prescriptions for new medications, including pain medication, blood thinners, and stool softeners
- ☐ A follow-up appointment to have your staples removed
- ☐ **ALL belongings** you brought with you to the hospital
- ☐ A good understanding of your exercises, and what to expect with your recovery at home



REMEMBER!

- The speed and success of your recovery after hip replacement depends heavily on you.
- You will get tired easily after surgery, and you should rest when you begin to feel tired.
- When you are home, you should plan to take short walks within your home throughout the day.

PAIN MANAGEMENT AT HOME

It is normal to experience pain, bruising, and swelling in your surgical leg. This will slowly improve over the next 6 weeks. It is important to keep your pain well controlled so you can continue with your exercises. Your pain can be managed by:

- ☐ Progressing activity while balancing rest
- ☐ Doing the exercises given to you by your physiotherapist
- ☐ Elevating and icing your leg after your exercises
- ☐ Taking your Tylenol and your anti-inflammatory medication as prescribed by your surgeon
- ☐ Taking your opioids (narcotic pain medication) only when necessary



CONSTIPATION AT HOME

Taking opioids after surgery can greatly increase your chances of constipation. There are several steps you can take to help with constipation at home

- ☐ Continue walking short distances in your home, several times a day
- ☐ Drink enough fluids to help keep your stool soft
- ☐ Increase the fibre in your diet by eating foods such as fruits, vegetables, whole grains and legumes
- ☐ Avoid taking unnecessary opioids by using ice therapy, elevating your operative leg, and taking your Tylenol as prescribed
- ☐ Take the bowel medications if prescribed to you on your discharge home
- ☐ If you continue to be constipated despite these steps, your community pharmacist is a great resource after you are discharged home



NUTRITION

Eating well after surgery will help your body recover and heal. Drink plenty of liquids and eat protein such as:

- Meat and poultry
- Fish
- Cheese
- Eggs
- Nuts and seeds
- Nut butters
- Legumes
- Tofu
- Greek yogurt



Until your appetite returns, you may want to eat several small meals throughout the day rather than a few large meals. If you have questions, please feel free to contact a local outpatient dietitian.

CARING FOR YOUR INCISION (CUT)

Your incision will be covered by a bandage (dressing) on your hip. This dressing can stay on for 10 to 14 days (until the staples are removed). As you care for your incision, look for signs of infection (**see page 34**). Before your discharge, the staff will give you information on how to look after your incision.

After the staples are removed, your incision does not need to be covered with a bandage.



While we recognize family pets play an important role in the overall well-being of our patients, animals can carry germs that are harmful to your surgical incision. We recommend keeping all animals away from your surgical incision and always washing your hands after touching your pets and before touching your incision.

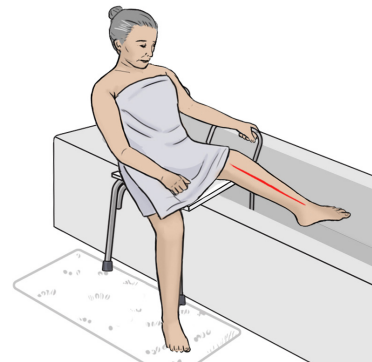
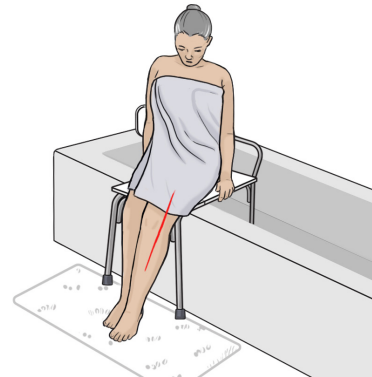
HYGIENE

You can shower after your surgery if your dressing is sealed. Once the staples and dressing have been removed, you should wait 24 hours before showering. It is important not to soak in water (tub/pool) until your incision is completely healed.

For safety, you should use a tub transfer bench if you do not have a walk-in shower.

To use a tub transfer bench:

- back up until the back of your knees meet the bench.
- sit sideways on the bench.
- swing your legs into the tub while leaning back slightly, keeping your legs apart.
- when bringing in the operated leg, straighten your knee to lessen the bend in your hip.



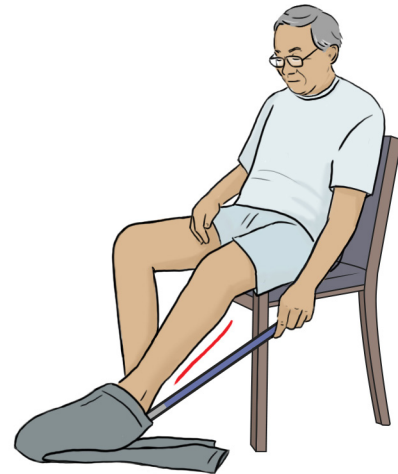
GETTING DRESSED

Prepare ahead and place your clothes near where you will be sitting to get dressed. You may want to have someone help you, or you can use a long-handled reaching aid.

Dress your upper body as you normally would.

Putting on pants

- While sitting on a bed or chair, grab the waist of your pants with your long-handled reaching aid.
- Slip the pants onto your operated leg first, then step into the other leg with your non-operated leg.
- Use the reaching aid to pull your pants up to where you can reach them.
- Hold your pants with one hand. Push up from the chair to stand with the help of your free hand.
- Have your walker in front of you to steady yourself if needed, and finish by pulling up your pants.



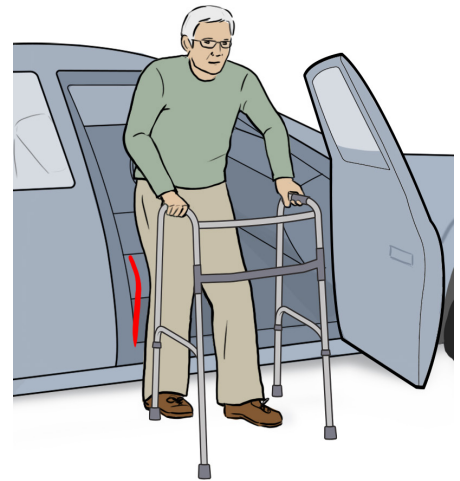
Removing pants

- While standing, with one hand on the walker, pull your pants down to your knees. **DO NOT BEND.**
- Sit down and use the long-handled reaching aid to remove your pants, shoes, and socks.

You will be able to get into the passenger side of most vehicles. You should practice this before your surgery.

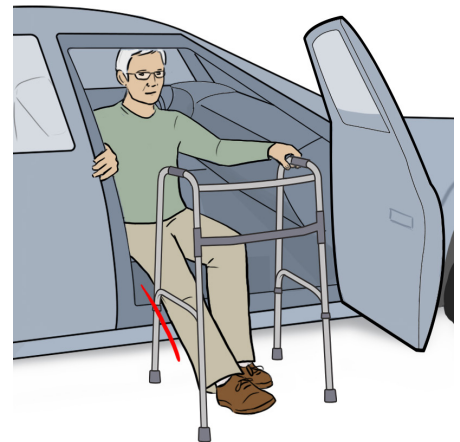
Getting the vehicle ready

- Move the front passenger seat back as far as possible.
- If the seat is low, you should use a firm cushion to help raise the height of the seat. Placing a garbage bag on your seat helps you to be able to slide in and out easier.
- If your seat is high, a stool may be required, but you should speak with your physiotherapist first.
- Make sure you and your car are on the same level (don't enter a low car from the sidewalk).
- Have a family member or friend ready to help you.



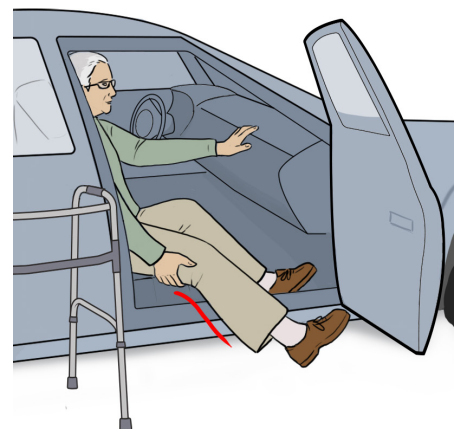
Getting into the vehicle

- Back up to the car with your walker until you can feel the seat behind you.
- Keeping your operated leg straight, slowly lower yourself to the seat.
- Leaning back slightly, slide back into the car until your knee crease touches the seat.
- Bring in one leg at a time, keeping your knees apart.
- Avoid holding on to the car door.
- You can use a portable car handle (see page 10).



Getting out of the vehicle

- Bring one leg out at a time, do not cross your legs.
- Slide forward toward the end of the seat.
- Stand up while keeping your operated leg out in front of you.

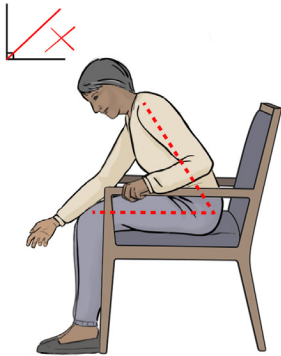


HIP RESTRICTIONS

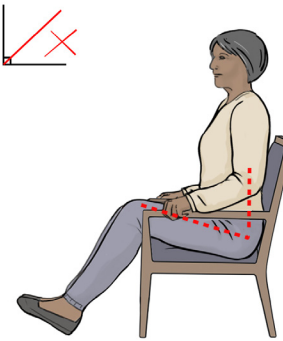
In order to protect your new hip, there are certain movements you will not be able to do after surgery.

After surgery:

DO NOT bend at the hip more than 90 degrees. This includes movements such as bending over to tie your shoes or reaching for something on the ground.



DO NOT sit with your hips lower than your knees.



DO NOT cross your operated leg over your other leg.



DO NOT turn your operated leg inward.



DO NOT twist at the waist.



Your surgeon will tell you when it is safe to do these movements again.

Exercises

This section outlines the hip exercise program you will do after your surgery. It is important that you practice these exercises **before surgery** to help strengthen your muscles and maintain your hip joint movement before surgery. A positive attitude, practice, proper pain management, and rest periods will help get you through.

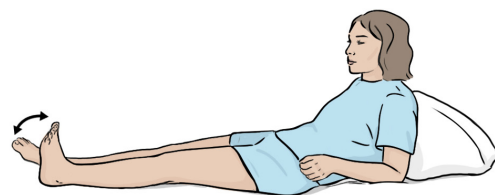
The following exercises should be done on a firm surface **twice a day** with both legs before your surgery to help with your recovery.

Gradually increase from five to 10 repetitions. If pain is increased for more than two hours after the exercises, you may be doing too much. Take a rest. Start over with fewer repetitions.

It is important to do your exercises and stay active to help prevent blood clots after surgery

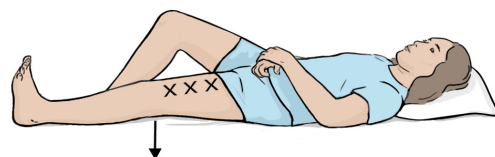
1. Ankle Pumping

This helps to circulate the blood in your legs while you are less active. Pull your toes up toward you bending only at the ankle. Then, push your toes down away from you. Pump so that you can feel the back of your calf tightening and relaxing.



2. Quad Sets

With your operated leg out straight, pull your toes up toward you, tighten the muscle on the front of your thigh as if to press the back of your knee down onto the bed. Hold for five seconds. Relax, Repeat.



3. Hamstring Sets

Lie on your back with a rolled-up towel or pillow under your knee. Pull your toes up toward you and push your heel into the bed. You should feel the muscles in the back of your thigh tighten. Hold for five seconds. Relax. Repeat.



Note: No knee movement should occur with this exercise.

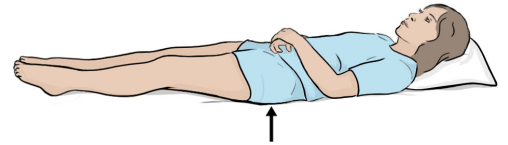
4. Quads over the Roll

Lie on your back with a rolled-up towel or pillow under your knee. Pull your toes up toward you and lift your heel off the bed to straighten your knee. Keep the back of your leg resting on the rolled towel. Hold for five seconds then slowly lower. Repeat.



5. Glute Sets

Squeeze your buttocks together. Hold for five seconds. Relax. Repeat.



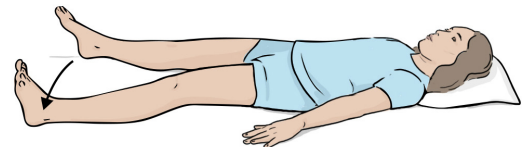
6. Bending your knee

Gently bend your operated leg by sliding your heel toward your buttock. Keep your buttocks on the bed. Do not allow your leg to fall inward or outward. Do not bend your hip past 90 degrees. Slowly return your leg to the starting position. Relax. Repeat.



7. Hip Abduction

Slide your operated leg out to the side six inches or 15cm. Do not lift your leg up. Keep your toes pointed upward. Return your leg to the starting position. Relax. Repeat. If you are having difficulty, put a sock on your foot and a plastic bag under your leg and try again.



COMPLICATIONS

If you have general concerns regarding your recovery, you can contact the nursing unit:

Saint John Regional Hospital
3CS Orthopedics at 506-648-6213

St. Joseph's Hospital
6th Floor at 506-632-5589



Remember, bruising and swelling after surgery are normal. It is important to follow the instructions you were given after surgery such as wearing compression socks, elevating, and icing your leg, and resting when needed.

There are certain complications where you **SHOULD** contact your surgeon. This includes:

1. A sudden increase in bruising or bleeding from your incision.
2. You have nausea and vomiting that won't go away.
3. You have a fever higher than 38°C (100.4°F).
4. Your incision is red, warm and/or you see a yellow/green drainage coming from it.
5. You are having uncontrolled pain despite taking your pain medications (including Tylenol) as prescribed.



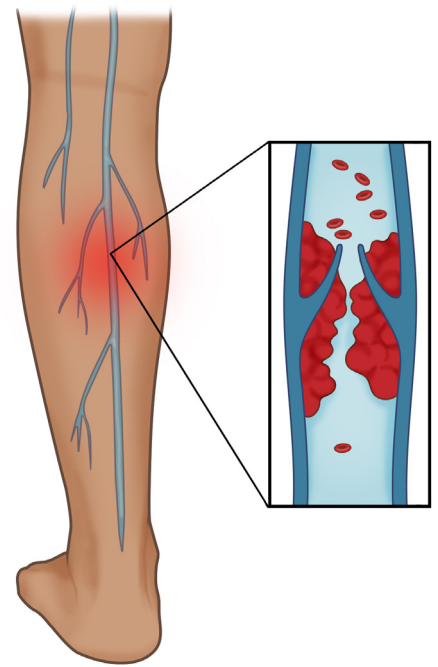
YOU MUST call your surgeon's office if you have been prescribed antibiotics for an infection in your cut by someone other than your surgeon.

PREVENTING BLOOD CLOTS

Blood clots can develop in the deep veins of your legs after surgery. This is often due to a lack of movement, which is why getting up and walking soon after surgery is so important.

To help prevent blood clots, you will be given a prescription for blood thinners to take at home.

YOU MUST TAKE THIS MEDICATION AS PRESCRIBED BY YOUR SURGEON.



There is a small chance that if a blood clot forms it can travel to your lungs. If you have sudden shortness of breath or you are coughing up blood, **go to the nearest emergency department.**

While resting in bed, it's important to do your leg exercises as described on **page 32** to help promote good blood flow in your legs.

Go to the nearest emergency department if you experience any of these symptoms



- Pain, tightness or pressure in your chest
- New or worsening shortness of breath or difficulty breathing
- A significant increase in pain, swelling, or redness in EITHER leg
- Sudden and severe increase in pain in your new joint

FREQUENTLY ASKED QUESTIONS

When can I go back to work?

Your surgeon will discuss this with you. It depends on the type of work you do, but, generally, you should plan to be off work for 6 to 12 weeks.

When can I drive?

You can usually drive 4 to 6 weeks after surgery; however, you must have full control of your operated leg and must be no longer taking opioids. If you are unsure, you should discuss this with your auto insurance provider and with your surgeon at your follow-up appointment.

When can I resume sexual activity?

Usually, you can safely resume sexual activities 6 to 8 weeks after your surgery. You will need to maintain your hip restrictions if you resume sexual activity before 6 to 8 weeks. To get a sense of safe sexual positions, see this link:



Will I need to go on antibiotics before seeing my dentist?

For most procedures at the dentist, you will not have to take antibiotics beforehand. It is important, however, to let your dentist know you've had a hip replacement in case your treatment plan needs to be adjusted.

When can I go back to playing sports?

This will vary depending on the sports you enjoy. This is a talk you should have with your surgeon.

What can I do to help me sleep after surgery?

There are several things you can do after surgery to help you sleep, including:

- limiting your caffeine intake, especially after 4 p.m.
- taking a late afternoon walk to help your body feel tired
- trying not to nap during the daytime
- sleeping on your side when it's comfortable, making sure you keep a pillow between your legs

When can I travel by plane?

If you are planning a trip, discuss this with your surgeon. It is recommended that you wait three months before taking a trip that will not involve physical activity. There is no specific documentation required from your surgeon to pass through security while flying. Always check with your insurance provider when traveling by air or anywhere outside the country.

CONTACT INFORMATION

Saint John Regional Hospital

General Inquiries: 506-648-6000

3CS Orthopedic Inpatient Unit: 506-648-6213

St. Joseph's Hospital

- General Inquiries: 506-632-5555

- 6th Floor Orthopedic Inpatient Unit: 506-632-5589

Surgeons & Nurse Associate

Dr. Stephen Connolly: 506-648-6485

Dr. Darren Kerr: 506-648-7872

Dr. James Wagg: 506-648-7902

Dr. Brendan Sheehan: 506-633-9016

Orthopedic Nurse Associate: 506-648-7030

Pre-Assessment Clinic

Direct all calls to 1-506-648-7221

Open Monday to Friday from 7:30 a.m. to 2:30 p.m.

Registered Dietitian

Direct all calls to 1-506-648-6018

Open Monday to Friday from 8 a.m. to 4 p.m.

Meals on Wheels

1-506-658-1888

OTHER SERVICES AVAILABLE TO YOU

Patient Representative Services

If you have any questions or concerns regarding your hospital stay, please call 1-844-225-0220.

Spiritual Care Services

For more information, please click [HERE](#) or call 1-506-648-6014.

Indigenous Patient Navigator

For more information, please click [HERE](#) or email Indigenous.Health@HorizonNB.ca.

Smoking

If you are ready to quit or reduce your smoking and need help with a plan and Nicotine Replacement therapy, please speak to your primary health care provider, call 1-866-366-3667 or [CLICK HERE](#).

Alcohol

If you, or a family member or friend, feel that you have a problem with your drinking you should speak with your primary health care provider before your surgery.

If you feel you need addiction support, please call **Addiction and Mental Health Services** at the Mercantile Centre (506)-658-3737 to make an appointment.

If you are active in your addiction and need help detoxing safely before surgery, call **Ridgewood Detox** at (506)-674-4333 to request an admission.

TV Services

To rent a TV in your hospital room (Saint John Regional Hospital ONLY), call 506-648-7800. You will need to pay with cash or a credit card.

Hospital Services

	Food and Coffee	Gift Shop	ATM	Multi-Faith Chapel
Saint John Regional Hospital	Fast Break & Cafeteria Level 2	Main Lobby Level 1	Main Lobby Level 1 Near Fast Break Level 2	Near Cafeteria Level 2
St. Joseph's Hospital	Cafeteria Level 2	Main Lobby Level 1	Main Lobby Level 1	Near Main Lobby Level 1

Parking

	Hourly	Daily	Weekly	Payment
Saint John Regional	\$2	\$8	\$20	Credit, Debit or Cash
St. Joseph's	\$2	\$8	-----	Credit

Please note: these rates may change.

Please remember all Horizon properties are smoke-free and fragrance-free.

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