

Notes or questions to ask.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



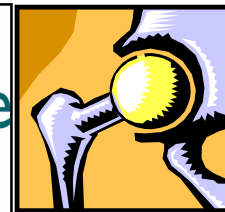
---



---



---



PATIENT  
PATHWAY

TOTAL HIP  
REPLACEMENT

**The following checklist is to assist you in preparing for your admission to hospital.**

Please confirm your Admission and Fasting time by phoning **5381 9265** between the hours of 1 -3 pm, the day before your operation:

- Admission Date:**  
Report to Hospital Reception on.....
- Confirm your Admission Time:**.....
- Confirm your Fasting Time:** .....

**Shower morning of your surgery** no powder, no deodorant, no make-up, no jewellery and no nail polish. Wedding ring **ONLY** can be worn.

**BEFORE YOUR SURGERY YOU NEED TO WASH YOUR ..... HIP / THIGH with CHLORHEXIDINE in ALCOHOL washes on three separate occasions.**

- Date: .....evening
- Date: .....evening
- Date: .....morning

**Your Own Medication(s):** can be taken as directed with a sip of water on the morning of your operation unless otherwise advised.

**Do not take your:** .....

**From:** .....

**Blood Test to be done** (take **Blood Transfusion Record** request slip with you) **on:**

Date:..... Before: .....

At: .....

- Have you packed:** Own medications (tablets / drops / inhalers).....
- Eye glasses and / or hearing aids.....
- Toiletries, night clothes and casual day clothes for 3-4 days..
- This Patient Pathway Total Hip Replacement.....

**Discharge Arrangements:**  
Please arrange family/friend to take you home on discharge from hospital and to be with you for the first few nights. You will be discharged from the rehabilitation unit. The person picking you up from hospital is: \_\_\_\_\_

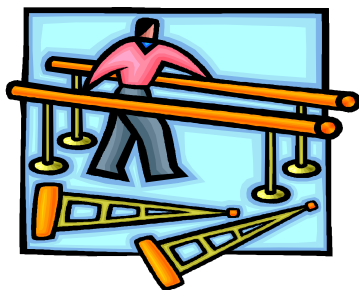
# TOTAL HIP REPLACEMENT PATHWAY

Welcome to the Wimmera Health Care Group. This Pathway provides an outline of the plan of care you may receive during your hospitalisation for surgery. Your doctor has recommended a Total Hip Replacement. The following information is provided to help you prepare for surgery.

**Please take time to read this leaflet.**

Please note this is only a guide and that care and treatment varies enormously, depending on the severity and diagnosis. Your doctor and nurse will talk to you about this. Please use this pathway to help understand your condition and care.

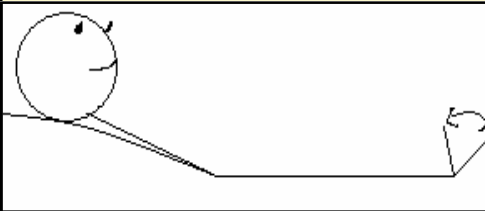
We recommend filling in the checklist on the front of this pamphlet to assist you in getting ready for your hospital stay. We request you place this pamphlet on your fridge door with a magnet.



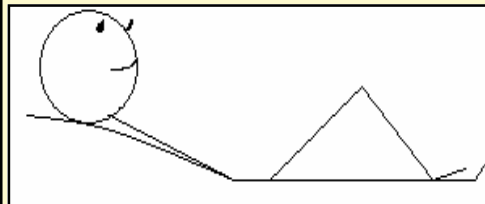
**These exercises should be commenced as soon as you wake up on the day of your operation.**

## 1. Exercises for Circulation

- Move feet up and down. Repeat 10 times every hour.
- Circle feet in a large circle. Repeat 10 times every hour.



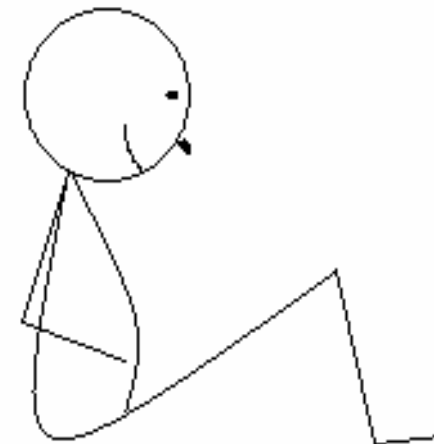
- Bend one knee upwards. Keeping the heel on the bed then slide it down again, repeat with the other. Repeat 5 times every hour.
- With your legs straight, stiffen



your legs and tighten your bottom, hold for a count of 5 and then relax. Repeat 5 times every hour.

## 2. Breathing and Coughing

- Deep breathing: When sitting or lying, place your hands on the sides of your lower ribs. Breathe deeply making sure your ribs move under your hands. Relax, and breathe out slowly. Repeat 5 times every hour.



- Huffing to assist coughing: Breathe deeply and huff on outward breath. Repeat twice every hour.
- Coughing: Breathe in deeply and cough. Repeat once every hour.

**Disclaimer:** This patient pathway is intended as a guide only. As each patient is an individual and responds differently, the care plan may alter. If you have questions, please discuss with your Doctor or Nurse.

## Call Your Doctor

See or call your family doctor right away if you have:

- sudden pain and tenderness in your hip or leg
- drainage from your incision
- pain in your chest
- trouble breathing
- you feel hot or have an increased temperature



## Your Health Care Team

**Your Orthopaedic Surgeon:** Mr. Csongvay Phone – 5333 5794  
(Visiting from Ballarat) or  
Mr. Patrikios, Phone – 5332 8099

**Your Nurse Unit Manager:** Mrs Janette McCabe, Phone -5381 9258  
(Oxley ward)

**Your Preadmission Nurse:** Mrs. Tracey Daffy, Phone — 5381 9348

**Rehabilitation Unit:** Phone — 5381 9333

Your Physiotherapist:.....

Your Occupational Therapist:.....

## HIP REPLACEMENT SURGERY : WHAT DOES THIS MEAN?

Total hip replacement surgery is usually recommended when the smooth surface covering your hip joint, called cartilage, wears out, making the ball and socket of your hip joint rough. The ball is the head of the thighbone (femur), which fits into the cup shaped bone in the pelvis (acetabulum). Ligaments and muscles hold the joint in place. When you have a total hip replacement, the damaged areas of bone are removed and an artificial ball and stem, which fits into the thigh bone, replace the head of the femur. The socket is replaced with an artificial cup.

Your hip replacement surgery will reduce the pain and stiffness in your hip and allow you to be more active. The operation is only part of becoming more active; you will need to prepare for the operation and work to regain your strength and mobility. This booklet will help you to understand what will happen and how you can do your part to become more active.

### **Risks and Complications**

Your surgery will be performed safely and with care in order to obtain the best possible result. However, all surgery involves some risk of complications because individuals differ in their response to surgery and anaesthetics. You are encouraged to take part in all decisions to help get the best possible result. Please feel free to speak up if you have any questions and expect answers you understand.

## PREADMISSION CLINIC

### Treatment and Observations

#### At preadmission clinic you will have:

- blood tests
- ECG (heart tracing)
- chest and hip x-ray
- a doctor examine you and explain your operation
- your blood pressure, pulse, temperature and weight measured
- your urine tested.



### Medications

#### Preadmission clinic staff will:

- discuss anaesthetic and alternatives for pain management, which may be: epidural, intravenously through a drip or patient controlled analgesia (PCA)
- review your current medications (you may be advised to stop taking certain medications prior to surgery).

### Nutrition

- You will be instructed to fast for 6 hours before your surgery
- You may take sips of water up until 2 hours before hospital admission.

### Mobility

The physiotherapist will assess your mobility.

### Personal Care

#### The Occupational Therapist will:

- discuss your self-care, home equipment and support needs
- arrange a home visit, if required.

### Discharge and Education

#### The nurse will:

- discuss plans for your discharge
- give you information on what to expect after surgery, positions to avoid and how to move safely with your new hip.

Rehabilitation is about independence or about you going home as quickly as possible and getting on with your life.

### Community Rehabilitation Centre

Some of your rehabilitation programs may be conducted in the Community Rehabilitation Centre. The Centre has a large therapy area with equipment and parallel bars for patients to practise different activities. Members of your family are welcome to be with you if you wish.

### Clothing and Aids

When you are having rehabilitation you will be out of bed and dressed in day wear every day. This is a very important aspect of your rehabilitation: you will feel better and you will be able to work effectively when you are dressed.

#### Items of Clothing and Aids Needed for your Rehabilitation Program:

- **Rubber-soled walking or gym shoes**
- Two or more changes of day clothing
- Tracksuit or other clothing for exercise
- T-shirts, loose shirts or blouses
- Socks and underwear
- Warm jumper or windcheater
- Glasses if required
- Hearing aids
- Dentures
- Walking aids, e.g. frames, walking stick



## TIPS TO PREVENT FALLS

- Wear non-skid support shoes.
- Clear hallways of clutter.
- Remove scatter rugs.
- Use your walking aid at all times - even for short distances.
- Get up and down slowly from a chair.
- Hem pants that are long in length.
- Keep living areas well lit.
- Clean up spills right away.
- Put items you use often within easy reach.
- Ask for help when you need it.
- Take your time (for example, do not rush to answer the telephone).

## REHABILITATION INFORMATION FOR INPATIENT

### Rehabilitation

Rehabilitation is the process of restoring disabled people to their maximum level of independence following illness or accident.

The rehabilitation service at Wimmera Base Hospital can assist in the process by helping you overcome difficulties with activities such as movement, mobility, balance, speaking, dressing, eating, drinking or remembering. These problems may have resulted from a variety of conditions including:

- Head injuries, stroke or other neurological condition
- Fractures, joint replacements and other orthopaedic conditions
- Amputations
- Falls
- Immobility due to surgery
- Other

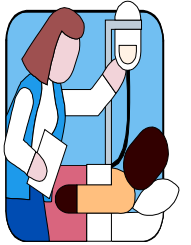
## DAY OF ADMISSION / SURGERY

Please present to the Admissions Office, (main Reception) at the time which has been arranged. From there you will be directed to the Day Procedure Unit. You will not go to the ward until after your operation.

### Treatment and Observations

At the Day Procedure Unit:

- your pulse, blood pressure, breathing rate, oxygen levels and temperature will be measured on admission and then often for the first 24 hours.



You will:

- have a drip to administer intravenous fluids and medications
- have oxygen for the first 24 hours.

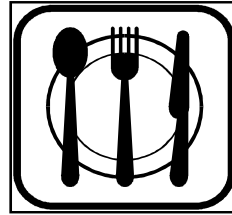
After the operation, when you have sufficiently recovered, a nurse and an orderly will move your bed into the ward.

### Medication

- **Before surgery** you may be given an injection/tablet to help you relax.
- **Post surgery, pain relief** for the first 24 hours will be either through an epidural or intravenously through a drip.
- **Antibiotics** will be given through a drip for 24 hours to help prevent any infection.
- **Blood thinning injections** will be administered after your surgery, until discharge. These medications help to prevent Deep Vein Thrombosis (DVT) complications.

## Nutrition

**You will have nothing to eat and drink** before surgery and then 4 hours after surgery, after which you can have ice chips and sips of fluid as tolerated. **Please advise the nursing staff if you are feeling nauseated.**



## Mobility

### Post surgery you will:

- have a special soft mattress on your bed
- need to remain in bed for 24 hours
- be correctly positioned in bed by the nurse, using the rolling frame to assist with turns
- need to do your deep breathing and coughing exercises every hour.

## Personal Care

- **Shower at home before admission and use the antiseptic skin wash.**
- No powder or jewellery to be worn.
- **After surgery** you will be given a wash in bed.

## Bladder and Bowel Care

- You may have a tube in your bladder (catheter) to drain urine.

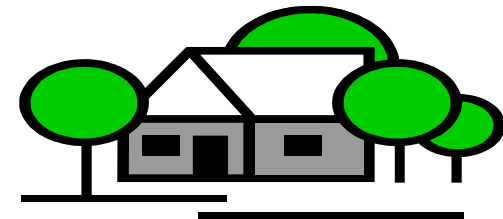
## Wound Care

### You will:

- have 1-2 drain tubes in your wound, which prevents collection of fluid
- have a large dressing on your hip.

## AT HOME

- The operated leg will tend to swell throughout the day. Overnight this swelling should settle. If you develop **calf tenderness**, soreness or become breathless, please **contact your GP or present to the Emergency Department immediately.**
- The skin around the wound will remain warm when compared to the non-operated hip. There may be some bruising in the first 3 - 4 weeks.
- It takes at least 3 - 4 months to fully recover. For the first 5 - 6 weeks you will find you have moderate pain at times and may need pain relieving medications, such as Panadol, Panadeine or Capadex.
- Some pain medications can have constipating side effects. A high fibre diet and exercise will help maintain regular bowel habits. A laxative may be required. Ask your Pharmacist or your GP for advice on suitable laxatives.
- You have been given a list of basic exercises. Remember to do these and include walking in your exercise program. The walking you do should be on the basis of a little and often. Continue to use your crutches/walking frame until you see your surgeon. There is no hurry to get rid of them.
- **Do not change** rapidly from what you were doing in hospital. In hospital you were resting for periods, you were sitting out of bed for periods and you were exercising for periods. When you go home remember, change slowly and you will find that gradually you will recover not only from a strength point of view but also in confidence.



## DAY 7 AND DISCHARGE DAY

### Treatment and Observations

#### You will have be given:

- an appointment to see your surgeon in six weeks time; you will need an x-ray taken the week before this appointment
- a request slip for this x-ray before you are discharged, (you will then need to pick up the x-rays from the Radiology Department to take with you to see the surgeon
- an appointment for removal of stitches/staples (if not already removed)
- x-rays to take to your surgeon at the six week visit.

### Medications

- Your own medications will be returned to you with your discharge drugs.

### Mobility

- You will need a \$30 deposit for a walking aid.
- You will not be charged for the first 4 weeks use of the walking aid and will pay \$5 per week thereafter, if needed.
- **You will be discharged from the Rehabilitation Centre** – a therapist will help you into the car.

### Personal Care

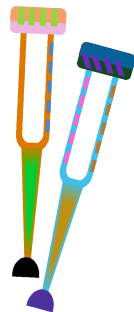
- The Occupational Therapist will provide you with equipment for use at home, as discussed at your pre-operative visit, such as an over-toilet seat.

### Wound Care

You will be given a wound care pamphlet to take home.

### Discharge and Education

- You must have someone arranged before admission to pick you up on discharge day.
- You will be discharged from the Rehabilitation Centre.



## DAY 1 AFTER SURGERY

### Treatment and Observations

#### You will have:

- a blood test
- a blood transfusion if your blood count is low
- your temperature, pulse and blood pressure checked every 4 hours (more often if you require blood)
- your oxygen ceased if the levels are satisfactory.

### Medications

- **Pain relief** will continue.
- **Medication for nausea** may be given via your drip.
- Other routine medications will be given as ordered by your doctor.

### Nutrition

- You may have fluids and a light diet.

### Mobility

#### The physiotherapist will:

- see you and check your chest, encouraging you to do your deep breathing exercises hourly
- assist you to get out of bed with a walking frame and sit in a chair.

#### The nurse will:

- reposition you regularly
- ensure the pillow is kept in place.

### Personal Care

- You will have a wash in bed.

### Wound Care

- **Your wound dressing** will be checked frequently.
- A small amount of ooze from the wound is not unusual.
- Drain tubes are removed on Day 1.
- The dressings may be changed.

### Discharge and Education

- A nurse will assess you for Post Acute Care—services that you may need after discharge.



## DAYS 2, 3 AND 4 AFTER YOUR SURGERY

### Treatment and Observations

- You will be seen each day by a hospital doctor, who will contact your surgeon as required.
- Intravenous fluids will be stopped when you are drinking enough, after which the needle can be removed.
- Your temperature, pulse and blood pressure will be checked at least 4 times/day and then less often for the rest of your stay.

### Medications

#### Pain relief:

- The medication through your vein or epidural will be stopped.
- Tablets or injections will be given for pain.
- Some medications may cause constipation - you will most likely require a laxative.
- **Please tell your nurse if you have pain or discomfort.**

### Nutrition

- You should be able to eat and drink normally.

### Mobility

- **The physiotherapist** will help you to walk with a frame on Day 2 or 3.
- It is important to follow instructions from staff when getting in and out of bed.

### Bladder and Bowel Care

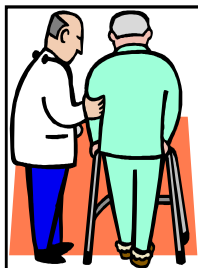
- If you have a catheter in your bladder, it will be removed.
- If you have not used your bowels, your nurse will give you a laxative.

### Wound Care

- You will have the dressing over your wound checked daily.

### Discharge and Education

- Education continues throughout your hospital stay.



## DAY 5 & 6 AFTER YOUR SURGERY

### Treatment and Observations

#### You will have:

- arrangements made for the removal of stitches/staples in Community Rehabilitation Centre (CRC), or on your last day in hospital, dependent on your surgeon
- alternative arrangements made if you live outside of Horsham
- an x-ray to check your hip.

### Medications

- **The Pharmacist** will supply medications for you to take home on discharge and discuss any new medications with you.

### Mobility

#### You should be:

- able to continue mobilising with the frame or crutches
- able to get in and out of bed
- able to negotiate stairs.

### Personal Care

#### You should be:

- relatively independent and self caring
- able to shower and dress yourself using long handled aids, if necessary.

### Wound Care

- Your wound should be dry, although a little redness and swelling is not abnormal.

### Discharge and Education

- If your surgeon wants you to have blood thinning injections at home, the District Nurse will visit to discuss arrangements.

