



Getting ready for and recovering from Hip Replacement (Arthroplasty) Surgery



Central and North Island Hip & Knee Centres



Island Health Surgery Resources

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About These Materials

This booklet was developed with input from doctors and health care providers. It provides specific information to help you prepare for your surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or patient navigator¹ gives you information that is different than what is in this booklet, please follow their directions.

This booklet is meant to be read with the *Getting ready for and recovering from Surgery* booklet; it provides general information to help you prepare for your surgery and recovery. It is important that you read both booklets. You can find copies by:

- Asking your surgeon's office, or the Pre-Admission Clinic.
- Printing it from Island Health's website, where you will also find more information about going for surgery:

www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery



Help Your Care Team Help You!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

Surgical Services, Island Health

¹ A patient navigator may be part of your care team. Patient navigators are healthcare professionals who help patients 'navigate' through their care journeys - from before surgery to when they are discharged.

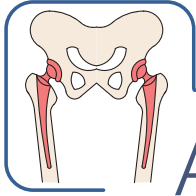
About the Hip & Knee Centres

The Central and North Island Hip & Knee Centres provide a single point of contact for patients and families navigating their surgical journeys. There is a central intake and standardized referral processes for potential candidates requiring total hip or knee replacement surgery.

The Purpose of the Hip & Knee Centre is to:

- Support you throughout your surgical journey.
- Provide you with a key point of contact.
- Improve your surgical choice and readiness.





About Your Hip Surgery

Your likely length of hospital stay is **1-2 days**. You may go home earlier or later, depending on your recovery.

Total hip replacement surgery is done to replace a diseased hip joint with an artificial one, known as prosthesis.

Hip Anatomy

The hip joint is made up of a ball and socket. The ball is the round head of the thigh bone (femur) and it moves in the socket of your pelvis (the acetabulum). The ball and socket is what allows you to move your hip in many directions.

There is a layer of cartilage around the joint, providing lubrication for smooth movement. The joint is strengthened and supported by muscles and ligaments.



Hip Disease

Osteoarthritis (also called *degenerative joint disease*) is the most common reason for hip replacement surgery. Other conditions that may lead to joint replacement are inflammatory arthritis, injury, or significant deformity.

Osteoarthritis occurs when the cartilage around the joint wears away. When this happens, the surfaces of the joint become rough and uneven. Movement usually becomes painful because the two joint bones no longer move against each other easily.

Osteoarthritis usually happens in joints that bear body weight, like knees, hips and shoulders.

Joint replacement surgery is one way to repair the damage caused by osteoarthritis.

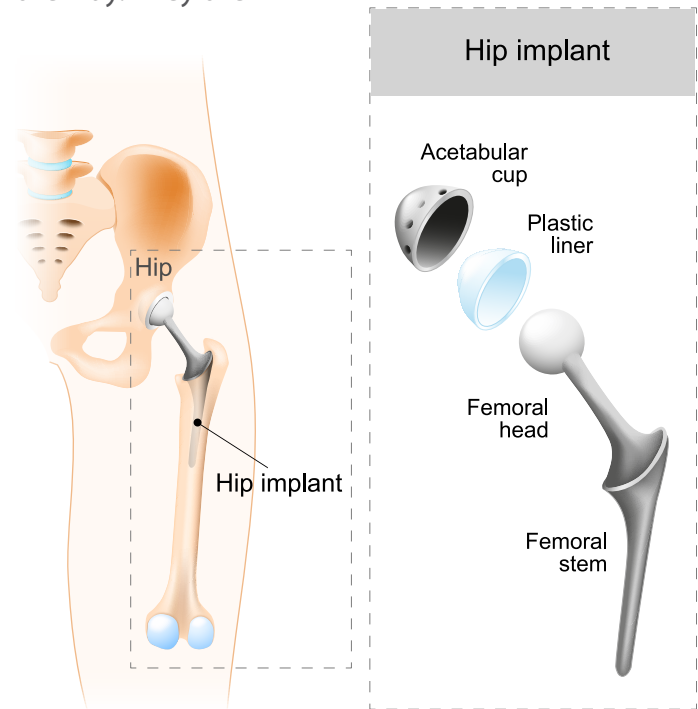


How the Surgery is Done

The surgeon makes a cut (incision) along your hip joint and moves the muscles and ligaments out of the way. They then cut out the head of the femur and replace it with a ball and stem.

The surgeon then makes your pelvis socket larger and smoother, and lines it with an artificial (prosthetic) cup.

Once the artificial pieces are 'fixed' in place, the joint is put back together with the ball fitted into the cup. The muscles and ligaments are then repaired and the skin is closed with stitches or staples.



How the Surgeon Fixes the New Surfaces

During the surgery, the orthopedic surgeon removes the worn-down cartilage and bone to replace them with artificial surfaces. Applying the new surfaces is called *fixation*.

The type of fixation that the surgeon uses is based on many things, such as age, disease type and bone quality. The joint may be:

- **Cemented:** The artificial joint is secured with a quick-hardening adhesive.
- **Un-cemented:** The artificial joint is closely fitted and covered with a rough material, encouraging the bone to grow into the artificial joint for increased stability. Some parts may be screwed in.
- **Hybrid:** One side of the artificial joint is cemented and the other is un-cemented.

A total hip replacement surgery (regardless of the type of fixation the surgeon uses) takes about 1-2 hours.



Getting Ready for Surgery



Exercising Before Surgery



Regular physical activity keeps the muscles in the rest of your body strong. You will be relying on these muscles more when you recover after surgery.

Exercising before surgery will help you recover faster and lower the chances of any problems. Exercise keeps the muscles around your joint strong; this helps take the pressure off the joint and may reduce your pain. It also keeps your joint flexible and improves your overall ability to move.

Daily physical activity will be a big part of your recovery for at least 1 year after surgery. Exercising before surgery will build up your confidence and knowledge of how to exercise after surgery.

How Much Exercise to Get

The Canadian Physical Activity Guidelines recommend building up to at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week.

This can be done in chunks of 10 minutes or more. This works out to 30 minutes each day, 5 days a week.



The guidelines also recommend strengthening and balance exercises 2 days per week. Choose exercises that put less stress on your joints, such as pool exercises (swimming, water walking, water aerobics), riding a stationary bike, or walking with poles or a cane.

Strengthening Exercise

It is important to do strengthening exercise before and after surgery.

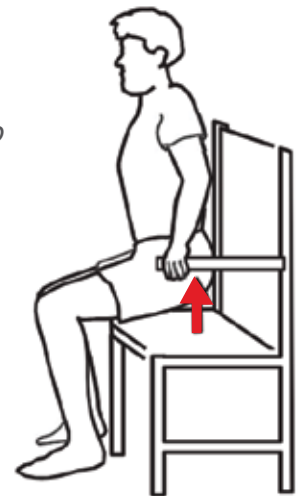
An important strengthening exercise to do before surgery is arm-chair push-ups (instructions below).

For more strengthening exercises, see *Your Early Exercise Program for Hip Replacement* on page 21 of this booklet.

Armchair Push-Ups

It is important to strengthen your arm muscles before surgery because you will be using them more often as you recover.

1. Sit on your chair, and put your hands on the armrests with your elbows bent.
2. Push through your hands to lift your body by straightening your elbows.



Walking With a Cane or Walking Poles

Before surgery, you could start using a cane or walking poles; they will help take the stress off your joint and may also decrease your pain. A cane or walking poles give extra support to your other joints, which need to work harder to make up for your sore joint.

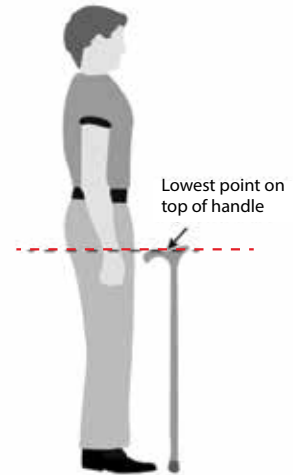
If you are limping or having pain in another body part, you could try using a cane or other gait (walking) aid on a regular basis.

The physiotherapist at the Hip & Knee Centre will talk to you about the type of gait aids that are best for you.

Walking With a Cane

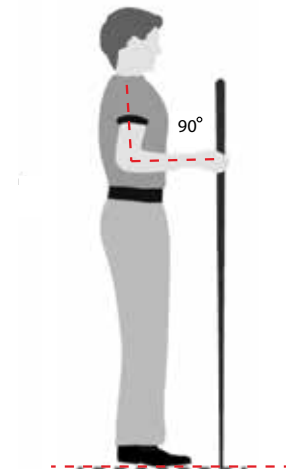
If you hang your arm loosely by your side, the top of the cane should be level with the crease of your wrist.

1. Hold the cane in the hand **opposite** your sore leg.
2. Move the cane and the sore leg forward, together.
3. Walk with even and equal-length steps, as close to normal speed as possible.



Walking With Walking Poles

1. Adjust walking poles so that your elbows are at a 90-degree bend when you grip the handles.
2. Move one pole and the opposite leg forward at the same time.
3. Walk with even and equal-length steps, as close to normal speed as possible.



Weight Management

Being overweight or underweight can affect how quickly, and how well, you recover from surgery.

Every extra pound you carry is like having 3-6 pounds of force on your joint. If you are overweight, losing weight slowly before surgery is best. Try to lose up to 1 pound per week; you may have less joint pain and be able to do more activities.

Whether you are overweight or underweight, it is important to eat well before surgery. If you are worried about your nutrition, talk to a dietitian. You can talk to a dietitian for free through HealthLink BC (www.healthlinkbc.ca, or phone 8-1-1).



Preparing Your Home for After Surgery



Before you come for surgery, think about what you will need when you get home (or wherever you will be staying).

Making the following changes to your home before surgery will make it easier for you later.

- If possible, arrange your home so that you can spend most of your time on a single level. Consider setting up a sleeping area on the main floor.
- Make sure all stairs have stable, solid railings.
- The seat height of all chairs that you sit on should be at least 2" (5 cm) above the bend in the back of your knees. Use a firm (high-density) foam cushion to increase the height of the chair if necessary.
- Make sure you have enough space to use a walker.
- Try to use chairs with arms.
- Move items that you use often, to counter height. You will not be able to bend low to pick up anything.
- Remove all throw/scatter rugs and anything else that could cause you to trip.

If you think you will need extra care or home support after surgery, please talk to your patient navigator or the rehabilitation therapist you meet at your pre-surgery education session. They can direct you to resources to help you organize your own care after you leave the hospital.



Equipment You Might Need While You Recover at Home

After surgery you may need some equipment to help you while you recover at home.

At your pre-surgery education session, Rehabilitation Services will tell you about the equipment you might need at home, and where you can get it.

It is important that you pick up all the necessary medical equipment and set up your home **at least 1 week before surgery.**

Some equipment can be borrowed through the Red Cross Loan program. All items require a referral.

You can also buy equipment from an equipment vendor. Equipment you buy might be covered by extended health benefits; check with your benefits provider.



2-wheeled walker



**Firm (high-density) foam cushion;
2", 4" or 6" (5, 10 or 15 cm) thick**



Cane



Shoehorn with a long handle



Reacher with a long handle



Sock aid



Raised toilet seat; 2", 4" or 5"/6" (5, 10 or 15 cm) high



Toilet safety frame



Shower stool (with adjustable height)



Bathtub transfer bench (with adjustable height)

Other equipment to consider:

- **Commode**
- **Clamp-on tub/shower grab bar**
- **Bed rail assist**
- **Flexible gel ice packs**
- **Long-handled sponge**
- **Hand-held shower head**
- **Non-slip bathmat**
- **Slip-on shoes, or shoes with elastic shoelaces or Velcro®**
- **Leg-lifter strap**
- **Crutches (underarm)**
- **Crutches (forearm)**

Your Pre-Surgery Education Session

After you have accepted a surgery date, you will be contacted to arrange your Pre-Surgery education session appointment.

At this session you will:

- Learn what to expect after surgery.
- Learn about the rehabilitation process.
- Be given your Red Cross equipment requisition and learn how to use the equipment you will need.

Attending this education session is a necessary step in preparing for surgery.

Medications

Most medications can be taken as usual, up to and including the day of surgery. However, there are some medications that must be stopped before surgery to lower the chance of complications.

Please follow the instructions given to you by your healthcare team.

What to Bring to the Hospital

Bring loose-fitting clothes that are easy to put on and take off, and comfortable closed-toed shoes that are easy to put on and take off (e.g., slip-on shoes, or shoes with elastic shoelaces or Velcro®).

- If you use a CPAP machine, please bring it to the hospital with you.
- It is a good idea to label all of your belongings with your name.





What to Expect After Your Surgery



Incisions

Your incision is closed with stitches (sutures), staples or dissolvable stitches, and steri-strips. You may have a drain on your leg that collects blood from your joint.



Activity

Being as active as you can after surgery will help you recover quicker and will help to prevent problems. Physical activity will help to improve the function of your joint; it will also help clear your lungs, reduce your risk of blood clots, reduce your pain, and start your bowels moving.

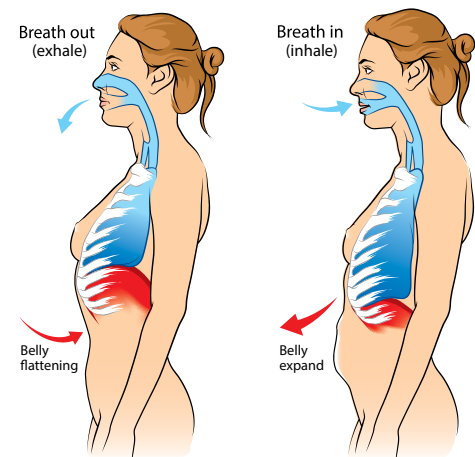
You will be helped out of bed the night of the surgery. Usually, this is only to stand for a short period or to try to empty your bladder.

After your surgery, it is important to do deep breathing and ankle-pumping exercises, especially while lying in bed.

Deep Breathing

1. Sit upright in a chair, or bring your head up if lying in bed. Have your arms supported.
2. Breathe in through your nose for 2 counts and feel your belly expand.
3. Breathe out through your mouth for 4 counts and feel your belly relax.

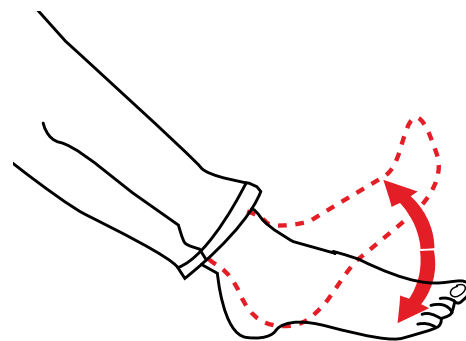
Repeat this exercise 10 times every hour you are awake.



Ankle Pumping

- **If you are lying down**, bring your toes towards your shins and then point them away from you.
- **If you are sitting**, place your feet flat on the floor, lift your toes up, then put them back on the floor; then lift your heels up and then put them back on the floor.

Repeat this exercise 10 times every hour you are awake



Members of Rehabilitation Services will help you get active after your surgery:

- A **physiotherapist** will work with you while you are in the hospital, to teach you your exercise program, how to walk with a walker or crutches, and how to use stairs safely.
- A **rehabilitation assistant** may also help you with your walking and exercises.
- An **occupational therapist** may review how to do your daily activities, such as dressing, while making sure that you are protecting your new joint.



Movements to Avoid After Surgery

When you wake up after surgery, you may have a wedge-shaped pillow between your legs. This is to help you stay in a safe position for your hip while you are asleep. Your surgeon will tell you what movements you should not do, or avoid doing, after surgery. This is to help you heal properly. The following movements are ones that most patients are told to avoid after hip replacement surgery.

For up to 3 months after your surgery, unless your surgeon tells you otherwise:



Do not bend your hip past 90 degrees.



Do not cross your legs at the knees or ankles.



Do not twist your body or legs.



Do not move your leg away from the midline of your body.



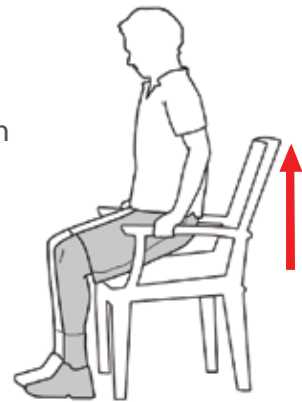
Daily Activities

Every day we move without thinking about *how* we are moving. While you are recovering from your surgery, however, you need to be careful how you move. This is to make sure you avoid pain and heal as quickly as possible.

- Practice moving in the ways described below, **before** your surgery, so you are familiar with them.
- Follow the instructions below when making any of these movements **after** surgery.

Sitting/Standing

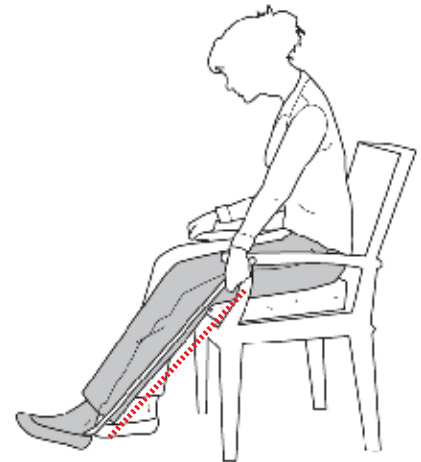
- Choose a chair with arms.
- The chair seat must be at least 2" (5cm) above the bend in the back of your knees.
- Always put your surgical leg ahead of your non-surgical leg before you sit or stand.
- Do not bend forward more than 90 degrees. Use the armrests to push yourself up.



Getting Dressed

- Sit on a chair or raised surface (see *Sitting/Standing*, above).
- Dress your surgical leg first.
- Use a long-handled reacher to get your underwear and pants over your foot and up your leg. Do not bend forward to pull them over your foot.
- Use a sock aid and a long-handled shoe horn to get your socks and shoes on.

You might find it easier to wear loose-fitting clothes and slip-on shoes or shoes with elastic laces or Velcro® until you are healed.



Getting Into Bed

- Sit on the edge of your bed.
- Slide back across the bed, using your arms for support, until your knee is supported by the bed.
- Swing your legs into the bed.

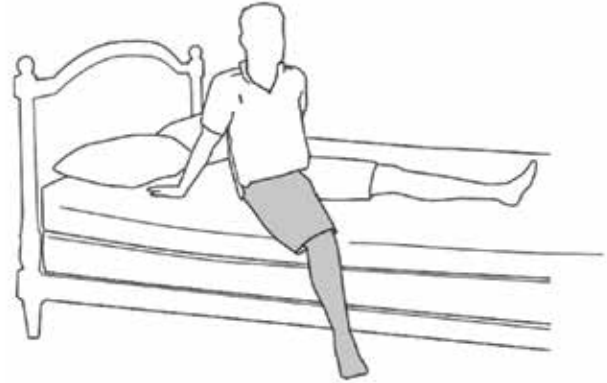
Avoid twisting!

Useful Tips for Getting Out of Bed

- If needed, use a leg-lifter strap to help get your surgical leg in and out of the bed.
- A bed rail may also be helpful.

Getting Out of Bed

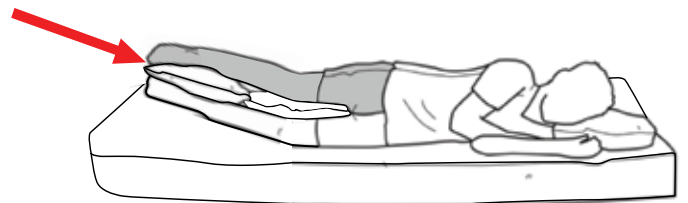
- Slide to the edge of the bed.
- Using your arms, push yourself up to sitting position.
- Slide your leg off the bed.



Sleeping/Lying Down

- It is normal to have difficulty sleeping in the first few weeks after surgery. You are encouraged to sleep on your back until it is comfortable to sleep on your side.
- If you are able/allowed to lie on your side, lie on whichever side is most comfortable.

Do not **cross your legs**. Put pillows between your legs to stop your surgical leg from falling across your non-surgical leg.



Using a Walker, Cane or Crutches

Your physiotherapist will tell you if you should use a two-wheeled walker, crutches or a cane after surgery. They will also tell you when you are ready to use a different walking aid.



Using a Walker or Crutches

1. Stand up and move the walker or crutches forward.
2. Step forward with your surgical leg.
3. Put as much weight as necessary on the walker/crutches and step forward with your non-surgical leg.

Going Up Stairs With a Cane or Crutches

Always use a handrail if there is one. If there is no handrail, use 2 crutches.

1. Hold your cane/crutch in one hand, grip the handrail in the other, and step up with your non-surgical leg first.
2. Follow with your surgical leg and the cane/crutch.
 - If you have a walker, ask someone to take the walker upstairs for you, or have a walker for each floor.

Going Down Stairs With a Cane or Crutches

Always use a handrail if there is one. If there is no handrail, use 2 crutches.

1. Hold the handrail with one hand and your cane/crutch in the other.
2. Put your weight on your non-surgical leg, and step down with your surgical leg and the cane/crutch.
 - You can bend your knee to where it's comfortable to help keep you stable as you go down the stairs.
3. Follow with your non-surgical leg, one stair at a time.

If you have stairs at home, the hospital physiotherapist will practice stairs with you before you leave the hospital. In the early stages of recovery, plan your day so that you don't need to do stairs very much; less is better!

This will help you save energy and avoid putting unnecessary stress through your new joint.





Blood Thinning Medications

After surgery your surgeon will prescribe blood thinning medication for you. This is because there is a risk of blood clots after surgery. Blood thinners lower the risk of getting blood clots. Take the blood thinning medication for as long as your surgeon tells you to.

Your surgeon will decide which blood thinner is right for you. Depending on the type of blood thinner, you maybe taught how to give yourself the injection while you are still in the hospital.



Going Home After Surgery

When you are discharged from the hospital you will not be able to drive.

- Please make arrangements to get home, before you come to the hospital for your surgery.
- You will need a friend or family member to pick you up when you are discharged from the hospital. If you do not have a friend or family member who can pick you up, you will need to make other arrangements (see below for options).
- Discharge time is 9 a.m., but you may be discharged earlier or later. Please let your ride know that they will need to be available if this time changes.



Transportation

Public Transportation

If you are going to take public transportation home after your surgery (taxi, HandyDART, private transportation service, volunteers, etc.) a friend or family member must be with you to help you get into your home safely. You cannot take public transportation home alone.

If you need help arranging for a transportation service or volunteer, please talk to your care team before you come for surgery; they will be happy to help you set up something.

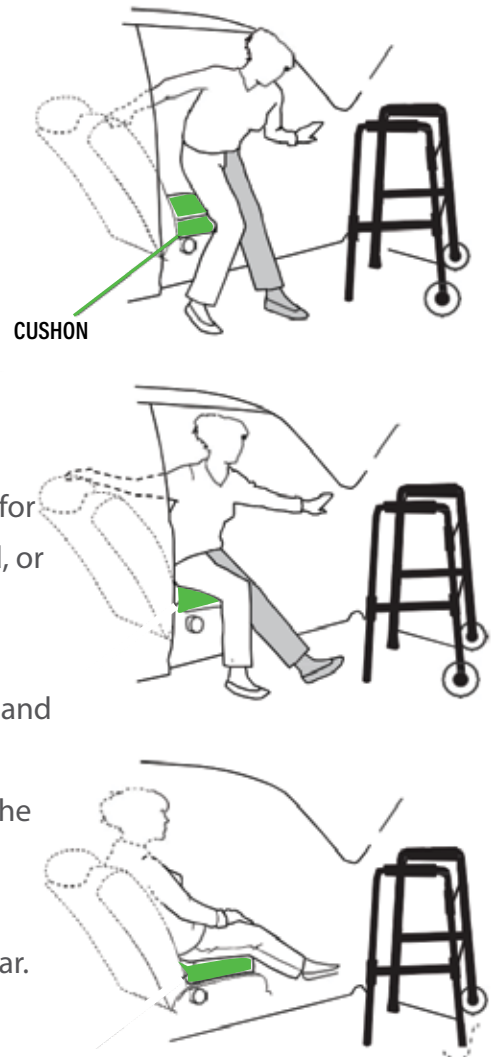
Getting Into and Out of a Car

If the car seat is low, you can use a firm cushion to raise the height.

1. Ask the driver to:
 - Slide the front passenger seat as far back as it will go.
 - Recline (put down) the seat back as far as it will go.
2. Back up towards the car until you feel the seat on the back of your legs.
3. Put both of your arms behind you and find something sturdy for your hands to rest on. This could be a grab bar, the dashboard, or the seat of the car.
4. Put your surgical leg forward before sitting down.
5. Lower yourself slowly to the seat using your arms to help you and slide your bottom as far back on the seat as you can.

Tip: Put a towel or garbage bag under your bottom to make the sliding easier.

6. Slide your bottom further back onto the seat.
7. Spin your bottom on the seat while lifting your legs into the car.
 - You might find it helpful to use a leg-lifter strap to lift your surgical leg into the car.
 - If you've been given hip precautions, make sure to maintain them when getting into and out of a car.





Incisions and Dressings

Your incision is closed with stitches (sutures), clips (staples) or dissolvable stitches, and steri-strips. If you have staples, they need to be removed 10-14 days after the surgery by a qualified healthcare provider.

A waterproof dressing (bandage) will be put over your incision before you go home. Your care team will check your dressing before you leave the hospital. They will change it if necessary.

When you are discharged, your nurse will give you specific instructions on caring for your wound and dressing. You will also be given a discharge form with specific information.

If you have further questions about your incision or the dressing, please ask your Care Team. It will take about 6-8 weeks after you get home for your incision to heal completely. While your incision is healing:

- **Do not** go into a sauna, pool, hot tub, or bath.
- **Do not** put any lotions, oils or ointments on the incision.



Physiotherapy After Surgery

After your surgery, you will begin going for physiotherapy.

Your first physiotherapy appointment will be about 2 weeks after your surgery date. Someone from Rehabilitation Services will make an appointment for you and tell you when it is.

Your physiotherapist will give you exercises to do at home; this is the most important part of your rehabilitation.

Your physiotherapist will review your home exercise program at your physiotherapy visits. As you recover, your exercises will be made more challenging.



Your physiotherapist will also check how well you are moving, and decide when you are ready to go from walker or crutches, to a cane.

Most people use a walker or crutches for 2-6 weeks after surgery. Do not stop using your walker/crutches too soon, as this will put too much stress on your new joint, and on the other joints in your legs and back. This can be painful and may slow down your recovery.

If you have questions about recovery and when you can start doing activities (like driving, working, or exercising at the gym), ask your physiotherapist, or talk to your patient navigator.

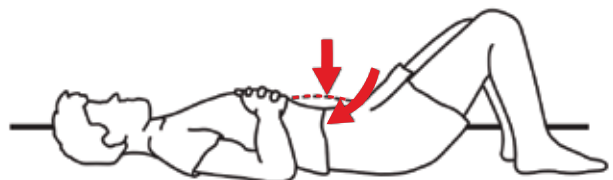
Your Early Exercise Program for hip replacement

All exercises below should be repeated 10 times, 2-3 times a day unless otherwise noted.

The following exercises should be done slowly and carefully. Do not hold your breath when you do them. If you feel any pain when you do any of these exercises, or after you do any of them, please stop the exercise and tell your physiotherapist. It is also helpful to practice these exercises *before* you go for surgery!

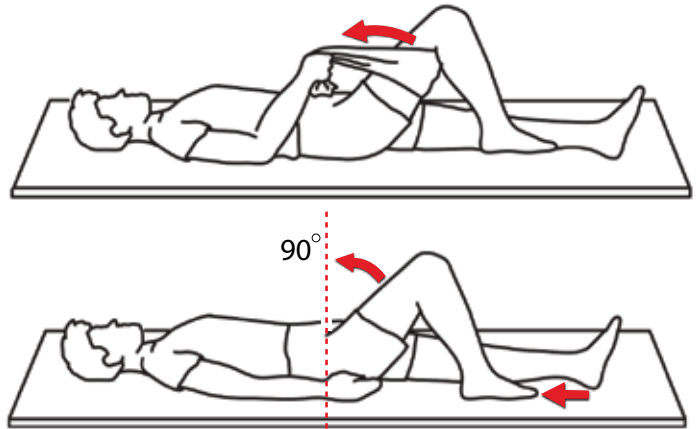
1. Gluteal Squeeze

- i. Lie on your back with your legs straight and your tummy tucked in.
- ii. Tighten your buttocks.
- iii. Hold for 5-10 seconds.
- iv. Relax then repeat.



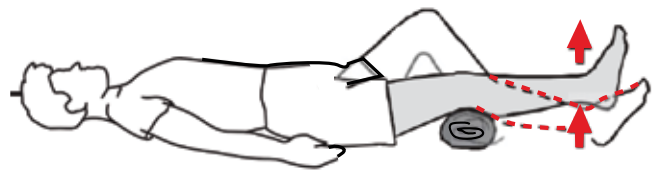
2. Hip Flexion Heel Slides

- i. Lie on your back.
- ii. Bring one knee up toward your chest (do not bend your hip past 90 degrees).
 - If this exercise is hard, put a towel behind your thigh and use it to gently pull your knee up.



3. Knee Extension

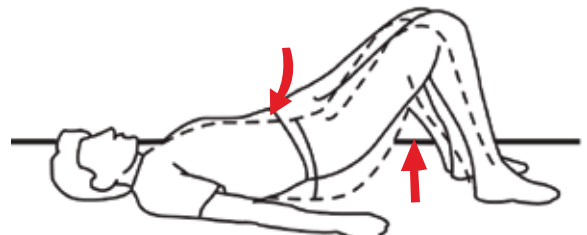
- i. Place a 6"-wide rolled towel under your knee.
- ii. Press the back of your knee down into the towel.
- iii. Straighten your knee to bring your ankle off the bed and hold for 5 seconds, then release back to the starting position and repeat.



4. Bridging

Check with your physiotherapist if you should include this exercise after your surgery.

- i. Lie on your back with your knees bent.
 - You can put 1 pillow under your head if that is more comfortable, but **do not use more than 1 pillow.**
- ii. Turn on your core muscles.
- iii. Squeeze your buttock muscles and lift your hips up.
 - Hold this position for 5 seconds.
- iv. Slowly lower your hips.



5. Hip Abduction

Check with your physiotherapist if you should include this exercise after your surgery.

- i. Lie on your back with your legs straight and your tummy tucked in.
- ii. Slowly slide your surgical leg out to the side; keep your kneecap and toes pointing toward the ceiling.
- iii. Return to the starting position.



Tip: Put a towel or garbage bag under your foot to make the sliding easier.



Seeing Your Surgeon After Your Hip Replacement

Your surgeon will want to see you for a follow-up appointment after your surgery. The surgeon's office will contact you to let you know when your appointment is.



Pain Control

Your pain should start to get better 6-12 weeks after surgery. It is important to keep taking your pain medication as prescribed to you by your surgeon. Your physiotherapist will teach you ways to control your pain, in addition to taking pain medications.

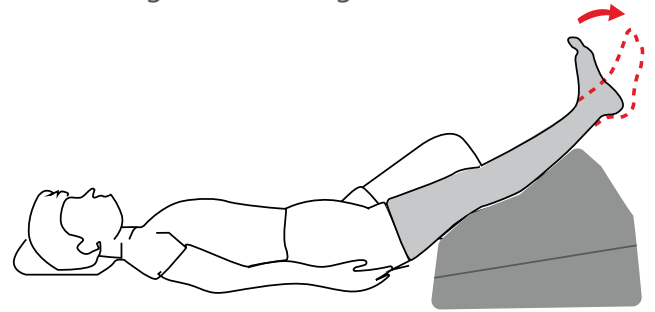


Swelling

After surgery your leg, right down to the ankle, might be swollen. This is normal. You will notice this most in the first 2 weeks after surgery. The swelling might get worse the more active you get, and during your physiotherapy exercises.

It is important to try to reduce the swelling. To reduce the swelling, the following things can help:

- Ankle-pumping exercises. Point and flex your feet 10 times every hour while you are awake.
- Lie down often, for 15-20 minutes each time, with your leg up on pillows (keeping your hip movement precautions in mind). You may also want to ice your hip at this time.
- Do not sit for longer than 30 minutes.
- Ice your joint regularly. This can be done 4-6 times per day for 10-15 minutes. To avoid injury, never apply ice directly to your skin.
- If you have a cryotherapy machine, this can be used instead of ice.



If it is hard to control your pain, or your swelling isn't going down, please speak with your physiotherapist or primary care provider.



Driving

Being able to drive safely depends on which hip was operated on, whether you have an automatic or standard transmission vehicle, and your ability to safely and quickly move your foot from the gas pedal to the brake.

As a general guideline you should be off all narcotic medication. Do not drive until your surgeon tells you that you can. This is usually 6 weeks after surgery.

Ask your surgeon when you will be able to drive after surgery.



Resuming Medications at Home



Your surgeon will tell you which medications, including non-prescription medication and supplements, to start taking again after surgery. If you have any questions about your medications, talk to your primary care provider.



Sexual Activity

You may return to sexual activity when you feel ready and comfortable. This is generally 4-6 weeks after surgery.

You may want to consider some new positions. Discuss this with your partner. The website www.recoversex.com has a variety of suggestions for safe and comfortable sexual positions.

If you have questions or concerns about how to protect your new hip during sexual activity, talk to your patient navigator, physiotherapist or surgeon.



Going Back to Work

It is important that you allow yourself time to recover from surgery and focus on healing before you go back to work. How long you should take to recover depends on many things, such as how healthy you are, and the type of work that you do. Talk to your surgeon about what is right for you.

Sports and Recreational Activities

Regular physical activity after your hip replacement is very important. Start with low-impact activities that do not cause any pain. Rest often and listen to your body.



Being active 4-7 days a week has many health benefits and will help you build strength and mobility in your hip.

Choose activities that have a low risk of injury or falling, and that do not require a wide range of motion in your hip.

Talk to your surgeon and physiotherapist about any sports or activities you want to do after your surgery. There are 3 levels of activities:

- **Recommended Activities;** you can start doing these as soon as you feel able.
- **Activities You May Be Able to Do with Caution;** you *might* be able to start doing these, with caution (talk to your surgeon before you try any of them).
- **Activities You Should Not Do for Some Time After Surgery;** you should not do these activities until your surgeon tells you that you can.

Recommended Activities

Do these activities whenever you feel able (unless your surgeon tells you otherwise):

- Walking.
- Swimming, water aerobics, deep water running.
- Cycling on a stationary bike.
- Golf (using a cart).
- Slow dancing that does not involve lots of twisting, fast movements, or that are high-impact.
- Non-impact aerobic dance.

Activities You May Be Able to Do with Caution

Talk to your surgeon about these activities before doing them:

- Vigorous walking, hiking.
- Downhill and/or cross-country skiing.
- Dancing that has some twisting, fast movements, or that is high-impact.
- Doubles tennis.
- Using a step machine or rowing machine.
- Repetitive lifting of more than 20 kg (44 lbs).
- Gardening and yard work.
- Gentle yoga.

Activities You Should Not Do for Some Time After Surgery

Ask your surgeon if or when you might be able to do these activities:

- Running, jogging.
- Jumping (skipping rope).
- Singles tennis, badminton, squash.
- Skating.
- Contact sports (such as hockey and football).
- High impact sports (such as basketball and volleyball).
- Horseback riding.
- Waterskiing.



Medical Procedures and Dental Work

If you will be having any medical procedures (such as procedures involving the bladder, prostate, lung, or colon) or dental work after your hip replacement, tell your health care professional that you have had joint replacement surgery.



To avoid the risk of infection, it is important that you do not have any dental work, including dental cleaning, for **3 months after surgery**.

If you have a health issue that compromises your immune system, you may need antibiotics with every dental procedure for the rest of your life. **Please discuss this with your surgeon and dentist.**



Health Concerns

Call 911 or Go to the Nearest Emergency Department if:

- You have increased swelling, let tightness, redness, and/or your surgical leg is warm to the touch.
- Your surgical leg suddenly shortens.
- Your hip cannot be moved.
- You have chest discomfort with sweating, nausea, faintness or shortness of breath.
- You have shortness of breath that gets worse and is not relieved by resting.
- You have fainting spells.
- You have sudden problems with speaking, walking or coordination.

Call Your Primary Care Provider if:

- Your pain gets worse or does not go away with pain medicine.
- You have a fever over 38.5° C (101.3° F), or chills.
- You feel sick to your stomach (nauseated) or throw up (vomit) often for more than 24 hours.
- You have diarrhea that lasts for more than 2 days.
- You have not peed (urinated) for 6 hours.





- You notice any of these changes in your incision area or drain:
 - Your incision becomes red, swollen, or hot to the touch.
 - You notice a lot of clear or foul-smelling liquid coming from your incision.
 - You start bleeding from your incision (enough to soak through a tissue).
 - You have a drain that is accidentally pulled out.
 - There is a change in the type of drainage from your incision.
 - There is increasing drainage from the incision site. Although it is normal for a new surgical incision to have some drainage, this should slowly stop within 3 to 5 days after surgery.
 - You experience confusion at home after surgery, and confusion is not normal for you.

If You Can Not Reach Your Primary Care Provider:

- Go to a walk-in medical clinic, or
- After clinic hours, go to a hospital emergency department.

Call or Email HealthLink BC if:

You want health information and advice (free-of-charge).



HealthLinkBC

- **Phone:** 8.1.1 from anywhere in BC.
7.1.1 for deaf and hearing-impaired assistance (TTY)
 - **Email:** www.healthlinkbc.ca
- Translation services are available in over 130 languages.**



Resources

Island Health Resources

Ask a member of your healthcare team about getting a copy of these Island Health resources:

- Meeting your surgeon
- Improving your health before surgery
- Getting ready for and recovering from Surgery



Island Health Surgery Resources

www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery



Compliments and Concerns

Quality care is important to all of us. You have the right to give feedback about your care and know you will be treated fairly. Your feedback gives us an opportunity to improve the care and services we provide. If you have a compliment, complaint or concern, you can speak directly to the person providing your care, or you may contact the **Patient Care Quality Office**.



Patient Care Quality Office
Royal Jubilee Hospital
1952 Bay Street Victoria, BC V8R 1J8
Memorial Pavilion, Watson Wing, Rm 315
Toll-free: 1.877.977.5797
Greater Victoria: 250.370.8323
patientcarequalityoffice@viha.ca

www.islandhealth.ca/patients-visitors/patient-care-quality-office



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