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Introduction to Joint Replacement

It is common to have some questions or concerns after deciding to have a joint replacement surgery. This book will provide you with information on what to expect before, during and after surgery, as well as how to prepare you and your home to optimize your recovery.

It is important you learn as much as possible about hip replacement surgery as it will allow you to be a prepared and active participant in your care. An optimal recovery requires hard work on your part.

Please take some time to read through this binder before your surgery. Read it at your own pace and write down any questions you may have. These questions can be answered by your surgeon, nurse, physiotherapist or occupational therapist at any time before or after your surgery.

Please review this book prior to all appointments before surgery and bring any questions you may have to the hospital.

If the information provided in this book is different from what your family doctor, surgeon, or orthopedic team advise you, please follow their instructions.
**TYPES OF JOINT DISEASE**

The most common cause of joint disease is Osteoarthritis.

**Osteoarthritis** is a disease that breaks down the cartilage that covers the ends of the bones. This cartilage provides cushioning to the joint. As the cartilage wears away the ends of the bones become rough and the hip may become painful and stiff.

**Rheumatoid arthritis** is an inflammatory disease that affects the lining of the joints. Breakdown of the cartilage and bone is a result of chronic inflammation (swelling).

**Osteonecrosis** is death of the bone due to lack of blood supply (avascular necrosis).

As the pain in the hip gets worse, you may use your joint less and less. This results in a decrease in motion at the hip as well as loss of strength in the muscles around the hip.
Surgical Treatment (Joint Replacement)

Hip replacement surgery will remove the parts of the hip that are damaged and replace them with new components that match the original shape of your hip joint. This will help to:

- ease your pain
- improve your hip joint motion
- correct deformity (e.g. leg length discrepancy)
- improve function such as walking, standing, dressing, bathing, etc.
- enhance your quality of life

Realistic Expectations of Joint Replacement

Hip replacement surgery is one of the most common and successful surgeries. While more than 95% of patients have complete or nearly complete relief of pain following total hip replacement, some patients continue to experience pain after surgery. In many cases, the pain improves with time. In other cases, a specific cause for the pain is identified and treated. This may require additional surgery. Sometimes the hip replacement is well functioning and the pain experienced may be due to changes in the soft tissue and/or muscles around the hip.

The life expectancy of a total hip replacement is between 15-20 years, but this is influenced by how much stress is placed on the replacement. Controlling weight and adhering to the activity recommendations (see Recreation and Social Activities on page 78) will increase the life of your joint.
Hip replacement components can be made of different types of materials (ceramic, metal or plastic). The best type of prosthesis is determined based on: your age, the strength of your bone, the shape and condition of your joint, your general health, weight and activity level.

In general, the benefits (improvement in your quality of life) after total joint replacement outweigh the risks (the chance of that patient having a complication) for most individuals with severe arthritis. Most patients have many years of pain free function. Please review the complication section in detail to allow you to make an informed decision about surgery.
HIP REPLACEMENT SURGERY

In hip replacement surgery, the damaged bone and cartilage are replaced with ceramic, metal or plastic surfaces to restore hip movement and function.

The artificial hip is called a prosthesis. The total hip replacement (THR) prosthesis consists of 2 parts:

1. Femoral component (stem) that fits into the femur or thigh bone.
2. Acetabular component (cup) that fits into the pelvic bone.

There are two ways in which your joint replacement may be held in place (fixed to the bone):

1. With bone cement
2. Without bone cement. This uncemented method uses a roughened or coated metal surface that allows bone to grow onto it. Most hip replacements in patients with strong bone use the uncemented method.
The Surgical Procedure for Total Hip Replacement

An incision is usually made over the top of the thigh bone (femur) measuring between 6-8 inches. The muscles that hold the hip in place are partially detached and the surgeon exposes the end of the thigh bone and the socket. The damaged cartilage and bone in the socket are cleaned away and the new cup is fixed in place. The ball at the end of the thigh bone (femur) is removed. The inside of the femur is prepared for the metal stem which is fixed in place. A liner is placed in the socket and the new ball is placed on the stem. The hip is put back in place and then tested for movement and stability. The wound is then closed. The surgery usually takes 45-90 minutes.
Resurfacing Hip Replacement (Birmingham)

Resurfacing is a technique that does not use a stem in the thigh bone (femur). In this type of surgery, a large metal ball is cemented over the patients’ damaged ball and a metal socket is placed in the pelvis.

Bilateral Joint Replacement Surgery

When arthritis affects both hips equally, replacement of both hip joints can occasionally be done during the same operation. This is a longer surgery and requires more time in the hospital. There is more stress on your body with this type of surgery, so it is only offered to patients who are physically fit and in good health. The benefit of this is an overall faster recovery since there is only one hospital stay and one hip precaution time period.
Revision (Re-do) Joint Replacement Surgery for Hips

If for any reason joint replacement surgery fails, revision surgery may be necessary. In revision surgery, some or all of the original joint replacement components are removed and replaced with new ones. Revision surgeries are generally more complex and have higher complication rates than primaries (first time surgery).

Revision surgery is usually required because the original joint ‘wears-out’ with time and use. Most modern joint replacements are expected to last 15-20 years, but this is influenced by how much stress is placed on it. Controlling weight and adhering to activity recommendations will increase the life of your joint. Joint replacements may fail for other reasons such as infection, instability or poor function. These problems may also be corrected by revision surgery.

It is important to attend all follow-up appointments with your surgeon as this allows for early identification of any problems. This will often make the revision less complicated.

If you require a revision you will undergo screening for infection. The screening for infection involves a blood test and if necessary taking fluid from the joint with a needle. Infected joints require 2 operations; the first to clean out the joint and put a temporary hip implant in place and the second (3-6 months later) to put the permanent joint in place. It is not determined until the day of surgery if one or two operations are required because screening tests can be normal but an infection is still found in the joint at the time of surgery.
Complications of Joint Replacement and How to Prevent Them

The complication rate following joint replacement surgery is low. Chronic illnesses (diabetes, heart or lung disease) may increase your risk. A complete evaluation of your health is required before your hip replacement to determine your fitness for surgery. This will initially be done by your family doctor and reviewed at the preoperative assessment clinic where you will have the opportunity to discuss any concerns with the anesthesiologist or nurse.

If complications occur, they can prolong or limit your full recovery. This section will outline complications and what you can do to prevent them.

**Anesthesia**

Most hip replacements are done under regional anesthesia (spinal or epidural). A spinal involves the placement of a small needle in the back to inject medication into the fluid around the spinal cord. An epidural involves the placement of a small tube in your back to provide ongoing release of medication around the nerves surrounding your spine. You will also be given sedation to help you relax. Some patients may require a general anesthetic if the regional anesthetic is not enough.

Complications associated with anesthesia are rare. If they do occur, they will include low blood pressure, nausea, headache, infection and bleeding.
Anemia and Blood Transfusion

Blood consists of cells and liquid. Red blood cells contain an important protein (Hemoglobin) which carries oxygen throughout your body. Hemoglobin can be measured with a blood test and has a broad normal range. A hemoglobin level below normal is called anemia. Anemia is defined as a hemoglobin less than 120g/L in females or less than 130g/L in males. Anemia is a common blood disorder. It can be temporary or a long-term condition and can range from mild to severe. People with mild anemia may have minor symptoms or no symptoms at all. Symptoms can include weakness, fatigue, shortness of breath, headache, and difficulty with thinking and concentration. Anemia may be present before surgery in people who have cancer or other chronic diseases. Another cause of anemia before surgery is low levels of iron due to internal bleeding (caused by diseases or medications). Blood thinners and anti-inflammatory drugs can cause blood loss in some patients. Women, children, vegetarians and the elderly frequently have iron or vitamin deficiency anemia. Anemia may occur after surgery as a result of bleeding during and after your surgery. After surgery, you may feel dizzy, weak, short of breath, nauseated, tired or have a headache. Anemia may be one of the reasons for these symptoms. If anemia is the cause, a blood transfusion may be recommended. Your surgeon will discuss this with you.

A blood transfusion is a medical treatment where blood or blood components are given to a patient. A blood component is made when blood is separated into different parts such as red blood cells or platelets or plasma. Red blood cells carry oxygen, platelets and plasma help the blood to clot and stop bleeding. In Canada, the Canadian Blood Services (CBS) collects and tests blood from volunteer donors. Additional information may be found at http://www.blood.ca.
If you require a blood transfusion, prior to receiving the transfusion you (or your legal designate) will be asked to give your permission or consent. You should be given information about the reasons, benefits, risks and alternatives in your situation. Be sure to ask questions if you do not understand. During a blood transfusion the nurse will monitor your temperature, pulse, blood pressure, and breathing. Some patients may have a reaction to a blood transfusion, such as a rash, fever, chills or shortness of breath. Tell your nurse immediately if you think you might be having a reaction. You should also let your doctor know if you have had a reaction from a blood transfusion in the past.

**Blood Conservation**

The WRHA Blood Conservation Service is a regional service designated to assist all health care professionals and patients in understanding and managing the appropriate use of blood, blood products and alternatives to blood.

Elective surgery patients with any of the following may benefit from a consult to Blood Conservation Service prior to surgery:

1) A procedure with an expected high blood loss
2) Anemia prior to surgery
3) Low body weight
4) If you have received a letter and/or a Medic Alert Card from Canadian Blood Services that identifies you as having a rare blood type or antibody
5) If you will not accept a blood transfusion for any reason

Predonation of your own blood is generally indicated when there is a reasonable chance that a blood transfusion will become necessary. You need to be in fairly good health to donate blood, and there needs to be enough pre-operative time to arrange donation. Predonation should be coordinated by the Blood Conservation Service to ensure that you are not made anemic prior to surgery.
Patients can be referred to BCS by self-referral, their surgeon or their family doctor. For further information please view our website at: www.bloodconservation.mb.ca

**Blood Clots**

Blood clots can develop in the deep veins of your leg after surgery. These clots are called Deep Vein Thrombosis (DVT). They could be dangerous as they may break off and travel to your lungs, blocking the flow of blood. This is called a pulmonary embolus (PE).

Let your surgeon know before surgery if you have had a clot in the past. You are at higher risk of developing clots if you are inactive, overweight and have health problems such as heart disease or diabetes.

Preventing blood clots after surgery:

1) **Motion:** Moving frequently helps to improve your circulation. Every hour you are awake, pump your feet up and down. You should be walking a minimum of three times per day once you are able to walk safely on your own.

2) **Sequential Compression Devices (SCD):** Depending on the site of your hip surgery, your legs may be fitted with inflatable sleeves that you will wear for the first 24 hours after surgery. These sleeves fill up with air and help push the blood and fluid in your legs back up to your heart.

3) **Blood Thinners:** Blood thinners decrease the thickness of the blood which makes it harder for clots to form. After surgery you will be instructed to take the blood thinner best suited for you based on your medical history and other medications (e.g. Xarelto, Coumadin, Fragmin).

***It is your responsibility to ensure that your prescription is filled and that you carefully read and follow all instructions for these medications.***
Cardiovascular Complications
As with any type of surgery there is increased stress on the body’s circulatory system. High blood pressure, diabetes, obesity and age are risk factors for increased cardiovascular complications. Getting in shape before surgery (see chapter Before Your Joint Surgery on page 21) will improve your cardiovascular fitness and reduce your chance of complications. The overall rates of these complications are:

- HEART ATTACK 0.4%
- STROKE 0.25%
- PULMONARY EMBOLISM 0.7%
- DEEP VENOUS THROMBOSIS 1.5%
- DEATH 0.5%

Lung Problems
Complications such as fluid in the lungs or pneumonia may occur due to the anesthetic and bed rest. To prevent lung complications after surgery:

- Do not eat or drink after midnight on the night before your surgery. Any medications you were instructed to take the day of surgery may be taken with a small sip of water.
- Get up and move. Change your position in bed frequently.
- Take 3-5 big deep breaths every hour you are awake. If you are congested take deep breaths and cough every hour.
- Stop smoking! Smoking puts you at risk for lung complications.
**Delirium after Surgery**

Sometimes older people go through a period of confusion or delirium after surgery. Some causes of delirium include lack of sleep, pain, infection, alcohol withdrawal, medication withdrawal, constipation, low oxygen levels and side effects of anaesthetic/medications.

How you can help prevent delirium:

Notify your nurse, surgeon or anesthetist if you had delirium or have been confused in the past.

Ensure you bring your hearing aid and glasses to the hospital.

- For six weeks before surgery, limit your intake of alcoholic beverages to one drink per day (8 ounces of beer, 3 ounces of wine, or 1 ounce of spirits). Discuss any concerns about alcohol use with your family doctor.
- It is important to tell your surgeon/nurse about all medications you are currently taking including any narcotics, sedatives, street drugs you may be taking.

**Infection**

Wound infections following surgery occur in less than 1 percent of patients. When infection does occur, it is a very serious complication that may require prolonged antibiotic treatment and further surgery.

How you can help to prevent infection:

- Get your immune system strong by eating healthy foods before and after your surgery (refer to Healthy Eating for Healing on page 31).
- Wash your hands frequently. Ask all visitors to wash their hands.
- Carefully follow the directions for care of your incision (page 71).
- Avoid people who have colds or infections.

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If you have an infection (e.g. sore throat, infected cut, bladder infection, boils, etc.) a **few days before surgery**, you must notify your surgeon’s office, as infection from other areas in the body can spread to the new joint.

If you are having a medical procedure, dental fillings, or any major dental work, tell your doctor or dentist that you have had a joint replacement. You may require antibiotics.

Special precautions are taken in the operating room to reduce your chances of infection. Despite these efforts, infection may start in your joint at the time of surgery or during your recovery. It is essential you are well nourished and your immune system is strong going into surgery.

**Dislocation**
Dislocation occurs when the ‘ball comes out of the socket’. This occurs in 1-2 percent of cases. The risk of dislocation is greatest just after surgery as the tissues (muscles, ligaments) are healing around the new joint, but a small risk is always present after this type of operation. The signs of dislocation are sudden, sharp, severe pain and a shortened leg. If dislocation occurs you will need to come into the hospital and have your hip put back in place. This can usually be done without opening the hip surgically. After this you may require a brace for a few months.

*How you can help to prevent dislocation:*

- Carefully follow the activity guidelines and precautions provided in this book (See Movements to Avoid page 57)

- Obtain and use the equipment prescribed for you by the physiotherapist and occupational therapists.
**Leg Length Difference**
It is common to have a 1cm leg length difference after hip replacement. This difference is to ensure there is enough tension in the muscles around the hip to prevent the hip from dislocating. At first you may feel you have a longer leg but with walking and exercise your leg lengths should even out. If this has not occurred within a year of surgery, a raise can be inserted in the opposite shoe.

**Damage to Nerves and Vessels**
In rare instances, where lengthening of a short leg is required, there is a small risk of nerve damage. This may result in a weak foot requiring a special ankle brace. This is usually temporary.

**Fractures**
The thigh bone may fracture (break) during insertion of the prosthetic joint. This is more commonly seen in revisions/re-do surgeries. If this does occur it is usually recognized during the surgery and is treated immediately. If you have a fracture there may be a period of time when you will not be allowed to put all your weight on your operated leg.

**Hematoma**
Bleeding (hematoma) may occur in the muscles around the hip joint following the operation. If a hematoma occurs this may require a trip to the operating room to drain the excess blood that has accumulated under the skin.

**Loosening of the Prosthesis**
One or both parts of your joint may loosen with time. It is important to follow the activity guidelines and attend all follow-up appointments with your surgeon to improve the life expectancy of your new joint.
Before Your Joint Surgery

Hip and Knee Resource Center

This program was developed by the WRHA Surgery Program and opened in November 2011. Its purpose is to help you be both mentally and physically prepared for your hip surgery. Every patient entered on the wait list by their orthopedic surgeon will receive a Hip and Knee Resource Center Pamphlet detailing the group education sessions available. These sessions include a Before Your Surgery Preparation Class, Nutrition and Exercise Class, Pain Management Class, Hip Replacement Class and Total Knee Replacement Class. You are able to decide which groups best meet your needs and register for a time and date based on the recommended timelines outlined in the pamphlet. These group sessions are not mandatory. The Hip and Knee Resource Center is located in the Hip and Knee Institute at Suite 331-1155 Concordia Avenue (across the street from Concordia Hospital; above Shopper’s Drug Mart).

The Prehabilitation Clinic

The Prehabilitation Clinic is a health care program to improve your health and daily functioning while you prepare for your joint replacement surgery. If your surgeon feels you would benefit from one on one consultation with a member of the Prehabilitation team, a referral will be sent at the time of your surgeon consult visit. The Prehab Clinic will contact you with appointment dates and times based on your surgeon’s referral.
The Prehab Team includes:

**Nurse** - Acts as the clinical liaison between your surgeon’s office and the hospital. The nurse may contact you to address smoking cessation.

**Social Worker** – Provides opportunity to discuss emotional and social well-being and explore options for support including assessing community resources such as counseling services, income assistance programs and/or resources for housing and transportation.

**Registered Dietitian** - Provides dietary counseling/support to optimize nutritional status.

**Occupational Therapist** - Assesses pre-operative function, home situation and external supports. May recommend equipment to maximize function and safety before surgery. Referrals may be made to other supportive programs in the community.

**Physiotherapy** - Assesses physical function and addresses deficits with an individualized home exercise program and/or mobility aids (walker, cane). Referrals may be made to community programs/ongoing therapy based on need.
Pre-Admission Clinic (PAC)

In the weeks prior to surgery, you will be contacted by the pre admission clinic (PAC) at Grace or Concordia Hospital with an appointment. When attending your PAC visit bring:

- All medications in their original containers (including vitamins and herbal products)
- Magazine/ book (visit may be 1 to 4 hours long)

At the clinic you MAY be seen by:

Nurse
The nurse will go over your medical history and answer any questions you may have about the surgery and the hospital stay.

Anesthesiologist
A member of the anesthesia team may examine you and discuss the different types of anesthesia. At this time, further blood work or tests may be ordered. There may be a need to delay surgery while further tests are done to ensure it is safe to proceed.

The anesthesiologist and/or nurse will go over your medication list with you. The anesthesiologist or nurse will tell you which medications need to be stopped prior to surgery. You will need to stop all vitamins and herbal medications 10 days before your surgery date.

Should you require the ongoing use of a CPAP/BiPAP machine for sleep apnea, you will be instructed to bring this to hospital on the day of your surgery.
surgery. NOTE: This machine must be in good working order. Surgery may be cancelled if the above requirements are not met.

**Physiotherapist**
A physiotherapist will check the movement and strength in your legs. You will be instructed on exercises to practice before and after your surgery. You will be given information on the mobility aid you will require after surgery.

**Occupational Therapist**
An occupational therapist will discuss changes you will need to make to your home in order to remain safe and follow your movement restrictions. They will also recommend adaptive equipment to make activities of daily living such as getting dressed and bathing activities easier, while allowing you to maintain your hip precautions.

**Important:**
Please bring your Total Joint Replacement Checklist (page 39) and your Class Attendance Record (the back of the Hip and Knee Resource Center pamphlet) to your Pre-admission Clinic appointments.
**Pain Management**

It is important that your pain is managed before surgery. When your pain is well controlled you will be more active and stay in better physical condition. The amount of pain you experience can be affected not only by your injury or disease, but also by muscle tension, worry, depression, and even by attention to the pain. The response to pain is very individual and the way it is treated can also be very different. For this reason, it is important that you work with your doctor or pharmacist to find the most effective way to keep your pain under control.

**Medications**
The following are a list of possible pain medications. Discuss with your doctor which one is best for you:

- **Acetaminophen (Tylenol)** - Acetaminophen can be very effective in controlling chronic pain when taken regularly. Read the directions on the bottle carefully and take only the recommended amount.

- **Anti-inflammatory medications** - Anti-inflammatory medications can also be very effective in managing pain. Some of the traditional anti-inflammatory medications include Ibuprofen, Naproxen, and Arthrotec. These medications need to be used with caution as they may cause discomfort and bleeding in your stomach. If you notice any sign of bleeding such as dark stool or spitting up blood you need to stop the medication and tell your family doctor immediately. Celebrex is a newer anti-inflammatory medication that may cause less stomach irritation. This medication
should be used with caution if you have high blood pressure or kidney problems.

- Opioid medications - These are stronger pain medications that may be added to control your pain. Examples are Acetaminophen with Codeine (Tylenol #3), Percocet, Morphine, or Dilaudid. All opioid medications can cause constipation. Drink plenty of water and eat a diet high in fiber to help prevent constipation. You may need to take a stool softener or laxative.

**How Will I pay for Medications?**
You may require prescription medications at some time during your surgical journey. This may include medications to prepare you for surgery or medications after surgery. One or a combination of health plans may cover your medication costs. In the planning phase for surgery, check on your insurance plans and coverage limitations. All Manitobans are eligible for Pharmacare. Costs for *approved* prescription medications will be covered once you have met your annual deductible. For information on how to apply for Pharmacare or to determine what your current annual deductible is, visit [www.gov.mb.ca/health/](http://www.gov.mb.ca/health/) or call Manitoba Health Provincial Drug Programs: in Winnipeg phone (204)786-7141 or toll free 1-800-297-8099. Other government programs such as Employment & Income Assistance and Non-Insured Health Benefits (NIHB) may also provide medication coverage. Private insurance plans such as Blue Cross or Great West Life may cover medication costs within the limitations of the contract. Medication coverage plans will be unique to you. Your plan will depend upon which combination that you have and what coverage limitations are in your plans.

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Non-drug Strategies
Pain and relaxation do not occur together naturally. In fact, the body usually responds to pain (or an injury) by tightening muscles. Some patients also experience emotions such as frustration, anxiety, and anger, which all tend to increase muscle tension levels further. The way a person responds to emotional stress can affect pain severity. It is important to break the cycle between muscle tension and pain. Relaxation exercises are one way to decrease muscle tension, reduce emotional stress, and decrease level of pain.

There are different kinds of relaxation techniques. You can choose which one works best for you. Some of these techniques include: diaphragmatic breathing, autogenic relaxation, imagery, meditation, and progressive muscle relaxation. There are commercial books and tapes/CDs available to help you learn to do it effectively.

In addition to relaxation, there are other techniques that can help with pain management. Some people tend to focus on their pain so much that it is not uncommon for their levels of pain to increase. There are many strategies you can use to help deal with a preoccupation with pain. These include distraction and balanced thinking. Please read more about these different techniques on the web site provided or this information may be discussed in detail with a qualified health care practitioner.
Web site: www.chronicpaincanada.org

Recommended reading for patients:


Or please visit:

www.cpa.ca/publications/yourhealthpsychologyworksheetsfactsheets/chronicpain/
Get Your Body in Shape

Exercise
To speed your recovery, it is important to be in the best physical shape possible for your surgery. While on the wait-list for your surgery, focus on building your strength and staying as active as you possibly can!

- Avoid activities that cause an increase in your joint pain.
- Throw away the slogan “no pain no gain” but keep the slogan “use it or lose it”!
- Choose low-impact activities such as walking, swimming, water aerobics, stationary cycling, or chair aerobics if exercising is new to you.
- Try to perform some type of cardiovascular exercise (walking, cycling, water aerobics) at least every second day.
- When exercising you should be able to carry on a conversation and not feel short of breath.
- The Arthritis Society offers land based exercise programs, water based exercise programs and Tai Chi designed for people with arthritis (See Appendix for list of classes).
- Strengthen your upper body using light weights, resistive tubing or even a can of soup. You will be using your arms and core muscles (the muscles in your stomach and back) to help you get in/out of bed and to use a walker in the first few days after surgery. Strengthening these muscles before surgery is essential in order to have a smooth transition home after surgery. If you are unsure what is safe, the Arthritis Society offers P.A.C.E (People with Arthritis Can Exercise) classes throughout the city or you can speak to a trainer at the gym or a private therapist in your community.

With any type of activity, it is important to begin slowly and gradually increase the amount of time you are performing the activity.

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At the time of surgery, you should be performing a minimum of 20 minutes of cardiovascular exercise 3 times per week. If you are unable to perform 20 consecutive minutes of activity you may break it up into two ten minute sessions throughout the day. If you have pain for more than 2 hours following an activity or exercise session, you have done too much. Reduce the intensity of the exercise or the duration of the activity. BUT do not stop altogether!!

Practice the exercises starting on page 51. It is important to familiarize yourself with these post-operative exercises. If any of the exercises cause you increased pain that lasts greater than two hours, reduce the number of repetitions or frequency in which they are performed.
Healthy Eating for Healing

Healthy eating helps to prepare your body for surgery. Your body needs to be well nourished to heal the bones, muscles and skin that are affected by the surgery. The nutrients from food provide us with strength, energy and the ability to heal. People who are well nourished are less likely to develop infection.

In addition to adequate calories, there are several nutrients from food that are important to ensure adequate recovery from your surgery.

- **Calcium** is needed to heal your bones and keep them strong. Good sources of calcium include milk, yogurt, cheese, canned salmon and sardines (with the bones), and calcium fortified tofu, soy and rice milk. Smaller amounts of calcium are also found in beans and lentils, broccoli, bok choy and oranges. Calcium fortified foods such as orange juice are also an excellent way to increase your dietary calcium intake. For most adults, aim for at least 1000 - 1200 mg of calcium daily.

- **Protein** is needed to maintain and increase your strength. It is necessary for healing after surgery. High protein foods include beef, pork, fish, poultry, eggs, milk and dairy products, soy milk, beans, nuts, peanut butter, and tofu.

- **Iron** is a very important nutrient that your body needs to build up the hemoglobin in your blood and prevent anemia. Good sources of iron include meat, fish and poultry, organ meats, canned oysters and clams, beans (legumes), tofu, some green leafy vegetables, and enriched whole grains. The type of iron found in meat, fish and poultry is best used by your body. However, your body can use the iron in non-meat foods better when eaten with meat or foods rich in vitamin C. Examples of Vitamin C rich foods are: citrus fruits and juices, tomatoes and tomato products, cantaloupe, strawberries, and
peppers. Remember that certain foods and beverages (coffee, calcium rich foods) can decrease the absorption of iron along with certain over the counter medications (acid reducers e.g. TUMs).

- **Vitamin B12 and folate** are also important nutrients to prevent certain types of anemia. Foods containing vitamin B12 include fish, meat, and poultry, milk and milk products and fortified breakfast cereals, soy or rice milk and meat substitutes. Good sources of folate include green leafy vegetables, dry beans and peas, fortified grains and citrus fruits and juices.

As part of completing your pre-operative package, your family doctor should order a blood test approximately 3 months before you come to the hospital. Ideally, your hemoglobin level should be in the high end of the normal range (see Anemia and Blood Transfusion – page 14). You may need to take an iron or vitamin supplement to bring your hemoglobin level up. Eating well helps to ensure that you have a good hemoglobin level before surgery.

**Managing Your Weight**
If you are carrying excess weight, talk to your doctor about following a gradual weight loss program. Extra weight can interfere with your recovery by delaying tissue healing, increasing fatigue and decreasing your activity tolerance. Gradual weight loss over a period of time, up to 2 lbs per week, is recommended. Keep in mind that “Crash Diets” can do more harm than good. Gentle exercise will help your weight loss effort and improve your sense of well being.

By eating a well balanced diet, such as that recommended in Canada’s Food Guide to Healthy Eating, you are preparing yourself for a faster recovery. If you are concerned that you have a poor appetite and do not get enough nutrients, seek advice from your doctor or a dietitian.

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about how you can improve your diet. It may also be helpful to add a daily multi-vitamin mineral supplement and/or a high calorie, high protein liquid nutrition supplement. You can improve what you eat right now.

For more information, please contact your family doctor, Health Links (788-8200 or 1-888-315-9257) or a registered dietitian. You can also visit the Dietitians of Canada website for more information at www.dietitians.ca.

**Smoking**

Smoking significantly increases your risk of medical complications during and after surgery. As a result, your implanted hip or knee may fail early. Modern hip and knee implants require bone to grow on the metal surfaces to stabilize the implants. Bone growth is significantly reduced in smokers and can therefore lead to early failure. If you smoke, cut down or quit. For information on quitting smoking contact your family doctor, Health Links (788-8200 or 1-800-315-9257) or the Smokers Help Line at 1-877-513-5333.
Get Your Home in Shape

Most patients return home using a walking aid (walker, crutches, cane) after joint replacement surgery. Following your surgery you cannot move like you normally would so it is a good idea to make some simple changes to make it easier and safer to manage at home. Below are recommendations you need to have in place before you come into the hospital for surgery:

Reorganize Your Home

✦ Make sure there is enough space in hallways and between furniture to allow for the use of a walker or crutches.
✦ Remove all area rugs, repair loose flooring and remove clutter and cords that may cause you to trip.
✦ Make sure your home has good lighting, especially at night.
✦ Move items stored in the basement that are used regularly, to the main floor.
✦ **Install railings on ALL indoor and outdoor stairs.** You will be required to have a rail available wherever there are two or more steps to navigate in your home on discharge. Arrange for sleeping accommodations on the main floor in case you are unable to manage the stairs after the surgery.

Furniture

✦ Arrange to have a firm chair with armrests. This will make it easier to get up and down from a chair. Do not sit on anything with wheels or that rocks to improve safety.
✦ Ensure your chair and bed are the proper height (allows you to get on and off safely, with ease, and allows you to maintain hip precautions). If your bed is too low, it can be raised up on blocks.
✦ Put a high stool in the kitchen for countertop activities.
Preparing for Personal Care

✦ Choose loose fitting clothing.
✦ Wear shoes and/or slippers which have a non slip sole. Shoes that you are able to slip on or have elastic laces/Velcro are ideal as there is no need to bend down to tie them. The use of flip flops or open back shoes is not recommended as they do not provide good support and are a tripping hazard. The shoes you choose should allow for some degree of swelling after surgery.

Meal Preparation

✦ Prepare and freeze meals ahead of time so you only have to reheat them following your surgery.
✦ Stock up on non-perishable and easy to reheat frozen foods before your surgery.
✦ Reorganize items that are used regularly so that they are easy to reach, preferably between waist and shoulder height. Avoid using the lower shelves in the fridge or loading the lower rack of the dishwasher.
✦ Clear counters so that you can slide items along them.
✦ Sit on a high stool when doing dishes or preparing meals.

Housework & Yard Work

✦ You will be able to do light housekeeping such as dusting.
✦ Arrange to have a family member or friend do grocery shopping, and also assist with heavier house work such as vacuuming, washing floors, laundry, cutting the grass and shoveling snow. If family or friends are unable to assist you, hire someone to do these tasks. Contact a grocery store near you to see if they deliver.
How to Obtain Equipment

In many situations, people awaiting a hip replacement require the use of a mobility aid before their surgery. The use of a walking aid (walker, cane, crutches) in this time period before surgery can help decrease pain, increase tolerance and help improve your walking pattern. Please speak with a Physiotherapist in the community to be assessed for a mobility aid if you feel it would be beneficial during your wait for surgery.

If you are having difficulty with self-care tasks (dressing, bathing, etc.) during the wait for surgery, you may benefit from the use of adaptive equipment (e.g. bath seat, raised toilet seat, sock aid). This equipment can help you remain independent, increase your energy and improve your safety. Please speak with your family doctor or surgeon for a referral to an Occupational Therapist before surgery if you feel you would benefit from the use of assistive devices while waiting for surgery.

You will be required to arrange your own walking aid (crutches, walker) for your return home from hospital after surgery. If you are currently using a walker or crutches, have someone bring them in to the hospital if and when requested to do so at your Pre-Admission Clinic appointment. If you do not have crutches or a walker, you will be instructed by your physiotherapist as to what type of walking aid you will require for home at your Pre-Admission Clinic appointment or during your hospital stay.

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**How Will I Pay for this Equipment?**
If you are covered under Treaty Status (Non-Insured Health Benefits (NIHB), bring your 10 digit identification number with you to the hospital and your therapist will arrange for your equipment. If you are receiving Employment and Income Assistance you may be eligible for coverage of equipment after surgery. Please bring your case worker’s name and phone number as well as your case number to the hospital.

Many insurance plans (Blue Cross, Great West Life, etc.) and third party payers (Department of Veterans Affairs, WCB, MPIC) cover the full cost or a portion of the cost of medical equipment if recommended by a health professional. Check with your insurance provider before your surgery to find out if you require a prescription signed by your physician, occupational therapist or physiotherapist for your insurance claim.

**Arranging Transportation**
If you are very limited with your mobility while waiting for surgery, you may be able to obtain a Parking Permit for people with disabilities or be eligible for Handi-transit. Please speak to you family doctor or other health care provider if you are interested in a Parking Permit prior to surgery. This form does require a medical professional to complete a portion. If you would like to apply for Handi-Transit before surgery you can complete a referral without the assistance of a medical professional. This form can be found online at: http://winnipegtransit.com/en/handi-transit/.

If not, you may be eligible for these services after surgery. If you are unable to drive or do not have someone available to drive for you, talk to your health care provider (doctor, physiotherapist, occupational therapist) for more information on these services.

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Will I need help at home?

Before you come to the hospital it is important to identify a support person who will be available after surgery as required.

✦ You may require help with shopping, meal preparation, housekeeping, and sometimes personal care.
✦ You will be assessed by an occupational therapist who will recommend home care services if required.
✦ Arrange for someone to look after your home while you are in the hospital. This may include watering plants, caring for your pets and picking up the mail.
✦ Cancel any services you do not need while in hospital such as newspaper delivery, milk delivery, homemaker services, etc.
✦ You will need to arrange for transportation home from the hospital. **Discharge time may vary throughout the day.** If family or friends are not available to help, you need to contact a private agency. These are located in the Yellow Pages under Home Support Services. Make sure the vehicle has enough space to allow you to sit comfortably and safely in the front passenger seat.

It is important to remember that a majority of patients are able to return home independently after surgery without support. However, identifying a support person who will be available after surgery will decrease your anxiety if support is required.

**Please** refer to the next page for important instructions around the day before surgery and items to bring into the hospital. This sheet can be removed and used as a checklist to help ensure you are prepared for your hospital stay.

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Total Joint Replacement Check list

Date of Surgery: _______________

What to do the day before surgery:

- Remove all nail polish from fingers and toes.
- Shower or bath the night before surgery and/or the morning of surgery. Wash the surgical area with a special cleansing sponge.
- Do not shave the surgical area.
- Do not eat anything after midnight the night before surgery (includes gum, candy). Clear fluids are permitted up to 2 hours prior to advised arrival time at the hospital on day of surgery.
- Take medications as instructed by the doctor or nurse.

Items to Bring on Morning of Surgery:

- Autologous Blood Cards (green)
- Dentures & Hearing Aids (dentures will be removed before surgery)- have labeled containers for these items
- CPAP/BiPAP machine if you have sleep apnea (must be in working order)
- Glasses with labeled case

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Items for Family Member to Bring the Day of Surgery

(Suggested time to bring in ________ AM/PM):

(Please Label all Equipment)

- Overnight case with personal items i.e. toiletries
- Light weight knee length house coat
- One full set of comfortable clothes (i.e. T-shirt, loose shorts, or sweatpants)
- Non-slip shoes or slippers (ensure they allow for swelling)
- Specific self-care aids/dressing aids prescribed by the Occupational Therapist at Pre-Admission Clinic (e.g. long handled shoe horn, sock aid, reacher)
- Other: _________________________________

***Mobility Aids*** such as a walker, crutches or a cane will be discussed with the Physiotherapist at PAC. They will provide information on what equipment will be required and when/if to bring the equipment into the hospital.

**DO NOT BRING:**

- Personal Medications (unless instructed by Nurse or Pharmacist)
- Large amounts of money, jewelry or any other valuables
- Medical Alert Bracelets should be left at home
- Electronic equipment

**PAC = Pre-Admission Clinic**

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During Your Hospital Stay

When you come to the hospital the day of surgery, you will need to report to the admitting department. Once admitted you will be directed to the day surgery area. You will be asked to change into a hospital gown. The nurse will start an intravenous. You will then go to the Operating Room.

In the Operating Room:
You will receive an anesthetic (usually a spinal or epidural). The anesthesiologist will give you sedation to make you relaxed and comfortable. Most people do not remember the operating room as the sedation affects your memory. The surgery usually takes 45-90 minutes. You will wake up in the recovery room and remain there until you recover from the anesthesia. This usually takes 2-4 hours. An x-ray MAY be done at this time to make sure the new joint is in correct position. Once you have recovered from the anesthesia, you will be taken to your hospital room.

On the Surgical Unit:
You will be ready to return home when:

✓ You are able to manage all your medications for discharge
✓ You are able to perform all transfers safely following your hip precautions (on/off a chair, in/out of bed, in/out of the tub, on/off the toilet).
✓ You can dress yourself with minimal help or by using dressing aides.
✓ You can walk the distance and perform the stairs you need to manage in your own home.

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**There is no longer a set length of stay after joint replacement surgery. Once the above goals are achieved, you will be discharged home.**

**Monitoring and Post-operative Care**

- **Dressing**- There will be a bulky bandage over your hip. This dressing is usually left on for a day or two to allow the incision to heal before the dressing is changed to a reduced strip bandage over the incision. After that, the dressing will be changed as needed.
- **Drain**- A drainage tube **MAY** be coming from under the bandage. The drain removes the blood that collects in the joint after surgery and will be removed the day after surgery.
- **Intravenous**- You will get fluids through an intravenous (IV) line. This will remain in place until you are finished antibiotics and no longer need pain medication through the IV. You should be eating and drinking well before it is removed.
- **Monitoring**- A nurse will take your temperature and blood pressure regularly. Your breathing and heart rate will also be checked. The circulation in your legs will be checked frequently. The nurse will instruct you to wiggle your toes and do foot and ankle exercises to help with blood flow.
- **Deep breathing and coughing**- To help clear your lungs and prevent pneumonia, you should take three to five deep breaths and cough every hour you are awake.
- **Positioning and turning**- You will be helped to turn and position in bed. This will be done frequently to prevent problems with your skin and breathing.
- **Diet** - At first you need to focus on drinking fluids regularly as your appetite may be poor. You should try to eat as soon as you can tolerate food. If you feel sick, please tell your nurse so it can be treated.

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**Pain Management after Surgery**

Controlling your pain is a very important part of your recovery. While every effort is made to minimize your pain, it is normal to experience some discomfort after surgery.

***IMPORTANT: It is important to remember that the medications and means by which these medications are provided are dependent on the site of your surgery as well as your individual medical history and pain levels. This section is providing information on the different techniques and medications used for information purposes only.

**How will my pain be managed after surgery?**
The management of your pain will start before you enter the operating room. The anesthesiologist and surgeon will decide what is best for you. This will likely involve a combination of medications. Some medications may be given directly around your new joint. Other medications may be given with pain pumps. Pain pumps are used for the following:

- epidurals
- intravenous / PCA (patient controlled analgesia)
- local blocks

All these treatments are safe and very effective in controlling your pain. These will be explained to you more fully by the hospital staff depending on which method of pain control is determined to best suit your needs.

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What is an epidural?
This requires insertion of a very small narrow tube, called a catheter into your back. This is done in the operating room before your surgery. Pain medication and numbing medications are delivered by the pump into the epidural space (a space around the nerves in your back). This method gives you continuous pain relief and allows you to be more alert, sit and walk more easily.

What is a PCA?
A Patient Controlled Analgesia (PCA) pump is a pump that injects pain medication into the intravenous (IV) catheter in your arm. This method allows you to keep your pain under control. To receive the medication you simply push a button. The medication starts to work fairly quickly because it goes directly into your blood stream. You can push the button as often as you need to stay comfortable. The machine is programmed so that it will not give you more medication than is safe for you to have. It is important that you DO NOT allow family members or friends to push your PCA pump button for you. You need to be awake enough to know that you need pain medication. Tell your nurse if the medication is not helping your pain even though you have pushed the button a few times. Your nurse will make changes until the pain is controlled. This is usually only in place for one or two days if required.

What is a nerve block?
Pain relief may be provided through a nerve block. With this method a needle (or possible a small catheter) is inserted close to the nerve above the joint where you had surgery. Local anesthetic is injected or
infused in this area. This will help keep the surgical area feel “numb” for a period of time after the injection or for the time the catheter remains in place.

**What is an injection around the joint?**
Several medications are combined and injected around the joint during surgery. This can give excellent pain relief for up to twenty-four hours after surgery.

**How long will I have a pain pump?**
After one or two days, the pump will be stopped and you will have your pain controlled with pills.

**What oral pain medications (pills) will I be on?**
Pain medication will be started immediately after surgery. The anesthesiologist will decide which medications are best for you. Once you are on the ward, you will be assessed by your nurse regularly and may be assessed by the pain service. At this time, medications will be explained to you and adjusted as needed. If you are already on pain medication before surgery, these may need to be increased or changed to meet your needs after surgery.

The medications most often given are:

- Sustained release opioids (like Hydromorph Contin or OxyNeo) - These medications are given regularly in the morning and in the evening. They are designed to release pain medication into the

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blood stream over an 8-12 hour period allowing for long acting relief of pain.

- Immediate release opioids (like Hydromorphone or Oxycodone) - These medications are given when you need extra pain relief in between the long acting doses. YOU MUST ASK YOUR NURSE FOR THESE PAIN MEDICATIONS. These short acting medications will last 4-5 hours but you can have them every few hours as needed.

- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (like Celebrex, Diclofenac, Naproxen) - This medication is an anti-inflammatory and may be given regularly twice a day.

- Gabapentin – This medication is used for neuropathic (nerve) pain and may be given regularly up to three times a day.

- Percocet - This medication may be given every four hours as needed.

- Acetaminophen (Tylenol) - This medication may be given every four hours.

Giving you smaller doses of a variety of medication controls your pain better and has fewer side effects than if you took just one of these medications. Giving you long acting pain medication along with the Celebrex, Gabapentin and Acetaminophen keeps a constant level of pain medication in your body. This is especially important at night when trying to sleep. If you are still not comfortable, please ask your nurse to give you the extra (short acting) pain medications.
What is the Pain Scale?

0 --------------------------------------------------------10
↑                                                ↑
No Pain                                        Pain as bad as it could be!

The Pain Scale helps you keep the doctors and nurses informed of how well your pain is controlled. The health care team will ask you to give your pain a number on a scale from zero to ten. Zero means no pain and ten means the worst pain you could ever have. By rating your pain with a number it helps the health care team know how well your medication is working and if they need to make any changes.

There are several reasons why keeping your pain under control is important. Good pain control:

✦ Makes you feel better.
✦ Allows you to sleep better.
✦ Allows you to walk and do your exercises.
✦ May reduce the risk of complications after surgery.

These medications can have side effects such as:

✦ Nausea and vomiting
✦ Itchiness
✦ Constipation
✦ Drowsiness
✦ Disorientation

**Please let your nurse know if you are having these side effects.

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When should I ask for the extra pain medications?
Keep in mind you must ask for your short acting pain medication. Do not wait until the pain becomes severe before taking extra pain medications. By taking pain medication every few hours, some medication from the last dose is still working and this gives the new dose time to take effect. Pain is much easier to control if it is managed before it becomes severe. Our goal is to keep your pain at an acceptable level so you are able to do your exercises, get up in the chair and walk with assistance.

Will I get addicted to these pain medications?
Research shows that addiction is extremely rare in people who take pain medication for painful conditions. If you have a previous history of substance abuse (alcohol or drugs), talk with the ward staff and they will monitor your recovery. Also, due to the POTENTIAL addictive nature of these medications, please store all medications in a safe, secure place.

Can I stop these pain medications suddenly?
When a person takes pain medications for a week or longer, their body may adapt to these medications. If they suddenly stop taking the medication, they may experience withdrawal symptoms such as headache, sweating and nausea. Withdrawal symptoms do not indicate an addiction but are a possible expected side effect of opioid medications. These symptoms can be prevented by slowly reducing the dose of the drug over time instead of stopping it suddenly. As your pain

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decreases and your body heals, you will no longer need as much pain medication. Decreasing the amount of pain medication each day, or every couple of days, can prevent the withdrawal symptoms. This can be done by taking one less pain pill every day until you are off all the pain medications. If you have pain from other medical conditions you should discuss the control of this pain with your family doctor.

**Getting Moving**
Most surgeons want their patients up and moving as soon as possible after their surgery.

The nursing staff may get you up the day of surgery. If this is not possible, the day following your surgery the physiotherapist or nurse will help you into the chair. Most patients begin walking short distances with assistance the first day after surgery. The physiotherapist will also teach you how to move in bed, how to get in and out of bed, and how to use a walker or crutches. Each day the distance you walk will increase and you will require less assistance. Prior to leaving the hospital the physiotherapist will have you practice going up and down stairs if required for your discharge home.

It is not uncommon to feel dizzy, nauseated or even light headed the first few times you are up. It is important to tell your nurse or therapist if you experience these symptoms.
Exercise
After your surgery you are not as active as you normally would be. For this reason it is important to move your feet up and down at your ankles to improve your circulation and prevent blood clots from forming in your legs. With less activity you also tend to take smaller breaths which can lead to a chest infection. Remember to take 3-5 deep breaths and do a minimum of 10 ankle exercises every hour you are awake.

The physiotherapist will assist you with your exercises following your surgery. Do not be surprised if you have difficulty with the exercises initially. As your body heals and the more you practice the easier they will be. As they say, practice makes perfect, so it is important to perform your exercises with the therapist and also perform the exercises that you are able to do on your own 2-3 times per day.

The Hip Surgery Exercise Program sheets (pages 51-56) can be removed from this manual to allow you to easily reference the written explanations and pictures when completing your exercises at home. The Physiotherapist at your Pre-Admission Clinic appointment may ask you to bring these sheets with you to the hospital as well for reference there when starting your exercises after surgery.
HIP SURGERY EXERCISE PROGRAM

____________ Hospital

Phone: ____________

- Only do the exercises that have been indicated by your Physiotherapist.
- Do each exercise 5 – 10 times in every session. Gradually increase the number of times you do the exercise in each session, as you are able. Gradually work up to ____ repetitions.
- Do 2 – 3 sessions each day.

1. Pump both feet up and down as often as possible.


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4. Lie on your back with your affected leg bent within comfortable range for your hip with your heel on the bed and toes facing up. Push your heel down on the bed. You should feel the back of your thigh tighten. Hold 5 seconds. Relax.

5. Lie on your back. Bend your knee and hip as much as you can, keeping your foot on the bed. Slowly lower your leg. You can use a garbage bag under your foot to decrease resistance to make this exercise more comfortable.

6. Lie on your back. Put a roll at least 6” thick under your knee. With the knee resting on the roll, lift your heel off of the bed until your knee is straight. Hold 5 seconds. Slowly lower your heel back on to the bed.
7. Place a roll/pillow between your legs to prevent crossing. Slide your leg out to the side and back in again to the roll/pillow. Keep your knee straight and toes pointing up. You can use a garbage bag under your foot to decrease resistance and increase comfort.

8. Lie on your back. Bend your hips so that your feet are flat on the bed. Tighten your seat muscles and raise buttocks off of the bed. Hold for 5 seconds. Relax. **Do not hold your breath!**
9. Sit on a chair with your thighs supported.
   Straighten your knee.
   Hold for 5 seconds.
   Slowly lower your foot.

Standing Exercises

For exercises 10-13 hold on to a counter or stable piece of furniture that is at least waist height.

10. Bend your operated hip lifting your thigh towards your chest.
    Do not raise your thigh past hip level.
    Hold 5 seconds.
    Slowly lower your leg.
11. Lift your operated leg out to the side.

Keep your body straight and do not hike your hip.
Hold for 5 seconds.
Slowly lower your leg.

12. Keep your knee straight,
lift your operated leg back.
Do not bend forward or arch your back.
Hold 5 seconds.
Slowly lower your leg.

13. Stand holding onto a solid object.
Keep your feet apart and your back straight,
bend your knees slightly.
Hold for 5 seconds.
Slowly straighten your knees.

Your knees should not go forward past your toes!
EXERCISE/ACTIVITY

Return to activity must be done gradually. Listen to your body. Only YOU know how your body is responding to the increase in activity. Use the amount of increased pain and swelling as your guide.

Upon return home:

DO:

☆ Continue with your exercise sessions at home.
☆ Change position frequently to prevent pain and stiffness.
☆ Remember to wear supportive footwear. Footwear should be flat with a low, wide heel and rubber sole. Footwear should allow for slightly swollen feet after surgery.
☆ Begin with short frequent walks. Walk longer distances, as you are able.
☆ Use ice and elevate your leg to help control pain and swelling.

DO NOT:

☒ Forget to follow your hip precautions for the full time period provided by your surgeon.
☒ Hold your breath while doing exercises or activities.

Report the following to your surgeon or family doctor quickly:

1) A lot of swelling.
2) Skin that looks red and feels hot to touch.
3) Pain at the back of your knee or calf.

Discuss return to work and recreational activities with your surgeon.

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**Movements to Avoid**

After a hip replacement the muscles and tissue around the hip take time to heal. To protect yourself from the possibility of dislocating your new hip you must **avoid certain movements for up to 3 months following your surgery**. Discuss with your surgeon or the staff at the hospital the length of time you need to follow these movement restrictions and which specific restrictions apply to your surgery.

The most common approach for a total hip replacement involves an incision along the outside of your hip. **The following precautions are applicable to the lateral and posterior incision types.**

***If your surgeon uses a different incision placement/approach, you will be provided with specific information regarding your hip precautions/movement restrictions.***

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1. Do not bend your hip past 90°

90° looks like this

Below are shown **INCORRECT** positioning of the hip:

Remember, the 90° angle considers the trunk position relative to your thigh position. Your knee can bend as much as needed to assist with transfers. You are closest to the 90° angle when sitting. To avoid breaking this precaution make sure your knees are not higher than your hips and do not bend forward from this position.

**Tip:** You want to avoid your thighs getting close to your chest. It is important to think of your body positioning in space as the 90° angle looks different in sitting, standing and when lying in bed.

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2. Do not cross your legs at the knees or at the ankles.

- Do not let your operated leg cross the midline of your body.
- A general rule to remember is to keep your feet at least shoulder width apart.
- You will have to keep a pillow between your legs in bed to ensure your operated leg doesn’t come into the midline. (see bed positioning)

3. Do not twist your body or turn your operated leg inward.

- Take small steps when turning.
- Do not pivot. (turn on a planted leg)
- Tip: All movements should be done like a “robot” with your shoulders in line with your feet. When putting items away in the dishwasher or cupboard, make sure your feet are in line with your shoulders. You should not twist your upper body over planted legs.
Activities of Daily Living after Total Hip Arthroplasty

Positioning in Bed

- When lying on your back, keep a pillow between your legs.

- If you want to lie on your side, be sure to lie on the non operated side with two pillows or one longer pillow between your legs, extending from your groin to your feet.

- When turning in bed, keep the pillow(s) between your legs and roll your body and your legs at the same time (your shoulders, hips and knees should stay in line when turning).

**Check with your surgeon when you are allowed to sleep on your operated hip. This position may be restricted for up to three months.**
Getting Out of Bed

1. Push your self up on your elbows and then up to your hands as shown below.

2. Slowly start sliding your legs over to the side of the bed. Be sure to keep your legs apart.

3. Push yourself up so that you are sitting upright and your hands are behind you.

4. Slide your seat to the edge of the bed.

Getting Into Bed

1. Sit at the edge of the bed.

2. Try to move your seat back as far as possible in the bed—keep your arms behind you. You know you are far enough back when your thighs are completely supported by the bed.

3. Then begin turning your body, keep your arms behind you and slide your legs into bed. Be sure to keep your legs apart and your shoulders in line with your feet.

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DO NOT:

❖ Lean forward to lift your leg in.
❖ Use your nonsurgical leg to help your operated hip.

Sitting

1. Back up to the chair until you feel it touch the back of your legs.
2. Slide your operated leg out in front of you.
3. Reach back for the armrests one hand at a time.
4. Slowly lower yourself to the chair without leaning forward. Once sitting, slide back in the chair.
Standing Up

1. Slide your operated leg out in front of you.

2. Place your arms on the armrests.

3. Slowly push yourself to a standing position without leaning forward.

4. As you are standing slide your operated leg underneath you.

5. Once you are standing and have your balance, place one hand at a time on the walker.

To get on and off the toilet, use the same procedure. Be sure to use any equipment prescribed to you by the Occupational Therapist to allow you to maintain your precautions with these transfers!

Reminder: When possible, sit on a firm chair with armrests. This will make it easier for you to sit down and stand up. Do not sit on anything with wheels/casters. When sitting, always keep your knee lower than your hip; add a firm cushion if needed.

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**Bathing**

The use of a bath seat and/or grab bars may be necessary. You should not get down to the bottom of the tub for up to 3 months following hip replacement surgery.

To get into the tub:

1. Back up to the side of the tub with the bath seat behind you.
2. Reach back for the bath seat and/or grab bar.
3. Lower yourself down onto the bath seat. Keep your operated leg straight and out in front of you. Do not lean forward.
4. Lift your legs over the side of the tub.
5. Reverse this method to get out of the tub.

   ☑️ Adjust the water temperature before you get in. Remember, you cannot bend forward in the seated position to adjust the taps.

   ☑️ Use a long-handled sponge to reach your legs and feet.

**Note:** If you have shower doors, the panels will need to be removed temporarily to allow for this transfer. You can use a tension rod to hang a shower curtain for the period of your precautions.
Dressing

✔ Dress your operated leg first and undress it last.

✔ Use a reacher or dressing stick for putting on your underwear and pants.

✔ Use a sock-aid for putting on socks. If wearing compression stockings, socks should not be worn.

✔ Use a compression stocking aid for putting on compression stockings if required and a dressing stick to remove the stockings.

✔ Use a long shoehorn for putting on shoes and taking them off.

✖ Do not cross your legs or turn your foot inward when putting on socks and shoes.

✖ Do not bend over or bring your operated legs toward your chest.
Carrying Things
To help you carry things try the following:

- A walker basket/pouch/tray can be purchased from a medical supplier and attached to the front of your walker. In some cases a small plastic bag can be attached to the front of your walker to carry LIGHT items. Check with your physiotherapist if this is safe for you.

- A fanny pack can be used to carry small items.

- A backpack is useful for larger items i.e. groceries, laundry, purse, books.

- Wearing an apron or clothes with pockets is also helpful.

- Using covered plastic containers is helpful when carrying food.

- Use a mug with a lid to move hot liquids.

Walking
Initially after surgery the majority of patients use a walker with 2 wheels. When using a walker:

1. Advance the walker forward.

2. Step forward with your operated leg to the middle of the walker. (The physiotherapist will instruct you on the amount of weight you can place on your leg after surgery.)

3. Lean through your hands and then step to the middle of the walker with your non-operated leg.

As your walking progresses you may begin using a 4 wheeled walker, crutches or a cane.

September 2014 (Hip)
Getting In and Out of Vehicles After Hip Surgery

1. Move the seat back as far as it will go and recline slightly.

2. Back up with your walking aid until you feel the edge of the seat against the back of your legs.

3. Hold onto the back of the seat and the dashboard for support. Do not hold onto the door as it may move unless it is held by someone.

4. Sit down on the edge of the seat. Lean back and slide yourself toward the middle of the vehicle.

5. Then bring your legs into the vehicle one at a time and turn your body (you may want to try a plastic bag on the seat to assist with turning).

   ✤ To get out of the vehicle, reverse the procedure.

Driving a Vehicle

If you drive a standard vehicle, or have had a right hip replacement, do not drive until approved by your surgeon.

   DO NOT DRIVE if you are still taking narcotic medication.

September 2014 (Hip)
Stairs

Going Up

- If 2 railings, use both rails.
- If 1 railing, use the rail in one hand and a cane or crutches in the other hand.
- Place the non operated (good) leg on the stair, and then follow with the operated (bad) leg and the crutches/cane.

Going Down

- If 2 railings, use both rails.
- If 1 rail, use the rail in one hand and a cane or crutch in the other hand.
- Place the cane or crutch on the step below then step down with the operated (bad) leg followed by the good leg.

**REMEMBER: UP with the GOOD, DOWN with the BAD**

Stairs will be assessed by the Physiotherapist during your hospital stay IF they are required for your discharge home.

As you become stronger and are able to take equal amounts of weight on both legs you may begin to go up and down the stairs using alternating legs.

September 2014 (Hip)
Bilateral Hip Replacements

If you have had both hips replaced, the above strategies will work for you, but may take more time to accomplish independently. It is very important to have adequate upper body strength to be able to lift your body weight off of your chair or bed to ensure you will be able to manage these movements after surgery. Please try these techniques at home before surgery to ensure your furniture (chairs/bed) is at an adequate height to make these transfers possible. If you have any concerns about the heights of chairs/beds or managing these transfers, please discuss them with a therapist in the community, the Prehabilitation therapist or the physiotherapist/occupational therapist at your PAC appointment.
After Joint Replacement Surgery

A. Caring For Yourself At Home

Care of Your Incision

Incision healing
Keep the dressing and incision clean and dry. Do not apply ointment or lotion to the incision until the scar is completely closed. Increase your intake of foods high in protein (i.e. meat, dairy products, eggs, fish) and foods high in vitamin C (i.e. oranges, orange juice, grapefruit, strawberries, melon, kiwi, broccoli).

Changing the dressing
Your dressing should be clean and dry. Leave the dressing on until your follow-up appointment for staple/suture removal. If the dressing becomes wet or soiled, it should be changed. If your incision is draining on discharge, the nurse will give you specific instructions to follow.

Staple Removal
Staples will be removed on your first follow-up appointment at approximately 10-14 days after surgery. Information regarding this appointment will be provided on discharge from hospital. For those who live outside the city, this may be done by your family doctor or clinic nurse.
**Taking a Shower or Bath**
You will be able to shower 2-3 days after your staples are removed, as long as there is no drainage or open areas present. If you wish to shower before your staples are removed, please discuss options for an alternate dressing with your nurse or surgeon. Remember to follow the safety precautions when getting in and out of the tub or shower.

**Signs of Infection**
Inspect your incision area daily as best as you can. Do not remove the dressing to do this. If a dressing is in place, inspect the area around the dressing.

*If you notice any of the following signs of infection, you should call your doctor immediately:*

a) Thick yellow, foul smelling drainage from the wound
b) Fever, chills or flu-like symptoms

**Pain Management**
It is normal to have pain after surgery. As time goes by the amount and intensity of pain you are experiencing will decrease. It may take up to 6 months before all the pain and swelling is gone.

When you are ready for discharge, a decision will be made in discussion with the surgeon regarding the medications necessary for you to control your pain at home.

**TIPS ON CONTROLLING YOUR PAIN:**

- Do not wait until the pain is very bad before taking the pain medication.
- Take your pain medication a minimum of 30 minutes before you exercise or do any prolonged activity

September 2014 (Hip)
- Elevate your leg and apply an ice pack to the hip 3-4 times a day. Try applying the ice pack before and after exercises.
- Plan time for relaxation and enjoy hobbies to reduce pain.

**Swelling and Blood Clots**

**Will there be swelling in my operative leg?**

Swelling of your foot and leg is normal after surgery. Avoid sitting with your leg down or standing for long periods of time as this will increase the amount of swelling in your leg. Do change positions frequently and go for short walks. Continue with the foot and ankle exercises described to you by the physiotherapist and increase your activity as you tolerate.

When at rest, elevate your feet and legs as often as possible. Remember to maintain your precautions when elevating your leg.

**Signs of blood clots**

Contact your surgeon if you experience any of the following symptoms as they may indicate a blood clot and need to be treated promptly:

- **Increasing pain, swelling, redness and tenderness** of the leg that does not improve with rest and elevation.

See your family doctor or go to the local emergency room immediately if you experience the following as it may be a sign of a clot that has moved to your lungs or heart:

- **Sudden sharp pain or tightness** in your chest or shortness of breath.

September 2014 (Hip)
**Blood Thinners**

Blood clots can develop in your legs for up to a month after your surgery. For this reason, most patients will be required to continue with their blood thinners for up to 4 weeks after surgery. The specific medication and directions regarding how to take this medication will be provided at the time of your surgery.

**At what time of day should I take the blood thinners?**
Continue the medication at home around the same time it was given to you in the hospital. Confirm the time with the nurse before you go home.

**Constipation**

Many of the drugs you will be taking for pain relief can cause constipation. Reduced activity can add to this problem.

**What can I do to prevent constipation?**
- **✔** Drink plenty of fluids (six to eight cups of fluid per day).
- **✔** Eat foods high in fiber (i.e. whole grain breads/cereals, bran, prunes and other fruits, vegetables, nuts and legumes).
- **✔** Keep as active as possible and when you have the urge to move your bowels do not delay!
- **✔** Purchase a stool softener at the pharmacy. (Discuss with your Pharmacist what is best for you).

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September 2014 (Hip)
Activity Progression

- Continue with a home exercise program as instructed by your physiotherapist.
- Increase your tolerance. Begin with many short walks during the day. As you are able, gradually increase the distance you are walking.
- Listen to your body. Only YOU know how your body is responding to the increase in activity. Use the amount of increased pain and swelling as your guide.

Follow up Physiotherapy

Most patients who undergo total hip replacement do not require ongoing physiotherapy after surgery. The staff will let you know prior to your discharge if you will need to be seen for follow up. Regardless, you should continue with the home exercise program provided in the hospital once you are discharged home.

Mobility Aids

Most people continue using the walker for 2-4 weeks after they leave the hospital as it helps with supporting your new hip, balance, and fall prevention. With time you will be able to use a cane.

- Signs you are ready to progress to a cane:
  1. You can stand and balance without the walker.
  2. You can place weight fully on both feet.
  3. You no longer lean on your hands when using your walker.

September 2014 (Hip)
When using a cane, always use it in the hand opposite the operated leg. The cane should be the same height as your walker. You can also size your cane by placing it on the ground 6 inches out from your little toe. While you are looking straight ahead (head up and shoulders back) with your arm relaxed at your side, the top of the handle of the cane should touch the creases on the inside of your wrist (where a watch is worn). At this height, your elbow should be bent to about 15° as demonstrated in the illustration below. If your cane is too high, it can cause your shoulder to be pushed up (shrug) causing tension in the neck. If it is too low, it can cause you to lean forward or to the side of the cane causing issues in your back/hips.
B. Living With Your New Joint

Follow-up Appointments

With good care and effort to protect your joint replacement from unnecessary stress, your new joint should last 15 years or more. To ensure the best possible outcome, there are some long term guidelines for you to follow.

Consulting with your Orthopedic Surgeon

It is important that you attend all follow up appointments with your surgeon. The surgeon can often detect wearing of the joint prior to you experiencing symptoms. Early detection may provide an opportunity to repair the joint with a simple revision as opposed to more complex surgery if the wearing is not detected early.

Your surgeon will want to see you regularly following surgery at intervals (e.g. every year or every two years) as decided by your surgeon.
If you develop any symptoms related to your joint that concern you, arrange for an earlier follow-up appointment. Symptoms that you should report to your surgeon’s office are the following:

- New pain in your hip or leg that lasts more than a few days
- A limp or pain with weight bearing

Recreation and Social Activities

It is important to return to regular physical activity after your joint replacement. Light to moderate intensity activities done 4 – 7 days per week have numerous health benefits and will help to maintain good strength and movement in your new joint. Appropriate activities should be low impact, allow for periods of rest and not cause joint pain. Ask your orthopedic surgeon about any sports or activities that you may wish to do.

Recommended Activities:

- Walking, using a treadmill
- Swimming, water aerobics, water walking
- Recreational cycling, stationary cycling
- Golf (using a cart initially)
- Traditional dancing
- Low impact aerobic
Possible Activities: (check with your surgeon prior to beginning)

- Hiking easy trails
- Downhill & cross country skiing (green & blue runs)
- Modern dance
- Doubles tennis (avoid running & twisting)
- Step or Rowing machines
- Skating inline and ice
- Gardening /Yard work
- Repetitive lifting (less than 20 kg)
- Lawn Bowling (operated leg back)

Activities to Avoid:

- Running/jogging
- Jumping (skipping rope)
- Singles tennis, badminton, squash
- Contact sports (football, soccer, hockey)
- High impact sports (basketball, volleyball)
- Waterskiing

September 2014 (Hip)
Sexual Activity
It is recommended that you wait 6 - 8 weeks after your surgery before resuming sexual activity. It is important to follow your movement restrictions.

- Do not bring the knee of your operated leg to your chest.
- Do not turn the knee/foot of your operated leg inward.
- Avoid positions that cause pain.
- Keep your operated leg straight or slightly bent.

For the first 3 months, you should lie on your back and assume a more passive role. Other recommended positions are:

**Male:** side lying, lying on your back with operated leg straight or slightly bent

**Female:** side lying with operated leg straight or slightly bent

If you prefer a side-lying position, lie on your non-operated side and support the operated leg on pillows or your partner.

Returning to Work
Your surgeon will determine the date you can return to work based on the type of work you do. If you have a desk job, you may be able to return to work within a few months. If your job is more physically demanding, it may be 3 to 6 months before you can return to work.

September 2014 (Hip)
Concerns regarding financial income need to be considered prior to surgery. Some individuals may require modifications to their job, while others may easily return to their previous activities. Those engaged in heavy manual labor may have to discuss the possibility of vocational/job counseling with their surgeon.

**Airport Security**
Your new joint may set off metal detecting devices such as those in airports and some buildings. However it is unlikely to set off most modern devices. Tell the security officer that you have a joint replacement and a hand held wand passed over your new joint will confirm this. A card or letter is no longer sufficient for security purposes.

**Pregnancy**
Young women who have undergone a hip or knee replacement may have some concerns around becoming pregnant and the extra strain this will put on the joint. Keep your weight gain to 25 to 30 pounds. If needed, use a cane in the later stages of pregnancy.

**Dental Work after a Joint Replacement**
It is important to notify your doctor or dentist that you have a joint replacement if you are having any type of dental procedure. The bacteria that cause infections in the teeth or gums can easily travel through the bloodstream and settle in the artificial joint.

The following guidelines are designed to help doctors and dentists make decisions about preventative antibiotics for dental patients with...
artificial joints. Health Care Professionals must use their judgment to determine if preventative antibiotics are appropriate.

You should get preventative antibiotics before dental procedures if:

- You had a joint replacement less than two years ago.
- You have an inflammatory type of arthritis such as rheumatoid arthritis.
- Your immune system has been weakened by disease, drugs, or radiation.
- You have insulin-dependent (Type I) diabetes.
- You have had previous infections in your artificial joint.
- You are undernourished or malnourished.
- You have hemophilia.

What dental procedures require preventative antibiotics?
You should get preventative antibiotics for the following dental procedures:

- Dental extractions
- Periodontal (gum disease) procedures
- Dental implant placement and reimplantation of teeth that were knocked out
- Endodontic (root canal) instrumentation or surgery
- Initial placement of orthodontic bands (not brackets)
- Injection of a local anesthetic into the gums near the jaw
- Regular cleaning of teeth or implants where bleeding is anticipated

September 2014 (Hip)
Other Infections

If you develop an infection anywhere in your body it is important to see your family doctor to get antibiotic treatment as soon as possible to prevent infection from travelling to your new hip joint. It is also important to inform your doctor that you have had a joint replacement before any other surgery or procedure, such as a colonoscopy as you may require antibiotic treatment.
September 2014 (Hip)
Community Resources

The Arthritis Society Manitoba Division (204)942-4892

Or visit their website at www.arthritis.ca

✦ Provides support, information and referrals for people with arthritis.
✦ Water and land based exercise programs
✦ Arthritis Self-Management Program (6 week program) and Pain Management workshops
✦ Pamphlets and education material about arthritis. A library with video tapes, audio tapes, books and magazines available for loan.

Arthritis Center Day Hospital (204)787-1890

✦ Education and Rehabilitation Programs

The SMART (Seniors Maintaining Active Roles Together) Program (204)775-1693 ext. 239

✦ Monitored group exercise programs
✦ SMART In-Home Exercise Program - for homebound adults

Meals on Wheels
✦ 174 Hargrave Street, Winnipeg, Manitoba, R3C 3N2
✦ Telephone: (204) 956-7711. Fax: (204) 956-7722

September 2014 (Hip)
Exercise & Aquatics Programs

- Water Exercise Program: Arthritis Aquatics (low to moderate intensity)
- Arthritis Aquatics Lite (some impact)
- Land Exercise Program: PACE (People with Arthritis Can Exercise)
- Ai Chi: Water Based (slow broad movements in warm water)
- Introduction to Tai Chi: For people with Arthritis (land based)

Winnipeg Programs

City of Winnipeg Recreation Centres and Pools
To Register at these locations:
Phone: 311 (City of Winnipeg)
Online: www.Winnipeg.ca/leisureonline

Boni-Vital Pool – stairs & lift
1215 Archibald Street
**Water:** Ai Chi, Arthritis, Fibromyalgia & MS programs

Cindy Klassen Recreation Complex
999 Sargent Avenue
**Land:** PACE & Tai Chi

Fort Rouge Leisure Centre
625 Osborne Street
**Land:** PACE & Tai Chi

Margaret Grant Pool – stairs & lift
685 Dalhousie Drive
**Water:** Arthritis Aquatics Lite

Sherbrook Pool -
381 Sherbrook Street
**Water:** Arthritis Aquatics, Ai Chi, Seniors’ Lite, Fibromyalgia & MS programs

St. James Centennial Pool
644 Parkdale Avenue
**Land:** PACE & Tai Chi
**Water:** Arthritis Aqua

St. James Civic Centre – stairs & lift
2055 Ness Avenue
**Land:** low to moderate exercise programs **Water:** Ai Chi/Aquacise

St. James/Assiniboia Senior Centre
2109 Portage Avenue
**Land:** PACE & Tai Chi

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## Other Winnipeg Program Locations & Registration Information

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<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Number</th>
<th>Access Details</th>
<th>Water Programs</th>
<th>Land Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernie Wolf Pool – vertical ladder/no wheel chair access</td>
<td>95 Bournais Drive</td>
<td>204-667-6193</td>
<td>Vertical ladder/no wheel chair</td>
<td>Arthritis &amp; Fibromyalgia programs</td>
<td></td>
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<tr>
<td>Good Neighbours Senior Centre</td>
<td>720 Henderson Highway</td>
<td>204-669-1710</td>
<td></td>
<td></td>
<td>Tai Chi, PACE</td>
</tr>
<tr>
<td>Gwen Sector Creative Living Centre</td>
<td>1588 Main Street</td>
<td>204-339-1701</td>
<td></td>
<td></td>
<td>PACE</td>
</tr>
<tr>
<td>Louis Riel Arts &amp; Technology Centre</td>
<td>5 de Bourmont Avenue</td>
<td>204-237-8951 ; Ext. 311</td>
<td></td>
<td></td>
<td>PACE</td>
</tr>
<tr>
<td>Misericordia Pool – warm pool/stairs (shallow end)/lift (deep end)</td>
<td>99 Cornish Avenue</td>
<td>204-942-4892</td>
<td>Lift (deep end)</td>
<td>Arthritis Exercise/Ai Chi/SpecialtyAquacise</td>
<td>PACE, Tai Chi &amp; Osteoporosis</td>
</tr>
<tr>
<td>Reh-Fit Centre</td>
<td>1390 Taylor Avenue</td>
<td>204-488-8023</td>
<td></td>
<td></td>
<td>PACE, Tai Chi &amp; Osteoporosis</td>
</tr>
<tr>
<td>Rady Jewish Centre</td>
<td>123 Doncaster Street</td>
<td>204-477-7510</td>
<td></td>
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<td>PACE</td>
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<tr>
<td>Wellness Institute – warm pool/stairs/ramp</td>
<td>1075 Leila Avenue</td>
<td>204-632-3900</td>
<td></td>
<td></td>
<td>Arthritis Aqua</td>
</tr>
<tr>
<td>Society for Manitobans with Disabilities</td>
<td>825 Sherbrook Street</td>
<td>204-783-4227</td>
<td></td>
<td></td>
<td>Introduction &amp; Advanced Tai Chi</td>
</tr>
<tr>
<td>YM-YWCA Downtown</td>
<td>301 Vaughan Street</td>
<td>204-947-3044</td>
<td></td>
<td></td>
<td>Make Waves (Aqua for Breast Cancer Survivors)</td>
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## Manitoba Locations

<table>
<thead>
<tr>
<th>Location</th>
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<th>Phone Number</th>
<th>Access Details</th>
<th>Water Programs</th>
<th>Land Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prairie Oasis Senior Centre</td>
<td>241 – 8th Street</td>
<td>204-727-6641</td>
<td>Tai Chi</td>
<td></td>
<td>PACE</td>
</tr>
<tr>
<td>Morden 55+ Activity Centre</td>
<td>306 North Railway Street</td>
<td>204-822-3555</td>
<td></td>
<td></td>
<td>PACE</td>
</tr>
</tbody>
</table>

September 2014 (Hip)
Please contact the facility for detailed information and costs.

Some of the information in this booklet has been adapted from the Vancouver Coastal Health “Before, During & After Joint Replacement Surgery”

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Revised: © WRHA Surgery Program, February, 2014

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With gratitude to all staff and surgeons from Concordia Hospital and Grace Hospital for their essential input.
The information in this booklet is solely for the person to whom it was given by the healthcare team.

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