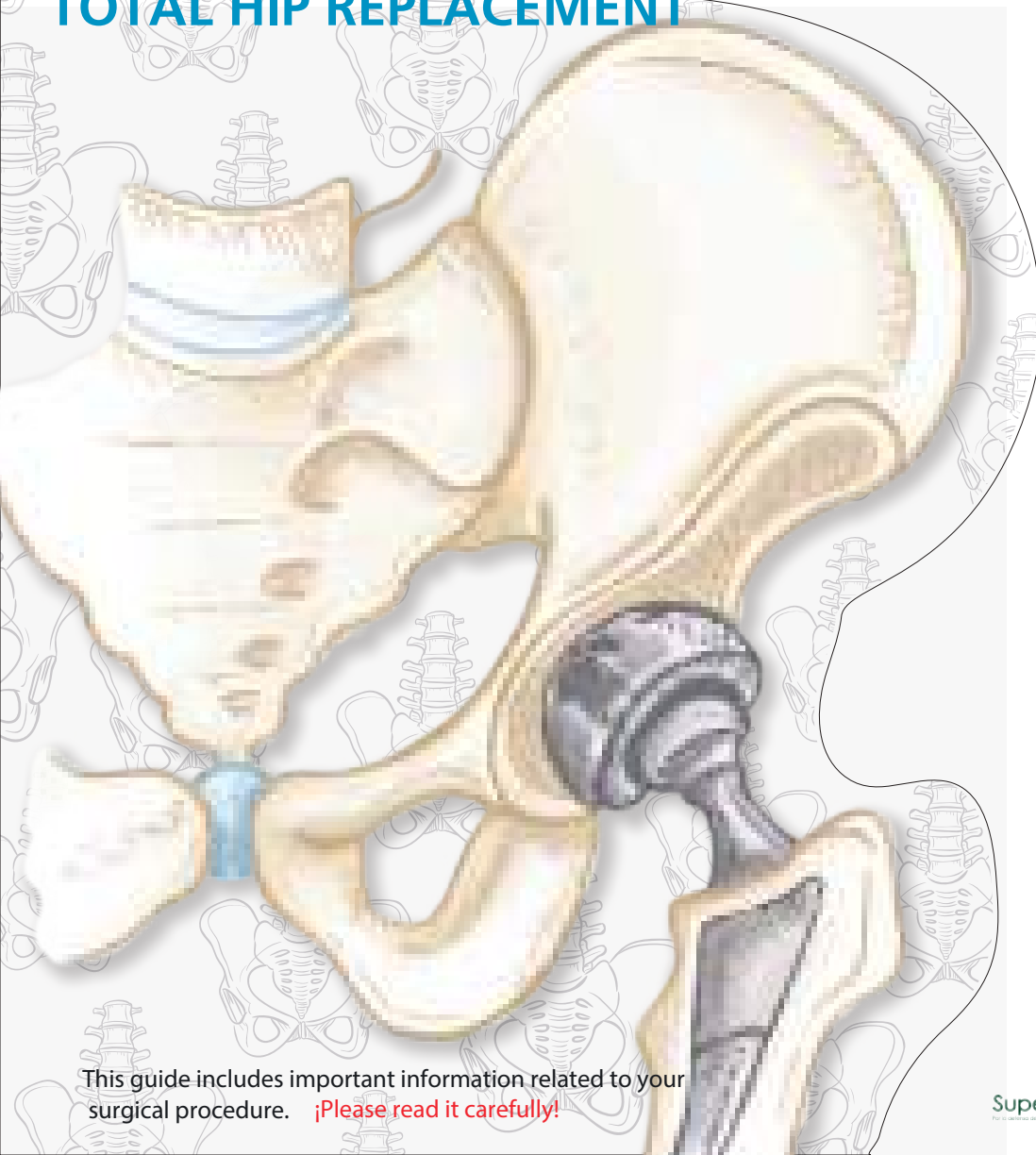


# Patient's guide to

## TOTAL HIP REPLACEMENT

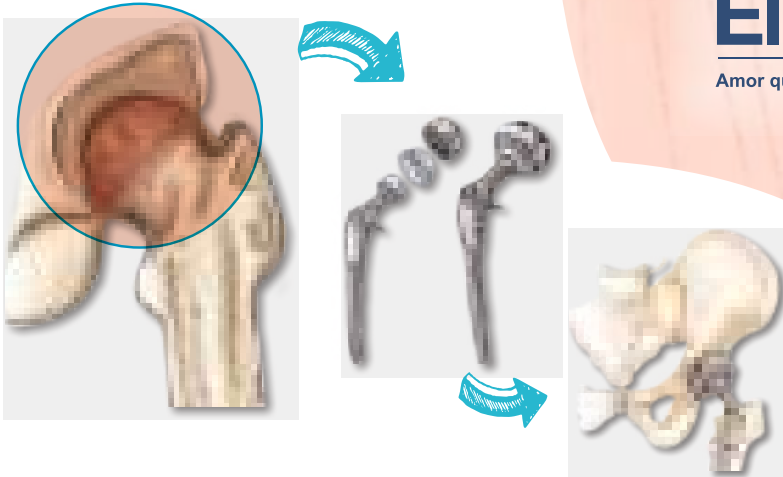


This guide includes important information related to your surgical procedure. **¡Please read it carefully!**



# TOTAL HIP REPLACEMENT

## ¿What is it?



**1.** Total hip replacement, or Arthroplasty, is a surgical procedure in which a damaged painful hip joint (due to arthritis, fracture, or other conditions) is replaced with a prosthetic joint that allows for pain relief and improvement of function. This prosthetic device is not visible from the outside. It is put in through the skin and soft tissues, leaving a visible scar. If medication, changes in your everyday activities, and the use of walking supports do not adequately help your symptoms, you may consider hip replacement surgery. Hip replacement surgery is a safe and effective procedure that can improve pain, movement and the general function of your lower extremity.

**2.** It is considered a major surgery. It carries the risk of different complications that may occur in a low proportion of patients, related to the anesthesia or to the surgical procedure.

Most patients do not present any complications, but you should be aware of the related risks, including residual pain, stiffness, blood clotting, instability, leg length inequality, intraoperative fractures, infection, loosening, nervous or vascular injuries, healing problems, among others.

Sometimes it might be necessary to re-operate or exchange an implanted prosthesis (Revision Surgery). The average duration of the device varies but it is usually accepted to range between 15 to 20 years.

**3.** The prosthetic hip will never be the same as the original hip, however it might improve your quality of life. It must be taken care of always, avoid excessive weight, high-impact activities, or extreme turns of movement.

# Instructions Prior to the Day of Surgery

**4.** Understanding the procedure, preparing for it, and getting ready for rehabilitation is of outmost importance for a faster and better result.

Watching the instructional video, reading and understanding the recommendation guide, as well as undertaking the rehabilitation with discipline and adherence, will warrant a safe and early recovery.

**5.** You will receive indications to follow closely according to the type of procedure that your doctor will perform, including activities that you can perform before, during and after the surgery. Remember that there is a complete instructional video that you can watch on the hospital's web page.

**6.** You must STOP taking some medications in advance, prior to your surgery:  
Stop natural remedies 30 days in advance (green tea, ginkgo Biloba, chia).

8 days in advance stop Aspirin (maintain intake only if your treating physician advises not to stop it) Allopurinol, Colchicine, Probenecid, Clopidogrel, naproxen, diclofenac.

1-2 months prior to surgery you must stop cigarette smoking and alcohol intake and keep this withdrawal until 6 months after surgery.

Biological medications must be stopped according to their half-lives as recommended. Other regular medications can be continued as regularly.

You must inform the surgical team about all your current medical conditions, known adverse reactions, previous surgery related complications, and regular prescribed medication without exception.

**7.** On the day of admission, you must bring all diagnostic images previously taken including X-rays, CT scans, and MRIs.

**8.** At home you must have available Alcohol-based Hand Rub (antiseptic rub) to be applied by the patient and by the people assisting them. Everyone who comes in contact with you must rub their hand with this antiseptic.

**9.** For the day of surgery, you must bring a pair of antiembolism stockings (18-23 mmHg), or compression stockings (15-20mmHg), and a Walker. Only in cases of Posterior Surgical Approach, should you bring an Abduction Pillow (not necessary in cases of anterolateral surgical approach).

**10.** DO NOT consume any liquids or solid food in the 8 hours prior to your surgery.

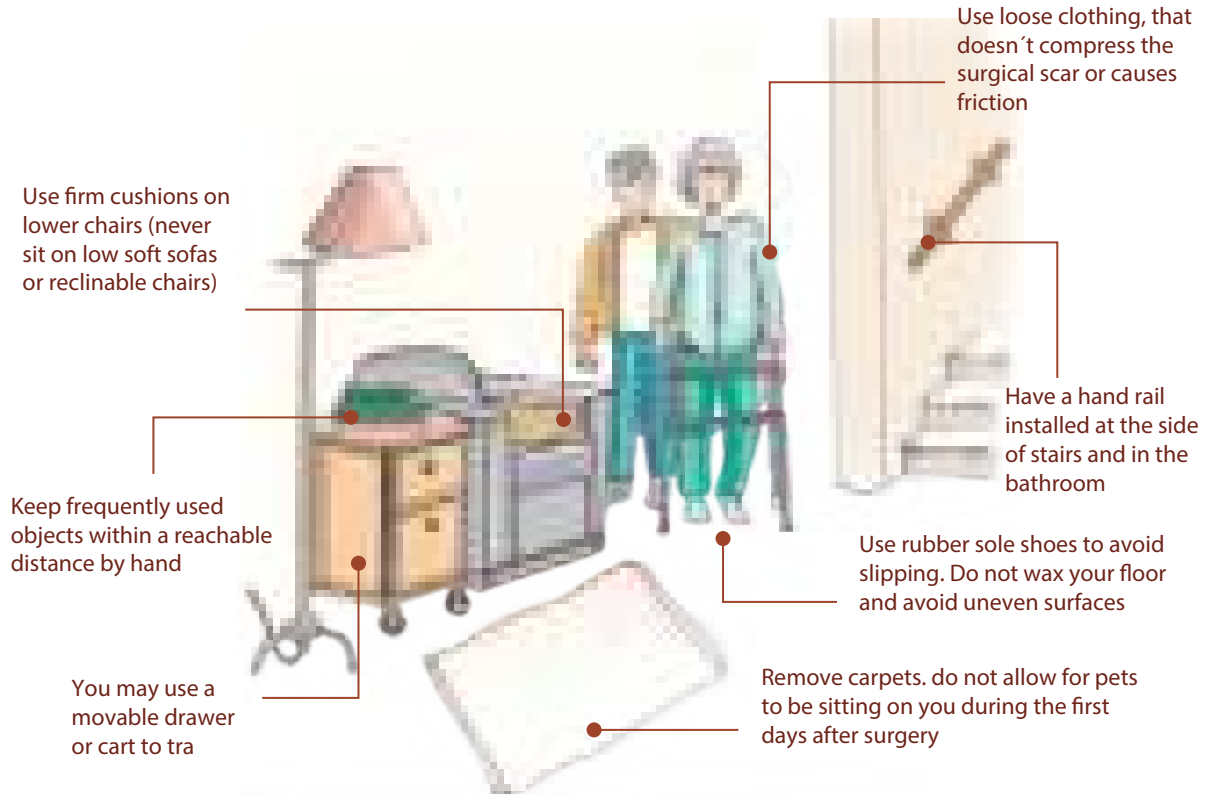


**11.** Remove all nail polish, make-up, jewelry and body piercings.

**12.** Do not shave or pluck the surgical area.

**13.** Do not put lotion around surgical area.

**14.** Remove lenses, hearing devices and dentures.



**15.** In the bathroom, assistive devices such as hand showers and high toilette seats, can be useful and protective.

Do not forget to keep extra care in the wet floor or uneven surfaces, which pose a danger for you. In the shower you can install a handle to grab as you go in and out, a plastic chair to sit as you wash yourself, and an Anti-Slip Mat to prevent sliding.





# Caring for Yourself

## After Surgery

**16.** Work leave will be between 30 and 90 days, depending on the decision of your doctor, the progression of your recovery, and the job you carry out at work (you must establish a back-up plan)

**17.** Follow the complete prescription of medications issued by your treating doctor: Thromboembolic prophylaxis, pain medication (adequate pain control is mandatory for a better recovery). Take the medications even if you are not feeling any pain.

**18.** In-hospital time will be between 24 to 72 hours, according to the doctors' orders.

**19.** It is very important that once you are settled at home after discharge, you either use a hospital bed, or otherwise elevate the height of your bed using an extra mattress; use a high toilette seat, a walking device or a pair of crutches, and to use the lateral hand bars in the shower. The abduction pillow will stay on for 15 days as you lay in bed (if recommended by your treating surgeon) and the compression stockings will stay on until you achieve full active movement (usually first 2 weeks). You should change the pressure site often and remove them for skin hydration regularly.

**20.** Do not come in contact with animals or pets for 15 days.

**21.** Indications for Emergency Room visit include a red wound, constant drainage, severe pain, body temperature above 38°C, pain does not yield to medication, extreme swelling of limb, or chest pain

**22.** Painless swelling is expectable during the first 3 to 6 months after surgery. If you notice it during the first days, elevate your leg slightly and put an ice pack on it for 15 to 20 min every hour for the first 48 hours, without wetting or dampening the wound dressing.

**23.** Remember the correct technique for getting in and out of the bed and sitting/rising on/from the chair.

**24.** You must sleep facing up, or on the non-operated side with a pillow between your legs. During the first 2 months after surgery do not sleep over the operated side or face down. Frequent changes in position are required so there are no pressure sites or ulcers. If there is any tingling sensation it means you have been on a still position for a long time and must change or move.

**25.** The surgical wound must not be touched. It must remain covered with the dressings put on the day of surgery or before discharge. It must not be washed or damped. The dressing should only be removed if the wound is to be checked by a health care practitioner and only under sterile conditions

7-15 days after the surgery, the dressings and sutures will be removed during the first post-op visit. After this is done, you can shower normally.



# ¿What SHOULD and What SHOULD I NOT do?

This is a list to remind you of what can and cannot be done with your new hip. These caution recommendations are necessary to avoid dislocations and to promote proper healing. Here are some of the most common.

**26.** Once you arrive home, you must keep active. ¡The key is to not overdo it! Spend most of the time out of bed. You will have some days better than others, but you must note a steady improvement of your resistance throughout the next 6 to 12 months. At first move with assistance of crutches or a walker and according to medical recommendations move on to a cane and then to independent walking. The amount of weight bearing will be indicated by your doctor.

**27.** How to sit: the back side of the leg on the operated side must touch the chair. Extend the leg forward, put your arms on the side handles, lower your body into the chair slowly until you are fully seated.



**28.** How to rise: With the leg on the operated side extended forward and carrying the weight on the opposite leg, rise as you push upward with your arms. As you gain your balance, transfer to the crutches or walker.

**29.** How to lay down: Sit on the side of the bed and rise the operated extremity until it lays flat of the bed, then turn and get the rest of the body up.



**30.** How to get out of bed: Turn the body to the outer edge of the bed, sit on the side and bear the weight on the non-operated leg. Stand with the help of the arms leaning on the walker.



**31.** Do not cross your legs for at least 8 weeks.



- 32.** Do Not lift your knee higher than your hip.
- 33.** Do not attempt to collect anything from the floor or lean forward while sitting
- 34.** Do not try to cut your toenails, dry your feet or put on your socks.
- 35.** Do not lean by bending your waist more than 90 degrees do not bend over to put on or take off your shoes.
- 36.** Do not turn your feet sharply in or out. Keep your leg facing forward at all times.
- 37.** Do not lean forward to reach the blankets when lying in bed.
- 38.** Do not turn your body sharply, while standing on a fixed limb.
- 39.** In the kitchen use a high stool, such as a bar stool
- 40.** Do not use pain as a guide for what you can or cannot do.
- 41.** Use ice to reduce pain and swelling but remember that ice decreases sensitivity. Do not apply ice directly to the skin; use an ice pack or wrap it in a towel.
- 42.** Apply heat before the exercises to help with the range of movement. Use a heating pad or a hot damp towel for 15 to 20 minutes.
- 43.** Reduce your exercises if your muscles start to hurt, but don't stop doing them!





**43.** The speed of recovery is different for every patient. All patients will attend the physical therapy service after dressings and stitches are removed.

**44.** The return to work, sexual activities, sports and driving will depend on the treating doctor.

**45.** As long as it is possible, you should always avoid high impact activities, or high stress loading to your hips. Keep the "saving measures" always (low body weight, avoid repetitive climbing, avoid unnecessary long-distance walk). Avoid and immediately address any infection in your body.

**46.** Restart your regular medication after thromboembolic prophylaxis is finished.

**47.** Remember to keep moving within a safe range of movement. During the first 2 weeks always with company.

**48.** Permanent changes in position as you are sitting or lying down.

**49.** Start isometrics and muscle pump exercises immediately after surgery.

**50.** Eat food with high fiber content (fruits, vegetables and grains) and drink plenty of water.

## Physical

### Therapy Recommendations

Take the pain control medication before starting your physical therapy session.

- Continue performing taught exercises, safe positions, correct transfer from the bed to the floor and the opposite, and assisted walking with a walker or crutches with correct technique for the **first 15 days**.

- **At 15 days**

**Start** muscle strengthening exercises with emphasis on abductors.

- **At 3 weeks** to restart gait activity with minimal or no assistance, assess muscle strengthening, condition for work return, authorize sexual activities, swimming, vehicle diving.

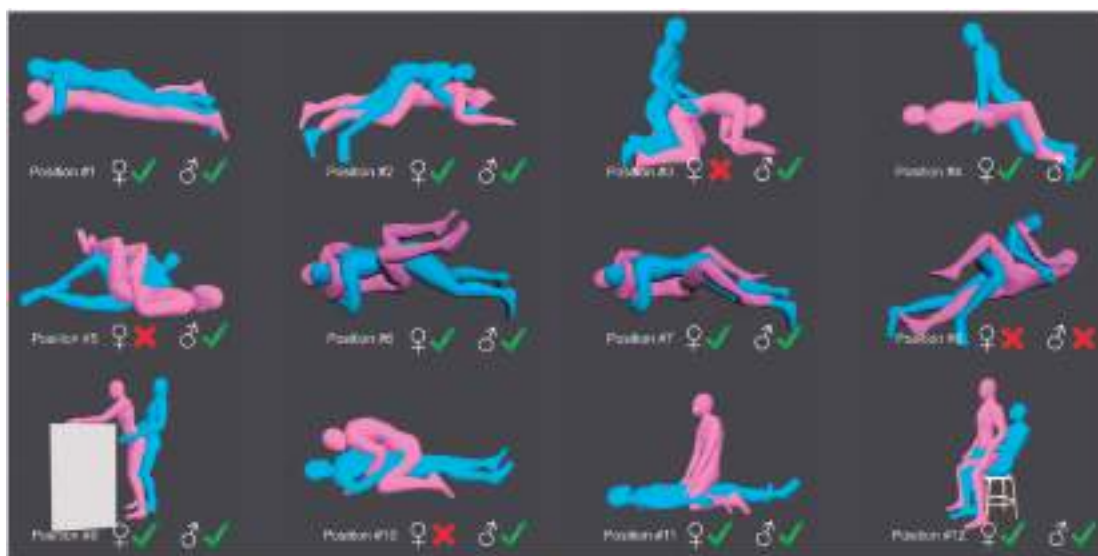
- **At twelve weeks**, low-load recreational activities are restarted.



Rehabilitation exercise is continuous, for the rest of your life. To guarantee a longer duration of the PTC it is necessary to avoid overuse of the hip, thus:

- Maintain proper weight.
- Stay healthy and active.
- Avoid high impact or load sports.
- Consult the Orthopedist before starting a new activity or sport.
- Avoid physical activities of acceleration, deceleration and sharp turns.
- Avoid using stairs as much as possible.
- Do not lift heavy objects.

## Safe and Non-Safe Sexual Positions



### Attention to Patients

In hospital:  
Monday 1:00 p.m. a 3:00 p.m.  
Consulta Externa 2° Piso

Phone and Whatsapp  
Tuesday through Friday  
1:00 p.m. a 3:00 p.m.

### Contact

☎ 2959000 Ext. 9240 📞 320 704 9057  
✉ rarticular@clinicaelrosario.com



# INSTRUCCIONES para pacientes

## Prótesis Articulares

  
Clínica  
**El Rosario**

Amor que Acompaña y Servicio que Alivia

