

CARE AT HOME AFTER TOTAL HIP REPLACEMENT



FREEDOM
FROM
PAIN,
MOVEMENTS
FOR
LIFE



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Welcome to your new Total Hip Replacement, a very successful Operation. This guide will help you do perform daily activities at home effortlessly and achieve self-sufficiency. For how to walk after THR, care of wound, medicines etc., read "Instructions after THR".

At the time of discharge most of our patients walk independently with walker / crutch and can go to toilet on their own. However, some help will be required at home for cooking food, laundry etc., for 3 - 6 weeks. Also driving may not be possible for this time, hence some help may be needed for outdoor activities as well.

PRECAUTIONS FOLLOWING TOTAL HIP REPLACEMENT: TO REDUCE THE CHANCES OF DISLOCATION FOLLOWING THR SURGERY

Following a hip replacement, the muscles and tissues surrounding your new hip will need time to heal. During this period there are several movements that you must avoid for a period of 3 to 6 months.

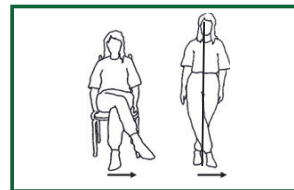
DO NOT BEND HIP MORE THAN 90° BETWEEN YOUR LEG AND YOUR BODY

When you sit down, your knees should never be higher than your hips. This means that you must avoid sitting on low beds, chairs or toilets. You must take care when standing up and sitting down to ensure that you do not bend forward too far.



DO NOT CROSS YOUR LEGS OR MOVE YOUR OPERATED LEG OVER THE MIDLINE OF OUR BODY

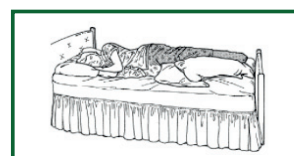
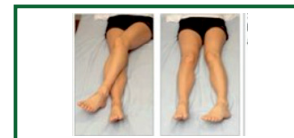
Imagine a line from your nose to your tummy button to between your feet. Your operated leg must not cross that line. When getting in and out of bed you should be particularly careful about this.



You must not cross your legs, either at your knees or ankles.



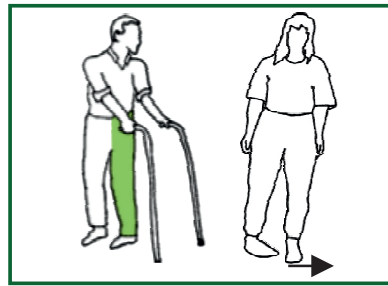
When sleeping, lie on your back or on your non-operated hip. Avoid sleeping on your operated hip for 3 weeks to allow muscles and wound to heal well. Lying in early days after surgery may also cause sores of dressing causing unnecessary apprehension



DO NOT TWIST YOUR BODY SEPARATELY FROM YOUR LEGS. YOUR SHOULDERS AND FEET SHOULD FACE THE SAME WAY

When you are standing do not twist your leg fully inwards or outwards. If you need to turn around, step around slowly

rather than swivel on your operated leg. You should also be careful not to twist your upper body around when you are standing or lying as this also causes too much rotation at your hip.



DO NOT PICK ANYTHING FROM FLOORS

If you drop something, try to ask someone else to pick it up or use an extension device like 'helping hand grabbing device'.



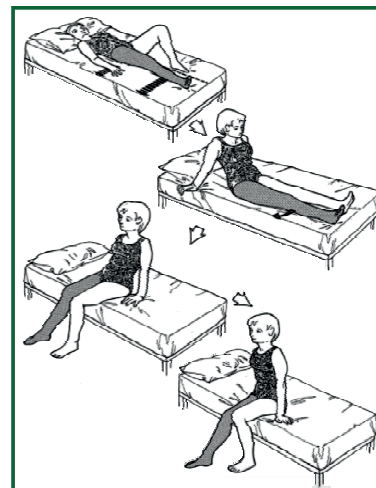
GETTING IN AND OUT OF BED

It really does not matter which side you get in or out of bed, as long as you do it properly. What is important is that you have enough space so that you do not have to twist to avoid furniture.

GETTING OUT OF BED

Lying on your back, fold the knee of the non-operated leg with your foot on the bed, then using non-operated leg and both arms move sideward to the edge of the bed.

From here with arm support push yourself to a sitting position while leaning back on your arms. Now putting weight on both arms, bring both your legs together to the side of the bed, taking care to avoid twisting your body, or crossing your operated leg over midline.



(You can also use non-operated leg to support the weight of the operated leg at the ankle to move to bed side position)

Then holding middle of walker with one hand and pushing the bed with the other hand, while put more weight on the non-operated leg, push yourself to standing position.

GETTING INTO BED

Place one hand on the bed while holding the middle of the walker with the other hand. Gently slide your operated leg in forward and sit down gently taking pressure on non-operated leg and hands. As soon your pain subsides, muscle gain strength, you will be putting equal weight on your operated leg, however, in specific situation it may be delayed for 6 to 12 weeks.

Once you are seated from the standing position, lean back on your hands and slide back onto the bed so that your thighs are supported.

Taking care that you do not twist, bring your legs round onto

the bed, while supporting yourself with your hands.

(You can also use non-operated leg to support the weight of the operated leg at the ankle to move to bed side position)

Tip: Bed height should not be too low, adjust according to your height.

IN BED CARE

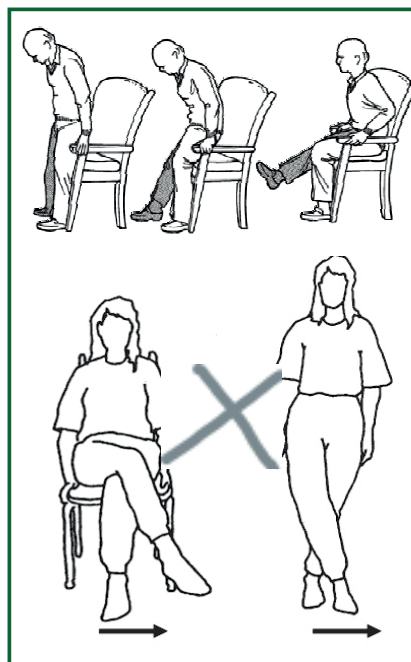
Do not lie on the operated side till a week after sutures are out. You should lie on your back or on the non-operated side with the operated leg supported on sufficient thickness pillow. After 3 weeks you may start to lie on the operated side, it may take a sometime before you are comfortable due to internal healing. You need to use sufficient thickness pillow between the legs for atleast 3 months.



SITTING IN AND OUT OF CHAIR

Sit in a chair that is firm, high enough and with armrest. When standing the top of the chair cushion should preferably be level with the back of your knees. You can place firm and large pillow to raise the height of chair.

While sitting in a chair, move backwards till back of your legs are just touching the front of chair. Reach back for the arms of the chair, one hand at a time. Gently slide your operated leg in forward and sit down gently taking pressure on non-operated leg and hands. Then adjust yourself in the chair and bend your knee until you are comfortable.



Remember

- Do not sit for too long or you will stiffen up
- Do not sit with your legs crossed.
- You should always avoid sitting on low chairs/sofas
- Your knees should never stay higher than hip

GETTING IN AND OUT OF A CAR:

Most patients travel back home after total knee replacement in their car. Always choose the front passenger seat. Make sure that the seat is pushed well back and reclined slightly so that you will not be sitting absolutely upright.

Stand with your back to the seat as you feel it at the back of your legs / knees. Place your left hand on the back of the seat and your right hand on the dashboard / base of the seat, and bring your operated leg forward. With the help of your hands and non-operated leg push yourself backward gently onto the seat, while taking care not to bend forward too much. Once seated gently swing your legs into the car, taking care not to bend the hip too much or cross your leg over the mid line on your body.

To get out, reverse the procedure and make sure the operated leg is out in front before rising from the seat.



WHEN CAN I DRIVE?

Most of you will be comfortable to drive by 3 to 6 weeks after surgery, however, let your body decide when you are comfortable. You should not drive as long as you are taking narcotic pain medications.

WHEN CAN I RETURN TO WORK?

It's never a mistake to take more time off in the beginning for recovery as you can focus on your hip recovery better. Depending on your occupation and age, you may take 3 to 6 weeks after surgery to start office duty or light work, but for heavy duty worker or labourer, it may take up to 3 months.

MY HIP CLICKS AFTER SURGERY

Occasional clicking after surgery is not abnormal. The clicking is a result of soft tissue moving across the front of the hip or the metal parts coming into contact with one another. This sensation usually diminishes, as your muscles get stronger. "If it persists, increases or gives you a sense of instability, then please contact your surgeon".

IS THERE ANY SPECIAL CARE TO BE TAKEN AFTER HIP REPLACEMENT SURGERY?

Replaced hip remain integral part of your body and little extra care should give you years of service. You can protect it by taking a few simple steps:

WATCH FOR AND PREVENT INFECTION:

Any foreign implant (like your new hip) is more sensitive to infection, and therefore you must be diligent about preventing infection. If you suspect infection of any

kind, in the operated area or elsewhere in the body, please contact your doctor right away.

REGULAR FOLLOW-UP:

Your regular follow-up visits will ensure the long-term success of your operation. After stitch removal at 2 weeks your routine visit schedule will be 6 weeks, 3 months, 1 year, followed by every 5 years. If required, follow-up X-rays will confirm proper placement and alignment of the artificial joint.

WEIGHT CONTROL AND REGULAR EXERCISES:

Keeping your weight under control. This will reduce the amount of pressure and stress on your artificial implant. Participate regularly in low impact activities to strengthen your new hips and get the exercise you need to stay fit.

REGULAR TREATMENT OF MEDICAL CONDITIONS

Like diabetes mellitus, rheumatoid arthritis etc.

YOU MUST CALL YOUR DOCTOR!

If you experience any of the following problems

- Inability to bear weight on or give way feeling on walking
- Severe pain in the operated hip
- Deformity of leg
- Inability to move your hip at all
- Swelling of the knee, calf, or ankle that does not respond to elevation for few hours (*the leg and ankle must be elevated above the level of the heart*).

FREEDOM FROM PAIN, MOVEMENTS FOR LIFE™

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Timings: Mon to Fri - 6.00 pm to 8.00 pm