



中正骨科醫院
Jhong Jheng Orthopedic Hospital

Total Hip Replacement

品質、安全、效率、舒適

全人醫療照護、國際品質標準



Total Hip Replacement

1. Important things to know before surgery

- A. Before surgery you need to fast, do not eat or drink anything after midnight. If you have hypertension, please take your antihypertensive medication on the day of the surgery. Do not take your anti-hyperglycemic medication if you have diabetes.
- B. The night before surgery, clean the surgical site with mild soap or shower gel.
- C. Do not take any over the counter medication. Do not smoke or drink after midnight.
- D. You will need to bring your own assistive device (ex: four point walker) to the hospital. If you don't have an assistive device, you can purchase one in the Rehabilitation Center on the 2nd Floor of the hospital.

2. The Day of the Surgery: Important things to know about registration and pre- operative preparation

- A. Register at the admissions desk in the lobby. A representative, service coordinator, or volunteer will take you to X-ray, EKG, and the Lab for blood work. When you are done , one of these assistants will take you to the International Medical Unit.
- B. Once you are admitted to the International Medical Unit, the nurse will assist you with changing your clothes and marking the area for surgery.

- C. Underwear, removable dentures, watches, jewelry, hair accessories, and nail polish all need to be removed before surgery.
- D. Intravenous fluids will be provided to keep your body fluids balanced and to maintain hydration to the body.

3. Returning to the International Medical Unit after Surgery

- A. You will return to the international unit after surgery. You will need to complete bed rest and should eat nothing by mouth for 6-8 hours.
- B. You might feel pain at the incision site, discomfort when changing positions, and nausea and vomiting after the anesthetic subsides. This is a typical postoperative reaction so don't worry. Inform a medical professional so that they can help you relieve the discomfort.
- C. A nurse will provide you the cold compress in surgical area for 20 minutes and rest for 30 minutes. It will help to reduce swelling.
- D. After you resume your diet, raise the head of your bed to between 45 and 60 degrees. Only eat a small amount of a light diet the first 2 to 3 days after surgery.
- E. When lying down on the bed, A pillow has to be placed between legs to maintain hip abduction. The nurse will help out to change to position via a pillow which provides enough width space between legs. **(See Figure 1)**



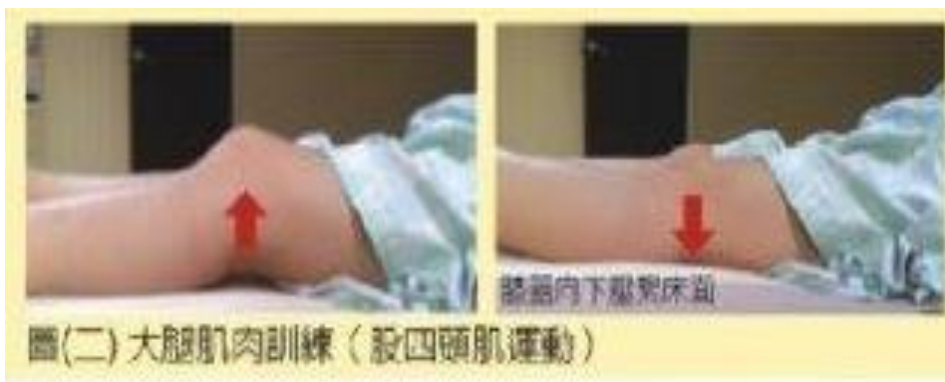
(Figure 1)

F. Exercise: After the anesthetic subsides, you can slowly start to do your quadriceps sets and ankle pump exercises.

(1) Quadriceps sets, thigh muscle training:

Tighten the muscle above the operated knee by pushing your knee into the bed. Do this for 10 seconds, counting from 1 to 10, and then relax the leg. Do this 30 times a day, morning and night.

(See Figure 2).



(Figure 2)

(2). Ankle Pumps (gastrocnemius/dorsal motion):

Keeping your leg straight, move the foot on the operated leg up and down.

◆ The first step is Dorsal Flexion (See figure 3-1). Push your toes on the operated leg, up with your leg straight for 10 seconds, counting from 1 to 10, and then relax the leg. Keep your leg straight and push your foot up and down .

◆ The second step is Plantar Flexion (See figure 3-2). Push your toes down, while keeping your leg straight. Do this for 10 seconds then relax the leg. This exercise will help the blood circulate in the lower extremities, which reduces the swelling and prevents the blood from clotting. Do this 30 times a day, morning and night.



Left: Plantar Flexion(FIG. 3-2) Right: Dorsal Flexion (FIG. 3-1)

- G. You might have a variety of lines such as an intravenous line or Foley catheter, etc. Please be careful when you change positions or exercise so you do not pull out or twist the lines.
- H. To prevent urinary tract infection make sure your water intake is 1500 to 2000 ml (cc) per day.

4. The first day after surgery

- A. You will get blood draw in the early morning to check if any anemia. Blood transfusion might be given if needed.
- B. Because of the Foley catheter or wound drain, it is better keep all the activity on the bed.
- C. After dressing change by medical professional, please keep the dressing intact, clean and dry. Dressing change every 3 days if there is no blood or discharge notice. If there blood or discharge notice from incision site, inform medical professional as soon as possible for dressing change.
- D. Using sponge bath for body clean.

5. The 2nd day of surgery

- A. The medical professional will remove the drainage base on the amount of wound drainage. Some blood or discharge might be notice especially after exercise, inform a nurse to change the dressing.
- B. After Foley catheter is removed, encourage water intake for 1500-2000 cc per day to prevent urinary tract infection. If no urination in 6 hours, please inform the nurse.
- C. Once you are allowed to get out of bed, you need to sit the bedside for 5 to 10 minutes. If you do not experience any discomfort or dizziness, you can stand up with assist device and walk with someone next to you to prevent fall.

D. The correct way to use assist device for ambulation : Assist device first-surgical leg → healthy leg. (Figure 4). You might need to use assist device for 1-3 months depends on your condition.

Assist device first → surgical leg → healthy leg



(Figure 4)

E. When you sit down, you have to use the chair with armrest and backrest. The Height of the chair is very important for you. Your knee can't be higher than the hip when you sit on the chair.

(Figure5, 6)



(Figure 5) **Correct sitting position**



(Figure 6) **Incorrect sitting poses**

F. Do not sit in the low chair,lazyboy chair, rocking chair or sofa which is too soft.

- G. When you use the toilet, make sure there is a handle that you can use to assist you to sit. You need to keep your surgical leg straight to maintain hip extension and avoid bending the hip angle greater than 90 degrees to induce the dislocation.
(Figure 7)



(Figure7)

- H. Taking food with high fiber to avoid constipation, such as cereals, legumes, yogurt, fresh fruit and vegetables with proper exercise.

6.The 3nd and 4th days after surgery

- A. Slowly progression to get out of bed- you need to sit the bedside for 5 to 10 minutes. If you do not experience any discomfort or dizziness, you can stand up with assist device and walk with someone next to you to prevent fall.
- B. Walk 5 to 10 minutes each time and four times a day and gradually increased.
- C. If there is blood or discharge notice from incision site, inform a nurse as soon as possible for dressing change.

7.The 5th day to 7 days after surgery

- A. Increase to walk 10-20 minutes each time as tolerated and proper rest.
- B. Take high protein ,high fiber and high vitamin foods such as vegetables, eggs, milk, soy and fish, chicken, pork, beef (lean) and so on .And avoid eating spicy foods: such as tobacco, alcohol, tea or coffee, pepper.

8.Things you need to know about exercise and position

- A. Do not sit on a low chair or the chair is too soft. Do not make your knee higher than your hip when you sit. Do not bend the hip more than 90 degrees to avoid the dislocation of the hip. (Figure 8)



(Figure 8)

- B. Do not put one leg above the other leg and do not cross your legs within three months after surgery (Figure 9)



(Figure 9)

- C. Do not over excess for knee or hip adduction, same as internal rotation.(Figure 10)



(Figure 10)

- D. Do not over bend or squat to pick stuff on the floor.
- E. Avoid heavy lifting, running and jumping.
- F. Do not bend to wear or tie your shoes laces. Please have someone to assist in short period time after surgery. You can get shoes assist device or wear unlaces shoes.
- G. Do not sit more than one hour, you should stand up , do the stretch and walk around to prevent hip contracture.
- H. When you lay on the bed, you need to put A pillow between your feet to make hip abduction. (Figure 1)
- I. You need to put A Pillow or regular pillow between the feet when you turn the position. (Figure 1)
- J. You need to use assist device for 1-3 months for ambulation to avoid fall.

(Tip: up with the good and down with the bad)

Go up the stair: Good leg first → Surgical leg

Go down the stair: Surgical leg → Good leg.



(Figure11)

- K. You can return to your work 4 to 6 weeks after surgery if your work doesn't require any labor work. Please return to your work after 6-12 weeks if any long standing work or light labor work.
- L. You might be able to drive automatic car 6 weeks after work. Please make sure to avoid over bending the hip .
- M. You can start to have sex 3 months after surgery. Please ask the physician for proper position if having sex earlier.
- N. You can swim 6 months after surgery, avoid vigorous exercise such as playing tennis and skiing to avoid dislocation hip.

9. Discharge home instruction:

- A. Keep incision site dressing dry and clean.
- B. Take sponge bath.
- C. Please come back to the hospital immediately if you have a fever, pain, or discharge at the surgical site.
- D. If you have difficulty in walking, sudden pain in hip area, or hear the rattle sound, please return to the hospital immediately.
- E. Please inform all your physicians about your history of a total knee replacement. If you have any skin conditions or undergo any minor surgery such as a tooth extraction always inform the physician. You will need antibiotic treatment to prevent infection.
- F. If you have any questions, please do not hesitate to contact us via phone: +886-7-2852999. Or on the web at:

<http://www.jjoh.org/IMSC/index.html>