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Slide 1

Total Hip Replacement Pre-operative Education



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Overview

- Why have a THR?
- What is a THR?
- Before surgery – preparation
- After surgery



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Why a THR?

- When your quality of life has deteriorated
 - pain and limitation of motion
- THRs were developed over 50 years ago
- 49,764 THRs in Australia 2018;
 - Approx 4000 in South Australia



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Arthritis

- The most frequent source of debilitating pain is arthritis
 - ~ 30% of people have some form of arthritis
- Most common form is **osteoarthritis**,
 - A progressive loss of the bearing surface of the hip (joint cartilage)
- Leaves the underlying bones unprotected from wearing against each other
- As the bearing surface of the hip deteriorates, pain and immobility will usually occur



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Arthritis

- It primarily occurs in people of retirement age
- Younger people may have arthritis from other conditions:
 - Previous injury to the joint
 - Inflammatory arthritis
 - Rheumatoid arthritis



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When to consider a THR

- When conservative methods of treatment fail to provide adequate symptom relief
- THRs have been proven to provide long term relief
- Total joint replacement surgery is usually a remarkably successful procedure that has transformed the lives of many people



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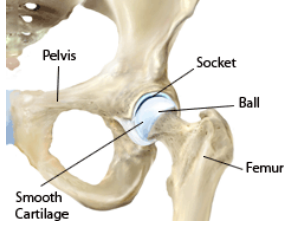
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Total Hip Replacements



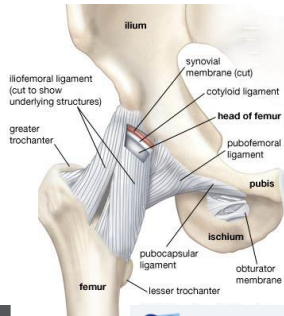
- The hip joint is a major weight bearing joint
- A “ball and socket” joint
 - allows movement in multiple directions
- The ball is formed by the femur (thigh bone)
- The socket is formed by the pelvis



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Total Hip Replacements

- Bone ends covered with a layer of joint cartilage
 - Cushions and protects during movement
- Ligaments
 - connect the bones of the joint
 - Provide stability
 - Allow controlled movement





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Total Hip Replacements



- The joint surface is replaced with artificial bearings made of metal, plastic or ceramics
- The socket (pelvis) component is secured with cement or a metal liner
- The femoral (thigh) component is made of metal and is either press fit or cemented



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Risks and Complications

- THR is a major surgical procedure
- All surgical procedures involve some risks which will be discussed with you by your orthopaedic surgeon
- Dislocation – first 6 weeks



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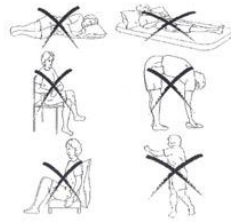
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Risks and Complications

- Dislocation
 - Posterior > Lateral > Anterior Approach
- Precautions
 - Bending
 - Sitting in low chairs
 - (hip flexion >90°)
 - Rolling onto side
 - Twisting
 - Lunging – ant / lat approach



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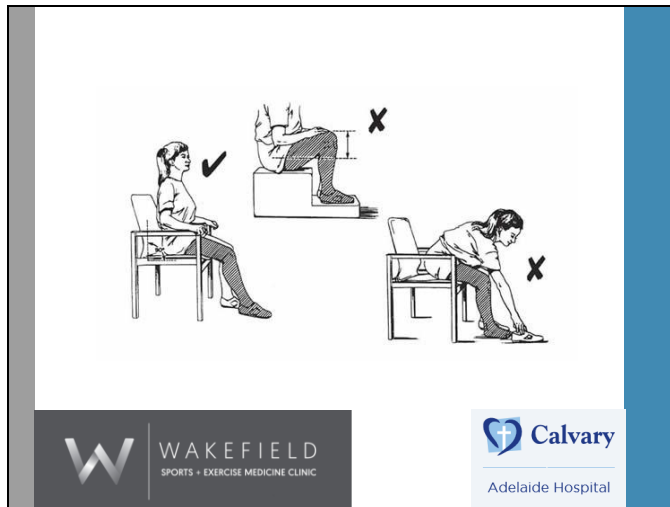
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Risks and Complications

- All joint replacements wear with time
- As a rough guide, 85% of hip replacements will last at least 15 years
- The amount of wear and loosening is proportional to your activity




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Risks and Complications

Leg Length Discrepancy

- Actual vs. Perceived
- Expect Settling over 6/12 - 12/12
- Custom Shoe Raises – if >2cm after 6/52
- Discuss with surgeon



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What to Expect Before the Surgery



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The Wellness model

"A joint replacement patient is not a sick person, but rather a well person who has had an operation to improve their mobility"



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The Wellness model

- Therefore, you will be encouraged to actively participate in decisions regarding your care and physical involvement in your recovery



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What do I bring to hospital?

- Your medications
 - in their original packaging
- Current X-rays of your hip
- Toiletries and night attire
- Well fitting non slip shoes or slippers
- Your current mobility aides
 - Frame / Walking stick
- Comfortable loose fitting day clothing
 - You will get dressed on Day 2



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Before Surgery

- You may require a number of tests including
 - blood test
 - electrical recording of your heart (ECG)
 - Please request a copy and bring in on admission
 - chest x-rays or updated x-rays of your hip
- The Anaesthetist will speak to you before your surgery
- You will require a Preadmission Clinic appointment
 - speaking with a nurse over the phone





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Before Surgery

- There are a number of important things you can do prior to coming into hospital:
 - Prepare your home and arrange assistance from family and friends to help you recover once you return ie. Cooking meals to freeze
 - Clear all walkways as you will be using a walking frame, crutches or a stick
 - Remove loose mats inside, and garden hoses etc to prevent tripping
 - Move frequently used items from very low or high cupboards for easier access






Caution
Trip hazard



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Before Surgery

- Check the height of your furniture
 - Measure against the back of your knee
 - Lounge Chairs
 - Kitchen Chairs
 - Bed
- Organise transport
 - Car to Home







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Before Surgery

- There are a number of important things you can do prior to coming into hospital:
 - **Smokers:** it is important to stop 1 or 2 weeks prior to surgery
 - Stop taking some medications at least 10 days prior to surgery
 - **Anti-inflammatory drugs** such as
 - Aspirin (i.e. Astrix, Cartia, Disprin etc.),
 - Brufen, Nurofen, Voltaren, Mobic, Celebrex (to name a few).
 - Fish oil
 - If you are taking any medication to **thin the blood** like Warfarin or Eliquis or Xarelto, you should discuss this prior to your surgery.



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Before Surgery

- **KEEP FIT AND ACTIVE**
 - Maintain joint movement
 - Maintain muscle strength
 - Maintain aerobic fitness
- Within your comfort levels!





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What to Expect After Surgery



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After Surgery

- Surgery is normally performed under a spinal with local anaesthetic, or general anaesthetic.
 - Your anaesthetist will discuss the preferred options for you.
- The operation usually takes 1-2 hours
 - Then you will spend approximately 1 hour in recovery.



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After Surgery

- You will wake up in Recovery
 - you will stay here until you are medically safe to return to the ward.
- You will be monitored closely for 24 hours
 - Your blood pressure will be taken every hour on the first night.
- You may feel nauseated from some of the medications



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After Surgery

- You will have multiple attachments when you first return to the ward dependent on your surgeon:
 - A drip for fluids
 - Oxygen
 - Catheter
 - Charnley pillow (triangular wedge)
 - Foot pumps/calf compressors for circulation
 - These will be removed as soon as appropriate
- Lie flat on back – 6 weeks
 - Ask your surgeon about his preference



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Pain Management

- It is normal to be frightened by the idea of pain
 - Hurt does not equal Harm
 - Fear / Anxiety exacerbates pain
- Pain will slow down your recovery, so it must be treated.



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Pain Management

- As a 'well patient'
- Communicate with your nurses about your pain levels
- Ask for pain relief when *you* need it,
- Know when your pain relief is due



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Pain Management

N I L W O R S T

0-10


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Pain Management

- Types of pain relief that you will be offered.
 - Tablets
 - Paracetamol / Codeine / Tramadol / Endone / Palexia
 - Injections
 - Fentanyl / Morphine
 - Patient Controlled Analgesia [PCA]
 - Fentanyl / Morphine


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Pain Management

- A **femoral nerve block** in the groin will numb the front of your leg
 - you may have minimal pain for the first day.
- When your **leg is numb**, is also **knocks out the power** to your thigh muscles
 - it is important that you don't attempt to stand unassisted
 - You will only have one good leg to stand on

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Bowel Preparation

- Some pain relieving medications can lead to **constipation**
 - It is important to prevent or treat constipation early
- **Medication for your bowels will be offered from day 1**
 - It is important that you take it, even if you are not constipated
 - Natural ways to treat constipation include
 - high fibre foods – bran, prunes and other stone fruits
 - Drink plenty of water
 - Regular activity
- It is advisable to commence a **laxative** (e.g. movicol) prior to a planned admission, if you are prone to constipation.



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Pressure Area Care

- A pressure area is a skin injury due to immobility
- Pressure builds between the mattress / skin / bone cutting off the blood supply in the skin
 - Any area without a lot of fat between the bone and the skin is at risk of a pressure injury
- Common places include:
 - heels, bottom, shoulder blades, back of head and elbows.
- It is important that you change your position regularly
- Alternatively, you will need to pad out these prominent points



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After surgery

- **Exercises begin immediately**
- Ankle exercises and deep breathing exercises begin on the day of surgery
- **Hip movements** are introduced from **day 1** and are gradually increased over the following days
- You will start **walking** with the physiotherapist on the **first or second day** with a frame



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Swelling management

- Rest
- Ice Packs
 - Crushed ice
 - Frozen peas
- Compression
 - Stockings
- Elevate Legs





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What are my responsibilities as a “well patient”?

- Actively participate in your exercise sessions,

“Do the work!”



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Exercises

- Respiratory care
 - Deep Breathing
 - Semi – inclined positioning
- Circulatory care
 - Muscle pump
 - Elevated limbs
- Begin on Day of Surgery
 - Hourly on return to the ward





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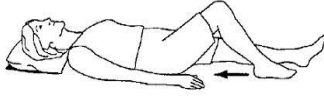
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Exercises

- Range of Motion
 - Hip Bend Day 1
 - Hip Slide Day 3
- Muscle contraction
 - Buttocks Day 1
 - Thighs Day 1
- Bed Mobility
 - Bottom Lifts Day 1
 - Side-side Day 2





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Getting in & out of bed

- Day 1
 - Stand beside bed with frame and 2 person assist
 - Sit on edge of bed for meals
- Day 2
 - Walk with frame and 1 person assist to sit on chair and toilet
- Day 3
 - Get moving independently





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Out of Bed Activity

- You will be encouraged to sit out of bed from the 1st day onwards
 - Meals / Toileting / Showering
 - Time limited <30mins each occasion
- You will get dressed into normal clothes from the 2nd day onwards



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Walking

- Day 1
 - In your room
 - 2x <5mins (~10mins of activity)
- Day 2
 - Into the corridor
 - 4x <5mins (~20mins of activity)
- Day 3
 - Increase distances daily
 - 6x <5mins (~30mins of activity)



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Walking Aids

- Frame
 - Rollator
 - 4 wheel walker
 - Gutter / Forearm Support
- Crutches
 - Elbow (Canadian)
- Walking Stick




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Gait education

- Erect Posture
- Pelvis steady
- Lift knees
- Stride forwards



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Balance

- Regain confidence
- Gradually reduce support
- Challenge body awareness
 - Eyes
 - Ears
 - Muscles
 - Joints





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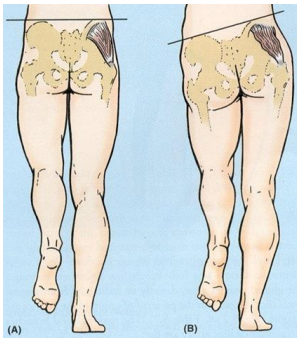



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Hip Control

- Requires trunk endurance
- Requires gluteal strength
- Requires balance and coordination





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Stairs

- Good Leg to Heaven
- Bad Leg to Hell
- Progress to
 - Placing
 - Weight Shift
 - Driving up / Lowering down





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Equipment

- Monkey Bar
 - Bed Mobility
- Raised Bed
- Chair Raises
 - Lounge
 - Toilet
 - Shower





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Equipment

- Long handled
 - Shoe horn
 - Toe wiper
 - Tongs / Pick up stick
 - Leg lifter
- Sock / Stocking applicator
- Ribbon and Clips







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Equipment





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Equipment Hire

- Equip4Living
• 57 Magill Rd, Stepney: 8362 6422
- HomeCare Equipment
• 2/27 ANZAC Highway, Keswick: 8338 7988
- Medimart
• 44 John Rice Ave Elizabeth Vale: 7079 8777
- Mobility SA
• 37 Kalimna Rd Nuriootpa: 8562 2541



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What to expect after surgery

- Most people will go home after approximately 3 days
- Need to be walking independently with a suitable aid
- Equipment requirements need to be discussed
 - ordered prior to discharge



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Going home

- Once you know what your discharge day is, please plan for somebody to pick you up at 9.30am on that day.



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Going home

- In extenuating circumstances, some patients may require extra physio support at home using a rehabilitation in the home (RITH) program
- Your need for this will be assessed throughout your stay in hospital
- We use the Risk Assessment Prediction Tool (RAPT) to assist us in predicting your needs



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Rehabilitation when home

- You are encouraged to seek guidance with your rehabilitation once you are home
- Community based Physiotherapists
 - Home Exercise Programs
 - Balance and Walking programs
 - Manual therapies
 - Hydrotherapy
 - Gym



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Hydrotherapy

Benefits of water based exercises:

- Buoyancy → Reduced weight bearing load
- Drag → Resistance through water
- Individual or group activity
- Falls Risk lessened

Accessible in the community

- Once wound healed
- Check with your surgeon



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Hydrotherapy

- North East – Paragon Fitness Centre; The ARC
- North – Trinity College; Northcare
- South West – Griffith Rehabilitation
- South – FMC; Repat, Physio One Plympton Park
- City – Next Generation: WSC
- West – AAMI stadium, Physio One, Woodville
- East – Eastwood Physiotherapy



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Activity progressions at home

- Sitting duration (maximum)
 - Week 1: 30mins each occasion
 - Week 2: 60mins each occasion
 - Week 3: 90mins each occasion
 - NB Sitting considered activity not rest for 3/52
- Walking / Standing duration (maximum)
 - Week 1: 5 mins each occasion
 - Week 2: 10 mins each occasion
 - Week 3: 15 mins each



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Walking Distances

- Graduated return to activity
 - Regular short distances (6xday initially)
- Develop your walking tolerance
 - Inside the house
 - Perimeter of the house
 - Boundary of the house block
- Letterbox Progressions



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Adelaide Hospital

Our locations

City: Ground Floor, 120 Angas Street, Adelaide | **Phone** 08 8232 5566
North Adelaide: Next Gen - 1st Floor, War Memorial Drive | **Phone** 08 8221 7000
Dulwich Family Practice: 62 Dulwich Avenue, Dulwich | **Phone** 08 8139 2444
Email physio@wakefieldsports.com.au | **Web** www.wakefieldsports.com.au

KEEPING YOU MOVING




WAKEFIELD

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Activity Tolerance

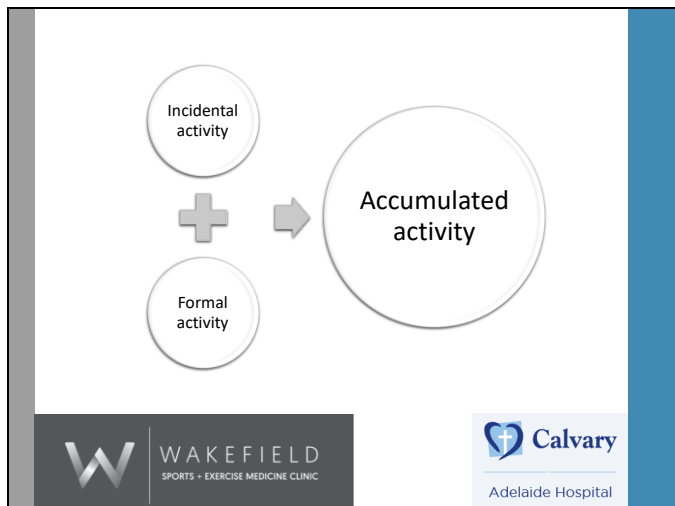
- Indication from the body that it is no longer tolerating the activity you have chosen
- **Early Cue:** Stiff / Tight / Tired / Decline in quality
 - Settles quickly with rest
- **Late Cue:** Swollen and heavy
 - Settles slowly with rest
- **Too Late Cue:** Sore
 - Prolonged time to settle



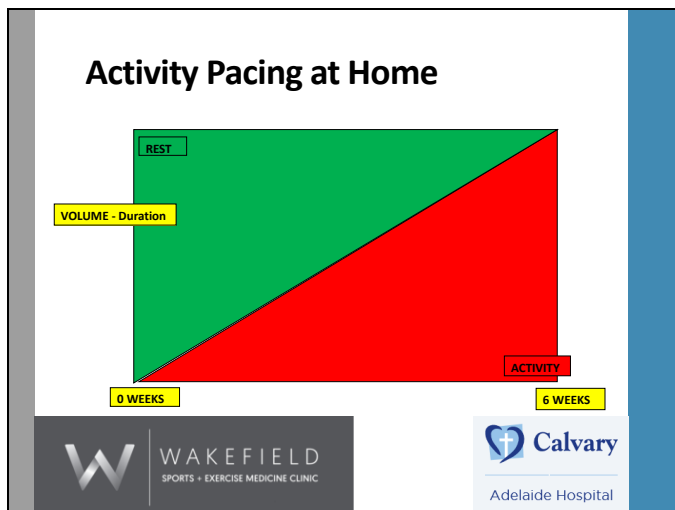
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Activity at Home

- Some discomfort is common for the initial months and paracetamol tablets are occasionally required.
- We encourage you to be active in order to maintain your fitness and muscle tone.
- It is generally 3-4 months before you can resume low impact activities such as unrestricted walking, golfing, bowling and swimming.



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Activity at Home

- Depending upon the physical demands
 - Work may be resumed 1-3 months following surgery
- Driving may be resumed once you are
 - Able to fully weight-bear
 - Ceased your strong medication
 - Can stop the car in an emergency
 - Usually 4-6 weeks (check with your surgeon & insurance company)



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