GUIDE TO YOUR TOTAL HIP REPLACEMENT

Royal Victoria Regional Health Centre

Please bring this booklet to all hospital appointments, including your hospital stay.
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WELCOME

Welcome to the Royal Victoria Regional Health Centre. This guide has been developed by our Healthcare Team to help patients electing to have a total joint replacement to learn more about their surgery and plan for their recovery.

It is important you review the information in this booklet before your surgery, follow all instructions and attend all scheduled appointments.

Please bring this booklet to all hospital appointments related to your joint replacement including your hospital stay.
UNDERSTANDING YOUR TOTAL HIP REPLACEMENT

The hip joint is a ball and socket joint where the thighbone meets the pelvis. The hip socket (acetabulum) forms a deep cup that surrounds the ball of the thigh bone (femoral head). Both the ball and socket are covered with smooth cartilage, lubricated by joint fluid which serves as a cushion to allow the joint to glide smoothly.

Osteoarthritis, injuries to the hip (hip fractures) and abnormal hip developmental can lead to damage of the cartilage and bones in the hip joint. This can cause pain, swelling and stiffness which can affect how you walk and how you move your hip.

In a total hip replacement the damaged bone and cartilage are removed and replaced by the artificial ball and socket (prosthesis).

Reference: Stryker www.aboutstryker.com
GETTING READY FOR YOUR SURGERY…

Now that you have decided to have surgery it is important that you and your home are ready. Research shows that people do better with their surgery and recovery when they are prepared.

There are a number of things you can do before your surgery to help get prepared including being fit, healthy and getting your home ready.

1. Staying Active:
   Even though your hip may be painful and difficult to move, it is important to stay active before your surgery. Research shows that exercise can decrease pain, improve strength, improve flexibility and help keep your heart in good condition for surgery. Exercising before your surgery will also make your recovery after surgery easier.

   Choosing the right exercise is important and if you are not currently on an exercise program you should consult your doctor, surgeon or physiotherapist.

   Endurance Exercises- Exercise such as swimming (water exercises), cycling and/or using a stationary bike can be easier and less painful on the hip because there is less impact on the joint. If you choose walking, do not forget to use your cane or walker if needed. Using your walking aid will increase your endurance, ease the pressure on your affected joint and limit the stress on other joints or your back.

   ![Walking Aid]

   Strengthening Exercises- It is important to do specific strengthening exercises for your legs (similar to what you will be doing after your surgery) to maintain and/or improve the strength in the affected muscles. (See exercises on next page).
Repetitions- 5-10 times; you should feel the muscle working and getting tired. **If the exercise causes excessive pain that does not go away stop doing the exercise.**

Frequency- 2-3 times per day

Duration- hold each exercise for 5 seconds

---

**STATIC QUADS**
Bend your ankles and push your knees down firmly against the bed by tightening the front of your thighs. Hold for 5 seconds. Repeat 10 times, 3 times per day.

---

**STATIC GLUTS**
While lying on your back, squeeze your buttocks firmly together. Hold for 5 seconds, repeat 10 times, 3 times per day.

---

**QUADS OVER A ROLL**
Lie on your back. Bend your good leg up and put a can or rolled up towel under your knee on your affected side. Pull your foot and toes up by tightening your thigh muscle and lift your foot off the bed (keep the knee on the roll). Hold 5 seconds then slowly lower your foot to the bed. Repeat 10 times, 3 times per day.

---

**HIP AND KNEE BENDING**
Bend and straighten your knee and hip by sliding your heel on the bed. You can use a strap or towel under the knee to help pull the leg up. Hold 5 seconds. Repeat 10 times, 3 times per day.
2. Pain Control:

Using your pain medication regularly will help control your pain and allow you to stay active.

The use of ice and/or heat can also help control your pain. Try both and use the one that better relieves your pain.

**Ice**- Ice pack, cold pack or bag of frozen vegetables over a tea towel to protect your skin.
- Apply for 10-20 minutes (as needed)
- 1 hour off between icing sessions.

**Heat**- Heating pad, hot water bottle, warm bath, whirlpool all work well.
- Apply for 15 minutes
- 1-2 times per day.
- Do not use heat in acute flare-ups, if joint is inflamed, or post-operatively.

3. Nutrition:

Throughout all stages of life eating a variety of nutritious foods will help you meet your vitamin, mineral, protein and energy needs. At this time, eating healthy will help your body prepare for surgery and heal afterwards. To meet your nutritional needs, eat a variety of foods from each of the 4 food groups listed in **Canada’s Food Guide: Milk and Alternatives, Grain Products, Vegetables and Fruits, Meat and Alternatives**. A copy of Canada’s Food Guide is included and will give you the number of servings from each food group you need daily.

For more information:
www.healthcanada.gc.ca/foodguide

Eat Right Ontario 1-877-510-5102 www.eatrightontario.ca

If your diet is inadequate in one of the food groups, ask your doctor to recommend a multivitamin and mineral supplement that is right for you. For some, weight loss would be beneficial. It is important to remember that weight loss at the expense of nutrition may lead to complications. A dietitian will recommend a healthy realistic weight loss plan for you and provide regular follow up.
You should let your doctor know if you drink alcohol daily. Some precautions may need to be taken to prevent symptoms of alcohol withdrawal after surgery. You must avoid alcohol for 24 hours before your surgery.

It is also important that you let your doctor know if you take herbal supplements because they can increase your risk of bleeding and interfere with medications for sedation and pain control. Examples of herbal supplements are:

- aloe vera
- bromelain
- danahen
- dong quai
- ephedra
- feverfew
- garlic (normal use in foods is fine)
- ginger (normal use in foods is fine)
- ginkgo, ginseng
- goldseal
- kava
- licorice (not including licorice candy)
- omega 3 fatty acids (doses greater than 3 grams)
- senna
- St John’s wort

All herbal supplements should be stopped at least 3 weeks before your surgery. **Echinacea** and **valerian** should also be discontinued as soon as possible. Valerian should be tapered to avoid withdrawal symptoms, ask your pharmacist for advice. Inform your doctor if you are taking individual vitamins or mineral supplements.

4. **Smoking Cessation:**

If you smoke this may be a good time to consider quitting as smoking interferes with healing and may slow down your recovery. People who smoke are at higher risk of developing complications with their lungs and circulation. Talk to your family doctor about ways to help you stop smoking.

*Also be aware that RVH is a smoke-free facility, this also includes the outdoor property.*

Smokers’ Helpline 1-877-513-5333   www.smokershelpline.ca
5. Blood Conservation:

Most elective total joint replacements **DO NOT** require a blood transfusion. In the event that you do need a post-operative blood transfusion, one option may include autologous blood transfusion where your own blood is collected into a blood bag usually 4 weeks prior to surgery. To be eligible you must meet certain health requirements and some patients may still need to receive regular donor blood if more units are required. If you are interested please contact your surgeon when you receive your date of surgery to see if you are eligible for this program. Arrangements should be made with your surgeon a minimum of 6 weeks prior to your surgery. Blood for autologous transfusion is collected at the **Canadian Blood Services Clinic**.

6. Getting your home ready

It’s important to have extra help from family, caregivers and/or friends after your surgery. However, there are a number of things **you** can do before your surgery to get your home prepared:

- Install and secure railings along stairs (inside and out).
- Install railings or grab bars around toilets and bath
- Non-slip coating or mat in your shower/bath
- Remove clutter, small mats and throw rugs and tape down edges of large rugs to avoid tripping hazards.
- Keep electrical cords out of the way.
- Rearrange or remove furniture to have enough room to use your walker.
- Prepare and freeze some meals in advance.
- Organize frequently used items within easy reach to reduce need to bend to low shelves or drawers (especially in the kitchen and bathroom).
- Add firm pillows to low chairs.
- Do heavy housekeeping activities ahead of time, or arrange for help.
- Take care of grocery shopping and banking activities ahead of time.
- Make arrangements to have someone help with your pets.
- You may want to make temporary arrangements to stay on one level of your home to avoid stairs if necessary.
Arrange for a ride to all appointments before and after surgery. Driving is not recommended for 6 weeks after your surgery. Talk to your surgeon about driving restrictions.

Arrange for someone to bring you home from the hospital once discharged after your surgery. Discharge time is 9:00am. Most people are ready to return home within 3-4 days.

Ensure you have someone to help you at home after your surgery or stay with family/friends. It is also possible to make arrangements for respite care which is not covered by OHIP (see list on page 17).

Make arrangements for the equipment you will need (see equipment list below). Please note North Simcoe Muskoka Community Care Access Centre (CCAC) no longer rents equipment.

7. Equipment:

Needed:
- Walker. The type of walker will be determined by your physiotherapist during your hospital stay and will depend on how much weight your surgeon allows you to place through your operated leg.
- Raised toilet seat with handles or commode

- Bath bench or seat.

- Cane or crutches for stairs. Physiotherapist to determine post-operatively.

- Reacher, long handled shoe horn, and sock aid. Your Occupational Therapist will demonstrate and have you practice after your surgery.

*All equipment has a maximum weight capacity. If you weigh over 225lbs/102kg, you may need to rent bariatric equipment.*
Recommended:

☐ knee height firm chair with hand rests
☐ rubber bath mat
☐ handrails on all stairs (inside and out)
☐ high stool if needed
☐ hand held shower head
☐ elastic shoe laces if needed
☐ grab bars around bathtub and/or toilet as needed
☐ ice/cold packs
# Adaptive Equipment and Mobility Aids Suppliers List

<table>
<thead>
<tr>
<th>Supplier Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colton Home Care Products*</td>
<td>180 Parsons Road Unit 16</td>
<td>1-866-503-2999 (705) 435-0999 fax (705) 435-0899</td>
<td>Mon-Wed, Fri 9-5 Thurs 9-6 Sat 9-12 (by appointment only)</td>
</tr>
<tr>
<td>Guardian Drugs</td>
<td>Angus Plaza Mill St. &amp; River Dr.</td>
<td>(705) 424-5931</td>
<td>Mon-Fri 9-9 Sat 9-6 Sun 12-5</td>
</tr>
<tr>
<td>PureHealth Pharmacy</td>
<td>201 Georgian Drive *Located IN HOSPITAL</td>
<td>(705) 797-3070 Fax: (705) 797-3071</td>
<td>Mon-Fri 8:30-5 Sat – Sun 10-3 Holidays 10-5</td>
</tr>
<tr>
<td>Medichair Huronia*</td>
<td>130 Bell Farm Road Unit 13</td>
<td>(705) 722-3376 1-800-461-9047 fax (705)722-5204</td>
<td>Mon – Fri 9-5 Sat 9:00-3</td>
</tr>
<tr>
<td>Medigas*</td>
<td>431 Bayview Drive Unit 12</td>
<td>(705) 721-0555 1-800-667-8638 fax (705)721-1355</td>
<td>Mon – Fri 8-5</td>
</tr>
<tr>
<td>Motion Specialties*</td>
<td>122 Commerce Park Dr. Unit L</td>
<td>(705) 727-1009 1-800-216-3632 fax (705)727-1151</td>
<td>Mon – Fri 8:30-5</td>
</tr>
<tr>
<td>Shoppers Home Health Care Centre*</td>
<td>1) Main Store – 524 Bayfield Street North</td>
<td>(705) 722-6336 1-800-668-8852 fax (705)722-4226</td>
<td>Mon – Wed 9-6 Thus-Fri 9-8 (2-3 days for rental equipment to arrive)</td>
</tr>
<tr>
<td>Heather’s Home Healthcare Medical Supplies and Equipment</td>
<td>169 Manitoba St.</td>
<td>(705) 645-7572 Fax (705) 645-2652</td>
<td>Mon- Fri 9-5 Evenings and weekends by appointment</td>
</tr>
<tr>
<td>Stuart Ellis Pharmacy*</td>
<td>169 Hurontario Street</td>
<td>(705) 445-4711 Fax (705) 445-5274</td>
<td>Mon – Fri 8:30-9 Sat 8:30-5:30 Sun 10-5</td>
</tr>
<tr>
<td>Whitefield’s Pharmacy</td>
<td>16 Queen Street W</td>
<td>(705) 322-1011 fax (705) 322-5036</td>
<td>Mon - Fri 9-6 Sat 9-4 Sun 10:30 – 2:30</td>
</tr>
<tr>
<td>Muskoka Mobility &amp; Medical Supply*</td>
<td>950 Muskoka Rd. S</td>
<td>(705) 687-4796 Fax (705) 687-7661</td>
<td>Mon – Fri 9-5 Sat 10-3 (seasonal- open after June1)</td>
</tr>
</tbody>
</table>
**HUNTSVILLE**
- Huntsville Hometown Drugstore & Health Care Services (no toilet seat rentals)
  - 10 Main Street East
  - (705) 789-7534
  - Fax (705) 789-0429
  - Mon – Fri 9-6
  - Sat. 9-3

**MIDLAND**
- Mobility Centre Plus
  - 516 Yonge Street
  - (705) 528-1515
  - Fax (705) 528-1454
  - Mon – Fri 9-5:30
  - Sat 10-4

**NEWMARKET**
- Shoppers Home Health Care*
  - 17725 Yonge Street
  - (905) 953-9907
  - Fax (905) 953-8997
  - Mon – Fri 9-6
  - Sat 9-5
  - Sun 11-4
- Medigas*
  - 17705B Leslie Street North
  - (905) 853-8744
  - Fax (905) 853-8917
  - Mon & Fri 8-5 Tues 9-5
  - Wed/Thurs 8-7
  - Sat 9-2(by appointment)
- Home Medical Care Equipment & Supplies *
  - 130 Davis Drive, Unit 20
  - (905) 853-2454
  - Fax (905) 853-0223
  - Mon - Fri 9-5
  - Sat 10-2
- Silver Cross **Recycled and new Equipment**
  - 1228 Gorham Street, Unit #6
  - 905-830-1337
  - 1-855-830-1337
  - Fax: 905-784-1044
  - Mon-Fri 9-5 or by appt
  - Email: vattisano@silvercross.com

**ORILLIA**
- Shoppers Home Health Care Centre/*
  - 22 Colborne Street West
  - (705) 325-8855
  - 1-800-461-0222
  - Fax (705)325-3050
  - Mon – Fri 9-5
  - Sat 9-1
- Ontario Wheelchair, Access and Mobility Equipment Ltd.*
  - 525 West Street South
  - Unit 1
  - (705) 327-1261
  - 1-800-387-0245
  - Fax (705) 329-0811
  - Mon – Fri 8:30-5
- Maximum Mobility and Access Center
  - 408 Laclie Street
  - Unit #2
  - (705) 326-8157
  - 1-888-232-1063
  - Mon – Fri 8:30-5
  - Sat 10-2
- Georgian HMP (Home Mobility Products)
  - 395 Hume Street
  - 1-866-874-5363
  - (705)444-2263
  - Fax (705)444-0163
  - Mon-Fri 9-5
  - Sat 10-1
  - Sun by appointment
  - Email: ron@georgianhmp.com

**WASAGA BEACH**
- IDA Pharmacy*
  - 30 45th Street
  - Unit #1
  - (705) 429-7557
  - Fax (705) 429-8366
  - Mon – Wed 9-7
  - Thurs – Fri 9 – 8
  - Sat 9-6
  - Sun 10-5

*Indicates that the vendor carries various types of wheelchairs, wheelchair cushions and backs for rental or for purchase. ADP APPROVED VENDORS.

Updated Sept. 2013
8. Discharge Planning and Support Services:

When you leave the hospital you will be returning to your home, staying with family or going to a retirement home with assistive living for respite. **Arrangements for your discharge plan from the hospital are your responsibility and must be made before you have your surgery.**

On the rare occasion you may be transferred to a rehabilitation facility or nursing home convalescent care if your in hospital rehab goals are not met during your stay. This will be determined while in hospital by your Healthcare Team.

There are also programs in the community that offer options for extra assistance depending on your situation.

**Respite Care Retirement Homes:**
Short-term stay is available at a daily rate in some retirement homes which includes meals, physiotherapy 2-3 days/week, and limited Personal Support Worker (PSW). (see page 17 for list)

**Private Services**
Private agencies are also available to provide caregiver services in your home at a cost. Services may include:
- nursing
- personal care (bathing, dressing, grooming)
- homemaking (house keeping, shopping, laundry)

Some services/agencies are listed in the last section of this booklet ("**Other Useful Resources**") or check your telephone directory under Home Health Care Services and Nursing.

9. **Other Helpful Pre-operative Planning Resources:**

   [www.myjointreplacement.ca](http://www.myjointreplacement.ca)

   OrthoConnect:  [www.canortho.org](http://www.canortho.org) or 1-800-461-3639

   Youtube Video: Hip and Knee Replacement Doctor Mike Evans

## RETIREMENTS HOMES

(Adapted from RVH QUMP – Revised August, 2008)

<table>
<thead>
<tr>
<th>NAME OF FACILITY</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BARRIE &amp; AREA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woods Park Care Centre</td>
<td>110 Lillian Crescent, Barrie</td>
<td>705-739-6881</td>
</tr>
<tr>
<td>Serenity</td>
<td>410 Hurst Drive</td>
<td>705-727-2200</td>
</tr>
<tr>
<td>Simcoe Terrace</td>
<td>44 Donald Street, Barrie</td>
<td>705-722-5750</td>
</tr>
<tr>
<td>Barrie Manor</td>
<td>340 Blake Street, Barrie</td>
<td>705-722-3611</td>
</tr>
<tr>
<td>Barrington Retirement Home</td>
<td>4450 Yonge Street, Barrie</td>
<td>705-735-3235</td>
</tr>
<tr>
<td>Mulcaster Mews</td>
<td>130 Mulcaster Street, Barrie</td>
<td>705-725-9119</td>
</tr>
<tr>
<td>Windemere Gardens</td>
<td>55 Peel Street, Barrie</td>
<td>705-726-1100</td>
</tr>
<tr>
<td>Grove Park Retirement Living</td>
<td>234 Cook Street, Barrie</td>
<td>705-726-1003</td>
</tr>
<tr>
<td>Roberta Place Retirement Lodge</td>
<td>503 Essa Road, Barrie</td>
<td>705-728-2900</td>
</tr>
<tr>
<td>The Waterford</td>
<td>132 Edgehill Drive, Barrie</td>
<td>705-792-2442</td>
</tr>
<tr>
<td>Lealnd House, Retirement Residence</td>
<td>73 Seline Crescent, Barrie</td>
<td>705-791-8440</td>
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<tr>
<td>Breanne’s For Seniors</td>
<td>516 Grove Street East, Barrie</td>
<td>705-739-8887</td>
</tr>
<tr>
<td>M&amp;M Residence</td>
<td>126 Harrell Street, Barrie</td>
<td>705-737-3330</td>
</tr>
<tr>
<td>Whispering Pines Residence</td>
<td>140 Letitia Street, Barrie</td>
<td>705-722-4200</td>
</tr>
<tr>
<td><strong>SOUTH SIMCOE</strong></td>
<td></td>
<td></td>
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<tr>
<td>Lakeside Retirement at Innisfil</td>
<td>985 Innisfil Beach Road, Innisfil</td>
<td>705-431-8105</td>
</tr>
<tr>
<td>Grace Manor Retirement Home</td>
<td>96 Barrie Street, Bradford</td>
<td>905-775-8427</td>
</tr>
<tr>
<td>Alexander Muir Retirement Home</td>
<td>197 Prospect Street, Bradford</td>
<td>905-836-8399</td>
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<tr>
<td>Riverwood Retirement Lodge</td>
<td>9 Evans Road, Alliston</td>
<td>705-435-3806</td>
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<tr>
<td><strong>COLLINGWOOD &amp; AREA</strong></td>
<td></td>
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<tr>
<td>Bay Haven Retirement Home</td>
<td>499 Hume Street, Collingwood</td>
<td>705-445-6501</td>
</tr>
<tr>
<td>Pine Villa Retirement Home</td>
<td>120 Pine Street, Collingwood</td>
<td>705-445-8850</td>
</tr>
<tr>
<td>Raglan Village’s R&amp;R</td>
<td>89 Raglan Street, Collingwood</td>
<td>705-653-3100</td>
</tr>
<tr>
<td>Canford House</td>
<td>695 Saint Marie St., Collingwood</td>
<td>705-445-5203</td>
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<tr>
<td>Wasaga Beach Seniors Residence</td>
<td>135 32nd Street N., Wasaga Beach</td>
<td>705-429-3870</td>
</tr>
<tr>
<td>Blue Mountain Manor</td>
<td>236 Weir Street, Stayner</td>
<td>705-428-3240</td>
</tr>
<tr>
<td>Huronia Guest Home</td>
<td>300 Main Street East, Stayner</td>
<td>705-428-2547</td>
</tr>
<tr>
<td>Leimardt Retirement Home</td>
<td>212 Scott Street, Stayner</td>
<td>705-428-2535</td>
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<tr>
<td>Our Elders Retirement Home</td>
<td>328 Warrington Road, Stayner</td>
<td>705-428-0229</td>
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<tr>
<td><strong>ORILLIA &amp; AREA</strong></td>
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<td></td>
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<tr>
<td>Muskoka Heights Retirement Residence</td>
<td>327 Old Muskoka Road, Orillia</td>
<td>705-326-6038</td>
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<tr>
<td>Atrium Retirement Home</td>
<td>230 Coldwater Road Orillia</td>
<td>705-325-7300</td>
</tr>
<tr>
<td>Ruby Jean House</td>
<td>9008 Hwy 12 West, Orillia</td>
<td>705-325-0533</td>
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<tr>
<td>Orillia Independent Living</td>
<td>20 Simcoe Street, Orillia</td>
<td>705-323-9000</td>
</tr>
<tr>
<td>Champlain Manor</td>
<td>65 Fitton Street, Orillia</td>
<td>705-326-8597</td>
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<tr>
<td>Birchmere Retirement Home</td>
<td>234 Bay Street, Orillia</td>
<td>705-326-8520</td>
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<tr>
<td>Tudhope Manor</td>
<td>127 Peter Street North, Orillia</td>
<td>705-325-8383</td>
</tr>
<tr>
<td>Best Lifestyle Residence</td>
<td>6 Reinbird Street, Coldwater</td>
<td>705-686-3307</td>
</tr>
<tr>
<td><strong>MIDLAND &amp; AREA</strong></td>
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<tr>
<td>Villa Retirement Lodge</td>
<td>689 Yonge Street, Midland</td>
<td>705-526-4238</td>
</tr>
<tr>
<td>King Place</td>
<td>750 King Street, Midland</td>
<td>705-526-0514</td>
</tr>
<tr>
<td>Jennings Lodge</td>
<td>38 Church Street, Penetanguishene</td>
<td>705-549-2267</td>
</tr>
</tbody>
</table>
My Plan for Discharge

In planning for my total joint replacement it is my understanding that it is my responsibility to arrange the following before my surgery:

**My plan for after my hospital stay is:**
- [ ] Going to my own home where I have support from my family, caregiver and/or friend
- [ ] Staying with a family member or friend at their home.
  
  Address:______________________________________________
  ______________________________________________________
  ______________________________________________________

- [ ] Going to a retirement home for a short respite stay (not covered through OHIP)
- [ ] Other:______________________________________________
  ______________________________________________________
  ______________________________________________________
  ______________________________________________________

- [ ] I have also made arrangements to have my equipment ready for me at home or where I plan to recover after being discharged from the hospital
  - for equipment list see page 11 of the “Guide to Your Total Hip/Knee Replacement” booklet.

Patient Signature:______________________________________
Date:__________________________________________________

RVH-1637                                      06/2011
YOUR PRE-OPERATIVE HOSPITAL VISITS…

Before your surgery you will attend:

1. **Pre-Operative Hip Replacement Class**
2. **Pre-Surgery Clinic**

You will be contacted by the hospital booking department with an appointment date and time. Please bring a family or friend and your “Guide to Your Total Hip Replacement” booklet with you to both of these appointments.

1. **Pre-Operative Hip Replacement Class:**
   This will be a one time group education session to help you prepare for your upcoming hip surgery and recovery. This appointment may take 1 to 2 hours.

2. **Pre-Surgery Clinic:**
   Before your Pre-Surgery clinic appointment you will also receive an anesthetic questionnaire and a pre-admission medication review to be completed and bring with you to this visit. Please bring your medications in their original containers or a medication reconciliation list from your pharmacy.

   At this appointment a Registered Nurse will review your health history and give you information for your surgery and post-operative needs. Please let the nurse know of any special needs you have that may affect your surgical experience. The nurse will have time to answer any questions you may have.

   This appointment will take between 2 to 4 hours as you may need blood work, ECG of your heart and x-rays to be completed. You may also have a consultation with the Anesthesiologist.

**What to bring to the Pre-Surgery Clinic Appointment:**

- a family member or friend
- completed questionnaire and pre-admission medication review
- all medications
- all herbal preparations in original containers
- any recent test results for health conditions such as heart or breathing problems (please ask your family doctor for copies of these reports)
- this booklet
You can arrange to have a medication reconciliation review with your pharmacist by calling your pharmacy and arranging this with them prior to your appointment with the Pre-Surgery Clinic. You will also need to have a History and Physical completed with your family Doctor before your scheduled surgery. If you are unable to get this completed before your date of surgery please contact your surgeon’s office.

**The Week Before Surgery**

Follow the advice that you received at your pre-operative visit regarding your medications carefully. If you have questions speak to your surgeon, family doctor or pharmacist.

If you get a cold, fever, infection or open wound on the leg being operated during the week before surgery or if your health changes in any way please inform your surgeon.

**Night Before and Morning of Surgery**

You will receive chlorhexidine disposable wash cloths and instructions to use them to reduce the number of microorganisms on the skin prior to surgery.
YOUR SURGERY DAY...

The night before your surgery it is normal to be a bit nervous and excited.

Follow these instructions:

☐ **Do not eat anything after midnight.**

☐ You **may** drink clear fluids (water, clear tea or coffee with sugar, apple juice, cranberry juice, sports drinks, kool-aid) up until 3 hours before your arrival time. Do not drink milk or orange juice!

☐ **The exception:** Take your regular morning prescription oral medications with a sip of water at 6:00 am the day of your surgery **unless instructed otherwise.**

☐ You should have a bath or shower the night before so you feel fresh and clean.

☐ You will be given special cleansing wipes to clean the skin in the incision area (after your shower or bath the night before) and the morning of your surgery.

☐ Do not shave the hip or knee area- if shaving is required, this will be done at the hospital.

☐ Remove nail polish (fingers and toes) and artificial nails. Do not wear perfume or aftershave.

☐ Remove all body jewelry and piercings

☐ Leave all valuables (jewelry, cash) at home or with a relative or friend.

☐ Plan to have a support person come with you on the day of your surgery. Only 1 person is allowed to stay with you in the Surgery Waiting Area.
The Day of Surgery…

What to bring to the hospital:

☐ Your health insurance card and any other medical insurance you may have.
☐ Any inhalers, sprays, eye drops or specific medications or equipment that the Pre-Surgery Clinic nurse has instructed you to bring.
☐ If you wear glasses, contact lenses, hearing aids or dentures, be sure to bring a case to put them in, as well as any cleaning or storage solutions. These should be labeled with your name and telephone number.
☐ Comfortable, flat, well fitting, non-slip closed heel shoes or slippers.
☐ Loose-fitting clothing to practice exercises and dressing
☐ Personal care items and toiletries (hygiene items such as a toothbrush, soap, deodorant, any personal incontinence products you use and a razor).
☐ Leave clothing and personal care items in a carry bag in the car and when your bed on the unit is ready we will have your support person take these items to your room.

Arriving at the Hospital…

1. You should arrive at the Surgical Services Reception area on the second floor to be admitted at your designated arrival time.

2. You will be shown where to change into a hospital gown and housecoat. Your clothes will be labeled and taken to your room later.

3. You will be seen by a day surgery nurse who will admit you for your surgery. You will then wait with your support person in the waiting area until your Surgeon and Operating Room (OR) are ready.

4. You will receive medications by mouth to assist with pain management and have an intravenous line (IV) inserted pre-operatively in the Surgery Preparation area or in the OR.
5. The Anesthesia care team will assess whether you need to have an injection for anesthesia and pain management prior to your surgery. This will be performed in a designated area.

6. Next, you will be escorted to the Operating Room area. You will meet the operating room nurse and the anesthesiologist. Be sure to ask any questions you have at this time.

7. After the surgery is completed you will be taken to the Post Anesthesia Care Unit (PACU). Your PACU nurse will frequently check your vital signs and dressing. Pain medication will be given to you as needed. When you are awake and comfortable you will be taken on your bed to your room on the surgical unit, where you again meet your support person who came with you.

**Pain Management:**

Pain management begins even before surgery. Medications are administered in the admission area prior to your operation. The medications given work on different pain pathways and provide you with pain control before your surgery.

When you have a joint replacement you will likely receive a spinal anesthetic for your operation. This allows for administration of local and long lasting pain medication to prepare you for your surgery and recovery after. You will be positioned either side lying or sitting on the edge of the stretcher. A small amount of local pain medication will be injected into the skin at the area of insertion to numb it. The spinal needle is then inserted and medication is administered. The effects are almost immediate. You will have a sense of warmth in your legs and buttocks and then quickly lose the ability to move your legs. This is normal. There are usually no tubes or needles left in after this procedure. Your level of sleepiness can be adjusted, which you would have discussed with the Anesthetist before your surgery.
YOUR HOSPITAL STAY…

Once you have been transferred to your room, your progress is watched closely. Your blood pressure, temperature, pulse and breathing are carefully monitored. The dressing over the incision is watched closely for drainage and the operative limb is checked frequently to ensure there is adequate circulation. Staff will encourage you to breathe deeply and cough to help expand your lungs and your position will be changed frequently. You will also be encouraged to move your ankles and toes to encourage a steady circulation. (See page 39 for exercises)

Patients often return from surgery with a variety of tubes and drains. Some tubes may deliver material to you. Examples of these are oxygen and intravenous tubes. Other tubes may have been placed to provide drainage. Examples of these are drains near the incision and urinary catheters.

On the day after your surgery have your family member/support person bring the following items up to your room:

- your reacher to be used for dressing and grabbing items
- your walking aid clearly labeled with your name
- long shoehorn and sock aid if needed

Clinical Pathway:
Typically patients who have undergone a Total Hip Replacement are in the hospital 3-4 days. Every person is different after their surgery, but the Pathway is an outline of what normally occurs in those 3-4 days while in the hospital.

Pain Management:
Postoperative management of pain involves oral medications and in some situations, the addition of the PCA (patient controlled analgesia) pump. Pain medication will be given around the clock for the first 48 hours and then on an as needed basis. You may also receive medication to relieve nausea and vomiting. The Acute Pain Service (APS) team includes an anesthesia assistant and anesthesiologist and you are seen each day for the first 3 days. Changes are made to the pain management routine to provide optimum comfort to you based on your needs.
Anticoagulant Therapy:
Blood clots are a potentially serious complication after your joint replacement. While in hospital you will be given anticoagulant medication (blood thinners). Anticoagulant therapy will reduce your risk of blood clots and are given in either a pill or needle form. Deep breathing and coughing, ankle pumping exercises, and early activity also help reduce the risk of blood clots.

Nutrition:
At admission please complete the Patient Preference Sheet so your menus will be individualized according to your food preferences.

As your digestive system recovers from the effects of the surgery and anesthesia your diet will be progressed from drinking liquids to eating solids. While your body is healing it is important for you to eat a nutritious well balanced diet that provides enough calories and protein to meet your needs. Excellent sources of protein are found in the Milk and Alternatives, as well as the Meat and Alternatives groups of Canada’s Food Guide. Nutritional supplements such as Ensure, Glucerna (for diabetics) or Carnation Anytime may be provided with your meals. Consuming these nutritional supplements throughout the day will help you meet your increased need for protein and nutrients during your recovery.

It is not unusual for constipation to occur following surgery due to pain medications and limited activity. A high fibre diet may be ordered for you. To prevent constipation:

- drink at least 8 cups (2 liters) of non-caffeinated fluid a day
- increase fibre in your diet (whole grain products, fruits and vegetables are the best sources of fibre)
- complete daily activities as recommended
- do not overuse laxatives
- develop a regular bowel routine

While in hospital, if you are concerned that you are not eating well or you would like diet information (such as how to increase your protein or fibre intake) for use at home after discharge, ask to have a registered dietitian visit you.
Your Healthcare Team:

Physician Assistant (PA)
Physician Assistants (PA’s) follow your course of stay at the hospital and they will be the main link between the surgeon and the patient and other health care professionals (including nurses, PT, OT, Discharge Planner, CCAC, APS, etc.). Any issues (medical or otherwise) will be brought to the PA’s attention and he or she will resolve according to the surgeon’s recommendations.

Nursing
During your hospital stay, your nurses play an important role in your daily medical care and rehab goals. Keep your nurse well informed regarding any concerns.

Physiotherapist (PT)
Physiotherapists provide a detailed musculoskeletal assessment and plan an individualized treatment with specific goals. Treatment includes education, exercises, walking progression, discharge planning and progression of functional activities.

Occupational Therapist (OT)
Occupational Therapists provide a detailed musculoskeletal assessment and cognitive screening, and plan individualized treatment with specific goals. Treatment includes education and implementation of the activity precautions set out by your surgeon, specifically regarding daily activities and safety for discharge.

Rehabilitation Assistant (RA)
During your hospital stay you will be seen daily by a Rehabilitation Assistant. They work under the direction of the OT and/or PT to deliver treatment. This will include: exercises, transfers, ambulation, activities of daily living and education. The R.A. regularly reports back to your OT and PT regarding treatment, progress and any concerns.
**Discharge Planner**

The discharge planner ensures timely and appropriate discharge of patients. They act as a liaison and provide guidance to patients and their families pertaining to relevant community agencies to support their needs. They collaborate daily with your healthcare team including your physician for a safe discharge plan for you.

**Dietitian**

Registered Dietitians are available to provide a nutritional assessment, an individualized nutrition care plan and nutrition education/advice. If you have a concern about your nutrition or diet you may request a visit from a dietitian.
REHABILITATION AND DISCHARGE PLANNING

Rehabilitation starts on day 1 and includes your entire Healthcare Team (Physiotherapist, Occupational therapist, Nurse, Rehab assistant, Discharge Planner, Physician Assistant…) including you as an active participant.

The goals for your rehabilitation while you in the hospital are:

- Minimize your pain
- Getting you moving (getting in and out of bed; up to a chair; walking…)
- Teaching you safe daily activities
- Teach you how to care for yourself at home
- Prepare you to safely go home
Precautions:

After your hip replacement there are certain movements and activities you should avoid to prevent your hip from dislocating while it is healing.

- Do NOT bend forward more than 90 degrees
- Do NOT lift your knee higher than your hip
- Do NOT sit in low chairs or sofas
- Do NOT cross your legs at your knees or your ankles while lying, sitting or standing
- Do NOT turn your operated leg inward
- Do NOT twist your body towards your operated leg
- Do NOT bring knees together. Use a pillow or a wedge to keep them separated
You must follow the above precautions for 3 months after your surgery.
Learning How to Move

To protect your new hip and reduce the risk of dislocation follow the instructions below. Your therapist will help teach you how to move and provide other helpful tips if you are having difficulties.

Lying Down/Sleeping:

- Ideally you should lie on your back with a pillow between your legs
- Try to keep your knees and toes pointing upward
Getting Out of Bed:

- Slide yourself to the edge of the bed, keeping your knees apart. Use your arm strength and non-operated leg to help you move.
- Slide your legs over the edge of the bed gradually coming into a seated position with your arms providing support behind you
- Slide your hips to the edge of the bed
- Your operated leg should be out in front of you and the non-operated leg bent with the foot flat on the floor to support your weight and for balance
Standing up from a bed, chair or toilet:

- Keep operated leg straight out in front of you.
- Move to the edge of the bed or chair
- Keep your hands on the bed or armrests and take most of your weight through your non-operated leg and push yourself into standing
Sitting Down:
- Preferably sit in high, firm chairs with arm rests. This makes it easier for you to get up and to follow required hip precautions.
- Back up with your walker until the back of your legs touch the bed/chair/toilet
- Keep operated leg out in front of you
- Reach back with both hands for arms of chair
- Lower self gently
- Do not sit with legs crossed
Walking

Your physiotherapist will determine the appropriate walking aid for you, which will depend on how much weight you are allowed to place through your operated leg and how well you can move. Your physiotherapist will also instruct you on how to walk with your walking aid.

Using a walker or crutches:

- Stand up tall and look ahead while you walk
- Move your walker or crutches first and then move your operated leg forward, followed by your other leg
- Push hard through your hands on the walker or crutches to take the weight off the operated leg
- Take small even steps
- Avoid pivoting through the operated leg
Stairs:
- Hold onto railing with one hand put your cane or crutches in the other
- Go up the stairs with the non-operated leg first
- Followed by the operated leg and then the cane or crutches
- Going down the stairs lower the cane or crutches to the step below, followed by the operated leg and then the other leg.
Car Transfers:

- Make sure the front passenger seat is pushed back as far as possible
- Put a firm cushion in a garbage bag and place it on the seat. This is to raise the height of the seat and to make sliding easier
- Slightly recline the back rest of the seat
- Back up using your walking aid and feel for the car on the back of your legs. Place one hand on the dashboard or secured door and the other on the side of the car or backrest.
- Straighten your operated leg and sit down slowly
- Slide back as far as you can and swing your legs in, one at a time and keep your operated leg straight out (bend your knee slightly to clear the door frame)
- Reverse above steps to get out of a vehicle
- For vans, step up backwards onto a firm step stool or running board with the good leg first then your operated leg
- Make sure someone is around to help you
Learning How to Manage Your Daily Activities

An Occupational Therapist will teach you to perform daily activities while maintaining the precautions for your new hip. This includes using special devices to help you avoid bending, twisting, and crossing your legs. With the Occupational Therapist’s help you will practice daily activities with your new hip.

**Bathing**

![Bathing Image]

**Dressing**

![Dressing Image]

**Toileting**

![Toileting Image]
Exercises
Immediately after your surgery it is important to start your deep breathing, coughing and ankle pumping exercises. These are to be done 10 times every hour while you are awake.

DEEP BREATHING AND COUGHING
Sitting up in bed or in a chair, keep your shoulders relaxed and take a deep breath in through your nose, allowing your abdomen to rise and slowly breathe out through your mouth. Repeat 10 times, followed by a strong cough, every hour when awake.

ANKLE PUMPING
Lying on your back or sitting, point your toes down and then up in a slow, steady motion to improve circulation and range of motion. Repeat 10 times every hour when awake.

ANKLE CIRCLES
Move your ankle around slowly in a large circle. Repeat in the opposite direction. Repeat 10 times every hour when awake.
Your physiotherapist and/or rehab assistant will instruct you on the exercises below. You will be expected to practice these exercises on your own as well as with the therapist.

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**STATIC QUADS**
Bend your ankles and push your knees down firmly against the bed by tightening the front of your thighs. Hold for 5 seconds. Repeat 10 times, 3 times per day.

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**STATIC GLUTS**
While lying on your back, squeeze your buttocks firmly together. Hold for 5 seconds, repeat 10 times, 3 times per day.

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**QUADS OVER A ROLL**
Lie on your back. Bend your good leg up and put a can or rolled up towel under your knee on your affected side. Pull your foot and toes up by tightening your thigh muscle and lift your foot off the bed (keep the knee on the roll). Hold 5 seconds then slowly lower your foot to the bed. Repeat 10 times, 3 times per day.

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**HIP AND KNEE BENDING**
Bend and straighten your knee and hip by sliding your heel on the bed. Using a strap or towel under the knee to help pull the leg up. DO NOT BEND THE HIP MORE THAN 90 DEGREES. Hold 5 seconds. Repeat 10 times, 3 times per day.

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**HIP ABDUCTION**
Lying on your back with your knees straight and toes pointing up, slide your operated leg out to the side as far as possible and then return to the starting position. Repeat 10 times, 3 times per day.
**Discharge From the Hospital**

Your discharge plans were initially discussed with you at your pre-operative visit. For most people the goal is to return home by Day 3-4 after their surgery. The final decision of where and when you will be discharged is based on your initial plans, your medical condition, your progress with therapy and the recommendations of your Healthcare Team. The discharge planner will communicate with your Healthcare Team including your physician for a safe discharge plan and determine your estimated discharge date.

Most patients having a total hip replacement meet their acute rehab goals and are discharged home.

It is also important for you and your family members to be involved and be prepared. As previously discussed in the “**Getting Ready For Your Surgery**” section and your pre-operative appointment you are also responsible for making sure your equipment is ready for you at home. You may have already made arrangements, if not you may have to have a family member or friend organize this while you are in the hospital. Please note the North Simcoe Muskoka CCAC no longer rents equipment.
AFTER YOUR SURGERY...BACK AT HOME

Know How to Recognize Complications...

Most people recover from their joint replacement without any complications. Some pain and swelling is normal. Even so, you should know how to recognize problems if they develop.

Possible signs of Infection:

- Change in colour or odour or amount of drainage from your incision
- Your incision opening up or gapping
- Unexplained fever, chills, night sweats (temperature higher than 38˚C/101˚F)
- Increased redness or swelling of the incision edges

*If you notice any signs of Infection, call your surgeon or family doctor.*

Possible signs of Blood Clots:

- Increased pain that becomes more difficult to control
- Swelling, redness and warmth in your calf that does not resolve with elevating your feet overnight.

*If you notice any signs of blood clots, call your surgeon or family doctor*

Taking your blood thinners and staying active as recommended by your surgeon will help minimize your risk of blood clots. On the rare occasion the blood clot can travel to your lungs, which is a medical emergency. *Call 911* if you develop sudden:

- chest pain
- shortness of breath
- coughing blood

Instructions for Anticoagulant Therapy...

- There are several different anticoagulant medications (blood thinners). Some are taken orally and others are by injection.
- Some blood thinners require routine blood tests.
- Your surgeon will determine which anticoagulant medication is best for you.
- Dalteparin (Fragmin) and Fondaparinux (Arixtra) are injected blood thinners.
  
  You do not need to have routine blood tests while on dalteparin and Fondaparinux medication
• **Coumadin (Warfarin)** is an oral blood thinner that is used on a longer term basis and the dose is individualized. Because of this, you will need to have routine blood tests by the lab while you are on the medication. Bloodwork is usually done twice a week and you will be notified by your Family Physician of any changes to your dose and when to stop.

• **Rivaroxaban (Xarelto)** is also an oral blood thinner that **does not** require blood tests.

• If you are prescribed Xarelto AND are covered under Ontario Drug Benefit (ODB) AND have had a previous hip or knee replacement in the past 3 months your community pharmacy may need to call the ODB Help Desk when filling your prescription. If you are eligible ODB WILL PAY for your prescription but you may have to submit your pharmacy receipt to ODB.

• Remember it is important to take your blood thinners as prescribed to thin the blood so that clots will not form after your hip replacement.

• Before you leave the hospital, your nurse will provide you with specific instructions on your anticoagulant medication.

**How to Care for Your Incision…**

• Your skin staples will be removed about 14 days after your surgery.

• This may be done by your family physician, surgeon, or CCAC.

• You will receive further instructions regarding incisional care before you leave the hospital.

• If you have any concerns with your wound speak to your nurse, doctor or surgeon.

• Caring for your wound is important for healing and to avoid infection.

• Wounds heal quicker when they are kept clean and the edges are held together.

• Do not scratch, rub or pick at your staples.

• Eat healthy to give your body what it needs to heal.

• Stop smoking as smoking decreases blood flow and may slow the healing process.
• After staples are removed you can massage the incision. This helps prevent the scar tissue from thickening. Wash your hands. Massage from top to bottom and across the incision. Repeat twice per day for 5-10 minutes. You may use Vitamin E cream.

Ways to Reduce Your Pain...

• Don’t be afraid to take your pain medication as recommended (use laxatives and stool softeners with narcotics)
• Use ice, cold packs or a frozen bag of peas placed over a tea towel (not directly on the skin) for 10–20 minutes, as needed; 1 hour off between icing sessions.
• Do your exercises as shown by your physiotherapist. Even though your exercises may cause some discomfort at first, doing your exercises will decrease your stiffness, improve your healing, and allow you to return to all your normal activities sooner.
• Rest as needed

Physiotherapy, Occupational Therapy, Exercise and Activity...

Once you are home it is important to continue your exercises, walking, and daily household chores as taught to you by your physiotherapist/occupational therapist when you were in the hospital. Gradually increasing your activity (walking and daily chores) will help you regain your strength, mobility and endurance. Be sure to follow the instructions you were given by your therapists.

Further physiotherapy may be recommended in which case your surgeon will provide you with a referral for physiotherapy. Book your appointment at your local hospital or physiotherapy clinic in your community. How much physiotherapy you will require will depend on your individual progress and to be determined by you and your physiotherapist.
You can also find a list of local private physiotherapy clinics in the telephone book. These clinics charge a fee which may be covered by your health plan.

**Follow-up Appointment with Your Surgeon**

Your first follow-up appointment with your surgeon will be **4-6 weeks** after your surgery. You will need to call your surgeon’s office to book this appointment. The appointment will be at the hospital.
RETURNING TO YOUR REGULAR ACTIVITIES…

At this point you are getting ready to return to regular activities and probably have a lot of question about getting your life back to normal.

Driving
Driving is not recommended for 6 weeks after your surgery. Talk to your surgeon at your 6 week follow-up appointment about your driving restrictions. This will depend on which leg was operated and how you are progressing.

Working
Returning to work will depend on the type of work you do. It is recommended you take at least 4 to 6 weeks off and will need clearance from your surgeon to return to work. It is also beneficial to speak to your employer regarding any special needs. For example you may still be using a walker or crutches to walk or using your reacher and raised toilet seat to maintain your hip precautions.

Leisure and Sport Activities
When to return to your sports or leisure activities will depend on the type of activity you want to return to doing. For example, walking is encouraged right away and is part of your rehab. You must remember to maintain your hip precautions and weight bearing status as set by your surgeon (for the first 6 weeks). Swimming is often a good activity in the early stages.

3 months after your surgery you may resume low impact activities such as golfing, bowling, dancing, gardening, cycling, curling along with walking and swimming. Other activities will depend on previous experience and should be discussed with your surgeon before resuming.
Activities that are not recommended are jogging, running, squash, racquetball, high impact aerobics, basketball, football, soccer, volleyball, and singles tennis. These activities are high impact and cause stress on your new hip. You must protect your new joint so it will last.

Remember being active along with a healthy diet helps you maintain your ideal body weight. Being overweight also adds stress to your new hip and can cause damage.

**Sexual Activity**

It is often recommended that sexual intercourse can be resumed 4 to 6 weeks after your surgery. You need to remember your hip precautions and take a more passive position. The safest position is on your back, on the bottom with legs apart. After 3 months there are no specific restrictions. Speak to your surgeon or Occupational Therapist if you would like more information.

**Dental and Other Medical Procedures**

It is important to tell your dentist and other doctors about your total hip replacement before any dental work, procedure or other surgery. You may need antibiotics to prevent bacteria from infecting your new joint.
OTHER USEFUL RESOURCES

The following are some programs, services and agencies available that you may find helpful.

- You may also want to check your telephone directory under Home Health Care and Nursing for other services/agencies available.
- Friends, family and neighbours may also know of helpful services in your community.
- Please note services and contact information may change without notice. RVH will update as this booklet is updated.

Barrie Accessible Community Transportation Service (BACTS)
Specialized bus transportation service to assist those with mobility difficulties.
Telephone: (705) 737-2304

Canadian Red Cross
Provides a variety of services including (1) caregiver relief/respite care; (2) friendly visiting; (3) housekeeping; (4) transportation; (5) social work; and telephone assurance.
Telephone: (705) 721-3313
E-mail: simcoe@redcross.ca
Website: www.redcross.ca

CCAC (North Simcoe-Muskoka Community Care Access Centre)
Provide a broad range of community and home-based services such as in-home professional health care (e.g. nursing, occupational therapy, physiotherapy, speech and language, social work, personal support and case management.
Telephone: (705) 721-8010
Toll-Free: (888) 721-2222
Website: www.ccacsc.on.ca

Chronic Disease Self-Management Program
This is a six-week program offered by the Barrie Community Health Centre, designed to teach participants the skills needed to manage the day-to-day challenges of living with a chronic health condition.
Telephone: (705) 734-9690 Ext. 241

Errands To Go
Provides customized shopping and delivery service. (705) 735-2739

Happy at Home Support Services
Non-medical support services (personal care; housekeeping/laundry; meal preparation; caregiver relief; companionship; transportation for appointments/errands).
Telephone: (705) 326-9355
Website: www.happyathome.ca
Helping Hands Community Support Services
(*services Midland, Penetanguishene, and Orillia area)
Provides a variety of services including: (1) caregiver relief/respite care; (2) friendly visiting; (3) housekeeping; (4) transportation; (5) meals and (6) outdoor maintenance.
Telephone: (705) 325-7861

Meals on Wheels provided through Red Cross
Provide meals to people in their homes for a fee. (705) 721-3313
- Barrie Ext. 228 or 223
- South Simcoe Ext. 254
- Collingwood Ext. 237
- Midland Ext. 260

Meals to Go
Frozen entrees are available from RVH Nutrition and Food Services Department. Meals must be ordered 1 day prior to pick up.
Telephone: (705) 728-9090 Ext. 44428

myJointReplacement.ca
A Canadian patient friendly website to help guide and support patients through their joint replacement experience.
Website: www.myjointreplacement.ca

Ontario March of Dimes
OMOD provides a variety of services to people with disabilities, including funding, recreation, assistive living, and employment training.
Website: www.dimes.on.ca
Provincial Office: (416) 425-3463
Toll-Free: (800) 263-3463
E-mail: provincialoffice@dimes.on.ca

Central Region (Toronto, York, Peterborough, Durham, Northumberland, Victoria, & Haliburton) (416) 425-3463 Ext. 227
E-mail: centralregion@dimes.on.ca

North East Region (includes Parry Sound) (705) 674-3377
E-mail: northeastregion@dimes.on.ca

West Central Region: (Peel, Waterloo, Bruce, Grey, Dufferin, Wellington, Simcoe, and Muskoka) (905) 607-3463
E-mail: westcentralregion@dimes.on.ca

Ortho Connect:
A peer support program through the Canadian Orthopaedic Foundation that provides patients with the opportunity to talk to someone over the phone that has already been through a similar surgery.
Toll Free: 1-800-461-3639
Website: www.canorth.org

Seniors for Seniors
Telephone: (705) 719-1444
Senior Services
Services available include (1) caregiver respite; (2) errands; (3) in-home hairdressing; (4) companion service; and (5) shopping.
**Telephone:** (705) 735-6105

Senior Homecare by Angels
Non-medical homecare services (personal care; meal preparation; light housekeeping; errands/shopping; companionship; caregiver respite).
**Telephone:** (705) 719-1300
**Website:** www.seniorhomecarebyangels.com

With Open Arms
Services available include: (1) housekeeping; (2) errands; (3) shopping; (4) transportation; and (5) Private Recipes frozen meal service.
**Telephone:** (705) 737-5215

**Exercise and Arthritis Related Resources:**

Arthritis Exercise Class – Barrie Native Friendship Centre (705) 726-3486
Arthritis Exercise Class – Woods Park Retirement Home (705) 728-4467 (705) 424-1724

The Arthritis Help Line
This is a province-wide helpline for information on arthritis, education materials, and how and where to seek professional treatment.
**Toll-Free:** (800) 321-1433

The Arthritis Society – General Information
Alliston (705) 435-3485 or (705) 435-7720
Barrie (416) 661-8801*
Huntsville (705) 789-0492
Parry Sound (705) 746 9182 or (705) 746-9572
**Website:** www.arthritis.ca

Blue Birds Club
The Arthritis Blue Birds Club involves self-help, support, and special project groups for individuals with arthritis. They may be contacted directly for more information.
**Barrie** (705) 728-4467
Bracebridge/Gravenhurst (705) 645-8548
Huntsville (705) 789-0492

City of Barrie Recreation and Leisure
The City of Barrie Recreation and Leisure department offers arthritis exercise programs for persons aged fifty-five and over. Check the "City of Barrie Recreation & Leisure Community Guide" for current program offerings and fees.
**Telephone:** (705) 739-4223
**Website:** www.play.barrie.ca
The City of Barrie also offers **Healthy Living at Home**: a group oriented program to increase physical activity for individuals 55+ living independently in an apartment or condo building. This program is offered at no cost. (705) 818-3801

**Von SMART Program**: gentle fitness program

- Barrie: (705) 737-5044 Ext. 221
- Orillia: Ext. 231
- Midland: Ext. 232
- Muskoka: (705) 737-4145 Ext. 233

**Pool Programs:**

- **Barrie**: YMCA, Arthritis Society (at RVH) (705) 726-6421 Ext. 280
- **Collingwood**: YMCA (705) 445-5705
- **Huntsville**: Centennial Centre, “Joint Effort” (705) 789-6421 Ext. 23
- **Midland**: YMCA (705) 526-7828 Ext. 210
- **Orillia**: YMCA, “Own Pace” (705) 325-6168 (705) 326-7635
REFERENCES


Royal Victoria Hospital (1997) RVH Forms. RVH-4057 Self Care after Hip & Femur Surgery

Royal Victoria Hospital (1997) RVH Forms. RVH-4059 Self Care after Knee Surgery.

Royal Victoria Hospital (1997) RVH Forms. RVH-4059 Self Care after Knee Surgery.

Royal Victoria Hospital (2006) RVH Forms. RVH-3292 Emergency Department – Patient Information for your Care – Care of Patient with Coagulation Issue.

Royal Victoria Hospital (2008) RVH Forms. RVH-4106 Total Hip Surgery (Rehab – Kare Pathways Education Package).

Royal Victoria Hospital (2008) RVH Forms. RVH-4108 Total Knee Surgery (Rehab – Kare Pathways Education Package).


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