

A Guide to Hip Replacement (Day Surgery)



This booklet will help you understand and prepare for your surgery.

Bring this booklet with you on the day of your surgery.

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Patient Education Office

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, Dr. Michael Tanzer, nurses, physiotherapists, and the MUHC Patient Education Office.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



This material is also available through the MUHC Patient Education Office website
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About this booklet

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Ask us if you have questions about your care.

This booklet will:

- Help you understand and prepare for your surgery.
- Explain how you can play an active part in your recovery.
- Give you daily goals to achieve.

Bring this booklet on the day of surgery. Hospital staff may refer to it as you recover, and review it with you and your family before you go home.

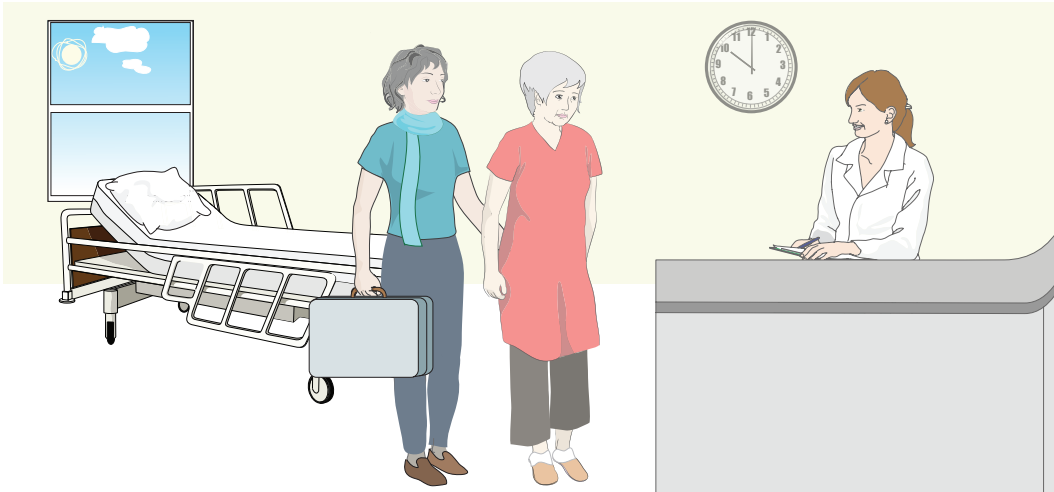
Your MUHC surgery team



If you are not comfortable communicating in French or English, bring someone to translate for you.

What is a day surgery?

If you are scheduled for a day surgery, you will come to the hospital on the day of your surgery and you will return home after several hours.

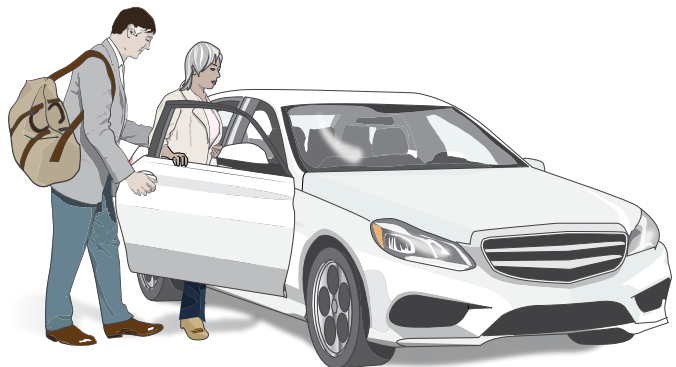


Organize your ride back home.



Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

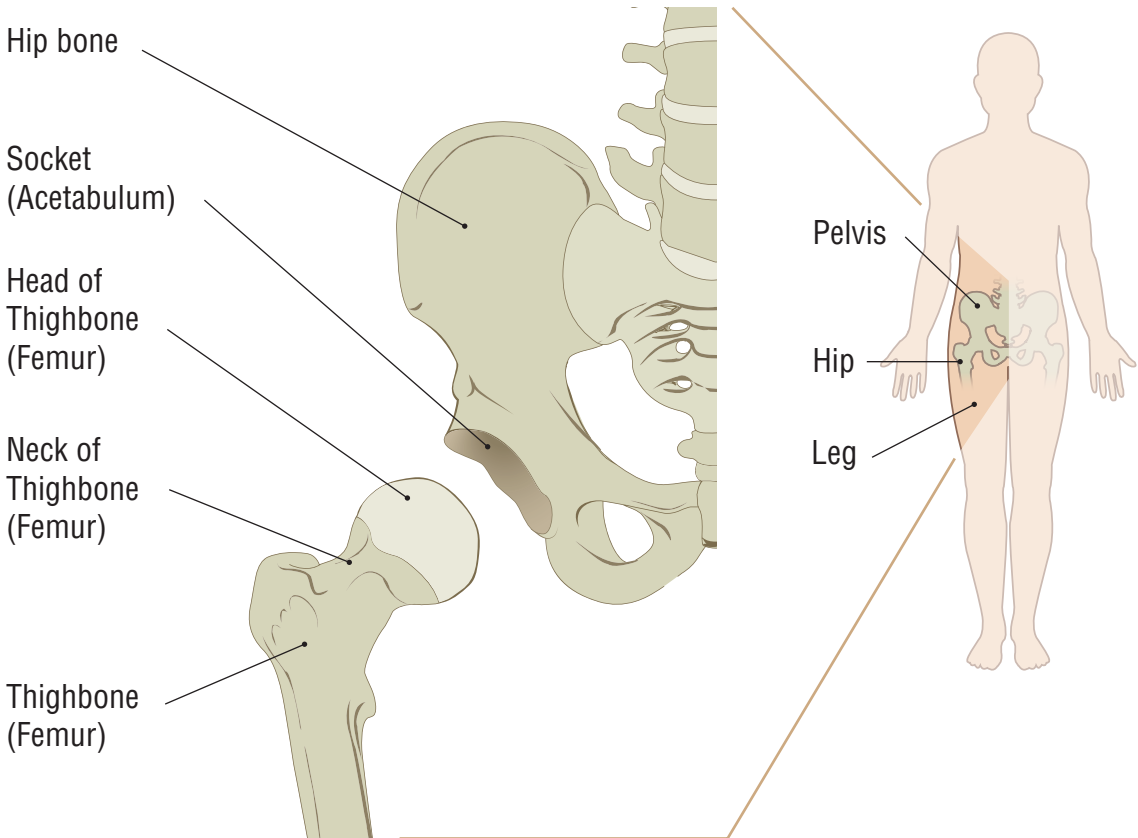
- You will not be allowed to leave the hospital alone.
- You **CANNOT** drive or take a taxi home by yourself.



What is the hip joint?

The hip joint is made of 2 parts:

- The pelvic bone
- and the thigh bone also called the femur



The hip joint is a ball-and-socket joint.

The head of the femur fits into the pelvis in a crater called the acetabulum (socket).

The top part of the femur is called the head of the femur (ball).

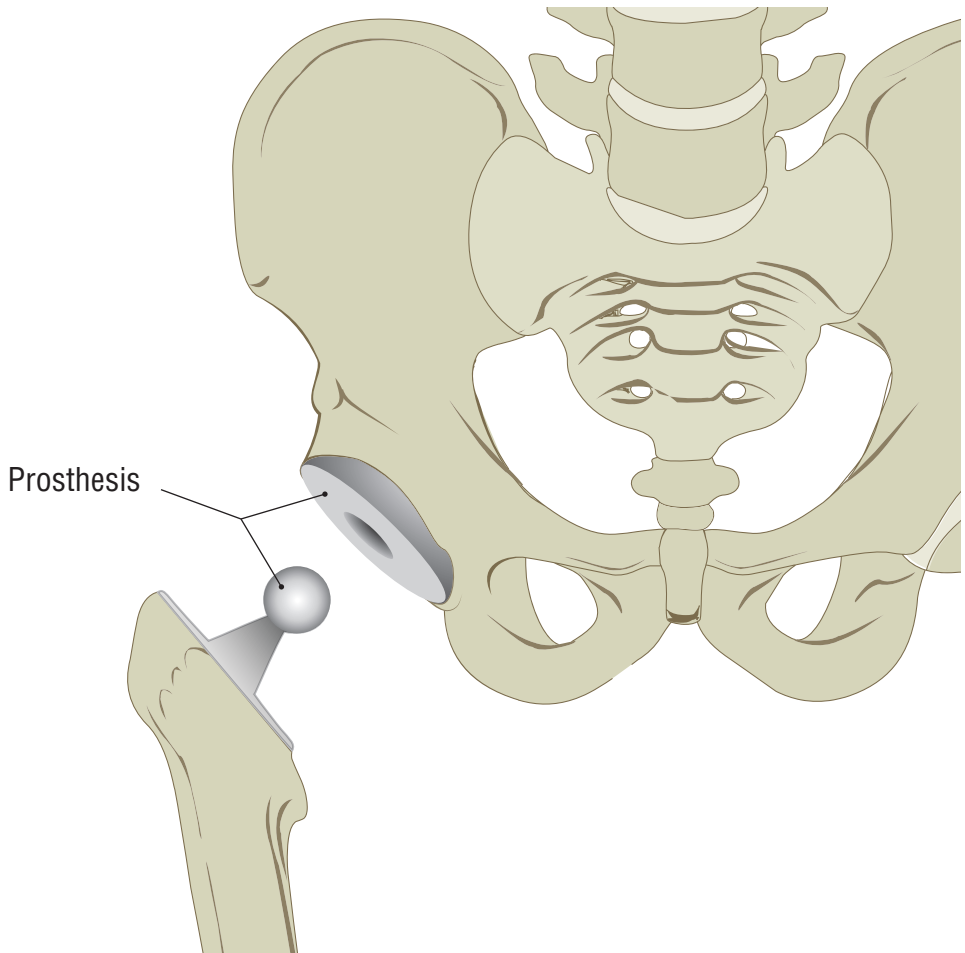
The neck of the femur is the part that bridges the femur head to the rest of the femur bone.

What is a hip replacement surgery?

When the hip joint is worn out or damaged, the head of the femur (ball) and the acetabulum (socket) is replaced with a prosthesis. This prosthesis is made out of metal and plastic or ceramic.

This surgery is called a total hip replacement or a hip arthroplasty.

The goal of this surgery is to reduce your pain and help you to move around better.



Preparing for your surgery

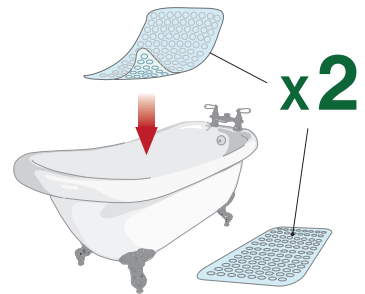
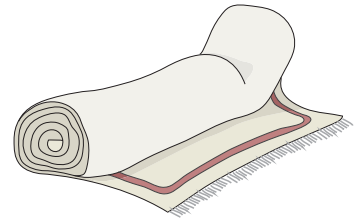
Make sure everything is ready for you when you go home after your surgery. You might have some restrictions. Some tasks might be difficult, especially at the beginning. You may need some help at first from friends or family for meals, laundry, bathing, cleaning etc.

Your CLSC will visit or phone you at your home before your surgery.

They will assess and recommend equipment you will need when you return home such as a walker, raised toilet seat, bath bench and where to get them. Arrange your living space to make life easier when you go home after your surgery.

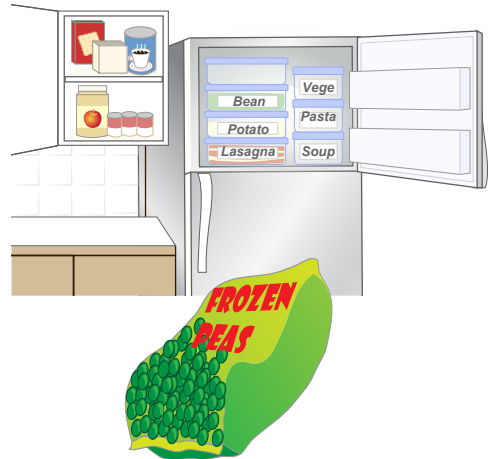
Here are some suggestions:

- **Put away non wall-to-wall carpets, area rugs and clear the space** around your bed, in the hallways, in the kitchen and bathroom so that you move around easily.
- **Remove electric cords** from the floor where you may walk. You might want to move some furniture around so that you can move around safely after surgery.
- **Get 2 good quality, non-slip mats** (the CLSC staff can advise you at their visit)
 - 1 for the shower/tub (sticky patterns in the tub are not sufficient)
 - 1 for the bathroom floor
- **Get well-fitted shoes and slippers with soles that are not slippery.**



Preparing for your surgery

- **Stock the refrigerator and freezer.** Buy frozen foods or prepare individual portions that can be reheated until you are well enough to cook.
- **Get a thermometer** to check your temperature after your surgery.
- **Have an ice pack or a bag of frozen peas** to help with swelling and pain control.
- **Reduce your alcohol use.** Do not drink alcohol for 24 hours before surgery. Alcohol can change the way some medication works. Let us know if you need help cutting down on your alcohol use before surgery.



- **Stop smoking** before your surgery. Quitting smoking will reduce the risk of lung complications after surgery and help the incision (cut) to heal.

Exercise program before surgery

Getting in shape before surgery can make a big difference in how you recover. You can help by keeping your weight under control and by including exercise into your daily and weekly routine. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. Exercise does not need to be difficult to be helpful; in fact, a 15 minute walk a day is far better than not exercising at all.

The following exercises are important to help strengthen your muscles and help your recovery after the surgery.

These exercises are done in bed or on a hard surface.

Do each exercise 10 times in a row.

This is called a 'set'.

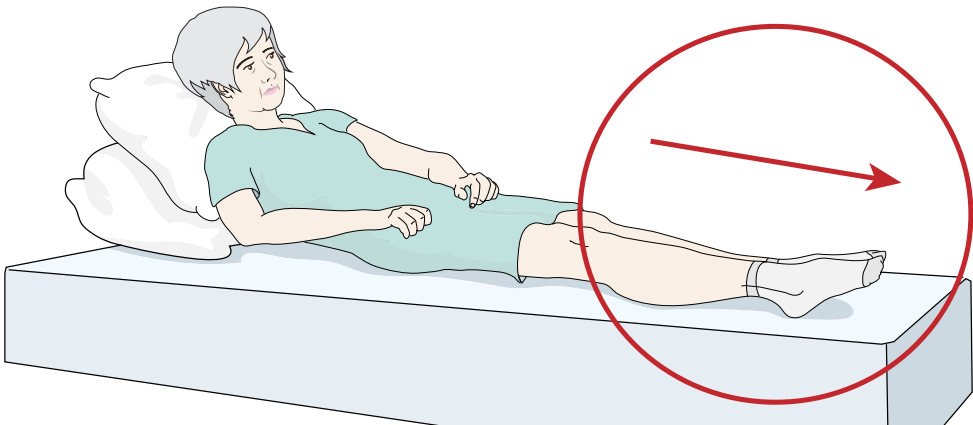
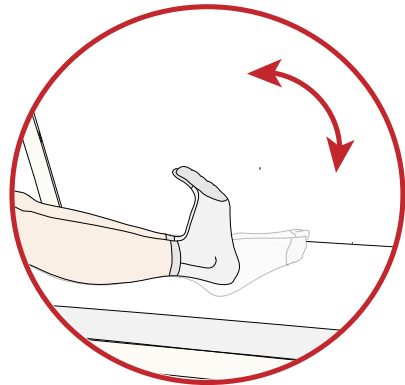
Do 3 sets every day of each exercise.

Ankle Pumping

With your legs straight and without moving your legs:

Lift your toes as far as you can and then lower them as much as you can.

(Do this 10 times).

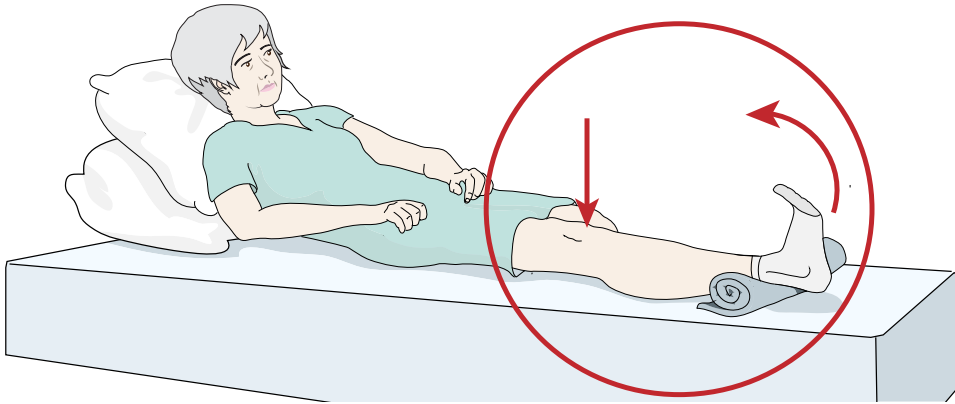


Exercise program before surgery

Strengthening of Thigh

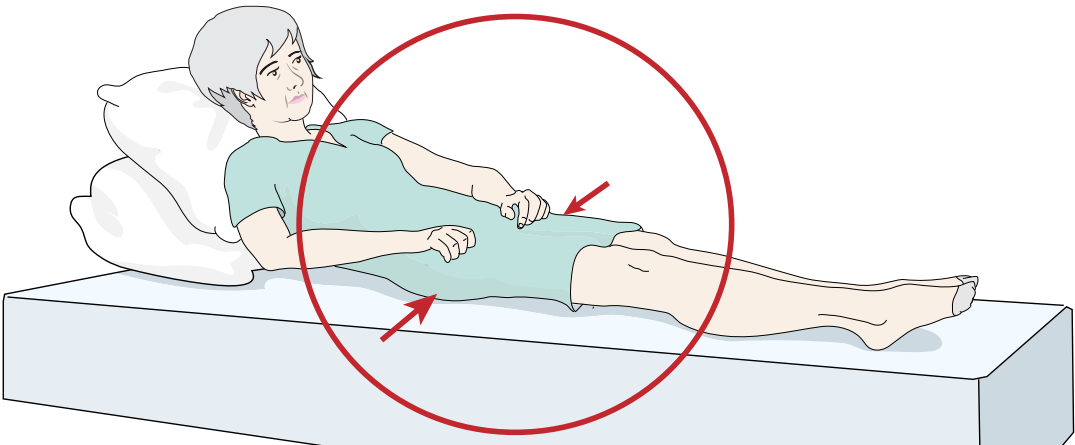
Put your leg straight (the one that will be operated on) with a rolled-up towel under the ankle.

Lift the toes toward you, and press your knee in the mattress, as tolerated. Hold the position 5 to 10 seconds and relax. (Do this 10 times).



Contraction of Buttocks

With your legs straight, squeeze your buttocks together. Hold 5 to 10 seconds and then relax. (Do this 10 times).



Pre-operative Clinic visit

During your Pre-operative Clinic visit, you may:

- have blood tests
- have an ECG (electrocardiogram)
- meet an anesthesiologist (the doctor that will make sure you're comfortable during and after surgery)



You will:

- meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital.
 - The nurse will also show you how to remove the bandage that will be placed over your incision (cut). It is called the DERMABOND™ PRINEO™ System.
- meet with a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may have to stop taking some medication and herbal products before surgery.

The Pre-op Clinic doctor will tell you which medication you should stop and which ones you should keep taking.

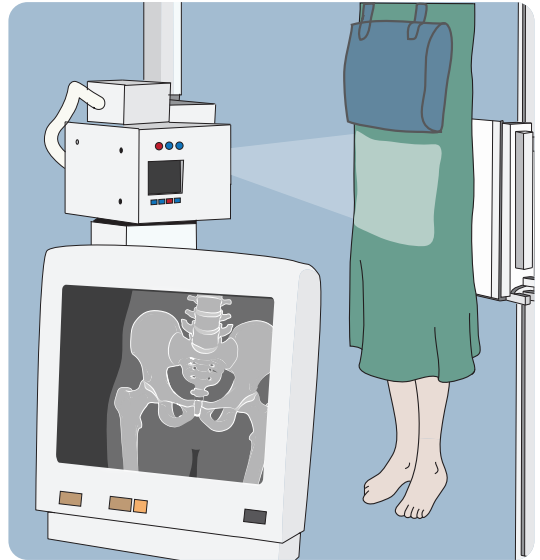


Pre-operative Clinic visit

You will:

- have an X-Ray of your hip.
- meet with a physiotherapist.
The physiotherapist will review some exercises and activities with you.

The preoperative nurse will notify the Montreal General Hospital liaison nurse of your date of surgery. The liaison nurse is the nurse who makes arrangements with your CLSC so that you can have visits from a nurse and a physiotherapist at your home after the surgery.



If you have questions phone the Pre-op Clinic nurses at 514-934-1934, ext. 43778 Monday to Friday, 1:00 p.m. to 3:00 p.m.

Phone call from Admitting

The day before your surgery, the Admitting Department will phone you to tell you what time to come to the hospital. (If your surgery is scheduled on a Monday, the hospital will phone you the Friday before). They will ask you to arrive 2 to 3 hours before your planned surgery time.

Exception:

If your surgery is planned for 7:30 a.m., they will ask you to arrive at 6 a.m. The time of surgery is not exact. It may be earlier or later than planned.

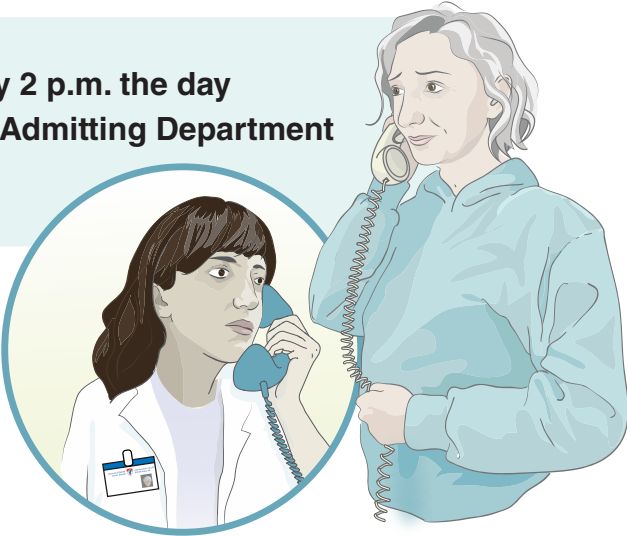
Date of surgery:

Time of arrival at the hospital:



Room: Surgical Admission Services D10-124 (D wing, 10th floor, room 124).

If you do not receive a call by 2 p.m. the day before your surgery, call the Admitting Department at 514- 934-1934 ext. 42190.



Cancelling your surgery

If you are sick, have an infection of any type (including urinary tract infection, skin abscess, infected ingrown toe nail), are pregnant, or for any reason you are unable to come to the hospital for your surgery, call as soon as possible both :

your surgeon's office and the Central Operating Room Booking (CORB) at 514- 934-4460 (between 9 a.m.–11 a.m. and 1 p.m.–3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating:

- Your full name.
- The date of surgery.
- Your telephone number.
- Your hospital card number.
- The surgeon's name.
- The reason for cancelling or postponing your surgery.
- The timeframe you are not available to have the surgery.

If you need to cancel your surgery the day before AND it is after 3 p.m.:

- Call the Admitting Department at 514-934-1934 ext. 42190.



The Montreal General Hospital is a Trauma Centre. This means that your surgery might need to be delayed or cancelled because of an emergency. Your surgeon will reschedule you as soon as possible.



Washing

The night before surgery:

Follow the instructions for washing and using the body cleansing cloths.
Remove all nail polish.

Protect Yourself From Infections:

Use Body Cleansing Cloths Before Your Surgery

What are body cleansing cloths?

These cloths contain a special product called chlorhexidine, which kills the germs that cause infections. If you use these cloths before your surgery, you will lower the chances of your surgical wound being infected.



When should I use them?



Night before your surgery:

1. Take a shower and shampoo your hair
2. Follow the instructions in the section called 'How do I use them?' (p.17)



Morning of your surgery:

1. Do not take a shower, bath, or shampoo your hair
2. Follow the instructions in the section called 'How do I use them?' (p.17)

Washing

How do I use them?

1. Make sure your skin is dry.
2. You may use the cloths at room temperature, or warm them if you prefer (simply place the package in the microwave for no longer than 30 seconds).

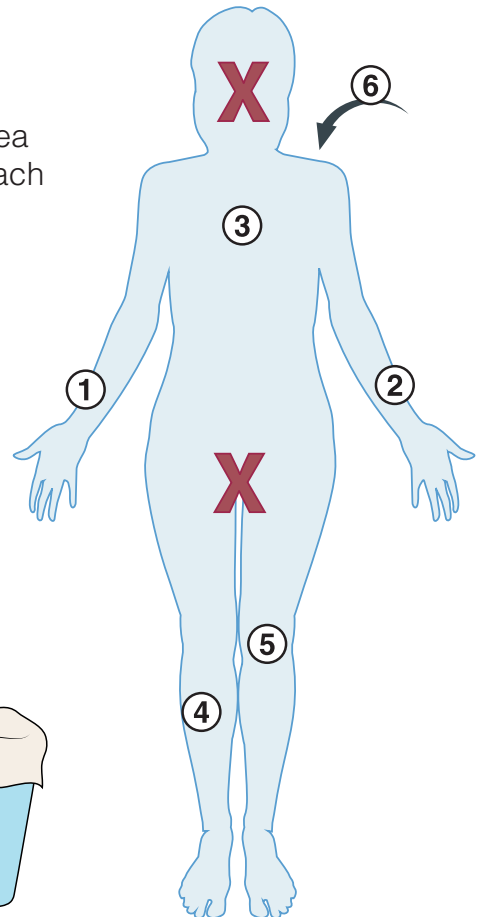
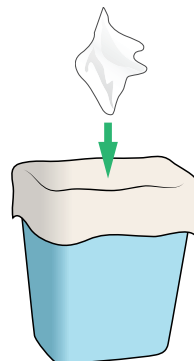


Caution: Do not use cloths if too hot.
Let them cool before use.

3. Peel the front label to open the package.
It contains 6 cloths.
4. Wipe each area, using a back-and-forth movement. Use 1 clean cloth to wipe each area of your body in the order shown here. Wipe each area fully. Use all cloths in the package.

- | | |
|-------------|-------------|
| ① Right arm | ④ Right leg |
| ② Left arm | ⑤ Left Leg |
| ③ Chest | ⑥ Back |

5. Allow your skin to air dry completely.
6. Put on freshly, washed clean clothes.
7. Throw used cloths in the trash.



Washing

What should I avoid when using these cloths?

Do not let the cloth come in contact with your face (eyes, ears, mouth) and genital areas. Wash your face and genital areas with water and soap instead.

Do not rinse or run the cloths under water.

Do not re-use the cloths.

Do not use any lotions, creams or makeup.

Do not flush the cloths down the toilet (throw used cloths in the trash).



Who should I speak to if I have questions?

Speak to your doctor, nurse, or any other member of your treatment team. We are here to help!



Do not shave the area where you will have surgery.

Diet

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like marathon runners, patients going for surgery should also prepare and feed their bodies. The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

Day before surgery

Until midnight:

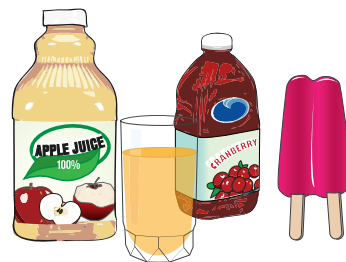
- Eat and drink normally until midnight (unless told otherwise).

After midnight:

- Do not have any food, dairy products, or juice with pulp.
- Drink clear fluids up to 2 hours before your surgery.
You can drink any clear juice (juice that you can see through) and have jello or popsicles.

Exception: If you are asked to come at 6 a.m. stop drinking any clear fluids at 5:30 a.m.

Remember: Some people should not drink at all after midnight. Your nurse will tell you if you need to stop drinking at midnight.



The morning of surgery:

Drink 1 PREcovery® beverage. This drink has special sugars and salts that will give you energy.

When?

- Drink it **2-3 hours before surgery**.
- This is usually the same time that you are asked to arrive at the hospital.
- If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How?

1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water.
2. Add all of the content of the powder pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.

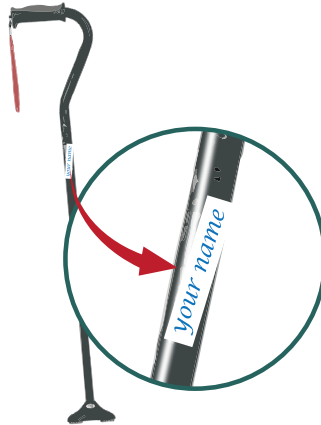


Want to know more about PREcovery®? Follow this link:

www.enmednut.com/products/precovery

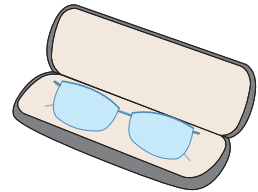
What to bring to the hospital

- This booklet
- Medicare card and hospital card
- List of medications that you take at home (ask your pharmacist to give you one)
- Cane, crutches, or walker labeled with your name



If needed:

- Glasses, contact lenses, hearing aids, and/or dentures with their storage containers labeled with your name.



Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the hospital

Admitting area

Report directly to the Surgical Admission Services D10-124 (D wing, 10th floor, room 124) at the time given.



Your nurse will:

- Give you another package of cleansing wipes to use (see instructions on how to use them)
- Ask you to change into a hospital gown
- Make sure your personal belongings are in a safe place
- Complete a pre-operative checklist with you
- Give you medications before your surgery

In the Operating Room

A patient attendant (orderly) will bring you to the Operating Room. In the Operating Room you will meet your anesthesiologist (the doctor who will freeze you or put you to sleep for surgery) and the other members of the surgical team. You will be asleep and pain-free during your surgery.

At the hospital



Waiting room

Family and friends may wait for you in the waiting room located in D10-117 (D wing, 10th floor, room 117). The space is small so we ask that you limit the number of people coming with you.

The Post-Anesthesia Care Unit (also called the recovery room) nurse will call the family member or friend you have chosen to tell them how you are doing and tell them when they can visit you.

Internet access

There is free WiFi at the hospital.

Connect to:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



Other resources:

Coffee shops – 1st floor Pine Ave. entrance and the 6th floor near the main entrance on Cedar Ave.

Cafeteria - 4th floor- D wing

Small sit down restaurant “The Hospitality Corner” – D6-125, (D wing, 6th floor, room 125)

Bank machines - 1st floor Pine Ave. entrance and 6th floor near the main entrance on Cedar Ave.

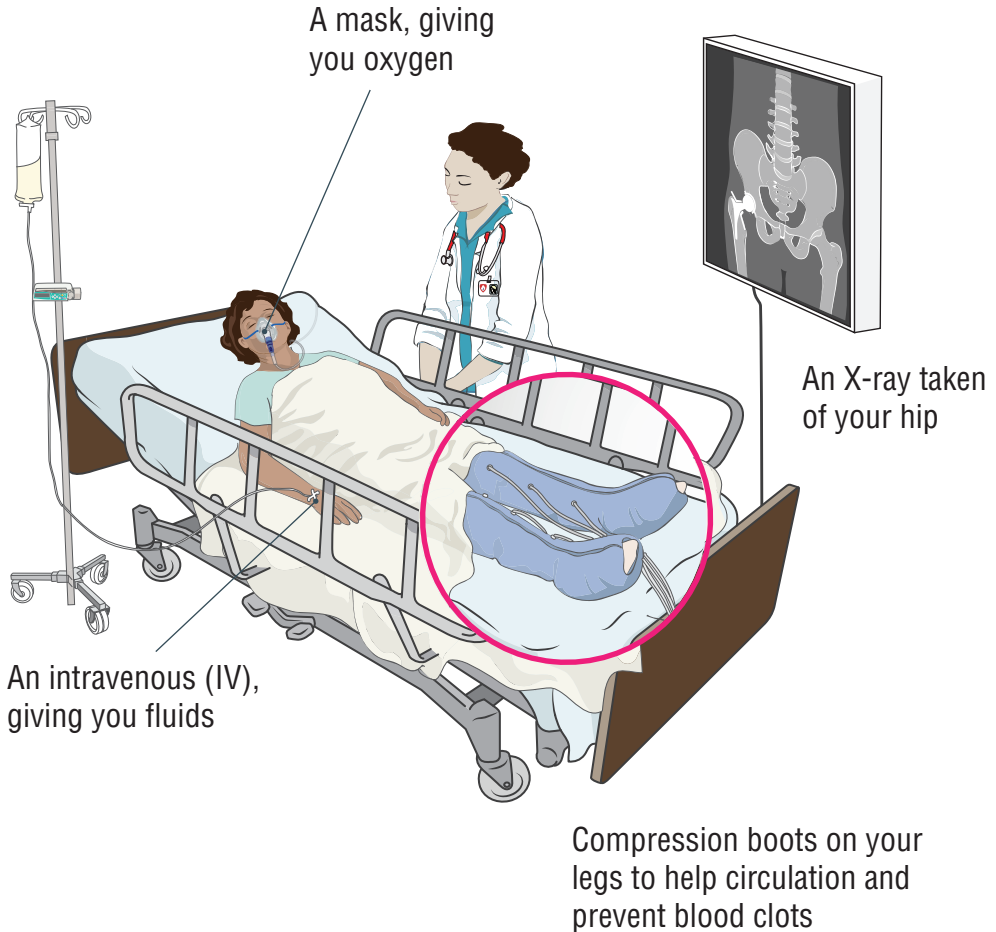
Gift shop - 6th floor near the main entrance D6-145 (D wing, 6th floor, room 145)



Post-Anesthesia Care Unit (PACU)

After your surgery, you will be transferred in the PACU also called the **Recovery Room**. This is an area where patients are watched closely.

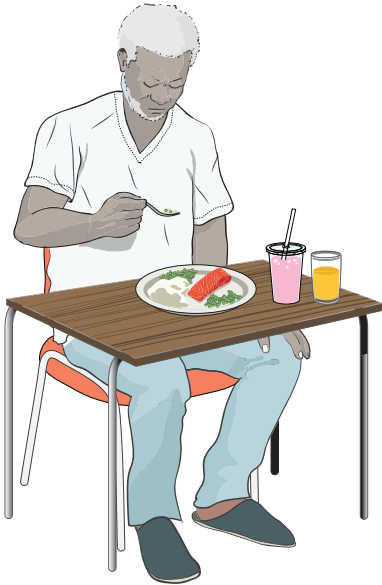
You may have:



Your nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Ask you about your pain
- Make sure you are comfortable

Post-Anesthesia Care Unit (PACU)



In the PACU

- You will receive a meal.
- You will stay in PACU until you are ready to go home.
- The physiotherapist will visit you to practice getting in and out of bed, walking, and going up and down stairs. The physiotherapist will recommend the exercises that are best for you.
- Your anesthesiologist will also visit you before you leave for home.

Before you go home:

- The nurse and the physiotherapist will go through your exercise program and review the discharge instructions with you.
- The nurse will explain how to safely use your pain medication.
- The nurse will review with you and the person accompanying you, the “At home” section of this booklet especially the parts about blood clots, how to take care of your incision (cut), when to bath/shower, drive, and about going back to work.
- The nurse will also show you again how to remove the bandage over your incision called DERMABOND™ PRINEO™ System.

If your surgeon asks you to use a cane, it should be used on the opposite side of the operated leg. This will be explained to you before you leave the hospital. When you leave the hospital, you will be well on your way to recovery and will be able to gradually carry on with your activities.

Don't hesitate to ask us questions, we are here to help you

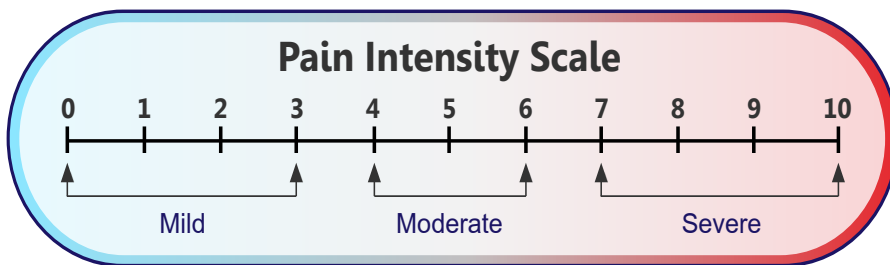
Pain control

It is important to control your pain after surgery because it will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you



We will ask you to describe your pain using a number between 0 and 10.



0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4. You will have some pain but tell us if you have too much pain (over 4/10).

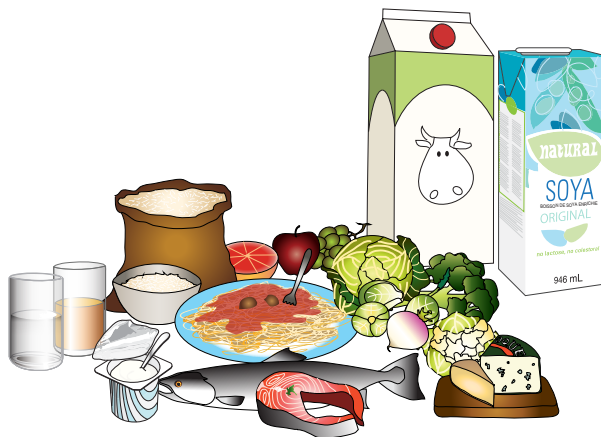
We will adjust your medication to decrease your pain and help you.

Do not wait until the pain gets too bad before telling us.

At home

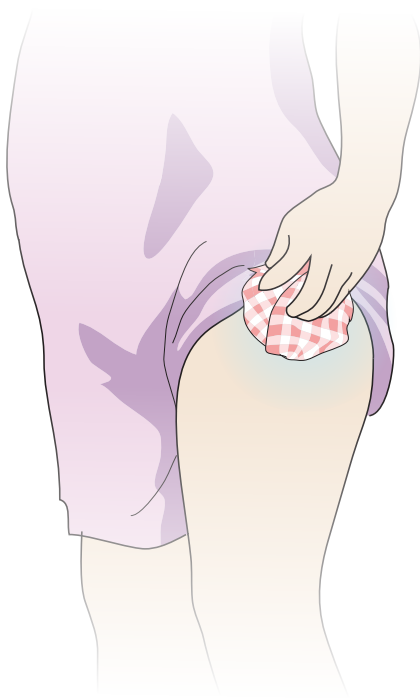
Diet

- You have no new restrictions to your diet.
- Eat anything you want.
- Include foods containing fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication and being less active can cause constipation.



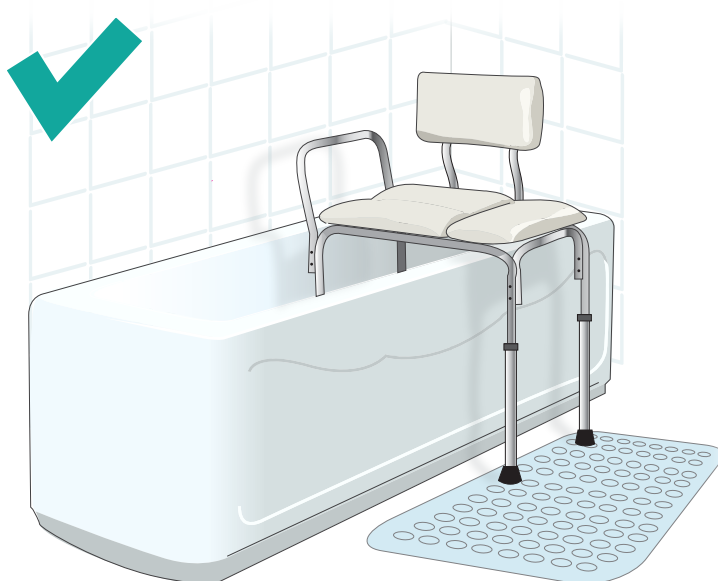
Pain

- Pain should get better with time.
- Try taking the Tylenol® and the anti-inflammatory medication (celecoxib) first to control the pain and add the narcotic (oxycodone) if the pain is not well controlled.
- After each exercise session, if you have pain, apply ice on the operated hip for about 15 minutes to decrease pain and inflammation.
- Put the ice in a plastic bag; wrap the bag with a dry cloth (not directly on the skin). You may put the ice on your hip every 2 hours, as needed.
- If you continue with your exercise program, your pain will decrease. Do not hesitate to take the painkiller prescribed by your surgeon 60 minutes before doing your exercises or at bedtime as needed.



Washing

- Shower with the bandage on as long as it remains sealed and you do not get the incision (cut) wet. Dry the bandage immediately after by gently patting it with a soft towel.
- Keep the incision dry.
- Use an adjustable bath bench to take a shower during your recovery.

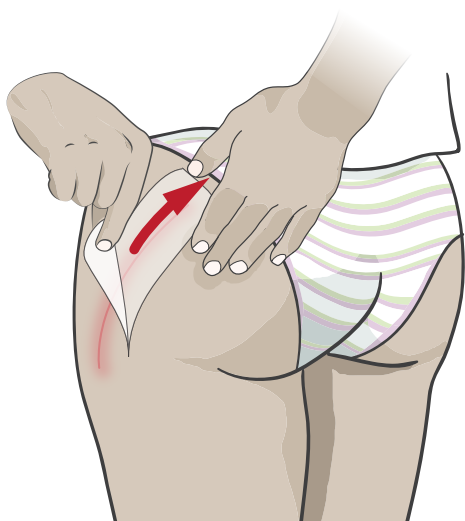


- The bandage covering your cut is transparent and looks like a honeycomb. It can be taken off by simply peeling it off after 7 days. Under this bandage is the DERMABOND™ PRINEO™ system which can also be taken off on the same day (day 7 after your surgery).

Washing

How to take off the DERMABOND™ PRINEO™ system

DERMABOND™ PRINEO™ System is designed to naturally peel off, or it can be taken off by following the instructions below.



1. Gently lift the edge of the DERMABOND™ PRINEO™ System at one end of the incision. If the edge is still stuck to the skin, gently pick at the edge until it begins to peel away from the skin.
2. Slowly peel the DERMABOND™ PRINEO™ System away from the skin along the line of the incision, close to the skin.
3. Do not pull the mesh straight up from the skin. Use the other hand to support the incision as the mesh is peeled off.
4. If needed, petroleum jelly (Vaseline) may be applied to help the removal.
5. Any left-over adhesive and crust around the incision can be gently cleaned from the skin.



Do Not:

- Sit down on the bottom of the tub for at least 12 weeks. Sit on a bath bench instead.
- Scratch, rub, or pick at the DERMABOND™ PRINEO™ System
- Apply ointments, lotions, or liquids to the incision while DERMABOND™ PRINEO™ System is in place. This can make the DERMABOND™ PRINEO™ System come off before the incision is healed.
- Scrub the incision.
- Swim or soak the incision in water.

Exercise program

Walking

- Walking is an excellent exercise.
- You will start walking at the hospital with help from staff. Your endurance will gradually increase. Walk short distances several times a day.
- Use the support of walking aids such as crutches or cane until your leg is stronger. If your surgeon asks you to use a cane, it should be used on the opposite side of the operated leg.

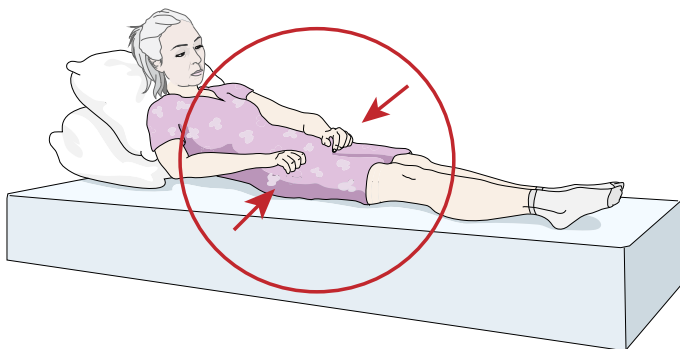


Your exercise program after the surgery

- Follow the physiotherapist's recommendations to help your recovery.
- Do the exercises 3 times a day.
- Repeat each exercise at least 10 times in a row and gradually increase, as you can, the number of repetitions.
- Do the exercises slowly and relax between each exercise.

The physiotherapist will choose the following exercises for you by writing a ✓ in the boxes below.

Exercises lying down



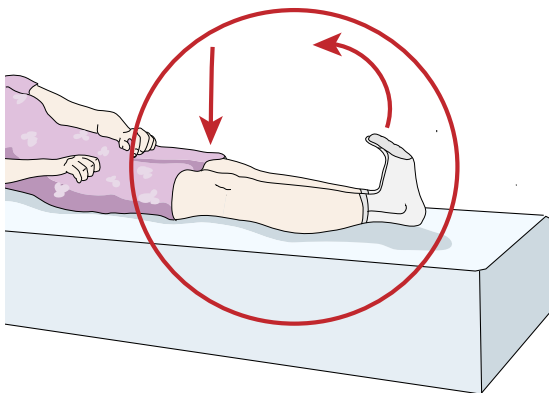
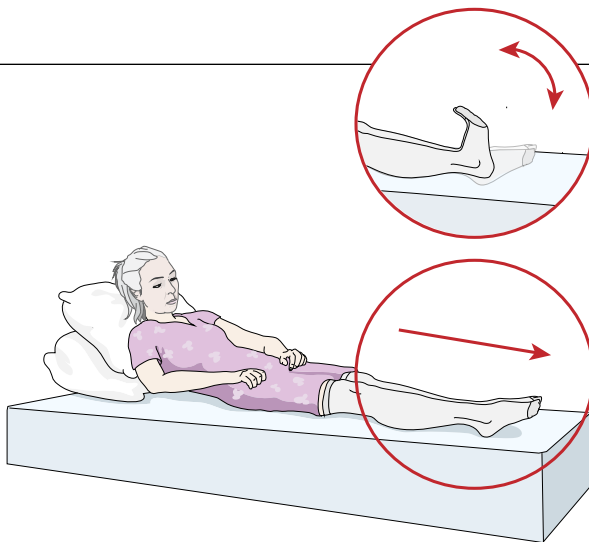
☐ **Contraction of buttocks**

- With your legs straight, squeeze your buttocks together.
- Hold 5 to 10 seconds and then relax.

Exercise program

☐ Ankle pumping

- With your legs straight and without moving them, lift up your toes as much as you can, and then point downwards, as much as you can.

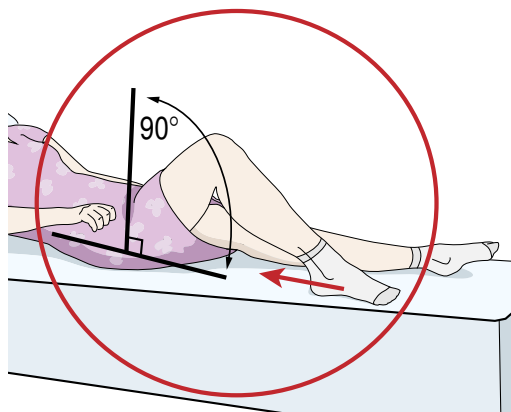


☐ Strengthening of thigh

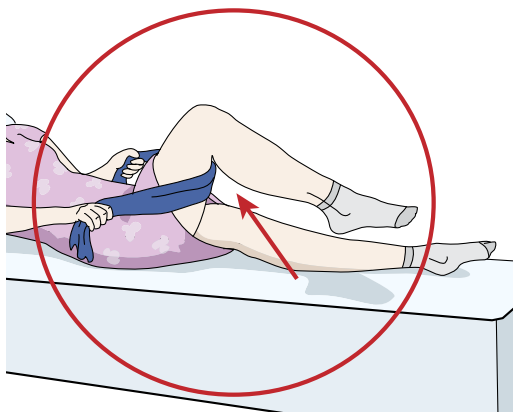
- With both legs straight, bring your toes up toward you and push your knees in the mattress.
- Hold 5-10 seconds and relax.

☐ Hip Flexion

- Slide your heel on the mattress towards your buttocks, bending and keeping your knee straight up.
- Do not bend hip past 90 degrees.
- Hold 5 seconds and return to the start position.



Exercise program

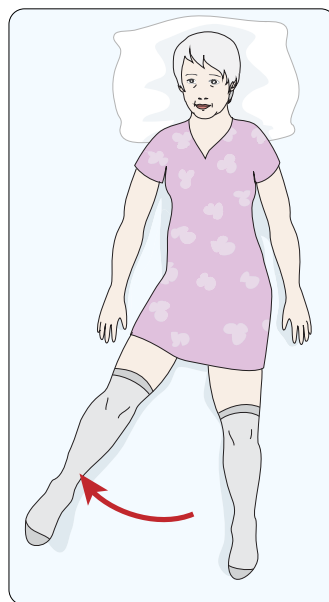
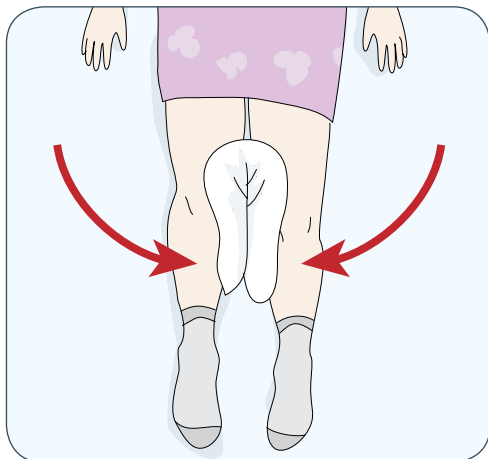


☐ Hip flexion 2

- Bend your hip and knee, lifting the heel off the mattress if possible
- Do not bend your hip past 90 degrees
- Hold the position 5 seconds and return to the start position
- You can use a towel to help if necessary

☐ Abduction

- Do this exercise on a flat and free surface
- With your legs straight and toes pointing up towards the ceiling, spread the operated leg as far as you can on the mattress, without turning your foot
- Put a garbage bag under the leg to make it easier to slide



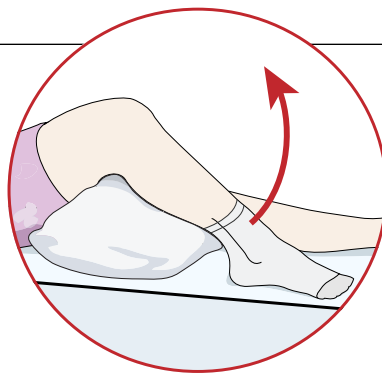
☐ Adduction

- Lie down on your back with a pillow between your knees
- Squeeze the pillow between your knees, keeping the knees straight
- Hold 5 seconds and relax

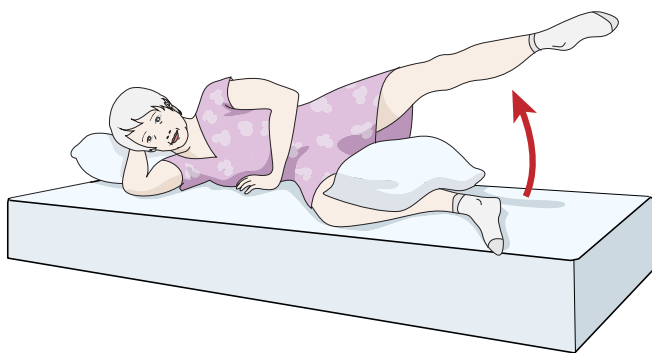
Exercise program

☐ Knee extension

- While lying down, place a rolled up towel under your knee
- Lift your foot and straighten your leg, without lifting your knee off the towel
- Hold 5-10 seconds and put your leg back down



Exercises Lying on Your Side



☐ Abduction

- Lie down on your good side (non-operated side) and keep pillows between your knees
- Bend your good leg toward your chest
- Keep your operated leg straight while you raise it up toward the ceiling.
- Do not rotate your leg
- Hold for 5 seconds and relax



Exercises Standing

☐ Abduction standing up

- Stand with your hands on the back of a chair and keep your knee and foot lined-up
- With your knee straight and keeping your body straight, lift the operated leg sideways
- Return the leg back down slowly

Activities and restrictions

Weight bearing

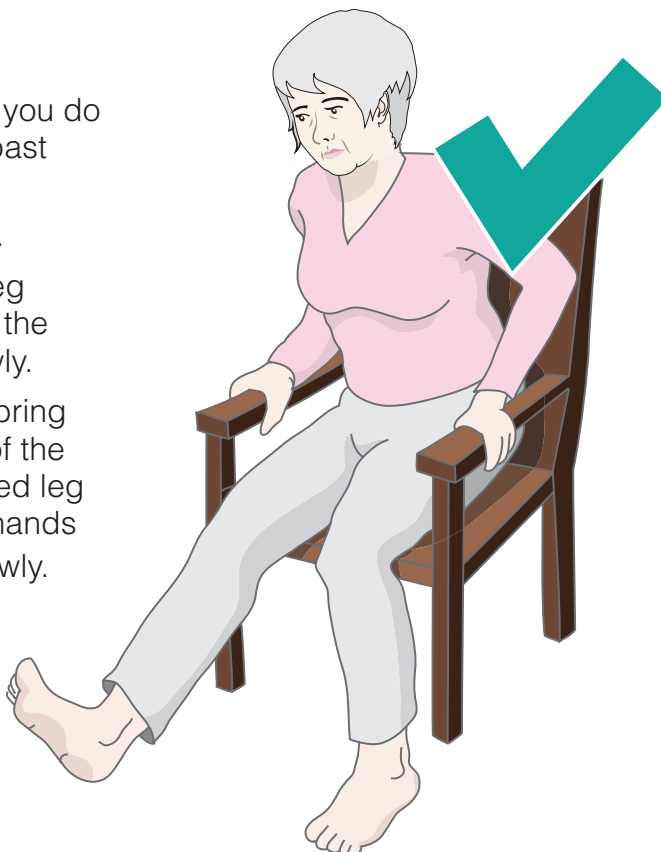
Putting your full weight down on your leg is called weight bearing. The amount of weight you can put on your leg when walking depends on your arthritis and the surgery. You can put the weight you can handle on the operated leg.

Activities that may need to be modified.

Each patient is different and these are based on restrictions you may have.

The sofa

- **AVOID sitting on sofas** so you do not have to bend your hip past 90 degrees.
- Sit on a chair with armrests.
- **To sit:** slide the operated leg forward while holding on to the armrests and go down slowly.
- **To get up from the chair:** bring your buttocks to the edge of the chair and slide your operated leg forward pushing with your hands on the armrests. Get up slowly.



Activities and restrictions

The Bathroom



Use a raised toilet seat.



Do not keep your knees together.



Do not twist your body to reach the toilet paper or to flush.



The stairs

To go up:

1. Put the good leg up first. Then, bring up the operated leg and the crutches or cane.

To go down:

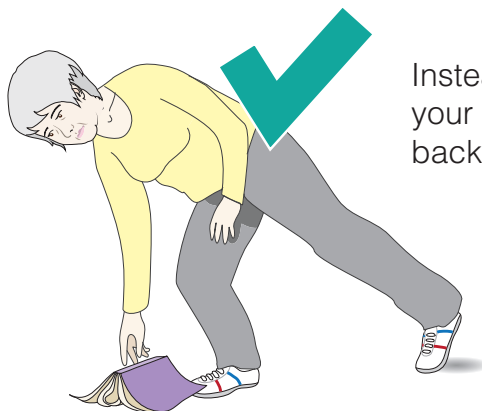
1. Lower the crutches or cane first then lower the operated leg
2. Lower the good leg after.

Activities and restrictions

Picking objects from the floor

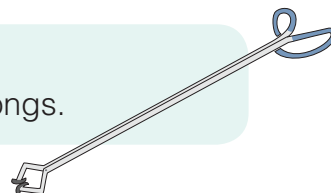


Do not bend.



Instead straighten your operated leg backwards.

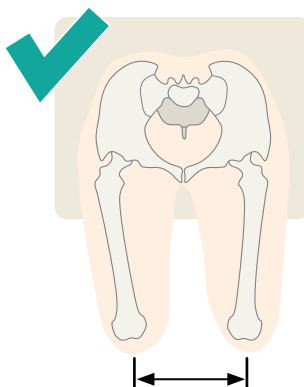
You can also get a clip with a long handle specially made for this or use barbecue tongs.



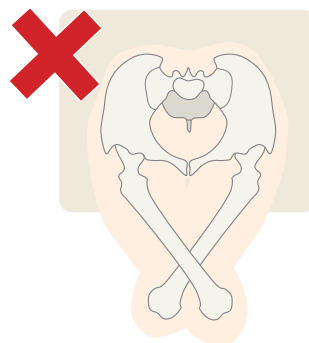
Bringing your knees together (adduction)



For 6 weeks, this restriction applies to people with only certain types of hip arthroplasty surgery.



You must keep your hips slightly apart at all times.



Do not cross your legs. You can cross your ankles.

Activities and restrictions



Sleeping

Sleep on the operated side with a pillow between your legs or on your back



For 6 weeks, this restriction applies to people with only certain types of hip arthroplasty surgery.

Household chores

Use an apron with large pockets, a knapsack or a basket attached to your walker to carry objects.

If possible, put your table close to the kitchen counter for the duration of your recovery.

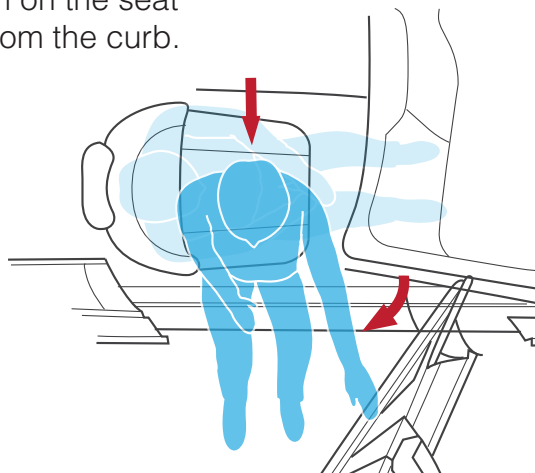
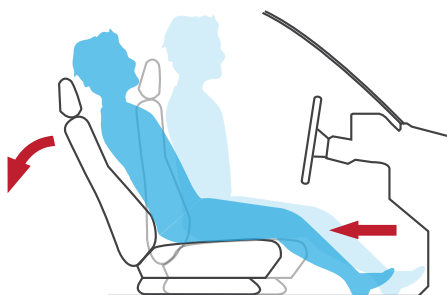


Activities and restrictions

Traveling by car

If you travel by car, stop every hour and walk around to help blood circulation in your legs.

To get in and out of the car, put a cushion on the seat if it is too low. Ask the driver to park far from the curb.



To get into the car:

- The car should be parked far from the curb. (0.6 m or 2 feet)
- The seat should be backed up as far as possible so you can straighten out your leg
- The back of the seat should be tilted back so you can lean back to lift your leg
- Put your back to the seat
- With your hand on the door, sit, keeping your feet on the ground
- Slide as far as you can on the seat
- Rotate both your legs, while leaning back on the seat

To get out of the car, do the reverse.



Dentistry or other surgeries

If you need another surgery or dental work, tell the surgeon or dentist that you have a hip prosthesis. You might need to take an antibiotic to avoid infection.

When to call your surgeon

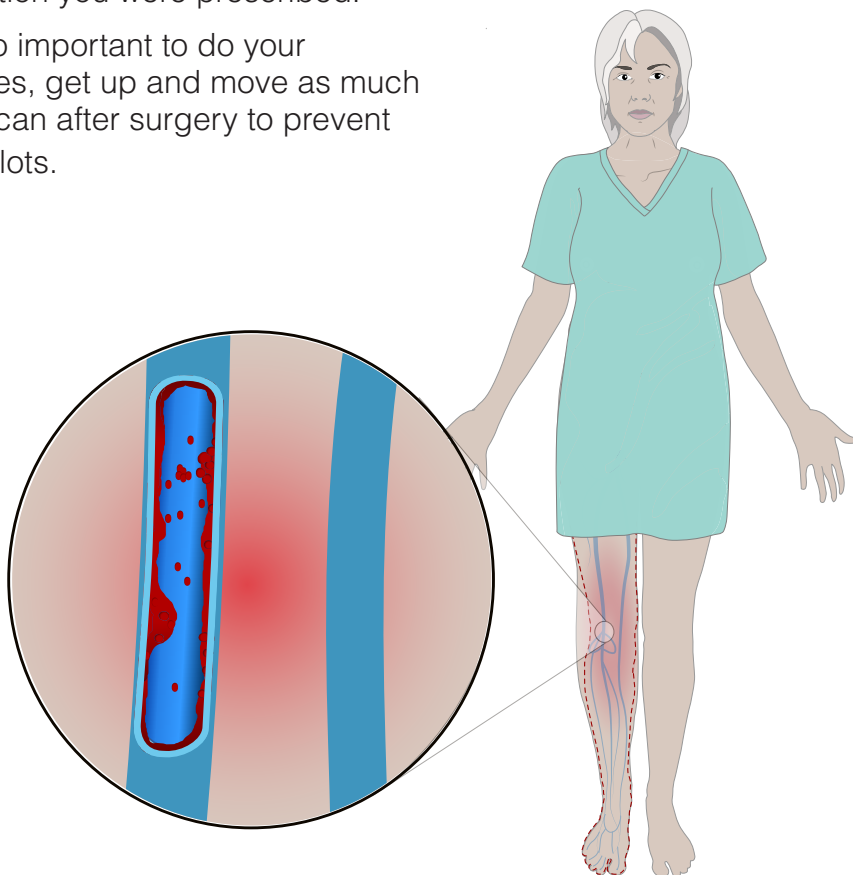
Complications do not happen very often but it is important that you know what is normal and what to look out for.

1. Phlebitis (blood clots)

- After surgery, you have an increased risk of forming blood clots.
- Blood clots can lead to inflammation in your veins (phlebitis), which can sometimes be serious.
- To prevent blood clots, take the medication you were prescribed.
- It is also important to do your exercises, get up and move as much as you can after surgery to prevent blood clots.



Call your surgeon, the nurse from the CLSC or go to the Emergency Room right away if you notice any of these signs in either leg: redness, swelling, warmth or pain.

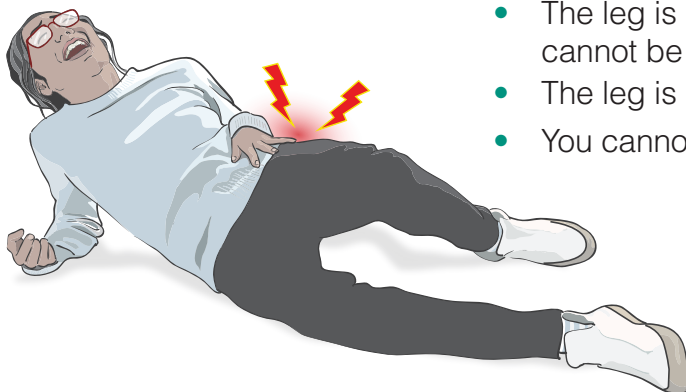


When to call your surgeon

2. Dislocation of your prosthesis

Signs

- Sharp and sudden pain in your hip or groin.
- The leg is extremely turned in or out and cannot be made to go straight.
- The leg is shorter than the other.
- You cannot put weight on the leg.



Prevention

Follow the guidelines about the movements you should avoid (if you have any).

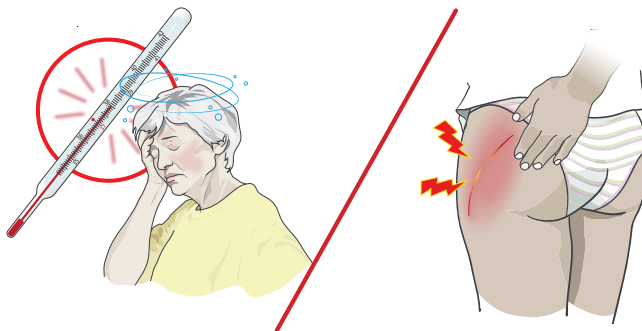


What to do?

Phone your surgeon or come to the Emergency Department of the Montreal General Hospital. An X-ray will be necessary to confirm the dislocation.

3. Infection

If your incision (cut) is painful and red and/or your temperature is above 38°C or 100°F, for 2 days in a row.



What to do?

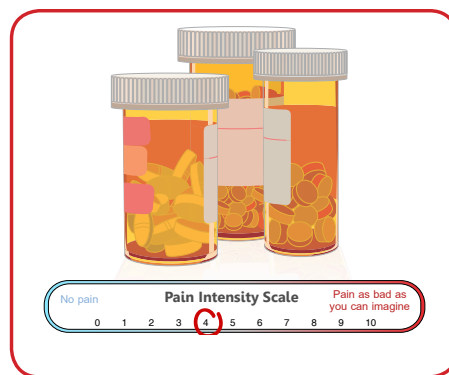
Phone your surgeon or come to the Emergency Department of the Montreal General Hospital.

When to call your surgeon



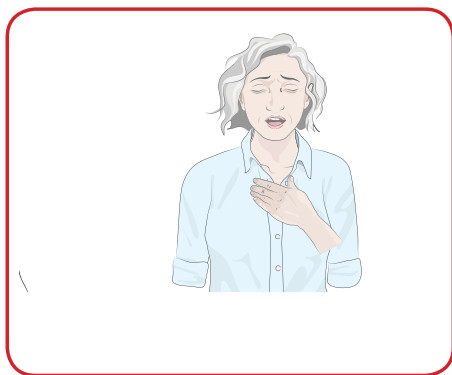
4. Nausea or Vomiting

You cannot drink or keep liquids down.



5. Pain

You have more and your pain medicine does not help.



6. You have trouble breathing.



7. Trouble Urinating

You urinate often, have a burning sensation or pain when you urinate and an intense urge to urinate.



If you cannot reach your surgeon, go to the nearest Emergency Department.



Follow up

Call your surgeon's office to make an appointment about 6 weeks after your surgery.



Frequently asked questions

How long can I sit for?

- You can sit as long as you feel comfortable. (Remember to keep doing your hip exercises.)
- Depending on your surgeon's instructions, make sure your hip does not bend more than 90 degrees after surgery.

Can I travel by plane after my surgery?

- The risk of getting blood clots is high after surgery.
- Do not fly in a plane until you are finished taking your anticoagulant medications.

What kind of physical activity is safe before surgery and also good to continue after your surgery?

- Walking is the best and safest exercise.
- Walking increases flexibility, blood circulation and strength in your hip.
- Swimming or aqua therapy is also a good activity but make sure your hip incision is healed (check with your surgeon or your nurse first).

When can I play sports again?

- Wait for your surgeon's permission before starting to play sports.

Frequently asked questions

When can I have sexual activities?

- You can start having sexual activities as soon as you feel ready.
- Do not forget that you might have some limitations until you recover fully.

How long will my leg be swollen?

- Your leg may be swollen for the first few days after surgery. This is normal.
- You will have less swelling after a few weeks.
- It is normal for your leg to swell if you are standing-up a lot.
- As you walk more in the days and weeks after your surgery, the swelling should become less.
- Overnight, the swelling should get less and your leg should not be very swollen when you wake up in the morning.
- If your leg is swollen in the morning before getting up, call your surgeon.

When can I drive again?

- Narcotics (pain medication) may cause drowsiness. You should not drive while you are taking narcotics to control your pain.
- If it is your left leg that was operated, you can drive an automatic transmission vehicle as soon as you are comfortable.
- If it is your right leg that was operated, it is not safe to drive until you have full control of your leg so that you can move from the gas pedal to the brake quickly. The time this takes can be different for everybody, but usually it is about 2 - 4 weeks.

Resources

CLSC's

CLSC's often have a list of resources to make it easier for you. During their visits ask them about these services if you are having doubts or difficulties.

They will help you find solutions.

They may be able to give you names of resources or services such as:

- Meals on wheels
- Caterers
- Grocery store that delivers
- Maid service
- General help

Websites of interest

Looking for more information on your surgery

For more about anesthesia:

www.cas.ca/english/patient-information

MUHC Libraires – Patient portal:

www.muhclibraries.ca/patients

Parking information:

www.muhc.ca/mgh/handbook/parking-hospital-0



Resources to help you stop smoking

- **Quit line** : 1-866-527-7383 (free) or www.iquitnow.qc.ca
- **Quit Smoking Centers**, ask your CLSC for information
- **The Quebec Lung Association**: 1-888-768-6669 (free) or www.pq.lung.ca
- **Smoking cessation clinic at the MUHC**: send the consultation by fax: 514-934-8488 (requires referral from your doctor)



Parking information

Note that these rates were in effect in May 2018 and could have changed since the printing of this booklet. Please visit the link on page 43 for any updated information.



MINIMUM AND MAXIMUM 24H RATES

0-30 minutes

FREE

4-24 hours

FLAT RATE

\$24

REDUCED PARKING RATE PASSES

AVAILABLE AT THE CUSTOMER SERVICE PARKING OFFICE

WEEKLY PASS

7 DAYS
14 DAYS

\$60
\$85

Unlimited entry and exit at the hospital where the pass was purchased

LONG-TERM PASS

30 DAYS

\$70

Certain conditions apply

FLEXI-PASS

7 VISITS

\$100

1 entry 1 exit per visit
No expiry date

WHERE TO PAY



By debit card or credit card
Visa or MasterCard

**Customer Service
Parking Office**



By credit card Visa or
MasterCard

Barrier gate at exit
(hourly parking only)

CONTACT US



Monday to Friday
8 a.m. to 12 p.m.
1 p.m. to 4 p.m.

Customer Service Parking Office
L6-129
514 934-1934, 43626



If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.

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Notes

Notes

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