

Total hip replacement

Taking care of yourself after the surgery



You've had a hip replacement operation. This health sheet explains what you need to do for a good recovery.

Are there precautions I need to take?

MEDICATIONS

You'll need to take painkillers. These can cause:

- drowsiness
- constipation
- nausea
- vomiting

If you have any side effects, tell your care team. They can give you medications to relieve them.

You'll also need to take a blood thinner (anticoagulant) to prevent blood clots from forming.



WOUNDS AND HYGIENE

Your wound is covered by a bandage. If it's an adhesive bandage (see photo), you can take a shower as soon as you feel steady enough on your legs. **Check that the dressing is watertight.**

If it's another type of dressing, check with a member of your care team or the CLSC.

Your stitches or staples will be removed by the CLSC 10 to 14 days after the operation.



BATH AND POOL

Don't let your wounds soak in water before they have healed. This generally means waiting 2 weeks after the operation.



ATTENTION

You'll need to wait at least 6 weeks before sitting down in the tub.

WALKING

For the hip to heal properly, you need to walk. This also reduces the risk of blood clots. Try to take 10 short walks every day, in steps of equal length.

For the first 2 to 3 weeks after discharge, **always** use a walker or crutches to get around, unless your physiotherapist advises otherwise.

EXERCISES

For a few weeks, you should continue the exercises you began before the operation (see the health sheet [Total hip replacement - Preparing for surgery](#)). They reduce the stiffness caused by swelling. They also help blood circulation and relieve pain.



ACTIVITIES

You'll need special techniques to do your everyday activities safely. You'll find these in the appendix on page 4.

NUTRITION

You bled during the operation, so you need to help your body regain its normal blood volume. Eat foods containing iron (e.g. soy, red meat, lentils) and foods containing vitamin C (e.g. oranges).

Having an operation can cause constipation. If this is your case, the health sheet [Moyens pour combattre la constipation](#) [French only] may be helpful.



What can I do to relieve the pain?

Here are some tips you can try:

- **Take acetaminophen** (e.g. Tylenol) every day for the first few weeks. Take 2 tablets of 500 mg every 6 hours. It's important not to exceed a total of 4,000 mg (8 tablets) per 24 hours.
- **Put ice on your hip.** You can use an ice pack for 20 to 30 minutes every hour, as needed. Put a damp towel between the bag and your skin.

Opioids, such as hydromorphone (Dilaudid), oxycodone (Supeudol) or morphine (Statex), should be taken **only** if the pain is not well controlled by other means.

If you must take them, here's what we recommend: for the first few days, take them regularly, as prescribed. Then, space them out gradually, until you're taking them only when you need them.

For more information, see the health sheet [Opiacés pour soulager la douleur après une opération](#) [French only].



How do I manage pain during the exercises?

Exercise when your pain medication is working best.

If the exercises cause you pain, you can apply cold to your hip before or after for relief.

What symptoms should I watch out for?

If you experience any of the following symptoms, go to the emergency room immediately:

- Sudden shortness of breath
- Chest pain
- Significant bleeding from the wound (large amounts of bright red blood)
- Temperature above 38.5° C (101.3° F) for more than 24 hours
- Loss of consciousness
- Severe dizziness

If you have any of the following symptoms within 60 days after the operation, call 514 890-8086.

- The wound is constantly leaking fluid.
- The skin becomes increasingly red and hot.
- The operated leg is swollen and painful, especially during activity.
- Medication taken regularly doesn't relieve the pain.

This support service is available 7 days a week, 24 hours a day. When calling, be sure to have your health insurance (RAMQ) card on hand.

At any time, you can also call Info-Santé at **8-1-1**.

Who can I contact about my appointments?

To cancel or postpone your follow-up appointment, call the Appointment Centre on weekdays.

☎ 514 890-8051 or 1 855 769-5842 (toll-free)



Who can I contact if I have questions?

For any question about your medications,
contact your pharmacist.

For all other questions, contact the orthopedic follow-up nurse between 8 a.m. and 4 p.m., Monday to Friday.

☎ 514 890-8000, ext. 26207



USEFUL RESOURCES

Other CHUM health fact sheets are available. Ask your care team which fact sheets can help you.



You can also read them online.

chumontreal.qc.ca/fiches-sante



Questions

This image shows a blank sheet of white paper with horizontal grey ruling lines. A vertical grey margin line runs down the left side of the page. The top edge of the paper has a light blue header area. The bottom-left corner of the page features a rounded design element.

The content of this document in no way replaces the advice of your healthcare professional.

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca

Here's how you can safely carry out your everyday activities. These techniques respect the movement restrictions presented in [Total hip replacement - Preparing for surgery](#).

Sitting down

Sit on firm chairs with armrests. Avoid soft, deep, low chairs.



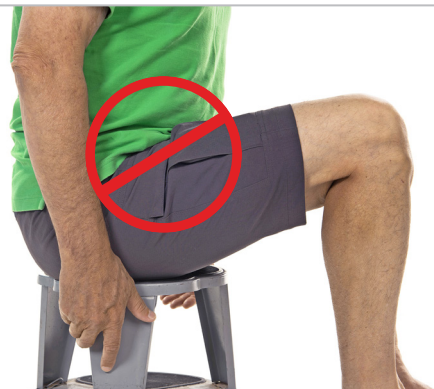
Step back with the walker until you feel the chair or toilet behind your knees.

Place both hands on the armrests or lean on a support bar. Then extend the operated leg out in front of you.



Sit down slowly.

As a general rule, your knees should never be higher than your hips.



Getting back up



Bring your buttocks close to the edge of the chair or toilet seat.

Place the walker in front of you and extend the operated leg.



Stand up slowly, without using momentum, and keeping at least one hand on the armrest. Don't lean only on the walker.

Going to bed

The bed should ideally be at your knee height or higher.



Sit on the edge of the bed as if you were in a chair.

Move as far as possible toward the headboard using your arms.



Support yourself on your elbows and forearms.

Then lift your legs up onto the bed in a single movement. They should be slightly apart.



Lie down slowly.

Sleeping on your back is recommended. However, unless your doctor advises otherwise, you may sleep on your side with a pillow between your legs.

Getting back up



Move closer to the side of the bed where you'll be getting out.



Sit up slowly, using your elbows and forearms.



Pivot on both buttocks, keeping your legs slightly apart.

Picking something up from the floor



When seated, don't lean forward.



Instead, use long-handled tongs.

When standing, use the following technique:



Extend your operated leg backward.

Lean forward while supporting yourself on a stable, solid object.

Using the toilet

Install a raised toilet seat to increase the height (about 5 cm above knee height).



There are two techniques for wiping yourself:



Technique 1: Stand up and turn toward your healthy leg.



Technique 2: Remain seated and shift your weight to the operated side.

Getting into or out of the bathtub



Stand sideways (parallel to the bathtub). Bend the knee of the operated leg to step over the edge of the tub. Support yourself on the grab bars or wall.



Step over the edge of the bathtub with your healthy leg.

Caution: Wait at least 6 weeks before sitting down in the bathtub.

Washing yourself



Use a long-handled brush or sponge to reach your feet.



A telephone shower can also be useful for rinsing yourself off more easily.

If you're not comfortable standing, sit on a bath seat.



Getting dressed

To avoid bending over too much, use tools such as:



Long-handled tongs.



Sock threader.



Long-handled shoehorn.

Put on your clothes starting with the operated leg. Remove pants and underwear starting with the healthy leg.

Tip: choose loose-fitting clothes and thin stockings.

Getting into the car



Move the seat as far back as possible and tilt the backrest backward.



Sit down on the seat keeping your operated leg extended.

Tip: Place a plastic bag on the seat. This will make it easier to slide your buttocks in.



Lie back on the seat and lift both legs into the car at the same time. If you can't do it alone, ask a friend or relative for help. Keep some space between your legs.

Then raise the backrest slightly.

Getting out of the car



Move the seat back as far as possible and tilt the backrest backward.



Lower both legs out of the car at the same time.



Stand up from the seat, keeping your operated leg extended.

Going up stairs

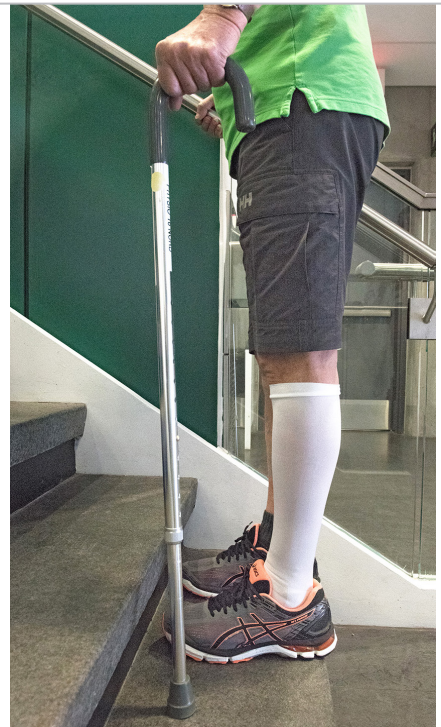
Use a cane and the handrail so that you always have 2 supports.



Stand near the first step.



Place your healthy leg on the step.



Lean on the handrail, then bring up the operated leg and cane.

Do the same for the other steps.

Going down stairs

Use a cane and the handrail so that you always have 2 supports.



Stand near the edge of the stairs.



Lower the cane onto the first step.



Lower the operated leg while leaning on the cane and handrail.



Then lower the healthy leg.
Do the same for the other steps.

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