

Hip Replacements

Being admitted for a hip replacement can be an overwhelming experience. The following information will give you a guide to what you can expect during your stay.

Your individual pathway may vary depending on your surgeon and your physical ability prior to and after surgery.

Pre-admission Clinic

Most Healthscope hospitals offer a pre-admission clinic where you may be asked to attend the hospital prior to your admission date or they will contact you via telephone.

At the clinic they will take your medical history, weight, organise any pre-op blood tests, ECG or x-rays, take your vital signs such as blood pressure, pulse, oxygen saturation etc.

If you receive a pre-op call rather than visit to the hospital your necessary pre-op tests will be attended to on admission.

The pre-admission staff will provide you with education on what to expect during your stay and you should take this opportunity to ask lots of questions.

Night before Surgery

Follow your anaesthetist's instructions about when to stop eating and drinking and ensure you take medications only as directed by your surgeon and anaesthetist.

Day of Surgery

You will generally be admitted to the hospital on the day of surgery. Depending on the hospital you will be shown to your room or pre-op area. The nurse will take your vital signs and you will be weighed. The operation site will be clipped of hair, pre-op shower attended, any jewellery which cannot be removed will be taped, you will be given a hospital gown to wear and have hospital name tags applied.

If you haven't previously met with your anaesthetist you will have a consult prior to going into surgery, then when the surgeon is ready you will be transferred to theatre for your operation.

When you wake up you will be in the recovery ward until you are well enough to return to your hospital room.

Initially you will have an oxygen mask and IV fluids in place. You may also feel tightening on your lower legs – this will be compression sleeves which assist with circulation and reduce the risk of deep vein thrombosis (DVT). You may also have a wound drain in place at the operation site.

Do not attempt to get out of bed if you feel the need to go to the toilet press your call bell. The nursing staff will assist you.

Any new and your usual medications will be administered as prescribed by the surgeon.

Initially you will only be allowed sips of water and ice chips. After a number of hours you may progress to clear fluids such as jelly, apple juice or clear soup.

Day 1

The surgeon will visit you and review your wound and discuss how the operation went.

Your wound drain will be reviewed by the surgeon and will likely be removed.

The nurse will continue to take your vital signs, usually every four hours.

Assuming you have bowel sounds and are passing wind you may be offered drinks and food as you are able to tolerate them. If you are feeling nauseous tell the nurse and they can provide you with something to help relieve this.

A Physiotherapist will visit you and will start deep breathing and coughing exercises and get you out of bed. You may start doing short walks with the aid of a frame.

It is important to remember not to cross your legs, roll onto your side, twist the operated leg or bend greater than 90 degrees as you may dislocate your hip.

Day 2

The surgeon will visit you and review your progress.

The nurse will continue to take your vital signs usually four hourly or four times a day.

You will be assisted to the shower by the nursing staff.

The Physiotherapist will visit you and continue your deep breathing and coughing exercises, limb exercises and get you out of bed for short periods of time. Short walks will also continue as tolerated with the aid of a frame.

Your diet will now be as tolerated by you.

Day 3, 4 and 5

The surgeon will visit you and review your progress. If necessary the surgeon may discuss the need for a transfer to a rehabilitation program.

The nurse will continue to take your vital signs usually four times a day.

Nursing staff will continue to assist you with getting to the shower and assisting as necessary.

The Physiotherapist will visit you and continue your deep breathing and coughing exercises, limb exercises and get you out of bed now for extended periods of time. Walks will start to increase in length as tolerated and you may progress to a smaller frame or crutch.

Discharge

Your surgeon and your physical condition post-surgery will determine your destination on discharge.

Some patients will be transferred to overnight rehabilitation programs and others will be discharged home and attend day rehabilitation programs or be referred to private physiotherapy.

If you require any specialised equipment for your discharge home this can be organised with the help of the discharge planner or ward nursing staff.