



Hip Replacement

ORTHOPAEDIC UNIT
SYDNEY ADVENTIST HOSPITAL



SYDNEY
ADVENTIST
HOSPITAL

The Sydney Adventist Hospital logo represents our heritage and our future. The logo is in the form of a cross, made up of three stylised symbols: the serpent on the pole, symbolising healing; the book, representing the story of God's care recorded in the Bible; and the flame, representing the Spirit of God.

Taken together these symbols represent the activity of God in the world. His generosity toward vulnerable people restores them to physical and mental health, and places them in a community of compassionate people, who support each other. God's example inspires us to reach out to others in the same way. The book is open, the flame is alight, the serpent is spiralling, representing our welcome to you to join us in our mission of seeking wholeness, and the richness of life.



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WELCOME TO THE SAN

During your stay, you will meet our team of doctors, nurses, physiotherapists, wardsmen and other health professionals who will care for you in a way that is unique to Sydney Adventist Hospital.

We provide a wholistic approach caring for your physical, spiritual, mental and emotional well being. Our aim is to make you comfortable and provide nutritious, healthy food for you to enjoy. We want you to be confident in our state-of-the-art medical technology and the skills and experience of our staff.

We understand that you may have reservations about your operation and we encourage you to ask questions, and talk to your carers to be reassured that you are in the best of hands. The back of this booklet is reserved for you to write down any questions and concerns you may have before, during or after your procedure. These should be directed to the doctor or the nurses looking after you.

This booklet provides you with information about your hip replacement designed to make your stay as smooth as possible and help you achieve your goals. Please take time to read it as part of preparing for your joint replacement procedure.

We encourage you to provide comments about your stay by completing the feedback form which is found in your room. We trust your stay is comfortable and that we are able to demonstrate our commitment to your care.



ABOUT YOUR TOTAL HIP REPLACEMENT SURGERY

INTRODUCTION

Coming to Hospital for surgery means that both you and your doctor have decided that an artificial hip replacement is appropriate for you at this time.

A total hip replacement is a common orthopaedic procedure. The hip is a “ball and socket” type joint, which connects the upper end of the femur (thigh bone) to the pelvis. The joint surfaces of the bones are covered with smooth cartilage to allow easy movement.

The cartilage can be worn away through arthritis and/or injury. This can cause pain and stiffness in the joint. A hip replacement should provide pain relief and improve mobility.

Your recovery will progress in stages. When your pain is controlled, you are medically stable and reach an appropriate level of mobility you will then be ready for discharge. Please remember that all patients are different and will recover at varying rates. Ideally, it is best you are discharged directly home with appropriate supports and safety equipment in place, but if it is deemed necessary, you may need to be transferred directly to a rehabilitation (rehab) hospital (see Planning for Your Discharge, page 21).

THE OPERATION

The surgical procedure may take anywhere between two to three hours. Metal implants are secured to the **femur** and the **pelvis**. Movement occurs in the bearing between these two components. Plastic (high density polyethylene), ceramic or metal can be used for the new bearing. The new bearing material should last several years, depending on your level of activity.

The surgeon will close the incision using either metal clips or dissolvable sutures. A small plastic tube will drain excess fluid from the hip for about 24 - 48 hours post operatively.

BEFORE A REPLACEMENT

About one to two weeks before your operation you are likely to attend our Pre Admission Clinic so that preparations can be made for surgery. Hospital staff will explain everything carefully and thoroughly. The process will not proceed until you provide consent which should be signed by your doctor after an explanation of the procedure.

POSSIBLE COMPLICATIONS OF HIP REPLACEMENTS

Orthopaedic surgeons are experienced and skillful in this procedure and complications are rare, nonetheless it is major surgery and therefore it is not without risk.

Your doctor will discuss these risks with you and any preventative measures that are employed.

Read about minimising the risk of blood clots on page 15. To minimise the risk of blood clots, you may wear elasticised compression stockings and receive injections of blood thinning heparin. To minimise the risk of infection, antibiotics are administered through intravenous infusion for 24 - 48 hours.

BEFORE COMING TO HOSPITAL

PRE-PLANNING

Before undergoing the procedure, your surgeon must be sure that you are in good condition and he/she may find it necessary for you to be reviewed by a physician. This is especially important if you have any pre-existing or underlying conditions that could alter your progress.

It is likely that your surgeon will record a baseline of information to enable him/her to monitor your progress

WHAT TO BRING TO HOSPITAL

Please bring this booklet to Hospital with you as it will assist in your progress and may answer some of your questions.

Also consider bringing the following items:

- Toiletries
- Sleepwear, dressing gown and slippers
- Comfortable clothing including normal 'day' clothing if going on to a rehabilitation facility
- Small amount of change for newspapers and other small purchases
- All medications you are presently taking (in their original containers). These must be given to nursing staff to be administered during your stay. They will be returned on discharge
- Current pelvic and chest X-rays
- A watch and/or a battery operated clock
- Crutches if you have them
- Swimming costume for aquatic physiotherapy
- A book and / or something else to read or do
- Moisturising cream
- A positive mental attitude

WHAT NOT TO BRING

- Valuables and excessive amounts of cash
- Mobile telephones

Please note: Sydney Adventist Hospital does not accept liability for lost or damaged personal items or valuables. We encourage you to leave your valuable items at home.

All electrical items brought into the hospital will be sent to the maintenance department for checking prior to use. Please inform ward staff.

after surgery and during rehabilitation. Your doctor may measure:

- Current pain levels
- Functional abilities
- Any presence of swelling
- The available movement and strength of each hip

After surgery, you should expect these things to improve.

PLANNING FOR YOUR ADMISSION

Please refer to your Pre Admission Booklet to determine where to go on arriving at the hospital. If you did not visit the Pre-Admission Clinic, a staff member will explain the hospital routine on your admission. Staff will answer any queries you may have. Please inform staff if you are over 6 feet tall (184cm) as you will require a bed extension.

PLANNING FOR YOUR DISCHARGE

Before you are admitted into hospital it is important to consider what assistance you may need when you return home. You will require considerable rest and support for about the first week if you plan to go directly home. You should therefore consider things such as meal preparation, house keeping, special equipment etc. Sydney Adventist Hospital employs a Case Manager who will discuss and help you organise any support you may require. You can contact the Orthopaedic Case Manager on (02) 9487 9057. You should refer to the 'Planning for Your Discharge' on page 21 of this booklet for more detailed information

Discharge time is between 8.30am & 10.00am which allows us to prepare for the next admission. If you are unable to leave by that time, please notify the Nursing Unit Manager who will make any necessary arrangements. If you have to wait for someone, you can relax in the lounge room on your ward. If you are being transferred to a rehabilitation facility, transport will be arranged for you. To assist in smooth



transfer, please be sure to pack personal belongings, including any valuables that were locked away, the night before transfer. If assessed as requiring transfer to a rehabilitation facility, it is a good idea to arrange a relative or friend to bring your normal day clothes to the rehabilitation facility, including easy fitting clothes to exercise in.

PREPARING FOR SURGERY

We ask you that you assist in preparing for surgery by removing all jewellery, nail polish and false fingernails. If your surgery is scheduled for the morning we ask that you fast from food and fluids from midnight. For afternoon surgery, fasting is normally required from 8am. Day of admission staff will confirm times with you the night prior to your admission. Diabetic patients will need to confirm their medications with their anaesthetist.



WHILE IN HOSPITAL

BEFORE SURGERY

Depending on circumstances, you may be admitted a day before surgery or on the day of surgery.

The preparation routine will include:

- Taking a shower at home. Using a special antiseptic sponge supplied in pre admission clinic, you will need to shower both night before, and morning of surgery prior to admission.
- Administering suppositories to clear your bowels (night before surgery)
- Clipping the hairs of your leg will be done in hospital.
- Applying special skin preparation (Betadine). An allergy check will be done beforehand.
- Giving you a mild sedative for relaxation (approximately 30 minutes prior to the operation)

The wardsman will transfer you to the theatre where you will be met by staff who will take you to the operating room. If you require anything at all, please call your nurse.

RECOVERING AFTER SURGERY

After surgery you will be admitted to the Recovery Ward. This area is specially designated so that nursing staff can monitor your progress and recovery immediately following your surgery. Afterwards, a wardsman will transport you to your room on the orthopaedic ward. It is important to note that although we make every endeavour to accommodate your room preference, we can in no way guarantee a private room before or upon admission. In-ward upgrades will be made as soon as possible.

Most people feel tired and lethargic, even discouraged and irritable following surgery. The best thing to do is rest. It is advisable you see only a few visitors until you feel stronger. The Hospital has support services such as chaplains and social workers. Should you feel the need to utilise either of

VISITING HOURS

*The Orthopaedic ward
visiting times are:*

*Between 11.00am
and 8.00pm. Note that
visitors may be asked
to leave the room for
important treatments
such as physio or
personal nursing care.*



these services, please let the staff know or contact them directly [See back cover for contact details].

When you return from theatre you will have some tubes connected to you. These will be found:

- In your arm for intravenous (IV) fluids
- In your bladder (catheter) connected to a bag to drain away your urine so you need not get out of bed.
- Coming from your wound to drain away any excess fluid.

In approximately two days nurses will remove most of the tubes. Monitoring of your observations and leg will continue throughout your stay, becoming less frequent after the first 48 hours. Other observations, however will continue every 4 hours until discharge unless specified by your doctor.

MANAGING YOUR PAIN

Pain medication plays an important role in your postoperative stay. The aim of regular pain relief is to reduce pain around the new hip joint, so as to make exercising and walking more comfortable. The earlier you can commence exercise and take short but frequent walks, the faster your recovery. It is important to discuss pain medication with your nurse and doctor, and to maintain a regular dose throughout the whole day. You will be expected to perform exercises and walk not only during physiotherapy but also at other times of the day. You may have a degree of discomfort around the hip, however, you should not have uncontrolled pain. Please advise staff if you have any concerns.

When you wake up in bed, you may have a tube in your arm connected to a machine for pain relief. The pain relief comes via the Patient Controlled Analgesic (PCA). You would have been shown how to operate this before surgery. In short, you control the medication to relieve pain, as you need. As an alternative method of pain control, your

doctor may have prescribed pain relief tablets to be taken regularly. Your nurse will offer these to you regularly for the first 24-48 hours. After this time, you may request pain medication as you need it.

If you have had a PCA, this will be removed after one to two days and pain relief medication in the form of tablets will be offered. Whether or not you have had a PCA machine, it is highly recommended that you ask for regular pain relief, as this will assist you in performing your physiotherapy at an optimal level and prevents unnecessary pain. In order for nurses to give you adequate pain relief, it is extremely important that you tell the staff when you have pain. To assist in keeping your pain under control your nurse will ask you regularly in the hours following surgery to 'score your pain'. A number is used to describe the amount of pain you have. The numbers range from 0 to 10. Zero means no pain, and 10 the worst pain imaginable.

Remember, nurses are very aware that the operation you have had can be a painful experience. It is unrealistic to expect to be totally pain free. However, it is your responsibility to inform staff as to the effectiveness of the pain relief that you have been given.

The advantages of having adequate pain relief are:

- Your pain levels are controlled, enabling you to function and perform your exercises effectively.
- It will speed up your recovery.
- You are comfortable and it improves your ability to rest.





YOUR DIET

To begin with, you may have little appetite and be nauseous, however, your appetite should return within a few days. If required, the nurses can give you medication for nausea.

If there is no nausea and you feel comfortable, (usually within two days) you can eat normally and choose your meals from the menus provided. If requested a dietitian can visit you as soon as you commence onto an As Desired diet. They can provide advice on menu items as well as any special dietary requirements you may have. Please mention to them if you are diabetic or have other special needs. If required, the dietitian will complete a full assessment of your nutritional status and organise appropriate meals and supplements during your stay. You can also order meals for family members at an additional cost. Please feel free to ask your dietitian any questions regarding food or other dietary advice.

It is important to have a diet high in roughage to maintain regular bowel movement, especially in the first few weeks when you are not very active. Optimal nutritional status will assist in increasing your recovery, hence, speeding up your return to a healthy and productive life.

YOUR HYGIENE

As you will not be very mobile for one or two days, nurses will wash you in bed. The first few times you shower, a staff member will assist you until you are able to do so independently. If you feel you require further assistance please ask. When you are restricted to bed, please remember that most of your normal activities are also restricted to bed, so regularly cleaning your hands is of utmost importance, especially after toileting and before eating as this minimizes the risk of spreading infection. There are special hand wipes on your bedside console that are ideal for this purpose.

For the first two days post operatively you will need nurses to help with back care. They will change your position and rub your back regularly throughout the day and night for the first 24 hours.

When it is appropriate, nurses will encourage you to be as independent as possible for all your needs. As some painkillers can cause constipation, regular bowel movements are important and the nurses can give you medication if needed. Please let your nurse know if you are having difficulty. Bowel movements require muscle strain that can be painful as well as uncomfortable. Please let staff know if the medication is not effective or if you have any further problems or concerns.

YOUR EXERCISE PROGRAM

The physiotherapist will commence your exercise program the first day following surgery. These exercises will be familiar to you as you will have practised them at home. Initially they comprise of breathing and lower leg exercises. Your physiotherapist will have explained these thoroughly in Pre Admission Clinic and will guide you each day. Nursing staff will also encourage you to perform these exercises at other times through the day. Staff are happy to answer any questions you or your family have about the exercise program.

Commencing walking soon after surgery hastens an early recovery and minimises the risk of blood clots. The Physiotherapist will initially assist you out of bed to begin your walking program and will recommend walks with nursing staff at other times to increase your confidence and help you to become more independent in your mobility.

You will be encouraged to sit out of bed for short periods on a regular basis to provide a change of position for your hip and lower leg joints. You will also be encouraged to sit out of bed for meals.

In these early days, you will practice with a walking frame progressing to crutches and soon take responsibility for all your personal hygiene needs.

Your physiotherapist may organise aquatic physiotherapy for you whilst you are at Sydney Adventist Hospital. Here you will perform gentle exercise and walking practice supported in our ozone treated heated pool located on Level 3. In order to perform the exercise and walking program more comfortably and effectively, pain relief is an essential component of your hospital stay. It is advisable to take your pain medication regularly through the day as guided by your nurse and doctor, and it is important to have this prior to physiotherapy and aquatic physiotherapy .

The physiotherapist will give you a range of exercises to suit your unique requirements which nursing staff will encourage including:

- Deep breathing and coughing exercises to assist the return of normal lung function after anaesthetic
- Ankle exercises to improve lower limb circulation and help minimise the risk of blood clots
- Leg exercises to help increase hip range of motion and strength
- Gait retraining on your crutches or frame to assist in performing everyday tasks, including climbing stairs.'

Please remember all patients are different and therefore will recover at varying rates.

MINIMISING THE RISK OF BLOOD CLOTS

Partial immobility during your hospitalisation places you at risk of developing a blood clot. Your level of risk will depend on a number of factors including your age, type of surgery, previous illnesses and past history.

WHAT IS A BLOOD CLOT?

Blood clots can form in your legs (DVT) or lungs (PE) with the partial immobility associated with your orthopaedic surgery. Your surgeon is aware of this risk and will be taking measures to prevent such an event.

WHAT CAN YOU DO?

- You might wish to visit your GP to discuss your risk of blood clots and what can be done
- Talk to your surgeon about your risk and what will be needed before, during and after surgery
- Maintaining an optimal level of activity prior to your surgery. Activity level will be different for everyone but staying active will be important prior to your admission.
- Maintain adequate fluid intake. In the days leading up to your surgery you should be careful to avoid dehydration. Drinking adequate amount of fluids prior to your 'Nil Orally' stage before surgery will be important in minimising the risk of blood clots.

WHILE IN HOSPITAL

You will be asked to wear white elastic anti-embolic stockings that help maintain your circulation and minimise blood clot formation. It is important to keep these compression stockings on to gain maximum benefit in clot reduction.

During your immediate post operative period you may also

have plastic inflatable sleeves wrapped around your lower legs that further aid circulation. These sleeves are often ceased after 48 hours when you are up and walking.

Your surgeon may prescribe low dose blood thinners while in hospital. These may take the form of injections or tablets.

You will be asked to wiggle your toes and move your feet frequently while in bed and be expected to get out of bed soon after surgery. Early mobilisation is shown to be most effective in minimising the risk of blood clots. Physiotherapy will help you with this and you will be encouraged to be out of bed at least twice daily.

Avoid prolonged sitting or lying in bed.

ON DISCHARGE

You may be asked to wear your anti-embolic stocking for up to 6 weeks after returning home.

Your surgeon may also wish that you remain on a low dose blood thinner for a prescribed amount of time after discharge. Be sure to discuss this with your surgeon and your nurse before discharge.

What to watch for

You should notify your doctor immediately if you have any of the following;

- Unusual pain or swelling in your legs or calf
- Pain in your lungs or chest
- Difficulty breathing.

PREVENTING PRESSURE ULCERS

WHAT IS A PRESSURE ULCER?

A pressure ulcer (also known as a pressure sore or bed sore) is an area of skin that has been damaged due to unrelieved pressure. Pressure ulcers may look minor, such as redness on the skin, but they can hide more damage under the skin surface.

'Preventing Pressure Ulcers' is used with permission from Victorian Quality Council, department of human services. 2004

WHERE ARE THEY FOUND ON THE BODY?

Pressure ulcers usually occur over bony areas – especially heels, buttocks and toes.

WHO GETS PRESSURE ULCERS?

Anyone confined to bed or a chair, who is unable to move, has loss of sensation, loss of bowel or bladder control, poor nutrition or is unwell is at risk of getting a pressure ulcer.

WHAT CAN YOU DO?

1 Move, move, move.

The best thing you can do is relieve the pressure by keeping active, and changing your position frequently, whether you are lying in bed or sitting in a chair. If you are unable to move yourself, the staff will help to change your position regularly. Special equipment such as air mattresses, cushions and booties may be used to reduce the pressure in particular places.

2. Look after your skin

Keep your skin and bedding dry. Let staff know if your clothes or bedding are damp. Tell staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin. Avoid massaging your skin over bony parts of the body. Use a mild soap and moisturize dry skin.

3. Eat a balanced diet

Want to know more? Ask your nurse or healthcare professional.



YOUR TEAM OF CARERS

NURSES

Your nurse is there to ensure your stay in Hospital is as comfortable and stress free as possible. The nurse's main role is to help you recover from surgery and assist your progression to a level where you are ready to move to the rehabilitation phase of your program. They will assist the physiotherapist in seeing you are as independent as possible, with the use of walking aids. This is achieved by providing encouragement, education, and helping you when necessary. The nurse also aims to prevent any complications, which may arise from surgery, such as wound infections blood clots and pressure sores. The nurse works closely with other health professionals to help you achieve your goals and ensure your care continues over a 24-hour period. There are three types of nurses you will see on the ward.

1. Registered nurse

Registered nurses have completed three-years training through a college or university. Responsibilities include providing nursing care, assessing patient health and develop plans for nursing care that are outcome orientated and encourage you and your family to become as involved as possible. They will ensure that all medication is correctly given, as well as keeping your doctor and physiotherapist informed of your progress. If any complications arise your doctor will be contacted.

2. Enrolled nurse/Endorsed Enrolled Nurse

Enrolled nurses have completed a training course of 12 months. Their role is very similar to that of the registered nurse in that they liaise closely with the doctor and physiotherapist in planning your recovery. They are under the direction of the registered nurse regarding daily tasks including medication assessment and provision of nursing care.

3. Assistants in nursing

These are student nurses who are currently undertaking training. They assist both the registered nurse and enrolled nurse in a wide range of daily tasks.

Please do not hesitate to ask your nurse if you have any questions regarding your hospitalisation and recovery.

NURSING UNIT MANAGER (NUM)

The nursing unit manager or charge nurse is the person in charge of the ward and the daily running of the ward and nursing staff. Their responsibilities cover a wide range of areas from everything to do with your care through to the financial management of the ward. If you have any concerns with any part of your stay or care, the NUM is the person to speak with. They will oversee your stay in conjunction with the Case Manager, to ensure your time with us flows as smoothly as possible.

CASE MANAGER

Your Case Manager is an integral member of the health care team who understands the issues surrounding your operation. Working in conjunction with the NUM, they will oversee your program and ensure that it runs smoothly, your set goals are achieved, and that you and your family are kept fully informed of your progress. Particular focus is on facilitating your discharge, and if returning directly home, will ensure you return in a timely manner with the assistance that you need. They will ask your home circumstances and refer you to community agencies for any additional assistance you may require once at home, for example - housework, delivered meals, safety equipment.

PHYSIOTHERAPIST

Physiotherapists work with patients to identify and improve their movement and function by examining their overall medical history and administering treatment promoting



Please call
San Physiotherapy
on (02) 9487
9350 to arrange
an appointment.

strength, flexibility, mobility, balance, coordination, breathing and other motor skills. A physiotherapist will meet you in the Pre Admission Clinic and complete a full assessment. During post operative stages, they will devise and review treatment programs comprising of movement, therapeutic exercise and aquatic therapy. Physiotherapists also provide advice on special precautions and how to avoid injury.

SOCIAL WORKER

Social Workers can provide support and counselling for you and your family by discussing any concerns that you might have, especially when bereavement, anxiety or relationship problems can affect your progress through hospitalisation and rehabilitation. The social worker can also assist with any special community needs you may have after discharge. If you feel it would be beneficial to see the social worker, please ask your nurse to arrange a visit for you.

CHAPLAIN

The Hospital Chaplains are available to assist you and your family through stressful times. If you want a quiet chat or have a specific spiritual request, please ask your nurse to arrange a visit from one of our chaplains. They can also provide counselling or arrange a visit from a minister of your own faith, if you prefer

SUPPORT STAFF

Wardsmen, hospitality, kitchen staff and laundry staff all form the support staff team. These are the people who ensure the Hospital functions as it should. From cleaning your room, through to washing your sheets, preparing and distributing your food, they are an essential part of the team who are there to care for you during your stay with us.

PLANNING FOR YOUR DISCHARGE

It is important to recognise that you have just undergone major surgery and you'll need to be assessed as to the recommended setting upon your discharge. This assessment will determine whether it is appropriate for you to either return directly home independently, or as a suitable candidate for a rehabilitation (rehab) program which is provided at a separate facility as either an inpatient or day program setting. You'll be initially assessed by the orthopaedic case manager in the Pre Admission Clinic and followed up on the ward post operatively by physiotherapist, who'll recommend the most appropriate discharge plan following your acute recovery stage.

Three Options are as follows:

Going Home

Transfer to inpatient Rehab

Discharge home with rehab Day Program

GOING HOME...

In order to return directly home it is essential you are independent and safe whilst using crutches. You'll need to be able to get in/out of bed, chairs and attend to your own personal care activities. Maintaining a maximum level of function often requires that your home contain necessary equipment to assist you, especially in the bathroom, to ensure your safety and well being. It is best to already have equipment such as shower chairs or other aids already in place before being admitted, in preparation for going home. Ask the case manager for information on where to hire or buy equipment if you don't already have access. It's also highly advisable that someone else is home for added support and assistance, should it be required. The critical element to planning your discharge

BEFORE YOU LEAVE

Before you leave you should receive the following:

- *A doctor's discharge summary for your GP.*
- *A summary from nursing staff concerning your medications and how to care for your wound. You can buy painkillers at any chemist as you need them and your GP may prescribe sedatives if needed.*
- *Information from the physiotherapist about your exercises.*
- *Copies of your X-rays and scans if appropriate.*
- *Any referrals you may need.*
- *The ward's telephone number in case you have queries.*

home from hospital is organising for adequate supports and equipment to be available on your return. Following are some important factors to consider:

SUPPORT NETWORK

If you live alone or have limited support, will need assistance to manage when you leave hospital. It is a good idea to have a family member come and stay or consider assistance from friends, neighbours or church group. If you live in a retirement village, check what supports are available to you.

CARERS

If you live with a partner or family, they may require assistance while you are in hospital and when you return home. Please phone our social work department on 9487 9660 well before coming into hospital if you require assistance in arranging this support.

HOUSEKEEPING

Private agencies can assist with housekeepers for periods from one hour up to twenty-four hours, and on variable days. If you currently receive help from a 'Home Care' agency, remember that they may not be able to increase your current level of support. Discuss your possible needs with them before coming to hospital. If you think you may need these services, check your local newspaper classifieds, otherwise your case manager can provide you with a useful list of home help agencies.

FOOD

It is important to maintain good fluid intake and increase the roughage in your diet until you return to full activity. Initially you still may require a mild laxative. If you think you may be unable to prepare meals when you go home, you need to consider cooking in advance and freezing this food, having a friend or relative assist with meal preparation, or buying frozen meals. Alternatively, there are private meal delivery services or Meals on Wheels.

SHOPPING

If you are unable to go shopping during your recovery period, there are some alternatives for you. Your local council may run a shopping service, some supermarkets offer home delivery and some may provide a phone order and delivery service. There are also grocery-shopping sites on the Internet that will deliver to your door.

MOBILITY AND HYGIENE

The environment in and around your home can make it difficult for you to manage. eg. stairs or a difficult bathroom layout. If you plan on going directly home following hip replacement surgery, you should be able to walk independently with crutches or walker, transfer yourself in and out of bed, and on and off the toilet. It is important you continue to put the correct amount of weight on your operated leg as guided by your surgeon, and continue to use your walking aid until advised by your surgeon. You should also be able to perform your exercises with minimal, if any, assistance. Your bathroom will need special equipment such as a raised toilet seat, shower chair and possibly rubber mats to ensure stability, safety and well-being. This equipment can be found in any large pharmacy. Alternatively, your case manager can provide you with a list of suppliers that can deliver equipment for you to hire or purchase, to your door.

At all times, you must be careful to balance activity and rest. You should avoid sitting on low chairs and crossing your legs. Obtain your doctor's permission regarding driving, working, and any restricted activities/sports.

Ongoing physiotherapy and aquatic physiotherapy visits as an outpatient are beneficial in assisting you to regain optimal strength, movement and return to normal function. Speak to your physiotherapist or call San Physiotherapy on 9487 9350 to arrange any appointments required.

YOUR MEDICATIONS & X-RAYS

Before leaving hospital, staff will organise any new medications, including prescription painkillers, for you to take home. You may also be required to administer sub-cutaneous Clexane (anti-coagulant) for a short period post discharge. Nursing staff will provide you with a special kit and instruct you on how to administer this medication. By the end of the day with the extra activities you may find your hip sore, so use some pain relief to help you be more comfortable for sleep. Also, don't forget to take home your x-rays.

YOUR GENERAL PRACTITIONER

It is advisable you visit your GP within the first few days of your discharge from hospital. Discuss with him/her your arrangements at home, particularly exercising, sleeping and general well-being.

YOUR SURGEON

Most surgeons expect to see you three to six weeks after you leave hospital. You should make an appointment to see them before your discharge or soon after you return home.

YOUR WOUND

Your wound will be covered with a waterproof plastic dressing that allows you to bathe and attend aquatic physiotherapy without concern. It is important to take close regular inspection of your surgical wound site for a few weeks after leaving hospital. Your wound should appear clean, dry, and well approximated with no swelling or discoloration. Should you notice a change in any of these signs (i.e. red-ness, swelling, wound ooze, pain) contact your GP or surgeon as soon as possible. Different surgeons use different techniques to close your wound from dissolvable sutures to staples. Staples need to be removed 10-14 days post surgery, so check with nursing staff before your discharge as to whether you'll need to make a follow up appointment with your doctor to remove them.

Once your wound has healed you will no longer need it to be dressed, and you can continue bathing and aquatic physiotherapy without it.

TRANSFER TO INPATIENT REHAB...

Inpatient rehabilitation is suitable for patients who have a functional disability or need the support of a medical facility and nursing care. Here you will be taught how to gain maximum independence and ensure you can perform daily tasks safely prior to returning home. If your home requires any adaptations or safety equipment to facilitate your return, staff at the rehab centre can arrange these for you to hire or purchase. Additionally, staff have links to various community agencies should you require further assistance with any activities of daily living. At the rehab centre you will meet specialist rehab doctors who will monitor your progress, and physiotherapists who will supervise your exercise, walking and aquatic physiotherapy program.

Spending time in rehab helps you concentrate on gaining strength, confidence and independence with your new hip. The length of time needed in rehab varies depending on your condition, age and general health. Generally, the program is between 7 and 14 days or until you reach the required level of independence. The San has its own transport vehicle for local facilities, otherwise a NSW Ambulance transport vehicle will transfer you. These are booked the day prior to you leaving to arrive and collect you on your day of transfer, but depending on their schedule can sometimes arrive in the afternoon. If this occurs, it is possible your bed needs to be reallocated to provide for incoming post-operative patients, so you may be asked to relax in our lounge room. We thank you for cooperation and patience.

If you know you'll require inpatient rehab, then we ask that you consider at least two facilities, just in case beds are unavailable at your first rehab preference. Every effort will be made to accommodate your first preference, but occasionally due to the limited number of beds at rehab, your first preference may not be available when required

so alternative arrangements need to be made for a bed at a second rehab preference.

Rehab programs are very similar in all facilities and differ mainly in location. The most common private rehab facilities used by the San are as follows:

- Lady Davidson Hospital
434 Bobbin Head Road, North Turrumurra NSW 2074.
Ph: 9488 0111
- Mt Wilga Rehab
2 Manor Road, Hornsby NSW 2077. Ph: 9847 5000
- Westmead Rehab Centre
7 Coleman Street, Merrylands NSW 2160. Ph: 88 333 555
(Please note: that if you are with MBF, coverage for Westmead is about 10 days before a co-payment is required)
- Hunters Hill Rehab
9 Mount Street, Hunters Hill NSW. Ph: 8876 9300

It is highly recommended that before admission to the San, you confirm with your health fund your eligibility for rehab, to avoid unexpected gap payments.

It is also a good idea to visit your preferred facilities prior to admission to the San by simply phoning and scheduling an appointment to do so. Please remember that you will be shown services, rooms and treatment areas. No beds can be booked at this time as this can only be done after admission to the San.

REHAB DAY PROGRAM

As an alternate to in-patient rehab, most Doctors are happy for you to attend one of the many Day Programs offered by the local rehab facilities following your discharge home from the San. This option is suitable for patients who have established rehabilitation needs but don't need the support of inpatient medical or nursing care. Day program rehab allows you to attend a rehab facility 2 or 3 times per week on an out-patient basis, and creates an individually tailored rehabilitation program with the goal of optimising your level of independence and functional recovery. It is normally covered by most major health funds and you'll enjoy access to all therapies the facility offers. These may include gym, aquatic physiotherapy, occupational therapy and physiotherapy. The orthopaedic case manager will make the referral and the rehab facility will perform a fund check to make sure you are covered, and then phone you at home to arrange your initial appointment.

FREQUENTLY ASKED QUESTIONS

1. IS IT NORMAL TO HAVE 'DOWN' DAYS?

Yes it is. Most people experience periods of depression that come and go, in other words they are temporary. If they persist you can discuss them with your family, perhaps a close friend, and with your doctor.

Talking about 'feeling down' is a common way to deal with these depressions. By acknowledging and talking about them, we usually shift the gloom and get on with our lives. It seldom works to ignore them. Keep in mind that you have had major surgery and feeling down is a normal reaction.

2. HOW LONG UNTIL I REGAIN NORMAL FUNCTION IN MY HIP?

The time will vary from individual to individual, and may be dependant upon your previous level of activity, age, and any other co-existing health problems you may have. Continuing a comprehensive regime of exercises either on land, or in the aquatic physiotherapy pool, is a very important way of assisting your recovery. Your physiotherapist can guide you with types and frequency of exercise. People often continue their program for many months.

Your physiotherapist can guide you with the types and frequency of exercise and also advise you when it is suitable for you to upgrade your program. Progression can be made (once assessed suitable) to aquatic physiotherapy fitness, classes, or other forms of long term exercise programs.

Your age may also be a factor in your progress. Returning to work may be a motivating factor and you may be more disciplined to exercise and progress. In any event, you will progress as quickly as suits you.

3. WHAT ABOUT SEX?

Resumption of normal sexual activity is usually possible, although minor modifications may be necessary, such as initially taking a passive role, to avoid excessive force or bending of the operated hip.

As always, its is best to consult with your doctor about what's safe for your particular condition. Please ask if sexual activity can be resumed and which position(s) are the safest.

4. WHEN WILL I BE ABLE TO DRIVE MY CAR?

Again, this will vary with each patient. In every case, consult your doctor because you could seriously set back your progress if you drive too soon. It usually takes between six and eight weeks to regain appropriately safe power and coordination in your operated leg to utilize the foot controls.

5. WHEN CAN I RETURN TO WORK?

This will depend on the work you do and your progress. You should discuss your requirements with your doctors and heed their advice. With a new hip it may take longer for someone driving a truck than someone who works in an office. It is important not to overdo it when commencing new activities. Always keep in mind the balance of rest and activity as well as the maintenance of your exercise program.

6. HOW LONG MUST I WEAR ANTI-THROMBOLYTIC STOCKINGS?

Anti-thrombolytic stockings should be worn for about 6 weeks post surgery to help prevent clots. It is a good idea to wash them at least every 2nd day and put them back on as soon as dry. Some people buy two pairs so there is no delay to the amount time they are off.

7. HOW LONG DO I HAVE TO USE CRUTCHES?

Normally you will need to use crutches for between 6-8 weeks, depending on your progress. Although you will be putting weight through your leg, you will need the crutches for additional balance and support while you grow accustomed to your new joint.

8. AM I GUARANTEED A PRIVATE ROOM IF REQUESTED BEFORE ADMISSION OR TRANSFER TO REHAB?

Whilst every effort will be made to accommodate your preference, we unfortunately cannot guarantee private rooms will be available either here or any facility you may be transferred to. They also cannot be booked in advance, even if you are fully covered for one by your health fund. If you are under Workers Compensation or Department of Veterans Affairs, it is standard that you are covered for shared room accommodation only, unless you pay a daily fee. Please check with San admissions department (Ph: 9487 9900), or Veterans Affairs the amount to be paid.

9. DO I HAVE TO PAY FOR REHAB?

If you are a member of a private health fund or DVA and are sent directly to a private rehab facility, it is normally seen as the one episode of care from admission to the San to discharge from rehab. If, however, you choose to go home first only then to realize you needed rehab after all, then you will not be covered and will need to pay and arrange it yourself through your GP. Upon receiving a referral from the San, rehab facilities will perform a 'fund check' to make sure you are in fact eligible to be transferred into their program. The same applies to patients under Workers Compensation, as they will also need approval from their insurer for rehab. Overseas visitor insurance or fund members with basic coverage only are typically not covered for rehab. Whilst in the San, physiotherapists will see you on a daily basis and they will recommend what you should do.

FOLLOW UP APPOINTMENTS

SPECIALIST

Dr

Phone.....

Date/Time

GP

Dr

Phone.....

Date/Time

PREADMISSION CHECKLIST

It has been explained to me:

- Pain Control (pages 10–11)
- Mobility (pages 13–14)
- General nursing care
- Discharge options
 - Intended destination _____
 - Estimated discharge date _____
 - Brochure supplied _____
- NUM & Case Manager contact details given

SYDNEY ADVENTIST HOSPITAL

FOR YOUR INFORMATION

Orthopaedic Ward:	9487 9053
Orthopaedic Case Manager:	9487 9057
Pre Admission Clinic (PAC):	9487 9115
Emergency Care:	9487 9000
San Physiotherapy:	9487 9350
San Hydrotherapy:	9487 9350
Chaplain:	9487 9289
Social Worker:	9487 9660
Wound Clinic:	9487 9785



SYDNEY
ADVENTIST
HOSPITAL

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Website: www.sah.org.au