



Hôpital général juif
Jewish General Hospital

INFORMATION BOOKLET FOR PATIENTS AND FAMILIES

ORTHOPEDIC SURGERY

TOTAL HIP REPLACEMENT

The orthopedic health care team has designed this booklet to help you through your hospital experience. Your feedback about your hospital stay is important to us and it helps us to improve the care we provide to best meet your needs. To individualize your care, please inform any member of the team about anything that you feel is important.



Jewish General Hospital
3755 Côte St-Catherine Road
Montreal, Quebec H3T 1E2
Orthopedic unit: (514) 340-8222, ext. 5811
Orthopedic Clinic: (514) 340-8222, ext. 3342

IMPORTANT- PLEASE READ CAREFULLY

This information should not be considered medical advice. It is not to be used in place of a visit with a doctor, nurse or other healthcare professional. If you have questions about your individual medical situation, please consult with your healthcare professional.



If you notice any differences between the content of This booklet and your Doctor's instructions, follow your Doctor's instructions.

Developed by: L. Lee NEC Surgery

Consultants: A. Benedek, RN; C. Delorme BScN, L. Gillespie, PhT.; E. Ciarlelli, Head Nurse Orthopedic Unit; Z. Aoude PDt.; G. Rosberger, OT; S. Roy BScN; Dr. D. Zukor.

Edited by: H. Mietkiewicz

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INTRODUCTION

Who are we?

- On each shift you are assigned a Nurse. A Charge Nurse supervises the unit. If you have a problem during the evening or night shift and are unable to resolve it with your Nurse/Charge Nurse, you may ask to speak to the Nursing Coordinator for the hospital. During the day shift, the Head Nurse and Charge Nurse are responsible for the unit and may be reached through the Unit Agent or your Nurse.
- Physicians/Residents will visit you before 7:30 a.m. and on a regular basis. If you have any questions, your Nurse can relay the message to a Resident or staff Physician.
- Orderlies and Nursing Aides will be assisting with your daily care activities.
- A Physiotherapist will visit you between 9:00 a.m. and 3:00 p.m. on weekdays to evaluate you and teach you exercises that you can do both with the therapist and on your own. He/she will teach you how to start walking again with an appropriate walking aid, such as a walker, crutches or cane. The Physiotherapist will also teach you about movements and positions to avoid during the recovery period after your surgery. You are encouraged to get out of bed, sit in your chair and walk with your Nurse or Nurse's Aide, and when you are strong enough, with your family members.
- Occupational Therapists are available to help you adapt to your new restrictions at home.
- Dietitians are available to optimize your nutritional needs.
- Social Workers are available to help you find more community support if needed.
- Students (nursing, physiotherapy and medical)

The Orthopedic Clinic consists of Nurses, Orderlies, Administrative support staff and Doctors. This is where you will have follow-up appointments after your surgery.

Hospital stays can be short, because it is better to recover at home. You tend to eat, sleep and heal better at home. Hip replacement is major surgery that requires hard work on your part. The role of the healthcare team is to get you moving and back to your daily activities safely and comfortably, as soon as possible.

BEFORE YOUR SURGERY



Give up smoking for as long as possible before surgery (6 weeks is ideal). Smoking makes it harder for your wounds to heal and it can increase your risk of getting pneumonia after your surgery. If you need help to stop smoking, you can call the JGH Cancer Prevention Centre's Be Smoke -Free program at (514) 340-8222, extension 3870.

- You will be phoned by the hospital's Admitting Office several weeks before surgery to schedule appointments for a physical exam, blood tests, chest x-ray and an ECG (electrocardiogram). You will be given two special chlorhexidine soap sponges that you would need for your showers to be taken the day before surgery.
- It is very important to inform your Doctor if you are taking Aspirin, Coumadin, Plavix or any other blood-thinning medications. Your Doctor will tell you if you should stop taking any of these medications before surgery. Do not stop taking these medications without medical advice.
- You may receive a visit from the CLSC Nurse or staff at your home about one week before your surgery. The Nurse will help you make your home safer for you after you return from surgery.

There are a number of things you can do in advance to prepare your home for when you return after surgery. Consider the following:

- Prepare some meals and freeze them, or buy frozen meals or canned food (choose low sodium). Lack of help to prepare food is

not a reason to go to a rehabilitation center. Please prepare accordingly.

- You will not be able to carry hot foods or drinks while walking with a walking aid. Therefore, it is a good idea to keep a hot drink handy in a thermos on your table.
- Arrange for someone to help with groceries, cooking, laundry and house-cleaning for at least the first two weeks after your return home.
- Install shower equipment such as grab bars, a rubber mat in the bathtub, and a mat with rubber back for the bathroom floor.
- Minimize the clutter in your home and remove all small rugs to reduce the risk of tripping.
- If your home has more than one level, set up a living space on one level. Keep in mind the distance from this space to the kitchen and washrooms.
- Make sure there are no loose items, such as electrical cords, on the floor.
- Make sure there is enough space between items of furniture to allow you to walk with a walking aid.
- Keep a cell phone or portable phone nearby to avoid rushing to answer the phone.
- Leave frequently used items on the counter so you don't have to reach up or bend down.
- Arrange for the care of any dependent people or pets that will be at home while you are in the hospital.
- Add extra-firm cushions to low chairs for your return home. Sit in chairs with armrests to help you stand up or sit down. Do not sit in low, soft chairs or couches, because they are difficult to get into and out of, and they put more strain on your joints.

- Arrange for your transportation home. Make sure there is enough space to get into the car safely and sit comfortably. Always sit in the front passenger seat so you have space for your legs.

Consider buying the some of the following equipment to make movement easier for you when you return home after surgery. You can buy these items at medical supply stores.

Long-handled reacher	
Long-handled shoe horn	
Sock aid	

Long-handled bath sponge



Raised toilet seats with arms.
Determine whether your CLSC will provide you with one.



Walker. Determine whether your CLSC will provide you with one. A walker with a basket may help you carry various items.



Commode



Hand-held shower hose



Side rail to help you get out of bed



Transfer bench



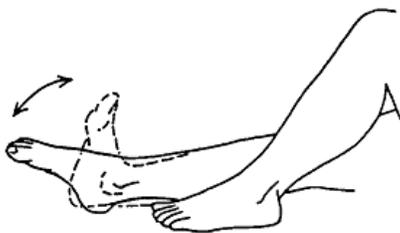
Slippers, running shoes or flat rubber-soled shoes with a back. Velcro or laced footwear in a bigger size may be easier to wear if your foot swells after surgery. Elastic shoelaces maybe helpful.

Medical supply stores

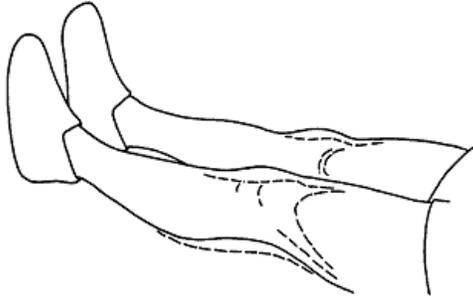
Slawners 5713 Chemin de la Côte-des-Neiges, Montreal, Quebec H3S 1Y7 514-731-3378	JE Hanger 5300, Chemin de la Côte-des-Neiges Suite 200 Montreal, Quebec H3T 1Y3 514-489-3433
Wil+Aide Medical Inc. 318 Rue St-Jacques Lachine, Quebec 514-363-0856	Ortho Concept 1850 Le Corbusier, 2nd floor Laval, Québec H7S 2K1 450-973-6700

Physiotherapy

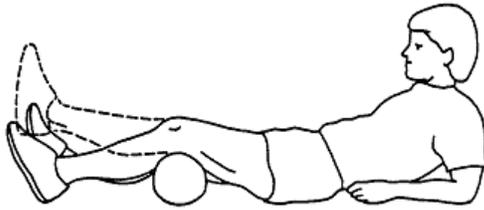
Start these exercises before surgery to increase the mobility and strength of your leg. Most people are able to perform these movements. **If the exercises make your symptoms worse, stop. After your surgery you will be seen by the Physiotherapist and he/she will prescribe exercises specific to your condition.**



Point your toes downward, then upward, in a slow steady motion. Repeat 10 times each hour with both ankles. This increases range of motion and circulation.



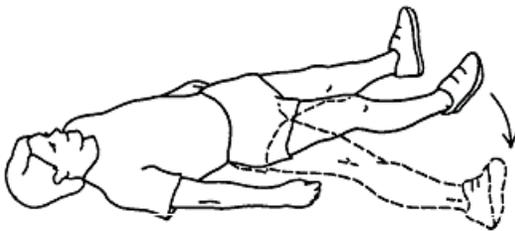
Tighten the muscles on the front of your thigh by pressing the back of your knee flat against the bed. Look for a visible contraction, especially on the inside of the thigh by the knee. Hold for 5 seconds and release. Repeat 10 times, 3 times per day.



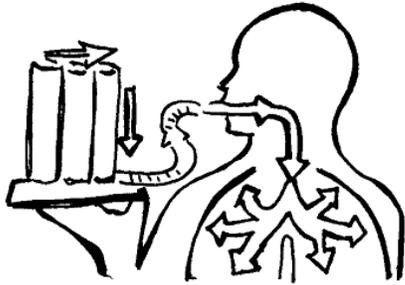
Lie on your back with a rolled towel under your knee. Straighten your knee (still supported by the roll) and hold 5 seconds. Slowly return to the starting position. Repeat 10 times, 3 times per day.

While lying on your back, tighten your buttock muscles. Hold tightly for 5 seconds. Repeat 10 times, 3 times per day

Slowly bend your hip and knee, sliding the heel along the bed. Hold for 5 seconds, then slowly lower your leg to the starting position. Repeat 10 times, 3 times per day.



Lie on your back, with your knees straight and your toes pointing upward. Now slowly move your leg out to the side as far as possible, then return to the starting position. Be sure to leave yourself enough room. Repeat 10 times, 3 times per day



Breathing exercises will help keep your lungs clear after surgery. You will be given an inspiriometer after surgery. Exhale normally, then seal your lips tightly around the mouthpiece and inhale deeply.

Raise the ball and hold it at the top of the chamber for as long as possible. Remove from your mouth and exhale normally. Repeat 10 times each hour.

Granado MJ; Richman S (2012 Jan 27); Hip joint arthroplasty. CINAHL Rehabilitation Guide, (clinical review) Retrieved 2013-02-25 from <http://web.ebscohost.com/rrc/pdf?vid=5&sid=07d3029e-7fa3-499d-b99c-1ac46eb05d0a%40sessionmgr11&hid=12>

These exercises may be started before the surgery. The exercises you will do after the surgery will differ depending on the exact surgical procedure. The Physiotherapist will prescribe exercises that are appropriate for you.

THE DAY BEFORE SURGERY

A hospital staff member will phone you and remind you how to prepare for surgery and what time to come into the hospital.

What should I bring with me to the hospital?

- A good pair of lace-up or velcro-tightened shoes with a rubber sole
- Toiletries such as toothbrush, toothpaste, anti-perspirant and denture case
- An inexpensive walkman/MP3 player for entertainment (optional)
- This information booklet
- Bathrobe
- DO NOT bring your own walker. A walker will be loaned to you for use while you are in the hospital.

- DO NOT bring your own medication, except if asked to do so. Bring an updated list of your medication from your pharmacy.



DO NOT BRING ANYTHING EASILY STOLEN OR VALUABLE, such as jewelry, large amounts of cash, laptop computer.

Can I eat tonight?

You are allowed to eat supper the night before surgery. DO NOT eat or drink anything after midnight. DO NOT drink alcohol.

How do I prepare for surgery?

Take a shower with the special antibacterial soap, chlorhexidine gluconate (CHG) 4%. This will be given to you by the preadmission clinic. Follow the instructions carefully.

THE DAY OF SURGERY

Take your medications, as previously instructed by your Doctor.

Should I take another shower in the morning?

Before leaving home and as close as possible to your operating time, take another shower with the special CHG soap. Follow the pre-operative shower instructions that you received.

Where should I go when I get to the hospital?

On your arrival, go to the Perioperative Unit on the 1st floor, of Pavillion K (unless you were instructed otherwise) and go to the main desk where you will be registered. More blood tests will be performed. The Nurse can address any concerns and questions you may have. Your belongings will be given to your family or temporarily stored in a locked room. When you return from surgery, you will have an assigned room. If you have dentures or jewelry, you will be asked

to remove them before surgery. You will also be asked to remove your socks and underwear; a hospital gown will be given to you.

Can I have a private or semi-private room?

Where possible, the request for a private or semi-private room is granted. There are additional costs for these rooms. However, the need to isolate a patient for **medical/nursing care is prioritized**. Patients who require isolation or special medical attention are given priority for these rooms.



For your protection and safety, it is possible that your room may be changed once or more during your hospital stay.

What happens next?

An Orderly will take you to the operating room. Members of your family may wait in the family waiting area.

When you arrive in the operating room, the Anesthesiologist will speak with you about anesthesia and pain-control treatment. Most patients are given a spinal anesthetic. If this is what you receive, you will be awake during the operation, but will not feel anything from your waist down. You can bring a walkman/MP3 to help mask the sounds of surgery. The Doctor may also give you some medication to help you relax, but this is not anesthesia. The operation will take about 2 hours.

Your operation will replace the damaged bone in your hip with a prosthesis. The wound will be closed with clips (staples), and a large bandage will be applied to your hip.

What happens after surgery?

You will be taken to the recovery room, where you will be greeted by one or two Nurses.

How will my pain be managed?

Pain medication will be given to you. It is very important that you tell the Nurse if you feel any pain. Proper pain control will help you recover more quickly and perform your exercises more easily.

You may receive your pain medications in one or more ways:

1. A PCA (Patient Controlled Analgesia) pump delivers medication through a small tube that is attached to the intravenous line in your arm. It allows you to give yourself pain medication when you need it. The pump is programmed so that you cannot give yourself too much medication. **For your safety, it is very important that your family or friends do not press the pump for you.**



2. Pain medication in the form of pills will be given to you by the Nurse.
3. Pain medication with a needle injection may be given to you by the Nurse.

Most patients with a total hip replacement will have a PCA pump.

What type of treatments should I expect after surgery?

- Blood tests and x-rays maybe be performed to monitor your recovery.
- Your blood pressure, pulse and temperature will be taken at least every 15 minutes if needed while in the recovery room.
- If you are unable to urinate, a tube (known as a urinary catheter) will drain your urine into a bag.
- There will be a big dressing on your hip.
- When you are ready, you will be returned to the Orthopedic Unit

Can I eat?

You will not be allowed to eat or drink at first. Once you are back on the Orthopedic floor, you will start eating slowly. .

When are meals served?

At or around the following times:

- 8:30 a.m. - Breakfast
- ☀️ 12:30 p.m. - Lunch
- 🌙 5:30 p.m. - Supper

When will I start walking?

You will be helped to sit on the edge of your bed or on a chair on the evening of your surgery. You may take a few steps. A Nurse and Orderly will help you.



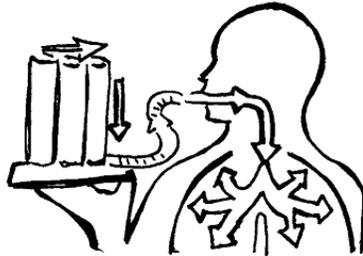
It is strongly suggested that you take pain medication 30 minutes before exercising. This will enable you to perform your exercises more comfortably.

What if I have to go to the bathroom?

You will be helped by the Nurse or Orderly to walk to the bathroom, or use the portable toilet. If you do not feel well enough, a bedpan will be given to you. Refer to the “Preventing Urinary Tract Infections after Orthopedic Surgery” pamphlets for more tips.

Why should I perform breathing exercises?

You should perform breathing exercises to help keep your lungs clear. When you arrive on the unit, a device for breathing exercises called an inspirimeter will be given to you by a Nurse who will teach you to use it. These exercises must be performed 10 times an hour in the first few days after surgery.



What else can I do to recover more quickly?

For your protection, please wash your hands:

- after using the bathroom
- before meals
- after contact with surfaces outside your immediate environment

Do not share belongings/food/drink with your neighbours.

Please encourage family members to follow the above instructions.

POST-OPERATIVE DAY 1

How will my pain be managed?

It is very important to control the pain as much as possible to enable you to move more easily, which means a faster recovery. Along with medication, you can also try changing the position of your body and engaging in activities to help you relax (reading, music, TV). If necessary, ice packs may be applied for 15 minutes at a time.

What can I eat?

You will have your normal diet for all meals. Keep in mind that good nutrition will help you heal properly. If your appetite is poor, eat small, frequent meals throughout the day. Because of your surgery, you will not be as active as usual and will be taking pain medication. This will put you at risk for constipation. To prevent this, you should eat foods that are high in fibre, such as bran cereal, whole wheat bread and prunes. Drinking more liquids will also help to prevent constipation. It is recommended that you drink at least 6 to 8 glasses of liquid per day, but first ask a Nurse or Doctor whether this applies to you.

Can non-kosher food be eaten in the JGH?

Food from outside the hospital may be eaten in patients' rooms and in the family rooms that are located on many of the patient treatment floors. However, caution must be used to ensure that food, containers and utensils from outside the hospital do not come into contact with the food, trays or metal/china utensils that are provided by the hospital.

When meat meals are served, cream and other dairy products are unavailable.

What exercises should I do?

It is very important that you perform your exercises after surgery to increase strength and mobility and prevent blood clots from forming.

A Physiotherapist will show you the exercises for your operated leg. These exercises increase mobility and strength and improve blood circulation. You will be told which exercises you can do on your own and you will be taught which movements and positions you should avoid during the recovery period.



It is strongly suggested that you take pain medication 30 minutes before exercising. This will allow you to perform your exercises more comfortably.

The Physiotherapist and Nurse will help you walk more today. You may sit in the chair for all the meals.

You will need a walking aid, such as a walker, which will be loaned to you during your hospital stay. It will help you keep your balance while walking and take some weight off your operated leg if needed.

If needed, while in bed, you will receive help to change positions every 2 hours. This will help prevent skin injury which is caused by too much pressure in one area.

Continue to do your breathing exercises with the inspirimeter, 10 times per hour while awake.

Are there movements I should not make?

The Physiotherapist and the Nurse will teach you about the movements and positions that you must avoid during the initial recovery period after your surgery. This period is usually 6 weeks unless your Doctor advises you otherwise. Depending on your Doctor, your restrictions for movements will be different. Respecting these restrictions is important to prevent dislocation and to allow proper healing. The Physiotherapist will also give you written information about these restrictions .

Will I receive more treatments?

- Blood tests will be performed.
- You will be given a medication to thin your blood and lower the risk of blood clots forming.

Can my family and friends visit me?

Your family and friends may visit at any time, but they will be asked to respect other patients and your need to rest.

I just had my surgery. Why is the Nurse already asking me about going home?

The healthcare team is starting to discuss discharge plans with you, because it takes time to arrange the services you will need to return home safely. The CLSC will be contacted to arrange for your care at home. Discharge plans and services will be adjusted, based on your recovery and individual needs.

POST-OPERATIVE DAY 2

How will my pain be managed?

If you have a PCA, it will be removed. You will continue to receive pain medication regularly.

Will I walk today?

A Nurse or Physiotherapist will help you walk more in the hallway with an appropriate walking aid. You will also continue to be seated in a chair for each meal. The time you will spend out of bed will increase each day. A Physiotherapist will review the movement/position restrictions with you and will review exercises to be performed on your own at least 3 times a day. The Physiotherapist will also help you use the stairs properly if necessary.

Will there be other types of treatment?

- Your bandage will be removed by a Doctor. A Nurse will clean your wound and apply a small bandage, which will be changed every day until the Nurse says otherwise. Your intravenous tube will be removed unless you need it.

Should I continue my breathing exercises?

Yes, it is strongly recommended that you continue to use your spirometer every hour. When you walk more often, this can be done every 2 hours.

POST-OPERATIVE DAY 3



Your hospital stay is coming to an end. Most patients go straight home afterward. Discharge should take place before 10:00 a.m.

If you are going home your Nurse will:

- teach you or a family member how to give yourself blood thinning medication, if necessary
- provide information about a follow-up appointment
- provide a prescription for medication, discuss its side effects, and instruct you how to prevent those side effects

You must arrange for your own transport home.

The CLSC will provide you with physiotherapy, help with your wound care and other services, if necessary.



If you need to be transferred to an inpatient rehabilitation centre instead of going home, the CLSC is only authorized to apply to a centre that is assigned to your region based on your postal code.

You may have to stay longer in the hospital, depending on whether the rehabilitation centre can accommodate you. The length of your stay in the centre will depend on your progress – from a few days to two weeks.

If you are going to a rehabilitation centre or nursing home:

- Your transportation will be organized by the hospital and will be booked for the morning. You are allowed only one suitcase in the transport bus.
- You will be made aware of your departure the day before and possibly even the same day.
- An envelope with information about your follow-up appointment and medication prescription will be given to the driver.
- You will be informed of the scheduling of your follow-up appointment date.

HELPFUL REMINDERS AT HOME

If you are going home, a Nurse from the Orthopedic floor will phone a few days later to check on you.

Should I continue my exercises at home?

Yes, you need to continue to perform the exercises that were taught to you by the Physiotherapist.

What can I do for constipation?

Since you are not as active as usual and are taking medication for pain, you may be constipated. Remember to drink more non-caffeinated fluids and eat high-fibre foods such as prunes, pears and whole grains. It is recommended that you drink at least 6 to 8 glasses of liquid per day, but first ask a Dietitian or Doctor whether this applies to you. Walking a lot will help, too. If necessary, you may try laxatives which you can buy at your pharmacy.

Who will take care of my incision?

A CLSC Nurse will change your wound dressing every 2nd day if needed. The clips will be removed around the tenth day after your operation.

Can I take a bath?



You may take a shower while standing or with a shower seat 4 days after the surgery, **ONLY if the incision is no longer leaking.** You may find shower handles, rubber mats and long-handled brushes to be useful. Ask your Doctor when you can sit down in the bath.

How do I get dressed?



To put on pants or underwear, start with the leg that was operated on.

To get undressed, start with non-operated leg.

How do I climb stairs?

Before you go home, your Physiotherapist will show you the safest method to climb and descend stairs. In general, if there is a railing available, you should use it, with a cane or crutch in the opposite hand. When climbing up the stairs, lead with the non-operated leg first, then bring the operated leg and walking aid up onto the same step. To go down the stairs, lower the walking aid and operated leg down first, followed by the non-operated leg onto the same step.

When can I start driving?



Check with your Orthopedic Doctor about what is safe for you and when you will be able to drive again. This may depend on whether you have surgery on your right or left leg.

To get into a car:

Back in, sit down and pivot on your buttocks while keeping your legs together. If your right leg is affected you will need someone to help you keep your legs together as the right leg tends to drag behind.

To get out of the car:

Pivot with legs together, and face the outside. The car should be parked away from the curb to allow you to stand up with the help of a walker. Step **down** to the street and **up** to the sidewalk. Don't try to straddle.

To make the pivoting easier, you can put a plastic bag on the seat or cushion.

Getting into and out of a sports utility vehicle or van may be difficult if you are short and have to get up on your toes to sit. It may be easier to get into and out of a regular car, and use a cushion to make the seat higher.

Avoid small, low cars.

When can I resume my sexual activity?



You may resume sexual activity when you are comfortable. **You must still follow your hip movement restrictions.** To prevent dislocation, do not choose positions or movements that you were taught to avoid. If you have any questions about this, you can speak with the Physiotherapist or your Doctor

What about other medical or dental procedures?

Before you have any other procedure, notify your Dentist or Doctor that you have had hip replacement surgery. Your Doctor or Dentist may want to treat you with antibiotics to prevent infection of your new hip.

Can I perform physical activities?

Speak with your Doctor about specific activities and ask about when you can resume the restricted movements and positions. After you have fully recovered in about 6 to 12 weeks, choose activities in which there is a low risk of falling or injury. In general, low-impact activities such as walking and swimming are recommended. Avoid high-impact activities such as running and contact sports such as hockey.

Call your Orthopedic Doctor:

- if you have fever of more than 38.0C (100.2 F) or more pain in the hip, groin or knee.
- if you have more swelling or pain in the calves (the backs of your lower legs). This may be a sign of a blood clot.
- if you have diarrhea three or more times a day or with cramps and/or fever.

Call 9-1-1 if you have chest pain, difficulty breathing or other serious health problems (e.g., severe pain).

If you cannot reach a medical professional, go to the Emergency Room of your hospital.

Questions or concerns for your Nurse or Doctor:

- 1.
- 2.
- 3.
- 4.

RESOURCES AND WEBSITES

Turn to your community resources and services if necessary. For example:

- Use the yellow pages to locate needed items.
- Contact your local religious institution about volunteer programs, such as visiting programs.
- Check grocery stores in your area for delivery services.
- Expand your social network. Seek people who have similar health problems. Attend support group meetings, if available.

JGH Cancer Prevention Centre

Be Smoke -Free program
514-340-8222, extension 4947

Jewish General Hospital: www.jgh.ca

Jewish General Hospital, Patient & Family Resource

Centre (PFRC), A librarian will help you and your family find accurate and up-to-date health information on diseases, treatments, medications, clinical trials, self-help groups and more.

Visit jgh.ca/pfrc to search the PEN Collection, a database created to help you and your health professional find and access reliable, up-to-date consumer health information.

Canadian Orthopedic Association: www.coa-aro.org

The Arthritis Society: www.arthritis.ca

American Academy of Orthopedic Surgeons

<http://orthoinfo.aaos.org/menus/leg.cfm>

Information for Patients Going Home on Blood Thinners After Hip/Knee Replacement Surgery or Hip Fracture Surgery

Medications and dosage:

Your doctor will prescribe blood thinners to reduce your risk of blood clots after surgery. The medication, length of treatment and number of doses per day depends on the type of surgery you've had:

	Hip Replacement/ Resurfacing	Knee Replacement	Hip Fracture Surgery
Name of blood thinner	Xarelto	Xarelto	Lovenox
Length of treatment after surgery	35 days	14 days	35 days
Doses/day	Once/day	Once/day	Twice/day

If your treatment differs from the above, your doctor will discuss this with you.

Important points about taking your blood thinners:

- ✓ Take your blood thinner as prescribed.
- ✓ Take your blood thinner for the full length of treatment prescribed by your doctor. Taking it for a shorter period of time could put you at risk of having dangerous blood clots.
- ✓ If you are planning on becoming pregnant, please consult your doctor beforehand. Xarelto should not be taken when you are pregnant.

If you take your blood thinner once/day and forget a dose:

- Take it as soon as you remember and your next dose will be 24 hrs. later
Do not double your dose that day

If you take your blood thinner twice /day and forget a dose:

- Take it as soon as you remember and your next dose will be 12 hrs. later

Signs and symptoms to watch for while taking blood thinners:

Go to the Emergency Department if you have any of these signs and symptoms:

Signs and symptoms of bleeding
Urine that is red, dark, or coffee-colored
Black, red or tarry stools
Vomiting bright red or coffee-ground colored vomit
Bleeding from the gums or nose that does not stop within 10 minutes of applying constant pressure
A lot of bleeding from your surgical site
Persistent severe headache
Excessive menstrual bleeding

Signs and symptoms of a blood clot
New or sudden warmth in your leg, or if your leg constantly feels hotter than usual.
Continuous pain or tenderness in your leg that is different from your surgical pain.
Persistent and increased leg swelling that does not go away after raising your leg (e.g. still there when you wake up the next morning).
Redness or change of colour in your leg
Sudden chest pain or feeling of chest tightness
Sudden shortness of breath or difficulty breathing
Dizziness, feeling faint
Palpitations, coughing up blood

Author: Carla Strulovitch, Clinical Research Nurse,
Team Leader Thrombosis Program

References:

JGH Venous Thromboembolism information booklet,
2014
Total Hip Arthroplasty/Total Knee Arthroplasty Post-op
orders 2013-12-17
Hip Fracture Post op Prescriptions 2012-02-22

Contact names and phone numbers

Jewish General Hospital	514-340-8222
Orthopedic Floor	Ext. 5811
Physiotherapy	514-340-8238
Occupational therapy	Ext. 8289
Dietitian	Ext. 8279
Orthopedic Clinic	Ext. 3342
Orthopedic Clinic Nurse	Ext. 3343
Doctors	Ext. 3342

References

Granado MJ; Richman S (2012 Jan 27); Hip joint arthroplasty. CINAHL Rehabilitation Guide, (clinical review) Retrieved 2013-02-25 from <http://web.ebscohost.com/rrc/pdf?vid=5&sid=07d3029e-7fa3-499d-b99c-1ac46eb05d0a%40sessionmgr11&hid=12>