



A Guide to Hip Replacement

This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

PRET|SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, nurses, physiotherapists as well as orthopedic surgeons: Dr. Micheal Tanzer and Dr. Adam Hart.

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Important

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

This material is also available through the MUHC Patient Education website.



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Montreal General Hospital Map

About this booklet

When you have your surgery, you will be part of a care pathway program. This program helps you get better quickly and safely.

Research has shown that following the instructions we have included for you here such as eating well, controlling pain, doing your exercises, and staying active will help prevent health problems after your surgery. You are also more likely to heal sooner and feel better faster.

This booklet will:

- Help you understand and prepare for your surgery.
- Explain how you can play an active part in your recovery.

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

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

- *Your MUHC surgery team*



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

What is the hip joint?

The hip joint is made of 2 parts:

- The head of the femur which resembles a ball

And

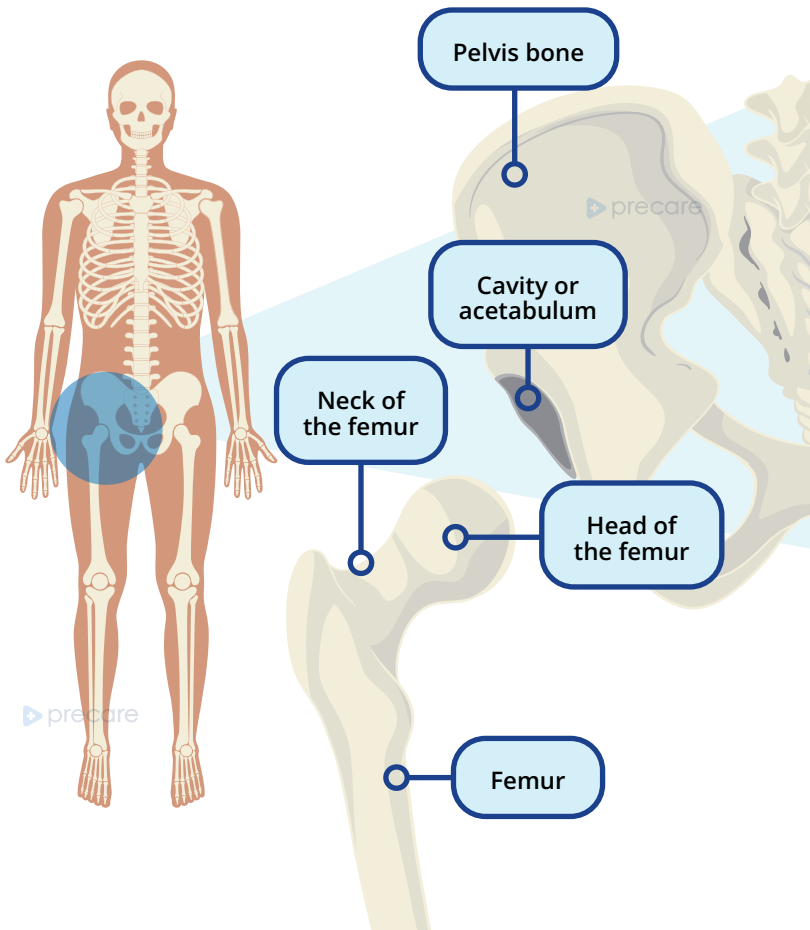
- The rounded crater in the pelvis bone called the acetabulum

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

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

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

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



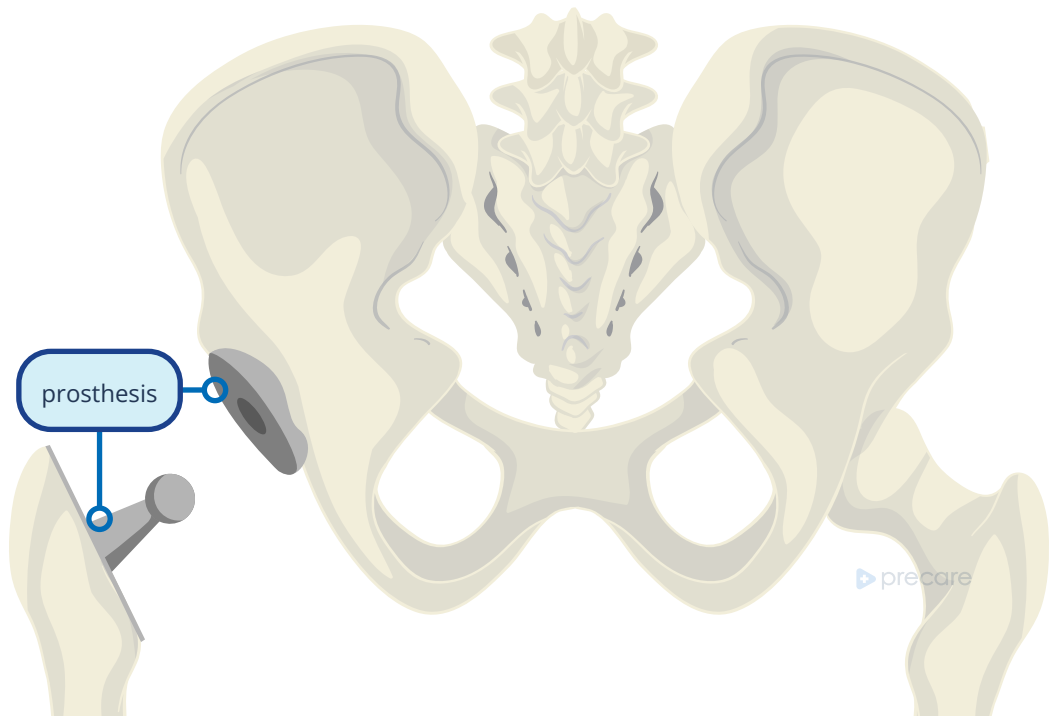
What is a hip replacement surgery?

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

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

The goal of this surgery is to:

- reduce your pain
- help you move around better by replacing the worn-out parts by a prosthesis



Preparing for your surgery

For day surgery patients

If your surgeon told you that you will be operated in day surgery, this means that you will have the surgery and go home on the same day as your surgery.



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

For patients staying overnight in the hospital

If your surgeon told you that you will be staying overnight in the hospital, you will be admitted to a hospital room after your surgery. Most patients who need to stay in hospital overnight are able to go home the next day.

Tell your nurse if you are worried about going home.

See information on parking rate at muhc.ca/patient-and-visitor-parking

For day surgery patients and patients staying overnight at the hospital

You:

- Will not be allowed to leave the hospital alone
- Cannot drive or take a taxi home by yourself
- Need to organize your ride back home

Preparing for your surgery

Ask for help

You might need some help at home after your surgery.

Make plans with your family and friends so you will have help if you need it.

You might have some restrictions. Some tasks might be difficult, especially at the beginning.

Get your home ready

Most CLSCs will visit or phone you at your home before your surgery. They will recommend equipment you will need when you return home such as a walker, raised toilet seat, bath bench. They will also recommend where to get these.

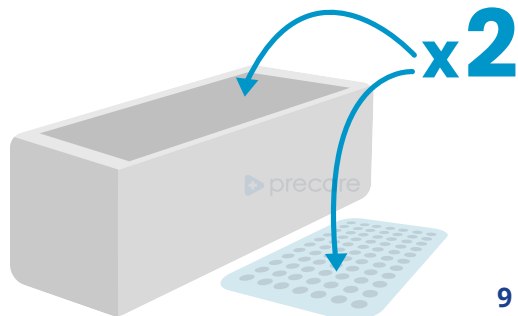
Arrange your living space to make life easier when you go home after your surgery.

Here are some suggestions:

- Put away carpets, area rugs. Clear the space around your bed, in the hallways, in the kitchen and bathroom so that you can get around freely with a walker.
- Remove electric cords from the floor where you might walk. If needed, move some furniture around so that you can move around safely after surgery.
- Get 2 good quality, non-slip mats. The CLSC staff can advise you when they visit.

1 for the shower/tub (sticky patterns in the tub are not enough)

1 for the bathroom floor



Preparing for your surgery

Other ways to plan ahead

- Get good-fitting shoes and slippers with soles that are not slippery.
- Stock the refrigerator and freezer. Buy frozen foods or make single portions that can be warmed up until you are well enough to cook.
- Get 1 thermometer to check your temperature after your surgery.
- Have an ice pack or a bag of frozen peas to help with swelling and pain control.



Insurance forms

If you have insurance forms to be filled out, bring them to your surgeon's office.

Some forms will be sent to the Registrar's office at L6-120 and others your surgeon will complete. Your surgeon's office will let you know. These forms can only be filled out after the surgery.

There might be fees to have these forms fill out.

Stop smoking and vaping

- Quit smoking and vaping at least 4 weeks before your surgery.
- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots and infections.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Your health care team can prescribe medication to help you stop smoking.
- It is never too late to stop! See [page 51](#) to learn more.



Preparing for your surgery

Stop drinking alcohol

Do not drink alcohol for 2 days before your surgery. Alcohol can affect how well you recover. Alcohol can change the way some medications work.

Tell us if you need help to stop drinking alcohol. Some patients may have to stop drinking alcohol for several weeks before surgery.



Cannabis use

Let your healthcare team know if you use cannabis also called marijuana. Cannabis use before surgery can increase complications like those of smoking.

If you use cannabis for enjoyment or leisure reason: stop using cannabis before the surgery.

If you use cannabis, authorized by a doctor, for medical reason: speak with the healthcare team.

Be active

Getting in shape before surgery can have a big impact on how well and how fast you recover. You can help by keeping your weight under control and by including exercise into your daily and weekly routine.

If you are already exercising, keep up the good work. If you are not, start adding exercise into your day.

Exercise does not need to be intense to make a difference.
A 10-15 minute walk is better than no exercise at all.

! If you require dental work, this should be done before your planned hip replacement surgery. After your surgery, dental procedures increase your chance of developing an infection in your joint replacement. In most cases, dental work should be delayed for 3-6 months following your replacement. If you have any questions or concerns, contact your surgeon.

Your exercise program

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

Do these exercises in bed or on a hard surface.

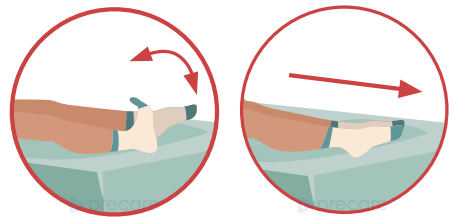
Repeat each of these exercises 10 times.

Do each exercise 3 times a day.

Ankle pumping

With your legs straight and without moving your legs.

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



Strengthening of thigh

Straightened your leg getting operated on. Put a rolled-up towel under the ankle.

Lift the toes toward you, and press your knee in the mattress, as tolerated.

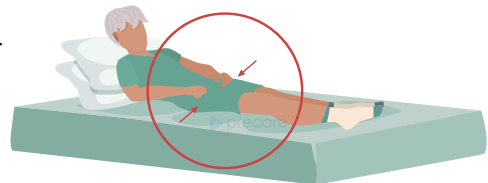
Hold 5 to 10 seconds and relax.



Contraction of buttocks

Straightened your legs and squeeze your buttocks together.

Hold this position for 5 to 10 seconds and then relax.

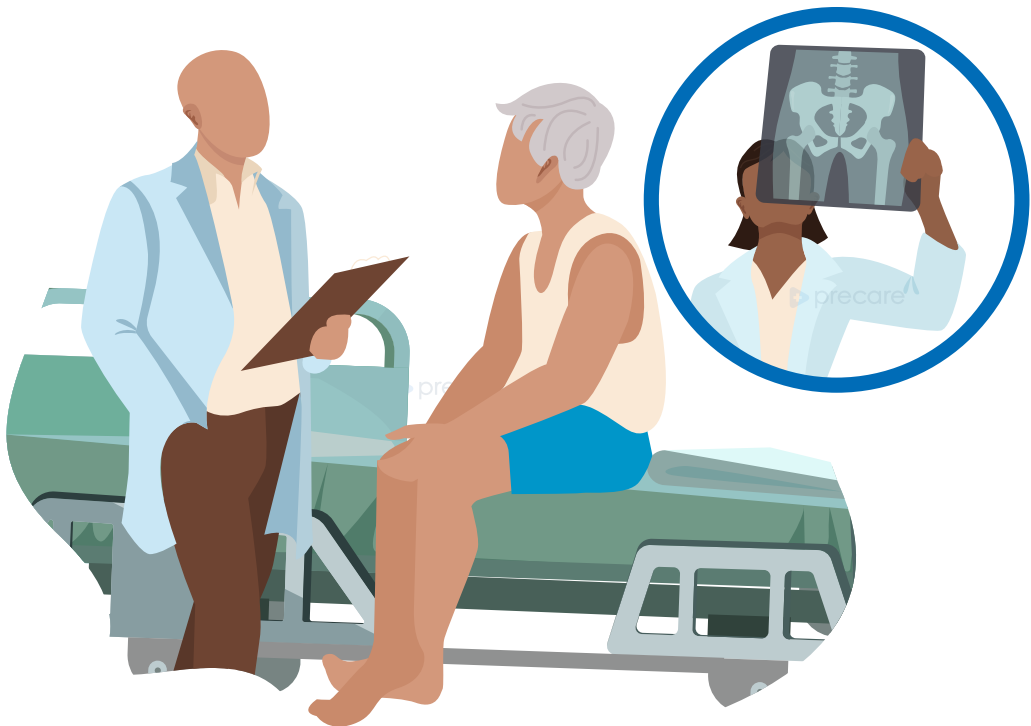


Pre-operative clinic visit

This appointment is to assess your health, plan your care and ensure that you are ready for your surgery.

When you visit the Pre-operative Clinic also called the preop clinic you may:

- have blood tests.
- have an electrocardiogram also called an ECG.
- meet an anesthesiologist. This is the doctor that will make sure you're comfortable during and after surgery.
- have an X-Ray of your hip.



Pre-operative clinic visit

You will:

- meet with a nurse who:
 - will explain how to get ready for surgery and what to expect while you are in the hospital.
 - will give you a prescription for an ointment to start using 5 days before surgery.
- meet with a doctor who:
 - will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.
- meet with a physiotherapist who:
 - will review some exercises and activities with you.

You may have to stop taking some medication. You will need to stop any herbal products before surgery.

The pre-op clinic doctor will tell you which medication you should stop and which one you should keep taking.



If you have any questions contact the Montreal General Hospital pre-op clinic nurses at 514-934-1934, ext. 43778
Monday to Friday, 1:00 p.m. to 3:00 p.m.
L10.509 (L wing, 10th floor, room 509)

Phone call from the admitting department

You should arrive 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m., in this case, we will ask you to come at 6 a.m.

The time of surgery is not exact. It may happen earlier or later than planned.

The day before your surgery, the admitting department will phone you. They will tell you when to come to the hospital. If your surgery is scheduled on a Monday, they will phone you the Friday before.

Date of surgery: _____

Time of arrival at the hospital: _____

Where to go: Surgical Admission Services D10-124
(D wing, 10th floor, room 124)

If you do not receive a call by 2 p.m., call the admitting department at 514-934-1934 ext. 42190.



Cancelling your surgery

If you are sick, pregnant, or have any kind of infection such as bladder infection, skin abscess, infected ingrown toenail, or for any reason you are unable to come to the hospital for your surgery, call the central operating room booking department at 514-934-4460 between 7 a.m. – 3 p.m.

When you call or leave a message, provide these details:

- Your full name
- The date of surgery
- Your telephone number
- Your medicare card number
- Your surgeon's name
- The reason for cancelling or postponing your surgery

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

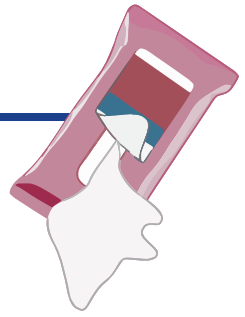
- Call the admitting department of the Montreal General Hospital at 514-934-1934 ext. 42190.

Your surgery might be delayed or cancelled because of an emergency.
Your surgeon will reschedule your surgery as soon as possible.

Reminder:

Five days before the surgery start applying the ointment in your nose as prescribed.

Washing



Cleansing cloths

You will be given 2 packs of cleansing cloths:

- Use the 1st pack at home the night before your surgery.
- Use the 2nd pack at the hospital before going for surgery.

These cleansing cloths have a special cleaning product called chlorhexidine. This helps prevent infections by killing germs on your skin.

See the steps on how to use these on [page 19 and 20](#).

The night before your surgery

- Take a shower or bath and shampoo your hair.
- Use any soap to wash your face, body including your belly button and your genital area.
- Dry yourself with a clean towel.
- Do not shave the area where the surgery will be done.
- Do not wear jewelry or piercings.
- Do not put on lotion, cream, makeup or perfume.
- Remove all nail polish.
- Use the cleansing cloths (see [page 19 and 20](#)).
- Wear clean clothes to bed.

The morning of your surgery - At home

- Do not take a shower or bath. The cleansing cloth product that you used the night before needs to stay on your skin.
- Do not shave the area where the surgery will be done.

Washing



- Do not wear jewelry or piercings.
- If you wear contact lenses, wear your glasses instead.
- Put on clean and comfortable clothes. Perhaps loose comfortable clothing for when you go home.

You may use deodorant under your arms.

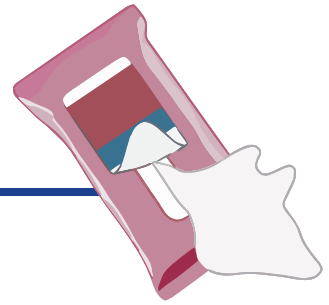
If you have your period, use a pad. Do not use a tampon or menstrual cup.

The morning of your surgery- at the hospital

- Use the 2nd pack of cleansing cloths (see [page 19 and 20](#))
- Put your hospital gown on.



Cleansing cloths



What are body cleansing cloths?

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

How do I use them?

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

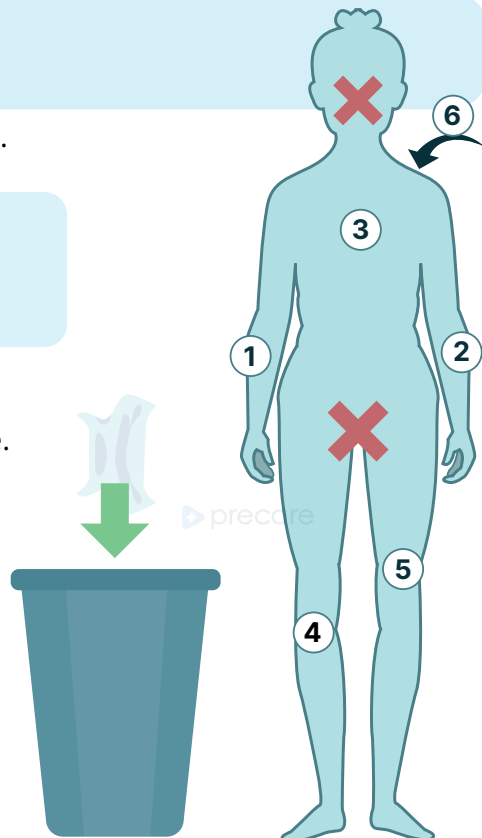
Caution: Do not use cloths if too hot.
Let them cool before use.

3. Peel the front label to open the package. It contains 6 cloths.

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

4. Wipe each area, using a back-and-forth movement. Use 1 clean cloth to wipe each area of your body in the order shown here. Wipe each area fully. Use all cloths in the package.

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



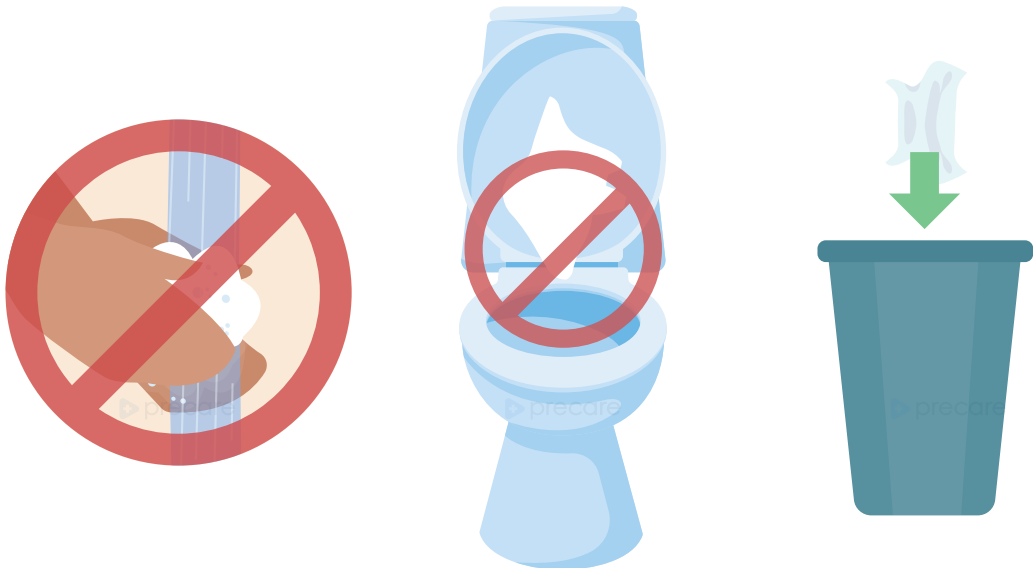
Cleansing cloths

What should I avoid when using these cloths?

- Do not let the cloth come in contact with your face (eyes, ears, mouth) and genital areas.
- Wash your face and genital areas with water and soap instead.
- Do not rinse or run the cloths under water.
- Do not re-use the cloths.
- Do not use any lotions, creams or makeup.
- Do not flush the cloths down the toilet (throw used cloths in the trash).

Who should I speak to if I have questions?

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



What to eat and drink

The Preop clinic nurse will explain what you should eat and drink before your surgery.

The day before surgery

- Eat and drink normally until midnight.

The morning of your surgery

- From midnight until 2 hours before your surgery, drink only clear fluids. Examples of clear fluids are water, any juice you can see through with no pulp and popsicles.
- Do not have any dairy products or juice with pulp.
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital.



Exception: If you are asked to arrive around 6 a.m. stop drinking at 5:30 a.m.

What to eat and drink

Special instructions for some patients

Your preop clinic nurse will let you know if this section applies to you and where to get the ENROUTE beverage.

The morning of your surgery:

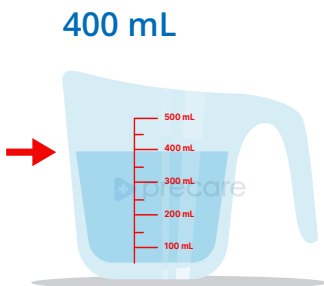
Drink 1 ENROUTE beverage. This drink has special sugars and salts that will give you energy to prepare for your surgery. It is a clear fluid.

When?

Drink the ENROUTE 2-3 hours before surgery. This is usually the same time you are asked to arrive at the hospital.

Exception: If you are asked to come at 6 a.m. drink the ENROUTE between 5 and 5:30 a.m.

How?



1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water

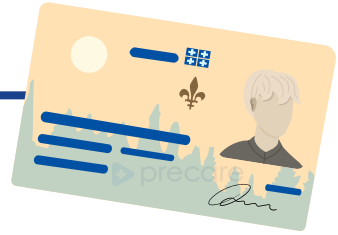


2. Add the powder in the pouch to the water. Stir until fully dissolved



3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.

What to bring to the hospital



- This booklet
- 1 pack of cleansing cloths
- Medicare card.
- List of medications that you take at home. Ask your pharmacist to give you one
- Your pharmacy fax number. If you leave the hospital on the same day of your surgery your nurse can fax your prescription directly to your pharmacy. This way they will be ready for you to pick up.
- Crutches or walker labeled with your name
- Loose comfortable clothing for when you go back home
- CPAP machine if you have sleep apnea
- Any insurance forms that need to be filled out
- Glasses, contact lenses, hearing aids, and/or dentures with their storage containers labeled with your name

Bring these in a small bag with your name on written on it. There is very little storage space.



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

At the hospital

Admitting area

If your surgery is at the Montreal general Hospital, go to the surgical admission services D10-124 (D wing, 10th floor, room 124) at the time given. The admitting clerk will ask you to sign a form.



Your nurse will:

- Ask you to use the cleansing wipes
- Ask you to change into a hospital gown
- Complete a pre-operative checklist with you
- Give you medications
- Make sure your personal belongings are in a safe place

In the Operating room

A patient attendant also called an orderly will bring you to the operating room.

In the operating room you will meet your anesthesiologist and the other members of the surgical team.

The anesthesiologist:

- is the doctor who will make sure that you do not feel any pain during the surgery.
- will explain what type of anesthesia is best for you.

Usually, patients receive a regional anesthesia not a general anesthesia for this surgery. This means that during your surgery you will feel numbness and no pain around the hip area. Some medications to help you relax, and doze will also be given to you. Feeling numbness at the legs with a regional anesthesia is normal and will not last.

At the hospital

Waiting room

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

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

There is free Wi-Fi available at the hospital.	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee shop	6 th floor near the main entrance on Cedar Ave
Cafeteria	D4 (4 th floor- D wing)
Small sit-down restaurant "The Hospitality Corner"	D6-125 (D wing, 6 th floor, room 125)
Bank machine	6 th floor near the main entrance on Cedar Ave.
Gift shop	D6-145 (D wing, 6 th floor, room 145)
Prayer/meditation room	D6-165 (D wing, 6 th floor, room 165)



Post-Anesthesia Care Unit (PACU)

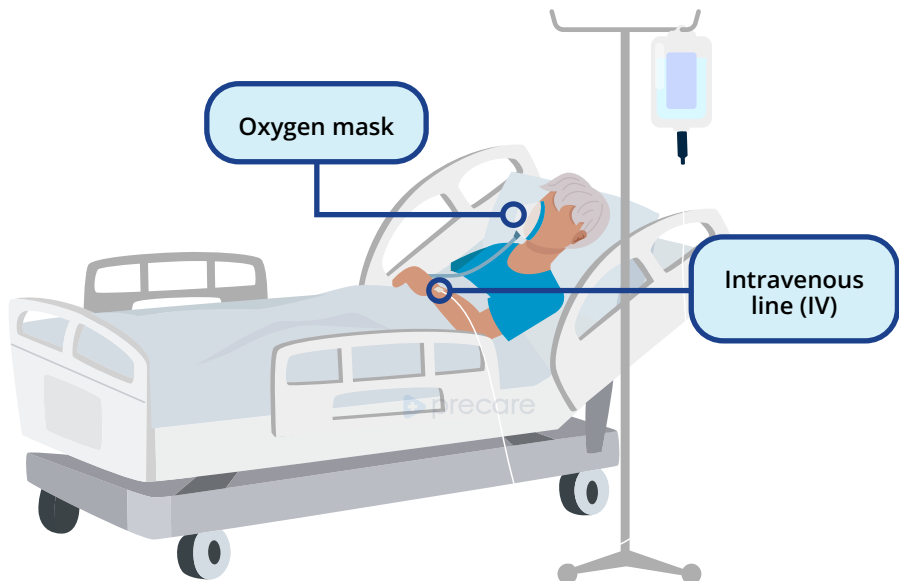
After your surgery, you will be transferred in the PACU also called the Recovery Room. You will stay here for a few hours.

You may have:

- A mask, giving you oxygen
- An intravenous also called an IV, giving you liquids and medications
- An X-ray taken of your hip

Your nurse will:

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



Post-Anesthesia Care Unit (PACU)

For day surgery patients

- You will leave to go home from the recovery room. Once you are ready to leave the hospital, we will let your family member or friend know. This may take several hours.
- You will receive a meal before you're discharge home.
- Your anesthesiologist will also visit you before you leave for home.

For patients staying overnight in the hospital

- You will be transferred to your room after having spent a few hours in the recovery room. Your family member or friend may see you once you are in your hospital room.
- Once transferred to your room: you should drink and eat, get up and sit in the chair with help and walk with help to the bathroom.
- Keep the call bell at your bedside within reach.

For day surgery and overnight stay patients

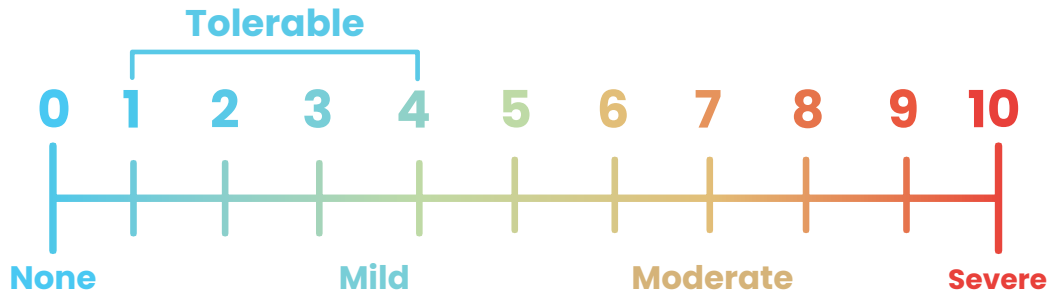
Before your return home, the nurse:

- And the physiotherapist will assess your mobility to make sure you have a safe return home.
- Will go through your exercise program ([page 32 - 37](#)) and review the discharge instructions with you.
- Will explain how to safely use all your postoperative medication prescribed by the surgeon, including your pain medication.
- Will review with you and the family or friend, the "At home" section of this booklet especially the parts about blood clots, how to take care of your incision (cut), when to shower, drive, and about going back to work.

Pain control

It is important to control your pain after surgery. Controlling your pain will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster



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

0 means no pain and 10 is the worst pain you can imagine.

We want to keep your pain below 4. Pain is different from one person to another. You can expect some pain after surgery, but it should not keep you from doing your exercises.

Tell us if you have too much pain (over 4/10).

We will adjust your medication to decrease your pain.

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

Pain



When you leave the hospital, take your prescription to your pharmacy to get it filled out.

The pain pills will include:

- Acetaminophen, also called Tylenol
- an anti-inflammatory pill call celecoxib also called Celebrex.

Take the Tylenol and celecoxib first to control the pain and add the narcotic (hydromorphone or dilaudid) only if the pain is not well controlled.

If you add the narcotic to control your pain it is important that you do not stop taking the Tylenol and anti-inflammatory as prescribed.

Pain should get better with time.

If you continue with your exercise program, your pain will decrease. Do not hesitate to take the painkiller prescribed 60 minutes before doing your exercises or at bedtime as needed.

If you have more pain, and your pain medicine does not help, contact first your surgeon's office. If it is after hours you can message your concern using the [patient portal also known as the orthopedic communication link \(mcgillpeep.ca\)](#), or go to the emergency room.

Bring all unused medications back to your pharmacy.

Pain

Recommended icing schedule to decrease swelling

1 to 3 days after the surgery	Apply ice every 2 to 3 hours for example 6 to 12 times per day, for about 10-20 minutes each session
4 to 14 days after the surgery	Apply ice 3 to 5 times per day such as morning, before activity, after physiotherapy and evening
2 weeks after the surgery	Apply as needed such as after physical therapy, long standing or stiffness episodes

Precautions:

- Always place a cloth or towel between the ice pack and skin to prevent frostbite or cold injury
- Check skin for signs of overcooling such as numbness, excessive white discoloration of the skin.
- Avoid leaving ice on during sleep. Continuous long sessions can chance cold injury.



Diet

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



Washing

Consider washing at the sink for a few days.

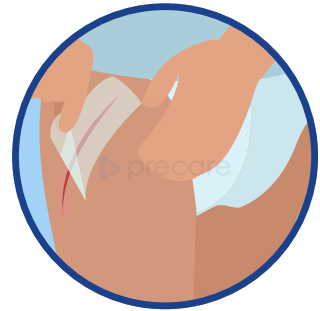
You may shower with the bandage on as long as it remains sealed, and you do not get the cut wet.

Dry the bandage immediately after by gently patting it with a soft towel. It is very important to keep the bandage as dry as possible.

Keep the incision dry.

Use an adjustable bath bench to take a shower during your recovery.

The bandage covering your cut is transparent and looks like a honeycomb. One extra honeycomb bandage will be given to you before discharge from the hospital. Your nurse will explain how to change it if the bandage becomes soiled, wet or opens.



The bandage can be taken off by simply peeling it off after 7 days. No more bandage is necessary after 7 days. The hospital staff will organize for your CLSC to remove the clips around 10 days after your surgery.

Do not:

- Sit down at the bottom of the tub for at least 12 weeks, use a bath bench instead.
- Scrub the incision.
- Swim or soak the incision in water.

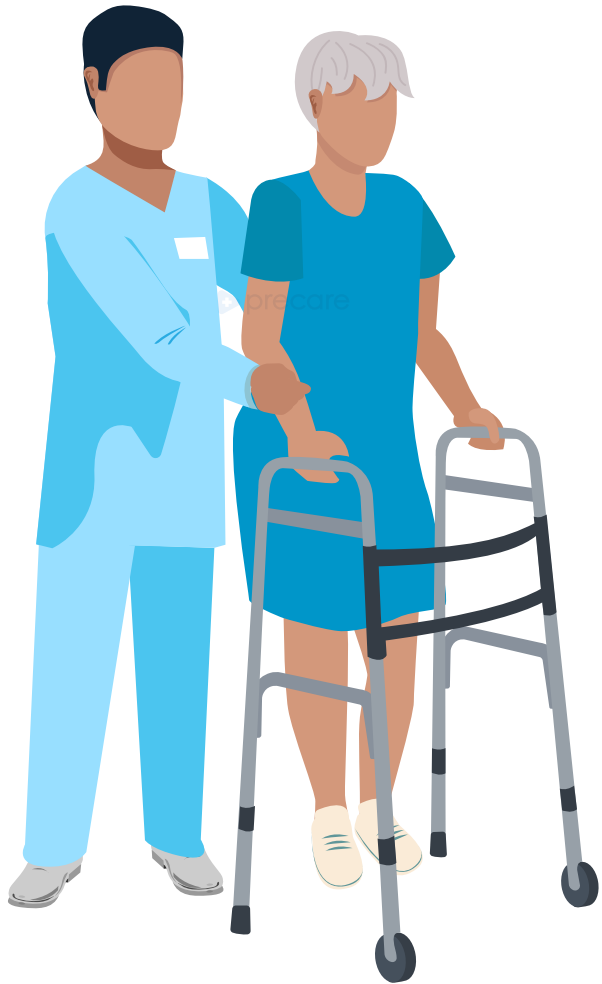


Your exercise program

Whether or not you leave the hospital on the day of surgery or the day after your surgery, this exercise program should be started as early as possible. Many of these exercises can be started on the day of surgery or the day after the surgery.

Walking

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

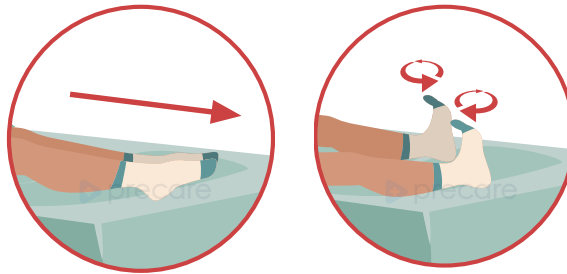


Your exercise program

Your exercise program after the surgery

- Follow the physiotherapist's recommendations to help with your recovery.
- Do the exercises 3 times a day.
- Repeat each exercise at least 10 repetitions in a row and gradually increase the number, as you can, the number of repetitions. The CLSC physiotherapist will increase the exercises as you progress.
- Do the exercises slowly and take a 30 second break between sets of exercises.

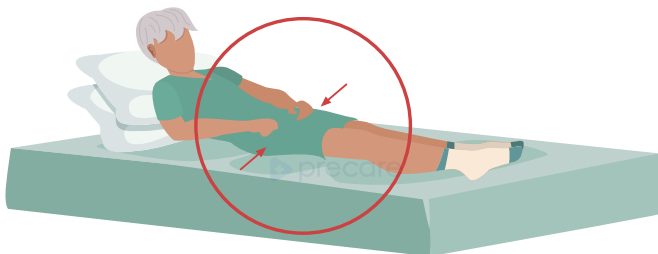
The physiotherapist will choose the following exercises for you by writing a ✓ in the boxes below.



Exercises lying down on your back

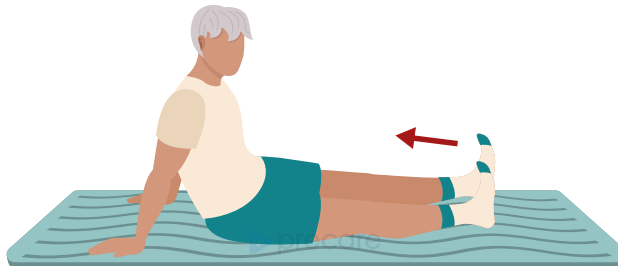
- Ankle pumping
 - With your legs straight and without moving them
 - Lift up your toes as much as you can, and then point downwards, as much as you can
 - Do a circular motion with your ankles.

Your exercise program



Contraction of buttocks

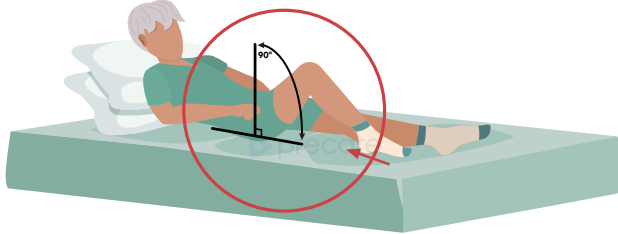
- Lie on your back.
- With your legs straight, squeeze your buttocks together.
- Hold 5 to 10 seconds and then relax.



Strengthening of thigh

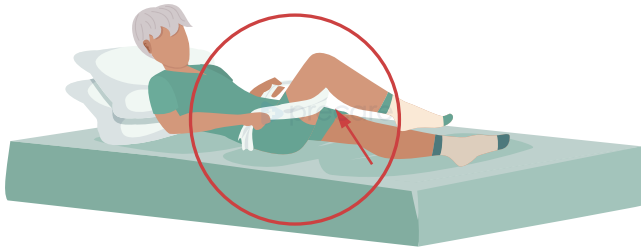
- With both legs straight, bring your toes up toward you and push your knees in the mattress.
- Hold 5-10 seconds and relax.

Your exercise program



Hip Flexion

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



Hip flexion 2

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

Your exercise program

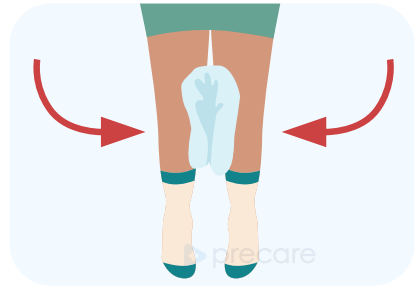


□ Abduction

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

□ Adduction

- Lie on your back and put a pillow between your legs.
- Squeeze the pillow between your knees, keeping the knees straight.
- Hold 5 seconds and relax.



□ Knee extension

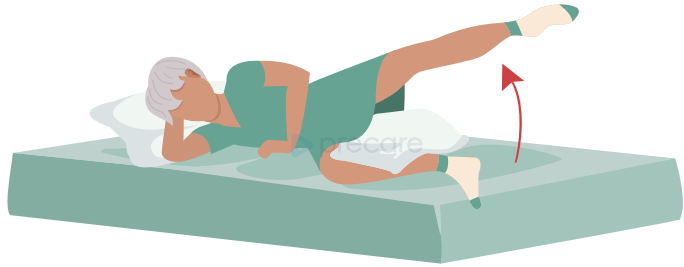
- Lie on your back and place a rolled-up towel under your knee.
- Lift your foot and straighten your leg, without lifting your knee off the towel.
- Hold 5 -10 seconds and put your leg back down.

Your exercise program

Exercises lying on your side

Abduction

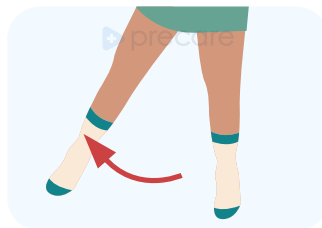
- Lie down on your good side (non-operated side) and put a pillow between your knees.
- Bend your good leg (the non-operated one) toward your chest.
- Keep your operated leg straight while you raise it up toward the ceiling.
- Do not rotate your leg.
- Hold for 5 seconds and relax.



Exercises standing

Abduction standing up

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



Activities and restrictions

Weight bearing

It can take a while before you can stand or walk and put your full weight down on your leg. This is called 'weight-bearing.'

Being able to weight-bear depends on your arthritis and the surgery you had. There are usually no limitations to weight bear on your operated leg. You can put the amount of weight you can tolerate on the operated leg.

Activities that may need to be modified.

Each patient is different. These exercises may be modified based on the restrictions you may have.



Activities and restrictions

The sofa

Avoid sitting on sofas so you do not have to bend your hip past 90 degrees. Sit on a chair with armrests.

To sit

Slide the operated leg forward while holding on to the armrests and go down slowly.

To get up from the chair

Bring your buttocks(bum) to the edge of the chair and slide your operated leg forward pushing with your hands on the armrests. Get up slowly.



The bathroom

- Use a raised toilet seat.
- Do not keep your knees together.
- Do not twist your body to reach the toilet paper or to flush.



Activities and restrictions

The stairs



To go up

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



To go down

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

Picking objects from the floor

Do not bend.

Instead straighten your operated leg backwards.

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

Bringing your knees together (also called adduction)

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

You must always keep your knees slightly apart.

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

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

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

Activities and restrictions

Household chores

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

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



Traveling by car

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

To get in and out of the car, put a cushion on the seat if it is too low.

Ask the driver to park far from the curb.

To get into the car:

The car should be parked far from the curb. (0.6m or 2 feet)

The seat should be backed up as far as possible so you can straighten out your leg.

The back of the seat should be tilted back so you can lean back to lift your leg.

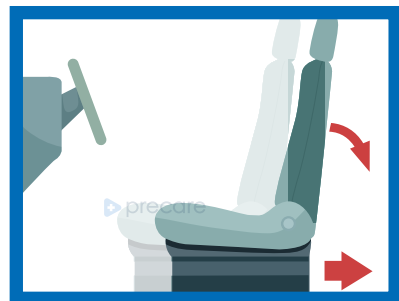
Put your back to the seat.

With your hand on the door, sit, keeping your feet on the ground.

Slide as far as you can on the seat.

Rotate both your legs, while leaning back on the seat.

To get out of the car, do the reverse.



Activities and restrictions

Dentistry or other surgeries

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



Follow up

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

Frequently asked questions

How long can I sit for?

You can sit as long as you feel comfortable. Remember to keep doing your hip exercises.

Depending on your surgeon's instructions, make sure your hip does not bend more than 90 degrees after surgery.

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

Walking is the best and safest exercise. Increase your walking distance or time every day as you can tolerate.

Walking increases flexibility, blood circulation and strength in your hip.

Swimming or aqua therapy is also a good activity but make sure your incision is healed before going in water.

Check with your surgeon or your nurse first.



Frequently asked questions

How long will my leg be swollen?

Your leg may be swollen for the first few days after surgery. This is normal. You will have less swelling after a few weeks.

It is normal for your leg to swell if you are standing-up a lot.

As you walk more in the days and weeks after your surgery, the swelling should become less.

Overnight, the swelling should get less, and your leg should not be very swollen when you wake up in the morning.

If your leg is swollen in the morning before getting up, call your surgeon.

Can I travel by plane after my surgery?

The chance of getting blood clots is high after surgery.

Do not fly until you are finished taking your anticoagulant medications.

When can I play sports again?

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

When can I have sexual activities?

You can start having sexual activities as soon as you feel ready.

Do not forget that you might have some limitations in hip motion and position until you recover fully.

Frequently asked questions

When can I drive again?

Opioids may cause drowsiness. You should not drive while you are taking these to control your pain.

Your surgeon will tell you when you can start driving again at your follow up appointment.

If it is your left leg that was operated

- you can drive an automatic transmission vehicle as soon as you are comfortable.

If it is your right leg that was operated

- it is not safe to drive until you have full control of your leg so that you can move from the gas pedal to the brake quickly.

The time this takes can be different for everybody, but usually it is about 2 weeks for a left sided hip replacement and 4 weeks for a right sided hip replacement.



When to go to the emergency room

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

1. Dislocation of your prosthesis

Signs

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



Prevention

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

What to do?

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

When to go to the emergency room

If any of these happen after your surgery contact first your surgeon's office, or if it is after hours you can message your concern using the [patient portal also known as the orthopedic communication link \(mcpillpeep.ca\)](https://mcpillpeep.ca), or go to the emergency room.

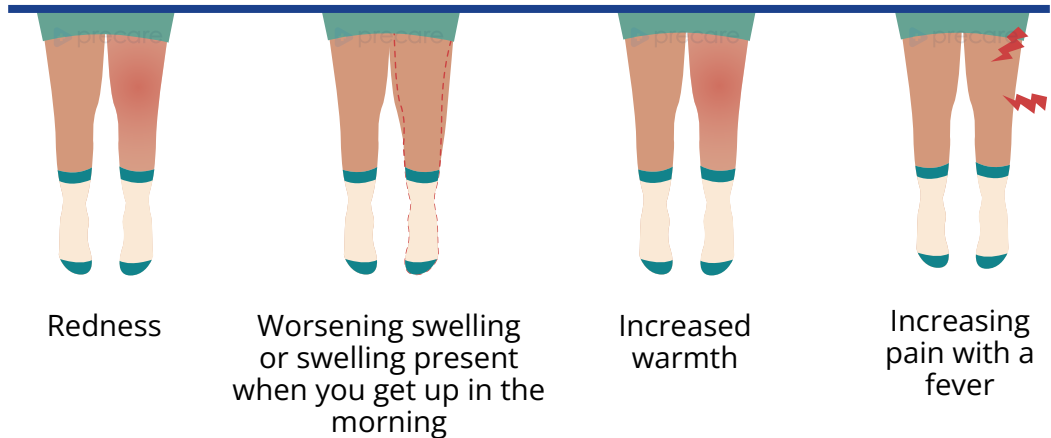
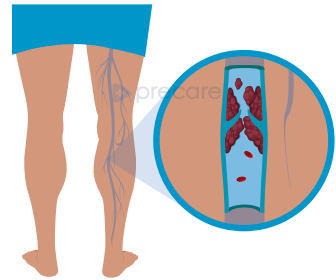
2. Phlebitis also known as blood clots

After surgery, you have an increased chance of forming blood clots in either leg.

Blood clots can lead to inflammation in your veins also called phlebitis. This can sometimes be serious.

To prevent blood clots:

- Take the medication you were prescribed.
- Do your exercises, get up and move as much as you can after surgery.



Redness

Worsening swelling or swelling present when you get up in the morning

Increased warmth

Increasing pain with a fever

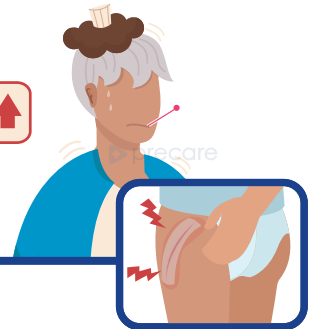
When to go to the emergency room

3. Infection

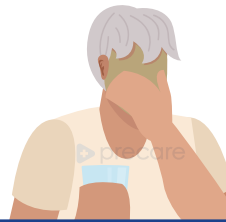
Your cut is painful, hard and red. You see pus or liquid coming out from your cut.

You have a fever and your temperature is above 38,5°C or 100°F, for 2 days in a row.

38,5° C ↑



4. You cannot drink or keep liquids down (nausea or vomiting).



5. You have shortness of breath or trouble breathing.



6. You urinate often, have a burning sensation or pain when you urinate and an intense urge to urinate and can't urinate.



Resources

CLSC's often have a list of resources to make it easier for you. During their visits ask them about these services if you are having doubts or difficulties. They will help you find solutions. They may be able to give you names of resources or services such as:

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



Websites of interest

Resources to help you stop smoking

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

Looking for more information on your surgery

Visit the MUHC libraries patient portal.

MUHC Libraires – Patient portal:

www.muhclibraries.ca/patients



Parking information

muhc.ca/patient-and-visitor-parking

Portal / Communication Link



mcgillpeep.ca/

Montreal General Hospital Map

1650 Cedar Avenue,
Montreal, Quebec
H3G 1A4

