INSTRUCTIONS FOR PATIENTS WITH TOTAL HIP JOINT REPLACEMENT

We bring back joy to movement. This is not just an empty slogan. Anyone who has experienced how unpleasant joint pain can be, over time making virtually all movement impossible, will be happy to have this proven to them. Following the replacement of the hip joint and a relatively short rehabilitation period, movement returns, and with it the joy of movement.

Modern medicine makes the treatment of even severe degenerative diseases of various joints, including hip joints, possible today. However, in some cases, the damage to the joint is too extensive and the joint needs to be replaced by an implant. These replacements can serve their purpose for many years without any more significant problems, although the patient needs to be aware that this is just a “hip replacement”, not the creation of a healthy new joint!! So they must always bear in mind that the lifespan of a replacement depends on how strain is placed on it (the more and equally unreasonably an artificial joint is strained, the shorter its lifespan).

As a manufacturer and supplier of joint replacements with long-term experience, we would like to present you with some recommendations that will help you make decisions with respect to how to place strain on an implant. These recommendations are generally valid and apply to all types of hip joint replacements. Of course, patients must follow the instructions of their attending doctor in these cases.

Solution for Your Damaged Hip Joint

Conservative treatment is no longer effective in a patient with a diseased hip joint going through advanced degenerative changes. Therefore, total hip joint replacement surgery is necessary. Such surgery is a standard procedure at all orthopaedic departments, and normally does not last longer than 90 minutes. The patient can already begin to exercise by way of walking on the second day after surgery, obviously with relieved strain, and in six months the patient can return to a fully active life.

What is important is that, immediately after surgery, the patient follows all of the instructions given by the surgeon. Once discharged from hospital, the patient must take care to relieve strain on the limb that has been operated on – this means refraining from taking even one step without crutches. The limb can only take the full strain of normal walking once the surgeon gives the go-ahead. Even in later years, an endoprosthesis can fail. The material can become subject to wear and tear, indicated by increased pain. However, the most common cause of failure of an endoprosthesis is the loosening thereof caused by strain, mostly due to excessive body weight. The most serious complication is infection of the endoprosthesis. Therefore, special care is required to treat each and every infectious disease.

Patient Rehabilitation after Total Hip Joint Replacement Surgery

Rehabilitation after total endoprosthesis usually tends to be divided into three stages, depending on the actual surgical procedure:

1) Preoperative Rehabilitation
Preoperative rehabilitation is ideal preparation for a patient about to undergo surgery, so that they have already been instructed with respect to patterned movements, so that they know how to use crutches and know the exercises required after surgery. This way, the patient can respond to the rehabilitation procedures after surgery and cooperate better, which will also allow for a shorter period of hospitalisation.

2) Post-operative Rehabilitation after Hospitalisation
Post-operative rehabilitation after hospitalisation is usually very well planned out at every orthopaedic department performing THR surgery, with minor differences, depending on the preferences of the various departments. The aim is to exercise by walking independently and by self-exercising.

3) Rehabilitation Programme after Discharge into Home Treatment
Outpatient rehabilitation is an essential part of post-operative home care, because it helps maintain the proper patterned movements, and improves the movement of the limb that has been operated on. In typical cases, the patient is able to return to everyday life after 6 months. They can place full strain and begin to do lighter recreational sports. The rule that applies throughout the period of rehabilitation is that the amount of strain on the lower limbs is determined by the surgeon. In view of the existence of “prohibited movements”, which can result in luxation of the hip joint, there is an entire series of activities and positions that are not recommended, because they contain some of these movements:

- External rotation
- Adduction (to draw in towards the axis of the body)
- Flexion (bending) above 90 degrees

Film Profil firmy BEZNOSKA s.r.o., Pavel Dungl, 2011

Instructions

- **Exercise** several times a day, moving the hip. Exercise the back and stomach muscles, gluteal muscles and upper limbs.
- **Lie down** and sleep on a flat, firm bed. While in a side position, lie on the side that was not operated on with a pillow placed between the knees and lower leg.
- **Sit** on a sufficiently high and firm chair. Do not cross one leg over the other, and do not bend to one side. The angle between the torso and thigh must not be more than 90 degrees. It is good to use an extra toilet seat when going to the toilet. It is good to place a cushion on the car seat when sitting in a car.
- After **surgery**, the patient walks with the aid of crutches to relieve the strain on the limb that has been operated on. Use sturdy footwear for walking. A long shoe-horn will make putting shoes on easier, and use a long hook for shoe zips and Velcro fasteners. The doctor will determine the degree of strain on the limb, depending on the type of endoprosthesis used and the patient’s physical preconditions.
- When **taking a bath**, it is best and easiest to use a shower unit equipped with a handrail and slip resistant mat. It is good to equip a bathroom that has a traditional bath with a bath seat.
- To **prevent TED** (thromboembolic disease), use an elastic bandage or compression stocking for a period of 6 weeks after surgery.
- **Riding in a Car**: As a car passenger, it is good to sit in the back seat, with the limb that has been operated on stretched out. It is not recommended to drive a motor vehicle until 3 months after surgery, at the earliest.
- **Sexual Activity**: During the first 3 months after surgery, it is necessary to avoid all movements of significant external rotation and flexion of the hip joint above 90 degrees.
- **Return to Work and Sport Activities**: Return to work and to sport activities is usually possible within 6 months, at the latest, although individual differences can vary greatly and are determined by physical preconditions and the motivation of each patient. Swimming, walking and riding a bicycle or exercise bike is good. It is necessary to avoid more vigorous running, jumping, horseback riding and contact sports.

!! Important Warning: Any time your body contracts an infection, you need to see a doctor !!

**OVERVIEW OF HIP JOINT COMPONENTS OF CZECH FIRM BEZNOSKA s.r.o.**

- **Cemented THR Stems**: CSC Type, Poli Type, BEZNOSKA TRIO Cemented Type
- **Cementless THR Stems**: BEZNOSKA TRIO Cementless Type, BEZNOSKA TRIO Modular Type

- **Hip Joint Head Replacements**: Biarticular, Ceramic, Hemiarthroplasty, Metal, Cobalt

- **Cementless Hip Joint Cups**: SF Type, BEZNOSKA Type