

Hip newspaper

Day of the operation

Today is the big day

They are already expecting you in the operating room. Everything is in order: the operating rooms have been thoroughly cleaned, the equipment has been sterilized, and the team is ready. During the course of the day, your hip will be replaced with a new type of hip, which we believe is currently the best available for your case and has been in use long enough to have scientific evidence of its top-quality. Upon arrival at the hospital, you will be received by the 'start-up team'. The goal is to make your admission and transfer to the operating room as smooth as possible. You will receive an IV or tube in your arm for the quick and easy administration of medication.

Feel free to ask the head nurse about the scheduled time for the surgery. They will certainly be able to provide you with an approximate time. We will do everything to make this day as pleasant as possible.

We wish you a lot of success!

The Hip Team

Tip 1: Do you have documents for your insurance, health insurance, or employer? Please submit them to the nursing department today. We will ensure that you receive them back completed in a timely manner.

Tip 2: During a hospitalization, it's understandable that your focus is on the medical treatment and stay in the hospital. However, the period after your admission is equally important. The admission is short, so we recommend considering the possible care or assistance you may need after your procedure. You can seek information and support from the hospital's social worker.

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How do I get to the operating room?

The nursing staff of the 'start-up team' knows when your surgery is scheduled and will prepare you in a timely manner. You will be given a surgical gown that ties at the back of the neck and in the lumbar region. As you are having hip surgery, you will need to remove your underwear.

The nursing staff will transport you in your bed to the operating room. There, you will wait briefly in a room where other patients are also awaiting their surgeries. The nurses from the operating room will introduce themselves to you shortly and ask you to take a seat on the operating table. Subsequently, you will be transferred to the operating room on the table.

The surgery takes about 1 hour, but you will spend approximately 90 minutes in the operating room. This time is necessary to prepare all instruments, administer anesthesia, and awaken you after the procedure.

Afer the surgery

You will be closely monitored in the recovery room after the surgery. Once you are fully awake, the anesthesiologist will give you permission to go to your room. A nurse from the ward will come to escort you.

A nurse will regularly check your blood pressure and pulse rate. This is completely normal. Please take enough rest today and limit the number of visitors.



What happens before the operation?



The instrument nurse, medical assistant, and surgeon first thoroughly wash their hands.



The circulation nurse assists with the sterile dressing in the operation room attire.



Everyone puts on sterile gloves



Once all the instruments are ready, the surgery can begin.

Who helps in the operating room?

In and around the operating room, you may observe quite a few individuals, each with their own tasks. Here's an overview:

- The head nurse manages the practical organization of the operating room.
- The circulating nurse transports you with the operating table into the operating room. Additionally, this person assists the anesthesiologist with anesthesia and hands materials to the instrument nurse.
- The instrument nurse prepares the tables where instruments are laid out for easy transfer during the procedure. This individual is well-versed in each step of the surgery, ensuring the right instrument is ready at all times.
- The anesthesiologist takes care of your anesthesia and provides pain relief for 24 hours after the procedure.
- You discussed the surgery with the surgeon during the consultation. The surgeon performs the entire operation.
- The medical assistant/resident assists the surgeon during the procedure.
- The material and logistics coordinator ensures that all necessary materials are ordered promptly and placed in the right location.
- The sterilization team ensures thorough cleaning of all instruments. Subsequently, everything is loaded into special baskets and double-packed. These baskets are sterilized at high temperatures to eliminate any remaining bacteria.
- The maintenance team ensures that the entire operating room is always spotless. After each procedure, every operating room is thoroughly cleaned.
- The recovery room nurse closely monitors you after the procedure, collaborating with the anesthesiologist to provide sufficient pain relief for a comfortable awakening.

Help, my leg is swollen!

Swelling (or edema) is common after the placement of a hip prosthesis. We observe it more frequently in individuals who already had a tendency to experience swollen legs before the surgery, for example, in warmer environments or after prolonged periods of sitting. The swelling of the upper thigh is usually a direct consequence of the procedure and occurs fairly quickly after surgery. Typically, this is subcutaneous blood that will spontaneously dissipate after a few weeks. The swelling of the lower leg, on the other hand, occurs because blood and fluid face some difficulty returning to the heart due to mild bruising of the muscles around the hip from the surgery. This may also result in swelling of the foot and ankle.

What can you do to limit this swelling?

- Elevate your legs.
- Resume normal use of your muscles, for example, regularly flexing your calf muscles after the surgery. The key is to move as soon as possible, even while in bed.

No compression stockings or other aids are used.

WHAT CAN YOU DO?

- Shift your position in bed
- Gently lift your legs
- Lift your buttocks
- Gently tense and relax the muscles in both legs.

WHAT YOU SHOULD NOT DO:

- Get out of bed alone (always ask a nurse or physiotherapist for assistance if you want to get out of bed).

Will I experience pain?

The surgery is preferably performed under general anesthesia. You don't need to worry; once you are asleep, you will not feel any pain, and you will not be conscious during the operation.

After the surgery, you will remain in the recovery room until the anesthesia wears off. Subsequently, you will be taken to your room. From now on, you will receive pain medication through the IV (and sometimes through an injection in the buttocks) until tomorrow.

Be sure to inform us if you experience severe pain so that we can address it accordingly.

Tromboflebitis

After a hip operation, there is a certain risk of blood clot formation in the blood vessels of the leg, a condition known as tromboflebitis.

To minimize this risk, we take the following measures:

- Swiftly resume movement with the calf muscles and start walking again, which is crucial. Therefore, we make every effort to get you back on your feet as soon as possible. A few hours after the surgery, a physiotherapist will come to your room to explain some exercises and assist you in trying to walk.
- You will receive two daily tablets of blood-thinning medication (acetylsalicylic acid). These should be taken for 28 days.

If you were to develop tromboflebitis, you would temporarily receive an increased dose of blood thinners, and sometimes compression stockings may be prescribed.

Fast rehabilitation, what does that mean?

Thanks to modern surgical techniques, patients recover better and faster than before. To promote this recovery, exercise therapy and occupational therapy are started shortly after the surgery.

Just a few hours after the operation, the physiotherapist will visit you for the first time, and rehabilitation will commence. You can begin taking your first steps! Of course, we start slowly and in a controlled manner.



Here are some tips for you:

Movements to avoid:

During the initial period after the operation, it is advisable to avoid the following movements:

- Bending the hip (flexion) more than 90° ●●
- Rotational movement = turning the foot excessively inward or outward ●●
- Combining rotational movement with hip flexion ●
- Sitting with uneven weight distribution ●
- Crossing the legs ●



Getting out of bed

- Place the foot of the non-operated side under the ankle of the operated leg. Now, in one smooth motion, turn your legs and pelvis together until your legs are out of bed.



- Slide forward gently until your toes touch the ground and put on your shoes.
- Extend your operated leg straight in front of you, while the non-operated leg is bent at the hip and knee.
- Place more weight on the non-operated leg and push off with both hands to stand up.

Getting in bed

- Inverse the process to get out of bed.

Sit down

- Grab the armrests with both hands to sit down.
- Extend your operated leg straight in front of you.
- Bend the non-operated leg at the hip and knee.



Stand up

- Stand up by extending your operated leg straight in front of you, while the non-operated leg is bent at the hip and knee.
- Slide to the edge of the chair before standing up.
- Use both hands on the armrests for support.