

Hip newspaper

Day 1 after the surgery

Goodmorning!

You have a new hip. Hopefully, you slept well last night. Today, there will be quite a bit of exercising. You will already walk with the physiotherapist, and maybe even go up and down stairs. You can also sit up in the chair. Mandatory bed rest is a thing of the past. It will be a busy day. Try to take enough breaks in between and ask your visitors not to stay too long.

Can I lean on my new hip?

Yes! After a hip operation, you can immediately put weight on the new hip. This allows for a quick rehabilitation, and you'll be back on your feet in no time.

The schedule for today

The occupational therapist will assist you today in walking to the bathroom, where you can independently wash yourself. If you need help with washing or dressing, feel free to ask. They will explain how to get out of bed and sit in the chair, along with providing various practical tips.

X-ray: During the day, someone will come to take you downstairs for an X-ray of the hip. This is a standard procedure for all patients.

Visit from the physiotherapist: Through quick and intensive exercises, you will recover smoothly, and your confidence will greatly increase.

For your information

As you may have noticed, there are no tubes used in the hip. In other words, there is no tube to be removed. Also, the dressing can remain closed neatly. The wound should stay covered for a total of about 14 days.

A catheter is normally not used. Only in cases of difficulty with urination is it sometimes decided to place a catheter, preferably for the shortest possible duration.

The IV (intravenous) drip will be removed today.

The occupational therapy team is here for you!

The term 'ergotherapy' comes from the Greek 'ergon,' meaning action, work, or deed. The ergo-team focuses on human actions, in relation to activities in daily life.

As occupational therapists, we aim for the highest possible level of self-reliance, with a focus on you as an individual. The emphasis is always on your individual abilities during independent functioning in meaningful daily activities. Additionally, you will receive advice on fall prevention, assistive devices, environmental adaptations, and customized approaches.

Together, we embark on a journey to provide you with the highest quality treatment in the shortest possible time.

The ergo-team.

TIP

As soon as you are back home, physiotherapy and, if necessary, home nursing care will be required. Please schedule your appointments now.



The physiotherapie team

Physiotherapy is derived from Greek and consists of 2 words: kinesis (movement) and therapeia (treatment). So, physiotherapy is 'treating through movement.'

Movement is what we will have you do or what you will do with us. Alongside the occupational therapist, we aim to teach you to move independently and safely as quickly as possible. For example, we'll teach you how to get in and out of bed, how to walk with crutches, or how to walk alone. And if all goes well, we'll teach you how to go up and down stairs.

We start these exercises just a few hours after the operation. So soon, you may wonder? Indeed, because you and your new hip will benefit from it. Those who get back on their feet quickly have a lower risk of phlebitis and stiff joints. Movement reduces the chance of swelling and pain.

So, there's work to be done! Prepare your legs and bring your smile because physiotherapy is... enjoyable therapy.

Wishing you success in your recovery. Together with you, we ensure that your new hip moves smoothly again.

The physiotherapy team

Tips from the occupational therapist

After the operation, the occupational therapist will teach you joint-saving principles. Together, you will apply theoretical knowledge into practice.

Additionally, we will explore how to adapt activities of daily living to the current movement challenges.

Tip of the day: How to sit in a chair or sofa?

Sitting

It may seem simple to sit down in a chair or on a sofa. However, in the first few days after the operation, it might not be as straightforward. Here are some tips:

- Preferably use a chair with armrests.
- Turn just before the chair so that you are facing away from it.
- Step backward until the back of your knees touch the chair.
- Hold onto the armrests with both hands.
- Place the operated leg slightly forward and lower yourself into the seat.
- Ensure that the chair is high enough or add an extra cushion.

Perform each movement thoughtfully, but have confidence! The new hip is in place.



Standing up

- Extend your operated leg straight in front of you. The non-operated leg is bent at the hip and knee.
- Slide to the edge of the chair before standing up.
- Use both hands to support yourself on the armrests to stand upright.

Walking with a walker

Ensure that the walker is at the correct height, meaning you always walk with a straight back and slightly bent arms. First, place the walker a bit forward. Next, position the operated leg approximately halfway into the walker and lean on your arms. Then, move the non-operated leg a step beyond the other foot.

To achieve a more normal walking pattern, lead with the operated leg first, followed by the non-operated leg stepping beyond the other foot. Do this in a smooth motion, moving the walker fluidly instead of in small steps.



Walking with crutches

Walking rehabilitation with crutches is taught in the room, in the hallway, and on the stairs, always under the guidance of the physiotherapist.

Using 2 crutches:

- Place the crutches first.
- Move the operated leg forward.
- Move the non-operated leg past the operated leg.



Using 1 crutch:

- Keep the crutch on the side of the non-operated leg.
- Place the crutch forward.
- Move the operated leg forward.
- Move the non-operated leg past the operated leg.



Aids

During the exercise sessions with the occupational therapist, you will learn how to perform daily activities without straining your hip. If necessary, aids such as a reacher, slip lift, stocking aid, or toilet riser can be used. These aids will be provided during your hospital stay, but it can be helpful to have them at home as well. You can purchase them through your health insurance. We recommend doing this in advance so that you have the aids upon discharge from the hospital.



How far am I allowed to move?

You can already function independently, but we still recommend being cautious in your movements. It's important to listen to your body.

Avoided Movements and Positions
(especially during the first 6 weeks after the surgery):



Bending the hip (flexion) more than 90°.



Rotational movement (rotation) = turning the foot very far inward or outward.



Cossing the legs.