HUS

HUS

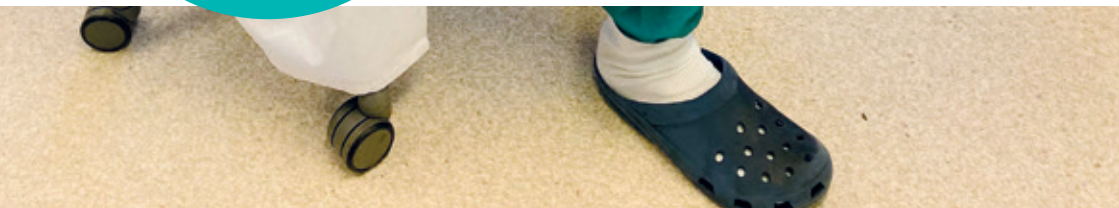
Hip replacement surgery

Please take this guide with you when you arrive for the pre-visit and the surgery

Welcome to hip replacement surgery at the Peijas Hospital!

The purpose of this guide is to help you to prepare for the upcoming operation as well as post-operative recovery and rehabilitation.

It also includes information about the risks related to the procedure. Please read the guide carefully at home.



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Dear Patient,

You have been placed on the waiting list for joint replacement surgery.

Visit a HUS laboratory for your laboratory tests.
It is not necessary to book an appointment, but you can do so at:
https://www.hus.fi/en/patient/treatments-and-examinations/laboratories-and-imaging.

You can drink and eat normally before the laboratory visit.

Remember to book a dentist appointment!

Immediately notify the surgery scheduler with a Maisa message or by calling 09 471 73500 when the dentist provides you with a certificate stating that your teeth are fine. Our telephone service is available Mon–Fri from 8 am to 3 pm (call-back service). The surgery scheduler will call you back by the next business day.

Please contact the surgery scheduler if:

- There have been any changes in your health status or medication
- You have sought treatment elsewhere
- You have any questions about the waiting list
- Your municipality of residence, address or phone number has changed

Your preliminary date of surgery is _____ .

Day of surgery

Washing and showering

Have a shower in the morning of the day of surgery or in the previous evening. Wash yourself carefully with liquid soap and shampoo your hair. Pay particular attention to the surgical site, armpits, groin, skin beneath your breasts and skin folds and the genitals. Avoid chafing your skin just before the surgery. Dry yourself with a clean towel and put on clean clothes. If you take a shower in the evening, change the sheets for the night.

Skin

Check the condition of your skin. The skin must be completely healthy and intact. Pay particular attention to the skin between the toes, the surgical site, groin, skin folds and skin beneath the breasts. Do not shave or remove skin hair yourself.

Eating

Do not eat anything after 2 am on the night before the surgery. You can drink a glass of water (2 dl) in the morning, for example, when you take your medication. You can drink a cup of coffee or tea without milk two hours before arriving to the hospital.

Medication

Take the following home medication on the morning of the surgery as instructed by the anesthesiologist:

_____

_____

_____

_____

Bring your own insulin, asthma medication, hormone replacement medication and eye drops with you to the hospital.

Clothes

Avoid wearing make-up or strong perfumes when arriving to the hospital. Wear clean and loose-fitting clothes that are easy to put on. Take with sturdy and roomy indoor shoes that stay on your feet and are easy to put on.

Please bring with you to the hospital

- Forearm crutches borrowed from the Assistive Equipment Center; if you use a rollator, bring it with you.
- Your own shoes that are easy to put on.
- Personal toiletries (e.g. toothbrush and paste).
- Home medication you have agreed with the nurse, e.g. asthma inhalers, insulin (and your blood glucose meter), hormonal medication and eye drops. If you use a CPAP device, please bring it with you.
- Your phone and a charger. It is also a good idea to take some money with you, e.g. for a taxi.
- Also bring this guide.

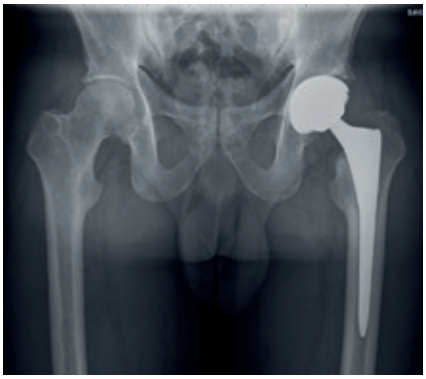
Please leave your valuables at home – the hospital is not responsible for lost valuables.

Do not drive to the hospital.

In the morning of the operation, arrive to the **Surgery Outpatient Clinic 4 at 7 am.**

The door opens at 6.50 am. If the arrival time or place of surgery changes, we will call you the weekday before between 2 and 3 pm.

If you notice anything unusual in the way you feel on the morning of the operation, please call the Surgery Outpatient Clinic 4, tel. 09 471 66361. **Note! This number is only to be used on the morning of the operation!**



A post-operative x-ray showing the implanted hip prosthesis.

About hip replacement surgery

At the early stage, the primary treatment for osteoarthritis of the hip is conservative, i.e. pain medication and rehabilitation. A joint replacement surgery is decided on when, based on the symptoms and x-rays, osteoarthritis is advanced, causes significant harm to the patient and appropriate conservative treatment has not helped.

The main reason for a hip replacement surgery is primary osteoarthritis, in which the underlying cause is not known. Osteoarthritis can also be caused by various rheumatic diseases, congenital dislocation of the hip and sequela to trauma and certain joint diseases.

The most common symptom of osteoarthritis of the hip is pain. At first, the pain is pain on motion or exertion, later pain at rest as well. The pain is localized to the hip and groin region and may radiate all the way down to the knee. Another important symptom is stiffness of the hip joint. You may also experience postural abnormality, limping and leg giving away. Internal rotation is often the first movement to become restricted.

Several types of prosthetic joints are available for hip replacement surgery. The operating surgeon selects the most suitable option for you. A prosthetic joint can be attached with or without bone cement. The liner material and the size of the prosthetic joint cup also vary.

A hip replacement surgery aims to alleviate pain and improve mobility. Combined, these usually improve the functional capacity and the quality of life. Usually, a joint replacement surgery does not significantly improve the range of movement in the joint.

The surgery may make it easier to exercise, for example. However, the main objective of the surgery is to help your everyday coping.

A successful hip replacement surgery results in less pain and adequate range of movement in the joint. Your active participation is essential for achieving a good result.

More information (in Finnish):
www.niveltalo.fi

Different types of cups of a hip prosthesis.

Different types of shafts of a hip prosthesis.

Spinal anesthesia

Spinal anesthesia is the most common form of anesthesia in lower limb operations. When the patient is lying on the side or sitting down, the anesthesiologist uses a thin needle to inject the anesthetic into the cerebrospinal fluid space (fluid compartment surrounding the spinal cord). This makes the operative site numb and pain-free. You cannot move your legs during the surgery. After checking for anesthesia, you may also be administered intravenous sedation in connection with the anesthesia to make you sleep lightly through your procedure. Compared to general anesthesia, spinal anesthesia requires less anesthetic, has a lesser effect on the normal operation of the respiratory and cardiovascular system less and allows better post-operative pain management. Certain disorders of blood coagulation, medication affecting coagulation and structural abnormalities of the back may inhibit the use of spinal anesthesia.

General anesthesia

General anesthesia is used when local anesthesia is not suitable due to the location of the operative site, type of procedure or some other reason. When the patient is asleep, the anesthesiologist maintains an open airway by inserting a special plastic tube into the pharynx or the trachea. The patient is connected to a ventilator. Modern anesthetics and methods are safe, especially when the patient has no known severe underlying diseases.

Preparing for surgery

General state of health

Good general health speeds up recovery from the operation and improvement of physical functional capacity. Possible underlying diseases (e.g. diabetes, hypertension) should be well controlled before the operation. Elevated blood glucose (poorly controlled or untreated diabetes) increas-

es the risk of post-operative infection, and your physician or diabetes nurse should check that the diabetes is controlled well before the operation.

Smoking is one of the biggest risk factors for wound infection. That is why it is essential for the healing of the surgical wound to quit smoking before the operation (preferably more than 4 weeks before).

Constant heavy drinking requires appropriate treatment well before the planned operation. Withdrawal symptoms significantly impair recovery from the operation and rehabilitation. Constant daily heavy drinking can be considered a contraindication to a joint replacement surgery.

A myocardial infarction in the last few months usually means that a planned joint replacement surgery must be delayed. Please contact the physician treating your underlying disease or a physician at your local health center to control the treatment, when necessary.

Exercise and muscle strength

Good muscle strength promotes post-operative recovery. Keeping up your muscle strength and joint mobility is part of preparing for the joint replacement surgery.

Before the operation, it is important to strengthen your muscles and maintain joint mobility as much as pain allows. Suitable forms of exercise include (Nordic) walking, water aerobics, swimming, cycling and gymnastics.

Overweight

Significant overweight can complicate the technical performance of the operation and slow down wound healing. It may also increase recovery time and the risk of losing the prosthetic joint.

Losing just a small amount of weight can alleviate hip pain. Please contact your local health center for guidance on diet and weight loss.

Additional information (in Finnish): **www.painonhallintatalo.fi**

Treatment of infections and skin care

A prosthetic joint is a foreign body that attracts bacteria, especially during recovery. Symptomatic infections, such as urinary tract infection, respiratory tract infection and maxillary sinusitis must be treated well before the operation because they may prevent the operation.

Rashes, breaks in the skin between the toes and in the heels, wounds and inflammation of the nail fold must also be treated. The skin must be free of scratches, wounds, pimples and scabs. Poor condition of the skin can be a contraindication for the operation.

Dental care

Your mouth and teeth must be in good condition for the joint replacement surgery. Sometimes the foci of inflammation are only visible in x-ray.

Your local health center is responsible for your dental care. You can also receive reimbursement from Kela for treatment at a private dental clinic (you don't need a separate referral).

We recommend making an appointment with a dentist as soon as the decision to operate is made.

If the dentist must extract a tooth, you must wait at least 3 weeks before having the joint replacement surgery.

Immediately notify the surgery scheduler by calling 09 471 73500 or with a Maisa message when the dentist provides you with a certificate stating that your teeth are fine. The telephone service is available **Mon–Fri from 8 am to 3 pm**. Please bring the certificate to the hospital. The certificate is attached to the centerfold.

Dental care before joint replacement surgery

Foci of inflammation in the teeth are known to cause occasional spread of bacteria into the circulation. They can be located in the oral mucosa, gums, teeth or jawbone, even in a completely toothless jawbone. They must be treated well before the scheduled joint replacement surgery. The attending dentist must be aware of the planned joint replacement surgery to be able to actively treat any foci of inflammation before the operation. An extraction socket, for example, takes at least two weeks to heal.

Sometimes the foci of inflammation are latent and only visible in x-ray. **Before the surgery, the patient's teeth are x-rayed** (orthopantomography and more detailed images, when necessary). Completely toothless jaws must also be x-rayed to detect possible latent foci of inflammation inside the jawbone or retained roots.

Special attention must be paid to the health of the supporting dental tissues. Gingivitis may spread to the teeth and the supporting dental tissues without the patient noticing. Untreated gingivitis (and possible destruction of the supporting tissue) is equivalent to an open wound the size of the palm. Appropriate treatment of gingivitis takes time and requires your active participation. That is why you should visit a dentist well before the joint replacement surgery.

Preparing a treatment plan well in advance can often help to avoid extraction of teeth and maintain your own teeth. **A healthy mouth improves the success rate of joint replacement surgery.**

Post-operative assistive devices: forearm crutches, a reacher, sock aid, raised toilet seat and seat cushion.

Assistive devices

Before the operation, please collect necessary assistive devices from your local Assistive Device Center. They are lent free of charge.

___ Forearm crutches/rollator
___ Reacher
___ Sock aid

Plus the following, when necessary:
___ Raised toilet seat
___ Seat cushion
___ Bed leg risers
___ Shower chair

KYou can stop using forearm crutches when you can walk safely and limping is minimal. You need to use the other assistive devices for approximately 6 weeks.

You should avoid extreme rotation and bending of the operated hip for approximately 6 weeks. You will receive detailed information about movement and weight-bearing restrictions after the operation.

Coping at home

Because your stay in the hospital is short, approximately 1–2 days, it is a good idea to plan beforehand how you will cope with shopping, cooking and washing, for example.

Support from your loved ones is an important part of the recovery, and you can bring them with you to the pre-visit, if you have one.

Pre-operative counselling

Usually, you will be notified of the date of surgery by letter to your home address (after you have notified us that your teeth are fine).

The letter includes instructions for possible laboratory tests and x-rays as well as how to prepare for them. The letter also says if you will be invited to the Surgery Outpatient Clinic to see a nurse or a physician or if you will receive preparation instructions by phone. This will take place 1–2 weeks before surgery.

During the visit, you will meet a nurse who checks your eligibility for surgery and health history and provides you with individual instructions. Guidance by a physiotherapist is usually provided in groups. You will meet the anesthesiologist only if it is necessary. Consultation with an orthopedist is agreed individually.

Laboratory tests

Have a blood test in the morning at a HUS laboratory (crossmatch).

Date: _____

You can drink and eat normally.

You will receive individual instructions on medicines that affect blood coagulation and whether to stop taking them. If you use Omega 3 products, discontinue their use when the operation is decided on. Omega 3 may increase bleeding during the surgery, even a long time after you stop using it.

When arriving for the pre-visit or having a nurse call you, please have ready all the forms sent with the invitation carefully filled out, any prescriptions and the certificate provided by the dentist. The visit may last for several hours.

A break in the skin may prevent the operation. Attention is also paid to broken skin or skin folds and the skin between the toes. Your skin will be examined during the visit. If instructions for preparing for the operation are provided by phone and you have broken skin or wounds, please contact the Surgery Outpatient Clinic and schedule an appointment for skin examination before the nurse calls you.

You will receive a prescription for nasal ointment at the check-up appointment, if not before. Start using the ointment 5 days before the operation. Apply a small amount on nasal mucosa twice a day.

Start using the nasal ointment on

_____

If you have been vaccinated against influenza, Covid-19 or other diseases, you should wait 2 weeks before the surgery.

What happens on the day of operation?

When you arrive at the hospital, you will put on a hospital gown, and you will be administered premedication prescribed by the anesthesiologist.

The operation takes 1–2 hours. Before the operation, you will be given antibiotics to reduce the risk of infection. The procedure is generally performed under spinal anesthesia. The procedure generates noise, and you can opt to wear ear plugs during the procedure. In addition to the anesthesia, you will receive sedative drugs, when necessary.

An orthopedist in the operating room.

General anesthesia

General anesthesia is used when local anesthesia is not suitable due to the location of the operative site, type of procedure or some other reason. When the patient is asleep, the anesthesiologist maintains an open airway by inserting a special plastic tube into the pharynx or the trachea. The patient is connected to a ventilator. Modern anesthetics and methods are safe, especially when the patient has no known severe underlying diseases.

After the surgery, you will be transferred to a recovery room to monitor coming out of anesthesia and your condition.

Next, you will be transferred to your inpatient ward for regular monitoring. On arrival at the ward, you will receive something to drink as well as dinner or an evening snack, depending on the time of the day.

At the ward, you can use your own mobile phone to keep in contact with your loved ones.

On the evening of the day of surgery, anti-thrombosis medication is started either as an injection or tablet. Continue to take your medication at home as instructed by the physician.

On the evening of the day of surgery, you will be helped out of bed and to the toilet, if you feel up to it.

Daily routine in the Ward

At 7–8 am
Lab tests, when necessary

At 8–9 am
Breakfast and morning medication, morning routines, washing up, rehabilitation, care measures, examinations, discharges, etc.

At 12–1 pm Lunch

At 2–7 pm Visiting hours

At 4–5 pm Dinner

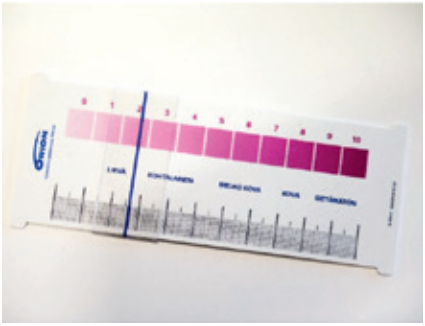
At 7.30 pm Evening snack and evening medication

Pain management

It is normal to have pain in the surgical site the during recovery. Pain is managed with regular pain medication. Cold therapy can also be used to treat pain.

After the surgery, you will be given regular pain medication.

The physicians and nursing staff cannot know how much pain you have after the operation.



Leikkauksen jälkeisen kivun mittaamisessa käytetään apuna kipumittaria.

They are best able to help you, when you let them know as early as possible if you experience pain.

Pain is estimated with different methods, such as a numerical scale from 0 to 10. Zero means you are pain-free and 10 means the worst imaginable pain. Adequate pain medication helps you get back on your feet and facilitates recovery.

Post-operative treatment and rehabilitation

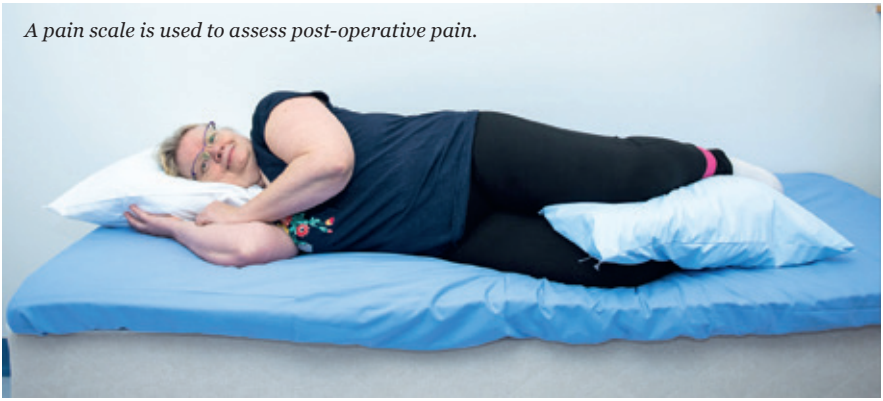
On the first morning after the surgery, nurses will help you to wash up and usually remove the urinary catheter, if used.

When eating, we recommend sitting on the side of the bed or at a table. You can go to the toilet assisted by the nursing staff as soon as your condition allows. Due to the short treatment time, we encourage you to be independent in the ward. An active attitude enhances your recovery and rehabilitation after the surgery.

Lying on your back is usually the most comfortable rest position for the operated hip. When lying on the non-operated side, we recommend keeping a pillow between your legs for approximately 6 weeks. You can also lie on your stomach right away.

You can lie on the operated side after the staples have been removed (2 weeks after the surgery).

A pain scale is used to assess post-operative pain.



When you sit down, make sure that you distribute weight evenly on both buttocks. The sitting height is adequate when your knee and hip are at the same level.

Moving after surgery

After the surgery, you will be instructed to get up soon, often as early as on the day of surgery. You can get out of bed on the side you are accustomed to.

You are allowed to sit, but you should avoid sitting for longer periods at first to prevent disturbing the circulation of tissue fluid and blood circulation.

The aim of rehabilitation is to be able to move as normally as possible. Usually, you are allowed to place full weight on the operated lower limb. To support walking and avoid limping, you will be instructed to use forearm crutches or a rollator.

In addition to walking, we will instruct you with exercises in the ward. The exercises aim to improve circulation, activate muscles and promote optimal operation of the operated joint.

The following exercises are designed to improve the function of the operated joint. You can safely start them right after the operation.

Pumping the ankle improves venous return after the surgery.

Form for the dentist

Based on a clinical and radiological examination, I declare

_____

that there is no indication of foci of inflammation in the teeth or jaws that may interfere with the joint replacement surgery. The oral mucosa are healthy.

Place	Date	Dentist

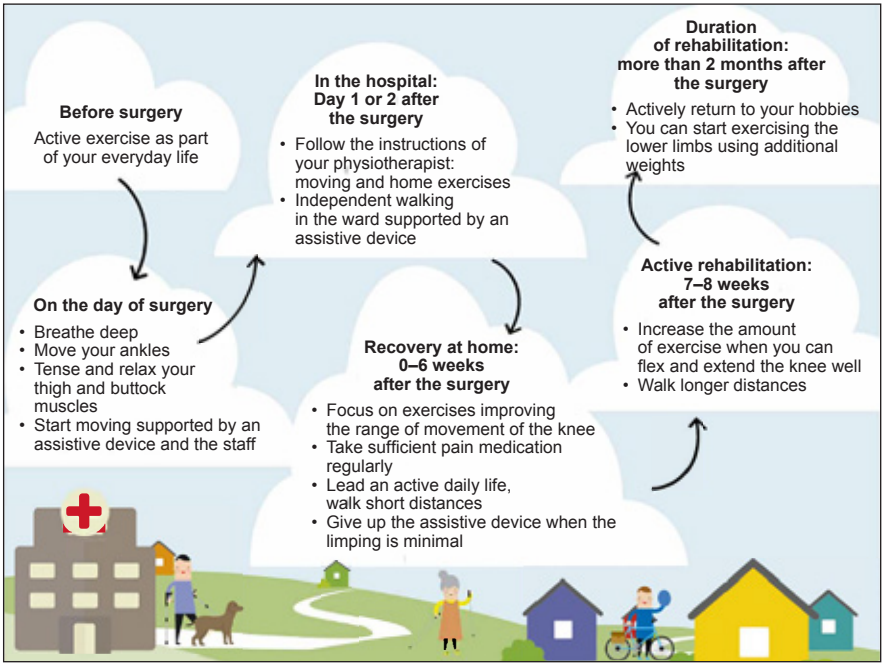
Bring this form with you to the admission interview.
Do not send the form beforehand.
The certificate is valid for 12 months, provided that you do not have any problems with your teeth during that time.

During the exercises, you can experience some muscle tightness but they should not cause intense pain.

Increase the number of repetitions and strain gradually because tissues take time to heal. Pain should be managed before increasing the strain.

Sitting down on a chair and standing up: Use both lower limbs as symmetrically as possible when sitting down and standing up.

Progress of rehabilitation



Remember that recovery varies individually.

Walking with forearm crutches: three-point gait

Place the crutches in front of you. Move the operated foot in between the crutches. Step with your good foot past the operated foot.

Post-operative exercises

Weight transfer

Transfer weight from one foot to the other by carefully lifting the feet from the floor. Continue to transfer weight by stepping to the side and lift your knee. Remember to stand straight.

Walking with forearm crutches: two-point gait

Advance the opposite crutch and foot together.

You can gradually give up the crutches when you stop limping. Give up one crutch first and leave the crutch on your good side.

Remember to stand straight when walking and use the operated leg symmetrically with the other leg.

Climbing up the stairs

Take support from the railing and place the crutch on the side of the railing in your right hand as shown in the image.

Step up with your good foot. Place the operated foot next to the good foot. Move the crutch on the same step with your feet.

Climbing down the stairs

Use the railing for support. First, move the crutch on the lower step. Next, move the operated foot on the same step with the crutch.

Place the good foot next to the operated foot. Advance one step at a time.

Pelvic lift

Tighten your glute muscles and lift your pelvis in a controlled manner. Keep your muscles tightened for a minute and slowly lower the pelvis down. The aim of this exercise is to improve pelvic control.

Hip opening lying on your back

Lie on your back and bend your hips and knees. Keep your feet flat on the floor. Activate your glute muscles and slightly open your hips. You should not feel intense pain.

Stretching the front of the operated hip standing up

Standing up: Move the operated leg back to stretch the hip. Push your pelvis forward until you can feel a stretch at the front of the hip.

Toe raises

Use a sturdy piece of furniture for support. Rise up on your toes while activating your glute muscles and slowly lower down. Remember to stand straight!

- **Please note that recovery of tissues takes time.**
- **You should gradually increase the number of repetitions and strain. Pain should be managed before increasing the strain.**
- **Exercising should not cause intense pain.**

You can find more information about rehabilitation (in Finnish) at: kuntoutumistalo.fi

Discharge from the hospital

A nurse will discharge you from the hospital in 1–2 days, as your condition allows. In some cases, ambulatory surgery is also possible, but this is always agreed in advance and the patient is provided with separate additional instructions. You can be discharged when pain is manageable with oral painkillers, you can walk with an assistive device and there is no excessive discharge from the surgical wound. You can leave the hospital at any time of the day, also during the weekend.

When leaving, you will be provided with the necessary e-prescriptions for painkillers and prophylactic medication for the prevention of embolisms, a sick leave certificate, when necessary, as well as rehabilitation and wound care instructions. The hospital issues a sick leave of 1–3 months. If you need a longer sick leave, please contact your occupational health care. Approximately 2–3 months after the surgery, you will be invited for a follow-up examination at an outpatient clinic.

You can go home by a car, a taxi or a taxi for disabled people. If you take a taxi, you must pay a copayment. You do not need to have someone to pick you up from the hospital or receive you at home.

You can drive when you are able to press the pedals reliably and safely. This usually takes approximately 6–8 weeks but varies individually. You can ride in a car straight away. If the seat is low, use a cushion, when necessary.

At home, it is enough to walk inside at first. When you are feeling better, you can start walking outside and exercise according to the instructions of the hospital. Increase the amount of exercise and strain gradually as your condition allows. Take into account the restrictions caused by surgery. You can stop using assistive devices when you can walk safely, and limping is minimal.

Swelling in the operated leg can last for several months. Sitting for long periods of time and excessive strain generally increase swelling. To alleviate swelling, elevate the limb and pump the ankle.

Risks related to joint replacement surgery

Despite careful preparations, surgical procedures always involve a risk of complications.

The operated area may become infected. If there is discharge from the surgical wound approximately seven days after the operation or the wound becomes redder after you leave the hospital or you have fever (over 37.5 degrees) without any explanation you should contact the ward.

Sometimes, it is necessary to clean the surgical wound or the area surrounding the joint prosthesis in the operating room. In case of chronic prosthetic joint infection, the infected prosthetic joint has to be removed. A new prosthetic joint is inserted approximately 6–12 weeks after the operation, when the infection has healed.

There is always swelling in the operated limb. Abnormal swelling in the ankle or leg can be a symptom of venous thrombosis, however. So is tight pain deep in the calf, especially when you flex the ankle. If you suspect a venous thrombosis, please contact the ward. A suspected venous thrombosis is confirmed with an ultrasound.

Sometimes, a hip prosthetic joint can become dislocated, for example if you fall or bend deep. If that happens, you will feel acute intense pain, your leg will become shorter, and it will be impossible to put weight on the foot. Please contact the emergency department of your local hospital. They will instruct you on how to get to the hospital. You should ride in an ambulance. The dislocated joint is moved back into the correct position under a short general anesthesia or local anesthesia. If this keeps recurring, a reoperation is often necessary.

You should avoid drinking alcohol for the first three months to prevent falling down and other accidents.

A rare but possible problem after the surgery is nerve damage caused by stretching of the nerve. It causes partial loss of sensation and weakness of the operated foot. This problem usually disappears, partly or totally, in 6–18 months.

Osteoarthritis of the hip often causes a difference in the length of the legs. This length discrepancy can be repaired by the operation. If there is no significant difference in the length of the legs before surgery, the operated leg can become longer during the surgery. Sometimes, it is necessary to lengthen the leg slightly (5 mm) during the operation to stabilize the joint.

The operated leg can sometimes feel longer straight after the operation because its length has changed suddenly. On the other hand, swelling and pain in the operated area cause tightness, and it may feel like there is a difference in the length even though there is not. You usually get used to a slight length discrepancy (below 0.5–1 cm), and there is no need to fix it with insoles before the follow-up examination.

It is often difficult to measure the length discrepancy clinically, and a hip x-ray taken after the surgery and at the follow-up examination is considered to give a more reliable indication.

Swelling in the operated leg can last for several months.

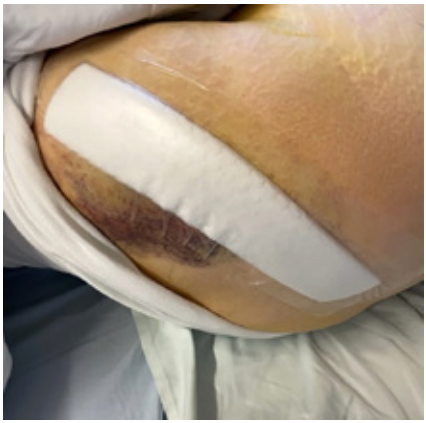
Risks related to anesthesia

Anesthesia involves a risk of complications. Spinal and epidural anesthesia involve a risk of severe or permanent adverse effects (e.g. bleeding in the spinal cord, infection or paralysis of the spinal cord), but this risk is very rare. The risk related to these types of anesthesia is increased by severe illnesses of the spine and the spinal cord or problems related to discontinuation of anticoagulant therapy. The risk is small when you follow the instructions on anticoagulant therapy provided before the surgery. In case of general anesthesia, the most significant risk is related to problems with keeping the airways open. Severe airway management problems during general anesthesia are rare, but the risk is higher in certain risk groups (e.g. patients with structural abnormalities of the mouth, jaw or cervical spine, patients with severe sleep apnea and patients with problems with gastric emptying). Severe adverse effects (permanent sensory loss or numbness) related to nerve block anesthesia used for post-operative pain management are very rare.

Risks related to blood transfusion

All procedures performed in the operating room involve a risk of bleeding, which may require a blood transfusion. The risk of blood transfusion can be reduced by, for example, good pre-operative treatment of anemia and following the instructions on the discontinuation of anticoagulant thera-

py. Common adverse effects related to blood transfusion (fever, mild allergic reactions) are rare. There are approximately ten cases of severe adverse effects of blood transfusion (acute hemolysis) in Finland annually. The blood products marketed in Finland are of very high-quality, and there have not been any cases of transfusion-transmitted viral infections in recent years.



Home care instructions

Wound care

- Keep the wound clean and dry.

- You can take a shower starting from day 2 after the surgery. Do not apply soap directly on the wound. Otherwise, you can wash yourself normally. Avoid rubbing the wound. Finally, carefully rinse the wound with clean water. It is not necessary to take a shower every day, but we recommend taking one at least every 2–3 days. It is normal to have some discharge from the wound for approximately one week after the surgery. Dry the wound by patting it with a clean towel

- Replace the bandage with a clean one after taking a shower. You can purchase wound dressings at any pharmacy. Upon discharge, you will be provided with an appropriately sized dressing to use as a model. The surgical wound is approximately 15–30 cm long in case you want to purchase dressings in advance.

- Staples are removed at a **health center** two weeks after the surgery, on ____/____ 202___.
  Call your local health center after leaving the hospital and make an appointment with a nurse for removal of the staples. A home care professional or another care professional can also remove the staples using an appropriate tool.

- A dressing prevents the staples from sticking to your clothes, and we recommend using one until the staples are removed. You can start to apply cream to the wound when the staples have been removed and the surface of the wound has fully closed up.

After leaving the hospital, if the wound becomes red, feels warm, there discharge from the wound, you have fever or experience intense pain in the

wound area, please call the ward. It is normal to have some discharge from the wound for approximately one week after the surgery. If the discharge continues after a week, call the ward, **tel. 09 471 37 500**. A call-back service is available from Monday to Friday from 8 am to 3 pm.

If you have any problems concerning the operated area before the follow-up examination, please contact the Peijas Hospital.

Do not start oral antibiotics in outpatient care due to an actual or suspected wound infection.

Prevention of infections

Observe good hand hygiene. Wash your hands before replacing the dressing and dry with a clean towel.

- Avoid touching the wound unnecessarily.
- Carefully treat any wounds, rashes, inflamed cuticles and urinary tract infections and take good care of your teeth and the interdigital spaces of the toes.
- Avoid smoking and drinking because that slows down wound healing.
- If you have any underlying diseases, ensure that they are well controlled.
- Eat a variety of food.

Pain management

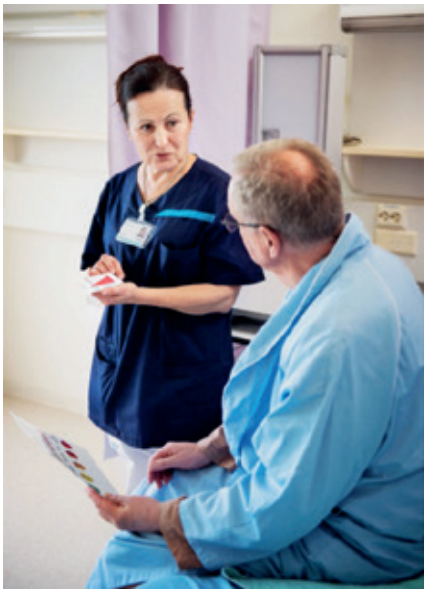
- Take a sufficient amount of the prescribed pain medication regularly at first. To prevent adverse effects, you should gradually reduce the amount of painkillers you take as the pain decreases. Painkillers are intended for symptomatic treatment.
- Some painkillers can cause constipation. If you do not have bowel movements, purchase a laxative from a pharmacy.
- Pain should not stop you from moving or disturb your sleep at night. You should use forearm crutches to transfer weight from the operated leg.
- The use of NSAIDs can cause abdominal discomfort. You can purchase PPIs from a pharmacy, if necessary. They are prescription-free.
- You can also use cold therapy to alleviate pain. You should place a towel or a similar article between the cold pack and your skin. You can use a gel pack sold in pharmacies or a bag of frozen vegetables, for example. Use the cold pack for 10 to 15 minutes at a time.
- Remember to get enough rest and elevate the leg when resting.
- Relaxing, humor and listening to music can help to distract yourself from pain.

Prevention of venous thrombosis

- Pump your ankles several times a day and exercise daily.
- Your physician has prescribed you an injectable or oral prophylaxis.
- Continue injecting the medicine or taking the tablets at home as instructed. Usually, the treatment lasts for 30 days at home.
- Inject the medicine or take the tablet at the same time each day. You may get bruises at the injection site but that is nothing to worry about.
- Discard the needles in a container with a lid and return them to a pharmacy.
- Follow the physician's instructions on when to start taking other medicines. If you use Omega 3, do not start taking it before the prophylactic treatment for embolisms ends.

Swelling and bruising

- Normally, swelling in the operated leg may last for months.
- The swelling moves downwards, and you may also experience swelling in the ankle and the toes.



- Ways to decrease swelling include elevating the leg, resting, exercising, pumping the ankles, cold therapy and painkillers.
- Try to avoid sitting for long periods of time because it increases swelling.
- There is often bruising around the surgical wound. The bruises may be painful and take a long time to heal.
- Usually, bruises are most visible 1–2 weeks after the surgery. Bruises also move downward in the tissues.
- Bruises heal by themselves.

Nutrition

You may experience a lack of appetite after the surgery.

- Eat a variety of food and drink plenty of liquids, preferably water.
- You need more protein after the operation. You can get protein from meat, fish, eggs, dairy products, legumes, peas and grains.
- You also need carbohydrates (grains, potatoes, root vegetables, berries, vegetables, fruit).
- Vitamins and minerals, particularly zinc, are needed for wound healing. You can get it from grains, dairy products and meat.
- Red meat and green vegetables contain iron.

Support services

- When necessary, nurses can have someone assist you at home, for example in wound care.
- Ask your neighbors, family or friends to help you with daily activities.

Living with a prosthetic joint

Usually, a prosthetic joint removes pain and allows patients to lead a normal life. The quality and durability of prosthetic hip joints have improved over the years, but they still do not last forever. However, approximately 94% of joint prostheses are still intact and function normally 10 years after the operation.

Prevent inflammations

Prevention and careful treatment of infections remains to be important because infections can spread to the prosthetic joint via the blood circulation.

Your dentist should be aware that you have a prosthetic joint. Some dental procedures may require antibiotic prophylaxis to prevent an infection of the prosthetic joint via blood.

Health-enhancing physical activity and weight management

Your local health and sports services, adult education centers, various associations and several private companies arrange individual and group exercise sessions for different levels that you can participate in after the follow-up examination.

You can find general recommendations on physical activity at: https://ukkinstituutti.fi/en/products-services/physical-activity-recommendations/.

Generally recommended forms of exercise include walking, swimming, cycling and cross-country skiing. You may participate in other hobbies as well, as your condition allows.

You should avoid intense extreme positions. If you go to the gym, you should avoid squatting with weights and leg press. Running and other sports that cause a hard heel strike may prove to be difficult. Keep in mind that a joint prosthesis is not the same as a natural joint.

Weight management is essential to ensure that the prosthetic joint remains in place for a long time. Severe overweight may shorten the life of the prosthetic joint.

Further information (in Finnish)
www.painonhallintatalo.fi

Usually, a hip prosthetic joint does not restrict your sex life. A joint replacement surgery does not prevent pregnancy and giving birth.

If you have physical therapy after the joint replacement surgery, medical diathermy is not allowed in the area of the prosthetic joint.

Travelling with a prosthetic joint

A prosthetic joint may cause an alarm in the airport security check, for example. You do not need a separate certificate for travelling, however.

You can start riding a stationary bicycle as soon as you can safely climb on the saddle. Pedal without resistance at first. Increase the resistance gradually.

Feedback form

Without feedback, we don't know how we succeeded. Is there something we should improve? Are you satisfied with the treatment? **Every patient's opinion counts.** We develop health care services based on patient feedback.

Please fill in a short feedback form. It takes approximately five minutes.
You can fill in the form:

- **With a smart phone or a tablet using a QR code application:** To read the QR code below, place the code in the middle of the smartphone camera and make sure that the entire code is visible. Most QR readers scan the code automatically. If not, select a scanning function on the screen. The Internet browser of your mobile device displays a website that contains the information represented by the QR code.
- **On the Internet at hus.fi:**
  www.hus.fi/en/feedback
- **With a paper form:** There is a box for the feedback forms in the ward day room. You may also give the form to a nurse.

K2 treatment unit:
1191012

K3 treatment unit:
1191013

Outpatient clinic:
1191016

Thank you in advance for your feedback!

Map and how to get there

How to get there

Information about public transport and timetables is available at the HSL app or hsl.fi. Parking in the hospital area is subject to charge. We do not recommend driving home when leaving the hospital.

WARD K2

Visiting hours: 2–7 pm

Telephone: 09 471 73500,

A call-back service is available from Monday to Friday from 8 am to 3 pm

Shared advice and inquiry service for both wards:

Inquiries about treatment queues and changes:

09 471 73500 at 8 am to 3 pm

K2 treatment unit: 1191012

K3 treatment unit: 1191013

Outpatient clinic: 1191016

HUS is the largest specialized medical care operator in Finland and the second largest employer in the country. Our expertise is of a high quality by international standards. We provide services for almost 1.6 million residents in our 24 member municipalities. We are also responsible for providing medical care nationally in certain special fields. Every year, approximately half a million patients receive medical care in our 23 hospitals. The annual turnover of HUS is approximately EUR 1.9 billion, and we employ approximately 22,000 professionals. HUS is smoke-free.

www.hus.fi

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