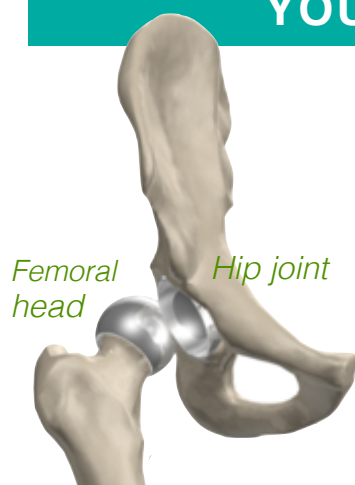


YOUR DISLOCATED HIP: TREATMENT



If you have had a total hip replacement, the 'ball and socket' of your thigh bone and pelvis is commonly replaced with a metal or plastic joint. Some leg positions or movements can cause the joint to 'dislocate' (*the femoral head comes completely out of its socket.*)

A dislocated hip joint is very painful. We will relocate it (put it back in place) as soon as we possibly can.

RELOCATION This is usually done in our resus room under sedation. Sometimes it is better for you to have the procedure in theatre under a full general anesthetic. Your doctor or clinical nurse specialist will discuss the different ways of relocating your hip joint with you and / or your family and advise the best option for you.

You will have a full assessment by your nurse and doctor, including a tracing of your heart, blood tests and an X-Ray of your hip. An IV cannula (luer) will be inserted into a vein on your hand/arm. This luer is used to give you strong pain relief such as Morphine or Fentanyl, and also the sedation medication.

You will be carefully monitored during the procedure by heart tracing and finger-tip oxygen meter. The procedure usually takes 10-20 minutes.

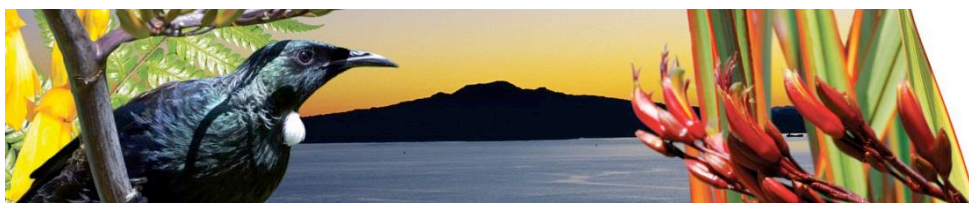
SEDATION

Your doctor will talk to you and / or your family about the sedation including the risks. This is the standard treatment for dislocated hips. We take every precaution to make this procedure safe. Some of the risks your doctor might mention are:

- Allergy / anaphylaxis (severe allergy)
- Aspiration (inhaling stomach content)
- Respiratory depression (stopping breathing)
- Hypotension (low blood pressure)
- Heart rhythm abnormalities
- Failure of the procedure (unable to put the hip joint back)
- Emergence phenomenon (bad dreams) / nausea and vomiting



If you have any other questions or concerns about your treatment options, please ask your doctor.



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After your hip has been successfully relocated, you will have another X-Ray to check the position. You will stay in our department until the sedation has completely worn off and you are able to walk around safely. A nurse or physiotherapist will assess your ability to walk safely. Sometimes we advise a brace or crutches. See page 3 and 4 for more information about these.

The effects of the sedative may last longer than you expect.

For the next 24 hours please do not drive, drink alcohol, operate machinery or sign legal documents.

This means you will have to arrange for someone to drive you home.



ORTHOPAEDIC CLINIC FOLLOW UP ADVICE

If you had your hip replacement in private

You will need to make your own follow up appointment.

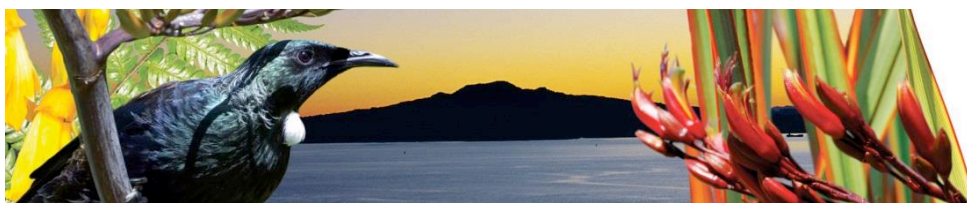
If you had your hip replacement in the public system

Your Doctor or Clinical Nurse Specialist will refer you to the 'Orthopaedic Clinic of the specialist who did your original surgery.'

Once the date and time of your Clinic appointment has been decided, the Orthopaedic Booking Clerk will either send you a letter about this, or phone you if the appointment is quite soon.

If you have not received a letter or a phone call within 10 days from your visit to Emergency Department: please phone the Orthopaedic Bookings at North Shore Hospital to find out about your appointment: Phone: (09) 486 8900 extension 7190. If you have problems getting an appointment or you are not sure what to do - please contact your family doctor for advice.

It is important that we have your correct address and phone number. Please check that these are correct on your discharge summary. Please tell the clerk, the nurse or the doctor so that we can correct it in our system.



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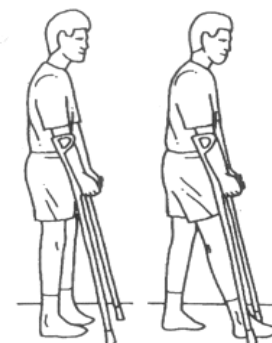
AFTER CARE: WALKING & SPLINTS

HOW TO TAKE CARE OF YOUR HIP

Some patients have ongoing pain / soreness after hip relocation. We might prescribe crutches or a special brace for a period of time.

Walking with crutches or walking frame

- Place your crutches forwards first
- Place your affected leg between the crutches
- Support the affected leg with the crutches and then step forward with your unaffected leg.



WEANING OFF CRUTCHES

- Start to wean off the crutches as soon as you feel comfortable
- Wean down to using one crutch in the opposite hand to your injured leg first
- Progress to no crutches or your normal walking aid

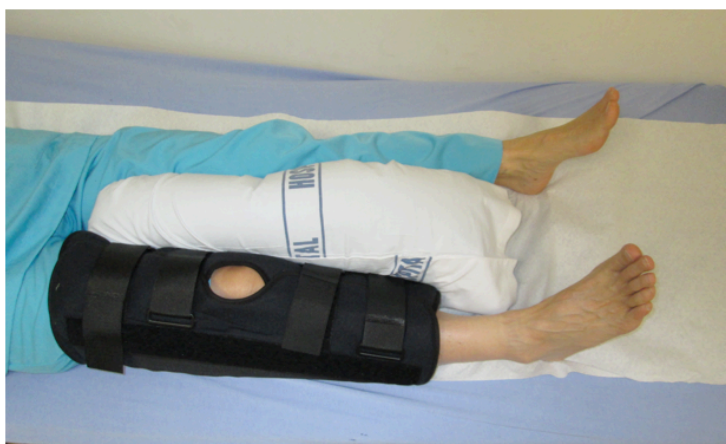
SPLINTS AND BRACES:

You *may* be given a Knee Zimmer Splint in the emergency department. **Not all patients are fitted with this brace** – your doctor or physiotherapist will decide if it is right for you.

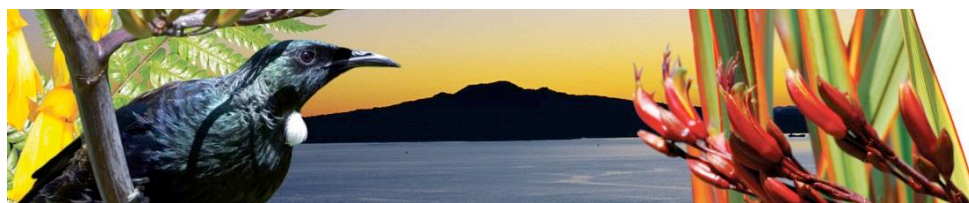
If you are fitted with a Zimmer splint, this is **to be worn only when sleeping on your bed**. It is to prevent your hip moving past 90 degrees bend. A pillow should be put between your knees to help prevent crossing your legs during your sleep also.

The brace must be applied by a family member or carer. The reason for this is that if you put it on yourself you will need to bend past 90 degrees at the hip, and if that happens you might dislocate your hip again (*see precautions*).

During the day have someone remove the brace as it will make walking and moving around difficult.



Both the pillow and bracing should be used until you have seen an Orthopaedic doctor (usually 10 days), he/she can advise if this is necessary to continue after this.












HIP PRECAUTIONS: 6 WEEKS

Follow these precautions for at least 6 weeks after any dislocation. It will help to reduce the chance of the hip dislocating again.

Make sure you also follow these precautions when you shower, when dressing, and also when moving onto or off the toilet, chair or bed.

You can ask ACC for help with showering and dressing if you need to.

  	<p>Do not flex (bend) your hip > 90 degrees</p> <p>Sit with your hips higher than your knees</p>
  	<p>Do not cross your legs on the bed or chair when you are sitting</p>
  	<p>Do not twist the affected leg</p>

EXERCISES

Your physiotherapist will guide you in terms of exercises that might help you recover. These are usually the same exercises you had to do right after your original operation.

AT HOME

If you are worried about the height of any of your furniture (*like your bed, chairs or the toilet*) at home, please ask your discharge coordinator or occupational therapist before leaving the ED. You can also talk to your GP