



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services
THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #17: Safety After Hip Surgery:

Tips for Preventing Complications

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Introduction

Dementia can increase a person's chances of breaking a hip. After surgery on the hip there is an increased risk of further injury and discomfort as well. This caring sheet offers suggestions for a safe recovery after hip surgery for people with or without dementia.

The Hip

The hip is a ball and socket joint. The socket (acetabulum) is in the pelvis. It meets the ball (femoral head) located on the upper end of the thigh bone (femur). The hip is a very stable (strong) joint because of the deep socket which limits the hip motion.

The most common disorders involving the hip include degenerative joint disease, rheumatoid arthritis, fracture, and dislocation.

Of all the fractures caused by falls, hip fractures cause the greatest health problems and the greatest number of deaths. About 240,000 hip fractures occur each year among all people in the United States (regardless of the presence of dementia) older than 50 years. Half of all older adults hospitalized for hip fracture cannot return home or live independently after the fracture. People older than 85 years are 10 to 15 times more likely to experience a hip fracture than are people aged 60 to 65 years.

Causes of Hip Fractures

Among older people, factors that contribute to falls include dementia, visual impairment, neurological and musculoskeletal disabilities, psychoactive medications and difficulties in gait and balance.



Environmental hazards such as slippery surfaces, uneven floors, poor lighting, loose rugs, unstable furniture, and objects on floors also play a role.

Osteoarthritis in older adults or rheumatoid arthritis at any age are common causes of hip pain. Both types of arthritis cause irregularity of the joint cartilage. If symptoms are not improved by anti-inflammatory medications or by the use of a cane, a partial or total hip replacement may be necessary.

Therapeutic Intervention

Hip surgery is often a recommended and necessary procedure for a variety of musculoskeletal conditions. In some cases the entire hip must be replaced with an artificial hip (prosthesis). The total hip prosthesis consists of a metal piece inserted in the canal space inside the upper thigh bone. This piece moves an artificial socket made of polyethylene. The socket is attached to a metal backing placed in the pelvis.

There are no ligaments holding these parts together. Therefore, people who have a total hip replacement (i.e., the entire hip replaced by a hip prosthesis) must be careful to avoid positions (e.g., crossing the legs) which might dislocate the artificial hip components until the body makes enough scar tissue to stabilize the joint.

Total (and partial) hip replacement is major surgery, and therefore, has significant risks. Some of the major risks, in addition to dislocation of hip components, include infection, loosening and breakage of components, blood clots in the leg veins or lungs, pneumonia, and anesthetic complications.

Post-Hip Surgery Precautions

There are necessary requirements or guidelines (often called hip precautions) regarding movement of the affected hip to decrease the chance of dislocation of its components. These precautions must be followed for 10 weeks or longer, depending on the surgeon's recommendations. They are as follows:



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- Use chairs with arms.
- Place a cushion in the chair so the knees don't bend higher than the hips.
- Sit with legs about six inches apart.
- Do not cross the legs.
- Shift to the edge of the chair before standing up. Keep the affected leg in front while getting up.
- Grasp the chair arms to rise safely to a standing position.
- Lift the foot to turn when walking.
- Follow the surgeon's orders regarding the weight bearing status of the operated hip.
- Lead with the non-operated leg when going up stairs.
- Lead with a cane and operated leg when going down stairs.
- Use a long-handled reacher to pick up objects from the floor.
- Keep a pillow between legs when lying down and rolling on the operated side.
- Use a raised toilet seat, preferably with arms.
- Get up from the toilet using arm supports.
- Shower standing or use a high tub bench and sit to shower.
- Use a long-handled sponge for reaching when washing.
- Use grab bars to ensure safety in the shower.

When Sitting:

- Do not sit on chairs without arms.
- Do not sit in sofas or chairs that allow excessive bending at the hip.
- Do not raise the operated hip from the seat when sitting.
- Do not sit in recliners or on stools.
- Do not sit with knees close together.
- Do not spread the legs widely.
- Do not cross the legs.
- Do not lean forward when sitting.
- Do not sit for long periods of time.



When Standing:

- Do not stand with toes pointed inward.
- Do not lift the knee of the operated side higher than hip level.

When Walking:

- Do not cross the operated leg across the midline of the body (toward your other leg).

When Lying and Sleeping:

- Do not lie without a pillow between the legs.
- Do not lie on the unoperated side.
- Do not bend at the waist to pull up blankets.

When Toileting:

- Do not sit on low toilets.
- Do not bend the affected hip past 90 degrees.

When Bathing:

- Do not sit in a bathtub.
- Do not bend at the waist to wash feet.

When Dressing:

- Do not bend to put on socks, shoes, underwear, or slacks.

Compliance with Guidelines

In order to ensure follow through on these necessary precautions, it is important to continue to provide cues that will assist the person to maintain proper body alignment while sitting, lying down, and moving between these positions.



- **Verbal Cues:**

Provide simple, one to two word verbal cues. If you have to repeat a cue, try to use the same words, voice volume and tone. Be firm, directive, and kind. Avoid sounding bossy or demanding.

- **Visual Cues:**

Use yourself as a visual example. Demonstrate how the legs need to be positioned when the person is sitting and lying down. Have the person demonstrate the “do’s” of positioning as presented here.

- **Manual Cues:**

Use both your touch and the person’s touch to help understand the proper positioning for the legs. Your touch on the person should be firm but gentle.

When a person has advanced dementia, it can be extremely difficult to help the person follow the above hip precautions. It requires vigilance on the part of the caregiver. A combination of manual, visual, and auditory cues need to be provided to facilitate safe positions when sitting, lying down, and transferring. As the caregiver positions the person it may be helpful to say aloud the positions that are being reinforced, such as, “Are the back of the knees touching the chair? OK. Now sit down slowly. There! You put the back of your knees against the chair and sat down slowly! Good.” Say aloud the routine with the same instructions each time. This, as well as the manual cue (e.g., feeling the chair), facilitates understanding and helps to establish a pattern.

At any stage of dementia, it is easy to underestimate the level of pain experienced by the person during recovery. It is frequently difficult for the person to recognize or verbalize the pain. Try to recognize behavioral changes, irritability, or increased confusion as possible symptoms of pain, and treat accordingly.



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All Caring Sheets are available online at the following websites:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html (Michigan Department of Health and Human Services MDHHS), at **<http://www.lcc.edu/mhap>** (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and at **<https://www.improvingmipractices.org/populations/older-adults>** (Improving MI Practices website by MDHHS)

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