Hip Arthroplasty

**Definition:** Hip replacement is usually performed in the elderly due to femoral neck fractures and osteoporosis. This is done in the following two ways

**Complete:** Replacement of the femoral head and acetabular cavity

**Incomplete:** femoral head replacement is performed.

**Postoperative nursing care:**

**Pain control:**

- Using narcotic drugs in the first 24-48 hours, and if necessary, a narcotic infusion pump is used.
- Taking oral painkillers 48 hours later
- Informing your doctor if you have pain that is not relieved with narcotics

**Bleeding control:**

- Controlling the surgical site for bleeding or hematoma and drainage of the patient after surgery
- The normal amount of drainage in the first 24 hours is 200-500 cc and after 48 hours the amount of discharge is less than 200 cc
- Informing your doctor immediately if you have a lot of drainage
- Controlling systemic symptoms of shock and bleeding (tachycardia, thirst, paleness, hypotension, decreased level of consciousness)
- If the hematocrit drops, the patient needs a blood transfusion.

**Embolism**

- The highest risk of DVT is 5-7 days after surgery
- Checking out DVT Symptoms such as redness - pain and swelling in the leg and a positive Humans sign: If the knee is flat, if the foot becomes flexed (the soles of the feet to the back), it will cause severe pain in the leg.

**Necessary precautions to prevent thrombosis include:**

- Walking as soon as the patient recovers
- Using varicose socks
- Performing passive & active movements of the legs in bed
- Taking prescribed anticoagulants Enoxaparine

**Prevention of prosthetic dislocation**
Placing the patient's legs in the abduction position (placing a pillow between the legs so that they are apart)
Do not bend the hip joint more than 90 degrees (the patient's top of bed should not be higher than 60 degrees)
Training necessary notes to the patient and companions to prevent joint dislocation during movement
Emphasizing on the mobility restrictions of the patient for up to 4 months
Checking out symptoms of joint dislocation and informing the treating physician immediately (severe pain in the operation area, shortening of the leg, severe groin pain, inability to move the leg)
Avoid dropping weight on the operated leg for up to 6 months
Using assistive devices such as a walker or crutch to start the movement
How to get out of bed, sit and walk should be taught to the patient by the nurse.

Preventing Infection
- Using prescribed antibiotics regularly
- Removing the Foley catheter as soon as possible
- Checking out the wound for infection or purulent secretions
- Informing your doctor if you have any signs of infection
- Observing sterile tips when changing dressings

Preventing pressure ulcers:
- Checking out the skin of pressure points for wounds
- Using a wavy mattress
- Changing the position of the patient (there should be a pillow between the patient's legs and with the help of the patient to rotate to the healthy side, and encouraging the patient to use clamps on the bed to lift herself/himself)

Constipation:
- Constipation occurs due to reduced mobility and consumption of painkillers
- Encouraging the patient to consume high-fiber, laxative foods and plenty of fluids

Complications: The most important of these are hip dislocation and the most dangerous complication is pulmonary embolism. Other complications include wound infection, bed sores, and constipation.

If you have any questions or ambiguities, call the following number:
023-33437824, Surgical ward