Pelvic Joint Replacement

**Definition:** Pelvic joint replacement surgery is usually performed in the elderly due to hip fractures and irreversible joint injuries.

**Complications:** The most important of these are joint dislocations and the most dangerous complication is blood clots in the legs. Other complications include wound infection and bed sores.

**Nursing care**

**Preventing dislocation:**

- The legs should be placed away from each other; two pillows should be placed between the legs immediately after the operation for 2-3 months while sleeping.
- Lying down in operation side is forbidden.
- The bed should not be more than 45 degrees during the first week.
- The patient should not sit completely like 90 degrees during this period, he/she must be half-sitting for 2-3 months.
- The best type of chair for these people is high chair.
- These patients should use the toilet throughout their lives.
- These people should not bend over to wear shoes or socks for up to 4 months.
- Avoid putting your foot over the other foot while sitting.

**Symptoms of dislocation:** Severe pain, swelling and immobility of the joint, shortening of the leg, feeling of sudden impact or pulsation of the joint

If these symptoms occur, you should refer to medical centers immediately.

**Preventing bed sore:**

To prevent bed sores, these people should be changed in bed from the very first days. The best way to change the position of these people is to use the rings on the top of the bed. The patient should take them and lift his/her pelvis with the help of them. If there are no rings on the top of the bed, the patients should place 2 pillows between his/her legs and turn toward the healthy side of body. He/she must walk as soon as possible.

**Preventing blood clots in the legs:**

The incidence of this complication is 70%. The highest prevalence is 5-7 days after surgery.

**Symptoms of blood clots:** Pain in the back of the leg, swelling and heat in this area

**Prevention methods:** taking plenty of fluids, wearing varicose socks, walking as soon as possible, not lying down in bed for long periods, doing foot exercises in bed or moving your toes without bending, straightening your legs and taking prescribed anticoagulants.

**Walking** within 1-2 days after surgery can be started with the help of a walker or crutch. After 6 months, the patient can go up and down the stairs with the help. Exercises such as swimming are beneficial. But avoid bending, straightening and lifting heavy objects and straining [constipation].
Medications at home:

Patients are usually discharged with oral antibiotics at home until the sutures are removed and Enoxaparline is taken and the dressing is changed every other day.

**The dressing** should be changed sterile and every other day. Avoid infecting the wound with urine or feces. Avoid wetting the wound until stitches are present.

**The diet** after discharge should be such that the person does not suffer from constipation (consumption of fresh fruits and vegetables, plenty of fluids and olive oil is recommended).

**Referring to the doctor** is usually done 10 to 14 days after the operation to remove the stitches.

If you have any questions or ambiguities, call the following number:

023-33437824, Surgery ward of Kosar Hospital