Reminders to Patients that have Total Hip Replacement Surgery

- 1. Patient still has to exercise quadriceps femoris muscle and ankles at home.
- 2. While laying down for rest, please keep wounded leg stretch outwards (such as gesture for standing easy). Forthermore, support with pillow to avoid legs turning inwards or outwards, and raise bed head up for no more than 45 degrees.
- 3. If patient doesn't feel uncomfortable, then he/she can lean on wounded side. However, while doing that within 6 weeks after leaving hospital, should still put a pillow in between two legs.
- 4. Patient has to take extra caution when he/she use bath tub, however taking shower maybe is better.
- 5. You may not have to raise height of your toilet seat; however, be careful when you sit down or stand up for avoid any unnecessary harms to hip joints.
- 6. Patient should continue to use auxiliary tools (crutch or walking aid), until the next he/she returns to hospital..
- 7. It is suggested that patient can sit with hip and knee that bend naturally, and avoid sit with hips and legs that bend below 90 degrees.
- 8. Patient should avoid sitting on below-average-height chairs, and keep two knees open while sitting. Furthermore, patient should avoid sitting for more than one hour each time.
- 9. Must not bend over waist or cross both legs.
- 10. Patient must remember to increase his/her activity quantity each time but still remain sufficient rests.
- 11. Patient must not drive within 3 months, and wear soft and low-heel shoes.
- 12. When patient feels condition is right, then he/she may return to his/her work; however, should start from easiest assignment that can be accomplished within a shorter period of time.
- 13. Patient must obey all restrictions for every single activity involved until the next time he/she returns to hospital. Also, patient should inquire doctor for any further suggestions.

所提供之資訊不能取代醫師之治療及醫師與病人之關係 (資料來源取自臺北榮民總醫院健康 e 點通)

臺北榮總員山分院 關心您 市區門診諮詢電話:03-9373939 轉 107 諮詢電話:03-9222141 轉 6119 或 6120

人工髋關節全置換術患者之個別護理指導單張

病歷號:	姓名:	
於下述就醫日期至臺北榮總員山分院(門診、住院、急診室)經醫師或護理人員說明解釋以瞭		
解。		
衛教日期	家屬及病人簽名	指導者簽名