

**Needs and Problems of Older Adult Clients with
Hip Joint Replacement attending the Orthopedic
Out-patient Clinics in El-Demrdash
and Al-Helal Hospitals**

Thesis

Submitted for Partial Fulfillment of Master Degree
in Community Health Nursing

By

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B.sc. in Nursing - Faculty of Nursing - Ain Shams University
Nursing Supervisor in Al-Helal Hospital

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بسم الله الرحمن الرحيم

واتقوا الله ويعلمكم الله

والله بكل شيء عليم

صرق الله العظيم

□ سورة البقرة

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List of Abbreviations

AAOS	: American Academy of Orthopaedic Surgeons
ADLs	: Activities of Daily Living
CT	: Computed Tomography
DVT	: Deep Veins Thrombosis
HJR	: Hip Joint Replacement
MRI	: Magnetic Resonance Imaging
NHS	: National Health Service
NIAMS	: National Institute of Arthritis and Musculoskeletal and Skin Diseases
NS	: Not Significant
OA	: Older Adult
PCA	: Patient-Controlled Analgesia
S	: Significant
THA	: Total Hip Arthroplasty
THR	: Total Hip Replacement
WHO	: World Health Organization

Needs and Problems of Older Adult Clients with Hip Joint Replacement attending the Orthopedic Outpatient Clinics

ABSTRACT

Total hip replacement is a one of the most surgical procedures in the world among older adults. It has been effective in relieving the pain and improving walking ability. **Aim:** The study aims to assess the needs and problems of older adults clients with total hip replacement. **Setting:** The study was conducted at the orthopedic outpatient clinics in Al-Helal and El-demerdash hospitals. **Research design:** the design of the study is descriptive. **Sample:** A Purposive sample of 80 clients older adults with THR attending orthopedic out-patient clinic, both genders, from one month to one year after surgery. **Tools:** An interviewing questionnaire Format to assess Socio-demographic characteristics, knowledge, activities of daily living, client problems, and environmental home safety. **Results:** The age of older adults with total hip replacement ranged between 60 - < 65 and 53.7% of them were females. 70% of them was not working and the monthly income was not sufficient. 27.5% of them have a history of chronic disease equal between diabetes mellitus and osteoporosis. 61.3% done surgery due to fracture or dislocation of the joint and 10.0% due to rheumatoid arthritis, malignant tumor and osteoporosis. 76.2% of study sample had unsatisfactory level of knowledge related to Precautions about the sleeping. While, 78.8% had satisfactory level knowledge related to swimming. **Conclusion:** In conclusion total hip replacement surgery is most common among the older adults between range 60-65 years. It is more prevalent among females more than males. Total hip replacement surgery is mainly done due to fracture and dislocation of the hip joint. Knowledge score levels among study sample Regarding the precaution when sitting, sleeping and medication administrative after the surgery is satisfactory. There is significant differences co-relations are found between the socio-demographic characteristics (Age and educational level) of study. The score levels regarding the client needs and environmental home safety after the surgery of THR is satisfactory. sample and their knowledge. **Recommendations:** Implement inservice educational program regarding the needs and problems of the older adult with total hip replacement. Utilize the official specific mass media channels such as Internet to present different educational programs regarding different health issues. Further research studies about normally changing of age process, preventive measures and coping measures.

Introduction

Most developed world countries have accepted the chronological age of 65 years as a definition of 'Older adult' (OA0) or older person. Older adult population is growing all over the world. The proportion of people aged over 60 years is growing faster than any other age group. Aging defined as progressive deterioration of body systems that can increase the risk of mortality as individual gets older(**Randel, 2009**).

In Egypt the most important statistical indicators for the older adults is that the total number of older adults in 2013 is 5.8 million elderly (7.1% of total population), where 2.8 million are males and 3 million are females. While, in 2014 the total number of older adults is 6 million reveal 3 million males and 3 million of females, the percentage is expected to increase to 11.5% in 2031(**Central Agency for public Statistics, 2013**).

According to the U.S census, The older population—persons 65 years or older—numbered 44.7 million in 2013. They represented 14.1% of the United States population, and is expected to double in size to 71.5 million by 2030. And is

projected to reach 20.6 per-cent by 2050(**Administration of Aging, 2013**).

The hip joint is a "ball and socket" joint and is the largest weight-bearing joint. The ball-shaped top of the femur (Thigh bone) sits in the acetabulum socket (hollow area) of the pelvic bone. The joint is held together by ligaments and muscles. The socket is lined with cartilage (firm, flexible tissue) that can become damaged or worn away, causing pain. Arthritis, infection, injury, or loss of blood supply to the ball of the femur can damage the joint. The patient may need total hip replacement (THR) surgery when suffers from unrelieved pain or problems with walking (**Hungerford, 2004**).

Hip joint replacement (HJR) or arthroplasty is a surgical procedure which the diseased parts of the hip joint are removed and replaced with new artificial parts. This artificial parts are called the prosthesis. The goals of hip replacement surgery are to improve function of the hip joint. Hip replacement is one of the most successful orthopedic surgeries performed (**AAOS, 2013**).

Total hip arthroplasty (THA) is one of the most commonly performed and successful operations in orthopedic surgery in terms of clinical outcome, implant survivorship, and cost-effectiveness. The average age for a patient undergoing a THA is 60 years and the most common causes of hip replacement which are common in this age are (arthritis, osteoarthritis, rheumatoid arthritis and traumatic arthritis) **(Laupacis, et al, 2012)**.

The most common reason that people have hip replacement surgery is the wearing down of the hip joint that results from osteoarthritis. Other conditions, such as rheumatoid arthritis (A chronic inflammatory disease) that causes joint pain, stiffness and swelling, a vascular necrosis (loss of bone caused by insufficient blood supply), injury, and bone tumors also may lead to breakdown of the hip joint and need hip replacement surgery **(Riina, 2012)**.

The term activities of daily living (ADLs), refers to the basic tasks of everyday life, such as eating, bathing, dressing, output, and transferring, when people are unable to perform these activities, they need help in order to cope either from other human being or mechanical devices or both **(Delores, 2007)**.

The most common problem that may happen soon after hip replacement surgery is hip dislocation. Because the artificial ball and socket are smaller than the normal ones, the ball can become dislodged from the socket if the hip is placed in certain positions. The most dangerous position usually is pulling the knees up to the chest (**Solomon, et al, 2010**).

The most common later complication of hip replacement surgery is an inflammatory reaction to tiny particles that gradually wear off of the artificial joint surfaces and are absorbed by the surrounding tissues. The inflammation may trigger the action of special cells that eat away some of the bone, causing the implant to loosen. Less common complications of hip replacement surgery include infection, blood clots, and heterotopic bone formation (bone growth beyond the normal edges of bone) (**Lie, et al, 2005**).

Follow-up is advised to detect problems that can more effectively be resolved if detected early. A huge variation in the number, timing and nature of appointments following discharge was demonstrated. The total length of follow-up varied between 3 months and indefinite follow-up. The number of visits in the first post-operative year varied