NHS
University Hospitals Dorset
NHS Foundation Trust

Your hip replacement surgery at

The Royal Bournemouth Hospital

An information booklet to guide your return to activity
Please bring this booklet into the hospital with you

Website: **www.rbch.nhs.uk** ■ Tel: **01202 726223**

This guide book belongs to:

.....

Your orthopaedic consultant is:

.....

Your surgery date is:

.....

Patient goals:

1 .....

2 .....

3 .....

Pre-op range of movement

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You will find it useful to bring this guide book with you each time you visit the hospital.

Patient's guide to **hip replacement**

Contents:

Introduction:

Dear patient

This booklet tells you about your total hip replacement surgery at the Royal Bournemouth Hospital. It's for people who have decided to have surgery after discussing the options, benefits and possible risks with their consultant or surgeon.

We have developed this guide to help answer any questions you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

The booklet is a general guide and there may be alterations to your care made by your surgeon, anaesthetist, nurse or therapist. These alterations should take priority.

All members of the Orthopaedic Team are committed to providing you with the highest standards in care and we look forward to welcoming you.

Best wishes

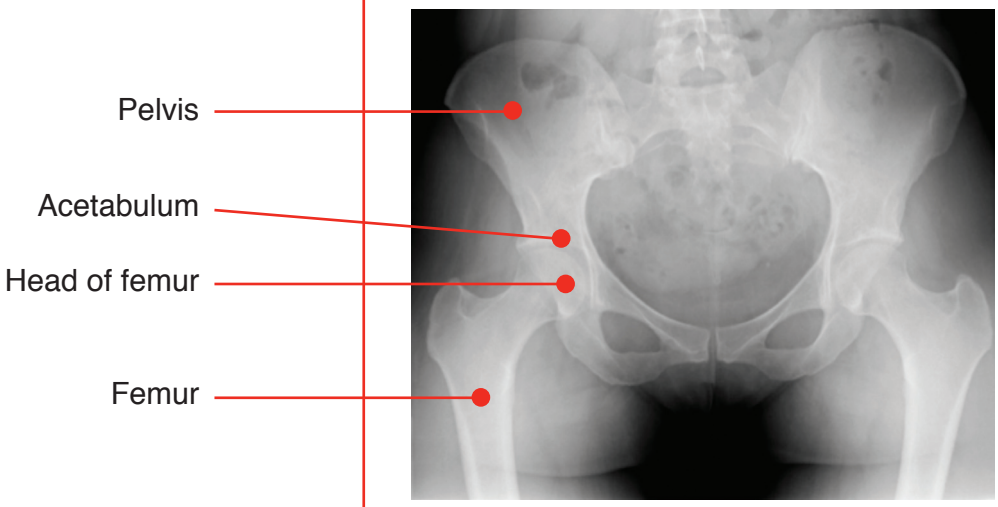
The Orthopaedic Team

Educational information

The normal hip

The hip joint connects the pelvis to the thigh bone (femur). The hip joint is a “ball and socket” joint. The “ball” is the head of the femur and the “socket” is a cup shaped area of the pelvis called the acetabulum. These areas of bone are coated with a thick layer of cartilage which allows smooth movement between the ball and socket, as well as acting as a shock-absorber for the joint. The stability of the hip joint is maintained by a complex arrangement of ligaments and a capsule which surrounds the whole joint. This capsule also produces synovial fluid, which lubricates the joint and nourishes the cartilage.

X-ray of normal hip joint



The arthritic hip

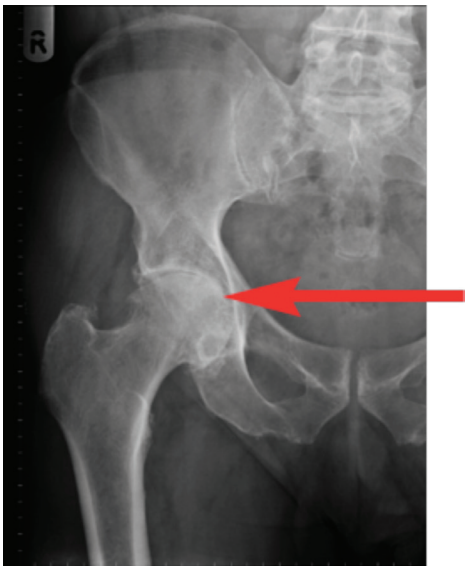
Arthritis of the hip wears down the cartilage covering the bones gradually over time. The most common form of arthritis is osteoarthritis. When exposed, the bones can then rub against each other which may cause them to change shape. This can cause severe pain and stiffness.

The more the arthritis advances, the sooner the pain occurs, ultimately even at rest. When arthritis becomes advanced, patients can suffer with constant severe pain and stiffness. These symptoms can lead to increased difficulty in performing everyday activities, such as getting up from a chair, or reaching to put socks and shoes on. Patients may find they walk with a limp or that the affected leg has become shortened.

The causes of osteoarthritis in most cases are unknown, but there are factors that can contribute to osteoarthritis such as trauma, age, genetics and obesity.

Occasionally, hip replacements are performed for other conditions, such as rheumatoid arthritis, congenital hip conditions, hip fractures and avascular necrosis (loss of blood supply to the hip).

X-ray of an arthritic hip with loss of joint space



Why have a total hip replacement (THR)?

The aim of total hip replacement surgery is to reduce pain and increase a patient's mobility by replacing the damaged joint surfaces.

Surgery

The hip replacement is designed to replicate the role of the natural hip joint. A hip replacement will never behave in the same way as a normal healthy hip joint. There will always be some restrictions.

Expectations

Your total hip replacement has been designed to relieve you of pain when you are walking and at rest. It should also help improve your ability to sleep at night. These are the main aims of surgery. Total hip replacements are not designed for sport, and activities such as running, tennis etc. are best avoided. If these activities are important to you, you should discuss your suitability for a hip replacement carefully with your surgeon before the operation.

Gentle, non-impact activities, such as cycling and swimming are usually possible, but not always, as this depends on how mobile and active you were before the surgery. Some modification of such activities may also need to be considered.

The amount of movement from your new hip will vary. This is often influenced by how much movement you had before surgery. It's common to have an area of numbness around the scar after your hip replacement surgery and this is often permanent, but most patients don't find this a problem.

Hip replacements are metal, ceramic and plastic mechanical devices, and as such it's not unusual to experience some clicking and clunking. Provided this isn't painful then it's nothing to be concerned about.

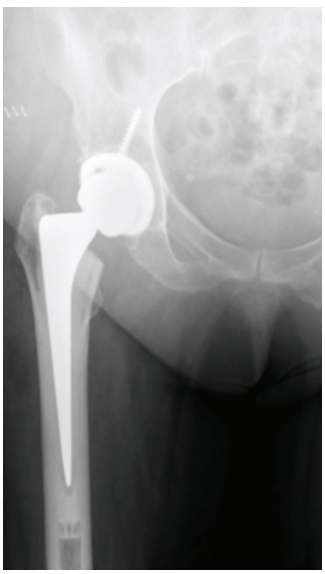
It takes approximately a year for your hip replacement to be at its best, and your body to be fully used to it. At three and six months following the operation most patients haven't fully recovered and it's important to bear this in mind. By one year the vast majority of patients are comfortable with little or no pain from the hip and much more mobile than before the surgery.

Total hip replacement

A total hip replacement involves replacing the damaged joint surfaces of the head of the femur and the acetabulum. The artificial hip (prosthesis) replaces the damaged cartilage and bone. The prosthesis consists of a metal shell and high density plastic liner to replace the acetabulum and a metal alloy stem with a ceramic or metal ball to replace the head of the femur.

The components used for your total hip replacement are designed to be durable. The pictures below show the most commonly used components for a total hip replacement. However, sometimes your surgeon will use a slightly different replacement, based on a number of factors, such as your age and lifestyle.

X-ray with a THR in situ



Example of a THR prosthesis

Complications

A total hip replacement is a major operation and, as with any operation, there are risks. The risks outlined below are talked about in the following terms, but you should talk about what risks are specific to you and your health with your surgeon. The risks are listed below:

Term	Numerical Ratio	Equivalent
Very Common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in a street
Uncommon	1/100 to 1/1000	A person in a village
Rare	1/1000 to 1/10,000	A person in a small town
Very Rare	Less than 1/10,000	A person in a large town

Common

Bleeding

It's common to have a small amount of bleeding from the wound after surgery. Significant bleeding after a hip replacement is rare, but on occasions a blood transfusion may be required. If there has been excessive bleeding resulting in significant swelling in the hip, a further operation may be required within the first few days to remove the clotted blood.

Scar

Any surgery will leave a scar. The scar from a hip replacement should form a fine white line down the top and side of the buttock to the side of the hip over the course of two years. Some people may produce more prominent and unsightly scars.

Stiffness

You will be shown exercises to improve movement in your hip. However, if you are struggling to move the hip after your operation you may require further physiotherapy at a later date.

Pain

This operation is designed to remove arthritic pain caused by the hip joint. After the operation you're likely to experience pain because of the surgery. The nurses will be able to provide you pain relief and this pain should improve over time.

Clicking and clunking

Your hip replacement is a sophisticated mechanical device made of ceramic, metal and plastic. It may give some clicking and clunking sensations, which are perfectly normal and nothing to worry about. Not everyone notices these sensations.

Post-operative nausea and vomiting

Anaesthetics may make you feel sick after surgery. If this is the case, please let your nurse know and they will be able to give you some medication to help.

Urinary problems

It's likely you will have a catheter after your operation. This is because, if you have a spinal anaeasthetic (the most common kind of anaesthetic used) this is likely to affect the nerves which control your bladder for a short time after the operation. Catheterisation is when a small tube is placed in the urethra which allows urine to flow and be collected whilst you are anaesthetised. If you can't urinate after your catheter has been removed, you may need to be re-catheterised to help you empty your bladder.

Chest infection

If this happens you may need antibiotics and physiotherapy.

Leg length discrepancy

Your surgeon will use a number of methods to try to ensure they achieve the desired leg length but no technique can achieve perfect leg length in every case. Most people don't notice a difference of less than 10 mm and a difference of more than 10 mm is uncommon.

Poor wound healing
Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking have a better outcome from surgery.

Dislocation
You will be given instructions on certain positions and movements to avoid in the initial three months following surgery. This will reduce the risk of dislocation after your total hip replacement. If the hip dislocates, further surgery may be needed to rectify the problem. The hip can usually be relocated with a short anaesthetic.

Bone forming in muscles around the hip replacement (heterotopic ossification)
This can cause loss of movement in the hip. You may require an extra operation to remove the extra bone. This can only be performed one to two years after the original operation.

Blood clot in the leg (Deep Vein Thrombosis – DVT)
A DVT is a blood clot in the deep veins of the calf or the thigh. This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. You will be given anti-embolism stockings, blood- thinning medication and exercises to reduce the risk of DVT. Getting out of bed the day after your operation, with the help of the therapists, helps reduce the risk of this complication.

Loosening (without infection)
Over a period of time your new hip joint may become loose and require further surgery. The lifespan of a hip replacement is variable, but we generally expect it to last 10 to 15 years. The plastic component may also wear out over time, which would require further surgery.

Fractures of the femur (thigh bone) or pelvis
This can occur when the surgeon is inserting the components for your joint replacement if the bone is weak. Should this happen your surgeon may need to use different techniques to repair the bone and this can prolong your recovery.

Joint infection
With any open surgery there is a chance of infection, despite all possible precautions being taken during your operation. To reduce the risk of infection you will be given antibiotics before and after surgery. Good hand hygiene is important and you are encouraged to use the alcohol gel or soap and water nearby. If you notice any swelling, discharge or itching around your wound when you are home you should notify your doctor. It's important to treat any signs of infection quickly, as an infected joint replacement that hasn't been treated may require another operation, and potentially, the removal of the implant.

Uncommon

Damage to nerves
The nerves in your leg can occasionally be damaged during surgery. This can cause temporary or permanent weakness, numbness and pain in the leg or foot (for example footdrop). If temporary, it can take several months to resolve. Numbness around the wound is normal; it can get better after several months but it could be permanent.

Heart attack
This can sometimes cause death. Your anaesthetist will discuss the risks associated with the anaesthetic with you.

Death
Your anaesthetist will discuss the risks associated with the anaesthetic with you.

Blood clot in the lung (pulmonary embolism - PE)
This happens if a blood clot moves through your bloodstream to your lungs. A PE can cause shortness of breath, pain in your chest or back or cause you to cough up blood. You will be given anti-embolism stockings, blood- thinning medication and exercises to reduce the risk of a PE. Getting out of bed the day after your operation, with the help of the therapists, helps reduce the risk of this complication.

Stroke
This is where your brain function is altered due to an interruption of the blood supply to the brain. This can sometimes cause death.

Rare

Damage to blood vessels

This can lead to loss in circulation to the leg and foot. If this happens you will need surgery immediately to restore the blood flow. In rare cases this can lead to amputation.

If you are worried about any of these risks, please speak to the surgeon or anaesthetist before your operation for further advice.

Realistic outcomes following hip replacement

A hip replacement is recommended when the pain is affecting your day to day activities and your ability to sleep. A hip replacement aims to stop your hip joint hurting, enhance your quality of life and improve your hip movement. Eventually we hope it will improve your ability to walk, stand and manage stairs.

It is important to note that:

- Pain post-operation can take three months to settle and it can be a year until the full benefits of your hip replacement are felt
- You may have swelling for three months in your thigh, calf and ankle
- A hip replacement is not designed for impact sports
- There are individual variations, but on average your hip replacement will last approximately 10 to 15 years.
- Your new hip is unlikely to move as well as a healthy hip without osteoarthritis

Pre-assessment

Non-steroidal anti-inflammatory drugs (NSAID's):

These are a group of medicines which work by blocking the production of prostaglandin (a chemical), which is produced by the body in response to injury or certain diseases. Prostaglandin would otherwise provoke the body's own immune system to cause; swelling, pain and inflammation. NSAIDs are often used to control orthopaedic pain.

Aspirin:

Aspirin contains the active ingredient acetylsalicylic acid and belongs to the group of medicines called non-steroidal anti- inflammatory drugs (NSAIDs). Aspirin in low doses (75 - 100mg) is used as an anti-clotting or blood-thinning agent.

If you have been prescribed aspirin by your GP or hospital doctor, you should continue to take these medicines up to your operation. If you are taking this medicine on a non-prescribed basis please stop seven days before your operation.

NSAIDs and orthopaedic surgery:

There can be a slight increase in bleeding in patients who are taking NSAID's during surgery.

If you are taking **ibuprofen,diclofenac or indomethacin, stop one day before surgery**

If you are taking **celecoxib or naproxen, stop two days before surgery**

If you are taking **meloxicam or piroxicam, stop 10 days before surgery**

Stopping these medicines may change the control of your pain. You may be advised to discuss this with your GP who may alter your pain killer prescription for a short period.

Please don't hesitate to contact us if you want to discuss this further.

Orthopaedic pre-assessment nursing staff: 01202 704102

Preventing blood clots in hospital. Being unwell and in hospital can increase the possibility of blood clots or a deep vein thrombosis (DVT). This can occur in the deep veins of the leg.
A DVT can cause pain, swelling and the leg to become hot and red. However, sometimes a DVT may not produce any obvious symptoms.

Occasionally, part of the blood clot can dislodge and go to the lungs. This is called a pulmonary embolism, which can cause difficulty in breathing and pain in the chest.

There are several factors which increase the likelihood of you getting a DVT: injury of the veins in your legs, slowing of the blood flow through your legs (if you are immobile), pregnancy or having a condition that increases the tendency of your blood to clot.

Every patient who comes into hospital will be assessed for the risk of developing blood clots.

What measures will be taken to help prevent blood clots?
The most important factors in helping to reduce blood clots are keeping well hydrated and mobile. It's very important you walk or exercise your legs whenever possible, even if you are in bed or in a chair.

You may need a pair of anti-embolism stockings. These work by gently compressing your legs which increases the speed of the blood flow and prevents the veins in your legs from expanding.

- The stockings should be worn day and night.
- The stockings should be removed each day to allow you to wash and inspect your legs. Any concerns should be reported immediately.
- The stockings should be changed every three days.
- Don't allow your stockings to roll down as this may cause constriction and impede your blood flow.
- If you're sent home with the stockings, continue to ensure they are removed daily and washed regularly (you will be given two pairs to take home). Follow the washing instructions given to you.
- When walking around you must wear slippers or shoes over your stockings to stop you from slipping.

Your doctors might prescribe a drug called 'low molecular weight heparin'. This helps prevent blood clots from forming. It is normally given as a small, once daily injection. Low molecular weight heparin is a porcine (pig) derivative. Please feel free to ask to speak to a member of staff to discuss this. If you are Muslim, a copy of the Fatwa is available on the Fatwa website: **www.fatwa-online.com**

All these measures are aimed at helping to reduce the chance of developing blood clots. Remember, by exercising your legs, even if it is just in bed, you will help keep your veins healthy.

Prior to surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to improve your recovery.

Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetics and have better outcomes from surgery. You can speak to your GP or Pre-Assessment nurse for advice and local services to help stop smoking.

Important note: This hospital has a no smoking policy.

Planning ahead:

It's important to plan and make arrangements for how you will manage when home. Stocking up your freezer with easy cook items is advised (particularly if you live alone), as you may find it difficult to walk to the shops initially. After the operation you will need to wear the anti-embolism stockings for 24 hours a day for six weeks. The precautions in place after this operation mean you will not be able to change these yourself. Please ask if a family member or friend can assist you by changing these stockings, checking your skin and helping you wash your legs.

Exercise

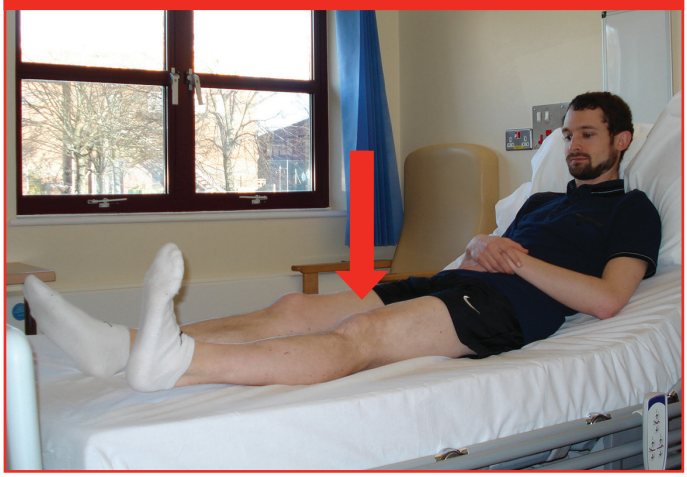
Try to keep active prior to your surgery to help strengthen your hip as this will speed up your recovery following your hip replacement. Try to complete the following exercises three times a day in the lead up to your surgery to improve your strength.

Cancellation:

If you are unable to attend your operation please contact us immediately so that we can offer your appointment to another patient.

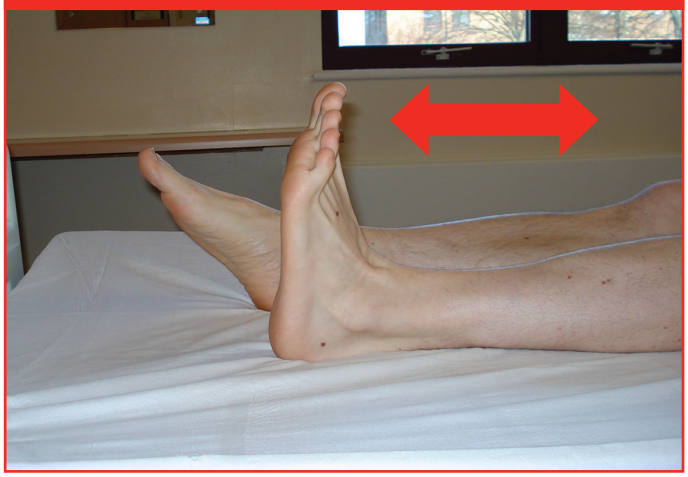
Physiotherapy exercises (for pre-strengthening):

Static quads



- Lie on your back or sit up in bed
- Push your knee down into the bed and pull your toes up towards you
- Hold this position for five seconds and relax
- Repeat 10 times.

Ankle pumps

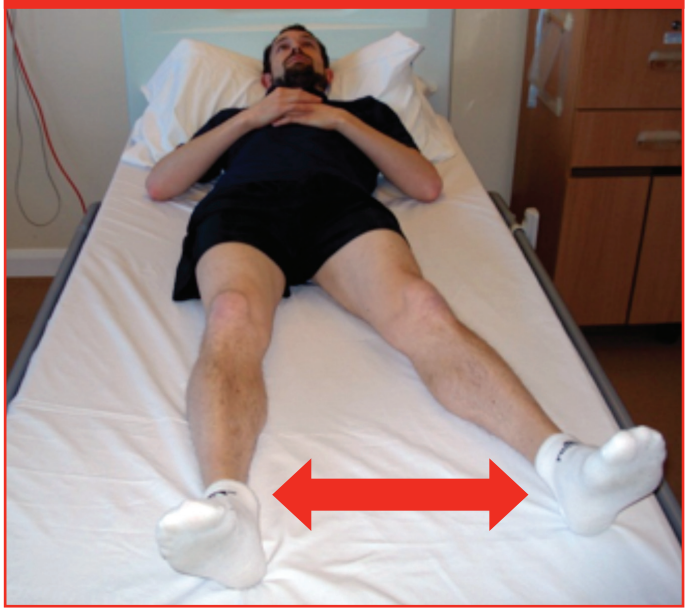


- Lie on your back or sit up in bed
- Using both feet, point your toes up towards the ceiling and then down towards the floor
- Repeat 10 times.

Hip flexion

- Lie on your back or sit up in bed
- Slide your heel towards your bottom, bending your hip and knee
- Slowly straighten your leg again
- Repeat 10 times.

Hip abduction



- Lie on your back or sit up in bed
- Slide your leg out to the side, keeping your toes pointing towards the ceiling
- Slowly bring your leg back to the middle
- Repeat 10 times.

Hip abduction

- Stand up straight holding onto a supportive surface
- Lift your leg out to the side slowly
- Return your leg back to the starting position
- Repeat 10 times each side.

Hip flexion

- Stand up straight holding onto a supportive surface
- Lift your knee up in front of you slowly
- Lower your leg back down to the starting position
- Repeat 10 times each side.

Hip extension

- Stand up straight holding onto a supportive surface
- Slowly lift your leg out behind you, keeping your knee straight
- Return your leg back to the starting position
- Repeat 10 times each side.

Mini squats

- Stand up straight holding onto a supportive surface with your feet hip width apart
- Slowly bend your knees, keeping your back straight
- Hold this position for a count of five
- Stand up tall slowly and repeat 10 times.

Patient reported outcome measures (PROMS)

There is a national arrangement to collect scores about the function of your hip and your general health before surgery and six months after surgery. This is done to assess how beneficial the surgery has been to you. Please complete the patient reported outcome measure (PROMS) questionnaires accurately but bear in mind that your hip will not be at its best at six months.

At present, these scores aren't used to determine who gets a hip replacement, but there has been discussion of this in other parts of the country.

If you need help to fill it in, please ask one of the Orthopaedic Team. If you have concerns or problems about your hip please raise these with your surgeon before the six month period. Questionnaires are not fed back to your surgeon and they are not meant as a way of raising concerns. If you want to discuss your hip replacement or are worried about it please contact your consultant team.

The National Joint Registry (NJR)

The NJR collects information about hip replacement operations from hospitals in England and Wales. The registry helps find out which are the best performing implants and which are the most effective type of surgery. You will be asked if you consent to your details being put on the register and to sign a consent form for this.

Preparation for your hospital stay

What to take into hospital:

- This booklet
- All current medications in their original boxes
- Personal walking stick/crutches (labelled) if you use them
- Shoehorn (labelled) if you have one
- Toiletries including flannels/towels (non- white)
- Slippers or shoes (loose fitting with backs and no laces - your foot may swell after hip/knee surgery)
- Day clothes and nightclothes (at least four days' worth - should be shorts, skirts or loose fitting trousers)
- All other paperwork you have been given regarding your operation
- Mobile phone, books, magazines, portable radio, tablet etc.
- Telephone numbers of friends and relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Note - Please remove nail varnish and piercings.

Pre-operative education session

All patients are asked to attend an education session before coming in for surgery. This will be approximately one to two weeks before your surgery.

The class is run by physiotherapists and occupational therapists who work on the orthopaedic wards. The location of the pre-operative session is the Patient Education Centre (map can be found on page 25).

Most patients find the group hugely beneficial and the session is designed to give you information about your hospital stay and recovery afterwards and aims to reduce any anxieties you may have. You are invited to bring a relative or friend with you and you will have the opportunity to ask any questions you may have before you come to hospital.

Hospital stay

Day of surgery

Eating and drinking:

If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs. You must therefore follow these instructions.

- If your admission time is approximately 07:00am - you must not eat anything after 02:00am, and you must not drink anything after 05:00am.
- If your admission time is approximately 10:00am - you must not eat anything after 05:00am, and you must not drink anything after 08:00am.

If you normally take prescribed medicines in the morning please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of water.

Arrival:

You will come into hospital on the same day as your operation. If you are having your surgery on our main orthopaedic ward (Ward 7) then you will need to come to the Sandbourne Admissions Suite to be admitted for surgery. If you are having your surgery at the Derwent Ward then please arrive at the Derwent ward reception.

A nurse will then admit you and complete your pre-operative checks such as taking your blood pressure and heart rate. In some cases they may need to do a blood test. You will also be visited by the surgeon and anaesthetist before your operation. You will have the chance to ask any questions you may have. You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff. You will be asked to remove any loose items such as glasses, false nails and dentures prior to your surgery.

During your stay you may be moved between our two orthopaedic wards. This could be due to a medical reason or for bed management. In this event you will be notified in advance.

The anaesthetic

Your anaesthetist will come to see you before your operation to discuss the type of anaesthetic that you will have. They will ensure that the anaesthetic used is appropriate for you and answer any questions you might have.

All of our anaesthetists have the same goal, which is to provide you with the best anaesthetic possible. For hip surgery, this is usually a spinal anaesthetic. This is an injection in the lower back that makes you numb from the waist down and is combined with a light sedation. You will wake up with a catheter to aid urination as the spinal anaesthetic temporarily affects your control in passing urine.

Spinal anaesthetics are ideal for hip surgery because they make the operation easier for the surgeon. They provide excellent pain relief after the operation and generally cause less sickness and drowsiness compared to a full general anaesthetic. A small number of patients are not suitable for a spinal anaesthetic, so your anaesthetist will discuss alternatives with you. The anaesthetist may also administer a nerve block. This may cause the leg to be numb for slightly longer to enable better pain control.

Sedation can be given to meet your needs. Your anaesthetist will be with you throughout the operation to ensure you are comfortable at all times.

The operation

Your surgeon will make a cut over the outside of your hip and remove the damaged surfaces of the joint. The artificial joint is fixed to the bone with special cement and, in some occasions, screws. You will be given intravenous antibiotics to reduce the risk of infection.

At the end of the operation, your surgeon will close the skin with stitches or clips.

The operation usually lasts about one hour.

Recovery

Following the operation you will be taken to the recovery room, which is near to the operating theatre. You will have your own nurse and you will not be left alone. If you have pain or sickness, the nurse will treat it promptly. You may need to breathe oxygen through a light plastic mask and you will have a drip in your arm.

The recovery staff will check your blood pressure, heart rate and oxygen levels.

When the recovery room staff are satisfied that you have recovered safely from your anaesthetic you will be taken back to the orthopaedic ward.

Back on the ward

When you have returned to the ward after your operation, the nursing staff will monitor you closely for the next 24 hours.

Pain relief

The nurses will offer you regular painkillers and it's sensible to take them to avoid pain becoming too much of a problem. If you had a spinal or a nerve block you may not have any pain. It's sensible to start taking oral painkillers so that when the spinal or nerve block wears off you will already have some painkillers working. If you are having trouble with pain, you should discuss this with your nurse, so that we can increase your pain relief medication. It's important to act early because if pain is allowed to become severe it may delay your recovery.

Physiotherapy

You can start the basic circulation exercises (exercises one to three as shown below), as soon as you are able after your operation. These are important as they encourage the circulation of your blood to reduce the risk of blood clots (DVTs). The exercises will also help to reduce the stiffness and pain you might experience.

Physiotherapy exercises:

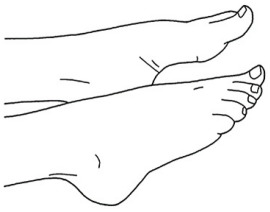
These exercises are important for your recovery. You will normally stay in bed until the following day.

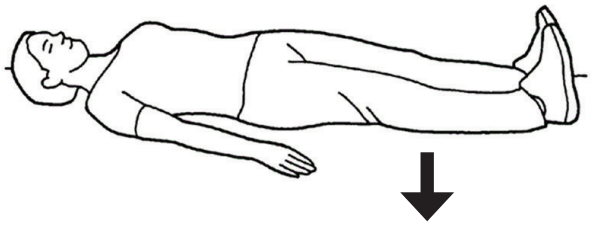
Early exercises

You should continue these exercises regularly until your physiotherapist progresses you onto the advanced exercises.

Exercise one

When lying or sitting, bend and straighten your ankles briskly.
Repeat this 10 times every hour.



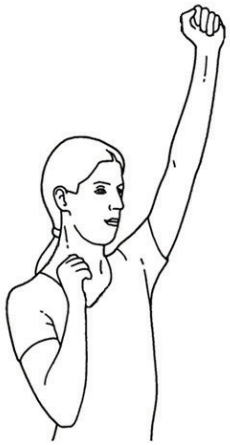


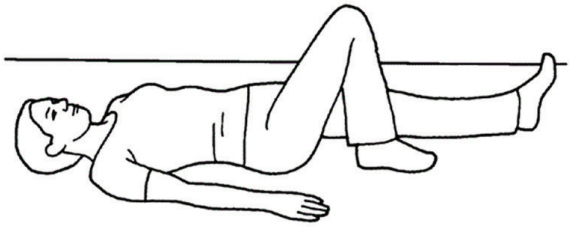
Exercise two

Lie on your back with your legs straight.
Pull your toes towards you and push your knees down firmly against the bed. Also squeeze your buttocks together. Hold for two to three seconds then relax.
Repeat this 10 times every hour.

Exercise three

Sitting up in bed, lift one arm up above your head then return it to your side.
Repeat with the other arm. Do this alternately 10 times every hour.
Take care if you have a drip in your arm.
Additionally, regularly take three deep breaths.



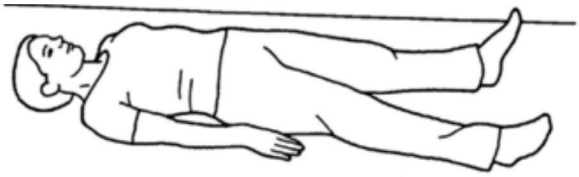


Exercise four

Lie on your back with your leg out straight.
Bend and straighten your hip and knee by sliding your foot up and down the bed.
Repeat this 10 times.

Exercise five

Lie on your back with your leg out straight. Slide your leg out to the side as far as comfortable then back to the middle keeping your toes pointing towards the ceiling throughout.
Repeat this 10 times.



Only complete the exercises four and five with your physiotherapist present initially. Once you have practiced these exercises with the physiotherapist you will be asked to do these regularly by yourself.

Day one

Physiotherapy

After your operation it's very important that you don't try to get out of bed for the first time by yourself. Your physiotherapist needs to do some initial tests. We will also ensure the feeling has returned to your legs and check with your surgeon about how much weight you are allowed to take through your operated leg.

On the first day after your operation the physiotherapists will help you to get out of bed for the first time and take your first few steps. Most people will be allowed to take their full weight through the operated leg immediately. However, you will need to use a zimmer frame initially because this gives you good support to lean on. You can then start to walk around your room and to the bathroom, with the help of a nurse until you are able to do this safely by yourself.

You should continue with your exercises hourly throughout the day.

Day two

Occupational therapy

The occupational therapist will also visit you to ensure you are able to manage 'transfers' which means getting on and off the bed, the chair and the toilet. They will teach you the appropriate way to manage these, ensuring you don't break your precautions and provide equipment to help you if necessary.

The same applies to washing and dressing. The occupational therapists will advise you how manage this without breaking your precautions and, if necessary, supply some equipment to help you.

X-ray

You will have an x-ray to check that your new hip is positioned well.

Physiotherapy

Initially you will be given as much help as you need, and as you improve you can start to walk alone. Once you are walking well with the help of the zimmer frame you will be shown how to use crutches or walking sticks. You can then practice your walking on the ward.

When you are ready, the physiotherapists will advance your exercises. We need to see that you can move your leg well and complete your exercises safely to continue when you go home.

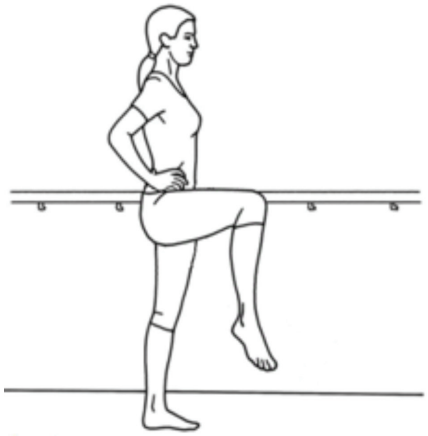
It's important to practice going up and down steps and/or stairs so that both you and the physiotherapists know you will be able to manage them safely when you get home. The physiotherapists will show you the correct way to do this.

Advanced exercises (post op)

Gradually increase the number of times you repeat the exercises. Your muscles will get stronger if you continue until you start to feel tired. You should aim to do a set of these exercises three to four times a day.

Exercise one

Stand up straight holding onto a support.
Slowly lift your leg out to the side then return it to the starting position.
Aim to repeat this 10 times with each leg.



Exercise two

Stand up straight holding onto a support.
Slowly lift your knee up in front of you then return it to the starting position. Aim to repeat this 10 times with each leg.

Exercise three

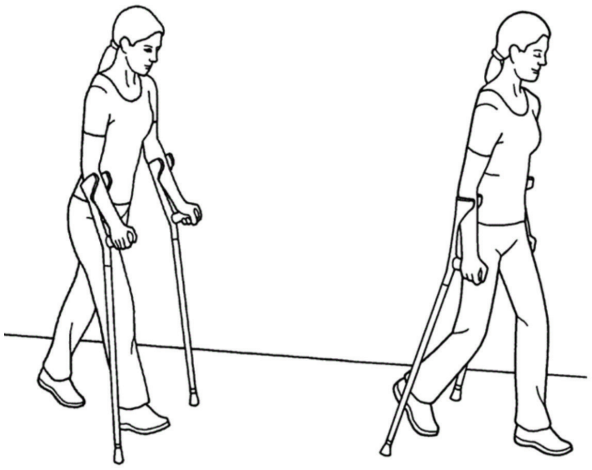
Stand up straight holding onto a support.
Slowly move your leg out behind you, keeping your knee straight, then return it to the starting position.
Aim to repeat this 10 times with each leg.

Exercise four

Stand up straight holding onto a support with your feet hip width apart. Slowly bend your knees and lower your body a few inches whilst keeping your back straight. Hold this position for five seconds then slowly straighten your knees and return to the starting position.
Aim to repeat this 10 times.

Walking with crutches

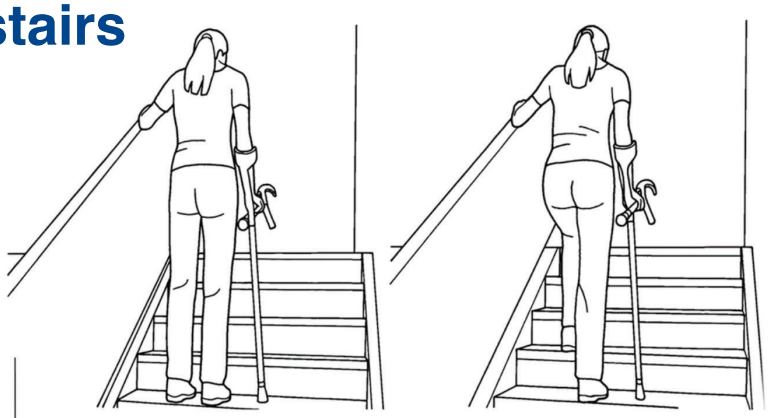
- Put your crutches forward first
- Next, step your operated leg forward
- Then step forward with your other leg, aiming to step past the operated leg
- Take small steps when turning around to avoid twisting
- Never stand up or sit down with your arms in the crutches
- Once you are home and walking becomes easier you can progress to using just one crutch or stick. To do this, use the crutch/stick in the hand on the opposite side to your operated leg
- When you feel you no longer need the crutch or stick for support you may stop using it

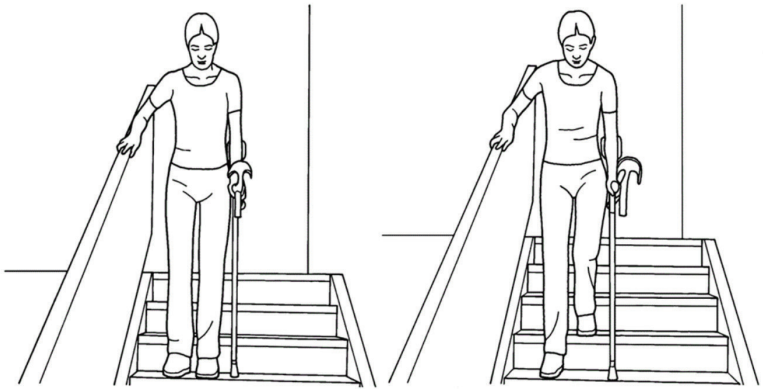


How to go up and down stairs

To go up a step or stairs

- Step up with your non-operated leg
- Then bring your operated leg up onto the same step
- Lastly bring your crutch(es) up onto the step





To go down a step or stairs

- Put your crutch(es) onto the step below
- Then put your operated leg down onto the step
- Lastly, bring your non operated leg down onto the same step

Day three

Aiming to go home. The majority of patients meet their discharge criteria by day three, enabling them to go home safely. Some patients may meet these criteria before day three or may be required to stay longer to achieve these goals.

Hip precautions

After a total hip replacement there is a risk of dislocation (risk: 1 in 20 for the first five years and about 1% of all primary hips in the UK). To minimize this risk, we ask that you follow the precautions listed below for three months after your operation:

Don't cross your legs or ankles

Don't bring your knee higher than your hip

Don't reach down past your knees

Don't twist your leg or body

Discharge home

How long will I stay in hospital?

We aim for you to be discharged home on the third day after your operation so if you have your operation on the Monday, you can plan for discharge on the Thursday.

We give you this as a guide so that you can plan to have someone around should you need them on your discharge. However, we find that some patients are ready to go home sooner and some may require an extra day or longer to be ready to go home.

Discharge criteria: When will I be ready to go home?

You will be able to go home when all members of the Orthopaedic Team are happy with your progress and are confident that you will manage safely at home.

To ensure you are ready to go home we need to check the following:

- You must be able to walk safely around the ward with either crutches or walking sticks by yourself (although in special circumstances some patients may go home with another type of walking aid)
- You must have managed a set of stairs or a step safely (depending on what you have at home)
- You need to be able to get on and off a bed, toilet and chair by yourself
- Your wound needs to be showing signs of healing
- Your blood results and x-ray of your new joint must be satisfactory
- Your pain needs to be under control
- You need to be medically fit
- You must be aware of your hip precautions and how to manage your day to day activities without breaking these

What do I take home with me?

Before leaving the ward, you will be given:

- A telephone number for the ward which you can use to contact us if you have any questions or problems once you are home
- Any equipment loaned to you for home such as walking aids or toilet frames
- A letter to take to your GP about your hospital stay
- A letter for the district/practice nurse who will check your wound and remove the clips (12-14 days post operation) once you are home
- A spare pair of stockings. Most patients will be asked to wear a pair of compression stockings for the first six weeks after your operation

Physiotherapy appointments

Most people don't require additional physiotherapy after discharge from hospital following a total hip replacement. If there are any specific activities you wish to return to after your operation, discuss this with your physiotherapist before you go home to see whether a referral is necessary.

General advice for daily life

Walking and resting

We recommend you spend the first few days getting used to being back in your home. After this, and when you feel ready, you may start to walk short distances outside with your crutches. Listen to your body. If you're very sore or tired in the next 24 hours you may have walked too far. Gradually increase the distance you walk but make sure you also have plenty of rest.

Walking with crutches

You should use the crutches or walking sticks as long as you feel you need to. When you feel ready you can progress from using two crutches or sticks to using just one. When using just one crutch or walking stick you should hold it in the hand on the opposite side of the body to the operated leg. In time you will find you can walk without any support. You may find you need more support when walking outside or when walking further. Don't be tempted to walk without the support of these too soon.

Walking is very good to strengthen your body. However, you will be shown exercises to move and strengthen your hip joint. These are the advanced exercises and can be found on page 19. We advise you to continue these exercises three or four times a day for three months after your operation to improve the moment and strength of your new hip joint.

Getting in and out of bed

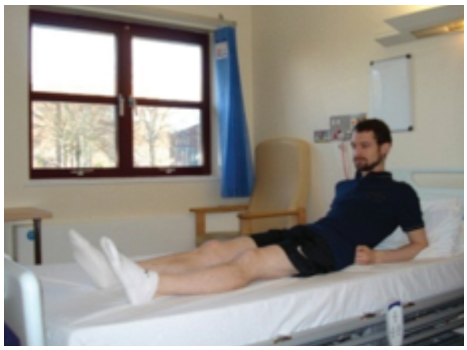
When in hospital you should have assistance to get in and out of bed until the occupational therapist has practiced the technique with you and you are able to manage it safely. You should bear in mind your hip precautions when getting on and off the bed.

To get out of bed

Push yourself into a sitting position using your elbows first, and then support yourself on your hands.

Gently move your legs towards the edge of the bed ensuring you don't cross them. Keep your toes pointing towards the ceiling and pivot on your bottom to avoid twisting.

Once your legs are over the edge of the bed, slide yourself forward until you can get your feet to the floor.

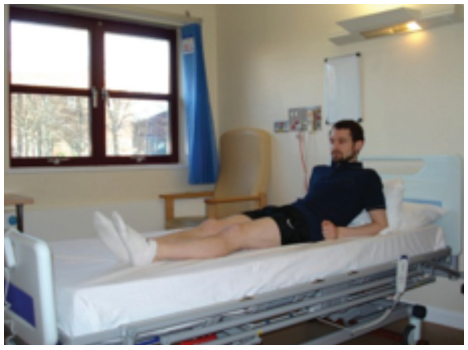


To get into bed

Sit halfway down the bed, and use your arms to shuffle your bottom back, so your thighs and knees are resting on the bed.

Pivot on your bottom and bring your legs onto the bed without crossing them and keep your toes pointing towards the ceiling.

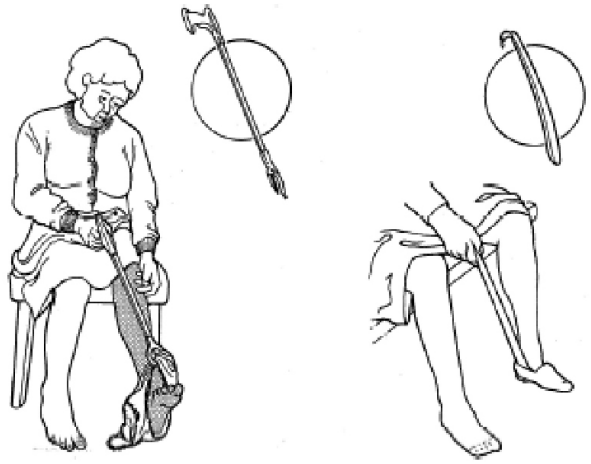




Washing

Your dressing over the wound will be splashproof so you will be able to get it wet. If you have a cubicle shower and the physiotherapist is happy you are able to go up/down a step, you can shower. If you have a shower over your bath, we advise you not to use it for at least three months. This is because lifting your legs up and over the bath to get in will put you at risk of dislocating your hip.

Getting dressed



You will be able to dress your upper half normally but you will need some small aids to assist with dressing your lower half. We will provide you with a long handled shoe horn to help you put your shoes on. We can also provide a sock or tights aid to help you with your usual socks/tights (the aids don't work with the anti-embolism stockings).

The long handled shoe horn can also be used to help get your lower half dressed.

Sit on a chair or the edge of your bed with your clothes and dressing aids nearby. The long handled shoe horn has a hook at the other end. This can be used to "hook" your underwear over your feet and up to your knees. Once you have them up to your knees, you can grab hold of them. We advise you to dress the operated leg first.

Cooking

You should move items you will need after your operation to the work surface or shelf at thigh height or above. This will reduce the need to bend down. It's best to avoid carrying food on your own. You will come home with two crutches or sticks so carrying things over distances will be difficult.

Driving

We advise you do not drive for the first six weeks after your operation., regardless of whether you drive an automatic or manual car. A member of the Orthopaedic Team will tell you when you can drive again on your follow-up appointment. You can travel as a passenger in a car, follow the correct procedure to get in and out as described below:

- Park the car away from the kerb so that you are on the same level as the car before getting in.
- Position the seat as far back as possible and slightly reclined.
- Back up to the car until you feel the seat at the back of your knees.
- Put your left hand on top of the passenger seat and your right hand on the dashboard.
- Lower yourself down, keeping your operated leg out in front.
- Then lift yourself further in across the seat, towards the driver's seat.
- Turn to face the right way slowly and carefully, sliding your legs into the foot well of the car. Lean back as you lift your operated leg over the car door frame to avoid breaking your precautions.
- Putting a cushion or blanket and then a plastic bag on the seat will help you swivel your bottom round once sitting.

Sleeping

Initially we advise that you sleep on your back with a pillow between your legs to ensure you don't cross them while sleeping. Once your clips have been removed and it's comfortable to do so you may sleep on your operated side with a pillow between your legs.

After six weeks

At approximately six weeks after your operation you will be asked to come back to see the Orthopaedic Team. This is to check on your progress and to give you advice about increasing your activities. At this point you will be told whether you can return to driving. If you are planning to return to work then this will usually be at six to 12 weeks after your operation. If you have a manual job then it will usually be at three months.

Frequently asked questions

Is it normal for my hip to be swollen?

Yes. After a hip replacement it's common for your operated leg to be swollen. This will go down gradually over the first three months after your operation..

What can be done to minimise the risk of a blood clot forming (Deep Vein Thrombosis)?

Your doctor may prescribe a drug to help prevent blood clots from forming. This drug is given as an injection once a day for the first 35 days following your operation. You or a relative/friend will be shown how to administer this.

What are the visiting hours for the ward?

Visiting times are 2-8pm. There may be occasions when we need to interrupt visiting to provide various aspects of your care. Where possible we try not to interrupt you while you have visitors but there are some occasions where it's necessary. Please be understanding about this. If it helps us with your care then you can get home sooner.

Can my visitors come in on the day of the operation?

Yes. Please advise visitors to ask the nursing staff if it's appropriate to visit on the day of your surgery as it's important you get your rest and you may be groggy from the anaesthetic.

Can my friend/relative phone the ward to check how I am?

Yes, of course. We understand that your friends and family are keen to check on your progress. However, we would be grateful if one member of your family or one friend could take responsibility for keeping other relatives informed of your progress. This allows the nursing staff to use their time to focus on caring for you.

Are there any other orthopaedic wards in the hospital?

You will be based on one of our two orthopaedic wards. There could be a possibility that during your stay you may be moved to another orthopaedic ward to continue your recovery. This will only occur if necessary. Both wards have experienced orthopaedic nurses, doctors and therapists and you will continue your recovery in the same way.

Is it safe to bring valuables into hospital with me?

There is a lockable drawer in your bedside locker but we don't recommend you bring too many valuables with you. Anything that you do bring into hospital is done so at your own risk. The Royal Bournemouth and Christchurch Hospitals NHS foundation Trust cannot take any responsibility for your belongings..

Are there televisions and newspapers in the ward?

All rooms have a combined television, telephone and radio system at the bedside. There is a charge to use the telephone and television. Payment can be made using a debit or credit card or by purchasing a payment card at the main entrance of the hospital. As the Derwent Ward is separate to the main hospital building we don't have a daily newspaper trolley on this ward. You may wish to ask your visitors to bring in any newspapers or magazines for you.

Can I use a mobile phone in hospital?

Yes it is possible to bring a mobile phone with you so that you can speak to friends and relatives during your stay. We ask you keep them to a minimum so as not to disturb other patients.

Some hospitals don't allow flowers on the ward. Is this true for Bournemouth

Yes. We regret that we can't allow flowers or plants on the ward. This is because they can be a source of infection which could in turn get into your or other patients wounds. Please inform your visitors of this.

How soon can I travel after my operation?

Flying is not recommended for at least three months after your operation due to the risk of a blood clot. Some consultants may vary with this advice. Please contact your consultant via their secretary if you need to fly before the timescales advised.

For any other long distance travel (car, train, coach) make sure you are able to walk around regularly. Take care when travelling on a bus or when getting into a car with a high step.

Will I be able to go swimming after my operation?

Yes, swimming is a good activity to strengthen your body. However, we advise that your wound needs to be fully healed before you go into the pool. You need to be confident with your walking so that you can manage to walk safely on the wet pool side. We recommend that you use a pool with a staircase leading into the water rather than a ladder to enter and exit the pool. Additionally you should avoid the breaststroke style kick with your legs.

How far can I expect to walk in the future?

We hope you will be able to walk a reasonable distance in the long term, following your hip replacement. You should increase the distance you walk gradually. It's unlikely you will be able to walk the distances which you could before your hip pain started. You may find the use of a walking stick beneficial to take some of the load off your hip.

Will I be able to walk up and down stairs in the 'normal' way after my hip replacement?

Initially after your operation you will find it easier to go up and down stairs using the technique shown in the diagram on page 20. This technique is required while you are increasing the strength and the movement in your operated hip.

Problems with my hip - What is normal and whatis abnormal with my hip?

Some people experience some increase in pain after being home a short time. This is often due to increasing your activity. If you're concerned then please don't hesitate to contact the ward or your GP.

Problem	Normal	Abnormal
Wound	To have: • some healing redness around wound in first six weeks	Your wound could be infected if it is: • red • hot • angry looking • pus present • oozing • offensive odour Seek advice from your GP
Pain worse at night than during the day	Muscles and soft tissues get stiff as you rest causing aching pain. To help reduce pain at night: **Action:** • Exercise • Have a walk • Use pain relief	Severe pain 24 hours a day Seek advice from your GP
Stiffness	As soon as you rest or have rested for prolonged periods **Action:** • Exercise • Have a walk • Use pain relief	Severe stiffness that you can't bend your hip and lift your foot Seek advice from your post-op physiotherapist
Swelling	Your thigh, knee, calf and ankle will swell for three months. Swelling will reduce overnight and increase during the day	If swelling doesn't fluctuate (change) and your thigh, knee, calf and ankle are constantly swollen Seek advice from your post-op physiotherapist or your GP

Outline of events surrounding your hip replacement

A few weeks before your operation	Attend pre-assessment clinic Attend pre-op education class Receive pre-op phone call/visit
One week before	You may need to stop certain medications (as advised)
Day before	Remember to stop eating and drinking at the correct time
Day of surgery	Arrive at correct ward and time according to your admission letter Visit from surgeon and anaesthetist
Day one	Start walking with the physiotherapist
Day two and three	Shower Progress walking and exercises Occupational therapy X-ray Aim for discharge

Continue with recovery until you are ready to go home

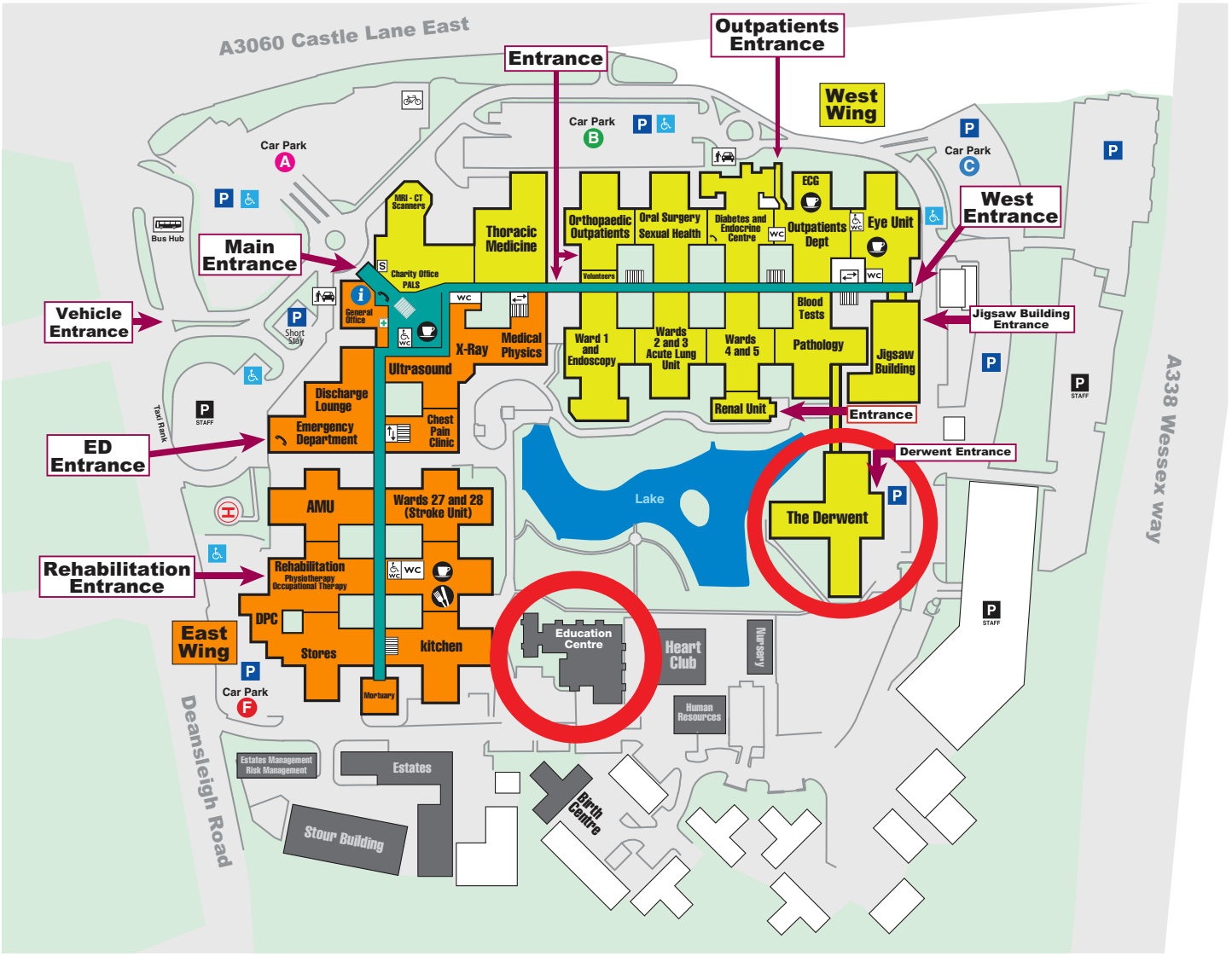
10-14 days after operation	Stitches and staples will be taken out
28 days after operation	Follow up call from ward
Six weeks after operation	Follow-up with consultant team Stop wearing stockings
One year after operation	Follow up with consultant team

Useful contacts/information

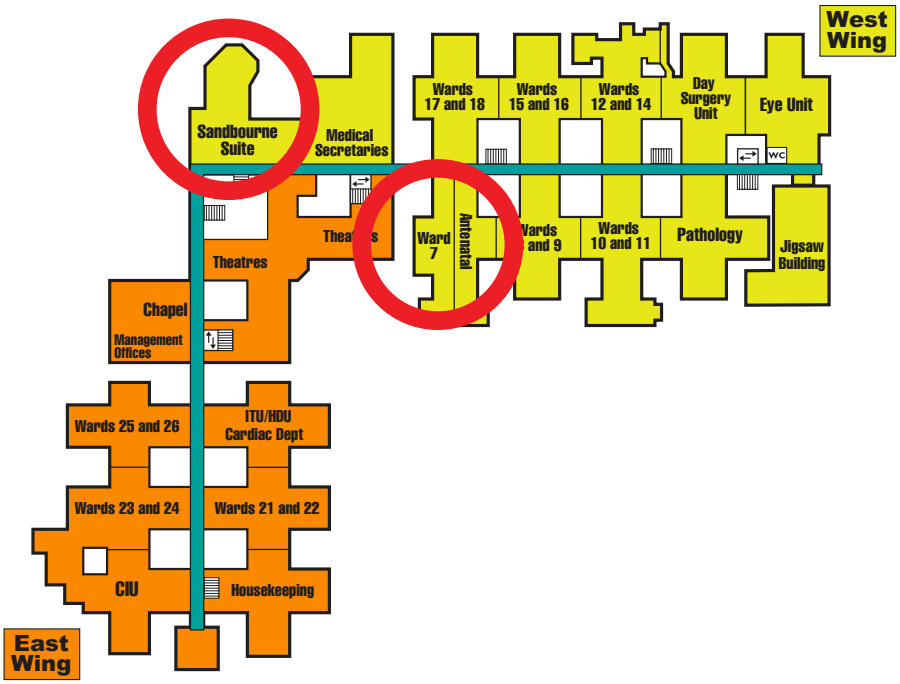
The Royal Bournemouth Hospital switchboard	**01202 303626**
Ward 7	**0300 019 6276**
Derwent Ward	**0300 019 6223**
Pre-assessment	**0300 019 4102**

Hospital Maps

Ground Floor Royal Bournemouth Hospital



First Floor Royal Bournemouth Hospital



Daily diary

Some patients find it helpful to keep a diary of their activities, exercises and pain control. It's also useful to write down any problems or questions you may have. This isn't essential but use this if you feel it will help with your recovery.

Day	What have you done today: • Activities • Exercises	How do you feel: • Pain • Pain relief needed	Any problems:	Questions:
Day of operation				
Post-operative day one				
Post-operative day two				
Post-operative day three				

Day	What have you done today: • Activities • Exercises	How do you feel: • Pain • Pain relief needed	Any problems:	Questions:
Post-operative day four				
Post-operative day five				
Post-operative day six				
Post-operative day seven				
Post-operative day eight				
Post-operative day nine				

Day	What have you done today: • Activities • Exercises	How do you feel: • Pain • Pain relief needed	Any problems:	Questions:
Post-operative day 10				
Post-operative day 11				
Post-operative day 12				
Post-operative day 13				
Post-operative day 14				

Additional Notes

Exercise Images courtesy of RG PhysioTools