

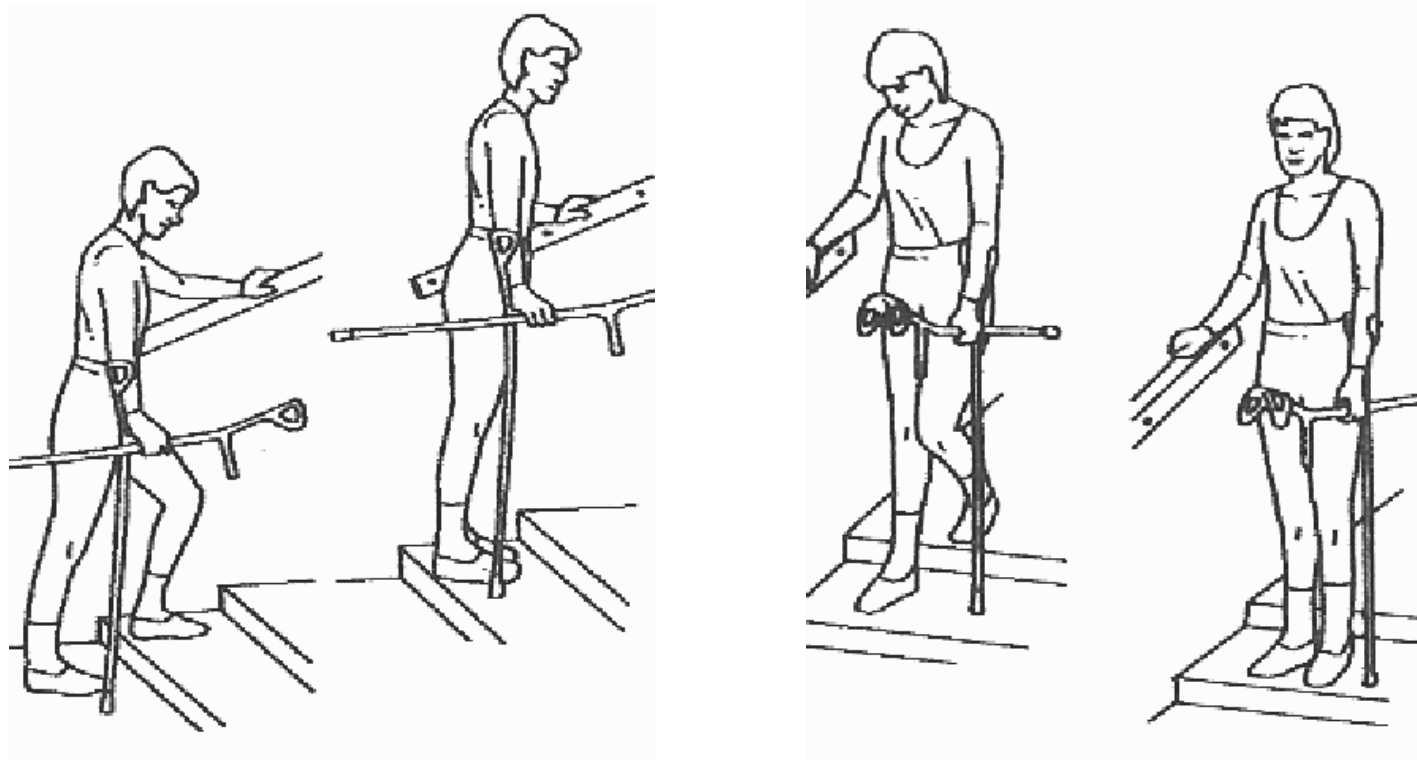
How to go up and down stairs

To go up a step or stairs

- Step up with your 'good' 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 'good' leg down onto the same step



We recommend that you continue your exercises at least 3 times a day on your return home. You should continue these exercises until you feel you have gained enough strength and movement in your new joint to move around easily.

Please return your crutches or sticks to us when you no longer require them. Thank you.

Our Vision

Putting patients first while striving to deliver the best quality healthcare.

The Royal Bournemouth Hospital
Castle Lane East, Bournemouth, Dorset, BH7 7DW

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Putting patients first

The Royal Bournemouth and
Christchurch Hospitals **NHS**
NHS Foundation Trust

Your Revision Hip Replacement Surgery at The Royal Bournemouth Hospital

An information booklet to guide your return to activity

Website www.rbch.nhs.uk | Tel (01202) 303626

Introduction

Dear Patient,

This booklet tells you about revision Hip Replacement surgery at The Royal Bournemouth Hospital. It is 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 that 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 in your management made by your surgeon, anaesthetist, nurse or therapist. These instructions should take priority.

All members of the team are committed to providing you with the highest standards in care and we look forward to helping you with your recovery.

Contents

This guide has been planned in the order with which events will happen. We do however recommend you read the whole booklet before you come into hospital.

Preparing to come into hospital

The day of your operation

The anaesthetic

The operation

Your recovery in hospital - immediately after surgery

Your recovery in hospital - the first day

Your recovery in hospital - the second and third day

Going home from hospital

Once you are home - the first 6 weeks

After 6 weeks

Frequently asked questions

Outline of events surrounding your revision hip replacement operation

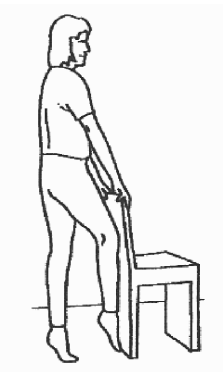
Exercises for your hip

Advanced exercises

With each exercise stand up straight and move the leg only, not the rest of your body. Gradually increase the number of times that you repeat the exercise. Your muscles will get stronger if you continue until you start to feel tired.

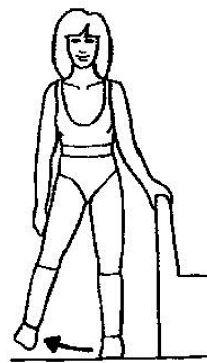
Exercise 1

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



Exercise 2

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



Exercise 3

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

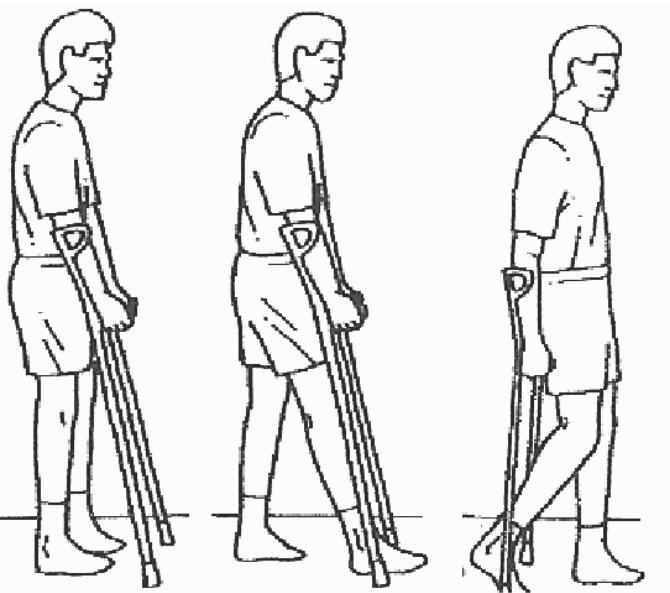


Managing a swollen leg

If your leg is very swollen we recommend that you spend some time each day lying on a bed with your leg and foot raised up on several pillows.

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



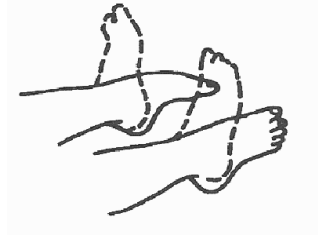
Physiotherapy after your Revision Hip Replacement Surgery

Early Exercises

You need to start these exercises immediately after your operation and continue regularly until your physiotherapist progresses you onto the advanced exercises.

Exercise 1

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

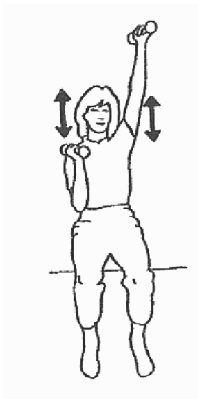


Exercise 2

Lie on your back with your legs straight. Pull your toes towards you and push your knees down firmly against the bed. Hold for 2-3 seconds then relax. Repeat this 10 times every hour.

Exercise 3

Lie on your back with your legs straight. Squeeze your buttocks together, hold for 2-3 seconds then relax. Repeat this 10 times every hour.



Exercise 4

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.

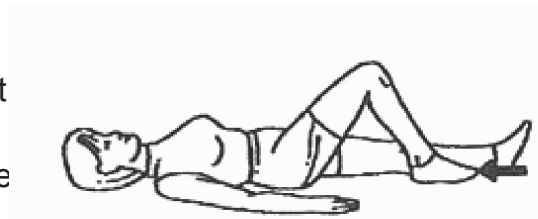
Exercise 5

Regularly take 3 deep breaths whilst lying in bed.

Only complete the following exercise with your Physiotherapist present

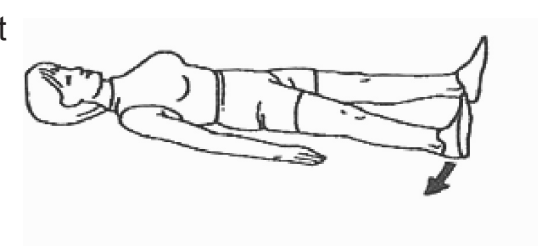
Exercise 6

Lie on your back with your leg out straight and the doughnut under your heel. Bend and straighten your hip and knee by sliding your foot up and down the board. Repeat this 10 times every hour.



Exercise 7

Lie on your back with your leg out straight and the doughnut under your heel. Slide your leg out to the side (away from your other leg) then back to the middle. Repeat this 10 times every hour.



Preparing to come into hospital

Reminder - Stopping medications

It is important that you continue to take your usual medicines, including inhalers, unless your surgeon or anaesthetist has advised you not to.

Please stop all herbal medicines at least 2 weeks before your surgery.

Please stop anti-inflammatory medication for example ibuprofen and aspirin at least 7 days before your operation unless you have been told differently by your doctor or the nurse at the pre-assessment clinic.

Reminder - Stopping 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.

Please follow the instructions given to you about when to stop eating and drinking before your operation.

A checklist

What to bring

- All current medication
- Helping hand/shoehorns etc (labelled) if you have them
- Personal walking stick/crutches (labelled) if you use them
- Toiletries including flannels/towels
- Slippers or shoes: loose fitting with backs and no laces
- Day clothes and nightclothes (Loose fitting)
- This booklet and any other information or paperwork you have been given regarding your operation
- Books, magazines etc
- Telephone numbers of friends/relatives

Please do not bring

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

Coming into Hospital

You will normally be asked to come into hospital on the morning of your operation. When you arrive a nurse will talk you through what will happen on that day. You will be seen by the surgeon and the anaesthetist before your operation.

The anaesthetic

Your anaesthetist will come to see you before your operation to discuss the type of anaesthetic that you will be given. 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, some people may have a spinal anaesthetic. This is an injection in the back that makes you numb from the waist down and is combined with sedation so that you are asleep in the operation. Other people may have a general anaesthetic. The anaesthetist will discuss the options with you.

The Operation

What is a revision hip replacement?

A revision hip replacement may be required for a number of reasons. These include loosening, fracture, infection and dislocation of your previous hip replacement. The operation is variable depending on the presence of infection and is usually done in one or two stages.

Your surgeon will make a cut on the outside of your hip and remove the original replacement and insert the new parts. If you have an infection in your joint the surgeon may wash out the joint after the hip replacement has been removed and place antibiotics into the joint. This will prolong your stay in hospital.

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

After the operation you will be taken to the recovery room, which is near to the operating theatre. 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 ward.

Your recovery in hospital - the day of surgery

Pain after Hip Surgery

If you have had a spinal anaesthetic your legs may feel numb after your operation. Numbness from the spinal anaesthetic wears off gradually over the first few hours after the operation. You may have some discomfort at this point. If this becomes pain, you should discuss this with your Nurse, so that we can provide you with pain relief. It is important to act early as pain is harder to treat if it is allowed to become severe and good pain control is important for your recovery.

Outline of events surrounding your hip replacement

A few weeks before your operation	Attend pre-assessment clinic
1 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 Sandbourne Admisssion Suite
	Visit from surgeon and anaesthetist
	Your operation
	Physiotherapy starts
Day 1	Start walking with the Physiotherapist
Day 2 and 3	X-ray
	Occupational Therapy
	Physiotherapy continues
Continue with your recovery until you are ready to go home	
10 - 14 days after your operation	Stitches or staples will be taken out
6 weeks after your operation	Follow up appointment with the Surgeon or one of his team
	Stop wearing stockings

Is it safe to bring valuables into hospital with me?

We do not recommend you bring too many valuables with you. Anything that you do bring into hospital is done so at your own risk. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust cannot take any responsibility for your belongings.

Some hospitals do not allow flowers on the ward. Is this true for the orthopaedic ward at the Royal Bournemouth Hospital?

Yes. We regret that we cannot allow flowers 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.

What is the risk of getting an infection whilst I am in hospital?

The Royal Bournemouth Hospital has one of the lowest rates of infection in the whole country. We take a number of steps to minimise the risk of infection.

How soon can I travel after my operation?

Flying is not recommended for at least 3 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. Avoid travelling in sports cars as the seats are too low.

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 which has a staircase leading into the water and not to use a ladder to enter and exit the pool. When swimming you should not use a breast stroke kick as this action will put your hip at risk.

Am I allowed to lie on my side after the operation?

To protect your hip when you are in bed, you should lie on your back for the first 6 weeks after your operation. After this time you are generally allowed to lie on your operated side keeping a pillow in between your knees.

How will I know if something is wrong?

Some people experience some increase in pain after being home a short time. This is often due to increasing your activity. If you are concerned then please do not hesitate to contact the Ward or your GP.

If you have any questions before you come into hospital, or once you are home, please do not hesitate to contact us and we can put you in touch with the relevant person.

Ward 9: **01202 704934**
Physiotherapy/Occupational Therapy: **01202 704856**

Physiotherapy

A Physiotherapist may visit you on the day of the operation if you are awake and feeling well. You will be encouraged to start moving as soon as you are able. The Physiotherapist will advise you on some exercises to do whilst you are resting in bed.

These exercises are important for your chest and your circulation. They will also practice some exercises with you to help your new hip joint to move and to strengthen the muscles around the hip. Once you have practiced these exercises with the Physiotherapist you will be asked to do these regularly by yourself.

All of the exercises that you will be asked to do are at the back of this booklet. It is important to start the breathing and ankle exercises when you come round after the surgery to prevent complications. You should wait until you have seen a Physiotherapist before you start the other exercises. You will normally stay in bed until the first day after the operation. You will be encouraged to start moving as soon as you feel well as this is good for your body and your new hip.

The first day after the operation

Physiotherapy

On the first day after your operation the Physiotherapists will assist you to get out of bed for the first time and take your first few steps. The Physiotherapist will let you know how much weight you may take through your operated leg. You will need to use a zimmer frame initially because this gives you a good support to lean on. You can then start to walk around the ward and to the bathroom with the help of a nurse until you are able to do this safely by yourself.

After your operation it is very important that you do not try to get out of bed by yourself for the first time. A few necessary checks need to be made regarding your blood pressure, ensuring the feeling has returned to your legs and checking for any special instructions from your surgeon regarding how much weight you are allowed to take through your operated leg.

You should continue with your exercises hourly throughout the day.

The second or third day after your operation

Occupational Therapy

The Occupational Therapist will also visit you. They will ask how you are managing with ‘transfers’ which means getting on and off the bed, the chair and the toilet. If you are struggling they will teach you a different way to do it and in some cases provide equipment so that you know that these everyday things will be manageable when you go home.

The same applies to washing and dressing, if you are struggling they can provide you with tips and tricks to assist you and again, in some cases, some equipment for you to borrow. After hip surgery the Occupational Therapist will often need to provide you with equipment such as a high toilet seat and dressing aids that you will need at home.

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. If you are used to walking with a walking aid already then this may be more appropriate. You can then practice your walking on the ward.

You will be informed how much weight you are allowed to take through your operated leg as this varies with each operation. The descriptions below may help you to understand the terms which we may use.

Non weight bearing

You must not put weight through the operated leg or foot. This includes when standing up and sitting down. You will need to use crutches or a walking frame.

Touch weight bearing

When standing or walking the toes of the operated leg can touch the floor but you should not put weight through it. You will need to use crutches or a walking frame.

Partial weight bearing

You can take some weight through your operated leg but not all of your weight. You will need crutches or a walking frame to help you to do this.

Full weight bearing

You may take as much weight as you feel comfortable through your operated leg when you stand and walk. You will be given crutches, a walking frame or walking sticks to use initially and as your legs become stronger you can gradually wean yourself off these.

When you are ready, the Physiotherapists will progress your exercises, as appropriate to your surgery.

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

- When you are as far back as you can go, slowly begin to bring your legs into the car together. Made sure you lean back into the reclined seat when you are doing this to avoid bending your hip more than 90 degrees. You may find it easier if someone is able to gently help putting your legs in.

You will need to follow this method for three months following surgery.

When can I start to drive?

We advise that you do not drive until at least six weeks after your operation. Your surgeon or a member of their team will tell you when you can drive again.

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

Your doctor will prescribe a drug to help prevent blood clots from forming. This drug is given as an injection once a day for the first 28 days following your operation. You will be shown how to inject yourself or a relative could do this for you.

You should continue to wear the white elastic stockings for six weeks following your operation, unless told otherwise. They should be kept on at all time throughout the day and night and should only be removed when you wash your legs and feet. You will be provided with a spare pair which you should put on immediately after your shower or wash.

Keeping mobile also reduces the risk of a blood clot developing.

After 6 weeks

At approximately 6 weeks after your operation you will be asked to come back to see the surgeon or a member of their team. The purpose of this is to check on your progress and to give you advice about increasing your activities. You may have some questions you would like to ask about returning to hobbies. At this point you will be told whether you can return to driving. If you are planning to return to work then you should gain advice from your surgeon as to when you should return.

Frequently Asked Questions

What are the visiting hours for the ward?

Visiting times are between 3-4pm and 7-8pm. 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 whilst you have visitors but there are some occasions where it is necessary.

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

Your visitors must telephone the ward prior to visiting you on the day of your surgery.

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.

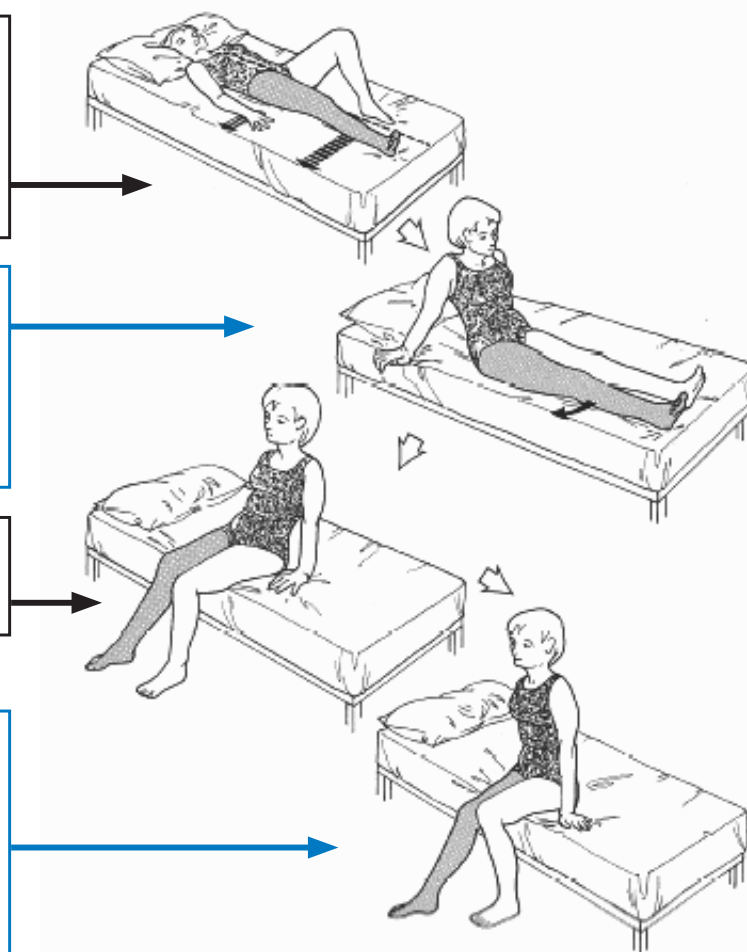
How do I get in and out of bed after my hip replacement?

1. For the first couple of days you need to get into bed with your operated leg first and out of bed with it first.

2. Gently slide your operated leg out of bed adjusting your body every so often to avoid twisting.

3. Sit on the edge of the bed for a minute before you stand.

4. Straighten the knee of your operated leg while you stand. This will ensure you don't bend more than 90° at your hip.



You should reverse the above procedure for getting into bed. Sit halfway down the bed to start and then use the strength in your upper limbs to position your bottom back onto the bed. When you are in the right position, your thighs and knees should be resting on the bed. You then can gradually bring your legs onto the bed.

Once you have mastered the safe technique, you can get in and out of bed on the side most convenient to you.

If the surgery is more complicated and your surgeon wants to protect your hip more then you may be shown a different way to get in and out of bed. The occupational therapist will show you this.

How do I get into a car safely?

- Before attempting the transfer, ensure the front passenger seat is positioned as far back as possible and also reclined.
- Park the car away from the kerb. This ensures the seat is not made any lower by the height of the kerb. Putting a blanket or cushion and then a plastic bag on the seat will help you swivel your bottom round.
- Get into the car bottom first, with your operated leg straight at the knee. You will need to use the strength in your un-operated leg for this.
- Once your bottom is on the seat, ease yourself back across the seat using your arms.

Going Home from Hospital

How long will I stay in hospital?

The length of time that you stay in hospital varies with each patient. Most patients stay about 6 days. 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. This depends upon the nature of your surgery. If you have any concerns with how you will manage when you return home, please inform the nursing staff as soon as possible so that we can discuss this with you.

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 we know that you will manage safely at home.

To ensure that 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 completed 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

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
- 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)

Once you are Home - The first six weeks

How far can I walk once I am home?

Due to the variable nature of revision hip surgery, advice can differ.

If the operation has been straight forward we recommend that 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 a short distance outside with your crutches or walking sticks. Do not be tempted to walk too far to start with. Listen to your body. If you are very sore or tired in the next 24 hours you may have walked too far. Gradually increase the distance that you walk but make sure you also have plenty of rest.

If the operation has been more complicated or if you have to restrict the amount of weight that you take through your leg the Physiotherapist will advise you on walking appropriate to the situation.

When should I stop using my crutches or walking sticks?

(only follow this advice if you are allowed to fully weight bear through your operated leg)

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 this 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 that you need more support when walking outside or when walking further. Don't be tempted to walk without the support of these too soon.

What exercises should I do when I get home?

Walking is very good to strengthen up your body however you will be shown exercises to strengthen the specific muscles around your hip joint. These are the **Advanced exercises** which can be found on the exercise sheet towards the back of this leaflet. We advise you to continue these exercises three or four times a day for at least six weeks. You should continue with these until you feel you have gained enough strength and movement in your new joint to move around easily.

If your operation has been more complicated or your weight bearing is restricted then your physiotherapist may advise you not to do certain exercises. This is to protect the hip and aid its healing.

For how long do I need to follow the Anti dislocation precautions?

In order to protect your hip and to prevent dislocation you must observe these rules for 3 months after your operation.

DO NOT cross your legs or ankles

DO NOT bring your knee higher than your hip

DO NOT reach down past your knees

DO NOT twist your body

After 3 months you must still be careful.

How will the precautions affect everyday activities?

Before you come into hospital consider how you will manage daily activities around the home when you return after your operation.

Kitchen Tasks

You should move items that you will need after your operation to the work surface or in a cupboard/drawer/fridge shelf mid-thigh height or higher. This will ensure that you do not need to bend down. If you can eat in the kitchen it is best. You will come home with either a walking frame, two crutches or sticks so carrying things over distances will be difficult.

Showering

Your dressing over the wound will be waterproof 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 the shower for at least six weeks. This is because lifting your legs up and over the bath to use the shower will put your hip at risk of dislocation.

Getting Dressed

You will be able to dress your upper half normally but will need small aids to assist you dressing your lower half. We will give you a long handled shoe horn to help you put your pants on and shoes. We will also give you a sock or tights aid to help you with your usual socks/tights (the aids do not work with the elastic stockings).

Below is some advice about how to dress the lower half of your body without reaching past your knees. The Occupational Therapist will check that you can manage this before you return home.

Dressing the lower half of the body

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

