

Your hip resurfacing surgery at University Hospitals Dorset (UHD)

Introduction:

This booklet tells you about having a hip resurfacing at University Hospitals Dorset (UHD).

This guide will explain what will happen before, during, and after your surgery. Please bring it with you to the hospital.

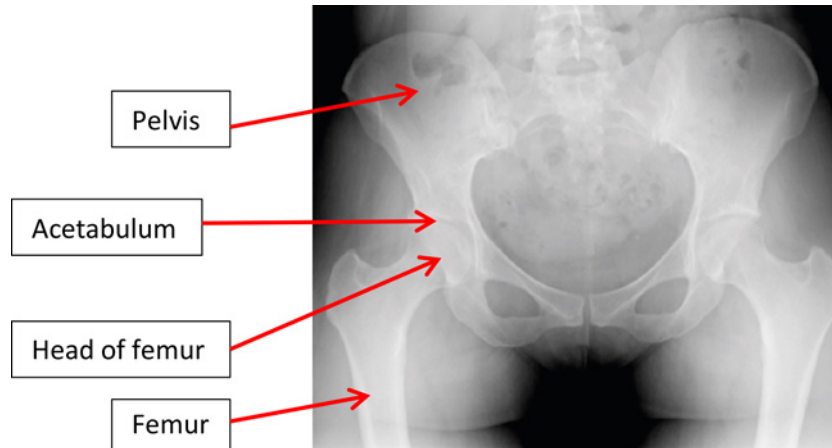
This is a general guide. Your hospital team might change your treatment. If this happens, follow their advice instead of what is in the guide.

Educational information

What is the hip joint?

The hip is a ball and socket joint. The head of the femur (top part of the thigh) is the ball. A cup shaped area of the pelvis called the acetabulum is the socket. Smooth cartilage covers both the ball and socket and protects the joint.

The hip joint is very stable. This is due to the shape of the bones and the ligaments. The capsule also surrounds the whole joint. It produces synovial fluid, which lubricates the joint.



What are the common causes of hip pain?

One of the common causes of hip pain is arthritis. Arthritis is not just one disease. It is a term for joint pain or joint disease. The most common type of arthritis is osteoarthritis (OA).

OA is often called 'wear and tear'. This is a wearing of cartilage that happens with age. New research shows that OA affects the whole joint. OA can damage the cartilage, change the shape of the bone, and cause swelling. Things that can cause OA include age, past injuries, family history, and overuse. Inflammatory conditions such as rheumatoid arthritis are another common cause of joint problems.

The damage from OA or other conditions can make the joint painful and stiff. The symptoms normally start slowly and may get worse over time. This can lead to more pain and make it harder to move the joint. This pain can also affect your sleep and make daily tasks harder.

Common activities that might be difficult include:

- getting up from a chair
- walking
- reaching down to put on socks or shoes
- getting in and out of a car.

What is a hip resurfacing?

A hip resurfacing is major surgery. The resurfacing covers the damaged parts of the hip joint- the ball and the socket. The resurfacing implants, consisting of a ball and socket, are made of either ceramic or metal depending on the implant used.

Not everyone is suitable for a hip resurfacing. It is currently indicated in very active patients who require greater stability from their joint replacement. Most patients with OA who need surgery have a total hip replacement (THR), as this is the most reliable pain-relieving option..



THR implant.



Metal-on-metal hip resurfacing implant.



Ceramic hip resurfacing implant.



Xray of THR.



Xray of metal-on-metal hip resurfacing implant.



Ceramic hip resurfacing implant.

The aim of this surgery is to reduce pain and improve mobility and function. A hip resurfacing is more stable and keeps more of the original hip. This means it is more likely to work for a younger person's lifestyle and activity.

Who can have a hip resurfacing?

- Ceramic resurfacing is suitable for men and women.
Metal resurfacing is only suitable for men with large hips
- It is normally for people under the age of 60
- It is generally only used for people with OA
- More active patients who want to return to some sport or whose profession demands high levels of physical activity.

When is a hip resurfacing recommended?

A hip resurfacing is normally only suggested if other treatments have not worked. These treatments may include painkillers, injections, or physiotherapy.

People who may benefit from a hip resurfacing have severe pain that painkillers can't control. The pain stops them from sleeping, working, being active, or doing everyday tasks.

What can be expected after a hip resurfacing?

This implant shows good outcomes for complications and return to activity. However, the surgery may not completely remove your pain. There is also a risk it could make things worse if there are complications.

After a hip resurfacing, there is a 1% risk of dislocation in 10 years (compared to up to 4% for a THR). A dislocation is where the ball comes out of the socket. To reduce the risk of dislocation, you should follow this advice for **three months**:

- Avoid crossing your legs or ankles
- Avoid twisting your hip
- Avoid bending your hip over 90 degrees (a right angle) during any activity

Full recovery takes time. Most people feel they are doing well by three months after the operation. Improvements normally continue for the first year after surgery. There may be some activities you cannot get back to. Recovery is similar to a total hip replacement. Most people can expect to be back to most sporting activity by 6 to 12 months after surgery. 90% of metal hip resurfacing in male patients are still working well at 20 years.

Comparing hip resurfacing and hip replacement

- 1) Hip resurfacing patients are more likely to return to sport. This may include running, martial arts, racket sports, football, and rugby.
- 2) Hip resurfacing has lower rates of dislocation in active patients.
- 3) Hip resurfacing needs less bone to be removed.
- 4) The implants last a similar time.
- 5) A hip resurfacing leads to a more normal walking pattern.
- 6) A hip resurfacing may be more suitable for those in very active professions. This may include the military, fire service, and high level or professional sports

Here are examples of athletes who have resurfacings and have returned to professional sport:

- Andy Murray (tennis),
- Djibril Cisse (football)
- Ollie Devoto (rugby),
- Sean O'Brien (rugby),
- Laird Hamilton (big wave surfer).

What are the complications related to a hip resurfacing?

A hip resurfacing is a major surgery. Like any surgery, there could be complications. Below are the general complications that can happen with this surgery. Your surgeon will discuss any extra risks specific to you.

Very common (1 in 10 patients)

- Bruising
- Scar
- Pain
- Nausea and vomiting after the operation

Common (1 in 20 to 1 in 50 patients)

- Bleeding. If your blood level drops too low, you may need a blood transfusion.
- Adverse reaction to metal debris (ARMD). This can happen in metal-on-metal resurfacings. This is a reaction in the body to small metal particles from the implant. It may result in further surgery. We will check for this. You will need yearly blood tests and occasional x-rays.
- Stiffness
- Clicking/clunking
- Urinary problems
- Leg length changes (one may be slightly longer than the other)
- Poor wound healing
- Blood clot in the leg (deep vein thrombosis - DVT)
- Loosening
- Bone formation in the muscles (heterotrophic ossification)
- Fractures (breaks) of your thigh bone (femur) needing surgery
- Tendinopathy (painful injuries to your tendons)

Uncommon (1 in 50 to 1 in 100 patients)

- Joint infection needing more surgery
- Damage to nerves causing permanent weakness or numbness
- Avascular necrosis - the blood supply around the resurfacing is damaged. This can cause the bone to fail. This would mean further surgery.
- Dislocation
- Heart attack
- Chest infection

- Blood clot in the lung (PE)
- Stroke
- Kidney failure
- Damage to blood vessels

Rare (less than 1 in 100 patients)

- Death
- Fat embolism

The ceramic implant is newer than the metal-on-metal implant. The data for the ceramic suggests as good outcomes in terms of complications and return to activity. However, the data is not as long term yet. The ceramic implant does not need yearly monitoring. There is no risk of AMRD as there is no metal. It is thought there is a risk the ceramic head could break based on the material. However this has not been proven in real life with research.

Patient reported outcome measures (PROMS)

We will collect details about your hip and general health. We do this before your surgery and six months after. This helps us see how well the surgery worked. This helps improve care for future patients. You will fill out the first survey before surgery.

If you need help with the survey, ask a member of the orthopaedic team. If you have any problems with your hip after surgery, talk to your surgeon's team. The surveys are not for raising concerns with your surgeon.

The National Joint Registry (NJR)

The NJR collects details about all hip replacements and resurfacings in England and Wales. It helps check how well different surgeries work and find the best implants. Before your surgery, you will be asked if you agree to share your details with the register. If there is ever a problem with your implant in the future, the NJR can contact you and let you know. This is unlikely.

Before your surgery

Pre-assessment appointment

Once the team lists you for surgery, you will need a pre-assessment. A pre-assessment checks you are fit enough to have your surgery. You cannot get a surgery date until you attend this. We will send you the appointment details.

Your appointment in pre-assessment may take a few hours.

Bring these to your appointment:

- A list of all medicines you take and their doses (including herbal or non-prescription)
- Details of any allergies
- A list of past surgeries

We may need more tests or treatments before we can say you're fit for surgery. If we need these, we'll explain why. You may need extra appointments for them.

Once we are happy you're fit for surgery, we will tell the admissions team. They will contact you with your surgery date once there is availability.

Occupational therapy assessment

When you have a date for your operation a member of the occupational therapy (OT) team will call you. This is about one week before your operation. They will talk to you about your home set up and ask you for some measurements as below.

You need to follow hip precautions for three months after your surgery. You need to follow this for all activities. It is to reduce the risk of dislocating your hip:

- Avoid crossing your legs or ankles
- Avoid twisting your hip
- Avoid bending your hip over 90 degrees (a right angle) during any activity

These measurements help to see if you will need any equipment to avoid bending your hip past 90 degrees after surgery.

You will be supplied with essential equipment. Many people find a 'helping hand' or long handled grabber useful. These are not supplied by the hospital. You can buy them online, in chemists, or mobility stores.

Please see below the measurements which the OT team need.

Lower leg measurement

Do this sitting down. Measure from behind the knee joint to the floor.
Do this sitting down with shoes on.

inches/cm



Bed height

Sit on the bed. Measure from the top of the pressed down mattress to the floor.

inches/cm



Arm chair/sofa height

Sit on the seat.

Measure from the top of the pressed down cushion to the floor.

inches/cm



Dining chair height

Sit on the seat. Measure from the top of the pressed down cushion to the floor. If you do not have a cushion, measure from the top of the seat to the floor.

inches/cm

Toilet 1 height

Measure from top of the seat to the floor.

inches/cm

Toilet 2 height (if you have a 2nd toilet)

Measure from top of the seat to the floor.

inches/cm



After the call, the OT team may want to visit you at home. If this is the case, they will arrange a suitable date and time with you.

Preparing for your operation

It's important to think about how you'll manage at home after surgery. Washing, dressing, doing housework, and shopping may be harder at first. This is because you will be using crutches. It can be helpful if friends or family can help you with these tasks. They may be able to stay with you or visit often.

You can also get ready before surgery by doing some harder jobs. For example, change your bed sheets before you come into the hospital. It's also a good idea to freeze some meals, especially if you live alone. Cooking from scratch might be hard at first. Try to organise the kitchen and bathroom so things are easy to reach. You should not reach down to cupboards or shelves below waist height. Move items you use regularly onto the work-top or eye level cupboards.

You may be able to go home on the day of surgery. In this instance you **MUST** have someone to stay with you the first night. You need to use two crutches for four weeks after your operation. You will need to arrange for a friend or family member to collect you when you are ready to go home. You will be able to travel as a passenger in a normal car. If you do not have anyone to collect you, please let the nursing staff know when you are admitted.

Other things to think about before your operation

Stopping smoking

Smoking can slow down healing and cause problems after surgery. If you stop smoking, you'll improve your health and reduce the risks with anaesthesia. It can also lead to better results from surgery. If you want help to stop smoking, talk to your pre-assessment nurse or GP. Note the hospital is a non-smoking site.

Weight management

BMI (Body Mass Index) checks if your weight is healthy for your height. You might feel fine at your current weight. However, people with a higher BMI are more likely to have serious problems during or after surgery. If you want to lose weight before surgery, speak to your pre-assessment nurse or GP.

Exercise

Staying active can help manage the symptoms of OA and your recovery after surgery. Walking, swimming, and cycling are normally most comfortable.

Hip pain can also lead to weakness in the muscles around the hip. You can try doing the hip exercises in this booklet before your surgery. These exercises can help the hip movement and strength. Do not worry if your hip is too sore to exercise.

What else?

We have more information to help you get ready for your surgery online. You can visit the UHD orthopaedic webpage at www.uhd.nhs.uk/services/orthopaedics for extra resources. The 'physiotherapy and occupational therapy' page has a range of videos to watch.

Reasons to contact us before surgery

Please call us if you have any of these a week before your surgery:

- A cough
- A cold
- A sore throat
- A rash
- Cuts or scrapes
- Open wounds or sores
- Insect bites
- A change in your medicine since your pre-assessment
- A new health problem that needs a specialist (like a heart or chest doctor)
- If you no longer feel you need the surgery

These may mean your surgery needs to be delayed for your safety. It's important to contact the admissions team as soon as possible. You can reach them at **0300 019 4919** or **0300 019 4930**.

Avoiding last-minute cancellations helps improve waiting times for everyone.

When you come for surgery, please bring:

- this booklet
- any other paperwork about your hospital visit
- all your current medicines (make sure they are in their original boxes)
- any walking aids you normally use (like a walking stick). remember to label them with your name
- a shoehorn (labelled with your name) if you have one
- toiletries
- footwear - slippers or slip-on shoes with backs (no laces). These are best because they are easy to put and give some support
- night clothes (including a dressing gown) and day clothes. Wear loose t-shirts, shirts, or blouses for your upper body. Elasticated trousers, jogging bottoms, or skirts are easier to put on and take off
- your mobile phone and charger
- contact details for your family or friends if you want to reach them
- glasses and a case (if you need them)
- hearing aids and a case (if you need them)
- dentures and a case (if you need them)

Please do not bring:

- unnecessary jewellery
- large amounts of money
- laptop computers which need plugged into mains
- any other valuable items
- food that has to go in the fridge

Day of surgery

Eating and drinking

Follow the instructions about when to stop eating and drinking before your surgery. You need an empty stomach for surgery. Food or drink in your stomach during surgery can cause you to vomit. This could damage your lungs.

Your surgery may be cancelled if you do not follow the fasting instructions you are given.

Only stop medicines the pre-assessment team told you to. Take any other morning medicines as usual. Take them with a small sip of water.

Don't drink alcohol for 24 hours before surgery.

Arrival at the hospital

You will come to the hospital on the same day as your surgery. Your letter will tell you where to go and what time to arrive.

When you arrive, a nurse will check you in. They will do some tests, like your blood pressure. They might also do a blood test. The surgeon will talk to you before your surgery. You can ask any questions you have.

Before the surgery, you will put on a hospital gown. You'll need to take off any piercings, jewellery, glasses, false nails, or dentures.

The anaesthetic

When you have a hip resurfacing you will need an anaesthetic. Your anaesthetist will see you before surgery to explain this and answer any questions. We normally use a spinal anaesthetic. This is an injection in your lower back. It causes numbness from the waist down. This means you cannot feel the operation. You can choose with your anaesthetist if you want to be awake or sleepy. They use some sedation to make you sleepy. Being awake is very safe and can help your recovery. You may want to bring in some headphones and a device to play some music during your surgery.

Spinal anaesthetics are preferred to general anaesthetic because there is:

- less risk of a chest infection after surgery
- less effect on the lungs and breathing
- excellent pain relief right after surgery
- less sickness and vomiting
- earlier return to eating and drinking after surgery
- less risk of becoming confused after the operation.

The operation

The surgeon makes a cut over the outside of your hip. The surfaces of the bone (the ball and socket) are cut and prepared to cover them with the man-made parts. The implants are made of either ceramic or metal depending on the type of implant used.

After resurfacing the joint, the surgeon closes the cut with stitches or glue. This is then covered with a dressing.

The operation generally lasts one to two hours.

Straight after surgery

You will wake up in the recovery area. A nurse will stay with you the whole time. They will check things like your blood pressure, heart rate, and oxygen levels. If you feel sick or have pain, tell the nurse. They can give you medicines to help this. Once your nurse is happy you've recovered safely, you will go to the ward.

Your recovery while in hospital

Eating and drinking

It's important to start eating and drinking normally after your surgery. This helps you recover and can stop you feeling sick. After surgery you might be low on fluids and minerals (called electrolytes).

It's important to replace these, but be careful not to drink too much water. You should drink when you feel thirsty. We suggest drinking drinks with electrolytes. Things like sports drinks or cordial contain these.

Pain management

A hip resurfacing is a major surgery. It can be very painful if not treated properly. At first, you may not feel much pain because of the spinal anaesthetic. As it wears off, the pain may get worse. The nurses will give you painkillers at regular times. They will start giving them to you before the anaesthetic wears off. This is to keep you comfortable as the feeling returns.

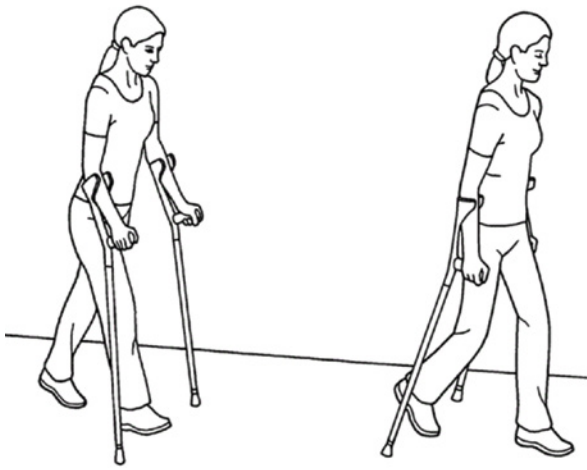
If the pain is getting worse let the nurses know. It's important to ask for help early. Severe pain can slow down your recovery.

Walking and rehabilitation

After your operation we want to get you up as soon as possible. Research shows this can reduce the risk of complications linked to bed rest. These include blood clots, chest infections, heart attacks, and stroke. Do not try to get out of bed for the first time by yourself. The team need to check it is safe to get you up. These include checking your blood pressure, muscle power, and sensation.

You need to have eaten and be on the ward for one hour before getting up the first time. You can normally put full weight on your new hip. The therapists will aim to get you out of bed and walk with a frame or crutches. They will continue your rehab until you are safe to go home.

Most patients go home with elbow crutches. To go home you need to be walking safely. You will need to stay on two crutches for four weeks. You are normally allowed to put all your weight on your operated leg. The crutches will just provide some support to your leg.



Walking with crutches

- Put your crutches forwards
- Step your operated leg forwards
- Step forwards with your other leg, aiming to step past the operated leg
- Take small steps when turning to avoid twisting
- Never stand up or sit down with your arms in the crutches

Exercises

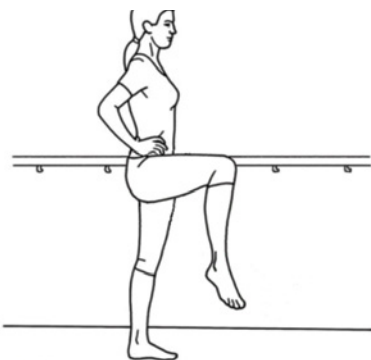
A therapist will teach you exercises to improve the movement and strength of the hip.

Aim to do the exercises 3-4 times a day. It is normal for the hip to feel sore when doing exercise. Do fewer exercises or smaller movements if you have severe or lasting pain after exercise. It can be helpful to do exercises after you've taken some painkillers. You should keep going with these exercises until your hip feels strong and comfortable.

The exercises are below. You also need to continue them at home.

Exercise 1:

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



Exercise 2:

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

Exercise 3:

Stand up straight holding onto a support.
Slowly move your leg out behind you and off the floor.
Keep your knee straight.
Return it to the starting position.
Aim to repeat this 10 times with each leg.



Exercise 4:

Stand up straight holding onto a support.

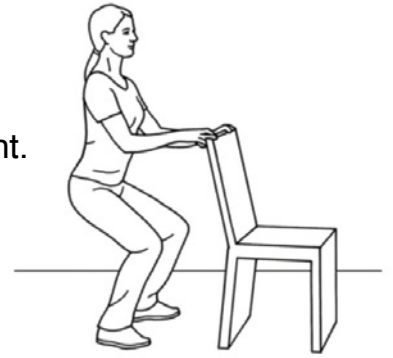
Place your feet hip width apart.

Slowly bend your knees a few inches while keeping your back straight.

Hold for five seconds then slowly straighten your knees.

Return to the starting position.

Aim to repeat this 10 times.

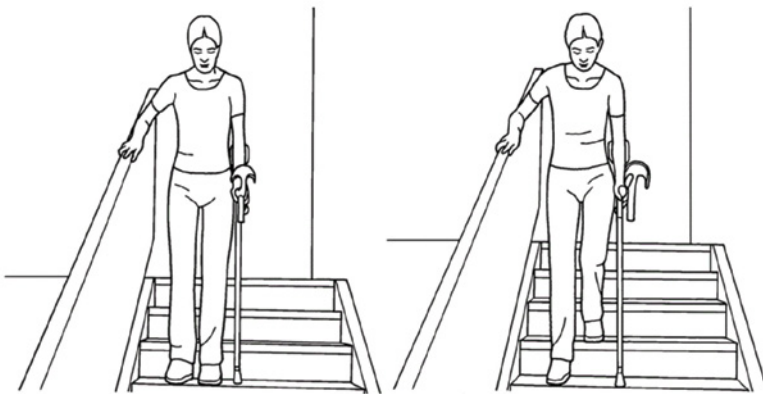
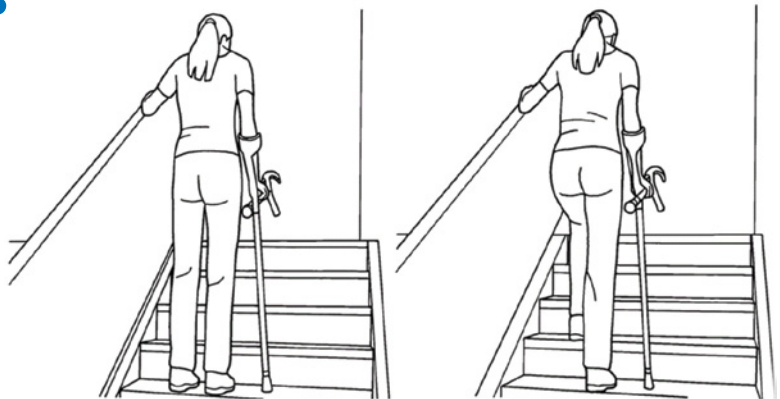


Steps and stairs

Before you go home, the therapists will practice a step or stairs with you. You need to be able to do this safely. Below you will find the technique we advise you use for this.

To go up a step or stairs

- Put your crutches forwards
- Step up with your non-operated leg
- Then bring your operated leg up onto the same step
- Then 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

Daily activities

Before you go home, therapists will check:

- 1) you can get in and out of bed
- 2) you know how to dress your lower half without bending past 90 degrees
- 3) you know the easiest way to get in and out of a car.

There are reminders of these techniques in the discharge section later in the booklet.

Discharge

How long will I stay in hospital?

We can do hip resurfacing safely as day or short-stay procedures. This means many people can go home the same day. Research shows that having surgery as a day case is safe. It can also be a better experience for patients. However, some people may need a longer recovery time and will stay overnight. We will then plan for home from the next day. The doctors, nurses and the therapy team make sure you are safe before you go home.

What needs to happen before I go home?

Before you leave, we need to check the following:

- you are medically well enough.
- the x-ray of your new joint is satisfactory
- your pain is under control.
- you can walk safely using a walking aid.
- you are aware of your hip precautions and how to manage day to day activities
- you can get on and off the bed, toilet, and chair by yourself.
- you can do steps or stairs safely (depending on what's at home).

What will I take home with me?

Before you leave, you will get:

- an advice sheet about your surgery with contact details for any concerns.
- any equipment you need, like walking aids.
- a discharge letter with details about your stay. This also has advice on signs of blood clots and contact numbers.
- details about your wound care to give to your practice nurse if needed.
- a week's supply of pain medicine.
- supply of anticoagulation medication (to prevent blood clots).
- emergency contact numbers.

Recovering at home

Pain relief

Like any surgery, a joint resurfacing will hurt. This is mostly in the first few weeks. When you leave the hospital, it's important to keep taking your pain medicine. The nurses will explain how to take it before you go home. Even though the medicine is strong, you may still feel some pain. The goal is to keep the pain manageable, so you can do your exercises. Doing exercises and walking regularly is important for your recovery.

How to stop pain-relief medicines

We expect you to be able to slowly reduce the amount of pain relief. Do not stop all of them suddenly. You should keep taking paracetamol regularly while you slowly stop the other medicines. Stop opioid or codeine-based medicine first. Then stop the anti-inflammatory (if you were able to take this type of medicine). Pain can feel worse at night. In this case, stop the day-time doses first.

What to do with left-over pain-relief medicines

Never give your prescribed tablets to other people. They may not be safe for them to take. You can take left over medications to your local pharmacy for safe disposal.

Sleeping and resting

A hip resurfacing is a major operation. People can often have fatigue for up to 12 weeks afterwards. Sleeping at night can be difficult at first due to pain. You may need to take a nap in the daytime as well while you recover.

At first, we advise you sleep on your back with a pillow between your knees. This will make sure you don't cross your legs or twist while asleep. Once your clips or stitches have been removed, you may sleep on your operated side. Continue to place a pillow between your legs.

Washing

After surgery, it is safest to strip wash at the sink. Having a chair or stool by the sink may make it easier.

You should not use a shower over your bath for at least three months. Lifting your legs up and over the bath can put you at risk of dislocating your hip.

You can use a walk-in shower. You need to be confident to safely get over a step or lip to access it. Think about having someone at home at first.

Your dressing is splashproof. Do not remove this when you wash. Also make sure it is intact before starting to wash. Don't use soap or shower gels on the dressing. You should use a clean towel to pat dry around the dressing afterwards.

Dressing

You will be able to dress your upper half normally. You will need some small aids to help with dressing your lower half. We will give you a long handled shoe horn to help you put your shoes on. We can give you a sock or tights aid.

You can also use the long handled shoehorn to help dress your lower half.

Sit on a chair or the edge of your bed. The long-handled shoehorn has a hook at the other end. Use this 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 dress the operated leg first.

Getting in and out of bed

To get into bed:

Sit halfway down the bed. Use your arms to shuffle your bottom back. Make sure your thighs and the back of your knees are supported by the mattress. Shuffle diagonally up towards the pillows. Turn your body to look at the foot of the bed. Start walking your legs into position on the mattress. Keep your toes pointing towards the ceiling. Do not cross your legs.



To get out of bed:

Push yourself into a sitting position. Use your elbows and then push up on your hands. Gently move your legs towards the edge of the bed. Do not cross them. Keep your toes pointed at the ceiling. Slide yourself forwards until your feet are touching the floor.



Getting in and out of a car

- You will be best to sit in the front passenger seat
- Position the seat as far back as possible. Recline the seat.
- Park the car away from the kerb. This will make the seat slightly higher. A blanket or cushion on the seat will make it even higher. A plastic bag on the seat will help you swivel your bottom round.
- Get into the car bottom first. Keep your operated leg straight to make it more comfortable. Slide it out in front of you.
- Once in sitting, push yourself back across the seat using your arms.
- When you are as far back as you can go, bring your legs into the car. Lean back as you lift your operated leg over the car door frame. This avoids breaking your precautions. You may find it easier if someone gently helps with lifting your legs in.
- Reverse this technique when you get out of the car.

Walking and exercise

It will take a few days to get into a routine at home. This routine includes pain medication, exercises, and daily tasks.

When you can, start doing short walks outside with your crutches. This may cause some pain. Pain is normal as long as it is not worse the following day. This may be a sign you did too much. You should listen to your body and slowly increase the distance you walk.

You will need to use two crutches for four weeks after your operation. You are normally allowed to put all your weight on your operated leg. The crutches will just provide some support to your leg. After four weeks you can start to progress to one and then no crutch. When using one crutch you should have it in the opposite hand to your operated leg. Only progress if you are comfortable and not limping. If not, considering adding a crutch back in.

After four weeks, it is normal to walk around the house with no aids but still need support for longer outdoor walks.

Prevention of blood clots

You can reduce your risk of developing a clot by getting up and walking around regularly. This will help the circulation of blood in your legs.

Most patients are also given blood thinning medication in hospital. This medication reduces the risk of blood clots after surgery. You will need to keep taking this at home. It may be an injection or an oral medication. We will tell you how long you need to take this for after surgery.

If it is an injection, the nursing staff will teach you or a family member/friend how to do it.

Swelling

Swelling around the hip, knee, and ankle is normal after a hip resurfacing. This swelling can last for several weeks after your operation. It is also normal to have some bruising on your leg around the dressing and down the leg.

Swelling may get worse as you build up the amount of exercise and walking you do. To manage this, you should spend short periods in the day lying down with your leg elevated.

Diet after surgery

After surgery is not the time to try to lose weight. Your body needs energy from nutritious food to help the healing process. It is important to eat a balanced and healthy diet. Protein and fibre help your recovery.

Foods high in protein include fish, eggs, chicken, beans, and pulses. These are important for bone and soft tissue healing.

Constipation can be a problem after surgery. This can be due to reduced mobility and the side effects of some painkillers. Foods high in fibre include wholemeal bread, wholegrains, fresh fruit, and vegetables. These can help with constipation.

Follow-up appointments

Wound check

If you have stitches or sutures you will need to make an appointment at your GP 10-14 days after your operation. The nurses will tell you on the ward what you need to do.

Surgical follow-up

You need to attend orthopaedic outpatients six weeks after your surgery. You will be seen by a member of your consultant's team. They will check how you are doing. You will then be reviewed every year by your surgeon's team during the lifespan of the prosthesis.

Physiotherapy follow-up

We will refer you for physiotherapy when you leave hospital. This will be at the closest suitable hospital to you. They will carry on your rehab with you. Your first appointment will normally be two to three weeks after surgery.

Return to activities

Driving

Most people can drive around four weeks after their operation. To drive, you must:

- Be able to get in and out of the car comfortably
- Be able to sit comfortably in the driver's seat
- Have stopped all medications which could affect your ability to drive. This could be drowsy effects of pain relief such as morphine
- Check your insurance policy. They may have set timeframes before you can return to driving. Or you may need to tell them about the surgery you have had.
- Be able to do an emergency stop
- Be in full control of the car.

When you feel ready to try, sit in the driver's seat without the engine on. Practice using the steering wheel, gears, and pedals. If you are unable to do any of the tasks or feel pain you should not drive. Try again at a later date.

Normally you do not need to tell the DVLA of your operation. You must tell them if you have been told to do so by a doctor. You must also tell them if you have been unable to drive for three months or more. Higher standards are required for those with a class 2 licence (for lorry or bus). For safety you may be advised to wait longer before you return to driving. You may also need to speak to your employer.

Work

If you have a desk-based job you maybe be able to return to work at six weeks. For manual work or if you are on your feet long periods, you may need 12+ weeks off. You should discuss this with your consultant's team. Also think about speaking to your occupational health service at work.

Sexual intercourse

You should not have sex until at least four weeks after your surgery.

It is important that you slowly return to full sexual activity to reduce the risk of pain and injury.

There is a 'sex after THR surgery' leaflet with further information and advice about safe positions. Please ask the ward or the orthopaedic therapy team.

Hobbies/sports

You need to use your crutches for four weeks. With your crutches you can walk outdoors and slowly increase your distance. Long term there is no limit to how far you can walk. You will need to build up slowly. Returning to hiking or going up and down steep hills can take a few months.

Swimming is possible when your wound has healed. You also need to be able to safely get in the pool. You should use steps not a ladder to get into the pool. Avoid breaststroke for three months after the operation due to your precautions.

You can cycle on a static (exercise) bike from two weeks onwards. You must:

- sit upright
- be able to get on and off the bike safely
- have the saddle fairly high to avoid bending the hip beyond 90 degrees.

Start with low resistance for around five minutes. Build up the time slowly as you feel comfortable. You should not cycle on a road bike until after three months.

You should wait three months before you try golf and bowls. This is because you need to follow precautions for three months. You also need to build good strength to cope with the forces involved.

The earliest you can jog is three months post-op. It will depend on how strong you are. Most people will take up to six months. Your therapist will guide you through returning to running. Returning to playing more active sports such as tennis will take at least six months. Again, your therapist will guide you through returning to sport.

Please discuss your physical goals with your physiotherapist and at your six-week review with your consultant's team.

Travel

Flying is not recommended for at least three months after surgery. This is due to a higher risk of blood clots. You should check your travel insurance policy to make sure you are covered.

For any other long distance travel (car, train, coach) make sure you get up and move regularly.

Useful contacts

The Royal Bournemouth Hospital switchboard: **01202 303626**

Main Orthopaedic Ward: **0300 019 6223**

Pre-assessment: **0300 019 4102**

Admissions: **0300 019 4919**

If you have any concerns when you are home after surgery please get in touch with the orthopaedic team. Ring the ward numbers above.

To read this leaflet in a different language,
please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets**
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or email **uhd.patientexperienceteam@nhs.net**.

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

Author: **Catherine Holdsworth** and **Antony Raymond** Date: **September 2026** Version: **One**

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t: 01202 303626 w: www.uhd.nhs.uk  @UHDTrust  @uhd_nhs

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