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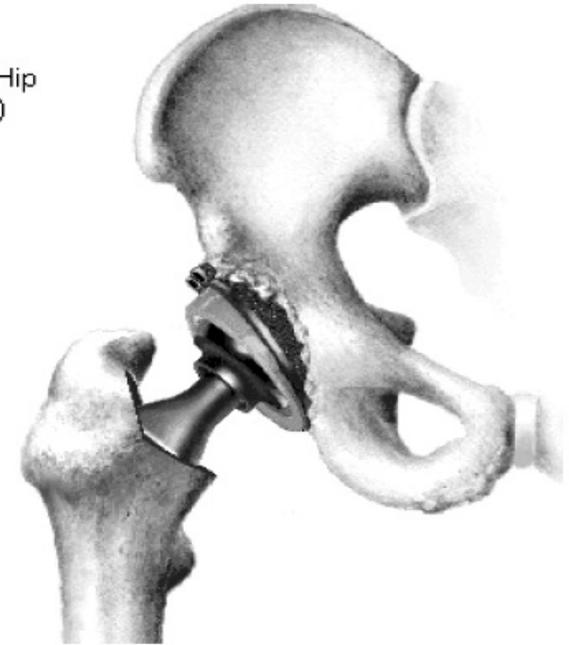
Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

## Enhanced Recovery Programme



# Hip Joint Replacement Surgery Patient Information Handbook

Artificial Hip  
(in place)



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Acknowledgement: This booklet is based on a version from the Orthopaedic Department at Conquest Hospital, East Sussex Hospitals NHS Trust.

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### Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

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## 13. Useful Telephone Numbers

GP: \_\_\_\_\_

District Nurse: \_\_\_\_\_

Social Services contact centre: **0300 200 1005**

Pre- assessment      **01784 884726** (Tennyson Unit)

Dickens Ward        **01784 884004** or **01784 884574**

Swan Ward            **01932 723220**

Ashford Hospital    **01784 884488**

St. Peter's Hospital **01932 872000**

Physiotherapy        **01784 884322** or **01784 884004**  
(Ashford)

Occupational Therapy **01932 872000 ext: 6563**  
Ashford                **01784 884797** (Answer phone)

Physiotherapy Outpatients

Ashford Hospital    **01784 884484**

St. Peter's Hospital **01932 722547**

## 1. Introduction

It is best practice that patients having a hip replacement are educated and involved in their surgery as early as possible. We are now providing an '**ENHANCED RECOVERY PROGRAMME**' with the aim of making sure you're fully prepared for your surgery and can get home quicker than you previously would have done.

Our aim is to get you home 2 days after your surgery, although it may be longer if your operation is more complex or if there are complications.

To achieve this we have developed a specialised regime of intensive physiotherapy and occupational therapy before and after your operation. You will have your hip replacement using a modified technique which should keep the incision to a minimum. This means the operation should be less painful and your recovery should be much quicker. When you leave hospital there will be a 24 hour contact number available for you to seek help and advice if required.

This booklet has been written to give you and your family / carer's a basic understanding of a total hip replacement operation including things you should know about before and after the operation.

The aim is to give you some guidelines about what to expect but please remember that your Consultant may give you extra or slightly different advice to suit your particular case.

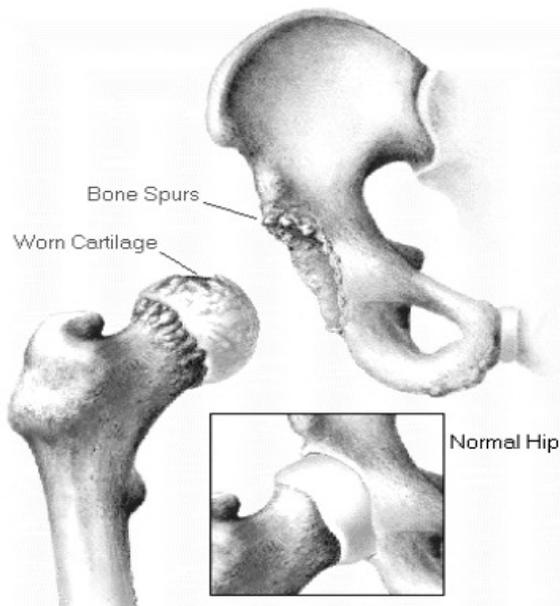
Please ask your relatives and / or next of kin to read this booklet. They will find the information helpful in understanding what your needs will be when planning your discharge.

**Please ensure that you bring this book with you to every hospital appointment that relates to your proposed operation, as you will probably need to refer to it.**

## 2. Hip Replacement

A total hip replacement is an operation to replace a damaged or diseased hip joint. The purpose of the surgery is to relieve pain and increase mobility.

The hip is a ball and socket joint where the femur (thigh bone) meets the pelvis. Normally the bones are lined with smooth cartilage, which allows the joint to move in a smooth and pain free manner. Problems occur when this cartilage wears out resulting in the bones rubbing painfully together. The most common cause of this is osteoarthritis.



Hip replacement surgery involves approaching the hip joint, removing the bony ball at the top end of the femur and deepening the socket in the pelvis. The surgeon then places an artificial socket into the pelvis. A femoral stem is then placed in the femur. These components are called the prosthesis and are made of materials such as stainless steel, titanium, ceramic and polyethylene. The components can be used with cement or uncemented.

To get out of the car, reverse the above procedure. Make sure that you have your operated leg out in front of you and that you are sitting on the edge of the seat before rising.

Travelling by bus, train or aeroplane

- You can travel on a bus or train when you feel comfortable to do so providing you take care.
- If you are planning to Travel on a plane you may wish to discuss this further with your Consultant or GP prior to surgery.

## 12. Three Months

You may now gradually resume more physical activities, i.e. golf, bowls, swimming, gardening. The most important reason for having your hip replaced is to allow you to resume a normal, active, independent life that is pain free. You are encouraged to return to that lifestyle but also asked to reflect on what effect it could be having on your new joint. If, for instance, you are keen on tennis there is no reason why you should not participate in the occasional game (after 6 months) but to play on a regular basis over a period of time could cause problems such as early loosening of the joint.

The choice and the responsibility are yours.

**Remember this booklet is only intended as a general guide.**

**If you are unsure about anything regarding your operation please ask a member of the team.**

## 11. Travelling By Car

You should not drive for a least six weeks following surgery, but you may travel as a passenger in the front of a car providing the seat is not low e.g. sports cars.

Extra care must be taken getting in and out of a car because there is a risk of dislocating the hip if you were to do this awkwardly, therefore, please follow the instructions given.

### Getting Into the Passenger Seat

Get somebody to push the seat back as far as possible and slightly recline it. A firm pillow should be placed on the seat to make it higher. Ensure that you are on a level to start preferably standing on the road not on the kerb.

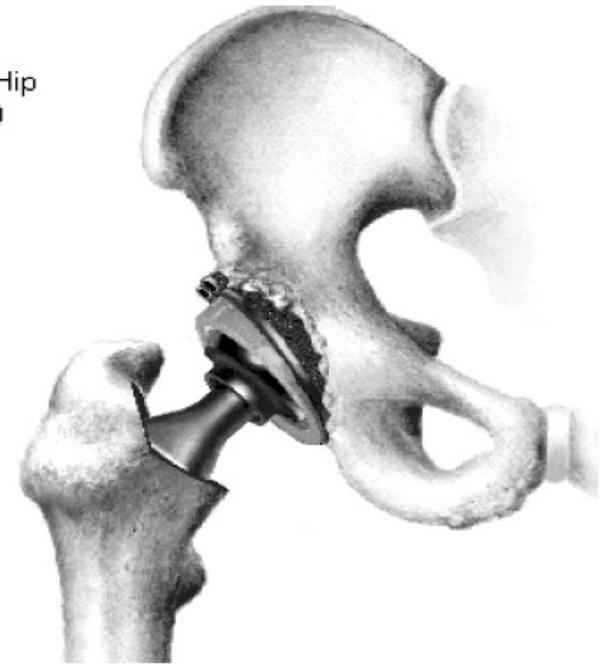


Lower yourself down slowly to the edge of the seat with your back towards the driver's door. Keep your knee out straight in front of you and push yourself backward towards the driver's seat. Keep leaning backwards so that you do not bend your hip more than a right angle.

Putting a plastic sheet or carrier bag on the seat often helps as it enables you to slide more easily.

Still keeping the leg straight as possible, turn carefully and slide the leg into the well of the car so that you are facing forwards.

Artificial Hip  
(in place)



The muscles and soft tissues around the hip joint are then repaired.

### Complications

Total hip replacement is generally a very successful operation. However, a small number of patients (5%) may experience some problems, the most common of which are:

#### Deep Vein Thrombosis / Pulmonary Embolism

Deep vein thrombosis (DVT) can occur after any operation but is more likely following operations on the lower limb. DVT occurs when the blood in the large veins of the leg form blood clots within the veins. This may cause the leg to swell and become warm to touch and painful. If the blood clots in the vein break loose, they may travel in the circulation system and lodge in the lung. This is called a pulmonary embolism (PE) which in rare cases can cause death.

There are several methods employed to reduce the risk of DVT and PE and these include:

- Early mobilisation and exercises to increase blood flow
- Calf pumps whilst in hospital
- Elastic stockings for six weeks
- Blood thinning medication

### **Infection of the joint**

Infection may occur in the wound or around the prosthesis and may occur in hospital or after you have gone home. Minor infections in the wound are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis.

### **Dislocation of the joint**

Occasionally following hip replacement the ball can dislocate from the socket. This can be relocated in most cases without further surgery. A brace may be worn for a period of time if dislocation occurs. In order to reduce the risk of dislocation it is important to follow the advice given in this booklet.

### **Loosening of the joint**

Loosening of the prosthesis within the bone may occur following total hip replacement. This may cause pain and if loosening is significant the hip replacement may need to be replaced. Most joints eventually loosen but most people may expect more than ten years of service from the artificial joint.

### **Leg length discrepancy**

Occasionally the leg length is different following total hip replacement. Although in the majority of cases this difference is not noticeable, occasionally change in length of the leg following insertion of the prosthesis is necessary to achieve satisfactory stability of the joint. A small shoe raise can be used to rectify this.

follow up clinic where further advice and guidelines will be given. You will be able to come to this clinic by car unless other wise stated.

Continue to avoid vigorous movements of the joints and avoid forcing the hip. The movements will increase with time.

### **Returning to Sexual Activities**

The vast majority of patients are able to resume safe and enjoyable intercourse after a hip replacement. Patients with impaired sexual function caused by hip pain and stiffness before their operation usually find that after surgery their hips are less painful and they have better movement. However, it may be several weeks before you are comfortable with your new hip.

In general, it is safe to resume intercourse approximately 4 to 6 weeks after surgery. This allows time for the wound and muscles around your hip to heal, however, the exact time varies greatly. Some patients are able to resume sooner provided there is no hip pain.

Total hip replacement guidelines have to be followed during **all** activities of daily living, including sexual intercourse. You should avoid excessive bending, twisting or crossing over the operated leg.

### **Remember the rules!**

It is advisable, for the first 12 weeks following surgery, to resume intercourse in a more passive position i.e. “underneath”. This position puts less strain on the hip joint, requires less energy and is generally more comfortable to begin with.

After 12 weeks, you may resume a more active role providing the hip feels comfortable. You may now find intercourse comfortable on “top” position or whilst lying on your side. Good communication between you and your partner regarding your recovery following surgery is essential and you may wish to share this information with them. If you have any questions please feel free to ask a member of staff.

## **Problems**

It is to be hoped that your recovery will be uneventful and no problems will arise but it is a good idea to be prepared and know what to look out for.

- 1) Pain and swelling in the calf muscle. A certain amount of pain must be expected but if the calf muscle is painful to squeeze and swollen it could mean a thrombosis (blood clot) is occurring.
- 2) Your wound is likely to be tender for 2-3 weeks, but look out for signs of inflammation: redness, excess heat or leaking.
- 3) Swelling over the hip is normal and can last for 3-4 months.
- 4) If your leg was shortened prior to surgery it may feel too long afterwards. This can be checked at your follow up appointment.
- 5) Increased pain in the hip and sudden inability to put your weight on to the operated leg; may be signs that something could be amiss and you should seek medical advice.
- 6) If you are generally feeling unwell and not picking up after a few days at home.

**Call your local doctor and explain the problem and ask him to visit you at home. Remember that travelling could be difficult for you at this stage.**

### **How much should I do?**

Following discharge from hospital do not be surprised if you feel very tired or sleep for long periods. You will get over this within a few days of being home. It is advisable to rest on your bed every afternoon for an hour. This will also help prevent excessive swelling in your legs.

Gradually increase the amount that you do. Continue with your exercises as advised by the physiotherapist. You may walk with crutches or with another walking aid as advised by the physiotherapist, gradually increasing the distance. After six weeks you can gradually start to go back to routine activities. You may be seen at this stage in a

## **Fracture**

Fracture of the bone may occur at the time of surgery or later. This is unusual but if occurring at the time of surgery may be treated with wiring of the bone.

## **Nerve injury**

Nerves in the vicinity of the total hip replacement may be damaged during surgery although this is infrequent. This is more likely to occur when there is a greater degree of preoperative deformity or following revision surgery. Over time these nerve injuries often improve or completely recover.

## **Muscle weakness**

Very rarely patients continue to have weakness of the muscles around the hip. This is because some muscles may have to be cut in order to perform the operation and occasionally they fail to heal.

## **Persistent pain**

Some patients continue to experience discomfort over the area of their wound for a considerable time. This is uncommon but can be persistent.

## **Summary**

Total hip replacement is a common and generally successful operation for treatment of painful arthritic hips. 95% of patients are satisfied with their surgery. It can provide good pain relief and improvement in function, especially the ability to walk. The operation does carry a small degree of risk, the most serious being death which occurs in less than 0.1% of patients. Significant complications affect less than 2 people in 100.

### 3. Before Your Operation

Having seen your consultant and agreed to the surgery to your hip, you need to think ahead and plan your life whilst awaiting admission.

#### Keeping fit and healthy

It is important to keep yourself as healthy as possible. If you suffer from diabetes make sure you follow instruction given to you regarding diet and prevention of leg ulcers.

If you are over weight try and lose as much as you can prior to admission. This is not only a big help to you, but also to the staff looking after you on the wards. Your hip is likely to last longer if it is not carrying excess weight.

Keep mobile. Walk little and often and try not to sit for long periods at a time.

Learn to pace yourself. On good days don't be tempted to do twice as much; you'll only suffer for it the next day.

Keep a positive attitude towards your operation. You are almost certain to hear of operations that went wrong and not often of operations that went well, so keep a sense of perspective.

#### Pre Assessment Clinic

The purpose of this clinic is to prepare you for your admission and discharge from hospital. You will be sent a date for your pre-assessment clinic and at this clinic you will meet a number of members of the hospital team who will be involved in your care. You should prepare to be with us for most of the morning or afternoon (depending on your time slot) as these are extended clinics that give us a chance to meet you, discuss your home circumstances, assess your fitness, educate you and provide an opportunity for you to ask any questions you may have.

### 10. Discharge

You will normally be discharged 24-48 hours after your surgery, unless a reason has arisen preventing you from achieving this. **It is important you and your family should be prepared for your return home and transport arrangements made.** Most patients are able to travel home in a suitable car unless otherwise indicated. Try and arrange for family or friends to collect you on the day of discharge. Please do not assume that transport has been arranged for any follow up appointments.

A short supply of medicine will be given. Steristrip wound closures can be removed by you at 10 days. Arrangements for removal of clips / stitches will be discussed with you.

#### Follow up care

After you have been discharged your care does not stop. The ward team will aid your transition from hospital to home. Within the first 24-48 hours you will be telephoned to check how you are doing and answer any questions you may have.

If you have any concerns during the first few days after your operation you can speak to the Nurse at the hospital by calling the ward on the numbers at the end of this handbook.

#### Outpatient Physiotherapy

After your operation you will have an outpatient physiotherapy appointment to review your progress and advance you onto the next stage of your rehabilitation.

If the team feel you require an earlier physiotherapy review they will contact the physiotherapy department to arrange this.



You can begin to resume normal household activities but avoid heavy chores such as the vacuum cleaner for the first six weeks. You will need assistance with certain tasks such as laundry and bed making.

**If unsure please ask an Occupational Therapist.**

### Points to Remember

- Try to sleep lying on your back or your OPERATED side. If you must lie on your “good side” e.g. for removal of stitches, make sure that you have a couple of firm pillows between your knees.
- Sit on a chair that has two arms rest to push up from.
- Do not cross your legs.
- When you are turning take lots of small steps do not swivel on your operated leg.
- You should not get into a bath for at least 6 weeks.
- You may use a walk in shower as soon as your wound is dry if not fully dependant on the crutches to weight transfer.
- Take regular exercise – “little and often” is better than too much all at once. Gradually progress how much you do.
- If your feet are swollen rest on your bed for at least an hour in the afternoon.

We promote independence and getting back in to your normal daily routine as able.

At the pre assessment clinic you will meet the following members of the hospital team:

### Pre-Assessment Nurse

The nurse at pre-assessment will ask you questions about your medical history to make sure you’re fit enough to have your hip replacement. It is important you bring a list of any medication you are taking. During this clinic you will have a blood test and also have a blood pressure measurement and electrocardiogram taken.

You will also have a swab taken to check that you are not carrying the MRSA infection. You will be given a body wash and instructions to use for 48 hours before surgery including the night before and the morning of surgery. If you are found to be MRSA positive you will be informed and your operation will be cancelled. You will be asked to start a course of treatment. Prior to admission you will be required to have three clear swabs. As an extra precaution, on admission you will be shown to a side room.

### Doctor

The doctor will also see you to complete the final requirements to make sure you are ready for surgery. This is also a good time to ask any questions about the surgery that you might have.

### Occupational Therapist

The occupational therapist will discuss with you what extra help and equipment you may require after your operation.

### Education Class

You will attend an educational class at your pre-assessment to help you learn more about the operation and to give you a chance to ask any questions you might have. At the class you will meet the Physiotherapist. In order to speed up your recovery the physiotherapist will assess your current level of mobility and give you appropriate exercises to do prior to admission. You will be provided with the walking

aid you are required to use after your operation, such as **crutches**, and instructed how to use them. This will enable you to familiarise yourself with them prior to your surgery. **You must bring these with you on admission.**

**It is important that you practice your exercises and using crutches before your operation as this will speed up your recovery.**

These exercises can be found in section 8.

### **Making Plans**

You will be given information and ideas on coping at home, some of which are included in this leaflet.

It is likely you will be going home after 2 days, so it is advisable to plan and prepare as much as possible for when you leave hospital, for example:

- You should lift any loose rugs from the floor to prevent tripping.
- Move anything that is used frequently from low cupboards to within easy reach.
- Stock up on non-perishable foods, pre-cook and freeze meals if you can. Microwaves are very useful.
- If you have a freezer, be sure that everything you are likely to need is near to the top. Make sure that you avoid using the lower half of your fridge or use a helping hand tool to assist you.
- If you live alone try and arrange for a friend or relative to come and stay with you for a few days. It is very reassuring for you and gives you confidence.
- You have to wear support stockings after discharge at night and through the day. They can be taken off for up to an hour a day, you will require help to change them. Please try to arrange with a friend or family member to do this.
- There are certain tasks that you will be unable to do for yourself initially i.e. shopping, making beds, using the vacuum cleaner

### **Household Activities**

Sit on a chair that is the correct height or high stool rather than stand for long periods. It is possible to do some washing or cooking whilst sitting down but avoid doing too much at once. You will need to rest every day, so spread household jobs throughout the week. But don't overdo it and take regular breaks.

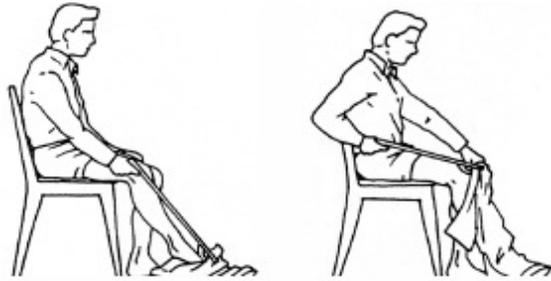


Only sit in a high chair where your knee is level with your hip

Do not move around the house without using your sticks or crutches for support, however, you can stand without these to work at the sink or cooker for short periods unless otherwise instructed.

You can cook using the hob, grill or microwave but avoid bending to use the oven. If you need to bend to reach lower objects, hold onto a solid support such as the work surface, slide your operated leg out behind you keeping it straight, then bending the knee of the un-operated leg, you can reach down. Do not do this if your balance is not good.

**Do not twist or swivel on the operated leg.**



## Undressing

Undress your un-operated leg first. Using your Easy Reach / Helping Hand or shoehorn, push clothes down your legs and over your feet.

## Washing

You are advised not to get into a bath for the first 6 weeks after your operation. If you have a walk in shower you will be able to use this as soon as the wound is dry, and you are able to weigh transfer from leg to leg without the use of crutches. Otherwise a strip wash at the basin is an appropriate option. A kitchen stool or bar stool can be used to sit on whilst you wash. Please remember that you can bend down to your feet when sitting, but do not twist when doing so. You may require help to wash your feet and remove and replace stockings.

## Washing your hair

There are 3 safe ways to wash your hair in the first 6 weeks at home.

- Standing in a shower cubical
- Standing over the kitchen sink
- Leaning backwards in a hairdressers chair

## Remember

- Always use a long- handled shoehorn or Easy Reach/ Helping hand
- Always dress operated leg first
- You can bend forward to pick things up from the floor but must not twist your hip.

etc. You should try to make your own arrangements for help at home through a friend or relative but if you feel that you may need help at home or meals on wheels on discharge, please discuss with the Occupational Therapist at pre assessment clinic or as soon you are admitted in order that alternatives can be discussed. You may have to pay for these services.

- Purchase any dressing aids you may need i.e. Easy Reach / Helping Hand, shoe horn and sock aids before you come into hospital and start practicing with them. You can purchase these at pre assessment when you see the Occupational therapist. Please bring approximately £20.00 cash only should you decided to purchase any equipment at pre assessment clinic.
- If you are overweight please try to lose some weight before your operation and continue to do so after your discharge as this will help prolong the life of your new hip.
- Please keep your clothes with you on the ward in the locker provided. Loose fitting clothes are much easier to wear after a hip operation so make sure your skirt / trousers are not too tight.
- You should always remember to bring shoes / slippers half a size bigger as your feet may swell.

## 4. On Admission

You will be asked to come onto the ward usually at 7.00am on the day of your operation. Please remember to bring your medications with you.

### **Please do not phone wards unless specifically asked.**

On arrival on the ward you may be asked to wait until a bed is allocated to you.

If you have any special dietary needs i.e. vegan, halal, vegetarian, diabetic wheat intolerance etc. please let the ward staff know.

You will have a visit from an Anaesthetist.

**You will need to stop eating and drinking before surgery but you will be given this information prior to your admission.**

## **5. Your Operation**

Your anaesthetist will probably decide to give you a spinal anaesthetic for pain relief, which will cause a feeling of numbness or heaviness in the legs throughout the operation and for several hours after the operation. A urinary catheter may be inserted but will be removed once you are able to stand.

You will be offered sedation during the operation so you are relaxed and comfortable during the procedure.

Immediately following surgery you will go to the recovery area. During your stay in recovery you may be given oxygen to help you wake from the sedation. At this stage you will have your blood pressure and temperature taken and your pulse and oxygen levels measured to ensure you are recovering from the anaesthetic.

You will return to the ward when comfortable and stable.

### **After your operation**

You may have a blood transfusion to replace blood lost during surgery. If this common occurrence worries you please discuss this with your GP. You may also have a clear fluid drip to prevent dehydration from the fluid lost; this will be discontinued when you are able to tolerate adequate fluids and your blood pressure is stable.

Your consultant may prescribe calf pumps as part of your post-operative management. These consist of foam cuffs attached to a pump, which simulates the circulation by pumping against your calves. This process empties the veins in the leg (as happens when you walk) and helps to prevent a blood clot forming. They should be kept on at

## **9. Occupational Therapy**

The Occupational Therapist (OT) will organise any equipment they feel you may require to be delivered to your home or provide it on the ward prior to discharge. You will be required to return the equipment after 6 weeks to your nearest hospital, as we do not offer a regular collection service.

An Easy Reach / Helping Hand can be useful for picking things up from the floor and can also be used to help you dress. If you bring an Easy Reach / Helping hand into hospital with you please ensure it is clearly labelled. They can be purchased from many chemist shops, mobility aid shops, in pre assessment or on the ward.

You will be advised to use a long-handled shoehorn or Easy Reach / Helping Hand to assist you putting on pants, trousers and shoes. You should always sit to get dressed; you can bend forward as much as is comfortable, but not twist when doing so. Make sure your clothes are placed within easy reach of you before you start dressing.

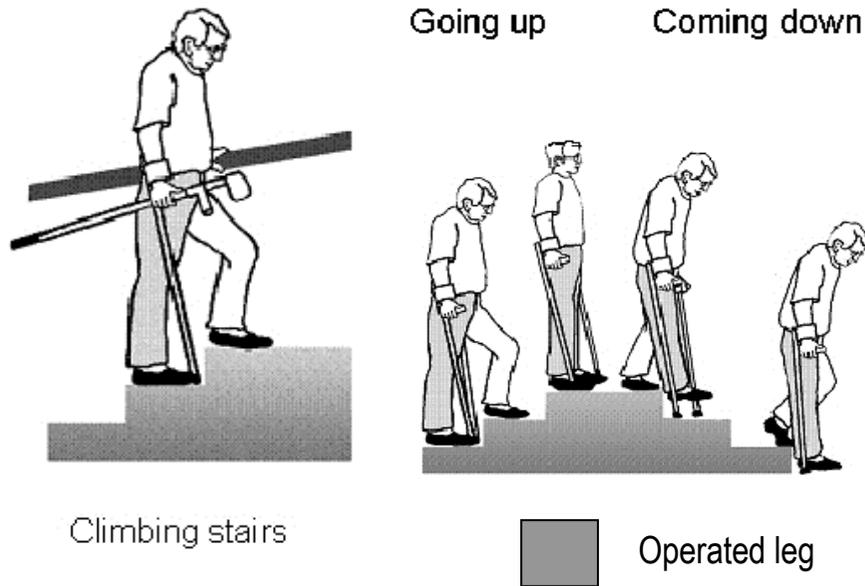
### **Getting Dressed**

Use your Easy Reach or shoehorn to dress / undress.

Using the hook end of your long - handled shoehorn or your Easy Reach, place it inside the leg of the garment, then using the shoehorn or Easy Reach as an extension to your arm lower the garment over the foot of your operated leg and work it up to the knee. You can pull your clothing up without the shoe horn, once it is level with your knee. Use the shoehorn to get your shoes and slippers on. Dress your top half, as you would normally do at home.

## Stairs

If there is a banister, hold it with one hand and use one crutch in the other hand. Take the second crutch with you by holding it horizontally next to the handle of the other crutch ensuring it is held on the outside of the other crutch. If there is no banister, use both crutches, as in diagram below.



### Going up stairs

Always put the **good leg** up first, then bring up the **operated leg**, finally bring up the **crutch** (crutches).

### Going down stairs

First, put the **crutch** (crutches) down on to the centre of the step below, and then follow with the **operated leg** and finally the **good leg**.

You may find it easier to remember the phrase “up with the good and down with the bad.”

night during the time you are in hospital, or until otherwise advised by a member of the medical team.

You will also be required to wear support stockings, which also help to prevent thrombosis (blood clots) forming. You will have to wear these stockings for 6 weeks day and night. A member of the family or a friend will need to assist in removing these once a day for washing and checking for pressure points i.e. heels and toes. Please try to make arrangements for this before you are admitted to hospital.

Pain control can be given in various forms including injections, liquid or tablets. Please tell a nurse when you require painkillers. It is suggested that regular analgesia be taken until you are comfortable. This also assists with physiotherapy. Painkillers can sometimes cause constipation, nausea and drowsiness. If this is a problem, please tell a nurse as medications may be prescribed to help with these problems.

Once you have recovered from the anaesthetic please try to eat a healthy diet, as this will help the wound to heal. Also try to drink plenty of fluids.

Once you are managing to eat and drink normally, the drip will be removed. An X-ray will be taken of the hip. Blood tests will be done on a regular basis to assess the need for transfusions or iron tablets.

Try not to touch your wound dressing as this can cause infection; re-dressings will be done as necessary.

You must help the nursing staff to move you in bed by following their instructions when you need to be moved. They are not allowed to lift you but are happy to assist. It is important to change your position regularly to prevent pressure sores.

A nurse call bell is available for you to ask for assistance.

## 6. Precautions

These precautions are given in order to allow strong healing of the tissues and muscles around the hip joint and to prevent dislocation. It normally takes about 3 months for these muscles and tissues to heal fully:

**For the first 6 weeks you will be required to follow these rules:**

**Do Not** cross your legs one over the other



**Do Not** twist the operated leg in or out, turn the toes of your operated leg inwards or twist your body on your leg.

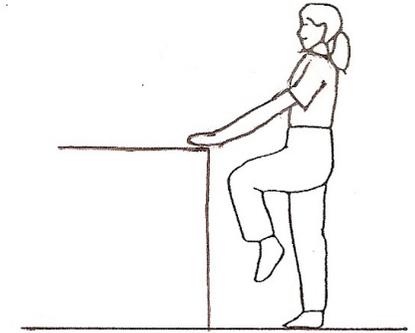


Please also remember:

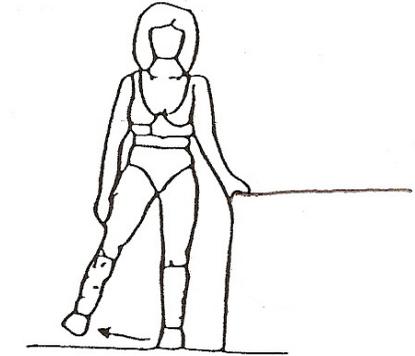
- Do not stoop or squat to pick things up from the floor.
- Try to sleep on your back, but if you are not able to do so, you may sleep on your side if you put a thick pillow between your legs to prevent them from crossing.

You are allowed to bend forward on your hip as much as is comfortable. However if you bend forward you must ensure hip, knee, and ankle are alignment and you are not twisting.

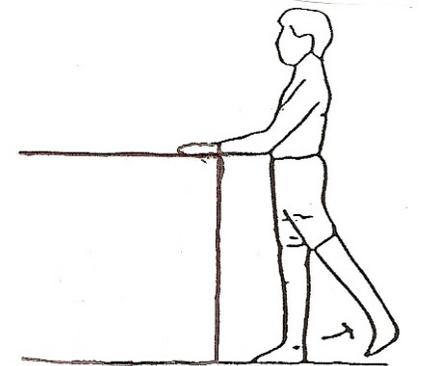
7. Standing straight holding onto a stable support. Lift your operated leg up a comfortable height but not more than 90° bend at your hip. Slowly relax your hip down. Repeat 10 times.



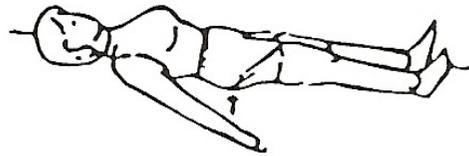
8. Standing straight holding onto a stable support. Move your operated leg out to the side and slowly back. Repeat 10 times.



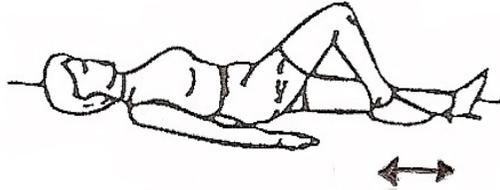
9. Standing straight holding onto a stable support. Move your operated leg backwards keeping your knee straight and not bending forwards. Slowly bring your leg back. Repeat 10 times.



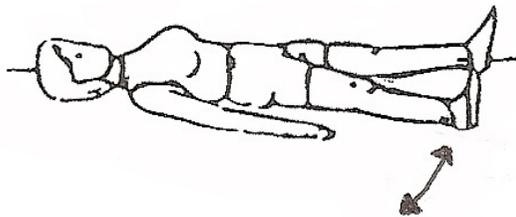
3. Lying on your back.  
Squeeze your buttocks firmly together.  
Hold for 5 seconds – relax.  
Repeat 10 times.



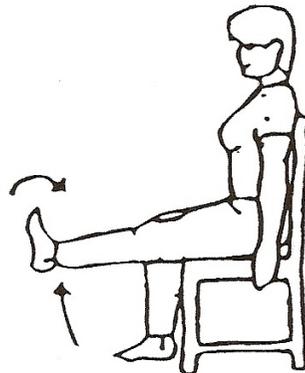
4. Lying on your back.  
Bend and straighten your operated leg.  
Repeat 10 times.



5. Lying on your back.  
Take your operated leg out to the side and then back to the middle.  
Repeat 10 times.



6. Sitting on a chair.  
Pull your toes and ankle up and straighten your knee.  
Hold for 5 seconds and slowly relax your leg.  
Repeat 10 times.



## 7. Rehabilitation

Rehabilitation starts immediately after your operation. The nurses, physiotherapists and occupational therapists are all involved in the rehabilitation process enabling you to make a full recovery.

- When you come around from your operation take a few deep breaths and have a good cough to clear your lungs and help prevent chest complications.
- Gradually you will be allowed to sit up supported by a back rest and pillows, it is beneficial to lie completely flat for half an hour at a time each day to stretch the muscles over the front of the hip.
- You may start bed exercises number 1 and 2 to help the circulation in your legs (see section 8).

### Getting Up After Your Operation

Between 4-8 hours after your operation a physiotherapist or nurse will try and mobilise you and get you to walk some steps around the ward and perhaps sit in a chair for a while. This will give you the confidence that you will be quite able to return home within 2 days of surgery.

The modified surgical technique used for your operations means that unlike patients undergoing traditional hip replacements you should experience less pain and your post-operative progress should be much quicker.

It is our aim to get you up and out of your bed on the day of your operation. The physiotherapists or nurse will assist you out of bed to stand with a Zimmer frame. You will be encouraged to take a few steps and sit you out in the chair. You will be advised how much weight you can put through your operated leg.

You should continue with the breathing exercises that a physiotherapist will teach you and exercise numbers 1 and 2 to help your circulation and strengthen your muscles.

### **The Day after Your Operation**

The nursing staff will encourage you to get out of bed. You should be able to assist more in this task. You can sit out of bed in the chair beside your bed. And get washed and dressed into your everyday clothing.

The physiotherapist will assess your ability to walk with crutches (you should have practiced this prior to your operation) and progress to negotiating stairs as able.

The physiotherapist will progress your exercise regime.

The Occupational therapist will over advice on getting in and out of bed.

You will have been taught how to get up and down from the chair correctly to avoid straining the new hip.

If you have been advised by the physiotherapist or senior nursing staff to walk to the bathroom but not alone – please ask the staff for assistance even if you think they are too busy.

It is important for you to walk as this will improve your muscles strength, stamina and gain your independence.

You will be reminded of the hip precautions that you need to adhere to whilst recovering from surgery (see Section 6).

**Please ask if you are unsure.**

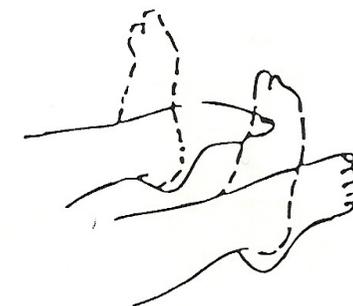
## **8. Exercises and Stairs**

We would encourage you to practice these exercises before your operation in order to improve your progress after your operation.

- These exercises are to improve the circulation in your legs and strengthen your muscles, particularly around the hip.
- Be guided by your physiotherapist as to which exercises you should be doing whilst you are in hospital and also once you go home.
- Your leg may remain swollen for several weeks in which case you should spend at least half an hour on your bed, morning and afternoon.
- Try to do the exercises given to you at least 4 times a day. They should not be painful but you may feel a “pulling” particularly on the outside and front of your thigh. Ask the physiotherapist if you are unsure.

### **While you are in bed**

1. Lying on your back or sitting.  
Bend and straighten your ankle briskly. If you keep your knees straight during this exercise, you will also stretch your calf muscles.  
Repeat 10 times hourly.



2. Lying on your back or sitting  
With your legs straight,  
Bend your ankles up and  
push your knees down firmly  
to tighten your thigh muscles.  
Hold for 5 seconds – relax.  
Repeat 10 times.

