

Information for patients

Hip Replacement Surgery



Arthroplasty

Welcome to the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

This booklet has been developed by the Consultant Orthopaedic Surgeons, Nurses, and therapy team working in this hospital. It will provide you with sufficient information to enable you to make informed decisions about:

- Your operation
- The care that you receive during your stay with us
- Your recovery at home

Please keep this booklet in a safe place and use it as a guide to help answer any questions or concerns that you may have regarding your operation and aftercare. Please bring this booklet to your clinic appointments. If you do not understand any part of this booklet or have any further questions or comments about your operation or recovery write them down. Please bring them with you to your next appointment, when they will be discussed.

Your appointment dates

Outpatients appointment	
Pre-operative assessment	
Admission day and time	
GP appointment (if required)	
Dental appointment (if required)	
Joint School	
Cardiac Echo	
Date of surgery	
Expected Date of discharge	

Please note there is a £2 charge for parking. Wheelchairs are available for £1 (returnable)

Contents

Introduction	2
Hip Replacement Surgery	3
What to expect	4
Joint school	6
Things to do before your operation	6
Your Inpatient Stay	10
Your Diary	15
Restrictions and Precautions	17
Your continued recovery	21
Benefits of Hip Replacement	24
Risks of Hip Replacement	25

Introduction

Enhanced Recovery:

The Robert Jones and Agnes Hunt Hospital provides an Enhanced Recovery Programme for hip joint replacement patients, (Ref 5).

This programme will help you to recover more quickly so that you can get back to your normal self again. Aspects of this care may vary from what you might expect, and this programme may be different from any previous operations you may have had.

This booklet will help you to understand all the stages of your care, starting before you even come into hospital, until you are ready to go home. An estimated date of discharge will be given to you; this date could be on the day of your operation or up to three days after your operation. In order to achieve this, the hospital seeks to involve you at every stage. You will be given daily goals and a diary to make note of your progress during your time in hospital, see page 15. You will be encouraged to achieve the daily goals with the support of the surgeons, nurses, and the therapy team.

What are the benefits of Enhanced Recovery?

- It enables you to start walking, eating and drinking on the day of your operation.
- The program aims to shorten your recovery time, so you can go home within 3 days of your operation.
- This leads to a faster and more confident physical recovery as well as making complications less likely to occur.
- Ensures that family and your carer are also involved in your recovery process.
- It helps you get ready for your operation and get your home prepared for your return from hospital (Ref 4&5).

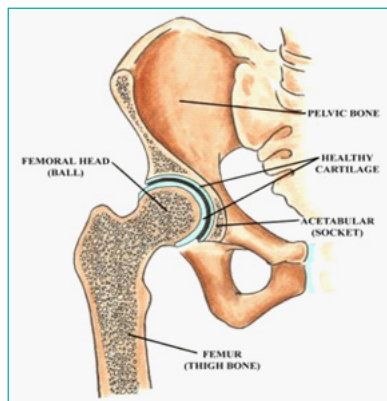
Please take time to read this booklet, as it may answer some questions you might have. It will also help you make an informed decision before signing the consent form for your operation.

If this booklet raises any questions, it may help to write them down. You can clarify these at your next hospital appointment or when you attend Joint School, page 6.

There is space at the back of this booklet to record questions or notes, page 29.

Hip Replacement Surgery

You and Your Hip Replacement (ref 1)



When is a Total Hip Replacement Recommended? (Ref 1&3)

You are considered for hip replacement if you have arthritis of your hip and

- You have significant persistent pain during the day
- Your activities of daily living are severely restricted
- Pain from your hip regularly disturbs your sleep
- Your symptoms are not relieved by conservative or alternative treatments

Conservative / Alternative Treatments include (Ref 2&3)

- The use of painkillers
- Weight reduction (if appropriate)
- The use of walking aids e.g. Walking stick or crutches
- The use of personal care aids such as sock aids, chair or bed raisers
- Exercise

Total Hip Replacement (Ref 3)

Like your own hip, your hip replacement is made up of a ball, with a stem and a socket that fit together to form a joint.

Hip replacements have different types of surfaces that move together (bearing surfaces) and can be made from:

- Metal on polyethylene (plastic)
- Ceramic on ceramic
- Ceramic on polyethylene



After carefully finding the cause of your hip problem your Consultant Surgeon will choose the most appropriate surgical approach and joint replacement design for you (Ref 6).

What to expect

Planning and preparation before your admission.

Outpatient appointments

You will be seen in an outpatient clinic to discuss your operation by the surgeon or a member of the team. You will have the operation explained to you including the benefits, risks and alternatives to surgery. No surgery is risk free but the likelihood of developing a problem following surgery is very small. The general benefits, risks and complications are explained within this booklet see page 24. You will then have an appointment to go to the pre-operative assessment clinic approximately 4-6 weeks before your surgery.

IT IS IMPORTANT THAT YOU ATTEND THIS APPOINTMENT

Please allow up to 5 hours for this clinic appointment.

This appointment is to make sure you are fit for anaesthetic and surgery. You will undergo simple checks on your heart, lungs and have blood tests taken. You may need an x-ray and you will be asked about your medical history. Swabs will be taken to test for MRSA. For more information on MRSA please refer to the hospital internet site.

Please note: If your test results show that you are carrying MRSA, you will be contacted and the treatment will be explained to you.

Any health problems that we find from the tests carried out at this assessment can usually be sorted out prior to your admission, with help from your GP. However, please ensure that problems with any of the following are treated and cleared by your GP and / or Dentist before you attend for preoperative assessment.

- Tooth / gum decay or other infections
- High blood pressure
- Leg ulcers
- Skin problems
- Chest complaints
- Urinary incontinence / burning
- Other infections

Your operation may be cancelled if these problems remain untreated.

During your pre-operative clinic appointment you will be seen by a nurse practitioner who will check your general health and a member of the pharmacy team (when available) who will review your current medication. You may need a separate appointment to see a Consultant Anaesthetist to make sure you are fit to have your operation. We will use all the information we gather to make sure you are in peak physical health prior to your operation and to calculate your estimated date of discharge, aiming for home within 3 days after your operation.

Please see a member of the pre-operative team if you can foresee any discharge problems, such as transport, equipment needs, access around your home e.g. multiple flights of stairs or if you are concerned how you will manage post-surgery e.g. you live alone and have limited support. This information will help to ensure you have a plan in place, to prevent your discharge from being delayed and to ensure you are supported after you go home. Unless your pre-op appointment was very close to the date of your surgery, then five to seven days before your admission you will be contacted by the pre-surgical assessment team. This telephone call is to check that you are fit and well and that your health has remained unchanged since the pre-operative assessment (Ref 5).

Your to do list: Book appointment to see GP or dentist to treat (where appropriate)

- Tooth / gum decay or other infections
- High blood pressure
- Leg ulcers
- Skin problems
- Chest complaints
- Urinary incontinence / burning
- Other infections

Attend pre-operative assessment and:

- Bring all the medicines that you are taking in their original boxes or a complete list of all prescribed medicines (available from your GP practice) together with any alternative and non-prescription treatments that you are using e.g. 'over the counter' medicine. If appropriate, you will be advised to stop taking certain medication and when to stop taking them. This is important as some medication may interact with your anaesthetic which can lead to complications.
- Details of any other specialists that you have seen in the past or are currently seeing for any other health reasons, and details of any investigations or treatments or operations you are having or have had in the past.
- The heights form that you have been sent - please fill this in before you come to your appointment. This is to determine the height at which you will need to sit at for the first 6-8 weeks following surgery. This is known as your ideal height. If there is any change in your medical condition or any new illness or infection that begins after this assessment, but before your admission, please contact the hospital on **01691 404000** and ask for the pre surgical contact team.

If you wish to alter the date or cancel your operation, contact the hospital on **01691 404000** and ask for the admissions department.

Joint school

The interactive classroom style 'Joint School' is an important part of your preparation for surgery and will help you know what to expect when you come into hospital to have your hip replaced and your rehabilitation at home. It is important to invite someone to join you at the Joint school that will support and encourage you throughout your treatment. Examples are a partner, a family member or a friend. They will not be expected to carry out clinical duties nor do they need any medical expertise.

At Joint School, there is time to discuss practical things that will help you plan for the procedure and your recovery in hospital and at home. The session will explain your patient journey including how to prepare for surgery, what to bring into hospital, physiotherapy exercises, type of anaesthetic and post-operative pain relief and also provides opportunity to meet some of the team who will be involved in your care following surgery. At the Robert Jones and Agnes Hunt hospital we believe that joint school will prepare you to get better sooner and aims to enhance your post-operative experience (Ref 4). The Joint School information leaflet is enclosed at the back of this booklet or may be handed to you during a clinic appointment. This leaflet will have the dates and times of the sessions or you can access the hospital internet page and search for Joint school. You can book an appointment to attend Joint school by:

- Phoning 01691 404038, leaving your name, phone number and the date that you wish to attend OR
- At the pre-operative assessment clinic and inform the nursing team which date you would like to attend.

Your to do list:

- Book Joint School session.
- Select a friend, relative or partner to attend with you.

Things to do before your operation

Prepare your home

When you first go home you will be on crutches or a walking aid. You may have some restrictions and precautions on what you are able to do (see page 17). Plan ahead; think about your everyday household routine and what changes you may need to do to make tasks easier, such as:

- Move regularly used items into an accessible area (such as items stored high, or low down in the kitchen cupboards). This is so you can make sure you are able to follow your hip restrictions and precautions.
- Make or buy some meals that are easy to prepare when you come home.
- Be up to date with household cleaning, laundry, and gardening. Consider making arrangements for someone else to do these jobs for a while.
- Freeze milk and bread for the first few days when home.
- Ask family, friends to help with daily activities e.g. cooking, cleaning, and shopping.
- Remove loose rugs and carpets that may cause you to trip or fall.

You should think about carer responsibilities you have. If you are a carer for someone, look after children, or have pets that need care, you may want to make arrangements prior to surgery e.g. ask a friend to walk your dog, arranging additional child care or contacting your GP or local Social Services to arrange a care package for the person you care for if family and friends are not able to assist.

You may have difficulties with certain activities in the first few weeks after your operation. If possible involve your nominated partner, family, friends or neighbours in making necessary preparations to support you.

Get organised in advance!

In order for the therapy team to provide you with the most appropriate adaptive equipment, please complete the heights form and bring to pre-operative assessment or return to the Therapy Department before your operation.

Your to do list:

- Book Joint School appointment
- Prepare your home
- Complete heights form
- Make arrangements for someone to take over caring responsibilities.

Lifestyle changes (Ref 7&8)

Smoker? - Think stop before the op!

We are a non-smoking hospital site (including e-cigarettes). It has been found that stopping smoking two months prior to surgery provides the most benefit (Ref 12, 13, 14, 15) and you are more likely to be up and about and getting better quicker after your operation (Ref 9). For smokers who are unable to stop, the Royal College of Anaesthetists advises that you should at least stop smoking on the day of surgery to help avoid breathing problems during the procedure (Ref 16).

Why is quitting so important at this time?

If you are smoking:

- You may need more specialist care and planning before and after your operation (Ref 16).
- You have a higher risk of getting a chest infection, which could lead to further problems (Ref 16).
- Smoking can have a negative effect on cementless hip implants (Ref 10&11).
- You have a higher risk of getting a wound infection and slower healing of your wound which may mean having to stay in hospital longer (Ref 9&12).

If you are using patches or other types of nicotine replacement therapy to help you stop smoking please stop these the night before your surgery and bring them into hospital with you. Tell a nurse that you have them with you. You don't have to quit on your own. More people manage to quit smoking for longer if they have help.

For help:

Contact your pharmacist or www.nhs.uk/smokefree or see hospital intranet site, or see the link below for healthier lifestyle choices.

- Healthy Shropshire on **0345 6789025** or visit the website www.healthyshropshire.org

General healthy living goals (Ref 7).

Before your operation it is really beneficial for you to try and make yourself as fit as possible. There is evidence of faster and safer recovery associated with eating a healthy diet in the time leading up to your operation. If you are overweight, it is important to lose weight in preparation for your surgery. This will reduce any risks associated with anaesthetic and your new joint will last longer. Moderate exercise prior to your operation can help in keeping your bones strong and joints supple. Vigorous physical exercise is not required, but a regular session of everyday activity is useful. These should start as early before surgery as possible as the benefits may take a number of weeks to appear.

If you would like any further information about healthy lifestyle, see the hospital internet site:

- www.rjah.nhs.uk
- www.bda.uk.com/foodfacts/OsteoArthritis.pdf
- Healthy Shropshire on **0345 6789025** or visit the website www.healthyshropshire.org

For English residents:

- Advice on healthy eating
- British Dietetic Association
- Weight Wise
- Cutting down on alcohol
- Change 4 Life
- Smoke Free

For Welsh residents:

- Change 4 life Wales
- Stop smoking
- Cutting back on Alcohol

Or refer to the document "Help us to help you" for a list of useful phone numbers, at the back of this booklet.

Bone Donation

In order to make way for your new hip replacement; some bone will need to be removed. Rather than throw away this surplus bone, it may be used for another patient who has bone loss where it may promote healing.

It is important that the bone for grafting is absolutely safe.

All bone banks including the Oswestry Bone Bank take special precautions to ensure this safety. If you agree and are able to donate your surplus bone you will, after careful explanation of this process, be asked to give your written consent. It will be necessary for your blood to be tested for signs of infection; this is normal practice for blood donors.

The tests consist of **two blood samples**, one taken at the time of your operation and the other taken at **least six months later**. The later sample can be taken either when you attend an outpatient follow up clinic, or we will come to your home.

Once these tests are completed, your donated bone will be processed and used to help others enjoy a better quality of life. If you do not wish to donate your excess bone, no reason need be given and no questions will be asked about your decision. This will not affect your medical treatment and legal rights.

Blood Tests - to make sure your bone is safe to use

The grafting of bone from a donor could give another patient infection, therefore special blood tests to screen for problems are taken to reduce this risk. A small number of people carry viruses or bacterial infection and are not aware that they do so. Almost all blood tests are negative, however if they were positive it would not be possible to use your donated bone and it would be discarded.

We would tell you the results of your tests, their meaning to you and arrange all possible medical treatment, counselling and support. The results are held in strict confidence. The second blood test is taken in case you have only recently acquired the infection.

The infections we currently test for are:

- HIV (the AIDS virus).
- Hepatitis B and C viruses (causes of yellow jaundice and liver damage).
- Human T - cell Lymphotropic Viruses (causes in about 5% cases lymphocytic leukaemia after approximately 30 years).
- Syphilis (a bacterial infection that can cause changes throughout the body).

In some parts of the world, HIV is commoner than others therefore the chance of acquiring HIV without knowing it is greater.

Although we test blood samples, it is normal practice to avoid using donors who have placed themselves at risk. There may be other factors in your past medical history that will prevent you from donating your bone e.g. if you have had a blood transfusion. These will be discussed with you at the preoperative assessment clinic.

For further information please contact

The Bone Donation Co-ordinator

Theatres

Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Oswestry

Shropshire

SY10 7AG

Tel: **01691 404000**

Taking Tissues at Operation

Pieces of bone or joint and closely surrounding tissue may be removed as a necessary part of your hip replacement operation. Some of this tissue may be removed because

- It needs to be sent to the laboratory for examination to discover the cause of your hip problem. Small pieces of tissue will be preserved and looked at under the microscope. In addition this tissue may be cultured or chemically analysed to try and detect why a joint has failed or whether it is infected.
- These small pieces of tissue will be kept and will form part of your medical records. Large amounts of tissue will be disposed of by incineration. The retained tissue may be used anonymously for teaching, quality control and ethically approved research into the causes, diagnosis and treatment of disease.
- If you do not wish this surplus tissue to be treated in this way please ask the ward staff to let the laboratory know and document your wishes in your notes. Your wishes will be respected and any samples disposed of. This will not affect your current medical treatment and legal rights. It will not be possible to review your samples after they are disposed of, this may affect your future medical treatment. We need your permission to take and keep your tissues for use as above.

Your Inpatient Stay

You will get a letter to guide you for your admission into hospital. Please read it carefully and follow the instructions given.

You will be given advice on when to stop eating and drinking, please follow the fasting guidelines that have been discussed with you during this contact. It is not good for your health to fast for longer than the time stated.

Bathing and showering:

Please ensure you have a bath or shower before you arrive at the hospital. This is to reduce the amount of dead cells on your skin that could infect your new hip replacement (Ref 5&8). It is also important not to apply any creams/powders or make up after your bath or shower, for the same reason. If you are unable to shower yourself please speak to the nursing team in pre-operative assessment for help and advice with this. This wash is recorded in the Pre-op checklist.

Please remove nail varnish.

Do not shave or remove hair from the operative site or surrounding area, hair removal is only undertaken where it is necessary to visualise the operative site. If hair must be removed, then clippers with disposable heads will be used immediately prior to surgery by a member of the surgical team, this is to reduce the risk of surgical site infections.

Valuables:

Please do not bring too many possessions into hospital as storage room is limited.

Arriving in Hospital

On the day of your surgery you will usually be admitted onto Baschurch Day Unit. When you arrive, one of the nursing team will go through important checks, and an identification bracelet carrying your details will be attached to your wrist and another one to your ankle. A member of the orthopaedic team will check your consent form and the leg that is to be operated on will be marked with a pen. A consultant anaesthetist will ask you about your health and discuss the anaesthetic and pain relief techniques suitable for you. After your operation you will be transferred to one of the orthopaedic wards.

Things to note:

- Bring something to read; once the admission process is complete, you may have a long wait, depending where you are on the operating list.
- Express any concerns about your discharge from hospital such as transport, to the nursing staff as soon as possible, as this will help us ensure you have an appropriate plan in place to prevent your discharge from being delayed.
- If you are planning on staying awake during surgery, you may want to take your music device to theatres so you can listen to music.

Please note that your family member or friend will be able to remain with you until you are transferred to theatre. However they are not able to remain on the Baschurch unit when you are having your operation due to limited seating. There are a number of areas where your friend or family member can wait, including Denbigh's restaurant or the league of friend's coffee shop.

Going to theatre

You will be asked to change into a theatre gown, disposable underwear and a net cap. Please bring a clean dressing gown for your transfer from the ward or ask for a warm blanket on entering the theatre area. Research shows that keeping warm before your operation helps with the healing process (Ref 21). If you are planning on staying awake during your surgery, remember to take your music device with you.

In the anaesthetic room

Once you are in the anaesthetic room, the final pre-surgical checks will take place. The anaesthetic will be given as discussed with your anaesthetist.

Most patients will be recommended to have a spinal anaesthetic in combination with a light general anaesthetic or sedation (Ref 20).

The spinal anaesthetic involves a small injection of local anaesthetic between the bones in your lower back around the nerves of the spinal cord. This causes temporary numbness and heaviness from the waist down and allows surgery to proceed without feeling any pain. A light general anaesthetic or sedation can be used in combination to lower your awareness of theatre activity during your operation (Ref 20). This should help with any anxiety you may be feeling.

This anaesthetic combination wears off very quickly following surgery. This allows most patients to make a rapid recovery with very few 'hangover' side effects or sickness. It also allows you to start moving your hip soon as the spinal has worn off.

The operation

Depending on what type of anaesthetic you have you may have some awareness during your operation but this very much depends on how much sedation you decide to have with some patients deciding to remain completely awake. In this case, you will be able to see the theatre team, including your surgeon who will be wearing specialist clothing.

From the start of the anaesthetic to the end of your operation your anaesthetist will stay with you for the entire time, monitoring your condition very closely.



During the operation the surgeon may inject a special mix of drugs into the tissues around the hip joint. This complements the spinal anaesthetic and helps with pain relief after the operation allowing moving your hip immediately. This technique normally provides excellent pain relief. However you will be still asked about your comfort levels and will be offered additional pain relief.

Recovery

From the operating theatre you will be transferred to the recovery area.

The staff will:

- Sit you up and offer you a drink
- Monitor your blood pressure, pulse and oxygen levels
- Check your wound
- Assess your comfort levels
- Apply foot pumps. These wrap around your feet and a pad inflates and deflates on the sole of your foot. This is to help keep your blood circulating and to prevent blood clots. You will also be given medication to help prevent blood clots from occurring (Ref 17).

You may have a fluid drip attached to you. This puts back essential fluid and salts back into your body. This will be removed as soon as you are eating and drinking. You may have a drainage tube at the side of the hip wound. The surgeon will order an x-ray of your new hip. After a short time you will be returned to the ward to continue your recovery.

On the ward

You will be met by the nursing staff who will continue to monitor your blood pressure, pulse and oxygen levels.

You will have regular pain relief prescribed and you will be frequently asked about comfort levels. If you feel you require pain relief at any time, you must let the nursing staff know. Sometimes it helps to alleviate the surgical discomfort by moving, this may mean re-positioning in bed or standing up, and may help to relieve stiffness. The therapy and nursing team will help you to start to move. Walking soon after your operation is one of the most important parts of the rehabilitation process (Ref 20). You may find your discomfort improves by getting your new joint moving as soon as possible. It is also good for your circulation and general wellbeing to get moving soon after surgery. However do not attempt to walk or stand-up without assistance until you have been told that it's ok by a member of the nursing, therapy or surgical team.

There are flexible visiting times on the wards (restricted during protected meal times). However it is important to bear in mind that successful rehabilitation following surgery is our priority and that visitors should not impact on this.

As part of your rehabilitation you will be encouraged to start eating and drinking normally again after surgery, then you will be able to take pain killers in the form of tablets. Tablets are less likely to cause side effects which will speed up your recovery.

Mobility

Following your operation the therapy team and nurses will encourage you to strengthen your muscles and improve the mobility of your joints. This will help you to be independent and return to normal movement as soon as possible, it will also make daily activities such as walking easier and may also help to prevent post-operative problems.

You will be encouraged to walk either the same day or on the morning after your operation. You will have to be supervised until you are safe with your walking aid. A stumble or fall may be enough to cause soft tissue or bony injury, so the therapy team and nurses will instruct you on the correct way to walk. The aim is to help you regain independence walking with crutches.

You will be getting up to:

- Wash
- Dress
- Go to the toilet
- Walk by yourself, (as directed by the therapy /nursing team) with a walking aid when you feel confident and safe.



We would like you to get dressed soon after your surgery and if your hip replacement is undertaken in the morning, we would anticipate that you will be up and walking and dressed in normal day clothes the same day. For ideas of items to bring into hospital see page 28.

It is important to continue using walking aids after your operation, as directed by your consultant or a member of his team. You will be advised by the surgical team when to stop using the walking aids.

Exercises for blood circulation

It is essential that you commence the following as soon as you can after your operation and when resting to help with your circulation (Ref 20). These can be performed in the bed and do not require a physiotherapist to be present with you. Doing these exercises will help maintain the circulation in your calf muscle and reduce the risk of a blood clot. You may not be able to do these exercises until the spinal anaesthetic has worn off. If you experience any pain or tenderness in the calf tell the ward staff immediately. You can also start these exercises BEFORE YOUR OPERATION, to help improve the movement and strength in your muscles.

Ankle exercises

This should be done every hour for 5 minutes or longer if possible.

Circle ankles in one direction then circle the ankles in the opposite direction.

Point your toes away from you and then bend at the ankle to point toes to the ceiling.

Buttock squeeze

Lean back on your arms.

Squeeze your buttocks firmly together, hold for 3 seconds and then relax.

Repeat 10 times, at least 3 times a day.

Tightening the thigh muscles

Sit or lie with your leg straight out in front of you.

Point your toes away from you and tighten the muscle on the front of the thigh by pushing your knee down.

Hold the muscle tense for 5 seconds and then relax.

Repeat 10 times at least 3 times a day.

Deep breathing exercises

This helps to keep your chest as clear as possible.

Take 3 or 4 deep breaths.

Try and breathe as deeply as possible and after the last breath try to 'huff' out the air. This may make you cough and that's a good way of clearing your chest.

Your daily goals

As the patient undergoing surgery it will help you to take part in your own recovery and feel less anxious if you have a good understanding of the role you can play and the things you can do to help yourself. You will have a better recovery and will be able to get home more quickly.

Your daily goals of the hip enhanced recovery programme are:

Day of surgery. (Day 0)

You will be encouraged to get moving soon after your surgery. This will initially be with the therapy team and nursing staff who will show you how to walk.

You will be encouraged to

- Sit in a chair
- Wear day clothes
- Have lunch, (a hot meal is provided or if you return after lunch time, please ask for sandwich)
- Drink to satisfy your thirst
- Walk short distance with assistance
- Sleep on your back for the first 6 weeks. After this time, you can start to sleep on either side. (Unless you are told not to by your consultant).

Post - operative day 1

You will be encouraged to be as independent as possible.

You will be encouraged to:

- Get up, get washed and dressed in day clothes
- Continue programme as set by the therapy team, who may undertake an assessment of transfers (getting in/out of bed and on/off a chair/toilet)
- You may be assessed to negotiate stairs and steps if necessary
- Sit in a chair
- Walk with the aids provided by the therapy team
- Have an X ray of your new hip
- Have routine post-surgical blood test taken.

Post-operative day 2 (if not achieved in the previous day)

You will be encouraged to be as independent as possible.

- Get up, get washed and dress in day clothes
- Continue programme set by therapy team. Practice transfers in/out of bed and on/off chair/toilet
- You may be assessed to negotiate stairs and steps if necessary
- Sit out in a chair
- Walk with the aids as directed by the therapy team
- Take home medications ordered
- X-ray (if not already done)
- Routine post-surgical bloods (if not already done).

Once all the discharge criteria have been met, you will be allowed home.

If not achieved on the previous day:

- Get up, get washed and dressed.
- Sit out in a chair, walk and transfer independently
- Further practice climbing stairs (if required)
- Discharge home when criteria met
- Follow up appointments arranged

Things to note:

- Get up, washed and dressed. Being dressed and out of bed every day encourages a positive frame of mind and supports your recovery.
- You must continue to strengthen your muscles on your own regularly each day in between seeing the therapy team.

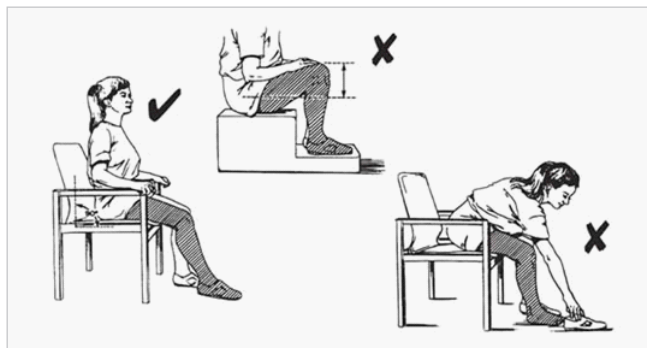
Restrictions and Precautions

Before your discharge from hospital the therapy and nursing team will advise you about the way to move with a new hip joint and how to manage sitting, getting up and down stairs and general activities of daily living. There could be some precautions to follow for a period of time following your hip operation as the muscles and tissues surrounding your new hip joint need time to heal. This takes approximately six to eight weeks, during which time you must take care to protect your hip and minimise the risk of your hip dislocating. Precautions may be in place for the first 6 weeks to 12 months. Your consultant will advise you on the length of time.

There are three main precautions that you may need to follow during this period:

Precaution 1: No bending past 90 degrees.

- You need to keep your hip higher than your knee.
- Do not lean forward, sideways or bring your knee up to your chest.
- Do not bend to pick objects off the floor when sitting or when standing with your operated foot on the floor.



Precaution 2: Do NOT cross your legs or your ankles.



Precaution 3: Do NOT twist around either when standing or sitting and do not swivel on your operated leg.

Always make sure you pick up your feet and take small steps to turn around.



These precautions will be explained in greater detail when you start your rehabilitation with the therapy and nursing team.

Examples of restrictions:

When sitting down

- When sitting make sure your chair is a suitable height and has firm arms that you can use to help you sit down and stand up again.
- Place your crutches to one side and place both hands on the arms of the chair.
- Slide your operated leg out in front of you.
- Keep the operated leg out in front of you.
- Reach back for the arms of the chair and gently lower yourself down, take the weight through your un-operated leg.



When standing

- Gently slide forwards to the front edge of your chair.
- Place your operated leg out in front of you.
- Push up on the arms of the chair, taking some of the weight through your un operated leg.

Toilet

If your toilet at home is not the correct height (as determined by the heights form that you will have completed) you will be provided with raised toilet equipment from either your local equipment store or this hospital. Follow the same instructions for sitting down /standing up.

Getting on/off your bed

To get on and off the bed following your operation you will need to learn a new technique to make this activity possible:

- Make sure the bed is the correct height.
- Walk right up to the bed, turn yourself around taking small steps and make sure you can feel the side of the bed on your legs.
- Take both arms out of your crutches and place them next to you.
- Slide your operated leg out in front of you.
- Sit half way down the bed.
- Slide your bottom back as far as you can onto the bed using your arms letting your legs come up in front of you. Try and relax your legs, this will make the transfer easier.
- Once you are on the bed slide your bottom around towards the pillows. When sliding; your legs will automatically follow you. At first this will be more comfortable than lifting your legs onto the bed. When you feel able, you can start lifting your legs when getting onto your bed.
- Your un-operated leg does not have the same restrictions and you can use this to help with sliding back.
- Reverse the procedure to get off the bed.

Getting in and out of a car:

We recommend you sit in the front of the car.

- Get the driver to open the door and put the passenger seat as far back as possible. Also recline the back of this seat (just while you are getting in and out of the car).
- Walk up to the car with your crutches.
- Turn so that your back is to the car.
- Give your crutches to the driver.
- Make sure your legs are touching the sill of the car.
- Place your hands where you feel you have support (dashboard and side of the car).
- Slide your operated leg out in front of you.
- Sit down on the car seat.
- Once sat on the car seat, using your un-operated leg on the sill slide as far back as you are able ideally over to the driver's seat.
- Once you are in this position you can start to move your legs into the foot well in the car.
- Move the back of the seat into a more comfortable position.

To get out of the car, reverse the process. Advice on getting in/out of a car safely can be found on the RJAH internet site under: Activities after hip replacement surgery, or ask the therapy team when you are in hospital.

Climbing stairs:

The correct technique is as follows:

Going up the stairs

- Using the banister, hold the crutches in your free hand
- Put the un-operated leg on to the stair then
- Put the operated leg on to the stair
- Bring the crutches on to the stair

Going down the stairs

- Using the banister, hold the crutches in your free hand
- Put the crutches down the stair
- Put the operated leg down the stair
- Put the un-operated leg down the stair

The Physiotherapist will be happy at any time to answer any questions you may wish to ask.

Discharge Criteria

Our aim is for you to be able to go home within 3 days of your surgery. You will have plenty of opportunity to make plans for your discharge day with your family, nursing staff and therapy staff.

However long your hospital stay, you will need to meet several goals before you can go home.

- Walk independently with walking aid.
- Get in/out of bed and on/off chair/toilet by yourself.
- Be able to get up/down stairs.
- Have an x-ray of your new joint.
- Ensure your wound is not discharging.
- Have the correct take home medication, including pain killers, and that you understand how to take these at home.

You will also be given

- Dressings and a letter for your practice or district nurse/GP.
- Letter advising you of when your clips or stitches need to be removed.
- Medication to take home.
- A follow up outpatient's appointment to see your consultant surgeon, or a member of their team (usually 8- 12 weeks after your operation). You will receive a letter notifying you of the date and time of your appointment.

The health care team looking after you will consider your needs. Within the enhanced recovery process there is room for flexibility in your care, and if for any reason your recovery did not proceed entirely as planned, your care plan would be reviewed by the medical team and adjusted according to your needs.

Passport home

Once these boxes are all ticked you will be ready to go home:

- ☐ Surgeon and Nurse
- ☐ Therapy Team
- ☐ XRAY
- ☐ Tablets

Your Continued Recovery

Wound care and personal hygiene

You must not have a bath for the first 12 weeks after your operation. Ask the ward staff if your dressing is shower proof. It is advisable after leaving hospital to have someone either living with you or very near who is willing to help you with everyday tasks (Ref 20).

Sleeping

The advice is to sleep on your back for the first 6 weeks. After this time, you can start to sleep on either side, unless advised otherwise by your consultant.

Pain, stiffness and leg swelling (Ref 18 &19)

It is quite normal to have some temporary discomfort and stiffness while your body recovers from surgery, the level of pain and stiffness varies between patients. It is important to keep as pain free as possible using pain killers. We encourage a balance between activity and rest. Mobilising will help to reduce stiffness and improve long term outcomes. Leg swelling is common after hip replacement surgery. Try not to sit with your feet on the floor for long periods of time and try and elevate your legs for periods of time when sitting or lying. A good way of reducing swelling in your legs is to rest on your bed with your legs higher than your heart for periods of time during the day. A rolled up towel or a bolster cushion under the foot end of your mattress will help raise the legs higher than the heart helping to drain excess fluid from your leg(s).

Exercise

You should aim to gradually increase your walking distance and the amount of activity that you do, by a little each day. Take regular short walks on even ground. As you become stronger, you may gradually increase this distance. However, remember there is a balance between activity and rest.

Driving

On average you should be able to drive approximately 6 weeks after your operation, however this depends on your mobility level as well as your consultant's post-operative instructions. You must be walking safely off crutches and be able to sit in the car comfortably and be confident to perform an emergency stop without it causing you pain or strain, before you drive.

DO NOT ATTEMPT TO DRIVE UNTIL YOU ARE SAFE TO DO SO.

- Cars with a low seat should be avoided.
- You must be walking safely off crutches.
- Make sure you can operate the foot control without straining.
- You should be confident and able to perform an emergency stop without it causing you pain or strain, before you drive.
- Start with short distances at first and gradually increase as able.

IF YOU HAVE ANY CONCERNS PLEASE DISCUSS WITH YOUR SURGEON.

Long haul flights

For long haul flights, we recommend waiting until 12 weeks after surgery, and this advice follows the Department of Health recommendations. For a period of four weeks either before or after your operation, you are at greater risk of developing a clot if you have poor mobility, become dehydrated or sit still for more than three hours at a time. This includes lying in bed, sitting in a chair, car, bus, train, coach or plane. You will most probably set the metal detectors off in passport control. However this depends on the size and sensitivity of the scanning equipment. You may need to explain about your operation to staff at the airport.

General advice

Do not carry anything in your hands when using 2 crutches, as it may cause you to become unbalanced. A slip or stumble may be enough to cause soft tissue or bony injury and delay your progress.

Laundry, Cleaning and Shopping

You should avoid heavy chores for the first three months, e.g.

- Shopping
- Vacuuming
- Changing beds

You will need help with these chores. You can carry on doing light tasks e.g. dusting or washing dishes. If possible sit to iron - taking care not to twist.

Work

Returning to work will depend on the type of work that you do. Discuss this with your Consultant or a member of his team. You should plan to have at least six weeks off work.

Leisure

We encourage you to go out and do those things that are part of your normal daily life, as long as you feel comfortable. You should avoid activities such as gardening and sport for 6 - 8 weeks. If you have a specific sport or leisure activity that you wish to pursue, discuss this with your Consultant or a member of his team at your first outpatient appointment.

Avoid any high impact activities such as jumping, pulling, twisting, rowing or running. These all put excessive strain on your hip.

Sex

It is advisable to wait six to eight weeks after your operation before trying sex. This allows time for the soft tissues around your hip joint to heal. Resume your sex life with care and without causing pain in your hip. Care is needed to avoid excessive bending and twisting of your hip.

Following discharge home

After your discharge home, please contact the ward you were on if you are worried in any way about your health or if you:

- Develop a fever (If you have a thermometer then you could take your temperature daily for 2 weeks and call the ward you were on if your temperature is over 37.5 degrees).
- Notice any redness, either around your knee or lower down your leg.
- Have swelling which does not settle with elevation and rest.
- Have a discharge from your wound.
- Have pain or stiffness that becomes excessive.

Ward contact telephone numbers:

Powys ward: 01691 404206
Clwyd ward: 01691 404204
Ludlow ward: 01691 404420
Oswald ward: 01691 404284
Kenyon ward: 01691 404425
Pre-operative assessment: 01691 404659

Benefits of hip replacement

Pain Relief

- The discomfort that you experience from the arthritic joint will disappear over time.
- Initially you will experience a different type of pain as a result of the surgery; this will get better as your recovery progresses.

Improved Movement

- Provided your general health is reasonably good, you should be able to walk at least the same distances and probably even further than before your surgery.
- You should find stairs and everyday activities easier.

Quality of Life

Your overall quality of life should improve.

Remember it takes time to recover from your operation and build up your muscle strength.

It will take at least one year for your hip replacement to be at its best, longer for complex and revision hip replacements. All artificial joint replacements will eventually wear out.

How long this process takes depends on a number of factors however your hip should give you many years of service before further surgery may be necessary.

Please remember that over 90% (90 in 100) of patients who have had total hip replacements are delighted with their new hip.

Risks of Hip Replacement

Please remember that all operations, no matter how small, carry both risks and benefits. Serious or frequently occurring risks include:

- Delayed wound healing (Ref 8)
- Bleeding (Ref 22)
- Infection (Ref 13 & 8)

There is a chance of infection occurring in either:

- The superficial skin or tissues around the incision (known as a superficial wound infection) OR
- The deep soft tissues surrounding your hip replacement (known as a deep wound infection).

This could happen at the time of surgery, or later in life following spread through the blood stream from another source of infection. It is a wise precaution to inform your doctor, dentist, or hospital that you have had a hip replacement when you visit them for treatment. In some circumstances, you may be required to take a short course of antibiotics to prevent an infection.

For more information and to view the Trust's performance, visit the Public Health England website for Surgical Site Infection following a total hip replacement.

Fracture (break) in the bone

There is a chance of a fracture occurring in your bone during hip replacement surgery. If this occurs it may lengthen your recovery period.

Dislocation

The artificial joint does not have the ligaments of the natural hip joint and is therefore less stable, particularly in the first few months after surgery, until your muscles have regained their strength. This is why you may have restrictions in bending, crossing your legs and twisting.

Always follow the instructions given to you by your Consultant surgeon and the rest of the team to minimise the risk of dislocation.

Blood Clots: DVT/PE (Ref 17)

The risk of getting a blood clot after hip surgery varies between each person. Blood clots are known as either:

- A deep vein thrombosis (DVT). This can be either above or below the knee.
- Pulmonary embolus (PE). A blockage of the main artery of the lung or one of its branches.

The National Institute for Health and Clinical Excellence (NICE) have established that there is an increased risk of developing a DVT or PE after hip replacement surgery, if no preventative measures are used. Within the hospital we follow NICE guidance and use either injections or tablets and also foot pumps to prevent blood clots, as well as walking soon after your surgery. There are no guaranteed ways of preventing the development of a DVT / PE. Our experience indicates that, at this hospital, there has been a significant drop in blood clots rates since the introduction of:

- Early mobilisation
- Foot pumps

Please discuss with your Consultant which of the above preventative measures are most appropriate for you. Remember it is important to continue with the preventative measures most appropriate for you on your return home and for at least 4 weeks after your operation or as directed by your Consultant.

Signs of blood clot in your leg(Ref 17).

If a clot develops in your leg, your leg may become:

- Swollen
- Painful / tender
- Red, especially at the back of the leg below the knee

In some cases there may be no signs or symptoms of DVT.

Signs of blood clot in your lung (Ref 17).

- Breathlessness
- Chest pain
- Collapse

If either of these occurs after your discharge from hospital please attend your local accident and emergency department.

If you become suddenly breathless, or have sharp pains when breathing Dial 999 if the breathlessness is severe.

Bleeding 9(Ref 22)

A blood transfusion is only given if absolutely essential and is only needed for a small number of patients having an operation. Most people can cope with losing a moderate amount of blood post-surgery without requiring a blood transfusion as this loss can be replaced with other fluids.

Death

This is a rare complication and can occur as a result of a PE or other pre-existing medical conditions not related to the hip.

Nerve, Artery, Tendon or Ligament Damage (Ref 19)

There is a chance of damage occurring to nerves, blood vessels, tendons (the tough tissue that attaches muscles to bone) or ligaments on and around the bone and soft tissues surrounding the hip during the operation. Damage to the largest nerve at the back of the thigh can result in a foot drop, this means that your big toe would be pointing forwards (like a ballet dancer) and you would be unable to pull your toe to an upright position. This would not stop you from walking; you may however need to wear a splint to support your foot. Foot drop may take several months to get better but sometimes the damage to the nerve is permanent. This is a rare complication however, if you have a foot drop of those affected approximately 5 % (5 in 100) will never recover from this. Most patients have some numbness around their wound, this may also be permanent.

Early Loosening (Ref 18 &19)

This is when the solid fixation of the socket, the stem or both begins to fail. The commonest cause for hip replacement failure is aseptic loosening (loosening where there is no infection). In approximately 10% (10 in 100) of cases the artificial hip becomes loose or wears for various reasons. If this happens, the operation may need to be re-done; this is called revision total hip replacement.

Revision total hip replacement

Revision hip replacement surgery is more complex and technically more difficult than your original surgery. Part or all of your existing hip will need to be removed before your new hip can be put in place.

Stiffness (Ref 18)

Following hip replacement surgery tough scar tissue can form around a hip replacement. Scar tissue is not as flexible as normal healthy tissue and can cause joint stiffness. The formation of large amounts of extra bone (known as heterotopic bone) around a hip replacement can cause the hip to become stiff. This can be removed surgically.

Leg length discrepancy (difference)(Ref 19)

It is sometimes difficult to achieve identical leg lengths after a hip replacement. Any definite discrepancy in length can usually be corrected with a heel or shoe raise if needed. If a raise is needed, this will be organised either on the ward or at your follow up clinic appointment. If you have a leg length difference before your operation it may not be possible to correct this.

Squeaking from your hip (Ref 19)

The risks of this happening are relatively small; however should it occur the squeak can, in some cases, be easily heard. It should not be painful. The causes of squeaking are not entirely known but may be due to:

- Dry Joints
- Rubbing (impinging) of components that make up your hip replacement
- The positioning of your hip replacement
- The type of material your hip replacement is made from.

Reducing the Risks

We are constantly striving to minimise the risks of hip replacement surgery while you are in hospital by taking the following precautions

- Assessing your health at preoperative assessment clinic before your admission to make sure that you are as medically fit, for both an anaesthetic and your operation, as possible.
- Investigation and treatment of problems identified at preoperative assessment, before your admission.
- Careful insertion of the artificial hip.
- Giving antibiotics to minimise the risk of infection at the time of surgery.
- The use of foot pumps and blood thinning drugs where appropriate.
- Getting you up and walking early, as well as eating and drinking at the earliest opportunity.

Disclaimer

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Possessions

Please do not bring too many possessions into hospital as storage space is limited. Ideas of things to bring into hospital:

- Wash bag and toothbrush/paste
- Toiletries
- Towel
- Day clothes for up to 3 days. Trousers and skirts with elasticated waists are ideal. Shorts, jogging bottoms, 'lounge' wear. Wearing day clothes throughout the day promotes a sense of wellbeing.
- Night clothes, such as nighties, or pyjamas.
- Footwear that is comfortable and will fit even if you get swelling around the lower leg.
- Hearing aids/glasses/dentures.
- Splints/braces/or any device that you would normally wear.
- Music device/iPad/iPod with headphones (in the event of staying awake during your surgery)
- Books/magazines.
- Small amount of money.

There may be some swelling in your foot or legs after surgery so bear this in mind when selecting footwear. Bring well-fitting comfortable footwear, shoes or slippers that ideally meet the below criteria:

- Comfortably padded
- Supportive
- Firm heel
- Mid-fastening
- Non slip sole

Notes

Please use this space to record any questions you have, or things you want to talk about with your care team.

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If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: pals.office@rjah.nhs.uk

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