

Hip Replacement Surgery



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Amesbury Ward

Tel: 01722 336262 ext. 3105

Salisbury NHS Foundation Trust

information

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The evidence used in the preparation of this leaflet is available on request. Please email patient.information@salisbury.nhs.uk if you would like a reference list.

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Space for your own notes:

Salisbury Shopmobility

01722 3328068 or email shopmobility@wiltshire.gov.uk

www.wiltshire.gov.uk/healthandsocialcare/

socialcareadults/shopmobility.htm

Carers UK – United Kingdom Homecare association.

02086618188

enquiries@ukhca.co.uk

www.ukhca.co.uk

National professional association for homecare agencies

Information about anaesthetics

For more information about anaesthetics see the Royal College of Anaesthetists website at:

www.rcoa.ac.uk/patients-and-relatives

Information about joint replacement statistics

www.njrcentre.org.uk

The results of hip replacement procedures from the department and individual surgeons can be looked at on the National Joint Register website.

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Conclusion

A total hip replacement is a major operation and it will take several months before you feel 'normal' again. Allow plenty of time to do things gently.

Remember that the operation was done to make you better than before by reducing your pain and improving your mobility.

We hope this information has been helpful. If you have any questions that have not been answered by this booklet then please ask the staff at your various appointments. We wish you a new lease of life.

Further advice

Useful organisations

British Red Cross

01722 417738

www.redcross.org.uk

Age UK

Telephone: 01722 335425

Email: enquiries@ageuksd.org.uk

www.ageuk.org.uk

Wiltshire Farm Foods

0800 773 773

www.wiltshirefarmfoods.com

operated leg supported on their partner's thigh.

About 3 to 4 months after the operation, intercourse with the man on top can be safely resumed, but it is recommended that women continue to avoid twisting their legs outward too far.

Just remember the precautions about leg positions and avoiding dislocation.

Favourite activities

If your favourite sport or activity is not listed here and you are not sure whether it is safe, talk to your surgeon at the follow-up appointment.

Activities to avoid

Avoid doing anything that may jar your new hip such as running, jogging or horse riding. Impact activities should be avoided.

You should not attempt sports which require you to twist at the hips (this includes most ball games) for the first 6 months.

Infections

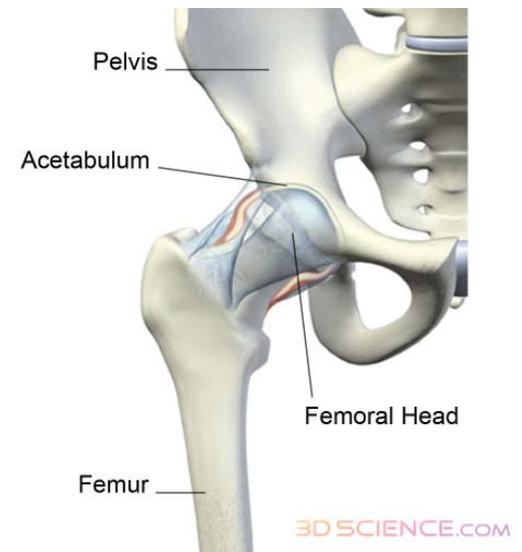
Your new joint could become infected as a complication of certain illnesses or operations. To avoid this, you should be protected by an antibiotic drug when the need arises. Tell your doctor or dentist that you have had a hip replaced so that they can give you an antibiotic if necessary.

Introduction

This booklet tells you about total hip replacement surgery. It is for people who have decided to have the surgery after discussing the options, benefits and possible risks with their consultant. Please retain this booklet for reference before, during and after your hospital stay.

There could be many reasons why your hip needs replacing:-

- Wear and tear on the surface of the joints. This is known as osteoarthritis
- Inflammation of the lining of the joint, leading to wearing away of the joint surfaces. This is known as rheumatoid arthritis.
- Poor or no blood supply to the 'ball' of the joint. This causes the bone to collapse and is known as avascular necrosis.
- Abnormalities or deformities of the hip joint. These are often from childhood and can cause problems later in life.



- Disruption of the joint surfaces, secondary to previous trauma.

A total hip replacement is an operation to replace both sides of the joint, that is, the ball (or head of the femur) and the socket (or acetabulum) in the pelvis.

Primary total hip replacement

There are many different types of replacement (prosthesis) to choose from and you and your surgeon will discuss these and select the best one to suit your needs.

The stem is usually made of metal, and can be fixed onto the thigh bone with or without cement.

The ball can be made of metal or ceramic. The cup is either made of polyethylene or ceramic. The most common combination is a metal ball with a polyethylene cup. A completely ceramic ball and cup can be used which has excellent wear rates but with a small risk of it producing an intermittent squeaking noise and fracture of the ceramic.

Metal on metal hip replacements and resurfacing are no longer used.

The decision to have or not to have this operation is yours. If the joint is not replaced, your condition can become worse. Pain may increase and mobility decrease. Alternative treatments such as pain relieving medication and physiotherapy can help to keep you as mobile as possible, but these treatments will not stop your condition from worsening. Total hip replacement is one way of treating your problem, improving present levels of

Leisure activities

Swimming

Once your wound has healed, this is an excellent exercise. Take care at the edge of the pool and make sure you can enter and exit the pool with out breaking your hip precautions (see pages 18 & 19). Avoid breaststroke leg kick for 8 weeks.

Golf

About three months after the operation you can resume with gentle putting, gradually building up until you can tee off with an iron at about five months. After 6 months you can play 2 or 3 holes on the course. You can gradually increase this as you feel able.

Gardening

Some light gardening may be possible with long-handled tools. Avoid kneeling or bending too far at the hip. Do not try to do heavy work like digging. Be careful of uneven ground.

Sexual activity

Don't be frightened to resume sexual activity about 6 to 8 weeks after the operation.

A comfortable position for women is to lie on the un-operated side. The operated leg should be supported on a pillow with the knee slightly bent.

After the operation men may find it more comfortable to lie on their back with their partner kneeling astride them. Alternatively, men may prefer to lie on their side with the

Driving

You are advised not to drive until about 6 weeks after your operation. This is because you need to get the strength back in your operated leg to work the pedals comfortably and may bend beyond 90°. You also need to be able to safely perform an emergency stop.

Your consultant outpatient appointment will usually be about 6 weeks after your operation. You can ask your surgeon at this appointment when you will be able to drive again.

Before you drive again remember to tell your insurance company about your hip operation. This shouldn't change your premium.

If you are unsure of your ability to drive, contact a driving school.

pain and mobility.

If you decide that you do not want this operation and would like more information about any alternative treatments that may be available, please ask your GP to help you.

Remember you can change your mind at any time and that you have the right to seek a second opinion.

Students of all professions may be involved in your care. Please speak to a senior member of staff if you do not wish a student to be part of your care.

At Salisbury Hospital, total hip replacements are being carried out as part of an Enhanced Recovery Programme. This means that the majority of patients will be in hospital for 2 - 3 days. They will go home with support from the Orthopaedic Therapy Team.

Risks and complications

Specific risks

Loosening

Loosening of either of the hip components can occur (2 - 5% or 2 - 5 in 100). Modern techniques and new implants mean that most hip replacements last over 15 years. Loosening is often attributed to wear of the components. Irrespective of the cause it will need to be surgically removed and replaced. The risk of loosening in general, increases by 1% every year.

Fracture (break or crack)

If you fall or have an accident at any time after you have had a hip replacement, you could fracture (break) the bone around the new joint. This is painful and you would not normally be able to put any weight on your leg. It may require an operation to fix the fracture or re-do the hip replacement.

Fracture of the bone can also occur during the operation. This is more likely with an uncemented hip replacement and more likely to be a fracture of the femur (thigh bone). This risk is less than 1% (or 1 in 100). This may require fixation either at the time or at a later operation. If this does occur it may alter your rehabilitation with restricted weight-bearing.

Pain

This operation is to lessen or relieve your pain long term. Groin pain often quickly improves after surgery. A small number of patients notice discomfort over the side of their hip (trochanter), generally in the first year after surgery which can be helped with physiotherapy. If you experience any lasting pain, please inform your surgeon or talk to your GP.

Nerve injury

Damage to the nerves around the hip is a risk (less than 1% or 1 in 100). This may cause temporary or permanent altered sensation or weakness along the leg.

Exercises

It is very important to continue with your exercises at home. They will help to increase the strength in your muscles and improve your walking. The physiotherapist may refer you for physiotherapy as an outpatient, but this is not routine.

Do the board exercises (page 23 and 24) twice a day: first thing in the morning and before you go to bed.

Do the standing exercises (page 25) at lunchtime and before your evening meal.

Twice a day, have a rest on the top of your bed. Lie as flat as possible. This helps to stretch your hip and control swelling.

Reaching to the floor

To reach down towards the floor, first put your operated leg straight out behind you and then lean forwards,



bending only your un-operated leg and knee.

It is important not to bend your new hip too much. Do not squat down or bend forward from the waist.

Your wound should be fully healed before getting it wet.

Getting dressed

Sit down to dress and undress, preferably on a high chair with arms.

It is strongly advised that when you are getting dressed you do your operated leg first.

When getting undressed do your un-operated leg first.

Do not bend down to get clothes over your feet or bring your operated leg up to your chest.

Use a long handled reacher, long shoe horn and a sock or tights aid - these are available through occupational therapy.

Walking

Remember to keep up your daily walks after you go home. Try to go for morning and afternoon walks on flat ground. Begin with a short distance and gradually increase the distance as your strength improves. Your progress will depend on your previous mobility.

When you feel able, you can start working with one crutch or stick. This should be held in the opposite hand to your hip replacement. If you are still limping or experience pain, continue to use both crutches or sticks.

Dislocation

This risk is between 1 - 2% (or 1 - 2 in 100). This is usually painful and you would not be able to put weight on the leg. The leg can also be twisted and shortened. The joint can usually be put back in place under sedation in the emergency department without the need for surgery. Sometimes however, this is not possible and an operation is required. A hip brace may be used after. If the hip joint continues to dislocate, a revision operation may be required.

Leg length

Whilst the surgeon will make every effort to balance your leg length, this is not always possible as stability of the new hip is the primary concern. Sometimes (2 - 5% or 2 -5 in 100) the operated leg may be made longer for better stability at the hip. This does not usually pose a problem and can be corrected, if required, by a heel raise in the shoe of the shorter leg. If you feel your leg length is different please discuss this with your surgeon.

General risks

All operations carry a number of risks:

Infection: (1 - 2%, or 1 - 2 in 100) which can be extremely serious e.g. MRSA (Methicillin Resistant Staphylococcus Aureus). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics but on occasion an operation to washout the wound or joint may be necessary. In some cases the implants may be removed

and replaced at a later date.

Blood clots - DVT (deep vein thrombosis) is a blood clot in a vein. A DVT can happen because of the body's response to the surgery and because you are less mobile. The risk is greater after surgery and especially after bone surgery.

DVTs are common for this type of operation (2 - 5% or 2 - 5 in 100) . The National Institute of Clinical Excellence (NICE) quote an average of about 44% without any preventative treatments being used.

Usually your leg would become swollen, red, hot and painful. If a part of this clot breaks off it is called an embolus. This embolus can travel through blood vessels of the body and lodge in different places.

If an embolus travels to the lungs it can cause a pulmonary embolism (also known as a PE). This would cause chest pain, shortness of breath and a cough. The risk of this is less than 1% or 1 in 100.

Foot pumps will be provided. These are Velcro boots which inflate periodically around your feet to help with your circulation. Most patients will be given daily injections into their tummy for 5 weeks which helps to prevent the clots from forming. You will be shown how to do this as you will need to continue them after you go home.

Stroke or CVA (cerebral vascular accident). This risk is 1%, or 1 in 100.

Getting out of these increases the risk of dislocation because you have to bend your hip more than 90°. Remember not to cross your legs or feet.

Your toilet

A standard toilet is often too low to use safely. The occupational therapist will arrange for a suitable toilet raise (with arms if required), to be delivered to your home.

Use the same method for sitting on the toilet as for sitting in a chair.

Washing yourself

You may find it easier to sit at your sink at first, using a high chair (e.g. a dining chair with arms, or a plastic moulded garden chair).

Do not bend down to wash your feet. Ask a friend or relative to give you a bowl to soak your feet. If you live alone, the occupational therapist will advise on suitable gadgets that will help you with washing.

Using the bath or shower

A shower cubicle can be used if you are steady on your feet and if the tray is not too high. It is a good idea to have someone near when using this at first.

You are advised not to bath or use a shower over the bath for 6 weeks to reduce the risk of dislocating your hip.

It is important to have a slip-resistant mat in your bath or shower.

taking pain killers,

- you have a red, hot, painful and swollen leg particularly around the wound or in your lower leg, contact your GP or the ward immediately.

Everyday activities

Getting in and out of bed

This is the same as 'after your operation' (see page 19).

If your bed is too low, the occupational therapist may organise for it to be raised.

Sleeping position

It is safer to sleep on your back, or, after 6 weeks, on your operated side.

If sleeping on your side, put a couple of pillows between your legs to stop them crossing.

Your chair and sitting

A high, firm chair with arms is the easiest to use.

The occupational therapist will advise on raising the height of a suitable chair if necessary.

The procedure for sitting down and standing up is the same as 'after your operation' (see page 20).

Do not sit in low, soft chairs that slope backwards, for example a sofa, deck chair or sun lounger.

Heart attack or MI (myocardial infarction). The risk for this is 1%, or 1 in 100.

All of the above can be fatal and result in death. Risk of death from a total hip replacement varies from 1 in 1000 for elective (booked) patient to 1 in 200 when patients have surgery for a broken hip. These risks increase with age and depend on current medical health. The mortality rate at this unit is below the national average according to the National Joint Register (NJR) results. This information is online at www.njrsurgeonhospitalprofile.org.uk.

To avoid all of these from happening you are strongly advised to do the exercises on page 24. When you are able to walk without help you are strongly advised to go for short frequent walks.

If you are having both hips replaced at the same time, the general risks are increased. This is because two operations are being done one after the other so the anaesthetic time is greater. Otherwise, the specific risks are the same for each hip.

If you have any health problems such as angina, diabetes or respiratory problems, your risk of developing complications will be increased.

Every effort by staff is made to keep the surgical risks to a minimum.

Planning for your operation

Health

You need to be as healthy as possible for major surgery to aid a quick recovery. You can improve your general health by:

- trying to give up smoking completely as smoking delays wound healing.
- cutting down on the amount of alcohol you consume. Please let us know if you have a problem or, if you need some help achieving this, speak to your GP.
- eating a well balanced diet. This will help to improve your skin condition and help wound healing. It will also help to prevent constipation.
- maintaining the correct weight for your height.
- making sure your skin is unbroken and free from sores and open areas. This will reduce the possibility of infection both before your operation and after. An infection anywhere in your body will stop you from having your operation.
- visiting your chiropodist before you come into hospital if your toenails need treating or if you have any other foot problems.
- making sure your teeth are in good condition. A tooth infection could cause bacteria to enter your blood stream and infect your new hip joint.

Turn with your back to the seat and place your bottom into the car first.

Slide your bottom backward towards the driver's seat. Two plastic bags on the seat can make movement easier. Remember to remove the plastic bags before your journey starts as it would be dangerous to travel with them left in place.

Bring your legs into the car slowly. Be careful not to twist your body or cross your legs.

To get out of the car, just do the same but in reverse.

Living with your new hip at home

Everyone is different so you will progress at your own pace. Do not compare yourself with other people who have had the same operation as each person recovers differently. Treat your new hip with respect for the first three months or so and it should serve you well in the years to come.

You may, for a few weeks, experience bruising, swelling, aching and discomfort throughout your leg or generally as your body adjusts to your new hip. This is to be expected and should gradually improve.

If, however, you experience any of the following

- sudden severe pain in your leg,
- you can't put your weight on your leg,
- you have pain that does not get better even after

Going home

Recovery times differ from person to person. When everyone in the team is happy for you to go home your nurse will discharge you. You will be given a copy of your discharge summary and a letter for your practice nurse explaining when you need to have your dressing changed and clips removed. You need to phone your GP surgery and arrange for this to be done. You will also be given a supply of any tablets you might need at home.

The team will aim for you to go home 2 days after your operation. You can ring the ward at any time for advice.

The Unit aims to discharge you before 11am. If this is inconvenient however, you will be asked to wait in the Discharge Lounge until your family can come to collect you.

You will be able to go home in a friend or relative's car. You will not need an ambulance.

Getting in and out of a car as a passenger

Get into the car from a drive or road. If you have a high vehicle then use the pavement.

It is best to travel in the front passenger seat as this can usually be easily adjusted.

Ask for the seat to be pushed back as far as it will go on its runners and for the seat back to be reclined slightly.

If you find that the seat is too low, use a cushion.

- walking and exercising within the limit of your pain.
- practising the hip exercises shown later in this booklet (page 24).

Home and help

It is important that you plan now for after your operation.

Things you need to do and think about:

- complete your therapy form and send it back to us now. An occupational therapist can then contact you.
- think about someone staying with you or you staying with someone when you go home from hospital, which will be 2-5 days after your operation.
- think about help with the housework and shopping.
- think about help with personal hygiene, as you may not be able to bath or shower for some time.
- read the kitchen section (page 14) and plan accordingly.
- if your stairs are difficult, arrange for a bed to be brought down for the first few weeks. This needs to be arranged before you come into hospital. You may also need a commode if your only toilet is upstairs.
- you may need help to look after your pets.

- think about having a phone by your bed. It is also a good idea to have a cordless phone that you can carry in your pocket especially if you live alone.

Kitchen

It is helpful to have meals prepared for you for the first few weeks.

When you go home with crutches or walking sticks you will be unable to carry meals from room to room.

Plan for when you leave hospital in the following ways:

- stock your freezer with convenience foods. A microwave is useful for re-heating meals.
- make sure everyday kitchen items are within easy reach. It might be helpful to rearrange your cupboards.
- if there is room in your kitchen, have a table and high seat near the work surface.
- an apron with a large pocket is useful for carrying small items such as a book or phone.

If you anticipate problems, discuss these with the occupational therapist.

We advise you to:

- remove loose rugs, trailing electrical flex or any other things that could cause you to trip, slip or fall.
- improve poor lighting to avoid these hazards.

Stairs

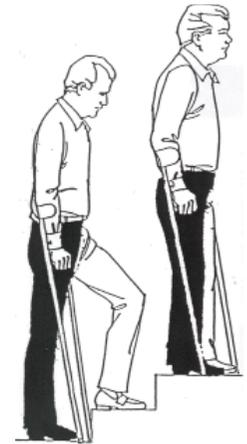
You will practise going up and down stairs with a physiotherapist before you go home.

To go up:

Start with both feet together at the bottom of the step(s).

The stick or crutches move with the operated leg.

Put your un-operated leg on to the first step, followed by your operated leg.



Then bring your crutches up on to the same step.

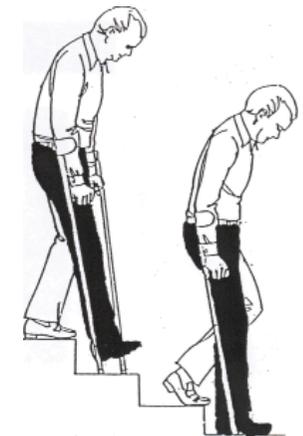
Repeat for each step.

To go down:

Put your crutches down one step, followed by your operated leg.

Then bring your un-operated leg down to the same step.

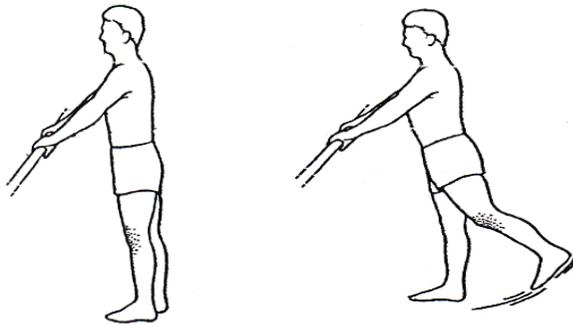
Repeat for each step.



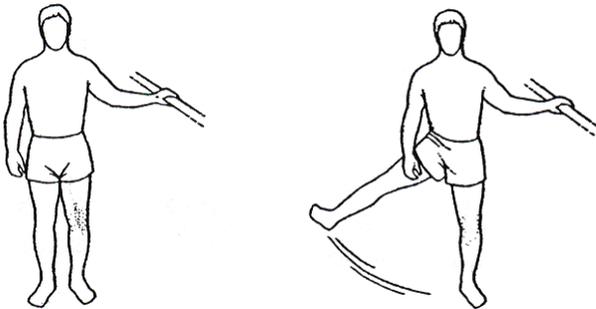
Standing exercise 2

Whilst standing and holding on to a firm support, keep your back straight and take your leg backwards.

Repeat 10 times.



Standing exercise 3



Whilst standing and holding on to a firm support, keep your upper body still and take your leg out to the side. Repeat 10 times.

If you have any concerns phone the ward or the therapy team.

- think about how you will get around your home with crutches or sticks.

If you or your partner/carer feel that you will need extra help at home after you leave hospital, then this can be arranged in certain circumstances, by the therapy and nursing teams. Try to arrange help at home before you come into hospital as you will only be in for a few days.

Before your hospital stay

After you and your surgeon have decided that you need an operation, you will be asked to attend a Pre-operative Assessment Clinic (POAC). You will have several tests.

These include:

- blood tests
- ECG (heart trace)
- urine specimen
- MRSA (Methicillin Resistant Staphylococcus Aureus) swabs. If this is positive, your operation will be postponed until you have been successfully treated.

These tests will give the staff information about you. You will see a nurse and/or a doctor who will make sure you are fit for surgery. This appointment will also be another opportunity for you to discuss the operation and all that is involved and to ask any questions. If for any reason you are not fit for surgery your operation will be postponed until you have received treatment.

Joint school

You will be invited to attend joint school. This is an hour-long education session which will help you prepare for your hip replacement and get to meet some of the team.

Coming into hospital

Things you need to know:

- do not bring any towels or face cloths in with you. They will be provided for you by the hospital. This is to help prevent infection.
- bring sensible slippers with proper non-slip soles (not flip-flops, backless or fluffy mules!).
- bring in all the tablets you are currently taking and a list of when and how many you take.
- make sure you have read your admission letter so that you come to the right place on the right day and at the right time.
- leave jewellery and large amounts of money at home.

The operation

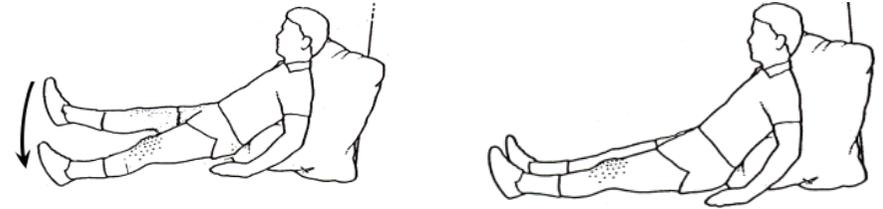
You will be told when to stop eating and drinking.

You will see an anaesthetist and the surgeon before you go to theatre. The leg that is being operated on will be marked with a marker pen.

The operation can take between 1 and 2 hours. It can be done by general anaesthetic (you will be asleep) or

Board exercise 2

Start in the same position as exercise 1.



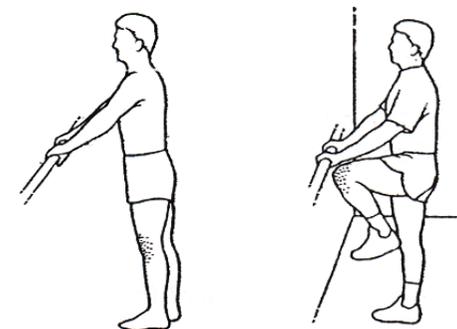
Slide your operated leg out to the side. Keep your kneecaps and toes pointing to ceiling.

Be careful not to cross the mid-line of your body when you bring the leg back to its starting position.

Your physiotherapist will remind you of these exercises after your operation.

Standing exercises

Standing exercise 1



Whilst standing and holding on to a firm support, bend your hip and knee up to 90°.

Repeat 10 times.

This will make sure you get a good exchange of air in the bottom pockets of your lungs. It will help to prevent you from developing a chest infection.

Day 1 onwards board exercises

You will start exercises to regain strength and movement in your hip. Practice these exercises before you come in for your operation. If you find a movement particularly difficult, inform your Physiotherapist.

The Physiotherapist will review the exercises with you when you are in hospital. It is your responsibility to complete the exercises 3-4 times a day, repeating each exercise 10 times.

If you are doing well, you may not require ongoing Physiotherapy. Your Physiotherapist will discuss any referrals with you prior to your discharge. It is your responsibility to continue your exercises independently when you are at home.

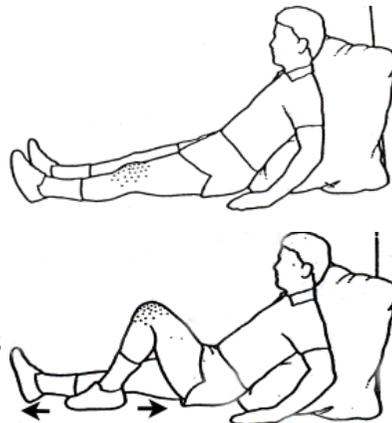
Board exercise 1

Lie fairly flat.

Bend your operated leg at the knee and hip by sliding heel towards your bottom.

Slide your heel away until leg is fully straight.

Don't let your leg roll outwards when you are bending or straightening it.



spinal anaesthetic (this gives you no feeling in your legs temporarily).

You can have sedation with a spinal anaesthetic so that you will not be aware of the operation. There are separate leaflets about anaesthetics, which are available on request.

You may be given extra fluids through an intravenous (IV) drip during the operation and afterwards back on the ward. The drip will be removed when you no longer need it.

After your operation

You may have a soft plastic tube called a drain in the operated area. This is used to drain blood away from your hip. It will be removed as soon as possible; this can be momentarily uncomfortable. If a suitable amount of drained it can be given back to you.

You may need a blood transfusion due to blood loss during the operation.

There may be a tube (called a catheter) draining urine from your bladder into a bag. It is used to make you feel more comfortable. It will be removed as soon as you are mobile enough to use the toilet or commode. It can be momentarily uncomfortable when it is removed.

Your consent to this and all the above is 'assumed' unless you specifically object – in which case please discuss this with your surgeon before the operation.

Wound sites

Your wound will be either on the side of your hip (lateral approach) or slightly behind on your buttock (posterior approach). Your surgeon will discuss this with you.



The area around your hip will feel sore in the days after the operation because the muscles have been cut. The nursing staff will give you pain relieving medicine. It is quite common for the operated leg to become bruised and swollen and this will gradually go down. Any remaining pain or swelling should go away over a few weeks. If you are concerned about this after you are discharged from hospital, please contact your GP.

Food and drink

After your operation you should be able to eat and drink normally. You may feel a little sick. The nurses can give you medication to help with this. It is important to drink plenty of fluids, this will help with your circulation and kidney function.

Hip X-ray

Before you go home you will have a X-ray to check your hip.

Exercises

Circulation and breathing exercises

It is a good idea to start practising the exercises now, before your operation. These exercises are to help your circulation and breathing. Do the first 3 exercises 10 times each and every hour, or whenever you are awake.

Ankles

Paddle your feet up and down and circle them round and round.

Knees

Brace your knees back so that you can feel the muscle tighten on the front of the thigh.

Hold for a count of 3 and then gently relax.

Your knee caps should move slightly.

Bottom

Clench your buttock muscles together and hold for a count of 3 before relaxing.

Breathing

Place your hands on the sides of your rib cage. Take a deep breath and feel your ribs being pushed out to the side as you expand your lungs.

Do this 3 or 4 times every hour.

Walking



A member of staff will help you to walk either on the day of your operation or the 1st day after your operation. It is important that you get out of bed and start walking as soon as possible after your operation. This will also help to prevent a chest infection or a blood clot.

You will usually need to use a walking frame at first before progressing on to crutches or sticks. The pattern of walking is the same, whichever walking aid you use:

- walking aid placed forwards
- operated leg forward
- un-operated leg follows.

Protecting your new hip

The stability of your new hip depends on the type of the hip replacement and the strength of the muscles around your hip. Your muscles will feel very weak at first and there is an increased risk of dislocating the hip joint during the first few weeks after your operation. To keep this risk at a minimum there are certain movements that you should avoid for at least 6 weeks.

All precautions such as high chairs or raised toilet seats can be stopped after 6 weeks.

- Don't bend your hip beyond a right angle.



- Don't let your operated leg cross the mid line of your body, don't cross your legs.
- Don't twist on your operated leg.



You should never squat down or sit in low sofas or chairs from which you would struggle to get up again.



When turning, always lift each foot alternately as if marching on the spot.

Getting in and out of bed

The first time you do this a member of staff will help you. There will be discomfort and swelling when you get up. Starting to move around will help ease pain and stiffness.

Getting into bed

Reverse up to the bed until you feel it against the back of your legs.

Reach back to the bed with your arms and sit down slowly, sliding your operated leg forwards as you sit down.

Sitting on the bed, move yourself straight back using your arms until your lower legs are supported on the mattress.

Gently ease yourself round, keeping your body as straight as possible, until you are comfortable.

Getting out of bed

Use the above method but in reverse order.

If you feel faint or giddy, before standing up, sit for a few minutes on the edge of the bed until your head clears.

Washing and dressing

There will be nursing staff to help you until you are able to wash and dress yourself. Wearing everyday clothes on the ward will make it easier for you when you get home.

The occupational therapists can advise you on aids that can help with washing and dressing.

Bowels

Constipation can be a problem because you are not as mobile as usual. Also your diet may be different and the medication you are taking may affect your bowels. Try to drink plenty of water and eat a high fibre diet. The nurses can give you tablets or a suppository if you are constipated.

Sitting in a chair

Reverse up to the chair until you feel it against the back of your legs.

Reach back to the chair with your arms and sit down slowly.

Taking your operated leg forwards as you sit down can be more comfortable.

To stand up from the chair:

Slide your bottom forwards towards the edge of the seat.

Push up with your arms and your un-operated leg and stand up.

Remember not to cross your legs or feet while sitting.