

Patient information

Hip Replacement Surgery Before, During and After Guide

Trauma and Orthopaedics Speciality

Contents	Page
Ward Mission Statement	1
Your Recovery	2
About hip replacement	2 - 3
Benefits and risks of having a hip replacement	3 - 5
About your anaesthetic	5
Getting ready for your admission	5 - 6
Hip Precautions	7 - 8
Getting ready for your operation	8 - 10
On admission to hospital	10 - 11
Back on the ward	11 - 12
The days after your operation	12 - 14
Getting in and out of bed	14 - 15
Practical Advice	16
Sitting and standing	17
Walking up and down stairs	18 - 19
Getting in and out of a car and driving	20
After discharge from the ward	21 - 22
Exercises	23 - 26
Contacts	27 - 28

This booklet has been written by the Orthopaedic and Therapies Staff at Liverpool University Hospitals NHS Foundation Trust. It has been designed to guide you and your family and friends through the process of having a hip replacement and your rehabilitation afterwards.

Remember, each person is an individual and particular instructions and details may vary from one person to another.

Ward 2 Mission Statement

Safely discharging all joint replacement patient's day after surgery
We aim to discharge all patients on the day of their operation or the day after.

You will be expected to be get up to walk on the day of your surgery.

An Xray will be taken following your surgery.

Pain is to be expected: you will be given painkillers to manage your pain.

Please bring your own comfy clothing (gym or loose clothing) no nightwear during the day

You will be required to arrange your own transport home.

Receiving this information now will allow you to make the appropriate arrangements.

Your wound will be managed in our wound clinic, you can contact us 7 days a week
7.30am to 8pm for advice.

We look forward to meeting you on day of your surgery

If you would like to visit the ward before to your admission, please contact ward manager
on 01512826124.

Your rehabilitation will be aimed at your individual needs.

Your Recovery

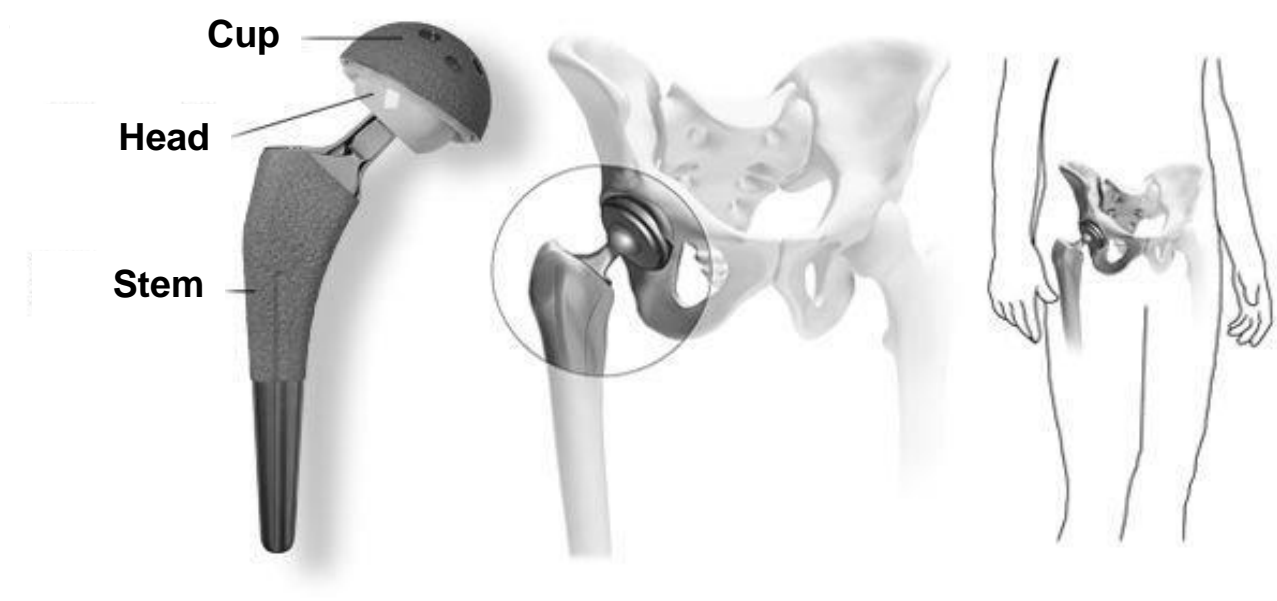
Our aim is to promote health and a 'return to feeling well' as quickly as possible after surgery.

Evidence and research tells us that recovery after hip replacement is best when we offer:

- Good advice and information before the surgery.
- Good pain control and nausea control after surgery.
- Early feeding after surgery.
- Early movement after surgery.

This speeds up recovery and reduces the possibility of complications. We ask patients to work together with the orthopaedic team to achieve this.

Total hip replacement



What is a Hip Replacement (also called Arthroplasty)?

A hip replacement is an operation for arthritis of the hip. The hip joint is known as a ball and socket joint. The ball shape is at the top of the thigh bone (femur) and the cup shaped socket is in the pelvic bone.

Arthritis damages the joint surfaces causing stiffness and pain. During a hip replacement operation the surgeon removes the damaged surface of the cup and ball replacing them with an artificial joint made up of two parts (called prostheses). This may be made of metal, plastic or ceramic materials.

The parts of the new hip joint may be cemented into place, or be cement less, or a combination of the two (known as 'hybrid').

How long will a hip replacement last?

Hip replacement manufacturers, orthopaedic surgeons and scientists continually strive to improve the durability of these devices. Most modern hip replacements can last 25 years, some last longer.

What are the benefits of having a hip replacement?

The aim of the operation is to reduce hip pain. The majority of people also experience improvement in activity levels. Most people find that they are able to walk with little or no pain and are able to carry out most of their daily jobs and activities. Many people return to exercise following hip replacement, such as golf, cycling, gym workouts, dancing and swimming.

What are the risks of having a total hip replacement?

Most people recover from a hip replacement without any major problems, but with all major operations there are some risks involved. The risk of death or serious complications does increase if you have other conditions such as heart disease, lung disease and diabetes.

When you sign your operation consent form, it means that you are aware of the possible complications and of how that might affect your future health.

These include:

1. Deep vein thrombosis (DVT)

Blood clots can form in the veins of the legs. We take measures to try and prevent this including blood thinning medications, (Compression stocking) removed and staying mobile as much as possible.

If blood clots do occur they are usually treated with blood-thinning medicines which may be a combination of tablets and injections. Patients usually fully recover, but occasionally patients are left with persistent leg swelling and discomfort.

2. Pulmonary embolus (PE)

If you develop a blood clot in the leg, part of it can break off and travel through the bloodstream to the lungs. This is called a pulmonary embolus and can result in sudden death. Most patients however, who develop this condition do survive after emergency treatment.

3. Death

The risk of death is about 1 in every 400 people who have joint replacements. This is generally due to pulmonary embolus (PE) or anaesthetic complications. If you are worried about any of these risks, please speak to your consultant or a member of the team.

4. Infection

Infections after hip replacements are of two types. The first is a wound infection which can happen in around 15 in 100 cases. If this happens, the wound becomes painful and inflamed after surgery. It is usually treated with antibiotics. Occasionally an operation to clear the infection is needed.

Secondly, a deep infection can develop. This happens in less than 1 in 100 people. Deep infection may require further surgery to take out the new hip and clear the infection. A second joint replacement is then required, known as a revision surgery. Revision surgery is more difficult than the original operation and has a higher complication rate. For some patients it may not be possible to revise the hip joint in which case a different operation is performed. This is known as a Girdlestone procedure. When a Girdlestone procedure has been performed, patients are left with a shortened leg on the operated side and are likely to need a raised shoe permanently.

It should be noted that both types of infection are more common in patients who are overweight or obese and in those with diabetes and general skin conditions such as psoriasis.

Avoid shaving your leg or groin area as any cuts or scratches may result in your operation being cancelled to avoid the risk of infection.

Take care not to get any grazes, scratches or insect bites on your legs. Most bacteria that cause infections are those which live on normal skin. Hospital super bugs such as MRSA very rarely infect hip replacements.

Infection can spread from **dental infections**. If possible dental procedures should not be done within 6 months of a joint replacement. Antibiotics are recommended for dental procedures within 1 year of your joint replacement or if your immune system is not working as well as it should. This might be due to other disease or treatment such as chemotherapy. **You should bring this to the attention of your dentist.**

5. Nerve and blood vessel damage

The nerves supplying the leg can be damaged resulting in weakness and loss of feeling in the leg. Damage to the main artery to the leg needs emergency surgery at the time of the hip replacement. Damage to nerves and arteries are fortunately very rare and happen in less than 1 in 100 cases.

6. Dislocation

Dislocation of the new hip happens in up to 2 in 100 cases, when the ball and socket come apart from each other. The ball then needs repositioning under general anaesthetic. In most cases this problem happens within a short time of the surgery when complete healing has not taken place. After the hip is put back in place, for the majority of people there is no further problem. Occasionally, dislocation can keep occurring and further treatment is needed.

7. Limb length discrepancy

Occasionally, after surgery, the legs are not the same length. It may be slightly longer or shorter. This does not usually result in any major problems. However, occasionally a shoe raise may be needed, which will be arranged for you by the hospital.

8. Limping

Limping after surgery is common. It can take up to a year to fully recover from the operation. Some people may continue to limp.

9. Fractures of the bone

Occasionally fractures of the bone may occur when putting in the new hip. This may result in a slightly delayed rehabilitation.

Are there any alternative treatments available?

The only alternative to surgery would be to continue to manage your symptoms with appropriate analgesia (pain relief) and advice from therapy staff.

About Your Anaesthetic

You will be having either a spinal anaesthetic (in combination with sedation) or a general anaesthetic (GA) for the operation.

For more information, please ask for a copy of the leaflet 'Anaesthetic choices for hip and knee replacement' (PIF762)

You will have the opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

What can I do to prepare for my hip replacement?

1. Be positive about your operation and its success.

Once you have had a hip replacement you should be able to return to most normal activities including walking, swimming, dancing, bowling, cycling and golf.

Running, jumping, jogging, contact sports or other high impact activities are not advisable because those activities will increase wear and possibly loosen implants, resulting in the need for further surgery.

After hip surgery it is important to maintaining physical activity and fitness to achieve the best outcome. Full recovery, for the typical patient, will take up to 12 months and will include home-based exercises. Working with your family, friends or carers and maintaining a positive attitude is beneficial. Remember to let people know when you are ready to do more for yourself.

2. Eating

If you are overweight, you will find it very helpful to lose some weight before your operation. In occasional cases this makes the operation unnecessary. Any weight reduction will help to improve your mobility after the operation. If you would like some help with losing weight, please ask your own GP (family doctor).

3. Smoking

You should try to stop smoking before the operation, for many reasons:

- Operations may be delayed or cancelled because of the impact of smoking on the body.
- Smokers can be more difficult to anaesthetise than non-smokers.
- Non-Smokers usually need less time in hospital to recover after the operation, and are less likely to develop problems such as a chest infection.
- Smokers' wounds can take longer to heal.
- Smokers are more likely to develop dangerous blood clots after surgery.

For help with stopping smoking please contact:

Liverpool Residents – Smokefree Liverpool

Tel: 0800 061 4212

Sefton Residents – Smokefree Sefton

Tel: 0300 100 1000

4. Alcohol

There is no reason why social drinking should be stopped before surgery. It is recommended that you limit your intake to 14 units per week for men and women. If you usually drink more than 14 units per week, please talk to your GP and get some advice on how to safely reduce your alcohol intake.

One unit = One pub measure of spirit or wine or half a pint of beer.

5. Health

If we were to operate on you when you had an infection, e.g. an ulcer or a bad tooth, the infection could enter the joint and cause problems.

It is very important that you have such infections treated straightaway - make an appointment to see your GP or dentist.

6. Exercise

We recommend a low-impact exercise plan that will strengthen your hip without creating further damage. Improving your physical fitness before surgery can help your recovery.

7. Things to consider/arrange before your admission.

Planning for your needs for after the operation will make life a lot easier for you on your return home.

You may find it helpful to think a little about those items you use a lot during the day and where they are kept e.g. clothes/crockery/tea/coffee etc. If they are in low cupboards/drawers it may be a good idea to make them easier to get to.

At first you will not be able to carry out many of your everyday domestic tasks e.g. shopping, housework, laundry. It is also not advisable to carry items when using walking aids. It is, therefore, very important that you think about and organise any help that you need from family and friends.

If you are worried about how you will manage at home following your operation, inform the therapist during your pre-admission assessment or tell the ward staff on your admission.

If you need extra support to return home safely, we will help you organize this. You may be expected to pay for your care in the community depending upon your financial situation.

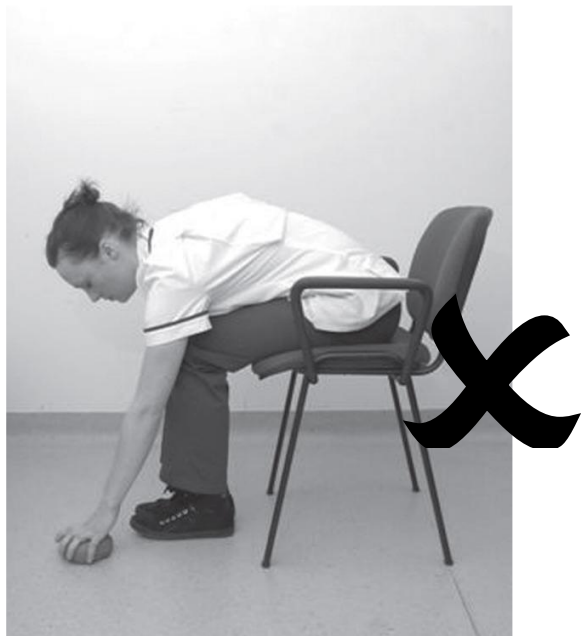
You will be expected to arrange your own transport for getting home from hospital. So it will be helpful to arrange with your relatives or friends who can pick you up in a car or taxi.

Precautions following your hip replacement.

There are three basic movements, which must be avoided for 6 weeks to limit the risk of dislocating your new hip.

A: Do not bend your hip further than 90° (an “L” shape) or bend your body forwards more than 90° See photos below.

This means do not bend down to touch below either knee or bring your operated leg up towards your body. For example, bending down to put your socks on or sitting on low furniture.



B: Do not cross your legs

Imagine you have a line down the middle of your body, do not bring your operated leg over this line.



C: Do not twist on your operated leg

Avoid twisting your operated leg inwards in sitting or standing.



There is more information later in this booklet to show you how to manage at home with these precautions. At your follow-up clinic appointment your consultant's team will review you and advise if you need to continue with the precautions. In certain cases, some movements have to be avoided for the rest of your life.

Other long-term advice

If you develop a chest infection for more than three days, develop a kidney or water infection (urinary tract), a skin infection or have any dental root treatment we advise early antibiotic treatment so please contact your GP as soon as possible.

Getting Ready for Your Operation

Pre- operative clinic

Before your admission for your operation, you will attend the preoperative assessment clinic at Broadgreen Hospital to ensure that you are fit for surgery and anaesthetic. At the clinic a qualified nurse will check for your general medical fitness, measure your blood pressure, pulse, weight and height. In addition, you may be sent for blood tests, ECG (heart tracing) and a specimen of urine will be collected to ensure that you do not have a urinary infection.

Up to date X-rays of your hip and chest will also be ordered if necessary. If, following the assessment anything is found that would prevent you from having surgery, the nurse who carried out your assessment will contact you and advise you on the next course of action and a referral letter will be sent to your GP.

If for any reason you are unable to attend for your pre-operative assessment appointment, you can call the office on the number provided at the end of this booklet. Failure to do so may result in your operation being cancelled.

The NHS is asking patients about their health and quality of life before surgery and about their health and how effective the operation was afterwards. All patients having a hip

replacement are invited to complete questionnaires. The first questionnaire will be given to you either on the day you are listed for surgery or at the Pre-operative assessment clinic. A second questionnaire will be posted to you six months after surgery. Further questionnaires may follow in the years after your surgery.

You will also be asked if your surgery details can be recorded on the National Joint Registry (NJR). This is a national registry of all medical implants. Paragraph removed not needed

Pre-admission Therapy clinic

You will be sent an appointment to attend a pre-admission therapy clinic. **When you attend for your pre-admission assessment, please bring your completed furniture measurement form.**

The therapists will carry out an initial assessment, which will last approximately one hour. This will include a physical assessment of your hip and advice with regards to your postoperative rehabilitation and exercises.

The therapist will also advise you on the correct height of your furniture. This is to make sure you do not bend your hip more than 90° while sitting. If necessary the therapist may raise your own furniture with suitable adaptations.

The therapist will also show and practice techniques, for example, getting on and off the bed and kitchen tasks. The therapist will offer advice/education in relation to your individual needs, in order to follow the precautions already explained on page 8.

They will ask you about your home environment, and any support you may have. They may arrange for equipment to be delivered to your home before your admission.

They will also answer any other questions relating to how you will manage after your operation.

The therapist will give you your dressing equipment to take home and recommend you practice using it before your surgery (e.g. a grabber). If for any reason you are unable to attend for your pre-admission therapy clinic appointment, please contact the therapy office on the number provided on the appointment letter.

Please bring your dressing equipment into hospital with you when you come in for your surgery.

Therapy staff will show you how to use crutches and how to safely go up and down stairs following your operation.

All other assessments will be carried out on the ward after your operation.

Most people go home on the day of surgery or the day after.

What do I need to bring into hospital with me?

It is helpful to pack your bag before the day you are admitted. There is very little storage space available and staff need to move freely around your bed. Please keep your personal possessions to the minimum.

You should bring with you:

Day clothing – comfortable loose clothing that can allow access to your operation wound. We encourage patients to get dressed in normal clothes as soon as possible after their operation.

- Nightclothes and a loose-fitting dressing gown.
- Underwear.
- Supportive flat slippers and shoes.
- Any dressing aids that you have been given in preparation for surgery.
- Toiletries e.g. Soap, flannels/sponge, make up and hand mirror.
- Shaving equipment - please bring an adapter if electric razor.
- Comb or hairbrush.
- Toothpaste and toothbrush or denture tablets and pot.
- Towels, large and small.
- This booklet.
- Any walking aids which you currently use or have been given e.g. elbow crutches.

All medication you are taking including inhalers and anything bought from a chemist or health food shops.

You will be asked to remove jewellery - plain band rings can be worn but they will be taped.

- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.

We advise you to bring into hospital only enough money to buy things you need while you are here e.g. newspapers, TV/phone card, toiletries etc.

If you need to bring any valuables into hospital, these can be sent to General Office for safe keeping. General Office is open between 08.30-4.30 Monday to Friday. If you are discharged outside these times, we cannot return your property until General Office is open.

The Trust does not accept responsibility for items not handed in for safekeeping.

On Admission to Hospital

Shower

Patients should shower at home before admission, which is usually on the day of surgery. On the day you are admitted (usually on the day of surgery) you will be seen by the various members of the team who will be caring for you before surgery, during the operation and afterwards.

Nursing Staff

On admission, you will be introduced to the nurse who will be looking after you. They will check that there have been no changes in your circumstances since your pre-admission clinic visit and discuss with you the support you may need after discharge home. The nursing staff will discuss any fears or concerns you may have about any aspect of your care.

Surgeon

A member of the team who will be performing the surgery will see you. They will examine you and arrange for any further blood tests, X-rays etc. to be done to ensure that you are fit for the Operation. If you require any medical treatment to get you fit for surgery, this will be arranged. Consent for the operation should already have been taken in clinic. However, if for some reason, this was not done you will be consented on the morning of your surgery. A member of the surgical team will mark your leg for the operation.

Anaesthetist

The Anaesthetist will see you on the ward before surgery to discuss with you the type of anaesthetic and pain relief available, after your operation. We aim to always keep you comfortable.

Preparing to go to the operating theatre.

Before your operation you will be asked put on a theatre gown and disposable underwear. You will be asked to remove jewellery - plain rings can be worn but they will be taped. False nails and nail polish will also need to be removed.

If you are on regular medication, you will have been informed in your pre-operative assessment what you need to take on the day of your surgery. A bracelet with your personal details will be attached to your wrist.

When the surgeon is ready, a porter will walk with you to theatre. If you are unable to walk a wheelchair will be provided. Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre. When you arrive in theatre, a theatre nurse will check your details with you and you will be taken to the anaesthetic room.

The operation

The operation is performed in a very special ultra clean operating theatre to reduce the chance of infection getting into your new joint. Metal staples, or glue, are used to fasten the wound and dressings applied to the hip.

The operation itself takes between one to two hours. After this, you may spend at least an hour in a recovery area until the early effects of the anaesthetic wear off and it is safe for you to return to the ward. You should expect to be away from the ward for at least three hours.

Recovery

When you wake up in the recovery area you will have an oxygen mask on your face, a drip in your arm and a dressing on your hip. Removal of xray sentence A nurse will check your pulse, blood pressure and breathing rate regularly.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people feel sick. If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer a tablet or injection to help this feeling go away. After you have recovered from the anaesthetic a nurse will escort you back to the ward.

Back on the Ward

Pain Management

We aim to keep you comfortable at all times. At first, painkillers will usually be given through a drip. You may feel a little nauseous as a side effect of the painkiller. Please let us know if you are and we shall arrange to give you something to help. After 24 hours you will then be given tablets sufficient for pain relief.

Please remember it is important that you are comfortable enough to relax, sleep and move freely. Nursing staff will offer you painkillers regularly but please tell them if you are uncomfortable. The use of painkillers will help you to tolerate your postoperative exercises and help you to be able to walk around after your operation.

We are constantly reviewing our pain relief procedures and therefore this may be different at the time of your admission. However, we will always strive to ensure your pain is controlled and you are comfortable.

Intravenous Infusion (Drips)

Drugs and fluids are given by this route. Occasionally a blood transfusion may be in progress. This may restrict the movement of your arm. The drip will be removed after 24 hours. The drip may feel uncomfortable at times, but it should not be painful. If it is painful please tell your nurse.

Wound

Your wound will be covered with a dressing which will not be removed unless there is a reason for this. Changing dressings less often can lower the risk of infection. Before you are sent home you will be given an appointment to come to the Broadgreen dressing clinic. This appointment is usually 14 days after your operation. Staples or stitches can be removed at this appointment. This is not usually painful, but some patients report discomfort.

It is really important that any signs of infection in your wound are treated early and effectively. You will be given a leaflet PIF 1411 'Monitoring surgical wounds for infection' to help guide you. See end of booklet for "wound problems" contact details.

Drinking and eating

You should be able to drink and eat as you feel able but it is advisable to take only small drinks and light meals at first.

Visiting

Your family will be able to visit on the evening of your recovery but ask them to phone the ward first.

Prevention of blood clots

You will be given medication by a small daily injection to reduce the chance of blood clots forming. The injections will continue after discharge from the ward and you or your carers will be shown how to administer this. You may be given stockings to wear to help the blood flow at a good rate. Deep breathing and circulation exercises should be started as soon as possible to prevent complication such as blood clots and chest infection. See Exercises (pages 25).

The days after your operation

Eating and Drinking

The day after your operation you can start eating and drinking normally. You choose meals from the hospital menu. Patients who require any special diets should tell nursing staff.

Toileting

For the first few hours after your operation, you may need to stay in bed and use bedpans/urinals. Please do not be afraid or embarrassed by this. Staff will tell you when you may start to use the commode/toilet. Due to your reduced activity, you are more at risk of constipation over the next 12 weeks. The best cure, as ever, is prevention.

You can help yourself to prevent constipation:

- Drink regular glasses of fluid in addition to hot drinks offered.
- Eat food with plenty of vegetables and choose high fibre cereals for breakfast.
- If you feel uncomfortable or if you go more than two days without having your bowels moved, let the nursing staff know. They can arrange to have a stool softener or laxatives prescribed for you which you can take home.

Nursing after your operation:

Throughout your stay in hospital the nurse will:

- Carry out routine observations.
- Monitor pain relief and medication.
- Carry out wound care if necessary.

On your day of discharge the nurse will check you have the following:

- Arranged for someone to collect you from hospital.
- Outpatient clinic appointment to see your consultant.

- Medication to take home possibly including blood thinning injections and sharps box which you will need to dispose of your injection syringes safely.
- Medical certificate (fit note) if needed.
- The dressing clinic appointment and wound leaflet (PIF 1411)
- A spare pair of stockings if applicable.
- A discharge summary (A copy of this will also be sent to your GP).

Removal of Physiotherapist for Therapist

On the day of your operation or on the following morning the therapist will visit you to remind you about your breathing, circulation and strengthening exercises to help you to regain mobility in your hip. The exercises are explained below. If you can practice these exercises before you come in for your surgery, it should help to aid your recovery after your operation.

The therapy team will teach you the best way to get out of bed and will also help you to start walking. The first time you walk you will probably be on a walking frame and most patients quickly progress onto their crutches. If you have stairs at home, the physiotherapist will check that you can go up and down safely before you go home (see page 19).

Removal of physiotherapist for Therapist

The therapist will also check that your circumstances at home have not changed since your assessment within pre-admission therapy clinic and that any equipment that was identified as essential for discharge has been delivered.

The therapist will ensure you are managing with all of your activities of daily living prior to discharge home from the ward and following your Hip Precautions (see pages 7-8).

Practical therapy advice:

Getting in and out of bed:

Remember not to twist your leg or bring your operated leg across the middle of your body. You will have been advised on which side of the bed and the technique to use to get in and out of bed in pre-admission clinic. The therapist will remind you of this on the ward.

Getting out of bed:



From lying, use your arms to push yourself up to sitting making sure you don't bend past 90 degrees.



Using your non-operated leg to help if required and your arms, push yourself round to the edge of the bed (ideally the same side as your operation). Keep your knees apart throughout.



Push from behind to get your legs off the bed

Getting onto the bed (reverse of getting off the bed)



Sit on the edge of the bed fairly close to the pillow.

Using your hands push yourself back onto the bed until your legs are supported on the mattress



Keeping your knees apart carefully edge your legs around on to the bed



To slide up the bed lean back on your hands for support and bend non-operated leg. You should now be able to push down with your non-operated leg to slide up or down the bed

Sleeping Position

- **0 – six weeks** - You have to sleep on your back for six weeks after your operation. Use a pillow or blanket as a wedge between your legs.
- **After six weeks** - You may lie on either side.

Tips for washing and dressing success.

- We recommend that you do not use a bath, or soak your wound, for six weeks due to your hip precautions.
- If you have shower cubicle/level access shower, you may continue to use this if you feel comfortable standing, trying to keep your wound as dry as possible.
- We recommend that you avoid soaking your wound, as much as possible.
- If you are having a strip wash, you could complete this standing at the sink if you feel comfortable. Otherwise, you could sit on a suitable chair.
- Always dress your operated leg first and undress your operated leg last.

Reminder for the first 6 weeks

- Do not bend your hip further than 90 degrees or bend your body forwards more than 90 degrees.
- Do not cross your legs.
- Do not twist or turn at your operated hip.

Your therapist will help you to maintain your independence as they will give you a number of long handled washing and dressing aids. These aids are usually given to you before your operation so you can practice using them.

All following red is added in
Helping Hand



Helps with dressing your lower body, as well as enabling you to reach and pick up objects from the floor without you having to bend or twist.

To dress, place clothing in the claw, close claw and lower to the floor. Dressing your operated leg first, slide your foot into the clothing and pull the aid up towards your knee.

Repeat this for your non-operated leg or alternately dress your non-operated leg as normal.

Soxon Sock Aid



Helps with putting socks and tights on without having to bend.

To use, place the aid on your lap and pull your sock over the pointed end of the aid. Taking hold of both straps lower the aid to the floor.

Slide your foot into the sock aid and pull it towards you using both straps. Continue to pull on the two straps until your sock is fully on your foot.

Long Handled Shoehorn



Helps you to put your shoes on without having to bend or cross your legs.

To use, place the shoehorn at the back of your shoe, and slide your foot down the shoehorn.

Reaching everyday items

Keep everyday items at a reachable height. Avoid bending or stretching to reach things, use the equipment provided by the therapy department or the following method:
Put one hand on a firm support that will not move.

Keep your operated leg behind you and bend down to reach the item



Sitting and standing (this can be repeated as an exercise)

It is important to use a chair, which is firm and at the correct height (so your hips do not bend more than 90°). The therapist will have discussed this with you in pre-admission assessment.

Keep your operated leg a little in front of you.



Lower yourself down onto the edge of the seat using your arms, letting your operated hip bend.

As your pain decreases over the weeks after your operation, you should aim to bring your operated leg back in line with your other leg as you sit/stand.

Reminder

While sitting, do not bend forward to reach items on the floor – use the helping hand (grabber) provided. Also, while sitting, avoid twisting around to the operated side.

Going up and down stairs - Walking up stairs with a handrail

1. Stand close to the stairs. Hold onto the handrail with one hand and crutch/crutches with the other hand.
2. First take a step up with your healthy leg.
3. Then take a step up with your affected leg. Bring your crutches up on to the step. Always go one step at a time.



Walking downstairs with handrail

1. Stand close to the stairs. Hold onto the handrail with one hand and the crutch/crutches with the other hand.
2. First put your crutch one step down. Then take a step with your affected leg.
3. Then take a step down with your healthy leg, onto the same step as your affected leg. Always go one step at a time.



Walking up stairs without handrail - (Same for kerbs)

1. Stand close to the stairs with the crutches.
2. First take a step up with your healthy leg.
3. Then take a step up with your affected leg. Bring your crutches up on to the step. Always go one step at a time.



Walking down stairs without handrail - (same for kerbs)

1. Stand with crutches/sticks close to the stairs.
2. First put your crutches one step down. Then take a step down with your affected leg.
3. Then take a step down with your healthy leg onto the same step as your affected leg. Always go one step at a time.



Getting in and out of your car

Getting into the passenger seat

- Move the seat as far back as it will go and if possible recline the seat backwards. If you can, get into the car from a driveway or road rather than a pavement.
- Keeping your operated leg straight out in front of you, or if you are able to bend your knee you may do so, then lower your bottom onto the seat.
- Slide your bottom back towards the driver's seat.
- Turn carefully and slide legs down into the well of the car one at a time.



Getting out of the car

- Reverse of getting in the car (see above).

Driving

Your physiotherapist will give you guidance regarding when you can return to driving, six weeks is the rough guide, but this will be assessed on an individual basis. Before returning to driving you should find it possible to sit comfortably in a car, and you should be able to perform an emergency stop without hesitation or discomfort. You should also contact your motor insurance company and inform them that you have had a total hip replacement. (Some companies may ask you for a doctor's note to confirm you are medically fit to drive). Failure to do so may render your policy invalid.

If you take a new motor insurance policy out in the future (even in several years time) it is still advisable to inform the insurance company about your new hip. If you currently hold an ordinary car licence you do not need to inform the DVLA,

Please inform the DVLA if you hold an HGV license.

After discharge from the ward

Pain

You may still experience discomfort after discharge from hospital as all your muscles and tissues continue to repair themselves. This usually eases by three months after the operation, but some patients experience discomfort for up to twelve months. When you leave hospital, you may be provided with painkillers or be advised to take some simple over the counter drug such as Paracetamol for pain relief.

Your wound

Wound infections are rare, but when they do occur it is very important that a swab is taken of the wound before antibiotics are commenced so that the infection can be identified. Please contact the wound assessment nurse if you experience any issues with your wound once you are discharged from hospital. You will be given the contact details when you are discharged from hospital.

Prevention of blood clots

You will need to continue to take the medication which you were given on the ward. It is also important to keep moving about as well as continuing with your exercises. **If you have concerns about calf swelling or develop breathlessness or chest pain, you should go to your nearest Emergency department (A&E) to be checked.**

Swelling of your leg and foot

It is normal to have some swelling after the operation. Swelling usually goes down overnight or if you elevate (rest with your foot up higher than your hip but make sure you lean back to ensure you are still following your hip precautions) for more than 20 minutes. It is advisable to avoid standing for too long and to elevate your leg for about half an hour during the day for a week or so after discharge or until you are walking about normally. If the swelling does not go down with elevation and you develop a calf pain, you should go to the Emergency department (A&E) to be checked.

Infections

If, at any time in the future, you develop signs of infection anywhere on your body, it is important that you seek advice from your GP straight away as some infections could enter the tissue around your new joint and cause problems.

Walking

It is important that you build up the distance you walk gradually. If you lack confidence at first have a friend or your partner accompany you. Your physiotherapist will advise you when you can progress from crutches to walking sticks.

Sexual Intercourse

Unless advised otherwise this can be resumed when you feel comfortable, but you should remember the restrictions to movement in your hip (see page 8)

Flying

We advise you to avoid flying after the operation for two months for short haul flights and three months for long haul flights. If you are planning a flight, please discuss this with your consultant's team before the operation.

Looking after your new hip joint

To look after your new hip joint on a long-term basis it is advisable to maintain a regular exercise regime and keep your weight down.

High impact activities, for example running and contact sports should be avoided.

Over the first couple of weeks before you see your physiotherapist/consultant you should continue with your home exercises as shown in the exercise program.

If you have questions or concerns about your outpatient appointment with your orthopaedic consultant team, please contact **the Arthroplasty helpline on telephone 0151 282 6481**.

Out-patient Rehabilitation

Out-patient physiotherapy generally starts at two to three weeks following your operation and can be arranged at Broadgreen or Aintree Hospital sites. These appointments are arranged when you are discharged from hospital. The purpose of physiotherapy is to guide you through exercises that will aid your recovery, and to offer advice that will help you to achieve the best outcome. Some people require regular appointments with the physiotherapy team, while other can be guided to self-manage their recovery.

Returning to work and leisure activities

Following your hip replacement, you may be able to return to work. This will depend on the type of job you have. Please remember the hip precautions (page 16). We advise that you permanently avoid any activity that involves heavy lifting or pushing into extremes of hip movement (e.g. deep squatting). Your consultant and /or therapist can give you individual advice.

Follow up and aftercare.

You will have an appointment to see your Consultant or a member of their team at approximately six weeks after your surgery. After that, if everything is satisfactory, you will be followed up by the Arthroplasty Follow-up service, which is run by highly experienced Orthopaedic Specialist Physiotherapists. This follow-up service may include virtual follow-up clinics. This will be explained to you when necessary.

Exercises all following exercises have been re-numbered and a few added in

Once you are listed for a hip replacement, we suggest you get used to doing these exercises daily. This will help to strengthen your muscles and get you used to the movements before your operation.

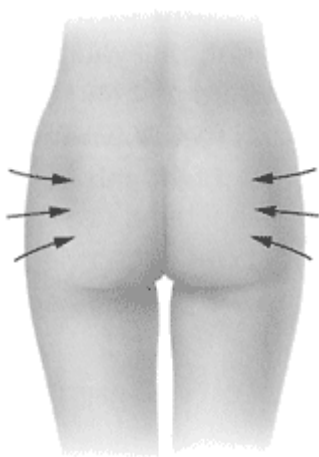
1: Deep Breathing Exercises

These exercises keep air flowing to all parts of your lungs reducing the risk of chest infection. Lying with your upper body supported and legs out straight in front of you take a deep breath in through your nose, concentrating on getting the air to the bottom of your lungs - you should feel your lower ribs moving outwards - then breath out through your mouth. Do this two to three times every 30 minutes.

2: Circulation Exercises

These help keep the blood flowing at a good rate through your legs, which reduces the risk of a blood clot forming in the vein. They are especially important in the first few days after your operation or any time when you are resting. Keeping legs straight, pull toes and foot towards you and then point them away. Do this fairly rapidly - at least ten times every fifteen minutes.

3: Buttock Squeezes



While lying on your back squeeze your buttock muscles together. Hold for five seconds, and repeat ten times. Each session of exercise try and achieve three to four sets of ten squeezes

4: Heel Slides



Slide your heel up and down the bed. Aim for one minute of heel slides every hour you are awake.

Day 1 onwards - Additional exercises

5: Quadriceps/ thigh strengthening



- Tighten the muscle by pulling toes towards you and push the back of the knee down into the bed .
 - Hold for ten seconds then relax.
- Try to do ten of these every two to three hours

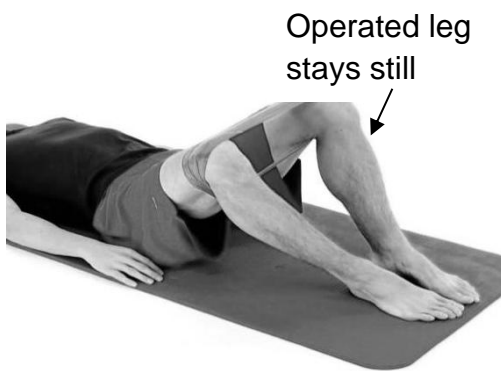
6: Quadriceps/ Thigh strengthening



- Lie on the bed with your affected leg resting on a plastic bottle wrapped in a towel/or a thick towel rolled up.
- Pull your foot and toes up, tightening your thigh and straightening your knee. Hold for five to ten seconds and repeat ten times



7: Hip Stability in Lying



This exercise can be carried out with or without resistance band. When using band, place around your thighs.

The aim of the exercise is to keep your operated leg very still, while you push/roll the other knee out to the side. Keep both feet on the ground.

Focus on the knee of the operated leg and trying to keep it still.

Repeat ten times

8: Hip Abduction Exercise



Lie flat on your back with a sliding board under your leg. Slide your leg out to the side and then back to mid-line position.

Ensure your toes are pointing towards the ceiling throughout the exercise.

Repeat ten times.

9: Bridging



While lying on your back with knees bent, tighten your lower abdominals, squeeze your buttocks and then raise your buttocks off the floor/bed as creating a "Bridge" with your body. Hold and then lower yourself down slowly.

Repeat ten times.

10: Hip Extension Exercise



Holding onto a stable surface, stand with all your weight on your non-operated leg. Squeeze your buttock on the operated side and lift the operated leg behind you.

You might feel a stretch at the front of your operated hip.

Hold for five seconds.

Repeat ten times.

11: Calf Stretches



Hold on to a stable object. Place your operated leg behind you, keep the heel down and try to keep the knee straight.

Slowly lean your body forwards until you feel a gentle stretch in the calf. Do not force the stretch.

Hold at a comfortable stretch for thirty seconds.

Repeat three times.



Working from a chair height that allows you to sit in an “L” shape. Move forward in the seat.

Using your arms to push up raise yourself from sitting to standing.

Repeat ten times.

13: Advanced Sit to Stand (without arms).



As you progress try to do this exercise without using your arms.

Repeat ten times

14: Balancing



Holding on to a stable surface, lift your non-operated foot off the ground so you are only standing on the operated leg.

Keep your trunk upright and your pelvis / waist level. You may find it helpful to do this in front of a long mirror.

Only attempt to loosen your grip if you feel very stable and you can keep your pelvis level.

Hold for ten seconds.
Repeat five times.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Remember the information and guidelines given in this book are general and you may be given different advice depending on your circumstances and medical history. If you are in any doubt about whether the information applies to you, please speak to a member of staff.

We wish you a speedy and safe recovery and hope the service provided by the hospital has been satisfactory.

If during any stage in your outpatient or inpatient stay you notice something that could be improved or if you have any complaint about the service provided, please tell us.

We really do want you to let us know when we get things wrong, but we also like to know when you feel we are getting it right. If you have been satisfied with the service you have received from us, or have any suggestions about how we can improve our service, please let us know.

Remember the information and guidelines given in this book are general and you may be given different advice depending on your circumstances and medical history. If you are in any doubt about whether the information applies to you please speak to a member of staff.

We wish you a speedy and safe recovery and hope the service provided by the hospital has been satisfactory.

If during any stage in your outpatient or inpatient stay you notice something that could be improved or if you have any complaint about the service provided, please tell us.

Further information

If you have any problems or questions relating to the following, contact the member of staff concerned:

Pre-operative Assessment Office

Tel: 0151 282 6756 or 0151282 6853

Text phone number: 18001 0151 282 6756

Wound problems – Broadgreen wound nurse team

Phone 0151 282 6000 and ask for bleep 4199.

Text phone number: 18001 282 6000 bleep 4199

This service is available daily from 07.30 to 20.00.

Excessive swelling of your leg and/or breathlessness

Phone your GP or attend A&E.

Helpline number: Lower Limb Replacement Helpline (including virtual arthroplasty clinic and Research Office) Tel: 0151 282 6481 (Answer phone is available out of hours).

Therapies pre-admission clinic enquiries

Tel: 0151 706 2760

Textphone Number: 0151 706 2760

Broadgreen Elective Therapies Dept (Ward Therapy team) 0151 282 6260

Textphone number: 18001 282 6260

Mon – Fri 08.30 – 4.30pm (answer phone available out of hours)

Physiotherapy Appointments

The Broadgreen Physiotherapy Dept. at BGH on 0151 282 6260

Textphone Number: 18001 0151 282 6260

Mon - Fri 08:00 am - 4.00 pm (answer phone available out of hours)

Aintree physiotherapy Department: 0151 529 3335

Equipment Returns

Liverpool Community Equipment Service on Tel: 0151 295 9816

Knowsley Community Equipment Service on Tel: 0151 244 4380

Sefton Community Equipment Service on Tel: 0151 288 6208

General advice:

Arthritis Research Campaign

Copeman House, St Mary's

Court, St Mary's Gate

Chesterfield, Derbyshire

S41 7TD

Joint Replacement Information Network:

Tel: 0151 737 1862

Text phone number: 18001 0151 737 1862

Email: manager@jrin.info

Email: advice@jrin.info

www.jrin.info

www.besttreatments.co.uk/btuk/conditions/4478.html

www.besttreatments.co.uk/electsurgeryside/869.html

Liverpool Disabled

Living Centre

Unit 4-5

Dempster House, Brunswick Dock,

Liverpool, L3 4BE

Tel: 0151 296 7742

Author: Trauma and Orthopaedic and Therapies Specialities

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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