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The Royal Liverpool  
and Broadgreen  
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NHS Trust

## Patient information

# Proximal Femoral Replacement

Trauma and Orthopaedics and Therapies Specialities

This leaflet is designed to give you some information about your rehabilitation following a proximal femoral replacement. This is usually performed to remove a tumour, but can also be performed for other orthopaedic conditions including revision hip replacement surgery. If you have any additional questions, please contact your consultant team.

### What is a proximal femoral replacement?

A proximal femoral replacement involves removing the upper part of the femur (thigh bone) where the affected bone is, along with the hip joint, and replacing it with an implanted metal prosthesis.

The implant replaces the ball and socket of your hip joint and fixes into the remaining part of the femur.

To achieve a strong hold inside the thigh bone, the end of the replacement is either cemented or will have a special coating to encourage your own bone to grow around it.

Aside from the risks of surgery that your surgeon will discuss with you, there are some additional considerations as part of your rehabilitation. A proximal femoral replacement is not as stable as a normal hip so there is a chance that the hip will dislocate. This means that the prosthesis comes out of position and would require further surgery to correct this.

The operation can result in slightly different leg lengths, which can be corrected with a shoe raise if necessary.





## **Physiotherapy**

- Your leg muscles will be positioned in neutral rotation (toes pointing to the ceiling) supported in a gutter pillow (trough). This is because your leg muscles will be weaker from the surgery. Bed exercises are commenced with the physiotherapist on day one.
- Some patients require a hip abduction brace that will wrap around your waist and thigh to protect your new hip and help to prevent you from doing any movements that could cause you to dislocate. You will need to wear the brace at all times when you are out of bed.
- It is important that you practice your exercises regularly as advised by your physiotherapist to ensure good mobility and strength in your leg.
- You should continue doing these exercises after your discharge.
- You will usually use a walking /Zimmer frame to help you, and many patients progress to crutches by the time they leave hospital.

You will be allowed to put your full weight through your operated leg (unless you are told otherwise by the team). During the next few days you will gradually increase your mobility until you are able to be independent around the ward.

Before your discharge your physiotherapist may practice climbing the stairs with you should you need to do this at home. It is advisable for you to have a pair of sturdy slippers or shoes for safety, and loose comfortable clothes.

## **Occupational Therapy**

You will routinely be seen by an occupational therapist (OT) who will teach you how to manage your daily functional activities whilst following your hip precautions. As part of the preparation for your surgery, it is advisable to measure your furniture heights. bed, toilet, chairs etc, and bring this with you into hospital- see form enclosed in this booklet.

With this information, the Occupational therapist can advise and assess you with adaptive equipment and assist in the provision of special equipment for home if it is indicated from your measurements. This equipment is ordered from your local community equipment supplier where you live.

Occupational Therapists will assess your ability to complete functional activities and make recommendations with regards to discharge and your home environment- this may include additional support from carers on discharge.

If you have any concerns with regards to managing in your home environment please discuss these with a therapist at the earliest opportunity. If you require additional help from carers, you will be referred to social services by the nursing staff.

## **Hip Precautions**

Following a proximal femoral replacement the surrounding muscles and tissues need time to heal and it is important that you avoid certain movements after the operation to reduce the risk of dislocation.



**It is essential that you avoid the following movements:**

- Do not bend your hip beyond a 90 degree shape.
- Do not cross your legs or move your operated leg across the imaginary line down the centre of your body.
- Do not twist on your operated leg - pick up your feet and step around when you are changing direction whilst walking.



**Putting your precautions into practice**

**Sitting**

Choose a firm, upright chair, preferably with arms. The ideal height of your chair will depend on your height and the length of your leg from the back of your knee to the floor. The minimum sitting height will be the latter measurement plus two inches/five centimetres. If you do not have a suitable chair you may need to borrow one or use firm cushions to raise the height of the chair. Avoid low, soft armchair and sofas.

**The correct way to sit:**

- Your knees must be lower than your hips.

**To get out of a chair:**

- Push yourself to the front edge, place your operated leg slightly forwards and push up on the arms of the chair taking most of your weight through your un-operated leg.



- Regain your balance and then hold your walking. Reverse this procedure to sit down. The same method is required to get on and off the toilet. You may require a raised toilet seat or other equipment as assessed by your occupational therapist.



## Sleeping

Again the ideal height of your bed will be dependent on your height. If it is too low you could place another mattress on top to raise the height. It is advisable to sleep on your back for the three months after your operation.

After this, you may sleep on the operated side if it is not too tender. You should avoid sleeping on your non affected side as this could put you at risk of dislocation. Your bed should be firm.

When getting on and off the bed avoid twisting your hip. Try to keep your toes pointing towards the ceiling as you move your operated leg across the bed. It is safer to get out of bed leading with the operated leg so that you do not cross the imaginary line down the centre of your body.





## **Bathing**

If you have to wear your brace (the first 12 weeks), we advise that you should strip wash at the washbasin, as you may have to wear the brace at all times when you are out of bed. The occupational therapist will show you ways of washing your lower half safely, such as using long handled aids to reach your feet. However you will be likely to require assistance with the special compression socks that you will have to wear for the first six weeks after your surgery. If you do not require a brace, strip washing is still advisable until your wound has healed, then you may return to showering. It is difficult to get in and out of a bath whilst following hip precautions. Please discuss this with your therapist for specific advice.

## **Dressing**

Your occupational therapist will teach you how to dress your lower half, and put on your brace on underneath your clothing if it is required. You will be taught how to avoid bending forwards to reach your feet or bending the knee of your operated side towards your chin. The occupational therapist will show you how to use a stocking or sock aid, long handled shoe horn and a helping hand. Remember to dress your operated side first, undress it last and wear good supportive shoes with low heels. You may find slip on shoes easier to manage or elastic laces.

## **Getting in/out of the car**

Positioning the car: you should sit in the front passenger seat of the car after your operation as there is more leg room. Make sure the car is parked away from the kerb, so you can be on the same level as the car before you try to get in. Push the seat back as far as possible and slightly reclined. Go bottom first into the car and lower yourself slowly to the edge of the seat. Use your arms and lift your bottom further across the seat towards the driver's side. Lift your legs into the car slowly.

A plastic bag will help you swivel your legs in more slowly, but must be removed before you drive off. Reverse this procedure to get out.

## **What do I need to achieve before I can be discharged home?**

There are obviously times where these may be different depending on individual circumstances. Prior to discharge it is our aim that you will be able to move around indoors independently with a suitable walking aid.

The usual length of stay in hospital is approximately 12-16 days.

## **You should be:-**

- Walking safely with a walking aid for an agreed distance. You will probably need to use these for at least 12 weeks depending on the speed of your recovery to climb stairs (if needed for your home or social circumstances).
- Be independent with an exercise plan at home.
- Comfortable with your medication.
- Your wound should be healing well.



- Able to manage personal care tasks independently using long handled aids. If not, then suitable help needs to have been organised. **Sometimes patients are referred to another rehabilitation unit before they go home.**
- Able to manage school/domestic tasks as appropriate.
- Able to take your brace on and off independently if it is required.

### **How can I help myself?**

**There are lots of things you can do to aid your recovery, and here are some of them:**

- Eat and drink well to help with your healing and energy levels.
- Carry out exercises regularly as directed.
- Use pain killers regularly as required-please tell your Doctor if they are not effective.
- Stop smoking, or try to reduce the number of cigarettes you smoke.
- Think about your home environment and make arrangements so that it will be ready for you when you leave hospital.
- Make arrangements for someone to collect you from hospital and take you home.
- Think about having help with shopping and domestic tasks from family or friends when you get home from hospital until you feel stronger.

The physiotherapist will refer you to your local physiotherapy department for ongoing physiotherapy, or will contact your local community therapy team if you are not very mobile.

In most cases your local physiotherapist will contact you at home to give you an appointment. If you require chemotherapy immediately after your discharge we sometimes refer you to the physiotherapist at your chemotherapy hospital.

You will be able to return to driving once you have enough hip control, range of movement and strength e.g. to be able to do an emergency stop with confidence. A physiotherapist can help to assess you for this as part of your rehabilitation.

Your insurance company may need to be informed; please check with them prior to driving again.



## Stairs Technique - with use of one rail

### Going up:

1. Stand at the bottom of your stairs with the rail in one hand and your crutch in the other. Step your non affected leg onto the step.
2. Step up with your affected leg.
3. Bring your crutch up onto the same step.

**Continue climbing the stairs with this pattern until you reach the top.**



**If you are walking with two crutches, hold your crutches in a 'T' shape to walk up the stairs.**

### Going down:

1. Place the crutch down onto the step below.
2. Step down with your affected leg.
3. Step down onto the same step with your non affected leg.





## Stairs Technique - using two crutches

### Going up:

1. Stand at the bottom of your stairs with your arms in your crutches. Step your non affected leg onto the step.
2. Step up with your affected leg.
3. Bring your crutches up onto the same step.

**Continue climbing the stairs with this pattern until you reach the top.**



### Going down:

1. Place your crutches down onto the step below.
2. Step down with your affected leg.
3. Step down onto the same step with your non affected leg.





## Proximal Femoral Replacement Exercises



Lie flat on your back with a sliding board under your leg. Slowly bend and straighten your leg by sliding your foot up and down the board.

Repeat..... times.



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..... times.



Stand with your legs apart and feet parallel. Place your hands on a worktop or the back of a stable chair. Transfer your weight from one leg to the other.

Try to keep your shoulders level and in line with your hips.

Repeat..... times.



## Proximal Femoral Replacement Exercises



Roll up a towel and place it under your knee on the same side as your operated hip.

Keeping your knee on the towel lift up your lower leg until your knee is fully straight.

Hold for ten seconds then slowly return to the start position.

Repeat..... times.



Lie on your back with your legs straight. Push your operated leg down onto bed as if leaving an imprint. Hold for ten seconds and relax.

Repeat..... times.



## Furniture Height Form

**Please complete this prior to your admission if possible.**

What type of furniture do you normally sit on? (Delete as appropriate)



### **Chair:**

Height from floor to top of compressed seat ..... cm

Armchair / Two Seater Settee/ Three Seater

Settee Does It Have Legs / Castors / Blocks?



### **Toilet:**

Height from floor to rim of seat .....cm

Upstairs / Downstairs / Both



### **Bed:**

Height from floor to top of compressed mattress ..... cm

Single / Double / Kingsize

Does It Have A Box Base / Legs / Blocks?

**If you have had an unplanned hospital admission, please ask family/friend to complete this for you as soon as you can.**



## 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.

## Further information

### Therapies Department

**Tel: 0151 706 2760**

**Text phone number: 18001 0151 706 2760**

### LIMBS

**Tel: 0151 706 4118**

**Textphone Number: 18001 0151 706 4118**

### Author: Therapies Speciality

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