

Orthopaedic patient guide: Total Hip Replacements

An Information Guide



Safe | **Personal** | **Effective**

Introduction

About East Lancashire Hospitals NHS Trust

Welcome to the Orthopaedic Department at East Lancashire Hospitals. Our team consists of 20 consultants with specialist skills in hip and knee, foot and ankle and upper limb surgery. The Orthopaedic team is committed to providing the highest standard of safe, personal and effective care available. New and advanced treatment options are frequently incorporated in this rapidly changing field. Surgery for the majority of patients will be undertaken at Burnley General Hospital. For those patients who may need an intensive care unit or high dependency unit surgery will be undertaken at Royal Blackburn Hospital.

Our team at East Lancashire NHS Trust

The surgical team is supported by a multi-disciplinary team (MDT) of Anaesthetists, Dieticians, Doctors and Enhanced Recovery Nurse, Nurses, Occupational Therapists, Pharmacists, Physiotherapists and Theatre Staff.

Anaesthetist

An Anaesthetist is a doctor who will be responsible for your well-being before, during and after the operation. This includes monitoring your blood pressure, pulse, temperature, breathing, fluid and blood replacement as required. They will also administer the form of anaesthesia that you will need during the operation. Your Anaesthetist will advise you on which type of anaesthesia would be most appropriate to you.

Dieticians

Dieticians are health professionals who oversee and manage your nutritional requirements during your stay and recovery where needed.

Doctors

There are various levels of doctors that you may see on the ward, ranging from a junior doctor to a consultant surgeon.

Enhanced Recovery Lead Nurse

An enhanced recovery lead nurse works in all specialities with all members of the multi-disciplinary team. They all work together to ensure they provide a safe and effective enhanced recovery programme suitable for each patient. They are continually collecting data and asking for feedback from our patients about their hospital stay giving us the information we need to keep adapting and improving.

Nursing Staff

Nursing staff have different levels of expertise within the ward. Experienced qualified nurses will be able to make decisions with regards to your nursing care.

Occupational Therapists & Physiotherapists

Occupational Therapy provides guidance with personal care, mobility, home management (shopping, cooking), vocational activity (employment) and leisure activities.

Physiotherapy is a health care profession which provides services to help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice.

Therapy assistants support the delivery of Occupational Therapy and Physiotherapy treatment and work in an integrated way to deliver the best care to you. They are supported by a qualified Physiotherapist and Occupational Therapist.

Pharmacists

The Pharmacist is fully qualified and registered with the General Pharmaceutical Council (GPhC). The pharmacist visits all the wards and checks drug charts for legibility, safety and effectiveness of each drug prescribed by the doctor. The pharmacist will also check for any drug interactions and dispense any new prescribed items and your tablets to take home.

Theatre Staff

Theatre Staff work with patients and are involved in every stage of a person's operation including before your operation, assisting the anaesthetist, assisting the Surgeon during your operation and recovery after your operation.

The normal hip

The hip joint is a ball and socket joint between the top of the pelvis which lies deep in the groin. It consists of a ball (femoral head) at the top of your thigh bone (femur) and a socket (acetabulum) in your pelvis.

The surfaces of the ball and socket are covered by a smooth, low friction material called articular cartilage which, cushions the bones and lets them move easily. However, this can become worn and thin, a process known as osteoarthritis.



Hip function

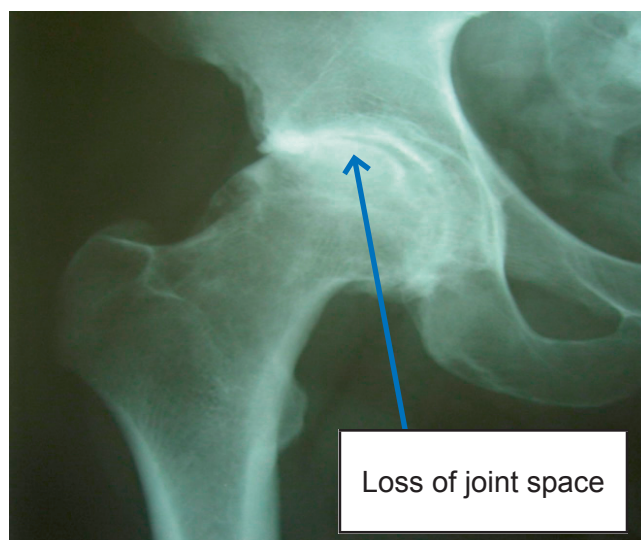
The hip joint bears the full weight of your body. In fact, when you walk the force transmitted through your hip can be up to 3 times your body weight. As well as transmitting weight, the hip needs to be able to move freely to enable you to function normally.

Ligaments and muscles help keep the ball within the socket whilst allowing a large range of movement. Muscles surround the hip such as your buttock (gluteal) and thigh muscles (quads) are also important in keeping your hip strong and preventing a limp

When the hip becomes arthritic

As we get older most people will have “wear and tear” arthritis of the hip. Some people will have a different form of arthritis known as rheumatoid. This also involves other joints.

Factors that may contribute to having arthritis include; obesity, accidents, vigorous sport or a family history.



In osteoarthritis, (wear and tear), certain changes occur in the joint:

- The smooth cartilage becomes flaky and develops small cracks
- The bone underneath the cartilage becomes denser
- The lining of the joint becomes inflamed and may thicken up

As the arthritis progresses, there may be:

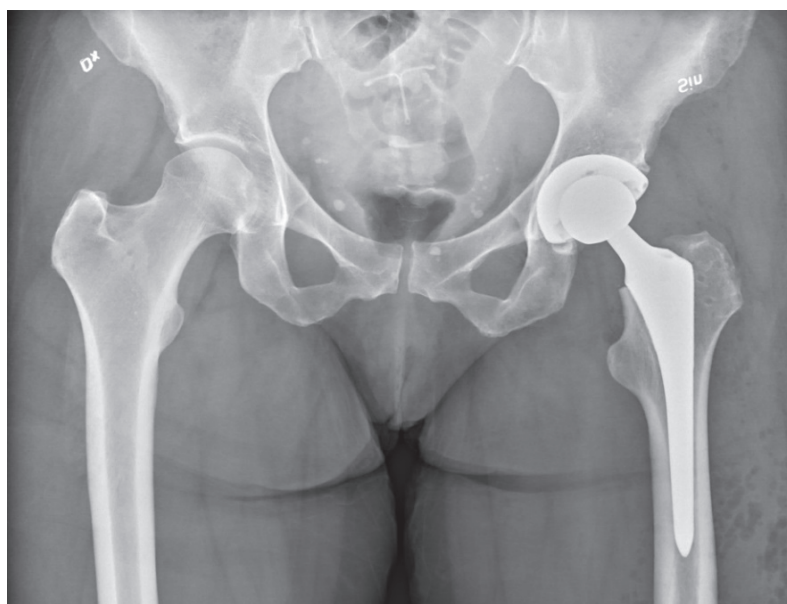
- Severe wear of the cartilage allowing the bones to rub and grate together
- Loss of the joint space
- Formation of bony lumps called osteophytes

These changes may result in **PAIN, LOSS OF MOVEMENT** and **LOSS OF MUSCLE POWER**

The artificial hip joint (hip replacement)

The worn part of your hip joint is replaced with an artificial joint made of surgical quality stainless steel or ceramic. A plastic (polyethylene) liner is usually used. Some can be used with orthopaedic cement; others have a special coating that binds with the bone instead.

Your Surgeon will choose the most appropriate type of hip replacement for you.



The combination of metal and plastic means the joint has low friction, wears very slowly and moves easily with your weight on it. You may be surprised how heavy it feels but it has to last over 10 years.

Why do I need a hip replacement?

You may have pain which at times is severe and disabling making it difficult or impossible to carry out normal daily activities.

You cannot walk very far now and may have to use a stick. Stairs can be very difficult.

The main reason for recommending a hip replacement is pain or loss of function due to arthritis. The aims of the hip replacement are to relieve the pain from your hip and enable you to carry out your normal activities more comfortably.

The Operation

- A hip replacement is a major operation and usually takes between 45 minutes to 1½ hours. The operation will be done under spinal anaesthetic or general anaesthetic (where you are put completely to sleep) and the existing hip joint is replaced.
- The upper part of the thigh bone is removed
- The natural hollow in the pelvis, called the acetabulum, is hollowed out and a socket is fitted into the hollow.
- A short-angled metal stem, with a smooth ball on its upper end to fit into the socket is secured into the canal of the thigh bone
- The cup and the metal stem may be either press-fit or be fixed with acrylic cement
- The layers of soft tissue, muscle and skin are stitched and clipped back together
- You are usually in hospital for 2-3 days. You should be prepared to work hard at the exercises given to you by the therapy staff. Most patients tell us that they are pleased with the result of their hip replacement. Some, however, are less satisfied either because a complication has arisen or their expectations are too high.

Risks of surgery

Up to 1:10 patients will have some dissatisfaction after hip replacement surgery.

As with all procedures, this carries some risks and complications.

COMMON: (2-5%)

Blood clots: a DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of a DVT are greater after any surgery (and especially bone surgery). Although not a problem themselves, a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism– PE). See later. This is a very serious condition which affects your breathing. Your doctors may give you medication through a needle to try and limit this risk of DVTs from forming. Some centres will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding: this is usually small and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful & require an operation to remove. It is common to see bruising around the hip in the days after surgery and, occasionally, this bruising will extend down the leg, sometimes into the foot.

Leg swelling: Leg swelling is a normal response to the operation and will settle week by week as your body absorbs the bruising. This swelling can be present for up to 12 months. You should continue to do the exercises in this guide book for the first 6 weeks after the surgery. You should also aim to lie flat for at least 20 minutes once or twice a day. Walking can help reduce the swelling but standing unnecessarily should be avoided. If the swelling increases or if it is accompanied by tenderness in the calf or groin, a temperature or breathing problems you should ask your GP for advice.

Aching in the joint, stiffness or limp: Most people are delighted with the hip replacement. Some people describe aching or stiffness in the joint or have a limp which does not improve. This is rare and will be investigated thoroughly by the team looking after you.

Pain: the hip will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, or sometimes, for no obvious reason.

Prosthesis wear/ loosening: Modern operating techniques and new implants mean that most hip replacements last over 15 years. In some cases, this can be significantly less. The reason is often unknown. Implants can wear from overuse. There is still debate as to which material is the strongest. The reason for loosening is also unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision surgery.

Altered leg length: the leg which has been operated upon may appear shorter or longer than the other. The Surgeon will always aim to make your legs equal length after surgery and in the vast majority of cases it is possible to achieve this. Small differences may not cause any problems but if the difference is significant it can be corrected by using a shoe insert or heel-raise on the appropriate side.

Joint dislocation: if this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a hip brace or rarely if the hip keeps dislocating, a revision operation may be necessary. Dislocation occurs in up to 2% of patients undergoing hip replacements.

In order to reduce the risk of dislocation, there are 3 precautions you must follow. These are movements that are known to put your hip at increased risk of dislocation.

You must not flex your hip past 90 degrees. This means you need to be aware of the height of chairs you sit on. It also means that once you are sitting, you must not lean forwards or reach down to the floor. You will be given equipment to help with this.

You must not allow your operated leg to cross the mid-line of your body. This means you must not cross your legs or ankles. It also means that you must not move your shoulders a long way over your un-operated side as this will move your mid-line.

You must not allow your operated leg to twist excessively in either direction. This means whenever you are turning with your walking aids you must make small steady steps rather than turning.

LESS COMMON: (1-2%)

Infection: A deep infection of the joint most often starts when bacteria gain access to the tissues; great lengths are taken in theatre to reduce the risks of this happening. You will be given antibiotics just before and after the operation and the procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2½%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. Despite all the precautions taken, infections can still occur. This is usually treated with antibiotics, but an operation to washout the joint may be necessary. In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required. You will not be discharged from hospital unless the appearance of the wound is satisfactory.

There are two main types of infection; MRSA (Methicillin Resistant Staphylococcus Aureus) & MSSA (Methicillin **Sensitive** Staphylococcus Aureus). These bacteria are carried in the nostrils/skin of around 20% (1 in 5) of the population normally with no issues. When the skin is cut for example during an operation the bacteria can enter the wound and cause further problems.

All patients are screened for MRSA pre-operatively. If you are found to be a carrier of MRSA you will be informed of any further instructions. You will automatically be asked to treat yourself for MSSA with a body wash and nasal cream.

An infection can occur at any stage in the life of a hip. The reason for this is that any infection in the

body can circulate in the blood and settle on the surface of the new hip joint. Once there it forms its own environment or bio-film which makes it difficult to treat with antibiotics alone. Although the symptoms of infection can often be suppressed with antibiotics, the only way to eliminate this deep infection is to remove the artificial implant as described above.

If you develop signs of an infection (e.g. urine or chest infection, tooth abscess, leg ulcer) at any time after your operation, please remind your GP/Dentist that you have a hip replacement. If your hip suddenly becomes painful, it is important to see your GP so that infection in your hip replacement can be ruled out.

Remember infection is a serious complication. If you develop any new redness around the wound or if the wound leaks after leaving hospital, please contact the Advanced Nurse Practitioner Secretary on 01254 734157

Urinary problems

The anaesthetic used can make it difficult to pass water following the hip replacement and sometimes a catheter is inserted into the bladder during the operation. Except in certain circumstances, this should be removed the morning after surgery.

Range of movement

After a few months, you should find you have enough movement in your hip to carry out all your normal daily activities. Some people find that it remains difficult to reach down to their feet for example to put on socks and cut toe nails but aids and adaptations are available to help.

Ectopic bone or heterotopic ossification (extra bone formation)

The body may form new bone in the tissues around the hip in response to the trauma of the operation. This tends to occur only in the immediate recovery phase and may lead to long-term stiffness of the joint.

RARE: (<1%)

Altered wound healing: the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Nerve Damage: efforts are made to prevent this; however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the Sciatic Nerve, this may cause temporary or permanent weakness or altered sensation of the leg. Remember the skin over the outer side of the hip can feel numb for up to 12 months until the nerve fibres recover – this is normal.

Bone Damage: the thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation, either at the time or at a later operation.

Allergies: Most joints are made of stainless steel or cobalt chromium and polyethylene. A very small level of nickel is present. It is extremely unlikely that you will have an allergy to your implant even if you have experienced a rash to your watch or earrings. Tell your Surgeon if you are concerned.

Fat embolism: This is rare and is caused by the fat within the bones (marrow) travelling up into your lungs at the time of surgery and causing breathing problems. Although this can be serious it is most commonly treated with extra oxygen therapy.

Blood vessel damage: the vessels around the hip may rarely be damaged. This may require further surgery by the vascular surgeons.

Pulmonary Embolism: A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal.

Death: this rare complication can occur from any of the above complications.

Preventing Venous Thromboembolism (VTE) & Hospital Associated Blood Clots: A guide for patients at East Lancashire Hospitals NHS Trust

VTE is the name given to deep vein thrombosis (DVT) or a pulmonary embolism (PE). A DVT is a thrombus (blood clot) that forms in a deep vein, most commonly in your leg or pelvis and can cause swelling and pain or discolouration of the leg – red, purple or blue changes.

If a clot becomes dislodged and passes through your circulation and reaches your lungs, this is called a PE and can cause coughing (with blood stained phlegm), chest pain and breathlessness or collapse. VTE diagnosis requires immediate treatment. If you develop any of these symptoms either in hospital or after discharge, please seek medical advice immediately.

VTE occurs in the general population in about one in 1000 people. You will have heard in the news about DVT in people flying for long periods but you are actually much more likely to get VTE if you are going into hospital because of illness or for surgery.

In addition to admission to hospital there are other factors which place you at greater risk of VTE. These include:

- A previous VTE
- A recent diagnosis of cancer
- Certain blood conditions/clotting disorders (Antiphospholipid syndrome or factor V Leiden)
- Use of certain contraception and hormone replacement tablets
- Being overweight (Body mass index more than 30)
- Not being able to move about
- Being older than 60
- Suffering a significant injury or trauma
- Being pregnant
- After giving birth
- Dehydration
- Smoking
- Varicose veins etc.

A hospital associated blood clot happens in patients when they are in hospital and can happen up to 90 days after they leave hospital. In fact about two-thirds of all blood clots happen during or in the 90 days after a stay in hospital. Although the risks are small, the consequences can be serious. In the longer term, blood clots can cause painful, long-term swelling and ulcers. They can even lead to death.

If your hospital admission has been planned several weeks in advance, there are some precautions which you can take to reduce your risk of VTE:

- I. Talk to your Doctor about your contraceptive or hormone replacement tablets. Your Doctor may consider stopping them in the weeks before your operation or provide advice on temporarily using other methods if you stop using your usual contraceptive.
- II. Keep a healthy weight and do regular exercise
- III. Stop smoking

When in hospital:

- Keep moving or walking and get out of bed as soon as you can after your operation (discuss with your Nurse, Doctor or Physiotherapist for more information); leg exercises are valuable
- Ask to see a Physiotherapist for leg exercises
- Ask your Doctor or Nurse: 'What is being done to reduce my risk of VTE?'
- Drink plenty of fluid to keep hydrated

The Government recognises the risk of VTE is an important problem in hospitals and has advised Doctors and Nurses that everyone being admitted to hospital should have a risk assessment completed. Your individual risk for VTE will be assessed by your clinical team. If you are at risk, your Doctor or Nurse will discuss with you what can be done to reduce your risk and will follow national guidelines and offer you protection against VTE.

The clinical team may ask you to wear a calf or foot pump which is a special inflatable sleeve or cuff around your legs while you are in bed or sitting still in a chair. This will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs. If they have been removed for more than 3 hours they should not be reapplied, unless agreed by a Doctor. Finally, your Doctor might consider that you should take an anticoagulant injection or tablet, which reduces the chance of your blood clotting and stop DVT from forming. To be effective these methods of prevention must be fitted, used and administered correctly so if you have any questions or concerns, please ask your Doctor for advice.

If you have been advised to continue anticoagulation medicine at home and you need help with administration of injections or tablets please ask your Nurse before discharge. If you develop any signs or symptoms of VTE at home then seek medical advice immediately either from your GP (home Doctor) or your nearest hospital Emergency Department. Please follow the precautions that you can take to reduce your risk of VTE at home: Keep moving or walking; leg exercises are valuable, drink plenty of fluid to keep hydrated (unless you have been advised against these by your Doctor due to other medical conditions).

Blood transfusion

Receiving a blood transfusion:

Like all medical treatments, a blood transfusion should only be used when really necessary. The decision to give a blood transfusion to a patient is made only after careful consideration. In making that decision, your Doctor will balance the risk of having a blood transfusion against the risk of you not having one. Ask your Doctor to explain why you need a transfusion, as there may be alternative treatments available.

If you are interested in finding out more about blood transfusions and have access to the internet, you might find the following website useful: **National Blood Services – www.blood.co.uk**

Reference: North West Independent Hospital, Church Hill House, Ballykelly, BT49 0SJ

Reducing the risk of infection in hospital

What you can do to help?

Publicity about hospital-acquired infection has caused a great deal of concern across the country. We recommend that you and all visitors adhere to the following guidance:

- Keeping your hands and body clean is important when you are in hospital. Take personal toiletries and specific skin care preparations if appropriate
- Taking a container of moist anti-bacterial hand wipes with you will ensure you always have some available when you need to clean your hands, for example immediately before you eat a meal
- Ensure you always wash your hands after using the toilet
- Hospital staff can help protect you by washing their hands, or by cleaning them with special alcohol rub or gel. If a member of staff needs to examine you or perform a procedure, e.g. change your dressing do not be afraid to ask if they have first washed their hands or used an alcohol rub or gel.
- Try to keep the top of your locker and bed table reasonably free from clutter. Too many things left on top make it more difficult for the cleaning staff to clean your locker and bed properly
- If you visit the bathroom or toilet, and you are concerned that it does not look clean, report this

- immediately to the Nurse in charge of the ward. Request it be cleaned before you use it and use an alternative in the meantime
- Your bed area should be cleaned regularly. If you or your visitors see something that has been missed during cleaning, report it to the Nurse in charge and request it is cleaned
- Always wear something on your feet when walking around the hospital. You may request slipper socks
- Ask visitors to wash their hands on arrival to the ward
- Discourage your visitors from sitting on your bed as infection control is extremely important in the orthopaedic unit and visitor chairs are available
- If visitors are unwell, it is advisable that they refrain from visiting as this may cause further complications for you whilst you are recovering as you are vulnerable to infection

Your general health and fitness before your operation

It is important that before your operation you help yourself by being as fit and well prepared as possible. You have responsibilities which we expect you to undertake prior to the operation. These include:

Eating a balanced diet

Eating a good balanced diet for example fresh fruit, vegetables, whole grains and protein helps with wound healing and provides energy following your operation. If you are overweight, losing as much as possible will reduce your weight placed onto the new hip replacement and will make the operation safer.

Alcohol

By drinking alcohol you increase the risks of complications following your operation and we advise you to avoid alcohol the night before your operation.

Sleep, rest and play

Prior to your operation try and keep as active and strong as possible, as this makes it easier using walking aids after the operation. It is important that you talk to others about the operation and not worry as this will help prepare you mentally for your operation.

Safety

Avoid any trips or falls whilst waiting for your operation. Helpful tips including picking up loose rugs at home, wearing a full shoe and not open backed. Ensure you drink plenty of water to keep you hydrated and ensure bowels are regular and speak to your GP if you have any concerns.

Skin care

Look after your skin on both legs. If you have cuts, grazes, rashes or any other skin conditions present on the skin, you must ring the ward to inform the staff prior to the day of surgery. This will be assessed by either the nursing staff or the Consultant as to whether the operation can go ahead. Do not delay in informing the ward if you have any of the above skin conditions, as leaving it until the day of the operation may result in cancellation leading to wasted theatre time.

East Lancashire Hospitals NHS Trust policies

Patient consent

Our commitment to you is to inform you of all aspects of the intended procedure you are to undergo. You will then be required to 'consent' in writing to your procedure.

Following your individual consultation with your Surgeon, should you wish for further clarification of any aspects of which you have been informed please ask, we will be happy to clarify issues.

Data Protection Act

Your name is entered onto our computer systems, enabling us to keep effective clinical records. Under the Data Protection Act, you have the right to view any records held by East Lancashire Hospitals. Please ask a Nurse should you wish to access them. If you or your representative, wish to have copies then you will have to give your written consent for a copy to be made. You may have to pay for this copy.

Chaperone

You have the right to have a chaperone provided by the hospital during any examination and certain procedures. You may choose a family member or close friend or carer. You also have the right to choose a carer to be involved in your care.

Smoking

Smoking is actively discouraged, particularly prior to and immediately post-operatively, as this can add to complications of surgery. The Orthopaedic Department at East Lancashire Hospitals has a no-smoking policy with which we request your co-operation. You may find it helpful to discuss giving up smoking with your Doctor or Practice Nurse.

Nicotine replacement therapy (patches or gum) may be considered, ideally four weeks prior to your admission to hospital.

Dietary requirement

You will have a choice of meals to select from. If you have special dietary needs please inform the pre-operative assessment Nurse who will notify the ward. Please feel free to remind the ward staff of your needs on arrival.

Mobile phone

For the safety, privacy and dignity of all patients the use of mobile phones is restricted in some areas of the hospital and you may not be able to use your phone on the ward on which you are placed. Please ask the Nurse in charge before you make a call.

Risk management

East Lancashire Hospitals have comprehensive Risk Assessment Policies in place which ensure that patient's safety is assured and that the areas of improvement are identified and an improvement plan implemented.

Manual handling policy

East Lancashire Hospitals operates a Non-Lifting Policy. Staff are available to assist your mobility needs and are trained in the use of equipment when it is required. Please ask if you need assistance to move.

Single-sex accommodation

Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Here at East Lancashire Hospitals we understand this and strive to treat all patients with privacy and with dignity. For this reason, we have worked to ensure that we provide single-sex accommodation for all patients where ever possible.

- Privacy and dignity are at the heart of our policy and they are vital components of quality care.
- The over-arching goal is to deliver single–sex accommodation across the service; however, the varied needs of different patient groups and clinical setting are recognised.
- There are occasions when mixed-sex accommodation is unavoidable, but patients’ privacy and dignity will always be assured.

Patient’s charter

This Charter outlines the level of care and service you would expect to receive from East Lancashire Hospitals assisting you with the information on your rights. Also included here are some expectations East Lancashire Hospitals, its staff and patients have of you.

You can expect East Lancashire Hospitals to:

- Provide safe, high quality healthcare
- Respond to your needs
- Communicate with you
- Involve you in decisions about your care
- Give you information
- Keep your information safe
- Work with you to improve services
- Welcome your comments and let you know the outcomes of complaints

Your responsibility is to:

- Ask questions if you do not understand
- Follow the advice on treatment regimens given by East Lancashire Hospital’s clinical staff and to tell them if you do not intend to follow them
- Sign the appropriate documentation if you discharge yourself against medical advice
- Be honest and open with staff, particularly with regard to you and, where relevant, your family’s medical history and the medications you are taking. This information will be kept confidential
- Treat with respect other patients, relatives and health care professionals equally regardless of differences (colour, gender, religion etc.)
- Seek assistance from the nurse-in-charge if you feel you are not being consulted with regards to treatment options
- We have a policy of ‘zero tolerance’ to violence and abuse and anyone behaving inappropriately will be asked to leave the premises.

What happens between now and my surgery?

Prehabilitation: Exercising before surgery

It is important to be as fit as possible before your operation. It is advised by the National Institute for Health and Care Excellence (NICE) to complete prehabilitation exercises prior to surgery in order to aid your overall recovery. Keeping the muscles supporting the hip strong will help to assist your function following the surgery.

This will make your recovery more rapid. The exercises should be commenced from when you are listed for surgery until you have your surgery and some of these you will continue to do as part of your post-operative exercise programme.

You may find some of these exercises difficult at this stage due to pain in your hip, therefore monitor and stop any exercise that is too painful or that makes your pain worse. Speak to your doctor or physiotherapist if you are concerned about anything.

Always ensure you are stable and safe when doing exercise.

Aim to complete 5-10 repetitions of each exercise, 3-4 times a day.

Static Quads

Tighten up the muscles around your knee and push your knee straight, down into the bed. Also squeeze your buttock muscles together.

Hold for a count of 3 seconds.



Arm Chair Push Up

Sit on a firm chair (preferably a dining room chair)

Practise standing from a seated position.

To make it easier – sit on the edge of the chair, with the leg not being operated bent underneath you. Push up into standing using your arms.

To make things more challenging – reduce the amount of effort you use through your arms (i.e. use one arm or no arms)



Level One



Level Two



Level Three

Step Ups

Hold onto a rail

Step up leading with your one leg.

Step back down.

Repeat with other leg.



Single Leg Stance

Stand and hold on to a support.

Bend your knee lifting your foot off the floor.

Try to bring your heel towards your buttock.

Practise balancing for 30 seconds – keeping hold of the support



Standing Hip Abduction

Stand straight holding onto the back of a chair.

Take your leg slowly out to the side and then lower in back down.

Keep your knee straight throughout.

Do not take your leg past the middle!



Standing Hip Extension

Stand straight holding onto the back of a chair.

Take your leg slowly backwards, keep your knee straight and don't twist your hips.

Don't lean forwards!



Standing Hip Flexion

Stand straight and hold onto a chair or table.

Bend your knee upwards towards your chest.

Do not take your hip above a 90 degree angle.



Gluteal Squeeze

You can complete this exercise in lying, standing or sitting.

Learn to control your gluteal muscles (buttock muscles) by contracting them. Try to squeeze your buttock muscles towards the centre of your buttock cheeks. Your buttocks should go firm.

Hold for 5 seconds.



Other Useful Resources

<https://escape-pain.org/i-have-knee-hip-pain>

ESCAPE-pain delivers the National Institute for Health and Care Excellence (NICE) core recommendations of exercise and education for the management of osteoarthritis and is referenced in Public Health England (PHE) that is published guidance on musculoskeletal health.

The resources within this electronic webpage help to explain what arthritis is and has video links to some of the exercises advised to complete as above. There are also some additional exercises available.

Please access the website with the address above and review the following:

- Exercise Videos (*It is important to read the narrative on 'Top Tips to consider before starting to exercise,' before completing the exercises*)
- Educational Videos
- Overview – What is Arthritis? Video Link

Pre-operative hip school

You will be invited to attend an education session which we call the Hip and Knee School. This session is based on East Lancashire Hospitals and will last approximately 2 hours. It is run by an Assistant Practitioner who specialises in elective surgery with oversight from an Advanced Nurse Practitioner and aims to fully inform you about hip replacement and your recovery. The Assistant Practitioner can be contacted for advice on ward 15.

The session will provide information about your procedure and you will have the opportunity to ask questions and discuss concerns.

Please make every effort to attend because you will be given vital information about your surgery and how you can help yourself to make a good recovery.

Please inform us if circumstances change and you do not want surgery, if you are unwell/have cuts or breaks in the skin/ cold. A cancellation on the day of surgery costs the tax payer £6000 for a hip replacement stay. Please contact elective admissions department on the letter you received.

Occupational Therapy

Prior to coming into hospital

To enable you to following hip precautions properly when you return home after your hospital stay, the Occupational Therapist will need to know the heights of your furniture at home. Please can you complete the measurements found on the pages below – the Occupational Therapist will ask you for these when they contact you before you come into hospital.

If your furniture is too low the Occupational Therapist may recommend equipment that can be given or loaned to you (depending on how long you need it for). The type of equipment offered to you will depend on your home environment and your existing furniture or toilet height.

Toilet

You may be offered a seat to raise your toilet height if it is too low and/or a rail to enable you to get off the toilet easier and to follow hip precautions.



Chair

If the chair that you usually sit on is too low, we may be able to raise the height of this by putting chair raisers on. This is not always possible depending on the type of chair you have. Another option for you may be for us to loan you a high seat chair.



Occupational Therapy – Furniture Measurement

Elective Orthopaedic Surgery: Please complete this form in inches and bring with you to the Pre-Op Hip and Knee School. If you have any concerns please phone the Occupational Therapy Department on **01282 804113**

Measurement taken by patient/Therapist (delete as appropriate)

Patient	
Knee to floor Measurement	<p>Please measure from the back of the knee to the floor (wearing patients normal footwear) when seated as arrows Indicated</p> <p>_____ inches</p>
Chair	<p>Please circle all which apply</p> <p>Armchair/Recliner/Rise-Recliner/Electric or Manual operation/2-seater/3-seater/Wooden legs/Castors/Decorative blocks/Chair raisers/Seat slopes backwards</p> <p>Compressed height of cushion (when someone seated on it)</p> <p>_____ inches</p>
Bed	<p>Please circle all which apply</p> <p>Single/Double/King/Electric/Divan-base/Slatted-base/Iron-sprung/Castors/Wooden legs/Bed raisers/Bed rail.</p> <p>Compressed height of mattress (when someone seated on it)</p> <p>_____ inches</p>
Toilet	<p>Please circle all of which apply</p> <p>Upstairs/Downstairs/Outside/Square bowl/Grab rails/fitted to wall/Frame/Raised seat/En-suite</p> <p>Please draw on diagram any pipe work that may obstruct any equipment supplied</p> <p>Height of toilet with seat down _____ inches</p> <p>Height of toilet with seat up _____ inches</p> <p>If you have a second toilet please circle all which apply</p> <p>Upstairs/Downstairs/Outside/Squarebowl/Grab-rails/fitted to Wall/Frame/Raised seat/En-suite</p> <p>Please draw on diagram any pipe work that may obstruct any equipment supplied</p> <p>Height of toilet with seat down _____ inches</p> <p>Height of toilet with seat up _____ inches</p>

What to pack and bring into hospital

Pack a small bag of clothes to last 24 hours and other items (see check list below). These will be moved to your bed space whilst you are in surgery and may be kept in your bedside locker. Label your belongings, particularly your dressing gown and walking aids. Leave your valuables at home as there is no facility to secure belongings on the ward.

- Hip Replacement Guidebook
- Loose fitting day clothes to wear during your stay
- Nightwear. Bring a nightdress or pyjamas and a dressing gown as the ward has male and female admissions
- Toiletries, soap and a towel as these are not provided
- Full slippers or comfortable shoes with backs
- Dressing aids
- Elbow crutches, walking aids
- Books/magazines
- Small amount of money to cover purchases from the hospital shop. Please do not bring large amounts of money into the hospital we cannot take responsibility for the safe storage of valuable items
- All medication (including inhalers and sprays) should be brought into hospital in the original packages or boxes with the labels on, these will be locked away in a medicine drawer next to your bed area
- Contact details of the person who will be driving you home

It is not uncommon for feet to become swollen in the days following surgery so please choose footwear that is adjustable (with laces or Velcro) or is stretchy. Footwear should be clean and have a non-slip sole.

Arranging some support for when you return home

Planning for discharge is a difficult task prior to your operation as you are probably not sure how quickly you will recovery. Therefore it is important that you plan your return home carefully before coming into hospital. Some things you may want to think about:

- Who will be collecting you from hospital? Remember to bring their contact number with you
- Stock up with food in the freezer
- Ask for help from family or neighbours for shopping on your return
- Ensure you have clean bedding on the bed ready for your return, clean up and ensure laundry is done prior to admission
- Clear pathways in the house so you don't trip
- Organise somebody to look after pets for a short while if you have them
- Some people prefer that a family member stays for a while or you stay with them
- If you think you will need social services for any reason you must tell the nursing staff on admission as your stay will be 2-3 days or earlier if fit to be discharged, unless your stay is delayed for medical reasons

Meticillin Sensitive Staphylococcus Aureus (MSSA)

5 days prior to admission

Once you have been given a date for surgery 5 days prior to this you will need to start the body wash and nasal cream. If your surgery date is less than 5 days and you are unable to finish this course prior to surgery then continue whilst you are in hospital until you have completed the 5 day course.

Body wash – Follow written instructions

Day 1 – wash body

Day 2 – wash body and hair

Day 3 – wash body

Day 4 – wash body and hair

Day 5 – wash body

Nasal Cream – Apply a small amount of the cream (the size of a match head) to the inner surface of the nostril, 3 times daily.

Patient preload (Carbohydrate drink) Information

You may be asked by Pre op to take this Pre load prior to surgery depending on medical conditions

Preload – A sachet of carbohydrate powder. When added to water it is a neutral-tasting carbohydrate drink for pre-operative dietary management for patients undergoing surgery.

Who takes preload: You may be asked to take preload as part of your pre-operative care. Pre-operative assessment clinic will advise you and give you the sachets to take home unless you are being admitted the day before surgery when you will be given it on the ward.

When to take preload: You will be given 1 sachet of **Preload** at pre-assessment clinic. On the evening before surgery you will need to have a nutritious meal and drink plenty of fluids. If you admission is at 7.30am you will need to drink your preload sachet mixed with water at 6.00am.

Please follow these instructions unless advised differently by the Pre-assessment Nurse.

Preparation:

Step 1: Measure out 400mls (approximately 2/3 of a pint) of water in to a jug

Step 2: Add the contents of 1 sachet of **Preload** into the jug and stir until the powder dissolved

Step 3: Pour into a large glass/beaker and drink

Frequently asked questions:

Q. *Can I have the 6.00am preload if I have been asked to be nil by mouth from midnight*

A. You can, as long as you just add water and no cordial and have nothing else to drink after the preload at 6.00am

Caution: Please **DO NOT** take preload if you are an insulin dependent diabetic

What to do on the morning of your admission to hospital

On the morning of your operation, have a bath or shower and wash and dry your hair. Do not apply deodorants, moisturiser or make-up as you will be asked to remove it. Do not shave your operation site, if you cut your skin we will have to cancel the operation.

Arrival:

Most patients are admitted to the ward on the day of surgery unless informed previously by either your Consultant or by letter. You will be met on the ward by the nursing staff and when your bed is available you will be directed to where you need to be. You may be dropped off on the ward by relatives. Relatives are not encouraged to stay on the ward until your operation but may be allowed under certain circumstances.

A Nurse will check all details from pre-assessment are correct. If any changes have happened since this assessment then please inform the nursing staff as soon as possible. Your observations will be taken i.e. your blood pressure, pulse and temperature.

You will be visited by the Consultant or his/her team to complete a consent form prior to your operation. This is a yellow form completed by the Doctor and signed by you agreeing that the operation to go ahead. The consent form will be explained to you by the Doctor together with risks of the operation – this is normal practice and not to cause you concern. If you have any questions then this is the best time to ask. A member of the surgical team will draw an arrow on your leg to ensure the correct side is operated on – **do not wash off this arrow!**

You will be visited by the Anaesthetist who will discuss the type of anaesthetic that will be used for your operation. The Anaesthetist will explain the anaesthetic and methods of pain control. You will have the opportunity to ask any further questions.

What to expect immediately before surgery:

- On arrival you will have your blood pressure, temperature, pulse and oxygen saturation levels recorded.
- Blood thinning medication may be prescribed for six weeks following surgery.
- You will be given an indication of the time you will be going to theatre but this may change throughout the day for a variety of reasons. Please be patient.
- Theatres run all day so your surgery could be in the afternoon.
- Before you go to theatre, you will be given a theatre gown to wear.
- When it is time for your operation, a member of the nursing staff from theatres or the ward will take you to the theatre reception area.
- Your Anaesthetic Nurse will then go through a series of safety checks before taking you into the anaesthetic room. These safety checks may appear repetitive but are essential to ensure safe, personal and effective care.

The operation:

When you have been anaesthetised, you will be taken to the operating theatre. While you are sedated a member of the anaesthetic team will remain with you at all times, monitoring you to ensure you are safe.

What to expect – immediately after surgery:

The operation to replace your hip takes about 45-90 minutes.

At the end of the surgery, the Anaesthetist will wake you up and take you to the recovery areas for approximately one hour. You will remain there under the care of a specially trained Recovery Nurse. You may find several items in place to help your recovery. An oxygen mask will be over your mouth and nose to help your breathing. Occasionally a tube will have been placed in your bladder (urinary catheter). This is usually in place only for a short time and makes passing urine easier after the operation. At some point you will have an x-ray to confirm the position of the implant.

You will find your operated leg is firmly wrapped. You will also have pumps attached to your legs to reduce the risk of deep vein thrombosis (DVT). A drip will be in your arm, this replaces any lost fluid which may have occurred during your operation and is used to infuse blood or drugs if required. The drip is usually removed once you are tolerating food and fluids. Your pain control will be established and your vital signs monitored. Once you are fully awake you will then return to your post-operative ward.

Once back on the ward you will be given regular pain relief by the nursing staff in the form of an injection or tablet as required.

Observations including blood pressure, pulse, respiration rate, oxygen levels and temperature will be recorded. The nursing staff will encourage you to change your position regularly to prevent pressure sores.

Only one or two close family members or friends should visit you at this time.

Prevention of blood clots:

Most patients will receive injections of Heparin after your operation once a day for 10 days, these are very small needles that are placed in to the stomach and may cause bruising but this is normal. Once you have received the 10 days you will be transferred onto Aspirin tablets for 28 days, the nursing staff will assess if you need assistance on discharge.

Management of pain following your surgery

Pain following an operation is inevitable, different operations lead to varying degrees of post-operative discomfort and everyone experiences pain differently.

We aim for your pain to be at an acceptable level on movement, and should not prevent appropriate function e.g. physiotherapy and mobilisation.

How can we reduce your pain?

The nurses and pain team are able to give you advice and support. Pain relief is available in different forms and strengths.

During your stay in hospital a pain relief management plan will be started which consists of strong pain killers and an anti-sickness tablet. It is important that you inform the nursing staff if you are still having pain as this affects your recovery. You should expect some pain but the nursing staff will work with you to reduce this to a minimum. Side effects can happen when taking the strong pain killers which could include vomiting, feeling drowsy, confusion, itching and constipation; all of these side effects can be treated by the nursing staff if you inform them of this. Please remember to let the doctors and nurses know if you are in pain or if the pain stops you doing your exercises. We may need to alter or increase your painkillers.

Post-operative complications and precautions taken to avoid them

The vast majority of patients make a rapid recovery after hip replacement operations and experience no serious problems. However, it is important you understand that hip replacement is a major operation and that complications can occur.

The Enhanced Recovery Programme

The Enhanced Recovery Programme is a modern evidence based approach that helps patients who are undergoing surgery to recover more quickly. Every member of the team looking after you will be working to ensure you:

- Are kept fully informed of what is happening at all times to enable you to make informed choices
- Are as healthy as possible before receiving treatment
- Receive the best possible care during their operation
- Receive the best possible care whilst recovering

The following are the basis of what enhanced recovery will mean to your time in hospital:

- Specialist pre-admission screening and information
- Good pain relief
- Improved sickness plan
- Early walking after surgery
- Less drips, drains and catheters
- Smaller wounds
- Early eating and drinking after surgery
- Reduced infection rates
- Shorter and more comfortable stay in hospital
- You feel involved in your care

East Lancashire Hospitals would like you to be fully informed and involved in your care from the very beginning. We believe that if we work together to manage your care based on your needs we can succeed in getting you back to a normal level of activity as soon as possible.

Day one – two

Day one – after surgery:

- You will be assisted to wash and you will get dressed in own clothes.
- If you are drinking sufficiently your drip will be discontinued if not done so earlier. You can eat and drink normally and we expect you to sit out for one meal at least
- The dressing on your wound will be checked daily but not necessarily changed if not required.
- Your pain levels will be assessed and pain relief will be given as appropriate.
- You will be given regular pain relief medication by mouth or patches.
- Many of these medications make you constipated and you may need laxatives to counteract this. Please let the Nurses know if you have not had your bowels open so they can address the problem.
- The Physiotherapist will see you and commence your exercises and talk you through the rehabilitation process. (See later on in this guide the exercises you must perform).
- Blood tests will be taken and you may need a blood transfusion or to commence iron tablets.
- If you have a urinary catheter, this may be removed.
- A Physiotherapist or Nurse will get you out of bed once you are medically fit to do so and encourage you to walk with the use of a walking aid, such as a walking frame or possibly crutches. You need to commence bed exercises.
- Arrangements about returning home will be discussed with you so be prepared and try to think your plans through prior to the operation. Family and friends are encouraged to play an active part in the discharge plans and may need to give you some extra support initially on your return home.

Day two:

- You will be independent or assisted to sit in a chair and eat meals in the chair.
- You will be asked to get washed and dressed into day clothes in the washroom.
- The Physiotherapist will assess and advise you on stairs/or steps as necessary prior to your discharge home.
- A member of the therapy team will come and talk through with you what you will be able to do at home, offering any advice needed and ensuring realistic goals are set for you to work with, including hip precautions and car transfers.
- You will be expected to practice exercises independently 2-3 hourly your physiotherapist will check through these with you. They will also give you advice on how to manage at home and weaning from walking aids
- Physiotherapists and the nursing staff will continue to encourage you to be as self-caring as possible.
- If you have achieved these goals you may be able to go home sooner
- The team will confirm your discharge plans with you.

Some patients may not manage to be discharged on day two but are expected to continue with their rehabilitation.

Hip Precautions

After a hip replacement there are certain movements of the hip that you will need to avoid. We call these 'precautions' and they aim to prevent your new hip from dislocating whilst the muscles around it heal. **You must follow all the precautions listed for the first 12 weeks** following your total hip replacement to prevent your hip from dislocating. During surgery, your muscles are cut and this time frame allows them to heal and strengthen to help prevent this from happening.

The three main precautions are:

- Do not bend the hip more than 90 degrees (a right angle)
- Do not cross your operated leg across the middle of your body
- Do not twist your operated leg

Precaution one: Do **NOT** bend the hip more than 90 degrees (a right angle)

For example:

- Do not sit on low chairs, beds or toilets. When sitting, your knee should always be lower than your hip
- Do not bend down to pick things up or get dressed into your shoes, socks or underwear
- Do not bend towards the floor when sitting or attempt to reach for the bed covers when you are in bed

Precaution two: Do **NOT** cross your operated leg over the middle of your body

For example:

- Do not cross your legs or ankles when sitting
- Do not cross your legs when getting in and out of bed

Precaution three: Do **NOT** twist your operated leg

For example:

- When turning take steps to turn around instead of twisting your body
- Do not reach for items placed behind you, as this may cause you to twist your hip e.g. have toilet roll at a good position to reach
- Try to avoid sexual activity for twelve weeks after your operation and then choose positions that avoid twisting and bending your hip. It is better to take a passive role initially

Safety First

Before going home you will be able to:

- Get in and out of bed, a chair and a car safely
- Walk safely with walking aids, if appropriate, as directed by your Physiotherapist
- Wash and dress with appropriate aids as required
- Use the toilet safely
- Go up and down steps/stairs safely
- Continue home exercise programme as appropriate

Research suggests that hospital patients are at a greater risk of falling than people in the community. Patients in hospital have to adapt to changes in their strength and mobility, both as they become ill and recover. Hospital patients may undergo surgery that affects their mobility or memory and they may need sedation pain relief, anaesthetic or other medication, which increases the risk of falling. Falls can sometimes happen because of a single factor for example, slipping while wearing stockings or fainting. However, most falls are due to a combination of factors.

East Lancashire Hospitals NHS Trust aims to minimise the risk of patients falling during their hospital admission by:

- Working together with patients and their carers to promote safety
- Giving advice in a simple and practical way
- Responding quickly to hazards brought to our attention
- Ensuring that the hospital environment is as safe as possible
- Assessing each patient's risk of falling and delivering care to manage the risks identified

Some of the following advice may help you to reduce the risk of falling in hospital:

- Keep everything you need within reach, including your call bell and avoid stretching or bending
- Wear your glasses when moving around if you need them
- Use the call bell to get help if you do not feel safe to walk alone or if you have been advised to do so by the staff
- Do not try to walk if you feel weak or dizzy. Call for assistance
- Use your walking aids if you have them
- Get out of your bed and chair slowly
- Wear non-slip, well-fitting slippers or shoes especially if you are wearing socks or stockings
- Keep your night light on or put it on when getting out of bed at night
- Be aware that some hospital furniture has wheels and may move if leant on. If you are transferring on/off furniture with wheels, check the brakes are on
- Please be patient when staff are busy. Think: Safety First
- Exercise your legs regularly to keep them strong and avoid staying in one position for long periods
- Make sure any drip stands are on the same side of the bed as the bathroom/commode
- Avoid clothes which may cause you to trip
- If you have been identified as being at risk of falls ask staff to explain your individual risk factors and how to manage them

Information for relatives and visitors regarding falls:

In the interest of patient safety, it would be a great help if you would report any potential hazards on the ward to the nursing staff. This can include:

- Spills of liquid on the floor
- Trailing wires or cables
- Obstacles around the bed or walk ways

We would also ask that you:

- Leave the patient's room tidy by replacing chairs
- Take unnecessary items home to reduce bedside clutter
- Make sure the patient's call bell is within reach
- Replace bed tables moved during your visit
- Ask staff to replace bed rails if removed during your visit
- Report any patient disorientation to the nursing staff

Contact between patients and their relatives and friends

Visiting times on wards:

Ward 15 10.30 – 12:00, 13.30 – 17.00, 18.00 – 20.00

B22 + B24: 10.00 – 20.00

Please respect meal times and quiet hour to aid recovery of patients:

12.30 – 13.30 Lunch and quiet hour

17.00 – 18.00 Tea and quiet hour

These may be extended for compassionate reasons, or restricted if this is appropriate for the patient's needs.

If you have a problem visiting within these times, please ask one of the Nurses who will try and make arrangements to suit both needs

- Please show respect and consideration towards the patients and staff whilst you are visiting
- Patients may become tired and need to rest. Please remember that other patients may wish to rest or sleep during visiting hours
- A patient should have no more than 2 visitors per bed at any time
- Whilst you are in hospital you will be expected to work with the Therapists and nursing staff and this may include visiting times
- Please nominate one family member to liaise with the ward via telephone for patient information as this releases the Nurses to care for our patients more effectively
- Visitors are reminded to use the hand gel provided on entry and exit to the ward to prevent cross infection

Visitors must not sit on the patient's bed at any time, please use the chairs provided and return them to the appropriate place.

Relatives can call **ward 15** on: **01282 804015**

The ward is fitted with 'Patient Line' which allows access to the phone, TV and internet. This does incur a charge and top up cards are available to buy outside of the ward.

Planning for going home:

If your friend/relative will continue to be at risk of falls after discharge from hospital please ask us for more information or a leaflet on falls prevention. Many of the hints and tips on the previous pages may be useful at home too.

Discharge Planning:

Your wound will be assessed by the Nurse. They will discuss with you wound care and removal of clips or stitches, which is normally 12-14 days after surgery.

You will be advised when to make an appointment with the Practice Nurse at your surgery to have the clips or stitches removed. If you are unable to get to the GP surgery, a District Nurse will be arranged instead. You will receive instructions on reviewing your wound dressings.

The discharge will be confirmed with your next of kin.

You will be given painkillers, anti-coagulant drugs (blood thinners) and your usual medications to go home with and a copy of the Doctor's letter should you need to see them in the following week. You will be given enough for 5 days of a combination of painkillers for you to take home with instructions on how and when to take these. It is your responsibility to visit or organise somebody to collect more if needed from your GP.

An appointment will be given for you to attend an outpatient appointment at the fracture clinic. This will normally be 6-8 weeks following your surgery. A discharge letter will be given to you and a copy of this is sent by the hospital to your GP but this may take some time for them to receive.

If you require outpatient physiotherapy this will be arranged by the hospital.

Hospital transport is not routinely available and there are strict eligibility criteria for using it. We therefore, request that you organise your own transport wherever possible. If you have any concerns please speak to your Nurse.

You may feel that your hospital stay is shorter than you expected, however, studies have shown that you will recuperate more quickly when you eat and sleep to your normal pattern. This also lowers the risk of post-operative complications and hospital acquired infections. Therefore, anything that can be done to minimise this risk through careful planning is worth the time and effort.

Back at home:

This information is designed to help you through the transition from hospital to home but always follow any specific advice given to you by the hospital team.

Remember, an artificial hip is not as good as a normal joint and must be treated with respect. In the first few months, the tissues around the joint will be recovering from the surgery. So, gradually build up the amount of walking and other activity that you do. Extra precautions need to be taken for the first 12 weeks after the operation, to avoid the new joint dislocating. Here are some reminders:

For the first 12 weeks after your operation:

- No baths
- No twisting
- No crossing your legs
- Sit at the right height
- Take it slowly!
- No hip bending above 90 degrees

It is very important that you have organised the necessary support for when you return home. After major surgery you may feel that it is a good idea to ask friends or family members to stay with you or to help with simple chores. They will also be on hand to give you moral support as once you have left hospital you may feel isolated and uncertain of what to expect.

When returning home there are some things that you may do to ensure you have a good recovery.

- By taking your painkillers regularly prior to doing exercise you will improve the potential of your ability to complete these exercises
- Try changing positions regularly to stop the hip stiffening up as it makes it harder to get going
- Increase your level of activity during the next weeks and months, by the end of the day you should be tired not exhausted
- You may find sleeping difficult which is quite normal, try and get back to your normal pattern
- Drink plenty of fluids and eat a good balanced diet

Continuing your activities at home

Kitchen activities:

Before coming into hospital for your surgery it is advisable that you reorganise your cupboards so that items are at a suitable height to avoid excessive bending. For example, items that are normally kept on the bottom shelf of the fridge should be moved higher up on to the top shelf. Avoid using a low oven. Use microwave or hob.

Housework:

- Light housework tasks

Leisure Activities/Driving:

- Please discuss with your Consultant, Occupational Therapist or Physiotherapist any leisure activities you may wish to continue following your hip replacement
- You will be advised not to drive for a period of time up to 6 weeks this may be earlier in some cases. We do expect you to be sensible about this, legally it is your responsibility to only drive when fit to drive.

Dressing techniques/aids:

When dressing/undressing it is important that you remember not to bend beyond 90 degrees, therefore, you should sit down and use the long handled equipment provided when passing items over your feet.

To allow you to dress independently following your operation you will be provided with 3 long handled dressing aids pre-operatively.

- Sock aid
- Helping hand/pick up stick
- Long handled shoe horn

DO NOT

- Bend forwards beyond 90 degrees
- Raise your operated leg above your hip
- Cross your legs

The dress aids will be discussed and demonstrated to you by your Occupational Therapist; therefore, it is important that you take them into hospital with you.

Footwear

Following your operation, you will be asked to wear flat shoes with an enclosed toe and heel; if these are lace up shoes then you will be issued with elastic laces.

Activities at home

Getting things from a low cupboard

- If you need to bend down to the oven,fridge, or low cupboard, you will find it easier on your new hip to take that leg behind you while bending the un-operated leg



How to get off the floor? (only after a fall and not an exercise!)

If you feel your new hip is not strong enough to push on, turn onto your good side, raise yourself up on your elbow and then your hand. Turn forward towards your good side on all fours.

Crawl to a chair or other solid object, which you could use to help yourself up into a kneeling position. Bend you good knee up, put your foot onto the floor and stand up pushing hard on your hands.

Household jobs:

You should avoid all strenuous and taxing jobs immediately after surgery. Only when you feel up to it, should you attempt small chores and even then ideally you should have somebody helping you.

- **DO NOT** get down on your knees to scrub floors. Use a mop and long-handled brushes
- Plan ahead! Gather all your cooking supplies at one time, then prepare your meal
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals
- If you need to bend down to the oven, fridge or low cupboard you will find it easier on your new hip to take that leg behind you while bending the un-operated leg

Gardening:

Avoid strenuous activity such as digging, pushing a wheelbarrow or mowing the lawn immediately after surgery. You may work at a bench in a greenhouse sitting on a high stool. Avoid reaching across your body for things. Avoid the temptation to do too much when you start gardening. Build up your strength starting with lighter tasks and then progress as your stamina increases.

Driving:

DO NOT drive until you are confident about controlling your vehicle and always check with your insurance company. If you don't feel you are able to complete an emergency stop then you are not safe to drive! It is not advisable to drive before 6 weeks.

Make sure you can reach and use the pedals without discomfort. Have a trial run without the engine on. Try out all controls and go through the emergency stop procedure. Start with short journeys and when you do a long trip stop regularly to get out and stand up and stretch. You may like to check and confirm with your insurance cover.

Return to sport, leisure and work:

Ask your Consultant as different sports may impact differently.

Consultant follow-up:

Your Consultant or a member of his/her team will review your progress at your follow-up appointment approximately 6-8 weeks after your operation. You will either be given the appointment before you leave the ward or you will be sent a letter informing you of this in the post. We advise that you write down a list of questions prior to this appointment and take them along, as you may not see your Consultant again.

Please remember that this booklet is a general guide only and your treatment may vary from this

Post Op/ At home exercises

Please find the post-operative exercises that you should continue and progress with at home later in the booklet.

Wound care

You may find that the area around your wound feels numb, tingly, itchy or slightly hard. This is normal and should disappear over the next few months. During this time you should protect it from sunlight as it will burn easily.

Avoid the temptation to scratch the area until it is fully healed. You may wash around your wound with soap and water unless otherwise advised.

Stiches or clips are usually removed 12-14 days after surgery. It is normal to have some staining on the dressing. If the wound is oozing or bleeding excessively and soaks the dressing, then you will need to have a dressing change. You should contact your GP surgery in this case. The District Nurse will be able to visit earlier than planned if necessary. Do not remove the dressing yourself.

Swelling to the operated leg is normal after your surgery. The leg can be up to **twice the size as normal** due to the trauma caused by the surgery. Applying ice or a bag of frozen peas can help the pain and swelling. Always have a towel over the ice/bag. Continue to exercise the leg but **do** rest on the bed for an hour during the day. Redness can be part of the healing process and bruising is normal. A hip replacement never feels the same as a normal hip and it is important you look after it in the long term.

It is essential that you continue doing the exercises that physiotherapy has shown you. Foot and ankle exercises help with the swelling and regular exercise helps to strengthen your muscles.

Recognising & preventing potential complications

Infection

Signs	Prevention
Increased swelling and/or redness at wound site	Take proper care of your wound as explained
Change in the colour, amount and odour of the drainage	If visiting the dentist, advise the practice that you have undergone joint replacement surgery
Increase in pain in your knee	
Fever higher than 38 C	

Blood clots

Surgery may cause the blood to slow and pool in the veins in your legs which could cause a clot. If a clot occurs despite preventative measures, you may need hospital treatment to thin the blood further. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

Signs	Prevention
Swelling in thigh, calf or ankle that does not go down with elevation of the leg	Foot or calf pumps
Pain, tenderness and heat in the calf muscle of either leg.	Early mobilisation/ walking
	Blood thinners will be prescribed by the doctor
	Maintain good fluid intake

Pulmonary Embolus

An unrecognised clot could break away from the vein and travel to the lungs. This is an emergency and you should call 999 if this is suspected.

Signs	Prevention
Sudden chest pains	Prevent blood clots in legs (as above)
Difficult or rapid breathing	If concerned contact the Advanced Nurse Practitioners' Secretary on 01254 734157 between 8:30 am and 5:00 pm or alternatively, a message can be left on this answer phone and we will return your call as soon as possible. Over the weekend or if someone fails to contact you within the day please contact your GP or call 111 for advice promptly
Sweating	
Confusion	

Dislocation

If you suspect a dislocation call 111

Signs:

- Severe pain
- Rotation/shortening of leg
- Unable to walk/move leg

Frequently asked questions

Why is my scar warm?

Even when the scar has healed there is still healing going on deep inside. This healing process creates heat which can be felt on the surface. This may continue for up to 6 months. This is different to that of an infection which will be hot.

Why do I get pain lower down my leg?

The tissues take time to settle and referred pain into the shin or behind the knee is quite common.

Why do I stiffen up?

Most people notice that whilst they are moving around they feel quite mobile. After sitting down the hip can feel stiff when you stand and you need to take a few steps before it loosens up. This is because those healing tissues are still swollen and are slower to respond than normal tissue.

Is it normal to have disturbed nights?

Yes, very few people are sleeping through the night at 6 weeks after the operation. As with sitting, you stiffen up and the discomfort then wakes you up. Also many people are still sleeping on their back which is not their normal sleeping position so sleep patterns are disturbed. Most people find it helpful to have a pillow between their legs.

I have a numb patch – is this okay?

Numbness around the incision is due to small superficial nerves being disrupted during surgery. The patch usually gets smaller but there may be permanent small area of numbness.

My new hip clicks occasionally – is this normal?

This can be normal and it is usually a sign that those swollen tissues moving over each other different than before. You should not let this worry you as again this should improve as healing continues. If you have any concerns please speak to your Surgeon.

When should I stop using a stick?

Stop using the stick when you can walk as well without it as with it. It is better to use a stick if you still limp so that you do not get into bad habits that are hard to lose. Limping puts extra strain on your other joints especially your back and other leg. Use the stick in the opposite hand to your operated hip. Many people take a stick out with them for 3-4 months after the operation as they find they limp more when they get tired.

How far should I walk?

This varies on your fitness and what your home situation is. You should feel tired, not exhausted, when you get home so gradually build up distance, remembering you have to get back following your journey. You may discard sticks as and when you feel comfortable. You may need some support when walking on rough ground or over longer distances. By 12 weeks you should be climbing stairs normally, one foot after the other.

Will I set off the security scanner alarm at the airport?

Most joints are made of stainless steel and these may set off the alarm. If this happens have a discussion with security staff and explain the situation

Will it get better?

Yes, do not despair! Do remember that most people who have hip replacement surgery have had hips that have bothered them for a long time. Therefore, it will take time to recover from surgery and your body to get used to your new hip.

Future – week 12 onwards

Total hip replacements are performed to give pain relief in turn giving patients a better quality of life and most people are keen to return to normality as soon as possible. However, it is most important that you DO NOT do too much too soon so as to allow healing to be as complete as possible. Hence the advice and few rules you were given on your discharged from the hospital. Now that 12 weeks or so have passed, normal activities can be resumed.

Bathing

You may sit on the bottom of the bath after 12 weeks

Acute Therapy Department

Your Total Hip Replacement

We hope this information will help you prepare for your hip replacement surgery and remind you of the physiotherapy needed following your operation.

A physiotherapist will work with you following your operation. The aims before discharge home are to be walking safely with an appropriate walking aid, be able to get in and out of bed independently, walk up and down stairs, and be aware of the precautions necessary to reduce the risk of dislocation following hip replacement.

Hip Precautions – Post-operatively

DO NOT cross your legs or put your legs too close together. You will be given an abduction wedge until your spinal anaesthetic has worn off to keep your legs apart in bed.



DO NOT bend more than 90° at the hip i.e. don't pick things up off the floor. Don't tie your shoelaces. Don't lean forwards when sitting in a chair.



Post operatively

A physiotherapist will visit you after your operation and from this point onwards is there to help you improve your mobility and as soon as possible progress you to walking with elbow crutches, as normally as possible. This may be on the day of surgery if you feel well enough to do so. Early mobilisation reduces the risk of complications such as deep vein thrombosis (DVT) and chest infection following surgery.

If you need to stay in bed on your first post-operative day you will be encouraged to do deep breathing and circulatory exercises to reduce these risks.

Prior to your discharge home you will be shown how to get up and down stairs safely with your crutches.

Once you are discharged home you are encouraged to gradually increase the amount you are walking. You can progress to fully weight bearing on your new hip when you feel safe and comfortable enough to do so. You will probably need your crutches for 4-6 weeks. You will be reviewed by your consultant team between 6 weeks and 12 weeks, and referred to physiotherapy at this point if necessary.

N.B. Adequate pain relief is essential to your progress. If your pain levels are too high to walk or complete your exercises you must let a member of the nursing or therapy team know in order that this can be addressed.

Day of surgery/1st day post-operation

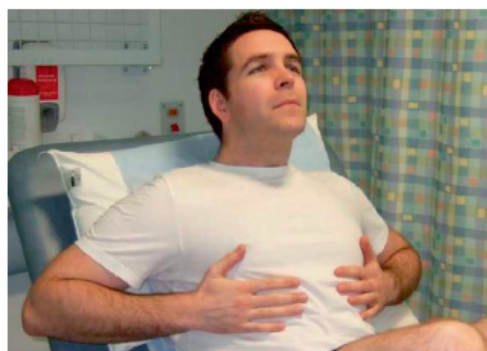
The physiotherapist will encourage you to do some exercises in bed.

Aim to complete 5-10 repetitions of each exercise, 3-4 times a day.

Monitor your levels of pain and discontinue or modify the amount you are completing if you are struggling

Deep breathing exercises

To reduce the risk of developing a chest infection. Take 3 deep breaths filling your lungs as much as possible.



Ankle Pumps

Foot and ankle exercises to improve your circulation. Move your ankle and down. Circle your ankles around.



Static Quads

Tighten up the muscles around your knee and push your knee straight, down into the bed. Also squeeze your buttock muscles together.

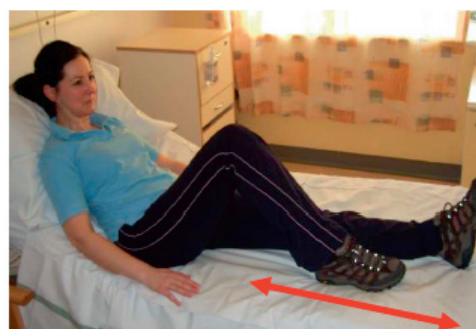
Hold for a count of 3 seconds.



Hip & Knee Flexion

Lie on your back. Gently bend and straighten your leg.

Remember not to bend your hip up past 90° (a right angle).



Day 1 or 2 onwards

Continue with the exercises above and add the following as per your therapist's guidance:

Aim to do x 10 repetitions every 2 hours (during the day)

Straight Leg Raise

Lie on your back. Tighten your thigh muscle and straighten your knee.

Lift your leg 5cm off the bed and hold for 5-10 seconds.



Hip Abduction

Lie on your back.

Bring your leg out to the side and then back to the middle. Keep your toes pointing to the ceiling throughout the exercise.

Remember not to take your leg past the middle!

You can complete this exercise in lying, standing or sitting.

Learn to control your gluteal muscles (buttock muscles) by contracting them. Try to squeeze your buttock muscles towards the centre of your buttock cheeks. Your buttocks should go firm.

Hold for 5 seconds.



Knee extensions

Sit in a chair.

Pull your toes up, tighten your thigh muscles and straighten your knee.

Hold for 5-10 seconds and then slowly relax your leg down.



Add and progress if advised to do so:

Arm Chair Push Up

Sit on a firm chair

Practise standing from a seated position.

To make it easier – sit on the edge of the chair, with the unoperated leg bent underneath you. Push up into standing using your arms.

To make things more challenging – reduce the amount of effort you use through your arms (i.e. use one arm or no arms)



Standing Hip Abduction

Stand straight holding onto the back of a chair.

Take your leg slowly out to the side and then lower in back down whilst tilting your body.

Keep your knee straight throughout.

Remember not to take your leg past the middle!



Standing Hip Extension

Stand straight holding onto the back of a chair.

Take your leg slowly backwards, keep your knee straight and don't twist your hips.

Don't lean forwards!



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Standing Hip Flexion

Stand straight and hold onto a chair or table.

Bend your knee upwards towards your chest.

Do not take your hip above a 90 degree angle.



If you require further information or have any questions, please feel free to contact your Physiotherapy Team at Royal Blackburn Hospital (RBH) or Burnley General Hospital (BGH)

Single Leg Stance

Stand and hold on to a support.

Bend your knee lifting your foot off the floor. Try to bring your heel towards your buttock.

Practise balancing for 30 seconds – keeping hold of the support. Discontinue if you don't feel stable or safe.



Step Ups

Hold onto a rail

Step up leading with your operated leg.

Step back down landing with the unoperated leg.



N.B. You should do 5-10 of each exercise 3-4 x daily when you return home, unless otherwise instructed by your physiotherapist.

Continue with the exercises provide.

You can progress your exercise slowly with the following knee exercises

How to use stairs safely at home

This will be practised with the Therapy team before you are discharged. This is to ensure that you can manage this safely with your current walking aids. If you feel anxious about managing this at home it may be useful to have a friend or relative with you initially. You may also wish to write out the routine and stick it to the wall at the top and bottom of your stairs as a reminder.

Walking upstairs:

Hold onto the handrail with one hand and the crutches with the other.

Lean slightly forwards.

Take a step up with your un-operated leg.

Then step up with your operated leg and crutches together.

Always go one step at a time!

Going up:

- Good Leg
- Bad (or operated) leg
- Crutches



Walking down stairs:

Hold onto the handrail with one hand and the crutches with the other.

Lean slightly backwards.

Place the crutch on the step below.

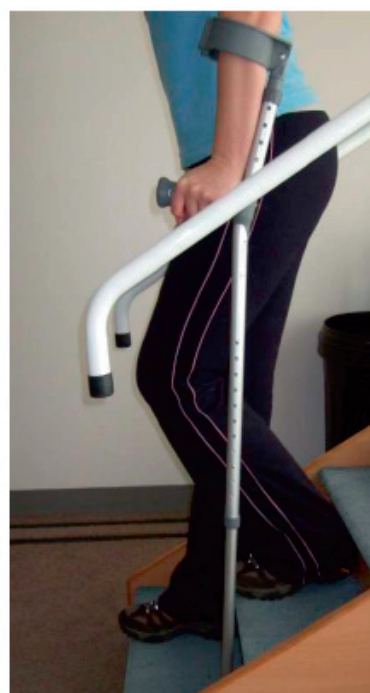
Take a step down with your operated leg.

Then take a step down with your un-operated leg.

Always go one step at a time!

Going down:

- Crutch
- Bad (or operated) leg
- Good leg



***The same principles can be applied once you no longer require a crutch or stick.**

Transfers

Transfer – out of bed

When getting out of bed:

- Move yourself to the side of the bed.
- Slide your legs off the edge of the bed whilst using your arms behind you to move your body around.
- Once sitting, place your operated leg slightly in front of your good leg (if needed).
- Place your crutches in an 'H' shape, hold with one hand and push up from the bed using the other arm.
- Once standing, place your arms into both before moving crutches away from the bed.



Transfer – into bed

When getting into bed:

- Step backwards to the middle of the bed until you feel it touching the back of both your legs.
- Take one small step forwards with your operated leg (if needed).
- Remove your crutches, place them into an 'H' shape and hold with one hand.
- Reach back with your other arm and sit onto the edge of the bed.
- Place your crutches within easy reach.
- Using your arms behind you, bring your bottom towards the middle of the bed.
- Bring your legs up onto the bed whilst using your arms to help you, turn your body at the same time.
- Once your legs are supported move into the middle of the bed.

Sitting or standing

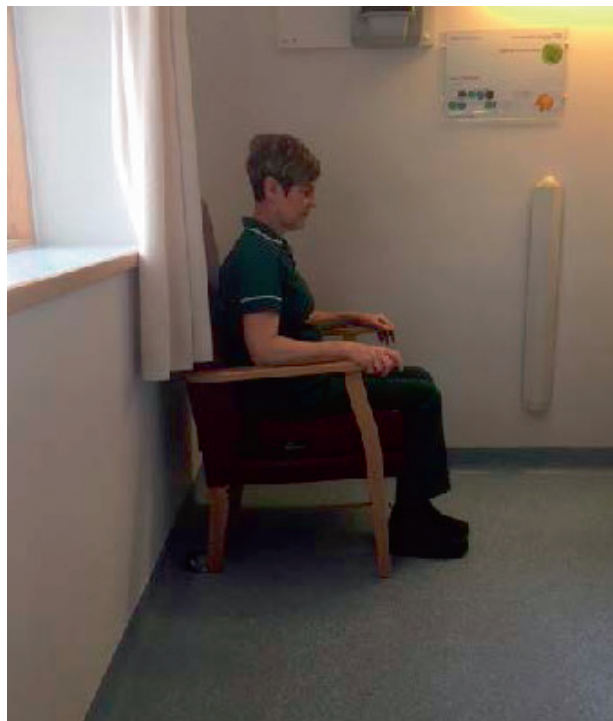
Practise moving from sitting to standing and back again.

Try to put weight evenly through both legs.

Sit back down in a controlled way.

Gradually use your arms less.

If you are struggling to stand with both knees bent easily, slide your operated leg slightly forwards and then push up using the chair arms. This applies when sitting back down.



Car Transfers



- Ask the driver of the car to park slightly away from the curb
- The front passenger seat is the most suitable because it usually offers the most leg room
- Ensure that the passenger seat is as far back as possible and reclined
- Position yourself facing away from the car with your legs against the door sill
- Reach behind you for the back of the seat with your left hand and the cushion of the seat with your right hand
- Put your operated leg out in front of you and sit on the edge of the seat with your feet on the ground
- Shuffle backwards towards the driver's side as far as possible
- Move one leg into the car at a time
- Once safely seated, adjust the seat so that you are comfortable
- When you reach your destination, recline the backrest again to enable you to lean back whilst you move your feet out onto the ground
- It is helpful if someone else can take charge of your walking aids and hand them to you at the right moment

Prior to coming into hospital please have a look at the next section of your booklet. This is your 'Daily Progress Record'. Please familiarise yourself with this before your admission. Please remember to bring your booklet with you on your admission day so you can complete your 'Daily Progress Record'.

Why we would like you to fill in a Daily Progress Record

We ask all our Enhanced Recovery patients to complete a patient diary.

Using the diary will help you:

Your Daily Progress Record

Prior to coming into hospital please have a look at the next section of your booklet. This is your 'Daily Progress Record.' Please familiarise yourself with this before your admission. Please remember to bring your booklet with you on your admission day so you can complete your 'Daily Progress Record'

Why we would like you to fill in a Daily Progress Record

We ask all our Enhanced Recovery patients to complete a patient diary.

Using the diary will help you:

- **Achieve your goals and track your progress**
- **Help you recover quicker, with less complications**
- **Help staff in helping you to get better**

How to Use the Daily Progress Record

The diary covers all types of surgery and therefore goes up to 6 days. Once you are ready to go home there is no need to continue the diary.

The nursing staff will explain the diary to you but if you need further help filling it in, please ask.

Please cross the box each time you do the task mentioned. For example, if you sat out in the chair twice:

Sat in the chair twice X X

If you didn't then put the reason why (for example)

If not, why? *I felt dizzy*

At the end of each day you are asked to mark on the line your overall pain score in the last 24hrs. The smiley face is no pain and the sad face is the worst pain. Below is an example.



Day 0 - Day of Surgery

Today's date: _____

Ward: _____

Please **X** the box for each time you have achieved that goal:

Sat out in the chair

If not, why?

Walked 60 metres

If not, why?

Supplement drinks taken orally
(if appropriate)

Food - Everything is via my feeding tube ■

Did you eat Breakfast Yes No

If not, reason?

Did you eat Lunch Yes No

If not, reason?

Did you eat Dinner Yes No

If not, reason?

Other

Urinary catheter out Yes No

Drains out Yes No

Nasal gastric tube out Yes No

Bowels/Stoma worked Yes No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on the line below.



Day 0 - Day of Surgery

Day 1 – Post Surgery

Today's date: _____

Ward: _____

Please **X** the box for each time you have achieved that goal:

Sat out in the chair

If not, why?

Walked 60 metres

If not, why?

Supplement drinks taken orally
(if appropriate)



Food - Everything is via my feeding tube ■

Did you eat Breakfast

Yes

No

If not, reason?

Did you eat Lunch

Yes

No

If not, reason?

Did you eat Dinner

Yes

No

If not, reason?

Other

Urinary catheter out

Yes

No

Drains out

Yes

No

Nasal gastric tube out

Yes

No

Bowels/Stoma worked

Yes

No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on the line below.



Day 2 - Post Surgery

Today's date: _____

Ward: _____

Please **X** the box for each time you have achieved that goal:

Sat out in the chair

If not, why?

Walked 60 metres

If not, why?

Supplement drinks taken orally
(if appropriate)



Food - Everything is via my feeding tube ■

Did you eat Breakfast Yes No

If not, reason?

Did you eat Lunch Yes No

If not, reason?

Did you eat Dinner Yes No

If not, reason?

Other

Urinary catheter out Yes No

Drains out Yes No

Nasal gastric tube out Yes No

Bowels/Stoma worked Yes No

Pain Score

What is your overall pain score today? Please place a cross where you feel this should be on the line below.



Day 2 - Post Surgery



Useful telephone numbers:

Advanced Nurse	01254 734157	8:30am – 5:00pm (Mon-Fri)
Practitioner Secretary		(Answerphone available)
Physiotherapy Department	01282 804888	8:00am – 4:00pm (Mon-Fri)
Occupational Therapy Department	01282 804113	8:00am – 4:00pm (Mon-Fri)
Outpatient Department	01254 734181	9:00am – 5:00pm (Mon-Fri)
Pre-operative assessment Clinic, Burnley General Hospital	01282 803402	9:00am – 5:00pm (Mon-Fri)
Pre-operative assessment Clinic, Royal Blackburn Hospital	01254 733573	9:00am – 5:00pm (Mon-Fri)
Patient advice and liaison Service (PALS)	0800 5872 586	9:00am – 5:00pm (Mon-Fri)
Ward 15 Burnley General Hospital	01282 804015	24 hours
Ward B22 Royal Blackburn Hospital	01282 735700	24 hours
Ward B24 Royal Blackburn Hospital	01254 732364	24 hours
NHS 111	111	24 hours
Main Hospital Switchboard	01254 263555	

In urgent cases of unexplained breathlessness, excruciating pain, chest pain, please phone 999 for an ambulance.

For further information and links to the websites and policies: www.elht.nhs.uk

If you require this **document** in an alternative format or language, please contact: 01254 734157

Polish

W celu otrzymania tego **dokumentu** w innym formacie lub języku, prosimy o kontakt z

Punjabi

ਜੇਕਰ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

Urdu

اگر آپ کو اس دستاویز کی ای کمت بلبل شکل (یا زبانوں کی ضرورت ہے تو براہ موبائی رابطہ
کویں

Bengali

আপনি যদি এই **প্রচারপত্রটি** অন্য কোন আকারে বা অন্য ভাষায় চান, তাহ
লে যোগাযোগ করবেন

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă
rugăm să contactați

Lithuanian

Norint gauti šį **dokumentą** kitu formatu ar kita kalba, prašome susisiekti su
mumis

Trauma & Orthopaedic

T. 01282 804015

W. <https://elht.nhs.uk/services/trauma-and-orthopaedics>

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