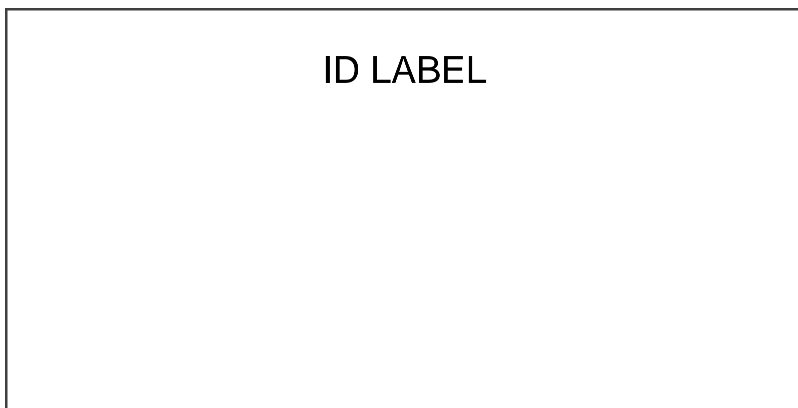
United Lincolnshire Hospitals NHS Trust

ENHANCED RECOVERY PROGRAMME FOR JOINT SURGERY – HIP



Consultant……………………………………………………………...

IT IS IMPORTANT TO BRING THIS BOOKLET TO ALL YOUR APPOINTMENTS AND ON THE DAY OF YOUR ADMISSION

ENHANCED RECOVERY PROGRAMME APPOINTMENTS

Pre-Operative Assessment Clinic

To make sure that you are fit for your operation you are required to have a face to face assessment.

If you do not attend your appointments your operation may be cancelled.

Please attend …………Louth……..…..………. Hospital for a Pre-operative assessment on:

Day……………………..Date…………………..…..Time…………..

Department ………………Pre Admission……………………….…………………..

Please bring all medication and a urine sample with you.

Hip and knee class

Please attend ……………..……….…….Hospital on

Day……………………..Date…………………..…..Time…………..

Venue ……………………………………………

Dates for Pre-operative tests

Blood tests ………………………………………………….

Mid-stream specimen of urine …………………………………….

Swabs for MRSA ………………………………………………..

Contact numbers

Consultant's secretary ……01507 631411 or 01507 631320 …………………………….…

Pre-admission …….Louth 01507 600100 EXT 1225/1441/1298 ..…………..……......

Physiotherapy…………………01507 605136…………………………………………………….

Occupational therapy ………01507 631309……………………………….

Ward …Fotherby…………**Hospital** …Louth **Tele** …01507 600100 EXT 1229……..

(For Louth patients if the above ward number is unavailable please contact Neustadt-Welton Ward on 01522 573150)

Waiting List …Louth…01507 610236…………………………………………………..

Your Hospital Admission Details

Your admission date is

Day …………………...Date…………………………Time………..

Ward…………………………………………………………….

Your predicted date of discharge is ……………………………...

- Do not eat after 3**am** - this includes chewing gum.
  You can drink clear fluids until **7am**
- Do not eat after **7am** - this includes chewing gum.
  You can drink clear fluids until **11am**
- **Clear fluids means water, black tea or black coffee. No milk, fruit juices or fizzy drinks**

NB: You may experience an unavoidable delay in this area. Your admission time is not the time of your operation.

Special instructions

………………………………………………………………………………………………….

Post-operative Appointments

Physiotherapy

Day …………….Date ……………….Time ……………………...

At …..……………………………………GP Practice/Hospital

Outpatients

Day …………………...Date…………………………Time………..

Clinic …………………………At ………………………………Hospital

Compliments and complaints

Address all correspondence to the Chief Executive or the Customer Care Manager at:

United Lincolnshire Hospitals NHS Trust
Lincoln County Hospital
Greetwell Road
Lincoln
LN2 5QY
www.ulh.nhs.uk

Alternatively you can contact the Patient Advice and Liaison Service (PALS)
Grantham - 01476 464861 Lincoln - 01522 707071 Pilgrim - 01205 446243

Total Hip Replacement

Your surgeon has listed you for a Total Hip Replacement. This booklet aims to tell you what a total hip replacement is and what to expect before and after surgery.

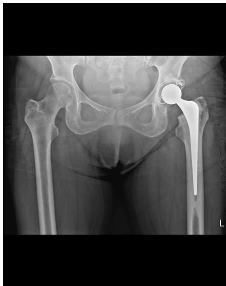
What is an Enhanced Recovery Programme?

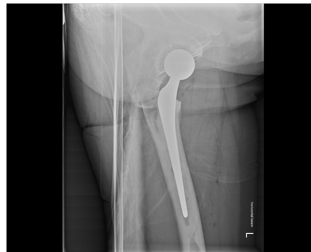
The enhanced recovery programme is an evidence based approach involving yourself and the multi-disciplinary team. It’s aim is to improve your experience by involving you in your own care and decision making to speed up your recovery.

The main principles are:

- Education and support by attending the hip and knee class. This session will also involve input by physiotherapy and occupational therapy
- Pre-operative anaesthetic and surgical assessment to optimise your health prior to surgery
- Surgical and anaesthetic techniques which facilitate early mobilisation
- Planned pre and post-operative analgesia also allowing early mobilisation
- Medicines optimisation
- Intensive physiotherapy
- Early discharge with follow up to improve patient satisfaction

There are a number of conditions that result in patients having to undergo hip replacement surgery. The most common condition is osteoarthritis.





Why do I need a Total Hip Replacement?

- If pain is so severe it can interfere with your quality of life and sleep
- Medication and other treatments may have become inadequate or cause side effects
- Everyday activities such as shopping or getting out of the bath are difficult or impossible
- You may have a low mood because of the pain and lack of mobility
- You are unable to work or have a full social life
- Non-surgical options will not solve the problem and may only give temporary relief

What is a Total Hip Replacement?

This involves removing the head of the femur (ball) and the acetabulum (socket) and replacing them with a prosthesis usually made from metal and plastic. They are fixed to the bone with special cement or have surfaces that new bone will grow into.

You will have an incision down the outer aspect of your hip of approximately 15 to 20cm and may have a drain in place to remove excess blood from the wound. Your wound will be held together with metal clips. You may have a triangular wedge (charnley wedge) between your legs whilst you are in bed to maintain a good position for your new hip.

The operation may take 1 to 1 ½ hours approximately. A hip replacement can last for about 15 years.

<u>Risks/complications</u>

Common 2-5%

- **A deep vein thrombosis (DVT):** is a blood clot that can present as a red and painful swollen leg. This risk is increased after any surgery but especially after bone surgery.
- **Bleeding**: a blood transfusion or iron tablets may occasionally be required. Rarely the bleed may form a blood clot or larger bruise within the wound which may become painful and require an operation to remove it.
- **Pain**: you must tell the ward staff if you are in pain so that medication can be given. The pain will improve in time. Rarely pain will be a chronic long term problem and may be due to any of the complications listed, or for no obvious reason.
- **Pressure ulcers:** due to sitting or lying in one position for too long. It is important that you regularly lift your bottom off the bed and have your heels elevated or, if sat out, that you stand for a few minutes every hour.
- **The operated leg may be shorter or longer than the other:** this occasionally requires a further operation or shoe implant to correct this.
- **Prosthesis wear/loosening:** the reasons some prosthesis don't last for as long as others is unknown. Sometimes implants wear loose. This can be secondary to infection and may require removal of the implant and revision surgery.
- **Joint dislocation:** this can usually be put back in place without the need for surgery. If this is not possible then you may need further surgery followed by an application of a hip brace.

Less common 1-2%

- **Infection:** although you will be given antibiotics at the time of the operation, infections can still occur and these are usually treated with additional antibiotics. An operation may also be needed to wash out the joint. In rare cases the prosthesis may be removed and replaced at a later date. Severe infection can lead to sepsis (blood infection) and antibiotics are required.

Rare less than 1%

- **pulmonary embolus (PE):** is a blood clot that occurs in the lungs. A pulmonary embolism can damage part of the lung due to restricted blood flow, decrease oxygen levels in the blood and damage other organs. Large or multiple blood clots can be fatal.
- **Altered wound healing**: the wound may become red, thickened and painful (keloid scar) especially in people of Afro-Caribbean descent.
- **Nerve damage:** damage to the small nerves of the hip and the sciatic nerve can occur. This can cause temporary or permanent weakness or altered sensation of the leg.
- **Bone damage:** bones may be broken when the prosthesis is inserted. This may require fixation at the time or at a later date.
- **Blood vessel damage:** blood vessels around the joint may be damaged and require further surgery by a vascular surgeon.
- **Death**: this rare complication can occur from any of the above. This is very rare, but may occur after any major surgery or from any of the above complications.

Pre-Admission

As part of your planned operation you will be asked to attend pre-admission to ensure that there are no medical reasons which may prevent you from having your surgery.

Your blood pressure will be checked and oxygen levels recorded.

Your height and weight will be recorded to establish your Body Mass Index (BMI).

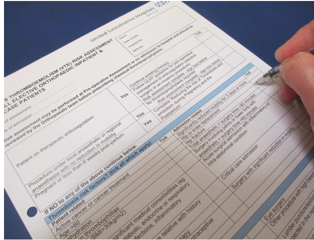
An ECG (electrocardiograph) will be performed to record a tracing of your heart. You may also have a physical examination which includes listening to your heart and lungs.

A nurse will take a full medical history and check all the medication you are taking. Advice will be given about medication that you need to stop before surgery **(see page 3).**

Swabs will be taken for MRSA (methicillin resistant staphylococcus aureus). This is a bacteria that can cause infections. It can live harmlessly on the skin and in the nose but can enter the body through wounds or breaks in the skin for example IV injection sites.

Blood tests and a urine specimen will be taken to ensure you do not have any urine infections and that your iron levels and kidney function are satisfactory.

You need to stop smoking as this can increase the risks of post-surgical complications. Drinking alcohol may exacerbate the effects of the anaesthetic. Your GP can offer further advice.



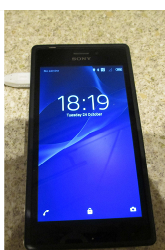
A risk assessment will be completed in relation to a DVT (deep vein thrombosis) or PE (pulmonary embolus). You can reduce your risk by keeping active and mobile, decreasing weight, increasing fluids and informing the nurse if you are on any contraceptive or HRT medication. You will also need to avoid flying and long journeys of more than 3 hours in the month before surgery.

During surgery you can lose blood. Try to eat a varied and balanced diet rich in iron and protein to decrease the risk of anaemia. It is also important that you keep well hydrated with extra fluids before your operation. Have some supper the night before your surgery. You may be provided with some energy-rich sachets of carbohydrate to take prior to your operation. This will provide nutritional support during and after surgery. You will receive instructions as to how and when to take them. For some people with certain other medical conditions, these sachets are not appropriate.

Telephone us if you have any changes to your health or medication or you have to see a consultant, specialist or your GP for anything that has not already been discussed with the pre-admission nurse.

The telephone number is on **page 2.**

Pack a bag to allow for up to 3 nights stay. Pack a dressing gown, night wear, toiletries and layered clothes including loose fitting trousers or skirt – you will be expected to get dressed during your stay. Bring flat, comfortable fitted shoes or slippers with a back, not mules or flip flops and allow room as feet may swell. Bring electric razors, glasses and contact lenses and their containers. Contact lenses need to be removed prior to surgery.
You can also bring books, music i-pad/kindle etc. Towels, disposable flannels and a body wash will be provided. Leave all valuables at home as the hospital cannot accept liability for loss/damage of patients' belongings.



Mobiles can be used in the day room and corridors but not on the main wards. You are unable to plug in or charge any electrical devices due to the trust's fire policy preventing charging of electrical devices.

Bring all medication including eye drops, tablets, patches, herbal remedies and inhalers and those that you may have been advised to stop. These all need to be in their original packaging.

Bath or shower on the morning of surgery using any products you like but do not reapply any talc, body lotion, moisturisers, deodorant, perfumes or aftershave. Do not shave around the planned operation site or your legs as any cuts could increase infection risk. If required, you will be shaved in the operating theatre.

No make-up, nail polish or artificial nails. Remove all jewellery except wedding bands.

You will be invited to attend a hip and knee class prior to your surgery. Here you will be given further information about your operation and will see physiotherapy and occupational therapy and have the opportunity to ask any further questions. You appointment for this is on **page 2.**

Any concerns regarding your health or test results that occur following pre- admission will be discussed with the surgeon and/or anaesthetist. This then may result in a further appointment to be re-seen or your surgery may be cancelled if they feel the problem warrants further investigations by your GP or another specialist.

Medicines management

The use of medicines is a vital part of the procedure you will be undergoing and there are three aspects that are particularly important: your usual regular medicines, medicines to control any pain and discomfort after your procedure and medicines to reduce the risk of blood clots, deep vein thromboses and embolism.

Your own usual/regular medication

The medicines that you take at home will be assessed in the pre-admission clinic to ensure that they are appropriate to continue up to the date of your surgery. This may be discussed with the anaesthetist if necessary. You will be advised if you need to make any changes to your medicines. It is important to mention any herbal preparations or over-the-counter medicines that you take as sometimes these should be stopped prior to surgery. The nurse in the pre-admission clinic will be able to advise you. We will ask about any allergies and sensitivities you may have to any medicines so we can be sure to avoid prescribing these for you. When you come into hospital, please bring your medicines with you in their original labelled packs. You will continue to take them during your stay if it is safe for you to do so and return home with them.

Medicines to control pain

We aim to prevent severe pain after surgery and also make available medication to treat any pain and discomfort you may experience. Pain, as well as being debilitating in itself, may also limit your exercise tolerance in the period after surgery and slow your recovery. You will be prescribed pain killers, sometimes beginning the evening before your procedure and then regularly from when you go to the operating theatre until you are discharged. In addition, other medicines will be prescribed should you experience pain, to top up the regular doses.
You will take painkiller medication home with you, usually paracetamol plus another product. You will be advised how often you should take these and also whether there is anything else you can take in addition, should you need to do so, and also what you should avoid.
Many stronger pain killers can cause drowsiness and dizziness, so we try to limit the amount of these we prescribe to reduce any risk of falling. In addition, some can cause constipation which is exacerbated by a change of environment and limited activity, so you may be prescribed a small supply of laxatives to provide some relief.

Medicines to reduce the risk of blood clots

Recent surgery increases the risk of deep vein thromboses and embolism and so to reduce this risk you will be prescribed a course of medication and asked to wear anti-embolism stockings. The medicine is usually in tablet form, though occasionally some people have a daily injection instead. The course length will vary depending on whether you have had surgery to a knee or a hip. Because these medicines ‘thin the blood’ some people experience bruising more readily or sometimes experience signs of bleeding. While minor bruising is not generally a cause for alarm if you note any bleeding you should contact your doctor.

Ward pharmacy services

While you are in hospital, a member of the pharmacy team will assess with you any medicines you have brought with you and ensure that you have sufficient for discharge so you are not delayed waiting for medication. Should you wish to speak to a pharmacist or pharmacy technician about your medication at any time during your stay, the ward nurses will be able to contact them for you.

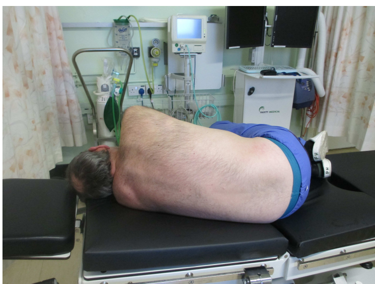
Anaesthesia for Joint Replacement

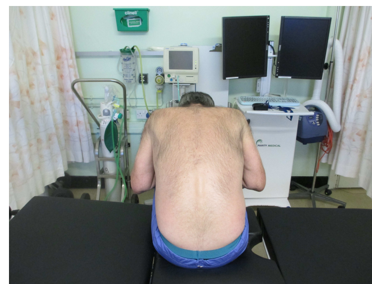
When you have a joint replacement there are different types of anaesthetic that can be given. The majority of cases are performed under a spinal anaesthetic. If this is contraindicated the procedure is performed under a general anaesthetic. You will be seen by the anaesthetist on the day of your surgery who will discuss with you the anaesthetic which is best for you.

What is a spinal anaesthetic?

A local anaesthetic drug, usually Bupivicaine, is injected through a needle in the middle of your lower back, to numb the nerves from the waist down to the toes for 2 to 3 hours.

Before your spinal, the anaesthetist will explain the procedure and a cannula (thin plastic tube) put into a vein in your hand or arm. At this stage you may have a drip started which will give you clear fluid. You will then be helped into the correct position for the spinal. This may be sat on the theatre trolley with your feet on a low stool or you may be asked to lie on your side with your knees tucked up towards your chest. The anaesthetist will then keep you informed of what is happening throughout the procedure. A local anaesthetic will be given first into the skin of your back before the spinal needle is inserted. Once the spinal has been given it will then take 10 to 20 minutes to work after which the anaesthetist will test for its effectiveness.





Your anaesthetist may use a range of simple tests to see if the block is working properly. When the anaesthetist is happy that the spinal is working properly you will then be taken into the theatre. At this point in the procedure you may be given some sedation, as agreed with the anaesthetist before your operation. The amount of sedation can be adjusted according to how you are feeling.

The advantages of spinal anaesthesia are;

- Less risk of chest infection
- Less effect on lungs and breathing
- Good pain relief immediately after surgery
- Less sickness and vomiting
- Earlier return to eating and drinking after surgery
- Less risk of confusion after surgery (especially in older patients)
- Less risk of a DVT.

Side effects and complications of spinal anaesthesia

These may range from trivial to unpleasant, but can be treated and do not last long.

Common:

- Low blood pressure
- Itching (if additional drugs used e.g. morphine, fentanyl)
- Difficulty in passing urine
- Pain during injection
- Headache - a severe and important headache can occur after a spinal injection. In young women having a spinal for childbirth it happens in around 1 in 200 or 300 spinals. It is much less common in older people having a spinal. This headache gets worse on sitting or standing and improves if you lie down. If this happens to you, you need to see an anaesthetist for assessment. If you are still in hospital, your nurses and the surgical team will organise this for you. If you have left hospital, you should seek help from your GP or by attending the emergency department.

Rare:

- Nerve damage - this is usually temporary. Permanent nerve damage is very rare - approximately 1:50000

It takes about one to four hours for sensation to return to the numb part of your body. You may experience a tingling sensation in the skin as the spinal wears off. It is at this point you may start to feel some pain. Ask for some pain relief before it becomes too obvious. You may find you are a little unsteady on your feet when the spinal first wears off but you will have a nurse or physiotherapist with you when you first get up to walk and you are also supplied with a walking frame. You can normally drink fluids within one hour of the procedure and may also be able to have a light diet.

What is a General Anaesthetic?

This produces a state of controlled unconsciousness during which nothing is felt. You are given anaesthetic drugs; an injection or gas to breathe, supplemental oxygen and sometimes a drug to relax your muscles. You will have some type of breathing tube in your throat to enable the anaesthetic gases to move easily into your lungs. You may be on a ventilator if muscle relaxants are used. At the end of the procedure the relaxants are reversed, the anaesthetic is stopped and you will wake up. The main advantage for you, the patient, is that you will be unconscious throughout and not be aware of anything that goes on.

The disadvantages are:

Anaesthetic does not give total pain relief afterwards. You may need some further pain relief almost immediately after you wake up. Some strong pain medicines may make you sick. You will feel drowsy for a while and will not be able to eat or drink for maybe up to 2 to 3 hours.

Some side effects from a general anaesthetic may include:

- Shivering and feeling cold
- Confusion
- Dizziness
- Sore throat
- Possible damage to mouth and teeth
- Nausea and vomiting

Wound Infiltration

This is an injection of local anaesthetic around the joint being operated on. This is carried out by the surgeon whilst he begins to close your wound. This should help with pain relief and may help you mobilize sooner as it does not affect the muscle strength in your leg.

Day of surgery

- You will be welcomed onto the ward; relatives are not permitted onto the ward area during the admission process. They are advised to ring later during the day for an update on your recovery.
- On your admission you will be asked relevant questions to make sure you are fit for your surgery. This will include checking your blood pressure and temperature.
- You will be re-swabbed for MRSA on the day.
- You will be measured for special stockings which will decrease the risk of developing blood clots in your legs.
- You will be seen by the anaesthetist to discuss the type of anaesthetic and the surgeon to discuss the benefits and the risks of the procedure as part of the consent process. Your leg will be marked with a permanent marker to identify the correct site of surgery. Please feel free to ask further questions.
- You will be given some pain relief medication before going to theatre.
- When it is time for your surgery you will be escorted to theatre by a member of staff and shown into a private room to get changed into your gown.

Infection control

To assist in the prevention of infections visitors should:

- use chairs provided and not sit on the patient's bed/chair/footstool.
- not place outside clothing on patient's bed/chair.
- use specified toilets, please ask a member of staff where these are located.
- follow visiting times, as per individual hospital site. **Page 27.**
- Visitors who work in health care settings are asked not to come in uniform.

Recovery

All patients having had a general or spinal anaesthetic will be taken into the recovery room following theatre. Here you will be looked after on a one to one basis by a member of the theatre team. You will be given oxygen to breathe via a clear plastic mask/nasal cannula and will have your blood pressure, temperature and pulse recorded at regular intervals until you are ready to go back to the ward. These observations will be continued at 30 minute intervals on return to the ward for 2 hours. These will then become less frequent as your recovery progresses. Pain relief and anti-sickness medications will be given as required both here in recovery and on your return to the ward. You will have a dressing in place - this will be checked at intervals until you are discharged home.

After Surgery

Diet and fluids

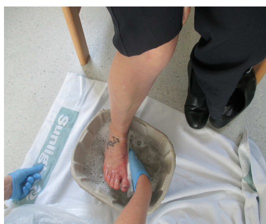
You can eat and drink as soon as you feel ready to. It is advisable to start with a light diet. If you feel nauseous after your surgery, please inform the nursing staff as we will give you some medication through the cannula to relieve this.

Pain

You will have regular pain relief prescribed. Always inform members of staff if you are experiencing pain. Other interventions are available such as ice therapy.

Mobility

You will be expected to sit out on the day of your surgery with assistance from nurses/physio. Early mobilisation is advised to help reduce stiffness in the operated leg and prevention of blood clots.



Hygiene

You will be encouraged to mobilise to the bathroom for a wash. You will be given antimicrobial body wash, disposable wipes and a towel to use. Nursing staff will wash and apply the stocking to the operated leg. Due to post operative swelling, both legs will be measured daily to ensure these are a correct fit. The amount of bruising will also be monitored daily.

Post op tests

Within 24 hours, following your procedure, blood tests to check your iron, sodium and potassium levels will be taken and an X-ray will usually be carried out.

Occupational Therapy

Our role is to help you to be as independent as possible and enable you to carry out your daily activities and roles that are important to you.

We will work co-productively with you to assess and understand your individual needs and concerns before, during and after your surgery to find out what is important to you, what you would like to achieve and to identify any difficulties or environmental issues that may be restricting your ability to carry out your everyday activities safety and independently. We will help you to find practical solutions to the problems that have been identified.

This might include for example managing your personal care such as getting washed and dressed, domestic activities such as preparing meals and drinks, or participating in your favourite hobbies and leisure pursuits.

Understanding your hopes, needs and concerns will enable us to assist you to maximise your ability and maintain your independence and safety when returning home after surgery and following your recovery.

If you have any concerns regarding loved ones or individuals in your care during your hospital stay or following your return home then these can be discussed with us beforehand so that we can help address any worries that you may have.

Prior to undergoing your hip operation a member of the Occupational Therapy Team will contact you on the telephone to discuss and assess your individual needs and home environment and will discuss techniques to help you to recover well and resume your normal everyday activities.

In order to help us determine if specialised equipment is required please complete the following form in preparation for a telephone consultation with the Occupational Therapy Team.

If you are likely to experience difficulty with any of this then please speak to a member of the Occupational Therapy team as soon as possible who will be able to make arrangements to assess your needs and complete the required measurements form with you at your home.

United Lincolnshire Hospitals NHS
NHS Trust

Please measure lower leg length when in a sitting position and record below:

Leg length =

Name:
Date of Birth:
NHS Number:

Occupational Therapy Department

In order to help us determine if specialised equipment is required please complete the following questionnaire in preparation for a telephone consultation.

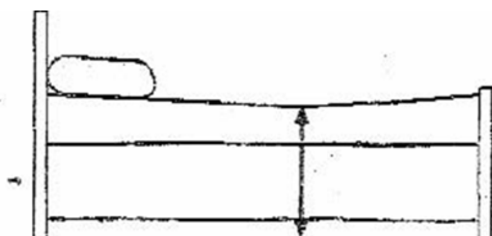
Personal details:

Your height…………………………….. Your weight………………………………….

Measurements:

Bed

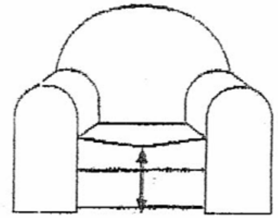
Type of bed:	Single/double (please circle) Other (please state)
Number of legs/castors	
Type of legs	Straight legs/straight legs and castors/castors (please circle) Other (please state)
Height of bed (floor to compressed mattress)	



Chair

Height (floor to compressed cushion) …………………………………

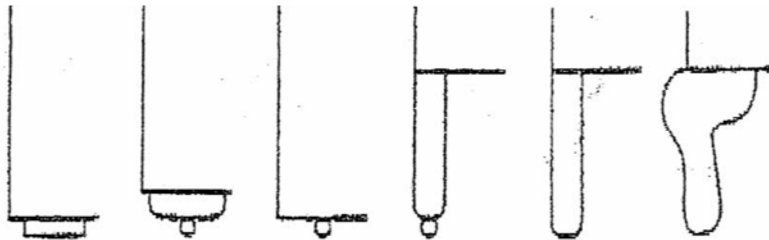
Seat depth ………………………………………………………..



Type of chair	Fireside chair/3 piece suites (please circle) Other (please state), for example dining room chairs, computer chairs

Please note we are unable to raise recliner chairs

Type of legs/feet (please circle)



Toilet

Height floor to bowl (lid and seat up)…………………………………

Floor to seat …………………………………………………………..

Do you have any existing toilet equipment to assist you? YES/NO

Following your hip operation we will aim to maximise your independence with functional tasks, these include tasks such as getting washed and dressed, as early as possible.

It is important during this time that you conform to post-operative advice and recommended techniques for the first 6 weeks after your surgery to ensure that you have the best chance of healing and resuming independent activities:

Try to avoid doing the following:

1) Bending over 90 degrees generally hands past your knees.

2) Turning and twisting your upper body excessively to either side.

3) Reaching up high.

4) Crossing your legs.

5) Turning your feet inwards or outwards excessively when mobilising or turning.

Prior to your admission you will be provided with a Long-Handled Reacher and a long handled shoe horn. These devices will assist you when dressing and putting on and removing your shoes and socks, by helping you to avoid bending at the waist or overreaching up high. It is recommended that you practice using these devices before your surgery. Please can you make sure that you bring these into hospital with you to use on the ward and return both items back to the OT department when no longer required.

Using your Long Handled Reacher:

This tool enables you to put on/take off garments over your feet without bending forward. This useful aid can also be used to independently pick up objects from the floor.

To put on/take off undergarments while seated using the Long Handled Reacher:

Useful tips

Dress sitting down – avoid low armless chairs. Your chair will be raised to the correct height, to avoid the need for you to bend at the hip. Alternatively, you may be provided with a perching stool, set to the correct height to avoid the need for you to bend.

Dress your **operated limb first** and undress your operated limb last.

You may find it uncomfortable to bend forwards to pull up undergarments/trousers or to put on shoes or socks – long-handled aids such as a long handled Reacher, or long handled shoe horn can be used to avoid the need to bend forward.

1. Grip one side of your garment with the helping hand (on the operated side).

2. Lower the garment down to your feet using the device to avoid your need to bend forwards excessively and place your operated leg into the garment – take care not to lift your knee too much.

3. Using the device bring the garment up to your knee at one side and hold it with your free hand.

4. Grip the opposite side of the garment with the helping hand.

5. Position the garment so that you can easily dress the other leg.

6. Bring the garment up to your knee.

7. You should now be able to stand and pull up your garment.

Using a long-handled shoe horn

This enables you to put on or take off your shoes more easily and independently.

You may find it easier to wear shoes that do not have lace fastenings for you to reach and tie. Alternatively you could swap your conventional laces for elasticated laces which will make your shoe easier to slip on and off using the long handled shoe horn whilst you are recovering from your surgery.

If you have any difficulty with any of the above techniques, please do not hesitate to ask for assistance and further demonstration from a member of the Occupational Therapy Team during your hospital stay.

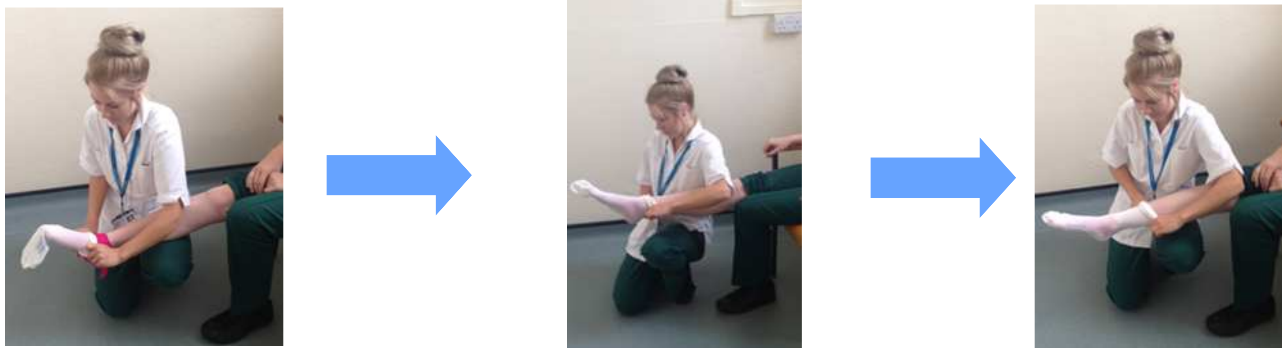
Anti-Embolism Stockings

These are a mandatory post-op recommendation to reduce the risk of deep vein thrombosis. They should be worn for 24 hours a day, day and night, taken off only to clean your lower legs and wash the stockings for 6 weeks post operation. You will be provided with a second pair for discharge.

Following your hip replacement it is advisable that somebody helps you change these initially.

You will be provided with a “sock-on” which is a small aid which is placed over your foot to make putting the stocking on much easier.

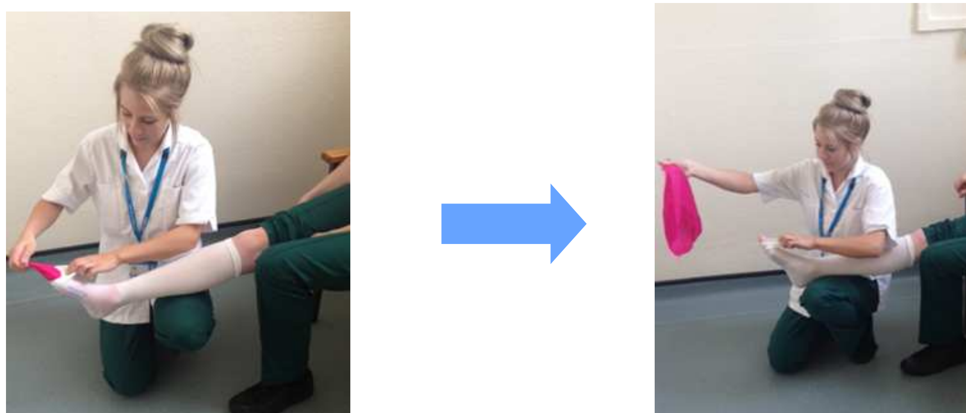
2. It is easier to pull them on by resting in the position demonstrated.



3. The stocking should finish below the knee and there should be no wrinkles or folds when finished.

4. The heel is highlighted by a slight change in colour on the heel area.

5. .Remove sock aid through the inspection hole in bottom of the stocking.



6. Ensure inspection hole is under toes. Toes should not stick out of the inspection hole as this can rub and make toes sore.

7. Check highlighted section is still in the heel area.

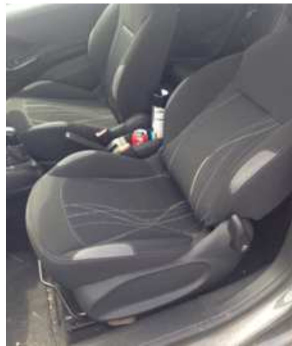
Travelling in the car

It is advisable to follow the advice below when getting into/out of a car.

1. Use the front passenger seat as this has the ability to be re-positioned.

2. Push the passenger car seat as far back as possible to give you more leg room.

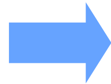
3. Recline the passenger seat of the car to give you more room to manoeuvre and to keep your hips above the 90 degree angle.

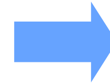


4. When sitting place your operated leg out forwards slightly then lower yourself into the car. Be aware that car doors do not make good anchor points to hold onto as they can move and trap fingers.

5. Pushing your bottom to the back of the seat will give you more room to swing your legs in.

6. Lift your legs into the car and keep the operated leg out in front on you.





Returning to Activities

Recovery after a hip replacement will depend on many different factors such as age, weight and fitness. There are potential risks when returning to activities.

We encourage a return to leisure activities, however, there needs to be a balance between the risk of damage and active participation. Some activities to be avoided are those that involve high impact stress on joints or risk of injury, this could be competitive sports. Lower impact sports such as walking, biking and swimming are generally safer exercises for those following a hip replacement.

If you find that you are still struggling when you return home we will be able to link you to other services that will be able to provide additional support/rehabilitation.

Physiotherapy and Mobilisation

It is important to mobilise as soon as possible and you should expect to get out of bed and take weight on your new joint on the first day.

A member of the Physiotherapy team will start you on your exercise programme to help condition your muscles, this will help you to bend your hip and lift your leg.

You normally begin walking with a zimmer frame and you should progress to crutches with your Physiotherapist.

You will be expected to continue working on your exercises regularly during the day even when the Physiotherapist is not present.

You will need to practice your walking until you are safe and independent. Your progress will be monitored by your Physiotherapist but this is largely dependent on you.

If you have steps or stairs at home you will be shown how to do these safely before you are discharged. The contact number for physiotherapy can be found on **page 2.**

Recommended sports include:

- walking (very gradually increase your walking distances)
- swimming (you need to consider the access into the pool and the wound should be fully healed)
- cycling (you need to have enough range of movement before cycling)

Please seek advice from your physiotherapist before you start swimming/cycling after surgery.

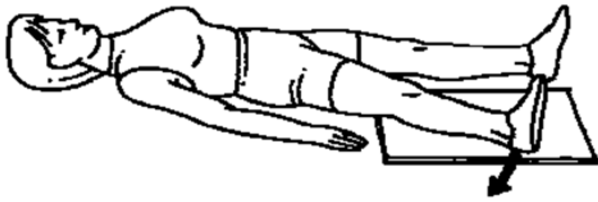
Jumping and running are not recommended.

Pre-operative and Early Post-operative Exercises

It is important to practice the exercises prior to your surgery.

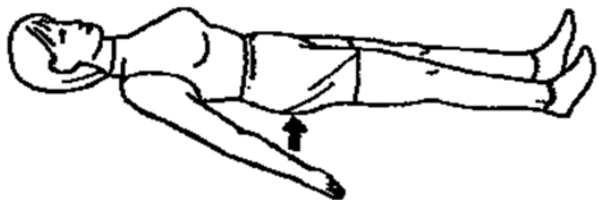
The following exercises can be done on your bed and your Physiotherapist will advise you how many to do and how often to do them.

Pre-operative and Early Post-operative Hip Exercises

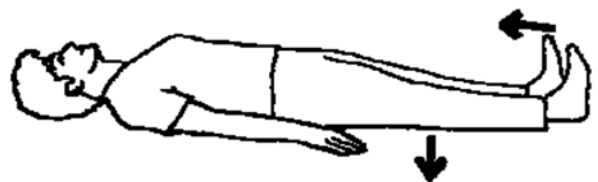


Lying on the bed with a tray under your leg.
Slide your leg to the side and then back to the mid position.
Keep your knee straight and facing the ceiling during the exercise.
Repeat 10 to 20 times.

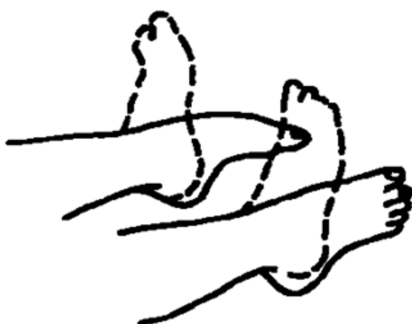
Lying on the bed with a tray under your leg.
Bend and straighten you hip and knee by sliding your foot up and down.
Keep your knee facing the ceiling during the exercise.
Repeat 10 to 20 times.



Lying on the bed or sat in a chair.
Firmly squeeze your buttocks together.
Hold for 5 to 10 seconds and then relax.
Repeat 5 to 10 times.



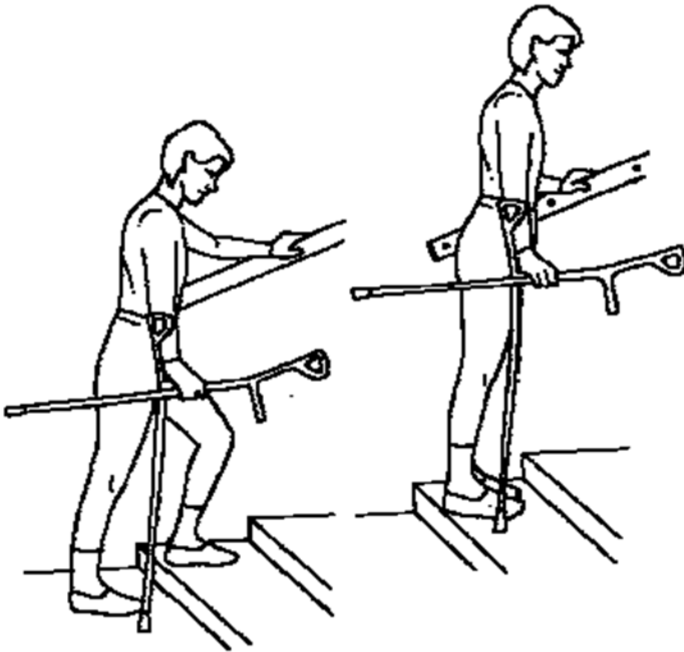
Lying on the bed.
Pull your foot back, tighten your thigh muscles and squeeze your knee down firmly.
Hold for 5 to 10 seconds.
Repeat 5 to 10 times.



Lying on the bed.
Bend and straighten your ankles briskly.
Repeat for 1 minute.

Stairs

If you have stairs at home you will be shown how to do them safely and you will practice with your Physiotherapist before you are discharged.



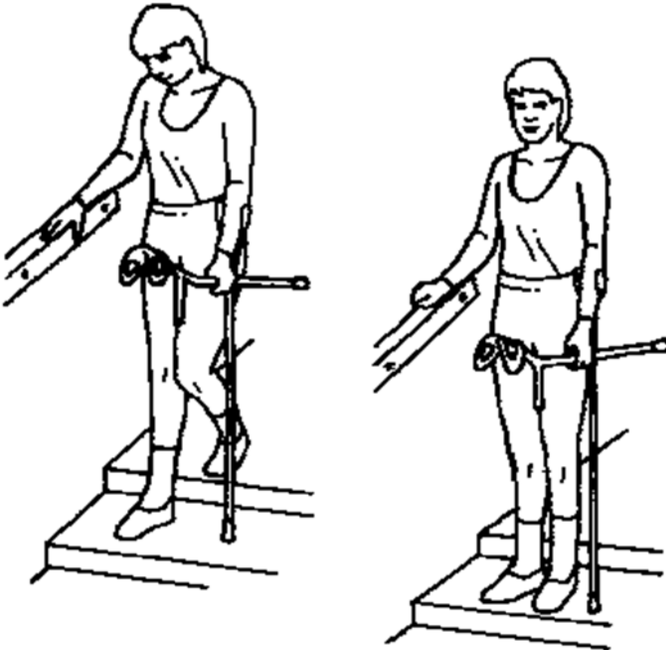
Use the bannister/hand rail if you have one.

First take a step up with your healthy leg.

Then take a step up with your affected leg.

Then bring your crutch up onto the step.

Go one step at a time.



Use the bannister/hand rail if you have one.

First put your crutch one step down.

Then take a step down with your affected leg.

Then take a step down with your healthy leg.

Go one step at a time

Discharge Home

We aim for discharge between 1 to 2 days.

On discharge you will be given:

- Medications including pain relief and laxatives.
- Copy of discharge letter.
- Wound care advice leaflet.
- Outpatient appointment (see page 3).
- A course of medicine to reduce the risk of deep vein thrombosis and embolism.
- Stocking advice.
- Advice when to bath/shower.
- Clip remover and dressing (to take to your practice nurse in 14 days) - You will need to book this with your GP Practice

The ward will telephone you a few days after discharge to see how you are recovering.

Do not:

- Drive for at least 6 weeks - you will need to check with the surgeon at your follow up appointment and inform your insurance company that you have had a hip replacement before you drive again.
- Travel for more than 4 hours by car, train, plane or a combination of these for 12 weeks after your surgery as this can increase your risk of a blood clot.
- Stand for long periods.
- Twist or swivel on the operated leg.
- Cross your legs.
- Bend your operated hip too far.
- Sit in a very low chair.

Returning to work

This will vary and will depend on your occupation. Please seek advice at your follow up appointment.

Visiting Times

2pm to 9pm. No visiting during protected meal times 11.45 to 1pm and 4.30 to 6pm.

The Trust endeavours to ensure that the information given here is accurate and impartial.

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The Information Standard Certified Member

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