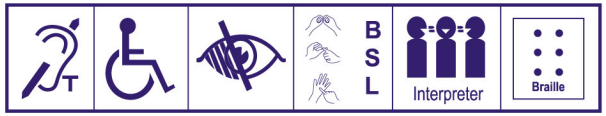
Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust



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To use the Text Relay service, prefix all numbers with 18802.

اگر نیاز به ترجمه دارید، لطفا با شماره 01932 723553 تماس بگیرید.

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اِس کا اُردو زبان میں ترجمہ چاہتے ہیں، تو براہِ کرم اِس فون نمبر 01932 723553 پر رابطہ کریں

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আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Website: **www.ashfordstpeters.nhs.uk**

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Total Hip Replacement

Orthopaedics Department

Patient Information

Total Hip Replacement

INTRODUCTION

So you need a hip replacement?

We hope this booklet will provide you with useful information that will help you to recover from your operation.

Remember - once the surgeon has replaced your hip, it is up to YOU, under the guidance of your physiotherapist, to exercise regularly in order to get the most benefit from your new joint

- **GOOD LUCK!**

REMEMBER:

This booklet is only a guide and a reminder for you and your family. If it does not answer all your questions, then please ask the hospital staff

We are to help you.

ENJOY YOUR NEW HIP

FURTHER INFORMATION

If you have any further queries, please contact the ward in which you stayed

Juniper Ward	**01932 723 221**
Elm Ward	**01932 722 010**
Dickens Ward	**01784 884 004**

NB: Any medical problems should be referred to your GP who can then refer you to hospital if necessary.

Additional information may be obtained by logging on to
www.nhsdirect.co.uk

(Click on Health Encyclopaedia > Alphabetical Index
(H for Hip)

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk.

Author: S Brown **Department:** Orthopaedics and Trauma
Version: 2 **Published:** Aug 2005 **Review:** Aug 2006

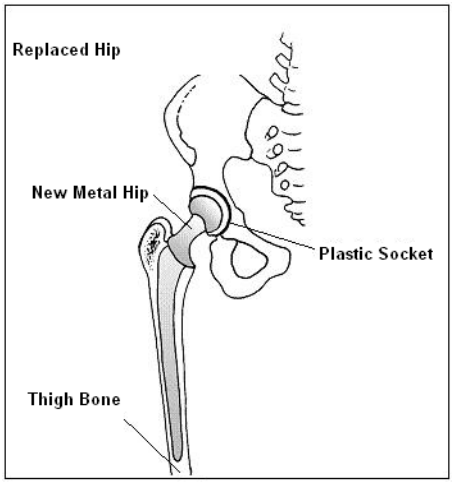
OUTPATIENT APPOINTMENT

Patient Name & Address:	**Patient No:** **Location of Clinic:**
Date:	**Time:**
TRANSPORT ARRANGED:	**YES / NO**
DISTRICT NURSE ARRANGED:	**YES / NO**
TABLETS TO TAKE HOME:	**YES / NO**
HOME CARE WILL COMMENCE: Date:	
MEALS ON WHEELS WILL COMMENCE: Date:	

WHAT IS A HIP REPLACEMENT?

In this procedure, the surgeon replaces an arthritic or damaged joint with an artificial joint called a "prosthesis".

The hip is a "ball and socket" joint. The upper end of the thigh bone is the ball that fits into the socket which is part of the pelvis called the acetabulum.



The new hip consists of a metal or ceramic ball on top of a stem which is placed in the thigh, either by direct contact with the bone, or with cement. The socket is plastic and either screwed or cemented in.

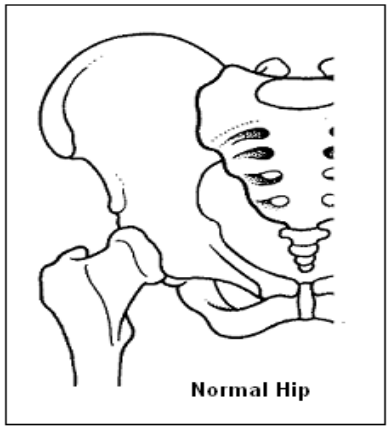
WHY DO I NEED A NEW HIP?

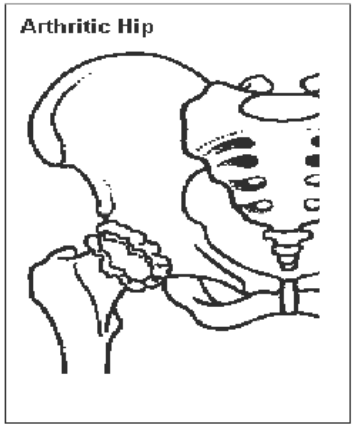
The most common reason for a new hip is to relieve the pain and disability caused by severe arthritis. This is because the surfaces of the hip are no longer smooth. The bones are irregularly shaped and the smooth surfaces of the joint worn away or damaged. The

aim of the operation is to stop the pain so that you are able to walk and get around more comfortably.

Normal Hip Joint
This is the smooth joint surface made of cartilage

Roughened Ball Socket
This is why your hip is stiff and painful





The normal hip joint is composed of a socket shaped cavity in the pelvis that fits together with a perfectly smooth ball on the top of the thigh bone or femur. An arthritic hip may have a roughened ball and socket joint and be why your hip is painful and stiff.

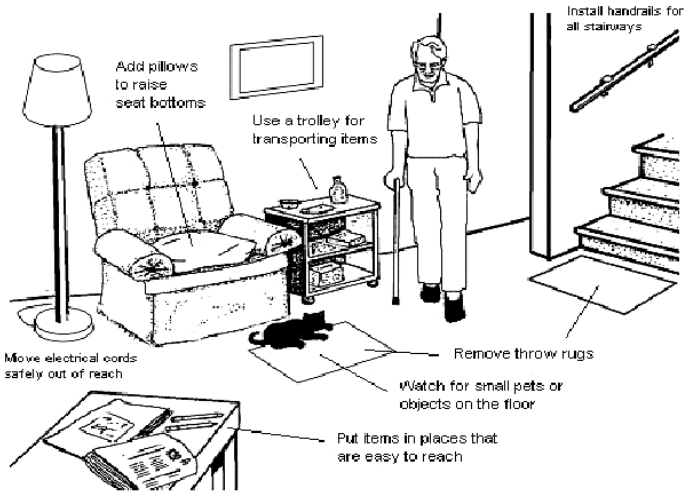
WHAT ARE THE BENEFITS?

The main benefit to you is relief from pain. After the operation, you will have some soreness from the wound, but injections or tablets will be given to control this. **It is very important that your pain is well controlled, as this will allow you to move and exercise**.

The initial assessment will last approximately 30 minutes, where we will go through any problems you may be experiencing and then examine your hip, looking at a range of movement, muscle strength and general mobility.

Further rehabilitation will be provided as needed.

AT HOME



- DO contact your GP if you develop an infection (e.g. cystitis or bronchitis). An infection can slow down the healing of your new hip. Please contact the ward in which you stayed if your wound becomes red, swollen and/or oozing. It is not uncommon to have swollen ankles for up to 3 months following surgery. Only take the tablets you were given on discharge. If you require any more please contact your GP.
- DO wear sensible, non-slip shoes with a back to them.

GENERAL ADVICE

After being reviewed by the Consultant at about 6-8 weeks, you should be able to:

1) Drive a car
2) Attempt sexual intercourse with care.
3) Start hobbies gently without excessive effort (e.g. swimming but NO breast stroke or diving for at least 3 months).

OUTPATIENT PHYSIOTHERAPY

Approximately 10-14 days after discharge from hospital, you will attend the physiotherapy department in order to continue your rehabilitation.

It is quite common for painkillers to cause constipation. This can be rectified with the help of laxatives, early mobilisation, and exercising as soon as possible after the operation.

WHAT SHOULD I EXPECT BEFORE MY OPERATION?

Following your pre-admission assessment with the nursing/ medical staff, you will be invited to a pre-operative educational class at Ashford Hospital where you will have the opportunity to discuss your operation and after care with physiotherapists and occupational therapists.

Please contact the therapy gym on Dickens Ward to book your class -Telephone: **01784 884 322**

WHAT CAN I EXPECT AFTER MY OPERATION?

The recovery period following your operation may vary. Generally you will be encouraged to use the joint shortly after the operation and begin walking within a couple of days.

The physiotherapist will teach you exercises to improve circulation and strengthen the muscles around the joint. Normally you will be in hospital between 4-7 days.

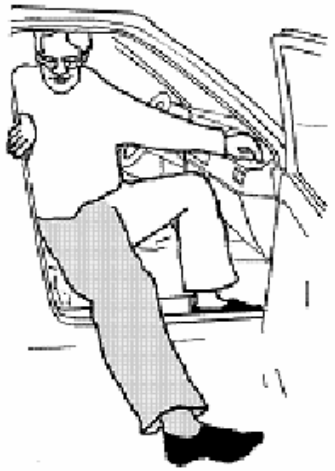
POSSIBLE COMPLICATIONS

1) Total hip replacement is major surgery and, in spite of all the effort put in by everybody, occasionally things can go wrong.
There is a very small risk of death ad neurovascular injury, fractures of bones during surgery, or damage to a major artery or nerve of the leg. Should any of these occur, further surgery may be necessary.

2) The risk of developing serious infection is between 1% - 3%. This includes the risk of the super bug MRSA and happens despite the use of antibiotics.

3) There is a risk of developing a blood clot in the calf (deep vein thrombosis) and, occasionally, these clots can travel to the lungs (pulmonary embolism).
We do take precautions to reduce this risk by using Aspirin, calf pumps and, occasionally, blood thinning injections but, regrettably, these measures cannot completely eliminate the risk of developing a clot.

4) Artificial joints, such as total hip replacement, can come apart, which is called dislocation. The greatest risk is soon after the operation and may require another anaesthetic to manually put the hip back into place. During your stay in hospital you will be given advice on ways to reduce the risk of this happening.



Reverse this process to get out of the car.

It is safer to avoid getting in and out of the car from a kerb. Find a level surface that makes the car seat a better height for you, such as the road or driveway.

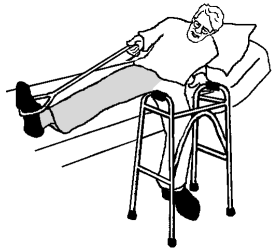
ADVICE ON DISCHARGE

Positive things to do:

- DO continue with your exercise regime.
- DO go for short walks regularly, using your mobility aid at first. Your physiotherapist will progress your mobility as appropriate. You will be using some sort of aid for at least 6 weeks until you return to see the Consultant. This is to help protect the joint and let the tissues repair adequately.
- DO watch your weight. Being heavy will put extra strain on you hip.

More useful aids available:

Leg lifter

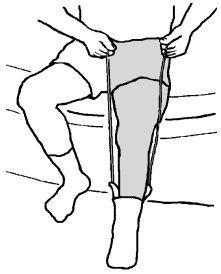


Operated leg

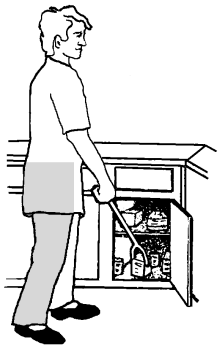
Reacher

Reaching into cupboard

Sock aid



Reaching into cupboard



GETTING INTO CARS

If you are travelling by car, stop every hour. It is best if you travel as little as possible.

When you do travel as a passenger ensure that the car seat is pushed right back and slightly reclined. Use the seat as support as you lower yourself back and turn to point your body and legs towards the front of the car.

5) Unfortunately, over many years, artificial joints can become loose and painful. We do, however, expect 90% of our hips to last at least fifteen years.

6) Patients often develop some swelling of the leg and this can take up to a year to settle.

7) Following hip replacement, one can notice a difference between the length of each leg, which is often within 2 cms, and this is usually successfully treated with an insert in the shoe of either leg.

WHY DO I NEED PHYSIOTHERAPY?

The role of the physiotherapist is to teach you exercises to increase the range of movement of your "new" hip and improve the muscle strength of your affected leg. You will be invited to attend an important pre-operative advisory session by the therapist. He/she will also ensure that you are walking with the correct walking aids.

WHY DO I NEED OCCUPATIONAL THERAPY?

The role of the occupational therapist is to assess how you cope at home. Equipment may be provided, if appropriate, to help you cope more comfortably in the first few weeks and to help prevent dislocation following your surgery.

It is important that you complete and return the form that you will be given at the pre-operative assessment clinic, detailing heights of furniture and support available on discharge. You will be contacted prior to admission.

GENERAL INFORMATION FOR ADMISSION TO HOSPITAL

We suggest that you bring the following items with you:

- Your admission letter
- Personal toiletries
- Any special aids used (e.g. feeding cups, adapted cutlery)
- Coin change for telephone calls, newspapers and other small items
- Any pills or medication you are taking
- Spectacles, hearing aid and dentures
- Reading material
- Outpatient appointment card (for follow-up appointment when you go home)
- Nightwear, including slippers, which should not be slip-on or flip-flop type. You may need half a size larger than you normally wear as feet swell following surgery
- Loose casual clothing for comfort since, as part of your rehabilitation, you will be encouraged to get dressed during the day time

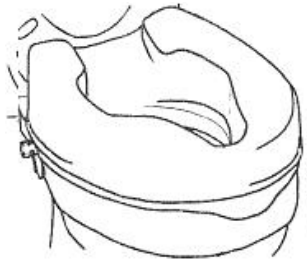
DISCHARGE

Before you are discharged home, you will be seen by the Occupational Therapist who will be looking at how to help you master your daily activities - changing your normal routine to accommodate your operated leg. During the assessment, you will be asked to get in and out of bed, on and off a chair and toilet, in order to assess what equipment is needed at home for your comfort and safety.

You will have the opportunity to purchase some simple aids whilst others may be available on a loan basis. These will help reduce the amount of bending when dressing or doing up shoes.

Useful aids available:

Toilet frame



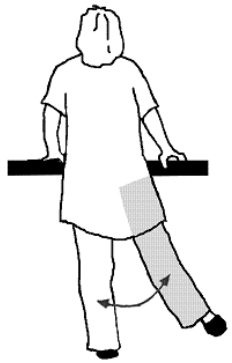
Raised toilet seat

Knee raises (Step 1)

Lift your operated leg approximately 8 inches from the floor, being sure that the angle of your hip is no greater than 90 degrees. Return your leg to the floor and repeat

Leg to the back (Step 2)
Keeping your body upright at all times, move your leg slowly backward to a comfortable height keeping your leg straight and toes off the floor. Return your leg slowly to the starting position.

Leg to the side (Step 3)
Keep your hips, knee and feet facing front as you slowly lift your leg to the side to a comfortable height. Maintain this posture as you slowly lower your leg to its original position.



THE OPERATION

So that routine tests can be carried out, you can expect to come into hospital on the day before the operation. You may meet your physiotherapist before the operation.

Following the surgery, you will return to the ward with a thick dressing on your hip and you will be lying on your back. There will be a tube coming from the wound that draws away excess blood. This will be removed 24 hours after the operation.

You may also be attached to a machine that, by simply pressing a button, delivers pain relief when you need it. The anaesthetist will decide whether or not you have this machine.

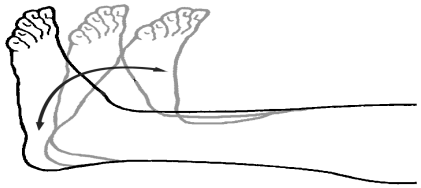
A "drip" will have been inserted into your arm, to make sure your body has enough fluid. This will be removed when you are able to eat and drink.

To help prevent you from twisting it, your leg will be resting in a foam trough. You will also have calf pumps on your leg to help increase the circulation and prevent blood clots. You will be reminded to regularly take deep breaths to assist circulation and help prevent risk of chest infection.

The physiotherapist will visit you on the day after the operation; he or she will teach you some exercises to improve the circulation in your legs and maintain muscle strength.

BED EXERCISES

1) Move your ankles up and down in a slow pumping action.



Exercising calf muscles

2) Using your thigh muscles, tighten your knee and press it in to the bed, making it as straight as possible, hold for a count of 5.

Exercising thigh muscles

3) Squeeze your buttocks together - hold for a count of 5
4) With the help of the physiotherapist, gently try to bend the hip and knee up towards you. A sliding board will be provided.
4) Again, with help, try to move your leg out towards the edge of the bed and back to the middle again.
6) Place a rolled towel under your knee. Gently try to Straighten your leg by raising your heel off the bed – hold for a court of 5.

Once the drain is removed it will be much easier to do your exercises.

GOING UP STAIRS

Always put the good leg up first, and then bring up the operated leg. Finally bring up the crutch (crutches).

GOING DOWN STAIRS

First, put the crutch (crutches) down on to the centre of the step below, then follow with the operated leg. Finally put the good leg down.

As you progress standing exercises will be added to your regime.

STANDING EXERCISES

As you progress, standing exercises will be added to your regime. The following exercises will help you to heal and walk on your own more quickly.

Hold on to something firm while doing these exercises.

We suggest that you repeat each exercise 10 times at least twice a day, or as suggested by your physiotherapist.

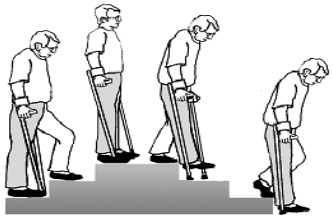
Gradually increase the frequency and distance of your walks. REMEMBER, little and often is much better than one marathon effort a day!!

As you become stronger and more confident in your walking, you will progress on to crutches or sticks. You will also do more exercises in standing, practise climbing stairs or negotiating a kerb.

CLIMBING STAIRS

If there is a banister, hold it with on hand and use one crutch in the other hand. Take the second crutch with you by holding it horizontally next to the handle of the other crutch ensuring it is held on the outside of the other crutch. If there is no banister, use

operated leg



going up **going down**

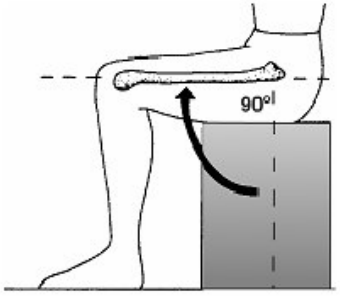
both crutches, as in diagram.

On **Day 2**, your physiotherapist will help you get out of bed and sit in a chair.

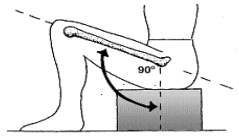
You will get out of bed on the side of the operated hip. If you feel strong enough, you may take a few steps with the support of a zimmer frame.

Zimmer Frame

You must not bend your hip beyond 90 degrees.



Your new hip will move up to 90 degrees



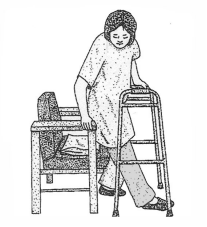
Natural hip bend – more than 90 degrees

SITTING

To sit

1) Walk backwards until you feel the chair touch the back of your leg (Step 1)

Step 1



2) Grasp the arm rest. Without bending forward, and while keeping your operated leg straight in front of you, lower yourself into the chair (Step 2)

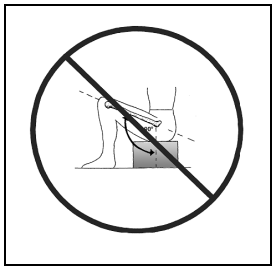
Step 2

3) Once you are sitting comfortably in the chair, slide back to rest on the chair back (Step 3)

Step 3

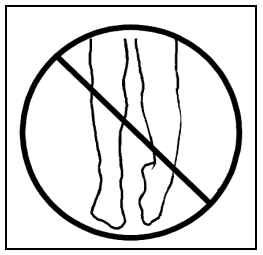
BASIC PRECAUTIONS AND ADVICE
to protect your leg for a minimum of 6-8 weeks:

1) DO NOT bend the hip excessively, i.e. not more than 90 degrees or at a right angle. Use a high chair for sitting and make sure your knee is not higher than your hip



2) DO NOT cross your legs one over the other

3) DO NOT turn the toes of your operated leg inward or twist when turning around



4) DO NOT stoop or bend to pick things up from the floor

5) SLEEPING: Try to sleep on your back, but if you are not able to do so, you may sleep on your side if you put a thick pillow between your legs to prevent them from crossing

Continue with all your exercises (at least 3-4 times a day)