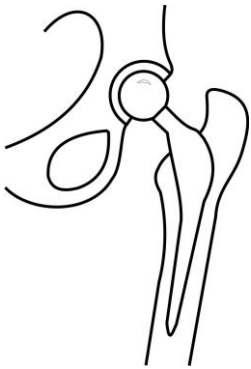
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Total Hip Replacement



Information for patients, relatives and carers

Patient Name .....

Please bring this booklet to all your hospital appointments

ⓘ For more information, please contact one of the telephone numbers on page 5

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Useful Contact Numbers

- Orthopaedic Helpline number 01904 724922
- Orthopaedic Pre-Operative Assessment Clinic: 01904 726591
- Anaesthetic Office: 01904 725399
- The Ward Physiotherapy and Occupational Therapy Team: 01904 725384
- The Outpatient Physiotherapy Dept.: 01904 725389
- Elective Orthopaedic Ward 29: 01904 726029
- The York Orthopaedic Support Group: 01904 430809

  this is a group of former patients who have formed a friendly, enthusiastic support group for people having Joint Replacements.

- Waiting List: 01904 726994
  01904 725541
- Equipment returns:

  Contact the supplier directly (their details should be on a yellow sticker on your equipment or you can phone the numbers below:

  York: 01904 645000
  North Yorkshire: 01423 554602
  East Riding: 08448 936375

Introduction

Please read this booklet fully as the information within it explains about your surgery and will help you give your informed consent to the surgery. You will be asked to sign a consent form at your pre-operative assessment appointment if you wish to proceed with surgery.

Welcome to York and Scarborough Teaching Hospitals NHS Foundation Trust

Parking

Car parking is available at all our sites.

Blue badge parking spaces are available near the main entrance of our hospitals. Places are limited.
Blue badge parking is free.

The Trust offers some car parking concessions to visitors and patients. Details are on our website www.yorkhospitals.nhs.uk and on posters around the car parks.

Some people on benefits or with low incomes may be able to get help with travel costs.
For more information, call the Cashier's office:

01904 726524

You can find more travel information on our website at www.yorkhospitals.nhs.uk.

Visiting Times

Visiting times at our hospitals are:
11.00am to 8.00pm every day

The Orthopaedic Team

- Orthopaedic Consultant
- Anaesthetist
- Nurses and healthcare assistants
- Pharmacist
- Physiotherapist
- Occupational Therapist
- Generic Therapy Assistants

Before your surgery

Important Information for Patients

Before you attend your pre-operative assessment and surgery it is advisable to:

- Visit a dentist, to ensure your teeth and gums are healthy. Telephone the pre-operative assessment clinic if you are not registered with a dentist.
- If you have high blood pressure, have your blood pressure taken by your practice nurse.
- Maintain a healthy weight; check your BMI, and if you smoke try to stop. Seek advice from your GP or Practice Nurse for help with these.
- Ensure you have treatment for any infections, leg ulcers, wounds, rashes etc. All above must be healed and dry before Hip Replacement surgery can take place.
- Have a pre-operative blood test two to four days before your surgery. Ask staff where your local blood taking facility is. This will be discussed at your pre-assessment appointment.
- At your pre-operative assessment, we will give you carbohydrate drinks (called Nutricia preOp) to take home with you. You will need to take these before you come in for your surgery. The drinks help you recover more quickly from your operation. This is part of what we call “Enhanced Recovery”.

More information about your carbohydrate drinks

When to take your Nutricia preOp when you are on a Morning Surgical List

- The **day before** surgery:
  From 6pm drink four cartons of Nutricia preOp.
- The **day of** surgery:
  Take two cartons of Nutricia preOp:
  Please finish them at least two hours before your surgery and before 7am.

When to take Nutricia preOp when you are on an Afternoon Surgical List

- **Before 12 mid-day** on the **day of** surgery
  Drink six cartons. You can bring them with you into hospital if you arrive before then.

Why do I need a hip replacement?

A total hip replacement is performed to replace a diseased or damaged hip joint.

When arthritis occurs, the cartilage which covers the head of your thighbone wears away. This causes the bone to become worn and rough, causing pain and restricted movement. Sometimes this process can cause limping and shortening of the leg.

A hip replacement replaces the worn out head of the thigh bone using a metal ball attached to a stem and a plastic cup to the pelvic socket.

What are the benefits of having the operation?

A hip replacement is usually carried out because of severe pain and restricted mobility. The new joint replacement aims to relieve pain, stiffness and, in most cases leg length can be improved.

What are the risks of having the operation?

There are risk factors, which need to be taken into consideration before agreeing to a Hip Replacement:

1. Infection around a new joint (happens in one in 100 cases) is a serious complication. This could lead to amputation in the most severe cases. It is important that you do not have any infection before the operation. For example skin, chest or urinary infections. Decayed teeth or gum disease must be treated before surgery. This is so your surgery can be safely carried out.
2. A small risk to your life (approximately one to two in a 1000) from blood clots (DVTs) that go to the lungs (PE) or other very rare complications such as heart attack or stroke (one in 300).
3. Serious allergic reaction to drugs or anaesthetic (rare or very rare at one in 10,000 to one in 100,000) and problems related to anaesthesia. Your fitness for anaesthetic will be assessed before your surgery.
4. Post-operative thrombosis (blood clot) (less than one in 20). The risk of thrombosis is reduced as much as possible by having a spinal anaesthetic, early mobilisation with the use of elastic stockings to aid your circulation and possibly foot pumps and or anti-coagulation therapy.

5. You may experience some post-operative nausea and sickness, which can be relieved by medication.
6. Nerve or vascular Injury: (less than one in 100) There are several nerves located around the hip and these can very occasionally be damaged during hip replacement surgery. These nerves supply sensation and power the muscles in the leg.

   Normally the nerves recover themselves over a period of weeks or months. Occasionally the problems can be permanent and may lead to pain, weakness and loss of sensation.
7. Urinary retention (approximately one in 10, but usually resolves after spinal anaesthetic wears off).
8. Chest infection (less than one in 20, usually resolves with antibiotics).
9. Severe loosening of your artificial joint due to wear and tear. Your joint may eventually wear out requiring further surgery. Overall 90 out of 100 hip replacements last more than 10 years. Premature loosening may occur, needing revision surgery (less than one in 50).
10. Dislocation: There is always a risk that your artificial hip joint could dislocate, especially in the first few months after your operation, until the muscles have healed. However, this is rare (one in 50).

11. Fracture: There are occasions when a bone may break during this procedure. Normally these are seen at the time of surgery and are treated with wires or plates (one in 100 cases).
12. Unequal leg length**:** Rarely (less than one in 10) after a hip replacement there may be a difference in your leg length. In the majority of cases it is not noticeable but occasionally your leg will feel slightly longer or shorter. This can usually be treated with either a raise inside, or on the heel of your shoe.
13. Overall 95 out of 100 patients are very pleased with their hip replacement. Up to one in 20 patients feel that it did not meet their expectations.

Are there any alternatives to having the operation?

The only alternative to a hip replacement for osteoarthritis of the hip is symptom relief with painkillers and a walking stick or other non-operative treatments. Discuss other options with your health care professional if you have further questions.

What happens at pre-operative assessment?

Before you are admitted to hospital for your operation, you will be asked to attend a pre-operative assessment. This assessment, which lasts approximately one and a half hours, involves taking a detailed history of your general health, relevant social history, current medication and the difficulties you are experiencing due to your hip problem.

You will need to bring with you to this assessment:

- Your completed Home Environment Questionnaire, which will be forwarded to the Occupational Therapist.
- An up to date repeat prescription of your medicines or the medicines themselves in their original packaging.
- A list of all the illnesses and operations you have had.

You may have several pre-operative investigations, including:

1. Blood tests to check whether you are anaemic and to match your blood in case you need a blood transfusion.
2. An Electrocardiogram (ECG) to check your heart beat.
3. An x-ray of your hip joint, unless an x-ray has been done recently.
4. Your blood pressure, pulse, temperature, respiration, oxygen levels, height, weight and body mass index will all be recorded.
5. MRSA Screening Test**. If you are waiting for your operation for more than 18 weeks following this screening test, then it will need to be repeated (please contact pre-assessment clinic).**

You will have the opportunity to discuss with the nurse carrying out your assessment any worries you may have regarding your proposed operation / anaesthetic.

Joint School

This is where you will meet some of the Orthopaedic team who will explain about your stay in hospital and assess your mobility and management at home.

Staff will explain the roles of the occupational therapist and physiotherapist. You will be given information on general ward routines and expectations. Staff will demonstrate an initial exercise programme in preparation for surgery.

> You will find your exercise programme at the back of this booklet. Please bring it with you when you attend hospital and subsequent Physiotherapy appointments. This will enable you to keep a clear record of your exercise programme as you progress.

Please do not start more advanced exercises until you have been shown by a member of therapy staff.

The Occupational Therapist will review your completed Home Environment Questionnaire with you and will discuss how you are managing at home.

If you are currently struggling at home with any daily tasks, the Occupational Therapist will be able to provide advice and information. You may require a home visit to help address these issues.

It may be necessary to have some temporary equipment or aids at home to help you manage during the early stages of recovery after your surgery. The Occupational Therapist will discuss this with you at Joint School.

To contact the Occupational Therapist please telephone: 01904 725384.

Your Operation

Before coming into Hospital Checklist

Planning ahead

☐ Remove loose rugs from around the house

☐ Rearrange or remove furniture and other hazards so that you can move around easily with walking aids.

☐ Move regularly used items to be easily accessible to avoid bending after your surgery.

☐ Arrange care for any family or for your pets.

☐ Get shopping in or prepare some frozen meals to use on your return home.

☐ Plan for how you will be getting to hospital on your admission day and home from hospital on your day of discharge.

☐ Consider arranging for somebody to help you change your surgical stockings as these are not easy to put on or take off by yourself.

☐ Remove nail polish before coming into hospital for your operation.

☐ Take your carbohydrate drink as advised.

Before coming into Hospital Checklist

What to you need to bring with you

- ☐ Pack all medication in original containers to bring to the ward. We cannot accept dosette boxes (your own boxes), but sealed blister packs from a pharmacist are fine. Make sure you have enough medication for seven days. Check you have enough painkillers at home ready for discharge.

- ☐ Pack loose, comfortable day clothes and toiletries. Choose sensible footwear without fastenings, and ensure slippers and shoes have a supportive back. Swelling is normal after surgery so check your footwear has plenty of room to accommodate this.

Admission times and starving instructions

Admission times are 7.30am and 11.30am

7.30 admissions - please arrive at ward at 7.30am:

- The nursing staff will meet you on arrival and admit you during the next few hours.
- You will be seen by the surgeon and anaesthetist between 7.30 and 9am.
- Please do not eat any food for six hours before 7am.
- You can drink clear fluids i.e. Water, tea/coffee (no milk), diluted fruit juice (not fizzy) up to 7am.
- Please have your final carbohydrate drink as advised.
- Take all your normal medications unless you have been advised not to. If you are unsure if you should take your medications please ring the Pre-Assessment Clinic on telephone number 01904 726591.

Please note if you admitted at 7.30am you could be on a morning operating list or an all-day operating list. The theatre list will start at 9am, but please be aware that you may be waiting until 5pm before you go to theatre.

You are welcome to go off the ward after your admission, however we ask that you get permission from a staff member first and have a mobile phone with you, so you can be contacted if we need to get you back to the ward.

11.30 admissions – please arrive at ward at 11.30am.

- The nursing staff will meet you on arrival and admit you.
- You will be seen by the surgeon and anaesthetist between 12 noon and 2pm.
- Before 8am, you may eat a light breakfast i.e. Bowl of cereal or couple of pieces of toast, with tea/coffee (with milk).
- Please have your final carbohydrate drink as advised.
- You can drink clear fluids i.e. Water, tea/coffee (no milk), diluted fruit juice (not fizzy) up to 12 noon.
- Take all your normal medications unless you have been advised not to. If you are unsure if you should take your medications please ring the Pre-Assessment Clinic on telephone number 01904 726591.

Please be aware that you are on an afternoon list which starts at 2pm and you may not go to theatre until 5pm.

You are welcome to go off the ward after your admission, however we ask that you get permission from a staff member first and have a mobile phone with you, so you can be contacted if we need to get you back to the ward.

On arrival to the Ward

You will be admitted on the day of surgery unless medical reasons prevent this. You will have a chair in the waiting area until you go to theatre.

Over the course of the next few hours, you will see a nurse who will go through the admission documentation with you. They will check that the details are correct and remain unchanged and that you understand what will be happening to you.

An identification bracelet will be placed on your wrist and also a bracelet, which identifies any allergies, if needed.

Blood pressure, pulse, temperature, respirations, oxygen levels will be recorded. Your legs will be measured for the application of elastic stockings, which help to prevent post-operative thrombosis.

At this stage, any worries or queries you have will be discussed.

You will be assessed by your surgeon and you will be asked to sign your consent form if you have not already done so already. The limb you are having the operation on will be marked with a pen by the surgeon.

Consent

You will be asked to sign your consent form (FYCON56-1 Total Hip Replacement), to say you agree to the procedure. You will be offered a copy and a copy will be kept in your patient notes.

Keeping comfortably warm at all times

Hospital, especially the operating department, is usually colder than your own home. Please try and keep your body and your skin as warm as comfortably possible. Your body can lose a lot of heat in theatre. Please tell the nursing staff if you are feeling cold.

Keeping your body and skin warm before an operation can:

- Speed up your recovery from anaesthesia
- Improve healing
- Reduce the risk of serious complications
- Reduce uncomfortable shivering after surgery

Anaesthesia for hip or knee replacement

You will be assessed by an anaesthetist before your surgery. Your medical history will be reviewed and the anaesthetist will discuss the anaesthetic options with you. It is the anaesthetist who has the final say as to whether or not your operation is to go ahead.

The most common anaesthetic used at our hospitals for hip and knee replacement operations is a spinal anaesthetic. We can also give you a drug that makes you sleepy and relaxed (a sedative); this is adjusted according to how sleepy you wish to be during the operation.

What is a spinal anaesthetic?

A spinal anaesthetic is a measured injection of local anaesthetic close to the nerves in your lower back.

- your body will go numb from the waist down
- your operation can be carried out without you feeling any pain
- you can also have drugs to make you sleepy and relaxed (this is often referred to as sedation)

Before your operation the anaesthetist will come and see you on the ward. If a spinal anaesthetic is not suitable for you or you do not want one, then the anaesthetist will explain other options. You will also be given a general leaflet on Anaesthetics at pre-operative assessment.

Advantages of a spinal anaesthetic compared to a general anaesthetic

- You should have less sickness and drowsiness after the operation – this means that you may be able to drink and eat sooner.
- Less bleeding therefore potentially less chance of needing a blood transfusion.
- Good pain relief in the period immediately after surgery.
- The option to choose how awake or ‘sleepy’ you would like to be during the procedure.
- Less effect on heart and lungs, reduced risk of chest infections.

What does the operation involve?

A nurse will go through a check list to ensure that you are safely prepared for your operation. They will then escort you to theatre; you will walk or if necessary be taken in a wheelchair.

In a reception area, a theatre nurse will again check that all details are correct and that nothing has been missed. From here, you will be taken into the anaesthetic room, where you will be given your anaesthetic.

The operation itself takes approximately one and a half hours, a revision or complex hip operation takes between two and four hours. After your operation, you will be transferred to the recovery room where a nurse will remain with you until you are safely recovered from your anaesthetic. You may be given tea or coffee and a biscuit if you feel able to.

You will have a drip in your arm giving you intravenous fluids. In addition, some patients may require a blood transfusion.

You will be given antibiotic therapy as a preventative measure against infection.

After the operation

Once safely round from your anaesthetic, a nurse will collect and escort you back to the ward on your bed. Your blood pressure, pulse and temperature will be recorded and your dressing checked regularly. These observations will continue throughout the rest of the day or night, as necessary.

Oxygen may be given via small nasal tubes for 24 hours post-operatively.

You will be prescribed anticoagulant medication which thins the blood which aids the prevention of deep vein thrombosis. We will give you elastic stockings to wear for two weeks unless we think you are more at risk of developing a blood clot. In this instance you will need to wear them for six weeks.

You may also be given a warming blanket to help your body recover from the surgery.

Your hip will have an “Aquacel” dressing (a padded, waterproof dressing) in place until your wound check at your GP surgery.

You will recover on the bed for a couple of hours after the operation. If all your medical observations are stable, the ward staff will then assist you out of bed for the first time. Most patients will use a walking frame to stand with and manage a few steps, and then spend some time sat out in a chair.

You may eat and drink as soon as you feel able. Your intravenous drip will be continued until you are drinking, eating and passing urine in adequate amounts.

You may experience incontinence of urine due to the spinal anaesthetic, this is only temporary. You will be given assistance to transfer out of bed to use the toilet as and when required.

A blood sample will be taken to check to see if you are anaemic after your operation.

The day after your operation you will have an x-ray taken of your new joint to allow your surgeon to check that the position of it is satisfactory.

Pain Relief

To do your exercises, it is essential to have good pain control, so you will be encouraged to take medication to minimise your pain. There are many forms of pain relief available and these will be given according to your needs. Anticipate times when your pain may increase e.g. when moving or exercising.

Please ensure that you tell someone if your medication is not working for you, as often it is possible to either change it or give you additional medication to maximise your pain relief.

Very occasionally, a special pump called a PCAS (Patient Controlled Analgesia System) can be used if you have a poor response to oral analgesia.

Strong pain relief is given routinely every twelve hours for forty eight hours, alongside other pain killers.

You will be asked to score your level of pain as described below:

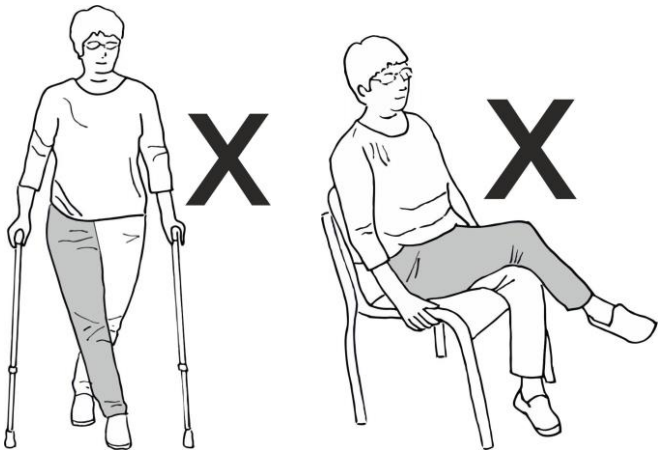
Pain Score	**Description**
0 (none)	No pain at rest **or** on movement
1 – 3 (mild)	No pain at rest **but** slight pain on movement
4 – 7 (moderate)	Intermittent pain at rest **or** moderate pain on movement
8 – 10 (severe)	Continuous pain at rest **or** severe pain on movement

It is proven that the sooner new joints are exercised and used, the better the result.

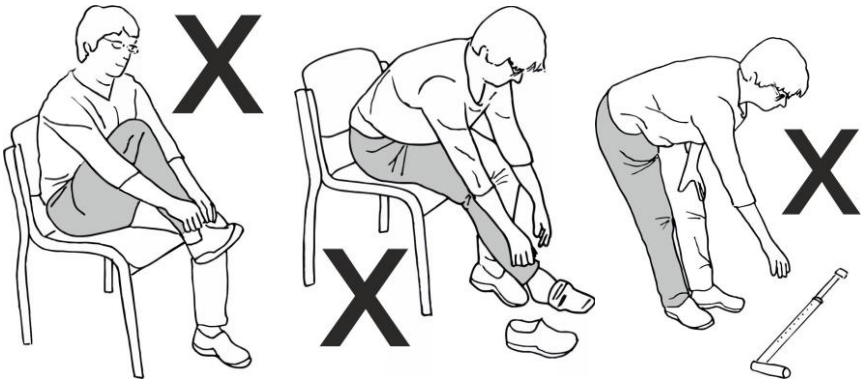
Hip Precautions

For six weeks following your surgery care must be taken to prevent the hip dislocating; the shaded leg is the operated on leg:

- **Do Not** cross your legs in sitting, standing or lying.



Do Not bend more than 90 degrees at your hip.



For example, do not reach down to put your shoes on your feet or place them on a stool.

- **Do Not** twist your hip in sitting, standing or lying.

It is advisable in the early stages of your recovery to sleep in your bed on your back to stop rolling onto your sides and preventing crossing of the legs.

The therapy staff will be able to provide advice and help you manage these hip precautions in your home.

Walking

We will normally provide a walking frame for your first attempt at walking until you are safe and steady. This is then usually changed by the therapy staff to crutches or sticks. Most people will manage with two sticks by the time they leave hospital although you may need to use crutches.

The therapy staff will help and instruct you in the best way to correct your posture and walking and advise you on appropriate exercises for your hip muscles.

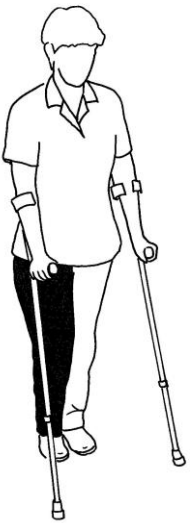
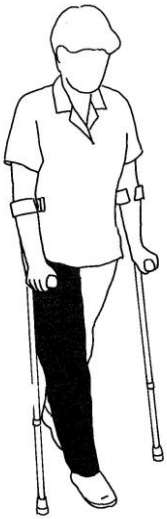
When your hip is comfortable and you feel you are not limping, you may begin to use one stick. This must be held in the opposite side to your hip replacement.

Do not discard your walking aid completely until you have been advised to by therapy staff or consultant. If you are using crutches and are partial weight bearing this should be continued until your follow-up appointment with the consultant.

When turning, you must remember not to pivot or twist on your new hip. It is, therefore, important that you pick your feet up with each small step as you turn.

In order to avoid limping, try and take equal strides with each leg, at equal speed. Also remember not to walk with a stiff straight leg.

The sequence for walking should be:

		
1. Move the walking aid forward first	2. Then the operated leg	3. Then the unoperated leg

Your recovery

Day of Surgery (Day 0) – On the ward

- You will be encouraged to eat and drink as soon as you are able.
- You will be encouraged to get up two hours after you return to the ward.
- Staff will show you how to move your hip, stand and walk a few steps as you are able.
- You will be encouraged to exercise independently throughout the day:
  - Take several deep breaths every hour.
  - Start your post-operative circulation exercises:
    a) Ankle movements: move the feet up, down and in circles

    b) Tighten thigh muscles: sit with your legs straight on the bed. Pull your toes up towards you, then tighten up the front of your thigh and press the back of your knee down into the bed.
    c) Clench and squeeze the buttocks: clench your buttocks together, holding the position for five seconds before relaxing.

Post Operation Day 1

You will be encouraged to be as independent as possible:

- You are encouraged to get dressed into your normal clothes. Please bring easy-fitting day clothes and well fitting slippers. If you have any dressing aids to help manage hip precautions you will need these with you on the ward.
- Routine pain relief and any other medicines you normally take will be given to you by the Nursing staff.
- You will have an x-ray of your Joint.
- Complete your post-operative exercises as you have been instructed to by therapy staff.
- Assistance with mobilising and dressing if needed.
- Nursing staff will be taking regular observations.
- Plans for discharge home are in place including transport home. The hospital does not routinely provide transport to take you home. When it is agreed you are safe to go home please make your own transport arrangements.

Post Operation Day 2

You will be encouraged to:

- Attend to your own personal hygiene needs using your dressing aids.
- Continue with regular walks and exercises with therapy staff
- Practice step/stairs if necessary.

You will be seen by therapy staff to practice transfers and hip precautions to ensure you will manage safely. They will also check that you can manage other activities that you may do in daily life.

You will attend to your own personal care, hygiene and continue with regular walks. Further practice on the stairs will be arranged if necessary. Once you meet the discharge criteria, you will be discharged home.

A pharmacist will visit you on the ward during your admission and check that all your medicines are prescribed for you. They will tell you about any new medicines you have been prescribed, and will be happy to answer any queries you may have.

When can I go home?

The normal length of stay following hip replacement is around two days, dependent upon your progress and your home circumstances. The discharge criteria are:

1. The wound dressing is satisfactory, with no evidence of excessive leakage. We ask you to arrange an appointment at your local GP Surgery for a Practice Nurse to remove the stitches or clips usually on the 10th to 12th post-operative day. In some circumstances the ward will arrange a district nurse to do this.

2. You are mobilising safely and independently with your walking aid and have completed step and stair assessments as needed.

3. You are independently getting in and out of bed, both day and night, unless there is someone at home to help you.

4. Any equipment you may require has been provided. The occupational therapist can advise you where to purchase small items of equipment if you wish to do so.

On Discharge

We aim to discharge you from the ward before 11am.

If you are unable to get transport home before lunch you will be taken to the discharge lounge to wait for your transport home. The discharge lounge is open Monday to Friday 8.00am – 6.00pm.

We are here to help you. Please contact us if you have concerns regarding any aspect of your stay or ongoing care:

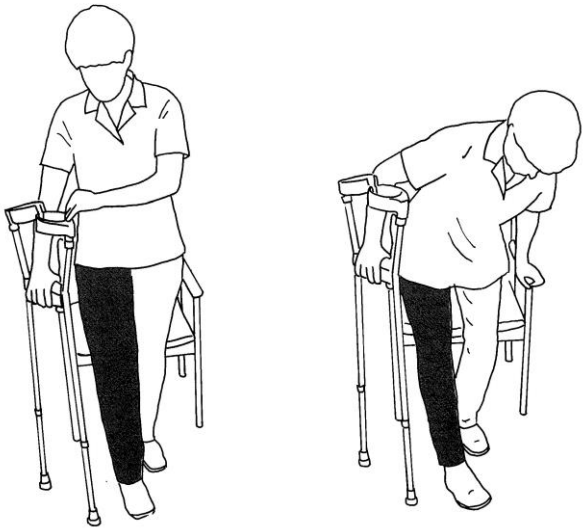
Helpline number: 01904 724922

You will be contacted by a nurse after discharge for a telephone assessment to ensure you are managing at home.

Advice for using crutches to get around

Sitting down

Stand in front of the chair. Take each arm out of the crutches and put them in the ‘H’ position, holding with one hand. Once balanced, reach back for the arm of the chair with the other hand. In a slow and controlled manner, lower yourself in to a sitting position.



Getting out of the chair is the reverse, always remembering to push yourself up with the arms of the chair and not putting your elbow crutches on until you are safely standing up and balanced. The principle is the same for whatever you are sitting on, chair, bed, toilet etc.

Steps or stairs

Before you are discharged from hospital, the therapy staff will show you how to safely manage with steps or stairs, using your walking aid to support the operated leg. At first, this may sound daunting but many patients are surprised that it is easier than they thought. You will soon gain confidence with patience and practice.

Use the banister/handrail if there is one, carrying your stick or crutch in the opposite hand: have one crutch/stick on your arm to lean on and carry the other crutch/stick as in the picture on the next page. You could also give the spare crutch/stick to someone else to carry for you.

Going up stairs

Step up with your un-operated leg first, followed by the operated leg, then finally your sticks or crutches, taking one step at a time.

Going up stairs:

1. Unaffected leg
2. Operated leg
3. Crutch/stick

Going down stairs

Put your sticks or crutches down on the first step, then your operated on leg, followed by the un-operated on leg.

Going down stairs:

1. Crutch/stick
2. Operated leg
3. Unaffected leg

Getting in and out of a car

- Have the car parked away from the kerb so that you do not have to stoop so low to get in.

- Ask the driver to push the passenger seat all the way back and recline it slightly.

- If the seat is too low, you may need a small cushion or pillow to raise you a little.

- Putting a plastic bag or glossy magazine on the seat can help you slide and turn into position.

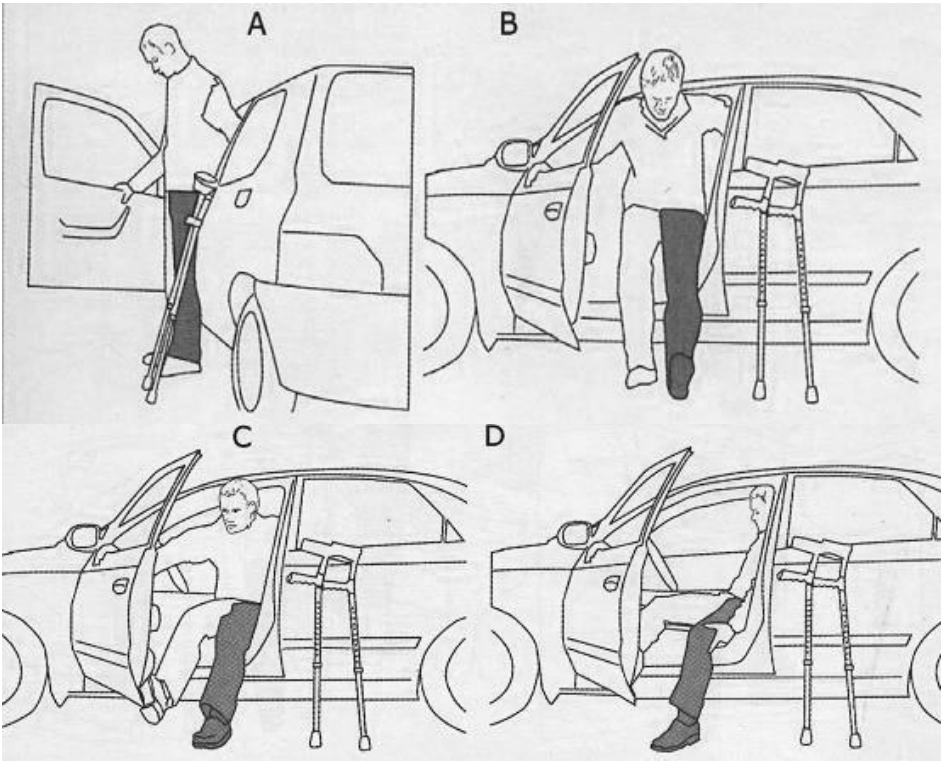
- Reverse the above procedure, to get out of the car.

A. Back up to the car until you feel it against the back of your legs.

B. Carefully lower yourself onto the seat, keeping your operated leg straight out in front of you as you sit down.

C. Slide across the seat towards the handbrake to give yourself sufficient room to get your legs into the car.

D. Turn and bring your legs into the car. Support your operated leg when you bring this into the car.



What happens when I go home?

When you go home, your progress will depend upon you continuing to do your exercise programme and following the hip precautions. Outpatient Physiotherapy will be arranged for you following discharge. Occasionally some people require further follow up from Occupational Therapy.

It may be several weeks and often months before the swelling and bruising settles completely, giving you maximum benefit from your new hip joint. It can be helpful to elevate your leg by resting flat on the bed in an afternoon, but please remember not to use a footstool due to the risk of hip dislocation.

If you notice your calf is painful, swollen, or warm to the touch, please contact ward 29 within 24 hours. These symptoms may be a sign that you are developing a DVT (for more information on DVT, please see the risks of surgery section of this booklet).

Infection

Your artificial joint can be at risk of getting infected. Because of this, you are reminded to go to your GP if you develop an infection elsewhere in your body, so that it can be treated with the appropriate antibiotics to prevent the infection affecting your artificial joint.

Please contact the ward if any of the following occur:

- Excessive bruising around the wound, a certain amount is to be expected.
- Excessive pain at or around the wound site.
- Redness or swelling.
- Discharge or smell from your wound.
- If you feel feverish or have a rise in temperature.
- The wound does not appear to be healing after one week.
- You feel generally unwell.

Follow-up

You will see the consultant at approximately six weeks post-op for a routine follow up appointment. At this point, you can start to resume a normal lifestyle, including driving again and sleeping on your side. Most patients have started to wean off their pain medications and walking aids by this stage, but if you are not ready, please continue with them.

Lifestyle Guidelines following your Hip Replacement

Gardening: Digging and pushing a lawnmower is not advisable for six weeks after your operation.

Driving: Avoid for the first six weeks after your operation and check with the consultant at your first follow-up appointment before you attempt to drive.
You need to be able to perform a pain free emergency stop. It is advisable to contact your insurance company to check that you are covered to drive.

Sexual intercourse: Avoid for six-eight weeks following surgery and care should be taken for several months.

Swimming: Wait until your first follow-up appointment with your consultant before you begin swimming again. Gentle breaststroke is OK after six weeks.

Sports: E.g. dancing, bowling, cycling, bowls, etc. Discuss with your consultant or physiotherapist at your out-patient appointment when it is safe to resume activities.

Physiotherapy Guide

Introduction

As a general guide, exercises need to be carried out three to four times a day. Your physiotherapist may need to adjust this frequency to suit your individual need. Aim to do 10 repetitions of each exercise.

Exercises should be carried out strictly as instructed by the Physiotherapy staff. Should you not carry out these exercises as recommended, or do not do them as regularly as you have been requested to, you do so at your own risk and the Trust accepts no liability for such misuse.

Preoperative exercises (1 – 5)

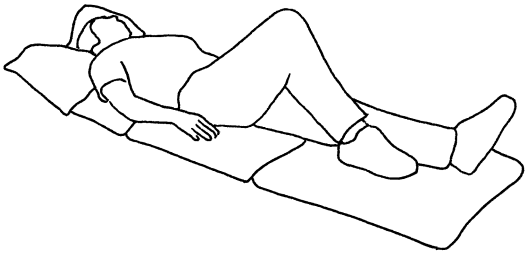
These exercises aim to improve movement in the hip joint and strengthen your muscles around the joint in preparation for the operation.

Ensure all exercises that involve lying down are carried out on a comfortable, supportive and stable surface.

Each position is illustrated in a diagram that accompanies the text.

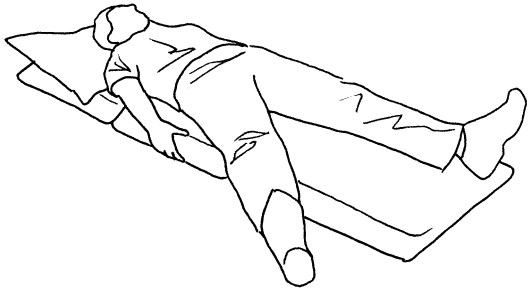
1. Hip flexion in lying down position

Lie down on your back. Bend your knee up towards your chest (to a maximum of 90 degrees) and then return your leg to the straight position.



2. Hip abduction in the lying down position

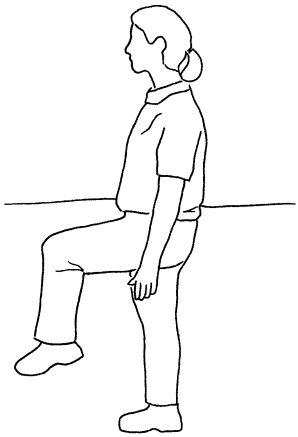
Lie down on your back. Slide your affected leg out to the side, keeping it straight as you do so. Return your leg back into the centre.



3. Hip flexion in the standing position

Whilst holding on to a sturdy chair or table, lift your knee up towards hip level (to a maximum angle of 90 degrees)

Hold this position for five seconds before relaxing.

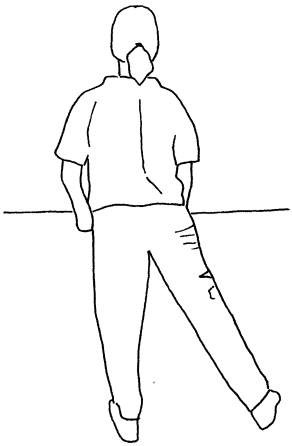


4. Hip abduction in the standing position

Whilst holding on to a sturdy chair or table, keep your leg straight as you raise it out to the side of your body.

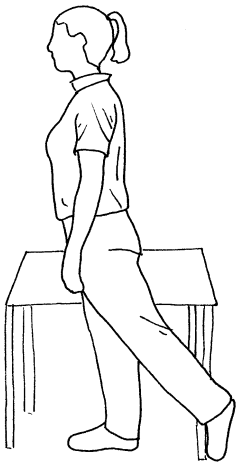
Hold this position for five seconds.

Ensure you keep your knee and foot facing forwards as you do this. Keep your body upright and do not lean sideways.



5. Hip extension in the standing position

Whilst holding on to a sturdy chair or table, keep your leg straight as you clench your buttock and lift your leg out behind you.



Hold this position for five seconds and then relax.

Remember to keep your body upright and do not lean forwards.

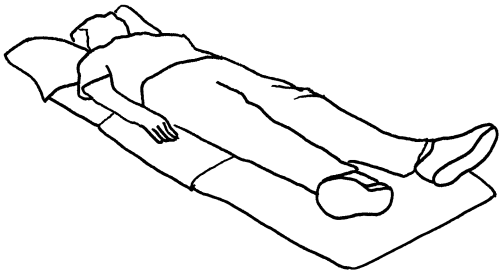
Postoperative exercises

Following your operation you will spend some time resting on the bed. Do the circulation exercises straight after your operation. You can resume your **preoperative** exercises (numbers 1 – 5) again from the day after surgery.

6. Leg rolls

Lie down on your back keeping your legs relaxed and pointing your feet and toes outwards. Roll your legs inwards until your toes are pointing to the ceiling.

Hold this position for five seconds before relaxing.



7. Squats

Stand with your feet a shoulder width apart.

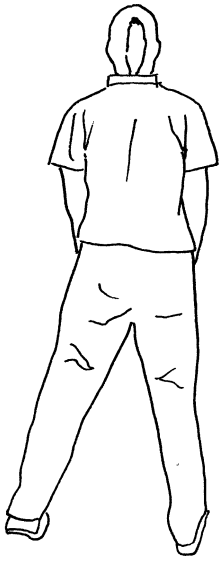
Bend your knees slightly up to an angle of 45 degrees and then return up to a standing position.

8. Calf raises

While you are standing, raise your heels off the floor so that your weight is on your toes and then slowly lower your heels back to the ground.

9. Side stepping

Hold onto a sturdy chair or table for this exercise. Step your operated leg out to the side and transfer your weight onto this foot. Return your leg back to the middle.



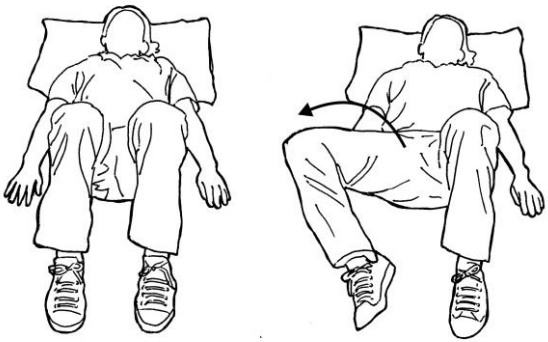
10. Crook Lying Hip Rotation (single or double leg)

Lay on your back with your hands by your sides, your knees bent and your feet flat on the plinth.

Slowly and with control, let one knee fall out to the side. Make sure your opposite leg stays still during this movement.

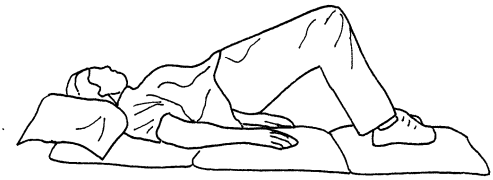
Slowly bring the knee back up to the starting position.

Progression: Add theraband around your knees.



11. Bridging

Lie down on your back for this position, keeping your knees bent and your feet flat on the bed. Lift your bottom off the bed as shown in the diagram and hold for five seconds before relaxing.



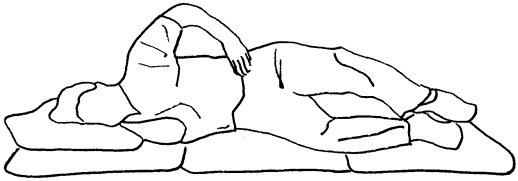
Advanced exercises and Stretches

Do not attempt these exercises until you are instructed to do so by your physiotherapist.

12. Gluteal strengthening

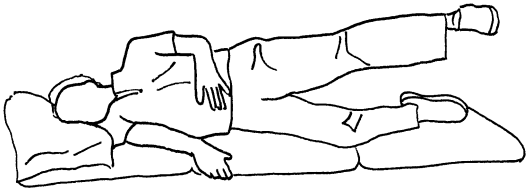
“Clam” Exercise

a) Lie down on your side with your operated leg on top. Keep your knees together and bent slightly. Keeping your feet together, lift your top knee up towards the ceiling and away from the lower knee. Hold this position for five seconds before slowly lowering your knee to the starting position.



Abduction Exercise (in side lying)

b) Lie down on your side with your operated leg on top. Keep your operated leg straight and your lower leg slightly bent for stability. Lift your operated leg upwards, keeping it straight, and hold this position for five seconds before relaxing.

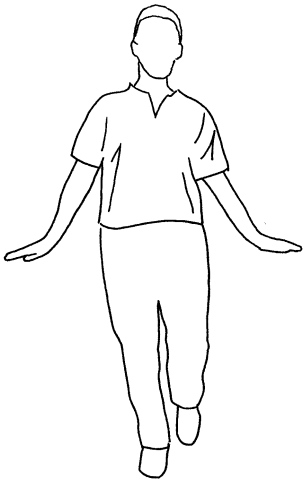


13. Single leg stand

Practise standing on your operated leg without support.

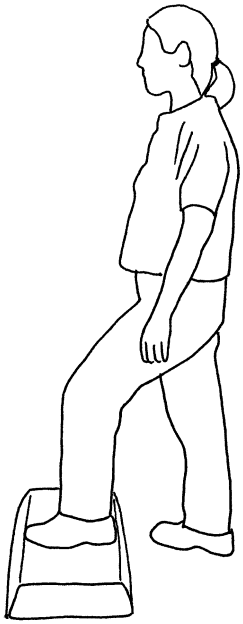
It sometimes helps to outstretch your arms to maintain your balance in this position.

Aim to increase the length of time you can hold this position for.



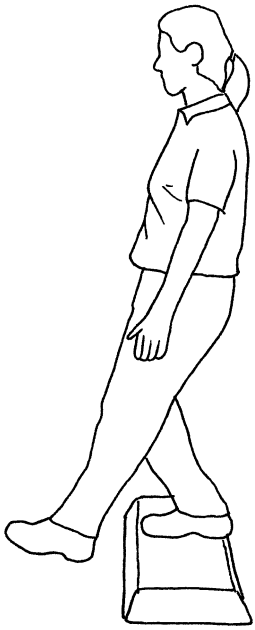
14. Step ups

Place your operated leg onto a step in front of you. Whilst keeping your operated leg there, step up and down with the un-operated leg.



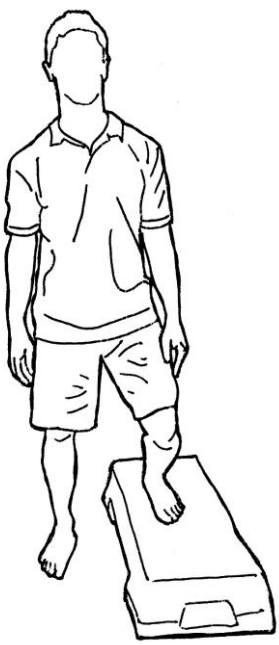
15. Step downs

Stand with both legs on a bottom step facing downwards. Keeping the operated leg on the step, proceed to step down and then up with the un-operated leg.



16. Side Step ups

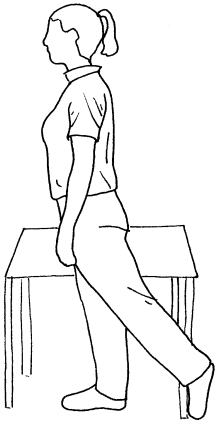
Stand sideways with the **operated** leg on the step and **unoperated** leg on the floor. Slowly lift the **unoperated** leg off the floor until level with the **operated** leg and then gently lower back to the floor.



Stretches

Stretches should be gentle and sustained. Hold positions for 20 to 30 seconds.

17. Anterior hip stretch

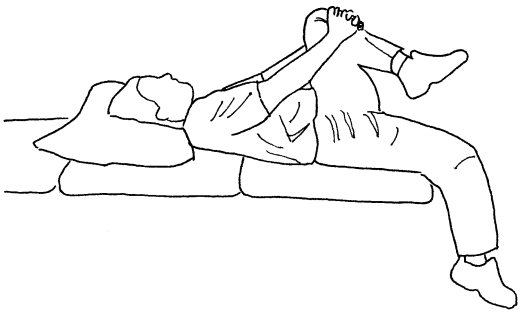


a) Standing

Stand with your operated leg held behind you. Lunge forwards onto your un-operated leg until you feel a stretch in the front of your operated hip. Remember to look up and keep your back straight in this position.

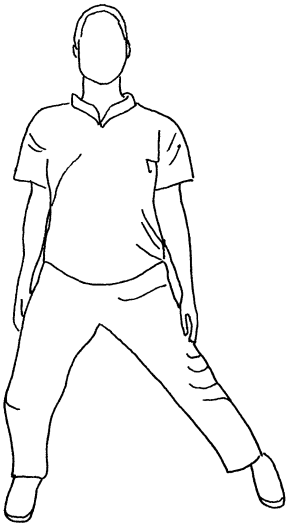
b) Lying

Lie down on a bed and allow both of your legs to hang off the end of the bed. Bend your un-operated leg up towards your chest and hold around your knee with both hands. Let your operated leg hang over the end of the bed, keeping it relaxed throughout this position.



18. Adductor stretch

Stand with your feet spread wide apart. Lunge sideways on to your un-operated leg, bending it slightly whilst keeping your operated leg straight. This is illustrated in the diagram below.



Space for your notes

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Rachel Allan, Ward Sister, Ward 29, York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726029.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

*Image of getting in and out of car kindly provided by Bedford Hospital NHS Trust. Used with permission.

Owner	Mr Maury, Orthopaedic Consultant
Date first issued	July 2007
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Approved by	Orthopaedic MDT
Linked to consent form	FYCON56-1 Total Hip Replacement v5
Document Reference	PIL 189 v10