



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Total Hip Replacement

Information for patients, relatives, and
carers

Consultant Name:

**Orthopaedic Department
Bridlington Hospital**

① For more information, please contact:

Kent Ward on Telephone: 01262 423236

Bessingby Road, Bridlington, East Yorkshire, YO16 4QP

Important message

Following discharge, if you have any problems regarding your hip replacement, such as:

- Wound leakage around the dressing
- Increasing pain
- Increasing leg swelling

Do not contact your GP or attend A&E

Please ring Kent ward

Kent ward are available 24 hours a day, seven days a week on: 01262 423236.

They will offer advice over the telephone and arrange a ward review within 24 hours as necessary.

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Introduction

On behalf of the Orthopaedic team, we wish you a warm welcome.

This guide is given to inform you about your proposed total hip replacement.

The Orthopaedic team consists of:

- Consultant Orthopaedic Surgeons
- Physiotherapy and Occupational therapy staff
- Ward Nurses
- Anaesthetists
- Theatre Staff
- Ward Clerk and Waiting List Clerks
- POA Nurses

Orthopaedics is our speciality. We carry out around 280 hip replacements at Bridlington Hospital every year.

Although your stay on the ward will be short, usually between 24-48 hours, you will see a lot of the Orthopaedic team members.

We understand that you may be anxious about your operation. The orthopaedic team are here to assist you and will provide you with the best advice and guidance they can. Please do not hesitate to ask any member of the team if you have any queries or concerns.

What is a hip replacement?

The Orthopaedic surgeon replaces the worn or damaged joint with an artificial one. The hip joint is a ball and socket joint. The operation replaces both the natural socket and the rounded ball at the top of the thigh bone with artificial parts. These parts replicate the natural motion of the hip joint.

Benefits of surgery

A hip replacement is usually carried out because of severe pain and restricted mobility. These can limit activity and your lifestyle choices.

A hip replacement may provide benefits such as:

Reduced pain

The majority of patients experience pain relief. It is normal to have some degree of soreness immediately after the operation.

Decreases stiffness

The new joint surfaces will move freely, the aim is for you to have less joint stiffness than before the operation.

Increased mobility

With a combination of reduced pain and stiffness your overall mobility is likely to be improved. This helps you return to a fitter and more active lifestyle.

Are there any alternatives to surgery?

A hip replacement has been indicated for you due to the severity of your arthritis. This option will only be offered to you after medication or physiotherapy has been tried and has not relieved your symptoms. The only alternative to a hip replacement for osteoarthritis of the hip is symptom relief with painkillers and a walking stick.

Risks of surgery

Hip replacement is generally a very successful operation and around 80 out of 100 of patients have a good result. There is however, a risk of complications and some are listed below:

Leg swelling

Swelling of the leg after hip replacement is common, usually affecting the same side as the hip replacement and normally resolves without any problems.

Occasionally (less than one in 20 patients) it can lead to a deep vein thrombosis (blood clot in the leg). Deep vein thrombosis (DVT) can occur after any operation on the lower limb. DVT occurs when blood in the large veins of the leg forms blood clots within the veins. This may cause the leg to swell and become warm to touch and become painful. If blood clots in the vein break apart they can travel to the lungs where they can lodge. This is called Pulmonary Embolism (PE). In rare cases, around one to two in every 1000, this can cause death.

There are a couple of methods we use to reduce the risk of DVT and PE:

1. We will mobilise you on the same day as surgery and this increases the blood flow to the leg.
2. We will give you a blood thinning agent after surgery. This is usually a tablet, taken twice a day. This will reduce the risk of developing a DVT or PE. You will continue with these tablets for 35 days after surgery.

Dislocation

Dislocation is where the ball comes out of the socket and may need further surgery to replace it. The risk is around one in 50. The therapy staff will work with you after the operation to avoid extreme movements of the hip which may put it at risk of dislocation. The therapy staff will advise you if the surgeon wants you to follow these 'hip precautions' and give you information on the ward.

Joint Infection

You will be screened for certain types of bacteria before you are admitted to reduce the chance of infection. It is very important that you don't have any **cuts, grazes or wounds on your knees and legs** when you are admitted for surgery. It is strongly advised that you avoid activities such as gardening for a few weeks before coming in for your joint replacement.

If you do have any cuts, grazes or wounds prior to your admission date, please contact the waiting list clerk as soon as possible.

Infection in the wound or around the joint replacement can occur in hospital or after your discharge home. Deep infection is a very serious complication and occurs in one in 100 patients. It is more common to have a superficial infection on the surface of the wound but occasionally these can lead to deep infection.

For that reason, we always take infections seriously.

If you have any concerns about your wound, you should always contact the ward immediately. The ward will inform your surgeon, who will make arrangements to see you.

Your GP or district nurse may be managing your wound care, but we still want you to contact the ward.

It is important to follow the wound care instructions as laid out in this booklet. If deep infection remains untreated within the first few weeks of surgery then a further operation and revision of the hip replacement may be required. Early treatment of infection can reduce the risk of this happening.

Stiffness

Stiffness can sometimes occur, and some patients can end up with less movement than they had before surgery.

Fracture

There are occasions (one in 100 patients) when a bone may break during this procedure. Normally these are seen at the time of surgery and are treated with wires or plates. They may sometimes be found following an x-ray after surgery. A return to theatre may be required to fix the fracture.

Lengthening of the leg

In order to reduce the risk of dislocation it may be necessary to slightly lengthen your operated leg so that the ball of the joint is pressed firmly into the socket. It occurs in less than one in 10 patients. This is not usually noticeable, but it may occasionally make it necessary to have a raise fitted to the opposite shoe.

Vascular or Nerve injury

There are several nerves located around the hip and these can be damaged during total hip replacement surgery. This occurs in less than one in 100 patients. These nerves supply sensation and power the muscles in the leg. Normally the nerves recover themselves over a period of weeks and months. Occasionally the problems can be permanent and may lead to pain, weakness and loss of sensation.

Urinary retention

A small proportion of people suffer from urinary retention/incontinence after the anaesthetic (approximately one in 10 patients); this is temporary and resolves itself within a few hours.

Persistent pain

Hip replacement is a very good treatment for arthritis. However, there are some patients who are left with pain and discomfort around the wound. This is usually managed with medication.

Revision (re-do) of the joint

Occasionally, for various reasons, operations need to be re-done. This is normally after many years but occasionally this needs to be done soon after the initial surgery. This occurs in less than one in 50 patients.

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.

Chest infection

Chest infection (less than one in 20, usually resolves with antibiotics).

Nausea and sickness

You may experience some post-operative nausea and sickness, which can be relieved by medication.

General medical problems

There is a small risk of developing new medical problems when you undergo surgery which can be life threatening. These include heart attacks, strokes (occurs in around one in 300) and pneumonia (occurs in around one to two in 1000).

Hip replacement is a successful operation, but there are risks associated which may affect a small number of patients.

Outpatient clinic

When you attend the outpatient clinic you will be listed for surgery that day. The surgeon may be able to give you an indication of the average waiting time, but you will receive a letter confirming your admission and operation date closer to the time of surgery.

You will have a full set of bloods and have your MRSA/MSSA screening.

Patient Journey App

The Patient Journey app is designed to support you with your journey through the different steps involved in having a joint replacement.

It is intended to be an enhanced resource that provides video content, reminders, links to useful information sites and feedback forms.

It allows you to look ahead at each of the stages of your admission for your surgery, so you know exactly what to expect. It will ask you for the date of your surgery when you know it and will send you reminders for key steps so that nothing slips through the net.

It can be downloaded on more than one device, which means if you want to you can ask your relatives, friends, or carers to download it too so that they can help support you.

Step 1: Download the app for free.

Search for 'Patient Journey' in the App Store or Google Play, open the respective item and press Download to install it on your device.

Step 2: Select treatment and date.

Open the app and select 'NHS Bridlington'. Select your treatment and once you know your day of the treatment you can set it as well. These settings always can be changed in the 'Settings' tab in the bottom right corner.

Step 3: Get actively informed.

All important information about your treatment is shown on a timeline. The app sends you push notifications about the next steps in your patient journey and at the moment it is relevant.

Health Promotion

Before you attend your pre assessment, we strongly advise you to ensure the following health issues are managed by yourself with the support of your GP.

You will recover more quickly from surgery if you are healthy beforehand. Try to eat a healthy diet and drink clear fluids regularly in the time leading up to your operation. It is quite common to experience constipation following your surgery. A healthy diet will reduce this risk. If you have any concerns about your diet, discuss them with your GP, for more information visit –

<https://www.nhs.uk/live-well/eat-well/>

<https://www.gov.uk/government/publications/the-eatwell-guide>

Diabetes

If you have Diabetes, it is very important that you have your blood glucose level well controlled before your operation as this will reduce the chance of you developing an infection. If you need help with your blood sugar level, then you should make an appointment to see your GP.

Please follow the instructions you are given at the pre assessment clinic in relation to medications you take for your Diabetes. Try to focus on a healthy diet and exercise before your surgery. This will support a better recovery. Any concerns please contact your pre assessment team at Bridlington hospital.

Hypertension

If you have high blood pressure, it is very important that you have this controlled before your operation as this will reduce the chance of your surgery being postponed at pre assessment. If you need help with blood pressure, then you should make an appointment to see your GP and ask them to optimise your blood pressure before surgery.

Please follow the instructions you are given at pre assessment clinic in relation to medications you take for your Blood pressure. Try to focus on a healthy diet and exercise before your surgery. This will support a better recovery. Any concerns please contact your pre assessment team at Bridlington hospital.

Wounds

Any wounds you have prior to your surgery must be shown to the surgeon in clinic and to the pre assessment nurses.

Smoking

Smoking reduces the amount of oxygen in your blood and increases the risk of breathing and heart problems during and after your surgery. Smoking also interferes with wound healing and make you more prone to infection.

If you smoke, you should give up or cut down to reduce the risk of complications.

You can get help and advice on smoking from the NHS
Free Smoking Helpline on: 0300 123 1044

<https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

Alcohol and Substance Misuse

If you drink excessively or use drugs it is very important to give up or cut down to reduce the risk of complications. Tell one of our health care professionals so that we can help keep you safe during your stay.

There is a Substance Misuse Liaison Service at the hospital and help lines where you can get more help:

Drink line: free confidential helpline: 0800 776600.

The Substance Misuse Liaison Service at York Hospital:
01904 726559

or email:

yhs-tr.SubstanceMisuseLiaisonLinkNurses@nhs.net

Pre assessment clinic

You will be sent an appointment to attend the pre assessment clinic at Bridlington Hospital; please allow one hour for your pre assessment appointment.

During this appointment you will meet with a nurse and an advanced healthcare assistant both of whom work on the elective orthopaedic ward.

During the appointment, you will have some simple checks done on your heart and lungs; you will also have a blood test and we will take some swabs from your nose, throat, and groin to establish if you have a bug called MRSA and MSSA.

If you have any concerns about your admission or discharge, please discuss this with the nurse at the pre assessment clinic. This will ensure that we can arrange any extra support you may require on discharge as early as possible to prevent delays in you going home after surgery.

We aim to discharge you from hospital either on the same day as surgery (in agreement with you and the orthopaedic team) or one day post operatively. Therefore, please ensure that arrangements are made for your discharge prior to your admission, including a relative or friend to collect you from the ward on your day of discharge.

The ward staff will discuss this further when you are admitted, however, we will only discharge you if you are medically stable and can manage safely.

We recommend that you have a supply of paracetamol and Ibuprofen (unless you are unable to take this) at home ready for your discharge. We also suggest that you ensure you have one month's supply of your usual medication ready for when you get home.

Occupational Therapy

You will receive a telephone call from the Occupational Therapist before your surgery to assess what equipment you will require at home and to discuss any concerns you have. They can give you advice about preparing your home before surgery and how you can plan for your surgery and discharge.

Carbohydrate drink

You may be given six cartons of carbohydrate (sugar) drinks at pre assessment. The drinks aid the body to recover more quickly after surgery.

Four cartons should be drunk the night before your surgery and the other two should be drunk on the morning of your surgery.

What is MRSA and MSSA?

Staphylococcus aureus is a type of bacteria which is carried by approximately 20% of the population, either in their noses or on their skin. There are two main types; MRSA (which is short for Methicillin Resistant Staphylococcus aureus) and MSSA (which is short for Methicillin Sensitive Staphylococcus aureus). MRSA has developed resistance to some antibiotics, but MSSA is still responsive to many antibiotics.

Most people who have MRSA or MSSA are colonised, which means that the bacteria is present in the nose and on the skin but doing no harm to the person.

Why do we screen for MRSA and MSSA before surgery?

Having surgery creates an opening for bacteria, like MRSA and MSSA, to enter your body. This can potentially cause an infection at the site of surgery, which can be very serious. Screening you before your admission will enable us to identify if you are carrying the bacteria and provide you with treatment. This reduces the risk of infection after surgery.

What happens if we find MRSA or MSSA / how is it treated?

We will contact you if your result is positive and provide you with the treatment.

| The aim is to eliminate the bacteria before your operation, to reduce the risk of infection.

What is the treatment?

You will be given 4% Chlorhexidine body wash for your whole body, including your hair, and a topical nose ointment.

MRSA positive - Use the treatment for five days then stop for two days. We will then re-screen you. If still positive you will repeat the treatment regime and re-screen. If the third screen is positive, we will speak with Infection Control and will advise of the next steps.

MSSA positive: Use the treatment for five days leading up to your surgery and for five days after surgery. ****do not use the treatment until five days before and five days after****

Body wash: Use plenty of wash, ensuring it is used over all your body, concentrating on the armpits, hands, groin, and skin folds, including the area where you are having surgery.

Leave the wash on your skin for at least one minute, then rinse off.

Hair wash:

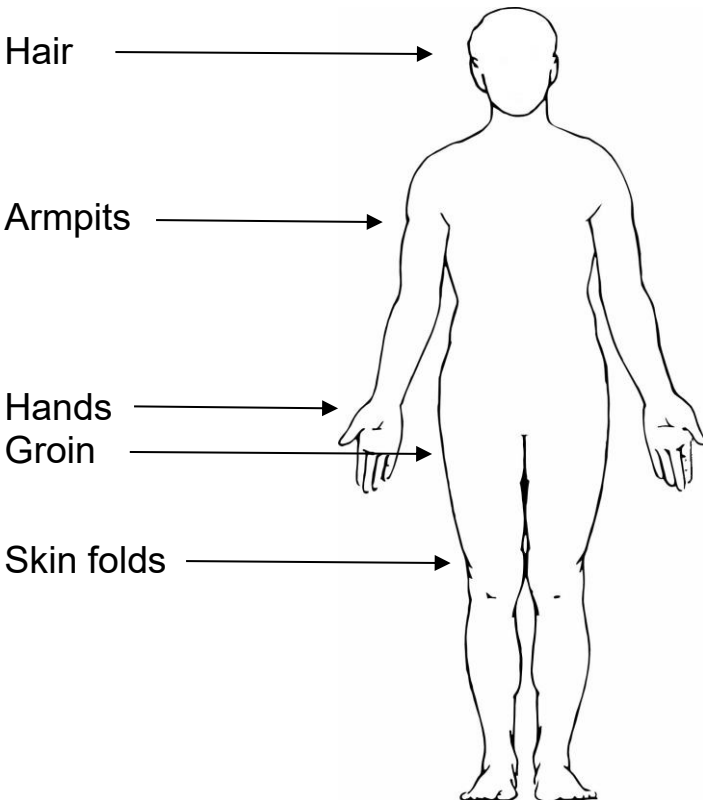
Ensure you wash your hair with the body wash twice within the five-day period (ideally on days one and four).

Nose ointment:

Put a pea-sized amount in each nostril twice a day. Use the end of a cotton wool bud to help.

After each application:

Put on clean clothing and clean bedding after each application.



Admission

You will be admitted on the day of your surgery, and you will be sent a letter confirming your admission date and informing you of your admission time.

You will receive a telephone call from kent ward nurses, two days before your surgery to check you are still fit to proceed and that you are ready for your surgery.

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

If your operation is in the morning, you will be asked to arrive at 7:30am. Please do not eat after midnight the night before; however, you can drink clear fluids (water, tea without milk, and coffee without milk) the morning of surgery. It is important that you do not chew gum or have boiled sweets. You should drink your carbohydrate drinks before 7am.

If your surgery is later in the day, you should have a light breakfast (toast/cereal) before 7am; you can drink clear fluids (water, tea without milk, and coffee without milk) until you come in for surgery. You should drink your carbohydrate drinks before 11am.

You should take your normal tablets in the morning, with a small amount of water. **The pre-assessment nurse will advise you if there is any medication that you should not take prior to surgery.**

! Important: Please have a shower or bath before you arrive at the hospital.

It is important that you **do not** apply creams or make up after your bath or shower. Please **remove nail polish**. Please bring a dressing gown and slippers with backs into hospital with you. We also recommend that you bring comfortable, baggy trousers with you or shorts to help you when you mobilise. Also please bring your toiletries and a towel.

On arrival to the ward, you will be welcomed by a member of the ward staff. If there have been any changes to your personal circumstances since your pre assessment clinic appointment, please inform the ward staff.

Occasional delays in theatre may mean that you have to wait longer than expected for surgery. You may wish to bring a book or magazine with you.

You will be seen by the anaesthetist on the ward who will discuss your anaesthetic and pain relief with you.

You will normally be offered a spinal anaesthetic, in addition to some sedation. This involves a small injection at the base of the spine. This is a safe and effective anaesthetic which will temporarily numb you from the waist down and will aid your recovery, allowing early mobilisation.

If you are able, we encourage you to walk to theatre with a member of the nursing ward team. This helps to increase your body temperature which aids recovery after surgery. You will be given a surgical hospital gown, but you can wear your own dressing gown and slippers.

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.

After your operation (day of surgery)

You will be taken to the recovery area after your operation. You will be able to drink water if you are able. The staff will monitor you throughout your short stay in recovery, including your blood pressure, pulse, respiratory rate and pain control. Once you are stable you will return to the ward.

The ward staff will continue with the monitoring of your blood pressure, pulse and pain control. They will check that the feeling is returning to your legs and lower body and that you have been able to pass urine.

You will have local anaesthetic injected into the wound at the time of surgery which should provide some pain relief for up to 20 hours. You will also be given regular pain relief medication, such as, paracetamol and Ibuprofen. It is important for the nurses to monitor your pain score, to ensure that you are comfortable at rest and on movement. Please inform the nursing staff if you feel that your pain relief is not adequate.

You can eat and drink as soon as you feel able.

You will be encouraged to mobilise two hours after you return to the ward. The physiotherapist or nursing staff will help you with this. You will be sat in a chair and you can return to wearing your day clothes.

Your discharge planning will already be underway. This is dependent on you being clinically well and safe for discharge.

Initial Exercises (these should be performed every hour following surgery to help prevent complications)

1. Deep Breathing Exercises

Take three to four deep breaths every hour. Hold your breath for one to two seconds to get the air to the bottom of your lungs, and then breathe out.

2. Circulation exercises

Move your feet briskly up and down, and round in circles, to help keep your blood circulating in your legs. Repeat 30 times every hour.



3. Thigh exercises

Tighten the muscle at the front of your thigh by pushing your knee onto the bed keeping your leg straight. Repeat 10 times every hour.

4. Buttock exercises

Squeeze your buttocks together, hold for a count of five, and then relax. Repeat 10 times every hour.

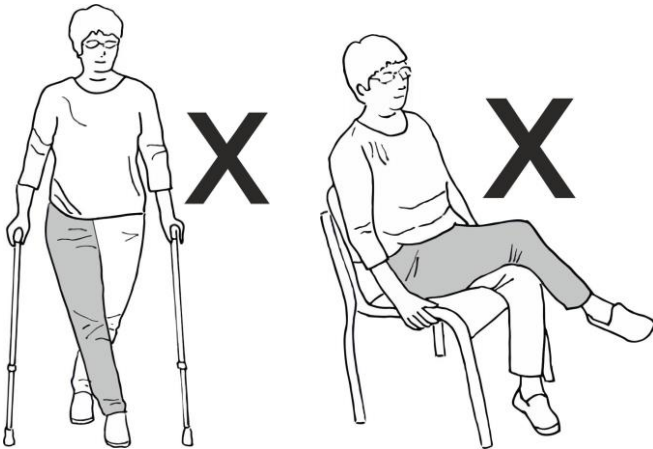
5. Hip Precautions?

Anterior approach patients: No hip precautions.

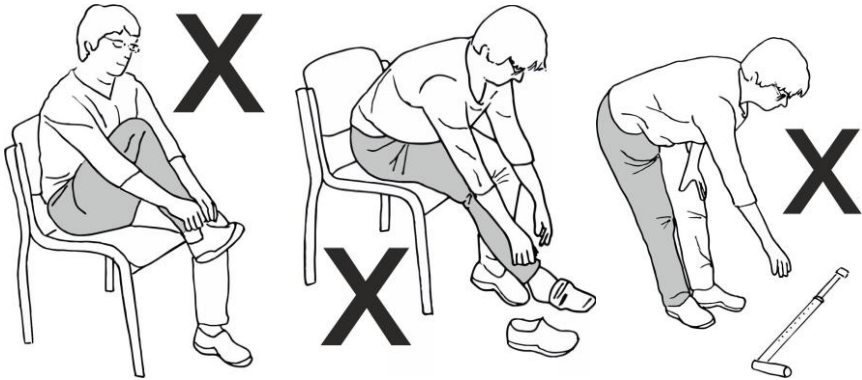
All other approach patients:

If advised, you are to follow these precautions to help reduce the risk of hip dislocation. They are certain movements to avoid for the first six weeks after your operation; 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.

On the day discharge

If you have been identified as a patient who can go home on the same day as your surgery, we will immediately start your discharge planning for today. This is dependent on you being clinically well and safe for discharge.

- You will be encouraged to be independent; to attend to your personal hygiene and get dressed into your day clothes, which as previously mentioned should be comfortable, with well-fitting slippers. You will be given dressing equipment if needed.
- You will be encouraged to mobilise two hours after you return to the ward. The nursing staff or physiotherapist will help you with this. You will be given elbow crutches or a similar walking aid.
- Routine pain relief tablets will be given, and the nursing team will monitor your pain score.
- You will practice stair or step climbing if necessary.
- You will have an x-ray and blood tests taken.
- Around 13% of patients go home on the same day as surgery.

Post- Operative day 1

If you have not been identified as able to be discharged on the same day as your surgery your discharge will be planned for today. This is dependent on you being clinically well and safe for discharge.

- You will be encouraged to be independent; to attend to your personal hygiene and get dressed into your day clothes, which as previously mentioned should be comfortable, with well-fitting slippers. You will be given dressing equipment if needed.
- You will receive physiotherapy up to two to three times a day, including weekends from either the physiotherapy or ward staff.
- Routine pain relief tablets will be given, and the nursing team will continue to monitor your pain score.
- You will have an x-ray and blood tests taken.
- You will practice stair or step climbing if necessary.
- You will be commenced on a 'blood thinning' tablet which will be taken twice a day. This helps to prevent deep vein thrombosis.
- Around 85% of patients go home at the end of day one.

Wound dressing

Your wound dressing can remain in place for 12-14 days after surgery. The dressing is waterproof, so that you can shower without having to change the dressing.

There is a bacterial barrier within the dressing which helps to reduce infection.

The dressing will be removed when you have your wound check at the GP practice or wound clinic. The nursing staff will let you know the arrangements that have been made for this to be done.

Follow-up care

A day or so after discharge, a member of the ward staff will telephone you. This is to check how you are at home and answer any queries you may have. However, if at any time you have any concerns please contact us on the number below:

Kent Ward: 01262 423236

The ward staff can be contacted 24 hours a day, including weekends.

You will have a consultant outpatient clinic appointment approximately six to eight weeks after your operation. This is to ensure you are progressing well and to answer any questions you may have at this time.

If you notice your **calf is painful, swollen, or warm to the touch**, please contact Kent Ward 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).

You will need to have a physiotherapy appointment, which will be arranged for you at the physiotherapy department in your locality.

Wound issues

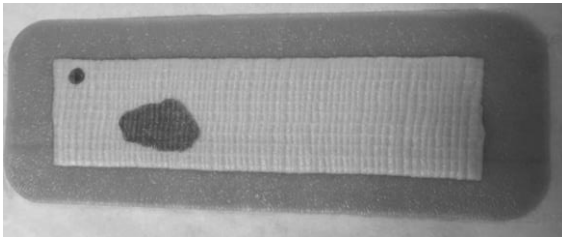
If your wound starts to leak, becomes very hot or painful, please contact Kent ward.

| Do not contact your GP or attend A&E

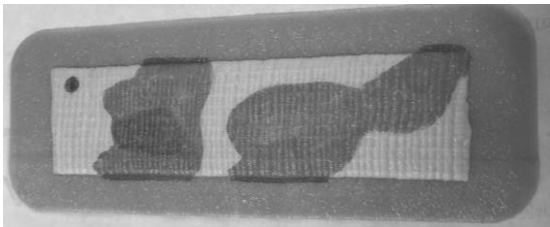
We may need to see you to assess the wound and take some blood from you.

If you cannot get to Kent Ward, we will endeavour to arrange an appointment with the next available consultant in a clinic setting nearer to home.

This dressing does **not** require a change:



This dressing requires a change by the Kent ward nurses:



Important message

If you see anyone about your wound and they wish to give you antibiotics for a suspected wound infection, please do not take them until we have assessed you. This is vitally important as antibiotics when not required can lead to problems with your joint which may lead to further surgery.

Leg swelling and bruising

Because of the type of surgery, you have had, please expect some degree of swelling to the leg and potentially extensive bruising. The bruising may take up to eight weeks to resolve and the swelling longer.

Pain

Again, pain is to be expected, take pain relief as advised, use ice therapy, and contact your own GP if you require stronger pain relief.

Remember - you have had major surgery so you should eat little and often, drink plenty of fluids even if you feel nauseated, and have plenty of rest with legs elevated. You must take a laxative regularly to prevent constipation.

Pre and Post-operative Total Hip Replacement Exercise Programme

It is very important that the hip is as strong and mobile as possible prior to your operation to aid the post-operative recovery. Exercises should start immediately following the outpatient appointment and continue through to the day of operation.

Due to limited movement after the operation, you will have to work hard to regain muscle power, the range of movement of your hip and mobility, therefore these exercises should continue once you are discharged.

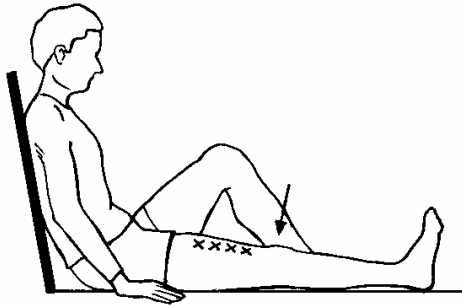
The best way of doing your exercises is little and often in order to build up muscle tone, power, and prevent the hip from stiffening; remember exercise reduces swelling, which is one of the causes of pain.

Essential Exercises (these should be performed at least three times a day).

The exercises will not cause the wound to burst; the stitches hold the wound together securely.

Static Quadriceps

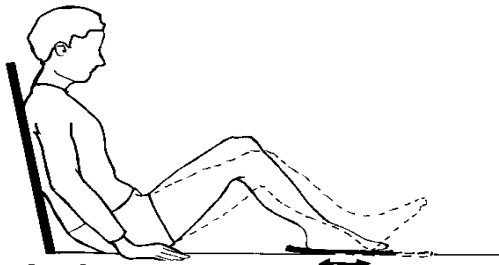
With your leg straight out in front of you, tighten the muscles at the front of your thigh by pushing your operated knee onto the bed. Hold for three seconds and then relax. Repeat 10 times.



Hip Flexion (do not exceed 90°)

With the sliding board provided (smooth surface) under your heel, slowly slide your heel towards your bottom to bend your hip and knee. Hold briefly and then slowly allow your leg to straighten.

Repeat 10 times.



Hip Abduction

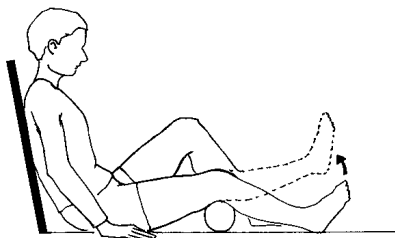
With the sliding board smooth surface) under your heel, slowly slide your leg out to the side whilst keeping your knee and foot pointing upwards. Hold briefly and then take your leg back in. Repeat 10 times.



Inner Range Quadriceps

Place the plastic tube provided (or a similar object such as a rolled up towel) under your knee and whilst keeping your knee on the tube, lift your heel off the bed to straighten your knee. Hold for five seconds, and then slowly lower.

Repeat 10 times.

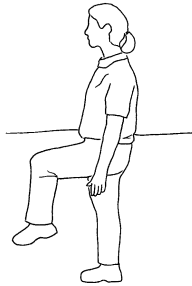


Standing Exercises

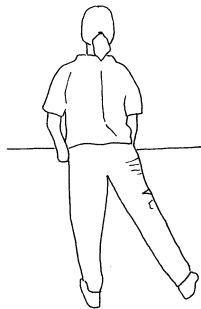
These exercises can be started when you are able to manage the essential exercises in lying. You must hold onto a firm support when doing the following exercises and aim to maintain a good upright posture.

Hip Flexion (do not exceed 90°). Lift your operated leg up in front of you (no higher than the level of your hip), hold briefly and then lower.

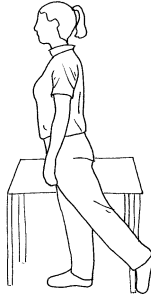
Repeat 10 times.



Hip Abduction. Keeping your knee and foot pointing forwards, lift your operated leg out to the side whilst keeping your leg straight, hold briefly and then lower. Repeat 10 times.



Hip Extension. Keeping your leg straight, lift and take your operated leg backwards, hold briefly and then lower. Try not to lean forwards during this exercise. Repeat 10 times.



It would be beneficial for you to perform these exercises daily before your admission into hospital. The exercises help prepare your muscles for the rehabilitation programme post-op and will further enhance your recovery.

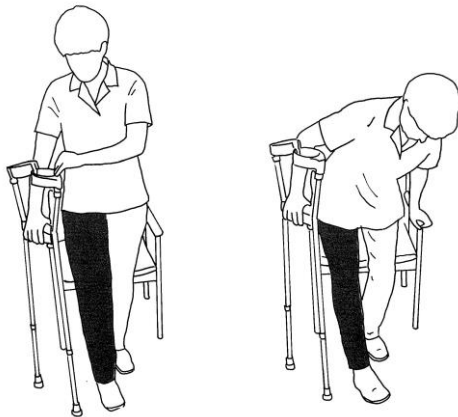
Mobility and stair technique

You should continue to use the crutches or sticks for as long as you feel you need them - typically, this is six weeks.

Please note: regularly check that the rubber ends of your crutches or sticks are not worn down and avoid wet floors wherever possible.

Sitting

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 into 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.

Standing

In standing, place each hand through the cuffs of the crutches and hold the handles (handles facing forwards).

For stability while standing, each crutch should be slightly in front of and out to the side of your feet.



Walking

The sequence for walking is:

| | | |
|---|---|---|
| A black and white line drawing of a person walking towards the viewer. The person's right leg is forward, and the right crutch is extended forward and to the side of the foot. | A black and white line drawing of a person walking towards the viewer. The person's left leg is forward, and the left crutch is extended forward and to the side of the foot. | A black and white line drawing of a person walking towards the viewer. The person's right leg is forward, and the right crutch is extended forward and to the side of the foot. |
| 1. Move walking aid forward first | 2. Then the operated leg | 3. Then the unoperated leg |

When turning, you must remember not to pivot or twist on your operated leg. It is therefore important that you pick your feet up with each small step as you turn. To avoid limping, try to take equal strides with each leg, at equal speed. Also remember not to walk with a stiff straight leg.

Steps/Stairs

Prior to being discharged from hospital, you will be shown how to negotiate steps or stairs using your walking aid(s).

When possible, use a handrail and hold both crutches or sticks in the same hand; have your arm in one, to lean on, and carry the other crutch or stick or give the spare one to someone to carry.

Going up stairs:

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



Going down stairs:

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



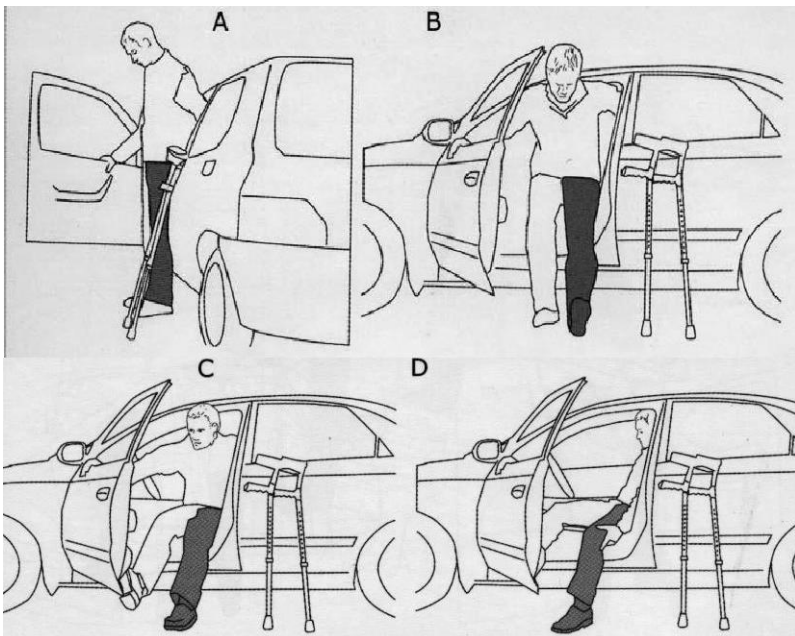
Following Discharge

Getting in and out of the car

When getting in and out of a car, have it parked away from the kerb so that you do not have to stoop too low to get in.

Have the seat adjusted as far back as it will go and recline the backrest. Sit on the seat, then bring your legs into the car, remembering not to bend your hip more than a right angle. Turn slowly round to face the front of the car.

A glossy magazine or heavy-duty polythene bag on the seat helps you turn in the seat. If the seat is too low, you may need a cushion or pillow to raise you a little.



Driving: Please do not drive for at least six weeks after your surgery.

Anterior hip replacement patients can drive when they can walk normally without aids and are not taking strong painkillers.

Flying: For short haul flights (less than four hours) you should not fly for four weeks before or four weeks following surgery. For long haul (more than four hours) you should delay flying until three months after surgery.

When you go home, it is important that you continue to follow the exercise programme you started in hospital.

Go for regular short walks rather than trying to walk long distances straight away. Little and often is much more beneficial. You can gradually increase the distance as your stamina, muscle strength and confidence improve.

Avoid standing still for too long at first as this can make your leg ache and the swelling increase. It is much better to be moving about or resting.

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:

Sister Sue Bannaghan, Kent Ward, Bridlington Hospital,
Bessingby Road, Bridlington, East Yorkshire, YO16 4QP
or telephone 01262 423110.

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.

Allied Health-care Professional Notes

Please record any relevant patient contact including wound checks.

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.

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|---------------------|--|
| Owner | Mr Cash, Consultant Orthopaedic Surgeon Ward Sister, Orthopaedic Department |
| Date first issued | September 2014 (first issued in Trust format) |
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| Version | 5 (issued October 2024) |
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| Document Reference | PIL870 v5 |

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