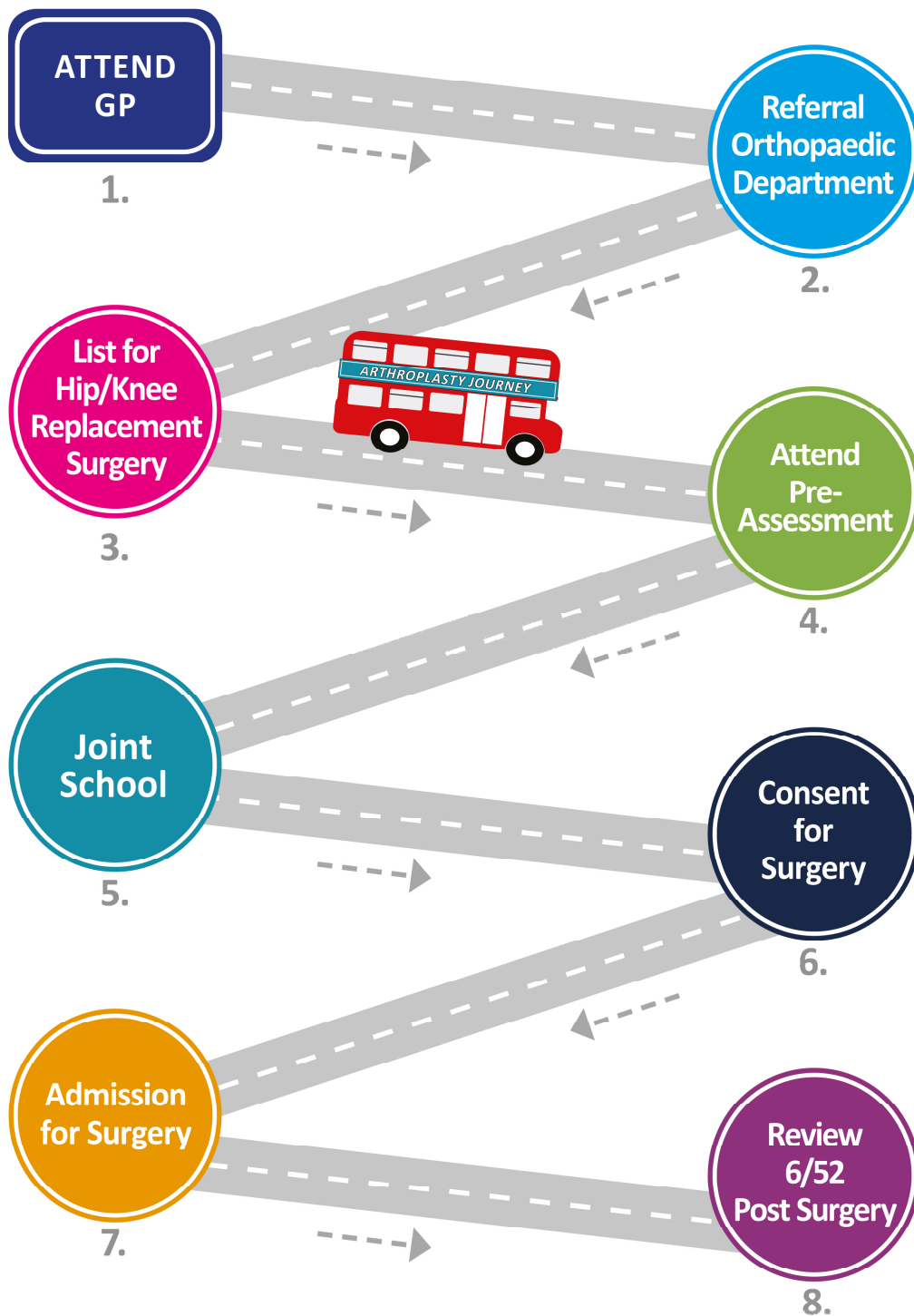


Total Hip Replacement

Patient Information book



Please bring this booklet with you when you are attending hospital appointments and when you are admitted.

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1. Introduction

This booklet provides you with information to help you prepare for your surgery with the aim of recovering quickly and reducing your time in hospital.

The booklet is only intended as a guide, treatment is always planned on an individual basis, some difference in the detail may occur. Please ask a member of the orthopaedic team if anything remains unclear, or you have any questions or concerns at any point during your stay in hospital or at home.

Following your surgery you have to look after your new hip replacement. It takes time for the muscles to heal.

Please bring this booklet into hospital with you.

You have a very important role to play in your recovery, it is essential to follow the advice given to you.

Shorter stays in hospital are beneficial on many levels. We will work with you to ensure your stay is as short as possible. The average stay following joint replacement is 3 days, you may get home sooner.

You should make your own transport arrangements to and from hospital. Ambulances can be arranged for medical reasons only on the recommendation of the health professionals looking after you.

Linda Shaw is Deputy Charge Nurse in Orthopaedic Out Patients, you will meet her when you attend Joint School.

Joint school is held in our Therapies Department on
Thursday at 10.30 a.m.

If you have any concerns before or after your hip replacement you can contact Linda via our Arthroplasty Helpline.

Arthroplasty Helpline
(Monday to Friday 9am – 4pm)
01387 241414

2. Education Information

A Total Hip Replacement

Total hip replacement (hip *arthroplasty*) is an operation designed to replace a hip joint, which is worn and damaged, usually by arthritis.

Your hip joint is a ball and socket joint. The ball is formed by the head of the thigh bone (femur), which fits snugly into the socket in the pelvis (acetabulum).



Hip replacement involves removing the worn and damaged ball. A metal stem with new ball on the end is inserted into the thigh bone (*femur*). A plastic cup is inserted into the socket (*acetabulum*). A special kind of cement is often used.

What are the Risks?

Infection

All infections must be cleared up before the operation e.g. tooth abscess, infected toe, chest or urine infections, MRSA. Minor lesions can cause bacteria to circulate through your body. When you attend your pre-assessment appointment please tell the staff if you have concerns regarding infection. We may have to postpone your operation until you are infection free. Your GP will prescribe medication. Please remember you will be screened for MRSA.

All possible steps will be taken to prevent infection. Antibiotics are given around the time of your operation. Despite all our best efforts a small number of patients may develop infection in the early stages following surgery. Late infection can occur at any time after discharge from hospital. You can reduce the risk of serious infection by acting promptly. If you have a dental infection, please let your dentist know you have an artificial joint requiring antibiotic therapy.

All infections require antibiotics. Infected joints may have to be removed and another joint can be inserted later when patients are infection free, then and only then can a joint be inserted. If despite all attempts the infection does not resolve, salvage procedures may have to be considered (joint fusion/excision arthroplasty).

There is a higher risk of infection in diabetic patients, patients who smoke, are overweight or immunocompromised.

Dislocation

Dislocation means that the ball of the hip joint comes out of the socket. The risk of this happening is higher in the first 12 weeks after surgery when the muscles around your new hip are recovering. Unfortunately the risk is always there. If dislocation occurs a return visit to theatre is required to put the joint back into place under anaesthetic. A small number the cases a joint may dislocate repeatedly treatment options may include a brace, further surgery (modifying the hip or removing the hip and performing joint replacement again).

Blood Clots

A blood clot in the veins of the leg or pelvis is called a thrombosis. If this occurs it will be treated. In a small percentage of cases, the clot may leave the leg veins and travel to the lungs. This is called a "Pulmonary embolism" which in severe cases can be life threatening. Steps are always taken to reduce the risk of thrombosis or embolism but cannot be eliminated completely.

There are different options to reduce the risk of clots: general (early mobilisation, moving knee/ toes, putting weight on the leg, good hydration), mechanical (you will have stockings fitted to help reduce a blood clot formation, you have to wear these until independently mobile with crutches), medication (anti coagulant injections are commonly used in this hospital for 4 weeks). The longer you are in bed, the greater the risk of a blood clot forming, which is why we encourage you to get up as soon as possible after surgery. Whilst in bed you should do circulatory exercises regularly to prevent sluggish blood flow. Your physiotherapist will show you what to do.

Outcome/ recovery times

Most patients get good relief in pain, however about 5-10% patients are not satisfied with the outcome at 1 year from surgery and there may be nothing that can be done to improve that. The recovery time is variable and can range from few weeks to 1 year. In most cases a steady state is reached at 1 year from surgery. The return to work is at about 3-4 months after surgery. About 5-10% patients are unable to return to any work.

Loosening and wear of the new joint

All joint replacements have a limited life. If you avoid early complications we would expect your new hip to last 10 - 20 years. Younger patients who are very active will tend to wear out or loosen the joint earlier. Jarring activities also increase the chances that the joint will wear out or loosen. A revision operation can be carried out to replace worn or loose joints, but this is a more complex operation.

Unequal leg length

Sometimes the length of the leg is altered during the operation. The surgeon will make every effort to make this equal but it is not always possible to be exact. In very few cases a heel raise may be required for your shoe. If you have a leg length discrepancy you will be referred to the appliance department at your consultant review.

Death

Joint replacement surgery carries a mortality risk of 0.4%. Your surgeon will be more than happy to discuss this further with you.

Blood transfusion

You need to be aware there is a small chance you may require a blood transfusion. This will be discussed with you if needed.

Blood vessels and nerves

It is very rare for blood vessels and nerves around the new hip to be damaged during the operation. However, if they are damaged a full recovery is usual.

Fractures

Whilst preparing bones to receive an artificial hip there is a risk of fracture. Your consultant will be happy to discuss this with you.

Numbness

You may be aware of numbness surrounding your wound. This is normal it should not cause any long term issues.

Pain

There is usually some pain/discomfort following major surgery. Modern methods of pain relief mean we can keep it to a minimum. Management of pain is dealt with later in this section. **Please tell staff if you are in pain.**

Swelling

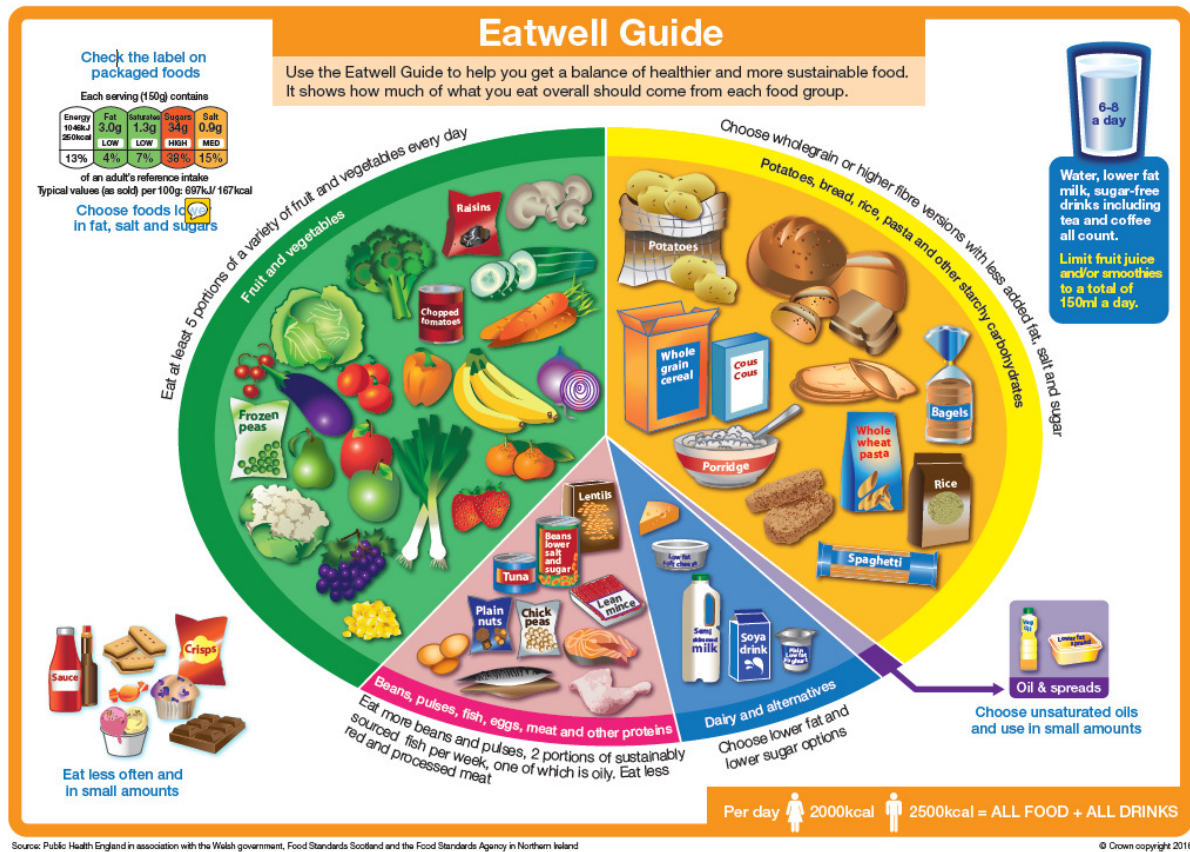
You may find that your hip will swell and feel warm. This is normal. However, if pain and redness accompany it, it may be an indication of infection so please report this to your nurse or doctor. Swelling may last for two or three months, in a few cases the hip always remains slightly larger than a normal joint.

Some warmth around the hip is often noted and is due to increased blood flow through the tissues during healing.

3. Preparing for your Operation

General health

Ensuring you eat well in the weeks before your surgery should help you recover more quickly. Being well nourished is essential for healing and minimizing your chances of getting an infection. A healthy varied diet is recommended.



Pre-op exercise programme

It is important to be as fit as possible before your hip replacement. This will enhance your rehabilitation and recovery. We are going to show you some exercises that you should start completing now and continue to do so until your surgery. You should try and complete the exercises 3 times a day on both legs.

Exercises

1. Ankle pumps
2. Static quads
3. Static glutes
4. Inner range quads
5. Lying hip and knee flexion
6. Lying hip abduction

Please see pages 28 and 29 for the exercise programme.

Pre operative advice

Home situation

After your surgery you will need to change the way in which you carry out some daily activities and may need some help from other people at first.

There are a few simple things you can do before you come into hospital, which might make things easier when you get home again.

Have you house ready for your arrival back home:

- Clean and do the laundry, and put it away. Put clean sheets on the bed.
- In the kitchen in particular, but also throughout your home, put the things you use a lot somewhere between waist and shoulder height so that you do not have to bend down or stretch too much to reach them. In the kitchen consider leaving commonly used items (pans, plates, mugs etc) on the work surface.
- Remove any rugs, loose carpets, objects or hazards that you might trip over or slip on. Make sure there is room to walk from room to room without obstacles getting in your way.
- Bring downstairs the things you are going to use a lot during the day.
- Buy a stock of food and other things that you need frequently since you may find shopping difficult when you first go home. Stock up on ready-prepared meals.
- Cut the grass; tend to the garden and other necessary outside work.
- Arrange for someone to collect your post and take care of pets and loved ones if necessary.

Social Support

Consider if it would be helpful to have a friend or relative come and stay for a short time after surgery or you may decide to go and stay with them.

If you are thought to need formal support when you go home following OT assessment, a referral can be made to the Short Term Assessment and Reablement Service (STARS). It is found in many cases that help is only needed for a short period after returning home.

Pre-assessment

At your pre-assessment appointment you will see the pre-assessment nurse and you may see an anaesthetist. Your pre-assessment clinic appointment is an opportunity for you to tell us about your individual needs and circumstances.

You will be given a couple of questionnaires to complete for the occupational therapist. These questionnaires will allow us to assess your current needs, and plan how to address your rehabilitation needs after your surgery.

To ensure that you feel well prepared for surgery: -

- Please tell us **what matters to you as we** want to make sure you are treated as an individual and with respect
- Please speak to any member of staff if there is anything you want **us to know**
- Please speak to any of the staff if there is anything you want to ask. Even if you feel it's trivial – **if it's important to you it's important to us.**
- Please speak to any of the **staff** if you have any **concerns or worries** about your operation or any aspect of your care.

The pre-assessment nurse will:

- Assess how fit you are for surgery and anaesthetic to ensure that you will be in the best health prior to your operation.
- Discuss your general health and record your medical history.
- Ask you about your current medication including all prescribed and any other medication that you have purchased and take regularly. This will include tablets, inhalers, creams or eye drops. Please bring a list with you
- Ask if you are a smoker. (If you are a smoker a referral will be made to the Quit Your Way Service. The service will contact you but you have the right to decline).
- Carry out some tests with you e.g. blood pressure, bloods, pulse, weight and height
- Give you the opportunity to discuss operation, anaesthetic, pain control and answer any questions you may have.

The pre-assessment nurse may arrange for an appointment with the Anaesthetist who may need to do some further tests before your operation to assess how safe a general anaesthetic is for you. These tests will allow the healthcare team to decide if there is anything they may need to do differently. The tests will vary from person to person.

Sometimes, after examining you or because of the results of your investigations, the Anaesthetist or nurse may recommend that you are seen by your GP or another specialist to improve your medical condition before surgery. This sometimes happens with people who have high blood pressure, angina, asthma or anaemia which is not well controlled.

Some of your regular medication may need to be stopped prior to surgery but the pre-assessment nurses will advise you on this.

Joint School

As part of your preparation for your surgery you will receive an invitation to attend a group patient education session at Dumfries and Galloway Royal Infirmary. You are encouraged to read through your 'Total Hip Replacement Patient Education Booklet' (this booklet) before the class.

This session aims to provide you with information to ensure you are prepared for your forthcoming surgery and gives you an opportunity to ask any questions (you may find it helpful to write down any questions that you may have). The session will run for approx 1.5 hours.

Your friends and relatives will form a key element of support and motivation in your preparation and recovery from major surgery therefore we encourage you to bring a friend or a member of your family to attend Joint School with you.

Please note: Joint School is an essential part of your treatment. It is very important that you attend.

Fasting

You will be required to fast (stop eating) for a period of time before your surgery. This is in order to reduce the risks of complications from being sick during surgery. You will be required to fast for approximately **6 hours**; this will allow sufficient time for your stomach to empty prior to surgery.

You will be encouraged to have clear fluids up until **2 hours** before your surgery. This will help you to stay well hydrated and will make you less likely to be thirsty or suffer from headaches after surgery.

Specific guidelines are outlined below:

	Allowed food until:	Allowed clear fluid until:
If your surgery is in the morning :	12 midnight the night before surgery	06.30am
If your surgery is in the afternoon :	you can have a light breakfast before 06.30am	11.00am

Clear fluids include	Please DO NOT HAVE
Water	Milky drinks (or milk in drinks)
Black tea/coffee	Fizzy drinks
Weak diluted squash	Fruit juices
Flavoured water (non fizzy)	Highly caffeinated drinks

What to bring into hospital

Day and night clothing

Please bring in comfortable loose fitting clothing for during the day since you will be encouraged to dress in day clothes after your operation. Comfortable, flat supportive shoes which allow for the fact that your foot may swell after the operation (not backless shoes e.g. mules) and socks and stockings rather than tights are best. You will need to bring in suitable nightwear and a dressing gown (if you wish) for the duration of your stay (up to 3 days).

Toiletries

Please bring in all the toiletries that you feel you will need for the duration of your stay. A towel will be provided by the hospital.

Medicines

You must bring all your usual medication into hospital with you which, will be locked away in a medicine locker. You must store and bring them in their original containers rather than decant them or bring in single strips. This is so that we can check your dosage instructions and positively identify them as belonging to you.

Entertainment

It is advisable to bring in reading material, personal music player with headphones, money for newspapers, magazines, and confectionary. You may also bring in a personal DVD player with headphones or laptop to watch DVDs. Free Wifi is available in the hospital (Password – **Publicaccess**).

You must also bring in

- This booklet
- Your walking aids (which you are provided with at Joint School).
- Your advanced directives/living will (if you have made one)

Do not bring valuables

Please avoid bringing valuables with you. You only have a small locker and wardrobe beside your bed. These lockers are not secure, so any valuables that you want to keep in hospital should be given to a member of nursing staff who will ensure that they are sent to the safe in the general office. A receipt will be given to you.

The hospital will not accept responsibility for any jewellery or money items not given to the staff for safe custody, but retained in your possession or on your bedside locker.

4. Admission to Hospital

You will receive a letter giving the date and time of your admission. Please follow the instructions carefully. If you are being admitted on the day of your surgery please have a shower/bath in the morning. You will be asked to report to the main reception desk and you will be shown where to go next.

What happens when you arrive at the hospital?

On Admission

When you arrive please report to the reception desk in Short Stay. You will be given paperwork and shown to Ward C6.

On the Ward

The **nurse** will check your details and discuss your care with you. He or she will ensure you are ready for your surgery and keep you informed every step of the way.

Your **consultant (surgeon)** or the doctor working for your consultant will see you before your operation. They will mark the side of the leg that is to be operated on with a large black arrow – this is to make sure the correct leg is operated on.

Your **anaesthetist** will discuss the types of anaesthesia available and what would be the best choice for you. He or she will discuss the benefits, risks, any complications and side effects of different types of anaesthesia.

Your Surgery

About an hour before you go to theatre you will be fitted with a stocking, given a theatre gown to wear and you may be given a pre-med. After this you must stay in bed and call for a nurse if you require assistance (e.g. if you want to go to the toilet).

The doctor may also visit you again to have a brief chat and answer any questions you may still have.

The staff on the ward will accompany you to the theatre. They will either walk with you or take you in a wheel chair. Here you will be met by the nurses in the recovery room who will be looking after you following your operation. From here you will be taken to the anaesthetic room and then into theatre.

Anaesthesia

During surgery, what does my anaesthetist do?

Your anaesthetist is responsible for your comfort and well being before, during and immediately after your surgical procedure. In the operating room, the anaesthetist looks after your body's vital functions, including heart rate and rhythm, blood pressure, temperature and breathing. The anaesthetist is also responsible for fluid and blood replacement when necessary.

What types of anaesthesia are available?

Spinal Anaesthetic

Local anaesthetic is injected near to the nerves in your back. This makes you go numb from the waist downwards. You will feel no pain and you may even prefer to stay awake. However, most patients prefer to have drugs which make you feel calm and drowsy. It is much better for you to have a spinal anaesthetic and your anaesthetist will be in a position to explain the reasons for this.

General Anaesthesia

If for some reason you cannot have a spinal anaesthetic or if you do not want to have a spinal anaesthetic you will have a general anaesthetic. A general anaesthetic gives a state of controlled receive; (unconsciousness during which you feel nothing). For this you will be given: -

- Anaesthetic medicines (an injection or breathing gas)
- Strong pain relieving medicines
- Oxygen to breathe
- Sometimes a drug to relax your muscles.

A Combination of Anaesthetics

You can also have a spinal anaesthetic and a general anaesthetic together. But the anaesthetist will be able to discuss the advantages of a spinal anaesthetic with or without light sedation. The advantages include quicker recovery and shorter stay in hospital.

What are the side effects of anaesthesia?

Your anaesthetist will discuss the side effects associated with the different anaesthetic options. Nausea or vomiting may be related to anaesthesia, and medications can be given to treat this. The amount of discomfort you experience will depend on several factors, and the doctors and nurses can relieve pain with medications.

Local Anaesthetic

Local anaesthetic injections into the wound stop painful messages going to the brain. These are carried out at the time of your operation.

What to Expect following Your Surgery

Immediately after your operation

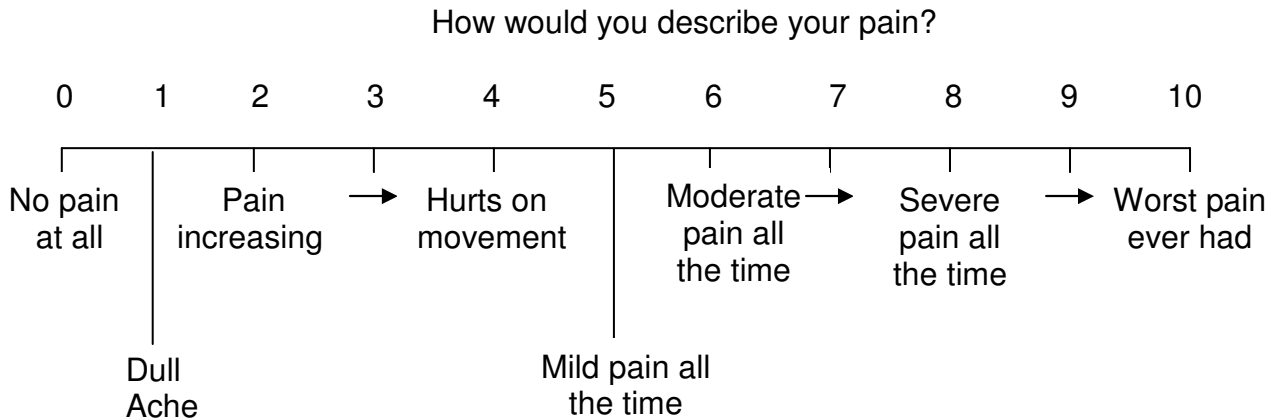
After your operation you will spend time in the recovery room where you will be looked after by a team of specialist nurses, you will then be transferred back to the ward.

Pain Control following Surgery

How is pain assessed?

After your operation your pain will be assessed regularly. Pain will be measured by using a score and you will be asked to describe where the pain fits on a scale of 0-10

Pain Score



Pain assessment is necessary, to identify, measure and plan your pain relief.

Prevention or early treatment of pain is far more effective than trying to treat established or severe pain – don't wait until it is too late.

How can we reduce your pain?

We use a combination of pain killers and local anaesthetics that numb the nerves carrying the pain messages to your brain. Your anaesthetist will always discuss with you the best methods of pain relief. Pain can be controlled by tablets (see below), local anaesthetic (as described in the types of anaesthetic section).

Tablets

Most patients will be offered painkilling tablets after surgery to keep their discomfort to a minimum. Some of these tablets will be given at regular times during the day as a basic level of pain killer. Stronger painkillers are not given routinely but are always available for you to ask for if you need them.

Effective pain control is achieved by taking painkillers regularly

Please discuss any concerns with the nurses. Good pain relief is necessary for you to complete your exercises. A combination of tablets and local anaesthetic will give you good pain relief. This will help you to recover quickly from your surgery.

If your pain is not controlled enough with the above measures you can ask one of the medical or nursing staff who will be more than happy to help.

What are the side effects of pain killers?

These may include nausea and vomiting, constipation, headache, dizziness, feeling sleepy or mild confusion. These side effects can be reduced with anti-sickness drugs, drinking lots of fluids and laxatives. Addiction will not occur as the painkillers are being used to relieve your pain.

Please let the nurses know if you feel any of these side effects.

If you are taking other medications or have had a reaction to a medication in the past please let us know.

Day Zero

Throughout the rest of the day a physiotherapist or nurse will be checking you regularly to see if you are fit enough to get up and mobilise.

You will be encouraged to eat and drink soon after your surgery. This is important as your body needs nourishment to help heal wounds, minimise the risk of infection and generally help your recovery.

The Days Following Your Surgery

The orthopaedic team will continue to monitor your progress. Part of this monitoring will include regular analgesia, observations, blood tests and an x-ray of your new joint before you are discharged.

Occupational Therapy

An occupational therapist will see you daily in relation to managing activities of daily living, for example, washing, dressing, cooking etc and to give advice on the safest way to carry out these tasks.

The occupational therapist will practise with you how to manage your activities of daily living and discuss ways to be as independent as possible during your recovery. They will also discuss with you how to protect your new hip while the surrounding soft tissues are healing.

See pages 19 to 25 for information and advice for managing day to day activities following your surgery.

Physiotherapy

The physiotherapy team will come to see you. You will be given some equipment and you will continue with your exercises that are documented in this booklet.

Your mobility will be encouraged with your crutches. You will be shown the safest way to do steps or stairs and given some advice on what to do when you go home.

Please note that visiting times will be interrupted for treatment purposes.

5. Going home: being discharged from hospital

Discharge

In order for you to be considered fit to go home you must be able to:

- **Walk independently with either 2 elbow crutches or 2 sticks**
- **Be able to complete steps or stairs**

Once you have completed this criteria and been assessed by the occupational therapist you will be allowed to go home.

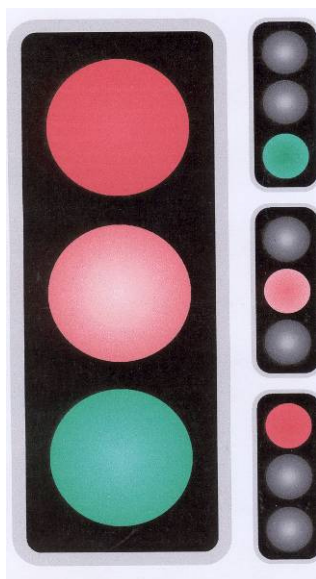
Before you go home you will be given a copy of your discharge letter and a week's prescription. If you should require further pain killers you should contact your GP before your supply finishes. Your district nurse, or practice nurse at your GP's surgery will remove your clips 10 -12 days after your operation. Some patients have stitches under the skin, which do not need to be removed.

Not every patient requires out-patient physiotherapy after discharge home. You will be required to attend your closest outpatient physiotherapy department if; you are struggling with your exercises or require instruction on progressing your walking. Your physiotherapist will inform you before discharge if you will be required to attend an outpatient clinic.

Your Orthopaedic out-patient appointments

Depending on your consultant you will be sent an appointment to attend the orthopaedic out-patient clinic either 6 or 12 weeks after you go home. This is an ideal opportunity to ask any questions you may have (it is a good idea to write your questions down so you don't forget them before coming to the clinic).

Recognising and preventing potential complications



Green: Everything is normal

- Initially your leg will be swollen and there may be some pain. This will improve as you become more active/start to move around.

Amber: Contact your GP now!

- Wound site is red, inflamed or feels hot to the touch (feeling warm is normal).
- Wound is leaking any type of fluid through the dressing.

Red: Go to Emergency Dept. immediately!

- High temperature/fever
- Swollen, tender or painful calf
- Shortness of breath when sitting
- Marked and sudden increase in pain

6. Your Care and Rehabilitation at Home

It is important to continue with rest periods throughout the day. You need to have a good balance of exercise and rest in order to maximise your rehabilitation. You will need to ensure you elevate your operated leg for part of the day to minimise swelling and you should do this by lying in bed. **You should not elevate your operated leg on a stool when you are in a sitting position as this will put your new hip at risk of dislocation.**

Pain control at home

It is normal to have pain in your operated hip and often down the legs when walking and doing the exercise programme. It is essential that you are managing your exercises 3 times a day and if pain is stopping you achieving this you should continue to take your painkillers as prescribed by the pharmacist. Below is some advice on pain management.

- If you find that you only have pain during exercise you should take prescribed pain medicine 30 minutes before doing your exercises.
- If pain is present throughout the day taking your pain medication at regular intervals can help reduce this. If you are not sure about when or how to take your painkillers for effective pain management you should contact your GP.
- If you feel that your current pain management is not sufficient you **must** discuss this with your GP so as pain does not hinder your exercise program and subsequently delay your progression.
- Ensure that you have a good balance of rest and exercise.
- Avoiding long periods of sitting in one position can help in reducing the incidence of stiffness and pain in the joint.

Looking after yourself and your new hip

How will I manage personal care tasks after my surgery?

Washing

You must keep your wound dry until it has healed. This is normally 10-14 days after your surgery. You are advised to strip-wash initially after your surgery. You may find it helpful to have a chair in the bathroom to rest on.

Bathing/showering

You are advised not to access a bath until you are back at your baseline mobility. It is also advisable not to use an over-bath shower during this time. Use a walk-in shower if you have one, otherwise continue to have a strip wash.

Use the following technique for getting in and out of the shower:

Getting in:

- ◆ Stand with your crutches/sticks close to the edge of the shower tray or step
- ◆ Step in with your *non-operated* leg first
- ◆ Then your *operated* leg
- ◆ Bring your crutches/sticks in last

Getting out:

- ◆ Place your crutches/sticks out of the shower first
- ◆ Then step out with your *operated* leg
- ◆ *Non-operated* leg out last

Safety tips:

- ◆ Always use a non-slip mat
- ◆ Use soap rather than shower gel to reduce the risk of slipping

Your occupational therapist will discuss any concerns regarding bathing with you.

Dressing

It is a good idea to sit on a chair or on the side of the bed to get dressed. Loose, comfortable clothes that are easy to fasten, and flat, supportive, slip-on shoes which allow for the fact that your feet may swell after the operation are best (not backless shoes e.g. mules).

Getting dressed:

- Get dressed sitting down
- Dress your operated leg first
- Then dress your non-operated leg
- Pull up your garments to your knees
- Then stand up to pull garments around waist

Getting undressed:

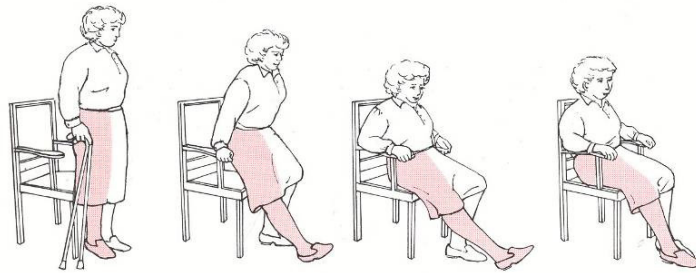
- Stand to remove your lower half garments to your knees
- Then sit down
- Undress your non-operated leg first
- Then undress your operated leg

Remember to take your time!

How will I manage on/off furniture after my surgery?

Getting on/off a chair

Use the following method when getting on/off a chair:



Make sure that you can feel the chair at the back of your legs. Put your operated leg out in front of you. Take one hand off the walking aid and hold the chair armrest. Slide your operated leg forward as you lower yourself into the chair.

To get out of a chair, slide yourself forward to the edge of the seat, place your operated leg slightly forwards, place one arm on the chair and your other hand on elbow crutches as described on page 40 '**H**' position and stand up.

Remember:

You may find your hip becomes stiff if you sit too long.

Getting on/off the toilet

Use the same method as noted above to get on/off the toilet.

Getting out of bed



- Lying on your back, bend your non-operated leg, placing your foot on the mattress. Use this leg and your arms to move yourself sideways to the edge of the bed.
- Then push up with your arms to bring yourself into a sitting position, leaning back on your arms.
- Sit on the edge of the bed with the foot of your non-operated leg flat on the floor, knee bent, and your operated leg out in front of you with the knee straight.
- Place one hand on the bed and your other hand on elbow crutches as described on page 40 '**H**' position and stand up.

Getting into bed is the reverse procedure.

Points to remember

Ensure that the back of your legs are touching the side of the bed before you sit down, and that as you start to lower yourself, you slide your operated leg out in front of you.

When getting into bed, slide your bottom back as far as possible onto the mattress, so that your knees are supported, before bringing your legs round onto the bed.

It does not matter which side of the bed you get in from.

How will I manage to pick something up from the floor?

- Distribute your weight equally between both legs
- Reach down in-between your legs, avoid over bending to one side.

How will I manage to prepare meals after my surgery?

If you were able to prepare your own meals before your operation you should be able to manage when you return home. You may become tired more easily when working in the kitchen so think about how you can conserve your energy. For example:

- Prepare easy meals which require limited preparation, or use ready-prepared meals
- Pace yourself if you are preparing a longer meal.
- Try and position items which you use a lot within easy reach.
- Sit for as many tasks as possible. A high stool is useful so that you can still reach the worktops.

Reaching into a cupboard, fridge, freezer or oven

Make sure that you feel well balanced before you bend or reach for items. Do not reach into high cupboards to remove heavy items as you may overbalance when you get them out. Ask someone to move items that you use regularly to worktop level, or arrange to do this before you come into hospital to have your kitchen ready for when you return home.

For the first couple of weeks after your surgery, do not attempt to lift hot dishes out of the oven since this requires both hands.

Moving things around the kitchen

For at least the first two weeks after your surgery you will be using two crutches/sticks when walking. During this time you will find it easier to slide items along the kitchen worktop instead of trying to carry them.

When you need to move items along work surface or table, use the following method:

- Face the direction you want to travel in.
- Put both crutches/sticks into hand furthest from worktop. Push or lift along the worktop only as far as your arm can stretch.
- Use both crutches/sticks in the normal manner and walk up to the item.
- Continue until you reach your destination.

Alternatively, you may find it easier to discard your crutches or sticks when working in the kitchen, and use the worktop for support. Support yourself with both hands on the worktop. Push or lift items sideways along worktop, no more than arms length (do not overstretch) and side step along to meet it. This keeps your hands free to move items and prepare food. Lean against the worktop for support when standing without your sticks or crutches.

Carrying items from room to room

Consider getting a cup with a sealed lid or small flask to allow you to carry drinks safely from the kitchen whilst you still require to use two crutches/sticks when walking. Place the cup or flask in a polybag and place handles of the bag over the handle of your crutch/stick. You may find it easier to carry items in a bag that you can wear across your body, or wear clothing with large pockets that you can carry things in.

How will I manage domestic and household tasks after my surgery?

Housework

Avoid **heavy** housework, such as hoovering, stripping beds or moving furniture for twelve weeks after your surgery. Return to light housework when you feel able.

Laundry

You should be able to deal with light items of laundry but you will need help with bulky items, such as towels and bed linen. If you do not have a tumble dryer think about where you could safely dry laundry whilst you are using crutches or sticks, remembering to avoid twisting or bending your hip.

Private agencies can assist with housework and laundry if you feel unable to manage. Social Services or your Occupational Therapist can provide you with contact details for local agencies if required.

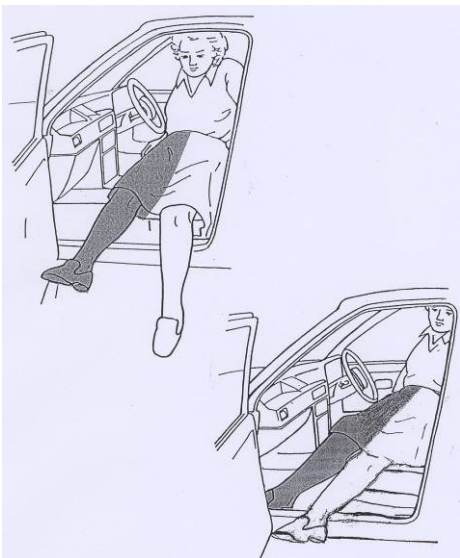
Shopping

Consider having shopping delivered initially when you return home, or ask friends or family to assist. Most major supermarkets offer an 'online' store which will deliver to your home for a small charge. Information on the 'Food Train' service within Dumfries and Galloway is also provided at the back of this booklet.

When doing your own shopping remember that you will be walking with either two crutches or sticks. Do not attempt to lift heavy bags. Consider using a small backpack or a bag you can sling across your body.

Your occupational therapist can give advice about help with shopping and other housework tasks if you have concerns.

Travelling as a passenger



By the time you leave hospital you should be able to travel as a passenger in an ordinary saloon car. You may find it difficult to get in and out of four wheel drive vehicles and low sport cars.

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

Some people find a plastic bag on the seat can make it easier to slide back onto the seat and swivel round. Make sure that you remove the plastic bag prior to the car moving.

To **get into** a car:

- Place the front seat as far back as it will go and angle the back so it is partially reclined. Depending on the length of your legs you may need to fully recline the backrest so it rests on the back seat.
- Turn your back to the seat, so the backs of your legs are against the sill.
- Remove your crutches and then gently lower yourself onto the seat, holding onto the door arch and seat base or dashboard for support.
- Slide your bottom back on the seat, using your non-operated leg and hands to push yourself backwards towards the handbrake, keeping your operated leg straight in front of you.
- Swing your legs in carefully. With the backrest in a lowered position you may find it easier to 'sit' on the backrest to bring your legs safely into the footwell. Once you are in the car the backrest can then be adjusted to a partially reclined position.

To get out of the car do the same in reverse.

Post-operative Progression of Exercises

Once at home you should continue your exercise programme completing your exercises 3 times a day. You should also gradually increase your walking distance.

First 2 weeks

- Continue to walk with your 2 sticks/crutches
- Slowly increase distance you are walking daily
- Continue to do your phase 1 exercises three times a day

Weeks 3 to 6

- Achieve weeks 0 - 2 goals
- Gradually resume household activities
- Wean from 2 walking aids to 1 as long as you are confident and comfortable to do so and not walking with a limp
- Try and complete stair climbing more than once daily (if applicable)
- Progress your daily exercises to phase 2 only if you are achieving the progression criteria.

Weeks 7 to 12

- Achieve weeks 3-6 goals
- Wean from 1 walking aid to independent as long as you are confident and comfortable to do so and not walking with a limp
- Walk ¼ mile to ½ mile daily
- Progress your daily exercises to phase 3 only if you are achieving the progression criteria.
- Complete stairs normally with foot over foot technique

If you are not managing all the exercises or are worrying about your walking pattern you should contact your physiotherapist.

7. Your Future

Do's and Don'ts

Following surgery you should be able to have a near normal lifestyle. However you must take responsibility for looking after your new hip, and if you respect your new hip it is likely to last longer. It is important that you gradually return to your previous level of activity. However some activities are best avoided for a limited time after your surgery to allow healing of the soft tissues around the joint, and some activities may always need to be avoided.

Once you have completed your rehabilitation programme which will take approximately 12 weeks you are encouraged to return to your previous level of activity. Once recovery is complete many activities will become less difficult and you should consider resuming activities and hobbies that you may not have been able to do while waiting for surgery. You may however need to alter how you do things, in order to ensure safety, reduce the likelihood of dislocation and reduce discomfort.

This section provides you with information regarding some basic activities. You may need to discuss individual requirements with your therapist.

Returning to work

You are advised not to return to work before your orthopaedic out-patients appointment. If you are required to go back to work you must consider what aspect may be difficult and may have to be adapted in the short term. After a period of absence from work you may need to have an appointment with your employer's occupational health department. They will discuss aspects of your role and when you should return to your normal duties, please ask a member of the team for advice.

Walking

You may return your walking aids (unless you have wooden sticks as they are for single patient use) once you are walking without a limp and feel confident and comfortable to do so, but no earlier than 2 weeks after your surgery. You may need to use at least one walking aid if you are outdoors, for long distances and on rough or uneven ground.

Stairs

Continue to use the method of stair climbing taught to you by your physiotherapist until you are walking with no aids. When, you feel confident and comfortable to do so you can progress to normal stair climbing. You should be climbing stairs normally one foot over the other by 12 weeks.

Public transport

You should avoid travelling as a passenger for 6 weeks in a bus or any other motor vehicle with a high step. When, you do return to travelling on public transport try to ensure that you have enough leg room for comfort. You should not go on a long haul flight (over 4 hours) until 12 weeks after your surgery.

Driving

You are advised not to return to driving before your first out-patient follow-up appointment. Your consultant will then advise you when you can return to driving. This depends on number of factors, such as which leg is involved i.e. accelerator or clutch and leg position, and whether your car is an automatic or manual. Contact the DVLA and your insurance company to check that you are covered as a result of your surgery. When, you feel confident to return to driving have a trial run without the engine on. Try out all controls and go through the emergency stop procedure. Start with short journeys and when you do a long trip stop regularly to get out and stand up and stretch.

Work

You will need to provide your employer with a fit note from your GP after 7 days of absence. A fit note must be signed by your GP. On the fit note, your GP can advise that: you are 'not fit for work' or that you 'may be fit for work'.

Gardening

Avoid heavy gardening for the first few weeks. Some people find that long handled tools are very useful when first returning to gardening. You should start off slowly and for short periods of time and gradually build from this.

Sport

Some sporting activities may be unsuitable following your hip replacement. For example, you should avoid contact sports and activities that jolt or jar your hip, such as running or tennis since they can put too much stress on your new hip, may increase the risk of fractures around the prosthesis and can cause early wear or loosening of the joint. Resume appropriate sport gradually. If you are unsure about whether an activity is safe to do you should contact your physiotherapist or ask your consultant at one of your outpatient appointments.

Swimming

You are advised to wait 3 months before returning to swimming. Begin with some gentle warm water exercise sessions, then progress to moderate swimming avoiding breast stroke legs. It is sensible to avoid swimming in the sea as you cannot be sure of your footing and may injure your operated leg.

If uncertain, please check with your therapist or consultant for advice before you leave the hospital or when you return to the orthopaedic out-patient clinic.

Sexual intercourse

For many people being able to have sex again is an important milestone in their recovery. In the absence of pain or advice on the contrary from your consultant, you should wait 6 to 8 weeks after your surgery before having sex. It may be necessary to assume a different position to participate safely, and treat it like any other physical activity and build up gradually. Always remember to avoid bending your hip beyond the normal limits. Please ask your consultant, therapist or a member of the nursing team for advice if required.

8. Frequently Asked Questions

Why have I still got swelling?

Healing tissues tend to be more swollen than normal tissue and this swelling surrounding your hip and down your leg may last several months. Ankle swelling is due to the fact that each time we take a step the calf muscles contract and help pump back blood to the heart. If you are not putting full weight on the leg, the pump is not as effective and fluid builds up around the ankle. By the end of the day lots of people complain their operated side is more swollen.

What can I do about it?

When sitting the ankle pump exercises work the calf muscles and help pump the fluid away. When walking try to put equal weight through each leg and push off from your toes on each step (unless you are told different post op). Have a rest on the bed after lunch for 1 hour. You can use pillows **lengthways** under your leg whilst resting.

Why is my scar warm?

Even when the scar has healed there is still healing going on within the hip. This healing process generates heat, which can be felt on the surface. This may continue for up to 6 months. This is different warmth to that of an infection.

Why do I get pain lower down my leg?

The tissues take time to settle and referred pain into leg is quite common.

Why do I stiffen up?

Most people notice that whilst they are moving around they feel quite mobile. After sitting down the hip feels stiff when they stand and they need to take 3 or 4 steps before it loosens up. This is because those healing tissues are still swollen and are slower to respond than normal tissue.

Is it normal to have disturbed sleep?

It is common to have unsettled nights after your surgery, very few people will be able to sleep through the night even at 6 weeks. The discomfort that wakes you is due to stiffness, just as when you have been sitting for longer periods. Many people will find it difficult to sleep on their back, so this can be a cause of disturbed sleep. When you feel comfortable you may be able to sleep on your side but most people find it helpful to place a pillow between their legs for comfort. Please contact your occupational therapist for any further advice.

Is it normal to have a numb patch?

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

When can I stop using my crutches or stick?

You should only discontinue using your walking aids when you feel you can walk as well without them. You should use 2 walking aids for the first 2 weeks following surgery to allow the hip to begin to heal. You are allowed to wean off your walking aids after 2 weeks. It is better to use a crutch or stick if you still have a limp so that you don't get into a poor walking pattern which will be hard to change.

If you walk with a limp, this will put extra strain on your other joints especially your back and other leg. It is common for people to use 1 crutch or stick for outdoor walking for up to 4 months following their surgery.

You should remember to progress from your 2 walking aids to 1 walking aid which you hold in the opposite hand to your operated leg, then to independent.

How far can I walk and can I walk on uneven ground?

This will vary depending on your fitness levels before your surgery. You should feel tired but not exhausted when you return from your walk. You will feel slight pain in the hip from the muscles working harder but not severe pain. You need to be aware of how your hip feels and gauge what is right for yourself. If you suffer from pain in the hip for a long time following your activity you have done too much and should reduce this for the next time. Gradually build up your distance and speed over the following weeks and begin to introduce inclines when you feel comfortable. Walking on uneven ground is not advised as this may put too much strain on your hip and you may suffer a twisting injury if you step wrongly.

Will I set off the scanner at an airport?

If your joint is made of titanium there will not be a problem with the scanner (according to BAA 2005). However if your joint is stainless steel then it may set the scanner off. In this case you will need to advise the security staff of your situation. You will be able to take metal walking aids on to the plane but they will be x-rayed first.

I feel like I have hit a plateau and I am not getting any better, will I get better?

It is common that people will feel like they are not getting any better but it can take 9 to 12 months to fully recover from your surgery. You may find that you have to adapt the way you do things for a while and it may take a while before you are back to your normal activities.

Physiotherapy advice is available if you have any concerns.

Are there things that I will never be able to do following my surgery?

High impact, high risk sports are not allowed as this would put too much stress on your hip joint and they may increase the risk of fractures around the prosthesis, and dislocations.

I feel that I am walking with a limp and my back is sore?

It can take a number of months for you to achieve a normal walking pattern and you may still require a walking aid until you stop limping. It may be that you need to improve the muscle strength in your hip and you should ensure you are completing the recommended activity plan. If you feel that you require further advice please contact your physiotherapist. If you find that your back is sore it may be due to an altered walking pattern and you may need to return to walking aids for a short while during healing. Again contact your physiotherapist if you are concerned.

Physiotherapy exercises – please complete your exercises 3 times per day working up to 10 repetitions of each exercise unless otherwise stated.

Post-op Exercises: Phase 1 – First 2 weeks



Ankle Pumps

Lying on your back or sitting.

Bend and straighten your ankles briskly. If you keep your knees straight during the exercise you will stretch your calf muscles.



Static Quads

Lying on your back with legs straight.

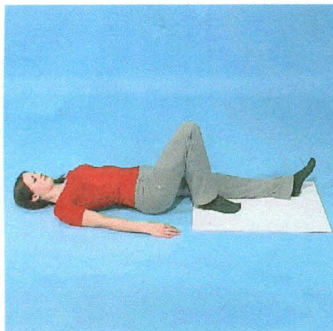
Bend your ankles and push your knees down firmly against the bed. Hold 5 seconds and relax.



Inner Range Quads

Lying on your back. Bend the non-operated leg and put your foot on the bed, put a rolled up towel under the operated leg.

Exercise your operated leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the towel). Hold approx 5 seconds and slowly relax.



Lying Hip and Knee Flexion

Lying on your back with a sliding board under your operated leg.

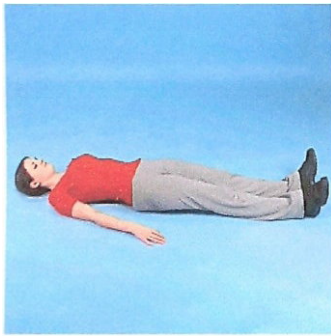
Bend and straighten your hip and knee on your operated side as far as comfortable, by sliding your foot up and down the board.



Lying Hip Abduction

Lying on your back with a sliding board under your legs.

Bring the operated leg out to the side and then back to mid position.



Static Glutes

Lying on your back.

Squeeze buttocks firmly together. Hold approximately 5 seconds and relax.

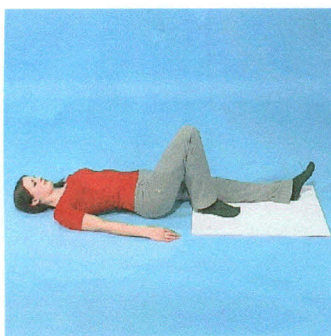
Exercise progression criteria

To progress to phase 2 you must:

- Be at least 14 days post op.
- Be walking with 1 walking aid.
- Have adequate pain control whilst doing all phase 1 exercises.

Physiotherapy exercises – please complete your exercises 3 times per day working up to 10 repetitions of each exercise unless otherwise stated.

Phase 2: Weeks 3 - 6



Lying Hip and Knee Flexion

Lying on your back with a sliding board under your operated leg.

Bend and straighten your hip and knee on your operated side up as far as comfortable, by sliding your foot up and down the board.



Inner Range Quads

Lying on your back. Bend the non-operated leg and put your foot on the bed, put a rolled up towel under the operated leg.

Exercise your operated leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the towel). Hold approx 5 seconds and slowly relax.



Single Leg Standing

Hold on to a support with **both hands** and lift the unoperated leg, hold for 10 seconds building up to 60 seconds. **Only 3 repetitions.**



Standing Hip Extension

Stand straight holding on to a chair.

Bring your operated leg backwards keeping your knee straight. Do not lean forwards.



Standing Hip Abduction

Stand straight holding on to a support.

Lift your operated leg sideways and bring it back keeping your trunk straight throughout the exercise.

Exercise progression criteria

To progress to phase 3 you must:

- Be walking most of the time with no aids, or back to your normal.
- Have adequate pain control whilst doing all phase 2 exercises.

Physiotherapy exercises – please complete your exercises 3 times per day working up to 10 repetitions of each exercise unless otherwise stated.

Phase 3: Weeks 7 - 12 (continue until you feel confident)



Single Leg Standing

Hold on to a support with **one hand** and lift the unoperated leg, hold for 10 seconds building up to 60 seconds. **Only 3 repetitions.**

To progress try without holding onto a support.



Bridge

Lying on your back with knees bent.

Squeeze your buttocks together and lift your bottom off the bed as far as you are comfortable. Hold for 10 seconds. Return to starting position.



Sit To Stand

Sitting on a chair.

Stand up and then sit down slowly (This can be made easier by using the arms of the chair. To make it more difficult, cross your arms).

How to use your elbow crutches safely

Using Crutches

Please use your crutches as advised by staff. Once your crutches have been set up there should be no reason for you to adjust them.

Standing from Sitting



Place the crutches into the **'H' position**. Then place one hand onto both handles and stand up. Once standing, place each hand through the cuffs of the crutches and hold the handles (handles face forward).

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



Sitting from Standing

Take each arm out of the crutches and place them in the 'H' position and hold with one hand. Once you feel balanced, reach back for the arm of the chair with your free hand. In a slow and controlled manner, lower yourself into a sitting position.

Walking

Using 2 elbow crutches

You may either:

- place two elbow crutches forwards
- step forward with affected leg
- step through with other leg

or

Put one elbow crutch forward at a time followed by the opposite leg.

Using 1 elbow crutch

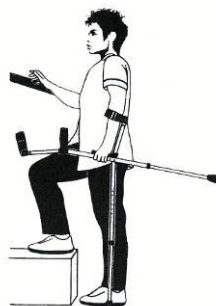
If using one elbow crutch it should be used in the opposite hand from your affected leg.

On stairs

Only perform stair climbing if you have been taught the correct technique. Where possible use a handrail, and hold both crutches in the other hand

Going up

1. Unaffected leg
2. Affected leg
3. Crutch



Going Down

1. Crutch
2. Affected leg
3. Unaffected leg



How to use your walking stick safely

Using sticks

If you have been issued with walking sticks by a physiotherapist they will usually be wooden and will be measured to suit your height.

Walking

Using 2 Sticks

You may either:

- place two sticks forwards
- step forward with affected leg
- step through with other leg

or

Put one stick forward at a time followed by the opposite leg.

Using 1 Stick

If using one stick it should be used in the opposite hand from your affected leg.

On stairs

Only perform stair climbing if you have been taught the correct technique. Where possible use a handrail, and hold both sticks in the other hand

Going up

Use handrail if available

1. Unaffected leg
2. Affected leg
3. Stick

Going Down

1. Stick
2. Affected leg
3. Unaffected leg

Care and maintenance of your crutches & sticks

Crutches

Regularly check that the:

- ◆ Spring clips are located into both holes.
- ◆ Tubing is not cracked or damaged.
- ◆ The holes on the adjustment legs are round and not worn to an oval shape.
- ◆ Do not store in sub zero temperatures.

Sticks

Regularly check that the:

- ◆ Rubber tips are not worn to the point where no tread is showing.
- ◆ Ensure that there are no splits in the wood.
- ◆ Soapy warm water can be used for cleaning. **Do not use bleach or any solvents.**

If stick is metal check:

- ◆ The handle is not loose.
- ◆ Check the holes on the tube that allow adjustment are not enlarged.
- ◆ Check metal tubing is not misshapen or damaged
- ◆ Do not store in sub zero temperatures

After you have finished using your crutches & metal stick(s) please return them to your nearest physiotherapy department.

Wooden sticks are single patient use and should not be returned NHS Dumfries & Galloway.

10. Useful telephone numbers / contacts

Arthroplasty Helpline (Monday to Friday 9am – 4pm)	01387 241414
Orthopaedic Out-patients appointments	01387 241385
Ward C6	01387 241586
Orthopaedic secretaries	01387 241355
Admission Desk	01387 241407
Pre-assessment Clinic	01387 241366
Physiotherapy Department (D&GRI)	01387 241022
Occupational Therapy Department	01387 241022
Integrated Community Equipment Service	01387 244406

The Food Train Service Dumfries and Galloway

For help with shopping and small jobs around the house.
www.thefoodtrain.co.uk

Dumfries Area:	01387 270800
Stranraer & Rhins Area	01776 704831
Newton Stewart & Machars Area	01671 401346
Annandale & Eskdale Area	01461 207778
Stewartry Area	01556 288427
Mid & Upper Nithsdale Area	01387 270800

Carer Information

You may wish to know where you can get information and support, or how to contact a support group:

Dumfries and Galloway Carers Centre

2/6 Nith Street
Dumfries
DG1 2PW

01387 248600

www.carers.org

The Dumfries and Galloway Carers Centre provides information, advice and support for carers and young carers.

Carers Scotland
www.carersuk.org/scotland

0808 808 7777

Carers Scotland provides information and advice to carers on all aspects of caring.

Crossroads: Care for the Carer

Newton Stewart and Machars Area
Stewarty Area
Mid and Upper Nithsdale
Dumfries and Lower Nithsdale
Annan and Eskdale

01988 402003
01557 331638
01659 50005
01387 248686
01461 204240

www.crossroads-scotland.co.uk

Crossroads provides practical support to carers.

Dumfries and Galloway Council

Information about help with Social Care is available online or by phoning 030 3333 3001
Monday to Friday 9am – 5 pm.

www.dumgal.gov.uk/article/15253/social-work-offices

Other useful contacts

Arthritis Research Campaign (ARC)

0870 850 5000

www.arc.org.uk

Arthritis Research UK

0800 5200 520

Arthritis Research UK provides information on all aspects of arthritis.

www.arthritisresearchuk.org

Versus Arthritis

0141 954 7776

www.versusarthritis.org

Arthritis Care exists to support people with arthritis. They are the UK's largest charity working with and for all people who have arthritis. Local branch hold meetings at 2.00pm in The Usual Place, Academy Street, Dumfries on the first Monday of the month (Sept – May).

Meetings are social events which include entertainment, talks on various subjects and occasional excursions.

NHSinform – Health Information you can trust

0800 224488

www.nhsinform.scot

