Patient information

Enhanced Recovery Programme for Total Hip Replacement

Trauma and Orthopaedics Directorate

PIF 806 V4
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This booklet has been written by the Orthopaedic and Therapies Staff at the Royal Liverpool and Broadgreen University Hospitals NHS Trust. It has been designed to guide you and your family and friends through the process of having a hip replacement and your rehabilitation afterwards.

Remember, each person is an **individual** and particular instructions and details may vary from one person to another.

Your rehabilitation will be aimed at your individual needs.
The Enhanced Recovery Programme

The aim of the Enhanced Recovery Programme is to promote health and a ‘return to feeling well’ as quickly as possible after surgery. We have implemented elements of the ‘Enhanced Recovery Programme’ for patients having hip and knee replacement surgery.

There is evidence and research available on Enhanced Recovery after surgery. The evidence states that recovery after surgery is more comfortable, easier and happens quicker if certain elements of care are introduced.

These elements are:

- Good pre-operative advice and information.
- Good pain control and nausea control if appropriate.
- Early feeding following surgery.
- Early mobilisation after surgery.

These elements speed recovery and reduce the possibility of complications. We ask patients to work in partnership with the orthopaedic team to achieve this aim.

About hip replacement

What is a total hip replacement?

A hip replacement is an operation for serious arthritis of the hip. The hip joint is known as a ball and socket joint with a ball shaped femoral component (head) which moves in a cup shaped socket in the pelvic bone.

The joint surfaces are covered in a hard slippery material called cartilage. Arthritis damages the joint surfaces causing stiffness and pain. During a hip replacement operation the surgeon removes the damaged femoral head and the surface of the cup and replaces them with an artificial joint made up of two parts (called prostheses) which may be made of metal, plastic or ceramic materials.

The parts of the new hip joint may be cemented into place, or be cement less, or a combination of the two (known as ‘hybrid)
How long will a hip replacement last?

Joint implant manufacturers, orthopaedic surgeons and scientists continually strive to improve the durability of these devices. Studies of modern hip arthroplasty report clinical survival of over 80% of total hip implants lasting for 15 to 20 years or more. 90% are functioning well at 10 years. It is thought that in younger patients cementless hip replacements may last longer.

However, high impact activities such as running, jumping, jogging and contact sports are not advisable. This is because these activities will increase wear and possibly cause early loosening of the artificial joint implants, resulting in the need for further surgery.

Benefits and risks of having a hip replacement

What are the benefits of having a total hip replacement?

The aim of the operation is to replace or resurface your painful arthritic Hip joint with an artificial joint (called prosthesis). Once the tissue around your new joint has completely healed you should experience one or more of the following benefits:

- Reduced hip pain
- Increased movement and mobility
- Increased leg strength
- Improved quality of life, and be able to complete the activities you normally undertake on a daily basis.

Most people find that they are able to walk with little or no pain for 30 minutes or more. Carrying out household jobs, shopping and using public transport should all become easier. It should be possible, if you are generally fit, to walk up to five miles, drive a car and take general exercise such as swimming, cycling and playing golf.

What are the risks of having a total hip replacement?

With all major operations there are some risks involved. There is a risk that you could be worse off if you suffer a significant complication such as cardiovascular problems (heart attack, stroke, thrombosis), infection, nerve and artery damage or a stiff painful artificial knee.

This hospital uses a number of modern techniques to keep operative complications to a minimum. If you wish to know more about them your surgeon will be happy to explain. Despite using such techniques however, complications still happen. They are listed below and are accompanied by percentage figures, which show the number of patients per 100 who would be expected to develop the problem.

It is important that you carefully read this list. When you sign your operation consent form it means that you are aware of the possible complications and the consequences of them.

These include:

1. Deep vein thrombosis

Blood clots can form in the veins of the legs. Minor clots of little importance form in up to 50% of patients. In a much smaller percentage of patients (5%), the clots cause leg pain and swelling. The problem is usually treated with blood-thinning medicines such as heparin or warfarin. This usually fully recovers, but 1% of patients are left with persistent leg swelling and discomfort.
2. Pulmonary embolus (PE)

Some leg clots are large and can pass from the legs to the lungs. This is called a pulmonary embolus and can result in sudden death. Most patients however, who develop this condition while in hospital do survive after emergency treatment. This is the condition has been widely reported in the press and TV occurring after long airplane journeys. Less than 1% of patients develop a pulmonary embolus.

3. Infection

Infections after hip replacements are of two types. The first is the so-called superficial infection, which happens in 15% of cases. If this happens, the wound becomes painful and inflamed after surgery but usually responds to antibiotics and a longer than average stay in hospital.

Occasionally, an operation to clear the infection is needed. Rarely in about 1 in 50 patients (0.6%) a deep infection can develop.

This may result in further surgery, taking out the new hip to help clear the infection. A second joint replacement is then required - known as a revision procedure. Revision surgery is more difficult than the original operation and has a higher complication rate. In extremely rare cases where the infection cannot be cured the hip replacement has to be removed If this has to occur your surgeon will explain the how they would manage this. Remove sentence.

Deep infections can occur rarely, when bacteria infect the joint replacement from the patient’s own bloodstream. This can occur after procedures such as passing a catheter into the bladder when a patient has difficulty passing urine after the operation. Infection can also occur after dental abscesses, chest infections or skin infections. Overall the deep infection rate resulting in failure of the hip replacement is less than 1%.

If deep infection occurs, a second joint replacement is then needed. This is known as a revision procedure. Revision surgery is much more difficult than the original operation and has a higher complication rate.

Occasionally it may not be possible to revise the hip joint and in that instance a different operation is performed known as a Girdlestone procedure. When a Girdlestone procedure has been performed, patients are left with a shortened leg on the operated side and are likely to need a raised shoe permanently.

It should be noted that both types of infection are more common in patients who are overweight or obese and in those with diabetes and general skin conditions such as psoriasis. Avoid shaving your leg or groin area as any cuts or scratches may result in your operation being cancelled to avoid the risk of infection.

Take care not to get any grazes or scratches on your leg. Most bacteria that cause infections are those which live on normal skin. Hospital super bugs such as MRSA very rarely infect hip replacements.

4. Nerve and artery damage

The two main nerves supplying the leg, the femoral and sciatic, can be damaged resulting in weakness and loss of feeling in the leg. Damage to the main artery to the leg needs emergency surgery at the time of the hip replacement, involving the vascular surgery team. Damage to nerves and arteries are fortunately very rare and happen in less than 1% of cases
5. Dislocation

Dislocation of the new joint happens in up to 2% of cases. The two main parts of the replacement lose contact, this means that the ball and socket come apart from each other. The ball then needs repositioning under general anaesthetic. In most cases this problem happens within a short time of the surgery when complete healing has not taken place. After the hip is put back in place, for the majority of people there is no further problem, but about 18% of people will then have recurrent dislocation. You may need to wear a leg splint for two to three months. When your splint is fitted you will also start an exercise programme to improve the tone of the muscles around your hip. Occasionally, dislocation can keep occurring and revision surgery is then needed.

6. Limb length discrepancy

Occasionally, after surgery the legs are not the same length. It may be slightly longer or shorter. The operated leg may improve during the first few months after surgery as the muscles regain their normal function. This does not usually result in any major problems. However, occasionally a shoe raise may be needed, which will be arranged for you by the hospital.

7. Limping

Limping after surgery is common. It can take up to a year to fully recover from the operation.

8. Variations in the operation

The procedure used to carry out the operation varies from surgeon to surgeon and each procedure has benefits and disadvantages.

Occasionally during surgery it may be necessary to remove a piece of bone from the top of the femur to gain access to the hip (a trochanteric osteotomy). This piece of bone has to be re-attached with special wires at the end of the operation. Occasionally they break and cause minor discomfort. Very occasionally they have to be removed.

9. Death

Occurs in one in every 400 of these operations due to pulmonary embolus (PE) or anaesthetic complications. If you are worried about any of these risks, please speak to your consultant or a member of their team.

Are there any alternative treatments available?

The only alternative to surgery would be to continue to manage your symptoms with appropriate analgesia (pain relief) and advice from therapy staff.

What would happen if I had no treatment?

Your mobility would not improve and would possibly worsen.

About Your Anaesthetic

You will be having either a spinal anaesthetic (in combination with sedation) or a general anaesthetic (GA) for the operation.

For more information please ask for a copy of the leaflet ‘You and your anaesthetic’ (PIF344) or ‘Anaesthetic choices for hip and knee replacement’ (PIF762)
You will have the opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**Getting ready for your admission**

**What can I do to prepare for my hip replacement?**

1. **Be positive about your operation and its success**

   To the average person the words total hip replacement may sound as if their active life and all sports are to end. This is definitely not the case. Once your hip replacement is performed, successful rehabilitation will allow you to walk, swim, dance, bowl, cycle and play golf.

   Running, jumping, jogging, contact sports or other high impact activities are not advisable because those activities will increase wear and possibly loosen implants, resulting in the need for further surgery.

   One of the most important things for the average patient to remember about having hip surgery is that you will be making a lifetime commitment to physical fitness.

   On discharge from the ward you will be given an appointment for outpatient physiotherapy with the aims of helping you continue to regain a good range of movement, increase muscle strength and regain normal function.

   For a total recovery, after discharge from the outpatient physiotherapy, the typical patient will need to continue home based physiotherapy and rehabilitation for 6-12 months after surgery. Improvement in the hip replacement continues for over a year following surgery.

   Working as a team, you and your family must take on a positive attitude toward the success of your surgery. Together, you will gain a clear understanding of the common goals and expectations of the procedure.

2. **Eating**

   If you are overweight you will find it very helpful to lose some weight before your operation. In occasional cases this makes the operation unnecessary. Any weight reduction will help to improve your mobility after the operation. If you would like some help with losing weight, please ask the doctor in clinic or ask your own GP (family doctor) to refer you to a Dietician.

3. **Smoking**

   You will be having either spinal anaesthetic (in combination with sedation) or a general anaesthetic (GA) for the operation. Smokers are very much more at risk of developing breathing problems such as chest infections after an operation. You are advised not to smoke for a week before the operation. The hospital has a no smoking policy - why not take advantage of this and make it your time to give up?

   You can contact ‘Fag Ends’ on 0800 1952131 for support or ask for patient information leaflet PIF1516 - Stop smoking before your operation.
4. Alcohol

There is no reason why social drinking should be stopped before surgery. If you are a woman and drink more than 14 units of alcohol per week or a man and drink more than 21 units per week, problems could arise when it is suddenly stopped on admission to hospital.

Please talk to your GP and get some advice on how to safely reduce your alcohol intake before admission to hospital. 1 unit = 1 pub measure of spirit or wine or half a pint of beer.

5. Health

If we were to operate on you when you had an infection, e.g. an ulcer or a bad tooth, the infection could enter the joint and cause problems.

It is very important that you have such infections treated straightaway - make an appointment to see your GP or dentist. Any wound or scratch on your leg could cause your operation to be cancelled, so please take care while you are waiting for your operation.

6. Exercise

You will be recommended a low-impact exercise plan that will strengthen your hip without creating further damage.

7. Things to consider and/or arrange before your admission

Planning for your needs for after the operation will make life a lot easier for you on your return home.

If you live alone, you may find it helpful to think a little about those items you use a lot during the day and where they are kept e.g. clothes/crockery/tea/coffee etc. If they are in low cupboards/drawers it may be a good idea to make them easier to get to. If this is difficult ask family or friends to help you.

Do not forget to stop your milk and paper deliveries. At first you will not be able to carry out many of your everyday domestic tasks e.g. shopping, housework, laundry. It is also not advisable to carry items when using walking aids. It is, therefore, very important that you think about and organise any help that you need from family and friends.

If you are worried about how you will manage at home following your operation, inform the therapist during your pre-admission assessment or tell the ward staff on your admission.

If it is identified that you will need support on discharge to return home safely a referral will be made to the hospital's social work department.

Working within the eligibility criteria, an assessment of your needs will be completed by a case manager or social worker. Support or care will be based on your needs. You may be expected to pay for your care in the community depending upon your financial situation.

Bring into hospital with you a change of day and night clothing. This needs to be comfortable and to include a pair of good supporting shoes/slippers. This will allow your rehabilitation to begin as soon as possible.
7. Long Term Precautions

There are three basic movements, which must be avoided for at least three months to limit the risk of dislocating your new hip.

These precautions are:

Do not bend your hip further than 90° or bend your body forwards more than 90°

This means do not bend down to touch below either knee or bring your operated leg up towards your body. For example, bending down to put your socks on or sitting on low furniture.

Do not cross your legs

Imagine you have a line down the middle of your body, never bring your operated leg over this line.

Do not twist on your operated leg

When standing and walking you should always keep your feet pointing forward in the direction you are going. When sitting you should avoid twisting around to the operated side.
There is more information later in this booklet to show you how to manage at home with these precautions. At your follow-up clinic appointment your consultant’s team will review you and advise if you need to continue with the precautions. In certain cases some movements have to be avoided for the rest of your life.

Other long-term advice

If you develop a chest infection for more than three days, develop a kidney or water infection (urinary tract), a skin infection or have any dental root treatment we advise early antibiotic treatment so please contact your GP as soon as possible.

Getting Ready for Your Operation

Pre-operative clinic

Before your admission for your operation you will attend the preoperative assessment clinic at Broadgreen Hospital to ensure that you are fit for surgery and anaesthetic. At the clinic a qualified nurse will check for your general medical fitness, measure your blood pressure, pulse, weight and height. In addition you may be sent for blood tests, ECG (heart tracing) and a specimen of urine will be collected to ensure that you do not have a urinary infection.

Up to date x-rays of your hip and chest will also be ordered if necessary. If, following the assessment anything is found that would prevent you from having surgery, the nurse who carried out your assessment will contact you and advise you on the next course of action and a referral letter will be faxed to your GP.

The NHS is asking patients about their health and quality of life before surgery and about their health and the effectiveness of the operation afterwards. All patients having a hip replacement are invited to complete PROMS questionnaires (Patient reported Outcome Measures) and the first questionnaire will be given to you at the Pre-operative assessment clinic. By completing this short questionnaire you are consenting to be involved in the PROMS programme and your details will be stored in the Health and Social Care Information Centre.

A second questionnaire will be sent to you directly six months after surgery.

If for any reason you are unable to attend for your pre-operative assessment appointment, you can call the office on the number provided at the end of this booklet. Failure to do so may result in your operation being cancelled.

Pre-admission Therapy clinic

You will be sent an appointment to attend a pre-admission therapy clinic. The therapists will carry out an initial assessment, which will last approximately one hour. This will include a physical assessment of your hip and advice with regards to your postoperative rehabilitation and exercises.

You may be asked to complete questionnaires and evaluation forms. These forms help us document your health and well-being prior to surgery. You may be asked to repeat these after your surgery. When you attend for your pre-admission assessment please bring your completed National Joint Registry (NJR) consent form.

The therapist will also advise you on the correct height of your furniture. This is to make sure you do not bend your hip more than 90° while sitting. If necessary the therapist may raise your own furniture with suitable adaptations. Please ensure you bring your completed furniture height sheet with you to your pre-admission therapies clinic appointment.
The therapist will also show and practice techniques, for example, getting on and off the bed and kitchen tasks. The therapist will offer advice/education in relation to your individual needs, in order to follow the precautions already explained on page 9.

They will ask you about your home environment, and any support you may have. They may arrange for equipment to be delivered to your home before your admission.

They will also answer any other questions relating to how you will manage after your operation. The therapist will give you your dressing equipment to take home and recommend you practice using it before your surgery.

Please bring your dressing equipment into hospital with you when you come in for your surgery.

Therapy staff will show you how to use crutches and how to safely go up and down stairs following your operation.

All other assessments will be carried out on the ward after your operation.

The average length of stay in hospital after a hip replacement is usually two to three nights. If for any reason you are unable to attend for your pre-admission therapy clinic appointment please contact the therapy office on the number provided on the appointment letter.

What do I need to bring into hospital with me?

It is helpful to pack your bag before the day you are admitted. There is very little storage space available and staff need to move freely around your bed. Please keep your personal possessions to the minimum.

You should bring with you:

- Day clothing - Men; tops and shorts, Women; tops and elasticated skirts or shorts.
- Nightclothes and a loose fitting dressing gown.
- Underwear.
- Supportive flat slippers and shoes.
- Any dressing aids that you have been given in preparation for surgery.
- Toiletries e.g. Soap, flannels/sponge, make up and hand mirror.
- Shaving equipment - please bring an adapter if electric razor.
- Comb or hairbrush.
- Toothpaste and toothbrush or denture tablets and pot.
- Towels, large and small.
- Fruit juice or mineral water.
- This booklet.
- Any walking aids which you currently use or have been given e.g. elbow crutches.
All medication you are taking including inhalers and anything bought from a chemist or
health food shops.

We advise you to bring into hospital only enough money to buy things you need while you are
here e.g. newspapers, TV/phone card, toiletries etc.

If you need to bring any valuables into hospital, these can be sent to General Office for safe
keeping. General Office is open between 08.30-4.30 Monday to Friday. If you are discharged
outside these times, we cannot return your property until General Office is open.

The Trust does not accept responsibility for any valuables.

On Admission to Hospital

Shower

Patients should shower at home before admission, which is usually on the day of surgery. On the
day you are admitted (usually on the day of surgery) you will be seen by the various members of
the team who will be caring for you before surgery, during the operation and afterwards.

Nursing Staff

On admission, you will be introduced to the nurse who will be looking after you. They will check
that there has been no changes in your circumstances since your pre-admission clinic visit, and
discuss with you the support you may need after discharge home. The nursing staff will discuss
any fears or concerns you may have about any aspect of
your care.

Surgeon

A member of the team who will be performing the surgery will see you. They will examine you and
arrange for any further blood tests, X-rays etc. to be done to ensure that you are fit for the
operation. If you require any medical treatment to get you fit for surgery, this will be arranged.
Consent for the operation should already have been taken in clinic. However if, for some reason,
this was not done you will be consented on the morning of your surgery. A member of the surgical
team will mark your leg for the operation.

Anaesthetist

He or she will see you on the ward before surgery to discuss with you the type of anaesthetic and
also the types of pain relief available, after your operation. We aim to keep you comfortable at all
times.

Preparing to go to the operating theatre

Before your operation, you may be asked to have a shower and then put on a theatre gown and
disposable underwear. You will be asked to remove jewellery - plain rings can be worn but they
will be taped. False nails and nail polish will also need to be removed. If you are on regular
medication you will have been informed in your pre-operative assessment what you need to take
on the day of your surgery. A bracelet with your personal details will be attached to your
wrist.
When the surgeon is ready, a porter will walk with you to theatre. If you are unable to walk a wheelchair will be provided. Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre. When you arrive in theatre, a theatre nurse will check your details with you and you will be taken to the anaesthetic room.

The operation

The operation is performed in a very special ultra clean operating theatre to reduce the chance of infection getting into your new joint. Metal clips are used to fasten the wound and dressings applied to the hip. The operation itself takes between one to two hours. After this, you may spend at least an hour in a recovery area until the early effects of the anaesthetic wear off and it is safe for you to return to the ward. You should expect to be away from the ward for at least three hours.

Recovery

When you wake up in the recovery area you will have an oxygen mask on your face, a drip in your arm and bandages around your hip. Whilst in recovery you will also have an x-ray of your new joint. A nurse will check your pulse, blood pressure and breathing rate regularly.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people feel sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer a tablet or injection to help this feeling go away. After you have recovered from the anaesthetic a nurse will escort you back to the ward.

Back on the Ward

Pain Management

We aim to keep you comfortable at all times. At first, painkillers will usually be given through a drip. You may feel a little nauseous as a side effect of the painkiller. Please let us know if you are and we shall arrange to give you something to help. After 24 hours you will then be given tablets sufficient for pain relief.

Please remember it is important that you are comfortable enough to relax, sleep and move freely. Nursing staff will offer you painkillers regularly but please tell them if you are uncomfortable. The use of painkillers will help you to tolerate your postoperative exercises and help you to be able to walk around after your operation.

We are constantly reviewing our pain relief procedures and therefore this may be different at the time of your admission. However, we will always strive to ensure your pain is controlled and you are comfortable.

Intravenous Infusion (Drips)

Drugs and fluids are given by this route. Occasionally a blood transfusion may be in progress. This may restrict the movement of your arm. The drip will be removed after 24 hours. The drip may feel uncomfortable at times but it should not be painful. If it is painful please tell your nurse.

Wound

Your wound will be covered with a dressing which will not be removed unless there is a clear indication for this. Reducing the amount of times the dressing is changed lowers the risk of infection. Clips are usually removed 12 to 14 days after surgery. This is not a painful procedure.
Before you are discharged home from hospital you will be given details of arrangements for district nurses who will look after your wound until it has healed. Following a hip replacement, it is really important that any signs of infection in your wound are treated early and effectively. For this reason, you will be given a leaflet and details when you are discharged of how to access the ‘Post Discharge Wound Assessment Clinic’ for advice if you are concerned in any way about your wound. You may be asked to attend Broadgreen hospital for a nurse to assess your wound in clinic. See end of booklet for contact details.

**Drinking and eating**

You should be able to drink and eat as you feel able but it is advisable to take only small drinks and light meals at first. Your family will be able to visit on the evening of your recovery but ask them to phone the ward first.

**Prevention of blood clots**

You will be given medication by a small daily injection to reduce the chance of blood clots forming. The injections will continue after discharge from the ward and you or your carers will be shown how to administer this. You may be given stockings to wear to help the blood flow at a good rate. Deep breathing and circulatory exercises should be started as soon as possible to prevent complication such as blood clots and chest infection.

**Deep Breathing Exercises**

These are important when you are resting; these exercises keep air flowing to all parts of your lungs reducing the risk of chest infection. Lying with your upper body supported and legs out straight in front of you take a deep breath in through your nose, concentrating on getting the air to the bottom of your lungs - you should feel your lower ribs moving outwards - then breath out through your mouth. Do this two to three times every 30 minutes.

**Circulatory Exercises**

These help keep the blood flowing at a good rate through your legs, which reduces the risk of a blood clot forming in the vein. They are especially important in the first few days after your operation or any time when you are resting. Keeping legs straight, pull toes and foot towards you and then point them away. Do this fairly rapidly - at least ten times every 15 minutes.

**The days after your operation**

**Eating and Drinking**

The day after your operation you can start eating and drinking normally. You choose meals from the hospital menu. Patients who require any special diets should tell nursing staff.

**Toileting**

For the first few hours after your operation you will be restricted to your bed, you will need to use bedpans/urinals. Please ask the nursing staff when you need one. Please do not be afraid or embarrassed by this.

Anyone having this operation would find themselves in the same position. Staff will tell you when you may start to use the commode/toilet. There are few more unpleasant experiences than constipation.
Due to your reduced activity you are very much at risk of constipation over the next 12 weeks. The best cure, as ever, is prevention. You can help yourself to prevent problems developing:

- Drink six glasses of fluid each day in addition to hot drinks offered. This will provide you with 2.5 litres per day. If this is not suitable for you, because of other medical conditions, staff will give you instructions about one more suitable to you.
- Take plenty of fluid, vegetables and high fibre cereals in your food.
- Fibre in your diet attracts water into the bowel and will make your stool easier to pass. If you feel uncomfortable or if you go more than two days without having your bowels moved, let the nursing staff know and they will arrange, with the doctor, to have a stool softener or laxatives prescribed for you.

**X-rays/Blood Tests etc.**

If a routine X-ray was not taken in recovery, it will be taken within a day or so after your operation. Various check blood tests may also be carried out.

**Nursing after your operation:**

**Throughout your stay in hospital the nurse will:**

- Carry out routine observations.
- Monitor pain relief and medication.
- Discuss your transport arrangements for getting home.

**On your day of discharge the nurse will check you have the following:**

- Outpatient clinic appointment to see your consultant.
- Medication to take home if needed.
- Medical certificate (sick note) if needed.

**Physiotherapist**

On the day of your operation or on the following morning the physiotherapist will visit you to remind you about your breathing, circulation and strengthening exercises to help you to re-gain mobility in your hip. The exercises are explained below. If you can practice these exercises before you come in for your surgery it should help to aid your recovery after your operation.

The therapy team will teach you the best way to get out of bed and will also help you to start walking. The first time you walk you will probably be on a walking frame and most patients quickly progress onto their crutches.

If you have stairs at home, the physiotherapist will check that you can go up and down safely before you go home (see below).
Exercises: Day of operation

Circulation Exercises
These should be continued while you are in hospital and continued at home for up to two weeks after your operation (see page 14 for description)

Quadriceps Exercises
This exercise works the muscle at the front of the thigh. It is an important muscle for moving your leg and walking.

Tighten the muscle by pulling toes towards you and push the back of the knee down into the bed - hold for ten seconds then relax. Repeat 10 times

Gluteal clenches
Lie on your back. Clench your buttock/gluteal muscles together gently and hold for a count of 10 seconds. Repeat 10 times

Exercises: Day 1 onwards – Continue above exercises and add-

Quadriceps Exercise with support
Lie on the bed with your affected leg resting on a plastic bottle wrapped in a towel/or a thick towel rolled up.
Exercise your affected leg by pulling your foot and toes up tightening your Quadriceps muscle and straightening your knee. Hold for five seconds and repeat 10 times.

**Hip Flexion (Bend) Exercise**

Lie flat on your back with a sliding board under your leg. Slowly bend and straighten your leg by sliding your foot up and down the board. Repeat 10 times.

**Hip Abduction Exercise**

Lie flat on your back with a sliding board under your leg. Slide your leg out to the side and then back to mid-line position. Ensure your toes are pointing towards the ceiling throughout the exercise. Repeat ten times.
Occupational Therapist (OT)

The OT will also check that your circumstances at home have not changed since your assessment within pre-admission therapy clinic and that any equipment that was identified as essential for discharge has been delivered. The OT will ensure you are managing with all of your activities of daily living prior to discharge home from the ward and following your Hip Precautions (see page 10, 11) effectively.

Practical therapy advice:

After your operation use the following advice to help you safely get out of bed, sit and stand, go up and down stairs and get in and out of your car.

Getting in and out of bed:

Remember not to twist your leg or bring your operated leg across the middle of your body. You will have been advised on which side of the bed and the technique to use to get in and out of bed in pre-admission clinic. The therapist will remind you of this on the ward. The therapist will have also checked the suitability of the height of your bed at home.

Getting out of bed:

From lying, use your arms to push yourself up to sitting making sure you don’t bend past 90 degrees.

Using your non-operated leg to help if required and your arms, push yourself round to the edge of the bed (ideally the same side as your operation). Keep your knees apart throughout.
Push from behind to get your legs off the bed

Getting onto the bed (reverse of getting off the bed)

Sit on the edge of the bed fairly close to the pillow.

Using your hands push yourself back onto the bed until your legs are supported on the mattress.
Keeping your knees apart carefully edge your legs around on to the bed

To slide up the bed lean back on your hands for support and bend non-operated leg. You should now be able to push down with your non-operated leg to slide up or down the bed
**Sleeping Position**

0 - 6 weeks - You have to sleep on your back for six weeks after your operation. Use a pillow or blanket as a wedge between your legs.

**Personal care and bathing**

0-12 weeks - We advise you to use your dressing aids to complete personal care activities as shown by the Occupational Therapist. On discharge we advise you to have a strip wash or use a cubicle shower. Do not get into a bath to bathe or step over the side of the bath to use a shower.

Seek advice from the Occupational Therapist who will advise you on your individual needs.

**After 12 weeks**

If your consultant says you are allowed to have a bath after this time you may choose to do so. This is based on your individual needs and ability.

**Reminder**

We advise you to have someone with you on your first attempt.

- Use a non-slip mat.
- Do not bend over or twist too much.
- If you have any doubts do not get into the bath without seeking advice from the Therapies Department.

**Reaching everyday items**

Keep everyday items at a reachable height. Avoid bending or stretching to reach things, use the equipment provided by the therapy department or the following method:
Put one hand on a firm support that will not move.

Keep your operated leg behind you and bend down the reach the item.
Sitting and standing (this can be repeated as an exercise)

It is important to use a chair, which is firm and at the correct height (so your hips do not bend more than 90°). The therapist will have discussed this with you in pre-admission assessment.

Keep your operated leg a little in front of you.

Lower yourself down onto the edge of the seat using your arms, letting your operated hip bend.
As your pain decreases over the weeks after your operation, you should aim to bring your operated leg back in line with your other leg as you sit/stand.

Reminder
While sitting, do not bend forward to reach items on the floor – use the helping hand (grabber) provided. Also while sitting, avoid twisting around to the operated side.

Going up and down stairs - Walking up stairs with a handrail

Stand close to the stairs. Hold onto the handrail with one hand and crutch/crutches with the other hand.
First take a step up with your healthy leg.

Then take a step up with your affected leg. Bring your crutches up on to the step. Always go one step at a time.
Walking down stairs with handrail

Stand close to the stairs. Hold onto the handrail with one hand and the crutch/crutches with the other hand.

First put your crutch one step down. Then take a step with your affected leg.
Then take a step down with your healthy leg, onto the same step as your affected leg. Always go one step at a time.

Walking up stairs without handrail - (Same for kerbs)

Stand close to the stairs with the crutches
First take a step up with your healthy leg

Then take a step up with your affected leg. Bring your crutches up on to the step. Always go one step at a time.
Walking down stairs without handrail - (same for kerbs)

Stand with crutches/sticks close to the stairs.

First put your crutches one step down. Then take a step down with your affected leg.
Then take a step down with your healthy leg onto the same step as your affected leg. Always go one step at a time.

Getting in and out of your car

Getting into the passenger seat

- Move the seat as far back as it will go and if possible recline the seat backwards. If you can, get into the car from a driveway or road rather than a pavement.
- Keeping your operated leg straight out in front of you, or if you are able to bend your knee you may do so, then lower your bottom onto the seat.
- Slide your bottom back towards the driver's seat.
- Turn carefully and slide legs down into the well of the car one at a time.

Getting out of the car

- Reverse of getting in the car (see above).
Driving

Your physiotherapist will give you guidance regarding when you can return to driving. (six weeks is the rough guide). Before returning to driving you should find it possible to sit comfortably in a car, and you should be able to perform an emergency stop without hesitation or discomfort. You should also contact your motor insurance company and inform them that you have had a total knee replacement. (Some companies may ask you for a doctor’s note to confirm you are medically fit to drive). Failure to do so may render your policy invalid.

If you take a new motor insurance policy out in the future (even in several years time) it is still advisable to inform the insurance company about your new knee. If you currently hold an ordinary car licence you do not need to inform DVLC at Swansea. (Please inform DVLC if you hold a HGV licence).

After discharge from the ward

Pain

Most people will have suffered the burning and non-stop pain, associated with their diseased hip for many years. Pain is the main reason why your joint has been replaced. That pain has gone. You may still experience discomfort after discharge from hospital as all your muscles and tissues continue to repair themselves. This usually eases by three months after the operation but some patients experience discomfort for up to twelve months. When you leave hospital you may be provided with painkillers or be advised to take some simple over the counter drug such as Paracetamol for pain relief.

Your wound

Wound infections are rare, but when they do occur it is very important that a swab is taken of the wound before antibiotics are commenced so that the infection can be identified.

Prevention of blood clots

You will need to continue to take the medication which you were given on the ward. It is also important to keep moving about as well as continuing with your exercises. If you have concerns about calf swelling (see below) or you develop breathlessness or chest pain you should present to A & E to be checked.

Swelling of your leg and foot

It is normal to have some swelling after the operation. Remove sentence Swelling usually goes down overnight or if you elevate (support your leg up higher than your hip) for more than 20 minutes. It is advisable to avoid standing for too long and to elevate your leg for about half an hour during the day for a week or so after discharge or until you are walking about normally. If the swelling does not go down with elevation and you develop a calf pain you should present at A&E to be checked.

Infections

If, at any time in the future, you develop signs of infection anywhere on your body, it is important that you seek advice from your GP straight away as some infections could enter the tissue around your new joint and cause problems.
Walking

It is important that you build up the distance you walk gradually. Never push yourself beyond your capabilities. If you lack confidence at first have a friend or your partner accompany you. Perhaps for the first week down the road and back until you gain confidence. Your physiotherapist will advise you when you can progress from crutches to one or two walking sticks. It is advisable for up three months to take your walking aid with you when out of doors.

General

Try to take exercise (e.g. a short walk) little and often. Try to keep your weight down to avoid overloading your new hip. Do not actively garden for three months.

Sexual Intercourse

Unless advised otherwise this can be resumed when you feel comfortable but you should remember the restrictions to movement in your hip (see page 9)

Flying

We advise you to avoid flying for three months after the operation. Please discuss this with your consultant’s team before the operation.

Looking after your new hip joint

To look after your new hip joint on a long term basis it is advisable to maintain a regular exercise regime and keep your weight down. High impact activities, for example running and contact sports, should be avoided.

This section will remind you of the correct ways to manage the most common day-to-day activities. It is usual for the operated leg to swell and feel heavy for up to six weeks.

However, you should contact the ward for advice or attend The Royal Liverpool University Hospital Emergency Department (A&E) immediately if you have any concerns about the following:

- Increased pain, leakage or redness at your wound site.
- Increased swelling in your leg.

If at any time you develop shortness of breath and/or chest pain attend your nearest Emergency Department (A&E) If you have queries or concerns regarding your outpatient appointment with your orthopaedic consultant team please contact the Arthroplasty helpline on telephone 0151 282 6481.

Exercises

Over the next couple of weeks before you see your physiotherapist/consultant you should continue with your home exercise programme that you were given on the ward.

Outpatient physiotherapy

You will either be given an appointment whilst you are on the ward or will be sent an appointment for approximately three weeks after your operation date.
Returning to work

Following your hip replacement you may be able to return to work. This will depend on the type of job you have. Please remember the hip precautions (page 9) We advise that you permanently avoid any activity that involves either heavy lifting, carrying or extremes of hip movement (e.g. squatting). Your consultant and /or therapist can give you individual advice.

Leisure Activities

Before returning to any leisure activities you should seek the advice from your consultant, or therapist. You may have to change your techniques. We advise that you permanently avoid any activity that involves heavy lifting, carrying or extremes of hip movement (e.g.squatting). High impact activities should also be avoided.

Contact numbers and addresses

If you have any problems or questions relating to the following, contact the member of staff concerned:

Pre-operative Assessment Office
Tel: 0151 282 1901
Textphone Number: 18001 0151 282 1901

Wound problems
Phone 0151 282 6000 and ask for bleep 4199.
Textphone Number: 18001 282 6000 bleep 4199
This service is available daily from 07.30 to 20.00.

Excessive swelling of your leg and/or breathlessness
Phone your GP or attend A&E.

Therapies pre-admission clinic enquiries
Tel: 0151 706 2760
Textphone Number: 0151 706 2760

Mobility problems
The Physiotherapy Dept. at BGH on 0151 282 6260
Textphone Number: 18001 0151 282 6260
Mon - Fri 08:00 am - 4.00 pm (answer phone available out of hours)

Activities of daily living
The Occupational Therapy Dept. at BGH on 0151 282 6260
Textphone Number: 18001 0151 282 6260
Mon - Fri 08:00 am - 4.00 pm (answer phone available out of hours)

Equipment Returns

Liverpool Community Equipment Service on Tel : 0151 295 9800
Knowsley Community Equipment Service on Tel : 0151 244 4380
Sefton Community Equipment Service on Tel : 0151 288 6208

Queries regarding clinic appointments
Lower Limb Arthroplasty Research Office on 0151 282 6481
Textphone Number: 0151 282 6481
Sexual relations:
Arthritis Research Campaign
Copeman House, St Mary’s Court, St Mary’s Gate
Chesterfield, Derbyshire
S41 7TD

Liverpool Disabled
Living Centre
Unit 4-5
Dempster House, Brunswick Dock,
Liverpool, L3 4BE
Tel: 0151 296 7742

Helpline number:

Lower Limb Arthroplasty
Research Office Tel: 0151 282 6481 (Answer phone is available out of normal office hours).
Textphone Number: 18001 0151 282 6481

If you need support after having your Joint Replaced then Contact the Joint Replacement Information Network on:

Joint Replacement Information Network:
Tel: 0151 737 1862
Email: manager@jrin.info
Email: advice@jrin.info
www.jrin.info
www.besttreatments.co.uk/btuk/conditions/4478.html
www.besttreatments.co.uk/electsurgeryside/869.html

Remember the information and guidelines given in this book are general and you may be given different advice depending on your circumstances and medical history. If you are in any doubt about whether the information applies to you please speak to a member of staff.

We wish you a speedy and safe recovery and hope the service provided by the hospital has been satisfactory.

If during any stage in your outpatient or inpatient stay you notice something that could be improved or if you have any complaint about the service provided please tell us.

We really do want you to let us know when we get things wrong, but we also like to know when you feel we are getting it right. If you have been satisfied with the service you have received from us, or have any suggestions about how we can improve our service, please let us know.

Author: Trauma and Orthopaedic Directorate and Therapies Directorate
Review Date: August 2017
All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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