Hampshire Hospitals
NHS Foundation Trust

Department of Trauma & Orthopaedic Surgery

Having a total hip replacement

**Information for patients,
relatives and carers**

Index

About the hip

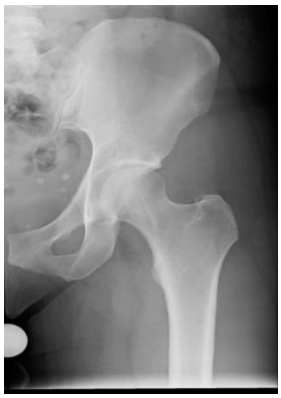
The hip is a ball and socket joint that allows your leg to move forwards, backwards and sideways, as well as rotating. Both the ball and socket are lined with an extremely smooth substance called articular cartilage, which provides an almost friction-free movement.

Arthritis is a process in which the articular cartilage is destroyed and once this happens, it is gone for good. Arthritis can develop over several years or fairly rapidly. There are a number of causes, but it is common if there is a family history of arthritis or genetic predisposition (an increased chance of developing arthritis). It can also follow serious injury.

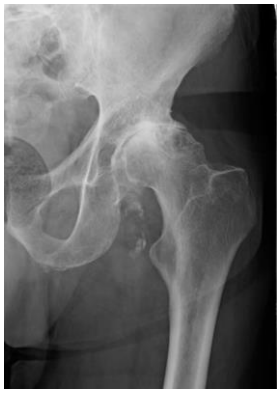
As the cartilage becomes damaged and wears away, the joint becomes increasingly stiff, painful, and difficult to move. Stiffness is very often the first sign, then pain when you move, and finally pain when you are resting or at night. When pain and disability are having a serious effect on your daily activities, your surgeon may offer you the option of a total hip replacement to help.

A hip replacement is very effective in relieving pain and stiffness and will allow you to return to near normal activities, with only a few minor restrictions.

This is a big operation, so please make sure that you have considered all of the options discussed with you by your consultant, and that this is your final decision. If you have any doubts, please discuss them with your consultant before your operation.



X-ray of normal hip



X-ray of arthritic hip

What is a hip replacement?

It is an operation where we use biocompatible (body friendly) implants to replace and resurface the bones of the hip joint, recreating the smooth gliding surfaces of the joint. Total hip replacements are usually made from a combination of metal alloys (such as titanium or cobalt chromium), medical grade polyethylene (a durable plastic) or ceramic. They may be implanted with or without bone cement.

Hip replacement surgery is extremely successful, with at least 95% of patients satisfied with their new hip. It is very effective in getting rid of the pain associated with osteoarthritis and other degenerative hip problems. It improves the range of hip movement and allows you to return to a nearly normal level of activity.

Unfortunately, the artificial joint can wear out and fail due to:

1. Loss of fixation between the artificial joint and your bone (often called aseptic loosening)
2. Wear of the bearing surfaces, which may cause debris. This can cause loosening of the replacement and damage to the bone or soft tissues around the bones
3. Repeated dislocation of the joint.

You will find further information about these and other issues later in this booklet.

There are advantages and disadvantages to each type of replacement. No single type is better than another in all circumstances, and not all replacements are suitable for all patients. The decision as to which replacement is best for you is complex and depends on a number of factors. Your surgeon will discuss this with you.

The next section explains about the different types of hip replacements and bearing surfaces (ball and socket or head and socket) available.

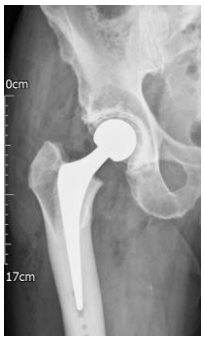
What are the different types of hip replacement?

Cemented hip replacements

This is the type of hip replacement that was first used in the 1960s. They are the most tried and tested with the longest clinical results. With cemented replacements, the arthritic head of the femur (the 'ball' of the hip joint) is removed and replaced by a metal ball with a stem which is inserted into the shaft of the femur.

The socket of the hip is lined with a polyethylene cup. Both the stem and cup are held in place with special plastic cement (polymethyl methacrylate). There are several different designs of cemented hip replacements available.

Metal stem and plastic socket



X-ray showing the replacement in place

How long do cemented hip replacements last?

It is impossible to say how long an individual's replacement will last, but many studies have shown that in older people:

- Over 95% are still working well at 10 years
- Over 90% are still working well at 20 years.

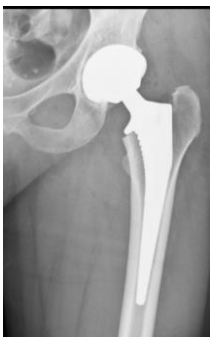
It is unlikely that older people will require any further surgery. However, in younger people, who tend to be more active, there is a greater chance that these hip replacements will fail or wear out, sometimes not even lasting 10 years.

It is probably the wear particles from the socket and the body's reaction that leads to the components (usually the socket) to come loose.

Uncemented hip replacements

These are like cemented hip replacements, but instead of cement, a special coating is applied to the stem to encourage bone to grow onto the replacement and hold it in place. This is known as bone ongrowth. A metal cup that also has a special coating is used for the socket, and a plastic or ceramic socket fits into this to form the bearing surface. This combination tends to be used for younger patients.

Titanium stem and cup with coating and ceramic head



X-ray showing a similar type in place

How long do uncemented hip replacements last?

Results up to 10 years after this type of hip replacement are almost the same as for cemented hip replacements.

- Over 95% are still working well at 10 years.
- Over 90% are still working well at 20 years.

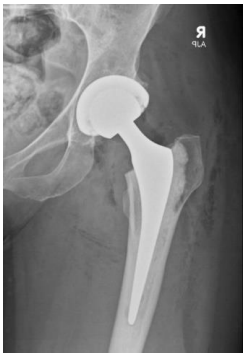
Despite these good results, as this type of replacement depends on bone ongrowth to hold it in place, it may not be suitable for everyone, especially if you have osteoporosis or rheumatoid arthritis. In these cases, a cemented replacement may be more suitable.

In some people, their bone does not grow onto the metal, and so the hip can become loose at an early stage. It would then need to be replaced with an appropriate replacement.

Hybrid hip replacement

A hybrid hip replacement is usually a cemented stem and an uncemented socket. This is the third combination that is used and is probably the most common combination used in the UK. It is a good compromise between the two fixation options.

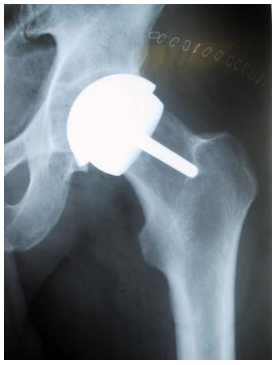
The results are the same as for the cemented and uncemented hips.



Hybrid hip replacement

Hip resurfacing

There are very specific criteria for this type of hip surgery where the ball and socket are made entirely of metal. It is reserved for very active male patients under the age of 55. Unfortunately, due to metal reaction issues, it is not suitable for female patients.



Hip resurfacing

Bearing surfaces

There are currently four different types available.

1. **Metal ball/polyethylene socket**
   The traditional hip bearing is a plastic socket with a metal ball. To reduce the amount of wear in the socket, the ball needs to be made quite small, but this increases the chance of the hip dislocating. Even with a reduced head diameter, there is significant wear of the plastic cup after 10 years. This will cause debris that may lead to a tissue reaction which damages the bone and causes loosening of the hip. Dislocation is more likely in a worn hip.

2. **Altered polyethylene socket**
   The plastic cup may be made stronger by using a different type of polyethylene, known as 'highly cross-linked'. Laboratory studies have shown very good results, such as that the socket is lasting longer and wearing less than older sockets.

3. **Ceramic head/polyethylene socket**
   The artificial ball may be made of ceramic which reduces both friction and wear when tested in the laboratory. Early versions of ceramic heads occasionally shattered but this is now extremely unlikely with modern designs giving the smoothest head and minimising wear in the socket. This is now a very common combination.

4. **Ceramic head/ceramic socket**
   With this combination, there is very little – if any – debris produced. This means that in theory the joint will not wear out or cause a tissue reaction, so it should last a long time. There is also a very rare risk of the ball or liner fracturing, leading to immediate hip failure. There is also a small risk of the joint squeaking. With the newer polyethylene lasting so well, this combination tends to be reserved for younger patients.

What type of anaesthesia is used for hip replacement surgery?

We will see you in the pre-assessment clinic within a month before your operation to medically assess you. This will enable us to make sure the safest and most appropriate anaesthetic is planned for you.

You will meet the anaesthetist just before the operation, who will use this information to discuss your options, and help to advise you.

There are two main types of anaesthesia that can be used for a total hip replacement – regional (spinal) anaesthesia and general anaesthesia.

With both types of anaesthesia, we expect you to be out of bed and moving around within a few hours of your operation.

Most patients, after discussion with their anaesthetist, choose to have a spinal anaesthetic, as this method has a faster recovery time after surgery.

Regional (spinal) anaesthesia

- We will use local anaesthetic to numb your legs and lower body.
- You will be awake throughout the operation.
- You may be aware of the procedure, but you will not be able to see anything as there will be a sterile drape immediately in front of you. However, you can bring in music to listen to, or we can give you some sedation to help you feel relaxed and sleepy.
- Good pain relief immediately after surgery.
- Reduced risk of nausea (feeling sick) and vomiting (being sick).
- Reduced blood loss and a lower risk of needing a blood transfusion.
- Possible slight reduced risk of developing DVT (deep vein thrombosis).
- Better for certain medical conditions, as coming round from a general anaesthetic can cause confusion and lethargy (feeling sluggish).
- Risk of urinary retention (difficulties emptying your bladder), especially in men. You may need a catheter (a tube inserted into your bladder to drain your urine) for a short time.
- If you have had back surgery, you may not be able to have spinal anaesthesia.
- It may not be suitable if you are having revision surgery, which has a longer surgical time.

General anaesthesia

- You will be unconscious throughout the operation.
- If you have certain medical conditions, it may be safer for you to have this type of anaesthetic, than a regional anaesthetic.
- Reduced risk of urinary retention.
- Potential damage to teeth or crowns and/or a sore throat due to the tube the anaesthetist places in your throat to keep you asleep during the operation.
- Higher risk of nausea and vomiting.
- You may need oxygen for a short time to support your breathing after surgery.
- When you regain consciousness (wake up) in the recovery room, you may be in pain.
- Your recovery may be slower compared to after having regional anaesthesia.

What risks are associated with total hip replacement surgery?

As with any anaesthetic and major operation, there are risks associated with hip replacement surgery. These can include:

- Heart attack
- Stroke
- Chest infection (usually treated with antibiotics and breathing exercises)
- Deep vein thrombosis (DVT) – a blood clot in the veins of the leg
- Pulmonary embolus (PE) – a blood clot in the lungs.

The risk of having a DVT or PE is increased in certain circumstances. We will assess the risk specific to you before surgery. It is very important that you tell us if you have ever had a DVT or PE previously, or if any family member has ever had one.

We always try to reduce the risk of DVT and PE, initially by using special pumps for your feet (which also help to reduce post-operative swelling in the leg) and encouraging you to start walking around as soon as possible after surgery. We also use blood-thinning injections or tablets. We will discuss this with you and tailor it to your individual needs.

We will ask you to attend an appointment at our pre-assessment clinic to make sure that you are medically fit for the surgery and the anaesthetic. We may ask you to have some extra tests before the operation if we have any concerns. This might delay your operation while they are completed. If we find any hidden medical issues these may need to be treated before your surgery. We always try to make it as safe as possible.

You may also need to attend a separate clinic to sign a consent form and meet your surgeon.

Blood transfusions

It is normal to lose some blood both during and after the operation. However, the blood that you lose will usually be made up by your own body in the weeks after surgery. It is rare to need a blood transfusion after hip replacement surgery.

Blood needed for a transfusion is always tested and matched to your own blood group, but still has very small risks associated with it, such as rejection and reaction to the donor blood, and transmission of infection.

> If you have any concerns about blood transfusions or do not wish to receive them, please speak to the team either at your pre-assessment clinic appointment or at hip school.

It is important that your blood (haemoglobin) level is within normal limits before surgery. Patients with a low haemoglobin, or anaemia, will need additional investigations and treatment before surgery. As this could potentially delay your operation, please speak with your GP if you are aware of any problems with anaemia.

Infection

An infection can occur after any operation, but it is particularly important that you understand its consequences when having a hip replacement.

There are two types of infection:

1. **Superficial wound infection**
   This is an infection of the healing wound where it is red and may have a small amount of discharge. It can usually be treated with a course of antibiotics but in some cases, may require a small operation to help clear it.

2. **Deep infection**
   There is a risk of an infection with bacteria getting around the hip replacement at the time it is inserted, or after surgery from bacteria circulating in the bloodstream. The risk of a deep infection is about 1% (one in every 100 cases). This is a very serious complication. If a deep infection occurs, it usually requires further surgery. We may need to remove the replacement to allow the antibiotics to work more effectively. This can mean a long stay in hospital before we can fit a new hip replacement.

   Very occasionally, it is not possible to insert another hip replacement and we have to leave you without one. This is known as a Girdlestone procedure, and it used to be the treatment for severe pain and arthritis before hip replacements were invented. You should be able to walk short distances, often without using crutches, but you will have a noticeable limp.

To help prevent infection, we will take swabs from your skin and nose to check for MRSA/MSSA bacteria and make sure that there are no cuts, wounds, or infections on your skin before your operation. We will also give you prophylactic (preventive) antibiotics to reduce the risk of infection during surgery.

Wound and leg problems

Haematoma

It is common for bruising to develop around the wound and extend down towards your knee. This is usually not a problem and should improve within a few weeks. However, occasionally a more significant bruise (known as a haematoma) occurs under the wound, and this can delay healing. If this happens, you may need to have a small operation to release the blood that has collected under the wound.

A haematoma is more likely if you are taking blood-thinning medication such as apixaban, rivaroxaban, aspirin, warfarin, or anti-inflammatory medications (such as ibuprofen or Voltarol). Please tell us if you are taking this type of medication when you come in for your pre-assessment appointment. Stopping the medication for a period of time before your operation usually reduces this risk. We will advise you if and when you need to do so.

Tender scar and trochanteric bursitis

Some people have discomfort around their scar. Very occasionally, it persists. This is known as trochanteric bursitis. It usually settles with time and a course of physiotherapy.

Leg swelling

This is quite common after hip replacement surgery and tends to improve each night with rest and the leg being elevated (raised). Most of the swelling will settle in the next two to three months and will not cause any long-term problems.

However, if it gets worse or becomes painful, please seek advice from either your GP or the orthopaedic education and follow-up team (see back of booklet for details). This is because one of the causes of the swelling could be DVT (deep vein thrombosis). Although there is usually not a problem, it is still important that you get it checked.

Groin aches and thigh discomfort

It is normal to have minor aches and pains. Please remember that your painful arthritic joint will not have been used properly for a long time and your muscles can therefore be weak before your operation. After surgery, you will be exercising your new joint and most people experience some aches and pains for a few months while their muscle strength is building up again. If you have an uncemented hip replacement, you may have occasional thigh pain until the bone grows into the metal component and stabilises it.

Limp

This is common initially as your muscles recover from the surgery but improves and usually disappears once the muscles have regained their strength. Very occasionally a nerve is bruised or damaged and the limp will be permanent. The risk of this happening is very small.

Leg length difference

Almost everyone, even if they do not have hip problems, has a slight difference in their leg lengths. Although we try to make sure that your leg lengths are the same during the operation, occasionally for technical reasons, this is not possible.

Contractures (muscle shortening) of the hip joint caused by the arthritis are released during surgery, thereby restoring the leg back to its normal length. **Most people will initially feel that one leg is longer or shorter than the other after a hip replacement operation. That feeling should disappear within a few weeks after surgery**.

Even if there is a definite leg length difference, most people will not notice a difference of up to ½ an inch (1-1.5cm) or more, and over a period of a few months, stop noticing it. Occasionally a small shoe raise is needed for some people to correct this.

Referred pain

If you have a back problem or a knee problem in addition to your hip problem, then pain from these two areas can be felt as if it is in the groin area. If you do experience any discomfort or pain in your hip or groin after the operation, please speak to your surgeon or GP so that the cause of it can be investigated.

Dislocation

Risk of dislocation is about 2 to 3% (two to three in every 100 cases). Dislocation occurs when the ball of a hip replacement pops out of its joint. The risk can depend on the method your surgeon uses to replace your hip, as well as the size of the ball part of the replacement itself.

Dislocation can occur any time after your hip replacement, but it is most likely to happen in the first six weeks while all the muscles and tissues are healing. After this time, dislocation is less likely.

We will give you very specific instructions on how to prevent dislocation. You will need to learn slightly different ways of picking things up from the ground and how to reach your feet. You will need to follow these instructions very carefully during the first six weeks after your operation. However, by three months after surgery, you should be able to do normal activities. In general, women have to be more careful because socially they sit and pick things up in a slightly different way to men and may need to modify the way they do these activities.

If you follow the advice and guidance we give you, then a dislocation is unlikely to occur.

Although there is some debate about precautions after hip replacement surgery, we still advise specific care during the first three months. In summary, we advise you to be very sensible and careful for the first six weeks, sensible for a further six weeks after that, and then you should be back to normal. This is to make sure that the wound and tissues around the hip are fully healed.

Other complications

Allergies

Please tell us at your pre-assessment appointment if you are allergic to anything which causes swelling, a rash or breathing difficulties. Occasionally people have allergies to some of the medications (such as antibiotics) and the materials we use for hip replacement surgery, such as dressings or glue.

We will test you for common allergies such as iodine and sticking plasters. Allergy to the hip replacement materials is extremely rare, and it is not possible to test for this.

Urinary retention

Some people find that they are unable to pass urine for several hours after having major surgery. If this happens, causing stretching of the bladder or pain, then we may need to insert a catheter to empty your bladder for you. In most cases, we can then remove the catheter a day or two later once you are up and about.

This is rarely a problem for women and is much more common in men, especially if they have an enlarged prostrate.

Please let us know at your pre-assessment appointment if you already have problems passing urine, or if you have to get up frequently at night to do so. We may then refer you to see a urologist.

Fracture

There is a very small risk that your hip bone may fracture (break) during surgery. If this happens, we will normally fix the break while you are still on the operating table. After surgery, you may be able to start moving around normally, but we may ask you to use crutches for a while. In very rare cases, we may ask you to remain on bed rest while the bone heals. This is more common for uncemented hip replacements.

Nerve and artery damage

In extremely rare cases, damage to a major nerve or artery can occur during surgery. If this happens, your surgeon will explain the reason why and what will happen next.

How long will my hip replacement last?

95% of hip replacements will still be working well at 10 years and 90% at 20 years. However, this varies from person to person and will depend on your age, weight, activity levels and any other medical conditions that you have. Although it is important to remember to follow your surgeon's advice after your operation, there is no guarantee that your particular implant will last for a specific length of time.

The most common reason hip replacements fail is that the artificial parts become loose and/or wear out. They can usually be replaced with new parts, but this involves a much bigger operation than a first-time replacement.

What would I need to avoid with a new hip?

No hip replacement that is currently available is perfect, but they should allow almost normal activity and last more than 10 years.

After a hip replacement, we would expect you to be able to do the following activities:

- Walking
- Swimming
- Cycling (exercise bike or a normal bicycle)
- Play golf
- Gardening
- Go to the gym (please check with us at your follow-up appointment)
- Skiing (only if you are already an experienced skier).

If there are any other activities you would like to do or return to, please ask us at your follow-up appointment.

Please note that it is unlikely that a hip replacement will ever be quite as durable as a normal joint. If you fall or injure yourself, you can fracture (break) the area around your hip or dislocate it.

We advise you to **avoid the following:**

- Impact activities, such as running
- High impact aerobics (aqua aerobics is fine)
- Badminton and squash
- Singles tennis (gentle doubles tennis is possible).

We will advise you when it will be safe for you to drive after surgery.

Is there anything I should do to prepare myself for surgery?

While you are waiting for your hip replacement, there are a few things you can do that may help you to recover more quickly from surgery.

Exercise

General exercise

Continuing to exercise while you are waiting for your hip replacement will help your recovery after your operation. If exercise causes you a lot of pain in your hip joint, then you may need to modify the exercise to suit you. We recommend that you take gentle exercise (within the limits of your pain) such as cycling, swimming, or walking. It is better to take pain killers and exercise, rather than not exercise at all.

Specific exercise

Hip-specific exercises will strengthen the muscles around the hip to improve your strength and make it easier to walk around after surgery. Please follow the pre-operative exercise programme we have given you.

General health

Keeping yourself as fit and healthy as possible before your operation will help with your recovery afterwards. If you develop any new health problems or any other pre-existing medical conditions get worse, please see your GP so that they can be treated before your operation.

If you are a smoker, we strongly recommend that you stop smoking or at least cut down before your operation. This is because you are more likely to get a chest infection if you smoke, and the nicotine can affect wound and bone healing. For help with quitting smoking, contact Smokefree Hampshire on 0800 772 3649 or visit their website at www.smokefreehampshire.co.uk

If you drink alcohol, please do not drink more than 14 units a week, as this can also affect wound healing.

If you are overweight, losing weight will be of benefit before and after your operation, as it will reduce the load (weight) taken through your hip joint. It will also mean that the surgeon can make a smaller incision (cut) for your operation, and you will have a smaller scar. Larger legs are more likely to have wound problems and have a higher risk of infection. Your GP may be able to refer you to a supervised weight loss programme (such as WW or Slimming World) or provide medication that helps with losing weight. Some patients may benefit from considering weight-loss surgery.

Pain relief

If your hip joint is painful and you are not taking anything for it, or the medication you are taking is not working, talk to your GP as they may be able to prescribe something to help relieve this.

Load reduction – using a stick

Reducing the load (body weight) taken through your hip joint may help to reduce your pain. Using a walking stick (held in the opposite hand to the affected joint) to help reduce the load when you are walking may be worth trying. You can buy walking sticks from some supermarkets, as well as on the internet. **Making sure that you have enough rest and avoid putting any unnecessary strain on your hip will also help to reduce the load on the joint.**

Foot care

It is very important that you look after your feet, as minor wounds, sores, or infections may result in your operation being cancelled. If you visit a chiropodist, please make sure that you tell them you are going to have surgery. If you have any concerns about your feet, please make an appointment with your GP.

Skin care

If you have any cuts, abrasions (grazes), rashes, or other skin conditions, please see your GP as these may also delay your operation if left untreated.

Dental care

We advise that you visit your dentist to make sure that your teeth and gums are healthy before your operation, as any infection could spread to your hip joint.

What happens before my operation?

Hip school

We will give you an appointment to attend hip school, which will be led by a therapist or specialist nurse. Appointments may be held virtually via video call or over the telephone. They will discuss and outline the benefits of our local **enhanced recovery** programme, as well as give you a specific exercise plan to help strengthen the muscles that support your hip.

During your appointment, we will ask you to listen to a talk about hip replacement surgery. This is to make sure that you understand exactly what is going to happen and what you can do to make your operation and recovery as quick and successful as possible. Please feel free to ask any questions that you may have.

Pre-assessment clinic

Staff from the pre-assessment clinic will contact you to check you are medically fit for the operation and the anaesthetic. If needed, we will arrange routine tests such as blood, urine, ECG (heart trace) and x-rays.

We will also take skin swabs to test for MRSA (methicillin resistant staphylococcus aureus) and MSSA (methicillin sensitive staphylococcus aureus). These are both normally harmless bacteria that can sometimes cause wound infections. To help minimise the risk of wound infection, we will give you special soap to wash with. This will get rid of any MSSA before your operation. If you test positive for MRSA, we will admit you to a side room during your hospital day, to prevent spread to the other patients on the ward.

A therapist will contact you to review the suitability of your furniture, order any equipment required for you and confirm the plans you have made for support at home after your operation.

We will give you instructions on when to stop eating and drinking before your operation, and whether you need to stop taking any medication.

We will ask you to sign a consent form for the surgery to confirm that you understand the risks, benefits, and alternatives to the proposed treatment. This is also an opportunity to ask any remaining questions that you may have. If you do not see your surgeon at this visit, a separate appointment may be made.

Getting things ready at home

- ✓ Measure the height of your furniture as requested in the environmental sheet. The therapist will request this from you during the therapy pre-assessment process. It is important for the first few weeks after surgery that you keep your hip at a 90-degree angle or less when you are sat down. The therapist will give you support and advice about temporary adaptations.
- ✓ You may find it useful to have a stool or chair next to the bathroom basin so that you can sit down to have a strip wash until you are able to have a bath or shower.
- ✓ If you have a shower cubicle, consider where you may place a hand for balance, or whether you could hold onto the side of the shower frame, when stepping into the cubicle. Practice stepping into the shower tray with your ‘good’ leg and stepping out with your ‘bad’ leg before you come into hospital for surgery.
- ✓ If you have an over the bath shower, we will ask you to refrain from using this until you are reviewed at your check up two weeks after surgery.

- ✓ Check that you can walk around your home with crutches or a walking frame and move anything that is in the way. Remove any loose rugs, which may cause you to trip or fall.
- ✓ Put objects that you use regularly within easy reach so that you do not have to bend or stretch to get them.
- ✓ Think about who may be able to do your shopping, laundry, housework and to change your bed linen while you are using walking aids. Perhaps family, friends and/or neighbours could help, or even a local voluntary agency. It is essential to find out who can help now, rather than leave it until after your operation. Please make sure these arrangements are in place before you come in, otherwise it could delay your operation.
- ✓ If you have pets, consider who may be able to help you take care of them, including taking dogs for walks or emptying/cleaning cats' litter trays. Feeding bowls can be reached more easily if they are placed on a box or biscuit tin, near to a kitchen worktop or table, which you can hold on to for support.
- ✓ You will also need to arrange for someone to bring you into hospital and take you home when you are discharged.
- ✓ Please make sure you have a supply of any medication you take regularly for when you go home.

All arrangements for your discharge home after surgery **must** be made before you come into hospital. Most people are ready for discharge within 24 hours of their surgery, but some people are able to go home the same day. If you think there may be a problem making these arrangements, please tell us as we can help.

In the kitchen

- Stock up your freezer with basics such as ready meals and bread to last a minimum of two weeks. Stock up your cupboards (at waist-height to avoid bending) with long-life milk, tins, and packet foods.
- If you live alone or are on your own during the day, think about where you may be able to eat, as you will not be able to carry plates, bowls, or cups/mugs while using your walking aids. The therapist may provide a trolley for you to use if it is not possible for you to eat in the kitchen. Consider buying a flask or insulated beaker for hot/cold drinks or soup, which you can then carry in a cross-body/shoulder bag into another room.

- Alternatively, if you have a stool of suitable height, you could sit in the kitchen using the worktop as a dining table. If there is a cupboard under the worktop, open the cupboard door to make room for your knees when you sit down.
- If you have a table in the kitchen, move it to be within easy reach of the worktop. Check the height of the chair or stool to be used.
- To avoid excessive reaching, bending, or walking around:
  - ✓ Place your kettle close to the sink and fill it using a plastic jug. Move tea, coffee, sugar, mugs, and cutlery nearby.
  - ✓ Place regularly used items in your fridge/freezer onto the shelves you can reach the most easily. Avoid buying large containers of milk, as these will be more difficult to lift.
- Use one crutch in the kitchen and take support through your other arm by placing one hand on the worktop. While standing still, move items along the worktop to where you need them to be, then use your crutch and the worktop as support to walk towards them.
- When reaching into high cupboards, lean on the surface in front of you for support. Make sure that your feet are hip width apart, as this will help keep you stable. Stand directly in front of the item you are lifting down – do not lean over to the side.
- Sit down to do tasks whenever possible. For example, to do ironing or to prepare vegetables.

The therapy team will be available to discuss any particular concerns you may have about everyday activities, both on the ward and at your follow-up appointments.

What to bring with you on the day of surgery

- ✓ Any regular medication you take, in its original boxes or containers if possible.
- ✓ Appropriate footwear (slippers with backs and trainers or well-fitting shoes that can easily be put on using a shoehorn, **not** mules or flip flops).
- ✓ Your dressing aids as advised by the therapist in hip school, including a long-handled shoehorn and an aid for reaching (grabber or helping hand).
- ✓ Loose, comfortable clothing (we will expect you to get dressed on the day after your operation).
- ✓ Nightwear and underwear.
- ✓ Toiletry bag, bath towel and hand towel.
- ✓ Hand wipes.
- ✓ Mobile phone/tablet and charger(s).

- ✓ Headphones to wear in the operating theatre (we can provide these if necessary).
- ✓ Something to read.
- ✓ A bag that can be worn across you (cross body) so that you can still carry things while your hands are on your walking aids.
- ✓ This booklet and your hip exercise booklet.

What to leave at home

- × Valuables such as jewellery and watches (except wedding rings, which can be taped into place).
- × Contact lenses (please wear glasses instead).
- × Large amounts of cash.

Please **do not** wear make-up on the day of surgery and remove all nail polish from your fingers and toes.

What will happen on the day of surgery?

We will admit you to the ward on the day of your operation.

Nursing assessment

A nurse will welcome you to the ward, check your details and complete a nursing assessment. They will record your temperature, pulse, respiration rate, oxygen saturation levels and blood pressure. If the anaesthetist has prescribed any pre-medication for you, the nurse will administer it.

Please do ask any questions you may have.

We will give you a pair of foot pumps. These are inflatable boots which help with your circulation, reduce leg swelling and help to prevent deep vein thrombosis.

Anaesthesia

The anaesthetist will visit and examine you to make sure you are fit for surgery. They will discuss with you the type of anaesthesia that will be used, the methods of pain control available, and prescribe any medication to be taken before your operation.

Surgical team

Your consultant (or a member of their team) will mark the appropriate leg for surgery and ask you to confirm your consent to have the operation.

Therapy

A therapist will give you a pair of elbow crutches adjusted to your requirements and show you how to use them. They will discuss what to expect from rehabilitation after surgery and answer any questions you may have.

Going to theatre

We will prepare your bed and help you put on a theatre gown. Theatre staff will collect you from the ward and take you to theatre for your anaesthetic before the operation begins.

What happens immediately after my operation?

You will wake up in or be taken to the recovery area. Your wound will be covered with a dressing and the inflatable boots (foot pumps) will be on your feet. You may have an oxygen mask on your face and be connected to an intravenous drip to prevent dehydration.

If you have had regional (spinal) anaesthesia, your leg will feel weak and numb due to the local anaesthetic (known as nerve blocks) that the anaesthetist injected before your operation. This can take a few hours to wear off. You will remain in the recovery area until your condition is stable, and your pain is well controlled.

If you have had a general anaesthetic, you will be able to feel your legs. You will remain in the recovery area until your condition is stable, and your pain is well controlled.

Back on the ward

Nursing staff will regularly check your temperature, pulse, respiration rate, oxygen saturation level and blood pressure (known as 'obs' or observations). They will also monitor your pain control and give you pain relief as needed.

We will encourage you to start drinking fluids straight away and to gradually start eating again. We will assist you with washing and toileting. When you feel well enough, we will encourage you to sit out of bed and if possible, start walking within a few hours of returning to the ward.

It is essential to start your lying down exercises with your new hip as soon as possible after surgery as this will promote good blood flow, help you regain movement and muscle strength, and help the recovery process in general. You should be out of bed and walking with a Zimmer frame or crutches within 12 hours of your operation. The physiotherapy team will help you with this.

During your stay, you will practice doing everyday activities, such as getting in and out of bed and walking to the bathroom using an appropriate walking aid, most commonly elbow crutches.

It is very important that you wear your foot pump boots whenever you are resting. **Please do remind staff to reattach your boots** after you have been walking around, as they are very good at helping to reduce the swelling from the operation.

You will need to have an x-ray and a blood test before you go home, so that we can check all is well.

Will I be in pain after surgery?

Pain is common immediately after joint replacement surgery and may even be moderate or severe at times. Therefore, good pain relief is an important part of your recovery. We will aim at all times to try to minimise and treat your pain.

During the operation, we use local anaesthetic that is still active for hours after surgery. This means that most patients have good pain control immediately after their operation.

However, as the local anaesthetic wears off, it is normal to notice an increase in pain. For most patients, it is moderate, but for some people, it may be severe at times. We will try to keep you as comfortable as possible.

The amount of medication you take for pain has to be balanced so that the side effects do not become a problem, and you are still able to do your exercises. All strong pain relief medications have potential side effects including dizziness, nausea (feeling sick), vomiting (being sick), itching, difficulty in passing urine, constipation, and hallucinations.

The higher the dose, the more likely you will be to notice side effects. Remember that we can give you anti-sickness medication to treat any nausea, and laxatives if you are constipated.

By giving you the right combination of pain killers, we can reduce side effects to a minimum while controlling your pain. Becoming mobile (moving around) can also help reduce your pain.

Before surgery

We may give you a pre-med, which often consists of a very strong slow-release pain killer and anti-sickness medicine. Please note that pre-meds are not given routinely.

During surgery

During the operation, the anaesthetist will give you additional pain relief, and the surgeon will inject local anaesthetic around the operated area to help reduce pain after surgery.

After surgery

We will give you a combination of different pain relief medications regularly and as required. It is important that you take the regular pain relief. We suggest that you ask for the ‘as required’ pain relief when you most need it, such as 15 minutes before doing your exercises or walking. This will help to control your pain and make sure that you are able to do your therapy.

Your therapist will help you to stand and walk as soon as possible after surgery. Although this may be painful to start with, moving around will speed up healing and aid your recovery. It will also improve circulation and reduce swelling. Ice packs will also help to manage swelling and the pain associated with it.

If you do not feel that your pain is being managed adequately, please speak to one of the doctors or a nurse.

When can I go home?

You will be ready for discharge when the nurses, doctors, and therapy team (physios and therapists) have checked that you are ready and safe to go home. **Most people are ready to go home within 24 hours after surgery. We may be able to discharge you on the same day as your operation.**

Before going home

- A therapist will assess and practice everyday activities with you on the ward while you are in hospital. They will also discuss getting in and out of a car safely.
- One of the therapists will review the exercises you were practising before your operation. These are specifically designed to help you regain movement and strength in your new hip. You should do these exercises regularly in your own home as instructed by the therapist. The therapist will also check you are walking safely, including when going up and down stairs.

Before leaving the hospital, you should:

- ✓ Be safe with activities of daily living (such as washing and dressing yourself, going to the toilet, feeding yourself and so on)
- ✓ Be walking safely with your walking aid, and have practiced going up and down stairs
- ✓ Understand your home exercise programme.

On discharge from the ward, the nursing staff will give you:

- ✓ Medication as appropriate
- ✓ A copy of your discharge letter
- ✓ A fit note (sick certificate) for your employer if required
- ✓ Instructions about follow-up care for your wound and appointments for the outpatient clinic
- ✓ A joint replacement card.

Getting into a car to go home

Full details are in our hip replacement exercise booklet. Please practice these before you have your operation. A quick reminder of how to get into a car is below.

- Make sure you use the front passenger seat.
- Ask the driver to move the seat as far back as possible before you get in and place a plastic bag on the seat, as this will make it easier for you to slide across.

- Turn with your walking aids until the back of your legs are touching the car, then hand your walking aids to the driver.
- Keeping your operated leg out in front of you, lower yourself down onto the car seat, holding on to the dashboard with your right hand and the back of the passenger seat with your left hand.
- Slide your bottom across the passenger seat towards the handbrake and then lift your legs around and into the car.
- Keep your operated leg out straight and your toes pointing upwards until you are in your seat. To prevent slipping during the journey, remember to remove the plastic bag from under you once you have sat down.

Will I need to return to the hospital?

Yes. We will give you appointments to come for check-ups at two and six weeks after your operation where we will assess your hip movements and strength. At your two-week appointment, a therapist or specialist nurse will review your wound. We may also ask you to attend the physiotherapy outpatient clinic or hydrotherapy.

Is there anything I need to watch out for at home?

Contact the orthopaedic elective ward where you were operated on if you have any problems with your wound, or if you have increased pain and swelling in your calf. Evenings and weekends, please contact your GP or call 111 for advice if you are concerned.

You may have some numbness on the outside of your wound and the area around your scar may feel warm.

You may also notice some clicking as you move your hip due to the artificial surfaces coming together. This is all normal and is nothing to worry about.

If your surgeon has used glue to seal your wound, you can resume showering at home. You do not need to keep the wound dry, so if the dressing gets wet, replace it with a new one. It is there for your comfort, rather than to protect the wound.

If your surgeon has used clips or stitches, please try to keep the wound dry until it heals. You will need to be more careful while getting washed.

When can I get back to normal?

As mentioned earlier in this booklet, we advise you to be very sensible and careful for the first six weeks, sensible for the next six weeks, and then return to your usual activities. It is important to allow the wound and tissues around the new hip joint to heal.

From two weeks to six weeks after surgery

Moving around

Start using walking sticks instead of crutches and walking for longer distances as comfort allows.

Exercise

- Continue with your exercises as instructed by your physiotherapist or specialist nurse to increase your strength.
- You can start swimming once your wound has healed. Please avoid doing breaststroke for the first two months.
- You can use a static exercise bike, but make sure that the seat is in a high position.
- You can start playing golf and gardening again by about six weeks after surgery.

Wound care

If your scar is tender to touch, you may wish to try using a moisturising lotion to massage it firmly at least once a day. This will help to desensitise the area. Avoid using perfumed or medicated creams for the first six weeks.

Stairs

Once you are comfortable and have progressed onto sticks or no walking aids, you can start walking up and down stairs as you feel able.

Housework

You can start doing light housework (such as dusting and cleaning the bathroom) but avoid vacuuming and cleaning floors until we have advised you can do so. Be careful not to bend or twist your hip.

Sleeping

You can sleep on the operated (‘bad’) side as soon as it is comfortable to lie on the wound. If you want to sleep on your unoperated (‘good’) side, please place a pillow between your legs to support your operated hip for the first six weeks after surgery.

Sexual relationships

You can start having sex again when you feel comfortable, but this should preferably be with your partner on top for the next three months. Be careful not to force your hip into an awkward position.

Returning to work

This will depend upon the physical requirements of your job, but in general, we recommend that most people take at least six weeks off work. However, if you have a more sedentary (sitting down) job, then you may be able to return to work between four and six weeks after surgery.

Driving

It usually takes between two and six weeks before someone can drive again after having a hip replacement, but this will depend on your individual recovery. We will assess you at your two-week check-up and advise you when you will be able to return to driving. You must be able to do an emergency stop safely and change gear comfortably. It is important that you advise your insurance company that you have had surgery to ensure that you would be covered in the event of a claim.

Travelling abroad

We do not advise travelling abroad or flying for at least the first six weeks after your operation. This is due to the increased risk of DVT (blood clot) and being too far away to access the specialist advice you may need.

From six weeks onwards after surgery

Moving around

As soon as you can weight bear fully without pain, you can start moving around without your walking sticks. Be careful not to get into the habit of limping – it is often helpful to ask other people to tell you if you are limping. If you find that you limp excessively when walking without a stick, continue using one for a few more weeks.

Exercise

Continue with your exercises as instructed by your physiotherapist or specialist nurse to increase your strength. Increase the distance that you walk, as comfort allows.

Do the exercises every day for the first six months, then ideally two to three times a week for the life of your hip replacement.

Wound care

Continue to use a moisturising lotion to massage your scar firmly if it still feels tender and sensitive.

Stairs

Once you are comfortable and have progressed onto sticks or no walking aids, you can start walking up and down stairs as you feel able.

Housework

Increase the amount of housework you do over the next few months. Be careful not to bend or twist your hip.

Sleeping

You can sleep on the operated (‘bad’) side as soon as it is comfortable to lie on the wound. If you wish to sleep on your unoperated (‘good’) side, you will no longer need to use a pillow between your legs to support your operated hip.

Sexual relationships

Remember that this should preferably be with your partner on top for the next three months. Be careful not to force your hip into an awkward position.

Returning to work

If you have a sedentary (sitting down) job, then you may be able to return to work between four and six weeks after surgery. If you have a more physical job, it may be up to 12 weeks before you can return. The initial fit note (sick certificate) from the hospital will be for up to six weeks. If you require further time off, please contact your GP.

Other activities

Between six weeks and three months after your operation, you should be able to resume all your normal activities, with the exception of high impact sports/exercise (see below). Make sure that when you are bending your hip beyond 90° you do so carefully, using the methods demonstrated in your hip replacement exercise booklet.

Sport and leisure

Most sporting activities can be resumed after three months, depending on comfort and how intensively you participate.

Low impact exercise such as swimming (you can do breaststroke after two months), aqua aerobics, cycling, doubles tennis, gym, and gym classes (after instruction from the orthopaedic education and follow up clinic) and golf are fine.

High impact exercise such as running, singles tennis, badminton, squash, football, or activities involving jumping (such as netball or Zumba) are not recommended for the lifetime of your hip replacement.

Travelling abroad

Travelling abroad and short haul flights are fine after six weeks, but we recommend that you do not fly long haul until three months after your operation. This reduces the risk of increased stiffness from sitting too long and so that you are nearby if you require any advice. Be careful getting in and out of the seats, as there is often not a lot of room.

Please do not hesitate to contact us if you have any queries or concerns about your hip replacement.

Checklist of Dos and Don'ts

Unless advised otherwise, DO:

- ✓ Continue to take your pain medication regularly
- ✓ Exercise as instructed by your physio
- ✓ Have a rest on your bed for at least an hour every morning and afternoon, with your legs horizontal. Your feet should be on one pillow and your head flat on another. This will mean that your legs are at heart height, which is ideal for reducing swelling
- ✓ Try to take regular daily walks, increasing the distance every day (please note that walking does **not** replace your exercise programme)
- ✓ Resume normal sexual activity as soon as you feel able but do take care not to force your hip into an uncomfortable position. Initially it is better for you to be on your back, with your partner on top. Remember that to reduce the risk of dislocation, you must not bend your hip further than a 90° angle until we have seen you in clinic.
- ✓ Avoid bending or twisting, either when sitting or standing, until we have seen you in the follow-up clinic.

Unless advised otherwise, DO NOT:

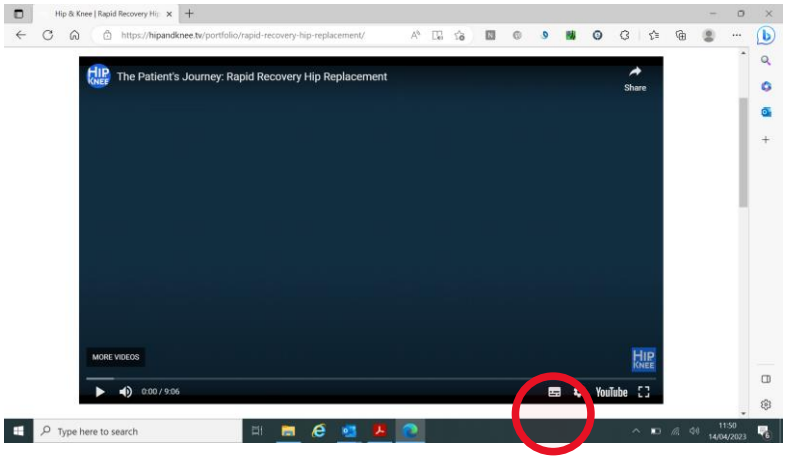
- ✘ Twist, swivel, or pivot on your operated leg. When turning, always make sure your feet are facing the same way as the top half of your body
- ✘ Bend your hip further than a 90° angle until we have seen you in clinic two weeks after surgery
- ✘ Lie on your unaffected ('good') side until we have seen you at your two-week follow-up appointment
- ✘ Cross your legs
- ✘ Walk without using your walking aids
- ✘ Stand still for too long
- ✘ Overdo it! Rest is as important as exercise during the first six weeks after surgery.

It will take at least 12 weeks for your hip to start to feel normal and it will continue to improve for up to 18 months. Everyone is different and the speed of recovery will vary from person to person.

Further information

Exclusive video content and in-depth information about major hip and knee surgery at Hampshire Hospitals can be found online at www.hipandknee.tv

You may also wish to look at the following websites for more details about arthritis, hip replacement surgery and anaesthesia. For subtitles/closed captions, please click on the symbol which is circled in the picture below.



National Joint Registry
www.njrcentre.org.uk

National Institute for Health and Clinical Excellence
www.nice.org.uk/guidance

NHS website (formerly NHS Choices)
www.nhs.uk

British Orthopaedic Association
www.boa.ac.uk/patient-information

Versus Arthritis (formerly Arthritis Research UK)
www.versusarthritis.org

Royal College of Anaesthetists
www.rcoa.ac.uk

Contact us

If you have any questions, problems or need advice once you are at home, please do not hesitate to contact us on one of the numbers below.

Orthopaedic education and follow-up clinic

Telephone: 01256 313580

Email: oefujointreplacementclinic@hhft.nhs.uk

Basingstoke and North Hampshire Hospital

- Orthopaedic Ward (D5):
  Switchboard: 01256 473202 then ask for the Elective Orthopaedic Ward
- Basingstoke Orthopaedic Therapy Services (occupational therapy and physiotherapy)
  Telephone: 01256 313205

Royal Hampshire County Hospital

- Winchester Elective Orthopaedic Ward
  Switchboard: 01256 863535, then ask for the Elective Orthopaedic Ward
- Winchester Orthopaedic Therapy Services (occupational therapy and physiotherapy)
  Telephone: 01962 825670

Research Study Participants:

If you have any questions relating to the study, please contact the orthopaedic research and audit department.

Telephone: 01256 313204

Email: orthopaedic.research@hhft.nhs.uk

Your feedback is important to us

Comments, concerns, compliments, and complaints

If you have any comments, concerns, compliments, or complaints about your care, please let us know as soon as possible. Please speak to the nurse in charge, ward sister or matron so that we can help to resolve your concerns quickly.

PALS and complaints

You can contact the PALS and complaints team by telephone on 01256 486766 or via email at PALSandcomplaints@hhft.nhs.uk

This booklet is available in other formats, including large print and Easy Read, from the PALS team.

www.hampshirehospitals.nhs.uk

Department of Trauma and Orthopaedic Surgery, HHFT
April 2019; December 2019; October 2020; March 2024
Review March 2026
SS/ 143/ 2019/ VER4