



Hampshire Hospitals
NHS Foundation Trust

Department of Trauma & Orthopaedic Surgery

Having a total hip replacement

**Information for patients,
relatives and carers**

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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, and can follow serious injury, or occur as a result of wear and tear, or a family history of arthritis.

As the cartilage 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 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.

However, the artificial joint can wear out and fail. There are two main reasons for this:

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. It can also lead to dislocation of the joint.

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 ball 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:

- 95% will last 10 years
- 70-75% will last 20 years
- 60-70% will last 20-25 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 wear out, sometimes not even lasting 10 years.

It was initially thought that the plastic cement was the problem and so uncemented hip replacements were designed.

Uncemented hip replacements

These are similar to 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. 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.



Ceramic stem with coating and ceramic cup



X-ray showing it 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, and some evidence suggests that they may give better results up to 15 years after surgery. Results for over 20 years are not yet available.

Despite these good results, as this type of replacement depends on bone regrowth 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.

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 promising results, but we do not yet know how successful it is in patients. One possible concern is that although it is stronger, this type of polyethylene is more brittle and therefore may be more prone to breaking up.

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 modern designs do not appear to do this.

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.

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 ensure the safest and most appropriate anaesthetic is planned for you. There are two main types of anaesthesia that can be used for a total hip replacement – general anaesthesia and regional anaesthesia.

General anaesthesia

Advantages

- You will be unconscious throughout the operation
- If you have certain types of heart disease, it will be safer for you to have this type of anaesthetic than a regional anaesthetic.

Disadvantages

- Damage to teeth or crowns
- Nausea
- Sore throat
- Allergy problems
- Effects on blood pressure that can result in a drop in blood pressure
- Effects on the respiratory system that may require oxygen initially
- **May experience pain** in the recovery room on regaining consciousness.

Regional anaesthesia – spinal or epidural anaesthesia

Advantages

- Good pain relief immediately after surgery
- Reduced surges of blood pressure
- Better option for you if you have lung disease
- No sore throat or airway problems
- Reduced risk of developing DVT (deep vein thrombosis)
- Better for frail, elderly patients with memory problems, as coming round from a general anaesthetic can cause confusion.

Disadvantages

- You may be aware of the procedure. However, we can give you some sedation to help you feel relaxed and sleepy
- Sometimes it is unsafe for patients who have heart disease
- There is a risk of urinary retention
- If you are muscular or having revision surgery, we cannot use muscle relaxants. This can make the operation technically more difficult
- If you are unable to lie flat or keep still for the operation, we may need to give you a general anaesthetic
- If you have had back surgery, you may not be able to have spinal or epidural anaesthesia as technically there could be a higher risk of complications.

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, either by using special pumps for your feet and encouraging you to start walking around as soon as possible after surgery, or by using 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.

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
- 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 hip school.

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. 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, we may need to remove the replacement to allow the antibiotics to work more effectively. This can mean a longer 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 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 for your pre-assessment appointment. Stopping the medication for a period of time before your operation usually reduces the risk. We will advise you further at your appointment.

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 onto 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 depends on the method your surgeon uses to replace your hip, but it can be at least 1% (one in 100 cases).

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 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, you should still 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 have to learn new ways of doing these activities.

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

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 (such as metal) we use for hip replacement surgery. We will test you for common allergies such as iodine and sticking plasters.

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 who have an enlarged prostate.

Please let us know at your pre-assessment appointment if you already have problems passing urine, especially 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.

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 last for 10 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, so 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 our 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 there is a higher incidence of chest infections with people who smoke and the nicotine can affect wound and bone healing.

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 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. Your GP may be able to refer you to a dietitian if you need help with losing weight.

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, where a physiotherapist or specialist nurse will assess you. 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. We will also show you how to use crutches and practice climbing stairs. We will give you a pair of elbow crutches adjusted to your requirements that you will need to bring with you to hospital on the day of surgery. Please feel free to ask any questions that you may have.

One of the occupational therapists (OTs) will talk to you about your home environment and any equipment you may need to help you at home once you have been discharged from hospital. They will also demonstrate the gadgets available to help you get dressed on your own.

You should already have been given a DVD to watch at home. The DVD is designed to complement this booklet, so please watch it if you have not done so already. If you have not been given one, please do tell us. You may copy the DVD if you wish, but we ask that you return the original DVD to us at your six week follow-up appointment after your operation.

Pre-assessment clinic

We will ask you to attend the pre-assessment clinic where the nurses will examine you to make sure that you are medically fit for the operation and the anaesthetic. At this appointment, routine tests such as blood, urine, ECG (heart trace) and x-rays if required will be done. 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.

You will see an OT (occupational therapist) at this appointment. They will 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.

There will also be an opportunity for you to speak to your consultant or a member of their team at this appointment.

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.

Please expect to be in the pre-assessment clinic for up to four hours on the day of your appointment.

Getting things ready at home

- ✓ Measure the height of your furniture as requested in the environmental sheet, which you should have received with your hip school information. For the first few weeks after surgery, it is important to keep your hip at 90° (a right angle) when you are sat down. Your bed also needs to be at a suitable height. Your OT (occupational therapist) will be able to advise you at hip school. You may need to adapt your chair by adding extra cushions, or you could use a different, more suitable chair at home while you recover.
- ✓ 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 discuss this with you and may help you to practice getting into it when you come for your check-up two weeks after surgery.
- ✓ We will help you practice getting in and out of the bath (without water in it) in the OT flat at either your two week or six week follow-up appointment.
- ✓ 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.
- ✓ 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 in to hospital. If you think there may be a problem, 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 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 OT may provide a trolley for you to use if it is not possible for you to eat in your 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. We will practise this with you in our assessment flat a few days after your operation.
- 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 your 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.
- To reach down into low cupboards or your fridge/freezer or washing machine, extend your operated leg out behind you and take your weight through your good leg. Place your crutch in the door hinge or onto the worktop to prevent it from falling over. Keep one hand on the worktop for support.
- 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 occupational therapy (OT) 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. They will also practice tasks with you in the OT flat a few days after your operation.

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 OT 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.
- ✓ Your elbow crutches.
- ✓ Toiletry bag, bath towel and hand towel.
- ✓ Hand wipes.
- ✓ Mobile phone/tablet and charger(s).
- ✓ 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.

Physiotherapist

A physio will check your elbow crutches 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 the recovery area. Your wound will be covered with a dressing and the inflatable boots 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 may feel weak and numb due to the local anaesthetic (known as nerve blocks) that the anaesthetist injected during 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.

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 24 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.

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.

However, all strong pain killers have side effects including dizziness, nausea (feeling sick), vomiting (being sick), itching, difficulty in passing urine, constipation and hallucinations. By giving you the right combination of pain killers we can reduce side effects to a minimum while controlling your pain. We will also give you medication to try to prevent or treat any side effects.

Before surgery

We may give you a pre-med, which often consists of a very strong slow release pain killer, an anti-sickness medicine and another drug which makes the pain killer work better. This means that you should be comfortable immediately after surgery.

During surgery

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

After surgery

We will give you pain killers and anti-sickness medicine regularly. It is important that you take these even if you are not in pain or feeling sick, as they will prevent pain and sickness when you are doing your exercises.

We may also give you a very strong slow release pain killer and an anti-sickness medicine. This will help to control your pain and make sure that you are able to do your physiotherapy. Your physio 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.

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 need to stay in hospital until the nurses, doctors and therapy team (physios and OTs) have checked that you are well enough to safely go home.

Before going home

- An OT (occupational therapist) will discuss and practice everyday activities with you in the OT assessment flat. They will also help you to practice getting in and out of a car safely.
- One of the physiotherapists 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 physio. The physio 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, which you should carry with you at all times.

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. 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 education and follow up clinic during office hours on **01256 313580** 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.

When can I get back to normal?

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. 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.

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

Checklist of Dos and Don'ts

Until 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.

Until 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
- ✗ 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.

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.

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

01256 313580

Orthopaedic ward (D1)

01256 313681

Therapy services (occupational therapy and physiotherapy)

01256 313205

If you are treated for a DVT (blood clot) or prescribed antibiotics for problems with your wound, please contact the orthopaedic joint review clinic for advice on **01256 313459**

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.

Customer care team

If you would like to contact the customer care team, please tell your nurse. Alternatively you can visit them on B-floor at Basingstoke and North Hampshire Hospital or on the ground floor of Ashley Wing at Royal Hampshire County Hospital. You can also contact them via telephone on **01256 486766** or via email at customercare@hhft.nhs.uk

This leaflet is available in other formats, including Easy Read, from the customer care team.

www.hampshirehospitals.nhs.uk