

Information for patients

# Hip Replacement Surgery



## Arthroplasty

# Welcome to the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust in Oswestry

This booklet has been developed by the consultant orthopaedic surgeons, nurses and therapy team working at this hospital. It will provide you with relevant information, enabling you to make informed decisions about:

- Giving written consent before the operation
- How to prepare for your hip replacement surgery
- What to expect on the day of your hip replacement surgery
- The care that you will receive during your stay in hospital
- Your continued recovery at home

Please take some time to read this booklet. We suggest that you bring it with you to your outpatient appointments and when you come in to hospital for your hip replacement surgery. It will help to answer any questions or concerns that you may have regarding your operation and will guide you through your recovery. If you do not understand any part of this booklet or have any questions which you would like to ask, please write them down in the space provided at the back of the booklet to remind you to discuss them with the appropriate person in hospital.

## My hospital appointment dates:

Outpatient appointment .....

Pre-operative assessment .....

Echocardiogram (if required) .....

GP appointment (if required) .....

Dentist appointment (if required) .....

Joint school .....

Date and time of admission .....

Date of surgery .....

Please note that there is a charge for parking – valid all day

Wheelchairs are available outside the main entrance of the hospital for £1 (refundable)

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## Enhanced Recovery

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust provides an Enhanced Recovery Programme<sup>[12, 16]</sup> for all patients having hip replacement surgery. It aims to ensure that patients are as healthy as possible before receiving treatment.

It is important that you play an active role in your own care. This starts well before your surgery and includes:

- **eating well** – your body will need energy for repair
- **exercise** – being physically active before your operation will help you recover quicker
- **relaxation** – try to relax and not worry about your operation
- **smoking and alcohol** – giving up or cutting down will help speed up your recovery and reduce your risk of developing complications

In hospital we and you will do a number of things to optimise your outcome including keeping you warm, keeping hydrated and becoming as active as soon as possible after your surgery.

In real terms that means we'll get you up within 6 hrs of your operation or as soon as your spinal anaesthetic or block has worn off.

There are many benefits to patients. Early mobilisation reduces complications, particularly medical complications, and that is why this is even more important for older patients and those with other major health problems.

You are the most important part of enhanced recovery and we would love for you to engage in the programme.

### Goals of the Enhanced Recovery Programme are to:

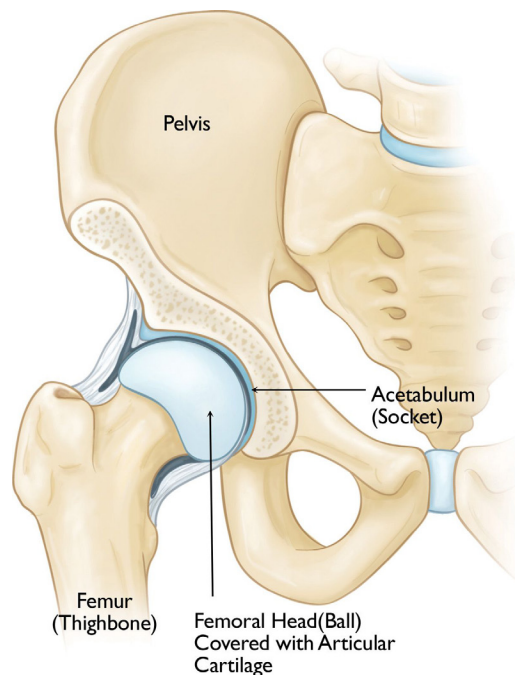
- Help you to get ready for the operation and prepare your home environment for your return after surgery.
- Encourage you to start walking, eating and drinking on the day of your operation, so that you return to feeling your normal self as soon as possible.
- Promote a faster, safer physical recovery; increasing your confidence and reducing the risk of complications.
- Involve your partner, family or carer in your recovery.
- Allow you to go home as soon as it is safe, which could be the same day of your surgery.

In order for you to be discharged home safely, you will be involved in your care from before you come into hospital, during your hospital stay and after you have gone home.

Whilst you are in hospital, you will be encouraged to achieve discharge goals (see page 27) with the support of your consultant orthopaedic surgeon, the nurses and therapy team.

The Enhanced Recovery Programme is designed to allow you to be discharged the same day, or when safe to do so.

## The hip joint (right side)



Hip replacement surgery is a treatment option for arthritis<sup>[1]</sup>

You are considered for hip replacement surgery if you have:

- Significant persistent hip or groin pain during the day
- Your activities of daily living are severely restricted
- Pain from your hip or groin regularly disturbs your sleep
- Your symptoms are not relieved by conservative or alternative treatments

**Conservative or alternative treatments<sup>[1]</sup> include:**

- Using walking aids such as a walking stick or crutches, to enable you to stay as active as possible
- Physiotherapy exercises and non-impact exercise such as swimming or cycling
- Weight reduction if appropriate and other lifestyle modifications
- Using personal care, dressing aids and adaptive equipment
- Taking regular painkillers and/or non-steroidal anti-inflammatory drugs
- Injections

**The aims of hip replacement surgery are to:**

- Reduce pain
- Correct deformity
- Improve your mobility
- Increase your ability to perform everyday activities
- Improve your quality of life

## Hip replacement surgery

Similar to your own hip, your hip replacement will have surfaces that move together. They consist of thigh (femoral) components and pelvis (acetabular) components. The femoral head (ball) will be replaced with a prosthetic ball attached to a metal stem that is inserted into your femur. A prosthetic socket will be inserted into your pelvic bone and these will move together to provide you with a total hip replacement.



Hip replacements have different types of surfaces that move together (bearing surfaces) and can be made of:

- Metal on polyethylene (plastic)
- Ceramic on ceramic
- Ceramic on polyethylene (plastic)

Your consultant orthopaedic surgeon will choose the most appropriate hip joint replacement design for you.<sup>[7]</sup>

## Benefits of hip replacement surgery

### What can you expect after the Operation?

#### Pain relief

- The pain that you experience from your arthritic hip joint will be reduced.
- It is normal for your hip to be very painful for the first few weeks after the operation, but this should gradually improve as your recovery progresses.

#### Improved mobility

- Assuming that your general health is reasonably good, with time you should be able to walk further than you could before your surgery.
- You should find stairs and everyday functional activities easier.

#### Better quality of life

- Your overall quality of life should improve but remember that it takes time to recover from a major operation and to regain your muscle strength and confidence.
- It can take up to 18–24 months for your hip replacement to be at its best and even longer for complex and revision total hip replacements.

## Risks and possible complications of surgery

Hip replacement surgery is a common operation and most people do not experience complications. However, it is a major operation and this carries with it associated risks which may include the following:

### General risks associated with an operation

During and after the operation, it is possible that you could experience one of the following: a heart attack, chest infection, stroke or death. The chances of this are small and will vary depending on your general health, medical history and lifestyle choices.

### Bone fracture<sup>[5]</sup>

Although uncommon, there is a risk of a fracture or break occurring in the bone around the hip joint during or after hip replacement surgery, which may prolong your recovery period.

### Nerve, blood vessel, tendon or ligament damage<sup>[5]</sup>

There is a chance of damage occurring to the nerves, blood vessels, tendons or ligaments surrounding the hip during the operation. Significant care is taken by your surgeon to minimise the chances of permanent damage during the operation, but soft tissues are temporarily stretched as they gain access to the bones, resulting in the pain, inflammation and bruising which will be evident in the weeks after your surgery. Rarely, some nerves can be damaged during the operation resulting in a foot drop. This could be temporary or permanent. Although it is a very rare condition, sometimes the blood flow to the muscles surrounding the hip can be reduced after the operation and this is known as compartment syndrome. Further surgery may be necessary following assessment and investigation by your surgeon.

### Bleeding<sup>[5]</sup>

Most people can cope with losing a moderate amount of blood during surgery and will not require a blood transfusion. Blood loss can be replaced with other fluids and a blood transfusion will only be given if absolutely necessary.

## Blood clots<sup>[5, 13]</sup>

The risk of getting a blood clot after hip surgery varies for each person. After your hip surgery, you will be less active than normal for a few weeks. This can cause your blood flow to slow down, which increases the risk of a blood clot developing.

- Deep vein thrombosis (DVT) is a blood clot in a major vein above or below the hip joint. A DVT can sometimes go unnoticed, as your body naturally deals with them. However, they can also develop into a pulmonary embolism.
- Pulmonary embolus (PE) is a blood clot which travels from your leg to your lung and blocks the main artery or one of its branches. A PE can be serious and potentially life threatening.

The National Institute for Health and Clinical Excellence (NICE)<sup>[13]</sup> has established that there is an increased risk of developing a DVT or PE after hip replacement surgery if preventative measures are not used. At this hospital, we use either injections or tablets along with foot pumps to try to minimise the risk. Walking is encouraged soon after your surgery to further reduce the risk of developing a blood clot. However, there is no guarantee of preventing the development of a DVT or PE.

There has been a significant reduction in the incidence of blood clots since the introduction of:

- Spinal Anaesthesia
- Early mobilisation
- Foot pumps

Your consultant orthopaedic surgeon will discuss with you, which of the preventative measures are most appropriate for you. Remember, it is important to continue with these measures when you go home after your operation, or as directed by your consultant orthopaedic surgeon.

### Signs of a blood clot in your leg – DVT<sup>[13]</sup>

- Swelling in your thigh or calf
- Pain or tenderness in your thigh or calf
- Redness and warmth in your thigh or calf

### Signs of a blood clot in your lung – PE<sup>[13]</sup>

- Breathlessness
- Chest pain
- Collapse

If you suspect either a DVT or a PE after your discharge from hospital, please attend your local Accident and Emergency department and then inform your consultant orthopaedic surgeon if a diagnosis of either a DVT or PE has been confirmed. If you become suddenly breathless or have sharp pains in your chest when breathing **dial 999**.

## Infection

The Robert Jones and Agnes Hunt Orthopaedic hospital has a very low infection rate after joint replacement surgery, when compared with other hospitals. The risk is minimised by the clean air systems used in the operating theatres, sterile conditions and the use of antibiotics at the time of your surgery. However, infection remains a serious complication and can either be a:

- **Superficial wound infection**<sup>[9]</sup> to the skin and tissues around the incision which may happen soon after surgery and can usually be treated with antibiotics.
- **Deep joint infection**<sup>[5]</sup> to the deep soft tissues and metal work of your hip replacement which can happen at the time of surgery, or later in life if bacteria get into your bloodstream from another source of infection. This may require further hospitalisation and possible revision total hip replacement surgery.

It is a wise precaution to **inform your doctor, dentist, or hospital that you have had a hip replacement when you visit them for treatment**. In some specific circumstances, you may be required to take a short course of antibiotics to prevent infection.

If you would like more information, you may find it useful to visit the Public Health England website and search for “Surgical Site Infection following a hip replacement”.

## Loosening of the hip joint<sup>[5]</sup>

Loosening of the hip joint can occur at any time, but it normally occurs 10–15 years after the original surgery was performed. This happens in about 10% of cases.

The commonest form of hip replacement failure is aseptic loosening which means that the hip replacement joint becomes loose without it being infected.

All artificial hip replacements will eventually wear out or become loose, either with or without the presence of infection. How long this process takes depends on a number of factors, but if or when it does, the operation may need to be re-done and this is called a revision total hip replacement. However, your new hip should give you many years of service before further surgery will be necessary.

## Dislocation<sup>[5]</sup>

Dislocation is when the ball of the new hip implant comes out of the socket. Dislocation is uncommon. The risk for dislocation is greatest in the first few months after surgery while the tissues are healing. In situations where the hip continues to dislocate, further surgery may be necessary.

## Revision total hip replacement<sup>[5]</sup>

Revision hip replacement surgery is more complex and technically more difficult than the original surgery as part or all of the existing hip will need to be removed before the new hip can be put in place.

Revision total hip replacement is therefore sometimes necessary if you develop

- aseptic loosening
- deep joint infection in the hip replacement
- if the bones around the hip replacement break, for example, after a fall
- if the hip repeatedly dislocates

## Stiffness<sup>[5]</sup>

Following hip replacement surgery stiffness and internal swelling can persist for many months. Prior to your surgery, muscles and tendons will have weakened and stiffened from years of disuse. It can take up to two years for the muscles and tendons to stretch and adapt after hip replacement surgery. Following hip replacement surgery, tough scar tissue can form around the hip. Scar tissue is not as flexible as normal healthy tissue and can also cause joint stiffness.

## Leg length difference (discrepancy)<sup>[19]</sup>

Whilst every effort is made to keep the leg lengths equal, this is sometimes difficult to achieve after hip replacement surgery. If the leg length difference is small, in time you will get used to this. However, if it becomes a problem to you, your Consultant surgeon may suggest you use a small insert in your shoe. This can be discussed at your outpatient appointment.

## Squeaking noise from your hip<sup>[3]</sup>

Although rare but may be due to:

- Surgical positioning of the hip replacement
- Type of material your hip replacement is made of
- Wider range of movement of your hip
- Loss of lubrication in the hip replacement

If you do experience squeaking from your hip, please mention it to your Consultant Surgeon

## Persistent pain

A hip replacement is a very painful operation and you will undoubtedly experience considerable pain in the first few weeks after the operation. However, with time and the appropriate management of the pain and swelling around the hip, this operative pain should improve.

Some patients will go on to have persistent pain or discomfort from their hip for a variety of reasons. Sometimes, patients experience excessive pain which is often associated with low back pain and may be referred to as chronic pain.

Continued pain will be carefully assessed, investigated and treated appropriately by your consultant orthopaedic surgeon and their team.

## Limitations and common traits of a hip replacement

- Your new hip is an artificial hip and may never feel as good as a natural, healthy hip. It may never feel entirely normal, but you will grow accustomed to it.
- Remember that it can take between 18–24 months for your new hip to be at its best.

## Reducing the risks

We aim to minimise the risks associated with hip replacement surgery by taking the following precautions:

- Assessing your health at the pre-operative assessment clinic before you come into hospital to ensure that you are as medically fit as possible for both the anaesthetic and your surgery.
- Appropriate treatment of problems identified at pre-operative assessment before your admission to hospital.
- Careful insertion of the artificial hip joint replacement by the specialist orthopaedic surgical team.
- Giving antibiotics at the time of surgery to minimise the risk of infection.
- Use of foot pumps and blood thinning drugs to reduce the risk of blood clots.
- Getting you up and walking about soon after your operation.
- Encouraging you to eat and drink early after surgery.
- Getting you home safely after your hip replacement.

## Preparing for your surgery

### Outpatient clinic

You will be seen in an outpatient clinic to discuss your operation with the orthopaedic surgical team. The operation will be explained to you, including the benefits, risks and alternatives to surgery. You may be asked to sign a consent form during this visit or when you attend the pre-operative assessment clinic in the weeks before your surgery.

### Pre-operative assessment clinic<sup>[14]</sup>

It is essential that you attend your pre-operative assessment appointment. During this appointment you will be seen by all or some of the following people:

- Consultant orthopaedic surgeon or one of their team
- Nurse practitioner
- Health care assistant
- Anaesthetist
- Pharmacist

The pre-operative assessment ensures that you are fit for the anaesthetic and your hip replacement surgery. You will be asked about your medical history and the medicines that you take. Please bring your medicines, prescribed and unprescribed, in their original boxes or a complete list of prescribed medicines from your GP. Advice will be given if any of your medicines need to be stopped before your operation. For example, HRT and oral contraceptive pills may need to be stopped four weeks prior to surgery.

Your heart, lungs, skin and teeth will be checked. You will have blood tests and may have a urine test and an X-ray of your hip.

Meticillin resistant *Staphylococcus aureus* (MRSA) is a cause of surgical site infection. You will have a nasal swab at pre-operative assessment to ensure that you do not have MRSA. If MRSA is detected at pre-operative assessment, you will be informed, and the necessary treatment will be arranged prior to your surgery.

Meticillin sensitive *Staphylococcus aureus* (MSSA) is a bacteria that commonly lives on our bodies and can cause a surgical site infection. To reduce infections caused by this bacteria, you will be given an antibiotic cream to apply to both your nostrils and an antiseptic body and hair wash to use for 5 days prior to surgery, including the day of your surgery.

Health problems found from tests carried out at your pre-operative assessment can usually be treated prior to your admission to hospital with help from your GP.

*It is your responsibility with the support from your GP, to ensure that you are as fit as possible prior to your admission to hospital.*

Please make sure that any problems listed below are treated by your GP or dentist before you attend for pre-operative assessment. **Your operation may be cancelled if these problems remain untreated and it is not the responsibility of the hospital to treat any pre-existing conditions.**

- Tooth decay, gum disease or dental abscess
- Uncontrolled blood pressure
- Uncontrolled diabetes
- Anaemia
- Leg ulcers
- Skin problems
- Chest complaints
- Urine infections
- Other infections

Please inform the pre-operative assessment nurses if you foresee any problems with the issues listed below. This information will help to plan for your return home, prevent a delayed discharge from hospital and ensure that you are appropriately supported at home.

- Transport home
- Equipment needs
- Access to and around your home, such as multiple flights of stairs
- Living alone without support

The information gathered at pre-operative assessment will check that you are fit to have your operation.

**Please bring the following with you to your pre-operative assessment appointment:**

- **Prescribed medicines** in their original boxes or a complete list of all prescribed medicines available from your GP practice.
- **Non-prescription medicines and supplements** or a list of these, as they may interact with anaesthetics causing complications and you may need to stop taking them prior to your surgery.
- **Details of specialists** that you have recently seen at other hospitals or are currently seeing for other health reasons.
- **Details of any diagnoses, treatments, operations or investigations** you are having or have had in the past.
- **Heights form** which you will receive in the post – please complete this document before coming for pre-operative assessment. This will determine the height of your toilet, chair and bed at home and help the therapy team with their assessments during your hospital stay.

## National Joint Registry

You will be asked whether your details can be entered onto the National Joint Registry for England, Wales and Northern Ireland in order to monitor the results of joint replacement surgery and protect patient safety. For more information see: [www.njrcentre.org.uk](http://www.njrcentre.org.uk)

## Consent for bone donation

Following your hip replacement surgery, bone and tissue will be disposed of by incineration. Rather than discard the surplus bone from the top of your thigh bone (femoral head), it can be used for transplantation to a donor patient who has bone loss. You will be asked before your operation if you would like to consent for your bone to be used for this purpose. If you consent, it will be necessary for your blood to be tested for signs of infection. These tests can be performed on the sample of blood collected during the operation. Another sample of blood will need to be collected six months later for repeat testing.

You may receive a phone call from the **pre-surgical contact team** in the week leading up to your operation to check that you are still fit and well, and that your health has remained unchanged since the pre-operative assessment.

If there are any **changes in your medical condition or you develop any new illness or infection** after your pre-operative assessment but before your admission, please contact the hospital on: **01691 404659**

If you wish to **alter the date or cancel your operation**, please contact hospital admissions on: **01691 404324**

## Joint School

It is very important that you have realistic expectations of the outcome of your hip replacement surgery. The interactive classroom style Joint school is an important part of your preparation for surgery and every patient is encouraged to attend. It is important to bring your partner, family member or a friend with you to Joint school to help support you throughout your recovery.

At the Robert Jones and Agnes Hunt Orthopaedic Hospital, we believe that Joint school will prepare you to get better quicker and aims to enhance your post-operative experience and recovery.<sup>[12, 15, 19]</sup> The session will explain your patient journey including how to prepare for your operation, what to bring with you to hospital, the types of anaesthetic, post-operative pain relief, physiotherapy exercises, your recovery in hospital and at home, and gives you an opportunity to meet some of the team who may be involved in your care following your operation.

The separate Joint school information leaflet is enclosed in this booklet.

## How to book into Joint school?

A member of the team will be in contact to book you in to joint school. This is a mandatory requirement.

## Lifestyle changes

### Smoking

Smoking is not permitted anywhere on the hospital grounds and this includes electronic cigarettes and vaporizers. If you stop smoking two months before your operation, you are more likely to be up and about sooner after your operation.<sup>[8, 11, 17, 18]</sup>

#### If you are a smoker:

- You will need more specialist care before, during and after your operation.<sup>[16]</sup>
- Smoking can delay your wound healing and increase your chances of having a wound infection.<sup>[9]</sup>
- Your risk of having a blood clot (DVT or PE) after the operation is higher.
- You will also have an increased risk of developing a chest infection after the operation, which could lead to further problems and delay your discharge home.

If you are using patches or other types of nicotine replacement therapy to help you stop smoking, please stop using them the night before your surgery. You should bring them with you into hospital and tell a nurse that you have been using them.

You don't have to quit on your own. For further help, speak to your pharmacist or visit the smoking cessation website: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

### Bowel management

A healthy diet and regular bowel habit prior to your admission to hospital will enhance your recovery and prevent unnecessary complications, which could delay your discharge home. If you are prone to constipation, please ensure that you eat a high-fibre diet, take any bowel medication regularly and drink plenty of water before you come into hospital.

## General healthy living goals<sup>[4]</sup>

If you are overweight, it is important to lose weight as this will reduce the risks associated with an anaesthetic. We would also encourage you to be as fit as possible. Moderate exercise prior to your operation can strengthen muscles and help keep your bones strong and joints supple. Vigorous physical exercise is not required, but a regular session of everyday, non-impact activity within your limits of pain is useful, for example walking, cycling, swimming, gardening or housework. These changes should start as early as possible before surgery, as the benefits may take a number of weeks to take effect.

**For further information about a healthy lifestyle please see the websites below:**

- [www.rjah.nhs.uk](http://www.rjah.nhs.uk)
- [www.healthyshropshire.org](http://www.healthyshropshire.org)
- [www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx](http://www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx)
- [www.bda.uk.com](http://www.bda.uk.com)
- [www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx](http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx)
- [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)
- [www.helpmequit.wales](http://www.helpmequit.wales)

Please also refer to the document enclosed in this booklet called 'Help us to help you', where you will find a list of useful phone numbers.

## Before you come into hospital

- › Remember to give the pre-operative assessment or therapy team your Heights form.
- › Arrange a date when you and a family member, partner or friend can attend Joint school together. Book your session and attend.
- › When you return home after your surgery, you will be walking with crutches or an alternative walking aid. Could you organise your home differently or rearrange furniture to make more space and a safer home environment?
- › Minimise any hazards or obstacles which may cause you to trip or fall. This may involve moving loose rugs, improving lighting, having appropriate footwear or possibly moving a bed downstairs for a short time, if necessary.
- › Move regularly used items into an accessible area, such as items stored up high or low down in your wardrobe or kitchen cupboards to a useable, accessible height when standing.
- › Could you prepare meals in advance before coming into hospital or buy some meals that are easy to prepare, for the first few weeks? Freeze milk and bread for the first few days when you go home. Could you do your supermarket shopping online?
- › Should you arrange to have some help when you go home? If possible ask family, friends or someone else to support you with everyday activities such as cooking, cleaning and shopping.
- › Be up to date with the household cleaning and gardening before the operation.
- › Consider how you will look after yourself when you go home. How will you cope with washing and dressing yourself? If you are concerned about how you will manage, could someone stay with you for a while whilst you recover, or perhaps you could organise some respite care for yourself on discharge?
- › Purchase a helping hand grabber, sock aid and long handled shoe horn and bring them into hospital.
- › If you are a Carer for someone else, you may want to contact your GP or local Social Services to arrange a care package for their care whilst you are in hospital and when you go home.
- › If you have pets, you may need to make arrangements for their care whilst you are in hospital and when you go home.
- › Could any external agencies provide you with any necessary help? Could any additional specialist equipment, aids or appliances be sourced to make your rehabilitation easier? For example, the Red Cross can loan equipment such as wheelchairs that may help whilst you are recovering.
- › Plan your transport to and from the hospital.

## Getting ready

You will receive a letter which will give you a date for your operation and information about your admission into hospital. Please read it carefully and follow the instructions given.

## Fasting

The letter will advise you when to stop eating and drinking fluids before your operation. It is however very important that you have a small meal at your last opportunity to eat, and drink a large glass of water just before the time you are told to stop drinking. This will ensure that you remain well-hydrated before your hip replacement surgery.

## Bathing and showering

Please have a bath or shower before you arrive at the hospital to reduce the number of dead skin cells which could infect your hip replacement.<sup>[9]</sup> If you are unable to shower yourself, please speak to the nursing team in the pre-operative assessment clinic for help and advice.

- **Do not apply** any creams, powders, deodorants or make-up after your bath or shower.
- Please **remove** any nail varnish, artificial nails, eyelash extensions and jewellery.
- **Do not shave or remove hair** from the leg that is to be operated on or the surrounding area in the 7 days before you come into hospital to reduce the risk of surgical site infections. Hair removal is only necessary to visualise the operation site and if necessary will be done with disposable clippers immediately prior to surgery by a member of the surgical team.

## Menstruation

Women of menstruating age will be expected to bring sanitary pads into hospital. Tampons are not advised as they will be difficult to insert after your hip replacement surgery.

## What to bring into hospital?

Please do not bring too many possessions into hospital as storage space is limited. Here is a checklist of things you should bring into hospital:

- Wash bag with toiletries, toothbrush, toothpaste and towel
- Day clothes, such as shorts, joggers or skirts with elasticated waists
- Night clothes, such as nighties or pyjamas (dressing gown not needed)
- Hearing aids, glasses or dentures
- Splints, braces or any device that you would normally wear
- Music device or iPad with headphones
- Mobile phone or Laptop – Wi-Fi is available
- Books or magazines
- Small amount of money

There may be some swelling in your feet, ankles and legs after surgery, so please bring comfortable footwear that is:

- Generously fitted and comfortable
- Supportive with a firm heel
- Non-slip sole
- Mid-fastening

## myrecovery app

myrecovery consists of an app and web portal. The app contains articles, videos, information pages and exercise videos designed to support you through your hip surgery.

The myrecovery leaflet is enclosed in this booklet.

## When you arrive in hospital

- You will come into hospital on the day of your operation and will usually be admitted onto Baschurch day unit. If you are a private patient, you will be admitted onto Ludlow ward.
- Patients will be seen by the admitting nurse in the order in which they appear on the operating theatre list, not in the order they arrive on the unit.
- The order of the operating list is subject to change on the day of surgery and everyone is asked to arrive at the same time to allow for alterations.
- There are several operating theatres at the hospital, all running at once.
- The nursing team will perform checks and attach personal identification bracelets to both your wrist and ankle.
- Please express any concerns that you may have about your discharge from hospital, such as transport or support at home. This will help us to have an appropriate plan in place, to prevent your discharge from hospital being delayed.
- Your consultant orthopaedic surgeon or a member of their team will check your consent form and use a pen to clearly mark the leg that is to be operated on.
- Your anaesthetist will ask you about your health and discuss the anaesthetic and pain relief options that are most suitable for you.
- Once the admission process is complete and you have been seen by all relevant staff, there may be a long wait until it is your turn to go to the operating theatre. You can either sit and read your book or magazine, or the Baschurch day unit can lend you a pager to allow you to leave the unit. You will then be paged when they would like you to return.
- You may want to take your music device to theatre with you, so that you can listen to your music to help you relax if you decide to stay awake during the operation.
- Your partner, family member or friend will be able to stay with you until you are transferred to theatre. However, they are unable to remain on the Baschurch day unit whilst you are having your operation due to limited seating. There are a number of areas where they can wait, including Denbigh's restaurant or the League of Friends coffee shop.

## Transfer to Theatre

You will be asked to change into a theatre gown, disposable underwear and a paper cap prior to being transferred to the theatre area on a bed. You will be given a warm blanket, because research shows that keeping warm before your operation helps with the recovery process.<sup>[10]</sup> Your belongings will be placed in a sealed box and transferred securely to your designated ward.

## Anaesthetic room

You will be taken into the anaesthetic room within the theatre area where the final pre-surgical checks will take place. The anaesthetic will be given as discussed with your anaesthetist. Most patients will be advised to have a spinal anaesthetic in combination with sedation or a light general anaesthetic.<sup>[20]</sup>

The spinal anaesthetic involves a small injection of local anaesthetic between the bones in your lower back around the nerves of the spinal cord. This causes temporary numbness and heaviness from the waist down and allows surgery to proceed without you feeling any pain.

Sedation or a light general anaesthetic can also be used to lower your awareness of theatre activity and the associated noise during the operation.<sup>[20]</sup> This should help with any anxiety that you may be feeling. Sedation or a light general anaesthetic wears off very quickly following surgery. This allows most patients to make a rapid recovery with very few hangover side effects or sickness. It also allows you to start moving, when the spinal anaesthetic has worn off.

A catheter into the bladder to control its emptying is not routinely used with this type of anaesthetic. However, should you have any difficulty in emptying your bladder following surgery a catheter may sometimes be necessary in the short term.

## The Operation

You will be transferred from the anaesthetic room into the operating theatre where you will have your hip replacement surgery. If you decide to have sedation with your spinal anaesthetic, you may have some awareness during your operation, depending on the effect of the sedation you have been given. You may have as little or as much as you need to keep yourself relaxed. Some patients decide to stay fully awake. In this case, you will be able to see the theatre team, including your surgeon who will be wearing specialist clothing.

From the start of the anaesthetic to the end of your operation your anaesthetist will stay with you, monitoring your condition very closely. Hip replacement surgery usually takes between one to two hours to perform.

During the operation the surgeon may inject the soft tissues surrounding the hip joint with a local anaesthetic, to continue the pain relief after the operation. This technique usually provides excellent pain relief and allows you to move your hip soon after the operation. However, you will be asked about your comfort levels and will be offered additional pain relief as necessary.



## Tissue samples taken during surgery

As already mentioned, pieces of bone and surrounding tissue are removed as a necessary part of your hip replacement operation. Smaller pieces of bone and tissue may be sent to the laboratory for examination to analyse the cause of your hip problem. Large amounts of bone and tissue will be disposed of by incineration. Rather than discard the surplus bone from the top of your thigh bone (femoral head), it can be used for transplantation to another patient who has bone loss. (see page 14)

## Recovery

From the operating theatre you will be transferred to the recovery area where the nurses will:

- Monitor your blood pressure, pulse and oxygen levels.
- Assess your comfort levels.
- Apply foot pumps to your feet to help keep your blood circulating and to reduce the risk of blood clots.<sup>[13]</sup>
- You may have an intra-venous fluid drip attached to your arm. This puts essential fluid and salts back into your body and will be removed when you are eating and drinking normally.
- You will be transferred to the ward to continue your recovery when you are well enough to do so.

## On the Ward

When you arrive on the ward you will be met by the nursing staff who will continue to monitor your blood pressure, pulse and oxygen levels. You will be encouraged to start eating and drinking as soon as possible after your surgery. You should drink water to satisfy your thirst; to keep you hydrated, reduce your risk of developing a blood clot and ensure that your body systems are working effectively. You will be given regular pain relief and asked about your pain and comfort levels. If you require additional pain relief at any time, please inform the nursing staff.

Once you have started to eat and drink, you will be able to take painkillers in the form of tablets which are less likely to cause side effects and will speed up your recovery. Remember that it is important to manage your pain and take the painkillers before the pain arrives.

It is important to ask for help when you need it. Every hospital bed has a call button which when pressed, will alert the nurses that you would like some help. If at any time you feel unwell or need some assistance, please use your call button.

We mobilise every patient post-op once the spinal anaesthetic has resolved.

There are flexible visiting times on the wards, but visiting is restricted during protected meal times. It is important to bear in mind that successful rehabilitation for all the patients following surgery is our priority and that visitors should not impact on this.

## Basic exercises

After your hip replacement surgery, the therapy team will encourage you to perform everyday functional activities such as walking and returning to independence as this helps to prevent post-operative problems, such as blood clots.

It is important to complete some basic exercises as soon as you can after your operation. If you have a spinal anaesthetic or a local nerve block you may be unable to perform some of these exercises initially. You do not need to wait until the physiotherapist has seen you.

Taking **regular deep breaths** will reduce the risk of developing a chest infection.

Initial activation of your muscles is also important as these will prepare you for the more advanced exercises when you see the physiotherapist. These include squeezing your buttocks and thigh muscle 'little and often', with a small hold for approximately 5 seconds.

You should also try to **move your ankle joint forwards and backwards regularly** to promote good circulation in your legs. If you experience any severe pain or swelling in the calf, please tell the nursing staff immediately.

For more information on exercises, please see insert at the back of the booklet. Alternatively, please visit: [www.rjah.nhs.uk](http://www.rjah.nhs.uk)

## Getting mobile

You may find that the discomfort and stiffness that you experience after the operation will improve by gentle mobilisation. The Enhanced Recovery or therapy team will be the first people to help you with this following your surgery. This may involve re-positioning yourself in bed, completing exercises or standing up and walking.

It has been proven that walking soon after your operation can be one of the most important parts of your rehabilitation process <sup>[19]</sup>. You will be taught and shown how to do this safely by a member of the therapy or nursing staff. You will be dressed in your own clothes and walking on the same day. This is often with a walking frame at first, before progressing onto elbow crutches when safe to do so.



### You will be encouraged to get up to:

- Wash
- Dress
- Go to the toilet

Being dressed and out of bed every day promotes a sense of wellbeing and helps in your recovery.

When the therapy team tell you that you are safe to walk about independently with your crutches, it is important that you get up and walk about regularly to increase your confidence. Walking is an essential part of your rehabilitation, as it improves your muscle strength, helps to restore normal movement of your hip and helps relieve pain. However, it is important to remember that you will have an increased risk of falling whilst in hospital which may cause soft tissue and or bony injury. Common reasons for falling whilst in hospital are listed below:

### Common reasons for falling whilst in hospital are listed below:

- Spinal anaesthetic used during surgery may cause temporary muscle weakness in your legs.
- Nerve blocks used during surgery for pain relief, may cause temporary weakness in your legs.
- Strong pain killers or other medications administered during and following surgery may cause dizziness.
- Urinary incontinence and urgency to use the toilet.
- Low blood pressure following surgery may cause dizziness.
- Crutches and other walking aids may initially make mobilising more difficult.
- Pre-existing conditions such as Dementia, Parkinson's disease, Diabetic neuropathy.
- Previous history of falls at home or in hospital.

## Falls Prevention

In order to help prevent you falling whilst in hospital, it is important that you ask for help when you need it. If at any time you feel unwell, dizzy or need assistance, please use your call button. Every hospital bed has a call button which when pressed, will alert the nurses that you require help.

- Stay seated
- Press the call bell
- Wait for the nurse



When you are safe to walk independently with your crutches, you will not be as mobile as you normally are and therefore at risk of developing blood clots. In order to reduce the risk of blood clots, you will continue to wear the foot pumps whilst resting on the bed during the day and overnight, and you will start the most appropriate blood thinning medicines for you, as pre-determined by your consultant orthopaedic surgeon.

## Enhanced Recovery Programme and discharge goals

To optimise your recovery following hip replacement surgery, the Enhanced Recovery Programme requires that you take an active role in your rehabilitation to achieve your discharge goals as set out below.

### Day of surgery

- Drink to satisfy your needs.
- Eat a meal.
- Get dressed in your own day clothes.
- Perform your physiotherapy exercises.
- Sit out in a chair.
- Undertake an assessment of transfers i.e. getting in/out of bed and on /off chair/toilet.
- Walk with aids provided by the Enhanced Recovery or therapy team – normally with walking frame initially before progressing to elbow crutches if appropriate.
- Be assessed on stairs and steps.

The therapy and nursing team will work with you in order to achieve the above goals.

## Daily activities

### When sitting

- Make sure your chair is a suitable height as determined by your heights form measurement, and has firm arms that you can use to help you sit down and stand up.
- Place your crutches to one side and place both hands on the arms of the chair.
- Slide the operated leg out in front of you.
- Reach back for the arms of the chair and gently lower yourself down taking your weight through the un-operated leg.

### When standing

- Gently slide forwards to the front of your chair.
- Place the operated leg out in front of you.
- Push up on the arms of the chair, taking most of your weight through your un-operated leg.

### Toilet

You will be taught how to safely get on and off the toilet by the therapy team.

### Getting on and off the bed

To get on and off the bed after your operation, you will be taught the following technique:

- Walk right up to the bed with your crutches, turn yourself around taking small steps and make sure that you can feel the side of the bed on the back of your legs.
- Take both arms out of your crutches and place them next to you.
- Slide your operated leg out in front of you.
- Sit half way down the bed.

- Slide your bottom back as far as you can onto the bed using your arms and let your legs come up in front of you. If you can relax your legs, this will make the transfer easier.
- Once you are on the bed, slide your bottom around towards the pillows. As you slide up the bed, your legs will automatically follow you.
- Your un-operated leg can be used to help with sliding back.
- At first this procedure will be more comfortable than trying to lift your legs onto the bed, but when you feel able, you can progress to lifting your legs onto the bed.
- To get off the bed, reverse the process.

### Going up the stairs – one step at a time

- Using the banister, hold the crutches in your free hand.
- Move your hand a little way up the banister.
- Put the **unoperated leg up** on to the stair above.
- Bring the **operated leg up** on to the same stair above.
- Lastly bring the **crutches up** on to the same stair above.

### Going down the stairs – one step at a time

- Using the banister, hold the crutches in your free hand.
- Move your hand a little way down the banister.
- Put the **crutches down** on to the stair below.
- Bring the **operated leg down** on to the same stair below.
- Lastly bring the **unoperated leg down** on to the same stair below.

### Getting in and out of a car

We recommend that you sit in the front passenger seat of the car. Ask the driver to open the door and slide the passenger seat as far back as possible. We also suggest that while you are getting in and out of the car, that you recline the back of the seat to give you more space.

- Walk up to the car with your crutches.
- Turn around so that your back is to the car.
- Take both arms out of your crutches and give them to the driver.
- Make sure that your legs are touching the sill of the car.
- Place your hands where you feel you have support e.g. the dashboard and side of the car. Avoid holding the door as this is not secure.
- Slide your operated leg out in front of you, allowing the knee to bend.
- Sit down on the car seat.
- Once sat on the car seat and using your un-operated leg on the sill, slide yourself as far back as you are able towards the driver's seat.
- Once you are in this position you can start to move your legs into the footwell of the car.
- Incline the back of the seat into a more comfortable position.
- Secure your seat belt and shut the door.
- To get out of the car, reverse the process.

For more information regarding the above daily activities, please refer to our hospital website: [www.rjah.nhs.uk/patients-visitors/information-films/hip-films](http://www.rjah.nhs.uk/patients-visitors/information-films/hip-films)

## Discharge criteria

Before you can be discharged home safely, the following discharge goals need to be met:

- You will be walking safely and independently with crutches or other walking aid, but this may depend on how mobile you were before your surgery.
- You will be able to get in and out of bed, on and off the chair and toilet by yourself with or without an aid.
- If necessary, you will be able to get up and down stairs safely.
- Your wound will not be oozing.
- The correct medication will be available for you to take home including painkillers, and you will understand how and when to take them.

Prior to leaving hospital you will be given the following:

- Dressings for your wound and a letter for your GP practice or district nurse.
- A letter advising you of when your clips or stitches need to be removed, if necessary.
- Medication to take home.
- A sick note will be issued, if requested.
- A follow-up outpatient appointment approximately 6 weeks following your surgery will be arranged, to see your consultant orthopaedic surgeon or a member of their team. You will receive a letter in the post notifying you of the date and time of your appointment.

Discharge from hospital when safe. This can be on the same day as your surgery. Therefore please ensure that there is someone available to take you home.

## After you have gone home

Please contact the Enhanced Recovery support line if you have any of the following:

- Notice any redness, either around your hip or lower down your leg.
- Have pain or stiffness that becomes excessive.
- Have swelling which does not settle with high elevation and rest.
- Have any oozing discharge from your wound.
- Develop a fever or flu-type symptoms.



If you require any advice or have any concerns following your Hip or Knee replacement, **please call:**

**07756  
876847**

  
The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

If you're discharged the same day of your surgery, the team will contact you on the following day. This will be to assess your progress and address any concerns. If you're discharged on day 2, the team will contact you the same day.

## Looking after your new hip

### Pain, stiffness and swelling in your leg

After your hip replacement surgery, it is normal to have some pain, stiffness, swelling and bruising around the hip and in your leg whilst your body recovers. Everyone will respond to the operation differently with varying degrees of symptoms.

Following surgery, tough scar tissue can form around the hip. Scar tissue is not as flexible as normal healthy tissue and can cause joint stiffness. Moderate exercise will minimise the risk of the scar tissue limiting your movement and function. It is therefore important that you continue to perform the exercises that you have been taught by the therapy team little and often.

Following surgery, you may have swelling in your legs and ankles. Regular periods of rest on the bed with your **feet elevated higher than your heart** will help reduce the swelling.

- Pillows under the foot end of your mattress will elevate the legs higher than your heart, which will help to drain excess fluid from your leg, foot and ankle.

If you notice that you have persistent swelling in your leg which is not improved with high elevation, a DVT (blood clot) may be suspected. You must therefore attend your local Accident and Emergency department and if a diagnosis DVT has been confirmed please inform your consultant orthopaedic surgeon.

Due to the risk of dislocation of the hip replacement in the first few months after surgery while the tissues are healing, your consultant orthopaedic surgeon will advise you of any hip movement precautions you should take.

### Wound care and personal hygiene

- The nursing staff on the ward will advise you before you go home whether your dressing is splash proof or not. Please avoid getting the dressing excessively wet in the shower, as this will increase your risk of getting a wound infection.
- A non-slip bath mat is recommended.
- After leaving hospital, it is advisable to have someone living with you or close to you, who is willing to help with everyday tasks such as showering.
- If you notice any continuous discharge or ooze from your wound, please contact the ward you stayed on or your consultant orthopaedic surgeon.

## Your return to normal life

### Ongoing exercise

Walking is an essential part of your rehabilitation. When you go home it is important to continue using your crutches or walking aids as directed by your physiotherapist. Your surgeon or physiotherapist will advise on whether you can partially weight bear or fully weight bear on the operated hip. Do not carry anything in your hands when using two crutches, as it may cause you to become unbalanced. A slip or stumble may be enough to cause soft tissue or bony injury and delay your recovery.

Take regular short walks on even ground, slowly increase your walking distance as you get stronger and increase the amount of activity you do each day. You can progress to using one crutch in the house when you feel comfortable and confident to do so.

Keep yourself as pain free as possible by taking medication on a regular basis to enable you to take regular short walks to improve your mobility. However, it is important to find a balance between activity and rest by walking regularly and resting with your leg elevated.

### Leisure

We encourage you to do the things that are a part of your normal daily life, as long as you feel comfortable to do so.

- Regular walking will help to reduce stiffness and improve your long term outcome.
- You may exercise in the gym using a static bike, cross trainer, but avoid treadmill running.
- Avoid any high impact activities such as jumping, pulling, twisting or running as these will put excessive strain on your hip.
- You may swim 6 weeks after your hip replacement when the surgical wound is fully healed and the clips or stitches have been removed.
- Before you return to a particular sport or leisure activity, please discuss it with your consultant orthopaedic surgeon or a member of their team at your first outpatient appointment after your surgery.

### Shopping and housework

You should avoid heavy chores for 3 months following hip replacement surgery, but may carry on doing light tasks such as dusting or washing dishes. You will possibly need help with:

- Shopping
- Vacuuming
- Changing beds

## Work

Returning to work will depend on the type of work that you do. Discuss this with your consultant orthopaedic surgeon or a member of their team. You should plan to have at least six weeks off work and feel confident that when you do return, that you can undertake your normal role.

## Driving – DO NOT ATTEMPT TO DRIVE UNTIL YOU ARE SAFE TO DO SO

You may return to driving when you have all of the following:

- You are at least 6 weeks following your surgery.
- You no longer require the use of elbow crutches to walk.
- You can safely control the vehicle and perform an emergency stop without discomfort.
- You no longer require the use of strong painkillers, such as tramadol or morphine.
- You have clarified your cover with your insurance company.

We advise that you start with short journeys and gradually increase the distances travelled.

## Flying on an aeroplane

Due to the increased risk of developing a blood clot in your leg (DVT) or lung (PE), your consultant orthopaedic surgeon will advise you not to fly on a long haul flight for approximately 3 months after your hip replacement surgery.<sup>[2]</sup> You are at greater risk of developing a blood clot if you have poor mobility, become dehydrated or sit still for more than 4 hours at a time. This includes lying in bed, sitting in a chair, car, bus, train, coach or aeroplane.

You will most probably set the security alarms off in passport control due to the metal content of your hip replacement. However, this depends on the size and sensitivity of the scanning equipment. You may need to explain about your operation to staff at the airport.



## References

1. Arthritis Research UK (2014) Hip pain. <http://www.arthritisresearchuk.org>
2. DOH (2000) House of Lords' Session 1999-2000: 5th report: Select Committee on Science and Technology. Air travel and Health.
3. Levy et al(2015) Review on squeaking hips. World Journal of Orthopaedics. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4644869/>
4. Marks, R. (2015) Non-Operative Management of HipOsteoarthritis. Pain Studies and Treatment, 3,7-22. <http://dx.doi.org/10.4236/pst.2015.320025>.
5. MayoClinic (2018) Hip replacement. <https://www.mayoclinic.org/tests-procedures/hipreplacement/about>
6. NHS Overview: hip replacement (2016) <https://www.nhs.uk/conditions/hip-replacement/>
7. NHS Supply Agency (2014) The Orthopaedic device panel
8. NHS The Clinical Case for Smoking Cessation before surgery <http://www.ncsct.co.uk/usr/pub/interventions-in-secondary-care-june-10-surgical-patients-factsheet.pdf>
9. NICE (2008) clinical guideline 74: Surgical site infection. Prevention and treatment of surgical site infection. London.
10. NICE (2008) Hypothermia: prevention and management in adults having surgery <https://www.nice.org.uk/guidance/cg65>
11. NICE (2013) Evidence Search | smoking before surgery. <https://www.evidence.nhs.uk/Search?q=smoking+before+surgery>
12. NICE (2014) Evidence Search – enhanced recovery in orthopaedics <https://www.evidence.nhs.uk/Search?q=enhanced+recovery+in+orthopaedics>
13. NICE (2015) Venous thromboembolism: reducing the risk for patients in hospital <https://www.nice.org.uk/guidance/cg92>
14. NICE (2016) Routine preoperative tests for elective surgery. <https://www.nice.org.uk/guidance/ing45>
15. NHS Choices (2016) Enhanced recovery. <https://www.nhs.uk/conditions/enhanced-recovery>
16. Royal College Anaesthetists (2017) Anaesthesia: What you need to know. <https://www.rcoa.ac.uk/patient-information>
17. Singh, J. et al (2015) Current tobacco use associated with higher rates of implant revision and deep infection after total hip or knee arthroplasty. BMC medicine 13. 283
18. Theadom, A. Cropley, M. (2006) Effects of preoperative smoking cessation on the incidence and risk of intraoperative and postoperative complications in adult smokers: a systematic review 15 (5) 352 – 358
19. Versus Arthritis: Hip replacement surgery (2018) <https://www.versusarthritis.org/about-arthritis/treatments/surgery/hip-replacement-surgery/>
20. White, L. Rivett, K. (2012) Guidelines for patients undergoing surgery as part of an Enhanced Recovery Programme. Royal College of Anaesthetists. <https://www.rcoa.ac.uk/news-and-bulletin/rcoa-news-and-statements/guidelines-patients-undergoing-surgery-part-of-enhanced>

## If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: [rjah.pals.office@nhs.net](mailto:rjah.pals.office@nhs.net)

## Feedback

Tell us what you think of our patient information leaflet. Please send your comments to the Patient Advice and Liaison Service (PALS) email: [rjah.pals.office@nhs.net](mailto:rjah.pals.office@nhs.net)

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The Robert Jones and Agnes Hunt  
Orthopaedic Hospital NHS Foundation Trust,  
Oswestry, Shropshire SY10 7AG  
01691 404000  
[www.rjah.nhs.uk](http://www.rjah.nhs.uk)