The Hillingdon Hospital NHS
NHS Foundation Trust

Total Hip Replacement

A Guide for Patients

ZIMMER BIOMET
Your progress. Our promise.™

Index

Introduction

This booklet has been produced by the Orthopaedic Unit in partnership with patients. It is designed to provide information about total hip replacement and what to expect before and after the operation.

This advice is provided to help you prepare for surgery and to help your recovery and rehabilitation. It is recommended that you read this booklet before your surgery and write down any questions you may have in the back of this booklet. You should bring it with you whenever you come to the hospital.

Osteoarthritis - What is it?

This a common disease affecting the joints in the body, most commonly the knee and hip. The joint surfaces, which are covered in smooth cartilage, become damaged and gradually thin and roughen - this produces pain. Eventually, there may be no cartilage left in some areas of the joint. There are other diseases which cause joints to be replaced because of pain, such as rheumatoid arthritis.

Total Hip Replacement - What is it? – Is it for you?

Total hip replacement is a surgical procedure for replacing the hip joint. This joint is made up of two parts, the hip socket (acetabulum, a cup shaped bone in the pelvis) and the "ball" or head of the thigh bone (femur). During the operation, these two parts are removed and replaced with smooth artificial surfaces. These artificial pieces (the prosthesis) are implanted into healthy portions of the pelvis and thigh bone. The total hip replacement operation is designed to relieve pain, reduce stiffness and improve your ability to walk.

Total Hip Replacement

Total Hip Replacement Prosthesis

Total hip replacement is a planned operation, which means it is not a matter of life or death. There are alternatives. The decision to have surgery should be made following discussions with your family, General Practitioner and Orthopaedic Consultant. You must weigh up the potential benefits against the possible complications. You will not be offered the operation unless the benefits outweigh the risks. The real success of your hip replacement, however, depends partly on you, especially your motivation, exercises and knowing your limitations for a specified period of time after the surgery.

You May Benefit From A Hip Replacement if:

- *Severe hip pain limits your everyday activities including walking, going up or down stairs and getting in and out of chairs*
- *You find it hard to walk any distance without significant pain and you may use a walking aid*
- *You have moderate or severe hip pain when resting either day or night*
- *Hip deformity*
- *There is stiffness and an inability to bend and straighten your hip*

Alternatives To Surgery

Prior to offering you surgery to replace your hip your GP and Consultant will discuss with you other ways to help to control the pain and restrictions you may have with an arthritic joint.

These may include :-

- *Use of painkillers*
- *Use of anti-inflammatory non-steroidal tablets*
- *Trying to reduce your weight, if you are overweight*
- *Physiotherapy*

In summary, a total hip replacement is recommended by your Consultant when hip pain becomes unbearable and has not responded to any other form of treatment and your lifestyle is greatly restricted.

What Can Be Expected From A Total Hip Replacement?

A total hip replacement will provide a large reduction in hip pain in 90% of patients. It will allow patients to carry out normal activities of daily living. The artificial hip may or may not allow you to return to active sports or heavy labour and you must be guided by your Consultant. Taking part in high impact activities and being overweight may speed up the wear and tear process, which could result in the artificial hip loosening and becoming painful. Your Consultant will advise you on what level of activity you can do.

Expected Activities After Surgery

The aim of surgery is for you to be able to resume your normal everyday activities without pain including climbing stairs and walking. It is also possible to participate in recreational walking, swimming, golf, driving, light hiking, cycling and ballroom dancing.

Activities not suitable include jogging or running, contact sports, jumping sports and high impact aerobics. The reasons for this are that the hip replacement will wear out more quickly or an injury involving the replacement may be difficult to treat.

What Complications Can Occur?

This section is not meant to frighten you, but help you to make an informed decision on whether to have a total hip replacement and help you to cope better with any complications that may occur. It is important that you understand that there are possible risks linked with any major operation and total hip replacement is no exception. Total hip replacement is 90% successful but a small percentage of patients may develop complications.

Illness, smoking and obesity may increase the potential for complication. Though uncommon, when these complications occur, they may delay or limit your full recovery.

Infection

The wound on your hip can become inflamed, painful and weep fluid, which may be caused by infection. The majority of wound infections can be treated with a course of antibiotics and often settle down following treatment. Deep wound infection where the new hip is infected may require the new hip to be removed, which can result in a one to three inch leg length shortening.

You can help prevent infections by keeping the wound clean and dry. The wound dressing should normally not be disturbed, and should only be redressed by your Nurse. You should also inform your Doctor if you develop an infection as you may need antibiotics. The risk of developing an infection following a hip replacement is approximately 1%.

Deep Vein Thrombosis (DVT)

This is the term used when a blood clot develops in the deep veins in the back of your lowerleg. When detected the treatment may involve blood thinning injections followed by a course of blood thinning tablets. There is a about a 4% risk of developing a DVT following surgery.

To help prevent DVT, you will be given foot and ankle exercises to do immediately after your operation. Walking and wearing thrombo-embolic deterrent stockings (TEDS) below the knee for **six weeks** following surgery also significantly reduces the risk of DVT. Nursing staff will also give you medications to reduce the risk of DVT.

Pulmonary Embolism (PE)

This can happen when a part of a blood clot formed in your leg vein breaks off and travels to your lung. The risk of developing a life threatening pulmonary embolism is very low. Treatment is the same as DVT but requires a longer hospital stay.

Foot Drop

This occurs when the nerves that control the muscles in the foot become stretched or damaged as a complication of your surgery and can leave you with a weakened or dropped foot. This complication is uncommon; only occurring in 1:1000 patients.

Difference in Leg Length

Your Consultant strives to give you equal leg length. However if arthritis or wear and tear has destroyed some of your bone this is not always possible and may cause your operated leg to become shorter. This may result in you needing to wear a raised shoe or insole.

Dislocation

This may happen in approximately 2% of patients. You will require an operation to put the hip back into the socket and it may be necessary to protect the hip by wearing a brace. It is important not to force the movement of your hip and avoid taking your hip to extreme positions.

Loosening of the Prosthesis

Although prosthesis design and materials, as well as surgical technique, have improved, wear of the weight-bearing surface or loosening of the components may still occur between 10-15 years after surgery. Excessive activity or being over-weight may accelerate this wearing process. Loose, painful artificial joints can usually, but not always be replaced. Results of a second operation are not always as good as the first, and the risks of complications are higher.

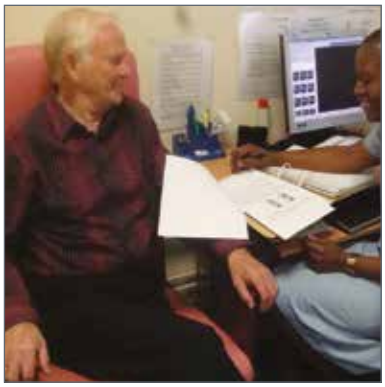
Pre-Admission Assessment

It is important that you are assessed prior to your surgery to reduce the risks as much as possible. Most people will have their first assessment for their fitness for surgery with the Pre-operative Nurse in a specialist pre-admission clinic. This will occur on the same day, or as soon as possible after you have seen the Orthopaedic Surgeon. If you are assessed as fit for surgery you will also receive a date for your operation at this time.

During your assessment, the Pre-operative Nurse will ask you about your general health, medical history, previous anaesthetics and if there were any problems. A record will be made of any family history of anaesthetic problems, medicines, pills, inhalers or homeopathic remedies that you use, allergies, smoking, alcohol and whether you have any loose, capped or crowned teeth.

You will have investigations, such as blood tests, a heart trace (ECG) and x-rays. This helps your Anaesthetist consider any medical problems, which may either effect the risks to yourself or the likelihood of complications from the anaesthetic or surgery.

The Pre-operative Nurse will give you time to ask questions about the possible complications and give advice and education on your activities following surgery. They will also give you questionnaires to complete, including one for the Occupational Therapist to identify the need for any equipment or help at home.



Your Coach

During pre-admission assessment we will ask if you can choose a coach – a friend or family member who will support you throughout your time leading up to surgery, during your time in hospital and once you get home after your operation. Please identify someone who can fulfil this role. It is important you have this support as it will help your rehabilitation.

Joint Replacement School

Approximately 4 weeks before your operation, you and your coach will attend the Joint Replacement School at the hospital. This is a unique and exciting day where you will have the opportunity to learn about your surgery. You will meet other people about to have their hip replaced. Hillingdon Hospital NHS Trust is one of the few centres in the country to offer this patient focused education. You are encouraged to to ask any questions you have, however simple you may feel they are. The joint replacement school normally lasts between 2 - 2½ hours.

PLEASE NOTE: The Joint replacement School is an essential part of your treatment and you may be refused surgery if you do not attend.

The Health Professionals you may meet at the Joint Replacement School

Physiotherapist

The Physiotherapist will show you exercises you will need to commence before your operation and give you walking aids to take home and practice walking.

Occupational Therapist (OT)

The Occupational Therapist (OT) will discuss with you how you will manage your daily activities following your operation.

The OT will speak to you individually during Joint Replacement School to discuss any equipment you may need to obtain to assist you during your recovery.

Please make sure you complete the OT questionnaire and furniture heights form and bring them with you to Joint School.

Anaesthetist

Anaesthetists are doctors who are responsible for giving your anaesthetic, controlling your pain and for your wellbeing and safety throughout your surgery. You will probably meet an Anaesthetist at the Joint Replacement School, where you will learn about the different anaesthetics you can have.

As there are a number of different ways in which you can be anaesthetised, you will learn about the different options. It is important you read the information about your anaesthetic in this booklet, so you have an idea of the preferred anaesthetic used at Hillingdon. (See 'Your Anaesthetic'). You will meet your Anaesthetist on the day of surgery and finalise the type of anaesthetic most appropriate for you and discuss any issues you would like to raise.

Ward Nurse

The Nurse will explain what to expect on your arrival at the hospital, things you need to bring with you for your stay and explain how you will go to theatre and return to the ward. The Nurse will talk to you about drips and drains you may have in place and x-rays taken after surgery. You will be told about MRSA and the importance of personal cleanliness prior to surgery.

During your hospital stay, a Nurse will escort you to theatre for your planned operation and care for you following your surgery. The Nurse will monitor your progress, check your wounds and care for you until discharge home. On discharge the Nurse will ensure that you have all necessary paperwork, dates for further appointments and all medications.

Your Anaesthetic

Both our experience and that of others has shown that a spinal anaesthetic is an excellent mode of anaesthesia to support your speedy recovery, rehabilitation and journey home. This is a type of 'regional anaesthetic'.

Regional Anaesthesia

This means you will be numb from the waist down (the 'region' anaesthetised) and feel no pain during the operation and you can also be asleep if you wish. It is different from a 'general' anaesthetic where you are unconscious with a breathing tube in your throat. There are two types of regional anaesthesia:

1. Spinal Anaesthetic

Local anaesthetic is injected near to the nerves in your lower back.

- You are numb from the waist downwards.
- You feel no pain, but you remain conscious.
- You can also have sedation, which makes you feel sleepy and relaxed or completely asleep.
- It will take 4-6 hours before normal movement in your legs returns.

Advantages – compared to a General Anaesthetic

- *You should have less sickness and drowsiness after the operation and may be able to eat and drink sooner.*
- *You will be able to sit out of bed and take some supervised steps on the same day as your operation.*
- *It helps to avoid blood clots in the legs and lungs.*
- *There may be less bleeding during surgery and you will be less likely to need a blood transfusion.*
- *You remain in full control of your breathing and you will breathe better in the first few hours after the operation, reducing the risk of chest infection.*
- *You do not need such strong pain relieving medicine in the first few hours after the operation.*

Because of the advantages spinal anaesthetic gives you, we recommend this type of anaesthesia for your operation.

2. Epidural Anaesthetic

A small plastic tube (an epidural catheter) is passed through a needle into a place near to the nerves in your back. You receive local anaesthetics and pain relief drugs through this tube, relieving pain and reducing all feeling in your lower body.

Although operations can be done with an epidural alone, it is more commonly used for:

- *Operations expected to be very long, for example, more than 3 hours.*
- *Operations expected to be particularly painful afterwards.*

For these operations, it is often combined with a spinal or a general anaesthetic.

Advantages

- *It can be topped up with more local anaesthetic, and therefore its effects can be made to last longer than a spinal anaesthetic.*
- *It can be used to make you comfortable for several days after the operation.*
- *It also has all the advantages of the spinal anaesthetic shown above.*

During a Regional Anaesthetic:

- *Your Anaesthetist will ask you to keep quite still while the injections are given.*
- *You may notice a warm tingling feeling as the anaesthetic begins to take effect.*
- *Your operation will only go ahead when you and your Anaesthetist are sure that the area is numb.*
- *If you are not having sedation you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation unless you want to.*
- *Your Anaesthetist is always near to you and you can speak to him or her whenever you want to.*
- *Sedation will allow you to sleep throughout the procedure.*

General Anaesthetic

Drugs produce a state of controlled unconsciousness during which you feel nothing. You will receive:

- *Anaesthetic drugs (an injection or a gas to breathe).*
- *Strong pain relief drugs (morphine or something similar).*
- *Oxygen to breathe.*
- *Sometimes a drug to relax your muscles.*

You will need a breathing tube in your throat to make sure that oxygen and anaesthetic gases can move easily into your lungs. If you have been given drugs that relax your muscles, you will not be able to breathe for yourself and a breathing machine (ventilator) will be used. When the operation is finished the anaesthetic is stopped and you regain consciousness.

Advantages

- *You will be unconscious during the operation.*

Disadvantages

- *A general anaesthetic alone does not provide pain relief after the operation. You will need strong pain relieving medicines afterwards, which make some people feel quite unwell and sick.*
- *Some patients may feel sick, nauseous, light headed or drowsy after their operation.*
- *This may prevent you from sitting out of bed soon after surgery and delay your mobilisation.*

Side Effects, Complications and Risks of Anaesthesia

Serious problems are uncommon but risk cannot be removed completely. Modern equipment, training and drugs have made anaesthesia a much safer procedure in recent years. Anaesthetists take a lot of care to avoid all the risks described in this booklet. Your Anaesthetist will be happy to give you more information about any of these risks and the precautions taken to avoid them.

People vary in how they interpret words and numbers

This scale is provided to help

Common and very common side effects

Pain around injection sites and general aches and pains. You may not be able to pass urine or you may wet the bed. This is because you are lying down, you may have pain and you may have received strong pain relieving drugs. A soft plastic tube may be put in your bladder (a catheter) to drain away the urine for a day or two. This is more common after spinal or epidural anaesthetics.

Spinal or epidural anaesthetics

You will not be able to move your legs properly for a while. If pain relieving drugs are given in your spinal or epidural, as well as local anaesthetic, you may feel itchy.

General anaesthetics

Sickness and sore throat – treated with anti sickness drugs and painkillers. Drowsiness, headache, shivering, blurred vision – may be treated with fluids or drugs. Difficulty breathing at first – this usually improves rapidly. Confusion and memory loss are common in older people, but are usually temporary.

Uncommon side effects and complications

All anaesthetics

Heart attack or stroke

General anaesthetics

Damage to teeth, lips and gums, chest infection, awareness (becoming conscious during a general anaesthetic).

Rare or very rare complications

All anaesthetics

Serious allergic reactions to drugs, damage to nerves (more common with spinals or epidurals), death.

General anaesthetics

Damage to eyes, vomit getting into your lungs.

Needles

A needle may be used to start your anaesthetic. If this worries you, you can ask to have a local anaesthetic cream put on your arm to numb the skin before you leave the ward. The ward Nurses should be able to do this.

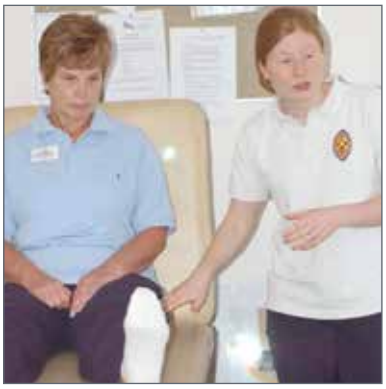
Things To Do Before Your Operation

Your Coach

Involve your coach as much as possible during your time leading up to your operation. They can be invaluable to you in organising your home and helping you with your exercises before your operation.

Exercises

It is important to do the recommended exercises leading up to your planned surgery as this will strengthen your muscles and help in the recovery period. These exercises will be shown to you at the Joint Replacement School. Having strong and fit muscles speeds your recovery and ultimately improves the outcome of your operation.



Diet

You will recover more quickly from surgery if you are healthy beforehand. Try to eat a healthy diet in the time leading up to your operation. It is quite common to experience constipation following your surgery. A healthy diet will reduce this risk. If you have any concerns about your diet, discuss them with your GP; you can be referred to a dietician if necessary. If you are overweight, it is very important to reduce your weight in preparation for your surgery. This will help to reduce any risks associated with anaesthetic and your new joint will last longer.

Smoking

Smoking cigarettes will compromise healing after any surgery and make you more prone to infection. Smoking also contributes to lung, heart and other medical problems. All of these make recovery much harder. This is because smoking reduces the amount of oxygen being delivered to the tissues, which is vital for the healing process. It is best to try and stop smoking, at least 2 weeks before surgery and 6 weeks after, to give time for the wound and tissues around the hip to heal.

Preparing Your Home

Remember, when you first go home after your operation you will not be fully mobile and may have some restrictions on what you are able to do. Think about the things you normally do and make some adaptations. For instance, if you keep your mugs, plates, etc. in a low cupboard, consider moving them to a more accessible place for a short while after your operation. If you have to cook for yourself, consider making or buying some ready meals that are easy to prepare when you come home. It is also wise to be up to date with household chores like cleaning and laundry. You won't be able to do these in the first few weeks after your operation. Involve your coach in making the necessary preparations.

What To Bring To Hospital

You will need your toiletries, nightclothes and some loose fitting, comfortable day clothes. You will get dressed in normal 'day' clothes when you are in hospital. T-shirts and shorts are practical when doing exercises. Bring flat supportive shoes that are adjustable as your feet may swell after your operation, trainers are ideal. Shoes without a back or with heels are not suitable for safety. If you wish, you can listen to music via your own headphones and music player during your operation.

When you come to the ward it is important that you bring all of your usual medications (in their original containers with their labels) with you and a copy of your prescription. You may bring a small amount of money but leave valuables, jewelry etc. at home. You may want to bring a few books or magazines. You may also want to bring packs of antiseptic hand wipes, which you can use every time you go to the toilet and also before and after meals.

Check List

Start your checklist to prepare for your hospital visit

REMEMBER...	COMPLETED
• *Toiletries - including hand wipes*	☐
• *T-Shirts and shorts or comfortable day clothes*	☐
• *Headphones or music - optional*	☐
• *Small change*	☐
• *Nightclothes*	☐
• *Flat supportive shoes with backs, velcro fastening trainers are ideal*	☐
• *Books, puzzles, magazines*	☐
• *Pack all medication in original containers*	☐
• *Ensure you have enough medication and will not run out*	☐
• *Remove loose rugs*	☐
• *Move furniture or other hazards*	☐
• *Move items regularly used to be easily accessible*	☐
• *Pack suitable clothing and toiletries*	☐
• *Arrange care for pets and family*	☐
• *Arrange discharge plans ie lift home*	☐
• *Prepare food and meals for your convenience once home*	☐
• *Freeze milk and bread for the first few days once home*	☐
• _____	☐
• _____	☐
• _____	☐

Medication

You must bring all your medication to hospital in sufficient supplies to last for your entire hospital stay. We expect this to be 4 days including your day of surgery but please bring an extra few days supply. Bring them in their original boxes and not in dosette boxes. You should make sure before you come into hospital that you have enough supplies for when you return home, remembering that you may have limited mobility to visit your GP or pharmacy. We will supply any painkillers or antibiotics that you may need in relation to your surgery. These drugs may all increase the risk of unpleasant constipation which can be avoided through a healthy diet as discussed earlier. You should inform your team if you feel you are getting constipated and they can prescribe appropriate medication.

The Day Before Surgery

The night before your admission, take a long hot soapy bath or shower, without using heavily scented brands and have an all-over scrub with a soft gentle brush or loofah. Clip your toe and finger nails (removing all nail polish) and wash your hair. Put on freshly laundered underwear. All this helps prevent unwanted bacteria coming into hospital with you and complicating your care.

On The Morning of Your Operation

Have Nothing To Eat Or Drink (Nil By Mouth or Fasting)

You will receive clear instructions about fasting. It is important to follow these or your surgery will be cancelled. Food and liquid in your stomach can be regurgitated and could damage your lungs. This includes chewing gum. Even if you are not having a general anaesthetic, you will still be asked to follow these instructions. But do eat and drink normally the day before surgery.

Take Your Normal Medication

If you are taking medicines, you should continue to take them as usual, unless a health professional has asked you not to. For example, if you take blood thinning drugs, drugs that reduce the risk of blood clots or drugs for diabetes or herbal remedies, you will receive specific instructions.

Arriving In Hospital

You will be given instructions on where to present yourself on the morning of surgery. You will be allocated a bed and a nurse will do some final paperwork. Once this is completed, you may have a long wait depending upon where you are on the theatre list and it would be advisable to bring something to read with you. A member of the orthopaedic and anaesthetic team will also see you, your operation site marked with a marker pen and a 'TED' stocking placed on your un-operated leg.

Anaesthetic Review

Your Anaesthetist will visit you before your operation. The Doctor will ask you again about your health and discuss the anaesthetic suitable for you, along with the advantages and risks of all options. This is a good time to ask questions and tell the Anaesthetist about any worries that you have.

The Day Of Surgery

The majority of patients are admitted to hospital on the morning of their surgery. However it may be necessary to admit you on the day prior to surgery. The Anaesthetist will make this decision and inform you.

Having A 'Pre-med' (Pre-Medication)

This is the name for drugs which are sometimes given before an anaesthetic. Some pre-meds prepare your body for the anaesthetic, for example, drugs to prevent sickness or to reduce the acid in your stomach. You can also ask for a drug which makes you feel drowsy and helps you relax. If you think that this kind of pre-med will help you, please ask your Anaesthetist. A pre-med is not usually necessary.

Glasses, Jewellery, Dentures

You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on. Jewellery and decorative piercing should be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.

The Operation

In The Anaesthetic Room

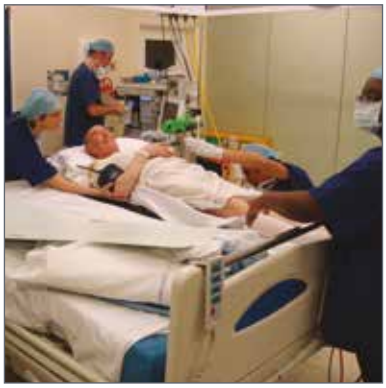
When it is the right time for your surgery, you will be taken on a bed to the anaesthetic room.

Several people will be in the anaesthetic room, including your Anaesthetist and an Anaesthetic Assistant. Equipment will measure your:

- *Heart rate - 3 sticky patches on your chest (electrocardiogram or ECG).*
- *Blood pressure – a cuff on your arm.*
- *Oxygen level in your blood – a clip on your finger (pulse oximeter).*
- *A needle is used to put a thin soft plastic tube (a cannula) into a vein in the back of your hand or arm. Drugs and fluids can be given through this cannula.*
- *If needles worry you, please tell your Anaesthetist. A needle cannot usually be avoided, but there are things he or she can do to help. Finally, the type of anaesthetic chosen will be given.*

During The Operation

You will then be wheeled into the operating room (theatre) and transferred onto the operating table and positioned. A number of people will be in the theatre to ensure your operation runs smoothly. All anaesthetics may cause changes in your heart rate, blood pressure and breathing. Your Anaesthetist may intentionally adjust these to control your response to surgery. Anaesthetic drugs are given continuously throughout surgery and are stopped when the operation ends. An anaesthetist will stay with you for the whole operation and watch your condition very closely, adjusting the anaesthetic as required. You may hear people talking, machines bleeping and surgical instruments making loud noises. These are all normal parts of your operation.

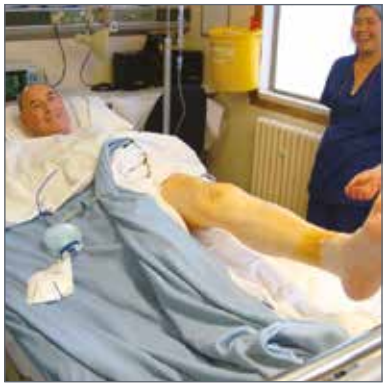


Blood Transfusion

You will lose blood during and briefly after your operation. Your body can normally cope with this and produces more blood over time to replace the lost amount. Occasionally, if you have lost more than your Doctor wishes, it may be replaced using a blood transfusion. Usually this is blood from a volunteer who has given blood to help others (a blood donor). A transfusion will not be recommended unless you have a significantly low blood count. Please ask your Surgeon or Anaesthetist if you would like to know more about blood transfusion and any alternatives there may be. It is now more common to collect your own blood that is lost during and after the operation via a drain the Surgeon places in your hip. This blood can be given back to you through your drip.

After The Operation

You will be taken to the recovery room, near the operating theatre and a recovery Nurse will look after you. You will not be left alone and there will be other patients in the same room. You may need to breathe oxygen through a mask and you will have a drip (a bag of fluid attached to your cannula which drips slowly into a vein). Your blood pressure, heart rate and oxygen level will be measured. If you have pain or sickness, the recovery Nurse will treat it promptly. If you have any pain at this stage, you must let the recovery Nurse know, as this is the best way your pain can be assessed and controlled.



You can start the exercises you will have been shown by the Physiotherapists on your non-operated leg straight away (you may not have any power or feeling in your operated leg). The recovery Nurse will help you bend your operated leg. When the recovery room staff are satisfied that you have recovered safely from your anaesthetic and your pain is controlled you will be taken back to the ward.

Pain and Pain Relief

Good pain relief is important and some people need more pain relief medicines than others. On return to the ward the Nurses will reassess the degree of pain you may have. Be honest with your answers. An assessment scale is used to measure your pain regularly. The Nurses will ask you to rate your pain at rest and on movement on a scale of 0 – 10, 0 meaning no pain and 10 being severe pain. You may also choose the word that best describes your pain: No Pain, Mild, Moderate, Severe, Worst Pain Ever.

A joint replacement is a big operation and everyone feels pain differently. The operation is designed to help manage your long term pain but it is normal for there to be pain after your operation for at least 3-6months, this will normally gradually reduce over this period but can last up to 1 year after the procedure.

WHAT YOU MAY RECEIVE

Tablets or Liquids to Swallow

These may be used alone or with other methods of pain relief, such as patient controlled analgesia (PCA), epidural or a nerve block, to boost its effect. Tablets take at least half an hour to work and you need to be able to eat and drink and not feel sick for these drugs to work.

Suppositories

Certain painkillers are effective when given as a suppository. These are placed in your back passage (rectum). They are useful if you cannot swallow or might vomit.

Injections

These are given into a vein for immediate effect, or into your leg or buttock muscle. Strong pain relieving drugs such as morphine or tramadol may be given by injection.

Patient Controlled Analgesia (PCA)

You may have a machine (pump) which allows you to control your own pain relief. This pump contains a syringe with a pain-killing drug, usually morphine. The syringe is connected to a drip in your forearm. You will be given a handset with a button on it. This handset is attached to the PCA pump. Pressing the button on the handset will activate the PCA pump. We programme the pump to allow you a small dose of painkiller every five minutes when the button is pressed.

If you are comfortable, do not press the button; it will increase the sickness and sleepiness. By this method we may not totally take your pain away, but we can certainly keep you comfortable.

Nerve Blocks And Epidurals

These can give effective pain relief for hours or days after the operation. When the sensation begins to return and numbness wears off, you must inform the Nurse who will give you suitable painkillers.

Occasionally, despite regular painkillers, you may experience stronger pain. This may occur during physiotherapy exercises or walking. You will have additional painkillers prescribed to help relieve this pain but you will need to ask your Nurse for these. It is important that you are comfortable enough to be able to comply with physiotherapy to prevent any delay in rehabilitation.

Side Effects

Pain relieving medicines can cause side effects. The most common are nausea, vomiting and constipation however there are medicines that can be given to alleviate these side effects.

It is important that you let the staff know if you have a tendency to constipation.

Good pain control helps you recover more quickly after your operation. It is important to let the Doctors or Nurses know if you are in pain. Do not wait to be asked and do not feel afraid of being a nuisance. If your pain is effectively controlled, post-operative complications are reduced. Good pain control will allow you to sleep better, helps your body heal more quickly and enables you to leave hospital sooner.

You can get more information about pain relief from:

- *The Nurses on the ward.*
- *Your Anaesthetist.*
- *The pain-relief team at the Hospital: a team of Nurses and Doctors who specialise in the relief of pain after surgery.*
- *Manufacturers' information leaflets for patients about any drug you are offered (your nurses should be able to give you these leaflets).*

After Your Operation

Back On The Ward

Following your operation and recovery, you will be taken in your bed to the ward where nursing staff will look after you for the rest of your time in hospital.

It is perfectly normal, in the initial stages of your recovery, to be connected to various pieces of equipment. These machines help the Nurses monitor your blood pressure and pulse, as well as giving you fluids and possibly painkilling medicines through a tube into your vein. You may have oxygen via a mask or small tubes into your nostrils.

Bandages over the wound on your hip will be looked at regularly and you may have a wound drain in your operated leg. This drain is normally removed within 24 hours of your surgery.

If you have had a spinal anaesthetic you may not be aware when you are passing urine - this is normal, the sensation will come back once the anaesthetic wears off (4 – 6 hours). occasionaly a urinary catheter is inserted on the ward to help you pass urine the catheter will be removed the following day.

There is a risk that you may feel nauseated following your surgery, especially if you have a general anaesthetic. It is important that you mention this to the Nursing staff as soon as possible so that they can give you something to help reduce this. The Nurses are there to reassure you, do not be afraid to ask them things you are not sure of.

Depending on the time of your operation, the staff will encourage you to start gentle exercises and may assist you to move from the bed to the armchair. Most patients will be able to walk on the same day of surgery. This early movement promotes good circulation and movement of your hip. Being in a more upright position will help reduce the risk of chest complications.

The Day After Your Operation - Day 1

You will have a blood sample taken to assess your blood loss. A nurse will help you with washing and dressing and you will sit out of bed for your breakfast. You will have an x-ray but you can still mobilise and do your exercises prior to this being done. You may not feel like eating much on this first day, but it is important that you drink, little and often. You can sit in a chair and can walk to the toilet.

The Physiotherapist will visit and practice the exercises you where shown in Joint School with you and begin walking with appropriate aid and guidance. If you have any drains they may be removed.

Exercises After Surgery

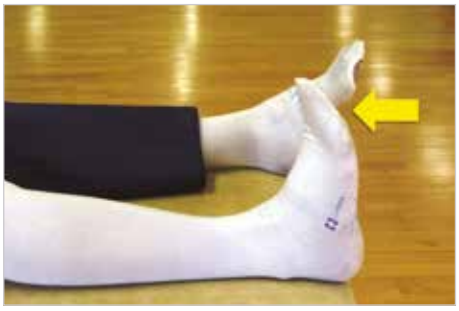
A Physiotherapist will show you how to walk, at first with a walking frame. You will also be helped with deep breathing and exercises for your circulation.

Exercises you should do

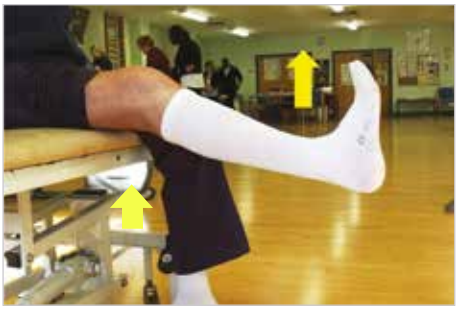
1. Take several deep breaths every hour

2. When lying or sitting, rotate both ankles in a clockwise and anti-clockwise direction.
   Repeat 10 times, at least 3 times a day.

3. When lying, bend and straighten your ankles briskly. Keep your knee straight during the exercise so that you will also stretch your calf muscles.
   Repeat 10 times, at least 3 times a day.



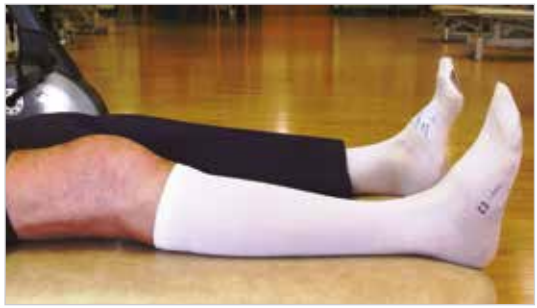
4. When sitting in the chair, pull your toes up, tighten your thigh muscles and straighten your knee. Hold for about 5 seconds and slowly relax your leg.
   Repeat 10 times, at least 3 times a day.



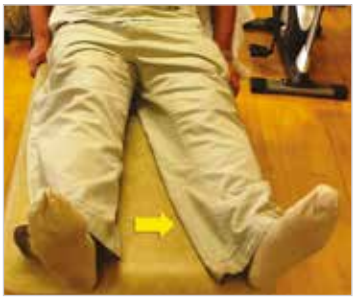
5. With your legs straight, pull your toes towards you and push your knees down firmly against the bed to tense the thigh muscles.Hold for five seconds and then relax.
Repeat 10 times at least 3 times a day.

6. Squeeze your buttock firmly together, hold for 5 seconds and relax.
Repeat 10 times, at least 3 times a day.

7. Lying on your back, bend and straighten your leg only as far as instructed.
Repeat 10 times, at least 3 times a day.



8. Lying on your back, slide your leg out sideways and bring it back keeping your trunk straight throughout the exercise. Keep your toes pointing towards the ceiling and do not twist your hip. *Repeat 10 times, at least 3 times a day.*



Your Physiotherapist will give you walking aids and teach you how to use them. You will probably start walking using a walking frame and progress to crutches or stick before you go home.

The walking sequence should be:

- *Move your walking aid*
- *Step forwards with your operated leg*
- *Step forwards with your unoperated leg*

From Day 2 Onwards (Continued Up To 6 Weeks After Surgery)

You will stand with the staff and go for a walk using a walking frame or elbow crutches, depending on your progress. You should continue with your exercises as taught to you on day one. Your mobility will be progressed daily.

Each day, with encouragement from the Nurses and Physiotherapists, you will become more independent. The Physiotherapist will show you how to negotiate stairs safely. You will also be shown how to do exercises to help strengthen your hip:

1. Lying on your back with your knees bent, squeeze your buttocks together and lift your bottom off the bed or floor. Return to the starting position.
   Repeat 10 times at least 3 times a day.


2. Holding onto a chair take your leg out sideways and then slowly return it. You can progress the exercise by holding your leg outwards for 5 seconds.
   Repeat 10 times at least 3 times a day.


3. Stand holding onto a chair, lift your leg out backwards. This can be progressed by holding your leg out backwards for 5 seconds.
   Repeat 10 times at least 3 times a day.

You will be reviewed by the Occupational Therapist to make sure you can manage with your daily activities at home.

Stairs

Going UP stairs

- First take a step up with your un-operated leg.
- Then take a step up with your operated leg.
- Then bring your crutch or stick up onto the step.
- Always go one step at a time.
- If there is a rail hold onto this with one hand and you will be shown how to hold your other crutch or stick.

Going DOWN stairs

- First put your crutch or stick one step down. Then take a step with your operated leg followed by your un-operated leg. Always go one step at a time.
- Do not discard your walking aid until instructed.

Discharge

You will be able to go home 3 days following your operation. This will happen only if you and the team looking after you think you are safe. Some people can go home sooner than this if they are deemed safe to do so.

Before you go home you will be given advice on any new tablets, such as painkillers and when to start any tablets that were stopped. If you are able to attend your GP practice, your practice Nurse can remove any clips and check your wound. You will need to make an appointment. If you cannot do this, we can arrange for a District Nurse to come to your home, this will be confirmed by a letter. You will be given a spare pair of TED stockings to take home with you.

Any equipment you will need at home will have been discussed by the Occupational Therapist at the Joint Replacement School so that this can be obtained prior to your admission.

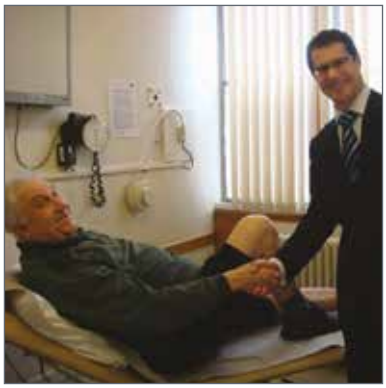
After your discharge, you will be telephoned at home by a Nurse, to assess your progress and answer any queries you might have.

You should continue to do your exercises at home. The usual advice is twice a day. In general, it is better to do them little and often rather than in one long session.

Follow Up

You will be referred to the Physiotherapy Outpatient Department for further rehabilitation 3 weeks after your operation to check your exercises and progress your walking aids.

You will also be seen by your Consultant at around the same time and followed up in the joint replacement clinic by a Nurse or Physiotherapist. If they have any concerns about your progress they will organise another consultation with your Consultant.



Exercises and Precautions Once You are At Home

Precautions

If after discharge your hip becomes excessively swollen, red, weeping fluid or unduly painful, please contact the ward Sister, on one of the numbers listed at the end of this booklet.

Exercises

To ensure the best possible outcome from your surgery it is vital that you continue to practise your exercises regularly. You do not have to wait for the physiotherapist to complete these.

Sleeping

Sleep however you feel comfortable, this may be on your front, back or side. You are allowed to sleep on the side of your operated hip as long as this is comfortable.

Getting In and Out Of Bed

Have a high bed if possible. If your bed at home is low, this will have been identified by the Occupational Therapist before your admission to hospital and may have been raised using appropriate equipment.

Sitting On A Chair Or Toilet

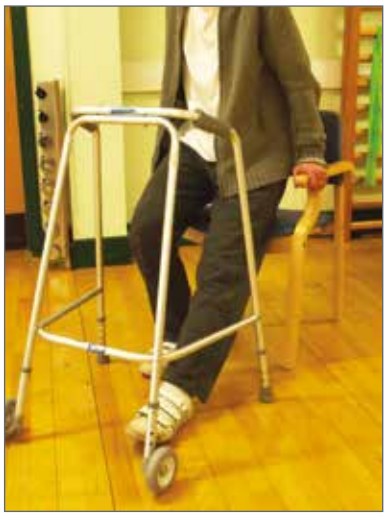
If necessary the OT will have provided equipment to raise your chair, bed and toilet seat before you come into hospital for your operation. If your chair or toilet are low, you will be assessed by the OT at joint school to see if you require a chair, bed or toilet raise.

When sitting down:

1. Make sure you can feel the chair or toilet behind both legs.

2. Reach your hands back for the arms of the chair.

3. Lower your bottom to the chair or seat.



Toilet paper should be situated beside or in front of the toilet and not behind, to prevent you from twisting or bending too far.

Kitchen Activities

You may find the following tips useful to help you in the kitchen when you have had your operation.

- *Put the items that you use every day on higher shelves but not so high that you have to stretch for things beyond your reach.*
- *Be careful carrying things around the kitchen when walking with sticks. Slide items along the work surfaces or use a trolley (this may be supplied).*
- *You can use a 'helping hand' to pick up light objects from a low level. Ask the OT where you can obtain long handled aids prior to your operation.*

Bathing And Showering

Do not sit down in the bath for three months following surgery due to difficulties getting up from a sitting position and risk of falls.

In the shower, consider using a long handled sponge, loofah or brush to wash your lower legs and feet. Do not bend down to your feet.

Household Activities

You may find the following tips using following your hip surgery.

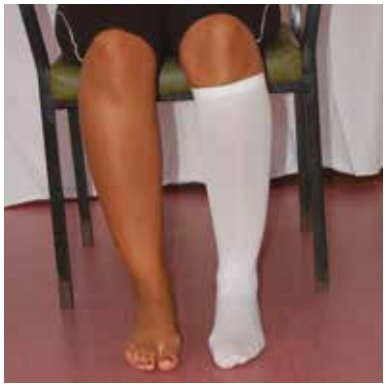
- *Do not bend to use low electrical sockets – leave appliances plugged in where you can*
- *Be careful hanging washing out to dry. Do not put the washing basket on the ground or floor. Put it on a garden chair or table near to the washing line*
- *Be careful when picking up the post or newspapers, feeding household pets, picking up your shoes or items from the floor. Use your helping hand*

Dressing Your Lower Half

You should get dressed on a suitable chair or on the edge of your bed. Take most of your garments over your head where possible. Please ensure you dress the operate leg first.

Anti-Embolic (TED) Stockings

On the ward you will be supplied with, and taught the correct way to put on your anti-embolism stockings, you must wear these stockings 24 hours a day **for six weeks.** Remove the stockings daily to check your skin to ensure there is no soreness or abrasions. You may remove them to bathe, and to have them washed, but it is important not to leave them off for any longer than 30 minutes in 24 hours. Please keep them wrinkle free as wrinkles may cause problems. You may wash your stockings either by hand or washing machine at 40ºC and allow them to dry naturally. Please note Social Services will not provide help to put stockings on and off. You will need to arrange help before you come into hospital.



Driving

Driving is permissible when you can sit comfortably in the car and when your muscle control provides adequate reaction time for braking and acceleration. Most individuals resume driving about 6 weeks after surgery. Please always check with your insurance company before starting to drive, otherwise you may not be adequately covered in the event of an accident.

Sport

After 6 weeks you can return to certain sports. Please speak to your Physiotherapist or Consultant for further advice.

Flying

Please check with your consultant when you will be able to fly - following your procedure.

Getting In To A Car

Particular care needs to be taken especially if the car seat is low. Have the seat as far back as possible and angled so that it is partially reclined. If possible, get in to the car directly from the drive or road rather than the curb or pavement. You may need a cushion to make the seat higher. Ensure the car door is held steady and approach the doorway and seat bottom first.

1. Place your right hand on the side of the windscreen and your left hand on the seat back.
2. Gently lower yourself down keeping your operated leg straight and out in front of you.
3. Slide back over the seat until your bottom reaches the handbrake.
4. Then lift both legs in together as your body turns to sit upright in the seat (you may need someone to help).



You may find that using a carrier bag on the seat helps you to turn smoothly. Make sure that you remove the carrier bag prior to the car moving. Keep your operated leg out straight in front of you whilst you are in the car.

Getting Out Of A Car

Reverse the above. Only make short journeys of up to 30 minutes for the first 6 weeks.

Sexual Intercourse

In the absence of pain, or advice to the contrary from your consultant, sexual activity may resume when you feel able. If you have any concerns feel free to discuss them with your Occupational Therapist.

Basic Precautions

Hip precautions are no longer a routine recommendation for patients having a Total Hip Replacement

Previously hip precautions have been advised following a hip replacement to reduce the risk of dislocation. These were a set of precautions restricting particular movements and activities for 6 weeks. Following a review of the evidence we are now no longer making these recommendations.

Removing hip precautions has been shown to increase recovery rates and increase patient satisfaction without increasing the risk of post-operative complications.*

What this means for me:

- *You can move in any way you find comfortable, however do not force movement and avoid taking your hip to extreme positions.*
- *You are allowed to lie on either side following your hip replacement.*
- *You are not allowed to drive until at least 6 weeks after your operation after being cleared by your consultant or GP. You should contact your insurer to let them know you are returning to drive.*
- *You do not need special adaptations to the furniture or toilets as standard. You will be assessed after your operation and if you need any additional help i.e. chair raises and raised toilet seats, we will still provide them.*
- *You will be provided with sticks or elbow crutches to help with your mobility, the physiotherapists can help advise you when to wean off of these in your post-op sessions.*
- *In some circumstances you may be prescribed hip precautions due to individual factors relating to your surgery. This does not mean that anything has gone wrong, just that we would like to protect the new joint a bit more over the next few weeks. This will be clearly explained and documented for you.*

If you have any comments or questions please contact us at any time and we would be happy to clarify anything for you.

**evidence and further information available on request.*

Reminders

- *Loss of appetite is common for several weeks after surgery. A balanced diet is important to promote proper tissue healing and restore muscle strength.*
- *Do not stand for prolonged periods as this may cause your leg to swell. When you are sitting or lying down, keep your leg raised by resting your foot and ankle on a low stool, low chair or pillow until the swelling subsides. It is important to continue your foot and ankle exercises whilst you are resting.*
- *Contact your GP at once if you develop an infection anywhere in or on your body as it is essential to have it treated. Inform staff that you have had a joint replacement before any invasive treatment, e.g. Dentist.*

The following are important for the first 6 weeks.

DON'T's

- *Do not wear back-less shoes or slippers, e.g. mules or flip flops*

DO's

- *Do take small steps when turning round*
- *Do continue the exercises shown by the physiotherapist for up to 1 year*
- *Do use your walking aid for as long as recommended*
- *Do go for regular walks when you go home and try to increase the distance a little each day*
- *Do watch your weight. Being overweight puts an unnecessary strain on your new hip*
- *Do contact your GP at once if you develop an infection anywhere in or on your body as it is essential to have it treated*
- *Do inform staff that you have had a joint replacement before any invasive treatment, e.g. Dentist*

Exercises At 4 – 6 Weeks After Surgery

People who are more active may want to try the following exercises at around 4 - 6wks:

1. Lying on your unoperated side, keeping the lower leg bent for balance. Lift the operated leg straight up. *Repeat 10 times at least 3 times a day.*

2. Lying face down, with your knee slightly bent, lift your foot towards the ceiling. This exercise can be made easier by further flexing your lifted knee. Alternate this exercise to work both legs. *Repeat 10 times at least 3 times a day.*

At 6 Weeks After Surgery

You may be seen in the physiotherapy outpatient department to check on your progress. Your consultant or his team in outpatients will also review you.

Falls Prevention Advice

1. Consider removing loose rugs and matting. Alternatively, they can be secured to the floor by slip-resistant grips.
2. Ensure there are no trailing cables within your home e.g. from electrical appliances or the telephone.
3. Ensure you have a night light next to your bed so you can make your way to the toilet safely at night.
4. Ensure there is sufficient room to manoeuvre around the room with your walking aids. If necessary, consider removing excess furniture or ornaments.
5. Cordless telephones are useful, as they can be taken from room to room. They avoid you rushing to get to the telephone and provide you with an accessible means of contacting someone in an emergency.
6. Auto-dial alarms, which can be worn as a bracelet around your wrist or on a pendant, can be useful. This will enable you to call for assistance if you have a fall. Please contact TelecareLine service for more information (see page 39).

Returning of Issued Equipment

Items issued on equipment should not be returned, only items loaned from the ward need to be returned.

Useful Contact Numbers

The Hillingdon Hospital

Pield Heath Road, Middlesex, UB8 3NN
Main Switchboard: 01895-23-82-82

Mount Vernon Hospital

Rickmansworth Road, Northwood, HA6 2RN
Main Switchboard: 01923-826-111

Hillingdon Hospital Wards

Kennedy – 01895-279-502

Jersey – 01895-279-505

Hayes – 01895-279-508

Mount Vernon Hospital Wards

Trinity – 01923-844-345

Therapy Office:

Hillingdon – 01895 279484

Mount Vernon – 01923 844330

Patient Advice and Liaison Service (PALS)

01895 279973
A supportive service, providing advice, information and offering help to patients, carers and relatives.

Discharge coordinator for surgery (8am – 4pm only)

01895-279-531 (answer phone) or
bleep 407 (requested through Hillingdon Hospital switchboard)

Pre Assessment Clinic (Hillingdon Hospital)

01895-279-498

Admissions Office (Hillingdon Hospital)

Only for enquiries regarding your operation date – 01895-279-301

Urgent Queries after 5pm and on weekends

Contact the ward you were staying on

Useful Organisations

Medequip

Medequip Assistive Technology Ltd,
Unit 2, Summit Centre, Skyport Drive, Harmondsworth, West Drayton, Middlesex, UB7 0LJ,

Tel: 0208 750 1580

Fax: 0208 759 2345

www.medequipuk.com

Your equipment supplier

Age UK

63a High St,Uxbridge, UB8 1JP

Tel: 01895 231841

Tel: 01895 238593

www.ageukhillingdon.org.uk

The Arthritis Research Campaign

Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, S41 7TD

Tel: 0870 850 5000

www.arthritisresearchuk.org

Funds research and produces a free range of leaflets and information booklets.

Arthritis Care

18 Stephenson Way, London, NW1 2HD

Tel: 0207 380 6500

www.arthritiscare.org.uk

Offers self-help support and a range of leaflets on arthritis.

Patients Association

PO Box 935, Harrow, Middlesex, HA1 3YJ

Tel Helpline: 0845 608 4455

www.patients-association.com

Provides a helpline, information and advisory service. It also campaigns for a better health care service for patients.

Orthopaedic Research UK -

At Orthopaedic Research UK, patients are at the heart of all we do. We provide high quality education, training and research with an aim to increase mobility and enhance the quality of life for millions of patients, as well as their carers and loved ones; we are the voice of bone and joint health in the UK.

Tel: 020 7637 5789

www.oruk.org

e. info@oruk.org

Internet Sites

- The Hillingdon Hospital ..... *www.thh.nhs.uk*
- Royal College of Anaesthetists ..... *www.youranaesthetic.info*
- European Society of Anaesthesia and Pain Management *www.postoppain.org*
- The Arthritis Research Campaign ..... *www.arthritisresearchuk.org*
- Best Treatments ..... *www.besttreatments.co.uk*
- National Institute for Clinical Excellence ..... *www.nice.org.uk*
- NHS Direct Health ..... *www.nhsdirect.nhs.uk*

Data Protection and the use of Patient Information

This Trust has developed a policy in accordance with the Data Protection Act 1998 and the Human Rights Act 1998. All of our staff respect these policies and confidentiality is adhered to at all times.

www.dataprotection.gov.uk

All patient leaflets are regularly reviewed and any suggestions you may have as to how they may be improved would be valuable. Please contact the Communications Department via Hillingdon Hospital Switchboard.

Disclaimer

The Hillingdon Hospital NHS Trust ('THH') has taken all reasonable care to ensure that this booklet is accurate on the stated date of publication. However, THH assume no responsibility or liability for any injury, loss or damage incurred as a result of any use or reliance upon the information and material contained within this booklet and is unable to provide any warranty concerning the accuracy or completeness of any information contained herein.

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This booklet and the Rapid Recovery Program is kindly supported by Biomet Ltd.

Notes

Notes

Notes

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The Hillingdon Hospital NHS
NHS Foundation Trust

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