

TOTAL HIP REPLACEMENT

Information Leaflet

Introduction

The information given within this booklet is to increase your understanding of your hip replacement surgery and how you can play an active part in your recovery after your hip replacement. We use an Enhanced Recovery after Surgery Programme for our hip replacement patients.

What is a hip replacement?

A hip replacement is an operation in which the damaged surfaces of the hip joint are removed and replaced with an artificial joint.

It is done through an incision on the side of your hip. The length of this incision will vary between patients.

Total Hip Replacements are made up of several parts: a ball on a stem which fits into the top end of the thigh-bone and a socket which fits onto your pelvis. These components are implanted soundly into your bone.

Over 90,000 hip replacements were performed in the UK in 2016 (National Joint Registry Report published 2017)

Are there different types of hip replacement?

Yes there are, but the majority of patients undergoing hip replacement surgery do well with standard implants. Depending on the implant these are held in place with or without bone cement. The standard joint surface is made of a metal ball moving on a plastic lined socket. There are alternative joint surfaces available which include the use of ceramic for one or both sides of the joint surface. This will have been discussed with you at the time of listing.

Why do I need a hip replacement?

The main reason to have a total hip replacement is to improve pain from the hip caused by arthritis which has significantly affected a person's quality of life.

The condition of your hip joint and symptoms of pain are now at a level that hip replacement surgery would be appropriate.

There are many reasons why your hip has deteriorated. If you are in any doubt about the cause, ask the surgeon to clarify this point with you. It also allows better mobility as a result of the pain relief.

Will the operation definitely make my hip better?

We can never guarantee the result of any operation. Most people are delighted with the results following hip replacement, especially where pain was the main symptom before operation. However, the replacement will not give you a hip like it was when you were younger. So occasional aches in your hip, buttock or thigh are normal following replacement.

How do I decide if I should have a hip replacement?

The options for treatment of your painful hip will be discussed with you after your assessment in the Orthopaedic Out-patient clinic.

If it is felt that you may benefit from hip replacement surgery, the operation will be explained to you in more detail. This will include the recovery and potential risks of surgery.

You will have the opportunity to ask any questions that you may have about the options. You should be happy that the decision is right for you. This might mean that you don't decide at that time of your clinic appointment but take more time to consider your decision and return to the clinic at a later date once you have reached a decision.

How long does a hip replacement last?

In general 9 out of 10 total hip replacements will last around 10 to 15 years, but it is not possible to say how long a hip replacement will last for each person. They can fail at any stage from the moment they are put in. There are many reasons why a hip replacement may fail. Depending on the reasons why the hip replacement has failed it may mean needing one or more further operations.

What is an Enhanced Recovery Programme?

An Enhanced Recovery after Surgery Programme (ERAS) is an approach used to help patients recover more quickly after surgery. It includes a pre-operative education class and early mobilisation. The patient takes an active part in the programme. It can help to shorten length of stay in hospital, help earlier recovery and reduce post-operative complications.

Will I be asleep for the operation?

Your anaesthetist will discuss your anaesthetic with you when you are admitted to hospital. Hip replacements are often done using a spinal anaesthetic. This makes the legs numb. You would not be asleep with a spinal anaesthetic but you could have further medication to help with this. Sometimes a spinal anaesthetic cannot be done and if you are fit for a general anaesthetic then this could be done. If you do have a general anaesthetic you would be asleep. Your anaesthetist will explain to you the safest and most appropriate option for you when they see you, usually on the morning of your operation.

Before The Operation

Pre-operative assessment

You will be asked to attend a Pre-operative Assessment Clinic. There, you will be medically assessed to ensure you are fit for the operation. Sometimes the pre-operative assessment will identify a problem which needs to be improved before surgery can be done. This is to help your recovery after the operation and keep the risks of surgery to a minimum. If this is the case it might delay the timing of your operation. It might mean that you will need to see your GP or be referred to another specialist first to make sure that you are as fit as possible.

At your pre-operative assessment you will also be asked to consent to allow us to submit details of your operation to the National Joint Registry. This will be explained to you at the time.

Your pre-operative assessment will include seeing a Physiotherapist and an Occupational Therapist. They will explain how you will be mobilised after the operation, and measure you so that the appropriate furniture and aids can be ordered for when you are discharged. They will also explain how to get around some of the everyday activities, which may be difficult after your operation.

Admission to hospital

You will normally be admitted onto ward D5 on the day of your operation.

A letter will be sent to you which will tell you what day and time to arrive at the hospital. The letter will also tell you what time you need to fast/starve yourself from to be ready for your surgery.

On the admission ward you will be seen by the anaesthetist, consultant, doctors and nurses before your operation.

If you develop any infection just before your operation (including cold, sore throat, skin infection or water infection) or you have developed a problem with your skin (including scratch graze or insect bite) please contact the Pre-Operative Assessment Team immediately. Your operation may need to be delayed if this has happened. Please do not wait until you come in to tell us.

After The Operation

After your operation you will go into theatre recovery where the theatre staff will monitor you closely. You will then go to the Elective Orthopaedic Unit where you will stay until discharge.

Elective Orthopaedic Unit

Whilst on the Elective Orthopaedic Unit you will be cared for by a multidisciplinary team. This team will include your surgeon's team, nursing staff, physiotherapists and occupational therapists.

Please bring some day time clothes for you to wear for your hospital stay.

What will it be like afterwards?

When you leave theatre you will have a triangular pillow between your legs and a dressing over the wound. Any discomfort you feel will be relieved with painkillers. These are usually given by mouth. You will be prescribed regular pain relief and will be able to have additional pain relief if required.

Eating and drinking

You will be encouraged to drink water as soon as you come back to the ward and a light diet will be introduced as soon as you are able to sit up. We encourage you hydrate yourself throughout your hospital stay as this will help with your recovery.

Will I need physiotherapy?

Yes. Physiotherapy is very important. You will be mobilised either on the day of surgery or the next day. The physiotherapists will get you up and walking. You will get a much better result from your new hip if you do the exercises the physiotherapists show you. It is unlikely that you will need physiotherapy once you go home, but this will be arranged if it is felt necessary.

How Long Will I be in Hospital?

Most patients have safely gone home by the 3rd or 4th day after the operation. Every patient is different and some may be in hospital for a shorter or longer time.

Going Home

You will be allowed to go home in a car, but you are advised not to attempt to get in or out of a car for 6 weeks after the operation to allow the tissues to heal properly.

Will I need any equipment after my operation?

Yes, as part of your pre-operative assessment before you are admitted the occupational therapists and physiotherapists will perform further assessments:

- ☐ Measurement of your leg length to establish the correct height for you to sit after surgery.
- ☐ Assessment of your furniture at home (according to the measurement sheet returned) to see if the furniture needs to be raised, or you require equipment to be supplied from the home equipment store.
- ☐ Demonstration of how to use the equipment and the aids.
- ☐ Request the home equipment store for the equipment to be delivered and fitted in your home.
- ☐ Discuss how you will manage at home after surgery and recommend home help from social services if necessary.
- ☐ Recommend that you bring into hospital day clothes and the helping hand and long shoe horn if they have been supplied.

What exercises can I do after my operation?

Walking is the best form of exercise early on. After 6 weeks, you may also be able to consider using an exercise bike gently and use a cross-trainer machine. Rowing machines are not recommended. Swimming is also permitted, and this includes breaststroke.

Long term, it would be advisable to avoid contact sports and high impact exercise such as running. If you have a particular activity you wish to pursue, ask your surgeon about it before commencing.

What movements can I do after my replacement?

To prevent harmful movements causing undue strain to your new hip, the surgeons will advise that you observe the following precautions for a period of **three months** after your operation:

- Do not bend the operated leg up too far (no more than a right angle).
- Do not sit on anything lower than your knee height.
- Do not lean forward from the waist or let the hands go below the knees (when picking things up from the floor use the helping hand, and when putting on shoes/socks use the long handled shoe horn and sock aid).
- Do not twist the operated leg inwards when turning but use small steps to turn around when walking.
- Do not attempt to get in or out of the bath. Methods of bathing will be shown to you while in hospital.

Will I be seen after discharge from hospital?

You will usually be seen again 6 weeks and 3 months after your operation to assess your progress. This may be in your surgeon's clinic or at the dedicated Arthroplasty follow up clinic, which is staffed by trained physiotherapists.

In the longer term follow up would be planned for 1 year. Follow up after that will depend on your progress.

It is possible that the National Joint Registry, which holds details of all the joint replacements performed in the UK, may also contact you. You would only be contacted by them if you have consented to do so prior to your operation. This will be discussed at the pre-assessment clinic.

What am I allowed to do after a hip replacement?

When can sleep on my side? You should try to sleep on your back for the first 6 to 12 weeks. After that you can sleep on your side. It is safer to sleep on your operated side. The nurses will show you how to turn in bed onto your operated side and over onto your stomach, to take pressure off your bottom. If you turn onto the opposite side you will put the operated hip at risk.

When can I stop wearing the support stockings, if supplied? Support stockings are not routinely used. If you do have them you will be advised by the nursing staff, or consult your own doctor if you are worried about this.

When can I stop using a raised toilet seat? Three months after the operation.

When can I cross my legs again? Never. If you cross your legs, you put yourself at risk of dislocation.

When can I walk without walking sticks? The physiotherapist will advise you on the right walking aid, (e.g. either crutches or sticks). Use these for six weeks, then gradually wean yourself onto one stick or crutch which you will use in the opposite hand to the operated leg. If supplied with a trolley you will be shown how to walk with the trolley' and one crutch or stick to enable you to carry items around.

When can I have a bath? Not until after three months. You are advised to strip wash unless you have a cubicle shower. A shower board will be demonstrated if appropriate. You must not sit in the bath. Long handled washing aids can be purchased from the occupational therapy department.

When can I kneel again? Six weeks after the operation. Kneel on the knee of your operated leg first. Remember to keep your hip straight, and get help or use furniture to lower and raise yourself from your knees.

When can I sit on a low chair? It is recommended that you never sit on a low chair. However if there is no alternative, lean slightly backwards when you sit and keep your legs apart.

When can I start having sex again? Take care for the first six weeks after the operation and don't be too acrobatic. It is best if you are on the bottom with your partner on top. Do not bend the operated hip up beyond 90° although it is unlikely that you will dislocate it if your legs are apart.

Can I cut my toenails? Do not attempt to bend down to your feet until after three months, and even then do it very cautiously. It is recommended to go to the chiropodist until you feel that you can bend down safely again.

Work, Sport, Hobbies and Travel

When can I go back to work? This will depend on your occupation. In general, for sedentary jobs, a minimum of 6 weeks is needed, but with more strenuous jobs, it may be at least 3 months before it is possible to return. If your job is a particularly heavy one it may be advisable to change to a lighter one.

When I can drive a car? You will not be able to drive for at least 6 weeks. If you have an automatic car, and it is your left hip that is replaced, you may drive at that time. Patients with manual cars may find that repetitive clutch action makes the hip sore, and it may delay driving. No matter what type of car you have, if your right hip has been replaced, you will need to be able to do an emergency stop before setting out on the road. We suggest that at 6 weeks, you can sit in the driver's seat, with the engine off and the car parked, and test the strength and pain in your hip while performing this manoeuvre.

Can I ride a bicycle or an exercise bike? You should be able to ride a bicycle after six weeks, but consult your surgeon. If you are allowed to ride, take care getting on and off, put the seat up as high as possible to limit the degree of bend in the hip, and don't fall off!

Can I do gardening? Yes, six weeks after the operation. However, remember to keep your hip straight. Use long tools and a kneeling stool if possible.

When can I go swimming? It is safe to swim six weeks after the operation.

Can I go on a walking holiday? Yes, of course. But wait until three months after the operation and take a walking stick or walking pole with you. Take care on rough, irregular ground and only carry a light rucksack.

Can I fly or travel by bus, train or coach? You should be able to go away within the UK 6 weeks following discharge from hospital, providing any long journey is appropriately broken. Flying immediately after lower limb surgery is associated with an increased risk of deep vein thrombosis (see section – “What can go wrong?”). Although no fixed guidelines exist we recommend that you should not fly for 3 months following a hip replacement. Whichever way you travel, try to ensure that you have lots of leg room so that you do not put the hip at risk of bending more than a right angle.

Will I set off the security alarms at the airport? Not usually, but it depends on how much metal there is inside you.

Can I return to sport? If you are used to playing a sport which is not too energetic you may be able to return to it after three months. Keep to the gentler sports such as golf, bowls or gentle tennis. Avoid contact sport.

What can go wrong?

When you are first seen in the Orthopaedic Out-patient clinic the options for treating your hip will be discussed. This will include surgical treatment and non-surgical treatment options. The operation will be explained and this will include the risks of it. This will help you to decide if you wish to have your hip replaced.

Most have a hip replacement without having any problems.

Some patients have difficulties or complications, and some of these complications can be serious. All major operations can pose a risk to your general health with problems such as chest infections, heart attacks and strokes occasionally occurring afterwards.

The risks of the operation should be borne in mind when deciding whether to have your replacement performed.

Anaesthetic: Problems can occur related to your general health and the anaesthetic. The majority of potential problems will be picked up at the pre-assessment clinic. Your anaesthetist will be able to discuss this further with you.

Bleeding: Some bleeding will always occur during the operation. There may be some localised bruising and swelling in the leg which should not cause concern. Rarely more severe bleeding occurs into the hip making it swollen and uncomfortable, this usually settles with time.

Blood Transfusion: It is uncommon to require a blood transfusion after a hip replacement. The blood count will always drop after the surgery but with time the body will restore this. If you need a blood transfusion this will be discussed with you.

Urinary retention: Some patients find it difficult to pass urine after the operation. A tube (catheter) may need to be passed into the bladder for a day or two.

Deep vein thrombosis and Pulmonary Embolism: A deep vein thrombosis can occur in anyone under going lower limb surgery. If a blood clot travels to the lung to cause a Pulmonary Embolism this can be more serious. The risk for both of these complications is greater if you have had one before or you are on hormone replacement therapy (which should be stopped 6 weeks before operation). Treatment usually involves taking medication to thin your blood (to make the blood clot less easily) for several months.

Nerve and Blood Vessel problems: These are uncommon complication. Occasionally after a hip replacement there may be problems with the function of nerves. This might cause symptoms including numbness, pins and needles or weakness. If this happens the nerve may recover with time,

Infection: A little redness around the wound is not uncommon and, occasionally, is caused by infection that is treated with a short course of antibiotics. Even though great care is taken, deep infection around the new joint occurs in approximately 1 in 100 replacements. This is difficult to treat and may require further extensive surgery.

Wear and loosening: Your hip replacement may eventually wear out or become loose. It may begin to feel uncomfortable and unstable. If this happens following discharge from the clinic you should ask your GP to refer you back to your surgeon.

Dislocation: The ball and socket of the hip replacement are not physically linked together. They are held in place by the very strong muscles that cross the hip joint. The hip can, therefore, dislocate if the muscles go weak as can happen as you get older. It can also dislocate if it is put into any extremes of movement, which means it is important to follow the advice given in this leaflet and by the occupational therapists / physiotherapists.

Leg Length Difference: Following a hip replacement, one leg may feel longer. It is not always the case that this there is a real difference because the leg may have shortened before the surgery. If there is a difference this can often be addressed with a heel raise

What do I do if I have a problem after my operation?

Following discharge you should contact the hospital or your GP who will assess your hip and take appropriate action depending on the problem.

If you still have any questions please ask your surgeon.

Our smoke free policy

As per the smoke free law, smoking is not allowed by anyone anywhere on the hospital site. For further information, please read the patient information leaflet 'Policy on Smoke Free NHS Premises'.

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