NHS
Royal Cornwall Hospitals
NHS Trust

Total hip replacement

A guide for patients

Your details

Name: .....

Consultant: .....

Please bring this journal with you to all hospital appointments. It will help with your recovery and provide us with valuable feedback.

If at any stage you no longer wish to proceed with your operation, please let the hospital know as soon as possible.

Forms to complete

- National Joint Registry form
- Occupational Therapy form
- The Friends and Family Test
- PROMS / My Clinical Outcomes

Contents

Useful telephone numbers

St Michael's ward (Admissions)	01736 75 8897 / 8946
St Michael's Pre-assessment	01736 75 8975
St. Joseph's ward	01736 75 8812
SMH Occupational Therapy	01736 75 8887
SMH Physiotherapy	01736 75 8807
RCH Treliske switchboard	01872 250000
Theatre Direct ward	01872 253921
RCHT pre-assessment	01872 25 2154
RCHT Physiotherapy	01872 25 2885
RCHT occupational therapy	01872 25 2885

For you to note when you have:

Date for Pre-admission clinic	__ / __ / __
Date to attend Joint School	__ / __ / __
Date of Surgery	__ / __ / __

- ◯ Completed your Occupational Therapy Form
- ◯ Signed and dated consent form
- ◯ Completed your National Joint Registry Form
- ◯ Registered for My Clinical Outcomes

Introduction

This booklet will guide you through what you need to know regarding your up and coming total hip replacement. Your hip surgery is more likely to be successful and your risks of complications less, if you are in optimal health and fitness. Our Pre-admission clinic will assess and advise you on how you can optimise your health prior to your surgery. This may involve you having to make lifestyle changes or organising further tests and treatment before your operation can proceed safely.

It is important to attend 'Joint School' within the four weeks prior to surgery. It has been designed to offer you appropriate advice to ensure you get the most out of your hip replacement. You will be admitted on the day of your procedure and we aim to have you stood up on the same day after your surgery. We aim to discharge you home safely within three days.

In the UK, all joint replacements are registered with the National Joint Registry. Please read the information provided and consent to your details being collected to enable us to continue to improve patient safety and help surgeons choose the best performing implants in the future.

Please read the RCHT Total Hip Replacement consent form which explains the immediate and long term risks of surgery.

We would like to monitor how well your new hip serves you in the future without you having to visit a hospital for a check up. This is made possible by online reporting through the internet. 'My Clinical Outcomes' is a Patient Recorded Outcome Measure (PROMs), which will help us monitor your long term progress. Please register with this website so that we can track how you are doing.

This book will guide you through the process, so please do read it and share it with family and carers. Write any questions you want to discuss and bring it to all your appointments. Work together with us and it will help you get the best outcome!

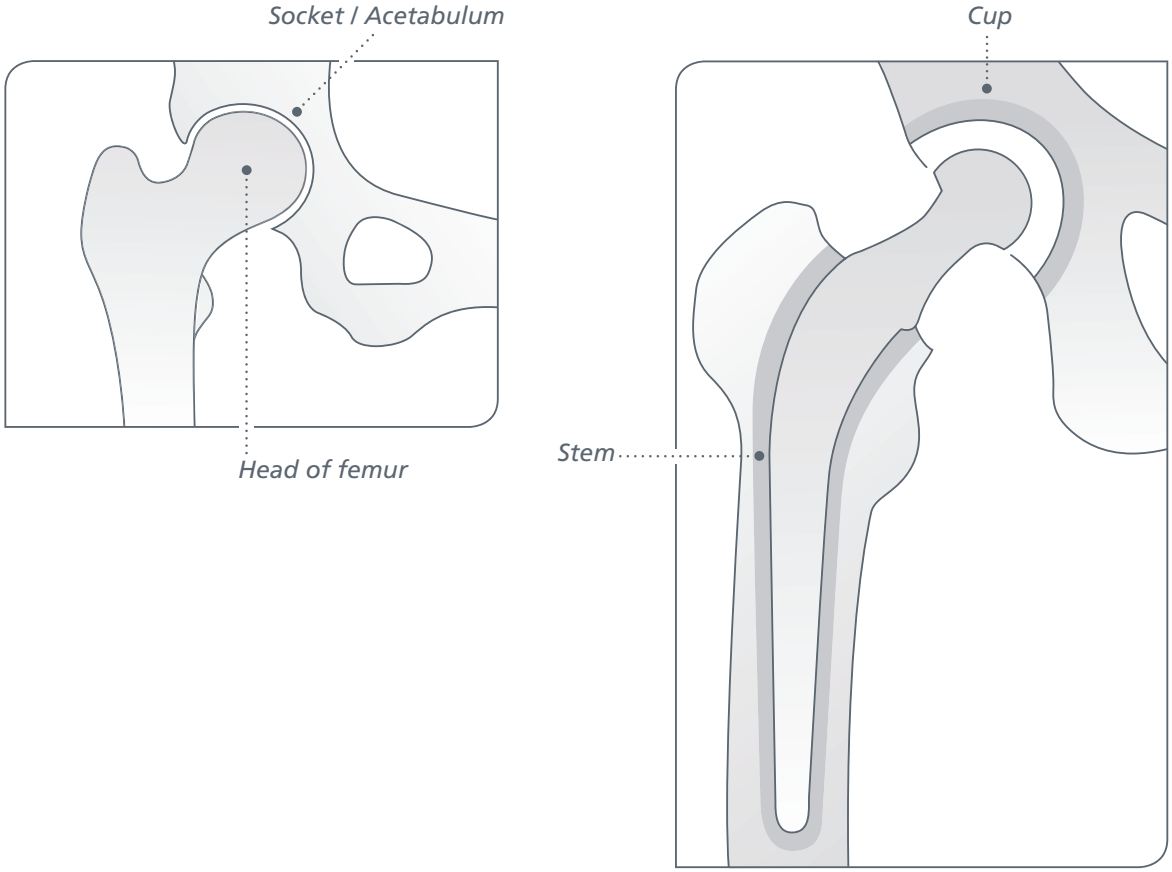
Consultant Orthopaedic Surgeon

About your operation

What is a total hip replacement?

In a total hip replacement both the ball (femoral or thigh bone) side of the hip joint and the socket (acetabular or pelvic side) are replaced with artificial parts.

Figure 1: The hip joint



Why do I need it?

Total hip replacements are usually performed on patients suffering from severe pain from arthritis, with difficulty in staying mobile, although there are other less common reasons. We hope that it will stop most, if not all, of the pain in your hip.

What does it involve?

Your operation will be performed under an anaesthetic. The most common form of this is called a spinal anaesthetic. A needle is placed into your back and the anaesthetic is injected into your spine to numb the nerves which give sensation and movement to your legs. You will usually have a further injection into your arm to make you drowsy. Some people may require a general anaesthetic, but we prefer a spinal anaesthetic as this gives better pain relief after your operation and prevents unwanted movement at your hip as you wake up (which may tear some of the stitching deep inside your wound).

1. You will lie on your side during the operation, on the opposite side to the one being operated on.
2. Your skin will be cleaned with antiseptic fluid and clean towels (drapes) will be wrapped around the hip.
3. The surgeon will make a cut (incision) on the side of your hip. The exact location of the incision depends on your surgeon's technique. The length of the incision also depends upon the surgeon and the size of your leg. The larger your leg, the bigger the incision is likely to be to allow safe access to your hip joint. If your operation is more complicated, it is also more likely that your incision will be larger. The length of the incision will make no difference to your recovery time. The cut is made through the fat and muscles. A replacement stem and ball can then be placed in the top of the thigh bone.

4. The socket part of the hip joint will also be prepared. The surgeon will remove any excess arthritic bone and make a smooth base for the new 'cup'. In some cases, surgeons will use a special bone cement to hold the stem and/or the cup in position. Cement is more likely to be used if you are older and your bones are weaker. The cement acts as a strengthener for your bone to support the new implants.

   Sometimes 'uncemented' implants are used that bond directly with the bone. Hip replacements can be made of different types of metals, a very special plastic or ceramic. Ask your surgeon if you want to know more about the particular type of implant they plan to use for you.

5. When satisfied with the position of the implant the surgeon will close the wound. A drain may be used. This allows any collection of blood or fluid to drain out. The drain can be removed painlessly on the ward after a day or two. The skin is then closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful.

What are the possible risks or complications of surgery?

As with all procedures, there are risks from having this operation:

COMMON (happens in 2-5% of patients).

Blood clots: Blood clots can form in the veins after surgery. This is known as Deep Vein Thrombosis or DVT. These can cause painful swelling of the leg and very rarely, put your life at risk by affecting your lungs. We will give you medicine to reduce this risk. Some surgeons will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is the best way to prevent blood clots from forming.

Bleeding: This is usually minor and is stopped during the operation. Around 1 in 10 patients need a blood transfusion and some will need iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful and require an operation to remove it.

Pain: Your hip will be sore after the operation. If you are in pain, it's important to tell staff so that pain can be controlled. Pain usually improves with time and for most patients the hip will become pain free. Sometimes, pain does not improve after surgery. Your surgeon will look for a reason and to see if it can be improved. Occasionally no cause can be found and it is necessary to take pain killers in the long term.

Implant wear and loosening: With modern operating techniques and implants, we expect hip replacements to last over 15 years. In some cases, they fail early. The reason is often unknown. It may be a result of your body's response to the implant, the implant itself or your level of activity. All the implants used at the Royal Cornwall Hospital use tried and tested materials but there is no perfect hip replacement. Your surgeon will choose the type of implant that best suits your level of activity. Feel free to discuss the type of implant that will be used with your surgeon.

Altered leg length: The leg which has been operated upon may feel shorter or longer than before. This may feel strange initially and then feel normal. Occasionally you may feel more comfortable with a shoe raise on one or other leg. Rarely a further operation may be necessary to correct the difference.

Joint dislocation: The two sides of a hip replacement are held together by the muscles and ligaments around the hip. They can dislocate, particularly in the first few weeks after surgery, if you bend your hip too far or twist your knee inwards. If this occurs, you will experience severe pain and be unable to move your leg. You will need an ambulance to bring you to hospital as an emergency. The joint can usually be put back into place under general anaesthetic – you may be asked to wear a brace for a few weeks to restrict your movement and allow the ligaments to heal. Sometimes a further operation is required to put the hip back into joint, repair the ligaments or rarely to change the alignment of the implant.

LESS COMMON (1-2%)

Infection: To minimise the risk of infection you will be given antibiotics before surgery, ultra clean air theatres will be used and special precautions are taken by the theatre staff by gowning and draping.

Despite this, infections can still occur. The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. If infection develops early (within the first 6 weeks), this can often be treated with antibiotics and an operation to wash the joint out. If infection develops late or if the infection is severe, the implants may need to be removed and subsequently replaced at a later date. The infection can sometimes lead to sepsis (blood infection) requiring strong intravenous (IV) or long term antibiotics.

It is vital that you tell medical staff if you think you have an infection at any stage.

RARE (<1%)

Altered wound healing: The wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Nerve damage: Every effort is made to avoid this, however damage to the nerves around the hip can occur. The nerves could be injured by being cut or stretched. This is a particular risk if your surgeon is trying to correct a leg which is very shortened to start with. This may cause temporary or permanent changes in the feeling of the leg or the strength of the leg muscles, particularly those around the ankle. The main two nerves at risk are the sciatic nerve and the femoral nerve, both of which control major muscles in the leg and provide sense of feeling down the leg.

Bone damage: The thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation with wires or plates either at the time or at a later operation. This will slow down the post-operative progress while the fracture heals over the next 6 weeks.

Blood vessel damage: Rarely, the vessels around the hip may be damaged. This may require further surgery by the vascular surgeons.

Pulmonary embolism (PE): A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal. This occurs in about 1 in 5000 hip replacements.

Anaesthesia related complications: The risk to a healthy patient of problems arising from an anaesthetic is very small. The anaesthetist will discuss specific risks with you prior to the operation. We will always take every possible step to keep you safe during your operation, however, there are risks to having a major operation and anesthetic and despite all precautions we advise that your are prepared by being as well as possible at the time of your surgery.

Fitness for surgery – Pre-admission Clinic

You will be contacted to attend the Pre-admission Clinic at SMH in Hayle or RCH in Truro.

This clinic serves to assess and, where necessary, help you to optimise your health and fitness prior to surgery. The aim is to help you maximise your chances of getting the best possible outcome from your joint replacement. You should allow up to 2 hours for the clinic visit.

The assessment will include:

- making an accurate list of your current regular medications – **please bring an up to date list with you to the clinic**
- taking a record of your health history, including previous surgery, anaesthesia and allergies
- simple tests, such as ECG (tracing of your heartbeat) and blood tests
- advice and interventions to help you optimise yourself for surgery, for example:
  - smoking cessation
  - exercise
  - diet
  - treatment of anaemia
  - treatment of dental problems
- advice for the day(s) leading up to surgery about:
  - which medications to continue or withhold
  - hygiene
  - appropriate starvation (fasting before your operation).

If necessary we may also arrange for additional tests or referral to your GP or another specialist. This can cause a delay to your surgery and it is possible that your surgery may be cancelled if something serious is discovered that requires further treatment. Whilst this may be frustrating, the aim is to optimise your health and improve the chances of your surgery being successful.

You may be asked to see a Consultant Anaesthetist. You may also need an exercise test to assess your heart and lung function. You may find it helpful to bring along a close family member or friend when you see the anaesthetist.

MRSA

You should have been screened for MRSA at the orthopaedic outpatient clinic before your Pre-admission clinic visit. The results will be checked, but you will only be informed if they are positive and treatment is required. If you have previously been a carrier of MRSA, please inform the clinic nurse. If you were not screened in outpatients we may need to post you a self-screening kit. If you have had one of these please follow the instructions and return it by post as soon as possible to avoid delays.

Occupational Therapy Assessment

You will be seen by the Occupational Therapist during Pre-admission clinic to help you to prepare for your admission and subsequent discharge home. They will provide you with information regarding your stay in hospital and will explain the post-op routine and rehabilitation. They will also be able to discuss the precautions you need to follow during your rehabilitation and can advise regarding your return to daily activities and leisure pursuits after surgery, including work and driving.

The Occupational Therapist will assist you to plan your discharge from hospital and will discuss any concerns you may have regarding your home environment. If assistive equipment is required for use within your home after surgery, the Occupational Therapist will arrange this for you so that everything is in place prior to your admission. They will also identify the support available to you on discharge, and may be able to give advice regarding accessing additional support if this is required.

Ahead of attending Pre-admission clinic please complete the Occupational Therapy Questionnaire included in this booklet and hand it to the Occupational Therapist during your appointment.

Instructions and Notes from your Clinical Team

Joint School

What is Joint School?

This is an educational session run by the clinical team. It gives you the opportunity to learn more about preparing for your surgery. It is best if you attend Joint School a few weeks before your surgery. Our staff will be in touch to book this with you at the same time as they book your surgery date.

You will meet other patients waiting to have their hips replaced. You are very welcome to bring a relative or carer with you so that they can support you when you go home after surgery.

What are the benefits?

Attendance at Joint School hastens your discharge and should be attended even if you have had a total hip replacement before as our service and expectations of your recovery have changed recently.

What does it involve?

The clinical team will explain what is going to happen to you during your stay. You are encouraged to ask as many questions as you want, however simple you may think they are. The Physiotherapist will teach you the exercises, and if they are not too painful it is great to start these exercises before your operation. They will also show you how to use crutches, especially on stairs. This will help after your operation as your muscles will be stronger and you will be more confident of what to expect. You will then be able to practise with your crutches at home before your operation to build your confidence, and highlight any problems that you would want us to help you to solve.

The Occupational Therapist will teach you how to manage functional activities such as dressing, getting on and off a bed and getting in and out of a car without risking bending or twisting your new hip and risking damage to the deep stitching. They might need to show you different ways of carrying out these activities to normal so that you do not over bend, or twist, your hip during the first 6 weeks after surgery. It is great to start these new techniques before your operation so that you become fully familiar with them. After 6 weeks, your deep tissues will be healed up and you will be able to gradually return to moving as normal.

Instructions and Notes from your Clinical Team

Exercises

Do these exercises 3-4 times a day

These exercises are to assist you in your recovery following your surgery. They should be carried out little and often to help restore flexibility and strength. It is important not to push through pain in the early stages. If the exercises give you pain, stop and try them again later. You may need to reduce the amount you do and then try to build them up gradually.

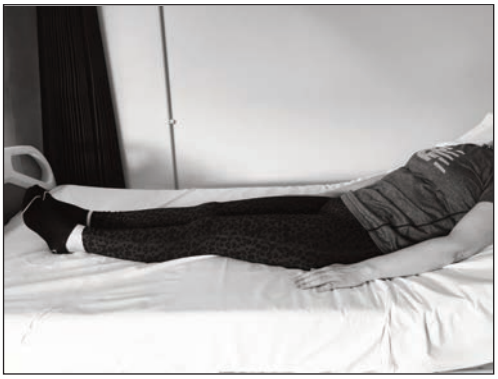
Bed exercises:

1: Ankle pumps

- Move your foot up and down at the ankle
- Repeat 20 times.

2: Static quads

- Sit or lie with your leg out in front of you
- Push the back of your knee down into the bed to straighten your knee and pull your toes towards you
- You should feel the muscle on the front of your thigh tighten
- Hold for a count of 5 seconds, relax then repeat ___ times.

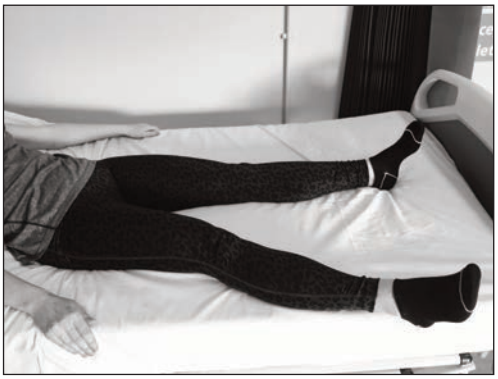


3: Static glutes

- Sit or lie with your legs out in front of you
- Squeeze your buttocks together
- Hold for a count of 5 seconds, relax then repeat ___ times.

4: Heel slides / hip flexion in lying

- Sit or lie with your legs out in front of you
- Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend
- Do not bend your hip beyond 90º
- Slide your heel back again, relax then repeat ____ times
- You may need to use a plastic sheet to help with this exercise.



5: Hip abduction in lying

- Sit or lie with your legs straight out in front of you
- Keep your toes pointing up to the ceiling throughout the exercise
- Move your operated leg out to the side as far as possible
- Return to the starting position, relax then repeat ____ times
- You may need to use a plastic sheet under your heel and calf to help with this exercise.

Sitting and standing exercises:

6: Knee extension in sitting

- Sit on a chair
- Pull your toes up, tighten the front of your thigh muscles
- Straighten your knee slowly
- Hold for a count of 5 seconds, slowly lower your foot down to the ground and repeat ___ times.

7: Standing knee raises

- Stand with your hands supported on a table or high backed chair.
- Lift the knee of your operated leg towards your chest, therefore bending your hip.
  Do not bend your hip beyond 90º
- Lower your foot to the floor, relax and repeat ___ times.

8: Standing hip abduction

- Stand with your hands supported on a table or high backed chair.
  Keep your body straight and upright throughout this exercise
- Move the operated leg out to the side as far as possible
- Return to the starting position, relax and repeat ___ times.

9: Standing hip extension

- Stand with your hands supported on a table or high backed chair.
  Keep your body straight and upright throughout this exercise
- Move your operated leg backwards as far as possible
- Return to your leg to the starting position, relax and repeat ___ times.

Home preparation

It is important to plan your discharge before surgery to prevent any delays in getting home. The Occupational Therapist will be able to assist you with this when they see you at the Pre-admission clinic.

Preparing meals

In the kitchen you will need to think about how you normally do things. You may experience difficulty standing at the cooker or work surface and you will not be able to bend down to get things out of low cupboards, the fridge or the oven. A little re-organisation of commonly used items to a higher level, and a high stool in the kitchen will help.

Although you will be able to cook, you will not be able to carry things such as plates and cups away from the kitchen so you will need to have someone to carry things for you whilst you are using the walking aids. Alternatively your Occupational Therapist may be able to supply you with a kitchen trolley.

It may be useful to purchase a few ready meals or to freeze some meal portions before you come into hospital, so that you do not have to do too much cooking when you first get home.

Household chores

You will not be able to do any heavy household tasks, or carry shopping for the first 6-12 weeks so it is important to identify who might be able to help you with:

- vacuum cleaning
- laundry
- changing of bedding
- carrying shopping bags
- putting out bin bags
- transport
- looking after pets, particularly if they need exercising.

If you are concerned about not having enough support on discharge please discuss this with the Occupational Therapist at the pre-admission clinic and they may be able to signpost you to appropriate support providers. It is important to be aware that there is often a financial cost for agency care in the community.

Getting dressed

Following your surgery, you are advised to get dressed sitting on the edge of your bed or on a chair of the correct height. Loose clothing is advisable. Your Occupational Therapist will supply you with long-handled dressing aids such as a helping hand, shoe horn and a sock aid, and will show you how to dress safely and independently without over-bending your hip. Ensure regularly used clothes are moved out of low cupboards and drawers to somewhere easily accessible and keep everyday items within easy reach. Try to practice the following technique to dress the lower half of your body prior to your operation so that you are familiar with it. You will need to continue using the long handled aids and this technique for 6 weeks after surgery.

- Always dress your operated leg first, and undress it last.
- Sit in a chair or on the bed and have all your clothing and dressing aids within easy reach.
- Clasp the operated leg side of your underwear, or trousers, in the helping hand.
- Lower the helping hand to the floor and feed the clothing over your foot.
- Using the helping hand pull the clothing up to knee level. You do not need to use the helping hand to dress your non-operated leg but please do so if you feel you are likely to overbend forwards. Stand to pull up, or adjust, your clothing.
- When undressing remove clothing from the non-operated leg first and reverse the above steps.

Washing and bathing

You are advised not to sit in the bottom of a bath for 8-12 weeks. This is because you will need to over bend your hip when getting in and out. If you have a separate shower or a shower over the bath you may be able to use this. Your Occupational Therapist will discuss these options with you and may be able to supply assistive equipment such as a bath board or shower stool and long-handled washing aids. You may be loaned a perching stool if you need to strip wash initially, in the event that suitable shower facilities are not available.

Try to ensure that any frequently used items, such as towels, are stored within easy reach to prevent you having to over-bend your hip getting to low cupboards.

Bedroom and sleeping

If your partner sleeps on the side of the bed next to your operated side you may wish to change sides or sleep in a separate bed for the first few weeks. You will need to sleep on your back until advised by your surgeon. It may help you to put a small pillow between your legs to stop you turning over in the night. This is to ensure that your legs relax into a position that takes the tension off the stitches holding the deep muscles back together. While the stitiching is very strong, it is possible for you to tear the stitiching out if you twist your knee inwards, a position which you will naturally go to if sleeping on your side. The deep muscles should be healed by 6 weeks after your operation and you may then return to sleeping as you prefer.

Work / Employment

It is important that you take an appropriate amount of time off work following your operation. The length of time you need off work will depend on the role you carry out and the number of hours you work. Your Occupational Therapist will be able to discuss this with you and advise you. As a guide most people require a minimum of 6-12 weeks off work. It is possible for you to return to non physical work earlier, but you are likely to feel unusually tired for at least 4 weeks after your operation as your body requires extra energy to heal itself.

If you are a carer for a dependent relative or young children you will need to identify who might be able to assist you in this role whilst you are recovering. This is something you may wish to discuss with your Occupational Therapist who may be able to signpost you to appropriate support providers.

Getting into the passenger seat of a car

You must not drive for 6 weeks following your operation. Your insurance will not cover you to drive a manual vehicle for 6 weeks, as research shows that your reaction speed on your operated leg does not return to normal until that time. You may be able to drive an automatic car earlier than 6 weeks if you are having your left hip replaced, but you should check this with your insurance company.

However, you can be a front seat passenger and take short journeys if required. Before your operation, practise getting in and out of a car safely using the following technique to protect your hip from over bending, or twisting:

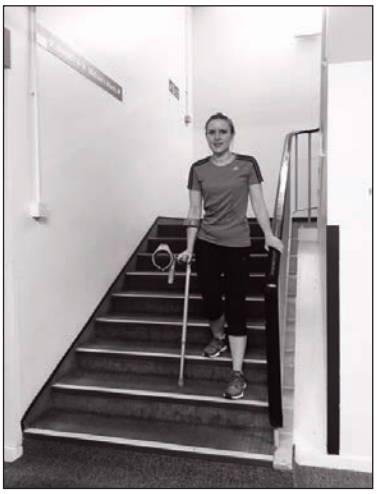
- Make sure the car is parked away from the kerb so that you get in and out onto the road, not onto the pavement.
- Use the front passenger seat. If you have height adjustable seats, then make sure they are raised. If you don't please don't worry, it is the technique that is most important.
- Slide the seat back as far as it will go and slightly recline the back rest.
- Get into the car bottom first and lower yourself onto the edge of the car seat.
- Lean backwards slightly and move yourself back across the car seat until you are as close to the handbrake as possible.
- Stay leaning back whilst you slowly bend your knees and get your legs into the car, turning slowly to face the windscreen. You may like someone to help guide your ankles gently round into the foot well until you are independent doing this.

- To get out of the car move yourself back across towards the handbrake before turning to sit on the edge of the car seat facing out of the door, as this will give you a little bit more space in the foot well to bring your legs round.
- Try to keep any journeys to less than 30 minutes each way. Undertake longer journeys only if essential, and try to break them regularly to allow yourself to stand up, stretch and walk around for 5 minutes.

Going up or down stairs

Going upstairs

1. Stand at the bottom facing upwards
2. Hold onto the rail (and crutches)
3. Move good leg up one step first
4. Move operated leg up to same step
5. Move hands up the rail to the same step / move crutches to the same step
6. Repeat this process one step at a time till you reach the top.



Going downstairs

1. Stand at the top of the stairs facing down
2. Hold onto the rail (and crutches)
3. Move hands down the rail one step / move crutches down one step
4. Move operated leg down to the same step
5. Move good leg down to the same step
6. Repeat this process one step at a time till you reach the bottom.

General points

Here are a few other points to consider in preparation for your return home after surgery:

- Ensure there is sufficient room to manoeuvre around your home with walking aids. If necessary, consider removing excess furniture or ornaments.
- Don't undertake any major decorating prior to admission that leaves your house unsafe.
- Remove or move loose rugs, trailing electrical flexes and make sure the light is good to reduce the risk of tripping or falling.
- If stairs are difficult consider making space for a bed downstairs and arrange for it to be brought down before you come into hospital.
- Have a phone by your bed, or carry a cordless phone in your pocket if you live alone.
- Ensure you have a night light next to your bed so you can make your way to the toilet safely at night.
- Ensure you have plenty of your usual prescription medicines in stock.
- Arrange who will be giving you a lift home from hospital.

What to bring with you

- Loose night and day wear – we encourage you to get dressed the first day after your operation – remember underwear. You will need loose clothing to wear home as you may have some swelling following your surgery.
- Dressing gown and socks.
- Flat supportive shoes, preferably slip-on.
- Slippers that are enclosed (not open backed).
- Toiletries: soap, shampoo, toothbrush, toothpaste, flannels, hand wipes, brush or comb.
- Books and magazines. There may be a long wait before your operation.
- Headphones and digital music player. You can even request to listen to music during your surgery.
- A minimal amount of loose change for a paper or similar – do not bring large amounts of cash.
- Mobile phone and charger if you have one.
- **This booklet!**
- **Mobility aids.**
- **Long handled grabber and shoehorn.**

It is also important to bring with you the following items if you normally use them at home

- Shaving equipment.
- Your usual prescription medicines in their original named boxes. Let the nurse on the ward know you have brought them as the nursing staff will secure these on admission and return them to you on discharge.
- Inhalers or sprays.
- Glucometers if you are diabetic.
- Hearing aids.
- Spectacles / contact lenses.
- Denture pot and cleaner.

Please do not bring with you valuables, credit cards, pension books, or jewellery. The hospital cannot be held responsible for your valuables.

We recommend that you stop smoking a minimum of 24 hours before surgery as it can reduce post-operative nausea and vomiting as well as reduce your chances of thrombosis.

Not eating and drinking before surgery

You should eat and drink normally up until midnight the day before surgery.

From midnight you should drink **only water until 6.30am** and no food, sweets or chewing gum.

You will be asked to attend the hospital at 7am.

Once at the hospital, depending on the time of your surgery, you may receive further instructions from our healthcare professionals on drinking.

Being admitted

Your operation letter will tell you what time to arrive and where exactly to go. You will be asked to attend one of our admitting units and then after surgery you will be taken to the ward. If you are unsure, go to the hospital's main reception and they will direct you.

- Visitors can drop you off at the admitting unit but for privacy reasons cannot stay with you.
- The admitting unit has trolleys and chairs and this is where you will be until you go to theatre.
- Please keep your property to a minimum, held in a small bag (similar to an on-board flight bag). Whilst you are in theatre your bag will be taken to the ward.

Occasionally the timing of patients on the theatre list does change but you will be kept informed about any changes and if you are then able to have a drink due to the timing.

The Surgeon, Anaesthetist and Nurse will visit you before your operation. You will also be seen by an Occupational Therapist and a Physiotherapist. This is a good time to ask any final questions.

- All your details will be checked thoroughly. This may mean different people may come and ask you the same questions. We try to minimise this but your safety is the priority.
- You will be given two name bands to wear, usually one on your wrist and one on your ankle of the leg not being operated on.
- You may be prescribed compression / anti-embolic stockings (AES), which help reduce blood clot formation in your legs after surgery.
- Your leg will be marked.
- You will be asked to change into a gown – please do not wear anything under your gown. You may put your dressing gown and slippers on at this stage.
- A pre-medication may be given.

The anaesthetist will talk you through the options. The choice of anaesthetic depends on your:

- operation
- physical and medical condition.

We often use spinal / epidural anaesthetic for hip replacements:

- Local anaesthetic is injected near to the nerves in your back.
- You are then numb from the waist downwards.
- You feel no pain and you may be given the option to stay awake.
- You can also have drugs which make you feel sleepy, calm and relaxed.
- It will take 4-6 hours for normal movement to return to your legs. In some cases it can take up to 24 hours.

The majority of patients have their hip replacement surgery under this technique. You are also much less likely to feel nauseous or vomit with a spinal anaesthesia, which makes it easier to get started with your recovery and get out of bed that same day. In some cases general anaesthesia is used giving a state of controlled unconsciousness (you will be asleep).

Going to theatre

When it is your turn to go to theatre, a member of theatre staff will come and collect you. Prior to leaving the ward, your details will be checked by a ward nurse and the member of theatre staff. The theatre staff will then walk you to the anaesthetic room. If you are unable to walk then you will be taken in a chair or on a bed.

The anaesthetic room is next to the operating theatre. Several people will be there, including your Anaesthetist and an anaesthetic practitioner. Equipment will be attached to measure your:

- heart rate
- blood pressure
- blood oxygen level.

A needle is used to put a thin soft plastic tube (cannula) into a vein in the back of your hand or arm. Drugs and fluids will be given though this tube. If needles worry you please tell your anaesthetist. A needle cannot usually be avoided but the anaesthetist can do things to help you. Finally the anaesthetic will be given.

It is common to have a catheter inserted into your bladder to avoid you needing to pass urine during and immediately after your operation. This is usually removed within 24 hours after your operation.

In recovery following surgery

Following your operation, you will wake up in Recovery where you will be watched closely by your recovery nurse to make sure your breathing and heart functions are stable and you are comfortable. Depending on your anaesthetic, you may be a little disoriented on waking, however this usually passes quickly.

The monitoring equipment attached to you in the anaesthetic room will still be there. You may also have an oxygen mask and intravenous fluids attached. In most cases these should be removed fairly soon after surgery. For most patients drinking water after surgery is the best form of hydration.

The amount of discomfort you have will be monitored regularly and pain medication given as required. Your discomfort should be tolerable but do not expect to be pain free. Do not be afraid to ask for analgesia.

On the ward

Nursing staff will make sure you are comfortable and perform regular observations on you. You will be offered analgesia regularly, it is important that you take it. If you need painkillers between medication rounds, do not be afraid to ask.

As you wake up fully, you may notice that you have some (or all) of the following:

- a urinary catheter – this will come out once your sensation has returned to normal and you are able to stand
- a drain coming from the wound – this usually stays in for 24 hours after surgery
- a drip in your arm – this is to enable the nursing staff to give you fluids, antibiotics and other medication if required
- epidural for pain control – this is inserted into your lower back.

We encourage you to eat and drink as soon as you are able. If you are unsure please ask the nursing team for guidance. We would advise you to start with something light, and see how you progress before you have a full meal.

You will be encouraged to commence movement and exercises today. The Physiotherapist or nurse will help you get out of bed and encourage you to walk with the use of a walking frame if your sensation has returned to normal. The team will explain what to do and talk you through the rehabilitation process and reinforce your exercises taught at Joint School. The nurses will monitor your progress and ensure you are comfortable.

Day 1 after surgery

If you have a drain, this will be removed by the nursing staff today. If you have a urinary catheter it is likely that it will be removed today (unless the staff have any concerns).

You will continue to progress with the Physiotherapist and be encouraged to walk to the bathroom and toilet with the nursing staff. Walking will become much easier today and you should be able to move around more comfortably. You will progress on to crutches or sticks with the Physiotherapist. You will be encouraged to continue your exercises by yourself today.

You will also be seen by the Occupational Therapist who will teach you how to safely manage daily activities such as getting in and out of bed, and how to wash and dress without over-bending at your hip. The Occupational Therapist will discuss the post-operative precautions with you and make sure that you are confident using the long handled aids and any other equipment that has been supplied to you. If you need additional support at home on discharge, the Occupational Therapist will discuss this with you and help you to arrange. In preparation for your discharge home, the Occupational Therapist will show you how to get in and out of a car safely and independently.

Day 2 after surgery

If you haven't received one already, you will be taken for an X-ray of your new joint today. You will also have some bloods taken to ensure that you are recovering well from the surgery. The doctor will need to review the X-ray and the blood results before you are discharged.

By day 2 your walking should be much easier and you should be able to move around the ward comfortably on your own. You will be taught further exercises by the Physiotherapist and they will ensure you are confident to do these on your own before you go home.

The Physiotherapist will show you how to go up and down the stairs with your walking aids. They will guide you on the most appropriate technique applicable to your home environment.

The Occupational Therapist will continue to assist you to practice getting on and off the bed, and ensure your independence with daily living tasks. If you are waiting for additional care to be arranged to support you on discharge, this should be finalised today.

You should be able to go home 1-2 days after your operation.

Discharge day

All the preparation you did before coming in should make going home much easier.

- The whole multi-disciplinary team have to agree if you are fit for discharge.
- If you have any questions specifically for your surgeon please let them know straight away. Our discharges are nurse and therapy led, so you may not see the surgeon.
- The nurse will let you know when you will be ready for collecting. You can then confirm this to the person you have arranged to drive you home or accompany you in a taxi.
- You may be moved to a discharge lounge to wait for your final paperwork and arrangements to be put in place. This enables us to get the bed ready for another patient.
- A nurse will explain any medications to you – please ask if you are unsure about anything.
- When it is time for discharge the nurse will give you a copy of your discharge summary. A copy of this will also be sent to your GP.
- You will be asked to complete a survey (the Friends and Family test) about your admission. Please do take the time to complete this as your feedback is invaluable to us.

Remember

- The nurse will review your dressing prior to discharge and give you any specific advice for ongoing care. If you have any concerns about your dressing please tell the nurse before you go.
- Whilst in hospital you will be prescribed painkillers. It is important to take these as pain can slow down your recovery.
- The goals of your Physiotherapy are to ensure you can do your exercises on your own, make sure you are safe mobilising independently with the appropriate walking aid and managing to go up and down the stairs safely ready for discharge.
- It is important to do your exercises to improve the flexibility and strength of your hip, giving your hip more stability. It is important to gradually increase the amount of walking you do to improve your stamina. It is also important to have periods of rest during the day. We advise you to lie flat on your back with your legs slightly apart for at least one hour a day to allow the muscles and ligaments to recuperate, ready for the next activity.
- It is advised that you use your walking aids for 6 weeks following your surgery. After 6 weeks you will soon be able to progress to one stick or crutch. If you are using one crutch or stick, make sure you use it in the hand opposite to your operated hip. Don't try to hobble around without anything as this will encourage bad habits and limping. You will know when you are ready to reduce the amount of support you need to walk because you will have less pain and feel more strength around your hip.
- You will be sent home on blood thinning medication to reduce the risk of blood clots occurring. These forms of medication reduce the ability of your blood to clot. You will be at increased risk of bleeding if you cut yourself or if you take tablets which could cause internal stomach irritation. Avoid taking anti-inflammatory tablets which can irritate your stomach lining and may cause bleeding. The blood thinning medication can also cause your leg to swell. The swelling may extend all the way to your foot and ankle area. If the swelling is associated with pain in your calf, you should see your GP, who may recommend that a scan be ordered to check for a blood clot in the leg veins.
- Rehabilitation plans do vary per person. Please ask your therapist if you have any concerns about coping at home after your surgery.
- Take home all your personal belongings:
  - your discharge summary
  - your regular medicines that you may have brought with you
  - anything else we may have given you, such as spare stockings, additional medication etc.

Follow up

Follow up appointments vary per patient as they are tailored to your individual needs.
You will usually be seen by your consultant, or their team, 6 to 12 weeks after surgery in the outpatient clinic.

At your follow-up appointment, remember to ask if you can:

- drive a car
- have sexual intercourse
- resume general household chores
- return to hobbies or resume leisure activities
- lie on your side
- use a bath
- return to work / employment
- stop using the walking aids and other assistive equipment that were supplied to you for use at home.

Following this first review, if your surgeon is happy with your progress, your follow up will be planned through our virtual clinics via 'My Clinical Outcomes'.

Remember for the next 6-12 weeks:

DON'T

- twist your operated leg (your hip will be put at risk if swivelled when turning)
- bend your operated leg up too far (not past 90 degrees) or lean forward too far when sitting or standing
- cross your legs (even at the ankle)
- go on long journeys.

DO

- go for short walks regularly
- start to gradually return to your normal activities
- lie flat on your back for one hour a day up to 8-10 weeks, or as advised by your surgeon/therapist
- continue your daily hip and bed exercises as taught by your therapist.

TAKE CARE

- An increase in swelling or pain may mean that you are doing too much. This should settle with rest. However, if it continues, or is associated with severe pain or tenderness in your calf, contact your GP.

Feedback

Please give us feedback of your experiences via Friends and Family – we will give you a form to complete whilst your discharge arrangements are put in place.

Notes

For you to write any questions or notes

Notes

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Summary – making your stay with us safe

1. Preventing falls

- Wear the hospital non-slip socks or well fitting shoes or slippers with rubber soles.
- Use your usual walking aids.

2. Preventing blood clots

- Move as often as you can.
- Try to do simple leg and ankle exercises.
- Drink fluids as recommended.
- Wear your hospital stockings if advised but do not let them roll down and act as a tourniquet.
- Take blood thinning tablets or injections as advised.

3. Preventing infection

- Do not touch or let anyone else touch your wound without sterile gloves on until the wound is completely healed.
- Wash / decontaminate your hands before and after visiting the toilet, and before all meals.
- Don't hesitate to ask our staff if they have washed their hands.
- Tell us if you have diarrhoea or vomiting.
- If you have a tube in your arm or bladder please do not touch this. If it becomes painful at all please inform your nurse or doctor.

4. Your medicines

- Tell us if you have an allergy, or if you do not understand what medicines are for.
- Talk to your doctor, nurse, or pharmacist about any concerns you may have.
- If you are on blood thinning treatment of any kind, please discuss when to stop these and restart them with the medical team.

5. Pressure ulcers

- If you can, try and keep mobile, even in bed, and let us know if you are uncomfortable.
- We are very happy to help you change position, and can provide a special mattress or cushion for support.

6. Identification

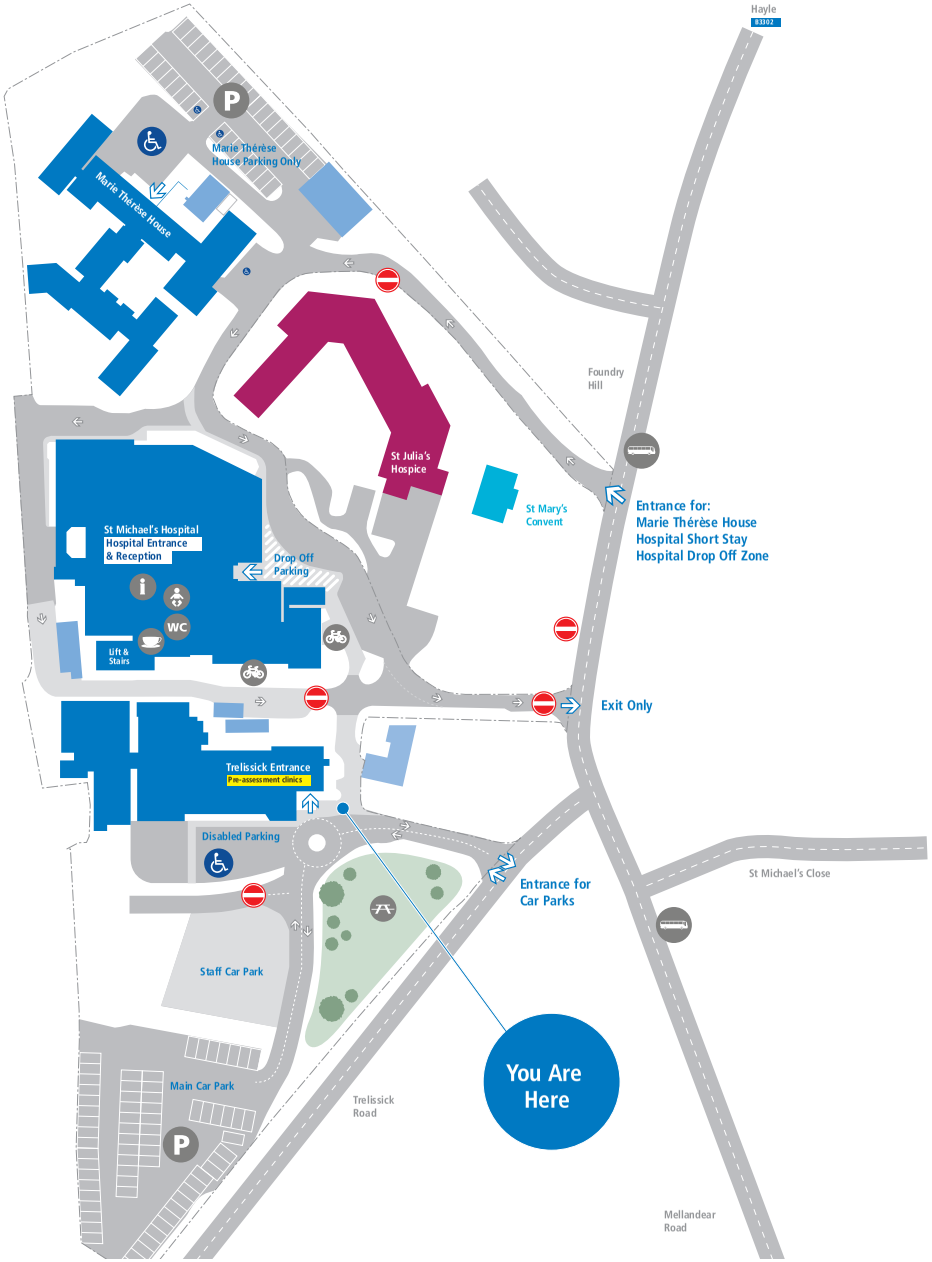
- Tell us if any of your personal information is wrong (ID band, address, GP, next of kin).

7. Any concerns

- We are here to help you – talk to us if you have any worries or concerns about your treatment, or about what will happen when you leave hospital.

8. Leaving hospital

- Before you leave, make sure you:
  a) have your discharge letter
  b) have your medicines and they have been explained to you
  c) know who to contact if you have any queries or concerns
  d) know when your next appointment is.



St Michael's Hospital

Trelissick Entrance

G | Pre-assessment Clinics

Main Entrance

2 | St Michael's Ward

1 | Breast Care Service
Chapel/Quiet Room
St Joseph's Ward

G | Audiology
Daycase Unit
General Office
Outpatients Department
Physiotherapy
Reception
X-ray

Marie Thérèse House

G | Rehabilitation Unit

St Julia's Hospice

Key

- Public Telephone
- Information
- Parking
- Disabled Parking
- Cycle Parking
- Bench
- Tea Bar
- Toilets & Changing
- Baby Change
- Entrances
- No Entry

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If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

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