The Mid Yorkshire Hospitals NHS
NHS Trust
Bringing together community and hospital services

A guide to your total hip replacement *(hip arthroplasty)*

and rehabilitation following your operation

Information for patients

Contents

	page
What is the procedure?	2
What are the alternatives?	4
What are the risks?	4
Before your operation	7
What happens on admittance?	8
After your operation	8
Guidelines for protecting your hip	9
Daily living activities	10
Hip exercises	12
After you go home	14
Commonly asked questions and answers	15
Useful contact numbers	16

This leaflet has been produced to give you information about hip replacement surgery and rehabilitation following your operation. Rehabilitation is improving the movement in your hip and the strengthening of your leg muscles. We hope it will be helpful to you, however it is not meant to be a complete guide and may not include all the risks and benefits. If you have any questions or you require further explanations please do not hesitate to ask a member of staff who is caring for you.

What is the procedure?

The hip joint is a “ball and socket joint”. It is a very important joint as it allows a great deal of movement but is also weight-bearing. As a result of this, it is often prone to “wearing away”. This is a simplified reason as to why arthritis occurs. Arthritis can be a very painful disorder which may slow down your mobility/ walking or even stop you from sleeping.

A hip replacement is an operation which replaces the severely damaged hip bone with an artificial ball and socket that does the function of the natural joint. It may reduce the pain and help in walking and sleeping.

If you hold any x-rays, please bring them with you when you come into hospital.

You will be visited by your surgeon before the operation. If you have any questions, now might be a good time to ask them. The surgeon will mark on your leg with a felt pen. This is to make sure the correct leg is operated on.

An anaesthetic will be given in theatres. This may be a general anaesthetic (where you will be asleep - please see you and your anaesthetic leaflet) and/ or a regional block (e.g. where you are awake but the area to be operated is completely numbed) for example an injection into the spine. You must discuss this and the risks with the anaesthetist. If you have any allergies, please also tell them.

You will lie on the opposite side to the one being operated on. Your skin will be cleaned with antiseptic fluid and clean towels (drapes) will be wrapped around the hip.
The surgeon will make a cut (incision) using a surgical knife (scalpel). The exact location of the incision depends on your surgeon's technique. The length of the incision also depends upon the surgeon and your leg.

A cut is made through the fat and muscles which lie in the way of the hip bones. The top of the thigh bone (femur) which forms the neck and ball will be cut away. A replacement stem and ball can then be placed in the remaining thigh bone.

The socket part of the hip joint will also be drilled smooth. The surgeon will try and remove as much 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. There are also different types of materials of implant to use. These can be made of different types of metals, polyethylene (like a plastic) or very tough ceramic.

When satisfied with the positions, the surgeon will close the wound. A drain may be used. This allows any collections of blood or fluid to drain out. The drain can be removed painlessly on the ward within a day or two.

The skin can finally be closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful and come down to surgeon preference.

When you wake up, you will feel sore around the hip, this is normal. You will be encouraged to start walking 2 hours after surgery with assistance from staff. An X-ray and a blood test may be taken the next day.

***Please be aware that a surgeon other than the consultant, but with adequate training or supervision may perform your operation ***

What are the alternatives?

Total hip replacements are usually performed on patients suffering from severe arthritis (although there are other reasons).

Other alternatives include:

- losing weight
- stopping strenuous exercises or work,
- physiotherapy and gentle exercises,
- medicines, such as anti-inflammatory drugs (ibuprofen or steroids),
- using a stick or a crutch,

Some of the above are not appropriate if you want to regain as much physical activity as possible, but you should discuss all possibilities with your surgeon.

What are the risks?

As with all procedures, this carries some risks and complications and the following list is a general guide for common, less common and rare complications.

General Risks : such as heart attacks, strokes or chest infection

Common

Blood clots: a DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of a DVT are greater after any surgery (and especially bone surgery). Although not a problem themselves (risk: 2 to 5%* is for blood clots causing significan problems) a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism – PE).
See later. This is a very serious condition which affects your breathing. Your doctors may give you medication either injection s or tablets to try and limit this risk of DVTs from forming. Some centres will also ask you to wear stockings on your legs, while others may use foot pumps

to blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding:this is usually small and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful & require an operation to remove it.

Pain:the hip will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, or sometimes, for no obvious reason. Rarely some replaced hips can remain painful.

Prosthesis wear/ loosening:modern operating techniques and new implants, mean that most hip replacements last over 10 years. In some cases, this is significantly less. The reason is often unknown. Implants can wear from overuse. There is still debate as to which material is the strongest. The reason for loosening is also unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision surgery. Very rarely implants can break.

Altered leg length:the leg which has been operated upon, may appear shorter or longer than the other. This rarely requires a further operation to correct the difference or shoe implants.

Joint dislocation:if this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a hip brace or rarely if the hip keeps dislocating, a revision operation may be necessary.

Less common (1 to 2%)*

Infection: you will be given antibiotics just before and after the operation and procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections and the wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary. In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

Rare (less than 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: efforts are made to prevent this, however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the Sciatic Nerve, this may cause temporary or permanent weakness or altered sensation of the leg.

Bone Damage: the thigh bone or the socket may be broken when the implant (metal replacement) is put in. This may require fixation, either at time or at a later operation.

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

Pulmonary Embolism: 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.

Joint stiffness

Excision Arthoplasty: very rarely implants have to be removed for complications and the hip left without implants.

Death: this rare complication can occur from any of the above

Before your operation (pre-operative care)

Before you can be added to the waiting list for your operation you will be asked to attend the pre-operative assessment clinic to ensure that you are fit to go ahed with the surgery. You will usually be asked to attend straight from your out-patient appointment, but in some cases, may be given an appointment to return.

This assessment will involve completing a health questionnaire and seeing a nurse who will go through your past medical history and request or carry out any investigations required such as blood tests, ECG, urine tests and x-ray. The nurse will discuss your planned surgery with you and you will have the opportunity to ask questions regarding your operation.

An appointment will be made for you nearer the time of your operation to attend an education session led by a physiotherapist (a therapist who gets you back to walking and moving your new joint) and occupational therapist (a therapist who helps you to manage your daily living activities) who will talk to you about what will happen during your hospital stay and after discharge.

What happens when I am admitted?

On adimission to the ward you will be shown to your bed, the layout and routine of the ward and you will be given an identity wrist band.

Once you have settled in, your temperature, breathing and blood pressure will be noted and the doctor will visit you.

You will be seen by an anaesthetist who may give you medication to help you relax before to your operation.

You cannot eat for 6 hours prior to your surgery but you will be allowed a drink of water. This means no food after 3am and no drinks after 6am for morning surgery. For afternoon surgery no food after 6am and no drinks after 9am.

Before your operation you will be asked to take a bath or shower, and to change into a theatre gown. You will be asked to wear surgical stockings to prevent clots.

After your operation (post-operative care)

1 **When you are back on the ward you may find you have:**

- a mask supplying oxygen
- a narrow tube into one of your veins to replace lost fluids and for the taking of blood (this is usually in the back of the hand)
- a drain from your wound into a bottle / bag.

2 **The nurse will regularly check:**

- your pulse and blood pressure
- wound site
- wound drainage into a bottle or bag

3 You will be assisted out of bed on the day of your operation if you require the toilet, unless your consultant ahd requested bed rest.

Do not twist or turn on your operated leg whilst sitting, lying or standing. You need to be particularly careful when reaching for objects placed on one side.

Always remember to step round rather than twist or reach.

Do not cross your legs at the knees or ankles when sitting.

Getting up

This is usually 2 hours after your operation. You will be able to weight bear on your new hip, and with the help of walking aids move around as much as possible.

The physiotherapist will show you how to go up and down stairs before you go home. Remember un-operated leg up first, operated leg down first (good leg to heaven, bad leg to hell).

Daily living activities

Sitting

You will be asked to measure the height of your seat at home before you come to the education session, so that the occupational therapist can arrange for chair raisers if needed. Ideally your chair and bed should be firm and should come to the back of your knee when standing.

Dressing

Equipment is available to you to help you to dress yourself without bending. The Occupational Therapist will advise you on this. You will need to use this equipment when dressing for 6 weeks after your surgery.

Use of the toilet

A raised toilet seat will be provided to enable you to use the toilet. You will need to use this for 6 weeks after your surgery.

Getting in and out of bed

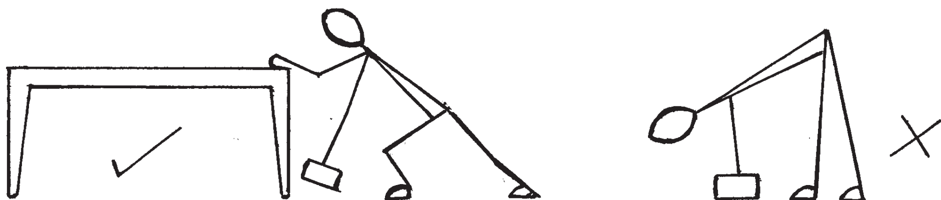
Equipment may be provided, if needed, to enable you to get in and

outof bed on your own. An occupational therapist will be able to advise you on the best way to get in and out of bed.

Sleeping
For the first 6 weeks after your operation you should sleep on your **back**.Putting a pillow between your knees will help you maintain this position.

Bathing
You are advised not to use the bath for 6 weeks due to a higher risk of dislocation.

Picking something up
If there is a firm support beside the dropped object, you may be able to put your operated leg straight out behind you, bend the knee of your un-operated leg and steady yourself using the support, or use your easyreach.



Sexual intercourse
In the absence of pain, or different advice given from your surgeon, sexual intercourse may begin again 6 weeks after the operation. For the first 3 months it is recommended that you lie on your back with your partner on top.

Getting in and out of a car
You will be able to go home by car travelling as a passenger and you should ask the driver to put the seat back as far as possible and slightly recline it.

When getting in and out of the car remember to:

1 lower yourself down slowly to the edge of the seat with your back to the opposite door and sit down

2 bring your feet into the car remembering not to bend your new hip past 90°

3 to get out, lift your legs out, sit sideways on the seat and stand up

4 these procedures should be used for 6 weeks after your surgery.

Hip Exercises

Your new hip is able to take all your weight straight away after the operation. However your muscles need to work well enough to do this. Exercises have a very important part to play in your recovery.

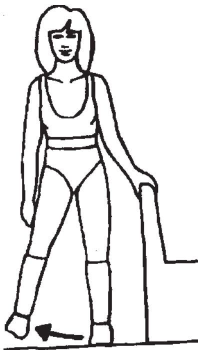
It is important because the exercises you are shown will:

1 strengthen the muscles that support your hip

2 increases the movement of your hip

3 improve your walking

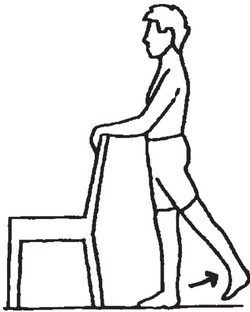
You should try to do your exercises at least twice a day for each one, do a set on one leg, then swap and do the other leg.



Stand straight holding on to a support.

Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise.

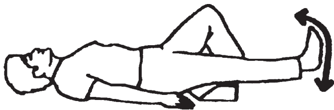
Repeat 10 times



Stand straight holding on to a chair.

Bring your leg backwards keeping your knee straight.
Do not lean forwards.

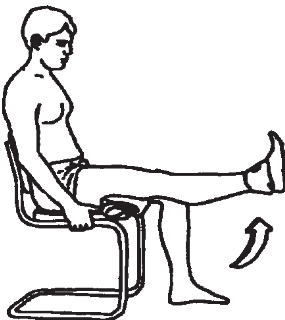
Repeat 10 times



Supported sitting on a bed.
Bend one leg and put your foot on the bed and put a cushion under the other knee.

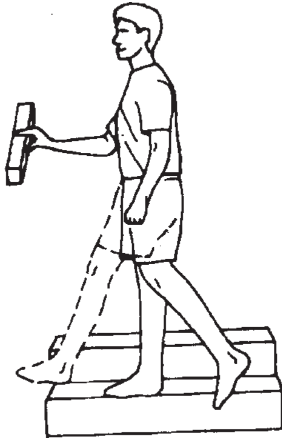
Exercise your straight leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the cushion). Hold for approximately 5 seconds and slowly relax.

Repeat 10 times



Pull your toes up, tighten you thigh muscle and straighten your knee. Hold for approximately 5 seconds and slowly relax your leg.

Repeat 10 times



Standing sideways on a small step with support for balance. Allow your outside leg to hang free over the edge of the step. Gently let the leg swing forwards and backwards like a pendulum.

Repeat 10 times

After the operation your recovery is very much up to you. We will support you, but you need to work hard to build up your muscles and get your hip going. Your hip will not improve without effort.

After you go home

You will need to attend for out-patient physiotherapy. Your first appointment will be about 10 days following discharge. Your exercises and walking aids will be changed and if you are doing well you will be reviewed in 4 weeks. If any problems are found you will be reviewed as necessary.

Commonly asked questions and answers

If I have a joint replacement will the pain go?

Yes, once the after effects of the operation have passed and upon completing their rehabilitation, most patients experience a large reduction in their syptoms.

Is it normal that my ankle will be swollen?

Yes, this gradually subsides over some time.

How long will my new hip last?

It may last 15 – 20 years depending on how you treat it.

Can I have it replaced if it wears out?

Yes, but it is more difficult and the risks are higher.

How long will I be in hospital?

Usually around 2 – 3 days.

How far can I walk?

This varies, but generally as far as you feel able. You cannot damage your hip by walking on it. Gradually build up the distance you walk.

How long do I have to wear the TED stockings for?

For 6 weeks after your operation.

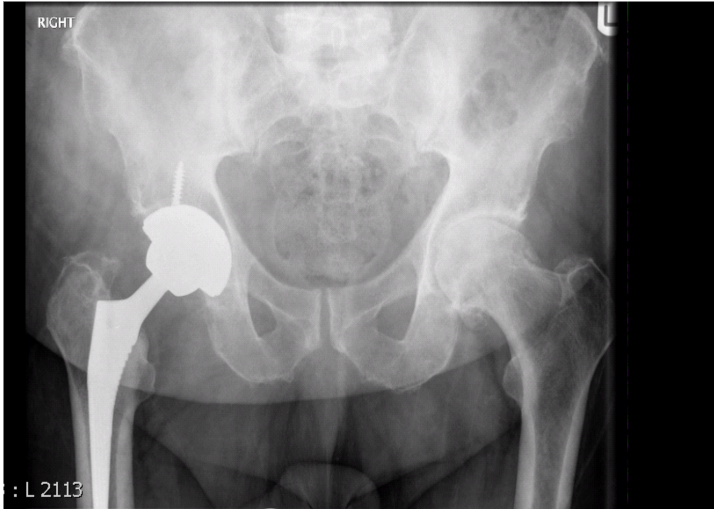
How soon can I drive?

You can discuss this with your consultant or physiotherapist, but it is usually a minimum of 6 weeks following surgery.
If an accident occurred when you could be considered unfit to drive, your car insurance would not be valid please check with your own insurance company.

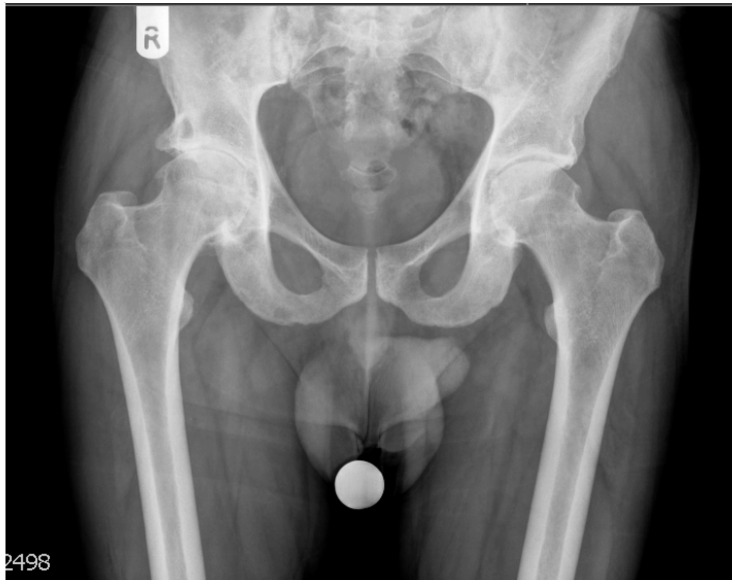
When will my stitches / clips be removed?

Normally 10 – 14 days after your operation. This will be arranged by the nursing staff on the ward. It is important not to get your wound wet until your stitches/clips have been removed.

This is a picture following a total hip replacement



Below is a picture of hip with arthritis



*References

British Orthopaedic Association approved consent forms published on the internet at: www.orthoconsent.com

NOTES

Ward Contact numbers

Pinderfields Hospital

31 Elective Orthopaedic ward 01924 542311

Dewsbury and District Hospital

Ward 12 01924 816014

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on:01924 543686 or email:pals@midyorks.nhs.uk

To contact any of our hospitals call:0844 811 8110
To book or change an appointment call:0844 822 0022

1429c
Updated Marach 2013
Review Date Oct 2016

SMOKE FREE
hospital

Design: The Mid Yorkshire Hospitals NHS Trust - design and print dept