swleoc

South West London Elective Orthopaedic Centre

The Total Hip Replacement Patient Journey Booklet

Name:

Hospital Number:

Please ensure this booklet travels with you when you come in to hospital and to all of your clinic and physiotherapy appointments

Visit our website for all the information you need

www.eoc.nhs.uk

T: 01372 735 800

Inspected and rated Outstanding ☆ Care Quality Commission

Epsom Hospital map

Site: Epsom Hospital

Department / Ward	Location
Emergency Department	Ground
Urgent Treatment Centre	Ground
Ambulatory Care Unit (ACU)	Ground
GP out of hours	Ground
Acute Medical Unit (AMU)	Fourth
Alexandra Ward	Third
Antenatal Clinic	L2 Ground
Ashtead Suite	A Ground
Audiology	B Ground
Bereavement Office	A Ground
Blood Tests	A Ground
Britten Ward	L1 First
Buckley Ward	Fourth
Cardiac Rehabilitation	L1 Ground
Cardiology Day Unit	GZ Ground
Cardiology Investigation Unit (ECG)	G1 Ground
Casey Ward	A First
Cashier / Patient Fares	A Ground
Chapel and Multi-Faith Room	F Ground
Chaplaincy Office	A Ground
Children's Occupational Therapy	A First
Children's Outpatients	L3 Ground
Children's Physiotherapy	A First
Chuter Ede Ward	Fourth
Community Assessment and Diagnostics Unit (CADU)	L1 First
Coronary Care Unit (CCU)	Third
Croft Ward	L1 First
Day Surgery Unit	D Ground
Delivery Suite	C First
Derby Ward (SWLEOC)	E First
Diabetic Unit (John Kilner)	B Second
Dieticians	B Second
Discharge Lounge	A Ground
Ear, Nose and Throat (ENT)	B Ground
Ebbisham Ward	A First
Eye Unit	G3 Ground
Fracture Clinic	A Ground
Gloucester Ward	Third
Haematology and Medical Day Unit	A Ground
High Dependency Unit (HDU)	Third
Intensive Care Unit (ITU)	Third
Library (Sally Howell)	Second
Macmillan Butterfly Centre	B First

Department / Ward	Location
Maternity (Simon Stewart Ward)	C Second
Medical Illustration	L1 Ground
Medical Investigation & Photography	L1 Ground
MRI Department	B Ground
Neonatal Unit	C First
Northey Ward	Fifth
Oaks Suite (Fracture Clinic)	A Ground
Oaks Ward (SWLEOC)	E First
Occupational Therapy	L1 Ground
Orthotics	L1 Ground
Outpatients	G2 Ground
Pathology	A Ground
Patient Advice and Liaison Service(PALS)	A Ground
Pharmacy	A Ground
Physiotherapy	L1 Ground
Postgraduate Medical Centre	Second
Pre-operative Assessment / Northey Outpatients	A Ground
Security	B Ground
SKIN	L4 Ground
Special Care Baby Unit	C First
Speech Therapy	L1 Ground
Surgical Care Suite	First
Surrey Social Services	M Ground
SWLEOC Pre-operative Assessment / Outpatients	G2 First
Swift Ward	Fifth
Theatre and Theatre Annexe	First
Therapies	L1 Ground
Ultrasound	A Ground
Undergraduate Student Medical Centre	Second
Urology Unit	First
Vascular Diagnostics	A Ground
X-ray Department	A Ground

Retail units	Location
Coffee shop (Costa)	Second
Marks and Spencer	A Ground
Restaurant (Ingredients)	Second
The Friends of Epsom Shop	A Ground
W H Smith	C Ground

Key to coloured zones

A Headley Wing	F Wells Wing
B Bradbury Wing	G Woodcote Wing
C Maternity Wing	L Langley Wing
D Day Surgery Unit	M M Block
E Denbies Wing	Emergency Department & Urgent Treatment Centre

NHS
Epsom and St Helier University Hospitals
NHS Trust

Map key:

Main hospital car park	Bus stop	Hospital entrances	Stairs	WC male and female	Chapel	Pharmacy
Accessible parking	Drop off point only	Link corridors	Lift	Assisted WC	Multifaith room	Public telephones
Traffic flow	Taxi point	Wheelchair accessible entrance	Cash point	Baby change	Café	Restaurant

Contents

4 Letter From SWLEOC Medical Director

Chapter 1
Preparing For Your Hospital Stay

6 Reasons For Contacting Us In The Lead Up To Your Surgery
6 Pre-Operative Assessment
6 Pre-Operative Physiotherapy Exercise Programme
10 Preparing For Your Surgery Group Session
10 Preparing Your Home Environment
10 What To Bring With You To Hospital
10 Single Rooms

Chapter 2
Total Hip Replacement (THR)

12 What happens during a hip replacement?
12 What materials will my new hip be made from?
12 How does hip replacement fix to my bone?

Chapter 3
Consent

14 Consent
14 Potential Benefits
14 Potential Risks
14 Risks Specific To THR
14 General Risks Associated With Surgery
15 Rare Complications
15 Your Expectations
15 Alternative Treatments Available
15 The National Joint Registry (NJR)
16 Patient Reported Outcome Measures (PROMS)
16 Research Trials At SWLEOC
16 Bone donation
15 **Blood transfusion**
16 Filming and photography

Chapter 4
2-5 Days To Go To The Day Of Surgery

18 2-5 Days Before Surgery
18 The Day Of Surgery

Chapter 5
Anaesthesia For Hip Replacement

20 Spinal Anaesthesia
20 General Anaesthetic
20 Nerve Block
20 Wound Infiltration
21 Pain Management
21 Oral Medication
21 Patient controlled analgesia (PCA)

Chapter 6
After Your Surgery

24 After Your Surgery
24 Getting Up And About After Surgery
24 Getting In And Out Of Bed
24 Getting In And Out Of A Car
25 Movement Restrictions After A Hip Replacement
25 Can I Put Weight Through My Leg After Surgery?
25 How To Use Crutches
25-30 Early Stage Post-Operative Exercises

Chapter 7
Going Home

32 Going Home
32 The Day Of Discharge
32 Recovering At Home
32 Diet After Surgery
32 Pain Relief
33 Paracetamol
33 Ibuprofen
33 What To Do If You Experience Severe Pain
34 Constipation
34 Stockings
34 Washing And Dressing

Chapter 8
Wound Care

36 Wound Care And Dressings
36 Changing The Dressing
36 At the wound check 10 – 14 days after surgery
36 Washing And Showering With Your Dressing

Chapter 9
Physiotherapy And Rehabilitation After Hip Replacement

38 Physiotherapy And Return To Physical Activity
39-42 Mid Stage Hip Replacement Exercise
43-47 Late Stage Hip Replacement Exercise
48-52 Returning To Physical Activity And Sports
52 Driving

Chapter 10
Follow Up Appointment And Travel Advice

54 Follow Up Clinic Appointments
54 Travel
56 Useful Contacts

Letter from Mr Vipul Patel, SWLEOC Medical Director

Welcome to the South West London Elective Orthopaedic Centre (SWLEOC). This booklet has been designed to support you in your recovery from your total hip replacement (often shortened to THR). It aims to:

1. **Help prepare you for your surgery**
2. **Guide you through your inpatient stay**
3. **Help guide and support you through your ongoing recovery once you return home.**

We encourage you to actively take part in your recovery from beginning to end; this requires you to have a good understanding of key information that is discussed in this booklet, so do take the time to read it.

Having read the booklet, there will be an opportunity to ask questions face to face during the pre-operative assessment.

Aside from improving your hip pain, we would like to support your return to physical activity and the things that you love to do. With this in mind, we have included information regarding return to activity, together with four progressive rehabilitation programmes of varying difficulty for you to progress through under the guidance of your physiotherapist.

The exercises are specifically designed to restore movement and muscle strength to your hip. The first programme is designed for you to start in the weeks leading up to your surgery – so do get started early.

Whilst the great majority of our operations go extremely well there is always a chance of problems and this booklet will go some way to addressing any concerns you may have. Please feel free to ask any of us about the risks of your surgery, and the likely outcome, at any stage.

We always value your feedback so please get in touch if you would like to. We hope you enjoy your stay at SWLEOC.

Best wishes,

Mr Vipul Patel
Consultant Orthopaedic Surgeon
Medical Director SWLEOC

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Chapter 1

Preparing For Your Hospital Stay

You can also view the video with information regarding preparing for your surgery at:

www.eoc.nhs.uk/hip-replacements.html

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Preparing for your hospital stay

Pre-operative assessment

The pre-operative assessment allows our nurse practitioners to assess your health in detail and make sure that you are fit enough to safely undergo your total hip replacement (THR). The assessment process usually takes around 1-2 hours and takes place at the SWLEOC outpatient department. In some cases, parts of the assessment can be conducted over the telephone or electronically via questionnaires.

During the appointment, the following usually occurs:

- The nurse or assistant practitioner will talk to you about your medical history
- You may undergo a physical examination of your heart and lungs
- You may have new X-rays taken of your hip or chest if necessary
- You may have an electrocardiogram (ECG) which looks at the health of your heart
- Blood will be taken from your arm
- Swabs will be taken from your nose and groin crease to check for a bug called Methicillin-Resistant Staphylococcus Aureus (MRSA)
- You may require a screen for Carbapenemase Producing Enterobacteriaceae (CPE) or Carbapenemase Producing Organism (CPO). These bugs are screened for by taking a rectal swab stained with faeces or by providing a sample of faeces

After your pre-operative assessment, you will be contacted if there are any abnormalities that require follow up. You may be asked to attend an appointment with an anaesthetist or we may refer you back to your GP if necessary.

Pre-operative physiotherapy exercise programme

We have included a physiotherapy exercise programme shown below for you to work on in the run up to your THR. Having osteo-arthritis in your hip joint can cause the surrounding muscles to waste away, and the lack of physical activity while staying in hospital for a hip replacement is also a cause of muscle wasting. It may therefore be advantageous to try to reverse or minimise muscle wasting in advance of surgery.

We do understand that some hips are too sore to tolerate exercise before a hip replacement. If this is the case, don't worry, you can wait until you have undergone surgery to get started.

Ideally, this programme should be performed four days a week or every other day.

The aim of the programme is to:

1. Strengthen your hip muscles in advance of your hip replacement
2. Optimise your hip movement
3. Familiarise yourself with some of the exercises you will be expected to complete post-operatively
4. Minimise the impact of muscle wasting that occurs as a result of a hip replacement.

Reasons to contact us in the lead up to your surgery

If you are unwell in the days leading up to your surgery you must get in touch with us as soon as possible. Please contact SWLEOC and ask to speak to the nursing staff in Pre-Operative Assessment.

Undergoing a full hip replacement on the NHS can cost us as much as £8,000. Minimising late cancellations allows us to offer the opportunity for surgery to other patients, in addition to looking after our financial resources.

The list of ailments to let us know about are listed below and can be reasons to cancel planned surgery:

- A cough
- A cold
- A sore throat
- Dental problems
- A rash
- Any cuts or skin scrapes
- Sores or open wounds anywhere on your body
- Insect bites

Additionally, please contact us if you have:

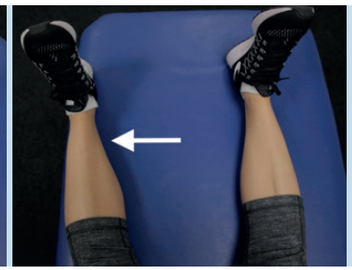
- An improvement in your symptoms and you feel that you no longer require a THR
- A change in your medication prior to surgery
- A change in your home circumstances that could affect your discharge
- Been referred by your GP to see a specialist (such as heart, chest or kidney doctor).

Before Surgery - Pre-operative Exercises Total hip replacement exercises

To view the pre-operative exercise in video form, please look online: **www.eoc.nhs.uk/hip-replacements.html**
If you are having bilateral hip replacement surgery, please do the below mentioned exercises on each leg.

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	**Towel squeezes in neutral (0), 45 and 70 degrees of hip bend** 	• Place a large rolled up towel between your knees • Squeeze your knees together to about 60% effort (squeeze less hard if painful)	**10-20 Second Hold**	**1**	**Once per day**
exercise 2	**Double leg bridging**  When 2 is easy, progress to 2a	• Lie on your back with your hips and knees bent, feet flat on the floor or bed • Lift your hips up and then slowly lower	**12-20 as able**	**3**	
exercise 2a	**Double leg bridge with alternate heel lifts**  When 2a is easy, progress to 2b	• Lie on your back with your hips and knees bent, feet flat on the floor or bed • Lift your hips up and hold, maintaining still and level pelvis • Slowly raise one heel and hold • Keep your pelvis lifted and swap legs	**5-10 Second Hold as able**	**12 Each Leg**	

	Exercise	Description	Repetitions	Sets	Frequency
exercise 2b	**Double leg bridge with alternate single leg lifts** 	• Lie on your back with your hips and knees bent, feet flat on the floor or bed • Lift your hips up and hold, maintaining a still and level pelvis • Slowly transfer your weight on to one leg, lift the other foot up and hold • Keep your pelvis lifted and slowly swap legs	**5-10 Second Hold as able**	**12 Each Leg**	**Once per day**
exercise 3	 **Hip bends in standing** If 3 is painful, then try 3a instead	• Stand with fingers resting on a wall or table for balance • Slowly bend one hip up towards you ensuring that the bend is coming from the hip rather than your back • Only bend the hip a pain free distance	**12 as able**	**3 as able**	
exercise 3a	**Hip bends lying down** 	• Lie on your back, with your legs out straight • Slowly bend one hip up towards you and return to start position, repeat • Only move through the pain free range	**12-20 as able**	**2-3 as able**	

	Exercise	Description	Repetitions	Sets	Frequency
exercise 4	 **Hip abduction in standing** If 4 is painful, then try 4a instead	• Stand with fingers resting on a wall or table for balance • Slowly take your leg out to the side and return to the start position	**12-20 as able**	**3 as able**	**Once per day**
exercise 4a	  **Hip abduction lying down**	• Lie on your back, with your legs out straight • Slowly move one hip out to the side and return to start position, repeat • Only move through the pain free range	**12-20 as able**	**3 as able**	
exercise 5	 **Heel raises in standing**	• Stand with fingers resting on a wall or table for balance • Feet parallel • Lift heels off ground to full height and slowly lower	**12-20 as able**	**3 as able**	
exercise 6	 **Mini squat**	• Stand with fingers on a table for balance • Feet apart and turned out • Stick your bottom out as you descend • Only descend a small distance	**12**	**2-3**	

Exercise for patients with long-term lung conditions

There is good evidence that improving fitness before your operation leads to better surgical outcomes in patients that have long-term lung conditions. We therefore recommend that patients with long-term lung disease see their GP and request a referral to a pulmonary rehab exercise class.

Preparing for your surgery group session

We offer a two-hour group session to our patients who are due to undergo THR. A clinical specialist leads the session, providing tips and information on preparing for surgery, the operation itself, and the rehabilitation and recovery process. How to prepare your home environment for when you return will also be covered. The group sessions take place weekly at SWLEOC.

To book your place, please contact SWLEOC reception.

Preparing your home environment

Before you are admitted to hospital, it is essential that you make your home easily accessible and safe to return to. You will be provided with a Helping Us To Help You (HUTHY) Booklet which will tell us all about your home environment, including furniture heights, which will help the discharge planning process. If you have any concerns about your discharge from hospital or the safety of your home environment, please contact SWLEOC **before admission** to discuss these with a member of our Discharge Team.

Please consider the following:

- Remove trip hazards such as rugs, electrical cords and phone lines
- Ensure the floors are clear
- Re-organise your possessions so that the objects you use most frequently are easy to get to
- You will probably require crutches or walking sticks for at least a week or two in the house – this will make carrying things tricky
- Think about using a stool or chair when preparing food. You may also want to consider eating at the kitchen counter as you may have difficulty carrying food whilst using walking aids
- Re-stock your freezer/batch cook in advance so you have access to pre-prepared food
- Consider online shopping for the first few weeks after surgery
- You will need help with shopping, meal preparation and house work – please make sure that you have family or friends enlisted to help with this
- Please ensure that you have a supply of your regular pain medication at home

What to bring with you to hospital

- Your usual walking aids (if you use any)
- Slippers, trainers or sturdy lace up or Velcro shoes. No open backed footwear
- Loose fitting nightwear and dressing gown
- Loose fitting day clothes
- Personal toiletries, towels and razor if needed
- Sanitary products/incontinence pads if needed
- Long arm grabber (if you have one)
- Two weeks' supply of your regular medication in their original boxes with pharmacy labels still attached
- Any medication that you were asked to stop in the lead up to your surgery
- Glasses, hearing aids, contact lenses with necessary solutions
- Mobile phone and charger (phones to be kept on silent whilst in hospital)
- Coat and house keys
- Small change for newspapers etc
- Please do not bring valuables with you – keep these safely at home

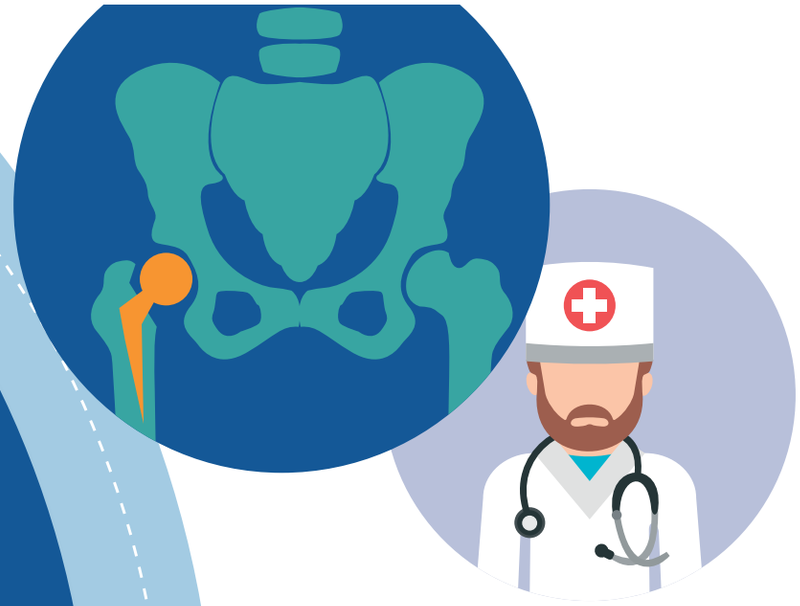
Single rooms

The SWLEOC wards have been designed to create a spacious and bright environment, whilst giving you both privacy and comfort.

We do have a limited number of single rooms within the centre that we can offer, depending on availability, at the rate of £120 per night (price subject to change). Patients are invoiced when they are discharged.

Isolation of patients with certain health conditions takes priority when allocating single rooms. If such a need arises during your stay in a single room, you will be re-located to a 3-5 bedded suite on the ward. In these circumstances we ask for your understanding and you will not be charged.

If you would like to request a single room for the duration of your stay at SWLEOC, please telephone us on 01372 735 801.



Chapter 2

Total Hip Replacement

You can also view the video with information regarding hip replacements:

www.eoc.nhs.uk/hip-replacements.html

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Total Hip Replacement

What happens during hip replacement surgery?

During a hip replacement, the surgeon removes the ball at the top of the thighbone and replaces it with a new prosthetic one. The socket is also removed and replaced. Different surgeons perform the operation via different approaches. Some surgeons prefer to access the hip joint from the side of the hip and others prefer to perform the hip replacement from the front of the hip, so the location of the scar differs according to your surgeon.

What materials will my new hip be made from?

Generally, the new socket will be made from titanium alloy or plastic and will have a liner or insert within it made of polyethylene or ceramic and in some cases, metal. The ball of the hip replacement is usually made from ceramic or metal.

How does hip replacement fix to my bone?

There are two types of fixations that are used. The new socket and stem can be cemented to your own bone – this is known as a cemented hip replacement. Alternatively, the new socket and stem can be pressed in to place – this is known as an un-cemented hip replacement. When an un-cemented hip replacement is used, it has a porous surface that your own bone can grow in to. This biological process of bone growth takes around 4-6 weeks to occur and during this time period activities involving running or impact landings should be avoided.

Frequently, surgeons decide to use cement to fix the stem in place and use an un-cemented socket – this is known as a hybrid hip replacement. There are generally no time restrictions on returning to impact activities in hybrid or cemented hip replacements. There is more information later in the booklet about returning to activity and sport. Your surgeon will weigh up which type of hip replacement is best suited to you.

Chapter 3

Consent

You can also view the video with information regarding consent and potential risks associated with hip replacement surgery:

www.eoc.nhs.uk/hip-replacements.html

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Consent

Your agreement and consent to surgery is essential. In order to consent to undergoing a THR, it is essential you have an understanding of what will be done as well as, the potential benefits, risks, complications and any further procedures that may be required. You should also understand the alternative therapies available to you aside from THR. You are welcome to discuss your options or any concerns you may have with us at any of your appointments. A member of the surgical team will discuss all of the details with you in when you are asked to sign a consent form, as well as in clinic when you are listed for surgery.

Potential benefits

Total hip replacement is generally a very successful operation that significantly improves the pain associated with hip arthritis. In tandem with a good rehabilitation programme, it can help to restore mobility and participation in physical activities that your hip pain has prevented you from doing.

Potential risks

A hip replacement is major surgery and although it is generally a very successful operation there are certain risks associated with it that you should be aware of well in advance of your surgery. Although most people undergoing THR experience no significant complications, these do happen from time to time. Some of the risks are impossible to predict in advance and when they do occur they can be life threatening or have a significant effect on your life.

Risks specific to THR

- Dislocation of your new hip replacement – this is extremely painful and necessitates further surgery to re-locate the joint, resulting in a longer stay in hospital
- Wound or joint infection – if this occurs, you may feel unwell and will require treatment with antibiotics. If a bug has infected the inside of your new hip joint, you will need further surgery to wash out the joint. Additionally, you may need to have revision surgery, where the infected joint is removed and replaced (either immediately or at a later date) with a new one. In very rare cases, a patient may be left with no hip joint at all, if the decision is made not to put in a new prosthetic hip after the infected one has been removed. This is called excision arthroplasty and is extremely rare. The long term result of an infected hip replacement will never be as good as intended, but the chance of this happening at SWLEOC is less than 0.5%
- Leg length difference – most people without THR have a small leg length difference. If you know that you have, please highlight it in advance to your surgeon, who may be able to correct this during surgery. It will take time for a leg length difference to settle after surgery, as the muscles and joints around the hip and pelvis adjust. It is very rare to have an especially noticeable leg length difference. This may be rectified with a small heel lift that can be worn inside your normal shoes. In exceptional circumstances further surgery may be needed to correct it
- Accidental fracture of the pelvis or thigh bone during surgery – this may lengthen your recovery, cause you additional significant pain and may result in you using crutches for several weeks to avoid putting your full weight through your operated leg for several weeks
- Loosening of the attachment of the THR to your bone. Loosening will result in pain, reduced hip function and could lead to dislocation of the joint
- Nerve injury, also known as– femoral and sciatic nerve palsy. This occurs as a result of trauma to the nerve and is characterised by weakness and lack of sensation of the affected leg, with or without associated pain

General risks associated with surgery

- Deep vein thrombosis (DVT) – a blood clot that forms in the deep veins in your body, usually the calf. We will give you anticoagulants or ‘blood thinners’ after surgery to reduce this risk
- Pulmonary embolism (PE) - a serious complication which can result from a clot travelling through the bloodstream from the site of DVT to lodge in the lung. A PE can be life-threatening as it can cause the circulation to collapse
- Numbness after surgery around the scar
- In some cases it may be necessary to have a urinary catheter placed inside your bladder. Urinary tract infections can occasionally occur as a result of catheterisation and may require treatment with a course of antibiotics

- Significant painful swelling may occur around the hip joint extending in to the leg. Significant bruising may also occur and track down the entire leg
- Bleeding in to the surrounding hip tissue that necessitates a blood transfusion. If you hold certain beliefs that prevent you from receiving a blood transfusion, you must highlight this to staff as soon as possible

Rare complications

- Stroke – blood clots to the brain or a bleed into the brain can result in a stroke that could also cause serious long-term physical and mental disability or death
- Your scar after surgery may heal abnormally leaving a scar with a raised and thickened appearance, which is known as a keloid scar
- Permanent nerve damage causing numbness or muscle weakness may occur
- Persistent pain syndromes can occur after joint replacement that can have a serious effect on your quality of life and may require you to take long-term medication

Blood transfusion

For most individuals blood transfusion is not required. However, if you are particularly anaemic pre-operatively or your medical condition demands it, then we will discuss the potential use of blood transfusion.

Your expectations

Most people do have a straightforward and rapid recovery however, despite best efforts, life can be unpredictable and when complications do occur they can have a significant impact on your life.

After THR it is normal to feel more tired than usual for the first 6-8 weeks after surgery. This fatigue should improve as you move towards the 12-week mark. It is important to listen to your body, eat well and get lots of sleep while you are recovering. 75 % of people who have undergone a hip replacement report continued improvement between 6-12 months after surgery. 50% of patients report ongoing improvement between 12 – 24 months after surgery.

Alternative treatments available

THR is not the only way to manage hip pain due to arthritis. You have the option of taking medications to control the pain, trying to optimise the function of the joint with physiotherapy, as well as using walking aids to help reduce the amount of force the hip is exposed to in everyday life. If these measures are not acceptable to you or are no longer working for you, then a THR is the next option.

The National Joint Registry (NJR)

In 2002, the Department of Health and Social Care and Welsh Government set up the NJR. Its purpose is to collect information on all hip, knee, shoulder, ankle and elbow replacements to monitor the performance of different implants used. It also monitors the effectiveness of different types of surgeries. In the future, in the unlikely event that there is a problem with the type of implant you have received, the NJR will be able to contact you and advise you.

Once you have arrived in pre-theatre, you will be asked by a staff member if you would like to consent to providing the NJR with the following information:

- Your name and address
- The type of implant you received
- Which surgical technique was used
- Which side of your body was operated on
- Your gender
- Your age

Patient Reported Outcome Measures (PROMS)- Measuring Your Progress

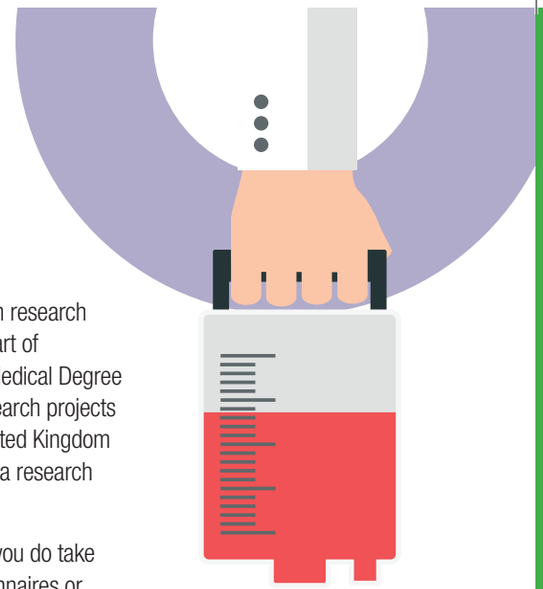
The government requires us to monitor your progress before and after surgery by collecting information to evaluate the performance of your hip replacement. At SWLEOC we are keen to monitor your progress for up to two years in order to fully understand how you are getting on and to ensure we are in a position to give future patients the very best of care and information. The first questionnaire will be given to you to complete prior to your operation, then you can opt to receive the following questionnaires by email or post. These are done at set time points:

- Before you undergo your THR
- 6 months post-surgery
- 1 year post-surgery
- 2 years post-surgery

For those who have agreed to fill out scores online, there is an online portal where you can gain access to your outcome scores and see them plotted over time. You can also compare your pre-op, first and second year scores with other patients who have undergone THR. If you are currently receiving your questionnaires by post and would like to swap to online submission in addition to having access to the SWLEOC Outcomes Portal, please call 01372 735425.

The centre also collects information regarding patient satisfaction and complications experienced by patients. These questionnaires are sent to patients via email and by post at six weeks, six months, 1 year and 2 years after surgery.

This information is utilised by the doctors in the research department to monitor patients' progress and write research papers that are published in peer-reviewed journals. The research may also be presented at national and international conferences. No patient demographic details are used in these publications.



Research Trials at SWLEOC

The Research Department at SWLEOC set up and run research studies on a continual basis. These are sometimes part of Postgraduate Doctoral Degree, Masters Projects or Medical Degree projects. The centre is also frequently involved in research projects that are rolled out across multiple hospitals in the United Kingdom and internationally. You may be invited to take part in a research study while you are a patient at SWLEOC.

Taking part in research studies is entirely optional. If you do take part you may be required to fill out additional questionnaires or attend additional appointments for specific investigations. Findings of such research projects may be beneficial to future patients undergoing orthopaedic surgery. The findings of such projects may also influence clinicians' future thinking and clinical practice. Results of the research may also be published in peer-reviewed journals and presented at national and international conferences.

Bone Donation

During a THR, the ball at the top of the thighbone is removed and safely discarded. You may be asked if this bone may be harvested and if it can be used for another patient who may require re-constructive procedures.

Filming and Photography

Staff at SWLEOC often perform teaching sessions for other centres and present their work nationally and internationally. Occasionally, we may ask if your operation can be filmed. Similarly, we may ask you if photographs of your operation can be taken. You will not be able to be identified from the information or images taken. This will be discussed with you in advance and will only occur with your written consent. Sometimes, we also take photographs for medical reasons, for example to monitor the progress of a healing wound.

Chapter 4

2-5 days to go to the day of surgery

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2-5 days to go before surgery

A member of the pre-theatre team will contact you between two and five days before your surgery. If you are not feeling well or if you have an insect bite, cut, sore, tooth abscess or open wound that we are not aware of, don't wait for the team to contact you, please get in touch with pre-theatre immediately on 01372 735 807.

This is also the time to discuss any changes to your circumstances or health since we were last in touch with you.

You will be informed of instructions for your arrival and will be told exactly when to stop eating and drinking in advance of your anaesthetic. You will also be instructed about which of your medications you can take and which you should stop taking.

In the 3-4 days leading up to your admission keep very well hydrated, eat well but lightly and avoid stodgy foods. Postoperative constipation is a considerable issue. This is because of the body's stress response to surgery as well as potent painkillers such as morphine that cause your normal gut movements to slow down.

If necessary, you may benefit from gentle laxatives to ensure a regular bowel habit. If you have any concerns, please discuss this with the pre-op assessment nurse practitioner.

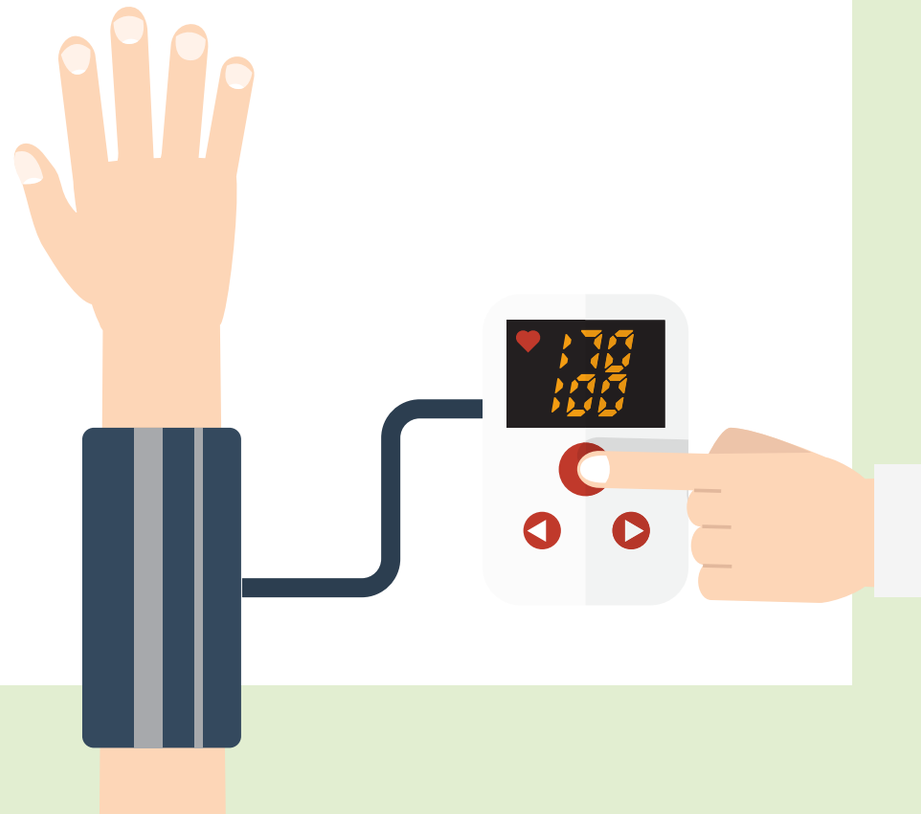
The day of surgery

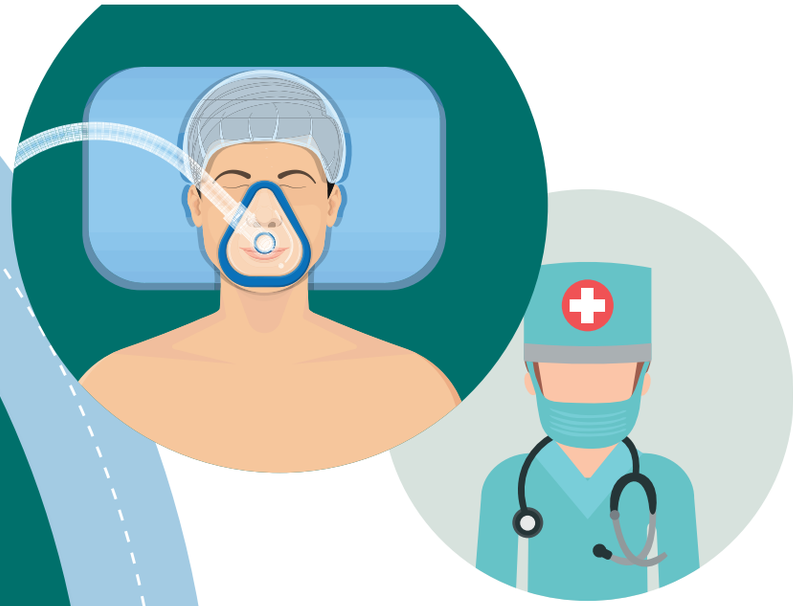
On the day of your surgery, report to SWLEOC main reception. Wrap up warm on the day to keep your core body temperature up prior to going to theatre. Low body temperature during surgery can be a cause of complications. You will be asked to wait in the reception area prior to being guided up to the pre-theatre area by nursing staff.

Once in pre-theatre, the following will happen:

- You will be asked to change into a surgical gown. Your possessions and clothes will be labeled and taken to the Post Anaesthetic Care Unit (PACU)
- Your blood pressure and other vital signs will be measured
- You may be offered a warming blanket
- You may be fitted with compression stockings to help with prevention of blood clots in your legs
- An intravenous line will be put in to one of your veins. This provides an access route for fluids, medications, antibiotics and if necessary a blood transfusion to be given. Your IV line may stay in place for 24-48 hours after surgery

Before surgery, your anaesthetist and surgical team will review you. The member of the surgical team will remind you of the potential benefits, risks and complications undergoing THR and ask you to sign a consent form for surgery. The anaesthetist will discuss the type of anaesthetic options suitable for you and how your pain will be managed after your operation.





Chapter 5

Anaesthesia for a hip replacement

You can also view the video with information regarding anaesthetic choices and potential risks associated with anaesthesia:

www.eoc.nhs.uk/hip-replacements.html

swleoc

Anaesthesia for a hip replacement

Spinal anaesthesia

This technique involves an injection of anaesthetic into the base of your spine. It is extremely safe and an effective way of numbing your hip for your operation. You will feel numb from the waist down and will not be able to feel or move your legs for a few hours. The spinal anaesthetic may be undertaken whilst you are awake or lightly sedated. Sedation will be used during the surgery so that you are sleepy and relaxed during the procedure. There are few side effects with this technique and a quick recovery. There is no need to be put on a breathing machine.

General anaesthetic

If you do need a general anaesthetic , you will be in a state of controlled unconsciousness during which you feel no sensation. Once in theatre, the following will happen:

- Anaesthetic drugs injected via your intravenous line or delivered in a gas form via a gas mask
- Oxygen via a breathing machine
- A drug that relaxes your muscles may also be used.

This type of anaesthetic means that you will need a breathing tube placed in your throat or inside your windpipe to ensure oxygen and anaesthetic gases move easily in to and out of your lungs. When the surgery is finished, the anaesthetic is reversed, you will regain consciousness and will be able to breathe normally again. A disadvantage of general anaesthesia is that the drugs can make you drowsy, nauseated and may make you vomit. You may also require more morphine after surgery.

Risks of anaesthesia

At SWLEOC every anaesthetic is administered by a consultant with many years of experience. Our experience is that epidural and spinal anaesthetics can be combined with a good degree of sedation such that you are not aware of the operation. But, this is only one of the options.

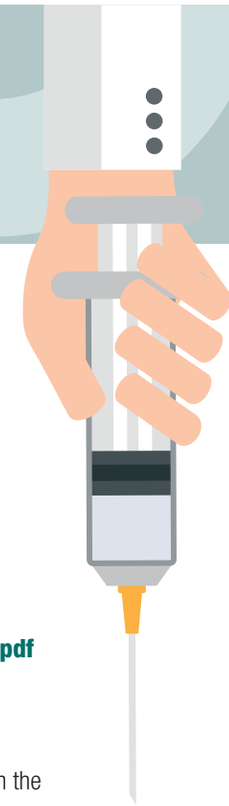
We also have consultants in intensive care medicine who provide medical cover round the clock, including weekends, ensuring senior medical attention is only minutes away at any point during your entire stay in the hospital.

Useful links for further information are listed below. The professional body of anaesthetists has put together documents to help you understand the anaesthetic. If you have difficulty accessing the internet, please speak to your anaesthetist if you have questions about your anaesthetic.

https://www.rcoa.ac.uk/system/files/02-YourAnaesthetic.pdf

https://www.rcoa.ac.uk/system/files/03-YourSpinal.pdf

Every patient will have a different set of medical issues and your anaesthetist will discuss risks and options of anaesthesia with you on the day of surgery.



Nerve block

A nerve block involves an injection of local anaesthetic near to the nerves that supply your hip. Selected parts of your leg will go numb and provide pain relief for many hours. A nerve block may be performed in conjunction with a general or spinal anaesthetic.

Wound Infiltration and Wound Catheter

Local anaesthetic can be administered via a small tube in the wound through which further local anaesthetic can be given, also known as a wound catheter. This is a very effective way of controlling pain after THR surgery and allows patients to get out of bed and walk earlier than traditional techniques. Because it controls pain so well and therefore allows early mobility, it reduces the risks of suffering blood clots. The wound catheter is usually removed after 24 hours.

Pain management

It is normal to have some discomfort or pain after surgery. Typically, discomfort will be felt around the side of the hip, the buttock, and the groin. Occasionally, pain can be felt down the front of the thigh - this may indicate that you are doing a little too much.

It will not be possible to eliminate all pain, but it should be possible to make you comfortable enough to walk safely and participate through your rehabilitation. Staff will frequently check that you have sufficient pain relief during your stay at SWLEOC. You will be asked to grade your discomfort on a scale of 0-3.1 indicates mild pain, 2 indicates moderate pain and 3 indicates severe pain.

It is important that your pain is under control so that you can participate in your rehabilitation and get out of bed; please follow medical advice on how often to take pain medication. Please ask for more or stronger medicine if you are in severe pain.

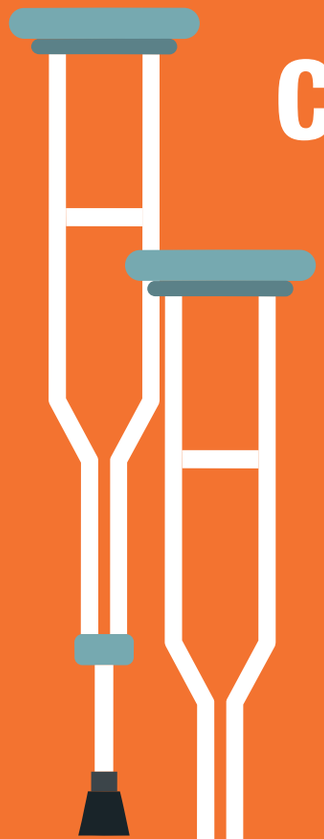
Oral medication

Strong painkillers will be given to you for you to swallow in the days after your surgery. These will be reduced in strength as you recover. If you are feeling sick or are not eating or drinking properly, these medications can be given via your IV line.

Patient Controlled Analgesia (PCA)

This is used occasionally. A pump is set up to deliver pain medication directly in to your IV line. It is called patient controlled because you can press a button on the pump to deliver a shot of pain relief when you need it. The pump is programmed so that you never receive too much medication.

You can access more information regarding anaesthetics online:
https://www.rcoa.ac.uk/system/files/02-YourAnaesthetic.pdf



Chapter 6

After your surgery

You can also view the video with instructions on walking and getting up and going after your surgery:

www.eoc.nhs.uk/hip-replacements.html

swleoc

After your surgery

Immediately after your surgery, you will be admitted to the Post Anaesthetic Care Unit (PACU). PACU is both a recovery and an intensive care unit. Here you will be closely monitored to ensure that you are recovering from your anaesthetic. Once you are medically stable, you will be transferred to one of the wards. This usually takes place within an hour of surgery or a little longer if necessary.

Once you are on the ward, you will be taken care of by the ward staff and will be given regular pain relief and medication to reduce the risk of developing blood clots.

Getting up and about after surgery in hospital and at home

Once the muscle power and sensation has returned to your legs, you will be encouraged to get out of bed and take a short walk. A member of the Therapy team will help you achieve this important milestone. Restoring independent mobility is a priority. Benefits include minimising the chance of you developing blood clots or developing a chest infection.

The majority of our patients get out of bed and walk for the first time with the help of the team on the same day as their THR surgery. You will be expected to complete a short flight of stairs on day one or two after surgery. The therapy team will practice your sit to stand transfers based on the information you provided in your Helping Us To Help You Booklet (HUTHY). If you feel that this practice is not sufficiently replicating your home environment, please alert the therapy team as soon as possible.

Getting in and out of bed

- Check that your bed is at a safe and comfortable height. Either too low or too high will create difficulty
- If you are following movement precautions, as instructed by the therapy team, then you will be told the measurement your bed needs to be raised to, in order to protect your hip
- A soft mattress will make movement on the bed and getting off the bed more difficult

Getting out of bed

- It is easier to lead with the operated leg. Slide one leg at a time, towards the edge
- Use your hands on the bed to support your upper body
- Once both feet are off the edge of the bed, use your hands on the mattress to de-weight your upper body while moving your buttocks forward until your feet are comfortably on the floor

Getting in to bed

- It is easier to lead with the operated leg
- Start by sitting on the edge of the bed
- Slide your bottom back as far as you can with your legs together. Keeping your legs together, bring your legs round onto the bed
- To re-position comfortably in bed, bend both your knees, prop up on your hands, and push through your hands and feet until comfortable

Sit to stand from a chair, bed or toilet

- You may find it harder to stand up from sitting after your operation
- Having your chair or bed at a reasonable height will assist you in this
- When preparing to move from sit to stand, move your bottom forward to the edge of the surface
- Place both of your walking aids in one hand, with your other hand, push up on the edge of the chair or bed and stand up
- This is also what you need to do when getting up from the toilet
- We do not routinely give out raised toilet seats unless you are following hip precautions. You will however be assessed to ensure you are able to do this safely.

Advice on the best chair to use after surgery

- It is helpful to use a chair that has armrests and is not too low
- Ensure that the back and seat cushions are firm and that the chair seat does not slope down towards the back of the chair making the back of the seat much lower than the front

Getting in and out of a car

- Very low cars or bucket seats are likely to cause a challenge after a THR
- Aim to park the car well away from a kerb so that there is room for you to stand on the road next to the car
- Ensure that the seat is pushed as far back as possible and ensure that the car foot well is clear

- Back up to the car seat and hold on to the static door pillars if possible. If you have to hold the car door with one hand, ensure that someone is bracing the door open.
- When you feel the edge of the seat or the sill of the car against the back of your legs reach your hand for the back of the car seat and slowly lower yourself to sitting.
- Swing your legs into the car.

Stairs

Ascending stairs

- Place your walking aids in one hand and hold the rail with the other
- The good leg goes up first
- The operated leg goes up second
- The walking aid goes up last.

Descending stairs

- Place your walking aids in one hand and hold the rail with the other.
- The walking aid goes down first.
- The operated leg goes second.
- The good leg goes last.

Movement restrictions after THR

Unless your surgeon has specifically stated, we do not ask you to follow specific movement precautions after your THR. The only movement that we ask our patients to exercise some care with is deep hip bend. For the first six weeks after surgery, patients should be careful putting on their own shoes and socks and tying laces. Aside from care with deep hip bend, there are usually no other movement restrictions.

If you are undergoing a repeat hip replacement on the same side as a pre-existing hip replacement (a revision) then you may be asked to follow some precautions to minimise the risk of dislocation. Your surgeon will document the movement restrictions on your operation note. Any precautions will be clearly explained to you after your operation when our therapy team sees you for the first time.

Can I put weight through my leg after surgery?

After hip replacement surgery, unless your surgeon has requested otherwise, you are allowed to put all of your body weight though your operated leg. It is helpful to fully weight-bear as this will help maintain and improve your bone density at the top of your thigh-bone and will improve the fixation of the bone on to the stem of the new hip replacement if you have an un-cemented THR.

How to use crutches/walking aid

The therapy team will assess you and provide you with crutches or a suitable walking aid. They will teach you how to use them when they meet you on the ward. The goal is to ensure that you feel safe whilst walking and that your gait pattern is as normal as possible with the appropriate walking aid. **We kindly ask you to return your walking aid to SWLEOC reception when you no longer require it. We are able to recycle these.**

Normal walking pattern

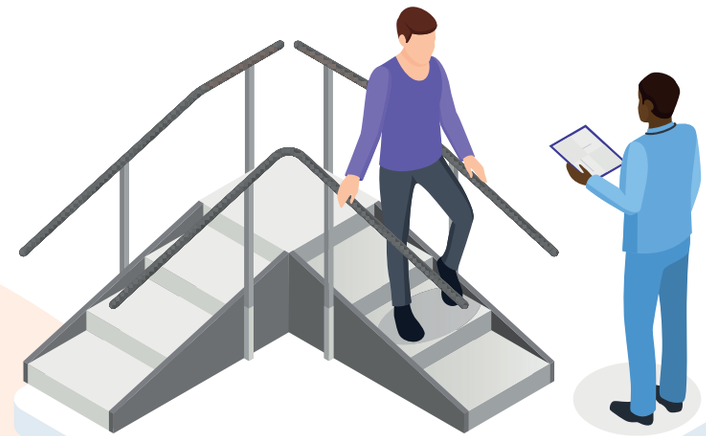
Ensure the elbow crutches (or sticks) are placed shoulder width apart. Move the crutches forward together at the same time as your operated leg – so that the crutches de-weight your operated hip, then step through the crutches with your un-operated leg.

Early stage post-operative exercises

We have included three progressive exercise programmes that range in difficulty. The early stage exercises are listed below. See chapter 9, Physiotherapy and Rehabilitation for further detailed advice on return to activity as well as the mid and late stage programmes.

The therapy team on the ward will teach you the early stage exercises. You may also be asked to attend daily exercise classes while you are an inpatient. The inpatient therapy team will also refer you to your local outpatient physiotherapy department in advance of your discharge.

In the early days after surgery, some of the exercises may cause some discomfort. This is acceptable as long as you are not in more pain the next day. We would expect you stay on the early stage exercises for around two weeks, at which stage you will most likely be ready to progress to the mid stage exercises (See chapter 7).

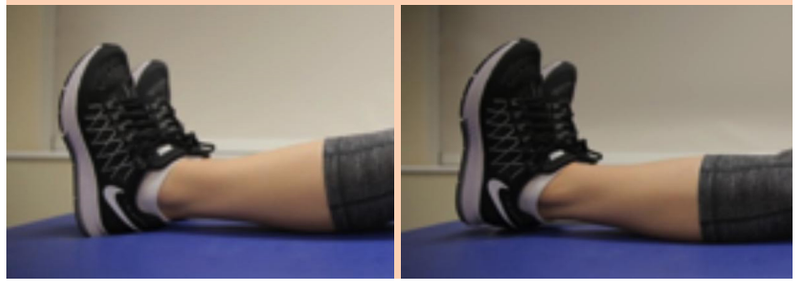


Early stage total hip replacement exercises

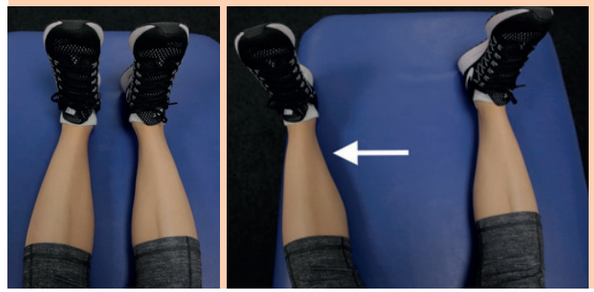
Please be advised that these exercises are only a guide. It is acceptable for you to complete all or only the exercises that you are comfortable with. Please visit our website to view the early stage exercise program: **www.eoc.nhs.uk/hip-replacements.html**

If you have had a bilateral hip replacement surgery, please complete the exercises on both legs.

Exercises to be completed lying down

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	**Ankle pumps** 	• Lying or sitting • Pump ankles up and down	**20**	**1**	**Hourly throughout the day until fully mobile indoors**
exercise 2	**Static quadriceps holds** 	• Lie with your legs straight • Pull your feet up towards you and push your knees down firmly in to the bed • Hold, then relax and repeat	**20 sec hold as able**	**6**	

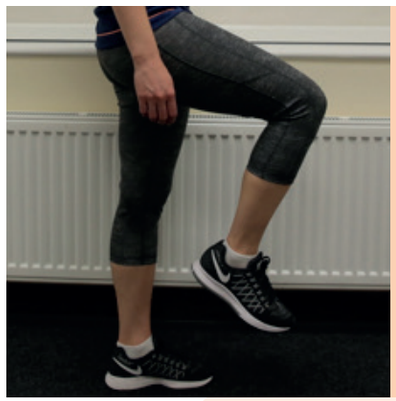
	Exercise	Description	Repetitions	Sets	Frequency
exercise 3	**Static buttock squeezes** 	• Squeeze your buttocks firmly together • Hold, then relax and repeat	**20 sec holds**	**6**	**Hourly throughout the day until fully mobile indoors**
exercise 4	**Hip bends** 	• Lie on your back, with your legs out straight • Slowly bend one hip up towards you and return to start position, repeat • You may feel some discomfort during this exercise, this is acceptable, as long as it is not severe	**12 - 20 sec holds**	**2 -3 as able**	**Three times per day**
exercise 5	**Towel squeezes at neutral (0), 45 degrees of hip bend**  	• Place a large rolled up towel between your knees • Squeeze your knees together to about 60% effort (squeeze less hard if painful)	**10-20 sec holds**	**2 cycles**	

	Exercise	Description	Repetitions	Sets	Frequency
exercise 6	**Double leg bridging** 	• Lie on your back with your hips and knees bent, feet flat on the floor or bed • Lift your hips up and then lower	**12-20**	**1-3** **as able**	**Three times per day**
exercise 7	**Hip abduction** 	• Lie on your back, with your legs out straight • Slowly move one hip out to the side and return to start position, repeat • You may feel some discomfort – this is acceptable unless pain is severe	**12-20**	**2-3** **as able**	

Exercises to be completed in sitting

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	 **Seated knee extension**	• Position in sitting • Sit up as comfortable • Straighten one knee and hold	**Hold 10 Seconds**	**12**	**3 times per day**

Exercises to be completed in standing

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	**Heel raises** 	• Stand with fingers resting on a wall or stable surface for balance • Feet parallel • Lift heels off ground to full height and slowly lower	**12-20 as able**	**3**	**Once per day**
exercise 2	 **Standing hip bends**	• Stand with fingers resting on a wall or stable surface for balance • Slowly bend one hip up towards you ensuring that the bend is coming from the hip rather than your back	**10**	**1**	

	Exercise		Description	Repetitions	Sets	Frequency
exercise 1		**Standing hip abduction**	• Stand with fingers resting on a wall or stable surface for balance • Slowly take your leg out to the side and return to the start position • Maintain a still trunk while moving your leg	**10**	**1**	**Once per day**
exercise 2		**Standing hip extension**	• Stand with fingers resting on a wall or stable surface for balance • Slowly take your leg behind you and return to the start position • Maintain a still trunk while moving your leg	**10**	**1**	
exercise 3		**Standing hamstring curls**	• Stand with fingers resting on a wall or stable surface for balance • Slowly take one heel up behind you, bending at the knee • Return to the start position	**10**	**1**	

Chapter 7

Going home

You can also view the SWLEOC videos relating to information after discharge from hospital:

www.eoc.nhs.uk/hip-replacements.html

swleoc

Going home

Most of our patients go home between day one and day three after their surgery. In order to be discharged home, you must:

- Be medically fit
- Be independently mobile with an appropriate walking aid
- Be independently transferring in and out of bed and on and off the toilet
- Have completed a short flight of stairs if you have stairs at home

Ensure all equipment, that you require to be safe at home, is installed.

Very few of our patients require any equipment when they go home – if you do, the inpatient team will discuss this with you and arrangements will be made.

We appreciate that being in and going home from hospital can be worrying and we are keen to provide support. The team will work with you and your family to assess your needs in preparation for going home. When you leave SWLEOC, you will be given a limited supply of any new medication which has been started while in hospital, a written discharge summary that will tell you about wound care, any necessary future blood tests or actions that should be taken. A copy will also be sent to your GP.

The day of discharge

- We will aim to discharge you by 11am so that you can settle in to your home early
- You will need to arrange for a friend or family member to collect you – you will be quite fine to travel as a passenger in a normal car. In the event that you do not have anyone that can collect you, please alert a member of the hospital team
- Make sure that you have outdoor clothes and your house keys with you

If you have any concerns about your discharge home or about your ability to cope at home, please flag these up as early as possible to staff and we can help.

Recovering at home

A hip replacement is a major event for you and your body and recovering takes time. It is common to experience significant tiredness and fatigue for around 6-12 weeks afterwards.

We advise you to:

- Take regular pain relief as prescribed. Some discomfort is expected and it is best to keep this well controlled so that you can stay mobile and do your rehabilitation without making your hip sore
- Keep mobile when at home
- Do your exercises regularly
- Eat healthily
- Sleeping is often difficult and there is nothing wrong with taking a nap

Diet after surgery

After surgery it is normal to experience a temporary reduction in your appetite because of the medications you had when in hospital. For good bone and muscle healing after your surgery, it is important to eat a balanced and healthy diet including a good amount of protein and fibre.

- Keep well hydrated by drinking 1.6 to 2 litres of water per day unless told otherwise
- To avoid constipation, eat a high fibre diet such as whole grain foods, wholemeal bread, high fibre breakfast cereal and plenty of fresh fruit and vegetables

Pain relief

Although most patients are pain free from very early on after THR, some experience on-going discomfort for some months after surgery. If pain is severe, you should get in touch with the centre as this could indicate a problem. Please contact the ward you have been discharged from.

Once you are home, you must manage your pain relief yourself. It is very important that you keep it well controlled and take painkillers regularly when prescribed so that you can

be mobile and complete your exercises. This will help your long-term recovery. Pain is much harder to control if you let it build up so do take your pain relief regularly. Most painkillers take about 30 minutes to start working properly.

If your pain medication needs reviewing after surgery, please see your GP.

You may have been given more than one type of painkiller. Different pain killers work in different ways and often work better when combined – please ensure you follow advice on how to combine your painkillers safely.

Paracetamol

Paracetamol is a good option for pain relief after a hip replacement even if you did not find it useful before the operation.

- The dosage for an adult is usually two 500mg (1gram) tablets every 4-6 hours
- Do not exceed four grams of Paracetamol in one day
- Do not take Paracetamol in combination with other drugs that contain Paracetamol, such as Co-dydramol or Co-codamol
- Paracetamol can take about an hour to work

Ibuprofen

Ibuprofen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDS). They are also used to help control pain after a hip replacement. Ibuprofen can be combined with paracetamol safely.

- The dosage for an adult is usually one 400mg tablet every eight hours
- Ibuprofen usually takes 20-30 minutes to work
- Always take Ibuprofen with a meal or a snack to help protect your stomach
- Not all patients are able to take Ibuprofen so check with your doctor or pharmacist before you start taking it

Ibuprofen is an anti-inflammatory drug that can irritate the lining of your gut and stomach. If you need to take Ibuprofen for longer than a week then it is prudent to take an additional medication to protect your stomach lining. If you have left hospital, your GP can prescribe it for you. If you experience abdominal pains with this drug then stop it immediately and if it does not resolve, seek help from your GP.

When you reduce your pain medication, it is best to reduce and stop the Ibuprofen before you reduce Paracetamol. There is some evidence to suggest that Ibuprofen dampens down new bone growth. If you have an un-cemented THR, you are relying on bone growing on to the THR to fix it in place over time, therefore it may be advantageous to wean off Ibuprofen first.

What to do if you experience severe pain or complications after surgery

If you develop a complication requiring urgent readmission to hospital please go to your local A&E for treatment.

On rare occasions, patients do experience severe pain after THR surgery and the pain relief detailed above is not sufficient. In the unlikely event that this happens, please contact the ward that you have been discharged from. If additional pain relief is ineffective, it can indicate other problems and you will need to be seen by your consultant's team or go to your local A&E.

In the event that you develop sudden and severe pain and are unable to put weight through your leg, then you will need to go to your nearest A&E department for an X-ray to check for dislocation. You must also contact SWLEOC via the ward you were discharged from.

If you suspect that your wound has become infected then you must contact the ward you have been discharged from, who will give you definitive instructions on what to do. Signs of wound infection include redness around the wound, foul smelling ooze, excessive oozing and poor healing.

If you experience severe swelling or pain in either of your legs, this could be a blood clot forming in your veins (a deep vein thrombosis). This is a medical emergency and you need to get yourself to your nearest A&E for assessment and treatment or call 999 if you are unable to get to A&E. Please also call the ward you were discharged from.

Constipation

Some pain-relieving medications will cause constipation especially when coupled with a reduction in your normal mobility. Drinking plenty of fluids and eating high fibre foods such as those listed above will help. All laxatives are sometimes given to you to take home or they can be bought over the counter. Constipation can be very serious and the best time to sort this out is before admission. If you have troublesome constipation or abdominal pain after surgery, please go to your GP or local A&E.

Prevention of blood clots when at home

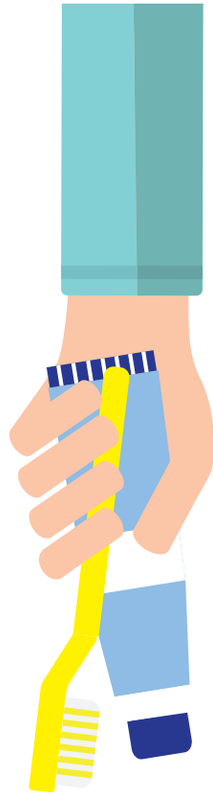
You can reduce the risk of developing a clot by taking short walks frequently, as your pain allows. This will promote blood circulation in your legs.

You will be given blood thinning medication for a certain period of time after your surgery, both while you are in the hospital and when you are home. This can be in the form of a tablet or an injection. You may or may not wear compression stockings. Your blood clot prevention regime will be tailored to you as an individual and instructions for how you will manage this at home will be discussed with you before you leave SWLEOC.

Stockings

You may be asked to wear these for up to six weeks after surgery or when you are back to a good level of mobility.

It is not unusual for swelling to increase as you become more active, this can cause the stockings to become too tight and mark your leg. If this happens to you, remove the stockings and elevate your leg. Once the swelling subsides, you can put the stockings back on. If you think you have been given the wrong size stockings please contact the ward you have been discharged from.



Swelling and bruising

Swelling, either around the knee/hip, or throughout the whole leg, is normal. It can worsen once you return home, as you start to do more. To help with swelling, elevate your leg whenever you are sitting, continue with any anti-inflammatory that you are taking, continue to mobilise and exercise as much as you can. Lying down during the day, with your leg elevated, should help manage the swelling. The swelling can last for several weeks.

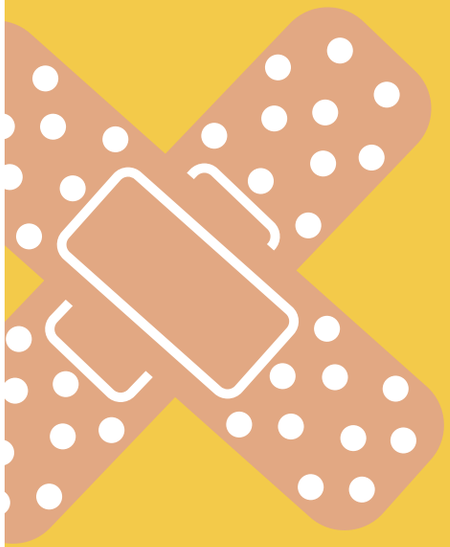
Once you are home, bruising may appear near the operation site and may then travel throughout the leg (from hip to knee). In appearance it can start as red areas and then change to a more familiar bruise colour (dark brown/yellow). This is quite normal and may remain for a couple of weeks

Washing and dressing

Initially, the safest method of washing after your hip replacement is to sit in front of the washbasin. Another option is to sit on the edge of your bed and have someone bring a bowl of water to be placed directly in front of you within easy reach.

A walk-in shower usually has a lip to step over and should be negotiated with great care. A shower chair, non-slip mat or a grab rail will maximise your safety if you would like to use the shower. Try to arrange for someone to be in the house when you shower to assist in case you need help.

- Gather your wash kit before you wash and arrange them within easy reach
- Undress and dress your operated limb first



Chapter 8

Wound Care

You can also view the SWLEOC videos relating to wound care:

www.eoc.nhs.uk/hip-replacements.html

Wound Care

After your THR, you may have two or three waterproof dressings over your wound, including:

- A large dressing that covers the wound
- A small dressing that covers the site where the wound infiltration line was
- A small dressing that was applied when the wound drain tube was removed

When you are discharged from hospital, you will ideally have the same large dressing covering the wound that was applied at the time of surgery. Sometimes the nurses may change this dressing if it becomes heavily blood stained. It is important that the number of times the dressing is changed is kept to an absolute minimum.

It is possible that the two smaller dressings may have been removed whilst you were in hospital. If not, you may remove these yourselves as directed by the team. If you or a family member removes the small dressings, a prior hand wash with soap is essential.

Do not change or remove the large surgical dressing until the date specified by the nursing staff in your discharge summary. This is usually 10 – 14 days after surgery. The nurse discharging you will explain how you should care for your wound when you are at home.

If the dressing starts to peel off or water gets underneath, you will need to change it. You will have been given some dressings to take home with you.

Changing the dressing

- Wash your hands with soap and water and dry them
- Carefully take off the dressing
- Do not touch the healing wound
- Do not wash the wound or put anything on it such as creams or ointments
- If there are white plaster strips called steri-strips over the wound do not touch them
- Do not pull on any stitches that may be poking out of the healing scar
- Wash and dry your hands again
- Apply a new dressing, taking care not to touch the adhesive part of the dressing on the wound
- Press the edges down to seal

If you have any concerns about your wound, do not hesitate to telephone the ward you were discharged from.

10 - 14 days after surgery (as specified on your discharge summary)

- The waterproof dressing and the steri-strips, if used, should be removed
- If the skin edges have sealed and the wound is dry, you do not need further dressings on your wound
- If you have been told to see a nurse, they will remove the dressing and sutures/clips. If the nurse thinks that the wound would benefit from another couple of days of being covered, then a new dressing will be applied
- If the wound is moist, a wound swab may be taken and a further dressing should be applied. If the wound remains moist and/or the wound swab result is abnormal, please contact the ward you were discharged from so that a care plan can be put in place and the Surgeon informed if necessary

Washing and showering with your dressing

- Do not remove the dressing to shower – it is water resistant
- Do not use soap, gel, lotion or powder around the dressing area
- Be gentle with the wound when drying your skin, pat dry using a clean towel

Chapter 9

Your physiotherapy rehabilitation and milestones to aim for after THR

You can also view your exercise videos on the SWLEOC website:

www.eoc.nhs.uk/hip-replacements.html

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Physiotherapy and return to physical activity

Included within this information pack are three exercise programmes that range in difficulty. The inpatient therapy team will teach you the early stage exercises whilst you are on the ward. You may also be asked to attend daily exercise classes while you are an inpatient.

Before you are discharged from SWLEOC, you will be referred to your local Outpatient Physiotherapy Department or to the Community Physiotherapists by the inpatient therapy team. Your local physiotherapy department should be in touch with you within two to three weeks of your discharge home. You will be provided with the contact details of the department to which you have been referred. Please contact them directly if you have not received an appointment within this time frame.

Once you have been discharged from SWLEOC, you have the option of working through the different physiotherapy programmes with the guidance of your own local physiotherapist. Your local physiotherapist will tailor the exercise programmes so that they are suitable for your particular hip and situation. They will also give you advice about progressing through the three programmes.

Rehabilitation following your hip surgery should be built up cautiously and gradually over a five to six month period. There should be a graduated increase in the difficulty of the exercise and the length of time that you perform each exercise. Any weights or resistance should be added gradually so that your muscles have time to acclimatise to the additional difficulty and weight.

In the early days after surgery, some of the exercises may cause some discomfort, this is acceptable as long as you are not in more pain the next day. The following pain scale may be helpful to guide you. We recommend that you use a numbers scale to evaluate and describe your discomfort. This rates levels of discomfort from 0-3. 3 is characterised by severe pain, 2, moderate pain, 1, mild pain and 0 is no pain at all. Exercising with pain levels from 0-1 out of 3 is considered acceptable.

However, once you are more than three weeks post-op, if any exercise is painful, you must stop it and further advice must be sought from your local physiotherapist. Your physiotherapist is welcome to contact our team if they have any questions. Contact details are listed at the end of the booklet.

Mid-stage total hip replacement exercises – 2-6 weeks

You can also view the SWLEOC videos to see your exercises: www.eoc.nhs.uk/hip-replacements.html
If you have had a bilateral hip replacement surgery, please complete the exercises on both legs.

Once you have been discharged from hospital, you will be referred to a physiotherapist in the community. This should happen from about two weeks post discharge. You may continue with the early stage exercises and when these feel comfortable and easy to do you can progress onto the mid stage exercises. You should practise these once a day. You can break them up into individual exercises if you are unable to complete them in one go.

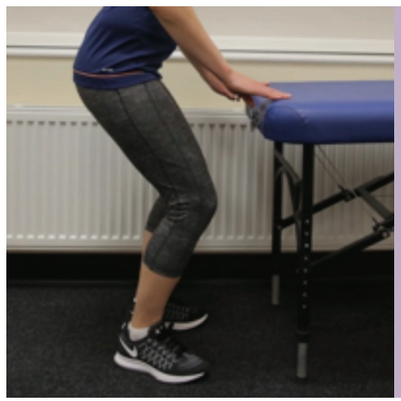
	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	**Exercise bike** 	• The seat must be at a comfortable height so as to allow full revolution of your legs.	**Low Resistance**	**5 -10 minutes**	**3 days a week ideal**

	Exercise	Description	Repetitions	Sets	Frequency
exercise 2	**Towel squeezes at 0, 60 and 70 degrees of hip bend**  	• Place a large rolled up towel between your knees • Squeeze your knees together to about 60% effort (squeeze less hard if painful	**20-30 sec holds**	**2 - 4 cycles as able**	**Once per day**
exercise 3	**Double leg bridging**  When you can do 20 x3 sets of this exercise progress to 3a	• Lie on your back with your hips and knees bent, feet flat on the floor or bed • Lift your hips up and then lower	**12-20**	**3 as able**	
exercise 3a	**Double leg bridging with alternate leg de-weighting of one heel**  	• Lie on your back with your hips and knees bent, feet flat on the floor or bed • Lift your hips up and hold, maintaining still and level pelvis • Slowly de-weight one heel and hold • Keep your pelvis lifted and swap legs	**10 second hold**	**5 - 15 each leg**	

exercise 4

Exercise	Description	Repetitions	Sets	Frequency
Lateral hip series - operated leg uppermost a) Clam 	a) • Lie on your side with your hips and knees bent • Keep your feet together, lift your upper knee, slowly lower knee back to start position	**10 repetitions**	**3 cycles as above**	**Once per day**
b) Side lying hip abduction with static hold 	b) • Lie on non-op side your side with your legs out straight • Lift your top leg up directly out to the side and hold			
c) Side lying hip abduction with small figures of 8 	c) • Lie on your side with your legs out straight • Lift your top leg up directly out to the side • Draw a small figure of eight with the leg moving from the hip			

Exercises to be completed in standing

	Exercise	Description	Repetitions	Sets	Frequency
exercise 1	**Heel raises** 	• Stand with fingers resting on a wall or stable surface for balance • Feet parallel • Lift heels off ground to full height and slowly lower	**12-20**	**1-3 sets**	**Once per day**
exercise 2	 **Hip bends in standing**	• Stand with fingers resting on a wall or table for balance • Slowly bend one hip up towards you ensuring that the bend is coming from the hip rather than your back • Only bend the hip a pain free distance	**12**	**3**	
exercise 3	 **Mini sumo squat**	• Stand with fingers resting lightly on a table for balance if needed • Feet apart and turned out • Stick your bottom out behind you as you squat • Return to upright standing and repeat	**12-20**	**3**	

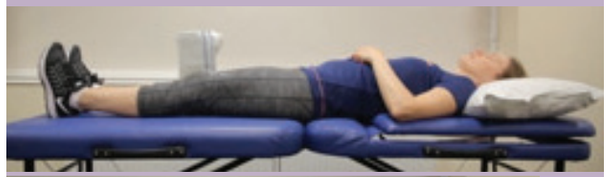
Late stage total hip replacement exercises

You can also view the SWLEOC videos to see your exercises: www.eoc.nhs.uk/hip-replacements.html

If you have had a bilateral hip replacement surgery, please complete the exercises on both legs.

Be aware that not everyone will be able to progress to these exercises. You can progress to these exercises when the pain and swelling is under control and when you feel you are able to do them. They should be delivered under the care of your outpatient physiotherapist. After having a hip replacement, the SWLEOC (South West London Elective Orthopaedic Centre) team want you to have the best possible outcome.

	Exercise	Description	Weight	Repetitions	Sets	Frequency
exercise 1	**Exercise bike** 	• The seat must be at a comfortable height so as to allow full revolution of your legs.	**Medium resistance**	**10-20 minutes**	**-**	**3 days a week ideal**

	Exercise	Description	Weight	Repetitions	Sets	Frequency
exercise 2	**Towel squeezes at 0, 60 and 70 degrees of hip bend**  	• Place a large rolled up towel between your knees • Squeeze your knees together to about 60% effort (squeeze less hard if painful)	**Nil**	**30-45 seconds**	**3-4**	**Once per day**
exercise 3	**Double leg chair bridge**  	• Lie on your back with your hips and knees bent, heel rest on the seat of a chair, sofa or weight bench • Lift your hips up in the air and lower • Feel this exercise down the back of your thighs	**Nil**	**12-20**	**3 as able**	

	Exercise	Description	Weight	Repetitions	Sets	Frequency
exercise 4	**Double leg bridging with alternate leg lifts** 	• Lie on your back with your hips and knees bent, feet flat on the floor or bed • Lift your hips up and hold, maintaining still and level pelvis • Slowly de-weight one leg and hold • Keep your pelvis lifted and swap legs	**Nil**	**10 sec hold 10 -15 each leg**	**2-3 sets as able**	**Once per day**
exercise 5	**Lateral hip series –** can complete exercise on both side if comfortable to do so – start with operated leg uppermost a) Clam  b) Side lying hip abduction with static hold  c) Side lying hip abduction with small figures of 8 	a) • Lie on your side with your hips and knees bent • Keep your feet together, lift your upper knee, slowly lower knee back to start position b) • Lie on your side with your legs out straight • Lift your top leg up directly out to the side and hold c) • Lie on your side with your legs out straight • Lift your top leg up directly up towards the ceiling • Draw a small figure of eight with the leg moving from the hip	**Nil**	**Each drill 10 – 20 – 30 seconds as able**	**1-2 cycles as able**	

exercise 5 continued

Exercise	Description	Weight	Repetitions	Sets	Frequency
Lateral hip series d) Hip abduction  e) Hip abduction with small circles 	d) • Lie on your side with your legs out straight • Lift your top leg up directly up towards the ceiling • Lower to start position and repeat e) • Lie on your side with your legs out straight • Lift your top leg up directly up towards the ceiling • Draw small tight circles with your leg, moving from the hip	**Nil**	**Each drill 10 – 20 – 30 seconds as able**	**1-2 cycles as able**	**Once per day**

Exercises to be completed in standing

	Exercise	Description	Weight	Repetitions	Sets	Frequency
exercise 1	**Heel raises** 	• Stand with fingers resting on a wall or stable surface for balance • Feet parallel • Lift heels off ground to full height and slowly lower	**Hold a 4kg weight, consider increasing weight by 4kgs every 3 weeks**	**12-20 as able**	**1-3 as able**	**Once per day**
exercise 2	 **Standing hip bends**	• Stand with fingers resting on a wall or table for balance • Slowly bend one hip up towards you ensuring that the bend is coming from the hip rather than your back • Only bend the hip a pain free distance	**Nil**	**20 as able**	**3 as able**	
exercise 3	 **Mini sumo squat** **This exercise must be pain free and be taught by a physiotherapist**	• Feet apart and turned out • Hold weight close to your chest • Stick your bottom out behind you as you squat • Maintain a straight back • Return to upright standing and repeat • Only squat a pain free distance	**Hold a 4kg weight, consider increasing weight by 4kgs every 3 weeks**	**12-20 as able**	**3-5 as able**	

Returning to physical activity and impact sports after THR

Physical activity is an important part of maintaining your overall health and well-being. One of our goals is to equip you with information so that you can decide upon the best type of exercise for you.

There are certain factors to take into consideration when deciding if impact exercise is right for you after your THR. Impact exercise includes any exercise that involves you landing with force on your feet. Examples of impact exercise include jogging, running, tennis, squash and badminton. Examples of low or non- impact exercises include cycling, swimming, Pilates, golf and bowls.

- If you have an un-cemented THR, the surface of the hip implant has a porous surface that your own bone grows in to. This biological process of bone growing in to the implant takes around 3 months to occur. Until the bone has grown in to the prosthesis sufficiently, the implant is vulnerable to loosening. During the first 4-6 months, if you have an un-cemented THR , activities involving running or impact landings should be avoided
- If you participate in easy to moderate weight bearing exercise such as walking or cycling on the static bike, a healthy amount of force will be transmitted via the implant and may stimulate bone growth and assist with the fixation of the bone on to the implant
- There is evidence that inactivity and low impact exercise will create less wear for the bearing surfaces of the THR. However, changes that occur due to inactivity can have serious consequences for your health
- Physical changes due to inactivity include loss of bone density, reduced fitness, loss of co-ordination and loss of muscle. A loss of muscle will translate to less strength and could increase your risk of falls due to poor balance, which could put your new hip replacement at risk
- If you wish to perform impact exercise, regardless of the type of THR you have, you should be strong enough to cope with the forces involved with jogging which can be up to 8 times your own body weight with each step
- If you have sufficient muscle surrounding the hip, this will aid with shock absorption and help protect the implant
- It is best to be cautious and check with your surgeon if he or she supports you returning to impact exercise
- It helps if you are skilled at the sport that you wish to take part in
- We suggest that you meet the following criteria before attempting impact exercises:

SWLEOC guidelines to return to impact exercise:

1. Have undergone your surgery no less than 6 months ago
2. Be able to walk an unlimited distance pain free
3. Full pain free movement of your hip
4. Excellent muscle strength in all directions of hip movement - a physiotherapist will be able to assess this
5. Ability to perform the late stage exercise programme consistently without any problems for a period of 3-4 months
6. Ability to perform 20 repetitions of 5 sets of double leg squats with between 50 – 70% of your own body weight in additional weight. It is best that a physiotherapist checks your squat technique. The use of weights should be built up gradually over a 5-6 month period. We suggest that you start with 4kgs of weight and increase the weight by 4kgs every 2-3 weeks as long as you are comfortable. You can begin weighted squats once you are able to squat pain free without weight with a good technique and once you have started your late stage exercises
7. Have completed a graduated walk to run programme before running. Your local physiotherapist can provide you with this

Other exercise that is not high impact, but does involve high forces at the hip includes hill walking, skiing and golf. Ideally, you would meet the criteria above as well.

The direct benefits of physical exercise to both your general health and to the fixation of the implant to your bone are high and we encourage you to improve your fitness and take part.

Common milestones and time frames to guide your progress

On the following pages, we have listed some common activities that many of our patients choose to return to after THR. The information below is intended as guidance only.

Every hip and person is individual; we encourage you to seek advice from your local physiotherapist and your surgeon about your physical goals. Some people will be ready to start certain activities before others. We request that you use a common sense approach and seek advice if you are unsure if you are ready to undertake any activity.

Examples of early stage activities, milestones and common time frames

Common mid stage activities	Number of weeks after THR usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No
Walking without crutches inside (unless specified by surgeon)	**2-6 weeks**	1. Well controlled pain 2. Even walking pattern 3. If you are limping without a walking aid – continue to use	
Walking up to a mile without crutches outside	**6-8 weeks**	1. Well controlled pain 2. Even walking pattern 3. Able to complete the mid stage exercise programme	
Using the static bike with easy resistance	**2-4 weeks**	1. Able to safely get on and off the static bike 2. Put the seat up fairly high for comfort and to avoid deep hip bend	
Driving your car	**3-6 weeks**	1. Able to safely perform an emergency stop with your operated leg 2. Left sided THR and an automatic car - resume when you feel ready 3. Advise your insurance company that you have undergone THR before driving 4. Check with your insurance company that you are insured 5. In a parked car, practice operating the pedals as if you were performing an emergency stop	

Common mid stage activities	Number of weeks after THR usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No
Return to work	**6-12 weeks**	1. Depends upon the type of work you perform – speak to your surgeon for advice specific to you	
Light house work	**4-6 weeks**	1. Able to complete your early stage exercises 2. Well controlled pain	
Light gardening	**6 weeks**	1. Able to perform your mid stage exercise programme easily 2. Avoid stamping through your operated leg when digging for 8-12 weeks	

Examples of mid stage activities, milestones and common time frames

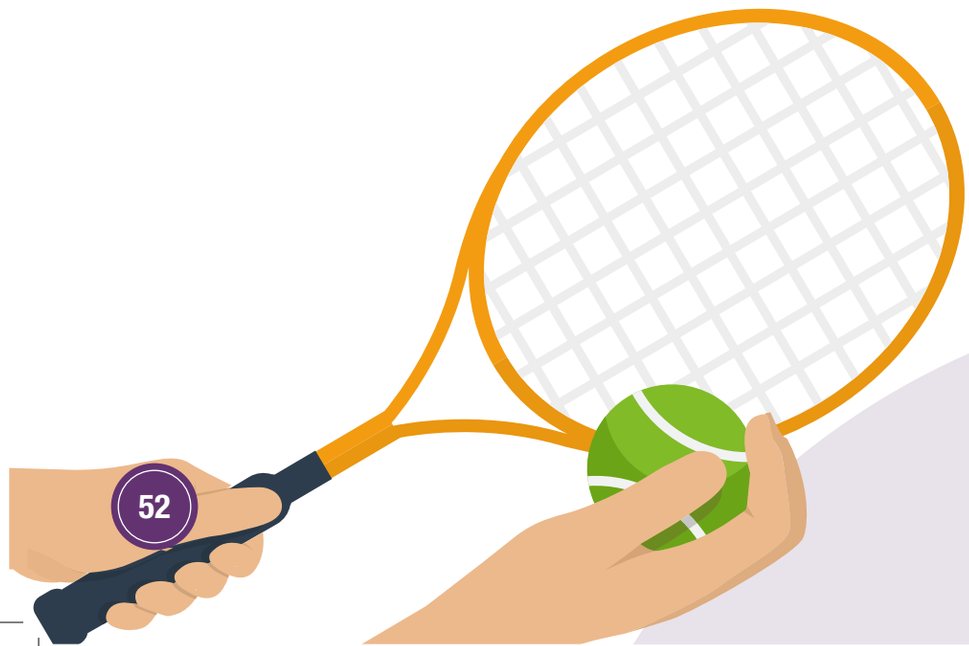
Common mid stage activities	Number of weeks after THR usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant
Golf - putting only	**From 4 weeks**	When you feel ready	
Cross trainer machine	**4 -8 weeks**	1. Able to get on and off the machine safely 2. Pain free walking short distances without aids 3. Able to complete the mid stage exercise programme	
Medium resistance on the static bicycle	**12 weeks**	1. Able to get on and off the static bicycle safely	
Walking for more than 2 miles without aids	**10-16 weeks**	1. Able to perform the mid stage exercise programme 2. Even walking pattern without aids 3. When you feel ready	
Easy country walks	**Not before 10 weeks**	1. Able to perform the late stage exercises 2. Able to walk on the flat for long distances pain free 3. When you feel ready	
Golf at the driving range	**Not before 12 weeks**	1. Able to swing a golf club through range without hip pain 2. Able to complete the late stage exercise programme	
Base line tennis shots – No jogging	**Not before 10 weeks**	1. Helps to be a skilled tennis player pre-operatively 2. Able to complete the late stage exercise programme	

Examples of late stage activities, milestones and common time frames

Common late stage activities	Number of weeks after THR usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant
Doubles tennis	**5 months**	1. Able to perform the late stage exercise programme 2. Have met the SWLEOC return to impact exercise criteria	
9 holes of golf	**Not before 12 weeks**	1. Pain free walking medium distances 2. Able to swing a golf club pain free	
18 holes of golf	**Not before 12 weeks**	1. Pain free walking medium distances 2. Able to swing a golf club pain free	
Easy horse riding	**Not before 6 months**	1. Able to perform the late stage exercise programme 2. Be a proficient horse rider on a well known and safe horse	
Bowls	**Not before 6 months**	1. Able to perform the mid stage exercises 2. Avoid extremes of hip motion	
Rowing machine	**Not before 16 weeks**	1. Pain free and full knee bend	
Jogging	**Not before 6 months**	1. Able to perform the late stage exercise programme 2. Met the SWLEOC return to impact exercise criteria	
Easy on-piste skiing	**Not before 6 months**	1. Able to perform the late stage exercise programme 2. Helps if you are a good skier 3. If you fall – your hip replacement will be at risk from the impact of falling	

Examples of advanced stage activities, milestones and common time frames

Common mid stage activities	Number of weeks after THR usually achieved	Physical milestone to meet prior to the activity and additional information	Achieved Yes/No if relevant
Singles tennis	**Not before 6 months**	Met the SWLEOC return to impact exercise criteria	
Running	**Not before 6 months**	Met the SWLEOC return to impact exercise criteria	
Off-piste skiing	**Not before 12 months**	Met the SWLEOC return to impact exercise criteria	
Squash	**Not before 6 months**	Met the SWLEOC return to impact exercise criteria	



Driving

You can start to drive when you feel safe to do so. If your operated leg is the one that you would usually use to operate the brake and accelerator, you will need to

- Be able to move your leg on and off the brake quickly
- Perform an emergency stop – you should practice this in your parked car first
- You should also have stopped taking pain medications that have an impact on your concentration
- Feel confident to start driving again
- Spoken to your insurance company to make sure that you are insured. Be sure to inform them that you have had a THR

Sexual Intercourse

The vast majority of patients are able to resume safe and enjoyable sexual intercourse after THR surgery. In fact, patients who have previously had impaired sexual function due to hip pain, may find that after surgery they are pain free and have better flexibility.

It may take several weeks to become completely comfortable during intercourse. In general, it is safe to resume intercourse approximately 4-6 weeks after surgery. This allows some time for the muscles and for the wound to undergo basic healing.

Chapter 10

Follow up appointments and travel advice

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Follow up clinic appointments

You will be invited by letter to attend an out-patient clinic appointment 6 weeks after surgery where you will be reviewed by a member of your Consultant's Team. During the appointment, the check x-ray will be assessed. The x-ray will have been performed when you were fit enough to attend the x-ray department while you were in hospital. Your wound will also be checked. The Clinician will enquire how you are getting on and give advice if needed. At this point, if you are recovering well, you will be discharged back to the care of your GP. Some people may be requested to return to clinic for future appointments if further support or monitoring is required.

Medical certificates

If you require a medical certificate to exempt you from work, please ask a member of the Discharge Team prior to leaving hospital. If you require further time off work, please ask your GP.

GP

When you are discharged from hospital, a letter will be sent to your GP summarising your inpatient stay. This is known as a discharge summary. It will list the medication you were on when you left hospital. For repeat prescriptions, please see your GP.

The dentist

Please tell your dentist you have undergone a THR, you may require antibiotics before undergoing certain dental procedures.

Travel

This advice is relevant for the majority of patients, however it should not override your own surgeon or doctor's decision making about your individual circumstances.

- Patients who have undergone hip replacement surgery are at high risk of developing deep vein thrombosis (DVT) if they fly within 4 weeks of undergoing surgery and should therefore avoid long journeys. DVTs are blood clots that can form in the legs and may travel to the heart or lungs causing life-threatening illnesses such as heart attack or pulmonary embolus. The risk of developing a clot is related to the length of time spent immobile during travel

If it is unavoidable to travel in contravention of the above guidance, we recommend you discuss the role of medication to thin your blood with your physician, otherwise, please follow the advice in this section.

- Avoid long trips over 6 hours of continuous travel for 2 weeks prior to surgery
- Postpone or cancel flights over 6 hours for 3 months after your surgery
- Postpone or cancel flights less than 6 hours for 1 month after surgery

General travel advice after surgery

- Sit comfortably in the seat and recline as much as possible
- Wear loose-fitting clothing
- Store hand luggage in the overhead lockers to keep the floor in front of the seat free from obstruction
- While seated, bend and straighten legs, feet, and toes every 30 minutes during the flight
- To increase blood flow in the legs press the balls of your feet down hard against the floor or foot rest, hold for 5 seconds 10 times, repeat twice every 20 minutes
- Do upper body and breathing exercises to further improve circulation
- Take frequent short walks around the cabin whilst the aircraft is cruising at altitude

- Take advantage of refuelling stopovers where it may be possible to get off the plane and walk about
- Maintain a normal fluid intake
- Avoid alcohol, which in excess leads to dehydration
- Avoid taking sleeping pills
- Wear compression stockings. Compression stockings must be the correct size for you and prescribed. If you would like advice on compression stockings, seek help from a healthcare professional such as your GP or pharmacist

CONTACT DETAILS

Useful Contact details

The South West London Elective Orthopaedic Centre
Denbies Wing
Epsom General Hospital
Dorking Road, Epsom
KT18 7EG
www.eoc.nhs.uk
Email: enquires@eoc.nhs.uk

SWLEOC Main Reception **01372 735 800**

Concerns or complaints

Please tell us if you have any concerns or complaints. We want you to receive the care that you need.

Speak to a member of staff involved in your care or the ward manager in charge of your ward area while you are an inpatient. They can give you advice and information about our services and help to sort out any issues.

Alternatively if you would like to discuss your complaint with an independent person within the centre, please contact the Head of Quality and Improvement for the SWLEOC on 01372 735 811.

Head of Quality & Improvement
Complaints Department
The South West London Elective Orthopaedic Centre
Denbies Wing, Epsom General Hospital
Dorking Road, Epsom
KT18 7EG
www.eoc.nhs.uk/how-to-complain.html

If you would like to discuss your complaint who is independent to SWLEOC, please contact the Patient Advice and Liaison Services (PALS).

PALS

Monday - Friday: ..... **10am – 4pm**
Telephone: **01372 735243**
Email: ..... **est-tr.PALS@nhs.net**
www.epsom-sthelier.nhs.uk/pals

For deaf, hard of hearing
and hearing impaired (Via Text Relay) **0800 102 082 962 508**

SMS text
For deaf, hard of hearing and hearing impaired **07975 232021**

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www.eoc.nhs.uk