

Orthopaedic Department

Total Hip Replacement

An enhanced recovery programme has been developed by the team of specialists to enable you to be discharged home as soon as safely possible.

The following is designed to help increase your understanding of the programme, enabling you and those around you to take an active part in your recovery.

Please feel free to ask your relatives or friends to read this booklet.

If you have not yet decided to have surgery this booklet may help you make an informed decision with the guidance of your surgeon and GP.

If at any stage you do not understand something please ask. This booklet does not replace talking to the healthcare professionals and you are welcome to ask for information at all stages of your treatment.

Pre-operative assessment occurs at Huddersfield Royal Infirmary.

The Joint School is run by the Physiotherapy Department at Calderdale Royal Hospital.

Operating theatres and elective Orthopaedic wards are at Calderdale Royal Hospital.

A Total Hip Replacement

The operation involves removing the worn or damaged head of femur (ball part of the joint) and replacing it with an artificial head. Usually the stem is fixed into place by using special cement, but not all designs require cement. The socket is usually lined with polyethylene. Your surgeon will tell you what type of prosthesis will be used. 90% of artificial hips should last 10 years, 80% last 20 years.

Things to consider

It is important to think about your discharge whilst awaiting surgery in order to prevent any delays in you going home.

Think about someone to come and stay if you may need help once you are at home.

If your toilet is upstairs a commode can be arranged if you feel you would not manage stairs.

Ask friends / family for help with shopping, cleaning or looking after pets if you think you may find this difficult.

Please ensure arrangements are in place for you to be cared for at home. Family or friends can help you but you need to have arrangements in place before your admission to hospital.

If you have no-one to help you at home please contact Gateway to care for advice but again please ensure that this is done prior to your admission.

Calderdale 01422 393000

Kirklees 01484 414933

Please ensure that no alterations are made to your house whilst you are an in-patient such as new kitchens/bathrooms or any decorating work. We cannot delay discharge for these reasons and we will ask you to find alternative accommodation if any such work is undertaken.

If your family or friends will be helping you after discharge please try to ensure whenever possible that they themselves avoid booking any holidays for the period when your surgery may be performed.

Have a phone by your bed, or carry a cordless phone in your pocket if you live alone.

Stock up the freezer with precooked food or microwave meals.

Place everyday items in easy reach cupboards (not too high or too low).

Ensure you wear loose fitting, comfortable clothes. You will be expected to get dressed on the day after your surgery. Shorts / skirts are ideal. Please ensure you wear good fitting footwear- tight shoes and tight slippers are not ideal. Please do not feel that you have to buy new footwear in preparation for your admission – it is much better to use what you are used to so long as they are in good condition.

Orthopaedic outpatient department

When seen in clinic, the surgical team will explain the reasons for hip replacement and the risks of surgery. This will form part of a discussion during which you will be asked to consent for your surgery and sign a form detailing all the information discussed. You must bring your copy of this consent form on the day of your surgery unless you signed the e-consent while you were in the department.

You should provide a full list of medication you take and any history of past/present medical conditions and allergies.

What are the risks of a total hip replacement?

- **Small risk of heart attack, stroke or chest infection.**
- **Deep vein thrombosis (DVT)**

This is a blood clot in the leg. To help avoid this you will be encouraged to mobilise early and regularly. You should try to remain well hydrated and you will be given anticoagulant (blood thinning) drugs for 35 days after surgery.

- **Pulmonary embolism (PE)**

This is a blood clot in the lungs which can come from a DVT, or arise spontaneously in the lungs.

This is managed with anticoagulant drugs for 6 months.

- **Infection can be a complication of any surgery**

Antibiotics are given before surgery starts. We audit infection rates compared to National data.

We believe our low infection rates are due to good ward hygiene / bed management / staff hand-washing and infection control measures. When deep infection is present around a hip replacement it can result in failure of the joint and may require further surgery to remove the implant.

- **Haematoma (swelling due to bleeding)**

This can be uncomfortable but will clear with time.

Blood thinning medication may be stopped.

- **Leg length difference**

Whilst every effort is made to keep leg lengths equal, sometimes this is not possible and you may need to use a shoe raise to balance any significant difference.

- **Persistent pain**

Artificial joints replace the bearing surface not the soft tissues of the hip. If your muscles / tendons ached before surgery, they may do so after.

- **Dislocation**

This occurs when the ball shaped head at the top of the thigh bone (femur) slips out of the cup shaped socket (acetabulum) of the hip joint. It may be because of implant orientation or problems with soft tissue healing. If this happens it will require anaesthetic to reduce it.

- Nerve injury is rare but the sciatic nerve runs close to the back and the femoral nerve to the front of the hip. If damaged they can cause numbness and weakness in the leg.

Long term, the hip replacement may wear and become loose. The younger the age at which you have surgery, the more common this occurs.

Enhanced recovery Joint school

An essential part of the enhanced recovery programme is “Joint school”, where you have the opportunity to meet other patients having similar surgery.

It is run by the Physiotherapy Department at Calderdale Royal Hospital who will provide information of how to exercise/ rehabilitate you muscles and reduce the risk of dislocation.

The Therapy Team will explain what will happen in hospital and what you can do prior to your admission to aid your discharge home. They will explain the rehabilitation you will receive after you leave hospital.

It may seem odd to you to start planning your discharge before your operation has taken place, but a lot of information has to be collated to ensure your smooth discharge home.

Health advice

- Try to give up smoking – or at least cut down.
- Cut down on alcohol.
- Maintain a correct weight for your height.
- Make sure your skin is unbroken and free from sores / ulcers. This will reduce the risk of infection.
- Check for foot problems or visit a chiropodist if unable to.
- Make sure teeth and gums are free from infection.
- Walk and exercise within the limits of your pain.

Pre-assessment Clinic

This is run by the Anaesthetic Department to assess your fitness for surgery and provide the best anaesthetic, tailored to your needs.

To minimise risks, the pre-assessment nurse will ask you to fill in a health questionnaire. Those with Health problems may need to see an anaesthetist. Chronic health issues that could be optimised further will be identified.

You will be asked to bring details of any medications you are taking (an up to date prescription is ideal) and contact numbers for your next of kin.

During this clinic you may have blood tests, an ECG (heart trace) and MRSA screening and you may require an x-ray. Other tests will be on an individual basis.

The commonest form of anaesthetic for hip replacement is a spinal anaesthetic. This is done, just before surgery, by the anaesthetist in a room adjoining theatre.

Pharmacy information

Please bring your usual medication and its packaging with you into hospital do not bring a home made dossett box.

Please make sure you have plenty of your usual medicines at home before you come into hospital.

Some herbal remedies have side effects and some can increase your risk of bleeding which could delay your surgery. Please stop taking herbal remedies at least one week before your operation.

This is important for the following:

- Echinacea
- Ephedra
- Kava
- St John's wort
- Ginkgo Bilbao
- Ginseng
- Valerian
- Garlic (safe in cooking)

The day of surgery

Admissions Department

Please ensure personal property is kept to a minimum – there is limited space on the wards. Please try to avoid bringing in suitcases or holdalls – it is much better to use carrier bags instead – it is also a good idea to bring in an extra supply of carrier bags as you will more than likely go home with more that you brought in!

The Admissions unit is on the third floor Calderdale Royal Hospital accessed via lift 3 (as are the operating theatres and ward 8B). Patients arrive 7am and book in via the Day Procedure Unit.

You will be given a time at which to arrive and a time from which you should not drink /eat.

The admissions nurse will check your documentation is present and go through things again with you.

You will also be given an estimated date of discharge. We aim to discharge you home as soon as you are safe, this is usually between 24-48 hours post op.

Please note that some surgeons operate an all-day theatre list. This may mean that you arrive at 7am, but your operation may not be until after lunch. You will be informed of where you are on the operating list on the day of your surgery.

You will walk the short distance to theatre anaesthetic room.

Modern anaesthesia is very safe and serious complications uncommon. The anaesthetist will stay with you throughout the operation. He/she will place a line in your hand / arm. You may go to sleep but most patients receive a spinal anaesthetic which numbs you from the waist down. You may be given some light sedation also but generally patients are awake with this type of anaesthetic. The anaesthetist will discuss this with you. A spinal anaesthetic lowers your blood pressure so there is less risk of bleeding and need for blood transfusion. It is also associated with a lower risk of blood clots.

Surgery takes about 1.5 hours.

You will spend some time in the recovery area in theatres before transfer to the ward. Your pain will be managed with painkillers. You will have fluids through a drip in your arm but can take fluids by mouth as soon after surgery as you wish. You will also have oxygen, by a mask but this is discontinued when no longer necessary.

Ward 8B

These are the Orthopaedic wards.

There are some side rooms for patients who need barrier nursing, but most patients are in single sex 4 bed bays.

The nursing staff will monitor your observations such as pulse, blood pressure, temperature and respiration rate to ensure that you are recovering sufficiently from your surgery. The frequency will depend on your clinical condition. Please note that the nursing staff use handheld electronic devices (which at a glance resemble a mobile phone) to record this information - please be rest assured that they are not accessing their personal devices/phones whilst on duty.

You should move your feet and knees to promote blood flow in your muscles and prevent blood clots.

When medically stable and the effects of your anaesthetic have worn off you will be assisted out of bed by nursing and/or physiotherapy staff and may sit in a chair at your bedside. We aim to do this a couple of hours after your operation.

First, you will use a zimmer frame to mobilise and reinforce your exercises for rehabilitation.

It is anticipated that you should pass urine between 6-12 hours after the operation; if this is not possible a urinary catheter may have to be inserted into your bladder to drain urine. This is removed once the bladder is empty (intermittent catheterisation).

Family and friends are welcome to visit but for individual patient comfort please restrict visitors to 2 per bed at any one time

No flowers are permitted on the ward.

Please note that clinical and therapy care is a priority and they may be asked to leave for a short period whilst this is undertaken. Please also be respectful of other patients on the ward as it is important that they receive adequate rest time.

The day(s) after surgery

You will be given a dose of blood thinning medicine and painkillers as required.

You will have your bloods checked the day after surgery and be taken to the radiology department for a check x-ray on a trolley.

The nurses will continue to monitor your observations but your dressings will not be disturbed unless necessary.

You will be encouraged to mobilise to the wash room and toilet and will be reviewed by the physiotherapists. They will discuss and demonstrate exercises to help with your recovery and advise you how to follow hip precautions.

A member of the therapy team will advise how you will manage at home and establish if any other equipment /help will be needed and discuss discharge plans.

The usual length of stay following a total hip replacement is between 1 – 3 days. It is important to work with the therapy teams to enhance your recovery and discharge.

You should be able to move around the ward and you will be encouraged to continue your exercises by yourself during the day.

Before discharge, you will practice stairs with guidance from the physiotherapy team on the technique most applicable to your home environment.

We aim to discharge patients before 4 pm. Please make arrangements where possible for someone to come and collect you.

Before going home you will be advised when to wean off your walking aids.

Please complete a family and friends cards and if you wish to leave any additional online comments this can be done via the patient opinion website.

Transport home

You will be able to travel as a passenger in a car. Please make every effort to provide your own transport home.

The nursing staff will advise you on pain control and continued use of blood thinning medication.

Supplies will be given to you prior to discharge.

Follow up appointments

Your follow-up orthopaedic outpatient appointment will be sent through the post or by text, Please remember that you should not attempt to drive yourself until after this appointment and then only if the surgeon has given you permission to do so.

Elective Orthopaedic Rehabilitation Team

Is for Hip and Knee replacement patients who live in Calderdale / Huddersfield or have a Calderdale / Huddersfield GP.

A therapist may visit to check your wound and identify any issues you have.

Common patient concerns

Medications

You will be discharged with a supply of tablets (this will usually be your own medications and painkillers) from the hospital. Your GP will receive a copy of your discharge letter. If you need to get a repeat prescription for your tablets you should do so before they run out. You will be given medicine to reduce the risk of developing blood clots for 35 days after your operation. This will be in the form of tablets but may require injections in some circumstances. You will be shown how the injection is given so this can be done at home and will be provided with a sharps bin to dispose of the needles. The ward nursing staff will discuss your medications with you on discharge so if you are worried or concerned please say so.

Wound

Your wound will be on the side of your hip or slightly behind on the buttock. It will be sore for 6-8 weeks till the wound heals and may be uncomfortable to sit on. It is very common to have swelling around your wound and down your leg. This will decrease over a few weeks. Bruising may appear after a few days and can be variable in amount and colour.

Your practice / district nurse or elective orthopaedic rehabilitation team will check your wound after discharge. Some wounds have dissolvable sutures, others may have sutures / clips that will be removed between ten to fourteen days after surgery.

Dressings are left in place unless otherwise informed by consultant or nurse.

More complex wound issues could be :

- Wound leaking
- Becoming increasingly painful
- Any out of the ordinary concerns

Rather than asking your GP about concerns with your wound, please ring one of the contact numbers as soon as possible (as we would like to review it).

**Between 9 am – 4 pm Monday – Friday ring the Orthopaedic outpatient treatment clinic
Huddersfield 01484 342559**

**After 4pm and at weekends or bank holidays please contact the Calderdale Orthopaedic ward
Ward 8B 01422 223801**

Other useful numbers:

Elective Orthopaedic Rehab Team

01422 306723 Monday – Friday 9am – 4.30am

07768358907 Monday – Sunday 8.30am – 4.30am

Pharmacy CRH 01422 224355

Pharmacy HRI 01484 342131

Swelling and bruising

The amount of swelling and bruising varies from patient to patient and can last up to six months. Swelling can be isolated around the hip but can also travel as far down as the ankle and may last for some time. Bruising is common and variable in degree. Rest periods on the bed with your legs elevated are important to reduce the swelling, but moving around and exercises are equally important to encourage a muscle pumping action to move the circulation efficiently around your leg.

Constipation

It is quite normal that you may not have a bowel movement for the first 2-4 days after the operation.

It is important to have plenty of fibre in your diet and fresh fruit and vegetables will help to maintain normal bowel activity. Keep well hydrated.

Weaning off sticks

When weaning from two sticks to one, practice indoors before outside where the ground is more unpredictable.

Don't try to hobble around without using anything as this will encourage limping. You will know when you feel ready to reduce the amount of support you need because you will have less pain and feel more strength around the hip. If using one stick, ***make sure you hold it in the hand opposite to the hip operated on.***

Washing and bathing

You may find it helpful to have a chair at your bathroom sink so you can rest during washing. However ensure this chair is of the correct height. You must not sit in the bath for at least 12 weeks. It may be possible for you to stand in the bath and shower if you have been taught how to do this. You can wash your hair in a sitting position but you must not lean forward over the sink. You need to sit with your back to the sink and lean backwards.

Sleeping

Advice on sleeping positions is to reduce the risk of dislocation.

After twelve weeks you can lie on your side, once confident manoeuvring in bed to avoid twisting your hip.

Some people find a pillow between their legs of benefit.

Dislocation

Patients are asked to adhere to hip precautions for a minimum of twelve weeks to allow the bones and tissues to heal properly. You should lead a normal life. However, don't assume that your hip will automatically bend above ninety degrees and therefore don't force it. Always avoid low, soft chairs. Be aware of wet floors, uneven ground and new environments to reduce your risk of falling.

Sexual activity

You can resume sexual activity as soon as you feel ready after the operation as long as you refer to your standard hip precautions.

Work

Everyone needs time off after an operation; however getting back to work is part of your recovery.

People whose work involves a lot of heavy lifting, walking or standing up for long periods of time will not be able to return as quickly as those who have jobs that are less physically demanding. In most cases it is usually safe to return to light work or an office job 8 weeks after your surgery. If your job involves heavy duties you may need to be off work up to 12 weeks. If your employer has an occupational health department they can give you further advice.

A 6 week sick note can be given from the ward.

Driving

You should inform your insurance company of your operation. Some companies will not insure drivers for a number of weeks following surgery so it's important to check. Normal advice is to avoid driving for the first 6 weeks and only essential passenger journeys for the first 3 weeks. Before returning to driving you should be free from the sedative effects of any pain relief medication. You should judge yourself to be in safe control of your car – including an emergency stop.

If you have concerns then please discuss this at your review clinic appointment.

Day to day

Give yourself a goal to achieve every day.

Before getting out of bed, do your exercises. This will loosen up your leg and help reduce the amount of stiffness you have first thing.

The muscles around your hip improve for up to twelve months after surgery.

Hip precautions

Do not bend at the hip more than ninety degrees (a right angle)

This is important when bending at the waist or reaching below your knees.

Do not cross your operated leg across the middle of your body

To stop you crossing legs while sleeping you can put a pillow between your legs.

Do not twist your operated leg

Avoid looking at the inside or outside of the heel of the operated leg. When walking with a walker, crutches or stick, do not turn by pivoting on your operated leg.

Car transfers

Push the passenger seat back. Recline the seat a little. Use a cushion if you feel the seat is too low.

Put the cushion in a plastic bag if it is difficult to rotate on the seat.

Stairs

Remember the heaven and hell analogy; up with the good and down with the bad.

Going upstairs; start with your strong leg (the one which has not been operated on).

Going downstairs; start with your operated leg.

If you have any comments about this leaflet or the service you have received you can contact :

Orthopaedic Matron
Calderdale Royal Hospital
Telephone: 01422 357171

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce,
obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych
informacji w innym formacie lub wersji językowej,
prosimy skontaktować się z nami, korzystając z ww.
danych kontaktowych

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ کی زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"