

Useful Information

Care Direct

Access to information and help for
older people and other adults
0845 345 9133
www.caredirect.gov.uk

Red Cross

Equipment loan
0845 3313331
www.redcross.org.uk

NHS Direct

General medical advice
0845 4647
0845 606 4647 textphone

Arthritis Research Campaign

For information about arthritis
and joint replacement
0870 850500

Contact numbers at Yeovil District Hospital

Physiotherapy Department

01935 384358

Occupational Therapy Department

01935 384215

Charlton Ward (6A)

01935 384322

Misterton Ward (6B)

01935 384385

Orthopaedic Outpatient Clinic

01935 384319

YOU AND YOUR HIP REPLACEMENT

A Patient's Guide

Rehabilitation Department

Name: _____

**Don't forget to bring this booklet with you when
you come into hospital for your operation.**

PREPARING FOR ADMISSION

During the months preceding admission, you will be asked to attend a Joint Replacement Clinic. In this clinic an occupational therapist and physiotherapist will give you information on how to prepare for your operation and what to expect afterwards, including the hip precautions you will need to follow.

You will be sent a green form asking you measure the height of your bed, chair and toilet and to bring the completed form with you to the clinic. It is important that they are not too low - your occupational therapist will discuss this with you at the joint replacement clinic. You will also be given long handled dressing aids and shown how to use them. We recommend you practice with them at home.

Nearer to your surgery date, you will be required to attend a Pre-Assessment Clinic. During this clinic, healthcare professionals will gather relevant information and carry out further tests. These may include blood tests, x-rays (hip and/or chest) and an electrocardiograph (a tracing of your heart). You will also be asked to sign the consent form for your operation and you will be able to discuss your surgery.

WHEN YOU COME IN TO HOSPITAL

Please remember to bring in with you:

- Any medication you normally take
- Day clothes/toiletries
- Long handled dressing aids
- This booklet

Please let us know if you have not been able to obtain any necessary equipment. Bring the green occupational therapy form with you if you have not already given it to us.

During your stay, if you have any questions, or would like to see your x-rays, please do not hesitate to ask. If we do not know the answers, we will find out for you.

Day 3 onwards

- Most people are ready to go home on day 3-5 (with support from the Community Rehabilitation Team, if needed)
- You will continue to progress your walking and an appropriate walking aid will be issued to you for home use when you are ready
- Take regular pain relief
- Continue doing your exercises
- You should practice dressing independently using long handled aids
- The Occupational Therapist will practice chair, bed and toilet transfers with you and discuss managing your day to day tasks ready for home
- Community Hospital placement is required only on rare occasions
- If you are leaving the ward today, your tablets and discharge letters will be arranged by ward staff
- Keep doing your exercises
- The Physiotherapist will practice stairs with you, if this is necessary for you to go home

YOUR TIMETABLE FOLLOWING YOUR HIP REPLACEMENT

Day 1

- The Physiotherapist will show you the exercises you need to do while in bed, these include breathing and leg exercises
- You may have a blood test
- Your drip will be taken down once you are drinking well, unless you have patient controlled analgesia (PCA) when it will remain in place for approximately 24 - 48 hours
- You will sit out of bed today and start to walk with a frame
- You will be reviewed by the Occupational Therapist
- Your hip wound will be checked and any drains removed

Day 2

- You may have an x-ray
- Hip exercises need to continue
- You will continue to progress your walking
- You can dress in your day clothes under supervision
- Take regular pain relief

THE DAY OF YOUR OPERATION

- You will be asked not to eat or drink anything for at least 6 hours prior to your operation except for any nutritional supplement drinks that you have been asked to take. You will have a separate leaflet explaining these drinks
- Having had a wash/shower you will be asked to wear a theatre gown
- You may be given a pre-medication to help you relax, if the anaesthetist feels you require one

AFTER YOUR OPERATION

This may vary from person to person

- You will wake up in the recovery room with a wedge between your legs to keep the new hip aligned
- You will probably have drains from your wound and a drip in your arm. Your pulse and blood pressure will be taken frequently
- You will also be given oxygen via a mask or through your nose
- You may have a urinary catheter in place

PAIN CONTROL

After your operation you may experience pain in your wound site. Let the nursing staff know and they will make sure you are given something to help for as long as it is needed.

PHYSIOTHERAPY EXERCISES FOLLOWING YOUR OPERATION

After your operation you will be able to start your breathing exercises as soon as you feel able. You do not need to see the physiotherapist before doing so.

It is your responsibility to practice these exercise regularly. The physiotherapist will progress your exercises during your stay. It is important that you continue to practice all the exercises you are given.

BREATHING EXERCISES

After an operation under general anaesthetic, it is important to ensure air flows into the lung to decrease the likelihood of chest infections.

The exercises involve 3 deep breaths in through the nose and out through the mouth, followed by a pause when normal breathing is resumed, then 3 more deep breaths ending with a strong cough.

BED EXERCISES Aim to do these every 1-2 hours

Ankle exercises: practice for at least a full minute every hour

The ankles must be moved up, down and in circles to prevent blood clots forming and to help with circulation. You should aim for large, vigorous movements



Thigh exercises: repeat these 10 times on each leg.

Tightening the thigh muscles (pressing the backs of your knees into the bed) prevents them from weakening and helps with circulation.



Buttock exercises: repeat this 10 times.

Clenching your bottom helps with the blood circulation and prevents the muscle weakening.



It is useful to practice your bed exercises throughout your stay and even at home when you are resting on your bed.

While in bed you can also practice lifting your leg out to the side with toes pointing towards the ceiling and gently bending your knee (but not bending your hip more than 90°). This will help to get your muscles working and make it easier to get in and out of bed.

A CHECKLIST TO HELP YOU PLAN FOR YOUR OPERATION:

- Try to memorise your hip precautions
- Practice use of long-handled dressing aids
- Practice getting in and out of the car
- Practice your exercises
- Re-organise frequently used items around the house, so as to avoid unnecessary bending
- Make arrangements for help with your domestic activities
- Contact the Occupational Therapist if the equipment they have ordered for you does not arrive

Use this space to write any additional notes for yourself...

YOUR DISCHARGE FROM HOSPITAL

- We plan for most people to go home on the third to fifth day after their total hip replacement operation
- If you become medically unwell then naturally your stay may be a little longer, but you will not be allowed to go home until you are safe
- Most patients are discharged to their own home. Occasionally, people are sent home with support of the rehabilitation scheme or home care if this is assessed to be necessary
- Very rarely, a patient who is very slow to progress or who had other functional problems prior to surgery may need to go to a community hospital for further rehabilitation
- Your family or friends can usually take you home from hospital by car
- If your discharge date falls on a weekday we will usually arrange for you to go to the Discharge Lounge by 11.00am on that day. Your family and friends can then come and collect you at their convenience before 5.00pm

AT THREE WEEKS

You will be reviewed by a physiotherapist

AT THREE MONTHS

- You will be reviewed in Outpatient Clinic by a nurse/doctor
- You will be able to resume normal activities with added benefits from your new hip joint
- You may return any aids loaned to you by the occupational therapist if you feel comfortable to manage without them

DAYS 1-2

Unless medically unwell you will be able to get out of bed on the day after your operation as instructed by the physiotherapist or nurse. In most cases, initially you will walk with a frame. Once you are able to walk safely by yourself, you will be able to walk independently on the ward and sit in a chair.

DAY 3 TO DISCHARGE FROM HOSPITAL

As your walking improves and becomes more comfortable you may walk with crutches or sticks. You will be instructed on how to walk up the stairs.

STANDING EXERCISES

These exercises should be completed 10 times every two hours when able:

1. Keeping your knee straight, lift your leg out to the side
2. Bring your knee up towards you but don't bend your hip more than 90°



3. With your knee straight, take your foot out behind you

It must be remembered that these are guidelines only. Each person having a total hip replacement has their own particular needs which will be addressed by the physiotherapist/medical staff. Please ask if you have any questions.

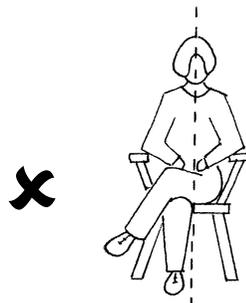
CARING FOR YOUR NEW HIP - BASIC PRECAUTIONS

It takes 8 - 12 weeks for the muscles and tissues to recover properly after the operation, even though the wound looks better and the pain has gone. During this time it is important to use your hip carefully to reduce the risk of dislocation and to allow the joint to heal fully. We advise you to follow some basic precautions during the first 3 months.

The 3 key points to remember for a minimum of 12 weeks after your operation are:

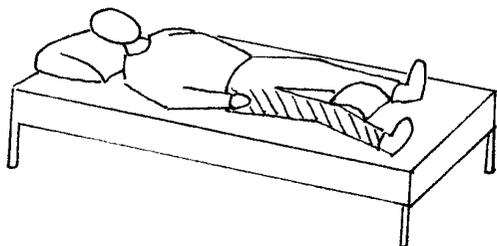
1. Do NOT cross your legs

The operated leg should not cross over the midline of the body



Do NOT roll or lie on your unoperated side

Lie on your back when in bed for the first 12 weeks. Placing a pillow between your legs may help prevent you crossing them in your sleep.



PROGRESSING YOUR MOBILITY

You will be given some specific advice about progressing your mobility before you go home

- Walk little and often throughout the day and gradually increase the distance
- Most people will go home using two sticks unless they used a different walking aid beforehand. As a general rule if you start to use only one stick you should use it in the opposite hand from the operated leg
- You should only move from two sticks to one stick, or one stick to none when you are able to do so without limping

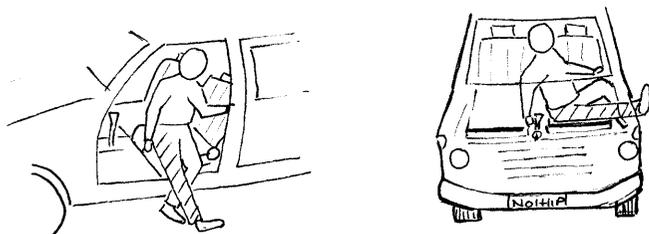
If you are discharged using crutches or a walking frame your physiotherapist will give you specific instructions about progressing your mobility. It may be important to protect your weight-bearing for a specific length of time

We recommend that you continue doing your exercises and carefully adhere to your hip precautions for 12 weeks.

Car

Getting in and out of a car:

- You should avoid cars with low seat heights, e.g. sports cars or old style minis
- Ensure that you are standing on road level and not on a raised kerb so that you have extra seat height
- You should sit in the front passenger seat. The seat should be pushed back as far as it will go and partly reclined before you sit down, the driver should do this for you if the handles and/or buttons are low
- Turn with your back to the seat. Keep your operated leg out straight and lower yourself into the seat bottom first
- Slide your bottom back towards the driver's seat, a pillow or cushion placed over the handbrake may make this more comfortable
- Gently turn to face the front, keeping your operated leg in front of you and in line with your body. Ensure that you do not bend your hip more than 90°
- To get out, repeat the above procedure in reverse
- The main thing to remember is to avoid excessive bending and twisting of the hip to prevent dislocation of the hip (the ball and socket joint coming apart)



You are advised to avoid long journeys for the first three months after your surgery. You shouldn't travel for more than half an hour without getting out of the car for a break

We recommend that you do not drive for six weeks following your total hip replacement. We suggest that you contact your insurance company before you start driving again and you should be confident to perform an emergency stop

2. Do NOT bend the operated hip excessively:

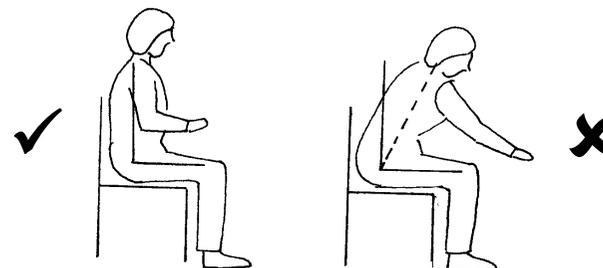
The angle between your body and your thigh should not be less than 90°. This means that:

You must not sit on low beds, chairs or toilets.

Your occupational therapist will be able to advise you on how to obtain temporary raises.

Your recommended compressed sitting height is no less than

You must not reach below your knees or lift your knees towards your chest. The occupational therapist will show you how to dress and reach using long-handled aids.



3. Do NOT twist or swivel: do not twist too far round at the waist. You must take care when turning to either side while standing or sitting. Remember to lift your feet to turn round.



MAINTAINING PRECAUTIONS IN YOUR DAILY ROUTINE

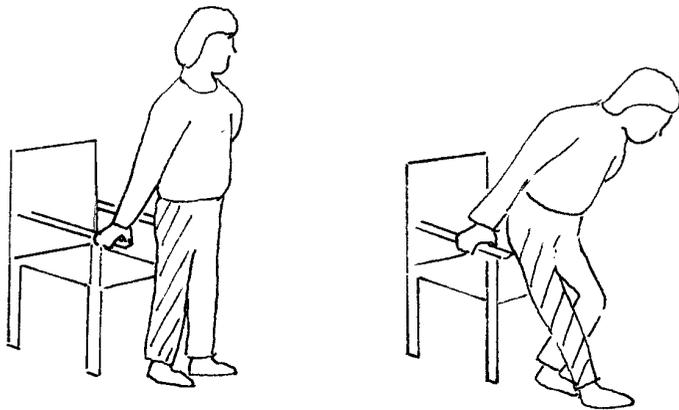
It is your responsibility to follow the precautions and apply them in all circumstances and situations. The following are suggestions to help you:

Chair and Toilet

Your chair and toilet may need to be raised, this is to make sure that when you are sitting, you do not bend the hip too much.



When sitting down or standing up from a chair, remember to hold onto the arms as you raise/lower yourself (do not pull up on your walking aid). When sitting, put the operated leg out in front of you.



Reaching Low Surfaces - for 3 months ensure you:

- use a long handled reacher, or grip a firm support, eg, a table; put your operated leg straight out behind you and bend the unoperated leg at the knee – using your arm for support
- never squat down or bend forward with both feet on the floor
- avoid stooping into low ovens, washing machines and fridges



Reduce Your Risk of Falls

- Remove loose rugs, cables and wires
- Watch out for pets and toys on the floor
- Secure carpet edges that are worn or loose

Managing Fatigue

You should expect, as with any major operation, to feel tired for the first few weeks

- You should be able to do most of the things you could do before, although it may be a little slower and done in a different way initially
- Allow time for small chores and time to rest

Sexual Intercourse

As with all activities, you must be careful to follow your precautions for 12 weeks - avoid excessive bending, twisting or strain on the hip

- women should especially avoid undue strain by not bending the hips too far towards the chest
- men may find it more comfortable to lie on their back with their partner astride them
- other positions can be resumed at 3-4 months, although some may be uncomfortable or restrictive

At Home

- sit down to do activities (use a high stool) - do not twist
- bring frequently used items to worktop height
- do not carry items, move them within arms' reach along your worktop or other surfaces
- you may find it easier to discard your sticks/crutches and use the work surface for support. Place both hands on the work surface and take side steps – be careful not to twist. This keeps your hands free to move items and prepare food
- If you live alone or have no one to carry meals/drinks for you, you will need to eat/drink in the kitchen. You may find a high stool helpful

Bed

You will probably find getting in/out of bed difficult to begin with. You might need help at first to lift your leg across the bed until your strength returns. Your early physiotherapy exercises will help you with this.

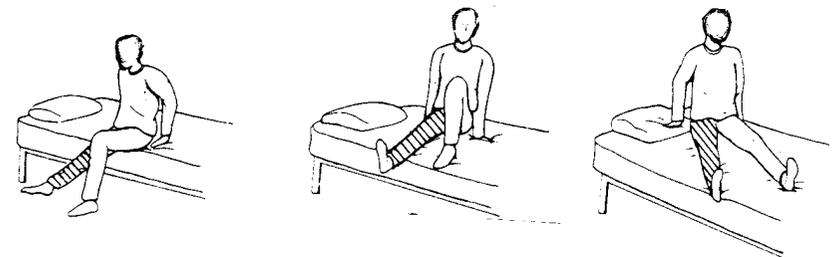
Getting out of bed: if possible lead with the operated leg.

1. Use your arms and unoperated leg as before, to lift yourself across to the edge of the bed.
2. Slowly lift your bottom around, keeping your head and legs in line, until both legs come forward off the bed and down to the floor.
3. Keeping the operated leg out in front, stand up in the way that you have been taught.

To get into bed:

1. Back up to the bed, then sit down in the way you have been taught, supporting yourself on the bed, with the operated leg straight out in front.
2. Move back across the bed and up towards the pillows, using your arms and unoperated leg to support you as you lift your bottom. Keep your operated leg straight, and both head and body in line. You can bend your unoperated leg.

Avoid having to over bend at the hip – place bedding at the bedside, not the foot end of the bed.



Dressing

- sit on the bed or a chair at a good height
- take your time
- dress your operated leg first and undress it last. Use dressing aids to put on pants, trousers and socks/stockings so that you do not bend too much at the hip. Use the dressing aids issued by the Occupational Therapist
- do not cross your legs or lift your knee up towards you
- always wear flat, sensible shoes, as they give more support than slippers and their soles grip better as well
- do not twist around to pick things up from behind you

Bathing

- do not take a bath for the first 3 months after your operation.
- you may use a walk-in shower but avoid bending to reach below your knees
- always use a non-slip mat
- long handled washing aids are available from the Occupational Therapist if this is necessary.

Domestic Activities

On discharge, you will require assistance with shopping, laundry, heavy cleaning and changing bed linen. Consider people who will be able to assist you.

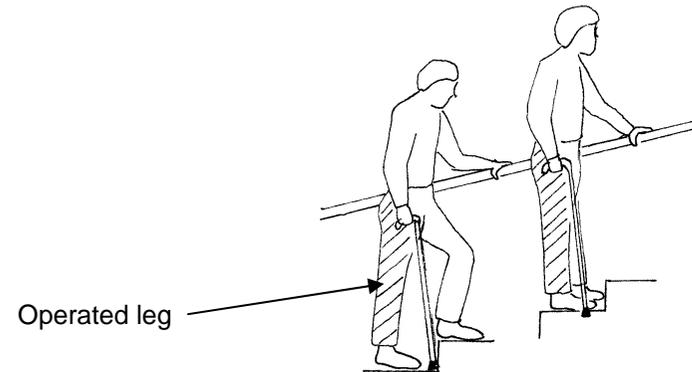
If you live in Somerset and need information and advice about support services that can offer assistance with domestic activities, please contact Care Direct on a local number 0845 345 9133. This is a free service from Somerset County Council for adults providing access to information and help. Alternatively, if you live in Dorset please contact your local Social Services Department for advice.

Stairs

- take one step at a time
- a physiotherapist will show you the correct way of going up and down stairs and you will have a chance to practice them if needed.

Going Upstairs

Lead with your unoperated leg (good leg to heaven)



Going Downstairs

Lead with your operated leg (bad leg to hell)

