



Bòrd SSN nan Eilean Siar
NHS Western Isles

Physiotherapy Department

Hip Joint Replacement



An Information Guide for Patients and Carers

Your Information

This Information Guide belongs to:

.....

Pre-op Date:

Surgery Date:

Post-op Clinic Date:

Other appointments:

Date	With	Where

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Introduction

This Information Guide is provided to give you and your family a basic knowledge of the hip joint replacement process.

It outlines the things you should know both before and after the operation.

The success of your operation is a team effort including:

- **Yourself**
- Your family and friends
- Surgeons
- Anaesthetists
- Doctors
- Nurses
- Physiotherapists
- Occupational Therapist
- Pharmacists

The exact nature of the routine as laid out in this booklet may vary from hospital to hospital and you will be guided by your own surgeon and therapists as they know the particular circumstances of your condition.

Keep this Information Guide so that you may refer to it at a later date.

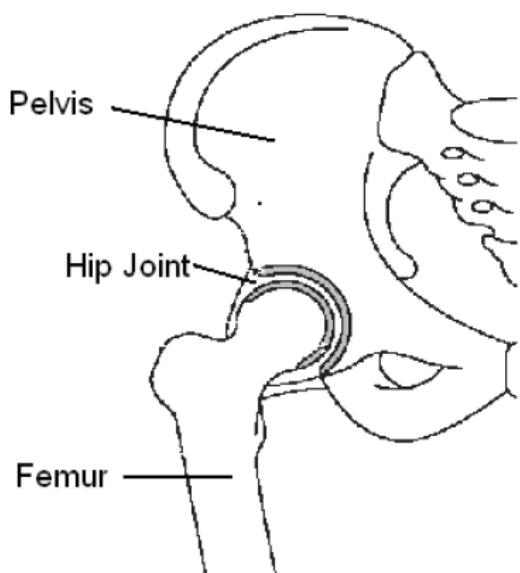
Section 1: What is a Hip Joint Replacement?

Why may I benefit from a Hip Joint Replacement?

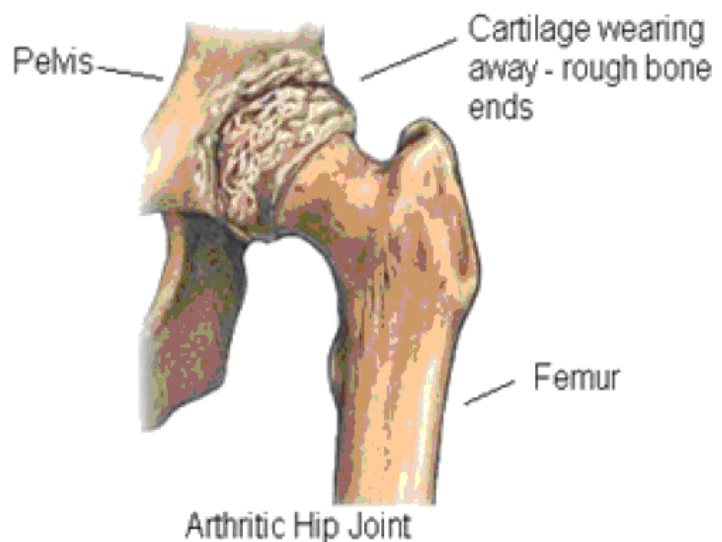
The main benefits of a hip joint replacement are relief of pain and increased mobility.

The most common cause of pain and reduced mobility in the hip is osteoarthritis, where the cartilage inside the joint 'wears away.'

The head of the thigh bone (femur) and its socket in the pelvis (acetabulum) lose their protective cartilage due to wear and tear, injury or some sort of inflammatory arthritis. The bone ends become rough and misshapen causing stiffness and pain. If these changes get worse, it interferes with normal daily life. Walking, climbing stairs, shopping, house-work, gardening and employment can become more difficult and sometimes impossible. You should be aware that a hip joint replacement can never be as good as a natural hip in good condition.



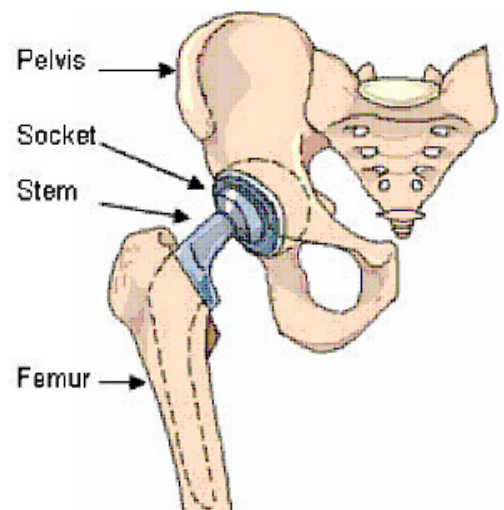
Normal Hip Joint



What is a Hip Replacement?

A hip joint replacement involves a surgical operation where the damaged surfaces of the joint are removed and are replaced with metal and plastic components which fit together to mimic the natural movement of the hip.

The operation replaces the worn head of the femur with a stainless steel ball mounted on a stem. The socket (acetabulum) is relined with a cup made of plastic.



Benefits and Risks of Replacement Surgery

A hip replacement is a major operation and is not without surgical risks. Often patients decide to proceed with the operation when the benefits of surgery outweigh the risks involved.

You should be prepared to work hard at the exercises given to you by the Physiotherapy staff to achieve a good result with increased movement, activity and mobility.

Many hip replacements will last 10-20 years but all joints wear with time.

Risks and Complications

Blood Clots - Deep vein thrombosis (DVT) is the most common surgical complication. Preventative measures to reduce the risk include early activity, appropriate blood thinning medication and compression stockings

Pulmonary Embolism (PE) – A serious complication of DVT and occurs when a clot moves from the calf to the lungs and can be fatal. This happens in a few patients.

Wound Infection – Although uncommon, wound infection can be a serious problem and may require further surgery. Occasionally in the first few days following your operation a small amount of ooze may be present – this is common and not indicative of any problem. However, if it persists for more than one week it may indicate infection.

Dislocation – Occasionally the ball of the joint and the socket may separate. This is most common in the first days to 12 weeks after the operation before the tissues have fully healed. If dislocated, it may need a manipulation under anaesthetic to correct. It is important to follow all movement precautions to reduce this risk.

Nerve Damage – Although extremely rare, there are major nerves near the hip which can be damaged. This is usually temporary and can improve as swelling and bruising reduces after surgery.

Leg Length – The surgeon will try to keep your legs at an equal length but this cannot be guaranteed.

Mortality – Risk of death within 30 days of surgery occurs in the region of 1:1000.

Section 2: Before Your Operation

Before the operation, it is important to have investigations and tests to assess your fitness for surgery and anaesthetic. These usually include:

- Tracing of your heart beat – an electrocardiogram (ECG)
- Blood tests – to check whether you are anaemic and to match your blood in case you need blood after your operation

Pre-op Clinic

Please bring a list of your medications with you.

You will be sent an appointment to attend the pre-op clinic where a nurse will go through your pre-op tests with you and discuss your general health before your operation. Anaesthetic options will also be discussed with you. You will also be invited to attend 'Joint School' - an education session to help prepare you for your operation.

Exercises

The following exercises overleaf are to help ensure you are as fit as possible before your surgery. This will also help your recovery after the operation.

The following exercises should be done 3-4 times per day – it is not harmful to do more. If you find them too difficult, build up the number gradually. Stop any exercise that is too painful.

1. Ankle Pumps



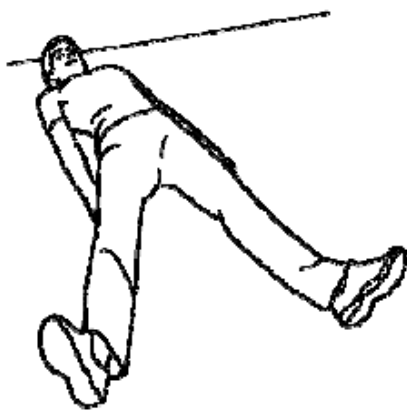
- Move your ankle up and down as far as you can go
- Repeat 10-15 times

2. Hip Bends



- Lying down
- Slide your heel towards your bottom
- Repeat 10-15 times

3. Hip Abduction (outwards movement)



- Lying down
- Slide your heel out to the side
- Keep your knee straight and your toes pointing up
- Repeat 10-15 times

4. Gluteal Sets



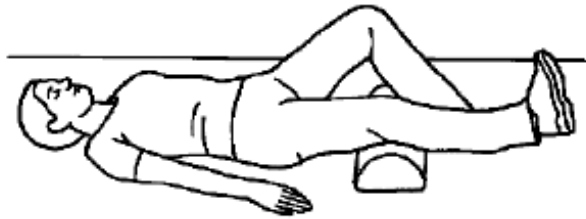
- Squeeze your buttocks together
- Don't hold your breath
- Repeat 10-15 times

5. Static Quads.



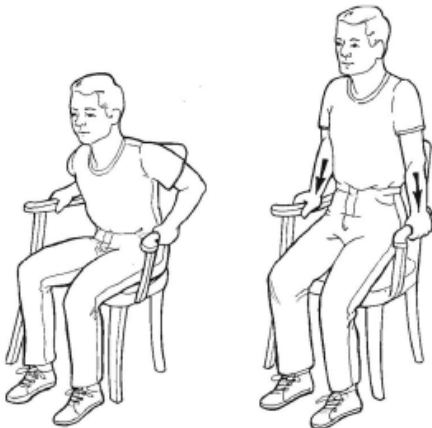
- Lying down
- Push your knee down into the bed
- Don't hold your breath
- Repeat 10-15 times

6. Inner Range Quads



- Lying down, place a roll or cushion under your knee
- Slowly lift the foot, straighten the knee and hold for 5 seconds. Slowly lower back down
- Repeat 10-15 times

7. Armchair Push-ups



- Sit in an armchair with your hands on the armrests
- Straighten your arms to raise your bottom off the seat. Keep your feet on the floor
- Repeat 10-15 times

Set-up at Home

Before admission to hospital, the Occupational Therapy Technical Instructor may visit you at home to assess your home environment. This will include checking that your furniture is the correct height for after your operation. This includes chairs, bed and the toilet.

You may also consider lifting loose rugs and clearing some space. This is to make it easier once you are home and walking with a frame or walking sticks.

Section 3: Coming into Hospital

Getting Ready at Home

- Do any cleaning and laundry and put it away
- Have clean sheets on your bed
- Prepare and freeze meals in single portions
- Do any heavy housework or gardening
- Pick up loose rugs or trip hazards
- Check there is room to move around without obstacles getting in your way.

What to Bring to Hospital

- **Admission Letter**
- **Daywear:** Lightweight clothing and underwear. Bedjacket/cardigan
- **Nightwear:** Lightweight pyjamas/nightdress and a dressing gown
- **Footwear:** Adjustable slippers or light day shoes with closed backs and a good non-slip sole
- **Toiletries:** Bring your usual toiletries. Towels will be provided
- **Aids:** Walking sticks or crutches you use
Equipment provided by O.T. - e.g. grabber, shoe horn, 'sock-on'
- **Entertainment:** Books/magazines, personal radio, ipad/tablet/kindle (free public access Wi-Fi is available)
- **Medication:** All prescribed and over-the counter medications you take in their original containers or blister packs
- **Money** A small amount of money (in change) may be required for telephone calls, newspapers, etc
- **Bring this guide!**

What Not to Bring to Hospital

Do NOT bring valuables

Smoking and drinking alcohol is strictly prohibited in NHS Western Isles premises, vehicles or grounds. This also includes the use of e-cigarettes.

Patients coming into Hospital often take the opportunity to stop smoking or at least

to dramatically cut down their consumption. If you would like help, contact the Senior Charge Nurse/Ward Sister or Nurse in Charge, or the Smokefree Hebrides team, tel. 01851 701623.

Hospital Admission

You are usually admitted to hospital the day before your operation. This is to allow time for blood tests and anaesthetic assessment. You may also see your surgeon again.

Hospital Visiting

Visiting time is from 11am-8pm but patient meal times are protected: 8am-9.30am at breakfast, 12 noon-1.30pm at lunchtime and 5pm-6pm at dinner time.

Please note: You are taking part in an active rehabilitation programme. This may include activities or sessions during visiting times.

Visitor Guidelines:

- Respect the privacy of patients and families
- Only **two** visitors per bed at one time
- Visitors are asked not to sit on patient beds
- Children must be accompanied by an adult and supervised at all times
- No smoking is permitted in NHS Western Isles buildings
- To protect patients, relatives and friends should not visit if suffering from colds, flu, vomiting or diarrhoea (or any other infectious condition).
- Visitors are encouraged to use provided hand hygiene stations when entering and exiting the ward. This is to prevent the spread of infection.

Section 4: Operation Day

Before Surgery

Approximately six hours before you go to theatre, you will be allowed your last meal.

You will be allowed to drink clear fluids up to 2 hours before your operation. You will be asked to drink 4 cartons of a 'pre-load' drink (an energy drink) the night before your operation and 2 cartons the morning of the operation. This is to aid recovery and help prevent dehydration

If you eat anything after this time, your operation may be delayed or even postponed.

To make sure your skin is very clean, you will be given a special soap to shower with in the morning. Your nurses will give you an operation gown to wear.

Anaesthetic

Your anaesthetist will review all your information to evaluate your health and help determine which anaesthetic is best for you.

The two most common anaesthetic options are:

Spinal Anaesthetic – Local anaesthetic injected beside the nerves in your back. It will make you numb from your waist downwards. Most patients also have some medication to make you feel calm and drowsy throughout the operation. Patients are less likely to be sick after the operation with this anaesthetic.

General Anaesthetic – This will give you a controlled unconsciousness. You will be asleep and feel nothing.

Immediately After Surgery

After surgery you will be taken to a recovery area where you will be taken care of until you are properly awake. You will then be taken back to your own ward.

- You may have an oxygen mask to help you recover from the anaesthetic
- You will have a dressing on your wound and may have a drainage tube to remove excess fluid from your wound
- Your blood pressure will be monitored on a regular basis
- You will be able to have something light to eat and drink.

Pain Relief

During your operation, local anaesthetic is injected into the tissues around the hip. This provides effective pain relief immediately after the operation but it will wear off.

There are many different pain relief options available. The anaesthetist, pharmacist and ward staff will work with you to find the best option for you. Remember, if your pain relief is not working, there may be another option to try!

You must let nursing staff know if you have any pain so they can help you. Do not suffer pain after your operation for too long – it is easier to keep control of pain if it is treated before it gets too bad.

You will require painkiller tablets for a period after your surgery. You will be offered painkilling tablets after surgery to keep their discomfort to a minimum. Some of these tablets will be given to you at regular times during the day as a basic level of painkiller.

You may find that although you have no pain in bed or sitting up, your pain could increase when walking or doing your exercises. Therefore, for the first few days after surgery, it is important to take the painkillers even if you do not have pain to allow you to walk and do your exercises. Remember you should always ask for pain relief whenever you feel you need it.

Mobility

You may be assessed by physiotherapy later on the day of your surgery. This depends on the time of your surgery and your recovery from the anaesthetic.

If the feeling is normal in your legs, your blood pressure is fine and you have had something to eat, you may be assisted to sit in a chair and maybe walk a few steps.

Section 5: After the Operation to Going Home

During your hospital stay, you are taking part in an active rehabilitation programme. You will be encouraged to do tasks as independently as possible, with some assistance if required.

Movement Precautions

For the first 12 weeks, DO NOT:

- Bend past 90 degrees at the hip
- Cross your legs – even at the ankle
- Twist – keep your toes and knees straight ahead

Day 1 post-op

Remember: You must let staff know if you are in pain!

At some point during the day, you will have blood tests and a check x-ray. You will be assisted to get out of bed to sit in a chair and will then be able to wash and change your clothes.

You will be assessed by a physiotherapist and will be walking with a zimmer frame. You may progress to using walking sticks. **Early mobility is encouraged to reduce the risk of blood clots and to strengthen your new joint.**

You will also be encouraged to do your bed exercises. These should be done 3-4 times every day to improve the strength and flexibility at your new joint.

Initial Exercises

1. Ankle Pumps



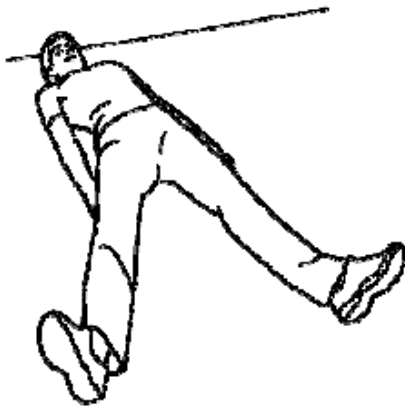
- Move your ankle up and down as far as you can go
- Repeat 10-15 times

2. Hip Bends



- Lying down
- Slide your heel towards your bottom
- Repeat 10-15 times

3. Hip Abduction (outwards movement)



- Lying down
- Slide your heel out to the side
- Keep your knee straight and your toes pointing up
- Repeat 10-15 times

4. Gluteal Sets



- Squeeze your buttocks together
- Don't hold your breath
- Repeat 10-15 times

5. Static Quads.



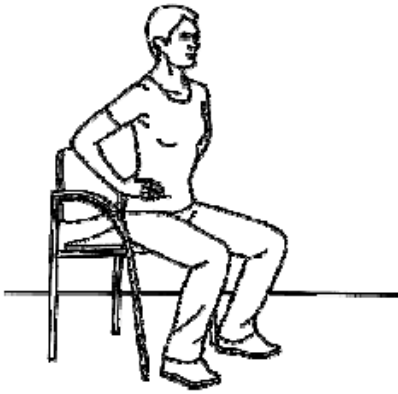
- Lying down
- Push your knee down into the bed
- Don't hold your breath
- Repeat 10-15 times

6. Inner Range Quads



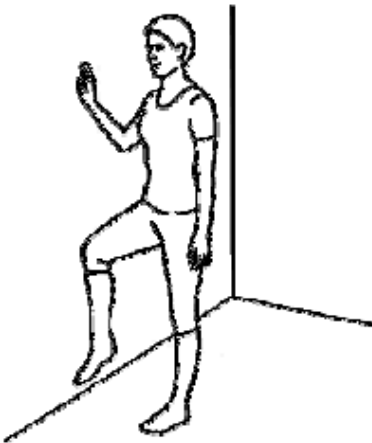
- Lying down, place a roll or cushion under your knee
- Slowly lift the foot, straighten the knee and hold for 5 seconds. Slowly lower back down
- Repeat 10-15 times

7. Sitting to Standing



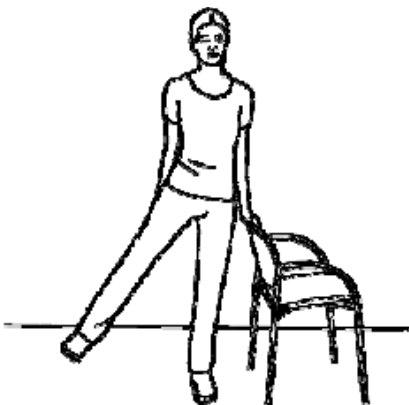
- Sitting on a chair
- Stand up then slowly sit down. You can use your arms on the armrests
- Try to put weight evenly through both legs
- Repeat 5 times

8. Hip Flexion in standing



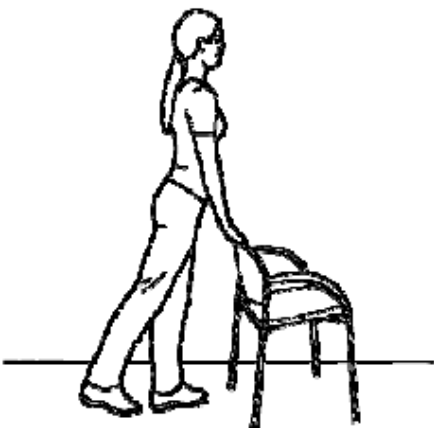
- Stand holding onto a firm surface (eg worktop or sink)
- Lift your operated knee
- Keep your other leg straight and do not bend forwards
- Repeat 10 times

9. Hip abduction in standing



- Stand holding onto a firm surface (eg worktop or sink)
- Lift your leg to the side with your knee straight and toes forward
- Keep your body upright
- Repeat 10 times

10. Hip extension in standing



- Stand holding onto a firm surface (eg worktop or sink)
- Lift your leg behind you
- Keep your body upright and your toes pointing forwards
- Repeat 10 times

Day 2 to Discharge

You will be encouraged to increase your independence and try some standing exercises.

An OT Technical Instructor will see you to check how you are managing to wash, dress and use your dressing aids. Some patients may also need practice within the Occupational Therapy kitchen before discharge home.

Physiotherapy will continue to progress. This will include walking with two walking sticks and practice on stairs.

We expect you will be ready to go home by lunchtime on your third post operative day. You will not routinely require physiotherapy on discharge, but this can be arranged if the physio feels it is required. You are expected to continue your exercises for 3 months post-op.

To help reduce the risk of blood clots post surgery, you will be asked to self-administer a pre-filled subcutaneous (under the skin) injection on a daily basis for several weeks after your operation. The nurses will teach you how to do this while you are in hospital and will give you a sharps box to take home with you to dispose of the used needles. It is important to complete the prescribed course. The sharps box should be handed in to your GP for disposal once the course of injections is complete.

Remember: You must ask for more pain relief if required!

Sleeping – Try to sleep on your back for the first 6 weeks. If you must sleep on your side, lie on your operated side and place a pillow between your knees.

Walking – Your physiotherapist will progress you from a zimmer frame to walking sticks. The sequence is always – walking aid first, then operated leg, finally the unoperated leg. Then as you gets stronger, we will encourage a more normal walking pattern.

Stairs – You will be taught to use the stairs by your physiotherapist. Always use the handrail if there is one, and hold the spare stick horizontally in a 'T' shape with the other stick.

Going up – Unoperated leg first, then operated leg, finally sticks

Going down – Sticks down, then operated leg, finally unoperated leg.

At Home

Cooking/Housework – Avoid standing for too long initially. You should be able to do light housework and cooking. Avoid heavy chores such as vacuuming initially.

Getting into a car – You may be most comfortable in the front passenger seat with the seat as far back as possible. The seat may need to be reclined to avoid too much hip bend. Remember – avoid sitting with your knee above your hip joint.

Driving – No driving for 12 weeks after your operation and after discussion with your Consultant. You may need to make your insurance company aware that you have had an operation.

Sports & Hobbies

Artificial joints are very durable but are not designed to cope with high impact activities such as running, squash or tennis. Resume sport gradually and avoid contact sports.

Swimming – Avoid for the first 6 weeks or until wound healing. Be careful with breast stroke due to the position of your hip.

Bowls – After 12 weeks.

Cycling – Static cycle at low resistance once comfortable and pain free. You can progress this as able. Care should be taken when getting on and off.

Flying – Short haul flights after 6 weeks. Long haul flights after 12 weeks. Try to ensure you have lots of leg room for comfort. Also move and walk regularly during the flight.

Section 7: Exercises at home

1. Ankle Pumps



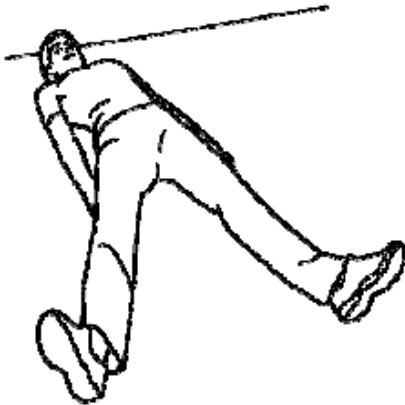
- Move your ankle up and down as far as you can go
- Repeat 10-15 times

2. Hip Bends



- Lying down
- Slide your heel towards your bottom
- Repeat 10-15 times

3. Hip Abduction (outwards movement)



- Lying down
- Slide your heel out to the side
- Keep your knee straight and your toes pointing up
- Repeat 10-15 times

4. Gluteal Sets



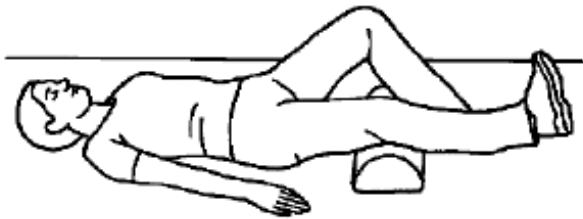
- Squeeze your buttocks together
- Don't hold your breath
- Repeat 10-15 times

5. Static Quads.



- Lying down
- Push your knee down into the bed
- Don't hold your breath
- Repeat 10-15 times

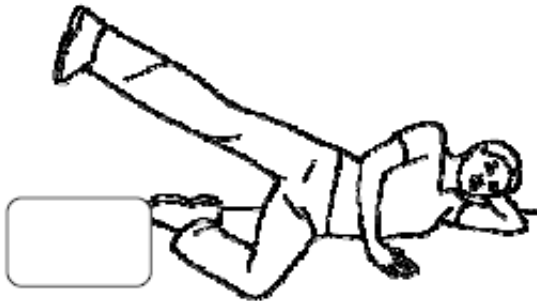
6. Inner Range Quads



- Lying down, place a roll or cushion under your knee
- Slowly lift the foot, straighten the knee and hold for 5 seconds. Slowly lower back down
- Repeat 10-15 times

Exercise Progressions

7. Side lying hip abduction



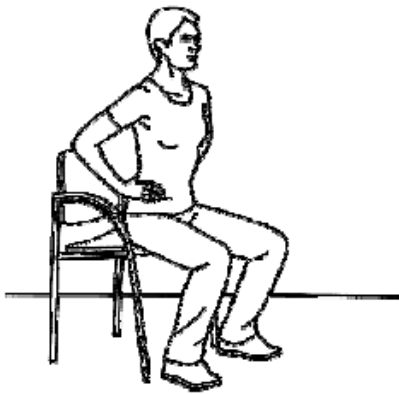
- Lying on your side. Place a pillow under your top leg
- Lift your top leg 8-10 inches keeping your knee straight
- Slowly lower back down
- Repeat 10 times

8. Step-ups



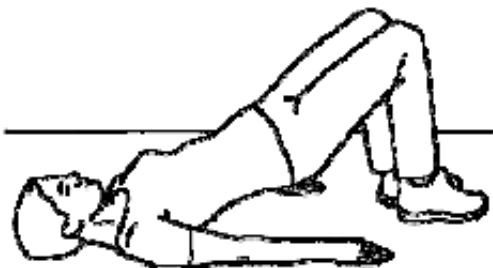
- Stand with your involved foot on a step (you can hold on)
- Lift your unaffected foot onto the step then slowly lower it back down
- (Keep involved foot on step)
- Repeat 10 times

9. Sitting to Standing



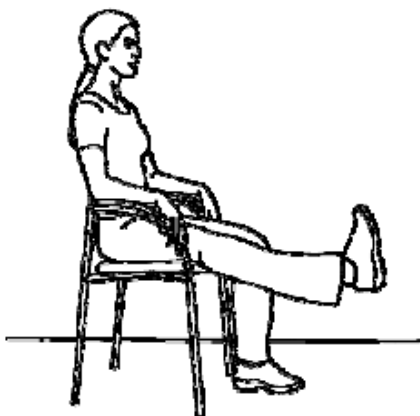
- Sitting on a chair
- Stand up then slowly sit down. You can use your arms on the armrests
- Try to put weight evenly through both legs
- Repeat 5 times

10. Hip Raises



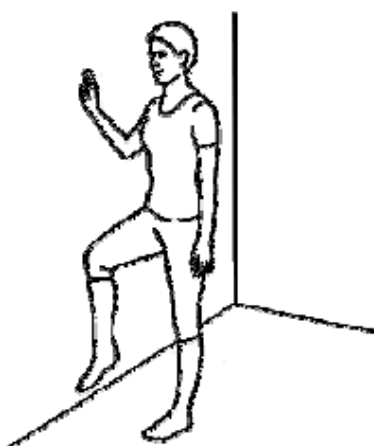
- Lying on your back, knees bent and feet flat
- Slowly lift your hips up so your body is straight. Then slowly lower back down
- Repeat 5 times

11. Knee extension in sitting



- Sitting on a chair
- Slowly lift your operated leg to straighten the knee
- Repeat 10 times

12. Hip Flexion in standing



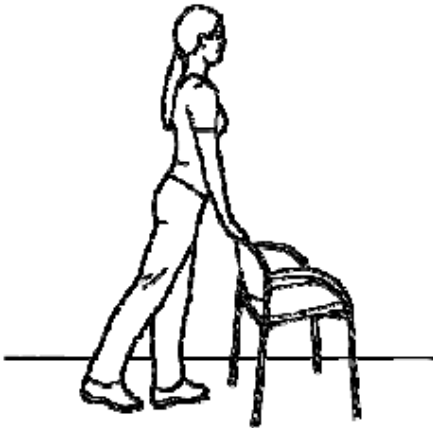
- Stand holding onto a firm surface (eg worktop or sink)
- Lift your operated knee
- Keep your other leg straight and do not bend forwards
- Repeat 10 times

13. Hip abduction in standing



- Stand holding onto a firm surface (eg worktop or sink)
- Lift your leg to the side with your knee straight and toes forward
- Keep your body upright
- Repeat 10 times

14. Hip extension in standing



- Stand holding onto a firm surface (eg worktop or sink)
- Lift your leg behind you
- Keep your body upright and your toes pointing forwards
- Repeat 10 times

Section 6: Ongoing Management

Discharge to Week 6

You will receive a letter in the post to be seen back in the clinic.

Gradually reduce the use of your sticks as instructed. Normally this is after 5-6 weeks once you feel comfortable, can walk with no pain and no limp. You may need some support on rough ground or long distances. **If using one walking stick, use it on the unoperated side.**

By week 6, you should be able to walk quarter to half a mile. You may also begin walking up and down stairs normally.

Stockings – You must wear your TED stockings day and night for 6 weeks. You should have a second pair so they can be washed.

Wound Care

Two weeks after the operation, your dressing will be removed and any clips or stitches taken out. This will be done by your practice nurse or at home by a community nurse.

Inform your GP if you:

- notice any marked increase in swelling, redness or discharge from the wound
- feel generally unwell
- have severe swelling of the leg that does not reduce with elevation
- have pain, tenderness and heat in the calf muscle

Week 6 to Week 12

You will have a clinic appointment at approximately 12 weeks after your operation. Your goals during this period include:

- Achieve goals up to week 6
- Walking without sticks without a limp
- Climb and descend stairs in the normal way
- Walk half a mile to 1 mile
- Resume previous activities.

Section 8: Additional Information

Frequently Asked Questions

1. Will I get physiotherapy after leaving hospital?

Most patients do not need physiotherapy once they are going home. If your physiotherapist decides you need more sessions, an appointment will be arranged with you before you leave hospital.

2. How far can I walk?

Gradually build up the distance you are walking. This will vary depending on your fitness before your operation. You may feel tired once you get home but should not feel exhausted. Rough goals can be found in each post-op section of this guide.

3. When can I stop using walking sticks?

You can reduce the number of sticks you use when you can walk with no limp. When you do reduce to one stick, hold it in the hand opposite to your operated leg. Most patients stop using their sticks approximately 6 weeks after their operation.

You may find a stick helpful after this if you are tired, walking longer distances or if you are walking outside.

4. When can I drive?

No driving for 12 weeks after your operation and after discussion with your Consultant. You may need to make your insurance company aware that you have had an operation.

5. Why is my leg still swollen?

You may have swelling for months after your surgery. Normally, swelling in our legs is reduced as our calf muscles contract during walking. If you are not walking as much, or with less weight on the leg, your calf muscles may not be as effective at reducing swelling. After surgery, many people report that their ankle is more swollen at the end of the day.

6. Why is my scar warm?

The healing process creates heat which can continue for up to 6 months. This is different than the heat created during an infection but you should monitor for other signs of infection. These include:

- Increased swelling and redness at incision site
- Change in colour, amount or smell of drainage
- Increased hip pain
- Fever over 38°C

7. Why am I still in pain?

Healing tissues can be painful and this takes time to settle. It is common for pain to be referred to the knee or shin.

8. Why is there numbness?

Numbness around the incision site can be caused by superficial nerves being disrupted during surgery. This numb area usually gets smaller but some numbness may be permanent.

9. When can I reach to put my socks on?

Everyone is different after surgery but you should be able to reach your foot approximately 12 weeks after your surgery.

10. How long should I continue doing the exercises?

Everyone is different. If you feel that you are back to normal strength and activity levels after 12 weeks then you could stop. However, if you feel things are not yet back to normal, it may be advisable to continue with your exercises until they are.

11. When will my leg get better?

Remember, it can take 6 months to fully recover from a total hip joint replacement. Be patient and continue to follow the advice through the sections in this guide. Any other concerns can be discussed at your review appointments at clinic.

Further Information

If you require further information, please contact the relevant department:

Pre-op Clinic	01851 708216
Orthopaedic Secretary	01851 708269
Surgical Ward	01851 708317
OT Department	01851 708287
Physiotherapy Department	01851 708258

Western Isles Hospital Contact

Western Isles Hospital
Macaulay Road
Stornoway
Isle of Lewis
HS1 2AF
Tel. 01851 704704

Informative Short Films

A range of informative short films have been produced for patients in Scotland by NHS Golden Jubilee National Hospital. The short films offer useful information on joint surgery, anaesthesia and physiotherapy. These can be viewed at: <https://bit.ly/38rMAFI>

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website www.wihb.scot.nhs.uk/feedback or share your story at:
www.careopinion.org.uk or tel. 0800 122 31 35
- tel. 01851 708069 Monday-Friday between 9am-5.30pm.

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