



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:

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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. You should be aware that a big part of the success of your recovery is down to YOU taking responsibility before and after your surgery. Your hospital stay is just a small part of the overall programme.

You will be supported by:

- 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.

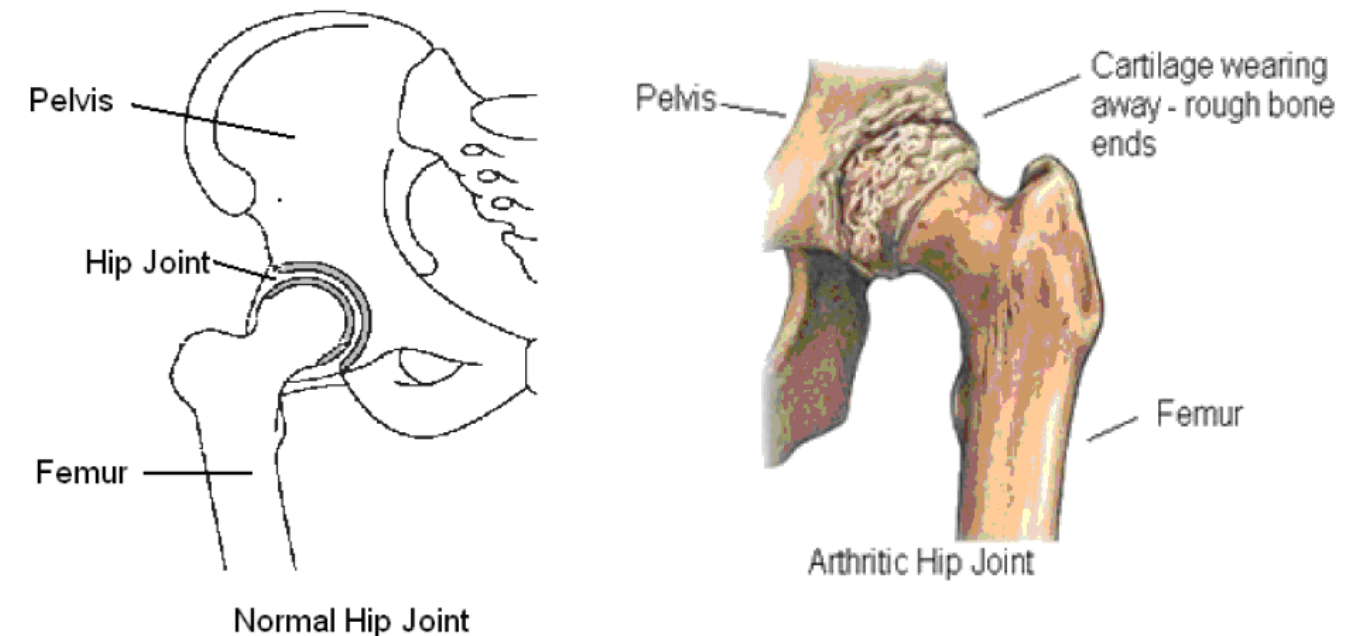
Section 1: What is a Hip Joint Replacement?

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.

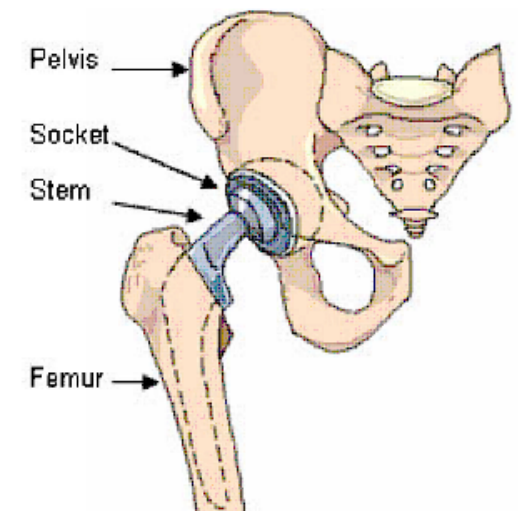
The head of the thigh bone (femur) and its socket in the pelvis (acetabulum) lose their protective cartilage through ageing or due to an injury or some sort of inflammatory arthritis. The bone ends become rough and misshapen causing stiffness and pain. If these changes get worse, it interferes with normal 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.



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.

These are just some of the risks that are possible with hip replacement surgery, the full list should have already been discussed with the orthopaedic surgeon. If you have any concerns please speak to the nurse in charge.

Section 2: Activity and Exercise Guidance

It is important to be as fit as possible before undergoing a total hip replacement, as this will help with your recovery.

You should start doing the exercises on the following pages right away, whilst you are awaiting your operation. You are advised to continue with the same exercises after your operation, so the more familiar you are with them the better. It is recommended you do the exercises four times a day.

Prehab Class

As soon as you are placed on the waiting list for your joint replacement you will be invited to Prehab class.

Prehab class is a group session for those about to undergo joint replacement. The class is held in the Dance Studio in the Lewis Sports Centre every Thursday afternoon from 3pm-4pm.

A member of the team who will be involved in your hospital care will talk you through the journey you are likely to experience with your joint replacement surgery and demonstrate exercises to do before your operation. You will meet a number of people who will be going through the same operation as you at this class.

You should be prepared to work hard at your exercise programme to optimise the success of your new knee joint.

Although the exercises may be difficult to do at first, do what you can and gradually build up the number of repetitions.

General exercise is also encouraged. Any physical activity that raises your heart rate and gets you breathing more heavily e.g. walking, cycling, swimming are all excellent forms of exercise for people with arthritis.

You can also view the exercises on the following YouTube link, produced by the Golden Jubilee Foundation: <http://www.youtube.com/watch?v=1r7yck6utFo>

After the operation more detailed advice, if required, will be given to you by the Physiotherapist on the ward.

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



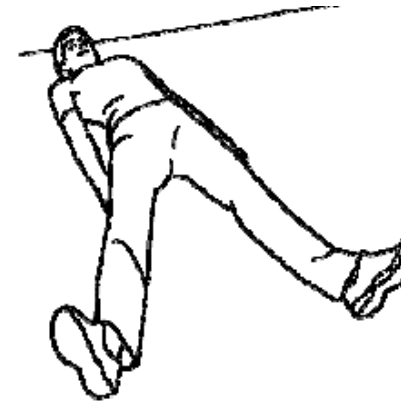
- Move your ankle up and down as far as you can go
- Repeat 10-15 times

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



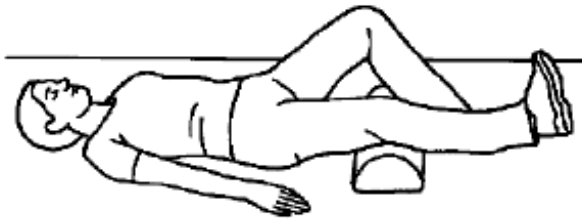
- Squeeze your buttocks together
- Don't hold your breath
- Repeat 10-15 times

5. Static Quads.



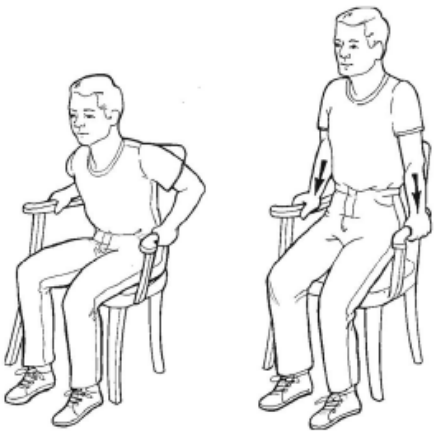
- Lying down
- Push your knee down into the bed
- Don't hold your breath
- Repeat 10-15 times

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: 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.

Joint School is a group information session for those about to undergo a hip or knee replacement.

It is held in the Physiotherapy department at the Western Isles Hospital.

A Physiotherapist will talk you through the journey you are likely to experience with your joint replacement surgery and you will have the opportunity to ask the Physiotherapist any questions you may have.

You will meet a number of people who are going through the same surgery as you at this class.

Section 4: Pre-Admission Clinic

Shortly before your operation, you will be asked to attend the Pre-Admission Clinic. This is a final health check to ensure you are fit for your operation. It is important you attend this clinic and let the nurse know if anything has changed since you attended the Pre-op Clinic.

If you are taking any anticoagulants (blood thinners), please phone the Pre-Admission Clinic on (01851) 708143. Please leave a message and someone will return your call.

Please bring a list of all the prescribed medications that you take, as well as any medication that you are due to take. All medications should be in their original containers/packaging.

Pre-op Drinks

You will be given 4x200ml bottles of Nutricia pre-op drink. This is a still lemon flavoured carbohydrate drink. It is designed to boost your body's carbohydrate stores before surgery.

This will help your body cope with the stress of an operation and may also help improve your recovery.

Nutricia Pre-op is ready to drink and is best served chilled from the fridge. You will be asked to drink all four bottles in the evening before your surgery.

Hibiscrub Lotion

You will be given a small 20ml container of Hibiscrub Lotion. This is a pre-operative antimicrobial skin cleanser that you will be asked to use in the bath or shower the night before your surgery.

Please read the instructions below for skin care prior to your upcoming surgery:

- report any cuts/grazes/rashes on your skin to the surgical team prior to your admission
- shower the evening before your surgery with the anti-microbial solution
- wear clean clothing/nightwear following your shower
- remove any make up or nail varnish prior to admission

At the Pre-Admission Clinic you will meet with all or some members of the team.

- **The Pre-Admission nurse** - will complete a nursing assessment and update your records. Blood samples, urine testing and baseline observations will be carried out. **Please bring a urine sample with you.** If you require a specimen bottle, please contact the Pre-Admission Clinic.
- **Junior Medical staff** – will go through your medical history, do a physical examination and will prescribe your medications during your hospital stay.
- **The Anaesthetist** - will evaluate your health to help determine which anaesthetic is best for you.

Anaesthetic

The two most common anaesthetic options are:

Spinal Anaesthetic – Local anaesthetic injected into your back beside the nerves. It will make you numb from your waist downwards. This means you cannot feel the operation being done. Most patients choose to have some medication to make them feel calm and drowsy throughout the operation. You can also choose to be fully awake or asleep. 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.

If you would like further information to help you decide which anaesthetic option would be best for you, please view the short online film produced by NHS Golden Jubilee National Hospital 'Anaesthetic patient information for joint replacements' at: <https://youtu.be/2ok-EBY9a5g>

Section 5: 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
- **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 with quitting,

contact the Senior Charge Nurse/Ward Sister or Nurse in Charge, or the Quit Your Way Hebrides (smoking cessation) team, tel. 01851 701623.

Hospital Admission

You will be admitted to hospital on the day of your operation, though occasionally you may be asked to come in the day before. Please follow the instructions on your appointment letter.

When you arrive on the ward you will be introduced to the ward staff and shown to your bed space.

Visitor Guidance

Open visiting has resumed at the Western Isles Hospital and visitors are no longer required to book a time slot. However, it may be worth checking with the ward staff for any specific instruction regarding visiting.

Further information on NHS Western Isles visiting can be found on at:
www.wihb.scot.nhs.uk

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
- Smoking (including eCigarettes) is not permitted in NHS Western Isles buildings or its grounds
- 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 6: Operation Day

You will be allowed to drink clear fluids up until the operation. You may sip up to 100mls of water per hour until the time of theatre, unless otherwise instructed by the anaesthetist. **Note. Clear fluids are WATER ONLY.**

However, if you are unsure, contact the ward staff who will be able to help you (telephone contact details are at the back of this booklet).

Morning of Your Surgery

Showering - You will be required to shower again in the morning using the Hibiscrub anti-bacterial soap. You will also be required to wash your hair with Hibiscrub. Your nurses will give you an operation gown to wear.

Pre-medication - You may be offered pre-medication before leaving the ward. This may make you more relaxed and a little bit sleepy. You will then be transferred to the operating theatre.

Going to Theatre: A member of the Theatre staff will come up to the ward to collect you and you will be encouraged to walk to Theatre. However, if you are unable to do this then, you will be taken to Theatre in a wheelchair. Please ensure you bring a pair of slippers with you.

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. The drain can be in place for 24-48 hours.
- Your blood pressure and all your observations will be monitored on a regular basis
- **Eating** - If you had a **spinal anaesthetic** you will be able to eat and drink something light
 - If you had a **general anaesthetic** you will require to be fully recovered before you are able to eat anything.

Research has shown that the earlier a person gets out of bed and starts moving around, eating and drinking after an operation, the quicker they recover.

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.

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

Tablets (oral analgesia) – You will require painkiller tablets for a period after your surgery. 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.

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 7: After the Operation to Going Home

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

Day 1 post-op (some people are ready for home today)

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.

The Occupational Therapist will show you how to get dressed while protecting your new hip.

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.

Day 2 to Discharge

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

You should be progressing well with your recovery and may be ready to go home soon. Physiotherapy will continue to progress. This will include walking with two walking sticks and practice on stairs.

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.

Caring for Yourself at Home

You can try to control your pain by

- taking your pain medicine 30 minutes before doing your exercises
- change your position every 45 minutes throughout the day
- do your hip exercises 4 time a day - but do not bend your hip more than 90 degrees
- remembering to use your Helping Hand to avoid over-reaching.

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 6 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 8: Monitoring Wounds for Infection

48 hours after your surgery, if there are no problems with your wound, you will be allowed to shower.

You are not allowed to immerse the wound dressing in water, so:

- no bath
- no swimming pool
- no hot tubs

Once the clips are out and the wound is completely healed, you will be able to do all of the above.

Monitoring Surgical Wounds

This hospital is taking part in a national programme so that it can measure its rates of surgical site infection and be sure that its patients are given the highest possible standard of care.

All NHS hospitals in Scotland currently take part in the national programme, which is called Scottish Surveillance of Healthcare Associated Infection Programme (SSHAIP).

Hospitals monitor infections following different types of operations. The national programme is coordinated by Public Health Scotland.

What is surgical site infection?

There are lots of micro-organisms (germs) on our skin and in the environment around us. Most of them are harmless, some are beneficial and a very small proportion can cause harm. Our skin protects us from germs that can cause harm.

A surgical site infection occurs when germs from the skin or the environment enter the incision (cut) that the surgeon makes through your skin in order to carry out the operation.

When do surgical site infections develop and how common are they?

A surgical site infection can develop at any time from two to three days after surgery until the wound has healed (usually two to three weeks after your operation). Very occasionally, an infection can occur several months after an operation.

Surgical site infections are uncommon. Most surgical site infections are limited to the skin, but can occasionally be within deeper tissues.

How will I know if I have a surgical site infection?

During your stay in hospital, the nurse who changes your wound dressings will check for any signs of infection and provide advice on your wound management. If you are concerned about your wound, please tell the nurse who is looking after you.

Don't be tempted to remove your dressing, touch your wound or wound drain. You could accidentally transfer germs from your fingers to your wound.

After you leave hospital, you may develop one or more of the symptoms listed below:

- the skin round your wound gets red or sore, or feels hot and swollen
- your wound has a green or yellow coloured discharge (pus)
- you feel generally unwell or feverish, or you have a temperature.

These symptoms could indicate that you have an infection at your surgical site and you should contact your GP.

What happens if I develop a surgical site infection?

If the nurse or doctor suspects that you have a surgical site infection, they may take a sample from your wound and send it to the hospital laboratory for tests. Your nurse or doctor may prescribe treatment with antibiotics.

What information is passed on to Public Health Scotland?

Your name, address, or postcode, is not passed on to Public Health Scotland, they only receive your medical record number (Community Health Index, CHI).

This hospital passes information about your operation to Public Health Scotland as part of the national programme for monitoring surgical site infection. The information is related to the risk of developing surgical site infection. The risk depends on many factors and influences the following:

- your age and sex
- your general medical condition before the operation
- type of operation
- how long the operation lasted.

What does Public Health Scotland do with the information?

Public Health Scotland collects the information from the hospitals taking part in the national programme. The information is used to calculate rates of surgical site infection for different types of operations.

Hospitals can then compare their rates to national and international rates and decide where they may need to make improvements.

What else does Public Health Scotland do?

Public Health Scotland is an organisation within NHS Scotland that has responsibility for health protection. It works in partnership with others to protect the Scottish public from being exposed to hazards, which damage their health, and to limit any impact on health when such exposures cannot be avoided.

Where can I get information about infections in hospital?

For more information relating to Public Health Scotland visit: <https://www.publichealthscotland.scot/>

If you need any more information, please ask the staff in the ward for help.

Surgical Ward: 01851 708317
Nicola Libby: 01851 708143
Mobile: 07815012796

Section 9: Healthcare Associated Infections

What is a healthcare associated infection?

This is an infection that people might catch when they are getting healthcare in hospitals. They can also catch infections in care homes, doctors' surgeries, health centres and at home if they are being cared for there.

How many people get a healthcare associated infection?

Around 5 out of 100 people in hospitals will have a healthcare associated infection at any time. Most of the time these infections have no long-lasting effects. No one knows how many people in care homes or in their own homes have a healthcare associated infection.

Why do people get an infection when receiving healthcare?

Being ill or getting treatment can make your natural defences to infection (immune system) weaker than usual. Most people won't catch a healthcare associated infection while they are being treated but it is impossible to completely remove all risk during healthcare. This is because every disease or condition, procedure and sometimes medication can reduce your natural defences against infection.

What are the most common types of infections in hospital?

The most common types of infection in hospitals are urine infections, infections after surgery (operations), skin infections, sickness and diarrhoea.

What type of germs cause infections?

Most are caused by germs that live normally on our bodies and usually do us no harm. But they can cause infections in people who are weaker than usual because of their illness or treatment.

What happens if I get a healthcare associated infection?

This depends on the type of infection you catch and your general health. The health and social care staff looking after you will talk to you about the care and treatment you need.

You may:

- be put into a single room to stop the infection spreading to other people
- need extra medicine
- get advice about what you can do to stop the infection spreading.

What can I do to stop infections from spreading when visiting a hospital or care home?

Do not:

- visit relatives or friends in a hospital or a care home if you have a cold or feel unwell
- visit until two days after you feel better if you have had sickness or diarrhoea
- sit on the person's bed
- bring too many visitors at once
- touch dressings, drips or other equipment around the bed
- use patient toilets.

Do:

- wash and dry your hands before you visit a hospital or care home, particularly after going to the toilet
- use hand gel at the ward door or at the bedside before and after visiting
- ask staff for advice before you bring in food or drink for someone you are visiting.

If you are worried or unsure about anything to do with healthcare associated infections, please talk to the sister, charge nurse or care worker in charge of your care.

Section 10: 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 building up your walking distance. 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 - but this will vary depending on your previous level of fitness
- resume previous activities.

Section 11: Exercises at home

1. Ankle Pumps



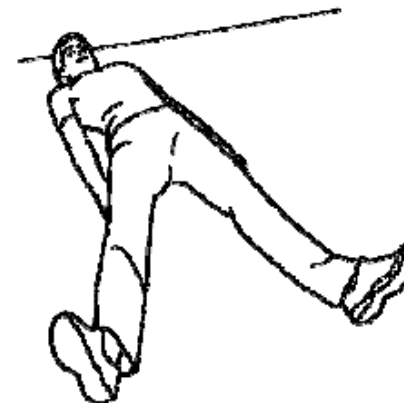
- Move your ankle up and down as far as you can go
- Repeat 10-15 times

2. Hip Bends



- Lying down
- Slide your heel towards your bottom
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3. Hip Abduction (outwards movement)



- Lying down
- Slide your heel out to the side
- Keep your knee straight and your toes pointing up
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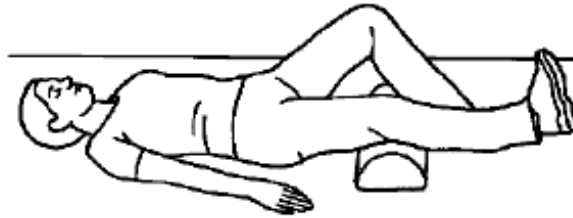
- Squeeze your buttocks together
- Don't hold your breath
- Repeat 10-15 times

5. Static Quads.



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

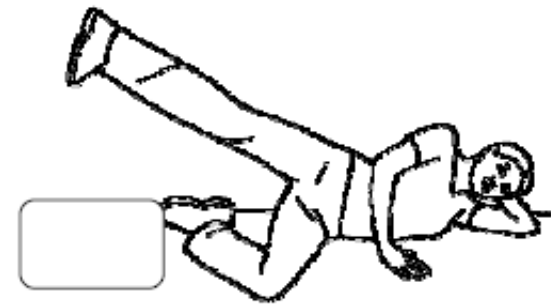
6. Inner Range Quads



- 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



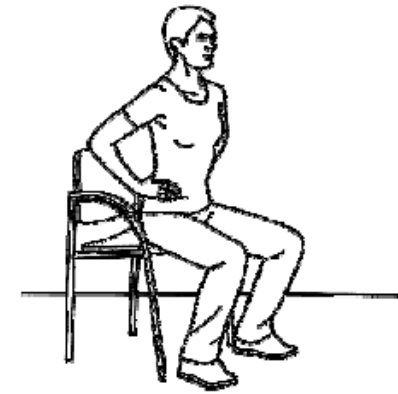
- Lying on your side. Place a pillow under your top leg
- Lift your top leg 8-10 inches keeping your knee straight
- Slowly lower back down
- Repeat 10 times

8. Step-ups



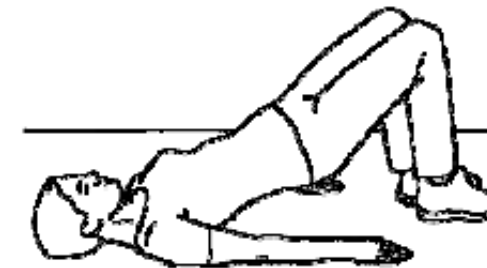
- Stand with your involved foot on a step (you can hold on)
- Lift your unaffected foot onto the step then slowly lower it back down
- (Keep involved foot on step)
- Repeat 10 times

9. Sitting to Standing



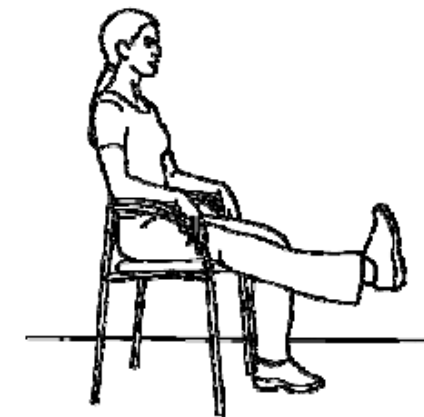
- Sitting on a chair
- Stand up then slowly sit down. You can use your arms on the armrests
- Try to put weight evenly through both legs
- Repeat 5 times

10. Hip Raises



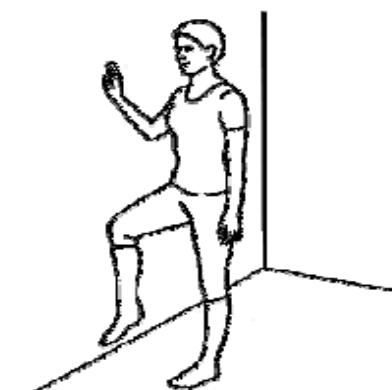
- Lying on your back, knees bent and feet flat
- Slowly lift your hips up so your body is straight. Then slowly lower back down
- Repeat 5 times

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



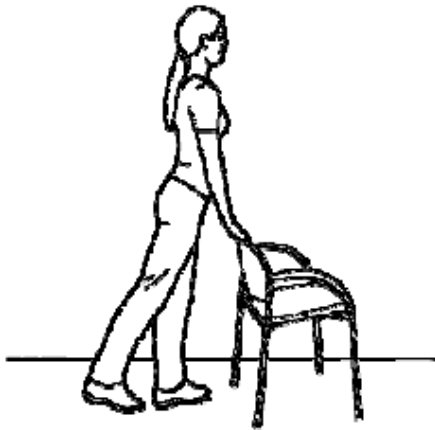
- Stand holding onto a firm surface (eg worktop or sink)
- Lift your operated knee
- Keep your other leg straight and do not bend forwards
- Repeat 10 times

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 12: 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 6 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 708212
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 704704 (ext 2236) Monday-Friday between 10am-4pm.

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