Maidstone and Tunbridge Wells NHS Trust

Total Hip Replacement Surgery

Information booklet for patients, relatives, and carers

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This booklet aims to provide information about your Total Hip Replacement (THR) surgery, what to expect from your admission at the Maidstone and Tunbridge Wells NHS Trust and how you can take an active role in your recovery.

What is a hip joint?

The hip joint is a ball and socket joint, made up of the femur (thigh bone) and the acetabulum (the socket or cup). In a healthy hip a layer of cartilage covers the ball and socket, which acts as protection between them, allowing smooth, pain free movement in all directions.

Why do I need a hip replacement?

Osteoarthritis of the joint is the most common reason for needing a hip replacement. Osteoarthritis damages the cartilage and roughens the bone surfaces. It is this damage that causes the pain on movement and decreases joint flexibility and strength. Any condition that damages the cartilage covering the bones can cause pain. These include rheumatoid arthritis, avascular necrosis and some childhood hip conditions.

What is a hip replacement?

The operation involves replacing the worn out head of your hip with an artificial ball mounted on a stem that fits into your thigh-bone. Usually a metal cup with a plastic insert is fixed into the socket of your pelvis into which the artificial ball will fit.

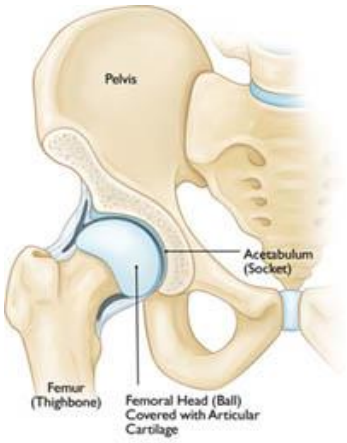


Figure 1 Normal Hip Joint

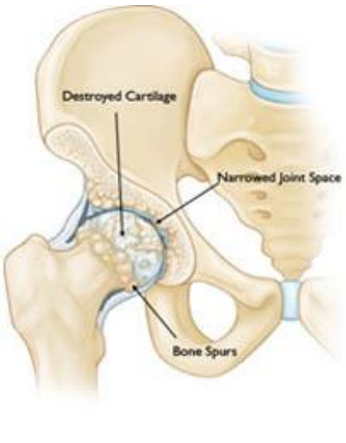


Figure 1 Osteoarthritic Hip Joint

If you want to know more about the type of hip replacement you are having please discuss this with your consultant.

Alternative procedures

There is no absolute requirement for you to have a hip replacement; it is usually a decision you make with your surgeon based on your quality of life. If your surgeon offers you a hip replacement the decision to proceed with the operation is yours alone and you may cancel the operation at any time before the anaesthetic if you wish.

Alternative treatments for hip pain include:

- Life style modification: Weight Loss
  Avoiding or modifying strenuous exercises or work
  Physiotherapy and exercises
- Medication Pain killers and anti-inflammatory drugs e.g. Ibuprofen
- Walking aids such as a stick or a crutch.

How long do hip replacements last?

There is no set period that hip replacements last on average. Rarely patients need to have their hip replacement redone early due to infection, fracture or dislocation. Data from joint registries show that hips last a shorter time in younger patients, particularly those under 55. However, even in this young age group, at 10 years after surgery over 90% of hip replacements are still functioning. At 15 years about 75% of hip replacements are still functioning in young patients. The survival rates (lifespan) of hip replacements in older patients are better.

Risks of surgery

Total hip replacement is a very commonly performed operation but is major surgery.
All surgical procedures have associated risks and complications.

Common: (2-5%)

Blood clots: A DVT (deep vein thrombosis) is a blood clot in a vein. These may present as a red, painful and swollen leg. The risks of a DVT are increased after any surgery and especially lower limb surgery. A DVT can travel through the blood vessels to the lungs causing a pulmonary embolism or PE. This is a serious condition which affects your breathing. The hospital doctors will give you five weeks of medication to reduce the risk of DVTs from forming unless you are already on anticoagulation (blood thinning) medication. When you are in hospital and in bed we use foot or calf compression pumps to keep blood circulating around the leg. Walking and getting moving is one of the best ways to prevent DVTs from forming.

Bleeding: This is usually minor and can be stopped during the operation. However, large amounts of bleeding may need a blood transfusion and/or a return to theatre to stop the bleeding and remove the collection of blood. Many patients suffer significant bruising down the leg following surgery.

Pain: The hip will be sore after the operation. If you are in pain, it is important to tell staff so that pain relief medications can be given. Pain will reduce with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, and sometimes, for no obvious reason.

Prosthesis wear and loosening: Modern operating techniques and implants mean that most hip replacements last over 15 years. In some cases however this may be significantly less. The reason is often unknown. Younger patients appear to wear their hip out faster. Implants can wear from use. The reason for loosening may also be unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision (redo) surgery.

Altered leg length: The leg which has been operated upon may feel longer or, less likely, shorter than the other. Leg length differences are best confirmed directly from your postoperative x-ray. This rarely requires a further operation to correct the difference or the use of shoe implants.

Joint dislocation: If this occurs, the joint can usually be put back into place without the need to open the hip. Sometimes this is not possible, and an operation is required. Application of a hip brace or leg splint may be recommended. Rarely if the hip keeps dislocating, a revision operation may be necessary. Dislocation is more common in people with stiff spines due to arthritis or previous spinal surgery.

Urinary retention: This complication particularly affects patients with a prostate. Many patients struggle to pass urine after surgery. Occasionally this requires a temporary catheter (tube) to be passed into the bladder. Rarely patients continue to struggle passing urine and need to be discharged with a urinary catheter.

Post-operative delirium; some patients become confused after surgery. This is usually short term but rarely can persist. This complication is more frequent in patients with pre-existing dementia. It is also associated with; older age, diabetes, kidney disease, blood transfusions, and sedation.

Less common: (1-2%)

Infection: Infection of the hip replacement is a serious complication and may require the surgery to be redone. We take many precautions to avoid infection. You will be given antibiotics just before and after the operation and additional precautions are taken in theatre. Please follow the advice you are given at your pre-assessment clinic appointment regarding showering before the operation, changing bed linen and nightwear. Foot hygiene before the surgery is also important. Despite these precautions infections can still occur (1 to 2½%). This is often treated with antibiotics, but an operation to wash out the joint may be necessary. In rare cases, the implants may need to be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

Heterotrophic ossification: In this condition the patient forms extra bone around the hip joint after surgery which may lead to stiffness. Although this can occur quite frequently most patients are unaware of it. Rarely surgery is needed.

Rare: (<1%)

Altered wound healing: The scar may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar when it has healed can help.

Nerve damage: Efforts are made to prevent this; however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation and muscle power along the leg. In particular, there may be damage to the Sciatic nerve, this may cause temporary or permanent weakness and altered sensation of the leg, ankle and foot.

Bone damage: The thigh bone and rarely the pelvis may break when the metal replacement is inserted. This may require fixation, either at time of surgery or at a later date.

Blood vessel damage: The vessels around the hip may rarely be damaged. This may require further surgery by vascular surgeons.

Pulmonary embolism (PE): A PE is a blood clot(s) in the lung(s). If a DVT has developed but part or all of it breaks away, then the blood clot can travel to and lodge in the lungs. A PE is a serious condition and can be fatal but if diagnosed can be treated with anticoagulation.

Death: This rare outcome can occur from any of the above complications. The risk is increased by underlying medical conditions and advancing age.

Before the operation

Pre-assessment clinic

A few weeks before your operation you will be asked to attend the pre-assessment clinic. A thorough medical assessment will be carried out to make sure you are medically fit for surgery.

At this clinic, routine pre-operative tests including urine, blood, and ECG (heart trace) will be carried out. You will also be screened for MRSA (Methicillin–resistant Staphylococcus Aureus) and MSSA (Methicillin–sensitive Staphylococcus Aureus); if detected you will be treated prior to surgery.

Pre-admission hip class

The Enhanced Recovery Program (ERP) is a patient-focused experience, commencing from the decision to operate and finishing with full recovery at home.

An essential part of the ERP is the pre-assessment 'hip class,' which we encourage you to attend. This is an informal patient education session delivered by the therapy team, where the whole patient journey is explained, including the hospital stay, recovery period and rehabilitation. It also allows for questions to be answered and anxieties to be addressed.

It provides an opportunity to meet other people going through the same experience and some of the staff that may be involved in your care. The session may be held face to face or virtually.

Equipment provided by the hospital

We provide equipment before the surgery in preparation for the hip precautions (p19) that are followed after the surgery. For example:

- Chair and bed raisers if required
- Raised toilet seat and toilet frame
- Perching stools are also often provided for strip washing and kitchen tasks

Other equipment, such as commodes and kitchen trolleys are provided when needed, this is dependent on a patient's function after surgery.

To return this equipment please telephone the number listed on the equipment.

What can I do prior to my admission?	Done
Assess and rearrange each room you use in your home for ease of walking with crutches, sticks or a walking frame.	
Remove any loose rugs, which may cause you to trip.	
Remove any exposed trailing wires e.g. telephone, which may cause you to trip.	
Move regularly used items so they are easily accessible.	
Practice dressing with long handled aids if required.	
Identify people who will help with your shopping, washing, cooking and cleaning.	
Arrange care for family and pets if required.	
Freeze bread and milk so they are available on return home.	
Precook and freeze meals for convenience after the surgery.	
Arrange transport in and out of hospital.	
Eat a well-balanced diet and limit alcohol intake.	
Stay active and start the hip exercises shown later in this booklet as pain allows.	
Stop smoking – it increases the risk of most complications; it delays healing and will slow recovery.	
Wash bedding and any towels you plan to use after surgery.	
Ensure you have enough of your usual medication and will not run out.	

Preparing your skin before surgery

When you come to the hospital for your pre-assessment, the nurse will give you a bottle of chlorhexidine gluconate skin cleanser (Hibiscrub® Plus). This is an antiseptic body and hair wash which you need to use to prepare your skin before surgery.

Do not use the chlorhexidine solution and let the doctor or nurse caring for you know if any of the following apply to you:

- You have a known allergy to chlorhexidine gluconate.
- You have an underlying skin condition.

If you experience any signs of allergy following use of the chlorhexidine skin cleanser - for example a rash, breathing difficulties, palpitations, or swelling of the lips, tongue and throat - or if you feel unwell in any way, please seek medical advice immediately. Let them know that you have used chlorhexidine skin cleanser recently, and take the bottle with you if possible.

If you are unsure if you have a sensitivity to Hibiscrub when you attend the pre-assessment clinic, the staff will explain to you how to do a patch skin test at home.

Two days before your surgery:

- Routine shaving should be stopped at least two days before your surgery on all areas of your body, including the legs and underarms. This is to prevent any skin irritation or damage which could lead to an infection. **Please do not shave the surgical site.**
- Continue to wash/shower or bathe with your regular products at home.
- You can continue to shave your face and neck.
- Make sure your feet are clean with trimmed toenails.

One day before your surgery:

- In the morning of the day before your surgery, you can wash/shower/bathe and wash your hair with the regular products you use at home.
- Change your bedding and night-wear so that they are clean.
- On the evening of the day before your surgery, your skin needs to be prepared using the chlorhexidine skin cleanser, as explained below. You may need somebody to help you to ensure that all body areas are covered. Do not allow this product to come into contact with your eyes, ears and mouth. Occasionally the chlorhexidine solution may cause skin irritation, such as temporary itching and/or redness.
- Once you have started preparing your skin before surgery, please do not apply any other bathing products, lotions, moisturisers or makeup. This is because water and ingredients commonly found in personal care products can reduce the effectiveness of chlorhexidine.
- Dress in clean nightwear.

Directions for using the chlorhexidine gluconate skin cleanser (Hibiscrub® Plus):

1. Wet the skin on your face, and then wash your face with undiluted chlorhexidine skin cleanser, especially around the nose.
2. Wet the skin on your body, ideally in the bath or shower.
3. Apply the chlorhexidine skin cleanser directly to the skin using a clean cloth or sponge, paying particular attention to the armpits, groin and buttocks.
4. Leave the solution on the skin for about three minutes.
5. Rinse off thoroughly.
6. Now repeat steps 1 to 4 this time starting with your hair.
7. After the final rinse, dry yourself with a clean towel.
8. Put on clean clothes.

On the morning of your surgery:

- Please repeat instructions 1 to 8 above before coming to hospital.
- Pay particular attention to folds in the stomach and groin areas.
- Wash the buttocks and the area in between them thoroughly.
- The nurse looking after you will ask you to repeat steps 1 to 6 above if you haven't been able to do this before you arrive at hospital.
- If you require assistance, please do not hesitate to speak to a doctor or nurse caring for you. It is very important that we ensure all body areas are cleaned.

Why is it important that I follow all of the above steps?

Many bacteria (germs) live in and on our bodies, and are also present in our surroundings. Our skin prevents bacteria from entering our bodies. A surgical wound infection occurs when bacteria enter the cut that the surgeon makes through the skin to perform an operation. Using the chlorhexidine skin cleanser properly will reduce the amount of bacteria on your skin which can potentially enter the cut. This may help to reduce the chances of you getting a wound infection.

The day of surgery

What do I need to bring into hospital with me?

	PACKED
• This information booklet	
• Any consent forms you may have been given	
• All current medications in their original boxes	
• Loose comfortable clothing including nightwear	
• Comfortable, supportive, slip on footwear – slippers with a back or trainers	
• Any long-handled aids you have purchased	
• Toiletries	
• Hearing aids and glasses if appropriate	
• Mobile phone and charger	
• A book, iPad, or tablet if desired	
• Cash; you are unlikely to need more than £10	

Avoid bringing in unnecessary valuables. Leave jewellery apart from wedding and engagement rings at home.

On the day of admission and the surgery

Please follow the timings using a 24 hour clock below:

TIME	
02:00	Nothing further to eat. We recommend you only have a light snack after 9pm the day before admission. Chewing gum should not be used on the day of surgery as it increases gastric secretions. No drinks apart from clear water after this time.
05:30-06:00	You should drink your two carbohydrate (Nutricia pre-op) drinks provided by the pre-assessment clinic, unless advised not to by pre-assessment clinic staff, e.g. diabetic patients. Take any morning medication. If you are required to take any of your normal medications on the day of surgery this should have been discussed with you during pre-assessment.
06:00 onwards	Strictly nil by mouth, this includes chewing gum and water.

On arrival, you will be welcomed and shown around the ward. A nurse will check your details and complete the nursing assessment. Nursing staff may ask you to provide a sample of urine prior to your operation. This can be done using the ward toilets. This is to ensure there is no urinary infection, and to check women under the age of 55 aren't pregnant.

Please be aware that a number of operations will be taking place on the day and the order is dependent on several factors including any medications and any other health problems (comorbidities) you may have.

The surgery and anaesthetic

You will be visited by your surgeon before the operation. If you have any questions make a note of them as this might be a good time to ask them. The surgeon will mark your leg with a marker pen. This is to make sure the correct leg is operated on.

The anaesthetist will see you before your operation. The anaesthetic given in theatres is likely to be a spinal anaesthetic. This means the area to be operated on is completely numb. Usually you will be offered sedation however occasionally this may not be possible because of other medical conditions you may have. Spinal anaesthetic has been used for joint replacements globally for decades, although remains a worry for many patients. There are many advantages of a spinal anaesthetic over a general anaesthetic. These include patient safety and significant continued pain relief after the surgery. Occasionally for medical reasons we use a general anaesthetic, where you are asleep. You will discuss this and the risks of the anaesthetic with the anaesthetist.

You will be positioned on the opposite side to the one being operated on. The actual surgery usually takes about an hour although you will be in the theatre complex for longer to allow time for the anaesthetic to be administered and recovery following surgery.

The location of the incision is on the side of your upper thigh curving towards your buttock. The length of the incision depends upon the surgeon and your leg. It is usually between 10 and 20 cm.

A cut is made through the fat and muscles which cover the hip. The top of the thigh bone (femur) which forms the neck and ball is cut away. A replacement stem and ball is then placed in the remaining thigh bone. The socket part of the hip joint is also drilled smooth. The surgeon removes the arthritic bone and makes a smooth base for the new cup. In some cases, surgeons use bone cement to hold the stem and/or the cup in position. There are different types of materials of implant to use. These can be made of different types of metals, polyethylene (like a plastic) or very tough ceramic.

When satisfied with the position of the implants, the surgeon will close the wound. A drain may rarely be used. This allows any collections of blood or fluid to drain out. The drain is removed painlessly on the ward within a day.

The incision is closed with an absorbable suture that does not need removal or skin clips.

After the surgery

You will remain in the recovery area until your condition is stable and your pain is well controlled. You may have an intravenous infusion (drip) and an oxygen mask. If you have had a spinal anaesthetic, you will be pain free. This pain relief lasts several hours. If you have had a general anaesthetic you will feel sore around the hip, this is normal. Nerve blocks inserted by the anaesthetist in the operating theatre may leave your leg feeling weak and numb when you wake up.

The nursing staff on the ward will make regular observations of your temperature, blood pressure and pulse. They will monitor your pain levels and give you pain relief as required. You will be allowed to gradually take fluids and resume a normal diet. You will be encouraged to start walking as soon as possible with the aid of the nurses and physiotherapists. You will begin physiotherapy as soon as possible as it is important to start moving your new knee to promote good blood flow, to regain movement and muscle strength and to help the recovery process.

As soon as normal sensation to the legs has returned (normally within 3-4 hours) and providing pain is well controlled, the aim is for you to transfer out of bed to the chair or commode, with the help of an orthopaedic nurse or the physiotherapist, and a walking frame. An X-ray and a blood test will be taken the next day.

How long will I be in hospital?

The usual length of stay following an elective total hip replacement is 1 - 2 days. Before going home you will have to be:

- Medically fit
- Independently mobile with an appropriate walking aid
- Independent getting on and off the bed, chair and toilet
- Safe on stairs

How should I look after my wound after my surgery?

Before you leave the hospital, we will give you a leaflet about caring for your wound when you are at home.

The next few weeks

The first two to four weeks after surgery are difficult for the majority of patients. At six weeks most patients are walking unaided and are sleeping through the night. People that work are off work an average of ten weeks. Most drivers are able to return to driving at four to six weeks.

Pain: Pain following your operation is normal for six weeks. You may still need painkillers at night especially to help you sleep.

Swelling: It is normal for the leg, ankle and foot to be swollen after surgery. The swelling gradually decreases but this can take up to 3 months in some people. Keeping mobile is a good way to reduce swelling so try and have a short walk around your living room, or outside when you feel safe to do so, at least once a day. Raising your foot up or lying down for a short while can help reduce swelling but you must make sure you get up and walk around for a few minutes every hour to avoid an increased risk of blood clots.

Infection: Your wound will be warm and sore initially. However if you notice an increase in pain, redness, warmth, and oozing or an unpleasant smell from your wound you must contact the hospital or your GP. If you have a very painful, hot/hard area in your leg in the first few weeks after your operation you must contact your GP or attend A&E

Sex after joint replacement

It is likely you will be able to have sex after six to eight weeks. Try and find a position that is comfortable and avoids bending the joint too much. Many people feel more comfortable lying on their back during sex. Please don't feel awkward about asking for advice about suitable positions.

Sport and exercise

Regular exercise is crucial to your recovery. Walking is excellent exercise for the first few weeks following surgery. Swimming is very good exercise once your wound has been checked and is healed. Cycling is good but getting on and off a bike will be difficult at first. You may find you need to raise the saddle to fully turn the peddles. Exercise that involves twisting and bending like golf, dancing, and bowls should be fine after three months
Discuss exercise that involves extreme bending or a risk of falling with your surgeon.

Physiotherapy

What physiotherapy will I need?

You will be seen by a member of the physiotherapy team the day after your surgery. They will assess the safest way for you to transfer with the nursing staff and also teach you some exercises to aid your recovery. It is important you sit out in the chair every day; the multi-disciplinary team will be able to help you with this and will continue with your rehabilitation as advised by the physiotherapy team.

The physiotherapy team will review you daily and aim to progress your transfers and walking with the appropriate aids.

On your return home it is important you continue to stay mobile and do the exercises you have been shown.

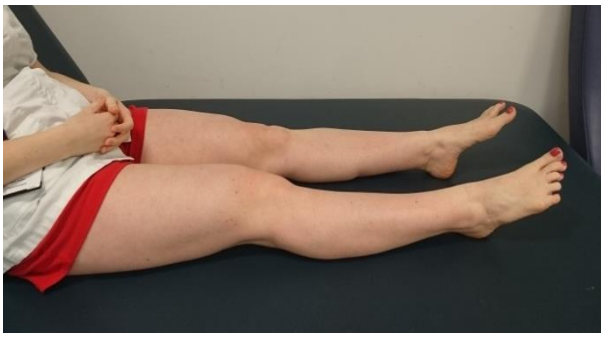
Exercises following hip surgery

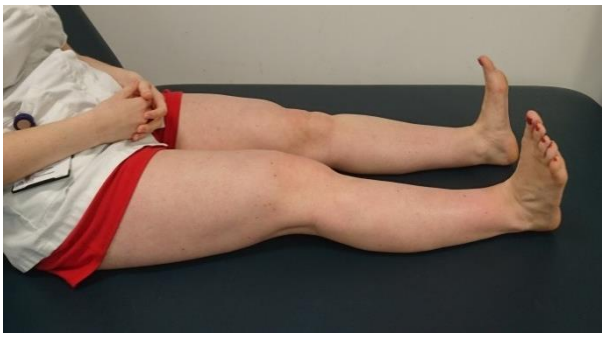
You will be taught exercises to aid circulation, help get your hip moving and improve your muscle strength. You will be expected to complete these exercises outside of your physiotherapy sessions.

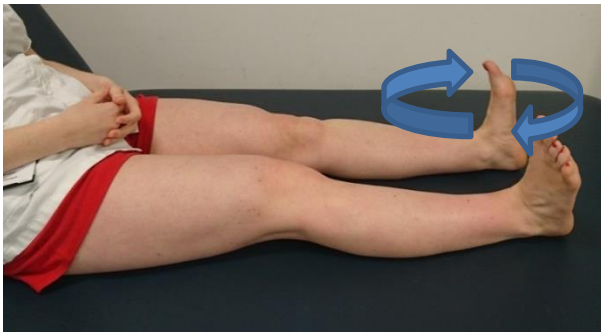
Bed exercises

Ankle pumps/ rotations

Point your toes towards the end of the bed and then pull them up towards your head.

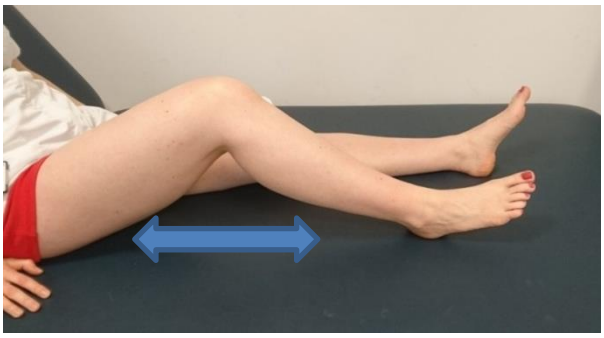






Rotate your feet in circular motions.

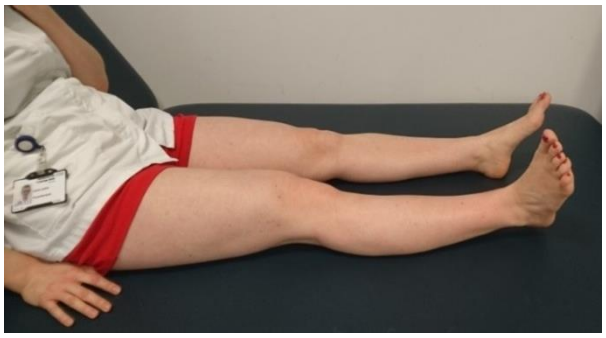
Repeat these little and often throughout the day.



Supported knee bends

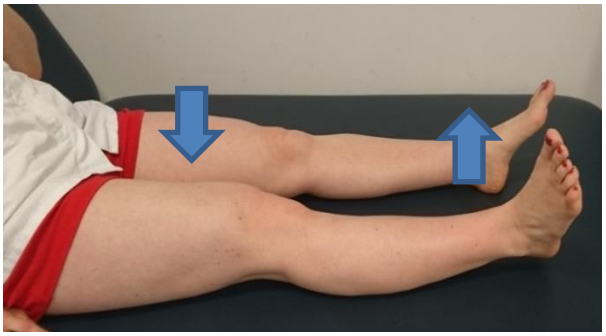
Bend your knee and try to slide your heel towards your buttocks. Do not let your knee roll inward.

Repeat 10 times, 3 - 4 times a day.



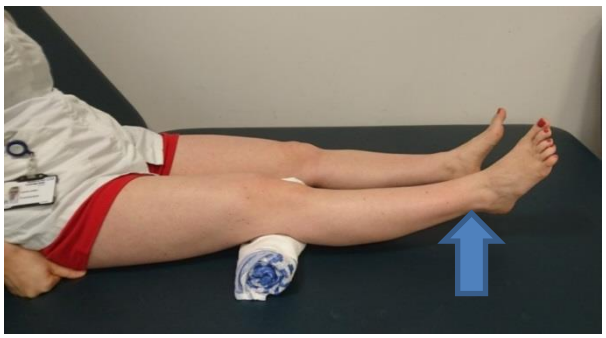
Static glutes/ buttock contractions

Tighten your buttock muscles and hold for 5 seconds. Repeat 10 times, 3 - 4 times a day.



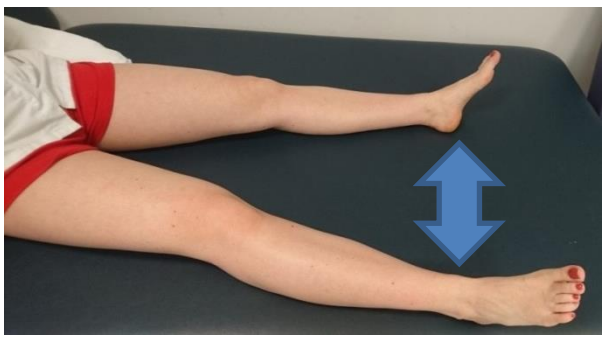
Static quadriceps

Keeping your leg straight, pull your toes up towards your head and push your knee down into the bed. Hold for 5 - 10 seconds. Repeat 10 times, 3 - 4 times a day.



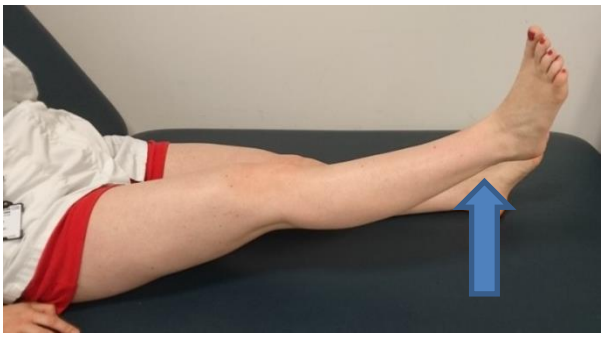
Inner range quadriceps

Roll up a towel and put it under your knee. Push your knee down into the towel, the bottom half of your leg should lift up away from the bed. Hold for 5-10 seconds. Repeat 10 times, 3 - 4 times a day.



Hip abduction

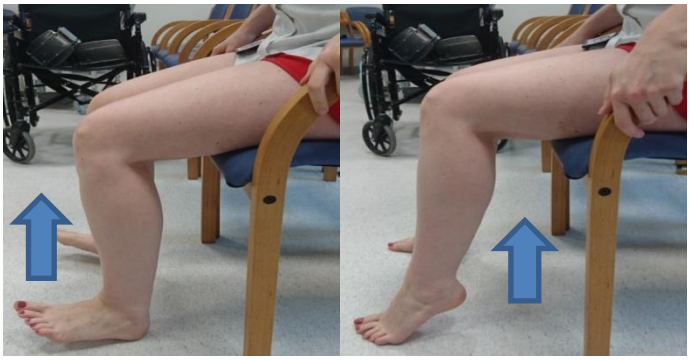
Slide your leg out to the side of the bed and then bring it back into the middle, be careful not to cross your leg over the midline. Repeat 10 times, 3 - 4 times a day.



Straight leg raise

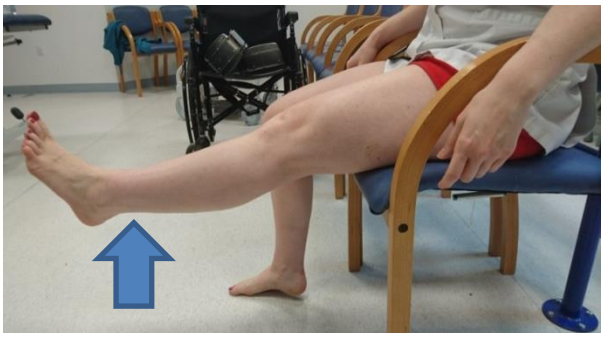
Keep your leg straight, tighten your thigh muscle and lift your leg off the bed. Hold for 5 seconds and lower slowly. Repeat 10 times, 3 - 4 times a day.

Seated exercises



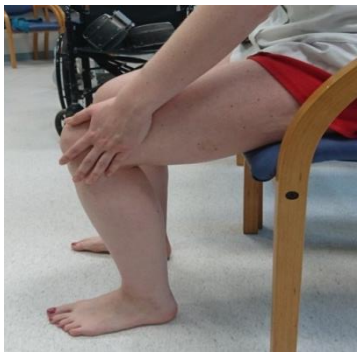
Ankle pumps

Bend and straighten your ankles. Repeat 10 times, 3 - 4 times a day.



Knee extension

Straighten your leg and hold it out in front of you for 5 seconds. Repeat 10 times, 3 - 4 times a day.

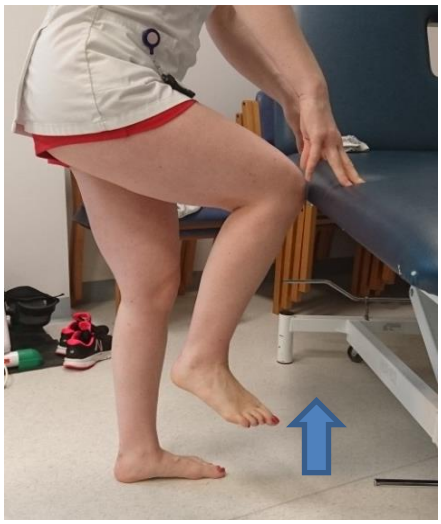


Hip abduction

Keep your feet on the floor and move your knees out to the side. You can use your hand on the outside of your knee to add some resistance. Repeat 10 times, 3 - 4 times a day.

Standing exercises

You will need to hold onto something for support i.e. a sturdy chair, kitchen worktop or walking frame.

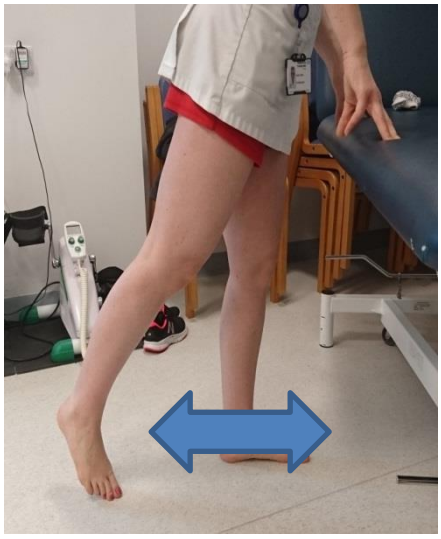


Knee raises

Lift your operated leg towards your chest; do not lift your knee higher than your waist. Then slowly lower it back to the floor. Repeat 10 times, 3 – 4 times a day.

Hip abduction

Keeping your trunk straight, lift your leg out to the side as far as you can. Slowly bring your leg back to the middle. Repeat 10 times, 3 - 4 times a day.



Hip extension

Keeping your trunk straight, lift your leg behind you as far as you can. Slowly bring your leg back to the middle. Repeat 10 times, 3 - 4 times a day.

You may find it helpful to photocopy the below timetable for keeping track of your exercises.

Exercise Programme	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Ankle pumps and rotations							
Supported knee bends							
Static glutes/buttock contractions							
Static quadriceps							
Inner range quadriceps							
Hip abduction							
Straight leg raise							
Seated ankle pumps							
Seated knee extension							
Seated hip abduction							
Standing knee raises							
Standing hip abduction							
Standing hip extension							

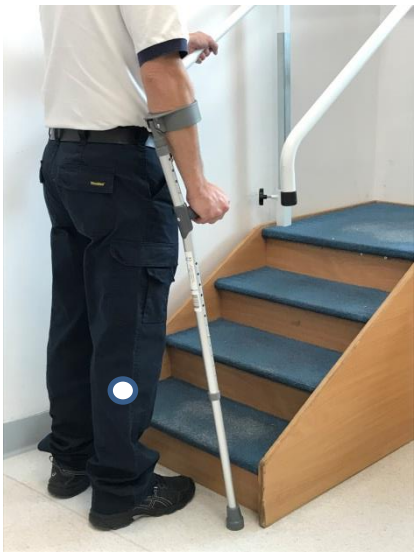
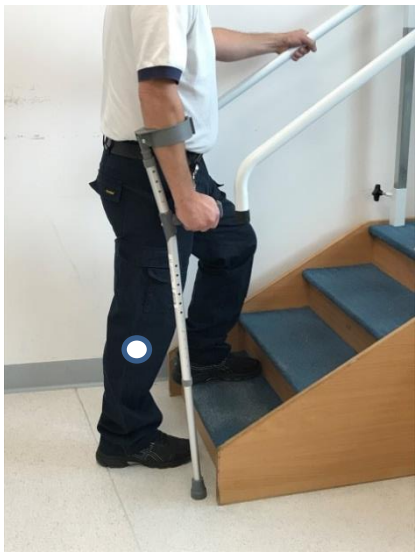
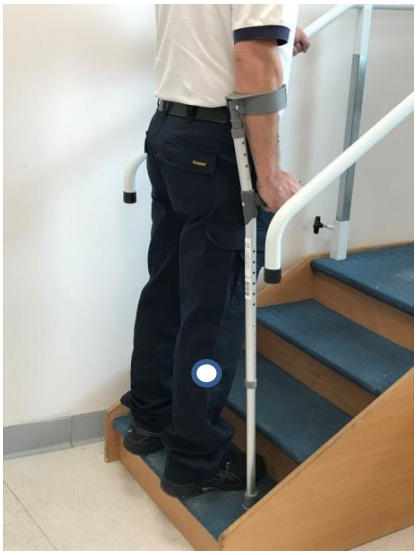
Stairs

Going upstairs

The circle denotes the operated side, in this case right.

Take one step at a time.

Un-operated leg first, followed by operated leg, and then the walking aid.

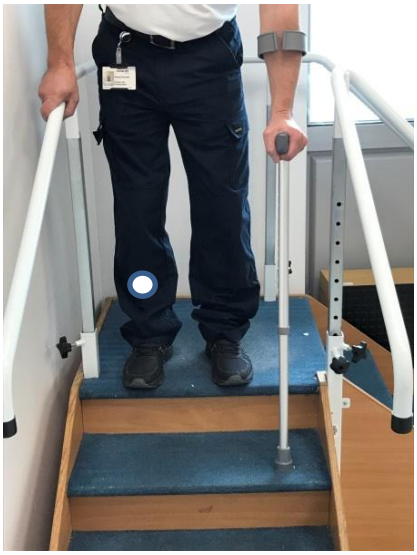
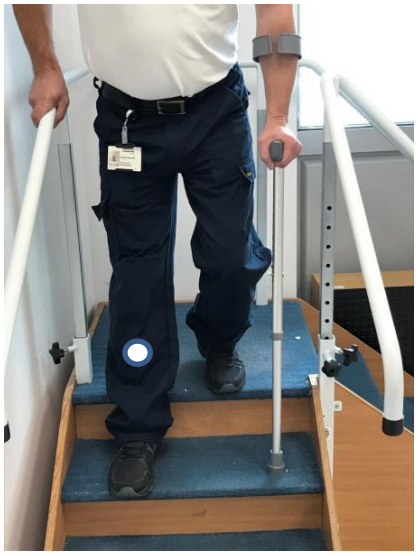
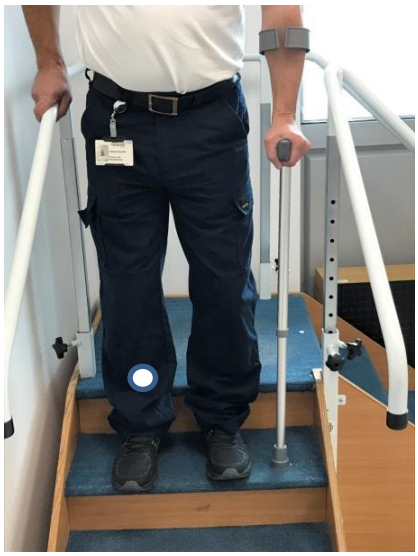




Going downstairs

The circle denotes the operated side, in this case right.

Take one step at a time.

Walking aid first, followed by the operated leg, and then the un-operated leg.

Occupational therapy (OT)

Occupational Therapists assess your ability to manage everyday activities.

You will be seen on the ward after your surgery to assess how you are progressing and make recommendations to help you manage your daily activities on discharge.

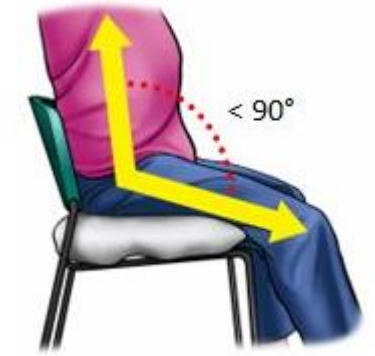
Hip precautions

Following your surgery it is recommended certain movements are avoided to reduce the risk of dislocation. These are known as hip precautions:

Do not cross your legs

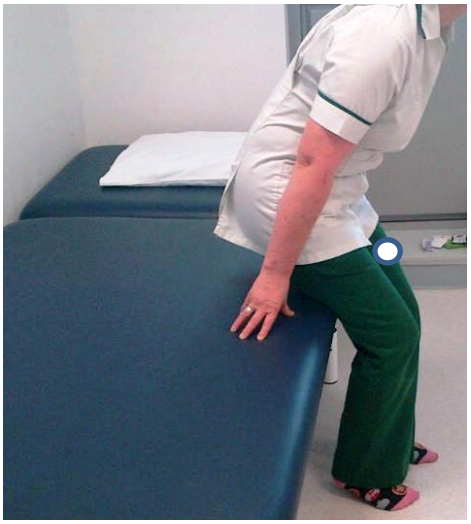
Do not twist your hip or turn your feet inwards

Avoid bending forward to reach your feet or sitting on anything too low. It is advisable not to bend your hip past 90°



Advice for managing your daily tasks

Transferring on and off the bed



Position yourself at the side of the bed, two thirds of the way up. Make sure you can feel the bed on the back of your legs before you try to sit down.

Try to get onto the bed leading with your non-operated leg if possible.

The circle denotes the operated side, in this case left.

Support your upper body with your arms and slide your bottom as far back onto the bed as you can. Bring your non-operated leg onto the bed.

Bring the operated leg up onto the bed gradually and use your upper body to move yourself further up the bed.

Try to get out of bed on the same side, this time leading with your operated leg.

Sleeping

- It is recommended that you sleep on your back.
- When comfortable, you can sleep on your operated side with a pillow between your knees.

Transferring on and off a chair

- Position yourself in front of the chair so that you can feel it on the back of your legs.
- Reach back for the arms of the chair. Straighten your operated leg out in front of you and lower yourself down gently into the chair.
- When getting out of the chair, shuffle your bottom forwards and push up using both hands. Make sure you are balanced before taking your hands off the chair and onto your walking aid.

Driving and getting in or out of the car

Most drivers are able to return to driving at 4-6 weeks, this can depend on which side hip has been replaced and whether you drive a manual or automatic car. You must ensure you are not a risk to yourself and other road users. If you are able to stamp the operated side foot hard on the floor, try performing an emergency stop in a stationary car with the engine off. We would advise you discuss driving with your consultant and you will need to contact your insurance company to inform them of your recent surgery.

When transferring in or out of a car as a passenger, we advise:

- The passenger seat should be slightly reclined and as far back as possible to allow for maximum leg room. If necessary put a cushion on the seat to raise it.
- Sit on the seat before lifting your legs into the foot well. You may find it useful to grip the door frame whilst someone holds the door steady so you can lower yourself gently onto the seat.

Getting in or out of the bath or shower

It is usually advised that you strip wash initially on discharge and sit down to dress.

Whilst following hip precautions you should not use the bath or an over bath shower. Your Occupational Therapist will discuss this with you.

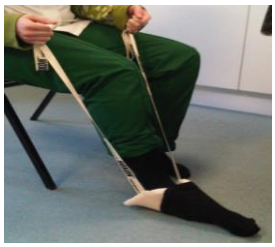
How to use long handled aids following hip surgery

You can purchase the following aids which may be helpful after your surgery:

Helping Hand/ Gripper

Long handled shoe horn

Long handled sponge



Sock aid (please note this cannot be used with anti-embolism stockings)

We recommend sitting on a suitable chair or perching stool to wash and dress. Always dress your operated leg first for ease.

To use long handled aids to dress your lower half:

- Hold the waist band of your clothing with the helping hand and lower to the floor. You can use the hooked end of a long-handled shoe horn to open the leg hole of the clothing
- Using the helping hand, guide the clothing over your leg and up to your knees, where you can safely reach it
- You can now carefully stand to a walking aid to finish dressing your lower half
- Undress your non- operated leg first

Managing kitchen tasks

Your Occupational Therapist will discuss how you are going to manage your kitchen tasks safely on discharge. It is advised that you use easy meals initially and build up gradually to your usual cooking routine.

You are likely to be discharged home using a walking aid which will affect your ability to carry items. Before your admission, it is helpful to consider the set-up of your kitchen and arrange items within easy reach. Your Occupational Therapist will identify any equipment that may help to increase your safety and independence when preparing your food and drink.

Managing household tasks

During your recovery period, you will likely need some help with managing household tasks such as housework, laundry, and gardening. If you do not have any family or friends that are able to help, please discuss this with your Occupational Therapist as they may be able to signpost you to suitable charities and services who can provide this type of support on discharge.

Discharge information

On the day of your discharge the staff nurse will provide you with the following:

- Painkillers (analgesia) and blood thinners (anticoagulation medications)
- Dressings and a date when your wound should be reviewed by your practice nurse

A 6 week orthopaedic follow up appointment will be sent to you by post.

If you have any concerns phone the ward on which you were an inpatient.

It is important you continue to stay mobile and complete the exercises you have been shown in order to maintain your level of independence and safety.

Useful phone numbers:

Pre-assessment clinic

Maidstone Hospital:	01622 224607
Tunbridge Wells Hospital:	01892 635854

Wards

Maidstone Orthopaedic Unit (MOU):	01622 228844
Ward 30 Tunbridge Wells Hospital:	01892 635868

Orthopaedic Secretaries

Clinical Administration Unit (CAU):	01622 228221

Frequently asked questions

When should I start my hip exercises?

You should aim to be completing your hip exercises before your surgery date, during your inpatient stay and for a minimum of 6 weeks after surgery.

Will I hear anything during the operation?

Patients very rarely do hear noise during the operation, some even chat to their anaesthetist! Please be aware that you will be in a relaxed state and the heightened anxiety you experience before the surgery will have settled naturally and with the help of medication. Most patients sleep through the entire procedure.

Will I have pain after my surgery?

Yes, it is normal to have pain following surgery; this pain will improve as your muscles get stronger. You are likely to require regular pain relief for the first few weeks after surgery. You will have pain relief prescribed as an inpatient and also be given pain relief to take home. Please let the nurses know if your pain is not controlled, you do not have to wait until the next drug round for more pain relief.

Will I be at risk of a DVT (deep vein thrombosis)?

A DVT can occur in patients after a joint replacement, see the section **blood clots**: a DVT under the risks section.

Should I be concerned about my wound?

It is normal for the wound to be red, swollen and painful after the operation and for a few weeks after. It is not normal if these symptoms are accompanied by a discharging wound, a temperature and worsening pain, despite taking pain relief. In this instance, see your GP or practice nurse for a wound review, if the surgery is closed please ring 111**.** Please remember to take your hospital discharge letter with you.

How long will I need to follow hip precautions for?

You will be following your hip precautions for 6 weeks. Your Consultant's team will advise you at your 6 week follow up appointment if you need to carry on following these precautions and for how long.

When can I have a bath?

Whilst under hip precautions you will not be able to use a bath. It is usually advised that you strip wash initially on discharge and sit down to dress. Your Occupational Therapist will discuss with you when you will be safe to access the bath after your surgery.

When can I travel?

Try to avoid long journeys in the immediate recovery period. You will need to speak to your Consultant if you are planning on flying but generally you can travel on a short haul flight at 6 weeks post operatively and a long haul flight at 3 months postoperatively.

When can I return to my hobbies?

Everyone recovers differently. Please discuss specific activities with your Consultant or Physiotherapist who will advise you on this following your surgery.

Will I be referred to Outpatient Physiotherapy?

You will not routinely be referred to Outpatient Physiotherapy on discharge from the hospital. On your return home it is important you continue to stay mobile and do the exercises you have been shown. If you are struggling at your 6 week orthopaedic follow up appointment they may refer you to Physiotherapy if appropriate.

If you have any further questions or concerns please note them down and they can be answered on your admission.

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953
Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

Issue date: Pending Approval
Review date: TBA
Database reference: RWF-DocTemp-GL3

FAMILY NAME:	
Given name:	
Preferred name:	
Title: Gender:	
NHS number:	
Hospital number:	
Date of birth: _ _ / _ _ / _ _ _ _	
Complete above in full or affix patient label	
Location:	

NHS
Maidstone and Tunbridge Wells
NHS Trust

Total Hip Replacement Surgery Confirmation Statement

Guidance to clinician:

- Respond to all questions the patient has regarding their specific surgical procedure and risks due to COVID-19
- Check the patient has capacity to sign their consent form and this form and that they have no additional communication needs
- Ask the patient to sign below
- Cut off this page and file in the patient's healthcare record
- Give the patient information leaflet back to the patient

Additional communication needs identified:
……..
……..

Confirmation information provided and understood

I have been provided with and have read the leaflet titled 'Total Hip Replacement Surgery 'and my surgical consent form. I have had the opportunity to discuss all my questions and concerns with clinical staff involved in my surgery.

Signature: ……..

Print name: ……..

Date: ……..

Second confirmation (to be signed on the day of surgery if above was signed at an earlier date)

Signature: ……..... **Date:** ……..

Name of Surgeon: ……**Position:** …….....

Signature: …… ……..**Date:** ……..

Statement of Interpreter: (where appropriate)
I have interpreted the information contained in the leaflet to the patient to the best of my ability and in a way in which I believe the patient can understand.

Signed: …….. ……**Date:** ……

Print Name: …….....