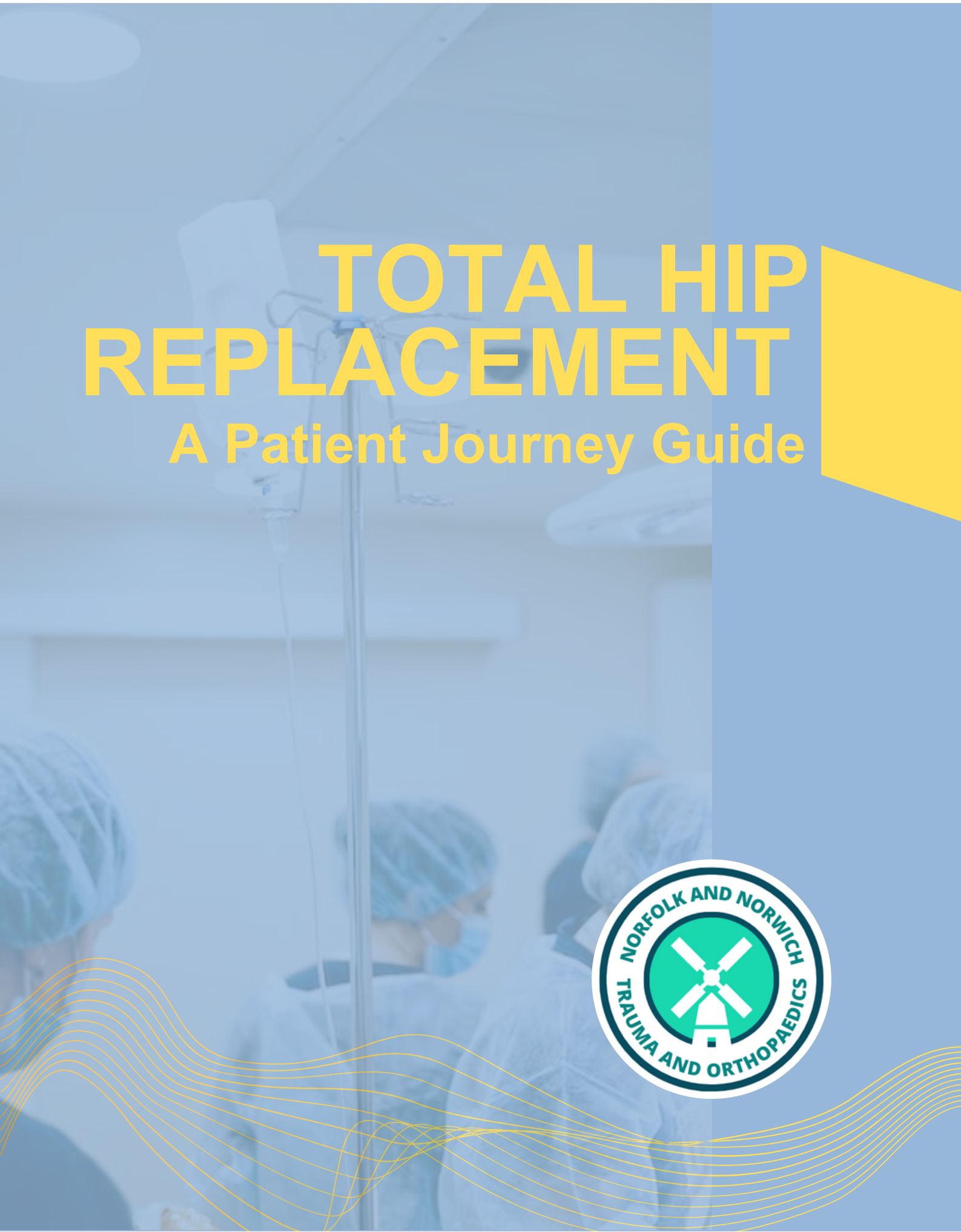
Our Vision
The best care for every patient

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

TOTAL HIP REPLACEMENT

A Patient Journey Guide



NORFOLK AND NORWICH TRAUMA AND ORTHOPAEDICS

Welcome to Norfolk and Norwich Orthopaedic Centre

This booklet has been created to support you in your recovery from a Total Hip Replacement.
It is important that you take actively part in your preparation and recovery from the beginning and understand what your surgery involves.
There will be opportunities to ask questions face to face.
This information booklet should be with you at all times during consultations and during your admission so the health professionals can guide you through the different stages of information.

How to use it

The booklet is divided into chapters that covers all the different stages of your surgery. There will be internet links and and QR codes to scan so you can explore further information.

Key facts

Preparation before surgery is vital. This is a planned elective procedure and we aim to **discharge you from the same day of the procedure to or the subsequent one to two days.**
You will only be ready for surgery if you are medically fit, and your health is at its best. Equally your surgery will be delayed until your home setting is appropriate to receive you after. We recommend you to arrange a GP appointment to discuss this.
There is an **Orthopaedic Practitioner Advice Line** dedicated to patients that had a hip replacement. You can speak to a specialist health professional for post operative advice (pain, wound, exercises, equipment) when you are at home so we can support you through your recovery.

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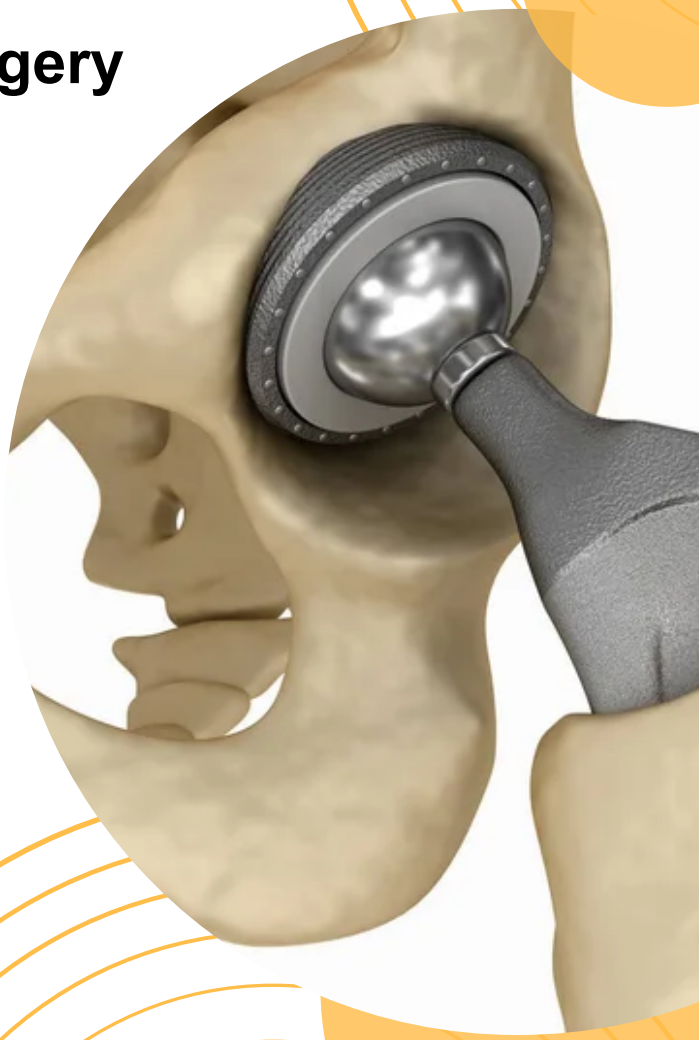
1 Hip Replacement

What is a hip replacement?
How does it fix to my bone?
Possible alternatives to surgery

SCAN ME

You will find lots of helpful information on the following website: www.versusarthritis.org



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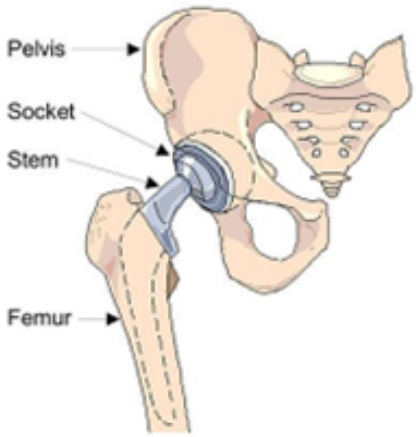
What is a Total Hip Replacement

A Total Hip Replacement is an operation where your damaged arthritic hip is removed and replaced with an artificial alternative. During a hip replacement, the surgeon removes the ball at the top of the thighbone (femur) and replaces it with a new prosthetic one. The socket is also replaced.



There are many different types of hip replacement which can be made from a variety of materials such as metals, ceramics and plastics.
Your surgeon will decide on the most appropriate replacement to suit you.

How does it fix to my bone?

There are two types of fixations.
The new socket and stem can be cemented to your own bone – a cemented hip replacement.
Alternatively, the new stem and socket can be fixed to your bone without bone cement or a process known as "press fit" where your own bone then grows onto the surface of the implant without the need to cement.
Frequently, surgeons decide to use cement to fix the stem in place and use an un-cemented socket – this is known as a hybrid hip replacement

Possible Alternatives to Surgery

Arthritis is a condition that does not get better on its own, there are some alternatives which may improve your symptoms and possibly reduce or delay your need for surgery. www.versusarthritis.org

2 Consent

Benefits of Surgery
General risks of surgery
Potential risks of a hip replacement
Rare complications
Expectations
National Joint Registry
Patient Reported Outcome Measures
Research

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National Joint Registry

NANOC

What are the benefits of surgery?

Total hip replacement is generally a very successful operation that significantly improves the pain associated with hip arthritis, it can help restore mobility and return to physical activities that your hip pain has prevented you from doing.

Before your surgery you will be asked to read and sign a consent form after discussing the risks with a member of the surgical team.

General risks of surgery

Deep vein thrombosis (DVT): A blood clot that forms in the deep veins in your body, usually the calf. You will be given blood-thinning medicine and compression stockings to reduce the risk. Moving your legs as soon as you can after the operation is one of the best ways to prevent blood clots

Pulmonary embolism (PE): Results from a clot travelling through the bloodstream from the site of DVT to lodge in the lung. A PE can be life-threatening

Urinary tract infections:
It may be necessary to have a urinary catheter placed inside your bladder. An infection can occasionally occur as a result of catheterisation and may require treatment with antibiotics

Swelling/Bruising: Painful swelling may occur around the hip joint extending in to the leg, it can persist for 6 months after surgery. Bruising may occur and track down the entire leg.

Numbness after surgery is normal around the scar.

Pain: Is expected some pain following your surgery. This normally improves rapidly with analgesia but very occasionally may be a long-term problem

Bleeding: Surgery involves some blood loss. The need for a blood transfusion after a hip replacement surgery is extremely rare. If you hold certain beliefs that prevent you from receiving a blood transfusion, you must highlight this to staff as soon as possible

Risks of Total Hip Replacement

Hip replacement surgery has risks. the vast majority do not have serious complications.

Loosening of the joint:
95% of joints will last 10-15 years or more depending on your level of activity. Causes such as trauma, excessive heavy use or infection can contribute to loosening and will result in pain, reduced function and can lead to to the need for further (revision) surgery.

Accidental fracture of the bone during surgery: This may lengthen your recovery, cause you additional pain and may result in you using crutches for longer

Nerve injury: This can occur as a result of trauma to the nerve and is characterised by weakness and lack of sensation of the affected leg, with or without pain. injury can be temporary or permanent

Hip dislocation: Rarely the hip joint can come out of its socket. This is most likely to happen in the first few months after surgery when the hip is still healing in this case you may need further surgery

Altered leg length: The leg that was operated on may be shorter or longer than the other leg. People can adjust to this, but sometimes a raised insole may be needed.

Infection: Up to 1% of patients may develop an infection in their replaced joint. this will often require further operations and courses of antibiotics

Rare complications

Risk to life, depends on your general heath and medical history. For most patients it was between 1 in 300 and 1 in 500. The most common causes are strokes, heart attacks, chest infections and pulmonary embolism . These can occur in the days or weeks after surgery.

Keloid scar: Is a scar with a raised and thickened appearance

Persistent pain syndromes can occur after joint replacement that can have a serious effect on your quality of life and may require you to take long-term medication

Your expectations

Most people have a straightforward and rapid recovery, however, when complications do occur they can have a significant or permanent impact on your life.
After a hip replacement it is normal to feel more tired than usual. It is normal to have aches and pains on the muscles around the hip, this should improve as you move towards the 12-week mark. It is important to listen to your body, eat well and get lots of sleep while you are recovering. The majority of people will continue to improve between 6-12 months after surgery but improvement can be seen up to 12 – 24 months after surgery.

The National Joint Registry (NJR)

As part of your surgery consent, you will be asked to share information with the (NJR).
This records details of joint replacement operations in order to monitor the results of surgery and protect patient safety.

Patient Reported Outcome Measures (PROMS)

To help measure and improve the quality of healthcare services you will be asked to complete some questionnaires in clinic and 6 months after your surgery by post

Research

Taking part in research studies is entirely optional. If you do agree to participate in a study, you may be required to fill out additional questionnaires or attend additional appointments for specific investigations. Research projects are beneficial to future patients undergoing orthopaedic surgery and may also influence clinical practice.
We might ask you to take photographs of your operation. You will not be identified and it will be discussed with you in advance.

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Before your surgery

Pre-Operative assessment
Information you need to provide
Prepare to come to hospital
Avoid falls at home
Pre-Operative occupational therapy
Pre-Operative physiotherapy

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Pre-operative assessment

What is it?

- This is a nurse-led clinic that will determine your fitness for surgery.
- This will take place in the Arthur South day unit or Norfolk and Norwich orthopaedic centre.
- We will ask you questions about your health and perform other screening tests.
- **Your surgery may be deferred if you are not fit, or your health can be improved before your surgery**. This is a planned operation and to minimise risks, we will take all steps to optimise you.

What will happen:

- You may have a new Hip X-ray (if the previous one was more than 6 months ago)
- You may have an electrocardiogram (ECG) of your heart
- Blood tests to check your health
- Swabs from your nose and groin for a bug called Methicillin-Resistant Staphylococcus Aureus (MRSA)
- You may need a rectal swab or a faeces sample to screen for Carbapenemase Producing Enterobacteriaceae (CPE)
- You may be referred to see other health professional before your surgery (anaesthetist, radiology, occupational therapy..)

Information you need to provide

Please get in touch with us if you feel unwell in the days leading up to your surgery with:

- **Sores or open wounds anywhere on your body**
- **A cough / cold**
- **A rash/ cuts or skin scrapes**
- **Dental problems**
- **Insect bites**
- **Taking antibiotics**
- **Changes in medication prior to surgery**
- **Been referred by your GP to see a specialist**

Bring with you a list of your regular medication

Prepare to come to hospital

PLAN

- Ensure the equipment you need is delivered to your home (see Occupational therapy section)
- Make a plan if you are a carer for a loved one for at least 6 weeks
- Plan transport to and from hospital
- You will not be fit to drive for 6 weeks so think about alternative transport
- Who is going to look after your pet
- Childcare

PREPARE

- Meals in advance, stock up cupboards and freezer for food
- Declutter to help you move around your home easily
- Consider online-shopping
- Regular medication to be delivered or picked up

BRING IN:

- Day clothes to get dressed after your operation. Loose fitting is better
- Dressing gown, slippers with backs, toiletries but **no valuables**
- **All your regular medications** in their original boxes including medicine trays or blister packs
- Please do **not bring towels or flannels** as these will be provided
- Books or other entertainment and charging devices. These items are brought in at your own risk.
- Personal items must fit in one bag as there is very limited space at the bed side

Avoid falls at home

Remove clutter, trailing wires and frayed carpet. Use non-slip mats and rugs

Do not wear trailing clothes that might trip you up

Make sure rooms, passages and staircases are well lit

Do not walk on slippery floors in socks or tights

Have a plan in case you fall and need help

If you use glasses or hearing aids make sure they are in good working order

Take care of your feet, trim your toenails and see a podiatrist regularly

Keep active to maintain muscle strength and balance

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Click to know more about fall prevention

SCAN ME

Click to watch about falls prevention

Pre-operative Occupational Therapy

You will be asked to provide measurements of your chair, bed, and toilet at home by the occupational therapy team. This is to ensure your furniture is appropriate to maintain your independence.
This contact will be made most of the times via a telephone consultation

However, in preparation there are a few things to take into consideration:
Chair:

- Remember to sit in a firm, sturdy chair, ideally with arm rests
- If your chair is not a suitable height it may be appropriate to use a extra cushion or folded blanket

Toilet:

- You may need equipment to help you on and off the toilet.

Bed:

- A particularly low bed, or soft mattress, can make it difficult to transfer in and out of bed. You may need to consider sourcing an alternative bed.

If you cannot adapt your chair/ bed the OT team may be able to organise alternative equipment. **Remember your need to make arrangements for your return home and that may include help from friends or family**

Pre-operative Physiotherapy

We do understand that some hips are too sore to tolerate exercise before a hip replacement. If this is the case, you can do them at your own pace. These exercises are important to strengthen your hip muscles.
Optimise your hip movement. Familiarise yourself with some of the exercises you will be expected to complete post-operatively and minimise the impact of muscle waste that occurs as a result of a hip replacement.

Pre operative Exercises

		Description	Repetitions	Sets	Frequency
Exercise 1	**Hip Abduction** 	▪ Lying on your back, with your legs out straight and your knees and toes pointing towards the ceiling at all times ▪ Slide your leg out sideways keeping your heel on the bed. (To help reduce friction place a plastic bag under your foot). ▪ Bring your leg back to the starting position, remembering not to allow your leg to cross the midline of your body.	5-10 seconds holds	2-3	3-4 times a day
Exercise 2	**Hip extension – lying face down** 	▪ Lying in your stomach if able ▪ Squeeze your buttocks and lift one leg towards the ceiling keeping your knee straight ▪ Do not leg your lower back arch ▪ Return to starting point and alternate to the opposite leg	5-10 seconds Holds	2-3	
Exercise 3		▪ Lying on your back with one leg straight and one leg bent ▪ Flex the ankle of your straight leg towards you and lift the leg of the bed and hold ▪ Keep the knee straight ▪ Do not leg your lower back arch during the lift ▪ Lower your leg after holding and alternate legs	5-10 seconds holds	2-3	

Pre operative Exercises

		Description	Repetitions	Sets	Frequency
Exercise 4	**Double leg bridge** 	▪ Lying on your back with both knee bent ▪ Squeeze your buttocks together and lift your bottom of the surface ▪ Return to starting position	15-20	1-3	3 times a day
Exercise 5	**Static Buttock Squeezes** 	▪ Lying on your back, gently squeeze your bottom muscles together ▪ Hold then relax and repeat	5-10 seconds holds	5 – 10	2-3 times a day
Exercise 6	**Cycling** 	▪ The seat must be at a comfortable height ▪ Set it to a low resistance to start with and gradual increase both the time and resistance and feels comfortable	10-20 minutes	-	3 days a week

Pre operative Exercises

		Description	Repetitions	Sets	Frequency
Exercise 7	**Ankle Pumps** 	▪ Sitting/Lying with your legs out straight ▪ Point your foot up and down within a comfortable range.	5	10	Repeat hourly throughout the day until fully mobile indoors
Exercise 8	**Mini-squat** 	▪ Stand on holding onto a stable surface ▪ Keep standing tall; don't allow trunk to lean sideways ▪ Squat down and at the same time move your pelvis slightly backwards ▪ Straighten your hips and return to the starting position	3-4	1	3-4 times a day
Exercise 9	**Knee lift** 	▪ Holding onto a stable surface gently march on the spot, lifting one leg at a time. ▪ Stand tall and not to bring your knee any higher than the level of your hip. ▪ March for 30 seconds to 1 minute as pain/fatigue allows	30-60 seconds	1	

Pre operative Exercises

		Description	Repetitions	Sets	Frequency
Exercise 10	**Hip Abduction** 	▪ Stand sideways on holding onto a stable surface with your affected leg furthest away ▪ Keep standing tall; don't allow trunk to lean sideways as you lift your leg out slowly to the side ▪ Keep your leg straight throughout and not allow your knee/toes to roll inwards/outwards ▪ Then bring your leg back to the starting position.	5-10 times	1	3-4 times a day
Exercise 11	**Hip Extension- standing** 	▪ Stand on holding onto a stable surface ▪ Keep standing tall; don't allow your trunk to lean forwards as you lift your leg out slowly behind you, keeping your leg straight ▪ Then bring your leg slowly back to the starting position. This is quite a small movement aimed at activating your hip/bottoms muscles – it is not a test of how far you can lift your leg. Do not push through pain.	5-10 times	1	3-4 times a day

4

The day of surgery

Where to go
Same day admission unit
Anaesthesia

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Anaesthesia

NANOC

Directions

On the day of your surgery, you will be asked to report to either:

The same day admissions unit (SDAU) Level 3, Centre Block (near Dilham ward)

Or

The Norfolk and Norwich Orthopaedic Centre (NANOC) is situated at the Western end of the hospital campus.

Same day admission unit

Before surgery, your anaesthetist and surgical team will see you. The surgical team will put a felt tip mark on the leg you are having operated on. The anaesthetist will discuss the type of anaesthetic options suitable for you and how your pain will be managed after your operation.

- You will be asked to change into a surgical gown.
- Your possessions will be labelled and stays with you along the journey or taken to the ward
- Your blood pressure and other vital signs will be measured
- You may need to take some medication
- You will be fitted with compression stockings
- If you are between the age of 12-55 a pregnancy test will be performed
- You may walk to theatre or go in a wheelchair or trolley

Further information will be in the “information on admission booklet'

Anaesthesia for a hip replacement

Your operation will be performed adopting the Norwich Enhanced Recovery Programme (NERP) which is designed to get you standing and walking as soon as possible without compromising your recovery. This will minimize the risks and get you back home as soon as safe.

An intravenous line will be put into a vein in your arm to provide a access for fluids, medications, antibiotics and anaesthetics.
You will be taken to the anaesthetic room, where your anaesthetic will usually involve:

o Spinal anaesthetic – a small injection into your back which will numb you from your belly button down. The spinal anaesthetic may be undertaken whilst you are awake or lightly sedated. Sedation can be used during the surgery so that you are sleepy and relaxed during the procedure but some patients prefer to be awake. There are few side effects with this technique and a quick recovery. There is no need to be put on a breathing machine

o Light general anaesthetic. If you need a general anaesthetic it means that you will need a breathing tube placed in your throat or inside your windpipe to ensure oxygen and anaesthetic gases move easily in to and out of your lungs. When the surgery is finished, the anaesthetic is reversed, you will regain consciousness and will be able to breathe normally again.

o Nerve block - an injection of local anaesthetic near to the nerves that supply your hip. A nerve block may be performed in conjunction with a general or spinal anaesthetic.

o Local anaesthetic – injected into your hip joint at the end of your operation to help reduce pain after surgery
Most hip replacements take between 60 and 90 minutes; however, you will be away from the ward for longer for anaesthesia and recovery

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After your surgery

Post anaesthetic care unit
Mobility in hospital
Can I put weight through my leg?
Movement restrictions after THR
Pain management in hospital
Early post - operative exercises and stairs

Post Anaesthetic Care Unit

After surgery, you will be admitted to the Post Anaesthetic Care Unit (PACU).
You will be closely
monitored to ensure that you are recovering from your anaesthetic.
Once you are medically stable, you will be transferred to the wards.

Mobility in Hospital

The nursing team will help you to mobilise/ sit out as soon as possible after your surgery.
Your walking will be progressed with the physiotherapist/ therapy assistant, who will provide a suitable walking aid, e.g., frame, crutches, stick.
Restoring independent mobility is a priority.
Benefits include minimising the chance of you developing blood clots or developing a chest infection.

Can I put weight through my leg ?

After hip replacement surgery, unless your surgeon has requested otherwise, you are allowed to put all of your body weight though your operated leg.

Movement restrictions after THR

Unless your surgeon has specifically stated, we do not ask you to follow specific movement precautions after your THR.

Pain Management in Hospital

Most people will experience pain after an operation that can be managed with the help of regular pain relief.
The health professional team and pharmacist will ensure that you are taking the appropriate analgesia during your stay.
If you are already on pain killers these may be continued.
It is important that your pain is under control so that you can participate in your rehabilitation and get out of bed.

Pain relief during your admisison

Regular paracetamol

A strong opiate-based pain killer- SR oxycodone, to be given the night of your operation and the morning after.

A pharmacist will visit you on the ward the day after your operation to see how you are managing with your pain.

The oxycodone will be changed to a weaker opiate-based pain killer such as codeine, dihydrocodeine, meptazinol or tramadol.

Oramorph/oxycodone will be available as and when needed. This should be taken for breakthrough pain. It is important that pain is managed to enable you to mobilise.
The main side effects of opiate based medications are drowsiness, dizziness, sickness and constipation.

Anti-Inflammatories

We advise after your operation to avoid anti-inflammatories like ibuprofen/naproxen as these can interact with the blood thinners, we give you.

If you need to take anti-inflammatories then the pharmacist will make sure you have stomach protection prescribed alongside to help prevent stomach irritation/bleed.

Other Medications

Laxatives

To avoid constipation drink plenty of water and eat plenty of fruit and vegetables. We will also give you regular laxatives to help prevent constipation as these can take several days to work.

Anti-sickness

If you are feeling nauseous, please ensure you let your staff nurse know. If it is due to pain relief this can be adjusted to suit you. You may also be offered anti-sickness medication to help with this.

Anticoagulation

You will also be given medication to thin your blood to help prevent any blood clots forming after your operation.

This will be dalteparin injections during admission, rivaroxaban tablets on discharge (to complete 28 days). Further information in you blood clot leaflet

Early Stage Post-Op Exercises - from day 1 post surgery

It is important that you start the post-op exercises as soon as you can after your operation. These will help prevent blood clots and post op chest infections.
They will also help to strengthen your operated leg and reduce swelling.
In the early days after surgery, some of the exercises may cause some discomfort that can be alleviated with pain killers.

The therapy team on the ward will teach you the early stage exercises. You may need to be referred to your local outpatient physiotherapy department if necessary.
We would expect you stay on the early stage exercises for around two weeks in combination with the pre op exercises, at which stage you will most likely be ready to progress to the mid stage exercises.

Every 15 minutes take 3 deep breaths in through your nose and out your mouth despite the use of oxygen. Be sure to fill your lungs completely.

Cough to clear your airway of any secretions and help reduce the risk of chest infections and wean you off any oxygen requirements.

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Please remember these exercises are your responsibility, doing them regularly will help speed up your recovery. These exercises are only a guide. It is acceptable for you to complete all or only the exercises that you are comfortable with.

"Physiotherapy for THR

Early Stage Post-Op Exercises - from day 1 post surgery

		Description	Repetitions	Sets	Frequency
Exercise 1	**Static Buttock Squeezes** 	▪ Lying on your back, gently squeeze your bottom muscles together ▪ Hold then relax and repeat	5-10 seconds holds	5 – 10	2-3 times a day
Exercise 2	**Ankle Pumps** 	▪ Sitting/Lying with your legs out straight ▪ Point your foot up and down within a comfortable range.	5 - 10 times	1	Repeat hourly throughout the day until fully mobile indoors
Exercise 3	**Static Quads** 	▪ Lie or sit on the bed/sofa with the affected let straight ▪ Bend your ankle and push your knee down firmly against the bed/floor ▪ Feeling your thigh muscles tighten as you do this.	20 seconds holds	5-10	3-4 times a day

Early Stage Post-Op Exercises - from day 1 post surgery

		Description	Repetitions	Sets	Frequency
Exercise 4	**Seat Knee Extension** 	▪ Sitting on a chair ▪ Pull your toes up, tighten your thigh muscle and straighten your knee	5 - 10 sec. holds and slowly relax your leg.	5-10	2-3 times a day
Exercise 5	**Hip Adduction** 	▪ Lying on your back, with your legs out straight and your knees and toes pointing towards the ceiling at all times ▪ Slide your leg out sideways keeping your heel on the bed. (To help reduce friction place a plastic bag under your foot). ▪ Bring your leg back to the starting position, remembering not to allow your leg to cross the midline of your body.	5-10	2-3	3-4 times a day
Exercise 6	**Hip Extension** 	▪ Stand on holding onto a stable surface ▪ Keep standing tall; don't allow your trunk to lean forwards as you lift your leg out slowly behind you, keeping your leg straight ▪ Then bring your leg slowly back to the starting position. This is quite a small movement aimed at activating your hip/bottoms muscles – it is not a test of how far you can lift your leg. Do not push through pain.	5-10	2-3	

Completing stairs/steps

Stairs with 2 rails		Description	Considerations
Going UP		▪ Lift your unaffected leg up onto the step first ▪ Lift your affected leg onto the same step ▪ Repeat one step at a time	▪ You may use both rails if someone is able to carry your crutches/frame up for you ▪ If you live alone, ask whoever takes you home to place your second set of crutches/frame at the top of the stair case ready for you to use once you're up.
Going DOWN		▪ Step down with your affected leg first ▪ Then step down with your unaffected leg ▪ Repeat one step at a time	

You will be expected to complete a short flight of stairs or step after your surgery (if applicable) in preparation for your discharge.

Completing stairs/steps

Stairs with one rail		Description	Considerations
Going UP		▪ Hold on to the rail with one hand and keep the crutch on the ground in the other ▪ Place your unaffected leg on the step above ▪ Push through your crutch and the rail to help you lift your affected leg on to the step ▪ Bring your crutch up to the step you are standing on ▪ Repeat completing one step at a time	▪ You should go up and down the stairs using the rail on one side and the crutch on the other ▪ If somebody is at home with you, ask them to carry your second crutch/frame up for you so that you are ready to use both crutches or your frame once you are at the top ▪ If you are at home on your own, you will be discharged with a second frame or a third crutch to keep at the top of the stairs. ▪ Ask whoever has taken you home to place these at the top of the stairs for you.
Going DOWN		▪ Hold onto the rail with one hand and place the crutch on the stair below ▪ Step down with your affected leg first ▪ Then step down with your unaffected leg ▪ Repeat completing one step at a time	

Completing stairs/steps

Stairs with no rails		Description	Considerations
Going UP		▪ Keep both crutches on the ground ▪ Step up with your unaffected leg ▪ Push through the crutches to help you lift your affected leg up on the step ▪ Bring your crutches up level with you ▪ Repeat on step at a time	▪ Use both crutches to ascend/descend the stairs as described below.
Going DOWN		▪ Lower your crutches down first ▪ Step down with your affected leg ▪ Then step down with your unaffected leg ▪ Repeat one step at a time	

6

Getting back home

The discharge day
Recovery at home
Analgesia at home
What to do about pain
What to do about constipation

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We aim to get you back home safe **on the same day of surgery or the subsequent one to two days.** For that to happen, you need to:

- Be medically fit (blood tests and x-ray satisfactory will be done as soon as after your surgery)
- Have a dry wound
- Be mobilising with an appropriate walking aid- physiotherapy review
- Be independently getting in and out of bed and on and off the toilet
- Be able to go up and down stairs if you need to

The Discharge Day

When you leave the ward a written discharge summary will give you instructions about your wound care and any necessary actions including follow up.
A copy will be sent to your GP.
A pharmacist will check your medication and pain relief.

Going Home

You will need to arrange someone to collect you and it will be ok to travel in a normal car. Please let the nurse know if this is not possible
Make sure you have clothes and your key with you.

Recovering at home

Take regular pain relief as prescribed.
Remember some discomfort is expected. Keep mobile. Walking is the best physiotherapy for THR and do your exercises regularly.
Eat healthily to avoid constipation
If you are discharged within 24h you will be contacted by our nursing team for a telephone assessment

Analgesia at Home

Once you are home, you must manage your pain relief yourself.
A small supply of pain relief will be given on discharge for up to 2 weeks.
This is intended for short term use only and if given liquid oramorph/oxycodone, this should be used for severe pain only (maximum every 4 hours). Your GP will be responsible for further supplies as required.

Here are a few measures you can combine to relief you discomfort or pain:

Relaxation

Pain is reduced when you are relaxed and distracted. Resting, breathing exercises, watching TV, listening to music or reading is helpful

Positioning

Rest in a comfortable chair or sofa. In bed ensure you change position every couple of hour. Try to lie flat or with your heels slightly elevated

Pain relief

Analgesia should be taken before pain becomes severe and regularly
You can use Ice to reduce discomfort and swelling .Use ice or a cold pack for 20 minutes at one time

Make a plan

What makes your pain better or worse?
What methods of pain control have worked or have not worked well in the past?
Is it worse pain or new pain?

7

Wound care

Washing with your dressing
Changing dressing
Wound check after surgery
Signs of alarm
Help line

NANOC

On the discharge day your wound will be covered by a waterproof dressing. The nurse may need to change it becomes heavily blood stained, however we keep changes to an absolute minimum. Do not change or remove the surgical dressing until the date specified in your discharge letter. This is usually 12 – 14 days after surgery. If the dressing starts to peel off or water gets underneath, you will need to change it. You will have been given dressings to take home with you.

Washing with your dressing

- Do not remove the dressing to shower – it is water resistant
- Do not use soap, gel, lotion or powder around the dressing area
- Be gentle, pat dry using a clean towel

Changing the dressing

- Wash your hands with soap and water and dry them
- Carefully take off the dressing without touching the wound
- Do not wash the wound or put anything on it such as creams or ointments
- Do not pull on any stitches that may be poking out of the healing scar
- Wash and dry your hands again
- Apply a new dressing, taking care not to touch the adhesive part of
- the dressing on the wound

Wound check after surgery

Your can remove the dressing at home in 12-14 days after your surgery . However if you don't feel confident doing so or If you have had stitches or clips you will need to arrange an appointment with your practice nurse.

Signs of alarm

It is important that you ensure your wound has completely healed before removing the dressing and getting the wound wet.

We would like you to keep vigilant for any of the bellow signs:

- Severe unrelenting or worsening wound pain
- Feeling generally unwell or a temperature
- A wound that is oozing or smells
- The skin around your wound gets increasingly red, sore and hot
- The edges of any part of your wound separate

If you have any concerns with your wound please contact our **advice line** and on the weekend you can contact the Dr on-call via switchboard
If you need to see your GP we would like to hear from you about the consultation outcome and if antibiotics were prescribed.

The advise line is not intended for emergencies so please contact your GP and ask for an urgent appointment or call 111.

You can talk to a nurse, physiotherapist or occupational therapist about any subject related to your recovery or after surgery care, including analgesia, wound care , exercises and equipment.

Orthopaedic Practitioner Advice Line (OPAL)
01603287795
Monday - Friday
9am - 4pm

8

Physiotherapy after hip replacement

Mid stage and late stage exercises
Becoming mobile again
Returning to physical activity and sports
Sexual activity
Travelling
Driving

NANOC

The inpatient physiotherapy team will teach you the early stage exercises whilst you are on the ward.
Rehabilitation following your hip surgery should be built up gradually over a five to six month period. There should be a graduated increase in the difficulty of the exercise and the length of time that you perform each exercise. Any weights or resistance should be added gradually so that your muscles have time to to adapt to the additional difficulty.

In the early days after surgery, some of the exercises may cause some discomfort, this is acceptable as long as you are not in more pain the next day.

Mid Stage Hip Replacement Exercises - 2 to 6 weeks

You may continue with the early stage exercises and when these feel comfortable and easy to do, you can progress onto the mid stage exercises.
You can break them up into individual exercises if you are unable to complete them in one go.

Late Stage Hip Replacement exercises - from 6 weeks

Before moving onto further strengthening exercises, it is important that you are completing the previous exercises with ease, and that you feel comfortable with normal daily activities, such as walking and completing the stairs unaided (if this was your baseline).

For some people this will take longer than 6-8 weeks, so it is important you progress at a rate that is suited to you.
Try to slowly increase your activity, gradually increasing your walking distance is a great way to build strength and fitness.

Mid Stage Hip Replacement Exercises - 2 to 6 weeks

	Standing	Description	Repetitions	Sets	Frequency
Exercise 1	**Hip Abduction** 	▪ Stand sideways on holding onto a stable surface with your affected leg furthest away ▪ Keep standing tall; don't allow trunk to lean sideways as you lift your leg out slowly to the side ▪ Keep your leg straight throughout and not allow your knee/toes to roll inwards/outwards ▪ Then bring your leg back to the starting position.	5-10 times	1	3-4 times a day
Exercise 2	**Knee lift** 	▪ Holding onto a stable surface gently march on the spot, lifting one leg at a time. ▪ Stand tall and not to bring your knee any higher than the level of your hip. ▪ March for 30 seconds to 1 minute as pain/fatigue allows	30-60 seconds	1	

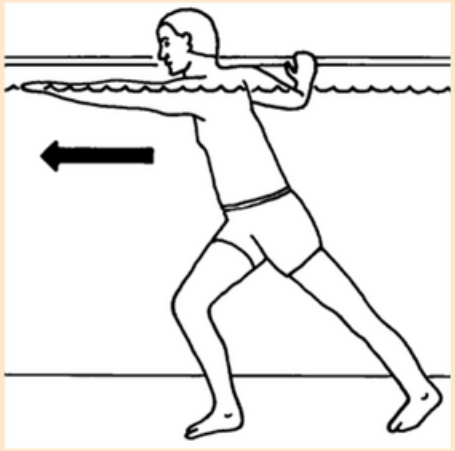
Mid Stage Hip Replacement Exercises - 2 to 6 weeks

	Standing	Description	Repetitions	Sets	Frequency
Exercise 3	**Hip Extension** 	▪ Stand on holding onto a stable surface ▪ Keep standing tall; don't allow your trunk to lean forwards as you lift your leg out slowly behind you, keeping your leg straight ▪ Then bring your leg slowly back to the starting position. This is quite a small movement aimed at activating your hip/bottoms muscles – it is not a test of how far you can lift your leg. Do not push through pain.	5-10 times	1	3-4 times a day
Exercise 4	**Mini Squat** 	▪ Stand on holding onto a stable surface ▪ Keep standing tall; don't allow trunk to lean sideways ▪ Squat down and at the same time move your pelvis slightly backwards ▪ Straighten your hips and return to the starting position	5	1	3-4 times a day

Late Stage Hip Replacement exercises

	Standing	Description	Repetitions	Sets	Frequency
Exercise 1	**Bridge**  	▪ Lie on your back with legs bent and your arms by your side. ▪ Squeeze your buttocks, roll your pelvis to lift your bottom off the bed. ▪ Try to keep your pelvis level so that your pelvis isn't tilting to either side. ▪ Hold the position and in a controlled manner return to the starting position.	5-10 times	1-3 as able	3-4 times a day
Exercise 2	**Slow Step Ups**  	▪ Stand in front of a step or your bottom stair. ▪ You may wish to hold on to a banister / rail for support / balance. ▪ Put the foot of the affected leg on to the step. ▪ Slowly push yourself up onto the step so that both feet are on the same step ▪ Lower yourself down and repeat	5-10 times	1-3 as able	

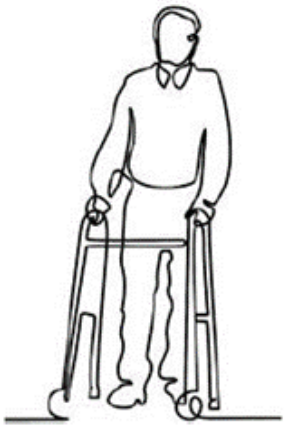
Late Stage Hip Replacement exercises

	Standing	Description	Repetitions	Sets	Frequency
Exercise 1	**Swimming** 	▪ You can start gentle swimming to help build your fitness and your strength. Remember, **your wound must be fully healed and you have had your consultant review.** ▪ Consider how you will get in and out of the pool; use steps rather than a ladder ▪ Front crawl and walking lengths in the water is a good way to start	-	-	-
Exercise 2	**Cycling**  ©Physiotools	▪ The seat must be at a comfortable height ▪ Set it to low resistance to start with and gradually increase both time and resistance	10-20 minutes	-	3 times a week

Becoming mobile again

Progressing off walking aids / back to your baseline mobility, is a gradual process that may take weeks to months.
It is important to walk on a regular basis and steadily increase the distance you cover.
You can progress to using one crutch or stick held on the opposite side to your operated leg as soon as you feel safe and comfortable to do so.
However, if you are uncomfortable or limp when walking then continue to use your walking aid.

Frame



Start by pushing the frame a short distance in front of you.
Step into the middle of your frame not too close to the front with your affected leg. Then step the unaffected leg to meet it.
Once you feel comfortable walking this way you can progress to walking normally pushing the frame along as you go.
It may be that you progress to using crutches.

Crutches

Start by moving your crutches a short distance in front of you.
Imagine there is a line between your crutches and step up to but not past this imaginary line, with your affected leg.
Then bring the unaffected leg to meet it.
It is important to leave yourself enough room to step between your crutches, as having the crutches too narrow can reduce your balance.

Crutches

Once you feel confident and well balanced, you may progress to walking more naturally with your crutches.
This next stage is like walking like a soldier: moving your opposite arm and your opposite leg forwards at the same time, again trying not to step past the crutch in front of you.

Once you are walking comfortably with two crutches , you may be ready to use just one crutch in the opposite arm to your affected leg. i.e. if you've had an operation on your left leg, then you would use the crutch in your right hand, placing your right crutch forward as you step forwards with your left leg and vice versa.

If you feel confident walking with one crutch and find yourself using it more for balance than for supporting your weight, then you may wish to progress using a walking stick using the same walking pattern as described above.

Once you feel you have good balance and no longer require a stick, you can stop using it. Although some people prefer to still use a stick if going out in public or for longer walks

Returning to physical activity and sports

Physical activity is an important part of maintaining your overall health and well-being.
One of our goals is to equip you with information so that you can decide upon the best type of exercise for you. There are certain factors to take into consideration when deciding if impact exercise is right for you after your THR.

Low impact activities such as golf, cycling and swimming are normally safe by three months following surgery as long as you are walking well without a stick and no longer experiencing pain from your hip. Higher impact activities such as jogging, tennis, cricket, squash and badminton may be safe after 3 to 6 months but we recommend you discuss these with your surgeon as they can affect how long your hip replacement will last.

Contact sports such as football and rugby are not recommended.
Some patients may wish to return to activities like horse riding and skiing and whilst these are possible, we would again recommend you discuss with your consultant the risks and consequences of heavy falls during these activities.

The information below is intended as guidance only. Every hip and person is individual; we encourage you to seek advice from your physiotherapist and surgeon about your physical goals.

Examples of activity milestones

Weeks after THR	Common activity	Physical ability
2-6 weeks	Walking without crutches inside	▪ Well controlled pain. ▪ Even walking pattern. ▪ If you are limping, you are not ready.
2-4 weeks	Using the static bike with easy resistance	▪ Able to safely get on and off the static bike. ▪ Put the seat up high for comfort and to avoid deep hip bend.
4-6 weeks	Housework	▪ Able to complete your early-stage exercises. ▪ Well controlled pain.
6 weeks	Driving (This information does not override DVLA or insurance, please check with your company)	▪ Able to safely perform an emergency stop with the operated leg. ▪ Left sided TKR and an automatic car - resume when you feel ready. ▪ Advise your insurance company that you have undergone TKR before driving. ▪ Check with your insurance company that you are insured.
	Gardening	▪ Able to perform your mid stage exercise programme easily. ▪ Avoid stamping through your operated leg when digging for 8-12 weeks.
6-8 weeks	Walking a mile without crutches outside	▪ Well controlled pain. ▪ Even walking pattern. ▪ Able to complete the mid stage exercise programme.
6-12 weeks	Return to work	▪ Depends upon the type of work you perform – speak to your surgeon for advice specific to you

Sexual Activity

The vast majority of patients are able to resume safe and enjoyable sexual intercourse after THR surgery.
In fact, patients who have previously had impaired sexual function due to hip pain, may find that after surgery they are more comfortable
In general, it is safe to resume intercourse approximately 6-8 weeks after surgery.

Traveling

We advise that you avoid travel for at least 4 weeks before and after your surgery.
This is related to the risk of blood clots after long journeys of more than 4 hours continuously.

- Avoid long trips over 4 hours of continuous travel for 4 weeks prior to surgery
- Postpone or cancel flights over 4 hours for 3 months after your surgery
- Postpone or cancel flights less than 4 hours for 1 month after surgery

Further information can be found on your “Information on admission” booklet

Driving

You will not be able to drive for 6-8 weeks following your surgery. You must have been cleared by your consultant to do so. Always check your your insurance company and DVLA regulations about driving after surgery and the use of analgesia when driving

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Follow up appointments

Post operative follow up
Medical certificates
Useful contacts

NANOC

Post operative follow up

You will receive a letter to attend our out-patient clinic in 6 weeks after surgery where you will be reviewed by a member of your Consultant's Team or in a dedicated Arthroplasty Nurse Practitioner clinic. During the appointment, your wound and hip movements will be checked. The Clinician will enquire how you are getting on and if at this point you are recovering well, you will be discharged back to the care of your GP.
If you are discharged within 24h of your surgery you will be contacted by a member of the nursing and physiotherapy team for a well-being check in the subsequent days

Medical certificates

Please ask your ward nurse for a medical certificate before you leave the hospital. Further certificates will be issued by your GP. Forms from medical insurance companies should be sent to your consultants secretary.

GP/Dentist

For repeat prescriptions, including further analgesia please see your GP.
Please tell your dentist if you have a THR, you may require antibiotics before undergoing certain dental procedures in the first six weeks after a THR.

OPAL

You can speak to a health professional after your discharge if you have any non-urgent queries about your recovery. This is not an emergency health line and we if we miss your call we will contact you as soon as possible

Orthopaedic Practitioner Advice Line (OPAL)
01603287795
Monday - Friday
9am - 4pm

Useful contacts

Norfolk and Norwich University Hospital
Colney Lane
Norwich, Norfolk
NR4 7UY
www.nnuh.nhs.uk
Switchboard: 01603 286286

Patient Advice and Liaison Service 01603 287795
(compliments and complaints) palsandcomplaints@nnuh.nhs.uk
Equipment Services (Norfolk and Waveney Mediquip).....01603511124
(Suffolk - Medequip).....01473 351805
NJR Helpline.....0845 3459991
Occupational Therapy 07736287353
(Monday to Friday) 07736287349
Orthopaedic Pre-assessment.....01603 286499
Orthopaedic Specialist Pharmacist.....01603 646485
Orthopaedic Practitioner Advice Line.....01603 287795
(Monday to Friday from 9am to 4pm)
Same Day Admissions Unit (SDAU).....01603 286414

Orthopaedic wards..... Place sticker here

Relay UK

For hearing impaired (Via Text Relay) using a text phone **18001** followed by the number you want to contact

IN TRAN communication for all

Please let us know if you need an interpreter for any of your appointments and as an inpatient

If you're delighted with the care we'd love to hear about it

Feedback

SCAN ME