

NOTES

Total Hip Replacement

QUESTIONS

DATES

PHONE NOS.



**A patient's
information
booklet**

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for The British Hip Society 2009.*

Introduction

This booklet has been produced together with the *British Hip Society*, to help to inform you about hip replacement surgery.

It contains advice and information to help you **prepare** for your surgery and maximise your recovery.

A **hip replacement** is a major operation but one that is successfully carried out many thousands of times each year, in the UK.

Replacement of the lining of the worn ball and socket joint with an implant/prosthesis results in relief of the painful arthritis.

The booklet is in 3 sections:

- **Before surgery**
- **The operation**
- **After surgery**

Please **do ask** a member of the team, if you have any questions about your surgery, that have not been covered.



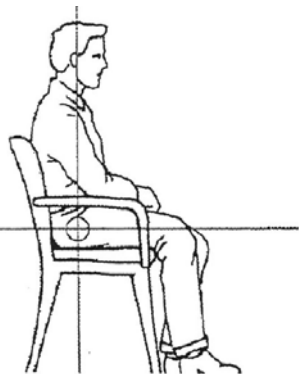
To reach your foot whilst sitting, turn the **knee out**



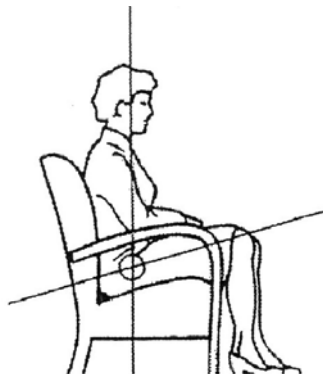
REMEMBER - IF IN DOUBT, ASK!

Ideally, you should **avoid flying for 6 to 12 weeks** after hip replacement surgery (long and short-haul). This enables your risk of thrombosis (clots) to return to normal.

DO'S AND DON'TS:



Sit in a **high chair**



Not a **low one**

BEFORE SURGERY

A **pre-operative assessment** is an important part of the preparation for your surgery and is usually carried out two or more weeks before your operation - it enables the surgical team to check that you are generally fit for your surgery.

It will include some routine blood tests, and a trace of your heart (ECG).

Often, a specimen is taken to rule out a urine infection and skin swabs may be required in order to reduce the risk of infection during your surgery. If results are positive, they can be treated before your operation takes place.

Assessments are carried out by trained nurses who will ask you some questions and examine you. Expect also to meet other members of the team including an anaesthetist and physio and/or occupational therapists - you may get to try walking with crutches or even a frame!

Do **not** lean forward, cross your legs or turn your leg in to reach your foot, when sitting.



To reach the floor, either **extend your operated leg** behind you or **kneel onto your operated side**.

PREPARING FOR YOUR SURGERY

The more you are able to **practise and prepare** at home for your post-operative discharge before your admission for surgery, the better.

Consider:

- moving frequently used items (such as clothes) from low cupboards to waist level
- do you have a comfy pair of slippers that are easy to put on?
- loose rugs and cables may cause you to trip and should be removed
- you should have a comfortable chair which is not too low - the therapists can advise you on this
- preparing and freezing food for re-heating in the microwave
- obtaining a bathboard if you don't have a shower
- asking friends, relatives and neighbours to visit you at home after your operation - do you have a list of their phone numbers in case you need to contact them?
- trying walking and stairs with sticks and/or crutches

When dressing, you will find it easier to **dress your operated side** first - undressing is the reverse - remove clothes from the un-operated side first.

When walking **up** stairs, remember to lead with the **un-operated leg**. Coming **down**, put the **operated leg** down first.

Sitting in a **bath** will not be possible for 6 weeks - a walk-in **shower is best** - ensure that the floor is non-slip and there is a hand-rail to help you in and out.

Expect it to take around **six weeks** to recover about 80% normal function and a total of 3 months to get near to 100%.

Your hip replacement should enable you to return to a near normal life - however, you should avoid running or jumping on your new hip if you want it to last!

You **should not drive** a car until cleared by your surgical team at your **6 week** follow-up. (If you have an automatic and your left hip has been replaced, you may be able to drive sooner).

You can consider recommencing **sexual activity** after six weeks - generally, lying on your back is best to start with.

WHEN YOU GET HOME

You will be provided with a number of **aids** to take home with you, to help with certain activities:

- a toilet seat raise
- a "helping hand"
- a long-handled shoe horn

Simple walking is the best exercise for your new hip.

Start with frequent short walks and build up as your stamina improves.

There is no set walking regime you must follow, rather you should do what you feel comfortably able to manage, each day.

Similarly, you can discard one crutch or stick when you feel competent and confident to do so - usually you will initially **retain** the stick/crutch on the **opposite** side to your hip replacement.

Around the house, you can use your furniture for support.

Discard your second support when you no longer need it.

Your **clips or stitches** should normally be removed **10 days** or so after your surgery.

PREPARING FOR YOUR SURGERY

It is wise to ensure you are as **healthy as possible** at the time of your surgery:

- remain as mobile as you can before your admission
- eat healthy food including plenty of fibre to avoid becoming constipated after your surgery
- stop smoking to reduce the risk of post-operative chest infection
- continue your regular medications and remember if you were asked to stop taking warfarin or other drugs before your admission - make a list of your tablets to take to the hospital

When the surgical team discuss your **consent** for surgery, they will discuss the possible outcomes with you

You will be invited to have your details included in the **National Joint Register**. This will provide valuable information which helps future improvements in hip replacement surgery.

THE OPERATION (i)

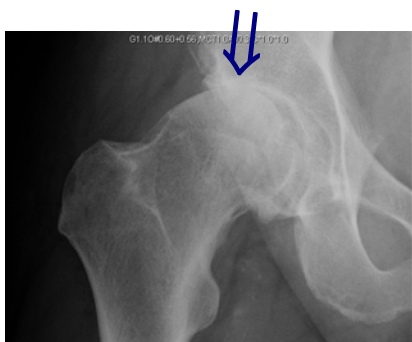
(i) **Your admission**

Most patients are admitted to hospital on the same day as their operation.

It is very important that you **do not eat anything** during the six hours immediately before your surgery or drink during the four hours before.

The side of your operation will be marked on your leg and you will be asked to sign a consent form (if this was not done in the pre-assessment clinic).

Your regular medication will be prescribed and should be brought with you.



Hip arthritis - the joint space which represents the lining of the joint has worn away.



Hip replacement

RISKS AND COMPLICATIONS

There are a number of things that can go wrong after hip replacement surgery - fortunately these are all relatively **uncommon**:

- **infection** - wound infections can usually be treated without long-term problems

- deep infections of the joint are more serious and difficult to treat. They are rare but may require removal of the new joint

- **thrombosis** - sometimes a clot forms in the deep veins of the leg. Rarely, it may detach and pass to the lungs as a pulmonary embolus (serious) - blood thinning medication is then required. The chance of a clot forming *may* be reduced by stockings/medication and early mobilisation after surgery

- **dislocation** - this is where the ball comes out of the socket - it is unlikely to happen if you are careful but can occur if you bend the hip too far, early after your surgery

Remember - if in doubt, knee out!

- **leg length inequality** - not unusually, the operated hip feels longer immediately after surgery. This doesn't mean it actually is longer and the feeling may disappear with time. Otherwise a small heel raise may help.

PRECAUTIONS

After your hip replacement you will need to exercise some caution:

- **avoid bending at the hip beyond 90°** (a right angle)
- do **not** sit in a low chair
- do **not** bend to the floor (other than as shown on page 14)
- do **not** cross your legs
- do **not** twist your leg
- you should **sleep on your back** for six weeks - it is useful to put a pillow between your legs

Your blood count is likely to be a bit lower than before your surgery - some patients will require a blood transfusion. Do not rush when standing from sitting or lying to reduce the risk of dizziness.

ALL major operations can be associated with **general risks to your health** such as a chest infection, stroke or heart attack. However, these problems are **uncommon**.

THE OPERATION (ii)

(ii) **The anaesthetic**

The anaesthetist is a doctor who specialises in the care and pain relief of patients undergoing operations.

There are a number of different techniques that can be used for hip replacement surgery including **spinal** and **epidural** anaesthesia (which involves a very small needle in the lower back), **general anaesthesia** and sedation. Sometimes a **PCA** (patient controlled analgesia) device, is used for pain relief after surgery.

The anaesthetist will monitor and control your blood pressure, fluid balance and other body functions during your operation with the use of a drip and drugs.

You may have a urinary catheter inserted into your bladder at the time of your surgery. This will usually be removed 2 or 3 days after your operation.

THE OPERATION (iii)

The surgery

Most hip replacement operations take between 1 and 2 hours to complete. Immediately after your surgery you will be transferred to the recovery room and once sufficiently recovered from your anaesthetic, to the ward.

The prosthesis/implant

Hip replacements come in many different shapes and sizes! Some rely on cement for fixation to bone and others do not.

Your surgeon will advise you on the most appropriate implant for your particular situation - roughly 9 out of 10 hip replacements last for between 10 and 15 years. When they do fail, most do so by loosening in the bone.

POST-OPERATIVELY

A general anaesthetic usually takes a couple of days to wear off completely and you may feel a bit groggy to start with. Your blood count will also have fallen a bit so you should **stand slowly** from sitting and lying and with care. A blood transfusion is not often required as your body can make more blood.

Post-operatively, your pain will be controlled with drugs given into your vein, your epidural and orally.

Expect to be in hospital for between 3 and 6 days (usually).

At the time you are discharged, you will be independent getting in and out of bed and able to walk with the most suitable walking aids for you.

The physiotherapists will ensure you can manage stairs before you go home.

Most patients are actually able to manage on their own at home at this stage, although it is good if there are family and friends around who can help you at home.

It is common for the leg and foot to swell after a hip replacement. This sometimes increases after a few days and can take several weeks to settle. **With elevation** and at night, the swelling will tend to reduce. It may, however increase towards the end of the day.

If the leg swelling becomes more marked or is associated with pain in the leg, you should contact your doctor.