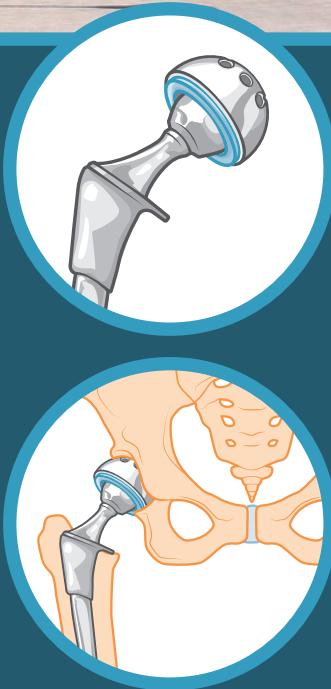




Total Hip Replacement

Patient Information Booklet



Contents

Section	Page
Musgrave Park Hospital	3
The Patient Journey	4
Attendance at pre-operative assessment clinic	5
Preparation at home	7
Admission for your procedure	12
Your Hip Replacement	13
Exercises	17
Discharge from hospital	21
Follow-up review at outpatient clinic	23
Risks and potential problems following hip replacement	23

Welcome to Musgrave Park Hospital

If you are reading this information booklet then you are waiting for, or are considering having, a total hip replacement. This booklet will help you to understand what to expect from the time that you are placed on the waiting list for this procedure through to your rehabilitation and follow-up reviews. Having a hip replacement can be a worrying experience, but learning more about what to expect often helps to overcome the fear of the unknown.

It is extremely important that you and your helper, the person who will be helping to look after you following your discharge, read this booklet.

From the time that you are placed on the waiting list for your procedure, your patient journey begins.



The Patient Journey

Seen by Surgeon and Placed on Waiting List at Outpatients

Attendance at Pre-operative Assessment Clinic

Preparation at Home

Admission for your Procedure

Your Hip Replacement

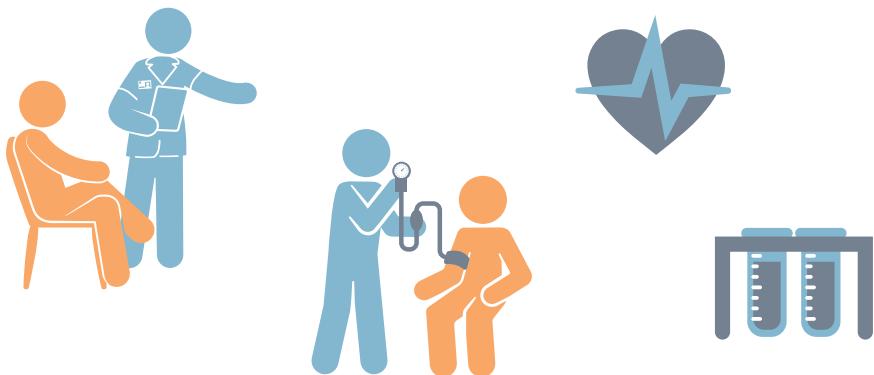
Discharge from Hospital

Follow up Review at Outpatient Clinic

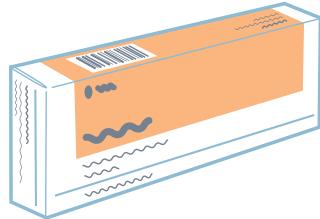
Attendance at Pre operative Assessment Clinic

Once your surgeon has decided you are an appropriate candidate for surgery it is important to ensure that your current health conditions are managed as well as possible before surgery. Keeping up to date with regular blood pressure checks and diabetes monitoring as well as attending any other outpatient clinic appointments you have will minimise delays when you attend for your pre-operative assessment. If you have any new or worrying symptoms please see your own GP as soon as possible as these investigations cannot be carried out at pre-operative assessment and may lead to unnecessary delays.

As your operation gets closer, you will attend a pre-operative assessment clinic where you will be assessed by one of the pre-operative assessment nursing team. You will be asked a number of questions about your health and will have blood tests and other tests such as an ECG, a trace of your heart. These tests are required to make sure you are fit to proceed for your surgery.



If you are taking any medication, which needs to be stopped before the procedure, then you will be informed of this at this clinic. Your GP will also be informed of any changes to your medication.



If you are taking opioids before your procedure you may benefit from reducing these in a safe manner. This may help with recovery after surgery, in terms of pain management, wound healing and reducing the risk of infection.

You may also be seen by one of the senior Anaesthetic doctors who will discuss any medical issues and your fitness for surgery. You will be able to ask questions and get as much information as you need before going ahead with your procedure. Your surgery may be delayed if further investigations are needed or if you have to be discussed at a multidisciplinary team meeting.

You will also be asked if you are happy to have your details included on the National Joint Registry. This registry collects information on total hip and knee replacement procedures from hospitals in England, Wales and Northern Ireland. This helps surgeons to find out which type of joint replacements and which hospitals do the best.

If you would like additional information on the National Joint Registry, please visit the website:

 www.njrcentre.org.uk

Occupational Therapy

If your healthcare team feel you will have difficulty managing at home following your surgery you may be referred to Occupational Therapy from Preoperative assessment clinic or on admission to the hospital for your surgery. The Occupational Therapist's role is to ensure that you are able to carry out everyday tasks as independently as possible. Your Occupational Therapist can provide you with a hip precaution leaflet and a returning to sexual activity leaflet is also available if you have concerns about resuming sex whilst adhering to the hip precautions.

A small number of patients may not proceed to surgery following pre-operative assessment if surgery is not felt to be in their best interest due to other medical issues, however, in most cases following your assessment you will shortly be given a date for surgery and you will need to start preparing.

Preparation at Home

In the months leading up to your procedure there are certain things you can do to prepare for your operation and help your recovery.

Adopting a healthy lifestyle

It is important that you make good lifestyle choices both before and after your procedure. If you smoke, ideally you should stop completely, but if you are unable to then you should stop for as long as you can before surgery and for at least 6 weeks after surgery to reduce the risk of infection.

You can visit the website Stopsmokingni.info for more information and advice.

Body Mass Index (BMI) is the most commonly used method to classify adult weight. It is defined as weight in kilograms divided by the square of height in metres (kg/m²). A BMI of greater than 25 is overweight. A BMI of greater than 30 is classed as obese. A BMI of over 40 is associated with a significantly increased risk of post-operative complications including infection. If your BMI is 40 or more your procedure may have to be postponed. If you are overweight or obese, it is important to try and reduce your weight to a healthy level before surgery. Maintaining a healthy weight will have long-term health benefits for you and will benefit you in your recovery after surgery.

Keep as active as possible before your procedure and aim for the recommended minimum of 20 minutes of exercise every day. Even going for a walk every day will improve your health. Being active before your surgery will be very beneficial to your recovery after surgery.

For more information on these subjects and helpful hints and tips please visit Healthy Lives at the ni direct website at the link below:

 <https://www.nidirect.gov.uk/information-and-services/living-well/healthy-lives>

Prepare your mind

As well as your physical health it is important that you look after your mental health. Discuss your hopes and fears with your helper or other friends and family. If you know of someone who has already went through hip or knee surgery speak to them about their experience.

There are lots of things that you and your helper can do to prepare in the days leading up to your procedure. A useful checklist is provided below:

1	Read/view ALL of the information you have been provided with (including this booklet).
2	Adhere to any instructions you have been given about STOPPING CERTAIN MEDICATIONS.
3	Adhere to any instructions you have been given about FASTING before your admission.

Prepare your house for your recovery:

4	Food shopping, prepare meals and freeze them to use upon your discharge.
5	Remove clutter, rugs or mats to avoid tripping hazards.
6	Items in the kitchen, which you use often, should be moved to where they can be easily reached.
7	Keep on top of cleaning and laundry.
8	Think about how you will manage on stairs if necessary.
9	If you work you will need to tell your manager you will need time off for your surgery and recovery.
10	Organise your own transport to and from the hospital.

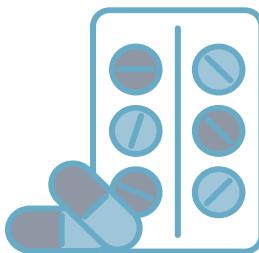
Prepare what you need for your hospital stay:

11	Your regular medication and repeat prescription list.
12	Personal toiletries, towel, pyjamas/nightdress, dressing gown, slippers (preferably full back) and loose comfortable clothes for day time.

Your time in hospital will normally be short, ideally just one day, and you should pack accordingly.

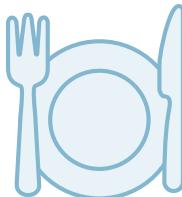
Except in exceptional circumstances, additional help other than from friends or family, will not be required following discharge from hospital.

If you have been told by the pre-operative assessment team about **stopping certain tablets**, make sure you do this otherwise **your procedure will not go ahead**. Likewise, should your GP **change any of your medications** between the time of your pre-operative assessment clinic and your procedure, it is important that **either you or your doctor let us know** (contact your Consultant's secretary). Similarly, **if you have become unwell or develop an infection** of any description (e.g. a chest infection), **or need antibiotics for any reason before your admission, please contact us as your surgery may need to be postponed until the infection has cleared**. Please bring your medication and an up to date medication list into hospital with you. If you usually take warfarin, please bring in records or booklets you have which give details of usual doses. These will be returned to you on your discharge from hospital.



You should also inform us if you have any leg ulcers, wounds, open sores or discharging spots as this may prevent your procedure from proceeding.

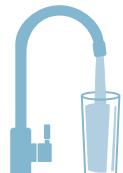
Your hospital care team are aware that you may have waited a long time for surgery but it is important to inform them of any changes as outlined above for your own safety. Once these issues are resolved your place on the waiting list will be held and your surgery will go ahead as soon as possible.



Fasting:

If you have been told to come to hospital for 7am:

- **Do not** eat after midnight the night before your operation.
- **Do** continue to drink sips of non-fizzy liquids only such as still water, squash, black tea or black coffee (no milk) until 6am.



If you have been told to come to hospital for 10am:

- You may eat a small breakfast (cereal or toast) before 6am.
- **Do** continue to drink sips of non-fizzy liquids only such as still water, squash, black tea or black coffee (no milk) until 8am.



Please note that if you do eat or drink too close to surgery then your operation may have to be cancelled on the day for your own safety

Admission for your procedure

In most cases you will be admitted on the morning of your procedure. If you have not previously signed a consent for surgery form, then your surgeon will discuss the procedure beforehand with you and you will both sign the consent forms together. If you have already signed your consent form before being admitted, then your surgeon will check it with you before you go for your procedure.

Following this, a mark will then be drawn on your leg. This is an arrow that points to the hip that you are going to have replaced. **This is important to make sure that the correct procedure and correct side are identified.**

The Healthcare Team

There are many healthcare professionals who may be involved in your care before, during or after your hospital stay including:

- Surgeons
- Medical doctors
- Anaesthetists
- Nurses
- Healthcare assistants
- Physiotherapists
- Pharmacists
- Occupational therapists
- Social workers



You will be admitted by the nurse on the ward and you will also be seen by a Medical Doctor and an Anaesthetist who will talk you through the anaesthetic process and the management of pain following your procedure. The anaesthetist may prescribe a 'pre-med' (pre-medication) prior to your procedure. This is the name for drugs that can be given before an anaesthetic. These may include drugs to prevent sickness, to reduce acid in the stomach, or to reduce pain.

Your Hip Replacement

You will be in the theatre area for about 2 to 3 hours.

This will involve time for check in, receiving your anaesthetic, undergoing surgery and time spent in the recovery area before returning to the ward.

Your anaesthetic:

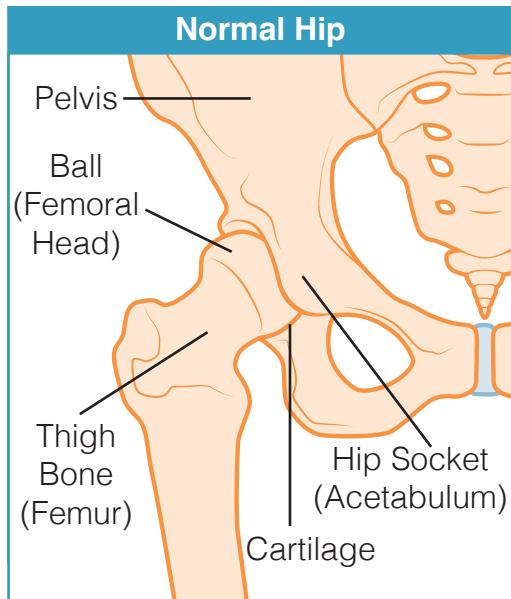
In most cases a spinal anaesthetic is used. This makes you numb from the waist down so that you feel nothing during your procedure and for a short time afterwards. The anaesthetist will give you sedation to make you relaxed and sleepy during the procedure. You may occasionally hear some sounds while in theatre but you will be relaxed and this will not upset you. Also, a screen is always used so that you will not see any of the procedure taking place.

In certain circumstances, it may be necessary to do the procedure under general anaesthetic. This is rare and will be decided by the anaesthetist and discussed with you prior to surgery.

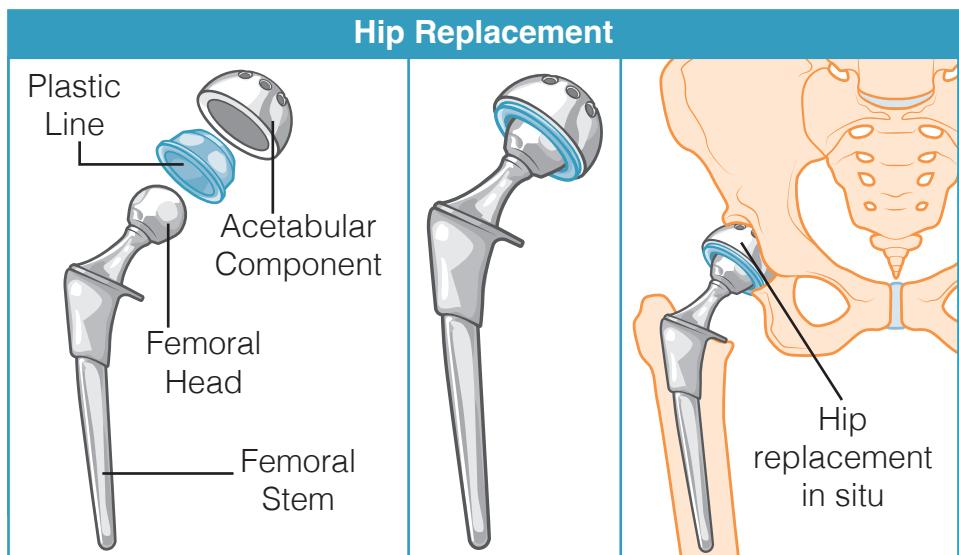
Sometimes, a tube (called a urinary catheter) may be inserted in to your bladder. This is necessary in some cases to allow medical staff to monitor your kidney function. This will be removed following your procedure.

Type of hip replacement:

A hip replacement is typically composed of a stem which is inserted into the femur (the thigh bone), a cup which is implanted into the pelvis (acetabulum) and the head. The head and the cup are known as the bearing surfaces, which take the load of your joint.



Cement may or may not be used; this is based upon surgeon preference and patient factors.



Occasionally different implants have to be used because of problems arising during surgery.

All of the implants we use are tried and trusted with good medium to long-term results as proven by the National Joint Registry (NJR – see page 6).

Musgrave Park Hospital is a teaching hospital and as such there is no guarantee that your consultant will be the individual performing the procedure or anaesthetising. Any surgeon or anaesthetist performing the procedures however, will have an appropriate level of training or supervision.

After your surgery

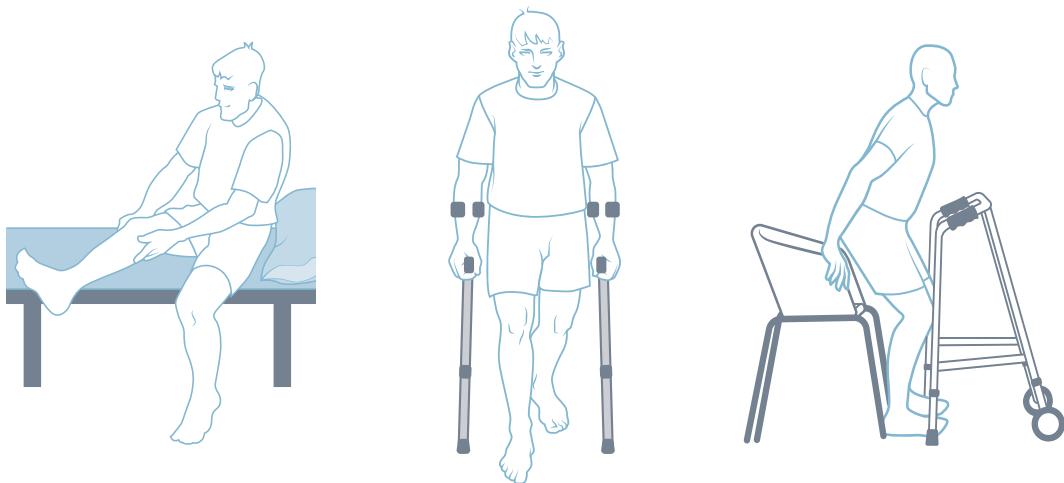
After your surgery you will be transferred to the recovery unit in theatre for a short period of monitoring before you return to the main ward. Some patients, depending on their medical history, will go to the Enhanced Recovery Unit (ERU). If you are one of these patients, you will be closely monitored overnight before returning to the main ward, typically the next day.

If you have had a spinal anaesthetic your legs will be checked for movement and sensation which usually returns to normal within a few hours.

If you have had a urinary catheter inserted then this will be removed as soon as possible after your surgery.

An X-ray of your new hip will be taken following surgery.

It is extremely important that you begin to mobilise as soon as possible following your operation. You will be seen by the physiotherapy team who will help you start walking with crutches or a frame and give you exercises to practice. This will be on the same day as your procedure, if possible, within 3 hours of your operation.



Post-operative Pain

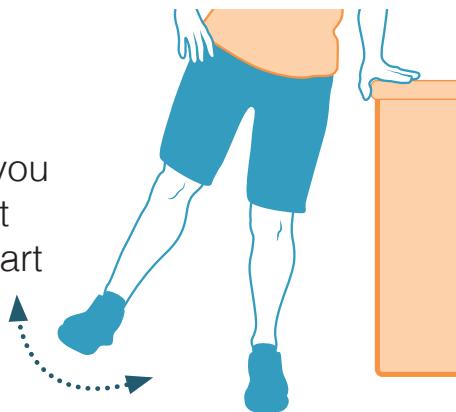
Your pain will be controlled with a medication regime, and specialist pain nurses are able to adjust this regime depending on each individual patient's requirements. Ice packs may also be used to manage your pain following your operation.

Nursing staff will evaluate your pain levels when you are in hospital and will help you understand how best to manage your pain before you go home. A pharmacist will also meet with you and discuss your medications including pain medication. You will be given further information to help guide you in managing your pain at home.

Exercises

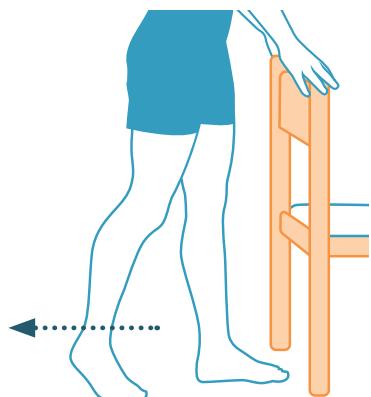
1. Hip abduction

Holding onto a stable surface, keep your knee straight while you slowly lift your operated leg out to the side then return to the start position.



2. Hip extension

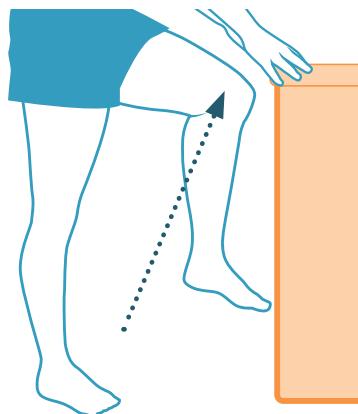
Holding onto a stable surface keeping your operated leg as straight as possible, take it backwards, then bring it back to the start position. Try not to lean forwards.



3. Hip bends in standing

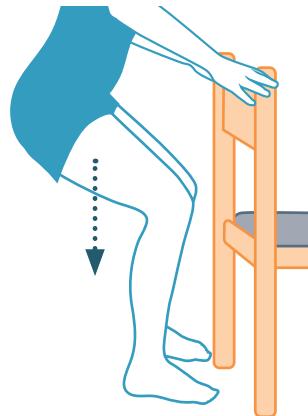
Holding on to a stable surface, raise your operated leg in front of you up towards the "L" shape and then return to the starting position.

Repeat exercises 1 - 3 with the opposite leg when able..



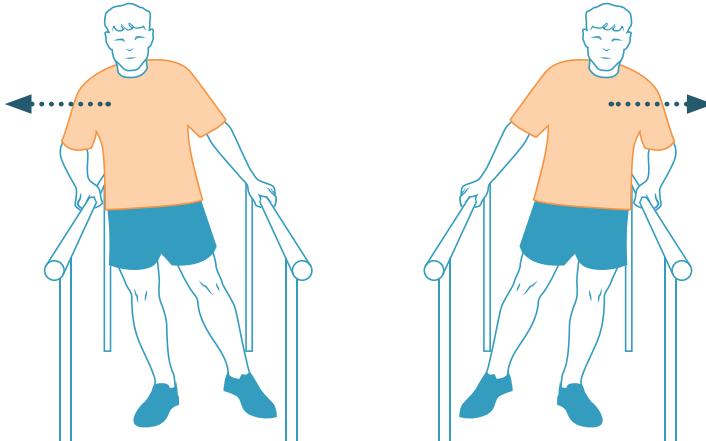
4. Mini squats

Slowly bend your knees to lower your body a few inches as if starting to sit down in a chair.



5. Weight transfers

Shift your weight from side to side, taking as much weight on the operated side as is comfortable.



6. Bridging

Lying on your back, bend both knees up and place your feet on the bed. Bridge up by squeezing your buttocks together and lift your bottom off the bed if possible. You may not be able to lift initially.



From 2-3 weeks:

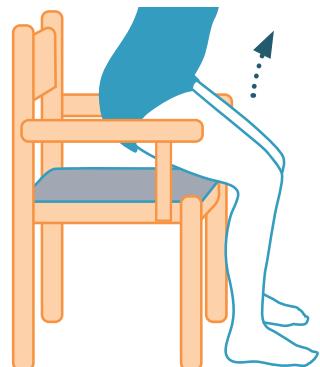
The following exercises may be started after 2-3 weeks, when you feel ready to do them.

7. Sit to Stand

Working from a chair height that allows you to sit in an “L” shape. Move forward in the seat.

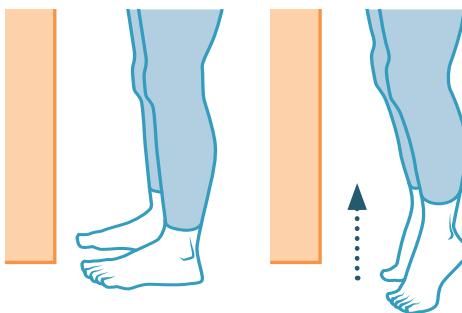
Using your arms to push up, rise to standing, and then return to sitting.

As you progress, try to do this exercise without using your arms:



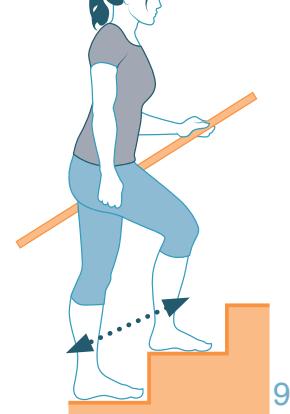
8. Heel raises in standing

Standing, holding onto something solid, rise up on your toes, lifting your heels off the ground and back down again.



9. Step-ups

Holding on to the handrail at your bottom stair, place your operated leg on the stair. Step up slowly and then step down again.

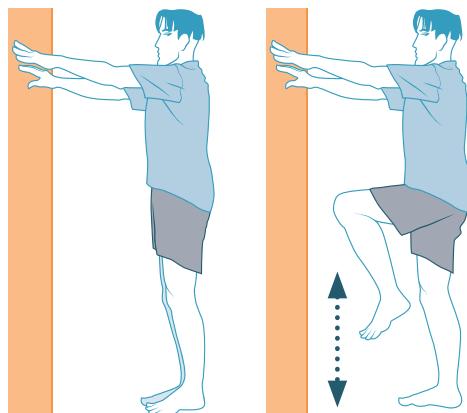


10. One-leg stand

Start by standing facing the wall, with your arms outstretched and your fingertips touching the wall.

Lift one leg, keep your hips level and keep a slight bend in the leg you are standing on. Gently place your foot back on the floor.

Hold the lift for 5 to 10 seconds and perform 3 on each side.



Start ALL these exercises before surgery if possible.

Do each exercise 10 times and repeat 3 times a day for at least 6 weeks after surgery.

Discharge from Hospital

If you are fit and well you can expect to go home the same day or the day after surgery. The best place for you to recover is at home with support from your family or helper.

It is vital that you have a post-operative X-ray of your new hip replacement before you go home. Please inform nursing staff if this has not been carried out before you are discharged from hospital.

Pain relief at discharge

You will be given a short supply of pain relief and laxatives to take home with you, which should last 4-5 days. If you still have high pain levels after this time and feel you need more pain relief you should contact your hospital care team before seeing your GP.

If you were taking anti-inflammatory pain relief (such as Naproxen or Ibuprofen) before your procedure you may restart these unless specifically asked not to by a doctor or your surgeon in the hospital.

Removal of skin clips

Some surgeons use skin clips to close your hip replacement wound. If these have been used in your case then arrangements will be made with the district nurse or you can attend the treatment room at your GP surgery to have them removed.

Prevention of clot formation

You will normally be given blood thinning medication to help prevent clots from forming after the operation. This is usually in the form of a daily injection for 4 weeks. If needed, you will be taught how to do this yourself. Injections may not be necessary in some cases, for example, if you are on other types of blood thinning medication for other conditions.

Return to driving

You **cannot drive** until you feel safe to do so, which could be **4-6 weeks** following surgery.

Return to hobbies/sports

You must allow **at least 3 months** to enable the tissues and bone to heal first before you become involved in strenuous activity or sport.

Air travel

Each airline has its own regulations about flying after surgery. Check with your airline before you fly. Although no fixed guidelines exist, **it is not advised to travel on a long-haul flight (more than 3 hours) for the first 3 months after your surgery.**

Follow up Review at Outpatient Clinic

You will usually be seen by a member of your hospital care team around 6-12 weeks following your surgery. This is to check on your progress and ensure there are no problems with your new hip.

It is extremely important that you have been practicing the exercises given to you by the physiotherapists while you were in hospital.

Once your hospital care team is satisfied with your progress you will be discharged.

Risks and Potential Problems Following Hip Replacement Surgery

This section describes the potential risks of having a hip replacement and other problems you may have as a result of having the surgery.

It is important that you read and understand this section before proceeding with the procedure

Pain

A very small number of patients experience more pain after the first 3 months following surgery compared to before surgery, while some patients experience no change in their pre-operative pain levels. Having more pain after the first 3 months can be due to a complication. Occasionally however, patients have pain afterwards, for which no cause can be found.

Infection

After having a hip replacement, serious infections are rare (less than 1 in 100 patients). If you smoke, are obese or have diabetes, however, your risk of getting an infection is increased.



When to suspect a possible wound infection

It is **normal** to have a degree of bruising and swelling in the leg after the procedure as shown on previous page.

The following, however, are signs of potential infection:

1. If your wound starts to leak fluid having previously been dry or continues to leak fluid beyond 10 days after your procedure.
2. If part of or the entire wound becomes swollen, red, sore to touch or starts to open.
3. If you get a sudden increase in pain around your hip and feel shivery or unwell.
4. Occasionally pain that fails to settle following surgery or pain that develops some time later can be caused by infection and in these cases the wound can remain normal. This is one cause of pain that can occur after 1 year.

If you suspect you have a wound infection, especially in the first few weeks, you should contact your hospital care team on the helpline number at the end of this booklet. You should not contact your GP or attend A&E.

In the event of an infection

Most infections occur in the first 6 weeks after the procedure. If a serious infection is suspected during the first 6 weeks, you will be readmitted to hospital and go back to theatre to have the wound opened and washed out.

Antibiotics will also be required to treat the infection following a washout procedure. In some patients this will include a hospital stay of 2 weeks or more to receive antibiotics through a drip. The total duration of antibiotic treatment including tablets can be up to 3 months.

In the long-term, if the infection cannot be cleared, you will require further surgery.

Reducing your risk of infection

Smoking increases the risk of infection and you should stop smoking from the time of pre-operative assessment until at least 6 weeks after your procedure. Also, if you are morbidly obese, which is a BMI of over 40, your risk of getting an infection is increased. If you are diabetic it is important that your blood sugar is well controlled as poor control can increase your chance of wound infection and other complications.

Alcohol or other drug abuse can also increase the risk of wound problems. Other risk factors include having skin conditions for example; psoriasis.

Leg Clots

Around 1 in every 100 patients is diagnosed with a clot after their hip replacement. In the first few days following your procedure it is normal to have a gradual increase in both swelling and visible bruising. Usually your whole leg will be tender to touch, particularly your calf. This swelling should decrease after a nights rest or after four hours of keeping your leg up on four pillows.

If the swelling does not decrease or you wake up after a night's sleep with an increase in leg swelling then you may have a clot and you should ring your hospital care team on the helpline (see number at end of booklet). You should **not** contact your GP or go to A&E.

In this situation, you may need a special scan done of your leg. If that shows that you have a clot above your knee you will need to take tablets to thin your blood for 3 months. A clot is not a serious complication and there is no evidence that a clot in the leg travels to the lung following a hip replacement.

When to suspect a clot in your lung (pulmonary embolus):

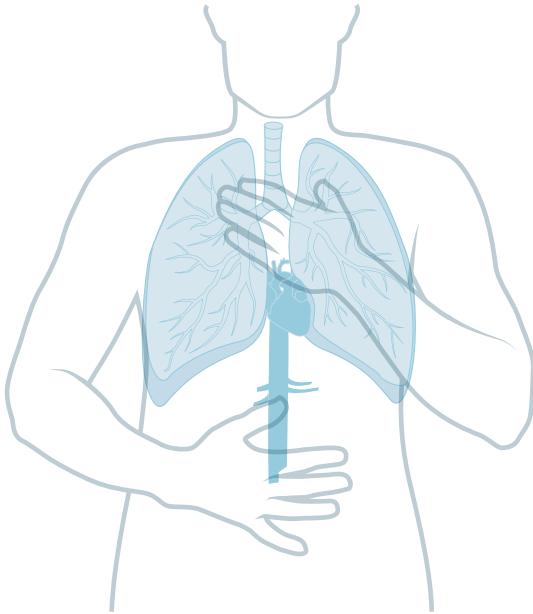
Following discharge from hospital if you become suddenly short of breath, develop chest pain, upper back pain or cough up blood, you should contact your GP urgently, or if not available attend A&E as this can be an indication that you may have a clot in the lung. You **should not** contact the helpline.

Reducing your risk of getting a clot

The best way to prevent clots is by being mobile. Getting out of bed as soon as possible after your procedure is very important.

You should also:

1. Take frequent deep breaths to make sure you fill your lungs properly.
2. Move both arms and legs. You are allowed to move both knees up and down in bed. This will not harm your new hip and will help to ease the pain.
3. Carry out foot and ankle exercises every hour.
4. Take short walks regularly as able.



Blood Loss

A minority of patients (fewer than 1 in 100 patients) will require a blood transfusion due to blood loss caused by the procedure.

Fractures

Fractures (breakage of the femur or pelvis) can sometimes happen during the procedure. It can happen putting in the cup or the stem and may require a different type of implant in order to fix it.

Dislocation:

Your new hip can dislocate (come out of the joint) but this happens in fewer than 1 in 100 patients.

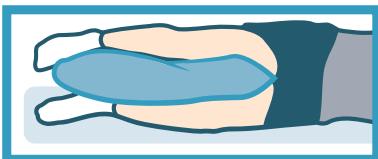
To reduce the risk of dislocation follow the precautions below for **6 weeks**.

You should not use the bath or the shower over the bath. You should bring a chair into the bathroom and strip wash at the sink for this period.

- 1. DO NOT** sit in a low chair. Your knees should never be higher than your hip.
- 2. DO NOT** cross your legs or ankles in lying, sitting or standing.



- 3. DO** lie with a pillow between your legs, whether you are on your back or on your side. This will stop your legs crossing over.



Reaching everyday items

Keep everyday items at a reachable height. Avoid bending or stretching to reach things.

Put one hand on a firm support that will not move.

Keep your operated leg behind you and bend down the reach the item.



1. DO NOT bend your hip beyond a right angle (90°) in standing or sitting. Get help to put on shoes and socks and avoid stooping or bending down to low cupboards, plugs, ovens etc.



2. DO NOT twist your trunk when sitting in a chair, i.e. to lift something off the floor.



3. DO NOT swivel when you turn and always lift your feet.

4. DO NOT allow your leg to turn in.

If your hip becomes dislocated you will usually:

1. Experience severe pain.
2. Notice your foot on the operated side is turned in but occasionally it can be turned out.
3. Notice that the leg on the operated side is shorter.

If you think that your hip has dislocated:

go to your nearest A&E Department. This means going by emergency ambulance because, if your hip is dislocated it would be too painful to travel by car. If you can walk then it is unlikely that your hip is dislocated, in which case you should ring the helpline (see number at end of booklet).

Nerve Damage

The most common nerve problem after surgery is a “Foot drop” and this occurs in fewer than 1 in 200 patients. This happens when the sciatic nerve, which supplies power and the feeling to your lower leg and foot, becomes stretched at the time of the procedure. If this happens, it means that when you are walking your foot tends to drop and you are at risk of tripping easily. To help with this, you will have to wear a splint on your foot until the nerve recovers. Approximately 4 out of 5 patients make a good recovery from this but it can take up to 18 months.

The femoral nerve which supplies power and feeling to the front of your thigh and knee can be damaged, but this is even less common.

Another nerve that can be damaged is the ulnar nerve of the arm. This can happen as a result of the position of your arm during surgery.

Leg Length

During surgery your surgeon will try to restore the correct length in your new hip. Sometimes for various reasons, your legs may not be the same length after surgery. Often, before the procedure your painful leg can feel shorter whereas after the procedure your new leg may feel longer.

Delirium

Delirium means the onset of confusion and is common following surgery. It generally resolves completely over several days, but for some patients it can persist long-term.

A risk assessment for developing this condition will be carried out at your pre-operative assessment appointment and additional information will be given to those patients found to be at increased risk. Patients at increased risk or who develop delirium will have interventions aimed to either reduce risk or reduce the severity and duration of this condition.

Constipation

It is common to have constipation following your surgery. You will be given medication for this before going home. It is very important that you take this medication as instructed. Eating a healthy diet and drinking plenty of fluids will also help. If the problem persists for more than a week contact your GP.

How serious is this procedure?

Having your hip replaced is a major procedure and as with any major procedure there is a small risk of dying. Patients who have heart disease, chest disease or a history of stroke can have an increased risk of developing complications related to these pre-existing conditions.



Other Potential Problems

- Nausea (feeling sick)
- Loss of appetite
- Hiccups
- Chest infection
- Kidney or bladder infection
- Atrial Fibrillation / Irregular heart beat
- Low mood / Depression
- Tiredness
- Knee bursitis and discomfort when kneeling

It is important to note that not all patients experience problems following surgery

Patient Reported Outcome Scores

You may be asked to complete questionnaires before and after your operation. These are called patient reported outcome scores and are usually completed before your operation and at 1 year following your operation. These questionnaires may be posted to you or completed on the MyChart app. If possible, it is helpful if you can complete the pre-operative questionnaire before your pre-operative assessment. It is important you complete these questionnaires to provide information on how well your hip moves and quality of life before and after surgery.

Notes:



HELPLINE NUMBER:

Tel: 028 95042671

Mob: 07385 957533

Mon – Fri 8.00am – 4.00pm

Please contact the ward you were discharged from for any immediate post-operative problems outside working hours:

Ward 4a: 028 95041798

Ward 4b: 028 95041800

Ward 5a: 028 95041801

Ward 5b: 028 95041803

Ward 6a: 028 95041804

Ward 6b: 028 95041805