Hip Replacement
A guide for patients

Please bring this booklet with you each time you attend the hospital

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Introduction

Hip replacements are carried out when arthritis of the hip causes pain and stiffness which affects your activities of daily life. This booklet aims to provide information to help you through your recovery period, whether you have had a hip resurfacing or total hip replacement. Although there are different types of hip replacement, all provide new surfaces for the “ball and socket” of the joint. This can be achieved by resurfacing the ball (head of the femur) picture 1, or replacing the ball picture 2. Both methods include a new socket (cup).

Xrays

Picture 1
To get the best result from your surgery you will need to closely follow the advice of the Orthopaedic team, your doctors, therapists and nurses.

Your stay in hospital will be between 2 - 3 days and you may need to use crutches or sticks for the first 6 weeks after surgery.

After your hip replacement you will have to comply to the hip precautions (see page 22). This makes some daily tasks difficult. It is a good idea to share the information in this booklet with your family and friends before you come into hospital, so that together you can plan your smooth return home for your rehabilitation period.

You can prepare for this time by completing the preadmission check list on page 4.

If you are having a hip revision the basic principles apply. However, your Orthopaedic team will provide you with the details of your operation and how it will affect your rehabilitation and recovery.

**Please note:** Throughout this booklet we have used the patient’s right lower limb to show positioning of the operated limb.
Discharge planning

- Hip Resurfacing 2 - 3 days.
- Total hip replacement 2 - 4 days.

The length of your hospital stay will depend on the type of replacement. You may need to use sticks or crutches for the first six weeks.

You can prepare for some of these short term changes by reading through this booklet and completing the pre admission checklist.

Pre-admission Check List

Tick the box when you have organised the following ready for your admission to hospital.

This list will be fully explained at the Patient education group.

Help with shopping, laundry and heavy cleaning
Food cupboards and freezer stocked up
Help with gardening and pets
Comfortable slip on shoes or sandals (no backless footwear)
Help to put elastic compression stockings on / off and washing your lower legs
Cool, loose fitting clothes e.g. shorts or skirts
Early hip exercises practised
Transport to return home and for future appointments
Furniture height form from Occupational Therapist completed
Prepare your home environment
Learn the 3 month total hip replacement precautions

**NB.** If you have been unable to organise any of the above, inform the staff at your Pre-operative assessment clinic or your nurse on admission to the ward.
Visit GP for a blood pressure check if necessary.
Ensure you have no skin abrasions or cuts.
Dentist check up to check for loose teeth or infected gums.
Practise using elbow crutches/sticks.
Practise technique with elbow crutches/sticks on stairs.
Practise using dressing aids.
Practise getting on / off bed.
Practise getting in / out of a car.

What to bring in to hospital
We suggest bringing a small folding bag with the following:
Toiletries including towel.
Comfortable nightwear and dressing gown.
Day clothes
Supportive slip-on shoes or slippers (no backless footwear)
Tissues.
Hair brush/comb.
Book.
Handwipes.
Dressing aids issued in hip education class
Crutches/sticks
Please bring with you any medicines that you normally take. These will be given to the nurse on admission and given back when you are discharged home.

You may wish to keep a small amount of change with you for newspapers, phone etc but it is advisable not to bring valuables or large sums of money into hospital.

Visiting times on the wards are restricted to ensure that patients have undisturbed meal times, rest periods and time for therapy.
and diagnostic services. This also allows domestic staff to clean wards during the day.

Please note: **Only 2 visitors per patient. No children under the age of 11 years. No flowers.**

**Before your surgery**

**Hip Education Class**

This is a group session run by Occupational Therapists, Physiotherapists and nursing staff. They will discuss points you will need to consider before and after surgery. Please bring this booklet and completed furniture heights form with you, along with any sticks or crutches you already use.

You will also have an individual appointment with an Occupational Therapist after this class, during which you will be provided with further information about coping after your hip replacement and any equipment you may need will be organised before your hospital admission.

**Pre-operative assessment clinic**

Your day in the preoperative assessment clinic is a thorough preparation for your forthcoming operation and therefore please be prepared to be in the department for up to 6 hours. Please bring a printed copy of your prescription if you take any medicines.

If you have previously been given a health questionnaire please bring it with you. If you have not you will be asked to complete one.

The purpose of the day is to make sure that you are medically fit to have your operation. It is an opportunity for you to ask questions and discuss any concerns that you have.

During the day you will have certain tests and procedures.
The clinic nurses will do some or all of the following tests:

- Height, weight and Body Mass Index, (BMI).
- Urine tests.
- Readings of blood pressure, pulse and oxygen saturation levels.
- Three swabs to test for Methicillin Resistant Staphylococcus Aureus, (MRSA). These will be taken from the nose, armpit and groin.
- Blood tests
- Electrocardiograph, (ECG), to check the heart rhythm.
- Blood glucose level (for diabetic patients).
- Xray.

**Diet**

Prior to your operation it is important that you are in good health. In order to achieve this, it is essential that you eat a healthy balanced diet. For most people this means eating more fruit and vegetables and reducing the amount of sugary and fatty food you eat.

Above all you should aim for variety in your food.

**Smoking**

Smoking before, during or after surgery will slow the healing process. Smoking during this time increases your risk of complications. If you would like advice and support to stop smoking please contact your GP.

**Coming into hospital**

When you arrive at hospital a nurse will complete all the necessary paper work with you and tell you when you are expected to go to theatre. Your surgeon will see you before you go to theatre to answer any questions.
An anaesthetist will discuss with you the type of anaesthetic and to ensure that you are fit for your surgery.

We will prepare you for your operation and ask you to get dressed in a theatre gown, prior to going to the operating theatre for your surgery.

If your operation is later on in the day we will take you to your ward and settle you in, ready for them to take you later.

We will also give you a pair of elastic compression stockings which you will have to wear for approximately six weeks following surgery and which will need to be worn before your operation.

**Your anaesthetic**

We provide more comprehensive information about anaesthesia in leaflet form for you to read beforehand so that you are well informed of what to expect, how to prepare for your surgery and what choices may be open to you.

Please read this information and you can then ask the anaesthetist about any points specific to your care. Spinal or epidural anaesthetics may be mentioned: both these techniques cause complete numbness from your waist down and can be used with a general anaesthetic or heavy sedation. They involve an injection of local anaesthetic to your back before the start of the operation and following this, your legs become warm and numb and the muscles feel weak. After your operation, the feeling in your legs returns to normal over a period of hours.

Additional information may be found on the Royal College of Anaesthetists website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

**What can go wrong?**

Generally a total hip replacement is an effective procedure that can dramatically improve your quality of life.
All operations carry some risk and the most frequent and important are outlined below:

1. **Surgical mortality.** A hip replacement is a major operation and a small number of patients may not survive their surgery. Figures from North Bristol NHS Trust show that the death rate within 30 days from surgery is 5 in 1000 if you are under 65 years. This figure increases to 30 in 1000 if you are over 80 years old.

2. **Heart Attack and Stroke.** The strain of the operation can cause a heart attack or stroke during, or in the first few days after the operation.

3. **Anaesthetic.** You will have an anaesthetic that carries a very small risk depending on your level of health. The anaesthetist (a doctor) will explain the risks to you.

4. **Dislocation.** The risk of dislocation (joint coming out) is highest in the first few weeks following your operation. It is vital to adhere strictly to the advice given by the Occupational Therapists on movements and positions to avoid in the first 12 weeks (see hip precautions on page 22). The risk is approximately 2 in 100 after a first hip replacement and increases to over 10-20 per 100 for repeat (revision) operations.

5. **Infection.** The risk of developing an infection around a hip replacement is around 1 in 100 in an osteoarthritic hip and 2-4 per 100 in rheumatoid arthritis. The following measures are used to reduce this risk:
   
   a) Antibiotics at the time of surgery.
   
   b) Surgery is performed in a theatre used only for orthopaedic operations with mechanisms in place to reduce the spread of infection. If an infection does become established and does not respond to antibiotics the hip replacement must be removed. It is usually possible to insert another replacement joint when the infection has cleared but, if not, you would be left without a hip joint (Girdlestone procedure). This results in
a shortened leg and, although it is possible to walk on the leg, you would need a stick or crutch.

6. **Thromboembolism.** Blood clots may develop in the veins of your leg during or after surgery. Part of a clot may break off and travel to your lungs. This can be fatal but is extremely uncommon and occurs in 1 in 1000 cases. This risk is increased if you are female, overweight, have varicose veins, high blood pressure or heart disease. Recognised ways to reduce blood clots are exercise, foot pumps and blood thinning agents, all of which are used at the AOC. Elastic (TED) stockings may also help.

7. **Loosening, wear and fractures.** The overall rate of loosening in the type of hip replacements used in this unit are approximately 4 to 8 in 100 at 10 years. These rates are higher in more active people and in patients under 50 years old. For this reason some surgeons may use different types of prostheses in younger patients.

Patients with osteoporosis, rheumatoid arthritis and neurological disorders may suffer fractures in the bones around the prosthesis, which may require further surgery. The risk of developing a fracture during or after surgery is approximately 1 in 100 people.

8. **Injury to nerves and blood vessels.** The risk of a nerve or vessel injury is less than 1 in 100 cases after a first replacement but increases in revision operations. Injury may result in paralysis, weakness, numbness or pain in the leg and foot which is usually temporary but may be permanent.

9. **Unequal leg length.** Every effort is made to ensure the legs remain equal length but, following surgery, there may be a difference in length up to 1.5 cm which usually causes no problems with walking. Around 25 per 100 patients may be aware of leg length difference after surgery. If this is bothersome a shoe raise may be required.

10. **Hip swelling and pain.** It is necessary to manipulate the leg during the operation and this may cause some swelling, stiffness and pain in the hip. This usually settles over a few weeks.
Your operation

You must not eat for six hours before your operation (this includes chewing gum) you can continue to drink water (must only be water) until 5 am unless otherwise advised by the nursing staff If you do eat or drink against advice then your operation will be cancelled. To go to theatre you will be asked to wear a gown. You may be asked to walk to the anaesthetic room, where you will be met by the anaesthetist and theatre staff. You will be placed on a theatre trolley and the staff will administer your anaesthetic. After the operation is performed you will be transferred to the recovery room where you will remain until you are properly awake.

At this point you MAY be aware of:

1. An oxygen mask.
2. Drip (this provides fluids until you start drinking).
3. Cuff around your arm recording pulse and BP.
4. Dressings over the wound.
5. Drain (this collects excess blood from the hip).

After your operation

You will be transferred from the recovery room to a ward.

After your operation do not be too concerned if you cannot immediately move your operated leg. Some nerve blocks which are part of your anaesthetic take a number of hours to wear off. Your physiotherapist will give you specific bed exercises to do during this time.

Please note that the Trust has a minimal lifting policy. Please help staff as much as you are able by using your arms and unoperated leg to move yourself around the bed.
Pain

Individual’s experience of pain varies a great deal. It is essential that you have regular and adequate analgesia (painkillers) so that you can begin to move and gain control of your operated limb. Let the nursing staff know how you feel as they can vary your dosage, change analgesics and give anti sickness drugs.

Care of your wound

Following your operation your wound will be covered with a dressing. You may have a small tube (a drain) inserted into your leg beside your wound. This will be connected to a bottle which will collect any drainage from your wound. Your wound will probably bleed. This is normal and is nothing to worry about.

Your dressing will be changed the day after your operation and then will not be changed again unless your wound leaks, or the consultant wishes to inspect the wound.

Your clips/stitches will be removed 10 to 14 days after your operation. You should be at home by this point, so this will be done by the district nurse, or at your GP Surgery.

You should not allow your wound to get wet until your clips/stitches are removed and your wound is healed because of the risk of infection.
Compression stockings and foot pumps

You will be supplied with elasticated stockings, which will need to be worn from surgery until 6 weeks post-operatively.

They should be worn at all times except whilst being washed; they require washing every 34 days by hand or cool machine wash. Avoid drying next to direct heat, for example hot radiator or tumble drier, as this can shrink the elastic fibres.

After the 6 week period, please dispose of them.

During your hospital stay to help prevent blood clots forming you may also be given foot pumps to wear. These are pads that are applied to the feet and gently squeeze the feet to encourage the blood to circulate around your legs. When you are wearing foot pumps it is important that you call for a nurse to remove them before you get out of bed or stand up from a chair.

Exercises

It is important that you only do the exercises that your physiotherapist recommends.

Once your physiotherapist is happy that you are performing an exercise correctly, they will tick the box next to each exercise that you should continue with independently.

You will probably be well enough to start getting out of bed from the first day after your operation. You will be guided by a member of the orthopaedic team, using a walking frame initially.

You may also be allowed to sit in a chair with assistance from staff. It is important to work with your therapists and ward staff in order to gain the most out of your exercises and mobility practice. The exercises are designed to aid your rehabilitation and to help you to lead as normal a life as possible after your surgery.

Early bed exercises

It is quite safe for you to carry out certain exercises as soon as you wake up from your anaesthetic. The first three should be started as soon as possible.
1. Breathing exercises

Take a deep breath in through your nose. Your stomach should raise.

Breathe out through your mouth. Repeat three times every hour you are awake. This may make you cough this is nothing to worry about.

2. Ankle pumps

Whilst lying on your back, briskly point your toes up and down for a count of ten. Repeat every hour you are awake.

This exercise improves the circulation in the lower limbs, helps to prevent the formation of deep vein thrombosis (blood clots), and reduces swelling.

3. Knee bracing (Static quadriceps) exercises

Pull your toes up towards your face, brace the knee and tighten thigh muscles. Imagine that you are trying to squash a tennis ball under your knee.

Hold for 5 seconds, repeat 10 times.

This exercise helps you to regain control of your leg muscles ready for standing and walking.
4. Slide exercises

Assistance will be required if using slide sheet - to avoid having to bend when placing under operated leg.

With a sliding sheet under the operated leg, slide your foot slowly up and down the sheet.

Work to bend your hip and knee.

DO NOT BEND YOUR HIP MORE THAN 90 DEGREES.

4b.

With the sliding sheet in position, slide your leg gently out to the side and back.

These exercises help to increase the range of movement in your new hip joint, and strengthen the muscles around the hip in preparation for walking.

5. Bridging

Slide sheet to be removed when performing this exercise.

Lying on your back with knees bent and feet flat on the bed. Tense your tummy muscles and squeeze your buttocks together and lift your bottom off the bed. Try to hold the lift for 5 seconds.

Return to starting position.

This exercise helps to strengthen your core muscles and helps stabilise your pelvis during walking.
Further exercises

Your physiotherapist will be happy to assist you with the following exercises on the day after your operation.

When your technique has been checked, add the selected (ticked) exercises to your routine.

You are expected to practise these independently 5 times a day.

It is important that you are available for physiotherapy throughout the day. A portion of your visiting time will inevitably coincide with physiotherapy time. Discuss any special requests with the physiotherapy team and they will be as flexible as possible.

You should continue to do all checked (ticked) exercises at home until you are reviewed at clinic.

6. Hip and knee bends

Standing holding on to a firm support i.e. the back of a sturdy chair. Gently bend your hip and knee up in front of you, then slowly down. The movement should be slow and smooth. **AVOID BENDING MORE THAN 90 DEGREES AT THE HIP.**

This exercise helps to strengthen the muscles at the front of the hip and regain stability around the pelvis.

7. Hip extension

Starting in the same position, with the affected leg straight. Take the leg out behind you with the foot facing forwards. This will only be a very small movement. Try to stand up tall, do not bend at the waist or knee.

This exercise helps to strengthen muscles around your bottom which often become weak in hip patients. Strengthening these muscles will help to improve your walking pattern.
8. Knee bends

Again from the same position, lift your heel up towards your bottom, bending at the knee. Keep the knee pointing to the floor and try not to bend at the waist.

**This exercise helps to stretch a muscle at the front of your hip, and strengthen the hamstring muscles at the back of the leg.**

9. Hip abduction

Holding on to a firm support, with your feet facing forwards. Squeeze the muscles in your bottom and lift the affected leg out to the side with the knee straight.

**The muscles around your hip and bottom are important to keep your pelvis stable whilst walking and standing. This exercise will help to strengthen these muscles.**

10. Mini squats

Standing as above, slowly bend and then straighten your knees, sticking your bottom out behind you. Try not to let your knees move in front of your feet and remember not to bend more than 90 degrees at the hip.

**This exercise works all the major muscles in your buttocks and legs.**
11. Heel raises

Standing holding a support with both hands, raise up onto your toes and then gently back onto your heels.

**This works to strengthen your calf muscles.**

Walking

After your operation you will need to use a walking aid for the first 6 weeks. The physiotherapist will show you how to use the walking aid safely and give you advice on your gait (walking pattern).

You are allowed to put as much weight as you can tolerate through the operated leg unless you are told otherwise.

Using a walking frame

For the first day after your operation, you will probably find that you feel more confident using a walking frame especially when walking unsupervised.

The sequence is as follows.

- Move the frame forward.
- Take a small step forward with your operated leg.
- Brace the hip of the operated leg.
- Step through with your other leg whilst using the frame for support.

**N.B.** Do not walk too close to the frame.

Using elbow crutches/sticks

Once you are confident with the walking frame you will progress to using elbow crutches or sticks.
Walking with crutches/sticks:

- Move crutches/sticks forward together.
- Step forward so that the operated leg is level with the crutches/sticks.
- Place weight as necessary, through your arms onto crutches/sticks.
- Brace the thigh of the operated hip.
- Step your other leg forwards past your operated leg.
- When you feel confident enough to use only one stick or crutch hold it in the opposite hand to your operated leg.

Progression of walking

If you are able to walk using sticks instead of crutches your physiotherapist will offer advice on your walking pattern.

It is advisable to gradually increase the distance walked as able.

You will need to use two sticks/crutches for the first 2 weeks, then move on to one when you are comfortable. After 6 weeks you can stop using your walking aid as soon as you feel able to walk comfortably and normally without it.

To get from sitting to standing

With your elbow crutches/sticks:

- Move your body forwards to the edge of the chair.
Hold your crutches (with handles facing each other) in an H shape.

Use your free hand to push down on the arm of the chair.

Once standing and balanced transfer one crutch to each hand.

Reverse this procedure to sit down.

**Sitting in a chair**

- You must sit in a firm, highbacked chair with arms. A chair that is too low will mean you are bending too much at the hip which could cause your hip to dislocate.

- As a guide, when seated with your feet flat on the floor, your knees need to be level with or lower than your hips.

- The hospital does not provide chairs but the Occupational Therapist can help advise you on raising your chair to the correct height. Alternatively you may need to find a more suitable chair.

**Stairs**

Before you go home you will be assessed on steps and stairs with the Physiotherapist if required. Go up and down one step at a time until you feel stronger.

You will be taught how to manage stairs, both with and without a handrail. You may also be shown how to hold both crutches in
one hand. If you have difficult or unusual steps or stairs inside or outdoors, please inform your Physiotherapist.

To go upstairs

- Hold onto handrail if available and use the stick/crutch in the opposite hand as usual.
- Place your “good” (unoperated) leg up first.
- The “bad” (operated) leg follows with the help of the stick/crutch and rail.

To go downstairs

- Hold onto handrail if available and use the stick/crutch in the opposite hand as usual.
- Put the stick/crutch down onto the next step to assist the “bad” (operated) leg down first.
- The “good” (unoperated) leg follows.
Hip Precautions

The following precautions should be taken during healing period following most procedures. Your Consultant/Therapist will tell you how long you need to follow these precautions and whether additional precautions apply to you.

1. Do not bend your hip to more than 90 degrees.
2. Do not cross your legs or feet.
3. Do not roll or lie on your unoperated side.
4. Do not twist your upper body when standing.
5. Do not swivel on your feet when turning.

N.B. If you are having a total hip replacement the usual time for applying these precautions is usually 12 weeks.

Hip Precautions: DO NOT

The pictures on these pages will help to remind you of situations when you need to be aware of these precautions. Make sure your family and friends are aware of these points so that they can help you during daily activities.

**DO NOT** bend to the floor to pick objects up in standing or sitting.

**DO NOT** cross your legs.

**DO NOT** sit in a low Chair.
For at least the first 6 weeks you should sleep on your back with a pillow between your legs. It is not advisable to lie on either side in the early stages of recovery. However, lying on your operated side may be possible after 6 weeks, provided your support your unoperated leg with a pillow.

Sleeping Position

Everyday activities

Please note the following pictures show positioning following a right hip replacement. Please be aware the opposite actions will be needed if you have had your left hip replaced.

Whilst in hospital the staff aim to help you carry out your normal activities safely until you can manage them independently.
Getting into and out of bed

Staff will assist you into and out of bed within 24 hours of your operation.

Getting out of bed

This will be a lot easier if you have regularly practised your hip exercises. Use your thigh muscles to move your operated leg in stages towards the side of the bed. Do not allow your hip to bend too soon by dropping it over the edge of the bed. Staff will assist your leg to the floor if necessary.

Getting dressed

You will be encouraged to dress in comfortable everyday clothes the day after your operation, using your dressing aids issued preoperatively to prevent you bending and twisting. Clothes should be loose and cool.
Getting on and off the toilet

This is the same sequence as getting on and off a chair. (See using crutches/sticks) but you will need to use a toilet that has equipment in place to raise the height of the seat.

Bathing and showering

It is essential to keep your wound dry to reduce the risk of infection. For 3 months you must not step into or sit in the bottom of the bath. You will need to have a strip wash and have assistance with your lower legs and feet.

A shower cubicle

A level access shower or shower cubicle can be used after 6 weeks if you are fully weight bearing (not needing crutches or sticks) if you take care.

- Step into the cubicle with your unoperated foot first.
- Position yourself so you can operate the shower without twisting.
- Wash your lower legs and feet with a long handled aid or assistance.
- Step out backwards, lifting your operated leg out first.
- Ensure you are not alone in your home in case you need assistance.
Driving

If you feel comfortable you may, after 6 weeks, resume driving a car, unless otherwise advised by your surgeon or if you are still using crutches/sticks. You must be safe to drive and be able to perform an emergency stop. You will need to tell your insurance company that you have had a major operation.

To get into the passenger seat of a car

You may go home as a passenger in a car with relatives or friends.

- People carriers and lowseat sports cars are usually unsuitable.
- Ensure you are parked on the level and not too near the kerb. Getting in and out is easier if you park slightly away from the pavement so you can stand on the road. This gives you a few inches extra seat height.
- Both the passenger and the driver’s seat should be moved back as far as possible. If the model has reclining seats, the backs of the seats should be reclined slightly.
- To get into the car, lower yourself down slowly to the edge of the seat with your back to the opposite door. Keep your operated leg straight out in front of you.
- Push yourself backward towards the driver’s seat until your operated leg is supported on the seat.
- Keep leaning backwards until your foot clears the door sill without needing to bend your hip beyond 90°.
- Turn carefully and slide your leg down into the well of the car so that you are now facing forwards.

To get out of the car

- To get out, move your bottom towards the driver’s seat to give yourself leg room.
- Slide your legs out.
- Take the strain on your unoperated leg when rising, keeping your operated leg out in front of you.
Household tasks
You can expect to be able to work in your kitchen as you did before your operation with the exception of any activity that requires bending.

- Avoid using low ovens – you would be at risk lifting hot dishes out of the oven as this requires the use of 2 hands.
- Avoid using low shelves and the bottom of the fridge.
- If using sticks, crutches or a walking frame you will not be able to carry items to another room. Therefore if you live alone, you will need to eat in the kitchen, unless you have been assessed as safe to walk with a trolley on which to carry meals. If this is a problem, discuss it with your OT.
- A high stool to sit on is useful, but your feet still need to be touching the floor.

Discuss your lifestyle and activities with your consultant at your clinic review. They will be happy to advise you on returning to your normal activities.

Returning to Work
The time of your return to work will depend on your job. Your consultant will advise you on this, however most people return after 3-4 months.

Going home
Goals for discharge
The criteria for discharge from hospital are that you are now:

- Comfortable on oral pain killers (analgesia).
- Able to make progress with your exercises independently.
- Able to manage transfers independently and safely abiding by hip precautions.
- Able to walk independently and manage stairs as necessary.
- Have the necessary support at home (See pre admission checklist).
On discharge from hospital you will be given:

- Your medicines to take home.
- An extra pair of compression stockings for when the first pair are being washed.

Your GP will receive notification of your operation and discharge from hospital.

**Do’s and Don’ts**

This section summarises the main things you can do to optimise your new hip.

- **Do** continue to follow the advice and exercises in this booklet as advised by your Physiotherapist and Occupational Therapist.
- **Do** abide by your hip precautions.
- **Do** use a least 1 walking aid for the first 6 weeks.
- **Don’t** drive for a minimum of 8 weeks.
- **You are advised to refrain from sexual intercourse for 6 weeks following your operation and then resume with care.**

**Outpatient Physiotherapy**

On discharge from hospital you will need to continue your exercises 5 times a day at home.

Some patients will be referred to their local Physiotherapy department for a follow up appointment.

**After 3 months you may:**

- Dress without aids if comfortable doing so.
- Take on normal household activities.
- Get into a bath with care.
- Commence most hobbies again (i.e. gardening, dancing, bowling and swimming avoid breast stroke and diving), all very gently and without excessive effort.
Clinic Review

A doctor or specialist Physiotherapist will assess your progress 6-12 weeks after your operation. This is an opportunity to have your questions answered and to discuss your safe return to normal activities.

Expectations and potential problems

This section is not meant to be frightening but it is important to be aware of what should be expected following surgery and how the intended gains need to be balanced against the risks of the operation.

**If you, your doctor or practice nurse have concerns about your wound and think you may have an infection do NOT take antibiotics without being seen by an orthopaedic surgeon who is looking after you.**

What can you expect?

The aim of the operation of hip replacement is to relieve the arthritic pain felt in your hip while improving or maintaining your ability to function.

Having a hip replacement can be an emotional and physical experience. There may be some days after your operation when you feel a little low and tired. This may continue in the early stages after you are discharged home.

An artificial hip joint is not quite the same as a “normal hip”. Clicking and clunking is normal in the early stages but usually settles over time. This is nothing to worry about and is usually easily ignored after a while.
NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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