

A Patient's Guide to having a Total Hip Replacement

Patient Information

**Your Planned Journey and Goals, from Pre op to
Discharge Home, Including Enhanced Recovery**



Contents

	Page
What is a Total Hip Replacement?	3
Alternative Treatments	3
Benefits of Surgery	3
Risks and Complications of Surgery and Total Hip Replacement	3
Enhanced Recovery	4
Pre Operative Assessment	6
Pre Op Exercises	7
Pre Admission Discharge Planning	9
Preparing Yourself for Surgery	9
The Day of Surgery	9
The Operation	10
After the Operation	10
Pain Relief	10
Immediate Post Op Exercises	12
Mobility	14
More Advanced Post Op Exercises	15
Hip Precautions	16
Putting Hip Precautions Into Practise	17
Stairs	20
Daily Expected Post Op Goals and Achievements	21
Getting Ready for Home	22
Medication	22
Wound Care	22
Once at Home	23
Out Patient Appointments	24
Contact Information	24
Further Information	25

What is a total hip replacement?

A total hip replacement is an operation to replace the worn or damaged hip joint. It consists of replacing both the joint socket and head of the thighbone. Total hip replacements are performed usually because you are suffering pain and movement difficulties.



A hip prosthesis (artificial joint), is made from metal, plastic, ceramic or a combination of these materials, and can last for about 10 to 15 years. However, over time, the prosthesis may become worn and loose and a replacement (revision) of the hip may be required, in the future. For more information, please see page 4, paragraph 8.

The operation is advised for the relief of hip pain, caused by arthritis. It is a major operation with risks attached. It should only be undertaken, if your tablets are not controlling your pain and severely affecting your lifestyle.

Alternative treatments

Initially your doctor may suggest changes to improve symptoms e.g. weight loss if necessary, physiotherapy and exercise, this will reduce stiffness and immobility along with the use of walking aids.

Your doctor will discuss treatment options with you. If you are unsure of your treatment, please discuss this with a member of the health care team.

Benefits of surgery

Provided that you follow the post-operative precautions and work hard with your mobility after your operation, you can expect to improve the quality of your life significantly. There will be reduction of your pain, improved mobility and benefit from your new hip replacement.

Risks/complications of the procedure

All surgery and anaesthetics carry some risks, particularly if you have other medical problems or are overweight. The healthcare team looking after you have been trained to make sure that these are minimised and your treatment is carried out safely. There are, however, some specific risks relating to hip surgery that you need to be aware of.

1. **Infection** – Sometimes despite the strictest precautions, infections can occur. Superficial infection may occur at your wound site and can usually be treated without further surgery.
2. **Deep Infections** – may occur early after the operation or much later. For this reason we recommend any infection that you develop in any part of your body is treated promptly and that you advise your dentist when you see them, that you have had a hip replacement. Deep infections may lead to multiple operations or loosening of the hip.
3. **Deep Vein Thrombosis (DVT)** – despite taking precautions to try and prevent a blood clot (thrombosis) forming in the veins of your leg after surgery, this still remains one of the commonest risks after hip replacements. Occasionally these clots can dislodge and travel through the heart to the lungs. This is known as a pulmonary embolism.
4. **Loosening of the Prosthesis (New Joint)** – this is a risk of all artificial joints and is caused by a weakening of the bond between the new joint and your bone. It is hoped that your new hip will last at least 10-15 years, but it may loosen before this time, particularly if you are overweight, damage the joint by falling on it, return to heavy employment, have an infection etc. If it does loosen then it is usually possible to remove it and replace it with another one although this is a more complicated operation with greater risks.
5. **Persistent Pain** – the operation may not relieve all of your pain and you may continue to experience some mild discomfort. Complex regional pain syndrome, while uncommon, may be the cause of pain, swelling, stiffness and skin changes.
6. **Nerve Damage** – very occasionally nerves can be damaged or stretched during your operation. This can result in numbness in the legs, a foot drop or weakness in the knees. This usually recovers over a period of time but in rare cases may be permanent.
7. **Limb length inequality** – Your surgeon will try and get both limbs to be the same length but this may not be occasionally possible due to various factors around the bones or the muscles around the hip. This may leave you with a limp or in need of altered footwear.
8. **Hip Dislocation** – this is where the head of the thighbone slips out of its socket. If this occurs the joint can be repositioned again under anaesthesia, but quite often as the soft tissue has been stretched with the initial dislocation, dislocation can reoccur. If multiple dislocations occur, further major surgery may be necessary, to prevent further dislocations.
9. Other recognised risks of hip surgery include bone fractures, bruising, urinary retention and the risks associated with anaesthesia and blood transfusion. Very rarely this may include death.

Enhanced recovery:

Blackpool Teaching Hospitals, NHS Foundation Trust, are constantly striving to improve the patient experience throughout their stay in hospital. Recent research has recognised that patients who are mobile early after their operation are fit for discharge home at an earlier stage. In view of this, measures have now been put in place to ensure safe and timely discharge of patients who have had a total hip replacement from hospital. It is therefore important that you are aware of the following measures that will influence your care in hospital and discharge home:

What enhanced recovery means for you

- Taking an active role in your recovery – following the advice of the clinical team.
- Being positive about your recovery.
- Starting normal activities eg, eating, drinking, toileting, walking (with supervision initially), as soon as possible after surgery.
- Making sure that before you come into hospital for your surgery, that you have organised any help that you will need at home, after you are discharged from hospital.
- Being aware of your discharge date prior to coming in for surgery.

How will this benefit you?

Patients who actively participate in their recovery;

- Feel better, sooner.
- Leave hospital sooner.
- Return to normal living sooner.

How will we help you to achieve this?

- You will be helped to stand, within 24 hours of your surgery, often on the day of your surgery.
- You will be helped to walk on the first day after your operation (depending on your Consultant's advice).
- You need to complete your exercise programme as recommended.

To ensure a safe and timely discharge home, we will ensure that:

- Your blood count (HB) is checked to see that it is at an acceptable level.
- Your bladder and bowels are functioning correctly.
- You can walk unassisted with walking aids.
- You are able to walk up and down steps (where applicable).
- Your pain relief is sufficiently controlled.
- A routine check x-ray of your hip has been performed.

Pre-operative assessment

In preparation for surgery you will be asked to attend a pre-operative assessment clinic where blood tests, x-rays, infection screening and a check of your general health may be performed by the health care team. If you have a long term illness, heart, lung or a metabolic (diabetes, thyroid) condition, a consultant anaesthetist may see and assess you to make sure you are medically fit for an anaesthetic. The anaesthetist will discuss with you, the different types of anaesthesia and pain management methods available to you. It may be necessary for you to be seen by a specialist, if you have a more serious health problem. If you are not considered fit for anaesthetic and surgery, your operation will be cancelled. You will receive an out-patient department appointment with your consultant surgeon who will discuss alternative treatment options;

- medication.
- injection.
- physiotherapy.
- an appliance.

It is important that you inform the nursing staff if you take any form of medication. If you are on blood thinning tablets e.g. aspirin, warfarin, clopidogrel or dipyridamole please inform the nursing staff as you may have to stop taking this medication before the operation. This would only be under the direction of a doctor.

It is also important to let the staff know if you have ever experienced any problems such as allergies or stomach upsets when you have previously taken pain killers. You should also advise the staff if you are already taking regular pain killers.

In some cases, you may need to have some of your investigations repeated 2 -3 days prior to your surgery. The pre op nurses will provide you with the necessary completed forms if this is the case.

If you need to have a repeat blood test, you will need to attend the Pathology Lab with your completed blood test form. The Pathology Lab is open between the hours of 8.30am and 4.30 pm Monday to Friday and is located at the far end of the main hospital corridor in the older part of the hospital.

If you need to have a repeat X ray, you will need to attend X ray **North** with your completed x ray card. X ray north is open between the hours of 8.30am and 4.30 pm Monday to Friday. X ray north is located near to orange reception, where you will have been on another occasion to visit the orthopaedic doctors. Following your x ray, you may be given a blue slip. Please discard this and DO NOT attend the outpatient department as stated on the blue slip. The blue slip is routinely handed out to all patients after their X ray to advise the clinic staff that they have had their X ray, however you are NOT attending clinic that day, therefore please discard the blue slip.

A member of the Occupational Therapy team, (pre op Homeward Team), will also arrange to visit you at home prior to your surgery. This is to assess if your furniture is the correct height for you, to follow the post op hip precautions safely.

It is your responsibility to;

- Be available for delivery of any equipment prior to admission
- Or collect prescribed items of any equipment prior to admission
- Or make your own arrangements if equipment is unavailable or unsuitable.

Pre Op Exercises:

In the weeks before your operation, it is important that you maintain the mobility of your hip joint and the soft tissues around it. You also need to strengthen the muscles around your hip.

By strengthening the muscles around your hip, you will help to support your new joint, improve your posture and walking pattern, as well as aid your progress after your operation.

A member of the pre op physiotherapy 'Homeward' team, will arrange to visit you at home prior to your surgery to assess your mobility and give you some pre op exercises to start doing.

Start these exercises as soon as you have been given them. You should not feel too much pain or discomfort with them.

Exercise 1



Lie on your back or sit semi reclined, with a sliding board or plastic bag under your lower leg and foot.

Slowly bend and straighten your hip and knee, as much as you can, by sliding your foot up and down the board.

Repeat 6 times, 3 times a day.

Increase to 10 repetitions, or more, 3 times a day, as it feels easier.

Exercise 2



Lie on your back or sit semi reclined with a sliding board or plastic bag under your lower leg and foot.

Slowly move your leg out to the side, as much as you can and then back in to mid position.

Repeat 6 times, 3 times a day.

Increase to 10 repetitions, or more, 3 times a day, as it feels easier.

Exercise 3



Lie on your back or sit up with your legs out straight in front of you on your bed.

Bend your ankle up and push your knee down firmly against the bed.

Repeat 6 times, 3 times a day.

Exercise 4



Sit or lie as shown. Put a rolled up towel under your knee.

Exercise your leg, by pulling your foot and toes up and straightening your knee. (Keep the back of your knee on the towel.)

Hold for approx 5 seconds and slowly relax.
To make the exercise harder you can put a small weight around your ankle.

Repeat 6 times.

Increase to 10 or more as it feels easier. Repeat 3 times a day.

Exercise 5



Sit on a chair.

Pull your toes up, tighten the front of your thigh muscle and slowly straighten your knee.

Hold for approx 5 seconds and slowly relax your muscle, allowing your foot to return to the floor.

To make the exercise harder you can put a small weight around your ankle.

Repeat 6 times, 3 times a day.

Increase to 10 or more as it feels easier. Repeat 3 times a day

Pre Admission Discharge Planning

Prior to coming into hospital you need to think carefully about any adaptations to your lifestyle or possible assistance that you may require when you return home.

These could be such things as;

- Preparing meals in advance, to keep ready in the freezer.
- Using microwaveable pre prepared meals.
- Having plenty of supplies in store, including long life milk for emergencies.
- Internet shopping.
- Recruiting friends and family to help with shopping/housework/looking after pets.
- Removal of any clutter that may impede you walking with walking aids.
- Removing any loose rugs, that you could catch with your walking aids.
- Rearranging your kitchen so that items you will need to use regularly are within reach as you will be unable to bend excessively after your operation.
- Plan your transport to and from the hospital.

Preparing yourself for surgery

It is important to look after yourself before you come in for surgery. This includes keeping your skin clean and dry. You must report any rashes or breaks in your skin in the week prior to your surgery to the orthopaedic nurse practitioner. (The phone number is in the contact information at the back of this booklet).

The Day of Surgery

It is usual for you to be admitted, to the surgical admissions unit on the day of your surgery. You will be sent further information regarding the time to come into hospital and which unit to attend nearer to the time. Please ensure you bring suitable footwear to wear after your operation. This needs to be:

- Flat.
- Supportive.
- With a back/heel strap to it. Not backless.
- A reasonable fit even if there is some swelling in your foot.

You also need to remember to bring into hospital;

- This booklet – as you will need it in order to be able to follow your post op exercises and advice.
- Your green bag with your medications – the pre op nurses will have given you this.
- Your completed PROMS form, which the pre op nurses will have given you too.

See also the supplementary booklet, 'Coming into Hospital for an Operation'

On the morning of your operation please take a shower/bath before coming in to hospital. When you are admitted to hospital, members of the health care team will prepare you for theatre. The limb to be operated on will be marked before the operation. A member of the health care team will escort you to the operating theatre.

The operation

The anaesthetist will discuss anaesthetic options with you. Usually a spinal anaesthetic or epidural anaesthetic is performed. This is an injection of local anaesthetic into your lower back which will numb you from the waist down for the duration of the operation; you will be awake for the operation unless you decide to have sedation which will relax you during the operation. Alternatively a general anaesthetic is sometimes given. This will send you to sleep for the duration of the operation.

The operation involves the surgeon making an incision (cut) down the side of your thigh, the worn/damaged hip joint is carefully removed and the prosthesis (artificial joint) which has been measured and adjusted to ensure an exact fit is inserted. Sometimes the surgeon will insert a fine plastic tube near the joint area, which is called a drain. A drain allows any collection of tissue fluid around the operation site to drain away into a bag which is attached to the end of the tubing. The drain is removed on the ward about two days after your operation.

The surgeon will then close your skin with stitches or clips, and a large dressing is applied to the wound.

After your operation

You will spend a short time in the recovery area of the operating theatre. In some cases you may spend 24 to 48 hours in the post-anaesthetic care unit where you can be closely monitored after your operation. You will then be taken back to the ward.

Some discomfort will be experienced following the operation, so pain-killing medication will be given to help ease the discomfort. You may have an intravenous drip in your hand to give you fluids and antibiotics after the operation. An antibiotic is given before the operation and sometimes for 24 hours after the operation to help reduce the risk of post-operative infection. The drip will be removed 24 to 48hrs after surgery.

After your operation you may also have a foam wedge between your legs which is to stop you crossing your legs or turning onto your side.

Whilst you are recovering from your surgery and as your mobility will be reduced, the skin on your bottom and heels may become sore. It is important that you report any soreness to the ward staff as soon as you notice this. It will help to reduce the pressure on your skin if you move about and change your position frequently.

Pain relief

Some common techniques that are used to control pain after surgery:

- **Oral painkillers** – you may be given 2 or 3 different types of painkillers together at regular intervals. Tablets take about 30 to 40 minutes to start to work therefore it is important you do not wait until the pain is too severe before you take them. Pain when severe takes longer to control. Pain killing suppositories can be given should you feel sickly.
- **Intra-muscular injection** – a painkiller is either injected into your thigh directly or through a small tube in your thigh (called a Y-can cannula). This allows the nurse to give you repeated doses of painkillers without the need for a needle. Sometimes this method can take up to 30 minutes to take full affect, therefore do not wait until the pain becomes too severe before informing the nurse.

- **Patient controlled analgesia (PCA)** – This is occasionally used if the anaesthetist thinks that you will require it. This is a system that allows you some control over the amount of painkiller that you receive. You will have a button to press which results in a small measured dose of painkiller being added to the drip which will already be in your arm. This gives you some freedom to take more or less pain killer as you feel the need.
- A common side effect of the PCA is nausea and occasionally vomiting. This may be helped with anti sickness medication.
It is a good idea to press the PCA button before doing anything that you think might be painful e.g. getting out of bed.
- **Local anaesthesia** - Local anaesthetic blocks pain messages at the operation site. It helps to reduce the need for strong painkillers. It can be used in several ways;
Local anaesthetic may be injected into your wound or operation site by the surgeon at the time of surgery. This may be topped up by the surgeon or the nurses via a small tube placed in the wound. Or local anaesthesia may also be used to numb the big nerves that carry pain messages, this is called a nerve block.
Local anaesthesia will help to control your pain during your hospital stay and help you undertake your physiotherapy. You may feel a slight loss of some muscle power or feel a tingling sensation in your operation site but this should stop when the local anaesthetic wears off. It is important that you keep your nurse informed about these sensations and how you feel.

Immediate Post Op Exercises;

It is essential that you commence the following exercises as soon as you can, after your operation. These will help to prevent blood clots and post op chest infections. They will also help to strengthen your operated leg and assist in reducing the amount of swelling in your operated leg. These exercises replace the ones that you were doing prior to your surgery.

Exercise 1



Start this exercise yourself, as soon as you can after your surgery. This exercise is very important as it can reduce your risk of getting a DVT. (Deep vein thrombosis).

Lie on your back or sit on your bed or chair.

Slowly move your toes and ankles away from you so that you are pointing your toes, then pull your toes and ankles up towards you – as far as you can.

Moving your ankles up and down like this is more effective at preventing a DVT than moving ankles round in circles. Do for 20 seconds every hour.

Exercise 2



Start this exercise as soon as you wake up after your surgery.

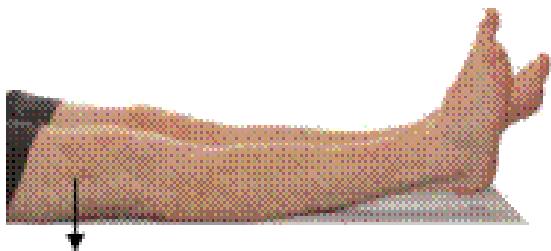
Sit upright in bed or in your chair. Take a normal breath in through your nose, allowing the air to flow to the bottom of your lungs, so that your stomach rises slightly. Breathe out through your mouth.

Follow this with 3 deep breaths, allowing your lungs to expand to their maximum capacity.

If you hear any secretions in your chest or throat when doing your deep breaths, then try to cough them up. Repeat another 2 times, every 20 minutes.

Continue this daily until you are up and about as normal and your chest is 'normal' for you.

Exercise 3



You can start this exercise yourself straight after your operation.

Lie on your back or sit up with your legs out straight in front of you, on your bed.

Bend your ankle on your operated leg up and push your knee down firmly against the bed. Hold for 5 seconds.

Repeat 6 times, slowly every couple of hours.

Exercise 4

You can start this exercise straight after your operation.

Whichever position you are in, gently squeeze your buttocks together, increase the squeeze until it is as strong a squeeze as you can manage.

Hold for 15 – 20 seconds. Repeat 3 times, every hour.

You can also do fast squeezes, squeeze – relax – repeat, very quickly about 10 times. Repeat this, a couple of times every hour.

Exercise 5

You can start this exercise once you have seen your physiotherapist or physiotherapy assistant.

Lie on your back or sit semi reclined on your bed.

Slowly bend and straighten your operated hip and knee by sliding your foot up and down.

Repeat 3 times, every couple of hours when you are the bed.

Remember NOT to bend your hip more than 90 degrees, so always take into account your starting position.

Exercise 6



When you are sitting in a chair, try this one....

Pull your toes up, tighten the front of your thigh muscle and straighten your knee, raising your foot from the floor.

Hold for approx 5 seconds and slowly relax your muscle, allowing your foot to return to the floor.

Repeat 6 times, 3 times a day.

Exercise 7

You should also make sure that you massage your thigh firmly in an upwards direction for a few minutes every hour. Do not massage directly over your dressing. Ensure that you do NOT bend forwards when you do this.

Mobility

If you normally use a stick/walking frame/elbow-crutches please bring these with you to hospital as this will allow the physiotherapist to check them for safety and possible use after surgery. You will be assessed by the physiotherapist or physiotherapy assistant for a suitable aid to use after your surgery. This will normally be elbow crutches and you will be provided with these.

As a general rule you will be allowed to walk on the day after your operation. Some patients will be able to get up out of bed to stand on the day of their operation. The staff will do this with you. Do not worry if this is not the case for you. You will be told as soon as possible when you will be able to get up. Do not attempt to get up after your surgery without the assistance of the staff.

At first, the physiotherapy team or nurses will help you to get yourself out of bed. You will be instructed on the use of crutches/walking aid and the correct way to walk. Once assessed by the physiotherapy team, you should then be able to walk as frequently as possible with the staff. The aim is to help you regain your independence with the crutches/walking aid as quickly as possible, allowing you to walk with minimum supervision or independently as soon as you are able to do so. The staff will tell you when it is safe to walk on your own. However, it is important to understand that you are all individuals and that the appropriate amount of help is given to you. 'Little and often' in walking and changing position is important. If your walking distance has been limited, it is best to gradually increase your distance and speed. Try to have a little walk every hour or so during the day.

More Advanced Post Op Exercises;

Exercise 1



When you are up and about and walking quite confidently with your walking aid, you can try this exercise.

Stand, lightly resting your hands on the foot end of a high bed or a heavy chair or your kitchen work surface. Squeeze the muscles in your bottom and move your operated leg behind you, keeping your knee straight. Keep your trunk and your shoulders completely still.

Repeat 5 times, 3 times a day. Gradually increase to 30 repetitions, 3 times a day as it gets easier. You will probably feel pain in your good leg, whilst doing this. This is normal.

Exercise 2



Start this on the same day as the standing exercise above.

Stand, lightly resting your hands on the foot end of a high bed or a heavy chair or your kitchen work surface.

Move your operated leg slowly out to the side, touch your toe to the floor, keeping your shoulders and trunk completely still.

Repeat 5 times, 3 times a day. Gradually increase to 30 repetitions, 3 times a day as it gets easier.

You will probably feel pain in your good leg, whilst doing this. This is normal.

Exercise 3



Start this exercise on the same day as the 2 previous ones.

Stand, lightly resting your hands on the foot end of a high bed or a heavy chair or your kitchen work surface.

Allowing your knee to bend, bring your operated leg up in front of you, raising your foot a couple of inches off the floor. Keep your shoulders and trunk completely still, throughout the exercise.

Repeat 5 times, 3 times a day. Gradually increase to 30 repetitions, 3 times a day as it gets easier.

You will probably feel pain in your good leg, whilst doing this. This is normal.

Continue with all of these exercises until you are visited by the community physiotherapists at home.

Hip precautions

After your hip replacement, the surrounding muscles and tissues take some time to heal. It is important that you avoid certain movement for the first twelve weeks after your operation to reduce the risk of dislocating your hip. After this time you may be able to resume normal activities. It is essential that you avoid the following movement for the first twelve weeks:

Do NOT bend your hip beyond an 'L' shape;



Do NOT cross your legs or move your operated leg across the midline of your body;



Do NOT twist on your operated leg;



Putting your hip precautions into practice;

Sitting

Use a chair with arms and avoid sitting on a low chair. It may be necessary to have your chair raised or use a firm cushion to raise the height of the seat. To get out of a chair, push yourself to the front edge, place your operated leg slightly forwards and push up on the arms of the chair, taking most of your weight on your non-operated leg. Regain your balance and then get your crutches/walking aid. Reverse the procedure to sit down.

Use the same method to get on/off the toilet. You may need to use a raised toilet seat or other equipment as assessed by the occupational therapist.

Getting in/out of bed

It is advisable to continue sleeping on your back for the first six weeks following your surgery. A pillow between your legs will help.

You can get on and off the bed either side following your operation. However you may find it easier on the operated side. The staff will show you how to do this. When getting on/off your bed, remember to avoid twisting your hip, so try to keep your toes pointing to the ceiling as you move your operated leg across the bed. Push up from the bed with your hands, taking the weight through your non-operated leg. Make sure that you keep your hands on the bed behind you and lean back onto them, coming off the bed legs and tummy first.

To get back into bed do the reverse, again keeping your hands behind you on the bed and leaning back onto them.



Most of our consultants advise that you do not sleep on your operated side until at least 6 weeks post op and NOT on your NON operated side until 3 months post op. This is because of the position that your hips are in, relative to your body, in these positions and the precautions that you must follow.
When you first sleep on your non operated side, use a pillow between your legs, under your operated leg. If your mattress is soft, then delay sleeping on your operated side until nearer 12 weeks post op.

Dressing

While you are in hospital you will require nightwear and a dressing gown. This should not be too tight to allow for swelling, dressings and freedom of movement. A skirt or wide shorts would be more appropriate because of the dressing on your thigh. After the first two days we will encourage you to get dressed. Casual clothing that is easy to put on and does not restrict movement is recommended.

Get dressed sitting on a chair or on the bed. Avoid bending forwards to reach your feet or bending your knee of your operated side up towards your chin. Use appropriate equipment to help get dressed or get someone else to help you.

Long handled shoehorn



Easy reacher



Dress your operated leg first and undress it last. Wear good supportive shoes/slippers with low heels. It is likely that your feet may swell, therefore it is important that you have footwear that is not too tight. If you wear shoes with a raise then bring these into hospital with you.

Bathing

Due to your hip precautions, you are not allowed to sit in the bath for twelve weeks after your surgery. Do not even try to climb in over the side of the bath. You are advised to strip wash initially after your surgery. If you use a shower cubicle, the occupational therapist will advise you of its use. Make sure someone is in the house the first time you take a shower in case you need assistance.

Picking something up

If you have to reach down for something at a lower level, hold onto a stable piece of furniture for support and bend down with your non operated leg in front of you and your operated leg extended behind you, to avoid bending your hip more than is necessary. Only do this if your balance is very good and your non operated leg is fairly strong. Alternatively use your 'easy reacher.' Do not bend from your hips with both feet flat on the floor.

Getting in/out of the car

Most of our consultants do not allow you to drive until 3 months, following a Total Hip Replacement. There are some exceptions to the rule. Ask your consultant when you come for your out - patient follow up visit.

To get into the car:

- Have the seat as far back as possible and slightly reclined. Step down from the pavement.
- Put your left hand onto the seat and with the window fully down, grip the open door frame with your right hand. Get someone to hold the door steady.
- Keeping your operated leg straight out in front, gently lower yourself down onto the seat.
- Slide back over the seat until your bottom is near to the driver's seat to give you plenty of room to swing your legs in.
- Move both legs into the car, avoiding twisting your hip.
Remember to lean back so that your operated hip does not have to bend too far to get your feet in.

To get out of the car, reverse the procedure. Try to avoid unnecessary journeys for the first six weeks.

Stairs

Once you are walking well enough, you will be taught how to manage stairs or a step (according to your needs).

- Take one step at a time.
- Going upstairs: use the banister on one side and the crutch/stick on the other side.
- Leading with your non-operated leg, first place your foot up onto the higher step and then follow with your operated leg, and lastly your crutch/stick. The operated leg is the RIGHT leg in the picture below.
- Going downstairs: use the banister on one side and the crutch/stick on the other side. First place your crutch/stick down onto the lower step, then your operation leg down onto the lower step and then the non-operated leg down onto the same step. The operated leg is the RIGHT leg in the picture below.
- Steps without rails or kerbs: as above but use crutches/sticks together.



Daily Expected Post Op Goals and Achievements

Day of Surgery;

1. Eat and drink within 1 hour of returning from surgery
2. Stand up with physiotherapists or nurses
3. Start first few exercises myself, as described in this booklet

Achieved

First Day Post op;

1. Eat meals normally
2. Drink lots of fluids
3. Get up out of bed assisted by the staff, if not up yesterday
4. Walk with the staff and a walking aid
5. Walk by myself with a walking aid – if allowed
6. Sit out in a chair for a few hours
7. Have had post op, planned discharge discussion with O.T. staff
8. Have a normally functioning bladder
9. Have had bloods taken
10. Have had a routine check X ray
11. To be taking effective pain killers
12. To be taking effective anti sickness medication, if required

Second Day Post Op;

1. Continue to eat meals normally
2. Continue to drink lots of fluids
3. Get myself out of bed with minimum assistance/ independently
4. Sit out in chair for most of the day
5. Walk with crutches with/without assistance – as advised
6. Have a short walk every hour, during the day
7. Have completed dressing practice with OT staff
8. Have a normally functioning bladder
9. Have had a routine check x ray, (if not done yesterday.)
12. Get myself into bed without any assistance
13. To be able to get on and off the chair and toilet by myself
14. To be continuing with effective painkillers
15. To be continuing with effective anti sickness medication, (if required)

Third Day Post Op

1. Continue to eat meals normally
2. Continue to drink lots of fluids
3. Get myself in and out of bed without assistance
4. Walk safely independently with crutches/aid
5. Continue with hourly short walks
6. Practise a step safely
7. Be able to dress and undress myself
8. To have completed transfer practice successfully with the OT staff
9. Have normally functioning bowels (Or be on effective medication for constipation)
10. To be continuing with effective medication as required

Getting ready for home

Your hospital stay may last about three days. Before you are able to go home you will need to meet several goals:

- Walk with your crutches/walking aid on your own.
- Get in/out of bed and on/off the chair and toilet by yourself.
- Be able to get up/down steps if you need to be able to manage this at home.
- Do the prescribed home exercises regularly and independently.
- Be able to use the dressing aids appropriately
- Have had a routine check x-ray of your new joint.

Medications

Pharmacy will supply you with any new medication that you have commenced, whilst you have been in hospital. This will include any pain relief. Please ensure that this is what you have been taking whilst in hospital. The nursing staff will check your medication with you.

- **DVT Prophylaxis** – whilst in hospital you will have commenced on medication to assist in the prevention of blood clots. This will be by tablet or injection. If you are on **injectable medication** the nursing staff will have assessed your ability to self inject. If you are unable to do so they should have taught a relative or organised a District Nurse. If you were previously on, or have been started on **warfarin** you should have an anti-coagulant appointment booked prior to discharge. The ward staff will arrange this for you.
- **Antibiotics** – if you have an infection you may be discharged with a course of antibiotics. You will be informed of the course length on discharge. All antibiotics have side effects. If you feel you are unable to cope with these side effects please contact your general practitioner or the orthopaedic nurse practitioner on 01253 955528.
- **Painkillers** – you will be discharged home with a pack of painkillers that you have been taking in hospital. If you run out of painkillers, contact your GP prior to them running out.

Wound care

- Keep your wound area clean and dry. A dressing will be applied in the hospital and should be changed as necessary.
- Do not shower until your wound is dry and the sutures or staples have been removed, usually two weeks after your surgery. You will be referred to the district nurse for removal of your sutures or staples. The district nurse at your local practice may phone you to discuss your suitability to visit the treatment room, rather than visit you at home. The nurses on the ward will give you a paper copy of the referral; this will include a date your first appointment is required. They should also provide you with any equipment the district nurse will need.
- Notify your doctor/ district nurse if your wound appears red, begins to drain fluid or you have an increased temperature.
- Swelling is normal for the first three to six months after your surgery. It may help to lie down for short periods over the day. Sitting for long periods of time makes the swelling worse. Do not elevate your legs on a stool whilst sitting, as this can increase your risk of dislocation. Continue with the circulatory and muscle strength exercises until your swelling has reduced and your leg is back to normal. If you are concerned about the amount of swelling that you have then speak to your GP.

Once at home

Please remember you have undergone major surgery and your recovery can take up to 12 months. It is very important that you follow these guidelines when you return home:

- Continue to take the painkillers or anti-inflammatories as prescribed to you, once you go home, to enable you to exercise effectively and manage your pain and swelling. It is common for other joints in your operated leg such as your ankle, knee and even your lower back to become a little achy due to the changes in your overall posture. If in doubt, please speak to your district nurse for advice or contact your GP.
- Use both your crutches as advised by the physiotherapy staff. This time may vary and could be up to twelve weeks – Your ward physiotherapist will inform you if your surgeon has requested that you use both your crutches for a specific length of time.
- Gradually try to increase your walking distance. Walk a little and often throughout the day. Try to walk at least once every hour but be guided by your own limitations.
- It will initially be difficult to carry items if using two crutches. You may be able to slide items along a work surface e.g. in the kitchen. The occupational therapist can discuss alternative methods with you if necessary.
- It is not unusual for the whole of your leg to remain swollen for a few weeks after the operation.
- Your stitches or clips will be removed by the District Nurse, GP or Practice Nurse approximately 10 - 14 days after your operation.
- Check with the ward prior to your discharge, regarding how long you need to continue to wear the compression stockings. Most consultants prefer that their patients wear them for up to 4 weeks post op. Some patients may have to wear them for longer. You need to wear them both night and day (except for up to an hour for washing and drying). You will need assistance from another person to put them on.
- Wear sensible footwear.
- Most consultants do not allow their patients to drive until 3 months after the operation. Prior to driving for the first time, you need to ensure that you are no longer on strong painkillers. You should be relatively painfree in your hip. You should also try sitting in your unstarted car and pressing on the appropriate foot pedal firmly to see if that causes any pain. If so, this is too soon for you.
- You are advised to contact your insurance company after your operation before you start driving.
- It is usually possible to resume sexual relations, as soon as you feel comfortable, initially keeping to the hip precautions and as the passive partner.
- A healthy diet and not smoking will help to promote wound healing and overall recovery.
- This is a major operation and you may tire quickly. This is normal and your strength will gradually return over the next few months.

Out-patient Appointments

Your out-patient appointments are all from the date of surgery. Your follow-up appointment may be carried out by an orthopaedic nurse practitioner, registrar or your consultant. Please note that all follow-up appointments will take place at Blackpool Victoria Hospital out-patients department, in orange reception.

You will require a clinic review (between 2 and 6 weeks) depending on your consultant schedule.

If your appointment is not given on discharge you should receive it within two weeks. If for any reason you do not receive an appointment through the post, please contact the orthopaedic ward.

Your ward physiotherapist will also arrange for a member of the community physiotherapy team to visit you at home to progress your exercises and mobility. This is usually about 6 weeks after your discharge home from hospital. They will phone you before they visit to arrange an appointment. Until they visit you, carry on doing exactly as the ward staff advised you.

Your physiotherapist will discuss this with you prior to your discharge.

Further Information;

There are some more leaflets available to accompany this booklet for further information regarding your surgery and post op care. They are;

- Coming into Hospital for an Operation
- Analgesia in Surgery – Information for Discharge
- Medication Advice Leaflet
- Stop the Clot
- Constipation in Adults
- Monitoring Surgical Wounds for Infection
- Working Together to Prevent Pressure Ulcers
- Why am I being Treated for MRSA
- National Joint Registry Leaflet

Useful Websites;

Other useful information can be found at the following websites;

www.nhs.uk/
www.nice.org.uk/guidance
www.arthritisresearchuk.org/
www.helpdirect.org.uk/
www.ageuk.org.uk/

Research

Research is undertaken to add to the existing scientific knowledge on a particular subject. There are a number of staff within the Trust who conduct Research studies. It is possible that during the course of your treatment you may be asked to take part in a research study, however, you do have the right to refuse, and this will not affect the care that you receive.

Your NHS Number, Keep it Safe

Every person registered with the NHS in England and Wales has their own unique NHS Number. It is made up of 10 digits for example 123 456 7890.

Everyone needs to use the NHS Number to identify you correctly. It is an important step towards improving the safety of your healthcare.

Always bring your NHS number with you to all hospital appointments or quote it if you need to telephone the hospital for any enquires. This will allow staff to check that they have the right patient details by checking this against your NHS number.

To improve safety always check your NHS Number on correspondence the NHS sends to you.

Ways of finding out your NHS Number

If you do not know your NHS number, contact your GP or local Primary Care Trust. You may be asked for proof of your identity, for example a passport or other form of identity this is to protect your privacy.

Once you have obtained your NHS Number write it down and Keep it Safe.

My NHS Number

--	--	--	--	--	--	--	--	--	--

Information Rights and Access

The Trust will keep your information secure and confidential at all times. The Data Protection Act 1998 states that personal and sensitive information must be processed fairly, lawfully and securely. This applies to all information we hold whether on paper or electronically on computer systems. All personal information is processed fairly, lawfully and as transparently as possible so that you:

- Understand the reasons for us processing your personal information
- Give your consent for the disclosure and use of information where necessary
- Gain trust in the way we handle your information
- Know that you have the right to request access to personal information we hold about you

Information relating to the business of the Trust is available under the Freedom of Information Act 2000. For example, what we spend and what we do. You can find out more by visiting the Trust website or submitting a Freedom of Information request to the Trust for this information.

For further information regarding data protection, please read our leaflet called "How we use your personal information". For Freedom of Information, please read our leaflet called "The Freedom of Information Act and You". You can also visit the Information Governance pages on the Trust website.

Patient Relations

The Patient Relations Team provides confidential on the spot advice, information and support to patients, relatives, friends and carers. We will do our best to help you to resolve any concerns you may have about the care you received. We can also give you information on the services provided by the Trust.

If you have a concern or there is a problem, the best way to get it resolved is usually to tell someone there

and then. If you are on a ward, talk to the sister or charge nurse on duty, in a clinic, talk to the receptionist or one of the nursing staff. If you want to talk to a senior manager or to someone who has not been directly involved in your care and treatment, we can usually arrange this during office hours. You can also ask to speak to a member of the Patient Relations Team.

Staff in any ward or department will be able to contact a member of the team for you, or you can telephone 01253 955589 or 01253 955588. The Patient Relations Team is open Monday to Friday, 9am to 5pm. Outside of these hours there is an answer-phone service.

If you wish to make a formal complaint you can telephone or write to: The Patient Relations Manager
Blackpool Teaching Hospital NHS Foundation Trust
Whinney Heys Road
Blackpool
FY3 8NR

Your views of the service that we provide are important. You can also let us know how you feel by posting your comments on the Patient Opinion website. You can access this from the Trust website;
www.bfwh.nhs.uk.uk

Social Media

Along with keeping patients, visitors and staff up to date with news and events on our internet site, the Trust also has 2 Facebook pages and a Twitter page.

Facebook:

- facebook.com/BlackpoolHospitals
- facebook.com/BlueSkiesHospitalsFund

Twitter:

- [@Blackpoolhosp](https://twitter.com/Blackpoolhosp)

Blackpool Teaching Hospitals Charitable Fund;

Blackpool Teaching Hospitals Charitable Fund (Registered Charity Number 1051570) aims to further improve the quality of the patient experience and care. The charity relies on the generosity and support of the local community.

If you feel you can help or would like more information please visit our website at;
www.blueskieshospitalsfund.org.uk or contact our Fundraising Office at;

Blue Skies Hospitals Fund,
Fundraising Office,
Blackpool Teaching Hospital NHS Foundation Trust
Whinney Heys Road
Blackpool

Acknowledgements:

Wrightington, Wigan, Leigh NHS Trust.

Pictures: BTH Medical Photography Department

Patient Agreement to Treatment

I have been assessed by the medical and therapy team at Blackpool Victoria Teaching Hospitals and I understand that for my recovery and initial time at home to be as uncomplicated as possible, I need to ensure that I have prepared myself for my TKR in the manner stated below;

- I will ensure that my health will be in as optimum a condition as possible.
- I will follow the advice from the hospital staff regarding my regular medications prior to surgery, particularly on the day of surgery.
- I will adhere to the post op rehabilitation, as guided by the staff and the information provided to me.
- I will make provision for my care or help required at home eg. With my shopping, meals etc.
- I will ensure that there is sufficient space available at home for me to use my walking aids
- I will alert my family, friends and neighbours of my date of admission into hospital and my expected discharge date.

I understand that my expected length of hospital stay will be days

Signature: Print Name:

Useful contact details

Department	Telephone Number
Homeward Team	01253 955600
Occupational Therapy	01253 955172
Orthopaedic Nurse Practitioner	01253 955528
Out-patient Department	01253 953482
Patient Relations Dept	01253 955588
Community Physiotherapy Homeward Team	01253 955600
Community Physiotherapy Fylde and Wyre Team	01253 953303
Pre-Operative Admissions	01253 953322
Pre-Op Assessment Clinic	01253 955528
Ward 15 A/ Elective Orthopaedic Ward	01253 953415

If your call is connected to an answering machine, please clearly leave your name, date of birth and telephone number.

Hospital Switchboard: **01253 300000**

Patient Relations Department

The Patient Relations Department offer impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: **01253 955589** or by Email: **patient.relations@bfwh.nhs.uk**

You can also write to us at: **Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

Options available

If you'd like a large print, audio, Braille or a translated version of this booklet then please call: **01253 955588**



Our Four Values:			
People Centred	Positive		
Compassion	Excellence		



Blackpool Teaching Hospitals
NHS Foundation Trust

Author: Catherine Bennett

Approved by: Clinical Improvement Committee

Reference No: BTH406 - PL/433 (v2)

Date of Publication: 21/01/2016

Review Date: 01/01/2019