

**Patient
Information**

Hip debridement surgery and your rehabilitation (Ganz procedure)

Introduction

This leaflet will give you information about your treatment and after care following hip debridement surgery.

If you have any questions before the operation, during your stay or after you have gone home, please contact a member of the team. The contact details are at the end of this leaflet.

Femoroacetabular impingement

Femoroacetabular impingement is a condition where the ball (femoral head) and socket (acetabulum) of your hip joint do not fit together properly. The joint rubs abnormally, creating damage to the hip joint. It can be either of the 2 bones that cause the problem. If the femoral head is not perfectly round, there is abnormal contact between the head and the socket, called a cam lesion. Alternatively the socket may cover too much of the femoral head and can 'pinch' the joint. This is called pincer lesion.

Femoroacetabular impingement is linked to cartilage damage, labral tears (tear of the hip cartilage), early hip arthritis, hyper mobility sports hernias, and low back pain.

During the surgery, part of the thigh bone is cut away to allow access to your hip joint. This piece of bone is then reattached afterwards using screws. The shape of your hip joint is realigned so it fits together better. This will help to reduce your symptoms and any further damage to your joint.

Risks and benefits

The benefits of having this operation are to:

- reduce pain
- improve your mobility
- improve the amount of movement at your hip.

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Department

Physiotherapy

Review due

August 2020

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There are risks of having any major surgery.

- Deep Vein Thrombosis (DVT). Due to the type of surgery, there is a risk of developing a blood clot in your leg. Warning signs of this include pain, tenderness or redness in your leg, particularly the calf
- Nerves in the area around the hip may be damaged during the operation, which may affect your mobility and cause more discomfort
- There is a risk that your hip may be fractured during the surgery
- There is a small risk of getting an infection but every action is taken to reduce this
- Loosening of the screws may happen in the future.

After the operation

After the operation you will have a dressing on your hip. You may have drainage tubes coming from the wound and a bladder catheter may have been fitted. These will be removed as your condition improves while you are on the ward and you become more mobile. An X-ray of your hip will be taken.

Straightaway after the surgery, your leg will be placed on a continuous passive movement machine which gently moves your hip and knee to make sure that they do not get stiff.

Physiotherapy

While you are in hospital the physiotherapists will:

- provide you with a walking aid to allow you to walk with minimal weight bearing through your leg for 6 weeks. This is called 'touch weight bearing'
- help you to walk and manage stairs
- help you to recover movement, strength and control around the hip.

You must be prepared to work hard with your rehabilitation to get the best result from your surgery. You will need to wear loose fitting day clothes on the ward, so please make sure that you bring in day clothes when you come to hospital.

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Your hip will be sore when you first start physiotherapy. Any discomfort should be controlled well with pain relief to allow you to move around and to start walking. Please tell a member of staff if your pain is not well controlled.

Exercises

It is your responsibility to do your exercises after the surgery. You should continue with your exercises by yourself on the ward and after you go home, little and often throughout the day. You will be referred to your local Physiotherapy Outpatient Department about 6 to 8 weeks after your surgery.

Your exercises and walking will be assessed and corrected if needed during this appointment.

The appointment details will be sent to you in the post after your discharge from the ward.

Exercises for you to do:

1. Stand straight holding on to a chair or other support. Lift your knee upwards and back down.

Repeat 10 times, but only with your operated leg.



2. Stand straight holding on to a chair or other support.

Bring your leg backwards keeping your knee straight. Do not lean forwards.

Repeat 10 times, but only with your operated leg.

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Discharge planning

Planning your discharge is an important part of your admission to hospital. It is important that you raise any concerns that you may have, or discuss any help you will need before you come into hospital.

On discharge you will be:

- given about 1 weeks supply of medication, if you need more than this you should contact your GP
- sent an outpatient appointment in the post to see a member of the team 6 to 8 weeks after your surgery.

The aim is for you to go home 1 to 3 days after surgery. Your discharge date will be discussed and agreed by you and the team. Your general health, pain control, wound healing, safe mobility and if appropriate, the amount of assistance you will need from your relatives, friends or social services will be taken into consideration.

Looking forward

After you go home, you should slowly increase your activity levels as you feel able. This includes walking outside. You will need to continue to use your walking aid(s) until your consultant tells you otherwise. It is likely you will be 'touch weight bearing' for 6 weeks after your surgery. You will be taught this by the physiotherapy team.

Your pain and swelling should slowly reduce over the first 4 to 6 weeks. It is normal to have a small amount of discomfort and swelling for up to a year after your surgery.

Commonly asked questions

Q. I am taking regular pain relief, however, I do not feel this is enough. What should I do?

A. You may need to try different pain relief to find what suits you. If your pain is not well controlled and if your sleep is disturbed, you should ask for further advice from your GP or a pharmacist.

**Patient
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A. You should have a follow up appointment at about 6 to 8 weeks after your surgery. At this appointment you will be told if you are able to start full weight bearing through your operated leg. You will also be told if you can begin driving again. You must be sure that you could do an emergency stop and you must tell your insurance company that you have had surgery.

Q. When can I resume sexual activities?

A. Following surgery the muscles and tissues around your hip are healing. You can return to sexual activity as soon as you feel comfortable. This is normally around 6 weeks following your surgery.

Q. When can I return to swimming?

A. You may return to swimming after 6 weeks as long as your wound is completely clean, dry and healed.

Contact information

If after leaving hospital you have any concerns about your surgery, you should contact a member of the team on the ward where you had your surgery.

If you feel that your problem needs more urgent, or out of hours attention, please phone your GP or NHS 111 for further information.

NHS 111

Tel: 111

If your concerns are about your mobility or exercise, please contact your:

Ward physiotherapist

Tel: 0300 422 5316

Monday to Friday, 8:00am to 4:30pm

Outside of these hours please leave a message on the answer machine.

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Alternatively, you can contact the Physiotherapy Department at Gloucestershire Royal Hospital:

Physiotherapy Department Tel: 0300 422 8527 Monday to Friday, 8:00am to 4:30pm Outside of these hours please leave a message on the answer machine.

If you have any concerns regarding your wound, please contact:

Wound Service

Tel: 0300 422 2222

Monday to Friday, 9.00am to 4.00pm

When prompted please ask for the operator then ask for bleep 2396.

Outside these hours please contact

Ward 3A

Tel: 0300 422 5005

Please ask to speak to the nurse in charge

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Help provide extra care & equipment on the ward of your choice by sending a donation payable to 'Chelt & Glos Hospitals Charity' to the Charity Office, Cheltenham General Hospital, GL53 7AN
Tel: 0300 422 3231
www.gloshospitals.nhs.uk/charity