

**Patient
Information**

Your new hip handbook

BEST CARE FOR EVERYONE

Your name:

Date of operation:

Why have a new hip?

- ✓ less pain
- ✓ better mobility
- ✓ improved quality of life



Your new hip handbook

This booklet is a general guide for you, your family and friends. It's yours, so please do write your name on the front and make as many notes as you need alongside the text and diagrams inside. We hope you find it useful.

Reference No.

GHP11268_06_19

Department

**Trauma and
Orthopaedics**

Review due

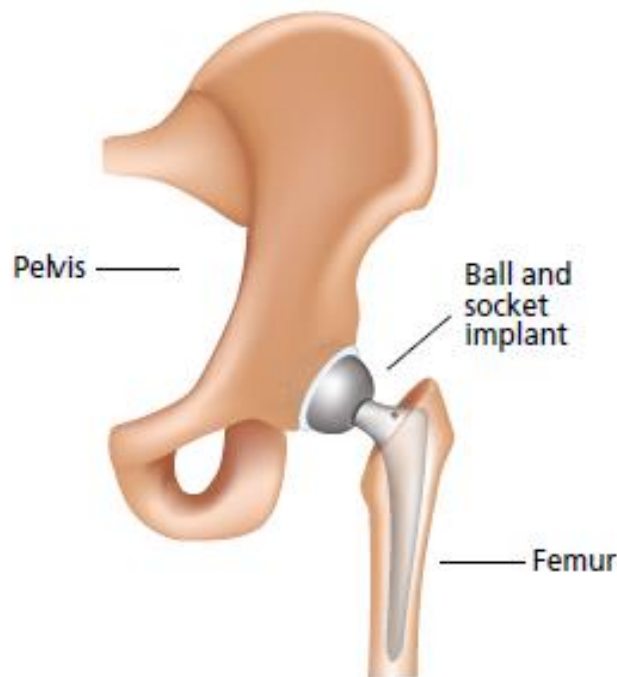
June 2022

**Patient
Information**

Your new hip

If one of your hips has become so painful that it stops you moving normally and interferes with your everyday life, your doctor may recommend you for hip replacement surgery.

This involves the surgeon replacing the ends of your damaged bones with man made materials to form a new joint that will give you better mobility and the potential to be pain free.



Fitter first means better faster

As you go through your Handbook, you will notice that one of the things we encourage is for you to be as fit and prepared for your operation as possible.

The reason for this is simple: the stronger and fitter you are before your hip replacement, the quicker you will recover after it.

It means that you will need to do the exercises that the therapy team shows you in the Pre-op information school, and carry on with as much gentle exercise (like walking or swimming) as you can manage. Of course it's not easy to exercise with a bad hip, but the more you can do, the better it will be. Remember, little and often works best.

**Patient
Information**

Before your operation

You will be asked to make a series of visits to the hospital before the day of your operation.

1**Pre-op assessment clinic**

A nurse will ask about your general health and will record your pulse and blood pressure. You will also have a short medical examination to make sure that you're fit enough for an anaesthetic and your operation.

bring along

- A record of all your usual prescription medicines (if you do not have your repeat prescription please bring your medicines along).
- A sample of urine.

remember

- We will give you the blood test form at this clinic - keep it safe until your blood test appointment.



Patient Information

2

Pre-op information school

A member of the therapy team will explain how to prepare for your operation, show you the exercises you need to do, and the goals you will need to achieve prior to discharge.

bring along

- Your new hip handbook.

remember

- Come prepared with any questions you may have.

3

Blood test

You will need to have a blood test one to three days before your operation. We will give you the blood test form at your pre-op assessment appointment and let you know where and when to go to have the test.

bring along

- Your new hip handbook.
- Your blood test form.

If you have any questions at any stage, just ask a member of the team.

You will find the telephone numbers at the end of this booklet.

Be Prepared

There are a number of things you can do before your operation to make life more comfortable after it.

Keep Fit

The fitter you are before your operation, the quicker you will recover after it.

Patient Information

Of course, staying fit with a hip that needs replacing is never going to be easy, but it's important to try. In the weeks and days before the operation, make sure that you keep up with the exercises that the therapy team showed you in the Pre-op information school and try gentle exercise such as walking and swimming.

Ask for help

Ask a friend or relative to help you at home for a week or two after you come out of hospital. Don't worry, you won't need someone full time – it's just support with practical things like preparing meals, putting the bins out and walking the dog!

Arrange transport

Ask someone to take you to and from the hospital. It could be the same person that gives you a lift to the clinics.

Prepare your kitchen

Make sure you arrange your kitchen so you can avoid bending unnecessarily. Organise your fridge and shelves so things are within reach.

Stock your freezer with your favourite meals and your cupboards with food that is easier to prepare so you can avoid long periods standing in the kitchen. Once home after surgery you need to avoid using low ovens, instead cooking with the hob or microwave.

You may want to organise a place to eat in the kitchen to avoid carrying your dinner whilst still using walking aids.

Check your medicines

In the weeks before your operation, follow advice from your doctor or the pre-op assessment clinic on your routine medications especially if you are taking Aspirin, Warfarin or Clopidogrel. Stop taking herbal medications two weeks before your operation.

Patient Information



If you feel unwell

Get in touch straight away if you become unwell between your pre-op assessment clinic appointment and your admission date, for example if you have:

- A cough, cold or chest infection.
- A urinary infection.
- A skin infection (or broken or sore skin)

By letting us know, we can make sure that you are fit for your surgery and that your operation is not cancelled on the day.

The day of your operation

Before you arrive



Don't eat

Morning admission - don't eat anything after midnight and drink water only until 7am.

Afternoon admission - don't eat anything after 8:00am and drink water only until midday.



Get clean

To stop any unwanted bacteria coming into hospital with you, it's important that you have a bath or a shower and wash your hair before you come in. Remove any nail polish. Dress in freshly-washed clothes.

Patient Information



Medicines

Don't take diabetic medicine or insulin on the day of your operation, take your normal medicines at the normal time (unless you have been told otherwise by your doctor or pre-op assessment clinic) with a small amount of water.

Bring all your current medication and inhalers with you, preferably in original packaging and a written list of these with doses. If you hold X-rays or scans, bring these with you too.



Pack a bag

The chances are that you will only be in hospital for a few nights. You will therefore only need a small overnight bag with clean clothes such as comfortable shorts, knee length skirts and t-shirts. Please bring your washbag and a towel.

Please don't bring valuables like watches or jewellery.

At the hospital

1. Go to Hazelton Ward on the 3rd floor of the College Road Wing at Cheltenham General Hospital.

You will be told your position on the operating list, which will give you an idea of how long you have to wait.

Space is limited so please arrive with only one carer or friend, who is welcome to stay for about 30 minutes.

2. Relatives can ring the ward after 1pm for a morning admission, or after 5pm for an afternoon admission so that they can find out if your operation has gone ahead and the name of the ward you're in.
3. The anaesthetist and surgeon will take you to one of the private cubicles to discuss your operation.
4. You will be anaesthetised by a specialist doctor who will look after you during the operation. For most patients having a hip replacement a spinal anaesthetic will be used. You will be sleepy but awake and you won't feel a thing.

Patient Information

After your operation

On the ward

After your operation you will have a dressing on your hip and an x-ray will be taken of your new hip joint.

Pain relief

Your hip will hurt, but the pain will fluctuate and some days will feel worse than others. It's important to take sufficient pain relief that enable you to do your exercises - this is the case at home too.

If you're finding it hard to manage, tell us. We want to help you get better as quickly as possible.

Remember, it will get better!

Getting up and about

We aim to get you out of bed on the day of surgery wherever possible - a member of the team will help you. You will be helped into your nightclothes soon after the operation and expected to get dressed into your day clothes the next day.

Physiotherapy

Our therapy team are here to help you regain movement, strength and control around the hip. Our job is to encourage you to get back to normal as soon as possible, including being able to walk comfortably and manage stairs.

Be prepared to work hard with your rehabilitation and be motivated. Your hip will be painful when you first start physiotherapy, but it will get better!

Tick off each of the goals as you achieve them:

- Getting yourself washed/bathed
- Getting yourself dressed without help
- Mobilise with a walking aid
- Managing steps/stairs if appropriate



Patient Information

Exercise

Someone from our therapy team will teach you the following exercises at the pre-op information school and after your operation. Try to do these in the weeks before your operation, on the ward following your surgery, and at home as part of your recovery. Work to your own ability – little and often is best.



Sitting

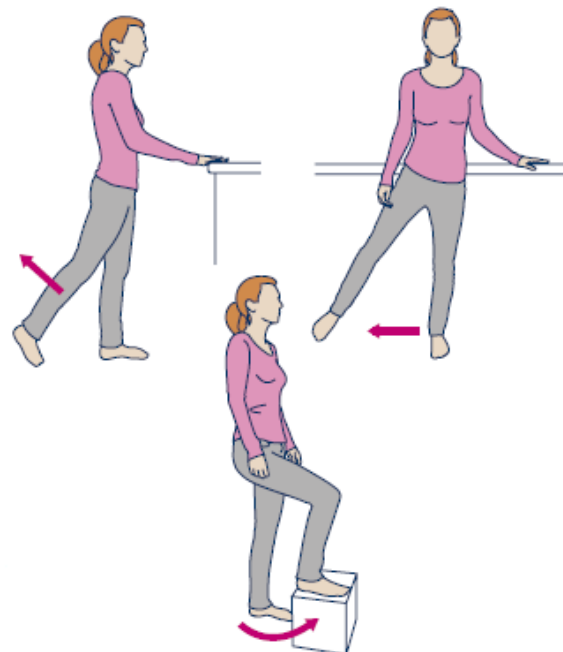
Try to stand up and sit slowly without using your arms. Try not to flop back down on the chair when sitting.

Standing

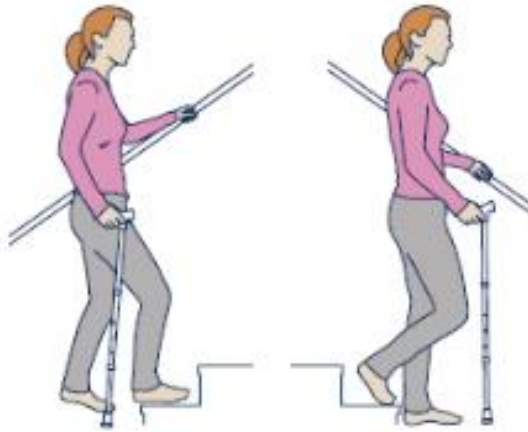
Stand straight holding onto a work surface. Bring your operated leg backwards keeping your knee straight without leaning forwards. Repeat on the other side.

Stand straight and hold on to a work surface for support. Side step along using the work surface for balance, if you need to. Return to your original starting point, leading with your other leg.

Stand in front of a step. As pain allows, practice placing your foot on the operated side onto the step, and then remove it. Repeat with the foot on the non-operated side.



Patient Information



Stairs

You will be taught how to use stairs safely before you go home.

When going upstairs, place the non-operated leg on the step first, followed by the operated leg and finally your stick or crutch.

When going downstairs, put your stick or crutches on the lower step first, followed by your operated leg and finally your non-operated leg.

Balancing

As soon as you can take all your weight, practice balancing on your affected leg. Keep close to a worktop or chair back for safety. When this becomes easy, try doing it with your eyes closed.



Hip precautions

It's important to minimise the risk of dislocating your hip:

- Don't bend over excessively, sit down when putting shoes or socks on.
- Don't cross your legs, either when you are sitting or when lying in bed.
- We suggest that you sleep either on your back or on your operated side with a pillow between your legs for six weeks after your operation.
- Take care not to twist your leg, for example when changing direction or turning to reach something behind you.

**Patient
Information**

After your operation

At home

One of the best forms of exercise is walking and going about your daily life.

Leaving hospital

The aim is for one to three days after your operation. Your discharge date will depend upon:

- Your ability to get around safely.
- Your ability to wash and dress yourself.
- Your general health and pain control.

When you leave hospital, you will be given

- An outpatient appointment to see a member of the orthopaedic team 3 to 12 weeks after your operation.
- Pain relief medication.
- In the unlikely event of you needing outpatient physiotherapy, this will be arranged.

Walking

It's important to take regular pain relief so that you can walk comfortably. You may need to continue doing so for a few months.

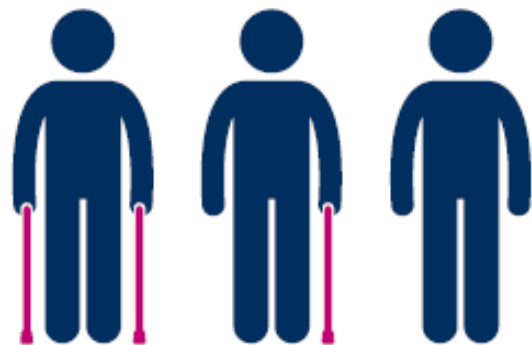
Try gradually building up the amount of walking you do, making a note of daily progress, including distance, terrain, gradient and pace.

Sticks

When you feel safe and confident with two sticks, try using one stick at home, holding it in the opposite hand to your joint replacement. It's important not to limp or lean heavily on one stick. If you find yourself doing so, return to using two sticks.

It is up to your own ability and confidence when you decide to do without sticks entirely.

If you go home with elbow crutches, check at your next clinic appointment before using one crutch.



Patient Information



After your operation

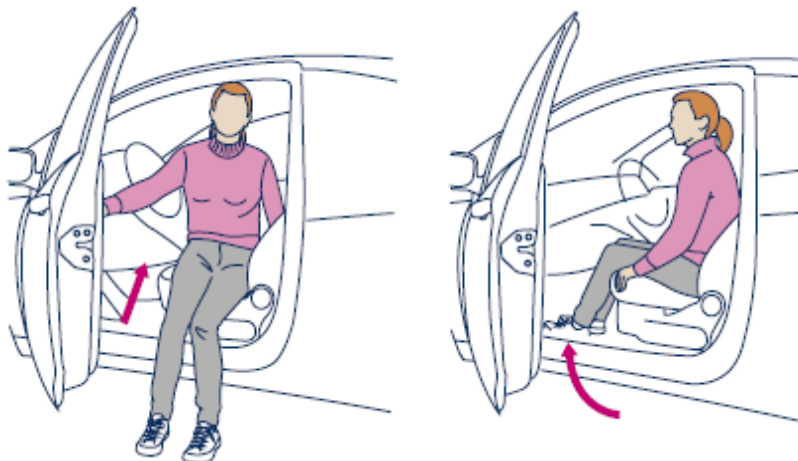
Occupational therapy

Getting in and out of the car

You will not be able to drive until your surgeon has given you permission to do so.

In the meantime, this method will help you to get in and out of the passenger seat:

- Slide the passenger seat as far back as possible. Reclining the seat may also help you.
- Stand with your back to the seat and slowly lower yourself down.
- Turn and slide your legs into the foot-well of the car so that you are facing forwards (you may need some help to lift your legs over the door sill).
- To get out of the car, follow these steps in reverse.



**Patient
Information****In the bathroom**

You will find it easier to have a shower rather than a bath. Step into the shower cubicle with your non-operated leg first and step out with your operated leg first. If you don't have a shower and you don't feel confident about getting into and out of the bath, continue to strip wash.

We recommend that you don't try to step into a bath until 12 weeks after your operation because it takes quite a lot of bending and strength in the hip to be able to get up from the bottom. It is harder to get out of the bath than in!

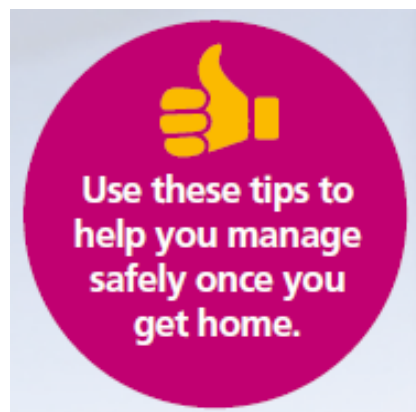
**Dressing**

We will give you some aids at the Pre-op information school to help you get dressed. Getting used to these can take a little time and it's a good idea to practice before you come into hospital. By the time you get home, you should be able to dress yourself.

In the kitchen

Try to avoid using low ovens at first and keep the things you need near the top of the fridge and on mid-level shelves. You can heat meals safely on the top of the cooker or in a microwave.

If you live alone, and use two sticks, you won't be able to carry your plate. Don't worry. Eat your meals in the kitchen or use a trolley.





Frequently asked questions

Getting back to normal

I am taking regular pain relief but my hip still hurts

You may need to try a different pain relief medication. If your pain is not well controlled and if your sleep is significantly disturbed, speak to your GP or local pharmacist.

When can I drive my car?

You should be able to return to driving after six weeks - you must be able to perform an emergency stop. You will need to tell your insurance company about your surgery before you start driving again.

When can I do the housework?

You should be able to manage light housework (i.e. dusting) the day after you get home. Increase gradually to heavier housework (i.e. vacuuming) when you feel able.

When can I go swimming?

You can swim after six weeks as long as your wound is completely clean, dry and healed. Avoid breast-stroke until you've built up your leg strength.

When can I return to work?

It depends what work you do. Ask your GP for guidance.

When can I walk my dog?

Once you are confidently walking with one stick you can walk your dog. Walking over uneven terrain is good exercise for your hip. Just be careful of being pulled over by your dog.

When can I resume sexual intercourse

Be aware that in the first six weeks following surgery the muscles and tissues around your hip are healing.

Anaesthetics

What's a spinal anaesthetic?

The anaesthetist will inject a local anaesthetic into your lower back. This will numb the nerves from your waist down to the toes for two to three hours. You will also usually be given a sedative, which makes you feel sleepy although you will remain conscious.

Patient Information

Why are they used?

Spinal anaesthetics are used whenever possible for hip replacements because they have fewer side-effects than general anaesthetics. They deliver excellent pain relief immediately after surgery which means that there's less need for strong pain-relieving drugs and you're less likely to suffer from nausea and vomiting. See page 22/23 for side effects of spinal anaesthesia.

What does it feel like?

Usually, you will have no unpleasant feelings and should take only a few minutes to perform. As the injection is given you may feel pins and needles or a sharp tingle in one of your legs - if you do, try to remain still, and tell your anaesthetist about it.

The spinal anaesthetic works quickly, usually within five to ten minutes. To start with your skin feels numb to touch and your leg muscles feel weak. When the injection is working fully you will be unable to move your legs or feel any pain below the waist.

During the operation you may be given oxygen to breathe to improve oxygen levels in your blood.

I've been told I'll need a general anaesthetic

If you have a medical condition that would make spinal anaesthesia unsuitable, you may need to have a general anaesthetic for your hip replacement. Please see page 22/23 for information on side effects of general anaesthesia. Any decision will be discussed with you before your operation.

Blood clots

Why could surgery increase my risk of developing a blood clot?

If you are inactive for a prolonged period of time, blood tends to collect in the lower parts of the body, often in the lower leg. This makes your blood move around the body more slowly, which could allow a blood clot (also known as thrombus (blood clot) or thrombosis (formation of blood clot) to form.

**Patient
Information****Where might a blood clot form?**

When a clot forms in one of the 'deep veins' in the leg, thigh, pelvis or arm it is known as Deep Vein Thrombosis (DVT). Blood clots may travel to the lungs from the deep veins. A blood clot in the lung is called a Pulmonary Embolus (PE), which can cause shortness of breath and chest pain. Very occasionally a PE can be fatal.

How do I know if I'm particularly at risk?

Some factors can increase your risk of getting a blood clot:

- Past or family history of a DVT or PE
- Cancer
- Over 60
- Problems with heart or lungs
- Immobility or inactivity
- Obesity
- Going on a long journey (more than three hours) in the four weeks before or after your operation
- Inflamed varicose veins
- Specific blood disorders

Please talk to us at any point if you are concerned in any way.

How can I reduce the risk of a blood clot?

- Get moving as soon as possible after your operation (take your physiotherapist's advice)
- Drink plenty of fluids
- Use devices that help stop the blood collecting in your leg veins (we use calf or foot pumps on our wards)
- Quitting smoking will reduce the risk of blood clots as well as make it easier for you to recover from surgery. Ask your GP or a pharmacist for advice.

Patient Information

Side-effects, complications, and risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely but modern equipment, training, and drugs have made anaesthesia a much safer procedure in recent years.



Common and very common side-effects

All anaesthetics

- Pain around injection sites, and general aches and pains.
- You may not be able to pass water (urine), or you may wet the bed. This is because you are laying down, you may have pain, and you may have received strong pain-relieving drugs. A soft plastic tube (a catheter) may be put into your bladder for a day or two to drain away the urine. This is more common after spinal or epidural anaesthetics.

Spinal or epidural anaesthetics

- You will not be able to move your legs properly for a while.
- If pain-relieving drugs are given in your spinal or epidural as well as local anaesthetic, you may feel itchy and/or sick.

General anaesthetics

- Sickness – treated with anti-sickness drugs.
- Sore throat or damage to lips or tongue – treated with pain-relieving drugs.
- Drowsiness, headache, shivering, blurred vision – may be treated with fluids or drugs.
- Difficulty breathing at first – this usually improves rapidly.
- Confusion and memory loss are common in older people, but are usually temporary.

**Patient
Information****Uncommon side-effects and complications****All anaesthetics**

- Heart attack or stroke.

General anaesthetics

- Damage to teeth.
- Chest infection.
- Awareness (becoming conscious during a general anaesthetic).

Rare or very rare complications**All anaesthetics**

- Serious allergic reaction to drugs.
- Damage to nerves.
- Death.

General anaesthetics

- Damage to eyes.
- Vomit getting into your lungs.

Anaesthetists take a lot of care to avoid all the risks given in this section. Your anaesthetist will be happy to give you more information about any of these risks and the precautions taken to avoid them. You can also find more information in 'Anaesthesia explained' and in the leaflets about risks found on www.rcoa.ac.uk/patient



**Patient
Information**

Useful numbers

If you have questions or concerns at any stage, please get in touch. **It's always better to ask.**



Before admission

tel 0300 422 4206

During inpatient stay

Alstone Ward

tel 0300 422 4261

Dixton Ward

tel 0300 422 3507

After leaving hospital

Wound service

Monday to Friday,

9am to 3pm

tel 0300 422 2222

and ask the operator to bleep 1038

Out of hours and Bank Holidays

call Alstone Ward

Therapy teams

Physiotherapy ward team

tel 0300 422 3247

Pharmacy Patient Helpline

3pm to 4pm

tel 0300 422 2805

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