Information for Patients Going Home Following Hip Replacement Surgery

Orthopaedic Unit, Physiotherapy & Occupational Therapy
At Diana Princess of Wales Hospital

This leaflet has been designed to give you important information to help you in the first 6 weeks after discharge from hospital following your hip replacement surgery.
Introduction

Once you are medically fit and your wound dry, you will be able to go home. You also need to be independent with bed, chair, and toilet transfers, walking safely and have done steps and stairs, if required. Hopefully, this will be within the first 3-4 days following your operation.

We will try to cover the following information while you are on the ward. However, it is a lot to take in and you may not remember it all. This booklet will help to guide you on progressing things and remind you of things to watch out for in the first few weeks while at home.

Things to report or watch out for:

Signs of infection, which may include:

- New excessive swelling and pain around your hip (not relieved by rest and medications)
- Increased redness, heat and any leakage from your wound
- Generally feeling unwell or having a raised temperature for longer than a day or two

Other things to watch out for include:

- Painful shortening and rotation of your operated leg, causing difficulty walking, which may be a dislocation
- Sudden swelling and pain in the thigh or calf, especially if red and hot, which may be a blood clot

If these do occur, contact your GP (Family Doctor) as it is important to avoid infections, blood clots or dislocations during this time.

Should you have concerns at home your GP (Family Doctor) should be your first contact, but if needed, you may call the ward on 01472 875307. In an emergency, go to the Accident and Emergency Department at your local hospital.
**Wound Care, Dressing and Stitches**

There is no need to change the dressing until the sutures are removed at 12-14 days following surgery. Unless the dressing becomes soiled or wet, do not remove it. This reduces the chance of infection.

On leaving the ward you will be given a few dressings to take home with you. Should your wound leak or you need more dressings, you should contact your GP. **After the first two weeks,** your dressing can be removed and left off, unless your GP or district nurse advises otherwise.

**Will a District Nurse be required for the removal of my stitches / clips?**

This will depend on your surgeon, because of the different suturing techniques. Your wound may have dissolvable internal sutures, which may only need the suture ends removed if they do not fall out. It may have regular sutures or clips, both of which will need removing either by a district nurse, by a practice nurse at your local surgery or in the Orthopaedic Clinic. The nurse looking after you on the day of discharge will advise you about your wound care.

Your family doctor (GP) will be sent a letter informing them of your operation and the medications you have been given on discharge.

**Pain Medications**

Keep taking your pain medications until you feel your pain has gone. It is best to cut down gradually rather than stop taking them suddenly. The last dose to stop is the night time one to make sure you get a good night sleep. If you require further medication, you must contact your GP (Family Doctor) before you run out.
Information for patients and visitors

Swelling, Stockings and Blood Clots

Swelling is normal. It may be weeks or even months for the swelling to reduce in your leg. Having your legs down for long periods may cause them to swell more. Not moving your leg, even if you keep it up on a stool, may also increase swelling. You need to move regularly. Ice packs while elevating your leg may help. The picture below shows a good position for elevation.

Place the ice pack around your hip for 20 minutes. A bag of frozen peas will be just as effective. Make sure you don’t put it directly on your skin. Wrap it in something like a tea towel or a pillow case first. This can be done 3 times a day.

The stockings help to reduce swelling and blood clots. If you are discharged home wearing them:

- Keep wearing them day and night
- Wear them until your follow up appointment at the hospital and you are told to stop wearing them
- Have somebody help you change them. Arrangements will need to be made if you live alone, as you will not be able to change them yourself
- One pair can be washed while wearing the other pair
- Make sure they don’t have creases or folds in them
- Do not fold or roll them down or cut bits off them

If you think they are NOT fitting properly speak to your district nurse or GP.

If you are required to have blood thinning injections (i.e. clexane), these usually continue for 28 days from the first dose you receive after surgery. You will be asked to give these injections to yourself. If you do not feel happy or confident to do this, and a family member is unable to do this for you, a District Nurse may be required to help. You can return the yellow sharps bin to the ward or by a collection service through NE Lincs Council. This sharps bin collection is only available to residents of NE Lincs, so Out of Area patients should check with their local council or GP for advice.

NE Lincs Sharps Bins Collection: 01472 326300 then select option 1 to request collection.
Information for patients and visitors

Walking and Stairs

Your walking should continue to progress over the next several weeks. Your goal should be to walk as normally as possible with or without a stick by six weeks after your surgery. (This may not be possible if you have other conditions preventing this or if your surgery was not straightforward). It is recommended you use the single stick in the hand opposite to your operated hip. Don’t rush to get rid of your stick(s), if you cannot walk normally or without a limp.

A progressive walking programme is essential. Keep trying to walk 2-3 times a day. Increase the distance you walk as you are able and walk outside whenever possible. Use lampposts, driveways or houses to gauge the distance you walk, and try to increase every third day.

After 3-4 weeks, you should start to practice walking backwards and sideways to help improve your balance. If required, you may need to walk in front of a mirror at home to watch how you are using your leg and correct any fault in your gait pattern.

You can walk on uneven ground by about six weeks post-operatively. This may include walking in the park or on the beach, even if a stick is still needed. You may need to speak with a Physiotherapist if you are unsure about your walking or struggling to progress. You can also ask to see them at your follow up appointment, if required.

Climbing stairs should continue to get easier, but until you get good control of movement around your hip and your pain improves, you will need to do the stairs one step at a time. You should be able to do stairs normally within 4-8 weeks following the surgery. Going up may be easier than going down. Don’t worry if it takes longer than 8 weeks to do the stairs normally. You will do it when you are ready and you have the strength and control in your leg.

Going Up
- Step up with the non-operated leg
- Then bring up your operated leg
- Finally bring up your crutches or sticks

Going Down
- Place crutch or stick down
- Then step down your operated leg
- Finally step down the non-operated leg
Information for patients and visitors

Exercises
The exercises started in hospital are important to continue for the control of movement around the hip. Initially you should do 5 repetitions of the exercises every 2-3 hours, but you can progress them to 10 repetitions twice a day after 2 weeks.

Bending and straightening your knee in sitting

Sit back in a chair to support your thigh. First bend your knee as far as you can. This may pull in the thigh, but won’t harm anything. Your knee may stiffen up if you don’t work at this.

After bending your knee, straighten it out. Pull your toes up and push your heel away to the other side of the room. This works the thigh muscle harder. Hold for 10 seconds before lowering your foot slowly back down.

Hip Flexion Standing

Standing with support at a table or counter, lift your leg by bending your hip and knee. Try to control the movement from your hip. Progress by increasing the number of repetitions and the height of the lift as you feel comfortable to do so.

Hip Abduction Standing

Standing with support at a table or counter, keep your knee straight and lift our leg sideways away from your body. Make sure you keep your toes forward and don’t raise your hip / pelvis when doing this exercise.
Information for patients and visitors

**Hip Extension Standing**

Standing with support at a table or counter, keep your knee straight and take your leg backwards. Keep your back / body straight and avoid leaning forwards when doing this exercise. Also squeeze your buttock muscles together on the backward motion.

**Straight Leg Lift**

Try to lift your operated leg off the bed. This will be hard for the first few weeks, but is helpful for getting in and out of bed. Eventually try to hold the lift up for 5 seconds.

**Hip Abduction Lying**

Move your leg sideways while lying on the bed and then move it back to midline. Remember to keep your toes pointing up to the ceiling on this exercise.
New Exercises

After being home for a few weeks try adding these new exercises. They help with strength and control of the hip.

Bridging

Lift your bottom off the bed as shown. Straighten your hips and squeeze your bottom muscles together. Hold for 10 seconds. Start with 5 repetitions increasing to at least 10. Repeat twice a day.

Squats

Standing with support, bend your knees to about 45 degrees and hold for a few seconds. Repeat 5 times. Progress by increasing the number of repetitions and then by reducing the amount of support you need.

Balance

With support, lift your good leg off the floor standing on your operated leg by itself. Make sure your pelvis (hip) stays level and you don’t lean to one side. Hold for 5-10 seconds and repeat 5 times on each leg. Progress this by standing on one leg for up to 30 seconds and then by using less support.
Information for patients and visitors

Precautions
You will need to avoid movements or activities which may put your hip at risk of dislocating for at least 6 weeks:

1) Avoid crossing your legs in sitting, lying or standing
2) Avoid sitting on anything low or bending down to reach past your knees. The maximum bend for your new hip should be 90 degrees, or the corner of a square

A good rule to follow when sitting is to keep your hips higher than your knees. If leaning forward in sitting, make sure your operated leg is out in front of you with your knee lower than your hip.

3) Avoid lying on your non-operated side as you may cross your operated leg in a bent position. You can lie on your operated side once the wound is healed and it is comfortable to do so

4) Avoid twisting around in sitting, standing or while in a reclined position
Information for patients and visitors

Other Activities and Progressions

Bed, Chair and Toilet Transfers

Bed:
- At first, get in and out of bed on the side of your operated hip
- To get on, slide backwards as far as possible before moving your legs round onto the bed. You may use your hand under your thigh to help if needed
- Don’t let your legs cross the midline or twist and turn
- Before going home a member of the Therapy Team will review getting in and out of bed on the side you will normally do at home

Chair:
- When standing up and sitting down, keep your operated leg out forwards (knee lower than hip)
- Use the arm rests to help or push up from the base of the chair and continue this for the first few weeks when at home
- Gradually stand and sit more normally (without your operated leg out forwards) but make sure you don’t force your hip movement to do this, and avoid sitting on anything low. (Remember, Hips higher than Knees!)

Toilet:
- If you attended the Pre-Op Hip Class, you will have been given a raised toilet seat or the right toilet equipment for you at home in the first 6 weeks. If you could not attend the class, a member of the Therapy Team will assess you for toileting equipment on the ward
- When standing up and sitting down, keep your operated leg out forwards (knee lower than hip), like standing and sitting from a chair
- Use both hands on either side of the toilet seat when sitting and standing, placing your walking aids to one side. If you use your crutches or sticks as a handle / chair arm to assist your transfer, place the other hand beside you on the toilet seat or between your legs to assist with standing up and sitting down
- After your 6 week follow up appointment, you will be able to use your toilet normally without the raised seat providing it is safe and comfortable for you to do so
Information for patients and visitors

Washing and Dressing

Washing:
- On the ward you will strip wash or shower daily
- Getting down into a bath isn’t recommended until after the first 6 weeks
- Showering isn’t a problem if you have a shower stall and is even possible if it means stepping over the bath. This can be done by using a small step or by sitting on the edge of the bath and leaning backwards before lifting the operated leg over the edge of the bath. This is similar to getting in the car. You may need help with this until you have good control of lifting your leg. Make sure you have a non-slip mat in the bath to stand on while showering for safety or even a plastic chair (at safe height) to sit on to reduce the risk of falls.
- If you strip wash, make sure you sit on a suitable chair. This may be the raised toilet seat if near the sink.
- Use the equipment (e.g. long handled sponge) to reach your feet as you will not be able to bend down. The helping hand can be used to assist with drying your feet.

Dressing:
- If you attended the Pre-Op Hip Class, you will have been shown how to get dressed. This will have included practicing with a long handled shoe horn, helping hand (‘grabber’) and sometimes a sock aid. A member of the Therapy Team will review this with you before you go home to ensure your technique is safe. If you did not attend the Pre-op Hip Class a member of the team will assess your needs and provide suitable equipment for discharge.
- It is best to get dressed sitting on your bed or a chair (providing they are a safe height for you).
- Always dress your operated leg first and undress your operated leg last. Let the equipment do the work!
- If you are wearing anti-embolism stockings, you will need help putting them on and taking them off in the first 6 weeks.
Getting In & Out of a Car & Driving

You should be able to go home from hospital in a car.

When getting in / out of the car as a passenger:

- Always sit in the front passenger seat
- Have someone move the seat back as far as possible and recline the backrest
- Open the car door fully and place an extra cushion on the seat, if the seat is too low
- Make sure you are on roadsi
de, level with the car and not stood on the pavement
- Back up to the car seat so you are facing outwards
- Make sure your hands are placed safely for support, using the dashboard or open window frame and the backrest of the front seat
- Sit down like sitting on a chair by sliding your operated leg out forwards
- Slide backwards first before moving your legs in one at a time. Having a plastic bag on the seat may help, but make sure you take it out before setting off
- You might require assistance to lift your operated leg into the car

- Remember to keep your operated leg in a safe position. Do not cross the midline of your body or bend your hip too much
- Once sitting in the car, the backrest can be brought up to a comfortable position. Keep your legs fairly straight to avoid bending your operated hip and knee too much
- Getting out is the reverse, making sure the leg is out in front of you before standing up to prevent too much bend of the hip

You will not be able to drive your car in the first 6 – 8 weeks after the surgery, unless you have an automatic car and have had a left hip replacement. You should seek medical advice before trying to drive your car. This can be a doctor, therapist or nurse, who will advise you or have the right person discuss this with you.

It is important to try to get out of the house. Being a passenger in a car is a good way to do this.
**Housework**

It is advised that you organise your home and especially the kitchen area in such a way that items used frequently are within easy reach:

- Leave items such as cutlery, crockery, tea, coffee and sugar on work surfaces to minimise reaching / bending
- If you need to bend down to reach something in your fridge, low cupboard or washing machine, hold onto a steady surface for support and extend your operated leg behind you
- In the kitchen, leaning against the work surface may allow you to free up both hands to do things at the sink or counter top. Whatever you are doing, make sure you keep to your hip precautions
- Try to eat meals and have drinks in the kitchen, as it may be difficult to carry things while using crutches or sticks. When you feel able to progress to a single crutch or stick, this will become easier
- You can help in meal preparation doing tasks such as chopping vegetables, however moving pots and pans (particularly if containing hot water) should be avoided until you are fully mobile without any walking aids
- Many things can still be done in sitting. Even things such as ironing can be done in perched sitting with your leg out in front of you

**Activities that can be done within safe limits:**

- Dusting within easy reach and using a long handled duster for low and high areas
- Laundry, remember to put your operated leg out behind you when loading and unloading the washing machine. Take care when hanging out laundry. If in doubt, have somebody help
- Shopping, ask for assistance if you require articles on low / high shelves

**Activities to be done by someone else:**

- Vacuuming. Washing Floors
- Moving furniture / lifting heavy objects
- Changing bed linen and sheets
- Carrying heavy shopping, while you are mobilising with walking aids (elbow crutches / sticks)

As you increase the ability to fully weight bear, normal household activities can be introduced.
Recreation and Sports

Walking will be the main activity you should be doing in the first 6 weeks after your operation. It is important to pace yourself and always ask if you are unsure about doing something:

- Swimming can be started once your stitches are out and the wound is healed, but breaststroke must be avoided still at this time
- Your physiotherapist can give you pool exercises and advice, if you ask them
- Other activities such as bowls, golfing, biking, dancing, and gardening won’t be possible until after your six week follow-up appointment at the hospital
- Sexual Intercourse can be resumed with care within the first 6 weeks for men and about 6 weeks after the surgery for women as long as precautions are maintained

Returning to Work

For younger patients, this may be an issue. Unless you have a desk type job, you may not be able to work during the first 6 weeks. Please discuss returning to work with a member of the team (doctor, therapist or nurse) who will advise you or have the right person discuss this with you.

If you require a sick note, please ask while on the ward and then speak to your GP (family doctor) for further sick notes.

Contact details

Ward B7: (01472) 875307 or 874111 ext. 7505
Acute Therapy Team: (01472) 875262 or 874111 ext. 7638
Out-patient Physiotherapy: (01472) 874276 or 874111 ext. 7633
Orthopaedic Appointments: (01472) 279206
Focus Adult Social Care (A3 – Single Point of Access): (01472) 256256
Information for patients and visitors

References

www.nhs.uk (Hip Replacements).
Delivering Quality and Value Focus on: Primary Hip and Knee Replacement. NHS Institute for Innovation and Improvement 2006.


Information for patients and visitors

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.
Alternatively you can email: nlg-tr.PALS@nhs.net

Northern Lincolnshire and Goole NHS Foundation Trust
Diana Princess of Wales Hospital
Scartho Road
Grimsby
01472 874111

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282

Goole & District Hospital
Woodland Avenue
Goole
01405 720720
www.nlgnhs.uk

Date of issue: March, 2015
Review Period: March, 2018
Author: Physiotherapy (Orthopaedics)
IFP-496 v1.2