This leaflet has been designed to give you important information about your hip replacement surgery and help you prepare for coming in and going home from your surgery.
Introduction

Hip Replacement Surgery, is a popular and effective surgery for reducing arthritic hip pain and improving function. Our aim is for you to be home within 4 days of your surgery. In order to do this, it is important you are ready for this, both physically and mentally, and that everything is in place for you to go home safely.

If you are still unsure of the operation, please read the NHS Direct Best Treatment – Hip Replacement booklet given to you in clinic when you were listed for surgery, or look at the information online at [http://www.nhs.uk](http://www.nhs.uk). Start by clicking on the Health A-Z index, then ‘H’ and finally find and click on hip replacement in the list.

Information in the hospital’s ‘A Guide for Patients Attending as an Inpatient’ and ‘Welcome to B7’ booklets will also be useful for you, family members and even friends who may be visiting and supporting you during this time.

Please contact the Pre-assessment Nurse on Grimsby 875673 if you develop any of the following before your operation:

- Colds, Flu Symptoms or Chest Infection
- Coughs, Sore Throat or Ear Ache
- Problems passing Urine (burning, unpleasant smell)
- Any broken skin, insect bites, red inflamed spots, infected hair follicles, blisters or leg ulcers or any other suspicious skin lesions
- If you have had urgent dental work
- If you have started antibiotics for any reason
- Any change to your general health since your Pre-assessment visit

This may prevent your surgery being cancelled on the day of your operation.
Coming In To Hospital

You will be admitted to hospital the day of your operation, by the nurse looking after you that day.

A member of your doctor's team will review your consent for the surgery, mark your limb and answer any further questions about your operation. The Anaesthetist will assess you and discuss with you the post-operative pain controlling system they think will best suit you. (You can read more on this in the leaflets ‘You and your anaesthetic’, ‘Patient Controlled Epidural Analgesia’, and ‘Intravenous Patient Controlled Analgesia’ given to you before your surgery).

It is important not to forget to bring in all the tablets (medications) you are taking or use including drops, inhalers, injections and skin creams in their original packages. You will be advised which medications you can and cannot take before your operation.

Also remember to bring toiletries, clothing (to get dressed daily), slippers (with a full back and which are not too tight) or shoes, the walking aids and equipment given to you in the Hip Class (excluding the toilet seat), and even your glasses, hearing aid and teeth. Use ‘A Guide for Patients Attending as an Inpatient’ booklet as a reference/reminder. Also use the Pre-Admission Checklist at the back of this booklet to make sure you have prepared everything for going home.

If you have a morning operation, you will not be able to eat anything after 3 am. You will be able to drink only water until 6 am. If you have an afternoon operation, you may have a light breakfast before 8 am. You can also drink only water until 11 am the day of your operation.

After being taken to the operating theatre, a tube will be put into a vein in your arm (an intravenous line). This will allow for medications, fluids and blood, to be given if needed. You will then receive your anaesthetic, either general or spinal (epidural) before the operation begins.
Following the Operation

After being in the recovery room, you will return to the ward on a bed with a wedge (triangular pillow) between your legs. You will have the intravenous line still in your arm, an oxygen mask on and may also have an epidural or PCAS pump line for pain control. There may be a drain coming from your operated hip, and blood lost through the drain may be given back to you (re-infused) after the operation.

To prevent blood clots Intermittent Calf Compression or anti-embolism stockings may be on your legs. You will also be given medication or injections to reduce the risk of blood clots, unless there is a medical reason you cannot have them. You will also receive intravenous antibiotics to help prevent infection.

Moving after the operation

Once you are back on the ward, the nursing staff will help make you feel comfortable. They will change your oxygen from a mask to nasal cannula (oxygen into the nose), and can help you sit up once you are feeling well enough. You can eat and drink when you are able, and it is important to remember to drink extra fluids while you are on the ward. You can also start to move. There is nothing wrong with your arms or un-operated leg and you can even move your operated leg. Start the following exercises as soon as you can. They can be done every 1-2 hours.

Deep Breathing – Take nice deep, slow breaths in through your nose and out through your mouth. Do at least 2 or 3 before having a strong cough to keep your chest clear.

Ankle Exercises – Pump your feet up and down 5-10 times and make circles from your ankles to keep the blood moving in your legs.

Muscle Contractions – Press the backs of your knees into the bed and squeeze your buttocks together 3-5 times. This helps to get the muscles working again and also keeps the blood moving in your legs.

Bending your knees – one at a time by sliding your foot up and down the bed is good for both legs. Your operated leg will be painful and difficult to move at first, but keep trying as it will get easier.
You will also be encouraged to get out of bed and begin mobilizing as soon as possible. The Physiotherapy and Nursing Staff will help with this, unless there is a medical reason for you not to get up (decreased limb sensation and power, low blood pressure, etc.). Do not be surprised if this is on the same day as your surgery or before breakfast the following day.

On the first day after the surgery you may have an X-ray of your new hip. Blood will be taken to make sure you are not anaemic. At this time and during the first few weeks after surgery, it is important you take your pain medication on a regular basis. Listen to the advice given in order to switch comfortably from the pain relieving machine to pills as well as the advice to prevent or deal with constipation which can be caused from these medications.

The second day after your operation is generally when the drain and drips will be removed if you have them. The nurses will also keep an eye on your wound, changing the dressing only as required. Your blood pressure, temperature and oxygen levels will be monitored and you may have further blood tests.

Over the next few days you will slowly regain your independence with mobility and activities. A member of the Physiotherapy Team will assess your mobility. They will progress your walking to crutches or sticks as soon as possible and correct your walking pattern as needed. They will review with you the correct way to transfer in and out of bed, get on and off a chair and also instruct you on how to negotiate steps and stairs.
Walking up and down stairs

One step at a time
Stand close to the stairs
Hold handrail with one hand and crutches / sticks in the other hand

Going Up
Step up with the un-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 un-operated leg.

Your therapist may adjust this technique to suit your own needs.

Additional Exercises
You will start additional exercises with a member of the Physiotherapy Team before going home from hospital and these are listed in the next booklet, ‘Information for Patients Going Home Following Hip Replacement Surgery’. A member of the Physiotherapy Team will discuss these and further progressions of your home exercise and mobility programme. It will be your responsibility to keep progressing both your walking and exercise programme at home as follow-up Physiotherapy is not routinely organised. It is important that you understand these progressions before you go home, so please ask to see a member of the Physiotherapy Team if you are unsure of what you should be doing.
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 un-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

Your Safe Height Is:

This is the height you will need to have your chair, bed and toilet. It is 1-2 inches higher than the bend/crease at the back of your knee, so that when you sit down, your hips are not lower than your knees.
Helpful Hints

Getting Washed and Dressed

- Strip washing may be advised for the first 6 weeks after surgery, especially if you live alone. This could be completed sat on your toilet or chair if needed.
- A long handled sponge will enable you to wash your feet and your helping hand to dry your feet with a towel.
- Do **NOT** attempt to climb down into the bath.
- You may shower, but ensure a non slip mat is in place. If using a shower cubicle, step in with your unoperated leg first. If using an over the bath shower, you may need to sit on the side of the bath and have help moving your operated leg over the side of the bath. Remember to lean backwards while doing this (like getting into a car).
- It is best to get dressed sitting on your bed or a chair (providing they are a safe height for you)
- Use your helping hand and long handled shoe horn – Let the equipment do the work!
- Always dress your operated leg first and undress your operated leg last.
- If you are wearing anti-embolism stockings, you will need help putting them on and taking them off in the first 6 weeks.
Transfers

**Sitting down and standing up** (bed and chair) – position yourself so your legs are up against the chair, reach back for the arms, place operated leg forward and bend through unoperated leg. Remember to keep your operated leg forward when standing up.

**Using the toilet** – adopt the same method as you would when completing chair transfers.

**Getting in and out of a car** – travel in the front passenger seat (you may need to raise this with a cushion). Have the seat well back and reclined when first getting in. Slowly lower self backwards onto seat, keeping operated leg out straight. Pivot bottom and lift legs carefully. See information in going home booklet for more detail.

Household Tasks

- It would be beneficial to arrange for support with your household tasks such as making your meals. It is even useful if you can have some meals pre-cooked and frozen or to use microwave meals
- Arrange for somebody to help with your grocery shopping or stock up on non-perishable groceries, if you live alone. Information about food suppliers, such as Wiltshire Farm Foods, can be provided if required
- Make sure all items you use in the kitchen are at a safe, accessible level to avoid having to bend down too far
- A high stool is useful so you can sit at your work surface
- If you need to bend to pick something up hold onto a stable piece of furniture (or work surface), extend your operated leg out behind you and bend with your ‘good’ leg
- Avoid heavy domestic tasks like changing the sheets or cleaning floors
- If you live alone, having somebody stay with you for a few days when you first get home will be helpful. They will provide support until you gain confidence to do things. For example, you will struggle to carry things while using sticks or crutches
Other things to consider in the house

• Ensure any banisters and handrails are secure on steps and stairs. Also, if the stairs have been highlighted as a concern at your pre-assessment visit, you may need to have a bed downstairs.

• Make sure rooms, hallways and doorways are clear of clutter and any loose rugs removed. You may also need to ensure carpet edges and loose cables are secure to prevent any risk of falls. It may also be useful to have table lamps or nightlights set up in dark hallways, to ensure good visibility at night.

• Have a phone in areas you will be spending most of your time (such as the sitting room, kitchen and bedroom) and keep emergency phone numbers at hand.

Leisure and Work Activities

• We encourage you to maintain your hobbies and interests as long as you adhere to your precautions in the first 6 weeks. Remember not to do too much too soon.

• Unless you have a desk job, or work from home doing this type of work, it is unlikely you will be able to return to work in the first 6 weeks after your surgery.

• You will still be able to travel, but should speak to your doctor before doing any long trips or flights. Driving will not be possible until after the first 6 weeks.

• Any strenuous activities, especially anything that will force movements around the hip, should also be avoided in the first 6-12 weeks following your surgery.

• Further information is available in the going home from hospital booklet you will get on the ward.
Contact details

Preadmission Assessment: (01472) 875673
Ward B7: (01472) 875307 or 874111 ext. 7505
Occupational Therapy: (01472) 875262 or 874111 ext. 7638
Physiotherapy: (01472) 874276 or 874111 ext. 7633
Orthopaedic Appointments: (01472) 279206
Social Services (A3) (01472) 256256
Pre-Admission Checklist

Use this check list to mark off when you have organised the following ready for your discharge.

**DO NOT** leave this until the last minute or expect hospital staff to sort this for you once you have been admitted to the ward. Your discharge home will be delayed if things are not in place.

- My armchair is at my safe height
- My bed is at my safe height
- My raised toilet seat is installed
- I have someone to help with household tasks
- I have somewhere to sit and eat meals in the kitchen
  - Or a high stool to sit on at the countertop if required
- My meals are organised for the first few days when I get home
- Somebody will do shopping for me

**Please remember to bring into hospital with you your helping hand, long handled shoe horn and crutches as you will need them after your operation.**

The week before your operation, remember to eat well (high protein diet) and drink extra water and juice (up to 2 litres a day). Try to avoid alcohol and too much coffee and tea. Avoid tea around meals both before and after your surgery, as this can reduce your iron absorption, drink juice instead as vitamin C can help.

Don’t forget to start using the body wash 5 days before your surgery and on the day of admission to reduce the risk of MRSA.
References

www.nhs.uk (Hip Replacements).


Delivering Quality and Value Focus on: Primary Hip and Knee Replacement. NHS Institute for Innovation and Improvement 2006.


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 is situated on C Floor.

Alternatively you can email:
nlg-tr.PALS@nhs.net

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

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282

Goole & District Hospital
Woodland Avenue
Goole
01405 720720

For more information about our Trust and the services we provide please visit our website. www.nlghft.nhs.uk