Information for patients and visitors

Therapy Guide following Hip Replacement Surgery

Community & Therapy Services
Occupational Therapy & Physiotherapy Department

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.
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Following your Operation

After being in the recovery room, you will return to the ward and be on your bed - possibly with a wedge (triangular pillow) between your legs. You will have the intravenous line still in your arm and an oxygen mask or nasal cannula in place. You may also have a PCAS (patient controlled analgesic system) for pain control. You will be able to sit up and start eating and drinking as you feel more comfortable.

Moving after the operation is important to reduce complications. Perform the following exercises hourly when awake:

**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 and make circles with your ankles 5-10 times to keep the blood moving in your legs.

**Muscle contractions** – With legs straight. Pull your toes towards you, push your knees down into the bed and squeeze your buttocks together. Hold for 5 seconds then relax. Repeat 10 times.

**Bending your knees** – Laying flat on the bed, try to bend your knees up, one at a time. Start with your un-operated leg. Your operated leg may be difficult to begin with but will get easier with time. Aim to 5 - 10 on each leg.

You will likely have some discomfort around your hip. If your pain is not controlled, please tell someone sooner rather than later.

You will be encouraged to get out of bed and begin mobilising as soon as possible following your operation. You will be helped out of bed initially by one of the therapists or nursing staff. A member of the therapy team will show you the best way to walk and ward staff will help you until you feel confident. Initially you will have a walking frame, but will be progressed to crutches or sticks as appropriate. You should try to walk as normally as possible. They will also 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.
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**Walking up and down stairs**

One step at a time – Stand close to the stairs and handrail. 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.

Ensure banisters and handrails are secure on steps and stairs at home.
Precautions

There is still a low risk (less than 3%) of a new hip replacement dislocating until the soft tissues have healed. It is advised to avoid movements or activities which may put your hip at risk of dislocating for at least 6 weeks. Not everyone needs to follow the precautions, and a member of the therapy team or your surgeon will advise you about this. The movements to avoid when adhering to hip precautions include:

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 twisting around in sitting, standing or while in a reclined or lying position

4) 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

A member of the therapy team may measure the length of your lower leg and advise you about an optimum or safe height. This is the height you will need to have your chair, bed and toilet.

Your Optimum or Safe Height Is:
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At Home (when adhering to hip precautions):

Getting Washed and Dressed

- On the ward you will strip wash and this may be advised initially at home. This could be done sat on your toilet or a suitable chair – please refer to the precautions.
- We do not advise getting down into the bath as it can compromise your hip safety. This will be for at least 6 weeks.
- You may shower once your wound is healed. Have a non-slip mat in place and step in with your unoperated leg first. Take extra care if using an over the bath shower – please refer to the precautions and discuss with a member of the therapy team if you have concerns.
- It is best to get dressed sitting on your bed or a chair. Dress your operated leg first and undress your operated leg last, using the dressing aids provided and as shown to use.
- If you are wearing anti-embolism stockings, you will need help putting them on and taking them off.

Transfers

Bed:
- You will practice getting in and out of bed on the side you will normally do at home.
- Keep your operated leg in line with your body - Don’t let it cross the midline, twist or turn.

Chair:
- When standing up and sitting down, keep your operated leg out forwards (knee lower than hip) and use the arm rests to help push up with initially.
- Gradually stand and sit more normally (without your operated leg out forwards) but make sure you don’t force your hip movement doing this. Avoid sitting on anything low.

Toilet:
- Depending on your height and your toilet, you may be provided with a raised toilet seat or alternative equipment. Please ensure they are in place before discharge home and keep using them as you are advised. This will likely be for at least the first 6 weeks after surgery.
- When standing up and sitting down, keep your operated leg out forwards (knee lower than hip), like standing and sitting from a chair.

All of these transfers will be reviewed by a member of the therapy team before discharge home to make sure you are doing them safely and your technique adjusted to suit your own needs.
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 the reaching and bending down you have to do on a daily basis
- If advised / instructed by a therapist, a way to bend down to reach something in your fridge or low cupboard is to hold onto a steady surface for support and extend your operated leg behind you and lower yourself by bending the knee on your non-operated side
- When in the kitchen at the work surface / sink, you can lean against it for support if needed, but always ensure you stand square to it and avoid twisting the operated hip
- Many things can still be done in a sitting position while still keeping to your precautions

Activities you can do 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
- 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, even changing bed linen and sheets may need to be done by somebody else
- Carrying heavy shopping, while you are mobilising with walking aids (elbow crutches / sticks)

Although we advise you to be careful when performing housework, you are encouraged to continue as normally as possible with your life at home. Keep the precautions in mind so you can perform most activities in your home safely and remember they are not forever.
Other Safety Issues around the House

- Remove all loose rugs or carpets to avoid the risk of tripping over them
- Rearrange your furniture prior to admission so you have enough room to mobilise safely with crutches or sticks
- If you live alone it may be helpful to have somebody stay with you for a few days until you gain confidence to do things. You may require help with activities that involve carrying items as you will be using a walking aid
- Make sure your meals are organised or pre-cooked and that you have stocked up on groceries prior to hospital admission
- Arrange for somebody to help with your grocery shopping or stock up on non-perishables
- After 6 weeks gradually return to normal activities unless guided by your consultant’s team when reviewed

The Car & Driving

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
- Square yourself up to the side of the car so you are facing outwards
- Make sure your hands are placed safely for support and sit down like sitting on a chair by sliding your operated leg out forwards
- You might require assistance to lift your operated leg into the car
- Remember to keep your operated leg in a safe position

You will not be able to drive your car in the first 6 – 8 weeks after the surgery, and you should seek medical advice before trying to drive your car.
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Activity Progressions

Walking and Stairs
Continue to walk regularly and increase the distance you walk as tolerated. It is important you walk outdoors. Gradually stop using your sticks or crutches as able or as advised by your Physiotherapist. When using one stick or crutch, use it in the opposite hand to your hip replacement.

In addition to walking normally, try walking sideways and backwards to help your balance. Using a mirror to look at how you are walking will help you see if you are using your knee bend properly and allow you to correct it. After 6 weeks, progress to walking on uneven ground such as walking in the park or on the beach.

Don’t be surprised if you cannot climb stairs normally until 6-10 weeks after the surgery. You may need to practice stepping up and down with your operated leg to improve confidence in using it.

Exercises
You will be shown exercises to improve the mobility and strength of your hip and lower limb. There is some evidence to suggest improving the strength of your hip muscles helps reduce dislocation and revision rates.

Initially your hip muscles may feel tired and sore, this is normal. The exercises are progressive so follow the advice given of when to start them.

After Surgery and On Discharge Home:

1) Bending and straightening your knee in sitting

Bend and straighten your knee sat in a chair. Pull your toes up and tighten your thigh muscle to straighten your knee. Hold for 10 seconds before relaxing and lowering your foot slowly back down to the floor. Repeat 5-10 times.
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2) 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. Start with 5 – 10 repetitions and progress by increasing the number of repetitions and the height of the lift as you feel comfortable to do so.

3) 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. Start with 5 – 10 repetitions and progress by increasing the number of repetitions as you feel comfortable to do so. Keep the movement small and controlled to make sure you are using the right muscles.

4) 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. Start with 5 – 10 repetitions and progress by increasing the number of repetitions as you feel comfortable to do so.
5) Calf Raises

Standing with support at a table or counter, raise up onto your toes then relax back down. Start with 5 – 10 repetitions and progress by increasing the number of repetitions as you feel comfortable to do so and reduce the amount of support you need.

6) 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. Start with 5 repetitions increasing to at least 10 as able.

7) 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. Start with 5 repetitions increasing to at least 10 as able.
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After Being Home for a Few Weeks
Try adding these new exercises. They help with strength and control of the hip.

1) 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.

2) 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.

3) 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.
After Six Weeks:
These are additional exercises which may be helpful to further strength your hip and leg.

1) Hip Abduction in Side Lying

Lie on your un-operated leg with a pillow between your legs. Raise your operated leg up a few inches. Avoid rolling backwards or turning your foot to the ceiling. Start with 5 – 10 repetitions and increase either by holding the leg up for 5-10 sec or increasing the number of repetitions.

2) Step Ups and Downs

Practice stepping up and down using your operated leg. Make sure you control the movement and don’t jump up and down on the step. Gradually increase the number of repetitions you can do aiming for 20, if possible.

3) Toe and Heel Walking

Try walking on your toes and heels as shown. Use support if needed initially. If you can, even try changing directions on your toes and heels to really work your balance control and leg muscles harder.
Advice on Getting Up and Down from the Floor

Getting up and down off the floor can be done as shown in the pictures below, if needed. Use the support of a chair to help with the lowering and standing. Your stronger leg should be used in front for the lifting and lowering. Getting up is the reverse of the pictures shown of getting down.

Recreation and Sports

We encourage you to maintain your hobbies and interests as long as you adhere to your precautions in the first 6 weeks. Initially, walking will be the main recreation activity 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 avoiding breaststroke until after 12 weeks after surgery
- Your physiotherapist can give you pool exercises and advice, if you ask them
- You will be able to travel, but speak with your doctor before doing any long trips or flights
- 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
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After 6 weeks you can start to introduce other activities as you feel able:

- Bowls
- Dancing
- Speed Walking
- Golf (starting with pitching and putting and only mid-swing strokes until 10 –12 weeks after surgery)
- Exercise Classes (let your instructor know you have had a hip replacement)
- Low Impact Exercise Machines (Stationary Bikes, Cross-trainers, Elliptical Trainers and Steppers). Rowing machines should be avoided until 10-12 weeks from surgery
- Cycling (initially your seat may need to be higher than normal)
- Tennis or other court sports after 10-12 weeks (not high impact, but gentle movements using skills of arms rather than jumping)
- Skating (After 12 weeks)
- Horse Riding (After 12 Weeks)

You Should Continue To Avoid:

- High impact activities such as running and jumping

Other Advice

- See your GP if you have any new excessive swelling and pain in your leg, especially if red and hot, leakage from your wound or start feeling unwell with a raised temperature.
- If you need to see your dentist, inform them you have had a hip replacement in the last 6 months.

There will continue to be some variance even between the specialists, about what activities you can and cannot do following your hip replacement. However, it is generally agreed you should avoid repetitive high impact activity and you may never be able to do a full, deep squat again.

The most important thing to remind yourself is you have had the operation to decrease your pain and improve the quality of your life. It is important you make the most of this improved quality of life, balancing it with a current accepted life of joint replacement being up to 20 years.
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

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour
The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.
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Risk Management Strategy
The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.
Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.
Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling
The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by staff in an emergency situation.
Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.
If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

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