

A faint, light green illustration of a group of people of various ages and heights, standing in a line. The illustration is positioned in the upper left area of the page, partially overlapping the green header bar.

A patient's guide to

# Total Hip Replacement (THR)

This leaflet provides information which may help with your preparation for admission to hospital and during your in-patient stay. Treatment is always planned on an individual basis, so your experience may differ slightly from the information given.

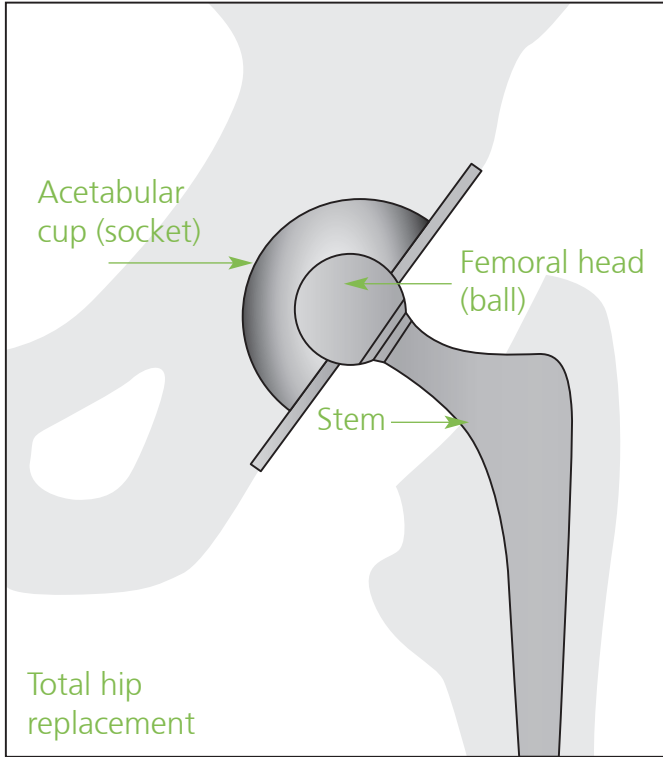
Our staff are here to help and answer any questions you may have, therefore please do not hesitate to ask at any time.

## **Why do I need a THR?**

There are many conditions which require a hip replacement. The most common is osteoarthritis. Osteoarthritis simply means that the cartilage of the hip joint has worn out, resulting in the head of the thigh bone/femur (ball) and the acetabulum of the pelvic bone (socket) rubbing together. This is very painful and stops you being able to move your hip as you once did.

## **What is a THR?**

A THR involves removing the damaged ball and socket of your hip joint and replacing them with an artificial ball and socket. These can be made of metal, plastic or ceramic. The artificial joint is either fixed to the bone with special cement, or has a surface that new bone will grow into.



## How will a THR help?

After your operation, you should have relief from your pain, which should improve your ability to walk.

## What are the alternatives to a THR?

Before suggesting surgery your doctor may have offered alternative treatments including anti-inflammatory medication, physiotherapy, weight loss and/or walking aids. Only when these treatments no longer control your pain will your doctor suggest a THR.

## RISKS of a Hip Replacement

- All operations have risks
- A hip replacement is a major operation and will place the body under stress
- Any underlying illnesses may worsen due to the operation

## COMMON RISKS (2-5 people in every one hundred hip replacements)

**Pain.** The hip will be sore after the operation but will usually improve over the first few months. However a degree of ongoing pain or discomfort can occur, and in some cases be permanent.

**Bleeding.** There will be blood loss during the operation. A blood transfusion is occasionally required.

**DVT (deep vein thrombosis)** is a blood clot in a vein due to the surgery. It can cause leg swelling and pain. Stockings and blood thinning medication will reduce your risk. Starting to move your legs early is one of the best ways to prevent blood clots from forming

**Loosening and wear** of the hip replacement. The implants are designed to last many years (10-20 years), but in some cases they fail earlier and require replacement surgery.

**Altered leg length.** The operative leg may appear shorter or longer than the other side. This can be for a number of reasons. Patients usually adjust to this but occasionally a shoe raise is required.

**Joint dislocation.** A further operation is usually required to relocate the hip, it may be followed by the application of a hip brace or rarely if the hip keeps dislocating, a revision operation may be necessary.

## LESS COMMON RISKS (Less than one in every one hundred hip replacements)

**Infection.** The operation is performed under sterile conditions and you will be given antibiotics at the time of the operation. Despite this infections may still occur. This requires a course of antibiotics. Rarely, surgery to washout the hip replacement or revise the replacement is required.

## RARE RISKS (Much less than one in every one hundred hip replacements)

**PE (pulmonary embolism)** is when a blood clot moves to the lungs and affects your breathing. This can be fatal.

**Major nerve damage.** It is normal to have a numb area around the scar. Larger nerves can also be damaged leading to temporary or permanent weakness (footdrop) or altered sensation in the lower leg.

**Bone damage.** If a bone is broken or weakened during the insertion of the hip replacement further metalwork may be required to stabilise it, either at the time of surgery, or at a later operation.

**Blood vessel damage.** The vessels around the hip may be damaged which would require further vascular surgery.

**Death.** This very rare complication may occur after any major operation.

## Before coming into hospital

Please read this leaflet in conjunction with "A Patient's Guide to Admission" (Ref 17-38) or visit [www.rnoh.nhs.uk/patients-visitors/information-guides](http://www.rnoh.nhs.uk/patients-visitors/information-guides).

### Pre-operative Assessment

Shortly before your operation you will be asked to attend a pre-assessment screening. This is a medical examination to make sure you are well enough for surgery and to consent to an operation. If you are on any regular medication, please ask the pre-operative assessment staff what medication you can take on the day of surgery.

You may also be seen by a member of the Therapy Team who will discuss practical considerations to ensure a smooth and timely discharge from hospital. You will also be given or sent a questionnaire in the post by the Therapy Department requesting information about your home set up including furniture height and social support. Please complete and return this as soon as possible as this will assist you and the Occupational Therapy team to ensure your home is set up appropriately for discharge with any short term equipment and/or adaptations.

### Illness before surgery section

If you are unwell or if there are any changes in your medical condition such as dental or urinary infection, or infected cuts or ulcers on your skin in the days prior to surgery, please let us know as soon as possible. Your operation may need to be rescheduled, however this is in your best interests to reduce the risk of developing post-operative infection in the new joint.

### Smoking

- People who smoke are at higher risk of developing complications with their lungs and circulation
- Stopping smoking before surgery, even for a short time, can reduce your risks associated with surgery and improve your surgical success.
- The RNOH has a no smoking policy. Patients and visitors are not permitted to smoke (including e-cigarettes) in the hospital buildings or in the grounds around the hospital

### Contraceptive Pill or Hormone Replacement Therapy (HRT)

Depending on what treatment you are having, women may need to stop taking the contraceptive pill or HRT six weeks before treatment. The doctor will have discussed this with you.



## Transport

It is unwise to drive yourself to hospital as you will not be fit to drive home again. Your operation may invalidate your insurance so please contact your insurance company to provide details of your forthcoming operation and adjust your policy if necessary. Please ensure that suitable arrangements are made for your transport home before you come into hospital. Remember you should be aiming to go home by the second or third day after the operation.

## Prehabilitation

- It is helpful to maintain yourself in as good a shape as possible during your time on the waiting list as this will improve your recover after surgery. This is termed prehabilitation.
- Exercise can help decrease pain and help maintain leg strength
- Keep walking as much as you are able this will help keep your heart in good condition before surgery
- If you are overweight, you should try and lose weight to minimise complications after surgery. Your GP will be able to help you with a weight loss programme.

## What will happen when you arrive at hospital?

You will be admitted to hospital on the day you have your surgery. Occasionally, it is necessary for patients to have further tests before surgery, if this is the case, you will be asked to come in the day before.

On admission, you will see several members of the treating team who will complete final checks to make sure you are fit for surgery. If you have any questions, please ask a member of staff.

## The operation

Before your operation, one of the surgical team will discuss the procedure with you and answer any other questions you may have. You will also be asked to sign a form, giving your consent to the operation.

The anaesthetist will visit you before your operation to discuss your anaesthetic options. Further information on the different types of anesthetic that can be used for your hip replacement operation can be found in "A Patient's Guide to Anaesthetic Options for Hip and Knee Surgery" 16-165. Please go to [www.rnoh.nhs.uk/patients-visitors/information-guides](http://www.rnoh.nhs.uk/patients-visitors/information-guides)

You will be told not to eat for approximately six hours and drink for two hours before your operation, depending on your anaesthetist's instructions. Failure to follow these instructions will result in your operation being delayed or even cancelled.

Our porters will take you to the operating theatre and a nurse will accompany you and hand you over to the care of the theatre team. The operation usually takes between one and two hours. You may be away from the ward longer than this as you will be taken to the recovery area and cared for there until you are well enough to return to the ward.

A patient information film about Total Hip Replacement at the Royal National Orthopaedic Hospital can be found via our website at [www.rnoh.nhs.uk](http://www.rnoh.nhs.uk). This short film will explain what will happen to you when you are admitted to the RNOH for Total Hip Replacement surgery.

The direct link to the video is <https://youtu.be/osWSbJp2Ej0>

## After surgery

After the operation you will feel some pain and discomfort, which will be helped by medication.

You will be offered pain relief every few hours which may include a combination of regular pain relief such as paracetamol as well as stronger opioid based painkillers. It is a good idea to take these regularly in the first 48-72 hours. After this you may be able to reduce the dose or frequency of some of these medications.

You may have the following:

- Small drainage tubes coming from your wound
- A drip to replace lost fluids
- An oxygen mask

All will be removed as soon as possible after surgery.

Unless you have been told otherwise by a doctor or a physiotherapist, you can move as you feel comfortable after your total hip replacement. You should avoid sudden or awkward movements. You should move your hip slowly and in a controlled way so that your muscles can support your hip fully as you are moving.

Your goal will be to return to normal activities as soon as possible. Please remember that you are not unwell: you will recover quicker from surgery by following the advice in our patient information guide "On The MEND". Please go to [www.rnoh.nhs.uk/patients-visitors/information-guides](http://www.rnoh.nhs.uk/patients-visitors/information-guides)

If your doctor decides that your hip needs extra support and time to heal after your total hip replacement, he/she might advise you to avoid performing certain movements for 6 to 12 weeks. If you have been instructed to avoid these movements, you will be given an additional booklet "Hip Precautions following Primary or Revision Total Hip Joint Replacement".

## Day 0

Today you will have your surgery. Once you have returned to the ward and the anaesthetic has worn off, the physiotherapist or nursing staff will help you get out of bed and into a chair. Some patients may only get as far as sitting on the edge of the bed while others may progress further and walk a short distance. It all depends on how you feel. Please remember that the sooner you move, the easier it is to prevent complications after surgery.

To help you return to walking quickly, we advise that you take regular pain killers as well as additional medication such as laxatives to prevent constipation which is a common side effect of the strong painkillers.. The nurse will give these to you.

### TRACK YOUR PROGRESS

<b>Day 0 of your operation</b>	Yes	No
I have taken all medication as prescribed		
I sat on the edge of the bed		
I stood / walked with a frame		
I drank water / tea / coffee etc.		
I had some food		

## Day 1

You should try to be as independent as possible during the day. This includes getting dressed, sitting in the chair for meals and walking on the ward. **You should wear some comfortable and loose clothes during the day. Pyjamas are for night time only!**

You will be offered regular painkillers as prescribed. It is advisable to take pain relief when offered even if you are not in pain while lying in bed. Since you will be walking around the ward today, you might experience some discomfort when you begin to move, this is to be expected.

The physiotherapist will show you some exercises to begin to strengthen your hip muscles which you should aim to complete as instructed at regular intervals throughout the day. He/she will teach you to walk using a walking aid. You can turn around in either direction but you must prevent twisting or pivoting on your new hip. You should therefore lift your feet with each step and step around with small steps. You will notice how quickly you are recovering. The physiotherapy team and other ward staff will help you gain confidence with this.

Once you can walk on your own, it is essential that you get up and walk regularly, even if this is only a short distance to begin with. All walking is part of your rehabilitation. This includes any activities carried out with the physiotherapy, occupational therapy and nursing staff.

The occupational therapy team will review the personal information that was discussed prior to your surgery and assess how you are managing washing and dressing. In some cases, you will need to be given extra equipment to help you. Your occupational therapist will discuss with you whether this is needed.

### Preparing for discharge

The team will discuss with you the date that you will likely be discharged from hospital and your likely discharge destination. The majority of patients are discharged directly home after 3 nights in hospital.

### TRACK YOUR PROGRESS

<b>Day 1 after your operation</b>	Yes	No
I have taken all medication as prescribed		
I sat on the edge of the bed		
I got washed		
I got dressed		
I drank at least 7 cups of water / tea / coffee etc.		
I sat out of bed for meals		
I walked on the ward _____ metres		
I completed my exercises		
I had my x-ray		
My discharge date and travel arrangements were discussed		

## Day 2

Some patients might be getting ready to go home today but everyone is individual. Today is about improving your confidence, improving your walking and ensuring you are physically able to manage at home.

Today you should be able to take a shower and get dressed.

The physiotherapist will progress your walking. If you have been walking with a zimmer frame, aim to move onto crutches. Walking with the physiotherapists is not enough. You should also use the times when you have nothing to do to get up and walk. 'Little and often' is the best way forwards.

If you need to be able to go up and down the stairs when you go home, you might practise this with the physiotherapist today.

The occupational therapist will review how you have been managing your personal care while on the ward. He/she will provide any additional aids or equipment that can assist with this if it is needed. If you have been given equipment, the person collecting you to take you home may need to make space to accommodate this.

The occupational therapist will also check with you that you have made arrangements to manage at home.



If you did not have an x-ray yesterday this should happen today.  
 The Doctor should have written up medication for you to take home

**TRACK YOUR PROGRESS**

<b>Day 2 after your operation</b>	Yes	No
I have taken all medication as prescribed		
I had my wash / shower in the bathroom		
I got dressed		
I drank at least 7 cups of water/tea/coffee etc		
I sat out of bed for meals		
I walked on the ward _____ metres		
I completed my exercises		
I have done the stairs safely with the physiotherapist		
I understand all the information given to me		
I have made plans to be taken home		

## Day 3

### Preparing for discharge

Your hospital stay should end today. You need to keep hold of this booklet as it has important information for you at home.

### Getting ready for home

Continue to walk 'Little and often'.

Before you go, you will practise the stairs with a physiotherapist if you need to use stairs at home.

The occupational therapist will ensure that you can manage at home and that any problems have been resolved.

The Doctor should have written up medication for you to take home.

**Everyone's focus today will be on getting you ready to go home – we aim to discharge you by 11am.**

## TRACK YOUR PROGRESS

<b>Day 3 after your operation</b>	Yes	No
I had my wash / shower in the bathroom		
I have done the stairs safely with the physiotherapist		
I completed my exercises		
I understand all the information given to me		
I have made plans to be taken home		

### Going home

It is much better to get going as soon as comfortable after a hip replacement. Prolonged convalescence increases the risk of blood clots and increases the risk of catching infections. For these reasons, you will recover more quickly if you go home and get back to your previous lifestyle as soon as possible after your total hip replacement.

## Return to activity

### Daily tasks

Unless you have been told otherwise, you can move as you feel comfortable after your surgery. You should avoid sudden or awkward movements. You should move your hip slowly and in a controlled way so that your muscles can support your hip fully as you are moving. You should also avoid forcing your leg into awkward positions that cause pain.

### Sleeping

The ideal height of your bed depends on your height. If it is too low for you to get on and off the bed comfortably, you could place another mattress on top to raise the height.

You can return to sleeping on your side as soon as you feel comfortable to do so. If your hip feel uncomfortable when you are on your side, you can try putting a pillow between your legs to make it more comfortable. A duvet is much easier than blankets, and a walking stick is handy to pull the covers up or to push them down.

### Advice on exercise

When you get home, it is very important that you continue to do all the exercises taught to you while in hospital, as advised by the physiotherapist. This will enable you to continue your recovery.

### Domestic tasks

Stock up on food and ready-made meals before admission or use online shopping to get goods delivered to you at home. You can resume household activities as soon as you feel able to do so. You might need to enlist help with tasks such as changing the bedding and vacuuming, as it will might be difficult to complete these tasks.

Sit for as many jobs as possible. A high stool is useful so that you can still reach the worktops. Place items that you use frequently at a height which is easy to reach. If you are unable to carry items, a kitchen trolley or a back pack may be helpful.

Make your home a suitable environment – clear clutter and remove loose rugs.

### Washing

A waterproof dressing will be organised by nursing staff after your surgery. You may want to make sure someone is in the house the first time you take a bath/shower in case you need assistance. You might need aids such as a long handled sponge will help with washing your lower body – please ask your occupational therapist on the ward.

## Dressing

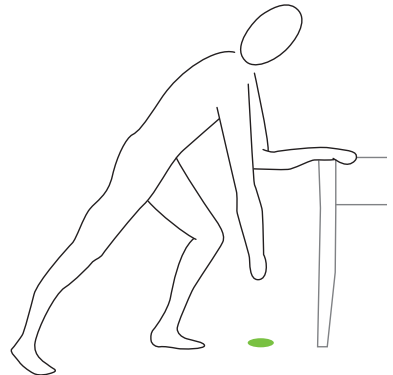
Dress sitting on a chair or bed. Remember to dress your operative leg first, undress it last and wear good supportive shoes with low heels. If you wear lace-up shoes, you may need elastic laces; however, you may find slip-on shoes easier to manage. Surgical stockings are required to be worn for six weeks following surgery. Plan ahead for someone to help you with these; alternatively discuss other methods with your occupational therapist.

## Driving

You may start driving 6 weeks after your surgery and when you can concentrate and control the car safely. Before you start driving, we recommend that you try the pedals in a stationary car and ensure you can do an emergency stop. It is also advised that you contact your insurance company to ask their policies.

## Picking something up from the floor

To pick up an object from the floor or to reach down to low shelves, hold on to a stable piece of furniture for support. Bend down with your operated leg extended behind you to avoid bending your hip more than necessary. Alternatively ask for help, if possible.





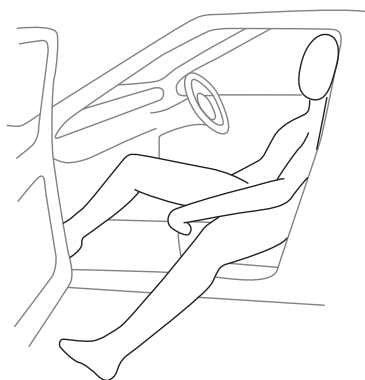
### Getting in and out of a car

If possible, get in to the car from a driveway or the road, rather than up on a kerb. The passenger seat should be as far back as possible and slightly reclined. With the passenger door open, back up to the car until you feel the seat at the back of your knees. Put your left hand on top of the passenger seat and with the window fully down, grip the open door

frame with your right hand and ask someone to hold the door steady. Gently lower yourself down, keeping your operated leg out in front.

Lift your bottom back towards the driver's seat to give you plenty of room to swing your legs in.

Remember to lean back so that your operated hip feels more comfortable as you get your feet in. To get out of the car, reverse the above procedure making sure that your operated leg is out in front before standing.



## Advice on sitting

Choose a firm, upright chair, preferably with arms. The ideal height of your chair depends on your height. If you do not have a suitable chair, see if you can borrow one, or use firm cushions to raise the height of the seat. Avoid low, soft sofas and armchairs since this might make it difficult for you to stand up.

## Advice on stairs

During your hospital stay, your physiotherapist will show you how to climb the stairs (if applicable).

Always use walking aids and if present a rail(s) or banister(s) to support and assist you while going up or down stairs.

### Going up

- Go up one step with your non-operated leg
- Take your operated leg up one step to join the other leg
- Bring your stick(s)/crutch(es) up to the step

### Going down

- Take your stick(s)/crutch(es) down one step
- Place your operated leg down one step beside your walking aid(s)
- Bring your non-operated leg down one step to meet the other



## Frequently asked questions

### How long will I be in hospital for?

Usually you will be in hospital for 2 to 3 days after a total hip replacement.

### I live alone. Do I need to arrange for someone to stay with me when I go home?

It is not essential to have somebody at home with you after discharge. Many elderly and frail patients have hip replacements and cope on their own without problems. The occupational therapists and physiotherapists will make sure that you are safe to look after yourself before you leave hospital. However, if you have an offer from a friend or relative it may be desirable to have them stay for a few days.

### How long do I have to take blood thinning medication for?

To reduce the risk of blood clots you will need to have an small injection once a day for up to 28 days after the operation. You can learn to do this yourself or have a family member help. If this is not possible the district nurses can assist.

### Who will take out my stitches/clips?

You will need to make an appointment with your practice nurse at your local surgery for the sutures/clips to be removed at 10-14 days after your operation. Some people have dissolvable stiches so no appointment is needed.

### If I am worried about my wound what should I do?

During the normal healing process the wound may be slightly red and warm to touch. However if the appearance deteriorates, you feel unwell or the wound begins to discharge fluid then contact your GP or go to your local Accident and Emergency Department.

### When can I return to work?

You should be able to return to work between six and twelve weeks after the operation, but this depends upon the nature of your work and how you usually get there. It may take longer to get back to a heavy manual job.

### When can I fly?

It is sensible to wait 6 weeks before flying short haul or 12 weeks for long haul as there is an increased risk of blood clots during this time.

### Will I be able to swim after my hip replacement?

Yes, as soon as your wound is dry and you are safe to get in/out of the pool. You can do all strokes including breaststroke.

### Will I be able to participate in sports after my hip replacement?

There are no strict rules. Hill walking, cycling and horse riding usually present no problem, although you should wait 3 months before returning to more strenuous activity. Some patients play tennis, football, cricket or badminton. Skiing is a little more risky as there is a danger that you can break the bone around your hip replacement or dislocate the hip if you fall badly. Nevertheless, some patients return to skiing with no problems.

### Is it safe to have sex after my hip replacement?

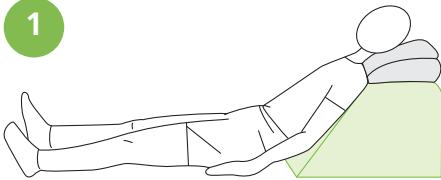
Unless you find it painful, or your doctor advises you otherwise, it is safe to continue sexual relations with your partner. Generally a comfortable position for both men and women who have had a hip replacement is to be on their backs underneath their partner. You can discuss this further with your occupational therapist if you have concerns.

## Exercises following hip surgery

The ward physiotherapist will visit you after your operation to teach you the following exercises. It is very important to start moving your hip joint and strengthen the surrounding muscles. This will aid your recovery. Try to do your exercises as instructed. Please do not attempt any of these exercises until you have been advised to do so.

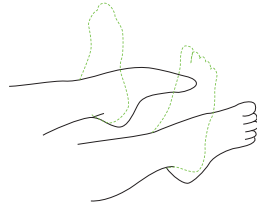
### Immediate post operative period

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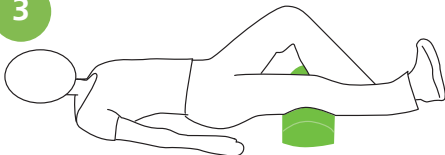
Lie on your back or sit upright. Take 3-4 deep breaths in through your nose and out through your mouth.  
**Repeat hourly.**

2



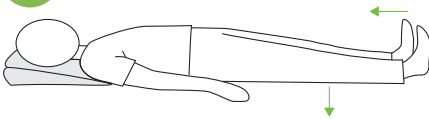
Lie on your back. Bend and straighten your ankles briskly. If you feel your heels are getting sore, please stop the exercise and notify a member of staff.  
**Repeat 20 times.**  
**Repeat hourly.**

3



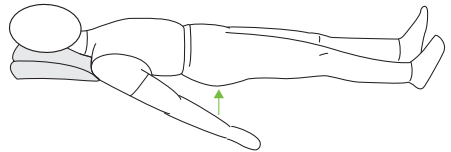
Place a rolled up towel under your knee. Lift your heel and straighten your knee. Hold for 5 slow counts.  
**Repeat 10 times.**  
**Repeat \_\_\_\_\_**

4



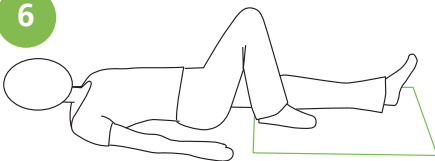
Lie on your back or in a sitting position with your legs out straight. Bend your ankles and push your knees down firmly against the bed by tightening your thigh muscles. Hold for 5 slow counts. Repeat 20 times. Repeat 3 times a day.

5



Lie on your back. Squeeze your buttocks firmly together. Hold for 5 slow counts. Repeat 20 times. Repeat 3 times a day.

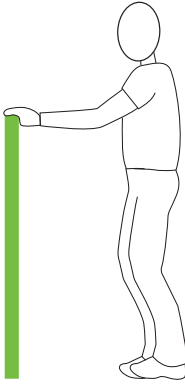
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Lie on your back, you can use a sliding sheet to assist. Bend your operated leg by sliding it towards you and then straighten your leg out fully. Repeat 10 times. Repeat 3 times a day.

## Advanced Exercises

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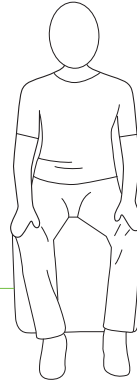


In a standing position holding on to a solid support, squeeze your buttocks tightly together and gently bend both knees then straighten.

Repeat 10 times.

Repeat 3 times a day.

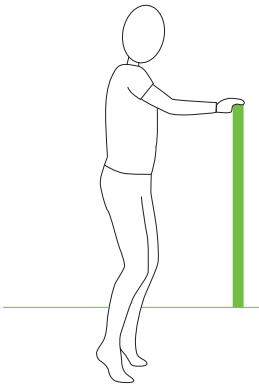
8



Sitting with your knees shoulder width apart. Try to push your knees out into your hands, resist the movement keeping your feet and knees in the same position.

Repeat 10 times. Repeat 3 times a day.

9

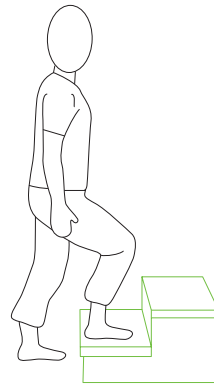


Stand with your feet shoulder width apart. Holding onto something stable in front of you, lift your heels off the floor then slowly lower your self-down.

Repeat 10 times.

Repeat 3 times a day.

10

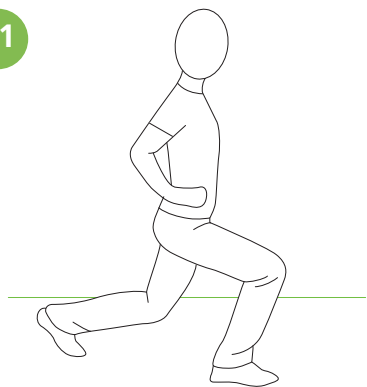


Lift your operated foot up onto a low step, then lower your operated leg back down.

Repeat 10 times.

Repeat 3 times a day.

11

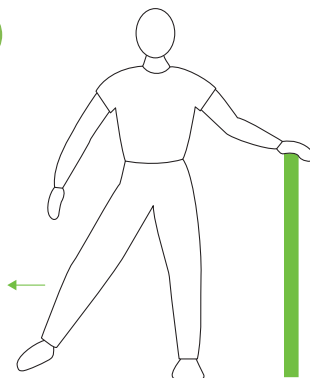


Take a step forward with your operated leg. Slowly bend your knee as far as feels comfortable. Straighten up and return to the starting position.

Repeat 10 times.

**Repeat 3 times a day.**

12



Holding onto something for balance. Lift your operated leg off the floor, keeping your knee straight move your leg out to the side and back to the middle. Keep the movement slow and controlled.

Repeat 10 times.

**Repeat 3 times a day.**

## At home, do:

- Rest and elevate your leg
- Continue to exercise regularly
- Follow the exercises the physiotherapist gave you. These will strengthen the muscles around your new hip joint and increase your mobility.
- Continue to increase walking. If you progress on to one crutch or stick you should hold it in the opposite hand to your operated leg. Once you can walk without a limp you may stop using your walking aid unless you are told otherwise.

## Outpatient/follow up appointments

Before leaving the hospital you will be given an outpatient appointment for approximately six to eight weeks time.

### Arthroplasty Practitioner Service

Arthroplasty Practitioners are specialist orthopaedic clinicians who work alongside the Surgical Consultants. They are primarily involved in your post-operative clinic review in out-patients but can also be contacted for general advice in relation to your hip replacement surgery on Tel: 0208 9095279 (monday to friday 8am-4pm) or email [rnoh.jru.ap@nhs.net](mailto:rnoh.jru.ap@nhs.net)

We suggest you bring this leaflet with you when you come to hospital and use it as a guide.



If you have any further questions or concerns please contact the relevant department on the numbers given below:

**Arthroplasty Practitioner**

020 8909 5279

**Pre-operative assessment clinic**

020 8909 5630

**Occupational therapy and physiotherapy**

020 8909 5480

**Customer Care and Patient Advice and Liaison Service (PALS)**

020 8909 5439/5741

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