



A patient's guide to

# Hip Precautions Following Primary or Revision Total Hip Replacement

## Hip precautions

Following a Total Hip Replacement, the surrounding muscles and tissues need time to heal. For the majority of people who have a normal shaped ball and socket hip joint this means carrying on with normal everyday activities but being guided by pain and discomfort.

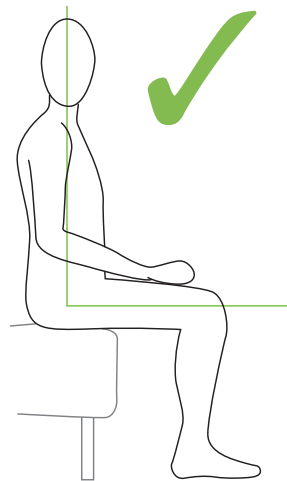
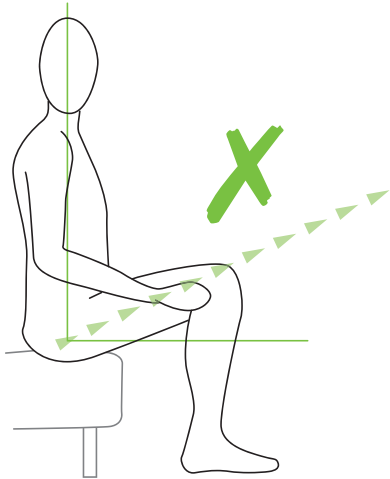
However people with certain conditions are more at risk of the hip dislocating after the operation. To reduce this risk your surgeon may recommend that you avoid certain movements after the operation known as hip precautions. You will be told how long you need to follow this advice. The time frame is usually between 6 to 12 weeks dependent on the stability of your hip after surgery.

Common reasons when hip precautions may be required include but are not limited to:

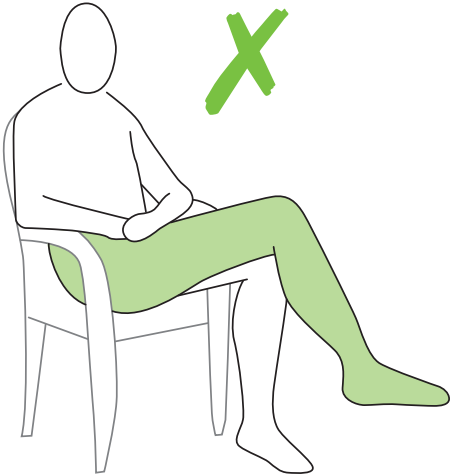
- Hip dysplasia (where the ball and socket shape of the hip joint is shallower)
- Weakness in the muscles or ligaments surrounding the hip joint such as poliomyelitis, hypermobility syndromes or stroke
- Revision or re-do hip surgery
- History of hip dislocation

# IT IS ESSENTIAL THAT YOU AVOID THE FOLLOWING MOVEMENTS FOR UP TO 12 WEEKS:

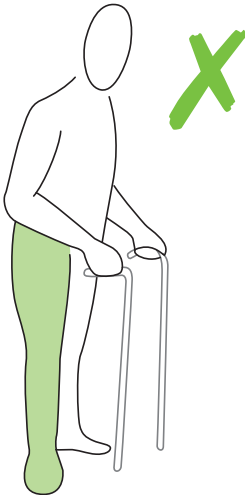
**Do not bend your hip beyond a 90° angle.**



**Do not cross your legs, or move your operated leg across the imaginary line down the centre of your body.**



**Do not twist on your operated leg.**



## Putting your hip precautions into practice

### 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, try and borrow one or use firm cushions to raise the height of the seat.

When sitting, your knees should be lower than your hips. Avoid low, soft sofas and armchairs.

To get out of a chair, push yourself to the front edge, place your operated leg slightly forwards and push up on the arms of the chair, taking most of your weight on your un-operated leg.

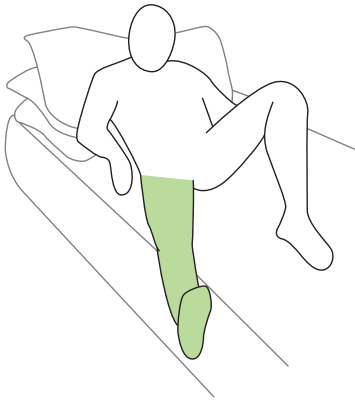
Regain your balance and then get your crutches or sticks. Reverse the procedure to sit down.

Use the same method to get on/off the toilet. You may need to use a raised toilet seat or other equipment as assessed by the occupational therapist.

## Sleeping

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

It is advisable to remain sleeping on your back for the first month after your operation. After this, you may sleep on your operated side if it is not too tender. You should avoid sleeping on your non-operated side as this increases the risk of hip dislocation. Your bed should be firm (a board under the mattress may help).



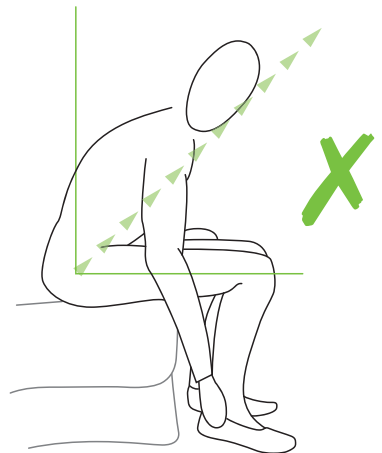
Sleeping with a duvet is much easier than blankets, and a walking stick is useful to pull the covers up or to push them down. When getting on/off the bed, remember to avoid twisting your hip. Try to keep your toes pointing to the ceiling as you move your operated leg across the bed. Also make sure your operated leg does not cross the imaginary line down the centre of your body. You may find it easier to get in and out of bed leading with your operated leg.

## Bathing

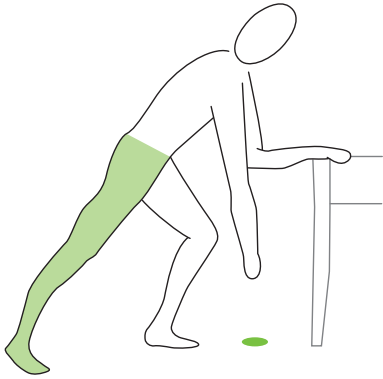
The occupational therapist will assess the safest way for you to bathe. Options include a strip wash at the sink sitting on a perching stool, using shower over a bath or shower cubicle. If showering, a high quality non-slip mat is essential. You may need to use a long handled sponge to reach your feet or get someone to help you. For your own confidence you may want to have someone at home the first time you take a shower in case you need assistance.

## Dressing

Dress sitting on a chair or bed. Avoid bending forwards to reach your feet or bending your knee of your operated side up towards your chin. Use the equipment the occupational therapist suggests, for example, stocking/sock aid, long handled shoehorn and/or ask for help if possible. You may need to wear antiembolism stockings for six weeks after surgery. These should be removed once a day for washing your legs and then put back on. If you do not have anyone to assist with this task please discuss with the nurse at your pre-operative assessment visit. Remember to dress your operated 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.



## 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.

## Household tasks

Sit for as many jobs as possible. A high stool is useful so that you can still reach the worktops. If you are unable to carry items, a kitchen trolley may be helpful.

For several weeks after your operation, you are likely to need help from your partner, relatives or friends with activities such as shopping, laundry and vacuuming. In preparation for discharge you may want to carry out certain tasks before coming into hospital such as cleaning, changing bed linen and stocking the freezer.



## 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 does not have to bend too far to 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 up.



## Equipment

Basic equipment such as raised toilet seats or commodes and long handled aids may be needed after surgery. This equipment can be purchased from local or national suppliers.

Equipment providers:

- Nottingham Rehab Service [www.nrs-uk.co.uk](http://www.nrs-uk.co.uk)  
Tel: **0845 606 0911**
- Direct Mobility [www.directmobility.co.uk](http://www.directmobility.co.uk)  
Tel: **0208 730 7888**
- Boots [www.boots.com](http://www.boots.com)
- Redland Healthcare [www.redlandhealthcare.co.uk](http://www.redlandhealthcare.co.uk)  
Tel: **0118 956 0800**
- Argos [www.argos.co.uk](http://www.argos.co.uk)
- Disability Living Foundation [www.dlf.org.uk](http://www.dlf.org.uk)
- Red Cross [www.redcross.org.uk/get-help](http://www.redcross.org.uk/get-help)

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