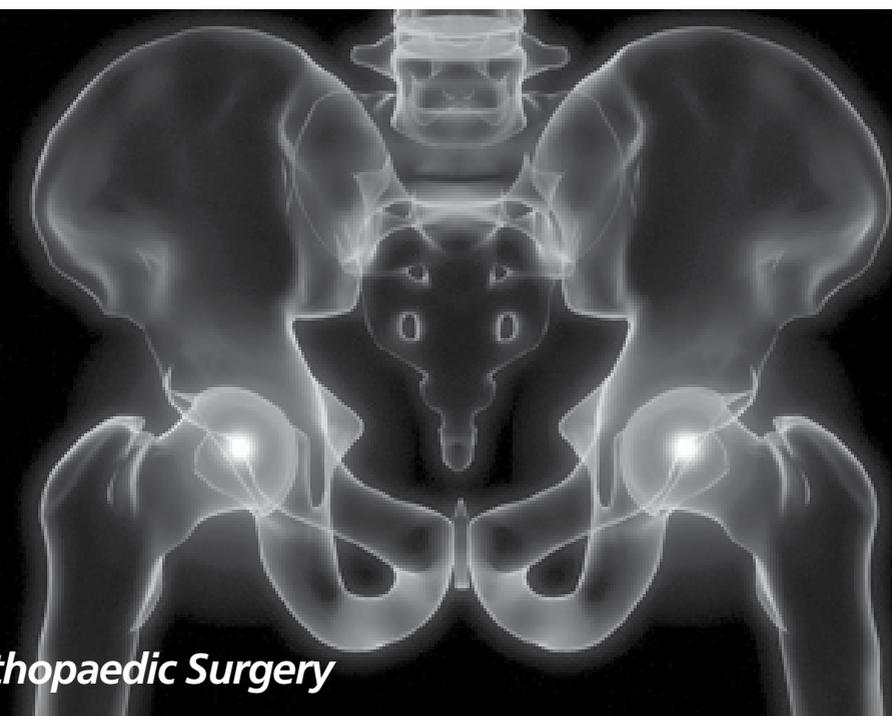


## Total hip replacement



*Orthopaedic Surgery*

patient**information**

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at [feedback@rothgen.nhs.uk](mailto:feedback@rothgen.nhs.uk)

#### Slovak

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

#### Slovensky

#### Kurdish Sorani

کوردی سۆرانی  
نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی ھەبێت بۆ نەوێ لەم بەلگنامە بە تێبگات یان بێخۆتێنتەو، تکایە پەیوەندیمان پێوە بکە لەسەر ئەو ژمارەیە ی سەرھوددا یان بەو نێمەیلە.

#### Arabic

عربي  
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

#### Urdu

أردو  
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کی سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

#### Farsi

فارسی  
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille or audio version, please contact Patient Information on 01709 424281 or email [patientinformation@rothgen.nhs.uk](mailto:patientinformation@rothgen.nhs.uk)

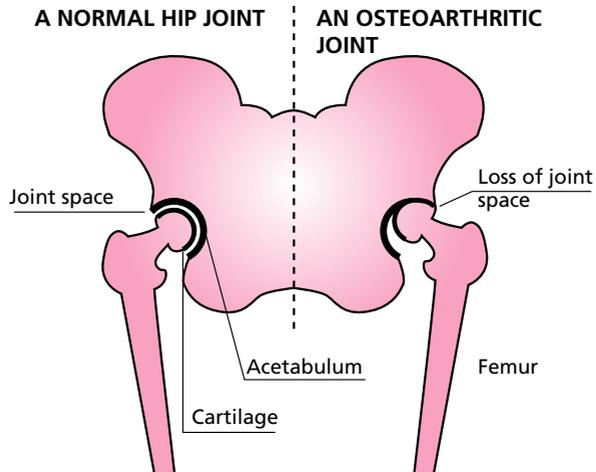
**Please bring this booklet  
into hospital with you**

**You will need it after the operation**

## Total hip replacement

### What is a hip replacement?

The diagram below shows the anatomy of a normal and arthritic hip joint. Your hip joint can be damaged by arthritic disease, causing pain due to damage to the weight bearing surfaces of the joint. A total Hip replacement can also be done if trauma has happened to the hip causing fracture.



### What are the benefits of a hip replacement?

A hip replacement is a major operation, it is mainly performed to relieve pain, it will not necessarily improve mobility but hopefully walking without pain may do so.

90% of patients have complete pain relief, 10% may be left with minor discomfort. It may take up to three months after surgery for you to feel some of the benefits a hip replacement brings.

## Total hip replacement

### Are there alternatives?

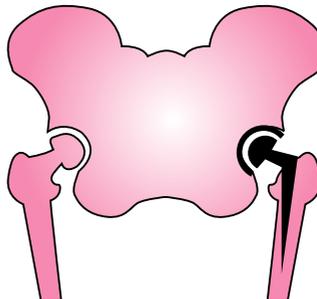
The doctor in charge of your case has considered your situation and feels that surgery is the most appropriate treatment for you. However, you have the opportunity for your opinion to be considered, and if you don't wish the operation to be carried out, you can discuss the alternatives with your doctor.

### The alternatives to surgery are:

- Simple pain killers
- Non-steroidal anti-inflammatories (Brufen, Voltarol), as long as there are no contra-indications
- Physiotherapy/Hydro-therapy
- Heal raise
- Walking sticks
- But not injections!

### What happens in the operation?

In Brief the surgeon removes the worn out or damaged parts, (bone and Cartilage) and replaces them with metal, ceramic or plastic which forms the new hip joint. See Diagram. Your consultant can advise you on which one is the most suitable for you.



## Total hip replacement

### Enhanced recovery programme

At The Rotherham NHS Trust we operate an enhanced recovery programme, this is an evidenced based approach which allows you to play an active role in your care and helps you to recover more quickly after having major surgery so that you can return to a normal life as quickly as possible. You can find out more about Enhanced Recovery by asking your doctor or pre-assessment nurse or by using the NHS Improvement website on ([www.improvement.nhs.uk/enhancedrecovery](http://www.improvement.nhs.uk/enhancedrecovery)) where you can also view patient experiences and case studies.

You will also have the opportunity to visit the ward where you will stay to discuss the enhanced recovery programme.

After you have seen the orthopaedic surgeon and listed for your hip surgery, you will then be contacted to attend an appointment with the Pre-Assessment Clinic.



### Pre-Assessment Clinic

Here you will see a specialist nurse who will discuss your medical history with you and undertake an examination, bloods, swabs and any other investigations that may be necessary to ensure you are medically fit for your surgery. They will also give you an explanation of the hospital experience you will be going through, it is also an opportunity to ask any questions about your stay or operation.

It is important to visit your dentist to ensure dental problems you may have are sorted out before surgery.

## Total hip replacement

### What happens after Pre-Assessment Clinic?

If no problems have been detected in the pre-assessment, you will not hear anything until approximately three weeks, before surgery when you will receive a telephone call from a clerk confirming your date for surgery. They may also need to make you an appointment in the consent Clinic to see the Surgeon prior to your operation so you can sign a consent form.



### What happens when I come in to hospital?

The majority of patients will be admitted on their surgery day, occasionally you may need to attend for your admission prior to the day of surgery, but this will already have been discussed with you at your pre-assessment.

If you are attending on the day of your operation, you will come to the Theatre Admission Unit. You will already have been given a Theatre Admission unit booklet at your assessment.



### Operation day

The nurse will tell you when you can have your last food and drink prior to surgery. If you are coming in to hospital on the day of your operation, check your admission letter which will advise you of starving instructions for your operation. Please follow these instructions carefully; failure to do so may result in your operation being cancelled.

## Total hip replacement

### Anaesthetic

You will have a consultation with an anaesthetist who will explain your anaesthetic options, the majority of patients if medically fit will have their operations by a spinal anaesthetic, which allows mobilization 4-6 hours after your operation and enables early discharge.

### Will it be painful?

Hip surgery can be a very painful operation; however the pain can be controlled. We would like this experience to be as comfortable as possible for you. Everybody experiences pain in a different way, therefore if you are in pain, you must inform the staff, day or night, it is also important when you arrive back onto the ward not to refuse analgesia even if the spinal anaesthetic is still working. We have various methods for controlling the pain you may have so please let us know if you are in pain.

### What is the wound like?

The wound is approximately seven to ten inches in length and usually found on the outer side of the hip. After a short period, the scar will fade and you will hardly notice that you've had such a big operation.

On return to the ward, the hip will have an Elastoplasts type dressing in place, and occasionally it will be bandaged. You may have one or more drains coming from your hip joint which are necessary to drain away any excess blood that may collect under the skin and later cause infection.

## Total hip replacement

### Will I be sick?

Nausea and Vomiting are common, but less so with the use of spinal anaesthetics, the nurse looking after you can help by giving you an injection for the sickness, if you are known to be violently sick after previous operations please inform the anaesthetist who can help. You will find an intravenous infusion (a needle with a small tube leading to a drip) in your arm / hand, which will either have clear fluids or a blood transfusion in progress. This drip will give you fluids until you are feeling well enough to eat and drink; it is usually removed on the first day after your operation.

### When will I be able to walk?

Hopefully you will get out of bed and walk on the same day as your operation; the physiotherapist will assess you after your operation and aim to get you walking safely as soon as possible. The physiotherapist will remind you about your exercises and teach you specific exercises for your new hip.

Before you are discharged you will be taken to the x-ray department for a check x-ray which will be reviewed by your doctor.

### **Are there any hip replacement complications?**

Any operation has its risks but we try to minimise them. Listed below are the main complications that can happen after a hip replacement.

#### **Infection**

To help prevent infection, you are given antibiotic therapy through your drip cannula, in very rare cases, the artificial joint may become infected, which could result in the joint being removed to treat the infection.

#### **Dislocation**

This is when the hip joint can come out of its socket, it is most likely to occur in the first few months after surgery when the hip is still healing. Further surgery will be required to put the joint back into place.

**A list of golden rules can be found, starting on page 12 DO FOLLOW THEM.**

#### **Retention of urine**

This sometimes occurs due to bed rest, pain relief and surgery. If this should occur, a tube called a catheter is passed into your bladder, this will be used either to empty the bladder and removed or it will remain in place until you are mobile.

#### **Swelling**

This often occurs, it can take several months to subside, and swelling can affect the whole leg after surgery.

## **Total hip replacement**

### **Numbness**

This can occur over the outer part of your thigh. This can be permanent or temporary, but should not cause you any harm. The sciatic nerve can be affected which could lead to foot drop and altered sensations in the leg and foot. The large majority will recover in the first nine months but some may be permanent.

### **Deep vein thrombosis/pulmonary embolism**

This is a blood clot which can occur in the calf or lungs. This is rarely fatal but can be. You could help by taking deep breaths, drinking 2-3 litres of fluid a day and moving your feet backwards and forwards whilst on the bed. You will be given an injection into your abdomen once a day, to thin your blood. You will be given medication to take home on discharge. After the operation you will have special stockings to wear for 6 weeks which will aid the return of blood to your legs, which will be required to be removed daily for washing of feet and checking the skin.

### **Bleeding**

During the course of your operation you will have a degree of blood loss, if your loss is excessive this is called haemorrhage. Depending upon the amount of blood loss, you may require a blood transfusion or iron supplements. Your blood levels will be checked after surgery to determine if you require this. (Jehovah's Witnesses should discuss alternative products with the doctor).

## **Total hip replacement**

### **Altered leg length**

Some patients do find after a hip replacement that they have a leg length discrepancy. The main cause of an increase is to obtain stability. This can be corrected at a later date by orthotics providing raised shoes or insoles.

### **Late loosening**

Occasionally the false joint can work loose; this can be caused by the shaft of the prosthesis becoming loose in the hollow of the thigh bone, or due to thinning of the bone around the implant. Loosening of the joint can occur at any time, but it is normally 10-15 yrs after surgery was performed. Revision surgery will then be required.

### **Wear and tear**

Another complication can be when the artificial sockets wear down and the particles that have worn off the artificial joint surfaces are absorbed by surrounding tissue, causing redness and swelling around the joint.

### **How long will my hip replacement last?**

The modern day hip replacement with out complications will usually last 15-25 yrs but often much longer.

Remember to keep active and maintain a good weight, as extra pressure on the hip will reduce the life span of the hip replacement.

## Total hip replacement

### When can I go home?

After a hip replacement the joint needs to be used carefully in order to give the surrounding tissue time to heal. Each person has individual needs; most patients go home around 1-5 days, for others it can be longer. As a guide once you have fulfilled the following criteria you may go home.

- Your wound is healing or healed
- You are passed safe on your crutches/sticks
- The knee is bending and straightening satisfactorily
- The multi-disciplinary team (doctors, nurses, physiotherapist, social worker, occupational therapist and yourself are happy with your progress)

### The four basic precautions:

It is important that you comply with four basic precautions regarding your new hip for the first three months.

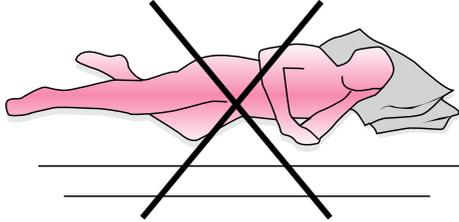
### The four basic precautions:

#### 1. DO NOT CROSS YOUR LEGS



## Total hip replacement

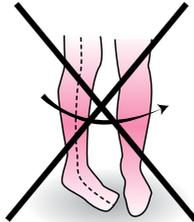
2. DO NOT ROLL, OR LIE, ON UNOPERATED SIDE



3. DO NOT BEND THE OPERATED HIP EXCESSIVELY



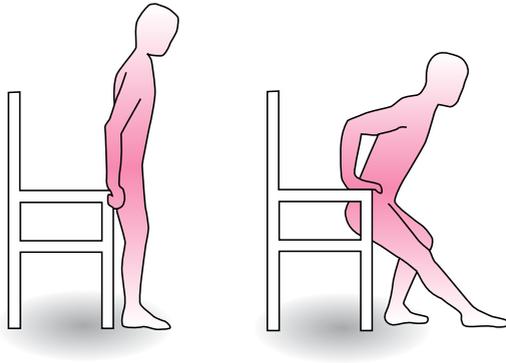
4. DO NOT TWIST OR SWIVEL ON OPERATED LEG



You must do these things to prevent dislocation

### Getting in and out of a chair

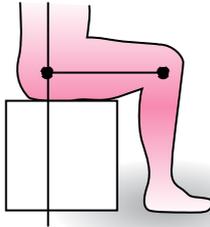
1. Back up until you feel the chair touching you
2. Reach back for the arms of the chair, one hand at a time
3. Slide your operated leg out in front, keeping the knee as straight as possible
4. Sit down on the seat, then move back until comfortable.



## Total hip replacement

### Getting dressed

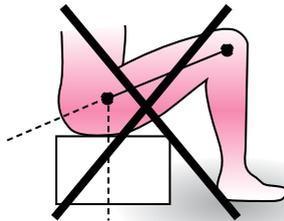
1. Always dress sitting down



2. Do not bend forward to reach your feet



3. Do not bend your operated leg up towards your chin



4. Do not cross your legs

Dressing equipment will be given to you by the Occupational Therapist, who will teach you how to use them.

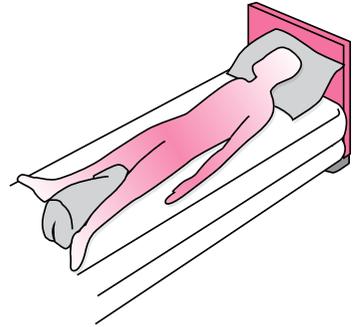
## Total hip replacement

### Getting on and off the bed

Always sleep on your back, with a pillow between your legs. This will prevent you crossing your legs whilst asleep.

You must sleep in this position for twelve weeks after your operation.

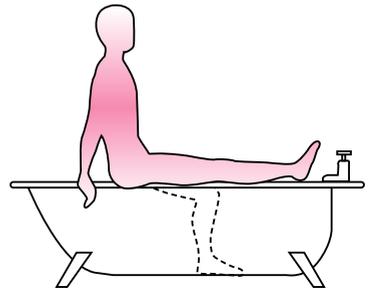
Never sleep on a low bed, the Occupational Therapist will provide bed raises for you if required.



### Getting in and out of the bath

You should not get into the bottom of your bath for three months after your operation

The Occupational Therapist will recommend the most suitable equipment for your bath or shower. Practice will be given to you after your operation, to ensure you are safe and confident using the bath equipment.



### Getting on and off the toilet

Always use the toilet equipment provided.



## Total hip replacement

### In the kitchen

Sit down to the activities whenever possible. Avoid stooping, reaching into the oven, the lower part of the fridge, or a low cupboard.

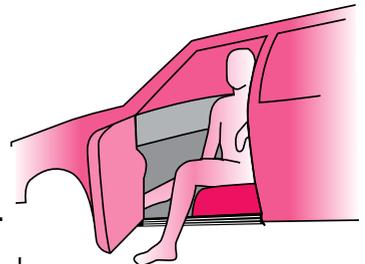
Bring your most used items, for example, pots/pans to worktop height. Do not attempt to carry anything, plates, cups or trays whilst walking with your frame, crutches or sticks. Slide items along your work surfaces. The Occupational Therapist will advise you on the correct method.



### In the car

Give yourself plenty of space at the side of your car. Have the vehicle moved away from the kerb side if necessary. Always sit in the front passenger's seat, push the seat back to it's maximum length, and recline the seat slightly. This will create more space to manoeuvre.

Always sit on the seat first and shuffle back as far as possible, to allow you to bring your legs into the car without over bending the hip.



Do not drive a car until advised by the doctor in clinic.

## Total hip replacement

### Safety in the home.

Listed below are a few points which may help when you are discharged from hospital.

- Become more aware of hazards in your home, such as wet or uneven floors
- Remove any loose rugs
- Secure carpet edges which may have become loose or worn
- Make sure any electrical or telephone cables are safely out of the way.
- Watch out for pets or objects on the floor that could trip you
- Always use the walking equipment provided
- Allow yourself plenty of time for small chores, and also allow yourself plenty of time to rest
- Sexual activity – this can usually commence after three months, but remember, be the less active partner.

### How will I get home?

You can normally go home as a passenger in the front seat of a car, as long as the seat is pushed back to its furthest point. If you need hospital transport, please inform the ward staff with plenty of notice.

## Total hip replacement

### **What do I do after discharge?**

Our aim on discharge is that you should be able to look after yourself at home. Once discharged from hospital, the physiotherapy will continue and may last for several weeks. Remember the success of your operation can be dependent on you and your continuance of the exercises.

If you are concerned or worried about your hip replacement, you must ring the ward, your GP or your Arthroplasty Nurse Specialist who has a help line regarding any problems after your operation.

### **When can I take my stockings off?**

Usually 6 weeks after your operation. Sometimes they can be removed earlier if they are ill-fitting or if your mobility has nearly returned to normal.

### **How long can I expect to get pain in my groin?**

This can last for a few months after your operation.

### **How long should it take for the swelling to settle?**

This can take anything from up to 6 months to a year to resolve.

### **When will I be able to lie on the operated side?**

The wound has normally healed 2 weeks after your operation. You can usually start to sleep on the operated side after 6 weeks.

## Total hip replacement

### **Is it normal to have post operative aching/ soreness and how long should this last for?**

This can usually last for several months.

### **How long should I follow precautions for?**

The precautions should normally be followed for up to 3 months, however this is dependent upon your Consultants' preference, and should always be checked with them.

### **How long can I expect to be limping for after my operation?**

There are many reasons for a limp. This is expected for the first few months after your operation. The majority will have settled after 3 months, some may continue to limp up to 12 months after the operation.

### **I have some post op numbness and pins and needles is this normal and how long should it last for?**

This can take up to 6 months to resolve, however in some cases you may be left with some symptoms. Numbness adjacent to the scar site could be permanent.

### **Should I be shown how to get in/out of the bath and when will I be able to get in the bath normally?**

You will be shown on the ward by the Occupational Therapist how to get in and out of the bath safely whether you have had one or both hips replaced.

### **When should I be expected to no longer need my walking aid?**

This is dependent on several factors including how you walked before your operation and the extent of any damage to your old hip joint. It is better to walk well with a stick than limp without.

### **My legs feel like they are different lengths, is this normal?**

Some patients have a feeling that their legs are different lengths. If you do then let a member of the Therapy Services team and your medical team (Consultant) know.

### **When can you drive?**

You can normally return to driving after 6 weeks after your operation. Before driving you need to ensure that you are able to safely do an emergency stop. Please ask your Consultant at your 6 week check.

### **Can I cross my legs?**

This is dependent upon your Consultants' preference and should be checked with them. Some allow patients to cross their legs after 3 months.

## Total hip replacement

### When can you have sex? Should I avoid any positions and for how long?

You can usually do this when you are feeling comfortable. Please see the diagram below for positions that are safe and those to avoid. The lined area indicates the operated leg. Pillows placed under your knees can provide extra support and comfort.



#### Positions that are safe following total hip replacement



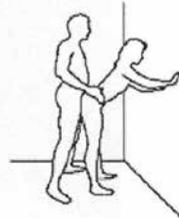
Patient on top  
Partner on the bottom.



Partner on top  
Patient on the bottom.



Patient lying on side  
with operated leg on top.



#### Positions to avoid following total hip replacement



## Total hip replacement

### **When can I return to swimming and do breast stroke again?**

You can return to swimming usually from 3 months after your operations. Breast stroke at this stage is fine to do.

### **When can I play golf again?**

You can usually return to playing golf after 2 months gradually building up your tolerance.

### **When can I return to bowling?**

You can usually return to bowling 3 months after your operation if you feel comfortable doing so.

### **When will I be able to start running/jogging again?**

This is dependent upon the type of new joint you have and needs to be discussed with your consultant.

### **When will I be able to dance again?**

You can return to dancing usually 3 months after your operation if you feel comfortable.

### **Will I ever be able to do a pivot/twist action on that leg?**

You can do this normally 3 months after your operation if you feel comfortable.

### **When will it be safe for me to fly and will I need a medical card incase I set the metal detectors off?**

It is best to avoid flying for 3 months after your surgery. The Arthroplasty Nurse will issue you with a 'joint Replacement Card' or letter for the airport.

### **General advice for patients**

Your artificial hip can become infected, if you develop illness in other parts of your body. Always remind your doctor, or dentist, if they have to treat any other conditions, such as infected cuts, urine, chest or bowel infection, tooth extraction or abscess or dental infection. Please ask your doctor or dentist for advice on this.

Often you may think of questions you want answering, once you have returned home, or you were unsure or unclear on a particular point. Jot your question down straight away, and ring orthopaedic pre-assessment clinic on 01709 427944 or wait until you are admitted.

Please remember this booklet is only intended as a reminder for your and your family. All patients will be dealt with by the appropriate professional whilst you are in hospital.

Finally. Please bring this booklet with you – you will need it. Please remember don't be afraid of joint replacement surgery. A successful outcome depends on your positive attitude.



## Total hip replacement

### How to contact us

#### Arthroplasty Nurse Specialist

Telephone 01709 427306

#### Orthopaedic Elective Unit

Telephone 01709 424317

Telephone 01709 424372

#### Orthopaedic Trauma Unit

Telephone 01709 424316

Telephone 01709 424373

### Useful contact numbers

#### NHS 111 Service

Telephone 111

#### Health Info

Telephone 01709 427190

#### Stop Smoking Service

Telephone 01709 422444

#### Patient Services

Telephone 01709 424461

#### A&E

Telephone 01709 424455

#### For GP out of hours, contact your surgery

### Useful websites

[www.nhs.uk](http://www.nhs.uk)

[www.direct.gov.uk](http://www.direct.gov.uk)

[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

[www.arc.org.uk](http://www.arc.org.uk)

[www.improvement.nhs.uk/  
enhancedrecovery](http://www.improvement.nhs.uk/enhancedrecovery)

### We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services

#### The Rotherham NHS Foundation Trust

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

S60 2UD

Telephone 01709 424461

Email [complaints@rothgen.nhs.uk](mailto:complaints@rothgen.nhs.uk)

Produced by: Julie King & Joanne Day, June 2003

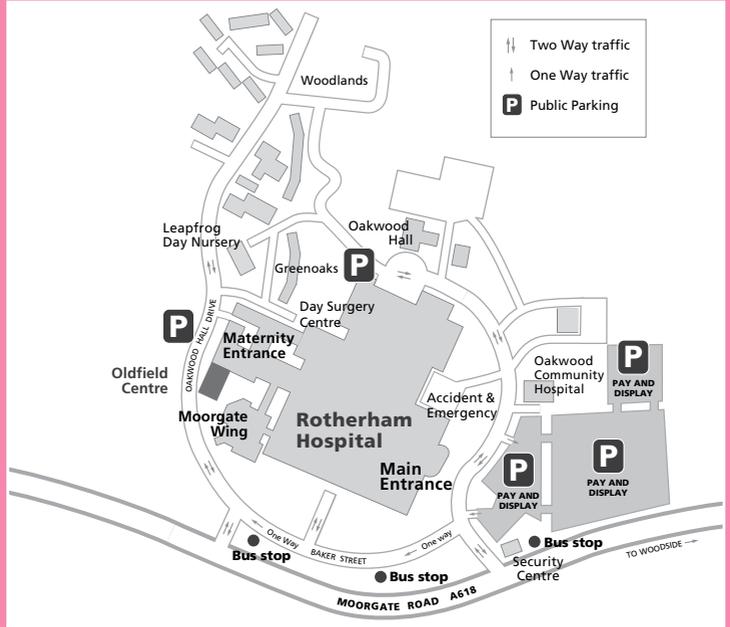
Date Revised: August 2004, September 2005, January 2008, February 2010, November 2013

Next Revision Due: November 2015. Version: 6.0

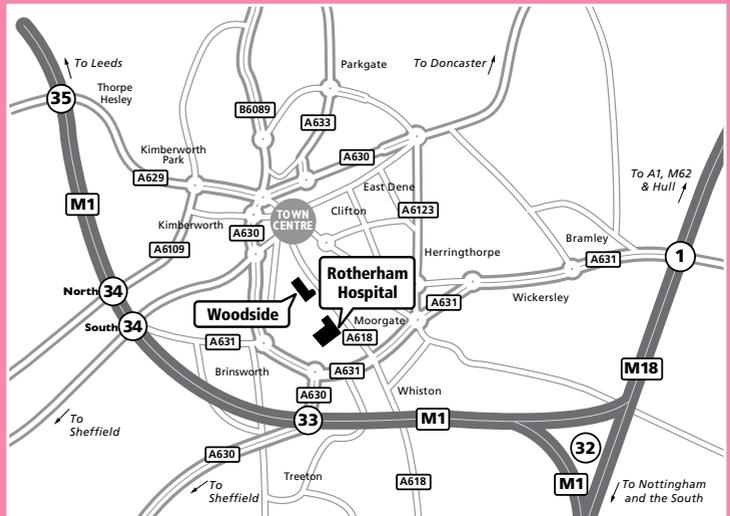
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# How to find us

## Hospital site plan



## Rotherham main routes





LS 235 11/13 V6 Jones & Brooks



The Rotherham **NHS**

NHS Foundation Trust

**Rotherham Hospital**

Moorgate Road  
Oakwood  
Rotherham  
S60 2UD

Telephone 01709 820000  
[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

