

Total Hip Replacement

The Enhanced Recovery Programme

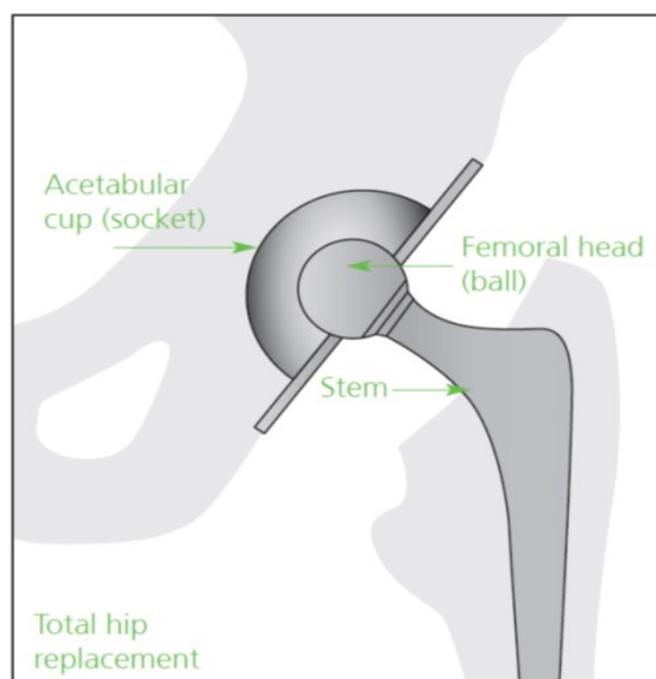
Welcome to our Enhanced Recovery Programme for total hip replacement surgery (THR).

The aim of this programme is to help you recover quickly and safely from your surgery and allow you to get home two to three days after your hip replacement. We have written this booklet to provide information about your hip replacement and hospital journey to enable you and your family to take an active part in your recovery. Please read through this booklet and bring it with you when you come in to hospital as it contains useful information and exercises for you to follow.

Total Hip Replacement

A total hip replacement is a surgical operation to replace a damaged or diseased hip joint. Your hip is a ball-and-socket joint. The head of the femur (ball) fits into the acetabulum (socket). Because your hip is worn or damaged, we replace it with an artificial one made from metal and plastic.

After a total hip replacement, your muscles will be much weaker for approximately three months and doing your exercises regularly will improve your muscle strength quicker. There are certain movements that put too much stress on your hip. **You will need to avoid these.** You must take extra precautions during the first three months to avoid dislocating your hip.



What is the Enhanced Recovery Programme?

This programme aims to optimise your hospital experience by improving pain relief, allowing you to mobilise earlier and ultimately enable you to go home sooner.

The enhanced recovery programme involves:

- Advice and information to allow you to prepare for your surgery
- Carbohydrate rich drinks before surgery to avoid long fasting times
- Tailored pain relief after your operation
- Early feeding after surgery
- Early walking after surgery

You will be given daily goals which you will be encouraged to achieve with the help of our doctors, nurses and other healthcare professionals. These goals will be adapted accordingly to individual needs. We will monitor your progress daily and support you in achieving these to allow you to have the smoothest recovery.

Pre-Operative Assessment

- A Pre-Operative appointment will be allocated to you
- You are welcome to bring a relative or friend with you
- A Pre-Operative nurse will review your previous medical and surgical history
- You will have blood tests and some basic investigations completed
- Information and leaflets will be provided on your upcoming surgery. You will have the opportunity to ask questions.
- A physiotherapist may also take further details, carry out physical assessment and provide further information.
- The Pre-Op Nurse will follow up results of tests/investigations and will contact you or your GP if there are any issues.
- An anaesthetist may be required to review the information gathered and may request further assessment or investigations.
- You should be called for admission within eight to twelve weeks of your Pre-Operative assessment date.
- Occasionally, the anaesthetist along with the orthopaedic surgeon may make the decision to suspend or even cancel your surgery depending on personal risk factors.

It is very important that you have been to a dentist for a check-up before or shortly after your Pre-Op Assessment appointment to make sure there are no infections.

Social Care

Following surgery most people are able to go home from hospital with family, friends and carers support. However if required, a social assessment will be carried out and support offered if the necessary criteria is met. Referral to Social Services can be made through your Nurse on admission.

How to improve your recovery before your operation

It is important you are as fit as possible before your operation. This will help you recover quicker from your surgery.

Measures to help improve your recovery include:

- Eating and drinking well in the months prior to surgery. This improves your skin condition and improves wound healing as well as preventing constipation
- Staying as physically active as possible. Walk and exercise within the limits of your pain, as often as you can, as this will make your rehabilitation after surgery easier.
- Maintain the correct weight for your height
- Cutting down or stopping smoking and alcohol as both impair wound healing and slow your recovery following surgery
- Tell us if you have any infection or treatment for infection.

Elective Orthopaedic Unit

The Elective Orthopaedic Unit is a ward in Altnagelvin Hospital. The ward is an orthopaedic ward used for admitting booked patients for hip and knee replacements and other orthopaedic surgery.

The ward has a strict protocol to help reduce infection due to the fact that most patients can be at risk of infection after having their new hip replacement.

- Visiting – 3 to 4pm and 7 to 8.30pm.
- Flowers are not allowed on the ward
- Clutter – patients are advised to bring in as little personal belongings as possible
- Bring in loose fitting leisure wear.

On admission you may have to wait on a bed becoming available. This is not unusual. You will be seen by a doctor and admitting nurse while waiting on a bed. There is also a discharge room where you may be asked to wait in at end of your hospital stay.

Day of surgery

You will be given four high energy drinks to take the evening before your surgery and a further two drinks at 6am on the day of surgery. These drinks help to limit the time you fast and allow your body to be better prepared for surgery.

You can drink water until 6am on the morning of your surgery. We encourage you to have a drink of water overnight if you are awake. You are not allowed to eat food or chewing gum on the morning of surgery.

Please ensure that you bring your usual medication in with you from home in the original boxes. Continue to take all your usual medication, including on the morning of surgery unless you are advised not to do so at your Pre-Operative visit. If you are in hospital the night before surgery nursing staff will administer your usual tablets.

Pain relief medications will be prescribed for you to take on the morning of surgery to improve your pain following the surgery. You can take this and your usual medications with a small drink of water.

Your surgery is likely to take one to two hours and you will spend some time in recovery area following your surgery before coming back to the ward. You can eat and drink as soon as you feel able following your surgery.

Most hip replacements are done by a spinal anaesthetic. In some cases a general anaesthetic is required.

A spinal anaesthetic involves an injection of local anaesthetic into your lower back. It temporarily numbs the nerves that supply the lower half of your body. It will ensure you are pain free throughout the procedure but are able to eat drink and mobilise sooner compared with a general anaesthetic. Your anaesthetist will discuss the anaesthetic plan in more detail with you before surgery. Light sedation is usually offered during the operation and you may experience a natural sleep.

Advantages of Spinal vs General Anaesthetic

- Less sickness and drowsiness
- Eating and drinking sooner
- Less risk of chest infections or breathing problems
- Less bleeding during the surgery
- Good pain relief immediately following operation
- Lower requirement for strong pain relief
- Less risk of becoming confused after the operation, especially if you are an older patient

Like all medical treatments there are some possible side effects:

Common complications

- *Headache* - there are many causes of a headache after an operation but if it is severe and gets worse when you sit or stand then it could be caused by the spinal. An anaesthetist will assess you and manage your headache
- *Low blood pressure* - this can be easily treated with fluids in through the drip and or drugs to raise your blood pressure
- *Difficulty passing water* during the time the spinal is working. This usually returns to normal once the spinal has worn off. Sometimes a catheter is required for a short period of time
- *Pain during the injection* - if you feel pain in places other than where the needle is (legs or bottom) inform the anaesthetist and they will reposition the needle as it might be touching a nerve.

Rare complications

- *Nerve damage* - temporary loss of sensation, pins and needles and sometimes muscle weakness may last for a few days or even weeks but almost all of these make a full recovery. Permanent nerve damage is very rare (1 in 50 000 spinals).

Please advise nursing/medical staff if you have any of these symptoms.

After surgery

In the first 24 to 48 hours after surgery

- You will be transferred out of bed and encouraged to mobilise on the afternoon of your surgery.
- You will have a 'drip' in your arm to replace any fluids you lose during surgery. This will be taken away once you are drinking enough fluids.
- You will receive pain medication but it is important that you inform nursing staff if you have pain so your pain can be managed effectively.
- You have a new hip and need to be careful how you move in bed (the nursing, occupational therapy and physiotherapy staff on the ward will show you what to do).
- To maintain good circulation, you should exercise your ankles as shown to you by the physiotherapist.
- In order to avoid a chest infection, you will need to take frequent deep breaths as explained to you by the physiotherapist
- You will go for your first walk, usually with a walking frame (Zimmer frame). It is important to bring a pair of closed-in slippers or flat walking shoes for walking practice.
- From now on you will need to take an active part in your recovery. During this time you will be visited by the following:
 1. The physiotherapist will show you how to exercise your hip, and give you walking practice and stair practice if necessary. Physiotherapy starts the day of your surgery and continues until discharge. If you require further physiotherapy this may be organised for you on discharge.
 2. The occupational therapist will teach you new ways of moving safely during recovery and advise how you can manage day to day activities such as washing, dressing, transferring in/out of bed and on/off your toilet and chair. The occupational therapist will also advise you regarding any assistive equipment which may be required.

In a short time your new joint will allow you to return to most activities including intercourse. In general, it is safe to resume intercourse approximately three months after surgery.

Restless Legs after Joint Replacement

What is restless leg?

- May occur after joint surgery, especially after knee replacements.
- Feeling of diffuse pain, calf pain, cramping or the sensation to move your leg around.
- Most experienced at night.
- Resolves as muscles and joints heal – eight to ten weeks after surgery.
- If you have restless leg before surgery it may be worse temporarily after surgery. Consult your GP to control the condition prior to joint replacement.

Treatment

- Anti-inflammatory medications.
- Walking.
- Exercising or moving your joint, especially at night.
- Stretching.

Swelling and Bruising

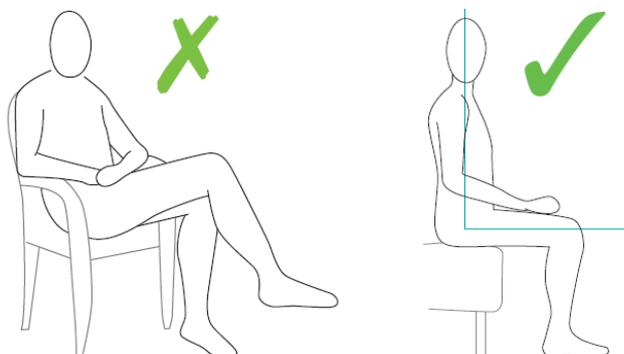
- You may have swelling and bruising around the knee or hip and down into the lower leg after your total joint replacement.
- Bruising could last for up to six to eight weeks and this is part of the normal healing process.
- Being on the blood thinner after surgery can contribute to this bruising too. However this medication is very important so please continue to use it as you are directed.
- Swelling of the leg and down into the foot can sometimes last for two to three months.

Things to remember during the first three months

Following these instructions will help prevent your new hip from coming out of joint.

- **Do not** cross your legs when lying, sitting or standing. Use a pillow between your legs in bed and when getting in and out of bed as shown in hospital.
- **Do not** bend forward or pick up objects from the floor. Ask for help or use a 'helping hand' or 'long handled reacher'.
- **Do not** swivel your feet when turning around - lift your feet as you turn. Always turn away from your operated leg.

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.



To stand up from chair or toilet

- Move forward to edge of your chair.
- Put a hand onto each of the chair arms/ toilet frame.
- Carefully slide your operated leg out straight in front of you.
- Use your arms to push yourself up to stand.
- When standing reach for your walking aid if needed.



To sit down on chair or toilet

- Move back until you feel the chair at the back of your legs.
- Holding onto your walking aid, slide your operated leg out straight in front of you.
- Reach back for the arms of the chair/toilet frame.
- Gently lower yourself down.



Getting into bed

- You might need help getting into and out of bed for a while. Keep your walking aid close to the bed but don't use it to pull yourself up.
- Make sure your operated leg is out straight in front of your other leg; carefully sit down on the bed. Try to sit as close to the top of the bed as possible so you have enough space to get your legs in.
- It's important that you keep your legs tight together. To help you to do this, place a pillow between your legs. If the pillow starts to fall out, you need to bring your legs tighter together
- Use your arms to lift your bottom as far back into the bed as you can.
- Lift both legs together into the bed. If you find you are too far down the bed, use the heel of your 'good' leg and your arms to help push yourself up.
- In bed, use a pillow between your legs and continue to lie on your back until you return to the clinic.



Getting out of bed

- With using the pillow between your legs, push down using your arms and move closer to the edge of the bed. Remember, keep your legs together
- Slowly slide your legs out over the edge of the bed and bring your body around.
- Use your arms to help you move forward until your feet are flat on the floor
- Stand up as though you are getting out of a chair pushing up from the mattress.



Bathing/Showering

Do not use your bath for three months following your operation.

If using a shower to get washed, your District Nurse will advise you when your wound is healed enough to do so.

If you do not have a shower facility you may require or need a higher stool to assist with overall washing.

Dressing

Try to make sure you have all the clothes you need beside you on the bed or chair before you start. Sit down to get dressed. A long handled shoehorn can help, not only with putting on shoes but also with pulling up underwear and trousers. You may require or need a gadget to help with putting on socks or stockings/tights.

Always pull on clothes on the operated leg first, then your 'good' leg. When getting undressed, do it the other way – 'good' leg first, then operated leg.

Domestic Tasks

- Avoid having to bend or stretch. Keep kitchen equipment within reach.
- Avoid heavy housework tasks.
- Sit down if you have to iron and make sure your chair is at the right height.
- When doing light housework, rest often and sit when you can.

Travelling by car

- Getting in and out of a car can be difficult. This transfer should be completed with caution and with assistance.
- Always get in and out of the car on a flat road rather than at the pavement. Be very careful to watch for traffic.
- Put the car seat back as far as possible and adjust the height if possible.
- When getting in, put your bottom on the seat first and lift both legs in together, keeping your knees lower than your hips. (If you cannot lift both legs in together then lift one leg in at a time, taking extra care).
- When getting out, lift both legs out together, and then stand by using your arms to push you up.
- Do not drive until your review appointment or when you can do an emergency stop and not using any walking aids and have checked with your insurance company.

Things to remember over the long term

- Avoid stressing the joint, for example, do not jump from a height and land heavily on the operated leg.
- Do not force the joint beyond a position where it starts to feel tight at any time.
- Take care of your general health and fitness.
- You should wear shoes with a low heel and non-slip soles.
- Take special care when walking on rough or soft ground. Try to avoid doing this if at all possible.

Recognised Complications

Clots

You should wear the elastic stockings supplied until you return to the outpatients' clinic in six to eight weeks after surgery. You will be shown how to give yourself injections on discharge. If you develop pain in your calf contact us immediately or attend your local A&E. You will receive an information leaflet about signs of a clot and prevention.

Dislocation

Initially an artificial hip is not as stable as your natural hip so there is a small chance the hip will dislocate. This means the ball comes out of its socket and it will be corrected by the doctor but may require further surgery. To prevent this you are given post-operative precautions and movements to avoid for up to three months

Foot weakness

Pressure on the sciatic nerve can cause weakness of the foot. If this happens, the problem usually resolves itself and it is rare for the weakness to remain.

Leg length

The operation can result in different leg lengths. Usually, this feeling of leg length difference settles, but if not, it can be corrected by using a shoe raise.

Loosening

Over a period of time, the artificial hip joint may become loose and further surgery may be required to correct this. An average hip replacement is expected to last between ten and twenty five years. If you are worried about any of these risks, please speak to the hospital doctor before your operation for further advice.

Wound site: Care of your wound

- Keep your wound clean and dry
- Do not tamper with your dressing
- Take painkillers as prescribed
- Exercise toes as shown
- You may have been instructed to elevate your limb e.g. leg to reduce swelling – you must do this by getting on a bed. Do not use a stool.
- Drink plenty of fluids
- Eat a well-balanced diet

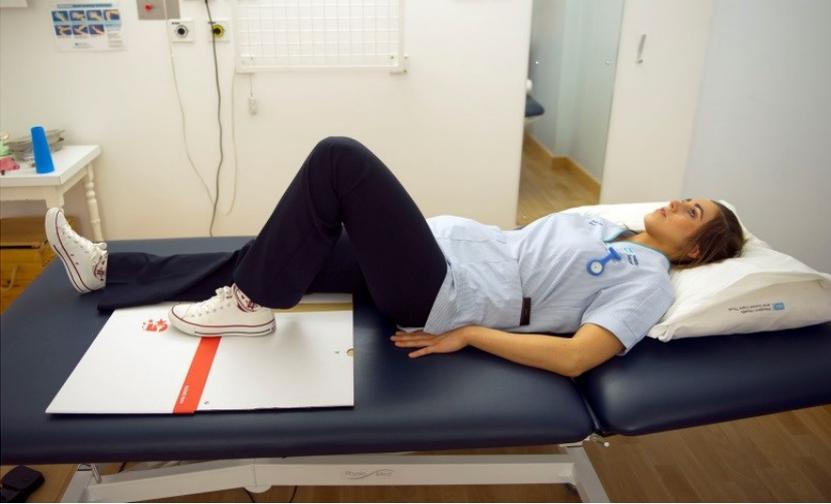
Wound site: Sign of infection

- Increase discomfort/swelling/burning under dressing
- Redness spreading up your leg
- Pus coming through your dressing
- Feeling unwell/ flu like symptoms or sweating
- Offensive smell from wound
- Pyrexia (High temperature)

Any concerns regarding your wound contact us immediately on the number on the last page

Physiotherapy Exercises

The following exercises should be performed three times a day for at least twelve weeks. The physiotherapist will guide you with these exercises after surgery so you can carry them out independently on discharge home. These exercises have been shown to help hip range of motion and strength and should be performed pre and post-operatively.



Lie on your back. Bend and straighten your hip and knee by sliding your foot up and down the bed. Do not bend your hip beyond 90 degrees.
Repeat ten times.

Lie on your back. Bring your leg out to the side and then back to mid position.
Repeat ten times.





Tighten your thigh muscle and pull your toes up towards you as you attempt to press the back of your knee downward towards the bed.

Hold five seconds and repeat ten times.

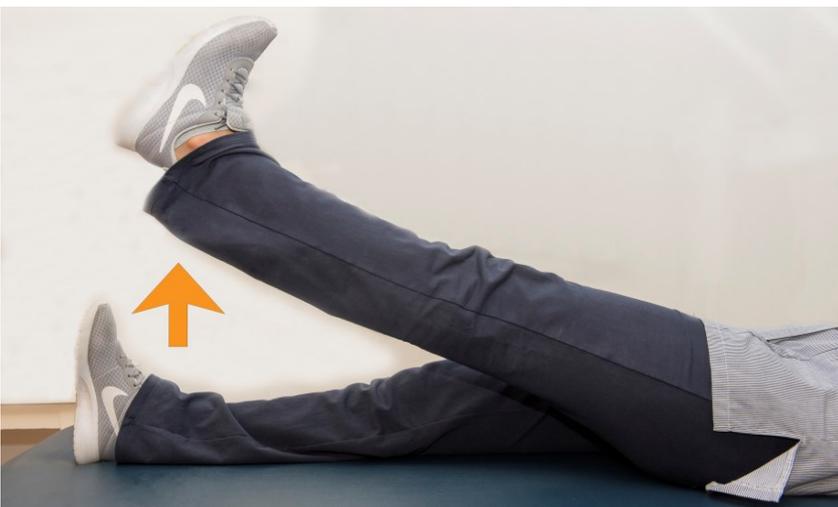
Lie on your back. Bend one leg and put your foot on the bed. Place a cushion under the other knee. Exercise your straight leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep your knee on the cushion). Hold for approximately five seconds and slowly relax.

Repeat ten times.



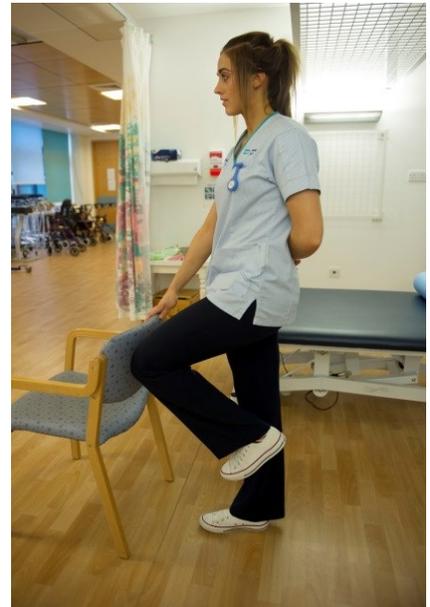
Tighten your thigh muscle and pull your toes up towards you. Lift your leg straight up off the bed ensuring your knee is kept straight throughout the movement.

Hold five seconds and repeat ten times.





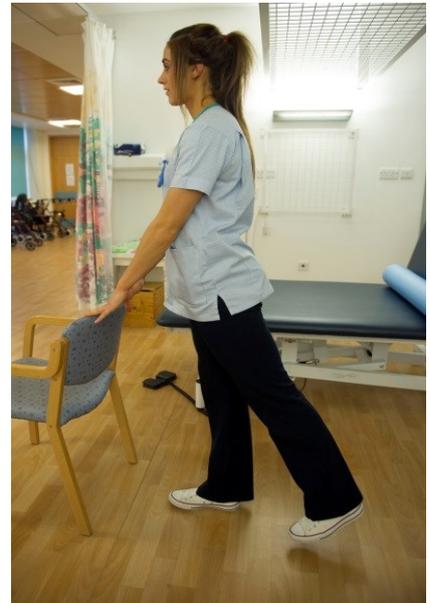
Sit on a chair. Pull your toes up, tighten your thigh muscle and straighten your knee. Hold for approximately five seconds and slowly relax your leg.
Repeat ten times.



Stand straight. Hold onto a worktop for support. Bend your hip and knee up in front of you. Do not bend further than 90 degrees.
Repeat ten times.



Stand straight holding on to a worktop for support. Lift your leg sideways and bring it back, keeping your body straight throughout the exercise.
Repeat ten times.



Stand straight, holding on to a worktop for support. Bring your leg backwards, keeping your knee straight. Do not lean forwards.
Repeat ten times.

Managing your new joint

- It may take six to twelve months to get the full benefit from your hip replacement.
- It is important to continue exercises as part of your daily plan.
- This helps the thigh muscles to stay strong and improve how your hip moves.
- Slowly increase your level of movement by doing different things every day.
- It is important not to gain extra weight. This may reduce the life of your new knee joint.

In a short time your new joint will allow you to return to most activities including intercourse. In general, it is safe to resume intercourse approximately three months after surgery.

Walking

When you leave hospital you should be walking with a Zimmer frame or crutches. Put both crutches forward then step forward with your operated leg first and then bring your other leg through. Do not turn your leg inwards when walking.

Stairs and steps

Going up - use your good leg first, then your operated leg and then your crutches.

Going down - use your crutches, then operated leg first, then your good one.

Advice on equipment

- Crutches or Zimmer frame (or both) – when you feel safe on your crutches you can reduce to one after six weeks.
- For other activities such as driving, swimming, dancing, returning to work, you should check with your consultant at your review appointment.

Your review appointments

First review - should be six to eight weeks after you leave hospital with your consultant. Further follow up appointments will be with Sr Rhonda Moore, Arthroplasty Review Nurse. At these appointments you will be asked to fill out questionnaires which help the Orthopaedic Team to maintain a good service.

We will post your appointment out to your home address. If you do not receive an appointment, contact:

Orthopaedic Outpatients Department on: 028 71 345171 Ext: 213022

If you have any concerns about your new hip that you would like to discuss please contact:

Rhonda Moore,

Arthroplasty Review Nurse: 028 7161 1282

*Outside of working hours please contact the
Elective Orthopaedic Unit*

on 028 7161 1205 and ask for Nurse in Charge