Having a total hip replacement

Information for patients, relatives and carers

Service provided by:

University Hospital Southampton NHS Foundation Trust

Contents

Welcome to University Hospital Southampton (UHS)

Welcome to the University Hospital Southampton NHS Foundation Trust Trauma and Orthopaedics unit. The unit provides elective services for patients who are having total (full) hip replacement, hemiarthroplasty (half) hip replacement, and revision hip replacements.

We have a team of highly specialised consultants, many of whom are nationally and internationally recognised for their expertise and experience. Our consultants are supported by nurses, therapists and other specialist clinical staff who are also experts in their field of orthopaedic care. This means that you are likely to be able to go home the same day as your operation, or the day after.

This factsheet will explain key information about your surgery and recovery. Please read it carefully. If you have any questions or concerns, please contact us using the details on page 27.

For more information, visit our website by typing:
www.uhs.nhs.uk/departments/trauma-and-orthopaedics/hip-and-pelvis
into your browser, or use the camera on your smartphone to scan the QR code opposite.

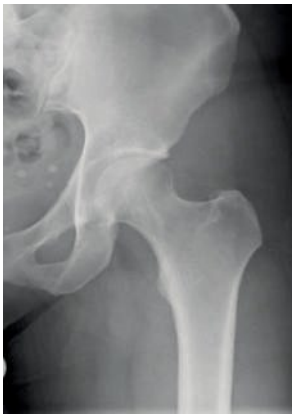
About the hip

The hip is a ball and socket joint that allows your leg to move forwards, backwards and sideways, as well as rotating. Both the ball and socket are lined with a smooth substance called articular cartilage, which provides an almost friction-free movement.

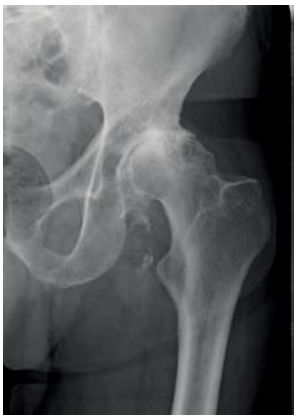
Arthritis is a process in which the articular cartilage breaks down, eventually leaving bare bone exposed underneath. Arthritis can develop over several years or fairly rapidly. There are a number of causes, but it is more common if there is a family history of arthritis or after a serious injury to the hip.

As the cartilage becomes damaged and wears away, the joint becomes increasingly stiff, painful, and difficult to move. Stiffness is very often the first sign, then pain when you move, and finally pain when you are resting or at night. When pain and disability are having a serious effect on your daily activities, your surgeon may offer you the option of a total hip replacement to help.

A hip replacement is very effective in relieving pain and stiffness and will allow you to do near normal activities, with only a few minor restrictions.



X-ray of a normal hip



X-ray of an arthritic hip

What is a hip replacement?

It is an operation where we use biocompatible (body friendly) implants to replace and resurface the bones of the hip joint, recreating the smooth gliding surfaces of the joint. Total hip replacements are usually made from a combination of metal alloys (such as titanium or cobalt-chromium), medical-grade polyethylene (a durable plastic) or ceramic. They may be implanted with or without bone cement.

Hip replacement surgery is extremely successful, with at least 95% of patients satisfied with their new hip. It is very effective in getting rid of the pain associated with osteoarthritis and other degenerative hip problems. It improves the range of hip movement and allows you to return to a nearly normal level of activity.

Unfortunately, the artificial joint can wear out and fail due to:

1. Loss of fixation between the artificial joint and your bone (often called aseptic loosening).
2. Wear of the bearing surfaces (ball and socket or head and socket), which may cause debris. This can cause loosening of the replacement and damage to the bone or soft tissues around the bones.
3. Repeated dislocation of the joint.

You will find further information about these and other issues later in this booklet.

There are advantages and disadvantages to each type of replacement. No single type is better than another in all circumstances, and not all replacements are suitable for all patients. The decision as to which replacement is best for you is complex and depends on a number of factors. Your surgeon will discuss this with you.

This is a big operation, so please make sure that you have considered all the options discussed with you by your consultant, and that this is your final decision. If you have any doubts, please discuss them with your consultant before your operation.

The next section explains about the different types of hip replacements and bearing surfaces (ball and socket or head and socket) available.

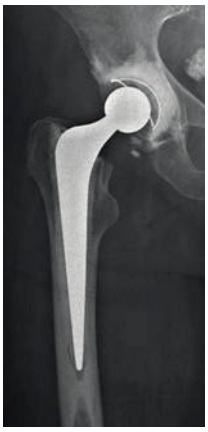
What are the different types of hip replacement?

Cemented hip replacements

This is the type of hip replacement that was first used in the 1960s. They are the most tried and tested, with the longest clinical results. With cemented replacements, the arthritic head of the femur (the 'ball' of the hip joint) is removed and replaced with a metal ball with a stem which is inserted into the shaft of the femur.

The socket of the hip is lined with a polyethylene cup. Both the stem and the cup are held in place with special plastic cement (polymethyl methacrylate). There are several different designs of cemented hip replacements available.

Metal stem and plastic socket



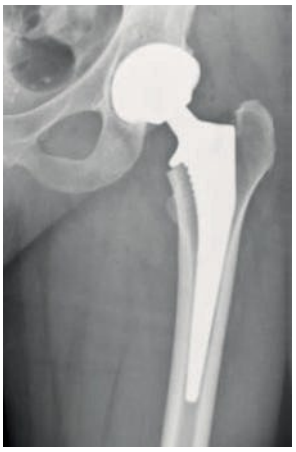
X-ray showing the replacement in place

It is unlikely that older people will require any further surgery. However, in younger people, who tend to be more active, there is a greater chance that these hip replacements will fail or wear out, sometimes not even lasting 10 years.

Uncemented hip replacements

These are like cemented hip replacements, but instead of cement, a special coating is applied to the stem to encourage bone to grow onto the replacement and hold it in place. This is known as bone ongrowth. A metal cup that also has a special coating is used for the socket, and a plastic or ceramic socket fits into this to form the bearing surface. This combination tends to be used for younger patients.

Uncemented stem with coating and uncemented cup



X-ray showing the replacement in place

Despite good results, as this type of replacement depends on bone ongrowth to hold it in place, it may not be suitable for everyone, especially if you have osteoporosis or rheumatoid arthritis. In these cases, a cemented replacement may be more suitable.

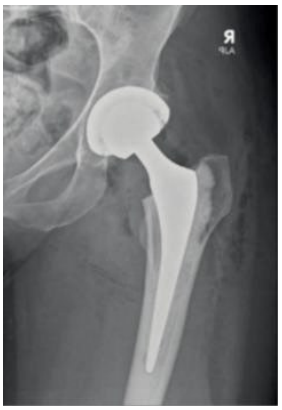
In some people, their bone does not grow onto the metal, and so the hip can become loose at an early stage. It would then need to be replaced with a different prosthesis.

Hybrid hip replacement

A hybrid hip replacement is usually a cemented stem and an uncemented socket. This is the third combination that is used and is probably the most common combination used in the UK. It is a good compromise between the two fixation options.

The results are the same as for the cemented and uncemented hips.

Hybrid hip replacement

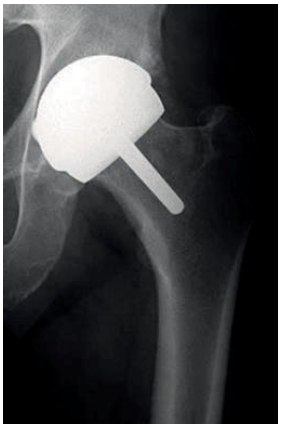


X-ray showing the replacement in place

Hip resurfacing

There are very specific criteria for this type of hip surgery where the ball and socket are made entirely of metal. It is reserved for very active male patients under the age of 55. Unfortunately, due to metal reaction issues, it is not suitable for female patients.

Metal hip replacement



X-ray showing the replacement in place

Bearing surfaces

There are currently three different types available:

1. **Metal ball and polyethylene socket**
   The traditional hip bearing is a plastic socket with a metal ball. The plastic is made stronger by using a different type of polyethylene, known as 'highly cross-linked'. Long-term studies have shown very good results, the socket lasting longer and wearing less than older sockets. We will often use this combination in older patients.

2. **Ceramic head and polyethylene socket**
   The artificial ball may be made of ceramic which reduces both friction and wear when tested in the laboratory. Early versions of ceramic heads occasionally shattered but this is now extremely unlikely with modern designs giving the smoothest head and minimising wear in the socket. This is now a very common combination.

3. **Ceramic head and ceramic socket**
   With this combination, there is very little debris produced. This means that in theory, the joint will not wear out or cause a tissue reaction, so it should last a long time. There is also a very rare risk of the ball or liner fracturing, leading to immediate hip failure. There is also a small risk of the joint squeaking. With the newer polyethylene lasting so well, this combination tends to be reserved for younger patients.

How long do hip replacements last?

Modern hip replacements last a lot longer than older designs, with many lasting well beyond 20 years before they start to wear out or become loose. It is impossible to predict exactly how long a new hip will last, but we know from large studies that:

- over 95% are still working well at 10 years.
- over 90% are still working well at 20 years.

What type of anaesthesia is used for hip replacement surgery?

Our pre-assessment team will contact you and organise any further tests or investigations you may need to make sure you are medically fit for surgery. This includes planning the safest and most appropriate anaesthetic for you.

You will meet the anaesthetist just before the operation, who will use this information to discuss your options, and help to advise you.

There are two main types of anaesthesia that can be used for a total hip replacement – spinal anaesthesia and general anaesthesia. Most patients will have a spinal anaesthetic, as this method allows faster recovery and may give you a better surgical result in the long term.

Spinal anaesthesia

This method involves placing an injection in your lower back, which makes your legs temporarily numb (unable to feel anything). As you will be awake throughout the operation, we suggest that you bring headphones and your own device to listen to the radio or music. We will keep you warm and comfortable, and if you wish, we can give you some sedation to help you relax.

Although you will not be able to see your operation, you will still be aware of activities and sounds in the operating theatre. You will be able to talk to your anaesthetist, who will be with you throughout.

Advantages of spinal anaesthesia

- Good pain relief immediately after surgery.
- Reduced risk of nausea (feeling sick), needing a blood transfusion and development of blood clots (DVT).
- Earlier recovery from the effects of the anaesthetic and being able to move around sooner after surgery.

Disadvantages of spinal anaesthesia

- Higher risk of urinary retention (difficulties emptying your bladder). You may need a catheter (a tube inserted into your bladder to drain your urine) for a short time.
- If you have previously had back surgery, you may not be able to have spinal anaesthesia.

General anaesthesia

You will be unconscious (asleep) throughout the operation, but your legs will not be numb.

Advantages of general anaesthesia

- If you have certain medical conditions, it may be safer for you to have this type of anaesthetic, rather than a regional anaesthetic.
- Reduced risk of urinary retention.

Disadvantages of general anaesthesia

- Potential damage to teeth or crowns and/or a sore throat due to the tube the anaesthetist places in your throat to keep you asleep during the operation.
- Higher risk of blood clots, needing a blood transfusion, nausea, vomiting, and feeling confused when you wake up.
- Your recovery may be slower compared to after having spinal anaesthesia.

For further information about anaesthesia, please visit the Royal College of Anaesthetists' website at www.rcoa.ac.uk/patients/patient-information-resources/patient-information-leaflets-video-resources or use the camera on your smartphone to scan the QR code opposite.

What risks are associated with hip replacement surgery?

As with any anaesthetic and major operation, there are risks associated with hip replacement surgery. These can include:

- Heart attack
- Stroke
- Chest infection (usually treated with antibiotics and breathing exercises)
- Deep vein thrombosis (DVT) – a blood clot in the veins of the leg
- Pulmonary embolus (PE) – a blood clot in the lungs.

The risk of having a DVT or PE is increased in certain circumstances. We will assess the risk specific to you before surgery.

It is very important that you tell us if you have ever had a DVT or PE previously, or if any family member has ever had one.

We always try to reduce the risk of DVT and PE, initially by using special pumps for your feet (which also help to reduce post-operative swelling in the leg) and encouraging you to start walking around as soon as possible after surgery. We also use blood-thinning injections or tablets. We will discuss this with you and tailor it to your individual needs.

For details on **how to prevent blood clots** during your hospital stay, please visit our website at: www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Visitinghospital/Preventingbloodclots-patientinformation.pdf or use the camera on your smartphone to scan the QR code opposite.

Blood transfusions

It is normal to lose some blood both during and after the operation. However, the blood that you lose will usually be made up by your own body in the weeks after surgery. It is rare to need a blood transfusion after hip replacement surgery.

Blood needed for a transfusion is always tested and matched to your own blood group, but still has very small risks associated with it, such as rejection and reaction to the donor blood, and transmission of infection.

If you have any concerns about blood transfusions or you do not wish to receive them, please speak to the pre-assessment team when they contact you before your operation.

It is important that your blood (haemoglobin) level is within normal limits before surgery. Patients with a low haemoglobin, or anaemia, may need additional investigations and treatment before surgery. As this could potentially delay your operation, please speak with your GP or pre-assessment nurse if you are aware of any problems with anaemia.

Infection

An infection can occur after any operation, but it is particularly important that you understand its consequences when having a hip replacement.

There are two types of infection:

1. **Superficial wound infection**

   This is an infection of the healing wound where it is red and may have a small amount of discharge. It can usually be treated with a course of antibiotics.

2. **Deep infection**

   There is a risk of an infection with bacteria getting around the hip replacement at the time it is inserted. The risk of a deep infection is about 1-2% (one or two in every 100 cases). This is a **very serious complication**.

   If a deep infection occurs, it usually requires further surgery. We may need to remove the replacement to allow the antibiotics to work more effectively. This can mean a longer stay in hospital before we can fit a new hip replacement.

   Very occasionally, it is not possible to insert another hip replacement, and we will have to leave you without one. This is known as a Girdlestone procedure, and it used to be the treatment for severe pain and arthritis before hip replacements were invented. You should be able to walk short distances, often without using crutches, but you will have a noticeable limp.

To help prevent infection, we will take swabs from your skin and nose to check for MRSA bacteria and make sure that there are no cuts, wounds, or infections on your skin before the operation. We will also give you prophylactic (preventive) antibiotics to reduce the risk of infection during surgery.

Wound and leg problems

Haematoma

It is common for bruising to develop around the wound and extend down towards your knee. This is usually not a problem and should improve within a few weeks. However, occasionally a more significant bruise (known as a haematoma) occurs under the wound, and this can delay healing. If this happens, you may need to have a small operation to release the blood that has collected under the wound.

A haematoma is more likely if you are taking blood-thinning medications. Please tell us if you are taking this type of medication when you come for your pre-assessment appointment. Stopping the medication for a period of time before your operation usually reduces the risk. We will advise you further at your appointment.

Tender scar and trochanteric bursitis

Some people have discomfort around their scar, which can be improved with massage. Very occasionally, it persists. This is known as trochanteric bursitis. It usually settles with time and a course of physiotherapy.

Leg swelling

This is quite common after hip replacement surgery and tends to improve each night with rest and the leg being elevated (raised). Most of the swelling will settle in the next two to three months and will not cause any long-term problems.

However, if the swelling gets worse or becomes painful, please seek advice from either the Orthoapedic Outpatient Department, F4 Elective ward, your GP, 111 or your nearest emergency department (A&E). This is because one of the causes of the swelling could be DVT (deep vein thrombosis). Although there is usually not a problem, it is still important that you get it checked.

Groin aches and thigh discomfort

It is normal to have minor aches and pains. Please remember that your painful arthritic joint will not have been used properly for a long time and your muscles may be weak before your operation. After surgery, you will be exercising your new joint, and most people experience some aches and pains for a few months while their muscle strength is building up again. If you have an uncemented hip replacement, you may have occasional thigh pain until the bone grows into the metal component and stabilises it.

Limp

This is common initially as your muscles recover from the surgery but improves and usually disappears once the muscles have regained their strength. Very occasionally, a nerve is bruised or damaged and the limp will be permanent. The risk of this happening is very small.

Leg length difference

Almost everyone, even if they do not have hip problems, has a slight difference in their leglengths. Although we try to make sure that your leg lengths are the same during the operation, occasionally for technical reasons, this is not possible.

Contractures (muscle shortening) of the hip joint caused by the arthritis are released during surgery, thereby restoring the leg back to its normal length. Most people will initially feel that one leg is longer or shorter than the other after a hip replacement operation. That feeling should disappear within a few weeks of the surgery.

Even if there is a definite leg length difference, most people will not notice a difference of up to 1cm or more, and over a period of a few months, stop noticing it. Occasionally a small shoe raise is needed for some people to correct this.

Referred pain

If you have a back problem or a knee problem in addition to your hip problem, then pain from these two areas can be felt as if it is in the groin area. If you do experience any discomfort or pain in your hip or groin after the operation, please speak to your surgeon or general practitioner (GP) so that the cause of it can be investigated.

Dislocation

Dislocation occurs when the ball of a hip replacement pops out of its joint. Dislocation can occur any time after your hip replacement, but it is most likely to happen in the first six weeks while all the muscles and tissues are healing. After this time, dislocation is less likely.

After your surgery, it is important to be mindful of how you move to help with healing and avoid unnecessary strain. Try to avoid deep bending too much at the hip, like when sitting in verylow chairs or picking something up from the floor, as this can put extra stress on the area.

When sitting, aim for chairs with a higher seat and armrests to help you get up more easily. Also, be cautious with twisting motions – try to turn your whole body rather than just your hip to keep movements smooth and comfortable. These small adjustments will help you feel more stable and move more confidently as you recover.

Other complications

Allergies

Please tell us at your pre-assessment appointment if you are allergic to anything which causes swelling, a rash or breathing difficulties. Occasionally people have allergies to some of the medications (such as antibiotics) and the materials we use for hip replacement surgery, such as dressings or glue.

We will test you for common allergies such as iodine and sticking plasters. Allergy to the hip replacement materials is extremely rare, and it is not possible to test for this.

Urinary retention

Some people find that they are unable to pass urine for several hours after having major surgery. If this happens, causing stretching of the bladder or pain, then we may need to insert a catheter to empty your bladder for you. In most cases, we can then remove the catheter a day or two later once you are up and about.

This is now less common with modern anaesthetics, but men with an enlarged prostate are more likely to have issues with urinary retention.

Please let us know at your pre-assessment appointment if you already have problems passing urine, or if you have to get up frequently at night to do so. We may then refer you to see a urologist.

Fracture

There is a very small risk that your hip bone may fracture (break) during surgery. If this happens, we will normally fix the break while you are still on the operating table. After surgery, you may be able to start moving around normally, but we may ask you to use crutches for a while. In very rare cases, we may ask you to remain on bed rest while the bone heals. This is more common for uncemented hip replacements.

Nerve and artery damage

In extremely rare cases, damage to a major nerve or artery can occur during surgery. If this happens, your surgeon will explain the reason why and what will happen next.

Loosening or wearing out of the hip prosthesis

As mentioned earlier, the hip replacement can become loose from the bone, or the bearing surface can wear out, although it is unusual for this to happen in the first 20 years. If you experience a new onset of persistent pain in the groin or thigh, you should ask to be referred back to a hip specialist.

What would I need to avoid with a new hip?

No hip replacement that is currently available is perfect, but they should allow almost normal activity and last more than 10 years.

After a hip replacement, we would expect you to be able to do the following activities:

- ✓ Walking
- ✓ Swimming
- ✓ Cycling (exercise bike or a normal bicycle)
- ✓ Play golf
- ✓ Gardening
- ✓ Go to the gym (please check with us at your follow-up appointment)
- ✓ Skiing (only if you are already an experienced skier)

If there are any other activities you would like to do or return to, please discuss these with us at your follow-up appointment.

Please note that it is unlikely a hip replacement will ever be quite as durable as a normal joint. If you fall or injure yourself, you can fracture (break) the area around your hip or dislocate it.

We advise you to **avoid the following**:

- ✗ Impact activities (such as running)
- ✗ High impact aerobics (aqua aerobics is fine)
- ✗ Badminton and squash
- ✗ Singles tennis (gentle doubles tennis is possible)

Is there anything I should do to prepare myself for surgery?

While you are waiting for your hip replacement, there are a few things you can do that may help you to recover more quickly from surgery.

Exercise

General exercise

Continuing to exercise while you are waiting for your hip replacement will help your recovery after your operation. We recommend that you take gentle exercise (within the limits of your pain) such as cycling, swimming, or walking, with periods of rest in between. It is better to take pain killers and exercise, rather than not exercise at all.

Specific exercise

Hip-specific exercises will strengthen the muscles around the hip to improve your strength and make it easier to walk around after surgery. Please follow the pre-operative exercise programme we have given you.

General health

Keeping yourself as fit and healthy as possible before your operation will help with your recovery afterwards. If you develop any new health problems or any other pre-existing medical conditions get worse, please see your GP so that they can be treated before your operation.

If you are a smoker, we strongly recommend that you stop smoking or at least cut down before your operation. This is because you are more likely to get a chest infection if you smoke, and the nicotine can affect wound and bone healing. For help with quitting smoking, contact Smokefree Hampshire on 0800 772 3649 or visit their website at www.smokefreehampshire.co.uk

If you drink alcohol, please do not drink more than 14 units a week, as this can also affect wound healing.

If you are overweight, losing weight will be of benefit before and after your operation, as it will reduce the load (weight) taken through your hip joint. It will also mean that the surgeon can make a smaller incision (cut) for your operation, and you will have a smaller scar. Larger legs are more likely to have wound problems and have a higher risk of infection.

Your GP may be able to refer you to a supervised weight loss programme or provide medication that helps with losing weight. Some patients may benefit from considering weight-loss surgery.

For further information about **preparing for surgery**, visit the Royal College of Anaesthetists' website at www.rcoa.ac.uk/patients/patient-information-resources/preparing-for-surgery or use the camera on your smartphone to scan the QR code opposite.

Pain relief

If your hip is painful and you are not taking anything for it, or the medication you are taking is not working, talk to your GP as they may be able to prescribe something to help.

Load reduction – using a stick

Reducing the load (body weight) taken through your hip may help to reduce your pain. Using a walking stick (held in the opposite hand to the affected joint) will help reduce the load when you are walking, so this may be worth trying. You can buy walking sticks from some supermarkets, as well as on the internet.

Making sure that you have enough rest and avoiding putting any unnecessary strain on your hip will also help to reduce the load on the joint.

Foot care

It is very important that you look after your feet, as minor wounds, sores, or infections may result in your operation being cancelled. If you visit a chiropodist, please make sure that you tell them you are going to have surgery. If you have any concerns about your feet, please make an appointment with your GP.

Skin care

If you have any cuts, abrasions (grazes), rashes or other skin conditions, please see your GP as these may also delay your operation if left untreated.

Dental care

We advise that you visit your dentist to make sure that your teeth and gums are healthy before your operation, as any infection could spread to your hip joint.

What happens before my operation?

Pre-operative questionnaire

We ask all patients undergoing surgery to complete an online questionnaire using **My Medical Record** online portal.

At UHS, you may be asked to sign up or you may have already been asked to sign up for My Medical Record from other departments in the hospital. You can use this to access your medical records, appointments, clinic letters and blood test results.

In the peri-operative care team, we use it to ask patients to complete health screening questionnaires.

You can access the questionnaire by logging into My Medical Record and going to My Conditions and Peri-operative Assessment. We recommend that you answer the questionnaire as soon as possible or as instructed.

If you are unable to access it, or have no capacity to access it, please contact POCdigitalsupport@uhs.nhs.uk

Nurse-led anaesthetic pre-assessment appointment

Before you have surgery, we will invite you to attend two appointments as part of our surgical pre-assessment: an observations appointment and a nurse-led appointment.

This factsheet explains what will happen at your observations appointment, so you know what to expect. We hope it helps to answer some of the questions you may have.

If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is an observations appointment?

An observations appointment is one part of your surgical pre-assessment. This appointment helps us to prepare you safely for your surgery and identify any areas where we can help to improve your general health before your surgery.

How should I prepare for this appointment?

On the day of your appointment, you should:

- eat and drink as normal
- take your medications as normal
- bring a list of the medications you are currently taking with you

You can bring a maximum of one person with you to this appointment.

Who will I be seen by?

You will be seen by a healthcare assistant.

What will happen at the appointment?
At the appointment, we will measure your:

- Height and weight
- Blood pressure
- Oxygen saturation levels

We may also perform the following tests:

- an electrocardiogram (ECG) - A test that records the electrical activity of your heart, including the rate and rhythm.
- an MRSA swab test - A routine test for people who are due to have surgery. It involves wiping swabs (like cotton buds) on the inside of your nostril and around your groin area to check for MRSA. MRSA is a type of bacteria that usually lives harmlessly on the skin, but if it gets inside the body, it can cause a serious infection that needs immediate treatment with antibiotics. If the result shows you have MRSA on your skin, you will need to treat it with a special nasal cream or spray, body wash and shampoo for around 5 to 10 days. If this is the case, we will give you more information along with instructions on how to use the treatments.
- a rectal swab test – A painless test that involves inserting a cotton swab into your back passage (rectum) to see if you are a carrier of a certain infection. We will only perform this test if you have stayed in a different hospital within the last 12 months. If you need to have this test, we will give you more information about it at your appointment.
- blood tests – We may carry out some routine blood tests. These blood tests can usually be done by one of our healthcare assistants in the pre-assessment clinic. However, occasionally, some people may need to visit the hospital's phlebotomy department instead to have these tests.

We will give you a bag containing the following:

- important information if any of your usual medications need to be stopped before your surgery
- an antimicrobial body wash with instructions on how to use this
- admission details for the day of your surgery
- additional information related to your surgery

We will also be able to answer any questions you may have.

How long will the appointment be?

Please allow up to one hour for the observations appointment.

What will happen after the appointment?

After the appointment, we will let you know when you are able to leave the department and resume your normal daily activities.

Further information

If you have a medical condition that means you need help getting to hospital, please contact your GP surgery so they can arrange transportation for you.

Contact us

If you have any questions or concerns before your appointment, please contact us.

Surgical pre-assessment clinic

Telephone: 023 8120 6218 (Monday to Friday, 9am to 4pm)

Email: preassessrequests@uhs.nhs.uk

Visit: www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Surgery/Surgical-pre-assessment-clinic-Observations-appointment-3865-PIL.pdf or scan the QR code opposite.

Therapy

We will give you information, including videos, before your operation on how best to prepare, the surgery itself, and what to expect afterwards. It is important to read and follow the advice given for the best chance of a good recovery.

To access an electronic copy of your booklet with exercises to do before and after your operation, visit our website: www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Muscles,jointsandbones/Advice-and-exercises-for-before-and-after-your-total-hip-replacement-4038-PIL.pdf

or use the camera on your smartphone to scan the QR code opposite.

You will receive a questionnaire regarding your home environment and if needed, a member of the therapy team will contact you to discuss any additional support that may be necessary once you have been discharged home. We would also like to encourage you to ask family and friends for assistance where possible.

Transport to and from the hospital

You will need to arrange for someone to bring you into hospital and take you home when you are discharged. Most people can go home the same day as their operation, but this may not be until late evening, so please make sure someone will be available to collect you.

Please note that the hospital is unable to provide transport for your return home.

Getting things ready at home

As you will be returning home on the same day as your surgery, it is important that you get things ready at home beforehand.

- Think about who will be able to do your shopping, laundry, housework and change your bed linen while you are using walking aids. Perhaps family, friends and/or neighbours could help, or even a local voluntary agency. It is essential to find out who can help now, rather than leave it until after your operation. Please make sure these arrangements are in place before you come in, otherwise it could delay your operation.
- Remove any loose rugs, which may cause you to trip or fall, and move anything that may get in the way when walking around with crutches or a walking frame.
- Place a stool or chair next to your bathroom sink so that you can sit down to have a strip wash until you are able to have a bath or shower.
- Put objects that you use regularly within easy reach.
- If you have pets, consider who may be able to help you take care of them, including taking dogs for walks or emptying/cleaning cats' litter trays.
- Please make sure you have a supply of any medication you take regularly for when you go home, including your usual pain relief medications, such as paracetamol or ibuprofen.

All arrangements for your discharge home after surgery must be made before you come into hospital. If you think there may be a problem, please tell us as we can help.

In the kitchen

- Stock up your freezer and cupboard with food and drink to last a minimum of two weeks. Stock up your cupboards at waist height to minimise bending.
- If you live alone or are on your own during the day, think about where you may be able to eat, as you will not be able to carry plates, bowls or cups/mugs while using your walking aids.
- The therapist may provide a trolley for you to use if it is not possible for you to eat in your kitchen. Consider buying a flask or insulated beaker for hot/cold drinks or soup, which you can then carry in a cross-body/shoulder bag into another room.
- Alternatively, if you have a stool of suitable height, you could sit in the kitchen using the worktop as a dining table. If there is a cupboard under the worktop, open the cupboard door to make room for your knees when you sit down.
- To avoid excessive reaching, bending, or walking around, place your kettle close to the sink and fill it using a plastic jug. Move tea, coffee, sugar, mugs, and cutlery nearby.
- Place regularly used items in your fridge/freezer onto the shelves you can reach more easily. Avoid buying large containers of milk, as these will be more difficult to lift.
- Sit down to do tasks whenever possible, for example to do ironing or to prepare vegetables.

What to bring with you on the day of surgery

- ✓ Any drugs or medications you are taking, ideally in the original packaging.
- ✓ A bottle of water, so that you can continue to have sips of water until you go to the operating theatre.
- ✓ Slippers with non-slip soles and a dressing gown.
- ✓ Something to read or listen to.
- ✓ A small bag containing a change of clothes, nightwear, toiletries and so on in case you need to stay overnight in hospital. If possible, please bring a small bag which will fit in a 44 cm x 52 cm cupboard.
- ✓ This booklet and your hip exercise booklet.

What to leave at home

- ✕ Valuables such as jewellery and watches (except wedding rings, which can be taped into place).
- ✕ Contact lenses (please wear glasses instead).
- ✕ Large amounts of cash.

Please **do not** wear makeup on the day of your surgery and remove all nail polish from your fingers and toes. Please do not apply moisturiser to your legs before surgery as this may interfere with the skin cleaning solution we apply to your leg in the operating theatre.

What will happen on the day of surgery?

We will admit you to the Surgical Day Unit (SDU) on the day of your operation.

Nursing assessment

A nurse will welcome you to the ward, check your details and complete a nursing assessment. They will record your temperature, pulse, respiration rate, oxygen saturation levels and blood pressure. If the anaesthetist has prescribed any pre-medication for you, the nurse will administer it. Please do ask any questions you may have.

We will give you a pair of foot pumps. These are inflatable boots which help with your circulation, reduce leg swelling and help to prevent deep vein thrombosis.

Anaesthesia

The anaesthetist will visit and examine you to make sure you are fit for surgery. They will discuss with you the type of anaesthesia that will be used, the methods of pain control available, and prescribe any medication to be taken before your operation.

Surgical team

Your consultant (or a member of their team) will mark the appropriate leg for surgery and ask you to confirm your consent to have the operation.

Going to theatre

We will prepare your bed and help you put on a theatre gown. If you are first on the list for surgery, the theatre staff will collect you. Otherwise, you may walk to theatre with an escort, or travel in a wheelchair or on a trolley.

What happens immediately after my operation?

You will wake up in, or be taken to, the recovery area. Your wound will be covered with a dressing and the inflatable boots will be on your feet. You may have an oxygen mask on your face and be connected to an intravenous drip to prevent dehydration.

If you have had spinal anaesthesia, your legs may feel weak and numb due to the local anaesthetic (known as nerve blocks) that the anaesthetist injected before your operation. This can take a few hours to wear off. You will remain in the recovery area until your condition is stable, and your pain is well controlled.

If you have had a general anaesthetic, you will be able to feel your legs. You will remain in the recovery area until your condition is stable, and your pain is well controlled.

Recovery/Return to ward

After your surgery, you will be taken to the recovery unit, and then when able, back to the ward. Nursing staff will regularly check your temperature, pulse, respiration rate, oxygen saturation level and blood pressure (known as 'obs' or observations). They will also monitor your pain control and give you pain relief as needed. We encourage you to ask for pain medications as needed and not wait for your pain to get worse before asking.

We will encourage you to start drinking fluids straight away and to gradually start eating again. Once in recovery, you can begin to do your exercises, as described in the exercise booklet, and when you feel well enough, we will encourage you to sit out of bed. This is usually within a few hours of returning to the recovery unit. You do not need to wait for the therapy team to get you out of bed for the first time, the nursing staff can assist you with that.

Therapy

A member of the therapy team will see you within 24 hours of your surgery to help you move around and practice doing everyday activities. This includes getting in and out of bed, walking using an appropriate walking aid (usually elbow crutches), and going up and down the stairs.

It is essential to start your exercises with your new hip as soon as possible after surgery as this will promote good blood flow, help you regain movement and muscle strength, and help the recovery process in general. You should be out of bed and walking with crutches within a few hours of your operation. The therapy and nursing teams will help you with this.

Will I be in pain after surgery?

Pain is common immediately after joint replacement surgery and may even be moderate or severe at times. Therefore, good pain relief is an important part of your recovery. We will aim at all times to try to minimise and treat your pain.

During the operation, we use local anaesthetic that is still active for hours after surgery. This means that most patients have good pain control immediately after their operation. However, as the local anaesthetic wears off, it is normal to notice an increase in pain. For most patients, it is moderate, but for some people, it may be severe at times. We will try to keep you as comfortable as possible.

The amount of medication you take for pain has to be balanced so that the side effects do not become a problem, and you are still able to do your exercises. All strong pain relief medications have potential side effects including dizziness, nausea (feeling sick), vomiting (being sick), itching, difficulty in passing urine, constipation, and hallucinations.

The higher the dose, the more likely you will be to notice side effects. Remember that we can give you anti-sickness medication to treat any nausea, and laxatives if you are constipated.

By giving you the right combination of pain killers, we can keep side effects to a minimum while controlling your pain. Becoming mobile (moving around) can also help reduce your pain.

Before surgery

We may give you a pre-medication, which often consists of a very strong slow-release pain killer, an anti-sickness medicine and another drug which makes the pain killer work better. This means that you should be comfortable immediately after surgery.

During surgery

During the operation, the anaesthetist will give you additional pain relief, and the surgeon will inject local anaesthetic around the operated area to help reduce pain after surgery.

After surgery

We will give you a combination of different pain relief medications regularly and as required. It is important that you take the regular pain relief. We suggest that you ask for the ‘as required’ pain relief when you most need it, such as 15 minutes before doing your exercises or walking. This will help to control your pain and make sure that you are able to do your therapy.

Your therapist will help you to stand and walk as soon as possible after surgery. Although this may be painful to start with, moving around will speed up healing and aid your recovery. It will also improve circulation and reduce swelling. Ice packs will also help to manage swelling, and the pain associated with it.

If you do not feel that your pain is being managed adequately, please speak to one of the nurses.

When can I go home?

You will need to stay in hospital until the nurses, doctors, and therapy team (physiotherapist, occupational therapist and therapy technicians) have checked that you are well enough to safely go home, away from the risk of infection (from other patients) and the noisy ward environment.

We will aim to discharge you the day after your operation.

Before leaving the hospital, you should:

- ✓ Be safe with activities of daily living (such as washing and dressing yourself, going to the toilet, feeding yourself and so on)
- ✓ Be walking safely with your walking aid, and have practiced going up and down stairs if required
- ✓ Understand your home exercise programme
- ✓ Understand arrangements for **wound care** follow-up after your surgery

On discharge from the ward, the nursing staff will give you:

- ✓ Medication as appropriate
- ✓ A copy of your discharge letter
- ✓ A fit note (sick certificate) for your employer if required
- ✓ Instructions about contacting the ward for any concerns

Getting into a car to go home

Full details are in our hip replacement exercise booklet. Please practice this before you have your operation.

Is there anything I need to watch out for at home?

If you experience any issues with your wound, please contact the Orthopaedic Outpatient Department between Monday and Thursday, from 8.30am to 5pm.

Outside of working hours, please contact Ward F4 Elective or call NHS 111 for advice.

If you notice increased pain or swelling in your calf:

- During working hours, contact your GP.
- Outside working hours, contact Ward F4 Elective or call NHS 111 for advice.

If you have any life-threatening conditions, call 999.

You may have some numbness on the outside of your wound and the area around your scar may feel warm. This is all normal and is nothing to worry about.

If your surgeon has used glue to seal your wound, you can resume showering at home. You do not need to keep the wound dry, so if the dressing gets wet, replace it with a new one. It is there for your comfort, rather than to protect the wound.

If your surgeon has used clips or stitches, please try to keep the wound dry until it heals. You will need to be more careful while getting washed.

When can I get back to normal?

As mentioned earlier in this booklet, we advise you to be sensible and careful for 12 weeks after your surgery and then return to your usual activities unless advised otherwise.

Moving around

As soon as you can weight bear fully without pain, you can start moving around without your walking aid. If you find that you limp excessively when walking without a stick or crutch, continue using one for a few more weeks. Gradually increase the distance you are walking.

Exercise

Follow the exercise programme we have given you, which includes a detailed plan for up to six months after your operation. To access an electronic copy of the booklet, visit our website: www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Muscles,jointsandbones/Advice-and-exercises-for-before-and-after-your-total-hip-replacement-4038-PIL.pdf or scan the QR code opposite.

- You can start swimming once your wound has healed, but please avoid doing breaststroke for the first two months.
- You can use a static exercise bike but initially make sure that the seat is in a high position.
- You can start playing golf and gardening again by about six weeks after surgery.

Housework

From two weeks after surgery, you can start doing light housework (such as dusting and cleaning the bathroom). From six weeks, you can gradually increase the housework that you do over the next few months.

Sleeping

You can sleep on your operated (‘bad’) side as soon as it is comfortable to lie on the wound. If you want to sleep on your unoperated (‘good’) side, you may wish to place a pillow between your legs to support your operated hip for the first six weeks after surgery.

Sexual relationships

You can start having sex again when you feel comfortable. For three months after your operation, it is important that you do not put additional weight on your hip or force your hip into an awkward position.

Returning to work

If you have a sedentary (sitting down) job, then you may be able to return to work between four and six weeks after surgery. If you have a more physical job, it may be up to 12 weeks until you can return. The initial fit note (sick certificate) from the hospital will be for up to six weeks. If you require further time off, please contact your GP.

Driving

It usually takes between two and six weeks before someone can drive again after having a hip replacement, but this will depend on your individual recovery. You must be able to do an emergency stop safely and change gear comfortably. It is important that you advise your insurance company that you have had surgery to ensure that you would be covered in the event of a claim.

Travelling abroad

We do not advise travelling abroad or flying for at least the first six weeks after your operation. This is due to the increased risk of DVT (blood clot) and being too far away to access the specialist advice you may need.

From six weeks onwards after surgery

Other activities

Between six weeks and three months after your operation, you should be able to resume all your usual activities, with the exception of high impact sports/exercise (see below).

Sport and leisure

Most sporting activities can be resumed after three months, depending on comfort and how intensively you participate.

Low impact exercise such as swimming (you can do breaststroke after two months), aqua aerobics, cycling, doubles tennis, gym, gym classes and golf are fine.

High impact exercise such as running, singles tennis, badminton, squash, football, or activities involving jumping (such as netball or Zumba) are not recommended for the lifetime of your hip replacement.

Checklist of Dos and Don’ts

Unless advised otherwise, DO:

- ✓ Continue to take your pain medication regularly.
- ✓ Exercise as instructed by the therapy team.
- ✓ Have a rest on your bed for at least an hour every morning and afternoon. Your feet should be on one pillow and your head flat on another. This will mean that your legs are at heart height, which is ideal for reducing swelling.
- ✓ Try to take regular daily walks, increasing the distance every day (please note that walking does **not** replace your exercise programme).
- ✓ Avoid any excessive bending or twisting, either when sitting or standing, for six weeks after your operation.

Unless advised otherwise, DO NOT:

- ✘ Twist or pivot on your operated leg. When turning, always make sure your feet are facing the same way as the top half of your body.
- ✘ Sit on low seating.
- ✘ Cross your legs for six weeks after surgery.
- ✘ Stand still for too long.
- ✘ Overdo it. Rest is as important as exercise during the first six weeks after surgery.

It will take at least 12 weeks for your hip to start to feel normal and it will continue to improve for up to 18 months. Everyone is different and the speed of recovery will vary from person to person.

Further information

You may also wish to look at the following websites for more details about hip replacement surgery and anaesthesia. If you have a smartphone, use the camera on it to scan the QR codes below.

National Joint Registry

www.njrcentre.org.uk

NHS

www.nhs.uk

Royal College of Anaesthetists

www.rcoa.ac.uk/patients

Arthritis UK

www.arthritis-uk.org/information-and-support/understanding-arthritis/arthritis-treatments/surgery/hip-replacement-surgery

Contact us

If you have any questions, problems or need advice **within one month of your operation (or until you have your first outpatient appointment)**, please contact us using the relevant number below.

Outpatient Appointment: 023 8120 6218 (appointment-related)

Outpatient Nurses: 023 8120 2880 (Monday to Thursday, 8.30am to 5pm)

F4 Elective Ward: 023 8120 6479 (post-operative queries)

Occupational therapy and physiotherapy: 023 8120 4452

After hours and weekends: Contact F4 Elective Ward or call NHS 111 for advice

Emergency: Call 999 immediately

After this time, contact your GP for further advice.

Your feedback is important to us

Comments, concerns, compliments, and complaints

If you have any comments, concerns, compliments, or complaints about your care, please let us know as soon as possible. Please speak to the nurse in charge, ward sister or matron so that we can help to resolve your concerns quickly.

PALS and complaints

You can contact the PALS and complaints team by telephone on 023 8120 6325 or via email at pals@uhs.nhs.uk or write to - Patient advice and liaison service (PALS), Mailpoint 81, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.

www.uhs.nhs.uk/contact/tell-us-about-your-experience/raising-concerns-or-making-a-complaint

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone 0800 484 0135 or email patientsupporthub@uhs.nhs.uk

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport

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