



University Hospital
Southampton
NHS Foundation Trust

Total hip replacement

Patient information and advice



**Enhanced
Recovery**

Patients and health professionals
working together

Welcome to the enhanced recovery programme for total hip replacement surgery (THR).

The aim of the programme is to enable you to be well enough to go home two to three days after your hip replacement by following a pathway of care. This leaflet is designed to help increase your understanding of the programme and enable you and your family to take an active part in your recovery.

Please read this thoroughly and bring it with you when you come in to hospital as it contains exercises and useful information for you to follow.

Enhanced recovery 'joint school'

An essential part of your enhanced recovery programme is "hip school".

Hip school covers everything you need to know to prepare for your surgery and get the most from your recovery.

You will find useful resources, including our must-watch Hip school video on our website. Please visit www.uhs.nhs.uk and search for 'hip school'.

It's vital that you access the resources before your pre-assessment appointment and surgery.

If you do not have access to a printer and require hard copies of any leaflets then please contact us using the details provided in this booklet.

Occupational therapy

An occupational therapist will complete an initial assessment to help you overcome any identified problems.

You may need some equipment. This will either be ordered for you at this stage or we will give you information about how to obtain it yourself so that it is available for you after your operation.

The occupational therapy team can also identify if you will need any help after your operation with personal care and domestic tasks so that appropriate referrals can be made as soon as you are admitted to the ward.

However, please try to find assistance from family or friends if you are able to. If you haven't already provided your occupational therapist with your furniture heights form, please bring it in with you to enable appropriate equipment to be ordered.



Some helpful hints

It is important to think about your discharge now in order to prevent any delays in you going home.

Things to consider

- Don't undertake any major decorating before your admission that leaves your house unsafe.
- Think about someone to come and stay with you if you think you may need help once you are home.
- Ask friends or family for help with shopping, cleaning or looking after pets if you think you may find this difficult.
- Think about personal hygiene as you may find it difficult to bath or shower.
- If stairs are difficult think about making space for a bed downstairs and arrange to have it brought down before you come into hospital.
- You may need a commode if you decide you cannot manage stairs. Your local Red Cross could supply one for you.
- Have a phone by your bed, or carry a cordless phone in your pocket if you live alone.
- Remove or move loose rugs, trailing electrical flexes and make sure the lighting is good to reduce the risk of you tripping or falling.
- Stock up the freezer with precooked food or microwave meals.
- Keep everyday kitchen items in easy reach.
- If there is room, have a table and high chair to eat at or a high chair by a work surface so you don't have to carry your meals from room to room.
- An apron with large pocket is useful for carrying small items.

If you feel you are likely to have difficulty with any of these, then a social worker will be able to give advice on extra help available. An occupational therapist will also be able to assist with helping make your home safe and provide the necessary equipment or details on where to obtain what you need.

Pharmacy information

Please bring your usual medications into hospital with you but keep them in their original containers as we cannot use them if they have been transferred into anything else.

Please make sure you have plenty of your usual medicines at home before you come into hospital.

Please do not stop taking any medication, including on the day of your operation unless advised to do so by the staff at your pre-assessment appointment.

If you do have to stop any medication, you should have been given written information at pre-assessment to remind you which to stop and when. Some herbal and homeopathic remedies have some side effects and some can increase your risk of bleeding which could delay your surgery.

We cannot always tell which ones do this so please stop taking any remedies at least one week before your operation. This is especially important for the following remedies:

- echinacea
- ephedra
- kava
- St John's wort
- ginkgo biloba
- ginseng
- valerian
- garlic (safe in cooking).



Total hip replacement surgery

A total hip replacement is an operation which is done to relieve pain in someone with arthritis of the hip. There are many types of hip replacements, including cemented, uncemented, ceramic, plastic and metal. Your surgeon will explain the different types to you and will select the right hip replacement for you. Most hip replacements will last between ten to fifteen years.

- Nerve injury is rare. The sciatic nerve runs very close to the hip and if damaged can cause numbness and weakness in the leg, resulting in a foot drop.
- Dislocation.
- In the long term, the hip replacement may wear out and become loose. This is more common in younger patients due to their active lifestyle.

Health advice

You need to be as healthy as possible for major surgery to aid a quick recovery.

- Try to give up smoking or at least cut down.
- Cut down on alcohol.
- Eat a well-balanced diet. By doing this it improves your skin condition and helps with wound healing. It will also prevent constipation.
- Maintain the correct weight for your height.
- Make sure skin is unbroken and free from sores or open areas. This will reduce the risk of infection. An infection could stop you going to surgery.
- Check for foot problems and visit a chiropodist if necessary.
- Make sure teeth and gums are free from infection.
- Walk and exercise within the limits of your pain. You will find the rehabilitation process easier if you have a good level of fitness before your surgery.

What can be expected from your new hip?

Hip replacement surgery gives excellent pain relief, and in most cases will improve the range of movement in the joint. Most people will experience a significant improvement in their quality of life, and some will even return to sports such as golf, tennis and swimming.

What are the risks of a total hip replacement?

- Small risk of heart attack, stroke or chest infection.
- Deep vein thrombosis (DVT). This is a blood clot in your leg. To help avoid this you will be given anticoagulant (blood thinning) drugs and encouraged to mobilise regularly.
- Pulmonary embolism (PE). This is a blood clot in the lungs which can come from a DVT, or arise spontaneously in the lungs. This is managed with anticoagulant drugs.
- Infection can be a complication of any surgery. Antibiotics are given before surgery starts and after your operation. Southampton Hospital has one of the lowest infection rates in the whole country, due to excellent infection control and hand hygiene policies that are in place.
- Leg length difference. Whilst every effort is made to keep the leg lengths equal, sometimes this is not possible and you may need to use a shoe raise to balance any significant differences.
- Persistent hip pain.
- Haematoma (swelling due to bleeding). This can be uncomfortable but will clear with guidance and time.

Hospital admission

The day of surgery

You should have drunk your two carbohydrate drinks at 6.30am on the day of your surgery. You will be asked to come in early on the day of your surgery to the surgical day unit (SDU) which is next to the orthopaedic unit. From there you will go to theatre.

Your surgery is likely to take approximately an hour. If your operation is in the afternoon then you may be given two more carbohydrate drinks at 1am. You will spend some time in the recovery area in theatres. You may also be given something to eat and drink.

A short while later you will return to the ward and the nursing staff will make sure you are comfortable and continue to do regular observations on you. Your pain will be managed with painkillers in tablet or liquid form. You may also have a drain coming from your wound and a drip into your arm to build up your fluid levels. You will also have oxygen. Some patients need to have a catheter if they are having difficulty passing urine.

You will also have pneumatic pumps around your calves or feet to promote good circulation and you may also have to wear antiembolic stockings to prevent blood clots. Please start your exercises within this booklet as soon as you are able to.

Day one after surgery

You will be given a dose of blood-thinning medication and painkillers as required. You will have a post-operative x-ray which a senior doctor will review. A member of the therapy team or nurse will come and get you out of bed and encourage you to try to walk with the use of a walking aid, for example crutches or zimmer frame. They will also reinforce your exercises and talk through the rehabilitation process. Your drips and drains will be removed and the nurses will monitor your observations, your wound and dressings (which will be changed only if necessary). A member of the therapy team will also come to see you to talk through what you will need to be able to do at home, offering any advice needed. They will also be able to establish any further equipment you need to go home by looking at activities such as getting on and off the bed or chair and toilet. If you need more practise or do not feel ready to do this today they will see you tomorrow instead.

An ice pack may be applied to your hip to help to reduce any swelling in the hip. You can use this several times throughout the day. The elective ward follows a set of nurse and therapy led discharge criteria ensuring we work together along with yourselves to safely discharge you from hospital.

Day two after surgery

You will be given a dose of blood-thinning medication and painkillers as required. The nurses will monitor your observations and your wound and dressing and will change it if necessary.

By now your walking will be much easier and you should be able to move around the ward comfortably. You will also be encouraged to continue your exercises by yourself during the day in order to gain more strength and flexibility in your hip.

Common patient concerns

Wound

Your wound will be on the side of your hip or slightly behind on your buttock. Therefore it is understandable that it will feel tender and sore for a few days and may be uncomfortable to sit on. It may also ooze a little and this can be normal. The nursing staff will monitor this. You will be given the appropriate level of pain control and advised to move around to stop it being so tender. It is very common to have swelling around your wound and down your leg. This will decrease over a few weeks. Bruising may appear after a few days and again, can be variable in amount and colour.

Your practice or district nurse will look after your wound once you are discharged. You may have a dressing check a few days after discharge, and if you have clips or sutures requiring removal this will be done at approximately 10 to 14 days after your operation.

If your GP starts you on antibiotics for a wound infection please ring us as soon as possible on 07768 295081 (as we would like to review it).

Scar

You will be left with a scar on the side of your hip or slightly behind on your buttock, approximately six inches long. Once the wound has healed, we advise that you gently massage the scar using a simple moisturising cream (such as E45 or vitamin E cream) every day to prevent any thickening and adhesions. Apply pressure across the scar and up and down the length of the scar. Use your thumbs to work the tissues around your scar for about five minutes, once or twice a day.

The physio may check through the exercises with you, until you are confident to try them on your own. They will also give you advice on how to manage at home and weaning from walking aids etc. The nurses and therapy team will now have a good idea of your abilities and will now be able to confirm your discharge plans with you.

Day three and four after surgery (potential day of discharge)

You will be given a dose of blood-thinning medication and pain killers as required. Before discharge, you will practise the stairs with guidance from the physiotherapy team on the technique most applicable to your home environment.

By now you should be able to walk independently with crutches, wash and dress with minimal or no help and be ready to go home. We aim to discharge patients in the morning before 11am.

Please make arrangements where possible for someone to come and collect you. You may have to wait in the discharge lounge until your transport arrives if it is after 11am.

Before going home you will be given advice on how to manage your hip in the future and when to wean off your walking aids. Total hip replacement patients do not routinely receive outpatient physiotherapy as you should recover by following all of this advice independently. Please feel free to contact us on **023 8120 4452** if you have any queries whilst recovering at home.

The nursing staff will advise you on pain control and continued use of a blood thinning medication/anticoagulant, and supplies will be given to you prior to discharge.

Your wound care will be managed by either the district or practice nurse from your own GP surgery, but the ward nurses will advise you before you go home.

Pain and stiffness

While your muscles are healing it is perfectly normal to have some discomfort in your hip. This may be due to muscle spasm or just the trauma of the surgery. Some people experience pain in their thigh, knee and even ankle. This is called referred pain and occurs due to the stresses put on the muscles and ligaments. While you are in hospital you will be prescribed painkillers. It is important to take these as suffering from pain can slow down your recovery. It is important to continue your exercises to improve the flexibility and strength of your hip, giving your hip more stability in the long run. It is also important to walk to improve your walking pattern and stamina. Periods of rest during the day also allow the muscles and ligaments to rest and recuperate, ready for the next activity.

If your pain levels concern you when home then it may be wise to contact your GP to discuss this.

Swelling and bruising

The amount of swelling and bruising varies from patient to patient. Swelling can be isolated around the hip, but can also travel as far down as the ankle and foot, and may last for some time. Bruising is common and variable in degree. Rest periods on the bed with your legs elevated are important to reduce the swelling, but moving around and exercises are equally important to encourage a muscle pumping action to move the circulation efficiently around your leg.

Ice

Ice should be used to reduce swelling, bruising and discomfort. A bag of unopened frozen peas works well. Wrap the bag in a damp tea towel and placed on the affected area for twenty minutes. Check the area every five minutes. The skin should be pink. If the skin goes white, remove the bag until the pink flush is regained. Ice may be repeated, but with a gap between each session of forty-five minutes.

Getting off crutches

When you go home it is important to keep up with your exercises and generally increase the amount and distance of walking. If you have been using crutches you will soon be able to progress to either two sticks, or if good enough to one crutch or one stick. It is usually a good idea to practise indoors with this before venturing outside where the ground is more unpredictable. Don't try to hobble around without using anything as this will encourage limping, increased pain and getting into bad habits. You will know when you feel ready to reduce the amount of support you need because you will have less pain and feel more strength around your hip. If you are using one stick or crutch, make sure you hold it in the hand opposite to your operated hip.

Sleeping

Patients often become frustrated because they can't lie on their sides in the early days. Most people naturally don't sleep on their backs all night so we appreciate this may be uncomfortable. Be patient. When your wound is settled and less tender, you can lie on your operated side with a pillow between your knees.

After six weeks you can lie on the non-operated side. You are able to lie on your tummy, but this may take a couple of weeks before you are confident manoeuvring in bed to avoid twisting your hip.

Sexual activity

You can resume sexual activity as soon as you feel ready after the operation (often around six to eight weeks) as long as you refer to your standard hip precautions.

A comfortable position for women is to lie on the unoperated side. The operated leg should be supported on a pillow with the knee slightly bent.

Men may be more comfortable to lie on their backs with their partner kneeling astride them. Alternatively, men may prefer to lie on their side with the operated leg supported on their partner's thigh.

Dislocation

Patients may be asked to adhere to hip precautions for a minimum of six weeks to allow the bones and tissues to heal properly. Afterwards you are free to lead a normal life. However, don't assume that your hip will automatically bend above ninety degrees and therefore don't force it. Be aware of wet floors, uneven ground and new environments to reduce your risk of slipping or falling.

Work

You can return to work after six weeks, but if you are in a manual job or do a lot of driving, you may need to discuss this with your consultant before you consider going back.

Driving

You can drive after six weeks. If you have concerns then please discuss this with the doctors at your clinic review appointment.

Day to day

Give yourself a goal to achieve every day, whether it's walking further, being out of bed longer or adding a few more repetitions of your exercise. This will motivate you to get better and you will see progress faster. Before getting out of bed, try your bed exercises. This will loosen up your leg and help reduce the amount of stiffness you have first thing. Change position regularly and don't sit for long periods initially as this will be uncomfortable. Half an hour at a time is sufficient until your wound has healed.

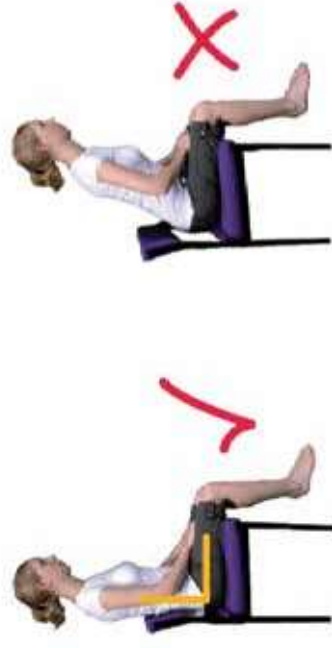
Rest assured that it may take several months (six to twelve months) for your hip to feel like your natural hip and you should expect steady progress and improvements during this time period.

Hip precautions

Dislocation of the hip is where the ball shaped head at the top of the thigh bone (femur) slips out of the cup shaped socket (acetabulum) of the hip joint.

To reduce the risk of dislocation, you may be asked to follow hip precautions for a minimum of six weeks (or until permitted to do so as instructed by your consultant).

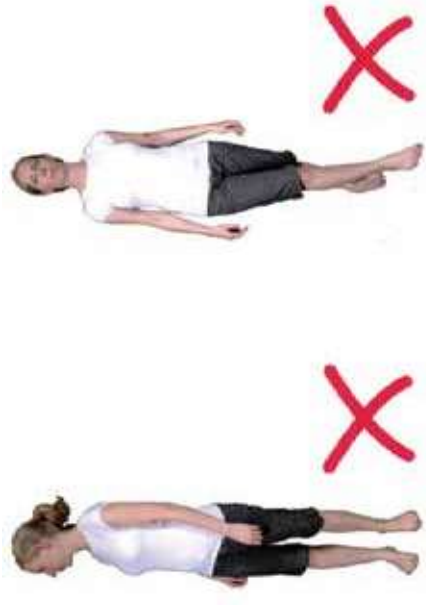
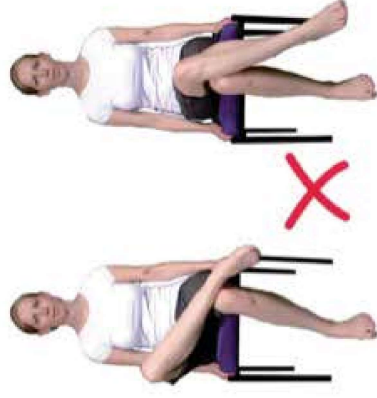
1. Do not bend at the hip more than 90 degrees (a right angle)



Examples to avoid

- Do not reach to pick something up from the floor. You need to get someone else to pick these items up for you or you could purchase a Helping Hand.
- Do not reach past your knees in order to put on your shoes, socks, tights or lower garments or to wash from your knees down. You will either need help from someone else or you can buy long handled aids to help.
- Do not raise your knee higher than your hip.
- Do not sit on low chairs or sofas.
- Do not lean too far forward when standing up from the chair.

2. Do not cross your operated leg across the middle of your body



3. Do not twist your operated leg

Examples to avoid

- Do not cross your legs when sitting, standing or lying. To stop you crossing your legs when you are sleeping you can put a pillow between your legs.

Examples to avoid

- Do not twist your operated leg inwards or outwards when sitting, standing or lying. You can put pillows either side of your leg to stop it rolling either way when lying down.
- When sitting, do not twist your body when reaching for something. Reach without twisting your body, a long handled aid or ask someone to get the item for you.
- When standing, do not twist your body when reaching for something. Instead move your feet so that you can reach the item without twisting. Do not swivel on the spot to turn when walking. Step around with small steps on the spot.

Car transfers

Getting into a car

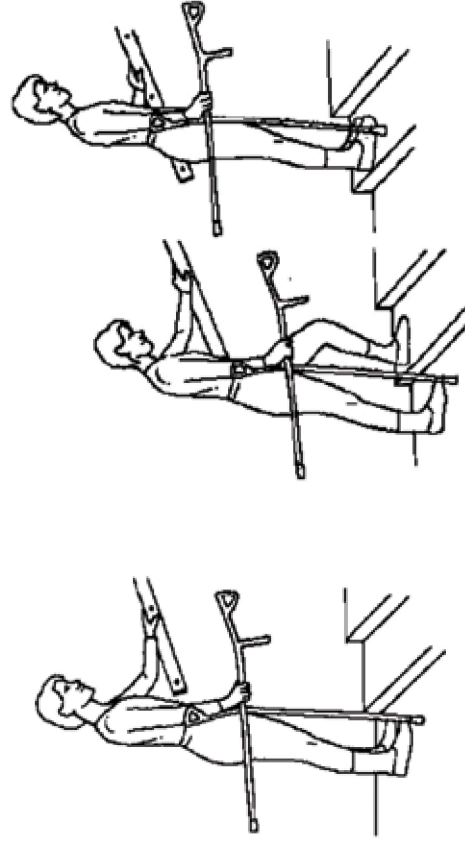
- Be sure the passenger seat is pushed all the way back.
- Recline the seat a little.
- With your walking aid in front of you, slowly back up to the car seat.
- Sit in the car seat. You may need to use cushions or blankets to raise the seat height if it is lower than permitted.
- Move your legs into the car. Lean back if you need to, to help clear your feet if you are struggling to fully bend your hip. Sometimes using a plastic bag under your bottom will help you slide around more easily and reduce and twisting forces on your hip. Please remove this whilst you are travelling.

Getting out of the car

- Push the seat all the way back.
- Recline the seat a little.
- Lift your legs out. Lean back if you need to help clear your feet if you are struggling to fully bend your hip. Place your walking aid in front of you and stand up (bearing more weight on the unaffected leg as this is your stronger leg to push up on).

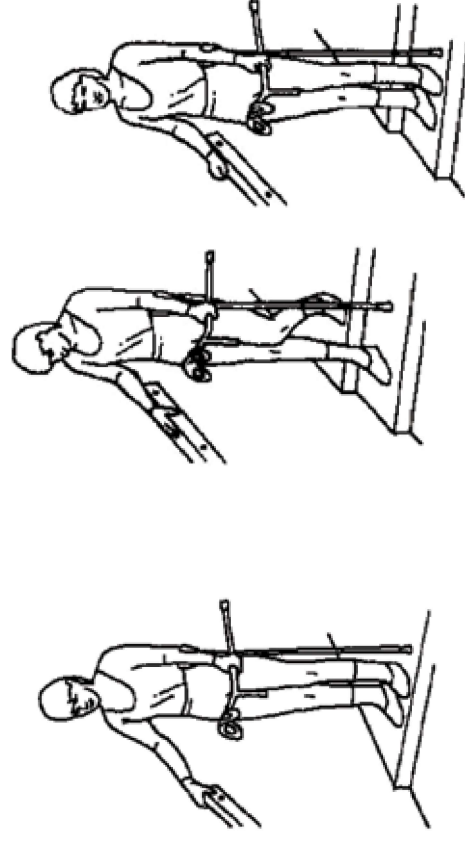
Climbing up stairs

- Use a hand rail (if available) to climb stairs (or two crutches).
- Lead with your non-operated leg, then your operated leg, and finally your crutches or stick.
- A family member should stay one step below, standing on your operated side, when helping you climb stairs.



Going down stairs

- Use a hand rail (if available) to go down stairs (or two crutches).
- Lead with your crutch or stick, followed by your operated leg, and finally your non-operated leg.
- A family member should stay one step below, standing on your operated side, when helping you go down stairs.



Diagrams – ©Physio Tools Ltd

Core exercises following hip surgery

These exercises are to assist you in your recovery after hip surgery and are helpful in restoring flexibility and strength.

As a rule, these exercises should be carried out little and often. It is important not to push through pain in the early stages, but equally important that you try some in order to aid your recovery. If the exercises give you pain, stop and try them again later, reducing the amount you do and then build them up again gradually.

The physiotherapist can advise on the right level of exercise and repetitions for you.

Diagrams – ©Physio Tools Ltd

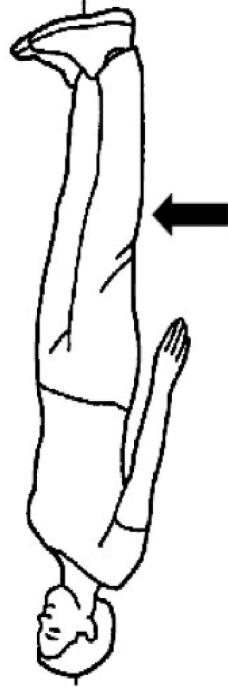


Ankle pumps

Bend and straighten your ankles to pump your feet up and down.

Repeat twenty times every hour.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							



Static quad

Slowly tighten the thigh muscles of the straight leg, by pulling the toes up to point towards the ceiling and pushing your knee down into the bed while counting out loud to five. Repeat with other leg to complete set.

Repeat five to ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
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Week 3							
Week 4							
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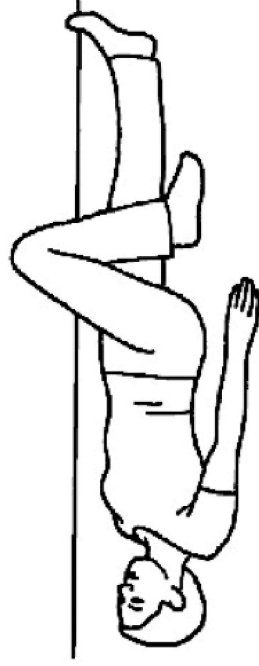
Static glutes

Squeeze buttock muscles as tightly as possible while counting out loud to five.

Repeat five to ten times.

Do three to five sessions each day.

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Heel slides

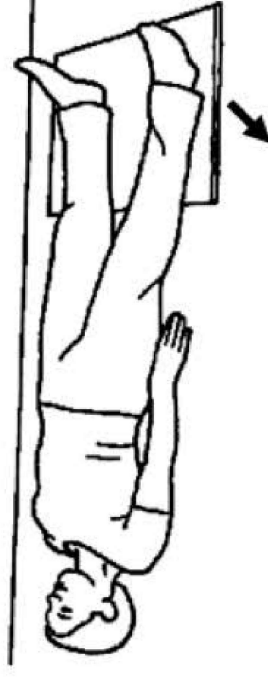
Make sure the bed is flat. Bend your knee and pull heel toward buttocks. Hold for five seconds. Then relax out straight.

Repeat five to ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
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If you find it difficult to bend your knee, you could try placing a plastic carrier bag under your heel to help it slide or use a towel or bandage to help to pull your knee up into a greater bend.



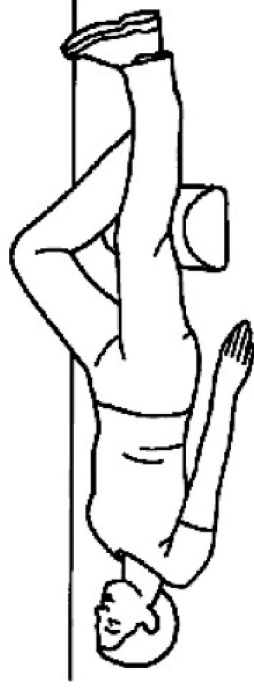
Hip abduction

Keep your toes pointed up to the ceiling as you slide your operated leg out to the side.

Repeat five to ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							



Inner range quads

Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for five seconds.

Repeat five to ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
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Week 6							

If you struggle to lift the foot off the bed, then you can try bending the other knee to help you brace or use a towel or scarf to help lift it straight but use your thigh muscles to assist the movement and hold the straightened position.



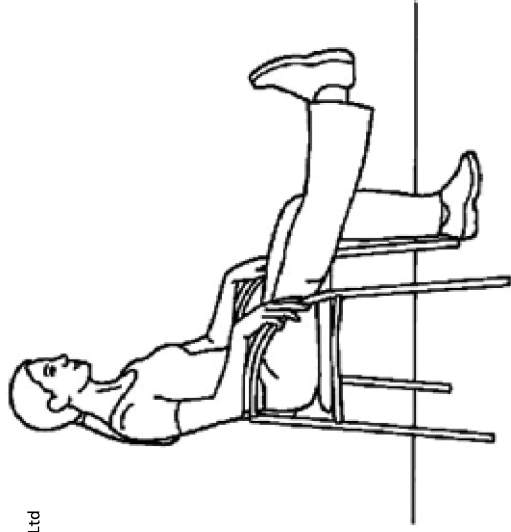
Straight leg raise

Bend your knee to help brace as you lift a straight leg up about ten inches off of the bed. Hold for five seconds and then slowly relax.

Repeat five to ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
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Knee extension in sitting

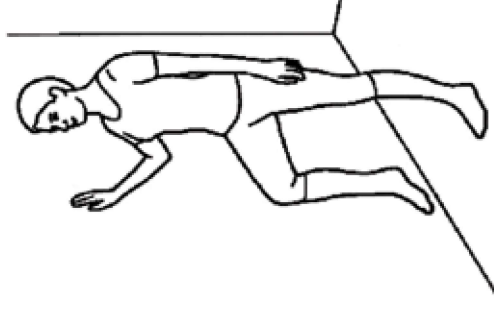
Straighten your operated leg and try to hold it for five seconds.

Repeat five to ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
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Week 4							
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If you initially struggle with this exercise then you can use a bandage to help to lift your leg into a straight hip position. Try to then release some slack on the bandage or support, but try to maintain a straight hip position.



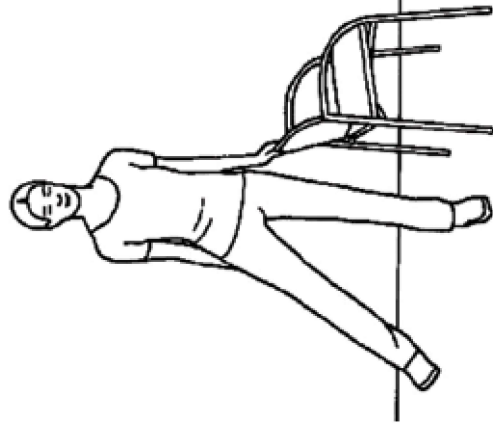
Standing hip flexion

Hold on to something for support. Slowly lift your operated leg up in front of you as far as you can go and hold for three seconds, then relax.

Repeat ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
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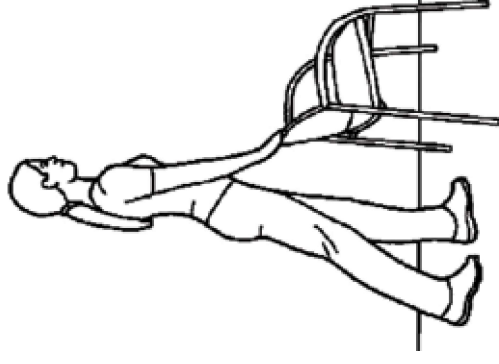
Standing hip abduction

Hold on to something for support. Keep your trunk straight throughout the exercise. Slowly lift your operated leg out to the side (keeping your toes pointed forwards) as far as you can go and hold for three seconds, then relax. Do not lean sideways to increase the movement.

Repeat ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
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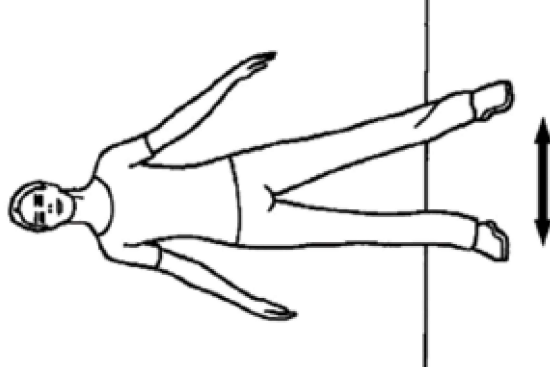
Standing hip extension

Hold on to something for support. Keep your trunk straight throughout the exercise. Slowly lift your operated leg out behind you (keeping your knee straight throughout the movement) as far as you can go and hold for three seconds, then relax. Do not lean forwards to increase the movement.

Repeat ten times.

Do three to five sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
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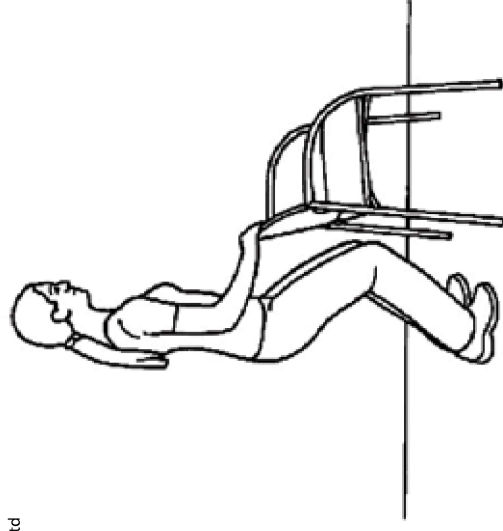
Weight transference

only if you are fully weight-bearing

Stand with your feet hip distance apart and parallel. Hold onto something for support if you need to but aim to progress to letting go as you balance and confidence improves. Transfer your weight from one foot to another.

Repeat ten times from one side to the other.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
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Week 4							
Week 5							
Week 6							



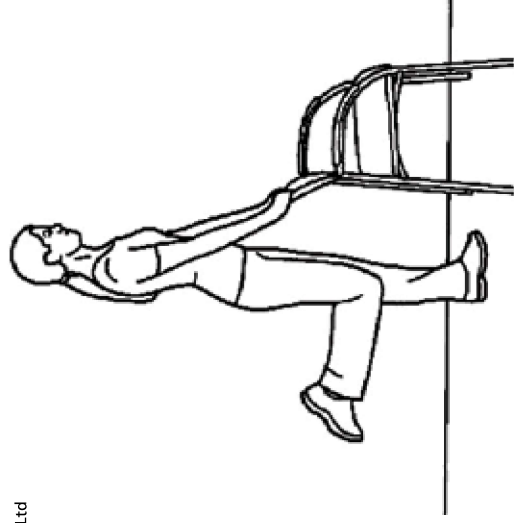
Squats

Holding onto a steady support, slowly squat down, sinking your weight into your heels. Do not lose sight of your toes under your knees as you squat down. Hold for ten seconds and slowly return to standing.

Repeat ten times.

Do three sessions each day.

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							



Hamstring curls

While standing, bend your knee on your operated leg to lift your heel towards your bottom. Hold for five seconds. Slowly relax.

Repeat ten times.

Do three sessions each day.

Contact details

Elective nurse practitioner

07768 295081

Physiotherapy and occupational therapy team

023 8120 4452

Elective ward

023 8120 6479

OrthoERP@uhs.nhs.uk

www.uhs.nhs.uk

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							



Enhanced Recovery

Patients and health professionals
working together

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