



Patient Information Leaflet

Your new hip and you

Produced by:
Orthopaedic department

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If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, опитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টলেফি এন ইংরেজি কথা কটে জিজ্ঞাসা করুন এবং সাহায্য করুন

You are coming into hospital for a Total Hip Replacement Operation. This information booklet has been designed with **YOU** in mind. We hope it will help alleviate any worries you may have about your forthcoming operation. It is natural to be apprehensive about any operation – we understand this. So, if you have any particular worries let the staff know so we can help.

Why a total hip operation?

One indication for hip replacement surgery is because of a trauma injury, i.e. a fractured neck of femur following a fall. However, the main indication for hip replacement surgery is osteoarthritis or rheumatoid arthritis. The main purpose of your operation is to make your hip 'pain free' and enable you to lead a more active life.

Will I?

YES – you will feel uncomfortable and find movement restricted for a time after the operation – **BUT** not as uncomfortable and restricted as you were before the operation, and, as you progress, the discomfort will diminish and your movements will increase, until good mobility is achieved.

YES – immediately after the operation you will obviously have some pain, but pain relief will be readily available, and if you require more relief **ASK** – pain tolerance levels vary from person to person so it is natural that pain relief demands also vary.

YES – you will have to do plenty of regular exercises to strengthen your muscles and this will initially be uncomfortable, but will become easier each day.

YES – YOU DO HAVE TO DO THE EXERCISES!!

The more you listen to the physiotherapist and work at the exercises the quicker and better your recovery will be.

And finally,

YES – you will have to learn some different movements for normal daily activities, like getting in and out of bed, sitting in a chair, etc., putting on socks or stockings and trimming your toenails, but these movements will prolong the life of your hip replacement joint; so learning them is certainly worthwhile.

What happens before the Operation?

- As with all operations, which involve a general anaesthetic, there are a few breathing and leg exercises that you need to know to help prevent complications. The physiotherapist will show you how to do them.
- You are strongly advised to give up smoking, if you have not already done so, or at least cut down.
- If overweight, try and lose some weight. Excess weight puts a great strain on the affected joint.
- Get as fit as you can. Don't overdo things.
- Try and avoid coming into contact with anyone suffering from a cold or chest infection.
- Try and get used to sleeping on your back – you will need to be able to do this after the operation.

About 2 weeks before your admission to hospital

You will be seen in the pre-assessment clinic, where a nurse will take a basic history and check your blood pressure and pulse. It is important to tell staff about any previous history of allergy or abnormal reaction to drugs. Also report any previous thromboses (blood clots) in the leg veins, or recent infections, or existing chest complaints. You will also have a reading of your heart and some blood tests ready for your surgery. Whilst in the clinic you will also be seen by the Senior House Officer and the Consultant, who will explain the operation to you, and ask you to sign a consent form.

PLEASE ASK at this point if you have any questions about your treatment.

You should expect to be in the clinic between 2 – 4 hours depending on what tests you need to have done.

On arrival to the ward

- Your bed may not be immediately available but staff will endeavour to ensure that you are kept informed of progress on bed allocation. Bed shortages may happen when the ward has been busy with emergency operations, and is occasionally unavoidable.
- Once you have been allocated a bed, both a nurse and a doctor will admit you. If you did not attend the pre-assessment clinic; a medical history will be taken including your current medication. Your observations such as blood pressure, temperature, pulse and weight will be recorded, and you will be asked to provide a urine sample.

- **Named Nurse** – You will be allocated a named nurse on admission. This nurse is identified as your contact nurse for your stay, but if you have any questions, any qualified member of staff will be happy to help you.
- **Anaesthesia** – The Anaesthetist will come to see you and discuss the choices of anaesthesia available. These include:
 - General anaesthetic
 - Spinal anaesthetic

If you have any worries about your anaesthesia **PLEASE DISCUSS THEM NOW** with your anaesthetist.

- **Physiotherapy** – A physiotherapist will also come and talk to you about exercises after your operation. You will be taught how to use the ‘monkey pole’ above your bed to lift yourself. You will be shown how to use crutches, as you will progress on to these if able from a frame once you are up and walking.
- **Social Worker** – A hospital care manager can be available to visit you to discuss arrangements for convalescence, should you require this before returning home.
PLEASE ASK AT AN EARLY STAGE SHOULD YOU NEED THIS SERVICE.
- **Occupational Therapist** – An occupational therapy team member will visit you on the ward to discuss arrangements that will facilitate your recovery at home.

Operation Day

- You will be allowed nothing to eat or drink for at least six hours prior to surgery.
- You will be given the choice of a bath or shower before being given pre-medication. If you need help with this just ask the nurse.
- Before you go to theatre it is important to remove dentures, hearing aids, glasses, make up and jewellery.
- Wedding rings may be left on, but they will be taped over.
- You will be asked to wear a theatre gown, and all underwear must be removed (modesty pants are available).
- Your pre-medication, if prescribed, will be given one to two hours before the operation. Once your pre-medication has been given, you must stay in bed, as this can make you feel 'wobbly'.
- The nurse will leave a 'call button' readily available – so ring if you need anything.
- The theatre porters will come and collect you when the theatre is ready.
- A nurse will come with you to the theatre 'Holding bay' area.
- Your surgery will take about 1½ hours.
- If you had a spinal anaesthetic you will initially need to lie flat for at least four to six hours, this will prevent the possibility of getting a headache.
- To avoid having to get out of bed to pass urine after the operation, a bladder catheter will be inserted while you are anaesthetised.

- It is normal procedure to regularly check your blood pressure and pulse after an operation.
- Your wound site will also be observed.

Pain Relief

You will be experiencing some pain; the amount varies greatly from person to person.

Pain relief will be administered regularly after your operation, initially as an infusion or injection, but later in tablet form.

DO NOT HESITATE TO ASK FOR MORE PAIN RELIEF IF YOU ARE SUFFERING PAIN.

Generally people say that the pain they felt before the operation is far worse than the pain felt afterwards.

The Day After

- During the day the nurses will move you in your bed to give relief to pressure areas. Pressure areas are the areas of your body taking your body weight in bed, i.e. buttocks, heels etc. Although you will probably feel you cannot be bothered; these treatments will make you more comfortable and prevent complications occurring from bed rest.
- You will be shown the correct way to move in bed and encouraged to do this to keep the rest of your body active.
- You will also be encouraged to perform deep breathing and leg exercises.
- You may be given a small injection into your stomach. If given this will be done daily until you are mobile, as it will help to prevent the development of blood clots (thromboses) after surgery.

- Once your wound drain is removed, you will be encouraged and assisted by staff to sit out of bed in a chair.

And the day after that

- Once you are up and sitting in your chair the physiotherapist will supervise your walking.
- The physiotherapist in discussion with you will agree a programme of mobility that suits your individual needs.
- You will have daily exercise sessions with the physiotherapist. These are important and will speed your full recovery.
- Practice the movement techniques that the physiotherapist and staff have shown you.
 - Getting in and out of bed properly.
 - Sitting and rising from a chair.
 - Walking with even steps.
 - Using a toilet.
- Generally, you can expect to be up and walking in 2 days, self-caring within a week.
- Remember – no bending to try to pick things up from low down.
- It is not unusual to suffer ‘post-operational blues’, usually three or four days after the operation. The ‘down’ feeling will soon pass, but do tell staff how you feel, again **DON’T SUFFER IN SILENCE**.
- Sometimes one or both of your legs may become swollen – this is a common reaction to the operation and will gradually reduce. But do mention this to a member of staff.

- Physiotherapist and occupational therapy staff will visit you on the ward to advise you on what items of equipment you may find useful when you return home, and arrange for these to be available to you.
- Once you are fully mobile and the staff are happy with your recovery, arrangements will be made for your discharge home.
- Your stitches will be removed 10 – 12 days after the operation dependent on the surgeons' preference. A district nurse will be arranged to remove the stitches.
- Study the booklet giving advice on how to initially cope at home. (Freedom to Move—living with a total or partial hip replacement).

Discharge arrangements

- If you do not have access to a suitably spacious car, ambulance transport can be arranged to take you home, or to convalescence, on discharge.
- Outpatient physiotherapy may be organised – your appointment will be sent to you by mail.
- You will be sent home with a two-week supply of your current medication. Please see your GP for further supplies.
- You will be given an orthopaedic outpatient appointment with an orthopaedic nurse specialist for approximately three months time.
PLEASE ASK IF YOU WILL REQUIRE TRANSPORT TO ATTEND THIS APPOINTMENT.
- You will be advised if it is considered necessary for a district nurse to visit you at home.

- Your GP will automatically receive information of your hospital stay and treatment.
- Social Services, if required, will have been organised by the ward staff in conjunction with a care manager, i.e. Meals on Wheels, Home Help etc.
- Refer to your occupation therapy service, community health care daily living activities booklet when you get home.
- Continue the maintenance exercises given by the physiotherapist.
- If you are discharged with anti-embolic stockings (sometimes referred to as TEDs) do continue to wear them until your outpatient appointment (if you have someone to help you, they may be removed at night).
- Please contact your GP if you should have any concerns.
- If you require a sickness certificate please ask the staff.

Wound Healing

Although the skin heals quickly, it takes some time for all the tissues to return to normal. During the first six weeks you may often have strange sensations such as numbness, tingling or itching around the new scar, and there may be a feeling of hardness or thickening in the area. This is quite normal. These feelings will settle down in due course, and may be helped by gentle regular massage with a little skin oil to loosen the tissues and soften the scar. Leg swelling can continue for several months. If you have any problems with your wound please contact the orthopaedic nurse specialists on 534064. This is an answer machine, please leave a message and we will contact you as soon as possible.

Exercises

Exercise is very important following this operation. Although, of course, the new joint should be treated with care, you must not be afraid to use it. Walking and swimming are excellent ways of keeping fit as well as strengthening and mobilising the new hip. If you wish to swim following hip surgery, ask your physiotherapists.

DO NOT DRIVE FOR AT LEAST 6 WEEKS

What are the risks?

- There is a small risk that infection may develop in the hip. If this were to occur the hip may have to be removed but the risk is very low, at 1% or less, and you will receive antibiotic cover during the procedure.
- There is a risk of thrombosis (blood clots) during or after the operation. Such blood clots occur in up to $\frac{2}{3}$ of these operations but usually cause no symptoms. In a small number they may cause pain and swelling in the leg – deep vein thrombosis (DVT) and require treatment with medication for a few months. In about 2% of patients a piece of clot may travel to the lung, this is a potentially serious complication, but you will be given blood thinning medication during you stay in order to minimise the risk.
- In a few cases the 'ball' of the new hip joint may dislocate from the 'socket'. Unguided or excessive movement during the first six weeks usually causes this and it is very important to listen to your physiotherapist about safe and unsafe movements. The risk lessens after the first six weeks. At St Mary's we experience fewer dislocations than the nationally accepted rate of 5%.

- When we put your new hip in, we take care to ensure that the lengths of your legs are as nearly equal as possible. However, it is not possible to be precise about this and we would not prejudice the hip itself by trying to equalise the leg length.
- It is very unusual to need an adjustment to shoe height because of leg length discrepancy as the usual difference is under 10mm and the body tolerates this well.
- There is a 90% or greater, chance that your new hip will last for ten years or more, many hips will last 15 – 20 years.

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If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.