TOTAL HIP REPLACEMENT

Information Leaflet
What is a hip replacement?
A hip replacement is an operation in which the damaged surfaces of the hip joint are removed and replaced with an artificial joint made of metal and plastic which is cemented in place. It is now a routine operation with reliable results. About 30,000 such operations are performed each year in the UK.

Why do I need a hip replacement?
It has been decided that the condition of your hip joint is now so bad as to require a hip replacement. There are many reasons why your hip has deteriorated. If you are in any doubt about the cause, ask the surgeon to clarify this point with you. The main indication for a total hip replacement is to relieve pain. It also allows better mobility as a result of the pain relief and freeing the tight structures around the hip. It is the first stage of the surgical management of your hip.

Are there different types of hip replacement?
Yes there are, but the majority of patients undergoing hip replacement surgery do well with a standard prosthesis. Only a few patients would be suitable for consideration of other types such as a surface replacement and ceramic lined joints. This will have been discussed with you at the time of listing.

Will I have an assessment before my replacement?
You will be asked to attend a Pre-operative Assessment Clinic. Here, you will be checked over to ensure you are fit for the operation. Both a Physiotherapist and an Occupational Therapist will also see you. They will explain how you will be mobilised after the operation, and measure you so that the appropriate furniture and aids can be ordered for when you are discharged. They will also explain how to get around some of the everyday activities, which may be difficult after your operation.

Finally, you will be seen by the consultant or other trained person in order to obtain the consent. Any questions or concerns about the operation are best raised at this point. You may be asked to donate the femoral head that is removed at the time of operation, and your consent will be required. You will also be asked to consent to allow us to submit details of your operation to the National Joint Registry. If the procedure is complicated or a revision, your consent will be sought to allow us to submit details to the North West Revision Hip Network. Details of all these various consents will be explained in full when you are seen.

Will I need anything organising for when I go home?
In addition to the pre-operative assessment by the medical and nursing teams, the occupational therapists and physiotherapists will assess the following:

- Measurement of your leg length to establish the correct height for you to sit after surgery.
- Assessment of your furniture at home (according to the measurement sheet returned) to see if the furniture needs to be raised, or you require equipment to be supplied from the home equipment store.
- Demonstration of how to use the equipment and the aids.
- Request the home equipment store for the equipment to be delivered and fitted in your home.
- Discuss how you will manage at home after surgery and recommend home help from social services if necessary.
- Recommend that you bring into hospital some day clothes and the helping hand and long shoe horn if they have been supplied.

**Will I be asleep?**

Hip replacements are usually performed under a spinal or epidural anaesthetic, which makes the legs numb. You would not necessarily be asleep; however, you can be given something to make you sleepy if you wish. Not everyone is suitable for a spinal anaesthetic and a general anaesthetic would be used instead, where you would be asleep. Your anaesthetist will decide on the safest and most appropriate option for you when they see you, usually the day before or on the morning of your operation.

**What does the operation involve?**

You will be admitted on the day prior to the operation. It is important that if you develop any form of infection e.g. cold, sore throat, water infection etc., that you contact the Pre-Operative Assessment Team immediately so that other arrangements can be made. DO NOT WAIT until you come in to tell us.

A cut 15 – 20 cm long is made at the side of the hip. The damaged joint surfaces are exposed and removed. They are replaced by a new surface of plastic in the hip socket and a metal ball with stem at the top end of the thighbone. The new surfaces are cemented in place. The operation usually takes one and a half hours. Drains are usually put into the hip, which are removed the next day. A blood transfusion is sometimes needed, which comes from the blood bank. We try to avoid this if possible.

**How long will I be in hospital?**

You should go home about 7 days after your operation.

**What will it be like afterwards?**

When you wake up, you will have a triangular pillow between your legs, several drains and a dressing over the wound. The drains will be removed after 24 hours. Any discomfort you feel will be relieved with painkillers as necessary. This may be by a self-administered system (PCA pump), which the anaesthetist will explain to you, or by injections/tablets. Whichever is used your pain will be better controlled if something is given just before the pain comes on, rather than when it is established.

**Will I need physiotherapy?**

Yes. Physiotherapy is very important. The physiotherapists will get you up and walking the day after your operation. You will get a much better result from your new hip if you do the exercises
the physiotherapists show you. It is unlikely that you will need physiotherapy once you go home, but this will be arranged if it is felt necessary.

You will be allowed to go home in a car, but you are advised not to attempt to get in or out of a car for 6 weeks after the operation to allow the tissues to heal properly.

**What exercises can I do?**

Walking is the best form of exercise early on. After 6 weeks, you may also be able to consider using an exercise bike gently and use a cross-trainer machine. Rowing machines are not recommended. Swimming is also permitted, and this includes breaststroke.

Long term, it would be advisable to avoid contact sports and high impact exercise such as running. If you have a particular activity you wish to pursue, ask your surgeon about it before commencing.

**What movements can I do after my replacement?**

To prevent harmful movements causing undue strain to your new hip, the surgeons will advise that you observe the following precautions for a period of **three months** after your operation:

- Do not bend the operated leg up too far (no more than a right angle).
- Do not sit on anything lower than your knee height.
- Do not lean forward from the waist or let the hands go below the knees (when picking things up from the floor use the helping hand, and when putting on shoes/socks use the long handled shoe horn and sock aid).
- Do not twist the operated leg inwards when turning but use small steps to turn around when walking.
- Do not attempt to get in or out of the bath. Methods of bathing will be shown to you while in hospital.

**Will I be seen after my operation?**

**Yes.** Your own surgeon’s team will see you regularly after your operation on the ward. You will be seen again 6 weeks and 3 months after discharge to assess your progress. This may be in your surgeon’s clinic or at the dedicated Arthroplasty follow up clinic, which is staffed by trained physiotherapists.

In the long term (after 1 year) you will not need to come to hospital for follow up unless there are any problems. However, we are keen to find out how our patients are progressing. You may therefore be contacted to complete a postal questionnaire sometime after your operation (usually every 5 years). We may also invite you to attend for an X-ray at a time that is convenient for you. Any information returned would be handled sensitively and confidentially, it may be stored on a secure computer register.

It is possible that the National Joint Registry, which holds details of all the joint replacements performed in the UK, may also contact you. You would only be contacted by them if you have consented to do so prior to your operation. This will be discussed at the pre-assessment clinic.
What am I allowed to do after a hip replacement?

**When can I sleep on my side?** As soon as the drains are out you can sleep on your operated side. The nurses will show you how to turn in bed onto your operated side and over onto your stomach, to take pressure off your bottom. If you turn onto the opposite side you will put the operated hip at risk.

**When can I stop wearing the support stockings, if supplied?** This will vary from person to person. You will be advised by the nursing staff, or consult your own doctor if you are worried about this.

**When can I stop using a raised toilet seat?** Three months after the operation.

**When can I cross my legs again?** Never. If you cross your legs, you put yourself at risk of dislocation.

**When can I walk without walking sticks?** The physiotherapist will advise you on the right walking aid, (e.g. either crutches or sticks). Use these for six weeks, then gradually wean yourself onto one stick or crutch which you will use in the opposite hand to the operated leg. If supplied with a trolley you will be shown how to walk with the trolley’ and one crutch or stick to enable you to carry items around.

**When can I have a bath?** Not until after three months. You are advised to strip wash unless you have a cubicle shower. A shower board will be demonstrated if appropriate. You must not sit in the bath. Long handled washing aids can be purchased from the occupational therapy department.

**When can I kneel again?** Six weeks after the operation. However, remember to keep your hip straight, and get help or use furniture to lower and raise yourself from your knees.

**When can I sit on a low chair?** It is recommended that you never sit on a low chair. However if there is no alternative, lean slightly backwards when you sit and keep your legs apart.

**When can I start having sex again?** Take care for the first six weeks after the operation and don’t be too acrobatic. It is best if you are on the bottom with your partner on top. Do not bend the operated hip up beyond 90° although it is unlikely that you will dislocate it if your legs are apart.

**Can I cut my toenails?** Do not attempt to bend down to your feet until after three months, and even then do it very cautiously. It is recommended to go to the chiropodist until you feel that you can bend down safely again.

**Work, Sport, Hobbies and Travel**

**When can I go back to work?** This will depend on your occupation. In general, for sedentary jobs, a minimum of 6 weeks is needed, but with more strenuous jobs, it may be at least 3 months before it is possible to return. If your job is a particularly heavy one it may be advisable to change to a lighter one.
When I can drive a car? You will not be able to drive for at least 6 weeks. If you have an automatic car, and it is your left hip that is replaced, you may drive at that time. Patients with manual cars may find that repetitive clutch action makes the hip sore, and it may delay driving. No matter what type of car you have, if your right hip has been replaced, you will need to be able to do an emergency stop before setting out on the road. We suggest that at 6 weeks, you can sit in the driver’s seat, with the engine off and the car parked, and test the strength and pain in your hip while performing this manoeuvre.

Can I ride a bicycle or an exercise bike? You should be able to ride a bicycle after six weeks, but consult your surgeon. If you are allowed to ride put the seat up as high as possible to limit the degree of bend in the hip, and don't fall off!

Can I do gardening? Yes, six weeks after the operation. However, remember to keep your hip straight. Use long tools and a kneeling stool if possible.

When can I go swimming? It is safe to swim six weeks after the operation.

Can I go on a walking holiday? Yes, of course. But wait until three months after the operation and take a walking stick with you. Take care on rough, irregular ground and only carry a light rucksack.

Can I fly or travel by bus, train or coach? You should be able to go away within the UK 6 weeks following discharge from hospital, providing any long journey is appropriately broken. Flying immediately after lower limb surgery is associated with an increased risk of deep vein thrombosis (see section – “What can go wrong?”). Although no fixed guidelines exist we recommend that you should not fly for 3 months following a hip replacement. Whichever way you travel, try to ensure that you have lots of leg room so that you do not put the hip at risk of bending more than a right angle.

Will I set off the security alarms at the airport? Not usually, but it depends on how much metal there is inside you.

Can I return to sport? If you are used to playing a sport which is not too energetic. You may be able to return to it after three months. Keep to the gentler sports such as golf, bowls or gentle tennis. Avoid contact sport.

Will the operation definitely make my hip better?
We can never guarantee the result of any operation. Most people are delighted with the results following hip replacement, especially where pain was the main symptom before operation. However, the replacement will not give you a hip like it was when you were younger. So occasional aches and clicks in your hip, buttock or thigh are normal following replacement.

How long does a hip replacement last?
How long is a piece of string? There is no one who can say how long a replacement will last in an individual. They can fail at any stage from the moment they are put in. In general, 90% will last 10 years, falling to 80% at 15 – 20 years. More modern hip replacements including
resurfacing do not have long term follow up studies and extrapolation of shorter follow up figures can be misleading.

**What will happen if it wears out?**
If the replacement does become worn or loose then it can be removed and another replacement inserted. This is a much bigger operation than the first replacement but is usually successful. This may need to be performed in one or two stages. Remember that hip replacement is successful and working well in over 90% of patients 10 years after the operation.

**What can go wrong?**
The majority of people have a hip replacement without having any problems. A few have minor difficulties or complications, which are usually easily dealt with. Rarely more serious complications can occur, which you should be aware of and bear in mind when deciding whether to have your replacement performed.

**Anaesthetic:** Problems can occur related to your general health and the anaesthetic. The majority of potential problems will be picked up at the pre-assessment clinic. Your anaesthetist will be able to discuss this further with you.

**Bleeding:** It is not unusual for a little bleeding to occur causing localised bruising and swelling which should not cause concern. Rarely more severe bleeding occurs into the hip making it swollen and uncomfortable, this usually settles with time.

**Urinary retention:** Some patients find it difficult to pass urine after the operation. A tube (catheter) may need to be passed into the bladder for a day or two.

**Deep vein thrombosis:** This can occur to anyone under going lower limb surgery. The risk is greater if you have had one before or you are on hormone replacement therapy (which should be stopped 6 weeks before operation). They rarely cause direct problems, but can potentially be serious because of the risk of spread to the lungs (pulmonary embolism). Treatment usually involves taking warfarin (to make the blood clot less easily) for a 3 month period.

**Infection:** A little redness around the wound due is not uncommon and, occasionally, is caused by infection that is treated with a short course of antibiotics. Even though great care is taken deep infection around the new joint occurs in 1 in 100 replacements. This is difficult to treat and may require further extensive surgery.

**Wear and loosening:** Your hip replacement may eventually wear out or become loose. It may begin to feel uncomfortable and unstable. If this happens following discharge from the clinic you should ask your GP to refer you back to your surgeon.

**Dislocation:** The ball and socket of the hip replacement are not physically linked together. They are held in place by the very strong muscles that cross the hip joint. The hip can, therefore, dislocate if the muscles go weak as can happen as you get older. It can also dislocate if it is put into any extremes of movement, which means it is important to follow the advice given in this leaflet and by the occupational therapists / physiotherapists.
What do I do if I have a problem after my operation?
Following discharge you should contact your GP who will assess your hip and take appropriate action depending on the problem.

If you still have any questions please ask your surgeon..

Contact us
Sarah Thompson – 0161 419 4037
If you would like this leaflet in a different format, for example, in large print, or on audiotape, or for people with learning disabilities, please contact:
Patient and Customer Services, Poplar Suite, Stepping Hill Hospital. Tel: 0161 419 5678.
Email: PCS@stockport.nhs.uk.

Our smoke free policy
Smoking is not allowed anywhere on our sites. Please read our leaflet 'Policy on Smoke Free NHS Premises' to find out more.