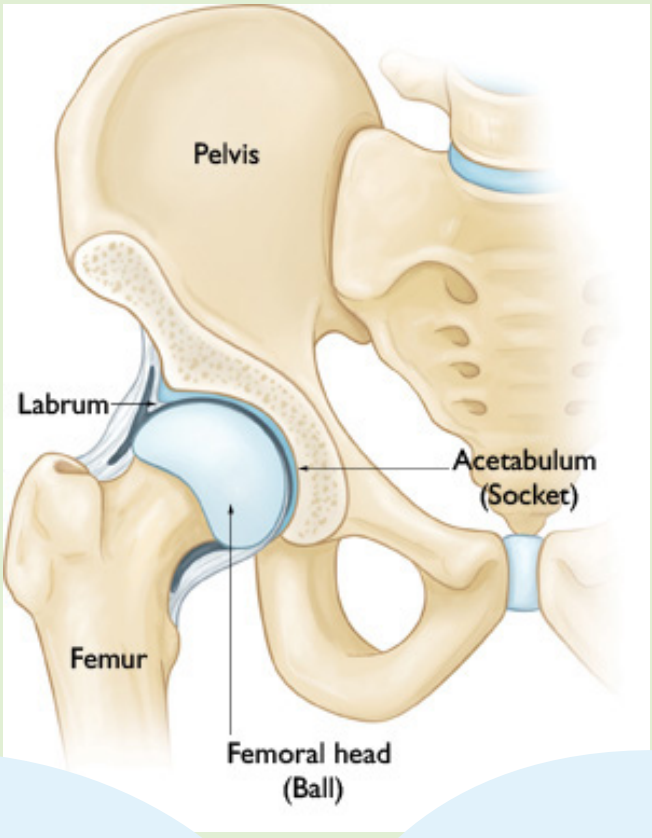
**PLEASE BRING THIS BOOKLET INTO HOSPITAL WITH YOU**

NHS Ayrshire & Arran

# Total hip replacement

## Information for you

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# Introduction

We have taken a unique and proactive approach to the care, recovery and rehabilitation of our joint replacement patients. You and the various health care professionals will share the responsibility for your care.

Rapid recovery is a patient-focused experience, which starts with the decision to operate, to when you are recovering at home. This shared responsibility for treatment, recovery and rehabilitation is fundamental to the success of your operation. The programme provides the knowledge and skills to allow you to do this and will also develop your independence.

This booklet has been designed by the orthopaedic team to provide you, your family and your friends with information about your hip replacement and what to expect before and during your stay in hospital.

This advice will help you prepare for surgery and recovery.

# Information

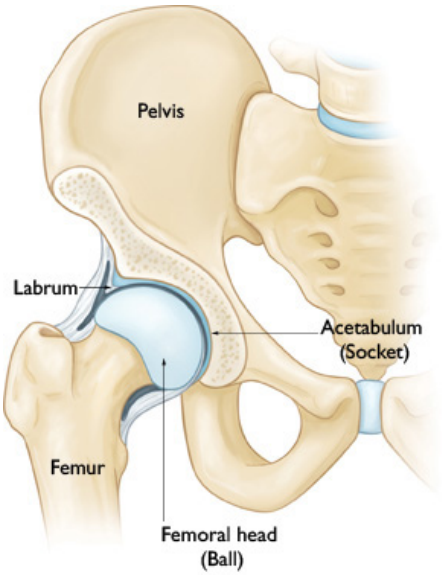
## Understanding arthritis and hip replacement

Joint deterioration can affect every aspect of a person's life. It is common for people to ignore the symptoms of osteoarthritis in its early stages, but as the disease progresses, activities like walking, driving and standing become challenging, painful and very difficult.

Hip replacement surgery is usually an extremely successful surgical procedure. The first total hip replacement surgery was performed over 40 years ago and since then millions of people have received hip replacements. Hip replacement surgery has become a fairly common procedure.

## The hip

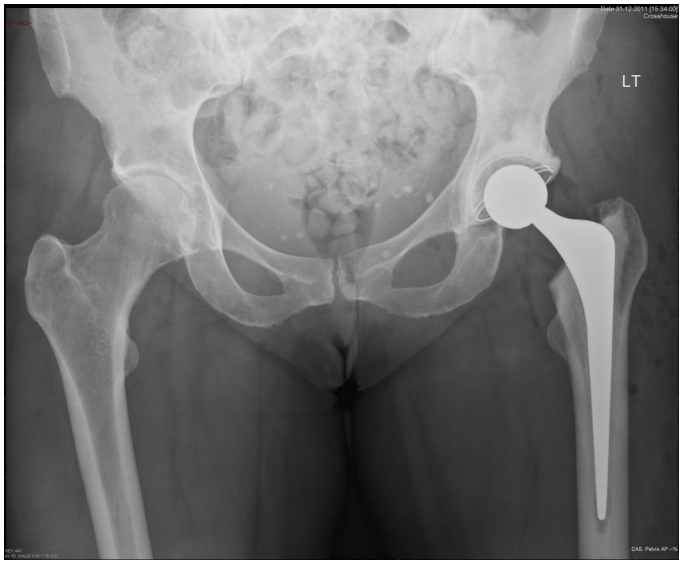
The hip is a ball and socket joint that allows the leg to move in a variety of positions. The joint is lined with a lubricating tissue called cartilage, which cushions the joint as it moves and bears weight. Arthritis is a condition that affects joint cartilage and it develops over years of constant motion and pressure in the joints. As the cartilage continues to wear away, the joint becomes increasing painful and difficult to move. There are over 100 different kinds of arthritic conditions that can affect the human body and there are millions of people who are affected with arthritis each year.




## Osteoarthritis

Osteoarthritis, often referred to as OA, is the most common form of arthritis, and is the most common reason for joint replacement surgery. Osteoarthritis is a degenerative disease that destroys the joint cartilage, often leading to painful bone-on-bone contact. It can cause pain, stiffness, swelling and loss of motion in the joint, which may vary in duration and severity from person to person. Treatments such as the relief of pain, physiotherapy exercise, support braces, and weight reduction can help control the symptoms of osteoarthritis for a time. When these treatments fail to provide adequate relief from pain, total joint replacement may be recommended. Your surgeon will have assessed your individual condition and prescribed a treatment that will give you the best results.

## Total hip replacement




Total hip replacement surgery or arthroplasty uses implants to resurface and replace the bones in the joint, re-creating the smooth gliding surfaces that were once damaged. Total hip replacement surgery requires anaesthesia. There are various types of anaesthesia available and your anaesthetist will explain your options to you before surgery. In total hip surgery, an incision is made on the side of the hip to gain access to the joint. The exact site of this incision may vary between surgeons as there are a number of different ways to approach the hip. The affected portion of the "ball", or head of the femur (thigh), is removed to allow for the replacement hip component. This is made of a biocompatible (body friendly) metal alloy such as cobalt chrome, stainless steel or titanium. The "socket" or acetabulum is then shaped to accept the new socket that is pressed into place. There are several materials that can be used to line the socket in your pelvis, including polyethylene (plastic) or ceramic. There are many types of hip replacements on the market in the UK. The type of hip replacement used may vary from patient to patient for a variety of reasons and your surgeon will discuss this with you. Your surgery will last approximately one and a half to two hours. Care before your surgery and time spent in the recovery room can add an additional two to three hours before you are back in your hospital room.

# What can you expect from a total hip replacement?

A total hip replacement will provide relief from hip pain in over 90 per cent of patients. It will allow patients to carry out normal activities of daily living. The artificial hip may or may not allow you to return to active sports or heavy labour and you must be guided by your Consultant. Taking part in high impact activities and being overweight may speed up the wear and tear process, which could result in the artificial hip to loosen and become painful.

## Local joint registry

Within Ayrshire and Arran, we hold a local register which feeds into a national database. This register holds information on total hip and knee operations performed in University Hospitals Ayr. The information held on the register may be used locally and nationally, by the surgeons to assess how well their patients are performing. In turn this information can give you some indication as to outcomes of hip or knee replacements. Data will also be used to:

- improve awareness of the outcomes of hip and knee replacement;
- help you obtain the best clinical care for joint replacement surgery;
- provide evidence for which are the best performing implants;
- identify any brand of implant showing high failure rates;
- improve surgical practice through the identification and sharing of best orthopaedic practice; and
- ensure NHS and other healthcare resources are best used.

We will record details of your operation and implants. However, we will only record your personal details with your consent.

In order for the registry to be most effective, we need to collect as much information as possible. This includes:

- your NHS number;
- type of implant; and
- outcome scores.

Recording this information allows us to link people to the implants received during surgery: if we identify a problem with a specific implant in the future, the joint registry will help to identify the patients who were given this implant.

Your details allow you to take part in a feedback survey and all your personal data is treated as confidential at all times. Taking part in the joint registry is entirely voluntary. All data will be held on computer, and will be password protected. If you wish to find out more about this information, contact the orthopaedic specialist nurse who collects this data.

# Complications

While rare, complications can occur during and after surgery. The risk of something going wrong is approximately four to five per cent . Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. Most patients, however, feel that the relief from the arthritic pain is so good that a certain amount of stiffness does not bother them. No implant will last forever and factors such as your post-surgical activities and weight can affect longevity of the implant. Be sure to discuss all of the risks with your surgeon so that you can minimise the potential for complications. Your surgeon may ask you to see a medical doctor before surgery to obtain tests. You may also need to have your dental work up to date.

## Wound infection (1%-2%)

The wound on your hip can become inflamed, painful and weep fluid, which may be caused by infection. The majority of wound infections can be treated by a course of antibiotics and often settle down following treatment. Deep wound infection where the new hip is infected may require the new hip to be removed which can result in a leg length shortening.  Treatment of infection normally requires one or two more operations.  Infection can affect the hip at any time, indeed most are late infections from another site for example, urine or chest.

You can help prevent infections in the wound firstly, by ensuring you are thoroughly showered and clean prior to your surgery. After your surgery you must keep the incision area clean and dry. The wound dressing should normally not be disturbed, and should only be redressed by your nurse. In the long term, you should check with your doctor and dentist prior to any dental treatment or skin or urine infection, as you may need antibiotics. The risk of developing an infection following a hip replacement is one to two per cent.  If you have any infections at time of admission for your surgery, please contact your Consultants secretary.

## MRSA

Micro-organisms (germs, bacteria) are all around us but the only way we can see them is with a microscope. We all carry millions of them both on the inside and outside of our bodies. They generally do us no harm at all - in fact most bacterium protects us from infections, but some can cause infections. One of these bacteria is called Staphylococcus Aureus and over 30 per cent of the population carries this on their skin or up their noses, causing no problem at all. MRSA or Methicillin Resistant Staphylococcus Aureus, is a bacterium that can no longer be treated by some

commonly used antibiotics. MRSA can just live happily on the body causing you no problems. This is known as colonization. But if it gets into a wound, it can prove more difficult to treat than some other infections.
It is difficult to determine how a patient can get MRSA but there are several ways. These are:-

- You have MRSA on your skin or nose before admission. This is common as it is frequently found in the community.
- You may have acquired it through close contact from someone looking after you. However careful you are, and however much you wash, transfer of bacteria from one person to another can happen.
- Frequent prescriptions of antibiotics mean that bacteria you normally carry in or on your body have built up antibiotic resistance.

Outside the healthcare setting MRSA is not a problem, but in the hospital, there are patients with wounds and sick people who are more susceptible to infections. This is why we may place you in a side room or on an alternative ward during your stay to prevent the spread of MRSA.

The staff will not treat you any differently but will wear apron and gloves when caring for you. If they come in to talk to you or deliver your meals, no precautions are necessary. However, they will carry out good hand hygiene before entering and leaving your room. MRSA will not interfere with any care you require, all staff will know the precautions they need to take.

Visitors do not need to wear gloves and aprons but MUST wash and dry their hands thoroughly on leaving the room, and any cuts should be covered. If they are visiting another patient, they should see you last if you have MRSA.

MRSA will not affect your discharge home and you are no more likely to get an infection than anyone else. However, if you do need antibiotics from your GP in the future, it is worth mentioning that you have had MRSA previously. Any subsequent inpatient stays in the hospital may require you to have screening tests. If you require further information on MRSA, please contact the infection control department.

## Nerve Injury

This is more common in revision (redo) hip replacements . This occurs when the nerves that control the muscles in the leg become stretched or damaged as a complication of your surgery leaving you with a weakened leg or dropped foot. This complication is rare, but can happen in one in 1000 patients.

## Difference in leg length

Your Consultant strives to give you equal leg length. However if arthritis or wear and tear has destroyed some of your bone this is not always possible and may cause your operated leg to become shorter or longer. This may result in you wearing a raised shoe or insole.

## Dislocation

Dislocation of the hip (the ball comes out of the socket) may happen in one to two per cent of patients during the first eight weeks after the operation and before the hip tissue have fully healed. It is usually linked to crossing your legs, twisting, falling or sitting in a very low chair or low toilet seat. If this occurs you will require an operation to manipulate the hip (put the hip back) into the socket and it may be necessary to protect the hip by wearing a brace for about 12 weeks.

## Long term survivorship

After 15 years, around five per cent of all artificial hips will appear loose on x-ray. Less than half of these (five to ten per cent) will become painful and will require an operation to replace the worn artificial hip. Loose, painful artificial hips can usually, but not always, be replaced.

The results of a second operation are not always as good as the first, and the risks of complications are higher.

## Deep vein thrombosis (1 in 100)

There is a ten to 20 per cent risk of developing a deep vein thrombosis (DVT) following surgery although this may only be symptomatic in one to two per cent of patients - the remainder do not cause symptoms which are sufficient to be noticed by the patient. DVT is when a blood clot develops in the deep veins of your leg, most frequently below the knee. When you are first seen at pre-admission you will be assessed for your risk of DVT and your treatment in prevention of clots may vary according to your risk factors - for example any previous history of DVT or the type of surgery you are having.

If you stay in bed for any period of time, the blood flow to your legs will slow down. This is because your leg muscles are not squeezing the veins as they normally do when you walk. Sometimes, the blood flow can get so slow that a clot is able to form.

The three main causes of DVT are:
- Lying or sitting with no movement
- Trauma to veins (expansion of circumference of veins caused by drugs, anaesthetic or muscle relaxants
- Clotting changes within the blood vessels (blood naturally tries to clot to mend the damaged vessels)

The signs and symptoms of DVT are:
- Calf pain or tightness
- Calf throbbing
- Lower limb swelling that is new or increasing
- Redness or inflammation to your calf or thigh area

## Pulmonary embolism (PE) (1 in 500)

This can happen when a part of a blood clot formed in your leg vein breaks off and travels to your lung. The risk of developing a life threatening pulmonary embolism is low.

The signs and symptoms are:
- Difficulty in breathing
- Chest pain or discomfort
- Bluish tinge to lips, face or extremities
- Coughing with blood-stained phlegm
- Sudden collapse

Treatment is the same as deep vein thrombosis but requires a longer hospital stay.

## Measures to prevent DVT and subsequent Pulmonary Embolism (PE)

## Blood thinning drugs

You may be given drugs to thin the blood and make it less likely to clot.

These drugs include:
- an injection administered just below the skin surface into the skin fold of the abdomen or upper arm. This will start on the day of surgery and continue daily until 35 days after your operation.
- you may be prescribed tablets to take during your stay and on discharge home, to continue for 35 days after your operation.

### How can you help reduce the risk of clots?

- Get up and mobilise as soon as you are advised following your surgery.
- Perform your exercise independently once you have been directed to do so.
- Perform breathing exercises and foot and ankle exercises.
- Take your medication as prescribed.

### Flying advice

Due to the possible increased risk of a blood clot or embolus, we advise that you do not fly 6 weeks pre or 6 weeks post surgery. If you are flying long haul, then please inform your Surgeon's Secretary.

## Preparing for surgery

You will be given an appointment to attend the pre-operative assessment clinic. This can last two to three hours and helps your anaesthetist consider any medical problems which may affect your risks and complications during the anaesthetic and/or surgery. You will be given time to ask any questions you have and are welcome to bring a friend or relative with you.

During this appointment you will be asked about the following:

- General health and wellbeing including what level of exercise you are able to do.
- Previous medical history including any anaesthetics you may have had. This includes any family history of anaesthetic complications.
- Allergies, smoking status, alcohol intake.
- Medication history – please bring all your medicines with you to this appointment. You will be advised of any medication you need to stop prior to your operation.

You will have some investigations carried out such as heart trace (ECG), blood tests and swabs to check for MRSA.

One of the blood tests is to identify if your blood count is low. If so, you may need to take iron tablets prior to your operation. This helps reduce the risk of the potential need for a blood transfusion afterwards.

# Health and Wellbeing lifestyle changes

## Exercises

It is important to be as fit as possible before undergoing joint replacement surgery. Taking part in a physiotherapist-prescribed exercise program before surgery can make a more rapid recovery.
Moderate exercise is an integral part of treating arthritis. Low-impact exercise will not wear out your joints. Although exercise may sometimes cause discomfort, proper exercise will help nourish the cartilage, strengthen the muscles, and prolong the life of your joints. Always follow your surgeon's instructions and never do any exercises without first speaking with your surgeon or physiotherapist.

Your surgeon or physiotherapist can give you an individual programme.

- Make a plan. Write it down. Set realistic goals.
- Exercise at the same time each day so it becomes part of your routine.
- Look for an appropriate exercise class.
- Stay in the habit of doing some exercise each day.
- Vary your exercise routine and rotate your exercises.
- Evaluate your progress and enjoy your success.
- Stop when you get tired.

The UK Chief Medical Officers' Guidelines recommend each week adults do:

- At least 150 minutes moderate intensity activity, 75 minutes' vigorous activity, or a mixture of both
- Strengthening activities on two days
- Reducing extended periods of sitting

## Swimming

Swimming is an excellent form of exercise to help manage arthritis pain. Water's buoyancy helps protect your joints from impact injury. Water also resists movement, which is helpful for building strength. Water pressure can also assist with reducing the swelling in joints and oedema in the legs.

## Walking

Walking is an excellent form of endurance exercise for almost anyone, including those with arthritis. Be sure to have a good pair of walking shoes to help cushion impact.

### Cycling

Regular cycling or using a static exercise bike is an excellent endurance exercise. However, this may exacerbate patients suffering with knee problems, so always discuss this option with your consultant. Be careful not to increase the resistance or ride up and down hills too quickly.

### Stop smoking

If you smoke, it is essential you stop smoking before you have any surgery. It is necessary to stop smoking at least two to four weeks before the planned procedure. Smoking impairs the transfer of oxygen to the healing tissues, which may increase healing time and the possibility of other complications.

## Alcohol Intake

It is important to disclose your weekly alcohol intake when asked. Patients that suddenly stop their regular alcohol intake can experience withdrawal. This can be very unpleasant and dangerous. If the medical staff are aware of this prior to surgery medication can be prescribed to minimize the symptoms.

## Nutrition

Good nutrition is important before joint replacement surgery. If you are overweight, it is very important to reduce your weight in preparation for your surgery. This will help to reduce any risks associated with the anaesthetic and ensure you get the maximum benefit from your surgery.

If you have diabetes, it is also important to ensure that your blood sugars are well controlled prior to surgery.

If you have any concerns about your diet, discuss them with your doctor and you can be referred to a dietitian if required.

# Things to do before your operation

## Medications

Make sure you tell the doctor, nurse or hospital pharmacist everything that you are taking, including any creams, inhalers, eye drops, herbal supplements, and homoeopathic medicines and over the counter medicines.

Take all of your medicines, even natural remedies, in their original containers, when you attend your pre-operative assessment. The pharmacist will then be able to tell you if you need to stop taking any of your medications, and when. This is important because a number of drugs and herbal remedies may increase the risk of bleeding or blood clots or may interact with your anaesthetic and potentially cause complications.

If you do not let us know about all your medication, your operation could be postponed.

Make sure you have an adequate supply of your regular medicines for when you are discharged, as we can only supply new medicines when you are discharged.

## Prepare your home

When you go home you will be walking with two sticks or elbow crutches and should be able to manage steps and stairs. If your surgeon recommends you follow hip precautions you should do this for a minimum of 6 weeks after your surgery.

Think about the things you normally do and make some adaptations. For instance, if you keep your mugs or plates in a low cupboard, consider moving them to a more accessible place for a short while after your operation. If you have to cook for yourself, consider making or buying some ready meals that are easy to prepare when you come home. It is also wise to be up to date with household chores like cleaning and laundry. You will not be able to do these in the first few weeks after your operation. Involve your 'coach' in making the necessary preparations.

## Your coach

A coach is a person chosen by you to support and encourage you throughout your treatment – before you are admitted to hospital, while you are in hospital and when you are at home afterwards. You coach can be anyone you choose – for example your partner, a member of your family or a friend.

It is important that you involve your coach as much as possible in the time leading up

to your operation. They can be invaluable to you in organising your home and helping you with your pre-operative exercises.

**If you don't have a coach, it is not a problem. This will not hinder your progress following surgery.**

### Occupational therapy

The Occupational Therapy team will contact you prior to your admission to discuss your individual needs that may affect you after your operation. This may involve a visit to your home or a telephone call to gather information to see if you need equipment and provide advice about how to make your life easier and safe for your return home after your surgery.

### Pre-operative Education

This can take place in many forms. You may be given written/verbal or face to face information. The aim of this is to ensure you are clear in your expectations of surgery short and long term.

## Your team

This hospital is committed to providing the best care as well as a positive healthcare experience for you and your family. Your care team is made up of many dedicated professionals who will work with you to make your stay at our hospital pleasant and your transition back to home as smooth as possible.

Your orthopaedic surgeon works with a network of orthopaedic specialists. These people work together to treat you as an individual providing the best care available for a wide range of medical concerns, from pre-diagnosis through treatment and on to therapy and rehabilitation.

Our ultimate goal is to help you regain your ability to engage in life at the level that gives you the greatest satisfaction.

# Anaesthetic

There are various different types of anaesthetic and your anaesthetist will explain the different types available to you. If you have any other medical conditions this may make one type of anaesthetic preferable.
There are also different methods of providing pain relief (analgesia) for the first few days following your surgery.
During any form of anaesthesia, it is standard practice to insert a tiny plastic tube (cannula) into one of the veins of your arm and to attach a small clip to one of your fingers to monitor the levels of oxygen in your blood. You will also have a heart trace, or electrocardiogram (ECG), and we will monitor your blood pressure. We may also give you fluids through the plastic cannula during and after the operation.
You can usually wear any glasses, hearing aids or dentures until you are in the room where your anaesthetic will be given. You may be able to keep them on if you are not having a general anaesthetic.
There are two major options for your anaesthetic: a spinal anaesthetic or a general anaesthetic.

## Spinal anaesthetic

This type of anaesthetic means you will be numb from the waist down. A spinal anaesthetic means that you can remain fully awake during the operation but there is also the option to be asleep with some sedation.
During a spinal anaesthetic:

- We will inject some local anaesthetic near to the nerves in your lower back. This can be given with you sitting up or lying on your side.
- You are numb from the waist downwards. You may be aware of the sensation of pressure or movement.
- Depending on the medication used it can take anywhere between two and six hours before normal movement in your legs returns.
- You may notice a warm tingling feeling as the anaesthetic begins to take effect.
- In around 10 minutes your legs will go completely numb and you will not be able to move them, this is normal.
- Your operation will only go ahead when you and your anaesthetist are sure that the area is numb.
- You can also have drugs which make you feel sleepy and relaxed (sedation) or you may even go to sleep. However sedation is not a general anaesthetic, so you may be aware of noise or conversations in theatre but still feel very relaxed. You will be able to ask your anaesthetist to give you more medication to feel sleepy if needed.

- If you are not having sedation, you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation. You may like to take your own electronic device, with headphones, to listen to music during your operation.
- Your anaesthetist is always near to you and you can speak to them whenever you want to.

## Advantages:

- You should have less sickness and drowsiness after the operation and may be able to eat and drink sooner.
- You will be able to sit out of bed and take some supervised steps on the same day as your operation. This helps to avoid blood clots in the legs and lungs.
- You remain in full control of your breathing and you will breathe better in the first few hours after the operation. This reduces the risk of chest infection.
- You do not need so much strong pain relieving medicine in the first few hours after the operation.

Because of the advantages spinal anaesthetic gives, it is the most common type of anaesthetic for knee or hip replacement surgery. We recommend this type of anaesthesia for most patients having these operations.

## General anaesthetic

A general anaesthetic is when you are given drugs to make sure you are unconscious. During this time, you will feel nothing.

During a general anaesthetic, you will receive:

- Anaesthetic drugs - an injection or a gas to breathe.
- Strong pain relief drugs - morphine or something similar.
- Oxygen to breathe.
- In some cases, you may need a drug to relax your muscles.
- You will need a breathing tube in your throat to assist with your breathing
- When the operation is finished the anaesthetic is stopped and you regain consciousness.

## Advantages:

- You will be able to move your legs immediately after the operation and are then able to mobilise earlier.

## Disadvantages:

- It may take longer to be fully awake following a general anaesthetic compared to a spinal anaesthetic even if sedation is given

- You will often require more strong pain relieving medication during the operation and immediately after. This can make some people feel sick or drowsy or have itching. If used over several days they can lead to constipation
- There may be an increased risk of being mildly confused for a few days. This may prevent you from sitting out of bed soon after surgery and delay your mobilisation.

## Nerve Blocks:

As part of the anaesthetic you may be offered a nerve block which is an injection of local anaesthetic around nerves which go to the legs. This can happen with either a spinal or a general anaesthetic. This can help with pain relief for the initial 12 to 24 hours after the operation.

The nerve block will usually be carried out following the spinal or general anaesthetic so you should not feel it being done.

Part of your leg may feel numb for several hours after a nerve block. Occasionally the leg can feel weak and you may need some additional assistance with standing while the nerve block is still working.

Alternatively, the surgeon may inject local anaesthetic around the site of the operation. This can improve pain relief and help reduce the amount of pain relieving medications required.

## Pain relief after your operation:

It is highly likely you will require strong pain relieving medications for at least several days after the operation.

You may receive some pain relieving medications before the operation so that they are working during the surgery.

You will receive regular strong pain relieving medications for several days after the operation. There will be additional pain relieving medicines that you can ask for if you find you need extra pain relief to help you do your exercises and mobilise.

You will be discharged home with pain relieving medication and a plan for when they should stop. If you have been taking strong pain relieving medications for your joint before your operation, these will be reduced and stopped as you recover.

## Side effects, complications and risks of anaesthesia

Serious problems are uncommon but there is still a small risk. Modern equipment, training and drugs have made anaesthesia a much safer procedure in recent years. Anaesthetists take a lot of care to avoid all the risks described in this booklet. Your anaesthetist will be happy to give you more information about any of these risks and the precautions taken to avoid them.

## Common and very common side effects

- You may have discomfort around injection sites.
- You may be sore after your operation but you will be given strong pain relieving drugs if you need them.
- You may not be able to pass urine or you may wet the bed. If you are unable to pass urine, a soft plastic tube (catheter) may be put into your bladder to drain away the urine for a short time. This is more common after spinal anaesthetics.2
- **Spinal or nerve block:** You will not be able to move your legs properly for a short time after your operation.
- **General anaesthetic:** You may feel sick or have a sore throat. This can be treated with anti-sickness drugs and painkillers. You may feel drowsy, have a headache, shivering or blurred vision. This can be treated with fluids or drugs. Confusion and memory loss may occur in older people, but are usually temporary.

## Uncommon side effects and complications

- There is a very small risk of heart attack or stroke.
- If you have had a spinal anaesthetic, you may have a headache that can last for several days. If this occurs you may require a further procedure to help you recover.
- If you have had a general anaesthetic, there is a small risk of damage to teeth, lips and gums.

## Rare or very rare complications

- If you have had a general anaesthetic, there is a very small risk of damage to eyes and nerve damage..
- If you have had a spinal or nerve block, damage to nerves may occur, though it is uncommon. This can lead to an area of numbness, weakness, or pain in the legs. Usually this is temporary, although very rarely a serious, permanent injury can occur.
- If you have a general anaesthetic, the risk of awareness (that is becoming conscious during your operation) is very rare.
- Serious allergic reactions to drugs and death is very rare.

## Coughs and colds

Although anaesthesia is very safe, it becomes significantly riskier if carried out when you are suffering from a cold or flu. If you develop a cold in the seven days before your admission, your surgery may be postponed but this will depend upon the nature of your surgery and the severity of your symptoms. Please contact the pre-admission nurse for advice.

# What to bring to hospital

You will need your toiletries, nightclothes and some loose fitting, comfortable day clothes. You will be expected to dress in comfortable day clothes during the day while you are in hospital. T-shirts and shorts/loose fitting trousers are practical when doing exercises. You must bring flat, comfortable, supported shoes - not mules. We do not have wardrobes in the ward therefore it is important to keep your personal belongings to a minimum.

Also bring your usual medicines and a small amount of money, but leave valuables or jewellery at home. You may want to bring a few books or magazines. You may also want to bring packs of antiseptic hand wipes, which you can use every time you go to the toilet, and also before and after meals.

## You can start a checklist before you come into hospital.

**Remember to bring this booklet into hospital with you**

| Remember to: | Completed |
|---|---|
| Pack all medication in original containers | ☐ |
| Pack loose fitting day clothes and nightwear and your own toiletries | ☐ |
| If already provided, pack your dressing aids, long handled shoe horn and easy reach | ☐ |
| If you have sticks or crutches at home, please bring them in to hospital with you | ☐ |
| Arrange care for pets and family | ☐ |
| Arrange discharge plans – for example lift home | ☐ |
| Ensure you have enough medication and will not run out | ☐ |
| Remove loose rugs | ☐ |
| Move furniture or other hazards | ☐ |
| Move items regularly used to be easily accessible | ☐ |
| Prepare food and meals for your convenience once home | ☐ |
| Freeze milk and bread for the first few days once home | ☐ |
| ..... | ☐ |
| ..... | ☐ |

# The day of surgery

The majority of patients are admitted to hospital on the day of their surgery. However some patients are admitted the day before. Your surgeon and your anaesthetist will make this decision and discuss it with you.

Before a planned admission, you should have a long hot soapy bath or shower. But remember not to use heavily scented brands of soap. Have an all-over scrub with a soft gentle brush, exfoliator or loofah. Clip your toe and fingernails (removing all nail polish) and wash your hair.

Put on freshly laundered underwear. This helps prevent unwanted bacteria, which may complicate your care.

Plants and flowers are not permitted in the ward due to infection control. Please remind your family and friends not to send flowers during your inpatient stay.

## Have nothing to eat or drink (nil by mouth or fasting)

You will receive clear instructions about fasting. It is important to follow these or your surgery may be cancelled. Food or liquid in your stomach during your anaesthetic can come up into the back of your throat and damage your lungs. Even if you are not having a general anaesthetic, you will still be asked to follow these instructions. **You will be encouraged to drink water until it is time for your operation to ensure you remain well hydrated.**

## Take your normal medication

If you are taking medicines, you should continue to take them as usual, unless your anaesthetist, surgeon or pre-operative assessment pharmacist has asked you not to.

## Arriving in hospital

When you arrive, we will attach an identification bracelet to your wrist and a nurse will complete any final paperwork. A member of the orthopaedic and anaesthetic team will also see you and check your consent. They will mark your operation site with a marker pen. You will be seen by a member of the physiotherapy team. They will provide you with a walking frame and show you how to walk with it. This is normally a temporary walking aid and you should quickly progress to crutches or sticks after your operation. Please note that once your admission is completed, you may have a long wait, depending upon where you are on the theatre list and you should bring something to pass the time for example, a book or magazine.

Depending on where you are admitted to you will either be allocated a bed or you will be in a sitting area. Wherever you are, you will be kept informed and comfortable.

## Anaesthetic review

Your anaesthetist will visit you before your operation and will ask you again about your health and discuss the anaesthetic and pain relief techniques suitable for you, together with their advantages and risks. You will have the opportunity to ask final questions and tell the anaesthetist about any worries that you have.

## Glasses, jewellery or dentures

You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on. You should remove jewellery and decorative piercing beforehand.

## In the anaesthetic room

This is the room next to the operating theatre. Several people will be there, including your anaesthetist and an anaesthetic assistant. There will be equipment to measure:

- Heart rate – you will have three sticky patches on your chest linked to the electrocardiogram (ECG)
- Blood pressure – you will have a cuff on your arm
- Oxygen level in your blood – a clip will be placed on your finger or ear (pulse oximeter)
- A needle is used to put a thin soft plastic tube (a cannula) into a vein in the back of your hand or arm. Drugs and fluids can be given through this cannula.

## During the operation

You will be positioned in the anaesthetic room and then wheeled into the operating room. The dedicated orthopaedic team will be in theatre to ensure your operation runs smoothly. All anaesthetics may cause changes in your heart rate, blood pressure and breathing. Your anaesthetist may intentionally adjust these to control your response to surgery. Anaesthetic drugs are given continuously throughout surgery and are stopped when the operation ends.

An anaesthetist will stay with you for the whole operation and watch your condition very closely, adjusting the anaesthetic as required. If you have opted for a regional anaesthetic you may hear people talking, machines bleeping and surgical instruments making loud noises. These are all normal parts of your operation. Please discuss this with your anaesthetist if this concerns you.

## Blood transfusion

You will lose blood during and briefly after your operation. Your body can normally cope with this and produces more blood over time to replace the lost amount.

Every effort will have been made to minimize blood loss during surgery but on occasions after your operation you may have a low blood count. This can make you fell light-headed and dizzy. There are options for treatment including an iron infusion or blood transfusion if needed

# After your surgery

Following your surgery you will be taken to the recovery room, near the operating theatre and a recovery nurse will look after you. You will not be left alone and there will be other patients in the same room.

You may need to breathe oxygen through a mask and you may have a drip - a bag of fluid attached to your cannula which drips slowly into a vein. Your blood pressure, heart rate and oxygen level will be measured. If you have pain or sickness, the nurse will treat it promptly. If you have any pain at this stage, you must let the recovery nurse know, as this is the best way your pain can be assessed and controlled.

Dressings over the wound on your hip will be looked at regularly. If you have had a spinal anaesthetic you may not be able to feel your legs or be aware when you are passing urine. This is normal, and the sensation will come back once the anaesthetic wears off. Some people have difficulty passing urine following a spinal anaesthetic. If this is the case the nurses may put a catheter in for a short period of time until your bladder control returns to normal.

## Pain relief

Good pain relief is important and some people need more pain relief medicines than others. On return to the ward the nurses will reassess the degree of pain you may have. Be honest with your answers. An assessment scale is used to measure your pain regularly. The nurses will ask you to rate your pain at rest and on movement. They may use a numeric scale of zero to ten – zero meaning no pain and ten being severe pain. Alternatively, they may use a visual analogue scale, where you use pictures to compare your pain. You may also choose the word that best describes your pain -for example no pain, mild, moderate, severe or worst pain ever. Whichever tool you use, it is important that you are honest about your pain so that you can receive the appropriate treatment for you. It is vital to the success of your joint replacement that you are not inhibited from exercising because of your pain.

For pain relief, we may give you:

- Tablets or liquids to swallow: You may be given more than one type of painkiller in order to relieve your pain and these can be increased in strength if required. They take at least half an hour to work and you need to be able to eat and drink and not feel sick for these drugs to work.
- Injections: These are given into a vein for immediate effect, just under the skin or into you thigh or buttock muscle. Strong pain relieving drugs, such as morphine may be given by injection.

You can get more information about pain relief from:

- the nurses on the ward
- your anaesthetist
- acute pain team - a team of nurses and doctors who specialise in the relief of pain after surgery

## Nausea

There is a risk that you may feel nauseous following your surgery. It is important that you mention this to the nursing staff as soon as possible so that they can give you something to help combat this. The nurses are there to reassure you. Do not be afraid to ask them things you are not sure of.

## Back on the ward

You will return to the elective orthopaedic ward. You will be connected to various pieces of equipment. This is normal. These machines help the nurses monitor your

blood pressure and pulse, as well as giving you fluids and possibly painkilling medicines through a tube into your vein. You may have oxygen through a mask or small tubes into your nostrils.

Depending on the time of your operation the ward staff will encourage you to start gentle exercises and will assist you to move from the bed to the armchair with a walking frame. Most patients will be able to walk on the same day as their surgery. This early movement promotes good circulation - being in a more upright position will help reduce the risk of chest complications.

## The day after your operation

- We will take a blood sample.
- You may still be connected to various pieces of equipment - this is normal.
- We will ask you to wash and dress in comfortable day clothes – loose fitting shorts/ skirt.
- We will encourage you to sit out of bed for your meals.
- You may have an x-ray but you can still mobilise and do your exercises before this is done.
- You may not feel like eating much on this first day, but it is important that you drink little and often.
- You can sit in a chair and can walk to the toilet.

## Once you have achieved your discharge goals you can go home. This could be as quick as a day or two after your operation.

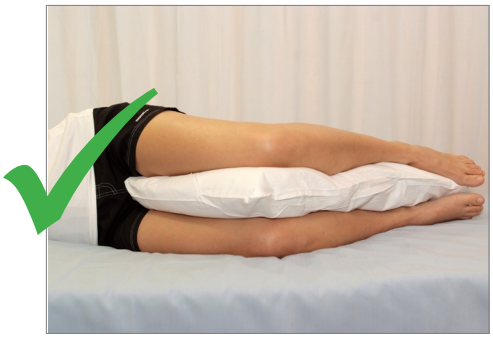
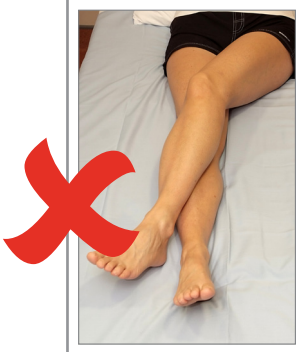
## Looking after your hip replacement

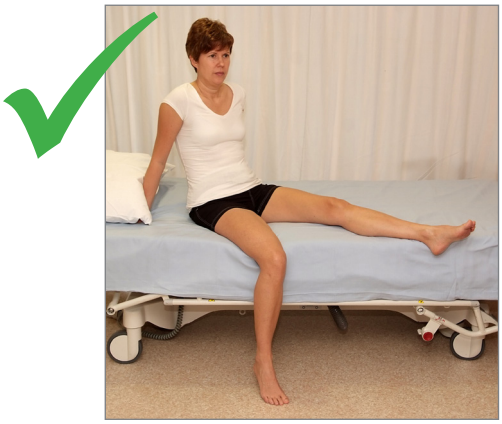
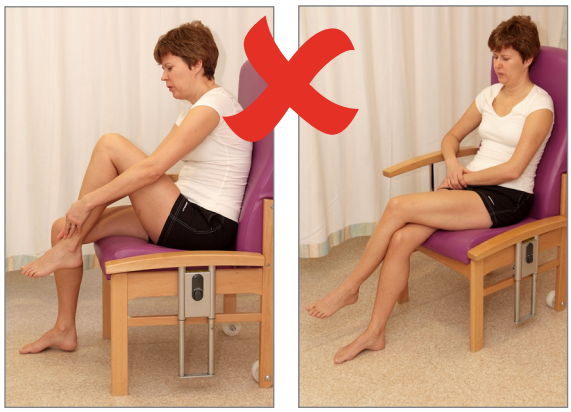
Dislocation of the hip replacement can occur in a small percentage of cases. Some patients may be considered at a higher risk of dislocation than others. Your surgeon will have counselled you on how to look after your new hip when you signed the consent form. If your surgeon considers you to be at higher risk of dislocation, you will be advised by your physiotherapist/occupational therapist to follow the hip precautions below for a minimum of 6 weeks to reduce this risk.

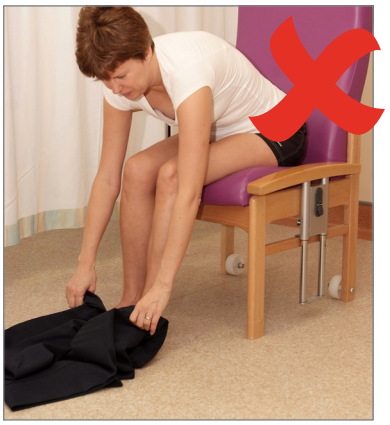
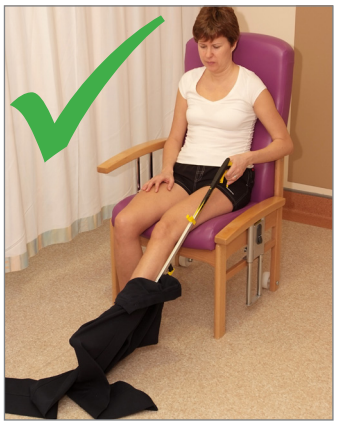
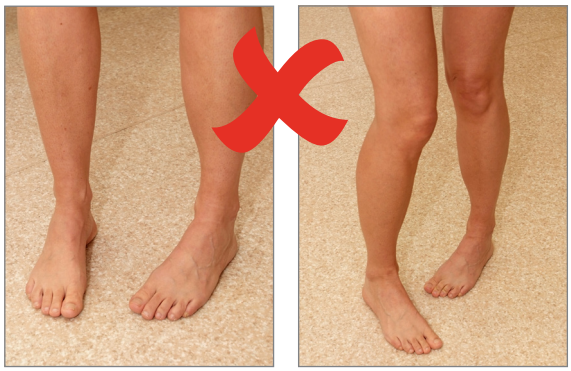
Precautions to minimise risk of dislocation are:

- Avoid bending your new hip more than 90 degrees to your body
- Do not cross your legs
- Do not twist

## For a minimum of 6 weeks after your surgery:

| | **Do not:** | Do: |
|---|---|---|
| In bed |  <br>Reach down to your feet.. |  <br>Use your equipment for pulling up your covers or duvet. |
| |  <br>Bend your knees up if sitting upright. |  <br>If your surgeon recommends you follow hip precautions, we advise that you sleep on your back rather than your side for a minimum of 6 weeks after your operation. If your surgeon is happy for you to sleep on your side we recommend a pillow between your legs for comfort. |
| |  <br>Cross your leg | |

| | Do not: | Do: |
|---|---|---|
| Getting in and out of bed |  Roll onto your side getting in and out of bed. |  Slide your bottom back into bed before bringing legs in, always keep a gap between your legs. |
| In sitting |  Bring your knees up towards your chest, or cross your legs or ankles. |  Make sure the seat is the correct height for you. Your knee should never be higher than your hip. Think about keeping a good posture. |

| | **Do not:** | Do: |
|---|---|---|
| In sitting |  Reach down to your feet. |  Use your equipment for dressing your lower garments. |
| In standing |  Reach past your knee.  Twist to turn. Take small steps round instead. | |

| | Do not: | Do: |
|---|---|---|
| Getting into a car |  Attempt to get in by holding onto the car door while standing on one leg. |  Travel in the front passenger seat. Slide the chair back and recline the seat to make sure the position of your hip will be safe.  Turn around fully and sit down on the side of the seat, bring legs into car one at a time. |

**Tip:** a polythene bag/ bin liner on seat will help you slide round on the seat.

# Physiotherapy following your hip replacement

Physiotherapy is crucial to your rehabilitation following your operation. In order to get the best physical results from your joint replacement, it is extremely important that you follow the instructions and advice given by the physiotherapy staff. Common terms used in physiotherapy:

- Flexion: bending action of the hip
- Abduction: moving whole leg out to the side
- Extension: moving leg back behind you
- Quads: large muscles at front of thigh to straighten the knee

## Exercises

You will be taught a series of exercises to increase the movement of your joint and to strengthen the muscles around the hip. They will also help reduce swelling and pain. It is advisable that you take enough pain relief to allow you to perform your exercises. The following exercises can be started on day zero and should be practiced three to four times every day, increasing the number of repetitions as indicated by your physiotherapist. You must take responsibility for your own exercises out with physiotherapy sessions.

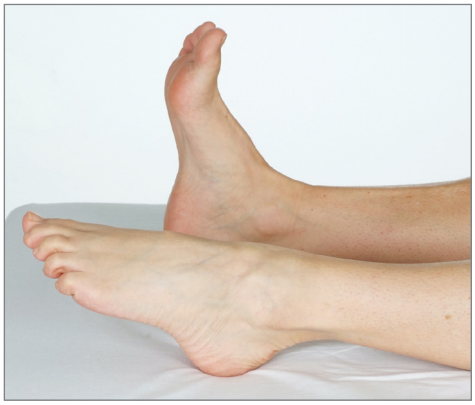
When performing any exercise, maintain a comfortable posture and keep your breathing regular.

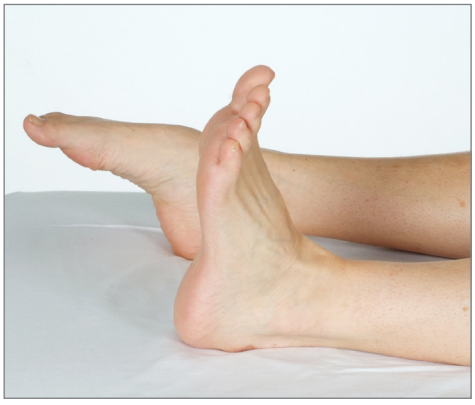
It is expected that you will need to carry out all the exercises described below. However, there may be an occasion when you might have to omit a particular exercise: your physiotherapist will advise when and why this is appropriate.

## Circulation exercises

This will encourage the blood flow through the calf muscles and help prevent blood clots. They should be performed as often as you can throughout the day and are excellent for warming up the legs prior to your hip exercises.

- Sitting in bed or a chair, move both ankles up and down vigorously





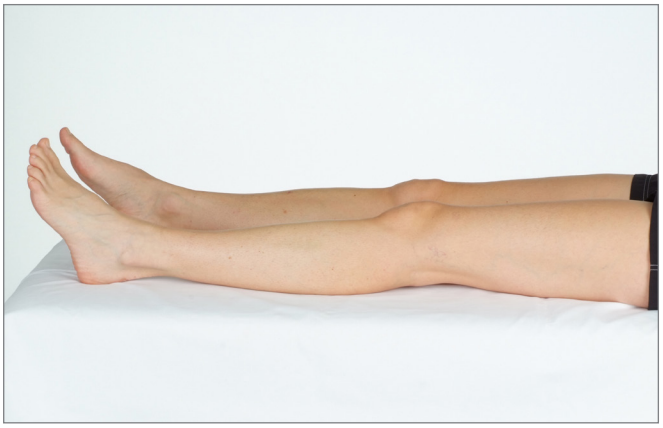
## Movement or flexibility exercises

These will increase the movement at your hip and prevent joint stiffness. This is important for activities such as getting in and out a chair, walking and climbing stairs. You will be given an exercise board and donut to use while in hospital and we suggest you use a polythene bag or bin liner at home.

### Hip flexion

Lying on bed with both legs stretched out:

- Have your exercise board under your operated leg and donut under your heel.
- Slowly bend your hip and knee keeping your knee and heel in line with each other.
- Straighten it down to starting position.



### Hip abduction

Lying on bed with both legs stretched out and toes pointing upwards:

- Have your board under your operated leg and donut under your heel.
- Bend your ankle up towards you and keep your knee straight.
- Keeping your toes pointing to 12 O'clock, slide your leg out to the side as far as you can and back to the starting position. Be careful not to cross the midline. It is recommended that you use your hand to help for the first few weeks to try to increase the range of movement.

## Knee Flexion Stretches

Your knee can become stiff because of swelling coming from your hip surgery. Doing knee stretches in the chair will prevent this happening.

- Sit at the front of your chair.
- Bend your knee back as far as you can.
- Gently straighten the knee to release the tension.
- Repeat ten times or until your knee is moving freely and comfortably.

## Strengthening exercises

These will increase the strength of the muscles around the hip and knee. This is important for activities such as standing, walking and climbing stairs. Avoid holding your breath when performing the 'hold' action of these exercises.

### Static quads

Sitting on bed with both legs stretched out:

- On your operated leg, pull your foot up towards you and tighten the muscles at the front of your thigh.
- Aim to see your kneecap sliding up slightly towards your thigh.
- Try to push the back of your knee into the bed.
- Hold for five to ten seconds.
- Gently relax the thigh muscles.

## Inner range quads

Sitting on bed with both legs stretched out:

- Place roll under operated knee.
- Pull your foot up towards you and tighten the muscles at the front of your thigh to raise your heel off the bed.
- Keep the back of your knee on the roll.
- Hold for five to ten seconds.
- Slowly lower foot down to starting position.

## Quads in sitting:

- Sit with both thighs supported on the seat of the chair.
- Pull your foot up towards you and straighten out your knee fully.
- Hold this position for five to ten seconds.
- Slowly lower your foot down to starting position.

## Quads in standing

Standing with feet hip width apart and toes pointing forwards, and hands supported on kitchen work surface or window sill:

- Bend both knees as if to sit down, slowly lowering bottom about five inches.
- Hold for five to ten seconds.
- Keep knees above your toes and heels on the ground.
- Return to starting position.


## Hip flexion in standing

Standing with feet hip width apart and toes pointing forwards, and hands supported on kitchen work surface or window sill with small step in front:

- Bend the knee of your operated leg and lift foot up onto step.
- Keep an upright position.
- Return to starting position.


## Hip abduction in standing

Standing with feet hip width apart and toes pointing forwards, and hands supported on kitchen work surface or window sill:

- Raise your operated leg out to the side as far as is comfortable.
- Keep your body upright.
- Hold for five to ten seconds.
- Return to starting position.



## Hip extension in standing

Standing with feet hip width apart and toes pointing forwards, and hands supported on kitchen work surface or window sill:

- Take your operated leg back behind you and raise it off the floor.
- Keep your body upright.
- Hold for five to 10 seconds.
- Return to starting position.

Follow the advice given by your physiotherapist regarding the number of repetitions you should complete each exercise session.

## Deep breathing exercises

Deep breathing exercises will help prevent a respiratory problem. Your physiotherapist will advise if there is a need for you to perform these exercises, and if so, will teach you how.

## Moving around

It is important to become mobile as soon as possible following your operation. This will help prevent circulation complications as well as being good for your whole body in general. You may be out of your bed a few hours post surgery. Initially you may need a walking frame or elbow crutches to help you walk.

There may be a restriction on the amount of weight you can put on your operated leg. Your surgeon or physiotherapist will advise on this.

## Standing up safely when using a walking frame

- Move to the edge of the bed or chair.
- Keeping feet hip width apart, place your operated leg forward in front of you and use your good leg to stand up.
- Place your hands on the bed beside your hips or on the arms of the chair.
- Lean forwards, push down on your hands and stand up.
- Now take hold of your walking frame and stand up straight.

## Standing up safely when using walking sticks or elbow crutches

- Move to the edge of the bed or chair.
- Keeping feet hip width apart, place your operated leg forward in front of you and use your good leg to stand up.
- **Sticks** – keep a stick in each hand while pushing up from the arms of the chair.
  **Crutches** – wear your crutches at wrist level like bracelets, this leaves your hands free to push up from the arms of the chair
- Lean forwards, push down on your hands and stand up.

## Sitting down

- Prior to sitting, ensure you can feel the bed or chair behind your legs, step your operated leg out in front of you before sitting down.
- If using a walking frame, reach down and back with your hands to feel for the bed or chair.
- **Sticks** - reach back for the arms of the chair while still holding your sticks.
  **Crutches** – bring the cuffs down to wrist level like bracelets and reach back for the bed or arms of the chair
- Bend your knees, stick your bottom out and ease gently down to sit.

## Walking

It is essential you achieve a normal walking pattern and your physiotherapist will work with you to achieve this.

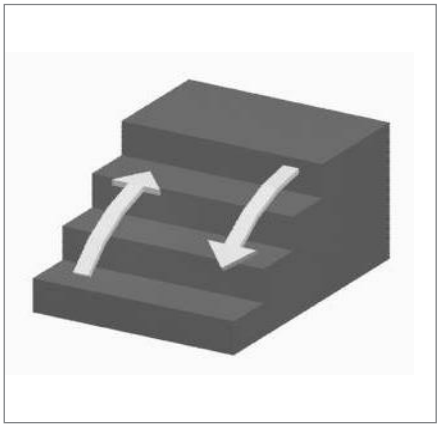
The technique is to place your walking aid forward, step forwards with your operated leg, bringing your bottom forwards over your knee, lean through your hands onto your walking aid, then step through with your other leg. When walking with sticks, you should use them with the handle facing backwards. You will be discharged from the ward when you are able to walk safely and well with two elbow crutches or sticks. Before you go home, the physiotherapist will advise you when to start using only one stick or crutch. Over the next few weeks you will improve in comfort and confidence. Once you feel ready to progress to one crutch or stick you should hold this in the hand on the opposite side of your body from your operated leg. Walk placing the stick on the ground at the same time as the operated leg. If walking with one stick causes you to limp you should return to using two sticks for a little longer.

## Stairs

You will be shown how to go up and down stairs safely and how to protect your hip when doing so. Stairs practice is necessary for everyone - even though you may not have stairs at home, you may have to negotiate kerbs or stairs out with your own home.

### Going up

- Use handrail if available.
- Step up wit **unoperated** leg.
- Follow with operated leg onto same step.
- Bring up the crutch or stick onto the same step.



### Going down

- Use handrail if available.
- Place crutch or stick down onto step.
- Step down with **operated** leg onto same step.
- Follow with unoperated leg onto same step.

## Continuing physiotherapy at home

You must continue with your exercises at home every day, two to three times a day. Gradually increase your walking distance with your sticks or crutches.

Further physiotherapy review can be arranged if required, but this is not usually necessary.

# Occupational therapy following your hip replacement

## Dressing

When dressing, sit comfortably with feet on the floor; both feet pointing forward. You should dress **operated** leg first and undress it last. Always use the dressing equipment provided. If you have this equipment at home, please bring it into the hospital with you.

## Bathing

If you have a shower cubicle, you will be able to step into the cubicle and stand in the shower. An anti-slip mat is useful. If you have a shower over your bath, you should not step over the side of the bath for eight weeks after your surgery. If your bath is suitable, we will give you a shower board, so that you do not have to step over the side of the bath. If you have a bath only, you will need to 'wash down'. It is important that you do not attempt to sit down in the bath until at least 12 weeks after surgery.

## Kitchen

OT staff will ask you how much work you will need to do in the kitchen. If you live alone (or on your own at home during the day) it is helpful to have a seat in your kitchen to rest while preparing meals. The Occupational Therapy team will discuss options to remain safe and independent while carrying out kitchen tasks. It is a good idea to stock up on frozen meals, even for the first week or two, until you are more confident on your feet. Also, move any items you regularly use to a position where you can reach them easily.

## Toilet

Getting on or off a toilet is similar to a chair. If your toilet is too low, you will be given a raised toilet seat.

OT staff will see you after you have had your new hip and go over the precautions to follow. Please don't hesitate to ask a staff member if you have any concerns about any activities you need to do on discharge or anything you are concerned about.

## Discharge

You will be able to go home from hospital when you and the team looking after you think it is safe to do so. This could be as quick as a day or two after your operation.

Before you go home, we will give you advice on any new tablets, such as painkillers and when to start any tablets that were stopped. You will be advised when to make an appointment with your practice nurse to get your wound checked. For some patients the ward staff will arrange a visit by the District Nurse.

Depending on how quickly you are discharged, you may receive a follow up phone-call from the ward staff to check your progress.

Your medication will be returned to you however, you may be required to contact your family doctor (GP) for a 'top-up' of medication.

## Discharge Goals

- Reasonably pain free and on regular pain medication.
- Wound is clean and dry.
- Deemed safe for discharge by the physiotherapist (walking with appropriate walking aid, safe on stairs).
- Independent with personal care

## Visitors

NHS Ayrshire and Arran recognises the important part family and friends can play in a patient's healthcare journey and recovery. We believe that visiting should be considered a central part of patient care. Visits should be at a time that is convenient to both the patient and the visitor.

Our new person centred approach supports visiting from 8am until 10pm, seven days a week. We will also support individual visits out with these times where possible, with the consent of the patient.

In order to successfully support this, it is important that visitors work with staff to ensure we deliver the best visiting experience for all our patients and their visitors. It is essential that we maintain the safety, privacy and dignity of our patients at all times.

We would advise that one person is nominated to telephone the ward and pass information on to other family members and friends. This will allow the nursing staff to spend more time caring for the patients.

No clinical information will be given to relatives or friends without your prior permission.

**Visitors must always use the alcohol gel on their hands prior to entering the patients' room.**

**This booklet has been developed with the assistance of some former patients and their families. We wish to thank them for their input.**

## Useful telephone numbers

**Hospital switchboard**

| | |
|---|---|
| University Ayr Hospital | 01292 610555 |
| University Crosshouse Hospital | 01563 521133 |

| | |
|---|---|
| Arthroplasty Advice Line | 01563 825097 |

(Monday to Wednesday, Friday 8.30am to 12.15pm)

| | |
|---|---|
| NHS 24 | 111 |

## Data Protection and the use of patient information

NHS Ayrshire & Arran has developed a policy in accordance with the Data Protection Act 1998 and the Human Rights Act 1998. All of our staff respect these policies and confidentiality is adhered to at all times.
**www.dataprotection.gov.uk**
We regularly review all patient leaflets and we welcome any suggestions you may have as to how we can improve our information.

## Disclaimer

NHS Ayrshire & Arran has taken all reasonable care to ensure that this information is accurate. However, we assume no responsibility or liability for any injury, loss or damage incurred as a result of any use or reliance upon the information and material contained within this booklet and is unable to provide any warranty concerning the accuracy or completeness of any information contained herein.

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## Your notes

## Your notes

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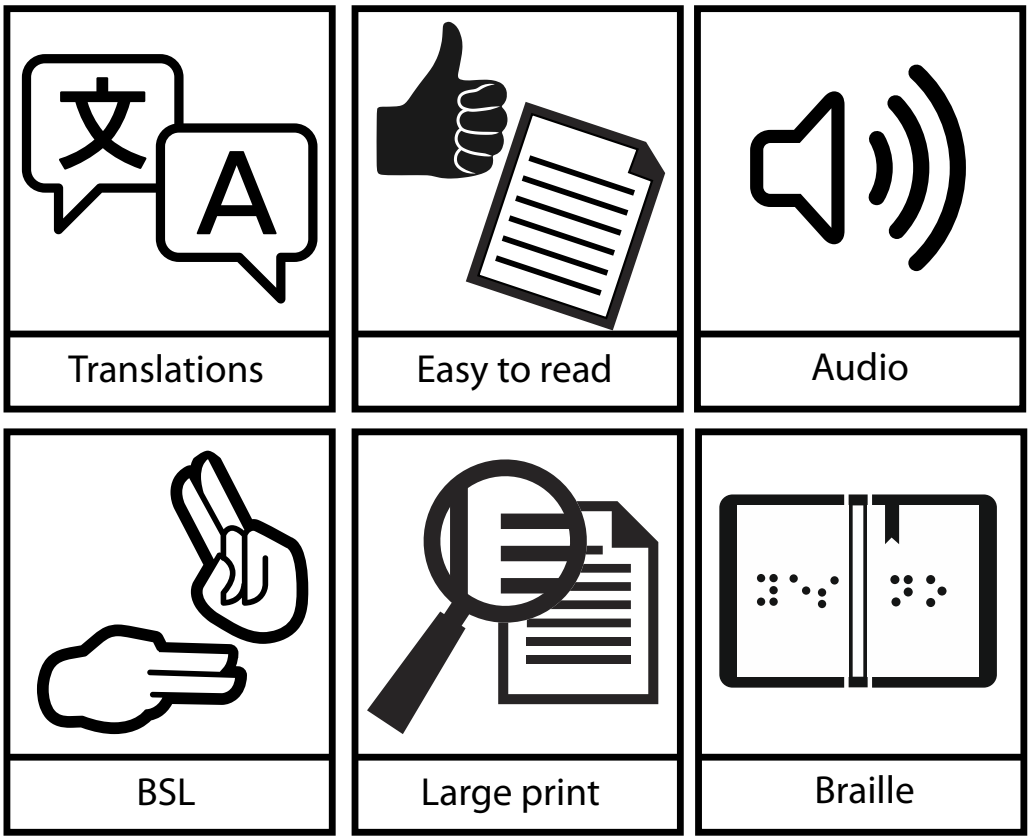


☎ **Call: 01563 825856**

✉ **Email: pil@aapct.scot.nhs.uk**

reviewed for plain English

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If you would like to comment on any issued raised by this document, please complete this form and return it to our Feedback and Complaints team: PO Box 13, Eglinton House, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB.

Alternatively, you can call free on **0800 169 1441** or email **complaintsteam@aapct.scot.nhs.uk**

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