

Discharge information for patients undergoing a total hip replacement

Information for you



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This booklet will give you some general advice about how to manage at home following your hip replacement. If you have any further questions there is information on the back page with numbers to call.

The orthopaedic team has agreed that they are happy with your progress and it is time to go home. This normally means that;

- You are walking with the appropriate walking aid
- You have been shown exercises to do by the physiotherapist
- You can manage to walk up and down stairs
- Your pain is manageable with pain medication
- You can attend to your personal care.

You may be worried at the thought of going home. However, with the information you received on the ward, the booklet you received before your operation and this booklet, you should have all the information you need.

First few days at home

When you are discharged from the ward you are given pain medication that should last one week. It is a good idea to contact your family doctor (GP) to make sure that you have pain medication once this runs out. A letter detailing what has happened to you in the hospital will

be sent on discharge electronically to your GP. If you need any sutures or clips removed the ward nurse will have explained what is to happen with regards to this when you were discharged.

It is important to remember the advice given to you by the occupational therapist regarding managing at home.

Remove loose rugs and mats

No trailing cables. Move furniture to make sure you have enough room to walk with your sticks.

A night light is a good idea to help you find the toilet safely.

Use a wrap over bag to carry things in as you go from room to room.

Keep everyday kitchen items on a level surface so you are not bending.

If you have pets you may need help when feeding them or try putting their food dish on a chair. Be aware of pets around you if they are likely to jump up or get under your feet when you are walking.

Refresher notes

If any equipment was provided by the Occupational Therapist, this can be returned to the community stores when no longer required. Contact numbers can be found at the back of this leaflet.

When you were in the ward the physiotherapist would have given you exercises to do. It is important to do these exercises regularly. The muscles around your hip are prone to becoming weak following your surgery.

The exercises given to you are designed to strengthen these muscles. Keep doing these exercises routinely for eight weeks. Most patients do not need further physiotherapy once home, apart from the exercises they have been given. It is also important to go short walks. Remember not too far at first as you have to walk back again! Remember to rest during the day as well, when sitting raise your operated leg slightly to help reduce the swelling.



The do's and don'ts from the occupational therapist and physiotherapist are very important to help with your safe recovery.

Please refer to your hip replacement information booklet that you were given before surgery. If you no longer have this you can contact the helpline number at the end of this booklet and a copy of the exercises and precautions can be sent to you.



Wound Care

You will normally attend the practice nurse so they can check your wound and remove your clips (if applicable). The ward staff will have advised you when to arrange this for and will have provided details for the practice nurse, please pass this on at your appointment. The dressing over your wound is waterproof so it is safe for you to take a shower. The scar will be dark pinkish in colour. Over time this will turn to a pale pink. The skin surrounding the scar may feel 'funny'. You can massage the area with a non-perfumed moisturising cream.

Hip wound becomes very swollen, red, weeping fluid or painful.

GP or community nurse thinks you have an infection.

Contact ward or clinic. Details and numbers are at the end of this booklet

Swelling

Your leg and ankle may look swollen for a couple of months after your operation. This is a normal part of the healing process. If this happens you must sit with your leg up and well supported.

Painful, hard, red, swollen calf. This may be a sign of DVT. It is common to experience swelling in your operated leg after surgery but your calf is normally soft to touch.



Contact your GP or attend A&E

You must make sure that you continue with your exercises. You can reduce the number of repetitions during this period.

Constipation

Constipation is common after surgery. This is caused by the pain medication and being less active. Drink plenty of fluids and increase your fibre intake (fruit, vegetables,

fibre cereals). If this becomes an issue, contact your GP surgery or visit your pharmacist for advice on medication.

Pain Control

You will have been provided with strong painkillers on discharge. We do not expect that you will need the 'stronger painkillers' for longer than two weeks. You will have been given step down pain relief from the hospital. It is important that you take these regularly and decrease them slowly.

Tiredness

It is normal for you to feel tired at first, you have had major surgery. It takes time for the muscles and tissues around your hip to heal. You may feel discomfort/pain, mainly at night, for the first few months. This should gradually decrease.

Walking

Many people worry about when to come off their sticks. This is different for everyone however, we would expect you to be using one stick when you attend for your follow-up clinic appointment. Your confidence will grow when walking in the first few weeks. When you feel ready to try walking with one stick you should hold the stick on the opposite side from your hip replacement. If you can walk evenly and well with one stick it is the right time.

Driving

Most people will be able to drive again around six weeks after surgery following a left total hip replacement and seven to eight weeks following a right total hip replacement. Please check with your insurance company before you start to drive as you may not be insured to drive your car for six weeks. Have a trial run, with the engine turned off. Try all the controls and make sure you can complete an emergency stop procedure.



Sexual activity

If you are pain free you may take part in sexual activity at around six weeks after your operation. If you have been advised differently by your consultant please follow this advice.

Hobbies

Gardening – You can start gardening again after two months. Take things easy when you start and avoid over stretching.



Swimming – This is a great way to exercise. It is non-impact and helps strengthen your muscles. As soon as your wound has fully healed it is safe to go in the pool. We advise that you start with the front crawl as the leg movement in breast stroke can put strain on the new hip in the first 6 weeks after your surgery.

Golf – Returning to the golf course is good, but we recommend you delay this until around 19 weeks following your surgery. We recommend you limit your backswing and avoid excessively hard swings and severe rotatory motions. You can work on your short game earlier than this but remember to avoid over bending your new hip in the first six weeks after surgery.

Static cycling (exercise bike) – Many people enjoy this activity as they can see their improvement. Make sure the seat is high enough to avoid your hip being forced more than 90 degrees. Take things easy and begin on a low resistance setting on an exercise bike. You can then increase the resistance and the length of time you cycle for when you feel able. Don't cycle on the roads until you feel strong enough.

Bowling - Remember to avoid over bending your new hip in the first six weeks after surgery and you may need to adapt your style slightly when you do return to bowling.

High Impact sports – Such as jogging, running, football, tennis. These types of sports put extra stress on your joint. We do not recommend them.

Travelling on aeroplanes

We normally advise against flying for at least six weeks after surgery. This is to limit the chance of developing a clot during your flight. Your new joint may activate security metal detectors. You can ask for a card to state

that you have a joint replacement however, you may still have to be searched by the security personnel. Be sure to arrive at the airport early to allow for extra time at security check-in.

Contact numbers and who to call

Helpline

Concerns about your wound

Monday – Friday (9am – 4pm) Orthopaedic Outpatient clinic at Ayr Hospital 01292 610555 Extension 14208

Monday- Thursday 9am-4pm and Friday 9am -12pm -Orthopaedic Outpatient clinic at Crosshouse Hospital 01563 827205.

Out of hours/weekend all patients should contact Station 16 Ayr Hospital - 01292 610555 ext 14677

For general advice regarding your joint replacement and rehabilitation please phone the helpline.

01563 825097 (available Monday to Wednesday 8.30am-12.30pm, Friday 8.30am to 12.30pm. Please leave a message out with these times.

Community OT Stores

South Ayrshire Community OT Equipment Store – Troon
– 01292 319635

North Ayrshire Community OT Equipment Store – Irvine
– 01294 313891

East Ayrshire Community OT – Kilmarnock – 01563
554200

Cumnock – 01290 427810

Physiotherapy

You can find valuable information regarding exercises on the Ayrshire & Arran Website.

<https://www.nhsaaa.net/musculoskeletal-service-msk/>

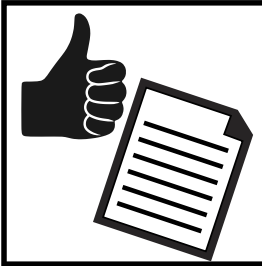
GP

Phone your GP for issues regarding medication, pain control, unexpected swelling.

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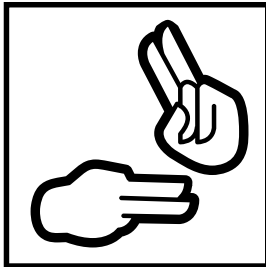
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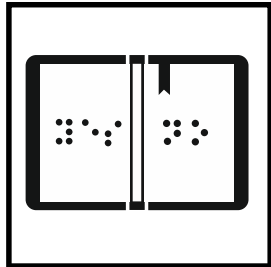
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 **Call: 01563 825856**

 **Email: pil@aapct.scot.nhs.uk**



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