Total Hip Replacement Surgery

Time spent in hospital following surgery has reduced significantly over the last few years. Changes in surgery technique and support allows patient to go home on the **same day or within 24 hours of their surgery**. There are many advantages to being in your own environment, reducing the risk of complications and being in control of your own recovery.

Who is suitable for Day Case Surgery?

Not every patient having a hip replacement is suitable for Day Case surgery. Patients must be medically fit and well, have friends and family to support them, have transport to and from the hospital and have the motivation to succeed. If you are not identified as a day case patient, you will stay overnight and go home the following day.

What does Day Case Total Hip Replacement involve?

Day surgery means going home the afternoon/evening after your surgery. You will be first on the operating list to allow time to recover before going home.

The surgery is done under a spinal anaethestic. This involves an injection into your lower back to numb the lower half of your body. You may be awake or have mild sedation during the operation. You can bring some headphones and listen to your favourite music/podcast. There will be a large screen so you will not be able to see the surgery. The spinal anathestic wears off quickly and allows you to recover and walk sooner after your operation. Your anaesthetist will explain more about the anaesthetic on the day of your surgery.

Pain Relief

You will be given medication to control pain and reduce nausea/vomiting. You will have access to strong pain relief medication which is started before your surgery. You will be discharged home with a course of pain relief, including oxycodone. It is very important you do not exceed 5 doses of oxycodone after your surgery. This medication will not be re-prescribed by your GP, as it can be addictive if used for longer. It is a very useful painkiller but should only be used for the shortest time possible. You will be given a course of either codeine or tramadol to take instead of the oxycodone.

You will be assessed by the physiotherapists after your surgery. They will teach you how to walk with crutches and will give you an exercise programme to do at home. If required they will also complete a stair assessment.

You will only be discharged home if it is medically safe to do so, you have someone at home with you and can manage safely. If there are any concerns, you will stay in hospital overnight and go home the following morning.

What happens when I go home?

You will be contacted by the Arthroplasty Nurse or a member of the ward team the day after your discharge to see how you are managing at home.

You will also be given the ward telephone numbers to contact 24/7 should you have any questions or concerns.

Your wound will be covered with a waterproof dressing and should not be changed or disturbed until your clips/stitches are removed by your GP practice nurse at two weeks. It is normal to see blood-stained fluid on the dressing.

If the fluid leaks outside of the dressing or you have any concerns about the wound, please contact the ward for advice.

You should not require post-operative outpatient Physiotherapy as a routine. The ward therapists will contact you at three weeks post-surgery for a telephone review to see how you are progressing. If necessary, a face-to-face appointment will be arranged after this review.

You will be reviewed by the post-operative team at six weeks post-op. This appointment will be sent to you in the post.

You will be reviewed by your surgeon 3-6 months after your surgery.

What is a total hip replacement?

A total hip replacement is the name given to surgery that involves replacing your hip joint because it has been worn or damaged by arthritis.

Arthritis is a condition that affects the cartilage lining of a joint, wearing it away. This causes pain, stiffness, and instability.

What does a hip replacement look like?

A normal hip joint is made up of a ball (head of femur) and socket (acetabulum). The damaged surfaces of the ball and socket are replaced. The head of the femur is replaced by a metal ball which is mounted on a stem. The acetabulum is relined with a plastic cup made of polyethylene or metal shell with a plastic liner.

What are the alternatives?

Unfortunately, arthritis cannot be cured. Although there are ways to control the symptoms of arthritis, they may only provide temporary relief of your pain.

Alternatives to surgery are:

- Losing weight – this will reduce the load on your hip.
- Taking medications such as anti-inflammatories. This can help to reduce the pain and inflammation in your hip.
- Use of walking aids.
- Gentle exercises and physiotherapy – stronger muscles will provide better support for your hip.

What are the risks and possible complications?

Common (2-5%)

- **Post-operative blood clot:** This risk is reduced as much as possible by early mobilisation, compression device pumps, exercises, and medication to thin the blood. This medication is taken for 35 days following your surgery.
- **Bleeding:** This is usually small. It is rare to require a blood transfusion. The current transfusion rate is 1%.
- **Loosening:** The artificial joint may in time work loose in the bone and may require revision.
- **Leg length discrepancy:** In general, we always aim to get leg lengths within 10mm of each other; this may not always be possible as it can be influenced by other factors.
- **Dislocation:** There is always a risk that your artificial hip joint could dislocate, especially in the first 6 weeks after your operation. You will therefore be advised about some precautions to take to reduce these risks.

Less common (1-2%)

- **Infection:** Infection around a new joint is a serious complication. It is therefore important that you do not have any infections prior to surgery; for example, skin, chest, or urinary tract infections. Should you have an infection prior to your surgery, please inform the pre-assessment staff.

Rare (less than 1%)

- **Fracture:** In very rare cases fracture of the femur (thigh bone) or acetabulum (socket) can occur.
- **Wound healing problems:** The scar can become keloid. This means it can be sore, red and thickened. This can especially happen in Afro-Caribbean people. Massaging of the scar once healed can help. You will be advised regarding this.
  It can also be normal to have an area of numbness. This is because the nerves supplying the area are cut whilst making the incision.
- **Pulmonary Embolism:** This is a consequence of a DVT. The clot can spread to the lungs which makes breathing very difficult. A PE can be fatal.
- **Death** This risk of death, usually due to heart attack, stroke or PE, is approximately 0.5%. The risk is higher in patients who are obese or who smoke.
- **Nerve/blood vessel injury:** This is rare but can happen in some cases.

What happens before your admission to hospital?

You will be seen in the pre operative assessment clinic prior to your operation. It is essential that you attend this appointment. This is to assess your fitness for surgery. You will be given information regarding your surgery and you will be able to ask questions.

You will also be contacted by the Occupational Therapy Team prior to admission. They will assess your social circumstances, discuss your home environment and help you plan your discharge home hospital. This helps to pre-empt any problems prior to your surgery and facilitate your discharge after your operation.

Please be aware that a surgeon other than a Consultant, but with adequate training or supervision, may perform your surgery.

Coming into hospital

You will be admitted to hospital on the day of your surgery. Please do not eat any food for 6 hours prior to your surgery; you can have a cup of tea or coffee with a small amount of semi-skimmed milk up to 2 hours prior to surgery and you can drink water until your surgery You may also receive a carbohydrate drink 2 hours prior to your surgery.

After your operation

The operation takes approximately one and a half hours. You will be taken to the recovery room from theatre.

You may feel some discomfort after surgery, but let your nurses know and they can offer you some pain relief. The pain killers can cause side effects such as nausea or vomiting. We try to achieve a balance of keeping you comfortable so you can mobilise safely and avoid the side effects.

Getting moving after the operation

The Therapy team will assess you once you have returned to the ward. The aims of physiotherapy are to make you mobile, safe and able to perform functional activities at home. This will be achieved through teaching you:

- Exercises to increase the range of movement and muscle control of your hip.
- How to get in and out of bed.
- How to walk with elbow crutches.
- How to climb stairs.

It is essential that you follow the advice given to you by the therapy team. They will advise you on how to progress your exercises at home.

A post-operative X-ray of your new hip is required before you are discharged. You will be taken to x-ray once you have mobilised with the therapy team

You will only be discharged home if it is medically safe to do so, you have someone at home with you and can manage safely. If there are any concerns, you will stay in hospital overnight and go home the following morning.

Occupational therapy

It is essential to take time now to organise yourself at home so you will be able to manage safely and independently once you return home. Please read and act upon the recommendations and advice listed below prior to your hospital admission. Take some time to complete the furniture heights form and bring with you on the day of your surgery to give to your occupational therapist.

Things to avoid for 6-8 weeks following surgery.

- You should function within your own pain limits.
- You should avoid bending your hip beyond 90 degrees (a right angle), twisting and crossing your legs for 6 weeks.
- Activities such as gardening, swimming, driving and golf should be avoided for the first 6 weeks.

Chairs

- Ideally your chair should have a firm seat, supportive back and arms to push up on.
- You will be given chair height recommendations.
- If your chair is low, you should make alternative arrangements. For example, you could raise your chair with an extra cushion or folded blanket under the existing cushion. Alternatively, borrow higher furniture prior to admission.

Beds

- Ideally, your bed should have a well sprung mattress and should not be too low.
- You will be advised on positioning and how to access your bed at pre assessment.

Toilet

- You will be advised whether or not you will require a raised toilet seat. If required, these are loaned to you by the hospital.

Bathing/showering with a surgical wound

- We do advise you not to soak in a bath for the first 6 weeks following your surgery.
- When you first return home, we advise you to have a strip wash at a basin rather than getting into a bath or shower. You may want to consider having somewhere to sit while you wash; this could either be sitting on the toilet seat or using a suitable high stool/chair.
- You may use a shower within a cubicle when you are confident you can step into the shower safely and do not need a mobility aid to maintain your standing balance. We advise you to have someone with you the first time you access your shower. **Always** use a nonslip mat and your wound should be covered by a waterproof dressing.
- Following surgery, do not attempt to lean forward to wash below your knees. Use a long-handled sponge to wash your feet or ask someone for help.

Dressing

- You must bring clothes that are loose fitting to wear in hospital. These are easier to get on and off; and it will also promote a sense of normality and be more comfortable when doing your rehabilitation. Please bring in flat non-slip footwear.
- When getting dressed, sit on a chair or bed. You will find it easier to dress the operated leg first and to undress it last. Avoid bending forward to reach your feet and do not bring your operated leg up to allow you to put shoes/socks on this side. The Occupational Therapist will demonstrate useful dressing aids and ways to dress.

Activities of daily living

- Move essential items around the home to a height you can reach comfortably. You must not bend down to reach items from low level cupboards or drawers.
- Place the things you use most often (e.g., tea/coffee, mugs and kettle) together in one place on the kitchen worktop to reduce the need to move around the kitchen unnecessarily.
- Plan to have easy to prepare meals in the first few weeks after your surgery; this may include tinned items or frozen meals. Keep essential food items in easy to reach places, e.g., milk at waist height in the fridge.

- Initially after discharge, you will not be able to carry items around the home if you are using a walking aid. You may need to consider sitting in the kitchen to have meals/drinks, or a bag carried across your body to transport items to the lounge/dining room in sealed containers.
- Ask relatives or friends to help with heavier domestic tasks, i.e. laundry, vacuuming, making beds, housework and shopping, for the first few weeks after your operation.
- Remove all loose-edged mats to prevent tripping.
- For your comfort, avoid bending down to the floor to pick items up. Consider purchasing a “Helping hand” to enable you to pick up light items such as post or newspaper, etc.

Animals

If you own pets, consider the needs of your animals prior to admission, and make any necessary arrangements for their care. Please note: you may find it extremely uncomfortable in the first few weeks to bend down to the floor to tend to your pet.

Getting in and out of a car

- You should sit in the front passenger seat, never the back seat.
- Have the passenger seat moved back as far on its runners as it will go in order to maximise the leg room.
- Sit as far back onto the seat of the car as possible, remembering to keep your operated leg straight out in front of you.
- You should not drive for 6 to 8 weeks following your surgery. You will be advised when you can start driving at your follow up appointment.

Please prepare your home and support for your discharge from hospital. You must have someone to bring you into hospital and take you home.

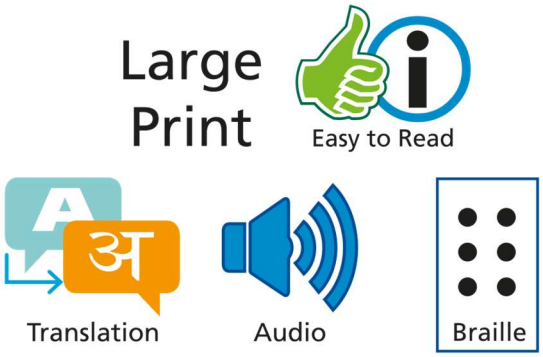
Where to get help/advice on discharge

- If you have any concerns once you are discharged home, please contact us on the numbers overleaf.
- It is not uncommon to experience pain for many weeks following your surgery. You will be discharged home with 7 days supply of pain relief medication, but please be aware that you may require a further prescription from your GP.
- We advise that you do not go on a long-haul flight for 12 weeks; and on a short haul flight for 6 weeks. This is due to the increased risk of Deep Vein Thrombosis.
- Post operative swelling and bruising is fairly common following total hip replacement. If, however, you experience pain in your calf or thigh, you must seek medical advice.

Useful contact numbers

Orthopaedic pre assessment	0300 614 7778/7147
Arthroplasty Nurse Heatherwood	07789927177
Main Reception Treetops Heatherwood	0300 614 4159
Nurses Station Treetops Heatherwood	0300 614 4175
Physio/OT Office Treetops Heatherwood	0300 614 4178
Ward 1 Wexham Park	0300 615 3010/3012
Physio/OT ward office Wexham	0300 615 3329
Booking centre (appointments)	0300 614 7919 option 1

For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital
Telephone: 0300 613 6530
Email: fhft.palsfrimleypark@nhs.net

Wexham Park & Heatherwood Hospitals
Telephone: 0300 615 3365
Email: fhft.palswexhampark@nhs.net

Frimley Park Hospital	**Heatherwood Hospital**	**Wexham Park Hospital**
Portsmouth Road, Frimley, Surrey, GU16 7UJ	Brook Avenue, Ascot, Berkshire, SL5 7GB	Wexham Street, Slough, Berkshire, SL2 4HL
Hospital switchboard: 0300 614 5000		**Website:** www.fhft.nhs.uk

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Author	S Cable, Principal Therapist - Elective Orthopaedics (Heatherwood)		**Department**	Orthopaedics	
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