Outstanding Care, Compassionate People, Healthier Communities

NHS Sherwood Forest Hospitals NHS Foundation Trust

INFORMATION FOR PATIENTS

Total hip replacement

For patients without hip precautions

Preoperative therapy video YouTube link:

https://youtu.be/4A1YRf-7vrkment

Introduction

Welcome to the patient information and advice booklet for total hip replacements.

This booklet is designed to help increase your understanding of what to expect during your stay and recovery at home following your total hip replacement surgery.

Please read this booklet and bring it with you when you come into hospital. It contains useful information and exercises you will need to follow.

The hip joint is a 'ball and socket joint' which is formed by the head of the femur (thigh bone) and the hip acetabulum (hip socket). Arthritis can affect the hip due to many reasons, which may lead to needing a total hip replacement.

What is a total hip replacement (THR)?

A total hip replacement is an operation usually done to relieve pain in the hip caused by arthritis. There are many different types of hip replacement, and your surgeon will select the most appropriate for you. Most hip replacements last between 10-15 years.

Why might I need a total hip replacement?

The main reason for needing a hip replacement is arthritis of the joint. This is a condition that can develop over time as people get older. The hip joint cartilage narrows over time and changes in the bone can result in pain, stiffness, decreased function, and mobility.

Some cases of arthritis may be due to other factors, such as rheumatological conditions, past trauma or hip deformity in childhood which, in time, have affected the hip joint cartilage. High impact occupation or sports can also affect the quality of the hip joints cartilage over time. Many people may have these changes to their joints and not know about it, but as the condition develops and you experience more symptoms, then a hip replacement may be considered.

A hip replacement may correct the changes that have occurred at the joint due to arthritis, which may have resulted in using the affected leg less or introducing a walking aid, such as crutches or a wheel Zimmer frame. Over time this can result in tightness and weakness in the muscles that may still be present after the operation. This will be one of the reasons you will need to follow your physiotherapy exercise program to regain any movement, strength and balance that has been lost.

Other treatment options

Physiotherapy

Before having a hip replacement, you may have undergone physiotherapy treatment. It is likely that you have struggled with pain for some time in the hip, which can lead to decreased movement and strength. Physiotherapy can help you to stretch and strengthen muscles and you will be given advice on how best to manage your activities and pain. The better condition the muscles and your general health is, the better the recovery after a hip replacement. In some cases, physiotherapy can help manage symptoms enough to delay the need for an operation.

Steroid injections

A steroid injection may be offered if you are experiencing pain in the hip. This can be given at an outpatient appointment, and it **may** increase your pain for the first 48 hours. The injection is usually a combination of local anaesthetic and steroid, with the aim to reduce inflammation and pain. Steroid injections can take up to six weeks to work and can have long lasting effects. The benefits of these injections can vary from person to person.

Pain relief

Medication, such as pain relief and non-steroidal anti-inflammatories (NSAIDs), can help you to manage your pain and continue with your activities of daily living as best as possible. Consult your GP or pharmacist for advice on the most appropriate pain relief for you. If your pain is severe, affecting mood, movement and sleep, it is recommended that a review of pain relief is needed by a qualified healthcare professional.

Benefits of a hip replacement

The surgery will involve replacing the whole hip joint which has been affected. The aim of your hip replacement is to reduce your pain levels, improve your mobility and subsequently improve your quality of life. Some people can return to sports like golf and swimming. It is likely that modern hip replacements can last for at least 10-15 years. The duration of the replacement may vary.

To help improve the outcome following your hip replacement, it would help to be as fit as you can with appropriate weight management and exercises before and after your operation. It is also beneficial to try to cut down your painkillers and reduce or stop alcohol intake and smoking.

Considerations before your operation

After your operation, for the first 4-6 weeks, you may be in some discomfort and less mobile and able than before the operation. It is therefore important to think about extra help that you may need at home with washing, dressing, shopping, cooking, and cleaning.

Please consider how you think you will manage after your operation:

- Can you ask family and friends to support you in the short term?
- Will you need to prepare meals or have help preparing meals?
- Can you prepare meals in advance to keep in the freezer for after your operation?
- You will not be able to carry anything whilst using your walking aids so consider alternatives and how you are going to manage. You can discuss any concerns with the occupational therapy team during your telephone consultation or on the ward.

There are certain things you can prepare for prior to discharge, which will ensure there are no delays in you going home. The following list is things to consider:

- Ensure your house is safe to return to when you leave hospital, and it is easier to tidy.
- If you feel you may need help at home, think about someone staying with you to provide help.
- Ask your friends and family if they can help with your shopping, cleaning, or other difficult tasks.
- Think beforehand about personal hygiene, it can be difficult to shower or bath after the operation.
- If you feel you may not be able to get up and down stairs after the replacement, think about space for a bed downstairs and have it set up for you ready for your return home.
- If downstairs living is an option, you may need a commode which can be discussed with the occupational therapists.
- If you live alone, keep a phone by your bed. Throughout the day keep a mobile phone with you.
- Plan beforehand with meals. It may be easier to use you microwave and stock up with microwave meals that are easy to prepare.
- Remove falls risks, such as loose rugs and cables.

If you are normally a carer for somebody you may need to organise additional help for after your operation.

If you do not have help from immediate friends or family, you can contact the social services for help and support:

Golden Number: 0300 500 80 80

Derbyshire Social Services: 01629 533190

Lincolnshire Social Services: 01522 782155

Health advice before surgery

To reduce the risk of post-operative complications and to optimise your recovery, it is important to be leading a healthy lifestyle before your operation.

Diet

The National Institute for Healthcare and Excellence (NICE) guidelines suggest following a dietary pattern which includes eating **vegetables, fruit, beans and pulses, wholegrains, and fish**. It may also be beneficial to reduce the number of processed foods that are eaten (fried foods, biscuits, confectionary and fizzy drinks) and substituting these for fruit, vegetables, or water. It is advised to use food and drink labels to choose options lower in fat and sugar and focus on portion sizes and avoiding additional servings.

Alcohol

Alcohol can add additional calories consumed per day, which can add to weight gain and an unhealthy lifestyle. It is advised not to regularly drink more than fourteen units of alcohol a week (equivalent to six pints of average strength beer and ten small glasses of low strength wine). To reduce alcohol consumption, try replacing alcoholic drinks with non-alcoholic drinks that do not contain added sugar, and increase the number of alcohol-free days that you have.

Smoking

Smoking can influence your overall health, including slowing down the body's natural healing process which can affect recovery after your operation.

There are many resources to help with quitting smoking such as the NHS website and stop smoking mobile apps. In addition, your GP or healthcare professional can refer you to a smoking cessation service to help you quit.

Physical activity

Physical activity can help to lose or maintain a healthy weight, boost mood, and assist in leading a healthy lifestyle. Find an activity that you enjoy as this will help you to stick to it and increase the amount of activity that you do. Taking regular breaks from sitting activities and reducing time spent watching TV or being sedentary will help in being more active. Pacing is critical as too much or too little movement can worsen your symptoms.

Preoperative assessment

You will have an assessment before your operation to check your general health, ensure you are fit for surgery, to highlight any possible risks and to take steps to minimise these where able. During your assessment it is likely that you will be measured for your height, weight, blood pressure, heart rate, oxygen levels and you may be asked to complete a urine sample, have a blood test, or have swabs completed. If you are prescribed strong opioid analgesia for pain, you will be given an appointment to see a pain nurse specialist before your operation.

You will also be assessed for your consent to the operation. Your consultant or a nurse will explain the procedure and the risks and benefits that will come from having the operation. If in agreement, then you will be asked to sign a consent form.

You will be invited to attend an education group in the Therapy department. The therapist will discuss exercises, mobility and what to expect from the operation and your recovery. You will be measured for elbow crutches ready to become familiar with and practice your walking prior to your operation. Patients who attend the pre-operative class feel more prepared for surgery.

Please bring your elbow crutches and this booklet into hospital with you on the day of your surgery.

Occupational therapy

Prior to your operation an occupational therapist will complete an assessment to determine whether any equipment will be needed to make your recovery at home easier. This equipment will normally be ordered for you prior to having your surgery, however, any problems can also be addressed on the ward following the surgery. The occupational therapists will assess whether you need additional help at home with personal care and domestic tasks. Any recommendations and referrals can be made on the ward. We do recommend you try and find assistance from family or friends. You may have done so already, but please bring the furniture height measurements with you so appropriate equipment can be ordered.

Before your operation

You may be asked to book an appointment at your GP surgery with a practice nurse to have your stitches or clips removed. **This is normally needed to be booked for 14 days after the day of your operation.**

If you feel that you are suffering from any kind of infection (for example urine, dental or stomach infection) please make the orthopaedic team aware before the operation.

Hospital stay

After your operation you will be admitted to the elective orthopaedic ward, which is on ward 14b at Kings Mill Hospital, and Minster ward at Newark Hospital. The aim for safe discharge would be between day 0 (on the actual day of surgery) or day 1 (the day after surgery). This will depend on how you are feeling and when you are safe to go home.

What to bring

You will want to pack an overnight bag to bring into hospital with you. This should include spare clothes and pyjamas, wash bag, suitable supportive footwear, and something to do such as a book to read or an electronic device. You may wish to bring your own towel for showering, but this can also be provided. You do not need to bring bedding with you as this will be provided on the ward. **Please bring your usual medications with you.**

Admission day

On the day of your operation, you will arrive on the ward. You will have to stop eating six hours before your operation to prepare for the anaesthetic and procedure. You may be able to sip clear fluids before the operation, but this will be guided by the ward staff at the time.

Your surgeon and the preoperative team may also give you a drinking regime where you consume an energy drink at set times before your surgery.

When you are admitted to the ward you will be seen by the anaesthetist and medical professionals who will discuss your anaesthetic, postoperative (after the operation) pain relief and your overall plan for surgery. The leg requiring surgery will be marked.

Members of the team involved in your care will include:

- Doctors
- Anaesthetists
- Nurses
- Healthcare assistants
- Physiotherapists
- Occupational therapists
- Therapy assistants
- Pharmacists.

Anaesthetic

You may be fitted with a compression stocking on your un-operated leg before you go for your operation. Another stocking may be fitted onto your operated leg after your operation. These are called TED stockings and information regarding these can be found later in the booklet.

Your anaesthetic procedure will be discussed with you before your operation. The type that you have will depend on many factors such as previous experiences, other conditions you may have and the anaesthetist's recommendations.

Spinal anaesthetic

You will usually be offered a spinal aesthetic, which could be with or without sedation. The procedure involves a dose of local anaesthetic injected into your lower back near the nerves in your spine. This is considered highly effective and will temporarily numb your body from the waist down. You will not feel anything during the operation other than some movement, but you will still be conscious.

The advantages of a spinal anaesthetic compared to a general anaesthetic are that you are likely to feel less sick or drowsy after the operation and you can usually eat and drink sooner.

Therefore, you may feel up to mobilising on your new joint sooner. Another advantage of a spinal anaesthetic is that it is likely you will not need a lot of strong pain relief after the operation as you will still have the benefits of the analgesia. You will also be in control of your own breathing after the operation, making you feel better quicker.

Sedation
Sedation can be used at the same time as a spinal anaesthetic, which can make you feel more relaxed. It may be given as light or deep sedation. If required, this will be adjusted to your personal needs which will be discussed with your anaesthetist.

Epidural
An epidural may be offered if the anaesthetist thinks the operation may last for longer than two hours, or you will need more long-lasting pain relief after your surgery. The injection is like a spinal injection, but a fine plastic tube is inserted into your back, which can allow for more anaesthetic to be given as required.

General anaesthetic
Having a general anaesthetic will make you unconscious for the surgery so you will not feel anything, but this is completed in a controlled way, and you will be constantly observed. You will usually receive anaesthetic drugs, oxygen to breathe and you may need medication to help relax your muscles. You will need a breathing tube in your throat for the operation. The advantages are that you will be unconscious throughout the procedure. The disadvantage includes needing extra pain relief after the operation, which can make some people feel unwell.

The operation

The operation is likely to take about 1½ hours. Once your operation is complete you will be taken through to the recovery ward.

Recovery

In the recovery ward a nurse will monitor you as you begin to come round from the anaesthetic. You may feel slightly confused or drowsy as you come round but this is normal as the anaesthetic wears off. Your nurse will be monitoring your vital signs (pulse, oxygen, checking the wound and assessing your pain) and ensuring you are comfortable.

Once you are stable and the doctors and nurses are happy with how you are, then you will be taken back to the orthopaedic ward to continue your care. On the way back to the ward you will have an x-ray. The staff on the ward will make sure that your pain is well controlled and will assist with your care as needed. They will continue monitoring your temperature, pulse rate, blood pressure, bladder and bowel function and the feeling in your legs after the anaesthetic.

After your operation

You will be encouraged to sit up in bed, eat and drink, move your feet, and begin your physiotherapy exercises. You may be mobilised on this day if it is safe, appropriate and you are well enough to do so.

You will be encouraged to be as independent as possible. We advise that you try to get dressed in your own clothes (loose and easy fitting along with supportive slippers or shoes). The staff will be able to assist you where needed but you will be encouraged to do as much by yourself as possible.

A physiotherapist or nurse will assist you to get out of bed for the first time and help you walk with your elbow crutches. You may complete a stair assessment and if you are feeling well enough you may be able to go home. Exercises can be commenced as soon as able to help promote movement and reduce stiffness in between periods of rest from mobilising. You will still be encouraged to be independent as possible in preparation for your recovery to begin to return home.

Postoperative complications

There is the possibility of developing post-operative complications as mentioned previously. Signs and symptoms to look out for include:

- Severe pain when touching an area of skin, especially the calf area.
- Extreme swelling of the whole leg, not just the hip, especially in the calf.
- Skin that is hot to touch, very red and looks tight or stretched.
- Wounds leaking discharge that may look dirty, yellow in colour or pus filled.
- Chest pain or shortness of breath.

If you experience any of these symptoms or are concerned, then you should **seek medical advice as soon as possible** to ensure the right treatment is started and to avoid any further complications.

To reduce the risk of postoperative complications, staff will help you to mobilise as soon as your condition allows, you may be advised to wear stockings and will be given blood thinning medication.

Discharge home

Before being discharged home you must be fully stable with your medical checks and completed all assessments from therapy staff. Ward staff will be monitoring you throughout your stay in hospital to ensure that your pain is under control, you can walk safely and there are no signs of infection before you go home.

Stockings may be provided to reduce the risk of deep vein thrombosis (DVT), which is the formation of one or more blood clots. Medical staff will inform you if and for how long you may need to wear these for. In some cases, you will only need to wear them while in hospital, in others you may be expected to wear the stockings for 6 weeks and only take them off for washing. If you feel that your stockings are digging into your leg or are too small, please contact the orthopaedic ward for advice.

When you have been discharged from hospital it is important to follow the advice given, monitor your pain levels and be sensible with the amount of walking you are doing. In the first 6 weeks we advise you do not stand still for long periods. We advise that you potter around the house, little and often, gradually building up the distance you walk, but we do not expect you to be going for long walks.

If you have been stood for too long or have walked too far, you may get an increase in heat and swelling at the hip or in the leg, not necessarily at the time, but more commonly that evening or overnight.

Some patients experience an increase in their ache and a restless, unsettled feeling. This is an indication that you are on your feet too much. However, when resting, you must try to do circulatory exercises (paddling feet) to compensate for not walking as normal.

Follow up

As previously mentioned, once you know your operation date you will need to book an appointment with your GP surgery to see a practice nurse. This should be for 14 days after your surgery to have your wound checked and your clips removed.

You will be informed of when your consultant will follow you up; this is usually after about six weeks.

Home advice

If you have any specific needs or require extra help at home, this should be organised prior to your operation. On the ward the staff will help to show you how best to get yourself washed, dressed and in and out of bed. If necessary, equipment will have been organised by occupational therapy to help you manage at home. Your new artificial hip will feel quite different to your hip before the surgery. You may have a sensation of heaviness, stiffness or clicking noises, which are likely to settle as you recover, but the hip may never feel as your own.

Frequent patient concerns

Wound

It is important to monitor your wound to check for signs of infection such as weeping or excessive bleeding after your operation. To close the wound, clips are used to hold the skin together. These are usually taken out two weeks after the operation by your GP practice nurse. **You may be asked to organise this appointment.** Some surgeons choose to glue the wound, so no stitches need removing. However, a wound check is still needed around 2 weeks.

There may dissolvable stitches under the skin to help to repair the wound, which should dissolve within 6-8 weeks after your operation. You may notice a small piece of thread protruding through the wound, which can be normal. Do not pull at it, it should dissolve and come away. At times, the area at either end of the wound can become pink in colour which can be normal. If it becomes very red or you notice any pus coming from this area, you will need to contact your GP and you may require antibiotics.

Bruising

This is normal and should fade within 6-12 weeks after your operation. Bruising can be extensive and go down towards your knee. You may also have a bruised feeling in your thigh where the tourniquet was applied during surgery.

Pain

Some pain after a total hip replacement is considered normal; you have had major surgery, and your body will be responding to inflammation and healing. Many patients are concerned about an ongoing pain/ache weeks and months after the operation. Only occasionally do we have patients that feel the benefit of the new joint immediately. The procedure can be painful if your body is used to pain killers. Most pain killers will help you manage rather than abolish your pain.

In the first few weeks after surgery, we are very keen that you have adequate pain control to allow you to complete the exercises we have given you. You will be prescribed medication on the ward.

To be able to do your exercises and begin your rehabilitation, you will need to manage your pain levels appropriately. If your pain is not under control then you will have difficulty moving the hip and mobilising, which can cause you to develop stiffness and weakness, slowing down your recovery process.

You may also get pain in the knees and ankles; normally this is due to additional stresses put on the muscles and ligaments and is a short-term discomfort. During your stay you will be provided with pain relief. We advise you inform the nursing staff when you have pain, as keeping on top of your pain relief will ease your recovery and reduce your time in hospital. Although you may experience pain during walking, it is important to maximise your efforts to increase strength and your walking pattern. If you are worried about your pain levels once home, please contact your GP to discuss this.

Swelling and bruising
Swelling and bruising is normal after surgery. The amount you experience is individual to you. It can be isolated to the hip or travel as far as your ankle. To reduce swelling, we advise you keep moving and completing your exercises. You can also elevate the legs on the bed.

Temperature
Your hip may feel warm after the operation - blood flows to the area for healing which causes the warmth. If your leg becomes **very hot,** then you may need to consider what has caused this. Extra warmth can be a sign of infection, but it more commonly occurs if you have been on your feet too long, tried to walk too far or you have been stood in one position for a period. This may have aggravated and inflamed your hip; swelling and an increase in ache or pain is the response. If this is the case, try to balance activity on your feet with rest.

Numbness
Numbness around the hip is due to small superficial nerves being disrupted during surgery. The patch usually gets smaller but there may be a permanent small area of numbness.

Ice
Using ice is another useful way of reducing swelling. Anything from a purpose made ice pack to a frozen bag of peas will work; just make sure you use a tea towel to protect your skin. We recommend using ice for no more than 20 minutes at a time. Check your skin every 5 minutes; it should be pink in colour. Leave an hour between each ice session.

Sleep
We recommend you sleep on your back if you can. If this is uncomfortable, you can sleep on your non-operated side with pillows between your legs to keep your operated leg supported.

Dislocation
Be aware not to use a lot of force to move past any restriction of your hip as your range of movement may be reduced with the new joint compared to normal. Try to be aware of environmental risks like wet floors and uneven ground to reduce the risk of falls and of dislocation.

Work
You can normally return to work after 6 weeks. Please discuss with your consultant, especially if you have a manual job or your job involves a lot of driving.

Driving
You can drive after 6 weeks and when safe to operate the vehicle. Please raise concerns with your consultant. It is recommended to inform your insurance company before returning to driving.

Public transport
On a plane, coach or bus try to make sure you have legroom for comfort.

No long-haul flights (over 4 hours) should be planned in the first 3 months. Most hip replacement joints will be made with stainless steel or cobalt chrome and therefore may set alarms off in security. If this is the case, you will need to explain the situation to the security staff.

Mobility

Your doctor or physiotherapist will let you know how much weight you will be allowed to put through the hip, which is in most cases is full weight bearing when able. It is likely that you were provided with crutches in the education group, but otherwise you will be given a walking aid on the ward, which is usually a pair of crutches or a wheel Zimmer frame. You will be shown how to use these on the ward and the staff will ensure you are safe before going home.

Mobility technique is tailored according to the surgery and individual by the physiotherapists on the wards. The initial walking technique you will be shown after your surgery will likely be a ‘step-to’ pattern with crutches or frame. The technique is as follows:

- To move crutches or frame ahead first.
- Step with operated leg first behind the crutches or frame.
- Follow up with non-operated leg (good leg) to the same level as operated leg.

Managing the stairs/steps

A physiotherapist will normally practice stairs or steps with you if necessary. Dependant on how many handrails you have, you will normally use either 1 or 2 crutches to help you on the stairs.

Walking up the stairs:

- Stand close to the stairs with one hand on the handrail and the other holding the crutches.
- First take a step up with your unoperated leg.
- Then take a step up with your operated leg.
- Bring your crutch up on to the step.

Walking down the stairs:

- Hold on to the handrail with one hand and crutches with the other.
- First put your crutch down on to the step below.
- Then take a step down with your operated leg first.
- Take a step down with your unoperated leg.

A good way to remember the stairs technique with crutches:

- Up – **ABC** (able leg, bad leg, crutch)
- Down – **CBA** (crutch, bad leg, able leg)

Preoperative exercises before your surgery

Getting your body in the best condition before surgery will give you the best and quickest recovery after your surgery. You may be already completing some exercises given to you by a doctor or physiotherapist.

The postoperative exercises can be done before surgery, but they must be carefully paced at first. Begin by introducing every exercise in a small number and build up to ten repetitions, three times daily. If they worsen your symptoms, make the exercise easier. If still worsening symptoms, stop that exercise and discuss this with the physiotherapy team or your consultant.

Exercise wording:

- **Sets.** A set of exercises is how many sessions in the day. For example, completing exercises at mealtimes (breakfast, lunch, and dinner time) would be three sets.
- **Reps (short for repetitions).** This is the number of times you complete the exercise in a set. For example, you might complete a straight leg raise 5 times (5 reps) in your morning session of exercises (set).

Postoperative exercises following your total hip replacement

During the weeks following your hip surgery it is important that you strengthen the muscles around your hip. This will ensure you get the best outcome from your surgery and return to activities that are important to you. We have put together a series of exercises you can complete at home that will work your leg muscles.

We recommend you do these little and often to aid your recovery. At first, they may be difficult and may cause discomfort. Do not cause yourself moderate to severe pain when completing the exercises; only a small amount of discomfort or a slightly uncomfortable stretch. It is best to gradually build up your exercises over time to challenge the muscles and promote strengthening.

To begin, start completing exercises 3- 4 times daily into your routine. Think of times spread out through the day, for example, mealtimes (breakfast, lunch, and dinner times). Start all exercises five repetitions and five second holds.

As comfort allows over time, begin to increase the repetitions to 10. It recommended to do these exercises for the first 6-12 weeks at least after surgery.

Diary tables are below each exercise, which can function as a reminder or log of your progress. You can either tick the box for a session of exercises complete or add in the repetitions during that session. For each day there are three boxes which represent the three sets of exercises you will be doing at least through the day.

Exercise 1 - ankle pumps (circulatory exercise and swelling reducer):

- Lying on your back or sitting.
- 'Pump' your ankle by moving your ankle backwards and forwards.
- Repeat at least 10-20 times (can be longer and intermittently done through the day).

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Week 1																					
Week 2																					
Week 3																					
Week 4																					
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Week 6																					

Exercise 2 - straight leg raise on the bed or sofa:

- Lying flat on the bed or on a sofa (width ways) with a pillow under your head.
- Tighten your thigh muscle and straighten the knee on your operated side.
- Lift your leg off the bed slowly. ‘Lift off’ may not happen until a few days after the surgery once postoperative pain has settled. If so, lift as able until you can eventually.
- Hold for 5 seconds and then relax.
- Lower your leg slowly down to the bed/sofa.
- Repeat.

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Exercise 3 (optional extra or alternative if standing exercises are difficult) –lying hip abduction on the bed:

- Lying flat on the bed or on a sofa (width ways) with a pillow under your head.
- Tighten your thigh muscle and straighten the knee on your operated side. Slide your operated leg out to the side as far as you can, while keeping your knee straight. (You may find it helpful to have a thin carrier bag under your foot to make it easier to slide).
- Keep your toes pointing straight up to the ceiling, do not turn your knee outwards.
- Return the leg to the original position and repeat.

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Exercise 4 (optional extra or alternative if standing exercises are difficult) – seated knee bending:

- Sat in a chair, keep your foot on the floor.
- Slide your foot back allowing your knee to bend.
- Hold for a few seconds and then relax.
- Repeat.

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Exercise 5 (optional extra or alternative if standing exercises are difficult) – seated knee straightening:

- Sat in a chair, straighten your knee out.
- Pull your toes up towards you and squeeze your thigh muscle.
- Hold for 5 seconds, relax.
- Repeat.

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Exercise 6 - standing hip flexion:

- In standing, make sure you have a work surface or chair nearby for support to hold on to.
- Lift your knee and aim to get your hip flexed as far as the picture above.
- Left your knee in a straight line upwards and forwards (‘12 o’clock’ or ‘North’ position)
- Hold for 3-5 seconds and lower.
- Repeat.

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Exercise 7 - standing hip abduction:

- In standing, make sure you have a work surface or chair nearby for support to hold on to. If you have reduced balance, hold onto a stable surface with both hands.
- Lift your leg sideways and bring it back keeping your upper body straight throughout the exercise.
- Keep your toes pointing to ‘12 o’clock’ or ‘North’ position.
- Repeat.

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Exercise 8 - standing hip extension:

- In standing, make sure you have a work surface or chair nearby for support to hold on to.
- Bring your leg backwards keeping your knee **straight**. Do not lean forwards during the exercise, try to remain upright.
- Repeat ten times.

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Exercise 9 - chair squat:

- This exercise must be adapted to be easier if you have any other joint problems. If so, reduce the intensity of the exercise by reducing the depth of squat and number of repetitions.
- Stand behind a chair and support yourself with both hands.
- Slowly bend your hips and knees into a squat **(as seen in the picture above)**. Your knees should be above your toes. Do not let your knees turn in or out during the movement.
- Repeat.

Week No.	Mon			Tues			Wed			Thur			Fri			Sat			Sun		
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Week 6																					

Guidelines and expectations after your operation

The following information are guidelines only. Each patient is an individual and therefore everyone has a different recovery process. Some individuals may reach the milestones below easily, whilst others may take longer than the stated time.

If you require any guidance once you are home, we encourage you to contact the ward on the numbers towards the end of this leaflet to gain advice where needed.

Referral to outpatient physiotherapy after your surgery is not routine. For most patients, the self-management education is normally enough. However, outpatient physio-led assessments can be arranged if there any complications to your case or you do not feel confident with the self-progression approach. This can be arranged later if required by the consultant or if more support is needed than advice from the orthopaedic team over the phone. This varies case-by-case so please discuss this with the orthopaedic team if you have any questions or concerns about this.

Weeks zero to two
You may have returned home the day after your surgery (longer if more time was needed) and you are adjusting to life from hospital to home. If you went home on the day of the surgery, you likely will be contacted by the ward team the next day to see how you are managing.

You will need to pace yourself carefully and move little and often to ensure you do not stiffen up. An example being some form of movement (stand, walking or exercises) every waking hour. If possible, it is helpful to have family or support networks around as much as possible the first few days returning home so you can adjust to the changes from the hospital setting.

Each day build up the amount of activity you do with walking distance and duration slowly on a level environment inside your property. You do not need to stay indoors, and you can gradually start to increase outdoor mobility with your crutches. You must plan this; have someone with you at first and ensure there are no outdoor hazards such as uneven pavements, steps and trip hazards or adverse weather that could cause harm.

Two to three weeks after your operation
At this point you should be continuing with the exercises shown in hospital by the physiotherapists. You should be starting to feel more confident about mobilising around your home and you may have started mobilising outside with crutches. When mobilising we recommend trying to increase the distance you mobilise daily, ensuring you remain comfortable over these distances. When inside, you may feel ready to try walking around your home with just one crutch held on the opposite side to your hip replacement.

You may feel the benefit of massaging your scar once the clips have been removed or your wound has healed. Using moisturising creams will make massaging the area easier, and over time your scar should feel less sensitive.

Three to four weeks after your operation
Continue to increase your walking distance outside alongside your exercises. By this point it is not out of the ordinary to be walking up to a mile a day. Ensure the distance you are walking does not lead to significant discomfort.

Four to six weeks after your operation
During this period, you may have further increased your confidence walking. If you can walk without a limp, you may be managing to walk without a walking aid, or you may be using a single stick. Again, everyone heals at various times, so do not be disappointed if you have not progressed to this level yet.

If you have access to a static bike, you may be able to start using this now. It is recommended that you set the seat height higher than normal to allow a more comfortable experience. You may need to rock the pedals forwards and backwards to build up to a full revolution, due to comfort at the hip. Starting with no resistance, gradually build up the time tolerated on the bike, starting with five minutes.

Once your wound has fully healed you will be able to return to the swimming pool. You are not able to start breaststroke until 6 weeks after your operation. Build up your tolerance to exercise in the water gradually. You may find that the standing exercises given to you by the physiotherapist in the hospital is a good place to start.

Six to eight weeks after your operation
Depending on your consultant's advice, you may be able to start driving if you have an automatic car. Travelling as a passenger should now be more comfortable in comparison to the first few weeks after your operation.

At this point you should be managing to walk inside and outside without walking aids. You should also be feeling more confident walking outside, whilst you will have further increased the distance you are able to walk.

You may feel you can now return to work, if your job is light, travelling permitted. You should be able to now drive a manual car comfortable if you are not already doing so. Consultant advice should be followed.

We recommend that those wanting to have a bath rather than shower should attempt getting in and out of the bath fully clothed with no water in the bath first to assess how they manage.

Three to six months after your operation
Most of your swelling should now have resolved, however, it is common for swelling to remain up to 12 months after surgery. You should continue with the exercises you find most beneficial to further strengthen your hip muscles.

Hobbies such as golf, road cycling, dancing, and light gardening can now be returned to. You may also feel up to returning to light physical work.

Six months after your operation
Except for high impact sports, you will now have hopefully returned to full activities. Any stiffness and swelling should now have resolved. You may still have some weakness at the hip muscles; however, these will strengthen with continued exercises and general return to full activities.

One year after your operation
You should now be fully recovered and conducting your activities of daily living without any problems.

Contact details:

- Newark Hospital, Minster Ward - 01636 685850.
- King's Mill Hospital, elective ward 14b – 01623 622515, extension 2414 (Monday to Sunday, open 24 hours a day.)
- King's Mill Physiotherapy Outpatients – 01623 622515, extension 3221 (Monday to Friday, 8am-5pm).
- Newark Physiotherapy Outpatients – 01636 685885 (Monday to Friday, 8am-5pm).

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns, or complaints, and will ensure a prompt and efficient service:
King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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