

Hip Replacement Information – My Hospital Stay



Introduction

Your orthopaedic consultant has recommended a hip replacement. This booklet aims to provide you with all the information you will need about your hospital stay.

On the day of your operation

Admissions Ward

- A nurse will check that all your pre-assessment information collected is still correct. If there has been any change to your health or medication since the pre-assessment, please inform the nurse.
- You will meet one of the Orthopaedic team who will answer any questions that you may have. They will also make a mark with a pen on the limb that is being operated on.
- You will also meet the consultant anaesthetist or one of their team who will discuss your medical health, the type of anaesthetic to be used during your surgery and your pain requirements post op.
- An expected date of discharge will be discussed with you along with any arrangements that need to be made for your discharge.

Anaesthetic

The consultant anaesthetist will ask you detailed questions about your general health and this discussion is very important for the safe planning

of your anaesthetic and your care in the period after your operation.

As well as discussing your general health and medications you are taking, this discussion is likely to include:

- Any previous anaesthetics you may have had (general, regional, or local anaesthesia)
- Any allergies or intolerances you have
- They will ask you about any caps / crowns / dentures / loose teeth you may have
- They will ask about your neck movement
- They will ask you when you last had any food and drink
- They may examine you and listen to your chest and heart with a stethoscope

They are doing this so they can check that you are fit for your operation at this time.

Types of Anaesthetic

The routine anaesthetic for hip replacement is a spinal anaesthetic.

A spinal anaesthetic makes the lower part of your body go numb while you

have your operation. It involves having an injection in the lower part of your back with a very small needle. This means that you will not feel any pain or discomfort while you are having your hip replacement. Your anaesthetist will discuss options of being completely awake or receiving some sedation while you have your operation. Sedation means that you would receive drugs through a cannula in your hand which either makes you feel relaxed or sleepy while you have your operation. This will depend on your personal requirements as well as factors related to medical conditions you may have.

Whether awake or asleep you will not see any of the surgery that takes place during your hip operation.

If your consultant anaesthetist feels that a spinal anaesthetic is not the best option for you it may be in your best interest to have a general anaesthetic for your knee operation. This means that you would be completely asleep during your hip operation and would not receive a spinal anaesthetic.

You may choose to have a general anaesthetic and not a spinal

anaesthetic and should discuss this with your consultant anaesthetist.

Risks

It is important to understand that serious problems are un-common, but risks of anaesthetics cannot be removed completely and will depend on your general health. It is important that your consultant anaesthetist discusses the risks that are associated with the type of anaesthetic you are going to have as well as the benefits. Below is a summary of some of the risks:

Common side effects

General Anaesthetic	Spinal Anaesthetic
Feeling sick or dizzy	Low blood pressure
Sore throat	Headache
Headache	

Uncommon side effects

General Anaesthetic	Spinal Anaesthetic
Chest infection	Slow breathing
Slow breathing	Existing medical condition getting worse
Damage to teeth	Chest infection
Existing medical condition getting worse	

Rare or very rare side effects

General Anaesthetic	Spinal Anaesthetic
Damage to eyes	Infection
Heart Attack or Stroke	Heart Attack or Stroke
Allergic reaction to drugs	Allergic reaction to drugs
Nerve Damage	Nerve Damage

Pain

Postoperative pain, swelling, and bruising are a normal part of the recovery following hip surgery. However, there are ways to manage the pain and ease your recovery. The amount of pain you will feel after your operation is difficult to predict

but from experience most patients say the wound is sore for a couple of weeks and is a 'stingy' pain and mobilizing helps with the stiffness around the hip and this helps with the pain.

Dealing with the pain

If you have a spinal anaesthetic this should still be working when the operation is over so you should be pain free for a few hours. During surgery the surgeon may put a local Anaesthetic into the tissues surrounding the hip which can help with the pain in the first 12-24 hours. We also give you regular pain killers. These medications may include a strong opioid such as oxycodone. There is little chance that you will become addicted to these drugs, because they are only used for a short period of time. We use these in conjunction with paracetamol and other non-steroidal drugs.

We will monitor your pain by asking you to score it from 0-10, 0 being no pain and 10 being the worse pain you have ever experienced. We would like to keep your pain under score 5 and if you feel it is going higher than this then we can give you short acting pain killers such as oxynorm if you

need it. Prevention of severe pain is far more effective than trying to treat severe pain and will mean you will be able to do your exercises and be more independent – do not wait until the pain gets severe.

Most people will take oral pain medication for a couple of weeks. Your GP will help you reduce the pain killers you are taking over time.

Laxatives

All opioid drugs such as codeine and oxycodone can cause constipation; therefore, it is recommended that you take laxatives in the period after your operation as routine.

Follow your exercises You need to make sure the pain is controlled so you can do all the exercises as advised. Exercises help strengthen muscles, increase your range of motion, and increase blood flow around your hip. This promotes healing and helps drain fluid away from sore tissue. Most patients find that if they do their exercises regularly this significantly helps with the pain.

Dealing with bruising and swelling

Bruising around your hip may last one to two weeks following surgery and this can cause additional tenderness. You can reduce inflammation, bruising and swelling by resting on your bed mid-morning and mid-afternoon in the first couple of weeks after surgery.

After Surgery

Day 0

- Start your circulatory bed exercises as soon as the sensation starts to return in your lower half.
- On your return to the orthopaedic ward a therapist will assess you and start your post op exercise programme (bed exercises, including range of movement and strengthening exercises).
- If appropriate: you will mobilise a short distance with a walking aid with the therapists.
- The occupational therapist will confirm details regarding your home environment and social situation, confirm that your equipment is in situ (if appropriate) and prompt you to recall your total hip replacement

hip precautions – usually occurs pre-op on admission.

- It is vital that you undertake ALL your exercises (as instructed by therapists) during your hospital stay AND after you go home: this will prevent your joint becoming stiff, strengthen your muscles and protect your new joint.
- Try to do 10 repetitions of all the exercises 4 times a day in both hospital and when you go home.
- Your new joint may feel stiff: try and change position regularly to alleviate this.
- You can start eating and drinking as soon as you get back to the ward, we will give you anti sickness medications and we would encourage you to take these. You may have a drip running into the back of your hand, the staff will decide when this can come down, but we will leave the cannula in until Day 1.
- You will be encouraged to change into your own clothes and be supported to maintain your hygiene.
- The nursing staff will check your observations regularly and will check your wound dressing.

Day 1 and onwards

- You will be encouraged to sit out of bed and get washed and dressed using your long-handled dressing aids (please practice with your long-handled dressing aids prior to admission and make sure you bring these aids with you on the day of surgery).
- If appropriate: any drips will be removed.
- Nursing staff will ensure you are provided with adequate analgesia: you may ask for more pain relief if required.
- You will have an x-ray and blood tests.
- Physiotherapists and occupational therapists will:
 - Assess your mobility and progress you as appropriate
 - Assess all your transfers (chair, toilet, bed)
 - Assess your stair mobility to ensure you are safe
 - Discuss your ability to carry out everyday activities (personal and domestic)
 - Ensure you are completing your exercise programme effectively

- You will be discharged home when you are medically fit and have met all the therapy team goals as agreed.

Day of discharge

- The nursing staff will discuss the arrangements for you to have your clips removed and dressings checked. They will also provide you with your discharge medicines, they will discuss when and how to take them and any side effects to look out for.
- You will be provided with a discharge letter (a copy of this will be sent to your GP).
- An appointment will be made for you to be seen in the clinic: this will be posted to you.
- A follow up physiotherapy referral will also be completed for you on discharge.
- Following discharge: if you have any concerns regarding your surgery, wound or rehabilitation that you wish to discuss, please do not hesitate to contact us on the numbers provided in this booklet.

Useful Numbers

Trafford
Ward 12 Admissions: 0161 746 2414
Ward 12 Inpatients: 0161 746 2110
Orthopaedic Senior Nurse: 0793 257 0978
Orthopaedic Occupational Therapist: 0161 746 2717
Orthopaedic Physiotherapist: 0161 746 2053
Pre-op Assessment clinic: Trafford: 0161 746 2781
Orthopaedic Pathway Co-ordinator: 0161 746 2759 or Bleep 138 via switchboard for any pre-operative concerns

Wythenshawe
F4 inpatients: 0161 291 4887
Enhance Recovery Nurse: 0161 291 4887
Orthopaedic Occupational Therapist: 0161 291 6596 (Ward A5) 0161 291 2110
Orthopaedic Physiotherapist: (inpatients) 0161 291 6596 (Ward A5) (outpatients) 0161 291 2178/2179
Pre-Op Assessment Clinic: 0161 291 2054
MRI
In patient ward: 0161 276 8688
Orthopaedic Occupational Therapist: 0161 701 0267
Orthopaedic Physiotherapist: 0161 701 0267
Pre-Op Assessment Clinic: 0161 276 3624

No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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TIG XX/XX

Produced **Month XXXX**

Review Date **Month XXXX**

(SF Taylor CM140053B)