

Hip Replacement Information – My Recovery at Home



Introduction

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

Please read it carefully and bring it with you to all your appointments and when you attend hospital for your operation. There is space at the back of the booklet to write down your questions.

Recovery at Home & Returning to daily activities

Total Hip Replacement Precautions: to reduce the risk of dislocation until healing is complete.

- Do not cross your legs Do not bend your operated hip beyond 90 degrees
- Do not twist at the hip: i.e. avoid twisting your leg as you turn around – take small steps

The above precautions should be followed for up to 12 weeks post-op, this is to be clarified by the consultant or physiotherapist

- Do not lie on un-operated side for 6 weeks following surgery: initially you will need to lie on your back

We also recommend that you:

- Avoid kneeling
- Continue to use your mobility aid until advised further by the physiotherapist

Walking

- Gradually increase the amount of walking you do each day
- Remember to continue doing all your exercises as instructed by the therapists
- Continue to use your elbow crutches (or prescribed walking aid) until you are reassessed by the physiotherapist post op. Most people progress to one crutch or walking stick by 6 weeks post op and can walk independently by 12 weeks post op (depending on how restricted your walking was before the operation).

Stair Mobility

- Always use a handrail if there is one
- Going up: Lead with the unoperated leg, followed by the operated leg and then the crutch or stick
- Going down: Lead with the crutch or stick, then the operated leg followed by the un-operated leg
- Continue with this method until you feel strong enough to walk up and down stairs normally
- This is usually at about 6 weeks post op

Transfers

- It is important that you do not sit on furniture that is too low throughout the precaution period (up to 12 weeks): ideally your bottom should always be slightly higher than your knees
- The occupational therapist will have assessed the height and suitability of your chair, bed and toilet at your 1:1 assessment when you attended the Joint Education Group prior to your operation
- Any equipment needs will have been discussed with you at this stage: this equipment should be in situ prior to your admission
The following transfer technique guidelines refer to transfers when using 2 arms to push up from the arms of a chair or a toilet frame or the cushion / seat of a chair or bed
- Therapists will practice an alternative transfer technique using 2 elbow crutches during your post op assessments if appropriate

Chair and Toilet – Transfer technique to stand:

- Slide forward on your chair / toilet keeping operated leg slightly forward
- Push up using the arms of the chair / toilet frame or seat of the chair / toilet

To sit:

- Back up to the chair / toilet until you can feel it behind your legs
- Slide operated leg slightly forward
- Reach behind the arms of the chair / toilet frame or seat of the chair /toilet: sit down

Bed – Transfer technique

To transfer INTO bed: lead with your unoperated leg (if able)

- Back up to the bed until you can feel it behind your legs and slide operated foot slightly forward
- Reach behind, feel for the mattress with both hands and slowly lower yourself down onto the bed
- Shuffle bottom back onto the bed, if possible until your feet are off the floor and the bed is taking the weight of your thighs

- Gradually shuffle back up the bed until both legs are on the mattress
- Adopt this technique until you are able to lift your operated leg easily and independently

To transfer OUT of bed: lead with your operated leg and reverse the above technique (if able).

Car Transfers

- Ensure that you follow your hip precautions during car transfers
- It will be easier if the car is parked away from the kerb, so that you can get into the car on a level surface
To enable easier access, slide the seat back on its runners and recline the seat a little to give yourself the maximum leg room
- Gently lower yourself onto the car seat
- Place your hands behind you and slide yourself back towards the driver's door
- Turn carefully and lift your legs into the car
- To get out of the car: reverse the procedure, making sure both legs are out of the car and in front of you before standing up

Personal Activities

Washing

- We recommend that you strip wash on initial discharge
- Always use your long-handled dressing aids
- Remember: You will be unable to sit in the bath during the precautionary period

Dressing

- We recommend that you dress sitting down and dress the operated side first
- Always use your long-handled dressing aids
- Wear sensible shoes and avoid high heels. Domestic Activities
- Gradually return to all of your usual activities, such as housework, with regular periods of rest

Driving

- We recommend that you inform your insurance company: this is a major operation
- You may return to driving when you can safely perform an emergency stop: usually 6 weeks post-op

Flying

- We recommend that you do not fly for up to three months due to the risk of DVT
- Will I set off the alarms at the airport? Most patients will set off the alarms at the airport and a security check will still be undertaken

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.

Leisure Activities

Swimming

- Gentle exercise in water is allowed once your wound is completely healed
- For further details do seek advice from your nurse or physiotherapist

Gardening

- Avoid for the first six weeks post op
- Remember to adhere to hip precautions
- Return to this activity gradually

Exercise / Sport

- It is not recommended that you undertake high impact activity or contact sport
- If returning to cycling: be guided by your physiotherapist post op
- If returning to golf: avoid a full swing until 12 weeks after your operation
- For further details do seek advice from your nurse or physiotherapist

Sexual relations

- You may resume sexual relations after about 6-8 weeks: avoid extreme positions of the hip, always ensuring you are adhering to hip precautions
- If you have any further questions, please speak to the occupational therapist who can discuss this with you

Post-Surgery Concerns

Complications

Complications do not happen very often, however it is important that you know what to look for and contact us using the contact numbers provided to contact us as soon as you can, so we can reassure you or arrange for someone to see you.

Pain

You may go home with some pain/discomfort, this is normal. You will probably need to take the strong pain killers for a few weeks once you are at home, we will provide you with a week's supply of pain killers, but please make an appointment at your GP for further medications and for these to be reviewed.

If this becomes more severe and lasts for more than 2 hours, or you develop:

- Fever
- Feeling hot and sweaty
- Feeling sick and or vomiting, generally feeling unwell

please contact us for advice or go to your nearest A and E.

Wound infection

Following hip replacement surgery, it is normal to experience some degree of bleeding, redness, heat and swelling. However, if any of the above symptoms get worse, your wound dressing starts to leak, or you have any concerns regarding your wound following discharge from hospital please contact us.

Diet

You may find that your appetite takes some time to return after your operation, try eating little and often rather than having one or two big meals a day.

Deep Vein Thrombosis

If you get severe, sudden onset swelling of your leg where it feels really 'tight', and/or pain in your calf then please call us.

Dislocation

This is very rare, but if you get sudden/severe pain in your hip and cannot put weight on your leg, you may have dislocated your hip so please contact us or ring for an ambulance.

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 goys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiaad 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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