



sheffield **orthopaedics** ltd



Important medical advice prior to your

Total Hip Replacement



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Introduction

We want you and your family/carer to understand as much as possible about the operation. By learning what to expect, you and your family will be better prepared for your hospital stay and recovery. This booklet should help you.

However, if after reading this booklet you have any questions, please speak to a member of staff who will be pleased to help you.

Total hip replacement (or hip Arthroplasty)

A total hip replacement is an operation to replace the worn hip joint. The joint has 2 parts; the hip socket (Acetabulum) and the ball/head of the thigh bone (femur). During the operation, these two parts of your hip joint are removed and replaced with smooth artificial surfaces.

The benefits of a total hip replacement operation

A total hip replacement operation is usually carried out for arthritic conditions and has proved to be a very successful procedure. The benefits are:

- Approximately 95% of patients gain complete pain relief⁽¹⁾
- Increased range of movement
- Increased activity and independence
- More than 95% of hip replacements last for more than 10 years⁽²⁾ and more than 80% last 20 years⁽³⁾

The risks of a total hip replacement operation

A total hip replacement is a major operation, as with any operation there are some risks.

These include general complications:

- Blood clots in the legs (Deep vein thrombosis, DVT) and in the lungs (Pulmonary embolus, PE)
- Urinary infections
- Difficulty passing urine
- Chest infection

Complications specific to a total hip replacement include:

- Infection
- Dislocation
- Leg length discrepancy
- Nerve damage
- Loosening and wear of the new joint with time
- Wound problems
- Bleeding

Further information about the risks individual to you, will be given when you see your surgeon and discuss consent for the operation. If any of these risks particularly concern you, please make sure you ask for details. The team involved in your care takes every opportunity before the operation to ensure that you are as fit as possible. If we feel that you would benefit from some other medical treatment before your operation, then we will speak to you about this.

The alternatives to surgery

Before considering hip replacement surgery, your Doctor may have suggested trying other measures to help relieve your symptoms. These should include:

- Weight loss - if you are overweight, losing weight will help to reduce pain from an arthritic joint
- Drug treatments, such as simple or strong painkillers
- Physiotherapy and exercises
- Appliances to help you to walk more easily, such as a walking stick

Should I have a total hip replacement?

Although your surgeon may have suggested an operation, the final decision is yours and must be made after you have weighed the benefits of the operation against the risks. You may wish to discuss the operation with your GP or family/carer. All your questions should be answered before you decide to have the operation and you should ask any questions you have in order to make your decision easier.

If you have decided to have the operation and have any severe health problems, an anaesthetist may be asked to review your suitability for anaesthetic before you have the operation.

Orthopaedic infection control policy

At the pre-operative assessment clinic you will have swabs taken to look for MRSA. Methicillin Resistant Staphylococcus Aureus (MRSA) is a germ that can often be found on the skin or in the nose. If you have MRSA after your operation it can cause problems with wound healing. If we find that you have MRSA we will ask your GP to treat you with antibacterial wash and ointment before your admission. Further swabs will be taken by your GP after you have had this treatment. It is important that if needed this is done before you have surgery. The swabs may also be repeated when you come into hospital and during your hospital stay. If you want further information please ask at pre-operative assessment clinic.

Before your operation

Before you have your operation, there are a number of things you can do to improve the success of your hip replacement. These are listed below. This section also explains what happens at your pre-operative assessment appointment. You should start to prepare for your operation as soon as your name is placed on the waiting list. It is important for you to try and keep as healthy and active as possible whilst you are waiting for your operation. Things to think about are:

- **Diet/weight control** - the success of your operation may be affected by your weight and if you are worried about this, you should contact your GP/Practice Nurse.
- **Smoking** - it is advisable for you to stop smoking in order to reduce your risk of developing chest or breathing problems following your operation.
- **Exercise** - you should try to keep as mobile as possible and continue with your normal everyday activities to help your recovery.
- **Good dental hygiene** - your teeth need to be in good condition, as infected teeth or gums may be a possible source of infection for your new hip. It is important that any dental decay is treated before your hip replacement. If you are worried about your teeth, you should visit your dentist.

The pre-operative assessment appointment

You will have been given a date for your pre-operative assessment appointment soon after you are put on the waiting list at your operation visit. The purpose of this clinic attendance is to assess your general health. At this appointment we can note any problems and treat if necessary. At this clinic, the Pre-Operative Assessment Nurse will discuss your stay in hospital and organise all the tests and care that you need to have in preparation for your operation. The range of tests may include the following:

- Blood
- Urine
- MRSA
- Heart – by ECG (heart tracings)
- X-rays.

We will also discuss with you the plan for your admission to and discharge from hospital. You may also need to see a physiotherapist at your appointment. They will ask you about your home and social circumstances in order to plan your discharge from hospital. Aids or adaptations that you may need to help your recovery may be provided by Social Services. The team will assess your needs and discuss this with you at the pre-operative assessment clinic.

When you go home after your surgery you will need someone to help you. If you do not have anybody, a referral to the social services team may be beneficial in the short term. Not having any help arranged before your admission may delay your surgery. After your operation any arrangements made will be discussed with you to make sure they still meet your needs.

It is helpful if you think of how you are going to manage at home after your operation before you come to your pre-operative assessment clinic appointment. Further details about your visit to the pre-operative assessment clinic will be sent to you with your appointment letter.

What should I do if my medical condition changes after my pre-operative assessment?

If you have any changes to your health after visiting pre-operative assessment clinic please contact us as it is important that we know.

When will I know the date of my admission?

You will already know the date for your surgery by the time you attend the pre-assessment clinic.

Coming into Hospital

The day of my admission

Patients are admitted on the day of their surgery. The day you come in you will see various members of the hospital team. They will go through the plans for your surgery and confirm with you the surgery you are having. They will also be able to answer any further questions you may have.

On the day of your operation, you will not be allowed to have anything to eat for six hours before your operation and only allowed to drink clear fluids until two hours before your operation. It is very important that you have a bath or shower before you come in for surgery. You will need to wear a surgical gown and to remove all make up, nail polish or jewellery except wedding rings (it is advisable to get someone to take valuables home). Spectacles and dentures can be removed in the Anaesthetic room if you wish.

You will have your blood pressure, pulse and temperature checked and the nurse will ask you some questions. We may have already asked you some of these questions but we usually repeat them to check they are still correct. The doctor will also see you and mark the site of the operation on your skin with a pen. A nurse will then check that you are ready and take you to the operating theatre when it is your turn on the list. You will have either a general or a spinal anaesthetic. The Anaesthetist who will care for you throughout the operation will discuss both options with you.

How long will the operation be?

The operation usually takes between 1–2 hours, but the time away from the ward will be longer as you will spend time in the theatre recovery room.

After your operation

After your operation, you will be taken to the recovery room and we will monitor your condition. We will check your blood pressure, pulse, breathing rate and temperature and pay close attention to your wound and the circulation and sensation in your legs and feet. When the recovery room staff are happy that your condition is stable we will take you back to your ward. As was explained to you at your pre-operative assessment visit if you need closer observation you may go to the Enhanced Care Unit overnight. The nursing staff on the ward will continue to monitor your condition and your blood pressure, pulse, breathing rate, temperature and legs will be checked regularly.

You may find you have been prescribed oxygen, which is given through a mask or tubes resting just inside your nose. A drip will have been put into a vein in your arm to replace lost fluids until you are eating and drinking. If necessary, we also use this to give blood transfusions. Pain after hip replacement is inevitable but we will give pain relief to help with this. This medication and/or anaesthetic may make you feel sick. If needed, medication can be given to relieve this. You will have a large dressing on your hip to protect the wound. We will only change this dressing if it is leaking or damaged. It is safe for the dressing to stay on for 14 days.

After your operation you are at risk of developing blood clots in your legs/lungs. To help prevent blood clots happening we give you a small injection into your abdomen each evening until you go home. This thins your blood and stops clots forming. We also give you special stockings to wear and a tablet to take for 30 days after you go home. Because of your position in bed you may need help using a bedpan or changing position and the nursing staff will help you with this. They will also encourage you to breathe deeply, cough and do leg exercises to aid your recovery. ***We stress that where possible we encourage patients to mobilise on the day of surgery.***

When can I eat and drink again?

You may be allowed to have a drink about one hour after you return to the ward and then about two hours you will be allowed to have food if your condition allows. It is not unusual to have a poor appetite for a week or two after surgery like this. Your appetite should return to normal slowly but even if you are not eating normally, it is important to drink plenty of fluid as this helps reduce the risk of DVT and PE. If you need advice, speak to the ward staff who will be able to help you.

Will my relatives be able to visit on the day of my operation?

Yes. If you are having any therapy your visitors may be asked to wait until you have finished your treatment.

What will happen during the rest of my stay?

After your operation, the Orthopaedic team will assess you and help you to regain your independence as quickly as possible. They will make sure that you are able to manage at home once you leave hospital.

Please bring your day clothes into hospital with you.

You will be expected to get dressed after your surgery. Rehabilitation with the physiotherapist usually begins on the first day after your operation with exercises to help you regain movement in the leg operated on. The physiotherapist will also start you on either crutches or a frame and show you how to use them correctly. You should continue to use your walking aid for six weeks after your operation. Before you go home we will take an x-ray of your new hip joint. You will be able to go home when the Orthopaedic Team feels that you can manage safely at home. This is usually after about two days but this can vary depending on your individual needs.

Going home from hospital

Once we are happy that you are well enough to go home we will arrange for your discharge from hospital. Please do not worry if you cannot get transport until the afternoon, as you will be able to wait in our discharge lounge until you are picked up. We will also give you the following to take home with you:

- Any information you will need
- A supply of painkillers if you need them. Before the tablets we give you run out you should ask your General Practitioner (GP) for some more if you need them.
- A 30 day supply of a tablet called Rivaioxaban to help protect against blood clots
- An appointment for outpatient clinic so that the medical staff can assess your progress: your appointment will usually be for about six weeks after you go home and will be posted out to you.
- A letter to take to your GP to tell him or her about any tablets you have been given to take home.
- A contact telephone number for the ward so that if you have any worries or problems at all you will be able to talk to a member of staff.

If you have had stitches that need to be removed, the practice nurse at your local GP practice can do this for you. You will need to make an appointment when you get home. The ward nurse will give you a letter for the practice nurse and any dressing/s you need.

What will I need to do when I get home?

When you get home, you should take it easy for the first few days. Aim to rest on your bed for a couple of hours each afternoon. You may find yourself trying to do far more than you did on the wards and you

should not be surprised if you find that you feel very tired. After a hip replacement operation the muscles and tissues around the joint do take some time to heal and during this time, you should follow the advice you have been given by the Orthopaedic Team during your stay in hospital.

Some swelling of the leg is normal, but if the swelling increases, or you have a pain in the calf, you should contact your GP or telephone the ward.

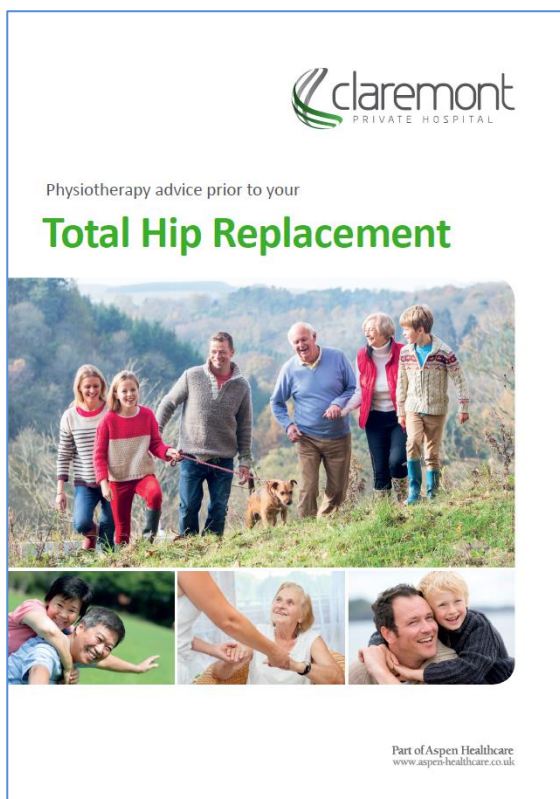
Rehabilitation & Physiotherapy

Early return to function is a key objective with the surgery therefore you will be encouraged to mobilise soon after the surgery. This may be possible on the day of surgery.

Exercise is a vital and important part of your rehabilitation as it helps to ensure that you regain a good range of movement and strength in your hip. Your Physiotherapist will help you with this and give you specific exercises to do. How successful the therapy is, ultimately is up to you as only you can get your hip working again.

The majority of patients will need to continue with physiotherapy as an outpatient after they leave hospital. We will discuss this with you before you go home. You can usually start exercising your hip on the first day after your operation. However, it is important to make sure that you have taken painkillers before you start, as the exercises can be uncomfortable.

You will receive a brochure on physiotherapy. Please read this as it contains important information on exercises and your recovery and bring it with you when you come into hospital for your operation.



Please remember to return all aids, which have been loaned to you, when you no longer need them.

OTHER INFORMATION

Please visit www.sheffieldorthopaedics.com to see more information and some patient's comments

NHS choices website

<http://www.nhs.uk/conditions/hip-replacement/Pages/introduction.aspx>

References

1. NHS digital PROMS publication August 2016-09-17
2. National Joint Registry 12th Annual report 2015.
3. Ling, Robin S.M. and Charity, John and Lee, A.J. Clive and Whitehouse, Sarah L. and Timperley, A. John and Gie, Graham A. (2009) The long term results of the original Exeter polished cemented femoral component: a follow-up report. *Journal of Arthroplasty*, 24(4). pp. 511-517.



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