

Hip Surgery

Information and advice for patients

Trauma and Orthopaedics

Contents

What is a Hip replacement?	2
Why do people need hip replacements?	2
What are the benefits of having a hip replacement?	2
What are the risks of having a hip replacement?	2
Preparing for a hip replacement	3
The Hip & Knee Club	3
Physiotherapy	3
Before coming into hospital	5
Anaesthetic	5
Your Operation	5
After having a hip replacement	5
Pain relief after your operation	5
X-ray	5
Day of surgery	6
Inpatient therapy	6
Going home	6
Returning home after surgery	7
Additional help	7
Your wound	7
Managing pain	8
Follow-up	10
General Enquiries	10
Further Information	11

What is a Hip replacement?

A hip replacement is an operation to replace a damaged hip joint. The hip joint is made up of two parts:

1. **The socket** – a cup shaped bone called the acetabulum
2. **The ball** – the head of the thigh bone, called the femur.

A hip replacement involves replacing the socket and ball.

Why do people need hip replacements?

The hip is an important weight-bearing joint that gives your leg a wide range of movement. The joint surfaces are normally covered by a very strong elastic tissue called cartilage. Normally the cartilage is smooth and allows the joint to move freely and bear weight without pain.

As you get older the cartilage can wear away so the bone is exposed.

This causes the two bones to rub against each other which causes pain. Osteoarthritis can be a very painful disorder which may affect your mobility, or even stop you from sleeping.

What are the benefits of having a hip replacement?

The procedure can reduce pain, which can help improve day-to-day activities including general mobility and sleeping.

What are the risks of having a hip replacement?

Common risks

Pain and stiffness

It is normal to experience some pain and stiffness in your hip after the operation. You will be given painkillers to help relieve this and the pain will generally improve in time.

Blood Clots

A small number of people develop a blood clot in a vein in their leg, known as a Deep Vein Thrombosis/DVT.

Very rarely people develop a blood clot in the lungs known as a Pulmonary Embolism (PE).

To reduce your risk of a blood clot, you will be given blood thinning injection or tablets. Remaining mobile and completing your exercises will reduce this risk.

Infection

In the rare case of developing an infection, it may be treated with antibiotics, but may require further intervention including:

- Washout the joint
- Replace the implant

To reduce the risk, you will be checked for signs of infection, including MRSA.

N.B. It is advisable to see a dentist prior to your operation to ensure you have no potential sources of infection in your mouth.

What are the risks of not having a hip replacement?

If you choose to decline hip replacement surgery the arthritis in your hip will gradually worsen over time and lead to increasing pain and/or reduced mobility.

Are there any alternatives?

Before opting for surgery you should try the following methods that may help reduce your pain and improve your mobility:

- Losing weight
- Avoiding strenuous exercises or modify working duties
- Using a stick or a crutch
- Medicines, such as an anti-inflammatory drugs or steroids
- Physiotherapy and gentle exercises

Preparing for a hip replacement

The Hip & Knee Club

Prior to your operation you will receive the following information:

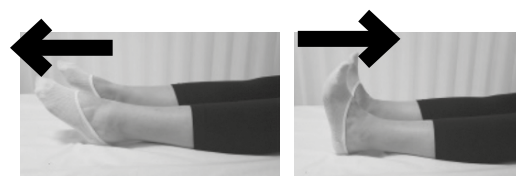
- Exercises to strengthen your muscles
- Advice on what we expect from you and you can expect from us
- Advice on discharge planning
- The opportunity to watch videos of previous patient experience
- Contact numbers to answer future questions

Physiotherapy

You should start doing the below exercises prior to your surgery. It is important to begin exercising your muscles as soon as possible and perform the exercises regularly in the weeks leading up to your operation.

Ankle Pumps

1. This can be performed in a chair or bed.
2. Move your foot up and down as far as it will go.
3. This will help to improve your circulation.
4. Repeat x 10, 3 times a day



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Static Gluteals

1. Sitting or lying, squeeze your buttocks
2. Hold this for 5-10 seconds
3. Relax
4. Repeat x 10, 3 times a day



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Static Quadriceps

1. Sit or lie with your operated leg straight.
2. Tighten your thigh muscle and push your knee into the bed.
3. Hold this for 5-10 seconds
4. Relax
5. Repeat x 10, 3 times a day



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Hip Abduction in Lying

1. In lying with your operated leg out straight.
2. Move the operated leg out to the side as far as possible.
3. Return to starting position
4. Repeat x 10, 3 times a day



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Hip Flexion in lying

1. In lying with your operated leg straight to start.
2. Bend your knee by sliding your foot towards your bottom.
3. Repeat x 10, 3 times a day



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Hip Flexion in standing

1. In standing with your back straight, hold onto a sturdy surface
2. Lift your operated leg, bending your knee as you do.
3. Slowly lower leg down back to resting position.
4. Repeat x 10, 3 times a day



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Hip Abduction in standing

1. In standing, hold onto a sturdy surface, keep your operated leg straight.
2. Move your operated leg out to the side as far as possible.
3. Slowly return to the starting position.
4. Repeat x 10, 3 times a day



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Hip Extension in standing

1. In standing, holding onto a sturdy surface, keep your operated leg straight.
2. Keep your back straight during this exercise.
3. Move your operated leg behind you as far as possible.
4. Slowly return to starting position.
5. Repeat x 10 3 times a day



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Before coming into hospital

You need to ensure you have at least a few days worth of food at home for when you are discharged.

Please bring the following with you:

- Comfortable clothes to wear after surgery.
- Sensible shoes (trainers without laces are recommended). Please don't bring backless slippers or flip flops as these are unsafe.
- All of your normal medications, creams, inhalers and drops in their original packaging.
- Please ensure you have an adequate supply of medication as you will only be given blood thinners on discharge.

Anaesthetic

The majority of patients will have a spinal anaesthetic. Other options can be discussed with your anaesthetist.

Your Operation

You will be away from the ward for about three hours, but your operation does not take all this time; it is split between your anaesthetic, your operation and time spent in recovery.

After having a hip replacement

Your leg will be bruised and swollen after surgery. As you become more mobile the swelling will decrease, but it can take up to three months for it to settle completely. Bruising will normally settle within a few weeks.

Pain relief after your operation

You will be in pain after your operation but it should not be severe and we will try to ease it. You will be on regular and additional medications, please speak to the ward nurse and your doctors to understand what pain relief you are on. It is important that your pain is adequately managed to allow you to walk and do your exercises. Please ask for pain relief if you need it. If your pain is preventing you from doing this walking and doing your exercises., then please speak to your Doctor.

X-ray

Your hip will be x-rayed after surgery. This is just to check the position of the implants.

Returning to ward

When you return to the ward after your surgery, you should start following exercises as soon as you can.

The exercises will help to:

- Relieve pain
- Maintain muscle strength, joint movement and balance

- Prevent chest infections, constipation, pressure sores and blood clots

When you get up for the first time one of the therapists or ward staff will advise you how to do so safely.

Rehabilitation Journey

You will be seen by a Therapist after your operation to support with your recovery and to enable you to return home. The information below outlines what you should expect.

Day of surgery

- Take a few steps with a frame or crutches and aim to walk to the toilet. You will be supported to do this by a Nurse or Therapist
- Aim to sit in a chair
- Complete the exercises in this booklet and the ones you have been taught at Hip and Knee Club

Inpatient therapy

The Therapists will support you to:

- Learn to walk with an appropriate aid (this is usually elbow crutches)
- Review your exercises
- Practice getting in and out of bed
- Practice the stairs if required

Once you are able to do these tasks independently, then you will be discharged from the Inpatient Therapy Team. If you needed help with any of these tasks before your surgery, please discuss this with the Therapy Team.

You may be able to do these tasks independently on the day of your surgery. If not, you will be reviewed by the Inpatient Therapy Team the morning after your surgery. The Inpatient Therapy team will continue to work with you until you achieve your goals for discharge.

It is important to start moving your hip and walking as soon as you can after your operation as this will help your recovery.

Going home

You will be discharged home as soon as you have been discharged from the Inpatient Therapy Team and it is medically safe for you to go home. This is usually the day after your surgery.

On discharge you will be given:

- A reminder to book an appointment at your GP to have your sutures or clips removed. These are removed at around 14 days after surgery by the nurse at your GP surgery. District nurses will only come to do this at your house if you are bedbound, have a learning disability, hearing or sight difficulties. You could book this appointment with your GP practice once you know your surgery date.
- A follow up appointment with the Consultant's team

Returning home after surgery

Washing - for the first 2 weeks, you should wash at a sink. You can shower after removal of your stitches or clips. This is to decrease the likelihood of infection. If you feel you may need to sit down to do this, please ensure you have an appropriate seat in place prior to admission. You should not attempt to get into a bath until you feel comfortable to do so.

Mobility - You need to gradually build up the amount of walking you do. Aim to progress off the elbow crutches between four to six weeks after your surgery.

Stairs - Make sure you have at least one sturdy hand rail on your stairs

Sleeping - You may find it more comfortable to sleep on your back with a pillow between your legs. You may also find it more comfortable to get out of bed with your operated leg first and get back into bed with your un-operated leg first.

The Therapist will show you how to get in and out of bed.

Housework - You can continue with light domestic tasks such as cooking and laundry. Consider placing items on worktops and easy to reach shelves.

Shopping - You should ensure you that have a sufficient amount of food at home for when you are discharged. You will be initially unable to carry heavy shopping bags.

Compression stockings - Some patients require compression stockings after surgery, please discuss your need for these with your consultant. If you do require these, please arrange for a friend or relative to support you every day or two to help you remove these and put them back on.

DO NOT:

- Stand for long periods of time as you may find this tiring initially – try to spread household tasks throughout the day and allow plenty of time to rest.
- Do any heavy housework e.g. vacuuming initially.

Remember, usually, if you can manage before surgery then you should be able to manage after your surgery.

Additional help

Short term help with shopping is available via local voluntary services. Please refer to the numbers at the back of this booklet.

Your wound

All wounds progress through several stages of healing. Depending upon treatment you may experience sensations such as tingling, numbness and itching. You may also feel a light pulling around the stitches or clips, or a hard lump forming. These are perfectly normal and are part of the healing process. It is also perfectly normal for your operated leg to swell for up to 12 months after surgery.

To prevent infection developing it is important to take good care of your wound, as instructed by your doctor or nurse. If you visit the dentist in the next few months you must tell them you have recently had joint replacement surgery.

Managing pain

Once at home you should control any pain or discomfort by:

- Taking your pain medicine at least 30 minutes before doing the exercises given to you by your therapist.
- Applying ice packs to the hip regularly
- Gradually weaning yourself off any prescription medication for pain over a period of time depending on the severity of your pain.

If what you have been prescribed is not relieving your pain, or the pain is becoming worse, please see your GP.

Sex

It is advisable to avoid sexual intercourse for at least six weeks after surgery. When you feel ready take things slowly and think about the position of your hip.

Women may find it more comfortable lying on their operated side.

Men may find it more comfortable lying on their back.

Recovery at home

The tissue and muscles around your new hip will take time to heal. You will not routinely be referred for physiotherapy, hence it is important to continue doing your exercises daily and follow the advice below:

DO:

- Go for regular short walks
- Walk on level ground
- Sit on a firm high chair
- Return to your usual daily activities as able
- Continue using your crutches

DO NOT:

- Kneel down
- Go for long walks, aim to gradually build up your walking distance and tolerance
- Drive until your doctor and insurance company say you can
- Go on long journeys

Sitting

After your hip operation it is advisable to sit on a chair that has two arms as this will make standing and sitting easier and safer. The chair also needs to be at an adequate height to allow you to stand.

From sitting to standing

1. Shuffle your bottom to the front of the seat whilst keeping your operated leg out in front of you with the knee as straight as possible.
2. Place both hands on the arms of the chair and use your upper body strength to push up to a standing position.
3. On standing draw your operated leg in line with your body. Only reach for your zimmer frame or crutches when you are balanced.

From standing to sitting

1. Position yourself so you can feel the seat of the chair with the backs of your legs.
2. Reach back for the arms of the chair one hand at a time.
3. Slide the operated leg out in front of you keeping the knee as straight as possible
4. Slowly sit down onto the chair and then move your bottom to the back of the chair so you are sitting comfortably.

Using the toilet

The therapist may provide a toilet frame to assist with getting on/off the toilet safely. Transferring on and off the toilet will be the same technique as getting on/off a chair.

Driving

You will not be able to drive after your operation for approximately six to 12 weeks. You can be a passenger but we advise you to only make short and essential journeys for the first 12 weeks after your operation.

If you need to go in a car. Here are some tips to make it as comfortable as possible:

- Sit in the front passenger seat
- Have the seat as far back as it will go to give you ample leg room
- Recline the seat back slightly
- Have a cushion or two on the seat to make it higher, level and supportive.

Getting in

1. Stand with your back to the side of the car
2. Hold onto the seat with your right hand and the frame of the car with your left hand
3. Extend your operated leg out in front of you and lower yourself slowly onto the seat
4. Use your un-operated leg and hands to move backwards into the seat
5. Lean backwards slightly and begin to pivot on your bottom and slowly step your legs into the car keeping your operated leg as straight as you can
6. Once your legs are in the car you can move yourself into your normal seated position. You may find it more comfortable to have your seat slightly reclined.

Getting out

1. Support yourself with your hands either side of you on the seat and pivot on your bottom whilst lifting your legs out of the car door
2. Once your legs are out of the door, bring your bottom to the edge of the seat keeping your operated leg straight
3. Place your left hand on the frame and your right hand on the seat
4. Push/pull yourself into a standing position
5. Upon standing bring your operated leg in line with your body.

Other activities

You can continue with light domestic tasks such as cooking and laundry.

Follow-up

You will receive an appointment to see your consultant at six weeks

In the meantime if you experience any problems you should contact your GP. In an emergency please go to your local A&E department.

General Enquiries

If you have any questions or concerns before your surgery you can contact the hospital on one of the following numbers:

Hospital Switchboard

0121 554 3801

Ask to speak with the Pre-assessment booking team in Orthopaedics.

The Inpatient Trauma and Orthopaedic Therapy Team can be contacted on 0121 507 2916

Hospital address

Midland Metropolitan University Hospital,
Grove Lane,
Smethwick,
B66 2QT

External support following discharge from hospital

The Services below are voluntary services that may be able to support you on discharged. If you feel you will need support, for example with shopping then please contact them to discuss how they may be able to help you.

Birmingham Residents

Home from Hospital: 0121 472 4499

Sandwell Residents

Sapphire Service: 0121 507 3161 or 0121 796 9333

Further Information

Versus Arthritis

<https://www.versusarthritis.org/>

[Website accessed 29 January 2025]

NHS Website

<https://www.nhs.uk/conditions/osteoarthritis/>

[Website accessed 29 January 2025]

Sandwell and West Birmingham NHS Trust

www.swbh.nhs.uk

[Website accessed 29 January 2025]

Sources used for the information in this leaflet

National Institute for Health and Care Excellence (2022). Osteoarthritis in over 16s: diagnosis and management [NG226]. Available at: <https://www.nice.org.uk/guidance/ng226/> [Website accessed 29 January 2025]

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