NHS
Sandwell and West Birmingham
NHS Trust

Hip Surgery

Information and advice for patients

Trauma and Orthopaedics

Contents Page

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.

However, you shouldn't expect your new hip to be as good as it was in your youth.

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 improve in time, however some patients can experience long-term pain after a hip replacement.

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 injections or tablets and compression stockings for your legs that must be worn for six weeks.

Bleeding

Occasionally patients can experience bleeding that may require additional treatment, including a blood transfusion, iron tablets and very rarely, further surgery.

Infection

This can occur in less than 2 per cent of patients. An infection can 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.

Problems passing urine (urinary retention)
Half of patients have trouble passing urine in the first 24 hours after surgery either due to the anaesthetic or not being able to stand up. If this occurs you may need to have a tube inserted into your bladder (catheter) to drain the urine until you are mobile.

Constipation
A small amount of people become constipated for a short time after the operation. If you become constipated you may be offered laxatives, suppositories or an enema. Eating a high fibre diet can help bowel movements before surgery and help prevent any further bowel problems after surgery.

Altered leg length
It is common for the operated leg to be up to 1cm shorter or longer than the other leg after a hip replacement and this difference should not be noticeable to you. Every effort will be made to ensure both legs are equal length. A difference of more than 1cm is rare and would require a special raised shoe or possibly surgery to correct.

The implant needs replacing
Around 10 per cent of patients need to have their hip replaced again in the future. This can be because the implant has become loose due to wear and tear.

Less common risks

Joint dislocation:
The risk of this occurring is highest in the first three months while all the soft tissues are healing. The hip could also dislocate due to wear and tear. Hip dislocation after hip replacement is very rare.

If this occurs, the joint can usually be put back into place without surgery. Sometimes this is not possible and an operation is required.

Nerve damage:
The nerves around the hip, particularly the sciatic nerve, can be damaged during surgery. This occurs in a very small number of patients and may cause temporary or permanent altered sensation along the leg.

Scarring:
When your wound has healed you will have a scar.

Bone damage:
Bone damage is extremely rare. The thigh bone may be broken when the prosthesis (new joint) is inserted and this may need to be operated on during the surgery or with a further operation.

Rare risks

Kidney problems:
A very small percentage of patients develop a kidney problem after this operation. This means that the kidneys aren't able to remove water, salt and waste products properly. You will need treatment to correct this, and to maintain the correct levels of water and salt in your body.

Blood vessel damage:
This occurs in very few patients. The vessels around the hip can be damaged and require further surgery to repair the damage.

Death
It is very rare patients die from complications of joint replacement surgery, such as pulmonary embolus.

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 you operation you will receive the following information:

- Information about your operation and anaesthetic
- An opportunity to look at the implants
- Information on pain management
- 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

Returning home after surgery
- You should not attempt to get into a bath for three months. Most people are happy to have a wash at the sink during this time.
- Make sure you have at least one sturdy hand rail on your stairs.
- You will not be able to do heavy housework
- You need to gradually build up the amount of walking you do. Progress off the crutches between four to six weeks
- You will not be able to carry heavy shopping bags for up to three months
- You must not bend down to your feet due to the risk of dislocation for at least six weeks. After this be guided by your consultant at your six week review.

You should arrange for a relative or friend to come every day or every two days to help you remove your stockings and put them back on.

Additional Help

If you feel you may need additional help with personal care, your GP can arrange this via social services.

Short term help with shopping is available via local voluntary services. The ward team can arrange this on discharge.

If you feel you may struggle with any activities at home, please talk to us about this and we can explore solutions with you.

Physiotherapy

You can 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

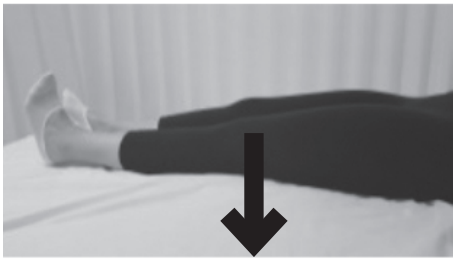
1. This can be performed in a chair or bed.
2. Move your foot up and down as far as it will go.
3. This will help to improve your circulation.
4. Repeat x 10, 3 times a day

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

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



Hip Abduction in Lying

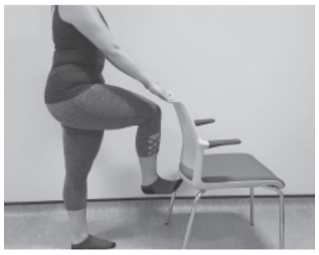
1. In lying with your operated leg out straight.
2. Move the operated leg out to the side as far as possible.
3. Return to starting position
4. Repeat x 10, 3 times a day

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.
4. Repeat x 10, 3 times a day

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



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

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

The National Joint Registry (NJR)

You will be asked to sign a consent form giving permission for your details to be placed on the National Joint Registry (NJR). The NJR collects information on hip and knee replacement operations in England and Wales to help find out which are the best performing implants and the most effective types of surgery.

Patient Reported Outcome Measures (PROMs)

You will be asked to complete a questionnaire (PROMs) before and after your operation. This is to look at your health and quality of life from your point of view. The information collected is used to improve the quality of care for all patients.

Enhanced recovery

The enhanced recovery programme encourages faster recovery from surgery and the key principles are:

- Pre-op carbohydrate drinks
- Spinal anaesthesia (with sedation)
- Analgesia is injected around the joint as the surgeon closes the operation
- Early mobilisation – either on the same day as surgery if your operation is before 11am or first thing the following morning.

The day of your operation

You will receive a letter informing you when to stop eating and drinking for your operation. The only exception to this is if you are given the special carbohydrate drinks. You need to drink two the night before between your evening meal and midnight and another one on the morning of your surgery. Instructions on timings will be given with the drinks.

Before coming into hospital

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.

When you arrive at the ward

- You will be taken to your bed space
- You will be seen by a doctor, who can answer any additional questions you may have.
- Your consent will be confirmed
- The limb being operated on will be marked with an arrow
- An approximate time for your surgery will be given
- Nursing staff will give you any medication you need before surgery and provide you with compression stockings
- You will get dressed in a theatre gown
- You will be seen by anaesthetists, who will discuss different types of anaesthesia for you.

There are three main types of anaesthetic used for joint surgery:

1. Spinal anaesthetic (a form of regional anaesthesia)
95 per cent of our hip replacements are performed under a spinal anaesthetic. This procedure is performed more frequently as the side effects are less and patients are able to eat and drink immediately post operatively.

2. Epidural anaesthetic (a form of anaesthesia)
This procedure is very similar to the spinal anaesthetic; the difference is that a very thin tube is left in the epidural space in your spine. It is secured in position by tape to give a longer duration of anaesthetic and may be used for post-operative pain management. You will have no control of your bladder while the epidural is in place so you will have a catheter (a tube into your bladder) that will drain your urine directly into a bag.

3. General anaesthetic
This is when you are put to sleep. We prefer not to use general anaesthesia because it is too dangerous for some of our patients and even our youngest healthiest patients feel unwell after a general anaesthetic.

What are the risks of the anaesthetic?

The anaesthetist will discuss the risks and potential complications of your anaesthetic, and you will be given a separate booklet called "You and Your Anaesthetic" which has been produced by the Royal College of Anaesthetists which describes the risks.

Your Operation

When it is time for your operation a member of the theatre staff will come to take you to theatre and you will be checked out of the ward by a nurse. You will need to remove your underwear and jewellery at this point but can keep your wedding ring on provided that it is taped over. If you wear dentures and/or glasses these can be removed when you arrive in the theatre reception but please make sure you have a receptacle with your name on to put them in so they can be returned to the ward with the nurse.

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.

ECG dots will be put on your chest to monitor your heart, a blood pressure cuff will be put around your arm and a pulse oximeter will be placed on your finger to monitor your oxygen levels and pulse. You will then have a cannula (needle with a plastic port) inserted into a vein on your hand to allow drugs or fluids to be given directly into your blood stream and your anaesthetic will then be administered. Once this has taken effect your operation will begin.

After having a hip replacement

After your operation you may have drains in your wound to take away excess blood from the operation site. If a drain is inserted it will be taken out the day after your operation by the nursing staff on the ward.

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. There is a variety of ways to manage your pain:

Regional Blocks

Anaesthetic is injected around the nerves that supply the operated area. These are usually performed in the anaesthetic room by an anaesthetist.

Patient Controlled Analgesia (PCA)

This is a hand held unit that allows you to give yourself pain relief as required. The drugs used are Opioids, such as morphine. You will not be able to overdose. Opioids can make you sleepy so you must wear oxygen while the machine is attached to you.

Skin patches

A number of pain-relieving drugs can be delivered through your skin via self-adhesive patches however this is not used routinely for all patients having a hip replacement.

Oral medication (tablets or liquids)

This is the most popular and frequently used method of taking medication.

The pain team (a group of pain specialist nurses) will come and review your level of pain and make suggestions about alternative methods if your pain is not adequately controlled.

X-ray

Your hip will be x-rayed after surgery. This is just to check the position of the implants and it does not usually affect your rehabilitation.

Physiotherapy

After returning to the ward after your surgery, you should start the 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 will advise you how to do so safely to avoid dislocation.

Rehabilitation Contract

The therapist will see you every day whilst you are in hospital and agree rehabilitation goals. The typical program is:

Day of surgery

- Take a few steps with a frame
- Sit in a chair if possible
- Continue with your exercises unsupervised

Day one after surgery

- Walk short distances with a frame
- Continue with your exercises

Day two or three after surgery

- Progress to two sticks or crutches
- Practice walking up and down the stairs
- Dressing practice and getting in and out of bed
- Discharge home

As you progress, the therapist will advise you how to safely get around on the ward.

You must not:

- Cross your legs
- Bend more than 90˚ (a right angle) at the hip
- Twist your legs

Going home

You can expect to be in hospital for about two to three days, although some patients require longer than this. Your discharge day is planned from the day you are admitted to hospital, so you and your relatives will know when this is.

Intermediate care

Some patients will need longer than others to achieve their rehabilitation goals. However, these goals do not have to be met in hospital and we do not recommend staying in hospital once you are medically well.

Patients needing longer than three days to be fit to go home may be offered an intermediate care bed or intermediate care at home. These facilities are dedicated to rehabilitation and they only accept clients after a detailed assessment. Intermediate care is not convalescence; you will be getting up and walking around. You will be expected to work hard to achieve your goals each day during your stay and will be discharged as soon as you are mobile enough to go home.

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 for 6 weeks' time with the Consultant's team
- A one week supply of medication
- A discharge summary
- Any other information relating to your procedure
- One pair of compression stockings
- Practice nurse letter
- Wound healing questionnaire

After discharge home

Once you are at home you will need to continue to wear your compression stockings for the next six weeks and should not go on any long car journeys or flights for the next three months. You should also not do any heavy housework, carry shopping bags or get into a bath until your doctor, nurse or therapist advises you it is safe to do so.

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 and it is recommended that they continue with this method indefinitely to avoid dislocation.

Men may find it more comfortable lying on their back which they should continue to do for approximately three months after surgery. After this you may resume your preferred position.

Physiotherapy

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
- Take small steps when turning around
- Take care getting out of bed
- Continue using your crutches or sticks as advised by your therapist until you see the doctor in clinic

DO NOT:

- Kneel down
- Go for long walks
- Drive until your doctor and insurance company say you can
- Go on long journeys
- Bend your operated leg up too far
- Cross your legs or take your operated leg across your body

Most patients use both crutches or sticks for between four to six weeks.

Sleeping

You should sleep on your back with a pillow between your legs to prevent you from crossing them whilst you are asleep. You may want to practice sleeping like this before your operation.

You may need to change the side of the bed that you sleep on as you need to get in to bed with your un-operated leg first and out of bed with your operated leg first.

Your therapist will show you how to get in and out of bed.

Bathing/showering

You should not get into a bath (even for a shower) for up to 12 weeks after your operation because you will risk dislocation. You must also not use a bath board or a bath lift.

Walk in showers are usually suitable but you must discuss this with your Therapist.

We recommend strip-washing at the sink for the first 12 weeks after your operation and we may provide a perching stool for you to sit on whilst you do this if necessary.

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 a safe height and the therapists may raise your chair if it is too low.

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 sticks 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 will provide a raised toilet seat 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 to12 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. We do not recommend using low seated cars or one you need to 'climb' into.

If you need to go in a car please ensure that you:

- 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, keep your trunk upright – do not lean forwards
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 but must remain slightly reclined for the duration of the journey.

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 provided that you follow the advice about not bending, crossing or twisting your legs.

- **DO NOT** bend over to reach items in low cupboards or on the floor - consider placing items on worktops or higher shelves to prevent the need to do this. Use a helping hand if you do drop anything
- **DO NOT** stand for long periods of time – try to spread household tasks throughout the day and allow plenty of time for rest
- **DO NOT** do any heavy housework – e.g. vacuuming until you are advised otherwise.

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 consultant's secretary. In an emergency please go to your local A&E department.

Symptoms to report

If you have any of the following symptoms you should seek medical advice as soon as possible.

Signs of infection

- Increase in swelling and redness at the incision site
- Change in the colour of the wound
- Discharge of clear or pus-like fluid from the wound
- Increased pain in the knee
- Temperature higher than 38C.

Signs of deep vein thrombosis (DVT)

- Swelling in the thigh, calf or ankle that does not go down with elevation of the leg
- Pain, tenderness and heat in the calf muscle
- Please note blood clots can form in either leg.

Signs of pulmonary embolus (PE)

If a blood clot becomes lodged in the lungs this is a pulmonary embolism (PE), which is serious. A PE is an EMERGENCY. If you have any symptoms of a PE call 999:

- Sudden chest pain
- Difficulty and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

General Enquiries

If you have any questions or concerns 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

Physiotherapy team can be contacted on 0121 507 2916

The orthopaedic surgical care practitioners can be contacted directly via switchboard and ask for extension 2800.

Hospital address

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ

Further Information

Versus Arthritis
https://www.versusarthritis.org/
(Accessed 8 September 2023)

NHS Website
https://www.nhs.uk/conditions/osteoarthritis/
(Accessed 8 September 2023)

Sandwell and West Birmingham Hospital NHS Trust
www.swbh.nhs.uk (Accessed 8 September 2023)

Sources used for the information in this leaflet

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