INFORMATION FOR PATIENTS

Total hip replacement:
The enhanced recovery programme

Aim
This leaflet aims to explain the enhanced recovery programme after total hip replacement surgery and to outline what will happen when you come to hospital for your operation. This programme is different to traditional care and can improve your recovery considerably.

Introduction
A hip replacement has been recommended for you because of the severity of your arthritis. It is important you understand what to expect and feel able to take an active role in your treatment and recovery.

Your orthopaedic team consists of:
- Consultants
- Pre-operative assessment nurses
- Registrars and junior doctors
- Physiotherapists
- Occupational therapists
- Ward nurses
- Anaesthetists
- Theatre staff
- Pain management nurses

During your short stay of three to four days, you will see a lot of the orthopaedic team members. They are here to assist with all your needs and provide you with the best advice.

What is the enhanced recovery programme?
The aim of the programme is to increase your independence, allowing you to return home sooner and continue your rehabilitation.

Research indicates that, after surgery, the earlier you get out of bed and start eating and drinking the better.

What is a hip replacement?
In this operation an orthopaedic surgeon replaces the worn or damaged joint with an artificial one.

Benefits of surgery
A hip replacement may provide benefits such as:
- Reduced pain:
  The majority of patients experience less pain. It is normal and expected to have some degree of soreness immediately after the operation.
- Decreased stiffness:
  The new joint will move freely. The aim is for you to have less joint stiffness than before the operation.
- Increased mobility:
  With a combination of reduced pain and stiffness, your overall mobility is likely to be improved. This helps you to return to a fitter and more active lifestyle.
Risks of surgery

Hip replacement is generally a very successful operation and patients usually have an excellent result. There is, however, a risk of complications and some of these are listed below. Fortunately these risks are rare and less than 5% of patients will experience any complications.

- **Deep vein thrombosis – DVT**
  (blood clot in the leg) and
- **pulmonary embolism - PE**
  (blood clot in the lung)

DVT can occur after any operation but is more common after operations on the lower limb. DVT occurs when blood in the large veins of the leg form blood clots within the veins. This may cause the leg to swell, become warm to touch and painful. If the blood clot in the vein breaks away, it can travel to the lungs and cause a pulmonary embolism (PE).

Several methods are used to reduce the risk of a DVT and PE:

1. We assess all patients for the risk of DVT and all patients are given a blood-thinning agent in the form of an injection or tablet, or a combination of the two.

2. We now mobilise patients as soon after surgery as their condition allows and sometimes this may be on the day of the surgery.

3. We use elastic stockings. You will need to wear these for six weeks after the operation.

4. You will be discharged with a prescription for blood thinning medication.

- **Infection**

  With any operation there is a risk of infection. Steps will be taken by the team caring for you to reduce the chances of this happening.

  Symptoms of infection after your operation could be a sharp increase in pain, sudden swelling or a sharp increase in your temperature or the temperature of the leg which has been operated on.

  You should always let the ward or surgeon know if you suspect an infection so this can be treated appropriately.

- **Loosening of the joint**

  Where the new implant is fixed to your bone some loosening may occur over time. If this happens you will experience a new pain in the joint.

  Total hip replacements do have a limited lifespan. Occasionally further surgery is needed at some stage. The lifespan of most joint replacements is about 10-15 years.

- **Dislocation of the joint**

  Occasionally following hip replacement, the ball can dislocate from the socket. You can help reduce this risk by not bending too much, not twisting the operated leg or reaching too far after surgery.
The risk of this happening is highest in the first 12 weeks following your surgery. However, the risk of dislocation never disappears completely.

- **Unequal leg length**
  It is common after total hip replacement to have a difference in your leg length. In the majority of cases this is not noticeable, but occasionally your leg will feel slightly longer or shorter. This can usually be treated with either a raise in, or on, the heel of your shoe.

- **Nerve injury**
  There are several nerves located around the hip which can be damaged during surgery. These nerves supply sensation and the muscles in the hip. Normally the nerves recover, but this may take weeks or months. On rare occasions the problem can be permanent and may cause you to have a limp.

- **Muscle weakness**
  In rare instances, weakness in the muscles around the hip can occur. This is because they are cut during surgery and sometimes do not heal correctly. On rare occasions the problem can be permanent and may cause you to have a limp. Healing can also depend on the condition of the muscle before the operation.

- **Fracture**
  There are rare occasions when a bone may break during this procedure.

- **Medication and anaesthetic complications**
  Occasionally you may develop sickness after the operation, which can be a reaction to the medication given. Some patients complain of mild symptoms, which could be related to the anaesthetic, operation or the pain relief medication. If you are concerned about this, please discuss it with any member of the team caring for you.

- **Persistent pain**
  Hip replacement is a very good treatment for arthritis. However, there are some patients who are left with some pain and discomfort around the wound.

- **Memory problems/confusion**
  Some patients complain of mild symptoms which could be related to the anaesthetic or operation.

**Pre-operative assessment**
You must attend the Pre-operative Assessment Unit before your operation to ensure you are fit for surgery. Information will be given to you about your operation and about the enhanced recovery programme. You will be given advice about any medications you may need to discontinue prior to surgery.

Your expected admission and predicted discharge date will also be discussed. However, you will only be discharged home when you are fit to go and can manage safely.

Checks will be made on your heart and lungs, and blood tests will be taken.
You will be asked about your previous medical history.

You will be invited to attend a pre-operative hip and knee group, which will take place in the Therapy Department. The physiotherapist there will discuss exercises, mobility expectations and on-going recovery after discharge. You will also be provided with elbow crutches to take home to practise with. The occupational therapist will discuss their role and provision of equipment.

Your nurse will discuss your home circumstances with you, so that together we can plan any help you may need after you are discharged.

You will be given a prescription for some extra medication to take to help you in the days following your operation.

You should begin to take the medication on the night before your admission for the operation and you should bring the remainder into hospital with you. Full instructions for taking the medication will be on the labels and a patient information leaflet about them will be provided by Pharmacy.

These medications will include:
- Gabapentin: 300mg by mouth the night before the operation (to reduce pain afterwards). You will need to continue to take this medication twice a day for five days following the operation.

You must bring your other prescribed medication with you.

You will receive a form to complete with details of your bed, toilet and chair heights from Occupational Therapy, which you will need to return to the hospital as soon as possible. This will enable the Occupational Therapy Department to ensure that any adaptations or equipment you will need on discharge are available to you.

We aim to contact you by phone before admission. If this is not possible, you will be assessed on the ward and any necessary equipment can be provided.

**Admission**
- You will be admitted to the ward on the day of your operation. Please be aware that there may be some waiting about on this day, so you may wish to bring a book or magazine to read.
- You can eat until six hours before your operation.
- Up to two hours before your operation, you can drink water or clear fluids such as diluted squash or cordial, or black tea or coffee.

**Anaesthetic care**
When you are admitted to the ward you will be seen by an anaesthetist who will discuss your anaesthetic and post-operative pain relief with you.

For this procedure you will normally be offered a spinal anaesthetic, with or without sedation. This involves a small injection at the base of the spine. This is a very safe and effective anaesthetic, which will temporarily numb you from the waist down and will help your early mobilisation.
You will be fitted with a compression stocking on your un-operated leg before you go for your operation. The second stocking will be fitted on your operated leg in recovery.

The operation
At the end of the operation your hip will have a large dressing over it and observations (pulse and blood pressure) will be recorded regularly.

From the operating theatre you will go into the recovery room.

The staff here will frequently:
- Check your general condition
- Take observations
- Check your wound
- Assess your need for further pain relief.

You will be given a drink in the recovery room or soon after you return to the ward.

You will have an x-ray on your way back to the ward.

The ward staff will continue monitoring:
- Your pulse and blood pressure
- Your bladder and bowel function
- The return of feeling in your leg or lower body following the spinal anaesthetic.
They will also change your position in bed.

Pain relief
Hip surgery is painful. Unfortunately we cannot make you completely pain-free, but we will do all we can to minimise your pain.

You will have regular pain relief prescribed. If you feel your pain relief is inadequate at any time, you must let the ward nurses know so they can help you to feel more comfortable.

Day of the surgery (Day 0)
You will be encouraged to sit up in bed after completion of the surgery. This will initially be with the help of the physiotherapist and qualified nursing staff. You will be encouraged to move your feet and you may try to do the exercises you have been taught. A triangular wedge will be placed between your legs.

Post-operative Day 1
You will be encouraged to be as independent as possible.

- You will get dressed into your normal clothes, with assistance if required.
- Please bring easy-fitting clothes and well-fitting slippers when you are admitted
- You will be given routine pain relief and any other drugs you normally take
- You will be helped to walk to the toilet
- Ice packs will be offered as often as needed to help reduce any swelling.

The physiotherapist will visit you at least once daily, possibly twice, including weekends.

Occupational therapy staff will carry out a full assessment on day 1 or day 2 post-operatively. Your equipment will already be at home, or will be supplied to you during your hospital stay.
Post-operative Day 2
You will be encouraged to:
- Attend to your own personal hygiene and continue to walk to the toilet
- Practice stair climbing if necessary.

Both the physiotherapist and occupational therapist will discuss the precautions you will need to take immediately following your surgery.

These include:
- DO NOT sit with your legs crossed or take your operated leg across your body
- DO NOT bend your hips more than 90 degrees. You will be advised not to sit in low seats, or bend to put on shoes and socks
- DO NOT twist on your operated leg.

Post-operative Day 3
Today you will attend to your own personal hygiene and continue mobilising. Further practice climbing stairs will be carried out if necessary. Once your team is happy that you are fit to go home you will be discharged.

Follow-up
Following discharge, if you are concerned about your wound please contact the ward where you had your operation. The contact number can be found at the back of this leaflet. If the GP or district nurse prescribes antibiotics for a possible wound infection, you will still need to let the ward know.

Your skin clips need to be removed about 14 days after the operation. Nursing staff will let you know the arrangements for this.

You will be given an outpatient appointment on discharge to come back and see the consultant, one of the team or an orthopaedic nurse specialist. This will be six to eight weeks after your operation.

Will I be able to cope at home?
You will be discharged when you are able to cope at home. You will need help with shopping and housework. If you don’t have someone to help with this, then please tell the nurses who are looking after you.

When can I sleep on my side?
You will be advised not to sleep on either side for at least six weeks. Sleeping on your back reduces the risk of dislocation of your new hip.

Advice for daily activities
If possible use a high, firm chair. Do not flop down heavily into the chair. Sit well back with your knees and hips level, feet flat on the floor. When dressing and undressing, do not bend forward to reach your feet or bring the foot of the operated leg up towards you.

You will be provided with a raised toilet seat to assist you in getting on and off the toilet. It is not advisable to use a bath, or shower over the bath, for six to eight weeks after your operation.

Work and leisure
Your consultant will advise you when you can return to work at your follow up appointment. Light exercise may be resumed at the advice of your consultant/physiotherapist.
When can I drive?
You will be able to sit in the car and go out as a passenger as soon as you feel ready. Short trips or longer journeys with frequent stops will be more comfortable in the first few weeks.

When getting in the car, push the seat fully back and place a cushion on the seat to make it level. Stand with your back facing into the car, sit down on the seat and gently slide yourself round (do not twist). It can help if you put a plastic bag on the seat.

You will normally be able to start driving again six to eight weeks post operatively. You need to be safe and be able to perform an emergency stop.

Please check your car insurance policy before you resume driving as exceptions may apply.

- What sort of food should I eat? 
You should continue to eat normally and a balanced and varied diet is recommended.

- Do I need to keep taking pain relief at home? 
Continue to take pain relief regularly as required, particularly when you are doing your exercises. Continue to use ice packs wrapped in a towel if you feel this is helpful.

- Exercises 
Do your exercises three to four times daily. Slowly increase your walking distance.

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Contact details
King’s Mill Hospital 
Ward 11 - 01623 672222 Ext. 3640/3641

Your notes
Further sources of information

Our website: www.sfh-tr.nhs.uk

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. Stating a web address does not imply we endorse a particular site. Neither does not stating a web address imply lack of endorsement.

Patient Advice and Liaison Service (PALS)

The PALS team is available to help with any of your comments, compliments or concerns and will ensure a prompt and efficient service. Contact details:

- King’s Mill Hospital 01623 672222
  (Out of hours answer phone)  
  Email: Pals.kmh@sfh-tr.nhs.uk

- Newark Hospital 01636 685692
  (Out of hours answer phone)  
  Email: Pals.nwk@sfh-tr.nhs.uk

If you need this information in a different language or format, please contact PALS, as above.

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