

Your follow up Physiotherapy appointment:

DATE:.....TIME :.....

PHYSIOTHERAPIST:.....

If you have been referred elsewhere please contact them directly if you require further information on your appointment.



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Total Hip Replacement

Physiotherapy Advice

IMPORTANT NOTICE

Please read this booklet prior to your surgery.
Please bring it into hospital with you.



Welcome to exceptional healthcare



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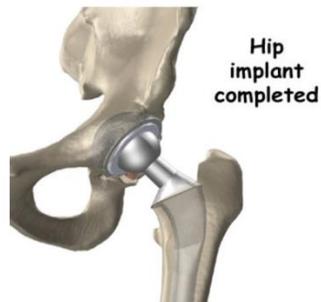
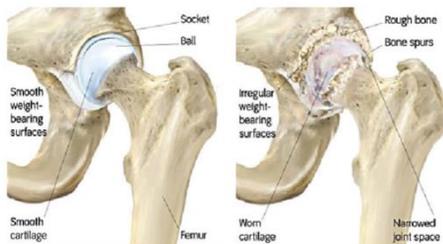
What is a Total Hip Replacement (THR)?

THR surgery replaces the arthritic ball and socket of the hip with new artificial parts. A metal ball mounted on a metal stem is inserted into the thigh bone and a surgery specific plastic cup replaces the socket. Sometimes a special bone cement is used to fix the new parts in place. Different types of replacement are available and you and your surgeon will decide which is most suitable for you.

THR is one of the most common operations performed in the UK. Each year approx. 95,000 people in England and Wales will have a THR.

The consultant may recommend and perform this surgery, however it is your choice to have the procedure and the outcome is reliant on the amount of work YOU do.

A THR is a big commitment and you must be motivated and prepared to spend the time making your surgery a success.



Benefits of surgery

Reduced pain – A majority of patients will experience pain relief from the surgery. However, it is normal for your hip to be painful for at least the first 6 weeks after your surgery. It may take several months to fully settle and a background ache may persist for longer.

Reduced stiffness – The new joint surfaces will eventually move more freely but again this can take several months.

Increased mobility – A combination of reduced pain and stiffness will mean that your overall mobility is likely to be improved. This should help you to return to a fitter and more active lifestyle.

Risk of surgery

Hip replacement surgery is generally a very successful procedure and approximately 85-90% of patients do gain an improved lifestyle. There is however a risk of complications and some of these are listed below:

Leg swelling – It is common for your legs to be swollen after an operation and this normally resolves without any problems. It can occasionally be due to a deep vein thrombosis (DVT) – a blood clot in the leg.

Deep Vein Thrombosis and PE (pulmonary embolism/blood clot in the lung) – These can occur after any operation but it is more likely in lower limb surgery. DVT occurs when blood in the large veins of the leg forms a clot, causing the leg to swell and become warm to touch and painful.

If blood clots in the leg break apart they can travel to the lungs where they can lodge. This is called a pulmonary embolism. In rare cases, perhaps 1 in every 1000, this can cause death.

The most important symptom of a PE is breathlessness which can occur suddenly, and is often associated with a sharp pain in your chest.

There are several ways that we can reduce the risk of DVT and PE:

- Mobilise as soon as possible
- You will wear elastic stockings (anti-embolism stockings) for 6 weeks after surgery
- We assess patient for their risk of DVT and most patients will be given blood thinning agents after surgery.

Joint infection – You will be screened for bacteria before you come in for your procedure to reduce the chance of infection. It is important you do not have any cuts or grazes on your legs when you come in for surgery. Wound infection can occur in hospital or after you go home. Deep infection is a very serious complication and occurs in 1 % of patients. It is more common to have a superficial infection on the surface of the wound.

Loosening of the joint –THR's do have a limited life span and the younger you are the more likely you are to need revision surgery at some stage.

Around 75% of THR's do not cause problems 15 years post-surgery.

Stiffness – Some patients can end up with less movement than they had prior to surgery.

Fracture – There are occasions when a bone may break during this procedure. Normally these are seen at the time of surgery, however they may be found on x-ray after your surgery is complete. Further surgery may be necessary to fix the fracture.

Persistent pain – THR's are very good for treating arthritis. However, there are some patients who are left with pain and discomfort around the wound.

Unequal leg length – This is common after a THR. In most cases it is not noticeable but occasionally your leg may feel slightly longer or shorter. This can usually be treated with a shoe raise in the heel of the shoe.

Dislocation – This can occur in up to 3% of patients. Normally it is put back into the joint with a short anaesthetic and without the need for further surgery.

Depending on your consultant and the type of hip joint used, you may have certain precautions to follow and these will be outlined by your physiotherapist on the ward or at your pre-operative assessment.

You should avoid sitting in low chairs, crossing your legs and should sleep on your back for 6 weeks.

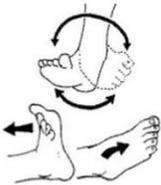
Exercises

These exercises should be performed both leading up to, and after your surgery. Exercising prior to surgery will help to improve strength and mobility of the hip, thereby giving you a better recovery. You will likely find exercises 7 & 8 most difficult, but these are the most important.

1. Deep breathing – Take a deep breath in through your nose, expanding the whole of your rib cage. Hold for a count of 3, then exhale through your mouth. Repeat 4-5 times, then cough. This will help maintain a clear chest and help remove any secretions.

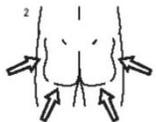
Repeat regularly throughout the day and evening.

2. Foot and ankle – Move your feet up and down as far as you can in each direction and rotate your ankle. This will assist your circulation and reduce the risk of DVT.



Repeat regularly throughout the day and evening.

3. Static Glutes – Squeeze your buttocks together as tightly as you can. Hold for 5 seconds or longer if able and relax. Remember to breathe throughout the hold.



Repeat regularly throughout the day and evening.

4. Static quadriceps – Press the backs of your knees onto the bed as firmly as possible to tense up the thigh muscle. Hold for 5 seconds or longer if able



and relax. Remember to breathe throughout the hold.

Repeat regularly throughout the day and evening.

5. Knee flexion in lying – Lying on your bed, bend your knee sliding your heel up the bed then back down again. Repeat 5-10 times.



Repeat regularly when laid down.

6. Standing hip flexion – Stand holding onto something solid. Raise and lower your operated leg up towards your chest. DO NOT GO PAST 90 Degrees. Hold for 3 seconds.



Repeat 5-10 times at least 3 times daily.

7. Standing hip abduction – Stand holding onto something solid. Lift your operated leg out to the side as far as you can. Hold for 3 seconds. Ensure toes do not point outwards, hip does not lift up and you do not lean the opposite way. If you are struggling to avoid this, try a smaller movement to allow for the correct technique.



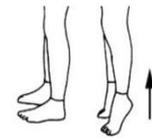
Repeat 5-10 times, 3-4 times every day.

8. Standing hip extension – Stand holding onto something solid. Lift your operated leg out behind you keeping the knee straight. Do not let your chest dip forwards. Hold for 3 seconds.



Repeat 5-10 times, 3-4 times every day.

9. Heel raises in standing – Stand holding onto something solid. Raise up onto your tip toes then lower slowly. Hold for 3 seconds.



Repeat 5-10 times, 3-4 times daily.

What to bring in with you

- **This booklet (so you can continue with your exercises)**
- All your usual medications/ tablets
- Glasses or hearing aids (with spare batteries)
- Your usual toiletries
- Loose fitting nightwear and day clothes. You will be encouraged to wear your own clothes during the day
- Well-fitting flat footwear with a back
- If possible DO NOT bring valuables with you.

Expected length of stay in hospital

This is usually a maximum of 2 days after the day of your operation.

Prior to admission

- Remove any loose rugs or carpet that may be a trip hazard
- Ensure you have enough room to walk around your home with elbow crutches
- Arrange for someone to help you with your anti-embolism stockings, shopping, cleaning, washing etc.
- Move essential things to lower cupboards/drawers for easier access (don't forget phone and computer chargers)
- Plan your environment to help reduce the risk of tripping and falling.

Day of surgery

You will be admitted onto the ward by a member of the nursing staff. Your surgeon will visit you and will ask you to sign a consent form and will mark you for your surgery. The anaesthetist will also visit you prior to going down to surgery. Depending on where you are on the theatre list you may have a long wait. Please be patient.

After the operation

The operation may take 1-2 hours followed by a period of time in the recovery room. You will have your blood pressure and other observations recorded regularly. You will be asked about your pain levels and offered extra pain relief if required.

On your return to the ward you may have a fluid drip. This will be removed once you are eating and drinking independently and your observations are stable. If you feel nauseous, anti-sickness medication can be given to you.

You will experience some pain after your surgery so please make sure you take your pain killers when they are being offered. If you require extra pain relief please inform the nursing staff.

You may be encouraged to stand in the afternoon/evening using a Zimmer frame. This will be with the help of the ward nurses or physiotherapists. This will improve your circulation and enhance your recovery.

You can begin your exercises as soon as you feel comfortable.

In the days following your surgery you will be encouraged to be as independent as possible. You will be expected to sit out of bed for most of the day if you are well enough.

You will be responsible for carrying out your exercises on and off the bed.

Day 1 – After your operation

- If you still have a drip this should be removed
- Continue with regular pain relief
- Your dressing may be reduced and your drain removed (if you have one)
- You will be assessed by a member of the physiotherapy team and will be able to walk a short distance with a Zimmer frame or elbow crutches (ZF or E/C)
- You will be expected to have started your exercises but the Physio staff will check these with you
- You may be reviewed again in the afternoon by the Physio team and asked to mobilise again
- If you are safe to do so the Physio team will tell you to mobilise independently and regularly with your walking aid. Please ask for assistance if you do not feel well enough to do so on your own.

Day 2

- You will be expected to mobilise yourself to the bathroom to wash and dress if you are well enough
- Physio staff will progress the distance you are able to mobilise
- If you are mobilising safely you will again be encouraged to mobilise independently with your walking aids.
- You should continue with all your exercises
- Therapy staff may review you again in the afternoon and take you to practice stairs
- If you have met all the goals you may change to be discharged by the Physio team and may be able to go home

Day of discharge from hospital

- You will be discharged home once you have been deemed safe by the Physio staff and your wound, x-ray and blood tests are all ok
- Your normal medication along with added pain killers will be given to you
- Please ask for a sick note if you need one
- You will also be supplied with 2 pairs of anti-embolism stockings, one pair to wear and one pair to wash
- You should arrange for a friend or relative to collect you from hospital.

Stairs

Your **non-operated leg** leads going up the stairs
(Non-operated > Operated > Crutch).

Your **operated leg** leads coming down the stairs
(Crutch > Operated > Non-operated).

If you have a handrail/bannister, one arm will be using this for assistance while the other is using the crutch. The principle above still applies.

Getting in and out of a car

Sit in the passenger seat with the seat as far back as possible and the back slightly reclined.

Getting in – Open the door, walk backwards until the edge of the door sill is against the back of your legs. Hold the edge of the door and the seat and slowly lower yourself in. Slide backwards towards the driver's seat, gently turning your body towards the windscreen. Bring each leg in separately. Your knee can be bent normally and this does encourage normal function, however keep yourself comfortable for the journey home.

Getting out – Do the reverse of the above. Use the door frame to help you stand.



Do's

- ✓ Continue with all your exercises as prescribed, increase the amount as comfortable
- ✓ Mobilise regularly using your elbow crutches
- ✓ Take your painkillers regularly
- ✓ Keep your wound clean and dry until it has healed and there are no scabs
- ✓ Wear your anti-embolism stockings for 6 weeks.

Dont's

- ✗ Rest or sleep with a pillow underneath your knee
- ✗ Pick things up from the floor
- ✗ Twist on your new hip
- ✗ Lay on your side
- ✗ Reach down to put your socks/shoes on
- ✗ Sit for too long. Moving regularly will stop your hip stiffening up
- ✗ Walk with a stiff leg
- ✗ Sit in low chairs, unsupportive

Please be aware that...

- Your hip will be painful for at least the first 6 weeks and can take several months to improve. Even then a background ache may persist for longer
- It will take at least 12 weeks for your hip to feel like a hip and it will go on improving for approximately 18 months.



FAQ's

Why have I got swelling?

It is normal for healing tissues to be swollen. Swelling may last several months. When you take a step the calf muscle works to help pump the blood back to your heart. If you are not using the leg normally the pump does not work as well.

What can I do about the swelling?

Keep doing your ankle pumps, thigh tightening and bottom squeezes every hour. If necessary lay on your bed for an hour each afternoon.

Why do I get pain lower down my leg?

Referred pain into the thigh, or lower leg is normal as the tissues start to heal and settle.

Why does my hip stiffen?

This is normal and is often due to your swelling. You need to take several steps before your hip loosens and you feel mobile again.

How often and for how long should I do my exercises?

You should do these as you have been instructed by your physio. Continue with them and increase your functional activities until you have reached a normal level for you. This could take up to 12 weeks.

Is it normal to have disturbed nights?

Yes. Your sleep pattern may be disturbed if you are not used to sleeping on your back. As your hip stiffens up the discomfort may wake you.

Is it normal to have numbness around my scar?

Yes. Several nerves are disrupted during surgery which can cause numbness around the incision. This should resolve but there may be a small area of permanent numbness.

Why does my joint click?

The new hip works in a different way to your own. If your joint clicks it should improve as healing continues.

When can I walk with 1 E/C or unaided?

You will routinely be discharged with 2 E/C. You should be guided by your out-patient physio when to reduce the use of walking aids so you do not develop a limp

How far should I walk?

This varies depending on your fitness. Set yourself realistic targets, building up the distance you walk gradually. Overall your exercise tolerance and distance will improve over several weeks.

When can I drive?

You should usually wait for 6 weeks, or until you are reviewed by your consultant. You need to be confident that you have sufficient movement and strength to do an emergency stop. You should also inform your insurance company that you have had this surgery before you drive again.

When can I go swimming?

You should not swim for the first 6 weeks and you should ensure your wound is fully healed. Start off gently and avoid breaststroke.

When can I have sex?

If you were finding sex difficult before because of pain, you may find that having the operation makes this easier. Your surgeon can advise when it's OK to have sex again. As long as you're careful, you should be able to have sex after six to eight weeks. Avoid vigorous sex and more extreme positions

