The Dudley Group NHS
NHS Foundation Trust

Total hip replacement

Orthopaedic Department

Patient Information Leaflet

Welcome to The Dudley Group NHS Foundation Trust Orthopaedic Department.

Introduction

This booklet is designed to provide information about total hip replacement. It is for people who have decided to have surgery after discussing the options, benefits and possible risks with their consultant.

There is information:

- About what to expect before and after surgery
- To help you prepare for surgery
- About recovery and rehabilitation – to help you to get back to your everyday life after surgery

We recommend that you read this booklet before your surgery and write down any questions you may have. If you have any questions, please feel free to ask a member of staff.

We want to restore your hip so that it works again and is pain-free. We also wish to make your hospital stay as beneficial, informative and comfortable as possible.

Total hip replacement – what is it?

It is surgery to replace the hip joint. The joint is composed of two parts – a 'ball' and a 'socket'. During the surgery these two parts of the hip joint are removed and replaced with artificial parts – a ball, socket and stem. The new socket is made of high density plastic and the new ball and the stem are made of strong metal.

When is a total hip replacement considered?

Total hip replacements are usually carried out for people with severe arthritic conditions. The operation is sometimes performed for other problems such as hip fractures or avascular necrosis (a condition in which the bone of the hip ball dies).

Most patients who have artificial hips are over the age of 55 but the operation is occasionally performed on younger people. Circumstances vary, but generally patients are considered for hip replacements if:

- Pain is bad enough to restrict not only work and hobbies but also the ordinary activities of daily living
- Pain is not relieved by medicines
- Pain at night disturbs your sleep
- Stiffness of the hip restricts your activities
- X-rays show advanced arthritis

Should I have a total hip replacement?

The total hip replacement is a planned operation; it is not a matter of life and death. There are always alternatives that do not involve an operation.

The decision to have the operation is up to you. It is you who must accept the risks and complications. The consultant may recommend the operation; however, your decision must be made by weighing up the benefits of the operation against the risks. All your questions should be answered before you decide to have the operation. Please feel free to ask any questions you may have in order to make your decision easier.

What are the benefits?

A total hip replacement aims to:

- provide pain relief
- improve your movement and quality of life

After the operation you should be able to carry out many of the normal activities of daily living. You may also be able to return to active sports or heavy work depending on the advice of your surgeon.

What are the risks of a total hip replacement?

As with all surgery this operation carries some risks and complications. Do not panic as although all this may sound extremely gloomy when you hear it all together; in fact, all these possible complications are rare and the majority of patients get through with no major problems at all. It is important that we tell you about these risks so that you can make an informed decision about your proposed surgery.

Common risks (two to five people out of 100 experience these)

Blood clots

A deep vein thrombosis (DVT) is a blood clot in a vein that usually causes symptoms of red, painful and swollen legs. The risks of a DVT are greater after any surgery and especially after bone surgery. Although not a problem themselves, a DVT can move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition which affects your breathing.

To limit the risk of a DVT, you will be prescribed medication to thin your blood when you have your operation. This is given through a small needle under the skin, usually into your ‘tummy area’.

If you are able to wear them, you will also be given some elasticated stockings that are specific to your calf and thigh measurements. Nursing staff will advise you on how to use and care for these. Starting to walk and getting moving is one of the best ways to stop blood clots from forming.

Bleeding

This is usually only a small amount and can be minimised in the operation. However, large amounts of bleeding may need to be treated with iron tablets or a blood transfusion. A blood transfusion, in rare cases, can cause transfusion reactions or infection. Rarely, the bleeding may form a blood clot or large bruise within the wound. This may become painful and require an operation to remove it.

Pain

It is normal to experience some discomfort after the operation. If you are in pain, it is important to tell staff so that you can be given appropriate painkillers. Pain will improve with time and is rarely a long term problem.

Wear or loosening of the hip replacement (prosthesis)

Most hip replacements last over 15 years. In some cases, this is a lot less. The reason for this is often unknown although implants can wear with over use. The reason for loosening is also unknown; however, sometimes it happens after an infection. This may require removal of the implant and correction surgery.

Altered leg length

The leg which has been operated on may appear shorter or longer than the other. This may sometimes require assessment and issue of a shoe insole.

Dislocation

Your new hip will almost certainly have a smaller ball and socket than your own hip. The surgeon will align the parts in such a way as to minimise the risk of dislocation. However, a small number of patients have problems with repeated dislocations. This usually requires admission to hospital as an emergency to put the hip back and can mean more surgery to correct it.

Patients with weak muscles or patients who for any reason manage to get their hip in a bad position are more likely to have problems.

Dislocation is more likely in the first three months. After that the scar that forms usually offers some added protection but after your hip surgery you will always need to be careful to avoid problems.

During your hospital stay a special ‘cushion’ known as a Charnley Wedge will be placed between your legs when you are in bed. This position minimises the risk of dislocation. When in bed at home you can use an ordinary pillow to do this.

Fracture

There is a risk of fracture (crack in the bone) occurring. This is usually treated by more surgery to put a wire loop around the bone. After this, you will need to walk with crutches for a few weeks. If you have a heavy fall on your implant it is possible to break the bone around it and these fractures can be difficult to manage.

Less common risks (one to two people out of 100 experience these)

Infection

You will be given three doses of antibiotics after your operation through the drip in your hand. This will help prevent infection. When you go home, if there is anything that makes you think there may be some infection, however minor, please contact the ward you stayed on so that we can check it early. Signs of a possible infection are as follows:

- Swelling
- Discharge or oozing from the wound
- A lot of heat around the wound
- Redness around the wound
- Edges of any part of the wound separated or gaped open

If there is evidence of infection, this is usually treated with antibiotics. An operation to wash out the joint may be necessary. In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection), in which case strong antibiotics will be required.

If you think you may have an infection, you should contact the hospital and be seen by one of our doctors. It is very important that a decision is taken by an experienced surgeon to determine whether you need a course of antibiotics.

MRSA and hospital-acquired infections

The Dudley Group tries very hard to avoid the spread of infections, including MRSA. We screen all patients who are having planned orthopaedic surgery before they come in for the operation. We emphasise the importance of hand washing and the use of hand cleansing gels to staff, patients and visitors.

Nerve damage

There is a nerve called the sciatic nerve that runs very close behind the hip. Rarely it is stretched which may damage it. The main consequence of this is foot drop (it becomes difficult to lift the front part of your foot and toes). If the nerve does not recover, you may have to wear a splint so that you do not trip over when you are walking.

The femoral nerve runs in front of the hip and any damage to this leads to weakness in extending the leg (straightening the knee).

Revision surgery

The most common reasons for needing to revise or redo a hip replacement are: infection, repeated dislocation, loosening, wear or a fracture.

Revision surgery carries a higher risk of complications as the operation takes longer. The original hip has to be removed carefully before the new one is put in. This means you would be under a general anaesthetic for longer. In addition, things are more scarred up inside and the muscles are a bit weaker than after the first surgery.

If you are young, your surgeon will have talked to you about this as the chances of you requiring a revision at some stage are higher. This needs to be considered when making a decision about when to have surgery.

What are the alternatives to a total hip replacement?

Osteoarthritis is a common complaint. There are many treatments for arthritis. These include:

- Staying active: taking regular exercise could lessen your pain. Try swimming or walking.
- Keeping your weight down: carrying extra weight puts a strain on your hip joint. This is likely to make your pain worse. If you are overweight, losing weight may help you.
- Seeing a physiotherapist: physiotherapists can teach you specific exercises to strengthen your hip and keep it mobile.
- Getting help with mobility: there are lots of different devices to help you move around more easily and confidently. This includes walking sticks and other walking aids.

It also helps if you have friends and family to support you. Anxiety and depression can make your pain worse. Keeping active and optimistic will reduce your risk of becoming disabled by your arthritis.

Treatment with drugs

Painkillers will help to control your pain. There are two kinds of painkillers that ease the pain of osteoarthritis: paracetamol and a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDS). Your doctor will suggest the most appropriate treatment for you. Some painkillers come as a cream or gel to rub into the skin around your affected hip joint.

How do I prepare for surgery?

Preparing for a total hip replacement begins as soon as you make the decision to have surgery.

Joint school

You will be invited to attend the joint school clinic. Here, you will have the opportunity to be seen by a senior orthopaedic nurse to have a health assessment. This will determine whether there are any reasons why you should not have surgery.

During this health assessment we will:

- Check your suitability for anaesthetic.
- Provide you with information about the surgery and recovery process.
- Give you the opportunity to meet patients who are waiting for similar surgery and/or those who have recovered from similar surgery.
- Carry out investigations to ensure that you are fit and well to have the surgery.

You will meet an orthopaedic nurse to discuss your past medical history and current medications. A range of investigations will be carried out such as:

- A blood test.
- An ECG – a heart trace test. This is nothing to be alarmed about, just a routine test.
- Your blood pressure, pulse and weight will be recorded.
- X-ray: if your last X-ray was over six months ago, a repeat X-ray will be required.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.

After this assessment, please contact the Orthopaedic Department on 01384 456111 ext. 4465, ext. 1849 or ext. 1728 if you develop any of the following:

- A cold, chesty cough or throat infection
- Skin problems, for example, cuts, rashes or infections, especially on the area that is to be operated on
- Dental abscess
- Ingrowing toenail, athlete's foot or any foot infection
- A urine infection

What do I need to bring into hospital?

Please have a shower or bath before you come to the hospital.

Please bring night clothes and a dressing gown, toiletries and a towel. You will also need loose, comfortable daywear such as shorts, a skirt or a dress. This is for when you start physiotherapy and also so that your wound can be checked easily.

Please wear flat shoes or slippers but not those with open backs.

Please bring your usual medications when you come into hospital. It is a good idea to ensure that you have enough of your regular medications for when you return home, especially if you have a regular repeat prescription. The hospital will provide any new medications for you when you go home.

What you will not need:

Please do not wear any make-up or nail varnish (including on your toe nails).

Please remove all jewellery (except wedding rings) before surgery. We advise you to leave your jewellery at home. Do not bring in any electrical items as these cannot be used in the hospital.

What happens when I come in for my operation?

You will be admitted to the ward and shown to your bed and locker, where personal belongings can be stored. It is important that valuables, for example jewellery and large cash sums, are not brought into hospital, as the Trust will not accept responsibility for loss or damage (you will have signed a Trust disclaimer form during your assessment).

When you have settled into your area, a member of the nursing team will check your admission paperwork.

In addition:

- You will be seen by a member of the nursing team, who will complete the admission details.
- You will see your consultant or senior doctor before surgery.
- The ward doctor will examine you.
- The anaesthetist will assess you.
- You will be seen by the theatre nurse.
- The physiotherapist may see you, to explain the exercises you will need to do after your operation.
- A member of the therapy team will advise you how to carry out daily activities safely. They will aim to make you as independent as possible. They may suggest you have equipment such as:
    - A raised toilet seat.
    - A helping hand – this is a piece of equipment that can help you pick things up from the floor or lower levels.
    - A long-handled shoe horn.
- If you live alone, you will need to give us the name of a key holder (someone who we can contact who has a key to your house) for when this equipment is going to be delivered.

Please note that visiting times are:

2pm to 4pm and 6.30pm to 8pm

Morning of your surgery:

- You will be given a clean theatre gown, underpants and cap to put on.
- A nurse may measure you for some elasticated stockings if your consultant surgeon advises this. These are knee high or thigh length. They are worn during your stay in hospital and for six weeks after your operation, to help prevent blood clots forming in your legs.
- A member of the theatre staff team will take you to the operating department.

Computer navigation

During the operation your surgeon may use a computer system, consisting of infrared cameras and instruments, to reflect light back to the camera to create an image of the hip joint. This allows the surgeon to finely adjust the position of the new hip during surgery.

When using this system, pins are temporarily inserted into the bone that are removed once the new hip is inserted. To do this, two very small cuts (half a centimetre long) are made on the skin over the thigh bone and over the pelvis bone, in addition to the standard scar over the side of the hip.

Immediately after surgery:

When you return from theatre you will be lying on your back with either a wedge between your legs or a foam splint separating your legs. This is to prevent you from crossing your legs whilst in bed.

A nurse will monitor you frequently. This is routine and nothing to be concerned about. A nurse will:

- Check your blood pressure, pulse rate, breathing and temperature. This is carried out by a machine and displayed on a screen.
- Check your oxygen mask (you will probably only need to wear this for a few hours).
- Check the drain sites (if you have them) and wound for any oozing. The drains are small tubes to remove fluid from the wound area. This helps to stop excessive swelling and bruising. A nurse will remove the drains after 24 hours.
- Monitor your pain – you may feel weak after the operation but we do not want you to be in severe pain. Nursing staff will assess your pain and give you with strong pain relief. Painkillers will be given either through an infusion pump (a drip) or by patient controlled analgesia (this means you can control your own pain relief).

You may have a blood transfusion of your own blood after your surgery. This is a process where blood from your wound site is collected via a drain and then transfused back into your blood system. In addition, you may require a further transfusion of blood.

If you need the toilet, a bedpan or urinal is used until you are up and out of bed. This is usually within a few hours of your surgery.

We aim to get you up and moving on the day of surgery, if you are well enough.

What happens after this?

Your intravenous infusion (drip) will be removed and you can eat normally. You may find you do not have much of an appetite at first.

You will be given assistance with personal hygiene (washing) whilst you are in bed and reminded to carry out your exercises.

A check X-ray is normally carried out to make sure that the hip is in a ‘good’ position. Please note, depending on your consultant, the check X-ray may be carried out while you are in the operating theatre.

Once you have been shown how to get out of bed, you should be able to wash yourself at the sink and get dressed into your own clothes. Therefore, please bring some loose, comfortable clothing into hospital with you.

As soon as you are safe and confident with a walking frame, your physiotherapist will help you progress to elbow crutches. This may be the same day.

Once you feel confident on your elbow crutches and if you have stairs at home, you will be taught how to go up and down the stairs them.

You will continue using elbow crutches until you are reviewed by the physiotherapist in the outpatient department. This is about four weeks after your operation.

When can I go home?

In order that you can start making plans for home, your team will discuss with you how long you are likely to be in hospital. They will do this either before your operation or when you come into hospital.

The therapy team will encourage you to continue getting on and off the bed, chair and toilet and give you other exercises. They will talk to you about how you can do normal activities of daily living, e.g. getting washed and dressed or making a drink or meal.

If you do need any equipment for use at home, the occupational therapy department will arrange for it to be delivered and will need access to your house. Please give us the name of someone (a key holder) who can help us to do this.

If you live alone, you will be able to go home alone when you are safe and can do all tasks such as washing, dressing and kitchen activities. You will be able to travel home from hospital in a car and where possible, we encourage you to arrange your own transport.

We want to make sure that you go home as soon as you are well enough and are not kept waiting to be discharged. To achieve this, we have developed a service, led by a senior nurse or senior therapist, to assess your suitability for discharge home.

You will only be able to go home when you have completed all assessments safely. If you still need help, the ward staff will discuss this with you and liaise with other agencies as appropriate.

When you are discharged you will be given:

- A follow up appointment to be seen in six to eight weeks.
- An appointment for outpatient physiotherapy.
- An appointment for your stitches or staples to be removed about 12 to 14 days after your operation.

We will check you have a good supply of your usual medication before you go home and prescribe any new medications.

What should I do at home?

To help you get back to your everyday life, you will need to carry on with the rehabilitation exercises that you have been practising on the ward. You will need to follow all instructions given to you and carry on with the exercises you are given in hospital.

If you develop any minor infection or need any dental treatment, it is very important that you visit your GP or dentist. You may need a course of antibiotics to treat the infection.

If you experience some swelling in the leg there is no need to be alarmed – slow down for a day or two and rest the leg in a raised position. However, if your calf swells a lot and becomes painful, contact your GP or ward B1.

Important advice: please take these precautions for a period of six weeks after your surgery to minimise any damage to your new hip joint:

- **Do not** bend your hip more than 90 degrees (a right angle)
- **Do not** sit on low seats or toilets
- **Do not** bend forwards to put shoes or tights on, to pick up objects from the floor or cut your toenails
- **Do not** cross your legs at the ankles or at the knee
- **Do not** twist when standing
- **Do not** drive a car for at least six weeks
- **Do not** stand for long periods of time
- **Do not** do any rigorous sports

- **Do** use your adaptive aids e.g. shoe horn and helping hand
- **Do** keep your knee moving to avoid stiffness

Remember that the success of your hip replacement operation depends partly on you – especially carrying out your exercises and taking care to minimise damage to your new hip joint.

When do I return to the clinic?

Your first follow up appointment will be approximately six weeks after you go home. At this appointment a doctor will examine you and assess your progress. We will give you any more appointments as necessary.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Gail Parsons, Nurse Consultant, Orthopaedic Department on 01384 456111 ext 4465 (8am to 4pm, Monday to Friday)

Or

Ward B1 on 01384 244692 (out of these hours)

Staff are pleased to offer advice and to answer any questions you may have about your operation.

This leaflet can be printed or downloaded from:

http://dudleygroup.nhs.uk/services-and-wards/trauma-and-orthopaedics/

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫ਼ਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ੈਂਟ ਇੰਨਫ਼ਰਮੇਸ਼ਨ ਕੋ-ਆੱਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ आपनी भाषा में चाहिये तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

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جب ضرورت اس لیف لٹ کو اپنی زبان (اردو) میں حاصل کرنے کے لئے براہ مہربانی ٹیلیفون نمبر **0800 0730510** پر ویٹنٹ انفرمیشن کو-اورڈینیٹر (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں افسر) کے ساتھ رابطہ قائم کریں۔

Originator: Mr M Ahmed, Consultant Orthopaedic Surgeon, Gail Parsons, Nurse Consultant Trauma and Orthopaedics, Jo Green, Physiotherapist, Alison Shaw, Assistant Therapy Practitioner, Jackie Tibbetts, Lead Nurse B1. Date originated: January 2015. Review date: January 2018. Version: 3. DGH ref: DGH/PIL/01057