Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Wrightington Total Hip Replacement Programme

Patient Information

Trauma and Orthopaedics Department

The Patient Information Leaflets page on the Trust website is available on the link: https://www.wwl.nhs.uk/patient-information-leaflets or scan the QR code.

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Our Values | People at the Heart | Listen and Involve | Kind and Respectful | One Team

Introduction

On behalf of the Orthopaedic Team, we would like to wish you a warm welcome to Wrightington Specialist Orthopaedic Hospital.

Here at Wrightington Hospital, we have a long history and tradition in joint replacement surgery, having pioneered the first hip replacements in the 1960's. We now perform over 1,600 hip replacements every year, using innovative advanced techniques to make your recovery quick and safe, helping you to get better sooner.

This information booklet aims to answer any questions you may have about undergoing total hip replacement surgery at our hospital. The booklet also aims to describe what you can expect from your hip replacement surgery, and how specialist techniques can help you recover sooner.

We understand that you may feel nervous about surgery, but our Orthopaedic Team will answer any questions you may have on your visits before your operation, and whilst you are an inpatient. Please do not hesitate to ask any member of the team if you have any queries or concerns.

We would estimate your hospital stay to be short, we aim to discharge you the day of surgery or the following day. You will meet a lot of orthopaedic staff. Everyone works together to make your surgical experience as pleasant as possible, whilst maintaining the highest quality of standards and care.

The Team

- Consultant Surgeon
- Orthopaedic Fellows, Registrars and Resident Doctors
- Anaesthetists
- Orthopaedic Practitioners
- Specialist Pain Management Nurses
- Ward Nurses
- Physiotherapists
- Occupational Therapists
- Therapy Assistants
- Theatre and Recovery Staff
- Pharmacists
- Radiographers
- Bone Bank Team

What is a Hip Replacement?

The hip is a ball and socket joint between the pelvis and the thigh bone. The upper end of the thigh is the ball part, and it fits into the socket in the pelvis. During the operation, the worn or damaged joint will be replaced with an artificial one. The different types of implants will be discussed with you at the time of consultation with your surgeon.

Alternative Treatments

A hip replacement is the best option for you due to the severity of your arthritis. This option will only be offered to you after other options have been tried and have not relieved your symptoms. This would include medication to relieve the pain, weight loss, if necessary, physiotherapy exercises to reduce stiffness and improve muscle strength, and also the use of walking aids.

Benefits of Surgery

A hip replacement is usually carried out when the joint is worn, and severe pain restricts mobility. The benefits of surgery include:

1. Reduced pain

   Most patients experience significant pain relief. It is normal to have some discomfort following surgery, but our techniques aim to make the surgery as comfortable as possible, in most cases allowing you to walk on the same day.

2. Improve stiffness

   The new joint will have highly engineered metal or ceramic and plastic surfaces, designed to allow the joint to move smoothly and freely.

3. Increased mobility

   With a combination of reduced pain and stiffness, your overall mobility is likely to be improved, enabling you return to a more active lifestyle.

Risk of Surgery

Hip replacement surgery is generally a very successful operation; 85 to 90% of patients are extremely satisfied with their result and gain an improvement in lifestyle. There are, however, risks and complications which can occur, some of which are listed below.

Blood Clots

- Deep vein thrombosis (DVT) (blood clot in the leg)
- Pulmonary embolism (PE) (blood clot in the lung)

Blood clots can occur after any operation but are more likely to occur following lower limb orthopaedic operations. When these clots occur, a blockage can develop in the veins of the

leg causing swelling, pain, and warmth. Swelling in the leg after surgery is very common and can take time to resolve. If there is any doubt, you should seek the advice of your doctor.

A blood clot in the lungs is termed a pulmonary embolus (PE). In rare circumstances (1 in 1000), this can cause death. Symptoms of a PE include shortness of breath, sharp chest pain and blood coughed up in your phlegm.

Preventative Measures

1. We now get patients moving as soon as possible following hip replacement surgery, usually on the same day. This has the advantage of increasing blood flow to the leg and maintaining the circulation.
2. Your individual consultant will instruct you regarding the use of elasticated stockings whilst an inpatient
3. We assess all patients' individual risk of blood clots, as recommended by the National Institute of Health and Care Excellence (NICE). Following risk assessment, most patients are advised to take blood thinning agents. You will be advised by your doctor or nurse on how to take this medication and for how long; it may be an oral or injectable medication.

Joint Infection

You will be screened for bacteria and methicillin resistant staphylococcus aureus (MRSA) before you come in for your operation to reduce the risk of infections. It is very important that there are no cuts, grazes or wounds on your legs when you come for surgery. It may be worthwhile considering avoiding activities such as gardening for a few weeks prior to your surgery.

We will also encourage you to lose weight, as being overweight significantly increases the chances of infection following surgery. We also encourage smoking cessation, as there is evidence that smoking increases your chances of infection, with the wounds taking longer to heal.

During the operation, you will be given intravenous (IV) antibiotics. Your surgery will take place in an advanced air-flow operating theatre, which helps reduce the bacterial levels.

Deep infection in an artificial joint is a very serious complication. It occurs in about 1% of patients. More commonly, patients can develop an infection on the skin surface, and occasionally, this can progress deeper. We take any infection seriously. If you have had a wound problem, you should **always let us know immediately via the Orthopaedic Practitioner helpline** using the number from the list at the back of this booklet. If necessary, we will inform your surgeon and arrange for you to be reviewed.

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL) currently takes part in Surgical Site Infection Surveillance. This is a structured process developed by Public Health England to monitor post-operative wound infections, with particular attention

given to orthopaedics and joint replacements. As a Trust, we monitor all hip and knee surgical procedures, both first time and repeat procedures, for a full 12 month period following the date of operation. As an important part of your plan of care, we need to monitor the progress of your wound. At day 14 after the operation, your wound should be healed. If you have sutures or clips, these will be removed by the Community Nursing Team or the General Practitioner (GP) Practice Nurse.

In the unlikely event that you develop a surgical site infection, your GP or nurse may be already treating the infection, but we would still like to be informed.

If a deep infection is not treated within the first few weeks, then repeat surgery may be needed. Early treatment can help reduce this risk.

Dislocation of the Joint

Occasionally, following hip replacement, the ball can dislocate from the socket. This can occur in up to 5% of patients. Normally, the hip is relocated with a short anaesthetic. Occasionally, patients need to have further operations to make the hip more stable.

Joint Loosening

Total hip replacements have a limited lifespan. They are mechanical devices which will eventually wear out. The younger and more active you are, the more likely you are to need a repeat operation in the future. Your surgeon will discuss these risks with you. Around 90% of hip replacements do not cause problems at 25 years following surgery.

Unequal Leg Length

It is not uncommon after hip replacement to have a difference in your leg length of a few millimetres. In most cases, it is less than 1cm and therefore not noticeable but occasionally, your leg will feel slightly longer or shorter. This can be treated with a “raise” either in or on the heel of your shoe.

Fracture

There are occasions when a bone may break during this procedure. The risk is very low; most fractures are very minor and require no specific treatment. If treatment is necessary, fractures can be treated with plates or wires during your hip replacement surgery.
Everyone gets a routine X-ray check after the operation. In rare circumstances, a return to theatre may be necessary to fix the fracture.

Nerve Injury

There are several nerves located around the hip, and these can be damaged during total hip replacement surgery. These nerves both supply skin sensation and power the muscles in the leg. Normally, the nerves recover themselves over a period of weeks or months. Occasionally, the problems can be permanent and may lead to pain, weakness, and loss of sensation.

Urinary incontinence

Depending on your anaesthetic type, or if you have individual risk factors, a bladder catheter may be inserted. A small number of people develop urinary incontinence. This is usually temporary and resolves within a few hours of your surgery. If you have had a catheter inserted, this is removed within 24 hours after your operation. Sometimes reinsertion of the bladder catheter is necessary if you cannot pass urine. If this continues to be a problem, we will refer you to see a specialist urology doctor.

Persistent Pain

Hip replacement surgery is an excellent operation for arthritis. However, there are some patients who are left with pain and discomfort around the wound. Further treatment for this can be discussed with your doctor if necessary.

Revision (Repeat) Surgery

. Sometimes, an operation may need to be done again for different reasons. This is usually many years after surgery but can happen soon after the initial operation. If this is necessary, your surgeon will discuss the issues with you.

Medical Problems

There is a small risk of developing a medical problem following surgery. These problems include heart attacks, strokes, and pneumonia. There is also a small risk of dying associated with this type of operation. These risks will be discussed with you at the time of your consultation with the surgeon and Anaesthetist. If there are any concerns, your doctors may transfer your care to another team for ongoing treatment.

Summary

Hip replacement surgery is usually a very successful operation, but as with any other surgery, there are risks of complications, which may affect a small number of patients.

Information Resource

The National Joint Registry (NJR) for England, Wales and Northern Ireland collects information on joint replacement surgery. The Registry helps to monitor the performance of implants and the effectiveness of different types of surgery, improving clinical standards and benefiting patients, clinicians, and the orthopaedic industry. Please see their website for further information **www.njrcentre.org.uk**

Outpatient Clinic

When you attend the outpatients clinic, your name will be added to the waiting list for your procedure. Your consultant will work closely with the Admissions Team and Preoperative Assessment Team to agree a suitable date for your surgery. Once this date has been agreed,

you will be notified in writing. You will be encouraged to **reduce weight if necessary** and **stop smoking**. These two measures have been proven to lower complications following surgery. If there is availability and you have time, your surgeon will send you for preoperative assessment on the same day as your outpatient clinic appointment. If you have complex medical problems, you may be required to see the Anaesthetist prior to surgery.

Bone Donation

When you attend outpatients and are listed for surgery, donated bone may be requested for use in your surgery. Your Consultant / surgeon will talk to you in more detail if they require donated bone for your surgery.
You may also be asked about bone donation (leaflets available), as we have a Live Bone Donation Programme; to be part of this, you will need to complete a Medical History Questionnaire and sign a consent form.

Preoperative Assessment

It is essential that you attend this appointment.
During this visit, you will undergo assessment to ensure you are fit for surgery. You will undergo simple checks on your heart and lungs and have blood tests taken. Skin swabs will be taken to test for MRSA. You may require an X-ray and will be asked questions about your medical history. **It is important that you bring any relevant documentation and list of medications to this visit**. If you are on blood thinning tablets e.g. aspirin, warfarin, clopidogrel or dipyridamole, please inform the nursing staff, as you may have to stop these before surgery. **This would only be under the direction of a doctor**.

If you have a long-term illness of the heart or lungs, or a metabolic condition (e.g. diabetes, thyroid), an Anaesthetist will examine you to ensure you are fit for surgery. It may be necessary for you to be seen by a specialist if you have a more serious health problem. If you are not considered fit for surgery, the operation will be cancelled. You will receive an outpatient appointment with your consultant, who will discuss alternative treatment options.

Please tell the doctor or preoperative assessment nurse if you are already taking the above medications for other reasons, or if you are taking another medication called pregabalin.

Therapy Preoperative Education

It is important that you attend a therapy preoperative education assessment if you are invited. If you have specific concerns around equipment or managing after your operation, please call us. Therapy preoperative education assessments are either a group session or telephone consultation when invited. You will be provided information on:

- how to prepare for having your hip replaced
- what to expect during your hospital stay
- how to carry out daily living tasks immediately after your hip replacement and
- what to do once you are at home

A member of the therapy team will also be available to assess social circumstances, discuss your home environment and any areas of need in daily living tasks. This way we can pre-empt any problems, to enable your discharge from hospital to run smoothly.

It is important to practice the exercises shown to you at the education class. This will strengthen your muscles and aid recovery.

How long will I be in Hospital?

You will only be discharged home when you are medically stable and can manage safely. There is a range of discharge dates; most patients will be discharged on the day of their operation (day 0), with most people going home the following day.

Admission

The day you are admitted will be the day you undergo surgery. Please follow the fasting guidelines, which you will have received from the preoperative assessment clinic or in the letter you receive from our admissions department.

Reminder: Please ensure you have a bath or shower before you arrive at the hospital. We need you to be as clean as possible to reduce the risk of infection.

It is also important that you do not apply creams or make up after your bath or shower. If you shave your legs, please do not shave for at least three weeks prior to the operation. Shaving is known to increase infection rates in joint replacement, unless conducted immediately before the operation. It is not known whether hair removal creams increase infection risk, so these are best avoided.

You will normally be admitted on the morning of your surgery to **Ward D or to the Orthopaedic Admissions Unit (OAU)** at Wrightington Hospital. Following your operation, you will be transferred to one of the orthopaedic wards.

Please do not bring too many possessions into hospital with you, as storage space is limited. Bring well-fitting comfortable flat shoes and slippers to walk in. There may be some swelling in your foot after your surgery, therefore consider this when selecting suitable footwear; shoes without backs are not recommended. If your hip replacement is undertaken in the morning, we would anticipate that you would be up and walking and dressed in normal clothes the same day.

On admission, the final checks prior to surgery will be undertaken. If your temperature is low, you may be warmed using blankets, as this has been shown to minimise the risk of infection. Occasionally, delays in theatre or unexpected changes to the operating list may mean you have to wait longer than anticipated. If this happens, you may be offered a drink after discussion with your anaesthetic team. You may wish to bring reading material with you.

The Anaesthetic

When you are admitted onto the ward, you will be seen by the Anaesthetist who will discuss your anaesthetic choices and post-operative pain relief.

Most patients will be recommended to have a spinal anaesthetic in combination with a light general anaesthetic or sedation. It is recommended that a music device such as an iPod with headphones is brought, as listening to music during surgical procedures has been found to be extremely relaxing for patients.

The spinal anaesthetic involves a small injection of local anaesthetic between the bones of the lower part of the back around the nerves of the spinal cord. This causes a temporary numbness and heaviness from the waist down and allows surgery to proceed without the patient feeling pain.

This anaesthetic combination is preferred because it is safe, effective, and the full effects usually wear off very quickly following the surgery. This allows most patients to make a rapid recovery with very few “hangover” side effects such as sickness, which can occur following a general anaesthetic. It also enables you to start moving your hip soon after surgery.

Because of the spinal anaesthetic, your bladder will be temporarily numbed. This can sometimes make it more difficult to pass urine immediately after surgery. A tube (catheter) can be inserted into the bladder to relieve this problem, but this is only performed if absolutely necessary, or if you have risk factors for urinary problems.

From the start of the anaesthetic until the end of your operation, your Anaesthetist will stay with you for the whole time watching your condition very closely. Your heart rate, blood pressure and breathing are monitored, and your body temperature is kept normal using a specialist warming blanket.

The Operation

You may have some awareness once in the operating theatre, depending on how much sedation you have decided to have. Some patients decide to remain completely awake. During your operation, the surgeon may inject high volumes of local anaesthetic into the tissues around the hip joint. This complements the spinal anaesthetic, and helps with your pain relief after the operation, allowing you to move the hip immediately. This technique normally provides excellent pain relief; however, you will be asked about your comfort levels regularly and will be offered extra pain relief if necessary.

Recovery

From the operating theatre, you will be transferred into the recovery ward. The staff here will:

1. Check your general condition
2. Take your observations: pulse, blood pressure and oxygen levels
3. Check your wound dressing
4. Monitor your spinal anaesthetic
5. Assess your pain control

Your surgeon may request an X-ray of your new hip.
After a short time, you will return to your ward. The ward staff will continue to monitor you and make sure you are comfortable.

Pain Relief

You will have regular pain relief prescribed. If you feel your pain relief is inadequate at any time, then you must let the ward nurses know. We also have a dedicated team of pain nurse specialists who may come to see you after your operation.

Exercises

It is essential that you commence the following exercises as soon as you can after your operation, and whenever you are resting, so as to help prevent blood clots.

Ankle Exercises

These should be done every hour for approximately 5 minutes or longer if possible. This helps maintain the circulation in your calf muscles. If you experience any pain or tenderness in the calf, please contact the nursing staff immediately. You may not initially be able to do the exercises until the spinal anaesthetic has worn off. This is normal and the movement will return in time.

Deep Breathing Exercises

This helps to keep your chest as clear as possible. Take 3 or 4 deep breaths. Try to breathe as deeply as possible, and after the last breath, try to “huff” out the air. This may stimulate a cough. Some people may experience a productive cough after anaesthetic.

Movement Restrictions

You can move in any way you find comfortable after your operation; however, do not force movement if painful, and avoid taking your hip into extreme positions for the first 6-12 weeks. For example, we would advise that you exercise care and caution when taking your hip into a deep bend. We advise you not to cross your legs until the 6-week mark.

In some circumstances, you may be asked by your surgeon to limit some movement, due to individual factors relating to your surgery. This does not mean that anything has gone

wrong; it may be your surgeon's preference if he feels the new joint needs extra protection over the first few weeks. This will be clearly explained to you.

Exercise Programme

It is essential that you follow this programme regularly after your surgery.

We also advise that you start doing this programme BEFORE your operation, to help improve the movement and strength in your muscles.

The Physiotherapy Team on the ward after your operation will monitor your exercises, and we encourage you to perform the programme independently at least **three times per day.**

It is very important that you continue to do these exercises when you leave hospital to get the very best result possible for you.

1. Buttock squeezes
   Squeeze your buttocks firmly together, hold for 3 seconds then relax. Repeat 10 times, at least 3 times a day.

2. Tightening the thigh muscles
   Sit or lie with your legs straight out in front of you. Point your toes towards you and tighten the muscle on the front of your thigh by pushing your knee down. Hold the muscle tense for 5 seconds and then relax. Repeat 10 times at least 3 times a day.

Mobility

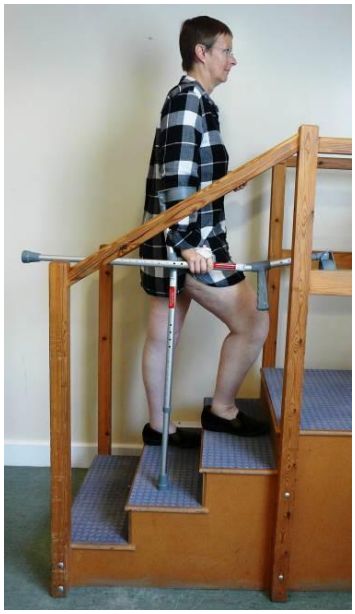
As a rule, you will be allowed to walk either the same day or the day after your operation. Do not worry if this is not the case for you. You will be told as soon as possible when you will be able to get up.

You will be instructed on the use of crutches / walking aid, and the correct way to walk. Once assessed by the Therapy Team, you may walk with another member of staff. The aim is to help you regain independence with the crutches / walking aid as quickly as possible.

However, it is important to understand that everyone is different, and that the appropriate amount of help will be given to you according to your needs.

Stairs

Once you are walking well, you will be taught how to manage stairs or a step (according to your needs).



- Take one step at a time
- **Going upstairs**: use the banister on one side and the crutch / stick on the other side. Leading with your non-operated leg, first place your foot on the step; then with your operated leg, place your foot on the same step, and lastly your crutch / stick

- **Going downstairs**: use the banister on one side and the crutch / stick on the other side. Place your crutch / stick first on to the step, then your operated leg onto the step and then the non-operated leg onto the same step

- **Steps without rails or kerbs**: as above but use both crutches / sticks together

Day of Surgery (Day 0) – on the Ward

You may be encouraged to get up for a few hours after your return to the ward. This will initially be with the help of the Therapy Team and nursing staff, who will show you how to walk.

The walking sequence should be:

- Move your walking aid
- Step forwards with your operated leg
- Step forwards with your un-operated leg

You will then be encouraged to sit in a chair and wear day clothing. You will also be encouraged to return to normal functioning, including completing your exercises independently throughout the day.

Post-operative Day 1

You will be encouraged to be as independent as possible.

You will usually get dressed into your normal clothes. Please bring easy-fitting clothes and well-fitting slippers when you are admitted.

You will attend to your own personal hygiene and continue with regular moving and leg exercises.

You may take routine pain relief and your usual medication.

You will be visited on the ward by the Therapy Team, including weekends.

- They will complete assessments to ensure you are independent with daily living tasks, such as getting in/out of bed, getting dressed, sitting/standing safely from your chair, and using the toilet with or without equipment
- You will continue to practice walking with crutches / walking aid until independent
- You will practice stair climbing if necessary

You will go for a check X-ray if this has not been done already

Remember: It is important you also exercise independently.

Discharge Criteria

However long your hospital stay, you will need to meet several goals before you are discharged home:

- Aquacel wound dressing must be intact; this should remain on until Day 14 after surgery. You may shower with this dressing in place
- Walking independently with crutches / walking aid
- Getting in / out of bed and on / off the chair / toilet by yourself
- Being able to get up / downstairs if required at home
- Having an X-ray of your new joint
- Having all the equipment / help necessary at home
- You will be contacted by telephone at around Day 3 following your discharge from hospital by the Therapy team to check your progress

Getting In and Out of a Car

- Ask your driver to push the seat all the way back and recline it slightly
- If needed, use a small cushion to make the seat level
- Put a plastic bag on the seat, as this can help you slide and turn into position
- Back up to the car until you feel it against the back of your legs
- Carefully lower yourself onto the seat, keeping your operated leg straight out in front of you as you sit down
- Slide across the seat towards the handbrake, to give you sufficient room to get your legs into the car
- Turn towards the dashboard, reclining backwards as you lift your operated leg into the car
- To get out of the car, reverse this procedure

Follow-up

Although you have been discharged from hospital having made satisfactory progress following your operation, we are still here to support your recovery should you need us. If you have any concerns regarding your recovery, or if you think you may be developing a problem, please contact the helpline. It is particularly important that you contact us if you are concerned about your wound.

Monday to Friday: 8am until 4pm

Orthopaedic Practitioner team: 01257 256372
Therapy Helpline number: .....01257 488282 (answerphone)

Out of these hours, please contact the ward where you had your operation

Orthopaedic Admissions Unit (OAU): 01257 256219

Ward D: 01257 256269

Ward A: 01257 256276

Ward B: 01257 256277

John Charnley Unit ..... 01257 256265 / 256267

Reminder: please seek advice if you notice any excessive bleeding, or any difficulty with breathing. If you become urgently unwell, please call 999.

You will also have a clinic appointment approximately 6-8 weeks after your surgery. You will often be seen by the Orthopaedic Practitioner at this point. This is to ensure you are progressing well and to answer any questions you may have. If for any reason you do not receive an appointment through the post, or if you have a problem with your Outpatient appointment, please contact us on the telephone numbers above.

You will not routinely have a physiotherapy follow-up appointment unless your surgeon feels that you require some specific therapy. It is important to continue your exercises at home.

Once at Home

Please remember you have undergone major surgery, and your recovery can take up to 12 months. It is important that you follow these guidelines when you return home:

- Continue to take painkillers as prescribed
- Use both crutches when moving. The length of time these are needed may vary and could be up to 12 weeks. Your healthcare practitioner or surgeon will inform you of how long to remain on both crutches. When it is time to gradually wean yourself off your aids, do so as your leg becomes stronger, and your confidence increases. If you are

using two crutches / sticks and you wish to try with one, always use it on the opposite side to your operated leg

- Gradually try to increase your walking distance. Walk frequently throughout the day
- Your operated leg will feel stiff each morning when you wake up. Do not worry about this; the stiffness should wear off in time
- Avoid crossing your legs, as this might hinder your circulation
- Wear sensible footwear.
- A healthy diet and not smoking will help promote wound healing and overall recovery.

Frequently Asked Questions

Why have I still got swelling?

It is normal for healing tissues to be swollen. The swelling may last for many months. When you take a step, the calf muscle works to help pump blood back to the heart. If you are not putting full weight on your leg, the pump does not work as well, and you may get swelling around the ankle especially at the end of the day. You may also find that bruising starts to come out in the first few weeks after surgery. This is normal.

Do your circulation exercises as advised. When resting keep the leg elevated, ideally above the level of your heart, while maintaining your hip precautions.

Why is my scar warm?

When tissues are healing, they produce heat. This can be felt on the surface for many months.

How long will I have pain for?

It is likely that you may continue to experience some discomfort for several weeks. If the pain is not well controlled, please inform your GP or call the helpline.

Why do I get pain lower down my leg?

While the tissues are settling, it is quite common to get referred pain in the shin or behind the knee.

Is it normal to have disturbed nights?

As with sitting, when you are in bed, your hip may stiffen up and the discomfort may awaken you. Your sleep pattern may also be disturbed if you are not used to sleeping on your back. It is not advisable to sleep or lie on either side for the first 6 weeks following your surgery.

Is it normal to have numbness around my scar?

Small nerves are disrupted during the surgery, which can cause numbness around the incision. This should resolve but may leave a small area of permanent numbness.

Why does my joint click?

Your new hip works in a different way. The clicking should improve as recovery continues. Some patients may always be aware of some minor clicking, as the cartilage has been replaced with metal and plastic bearings.

When can I drive?

You should usually wait 6 weeks before driving. Before you consider driving, you must feel confident that you have sufficient movement and strength to perform an emergency stop. You should also inform your insurance company that you have had an operation before you drive again.

MyRecovery

We use an app called MyRecovery for pre-and-post operative information. If you are provided with log in details, please use the app for all relevant information and useful resources compiled to help you before and after your operation.

Can I go swimming?

You should not swim for the first 12 weeks, and your wound should be fully healed.

When can I return to the gym?

This will depend on your previous level of experience and fitness. Low impact activities such as cycling, treadmill walking, and swimming are recommended when the soft tissues have healed, and the muscles are strong enough to protect the new joint. **This is usually not for the first 12 weeks**. High impact activities such as sports and running should be avoided until after your Consultant clinic review.

Will I set off the security scanner alarm at the airport?

Your joint may set off the alarm, depending on the type of metal it is made of. Your metal walking aids will also be X-rayed. It is not normally advisable to fly within 3 months of your surgery, as flying increases the risk of a DVT. If you are considered to be high risk for DVT, you should get advice from your consultant or GP. They may recommend you delay your trip. You should also check that your insurance policy provides adequate cover.

Additional telephone numbers

Wrightington Main Switchboard:..... 01942 244000

Admissions:..... 01257 256211

Preoperative Assessment Clinic: 01257 256340

Physiotherapy: 01257 256307

Occupational Therapy:..... 01257 256306

Outpatients:..... 01257 256295

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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Call 111 first when it's less urgent than 999.

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