Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Day Case Total Hip Replacement

Patient Information

Orthopaedic Team

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 1960s. We now perform over 1000 hip replacements every year, using innovative advanced techniques to make your recovery quick and safe and 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.

This booklet is also your guide. It will give you the information you need to achieve the best outcome from your joint replacement surgery including:

- How to prepare for your upcoming surgery
- What to expect before, during and after surgery
- What to expect during your hospital stay
- What to expect and what to do to continue your successful recovery at home

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

The Team

You will encounter 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.

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

INTRODUCTION TO TOTAL HIP REPLACEMENT AND DAY CASE SURGERY

Why day case surgery?

The time patients spend in hospital after hip replacement has reduced a lot over the years. Now, with modern techniques and support it is possible to have the operation and go home the same day. The advantages are being in your own environment, reducing the risks of medical complications and being in control of your own recovery.

Who is suitable for day case surgery?

Not every patient having a hip replacement is suitable for day case surgery. Patients must be quite fit apart from their hip problem, live quite close to the hospital, have someone living at home with them that can help after surgery, have their own transport to and from hospital, but above all must be motivated to succeed.

What is done differently when I have day case surgery?

- Before you come into hospital you will be assessed for any special aids / equipment for your home
- Your operation will be the first of the day on the operating list
- The drugs used for the spinal anaesthetic wear off more quickly so that you get control of the muscle function more quickly; this allows you to walk sooner after the operation
- We also give other medications during the operation to reduce blood loss, control pain after the surgery and reduce any nausea / vomiting
- When you are back on the ward you will receive regular pain relief and have access to stronger medication that you can use if you feel it is necessary
- The therapy team will spend longer with you on the ward after surgery to ensure you progress through the stages of regaining your independence

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 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 implant 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. These would include joint injections, medication to relieve the pain, weight loss if necessary, physiotherapy and exercise to reduce stiffness and improve muscle strength and 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**

The majority of 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, so that you can 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. The aim would be for you to have less stiffness than before the surgery.

3. **Increased mobility**

With a combination of reduced pain and improvement in stiffness your overall mobility is likely to be improved. This will help you return to a more active lifestyle.

RISKS 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 PE in rare circumstances (1 in 1000) 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 mobilise patients as soon as possible following hip replacement surgery. This has the advantage of increasing blood flow to the leg and maintaining the circulation.

2. You will need to wear elasticated stockings for 6 weeks following surgery. These are somewhat similar to flight compression stockings.

3. We assess all patients' individual risks of blood clots as recommended by the National Institute for Health and Care Excellence (NICE). Following risk assessment, most patients are advised to take blood thinning agents (anticoagulants). 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 anticoagulant.

Joint Infection

You will be screened for bacteria and Methicillin-resistant Staphylococcus aureus (MRSA) before you come in for your operation to reduce the chance of infections. This enables any treatment to happen and reduce the risks of infection to you and to others. 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 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 wound taking longer to heal.

During the operation you will be administered intravenous antibiotics. Your surgery will also take place in advanced air-flow operating theatres which help 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 a superficial infection on the surface but occasionally this can progress deeper. We take any infection seriously. If you think you have a wound problem you should **always let us know immediately via the helpline** or by contacting the Surgical Site Infection Surveillance (SSIS) Nurse, 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 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 an important part of your plan of care, we need to monitor the progress of your wound. At day 14 post-operatively, 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. The arrangements for this will be discussed as part of your discharge arrangements.

At around day 20, we will ask you to complete a questionnaire about your wound progress if you are enrolled on the My Recovery App. We would kindly stress the importance of you completing this form to us as it is an important tool in maintaining our high standards.

By following the clear instructions you receive with this document, it will provide you with useful information and help us to maintain our high standards of wound care by identifying any problems.

In the unlikely event that you develop a surgical site infection, your GP or Nurse may be treating the infection, but we would still like to be informed. Any of the contact numbers provided at the back of this booklet are appropriate. However, if you wish to report an infection and this occurs outside of office hours, please inform the ward you were treated on.

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

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 general anaesthetic. Occasionally patients need to undergo 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 revision operation in the future at some stage. Your surgeon will discuss these risks with you. Around 95% of hip replacements do not cause problems at 10 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 the majority of cases, it is less than 1cm and therefore not noticeable but occasionally your leg will feel slightly longer or shorter. Occasionally this is treated with either a raise in, or on, the heel of your shoe.

Fracture

There are occasions when a bone may break during the hip replacement procedure. The risks are very low, and the majority of 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 check x-ray 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 supply skin sensation and power the muscles in the leg. Normally the nerves recover themselves over a period of weeks and 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 itself within a few hours of your surgery. Sometimes insertion of a 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 (re-do) surgery

Occasionally, for various reasons, operations need to be re-done. 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 medical problems following surgery. These 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 consultation with your surgeon and Anaesthetist. If there are any concerns your doctors may transfer your care to another speciality 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.

Out-patient clinic

When you attend the Outpatients Clinic you will be entered onto the waiting list for your procedure. Your consultant will work closely with the Admissions Team and Preoperative Assessment Team to agree on 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 to preoperative assessment on the same day. If you have complex medical problems, you may be required to see the Anaesthetist prior to surgery.

Bone donation

When you attend the Outpatients Department and are listed for surgery, “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 use in 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.

BEFORE YOU COME INTO HOSPITAL

Pre-operative 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, lungs and have blood tests taken. Skin swabs will be taken to test for MRSA carriage. 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, apixaban or dipyridamole please inform the Nursing Staff as you may have to stop these prior to surgery. **This would only be under the direction of a doctor**.

Please tell the Doctor or Pre-assessment Nurse if you are already taking these medications or if you are taking another medication called pregabalin.

If you have a long-term illness, heart, lung or 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 out-patient appointment with your consultant who will discuss alternative treatment options.

Education classes/ joint school

It is important that you attend this appointment as this session provides 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.

An Occupational Therapist will be available in order to assess your social circumstances, discuss your home environment and any areas of need in daily living tasks. This way we can pre-empt any problems prior to your surgery to facilitate your discharge after the operation.

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?

Discharge will be planned for the same day as your surgery. However, you will **only be discharged home if it medically safe to do so, you have someone at home with you and you can manage safely.**

What is my role?

Once you have been listed for surgery you become part of the team. Actively participating in the steps before and after your operation can help you:

- Leave hospital sooner
- Make you feel better sooner
- Return to normal living sooner

Healthy steps you can take before your operation.

Food and drink

Eat well; your body needs fuel to repair.

Sleep, rest & play
Staying physically active, before your operation will help you get better, faster. Try to relax. Try not to worry and get together with family and friends.

Smoking & Alcohol
If you do drink or smoke, use this as an opportunity to stop or cut down. This will help your recovery and reduce the risks of complication.

Exercises programme before your operation

We advise you do these simple exercises BEFORE your operation to help improve the movement and strength in your muscles. We encourage you perform these exercises independently at least 3 times per day.

1. Buttock squeeze

Squeeze and hold 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 leg straight out in front of you. Point your toes towards you and tighten the muscle on the front of the 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.

Practical tips before your admission

Set up your plans for going home before you come into hospital. Your stay in hospital is not very long! It will be useful to talk these steps through with your friend, carer or family to ensure you have all the practical support in place to support your recovery.

Your to do list

1. I have checked I have the right equipment and support at home
2. I have packed a small bag with the right stuff:
    - Comfortable loose-fitting clothes
    - Flat comfortable footwear
    - Reading material / music to listen to
    - Overnight toiletries and sleepwear (just in case)
3. I have told the right people where I will be
4. I have arranged my transport for getting there and back
5. I have arranged someone to stay with me following the surgery
6. Is there anything else I need to ask?

If you have any last questions or you are unsure about anything DON'T BE AFRAID TO RING US AND ASK! All contact details are listed at the end of this booklet.

DURING YOUR STAY IN HOSPITAL

Admission

The day you are admitted will be the day you undergo surgery. Please follow the fasting guidelines -

- Eat until midnight
- Drink until 06:30, have a glass of water or your normal hot drink at this time
- You may be given a carbohydrate drink to take before midnight

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 keep the operation site as clean as possible to reduce the risks 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 risks, and these may be best avoided.

Please bring any current medication that you are taking with you.

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 to walk in and some comfortable slippers. There may be some swelling in your foot after your surgery, therefore consider this when selecting suitable footwear; shoes without backs are not recommended. Your hip replacement will be undertaken in the morning, we would anticipate that you would be up and walking and dressed in normal clothes soon after surgery.

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 risks of infection.

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 with you.

Most patients will be recommended to have a spinal anaesthetic in combination with sedation.

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 feeling any pain. Some sedation can then be used in combination to lower your awareness of theatre activity during the surgery.

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 allows for you to start moving your hip soon after surgery.

Due to the effect 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 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.

The Theatre Team including your surgeon will be wearing specialist theatre clothing and working under a special airflow system to minimise the risks of infection.

During your operation the surgeon will inject 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
6. Offer you a carbohydrate drink
7. Your surgeon may request an x-ray of your new hip
8. After a short time you will return to your ward
9. 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 so they can help you to get more comfortable. 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 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 this until the spinal anaesthetic has worn off. This is normal and the movement will return in time.

Deep breathing exercises

These help 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.

Exercise programme

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

The Physiotherapy Team on the ward after your operation will monitor your exercise 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 in order 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 leg 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.

Back on the ward

- You will be encouraged to be as independent as possible
- You will be encouraged to sit in a chair and wear your own clothing

Mobility

You will be instructed on the use of crutches / walking aids and the correct way to walk.

The walking sequence should be:

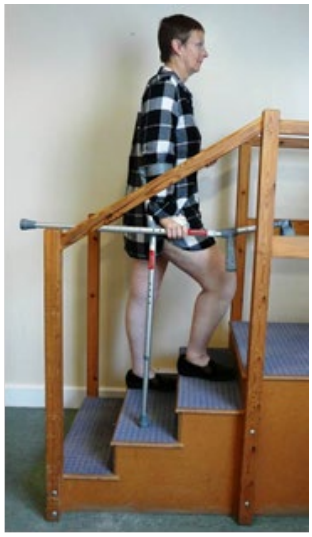
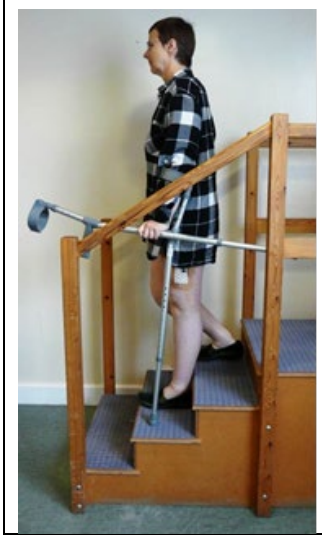
- Move your walking aid
- Step forward with your operated leg
- Step forward with your un-operated leg

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, allowing you to walk with minimum supervision or independently as soon as you can do.

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

Stairs

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

	**Going upstairs:** • Take one step at a time • 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

Steps to improve your recovery whilst still in hospital

- Take an active part in your recovery – follow the advice and instructions of the clinical team
- Be positive!
- Start to eat and drink – your body needs fuel to repair
- Don’t be afraid to ask questions or for information to be repeated. If you are unsure about anything – say so.

Remember – we are all individuals, don’t worry if you don’t reach your goal straight away, just keep trying!

Discharge criteria

You will need to meet several goals before you are discharged home. The plan is for you to return home on the same day as the operation. However, you may need to stay overnight. Don't worry if this happens - we will have a bed for you just in case and the chances are you will be able to go home the following day.

- Aquacel dressing intact; this should remain on until Day 14 post-operatively. You may shower with this dressing in place.
- Walk independently with crutches / walking aid
- Get in / out of bed and on / off the chair / toilet by yourself
- Be able to get up / downstairs if required at home
- Have all the equipment / help necessary at home
- You will be contacted by telephone at around Day 1-3 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
- Putting a plastic bag on the seat 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
- Remove the plastic bag, make yourself comfortable and put on your seatbelt
- To get out of the car reverse this procedure

When you are 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 to enable you to move around effectively and manage your pain and swelling
- Use your limb normally within limits of comfort; do not try to force the joint into extremes of range
- Use both crutches when moving about. The length of time these are needed may vary. 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 given time
- Avoid crossing your legs as this might hinder your circulation
- Wear sensible footwear. Ladies should avoid heels until after review in the Outpatients Clinic approximately 6 weeks post operatively
- A healthy diet and not smoking will help promote wound healing and overall recovery.

Post-operative wound care

The dressing should not be changed or disturbed until 2 weeks after your operation when the District Nurse will remove your clips or sutures and perform a wound check.

It is normal to see some blood-stained fluid within the pad of the dressing. If the fluid leaks outside of the dressing, you will need to contact your District Nurse to check the wound and dressing.

Post-operative physiotherapy

Hip replacement patients do not require post-operative outpatient physiotherapy as a routine but are referred based on individual need assessment. This will be assessed when you are seen in the outpatient follow up clinic at approximately 6 weeks after surgery.

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 think you may be developing a problem, please contact the helpline who will be able to offer advice, arrange additional support or organise a review if required. It is particularly important that you contact us if you are concerned about your wound.

Monday to Friday: 8:00 am to 4:00 pm
Orthopaedic Practitioner Helpline: 01257 256372 (manned office hours)

Therapy Helpline number: 01942 778993 or 01257 488282 (answerphone service)

SSIS Nurse (Wound Surveillance): 01257 488233

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 Wing: 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 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.

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

Frequently asked questions

Do I have to sleep on my back?

No. In the past patients were told to sleep on their back after hip replacement for 6-12 weeks. There is now research that shows many patients do not do this and that it does not benefit patients. You can sleep on your side. Some patients find it comfortable to use a pillow between the knees.

Can I sit in a low chair?

Yes. In the past patients were told not to bend the hip beyond 90 degrees but this precaution has been shown to be unnecessary. You can sit in a position that is comfortable for you. This may mean that you are more comfortable in a higher chair for the first few weeks. The most important thing to remember is to listen to your body – if it hurts then you should find a position that puts less strain on the tissues around the hip.

Can I use a normal toilet?

You will be assessed before surgery to see if you need any special equipment such as a raised toilet seat. If needed, this will be provided before you get home.

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 following surgery. This is normal.

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

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 into 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.

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 so that you could perform an emergency stop. You should also inform your insurance company that you have had an operation before you drive again.

Can I go swimming?

You should not swim for the first 6 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 in the early stages of recovery. At 12 weeks the soft tissues are healed, and the muscles are strong enough to protect the new joint. High impact activities such as sports and running may then be undertaken after your clinic review.

When can I fly?

You should not fly for 4 weeks before your surgery. Following your surgery you should not normally fly short haul (no more than 3 hours) for 6 weeks or long haul (6 hours or more) for 12 weeks.

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 risks 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 clinic: **01257 256340**

Physiotherapy: **01257 256307**

Occupational Therapy: **01257 256306**

Outpatients: **01257 256295**

Patient Advice and Liaison Service (PALS): **01942 822376**

Information Resource

The National Joint Registry (NJR) for England, Wales and Northern Ireland collects information on joint replacement surgery and monitors the performance of joint replacement implants. 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 the website for further information www.njrcentre.org.uk

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.

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