Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Wrightington Revision Total Hip Replacement

Version number: **7**
Last modified date: **12th November 2026**

Wrightington Revision Total Hip Replacement

Patient Information

Trauma and Orthopaedic Department

- Author ID: SC
- Leaflet Ref: Musc 031
- Version: 7
- Leaflet title: Wrightington – Revision total Hip Replacement
- Date Produced: April 2024
- Expiry Date: April 2026

Introduction

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

This information booklet aims to answer any questions you may have about undergoing revision total hip replacement surgery at our hospital. The booklet also aims to describe what you can expect from your revision 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 pre-operative 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 are in need of guidance.

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.

The Team

- Consultant Surgeon
- Orthopaedic Fellows, Registrars and Junior Doctors
- Anaesthetists

- Revision Orthopaedic Practitioners
- Orthopaedic Practitioners
- Specialist Enhanced Recovery Nurses
- Specialist Pain Management Nurses
- Ward Nurses
- Physiotherapists
- Occupational Therapists
- Therapy Assistants
- Theatre and Recovery Staff
- Pharmacists
- Radiographers
- Bone Bank Team

    - The total hip may become painful because it has been in place for many years and the components have begun to wear and loosen, moving a little in the bone. This type of loosening usually causes some bone loss and damage, and this bone loss needs to be dealt with at the time of surgery.

What is a revision total hip replacement?

Total hip replacements are very successful procedures, but they eventually wear out and sometimes complications may develop, requiring a further operation.

A revision total hip replacement procedure involves the removal of the existing implants and replacement with new components. Sometimes only the socket or stem will need replacement, but at other times both implants will need replacing.

This is complex surgery but is required in certain situations. A revision may be required for a number of different reasons:

- Total hip replacements can dislocate, if this occurs repeatedly revision surgery is needed to prevent this complication.

- If a deep infection develops revision surgery will frequently be required to eradicate the infection, and to implant new components. This may be addressed as a single operation or in two stages.

The different types of implants used will be discussed with you at the time of consultation with your surgeon.

How many times can a hip replacement be redone?

There is no limit to the number of times a total hip replacement can be revised. However multiple revision procedures are not desirable as the more times a hip is

revised, the more scar tissue is created, and this can cause complications such as limping, reduced mobility and loss of function.

Alternative treatments

This will depend on how severe the symptoms are. Treatment such as pain relieving medication can be given. If there is infection, treatment with antibiotics may be prescribed to try to improve the symptoms.

The doctor will discuss treatment options with you.

Benefits of surgery

A successful revision total hip replacement offers relief from the symptoms that necessitated the procedure. The pain of a loosened total hip replacement and the unpredictability of an unstable total hip replacement that dislocates repeatedly can be improved by revision surgery. Deeply infected total hip replacements can be improved in over 90% of cases.

Risks of surgery

There are risks and complications which can occur during revision total hip replacement. These risks are higher than in total hip replacement.

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 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 mobilise patients as soon as possible following revision 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 risk 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. You will

be advised by your doctor or nurse on how to take this medication and for how long. A heparin medication called Dalteparin (also referred to as Fragmin) is used for most patients and is required for around 35 days following revision hip replacement. Patients are taught to inject themselves.

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 risk 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 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 and following the operation you will be administered intravenous and oral 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. 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 problem you should **always**

let us know immediately via the helpline.

If you are undertaking revision hip replacement surgery for infection, there is an increased risk of the infection re-occurring following your revision hip replacement surgery.

If a deep infection is not treated, then re-revision 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. Normally the hip is relocated with a short anaesthetic. Occasionally patients may need to undergo further operations to make the hip more stable.

Hip precautions

For the first 12 weeks care must be taken to prevent the hip dislocating:

- Do not cross your legs in sitting, standing, or lying. In the early stages of recovery do not roll onto or lie on either side. It is advisable to lie on your back for the first 6 weeks, whilst in bed.

- Do not bend more than 90 degrees at your hip, for example, do not attempt to pick up anything off the floor, do not reach down to put shoes on and do not put your leg onto a high stool. When sitting, make sure your knee is level or lower than your hip.

- Do not twist your hip when sitting, reaching for things, walking, or changing direction.

Joint loosening

Revision 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 re revision operation in the future at some stage. Your surgeon will discuss these risks with you.

Unequal leg length

It is not uncommon after revision hip replacement to have a difference in your leg length. Occasionally your leg will feel slightly longer or shorter. This can be treated with either a raise in, or on, the heel of your shoe.

Fracture

During revision hip replacement surgery, it may be necessary to make a cut in the thigh bone to allow the removal of existing implants, there are also occasions when a bone may break during the procedure. The fracture can be treated with plates or wires during your revision hip replacement surgery.

Nerve injury

There are several nerves located around the hip and these can be damaged during revision 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. If you have had a catheter inserted this is removed within 24 hours or when you are mobile. Sometimes re-insertion 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 and symptoms

Revision hip replacement surgery is a complex procedure. Some patients are left with pain, discomfort and reduced function following surgery. Further treatment for this can be discussed with your doctor if necessary.

Re-revision 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 risk of developing a medical problem 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

Revision 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 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 benefitting patients, clinicians, and the orthopaedic industry.

Please see their website for further information www.njrcentre.org.uk

Out-patient clinic

When you attend the out-patients clinic you will be entered onto the waiting list for your procedure. Your consultant will work closely with the admissions team and pre-operative 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.

Due to the complexity and length of your surgery, it will be necessary for you to be seen by an anaesthetist prior to admission. This appointment will be sent out to you for attendance on a later date.

Pre-operative assessment

It is essential that you attend this appointment.

An Anaesthetist will examine you to ensure you are fit for surgery. You will undergo 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 electrocardiogram (ECG - trace of your heart) 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 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 for other reasons, or if you are taking another medication called pregabalin.

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.

How long will I be in hospital?

Your stay in hospital will depend on the surgery undertaken. Length of stay can vary from 3 to 8 days following your surgery. It may be necessary for you to stay in hospital a little longer to receive antibiotic treatment.

You will only be discharged home when you are medically stable and can manage safely.

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 pre-operative 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 keep the operation site 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, and these may be best avoided.

You will normally be admitted on the morning of your surgery to **Ward D or the Orthopaedic Admissions Unit** 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.

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 a book or a magazine with you to pass the time.

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 a light general anaesthetic or 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. A light general or 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.

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 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.

Due to the complexity of your surgery the anaesthetist may decide to place further cannulas in the larger blood vessels to allow more accurate monitoring of your condition. (A cannula is a hollow plastic tube designed for insertion into a vein. The tube contains a sharp needle, which guides the cannula into the vein. Once the cannula is in place, the needle is removed and disposed of safely).

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 clothing (space suits) and working under a state of the art special airflow system to minimise any chances of infection.

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.

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. Your surgeon may request an x-ray of your new hip.

It may be necessary for you to stay in the recovery ward overnight before returning to the ward. You will return to the ward once the recovery staff and anaesthetist are happy with your general condition.

The ward staff will continue to monitor you and make sure you are comfortable.

Pain relief

Good pain relief is important in your recovery following surgery. The importance of having pain killers regularly is to:

- relieve/reduce pain

- assist in deep breathing and coughing to prevent the development of complications (chest infection)

- enable you to move and undertake physiotherapy
- reduce your hospital stay

Painkillers will be provided by the following methods:

- epidural
- patient controlled analgesia (Morphine pump) injections
- local anaesthetic - regional blocks/wound infusions
- Intra muscular injections
- oral pain killers

Epidural analgesia

Your anaesthetist may recommend an epidural infusion following your surgery.

An epidural is simply a fine tube (epidural catheter) to be placed into your back which delivers painkillers and pain numbing drugs (local anaesthetic) in a continuous infusion which can be topped up by the anaesthetist or by yourself using a button. This method can be very effective at numbing the pain and may also numb your legs slightly too. You will be asked to raise your heels off the bed to relieve pressure. Nurses will check the area where the catheter is placed at least once per day during the infusion and will continue to observe once daily until discharged from hospital or

10 to 14 days post operatively for any signs of infection or bruising.

The epidural is usually kept in place from two to seven days. Once the epidural is switched off, you will receive oral pain killers to manage your pain. Once your pain is controlled the catheter will be removed. The feelings of numbness / heaviness in your legs will soon return.

Patient controlled analgesia (PCA)

This method of painkiller allows you to control your own pain relief. It allows you to only take the amount of painkiller required. A machine with a handset will provide a small measured dose of pain killer when the green light is pressed. It is advisable to press the button before doing anything that you may think will be painful like getting out of bed, coughing or deep breathing. A nurse will help you to learn how to use this.

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.

Local anaesthetic/regional block/wound infusion

The anaesthetist may recommend a painkiller using local anaesthetic. Local anaesthetic blocks pain messages at the operation site. This maybe as a one-off dose or as a continuous infusion via a small tube placed into your wound/operation site for approximately 48 hours and inserted during your operation. Other methods of analgesia will be given such as oral painkillers and/or

PCA (morphine pump).

You may feel a slight loss of muscle power or a tingling sensation at your operation site, but this should stop once the infusion has stopped and removed and the effect of the local anaesthetic wears off.

Intra muscular injections

A painkiller can be injected into your thigh muscle or through a small tube inserted (Y-Can Cannula). Pain killers and drugs used in nausea and vomiting can be given this way.

Drugs given in this way take 20 to 30 minutes to work. This method can be very effective but can wear off more quickly in some patients.

Oral painkillers

You may be given 2 or 3 different types of painkillers together at regular intervals to help control your pain. These include Paracetamol, Codeine and may include a non-steroidal anti-inflammatory such as Ibuprofen, Naproxen, or Diclofenac. Taking painkillers orally is most effective and take approximately 30 to 40 minutes to start working. It is important to ask the nurses for painkillers before the pain becomes too severe as it will take longer to manage. If you are feeling nauseous and unable to take oral pain killers, then pain killers can be given as suppositories and work very well or intravenously.

Pain team

The pain team along with the ward staff will do their best to make sure your stay will be as comfortable as possible. If you feel the painkillers are not effective in managing your pain, please discuss this with your nurse or doctor caring for you.

A member of the pain team or anaesthetic team is available to speak to during your hospital stay can be arranged by asking your ward nurse.

If you take painkillers regularly at home, have experienced any problems with pain management previously or have any allergies, please advise your pre-operative nurse who will inform the pain team.

Painkillers to take home

You will be discharged from hospital with painkillers (tablets) to take home. A letter with this information will be sent to your General Practitioner (GP) to inform them of this. Most people do not require any more painkillers but if you do, please contact your GP.

A Pharmacist will visit you on the ward during your stay. They will check that all your usual medicines are prescribed and that they are available for you to take. They will tell you about new medications that are prescribed and are happy to answer any queries you have about your medicines.

Exercises

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

Following Revision Hip Surgery walking as shown by the therapist is adequate exercise. Exercise other than those listed below, are not suggested until you have been reviewed by the medical team at your clinic appointment following discharge.

Ankle exercises

This 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

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.

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 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 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.

1. 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.

Mobility

You will be told as soon as possible when you will be able to get up. You may have to spend some time on bed rest.

You will be instructed on the use of crutches/walking aid and the correct way to walk. You may not be able to put all of your weight through your leg following surgery; this will be explained to you by the therapy team.

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 are able to do so.

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

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

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.

Ongoing recovery – on the ward

Staff will continue to monitor you and ensure you are comfortable.

Routine medication and pain relief will be given and monitored for effectiveness. A pharmacist will visit you during your stay. They will check that all your medications are prescribed and available for you to take, under the direction of the nursing staff. They will tell you about any new medication and prepare medication for your discharge.

You may have a catheter in situ, if so, this will be monitored. The catheter will be removed as soon as possible, this will be when you are mobile. You will be encouraged to mobilize to the toilet as soon as possible. All assistance required will be given while encouraging your independence. It is essential that you drink plenty of water during your recovery; this will be monitored by the staff.

Following surgery, it is common for people to suffer from constipation, this will be monitored by the staff and special medication given to assist you to open your bowels. Initially it may be necessary to use a bedpan, however independence to the toilet will be encouraged as soon as possible.

Your washing and dressing needs will be assessed, giving special attention to ensure you do not get sore, broken skin (pressure ulcers). To assist this, a special air mattress may be used to prevent sores. To begin with you may require a bed bath; however, independence will be aimed for as soon as possible.

Once you are mobile you will be encouraged to wear day clothes. Easy fitting and comfortable clothes are best. Please bring with you a pair of well-fitting slippers when you are admitted.

Your surgical wound will be regularly reviewed; the dressing will only be changed if it is needed, not on a regular basis. You may have a tube (Drain) near your wound in your leg to stop blood collecting under your skin, this will be removed in 24/ 48 hours.

The Therapy Team (Physiotherapist and Occupational Therapist) will continue to monitor and progress your mobility. This is individual to every patient and will depend on the instructions your consultant has given after the operation. This will be explained to you as soon as possible.

At the time of surgery an assessment for infection will be made, you may have to be started on antibiotics, by tablets and directly into your vein (drip/ intravenous) through a small plastic tube (cannula). If you are started on antibiotics they will be continued until the results of special swabs taken in theatre are known, this can take 7 days.

At this point your antibiotics may have to be changed; this will be explained at the time. They may be different tablets or drip/ intravenous antibiotics, the length of time they are going to be given to you could be up to 6 to 8 weeks. Arrangements may have to be made to have a longer lasting cannula, this will be performed by the specialist vascular access nurses.

The length of time you are in hospital will depend on the surgery you have had, how you recover and whether you require antibiotics. The average length of stay is 3 to 8 days, however it could be longer.

Preparations for discharge

Arrangements for discharge will begin as soon as you are admitted to hospital. You may require a referral to social services to provide you with help once you are at home.

You will have to meet several goals before you are discharge:

- Walk independently with crutches/ walking aids
- Get in/ out of bed and on/ off the chair/ toilet by yourself
- Be able to get up and down stairs if required at home
- Have all your equipment/ help at home
- If you are on antibiotics via a drip the district nurses will have to continue these, this is not always possible so a longer stay in hospital may be needed.
- Have an x-ray of your hip
- Have been passed fit by your medical team.

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.

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

Revision Orthopaedic Practitioners 01257 488233

Surgical Site Infection Surveillance Nurse (Wound Surveillance): 01257 488233

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

Ward D: 01257 256269

OAU: 01257 256219

Ward A: 01257 256276

Ward B: 01257 256277

John Charnley: 01257 256265/7

Reminder: If your GP or district nurse prescribes antibiotics for a possible wound infection, please contact the practitioner service. We may need to arrange an appointment with your surgeon. If you have any concerns about infection, please contact us as soon as possible.

Also seek advice if you notice any excessive bleeding or any difficulty with breathing. If you become urgently unwell, call 999. You will be given a supply of dressings on discharge.

If you have clips or stitches they will need to be removed about 14 days after your operation. The nursing staff will discuss the arrangements for this as part of your discharge from hospital.

If you have any concerns or questions, please contact the Revision Orthopaedic Practitioners. If you have any questions regarding your physiotherapy, please contact the Physiotherapy Department.

You will also have a telephone appointment approximately 1 week following your discharge home and 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 and mobility which you were taught in hospital, until you attend your clinic appointment.

Once at Home

Please remember you have undergone major surgery and your recovery can take up to 18 months. It is important that you follow these guidelines when you return home:

- Continue to take painkillers as prescribed to enable you to mobilise effectively and manage your pain and swelling
- Use both crutches and mobilise as directed by the hospital physiotherapist. 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. An x- ray may be required before your mobility can be progressed.
- 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
- Follow your hip precautions until you return for your 6 week clinic review, progression will be discussed at this time.
- Avoid crossing your legs as this might hinder your circulation

- Wear sensible footwear. Ladies should avoid heels

- A healthy diet and not smoking will help promote wound healing and overall recovery
- Signs that you may be depressed or anxious can include:

Wellbeing

You may need to make adaptations and changes to daily routines. This may trigger Anxiety and/or depression and is common Following revision hip surgery.

- Negative thoughts
- Changes to eating or sleeping patterns
- Lack of interest in things you used to enjoy
- Difficulty relaxing
- Low energy
- Worrying all the time
- Drinking more alcohol or caffeine
- Becoming unsociable

- Mood swings
- Feeling you will never be able to manage your physical difficulties
- Not wanting to take prescribed medication
- Feeling that your physical restrictions mean you will never be able to enjoy life again

If you spot some of these signs and they last for more than two weeks, Wellbeing support may be able to help.

Psychological support (Greater Manchester patients).

Think wellbeing - Tel. 01942764449

Self-refer via web site. **www.gmmh.nhs.uk/think-wellbeing**

Psychological support (non-Greater Manchester patients)

Talking Therapies. self-refer via website - www.nhs.uk/service-search/mental-health/find-an-NHS-talking-therapies-service

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 following 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 and possibly longer. 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. 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?

Do not drive until you have been informed at your clinic review that you are able to do so. 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 return to swimming until you have been informed at your clinic review that you are able to do so.

When can I return to the gym?

You should not return to any activity until this has been discussed at your 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
Pre-operative clinic:	01257 256340
Physiotherapy:	01257 256307
Occupational therapy:	01257 256306
Outpatients:	01257 256295
Patient Advice and Liaison Service (PALS):	01942 822376
Revision Orthopaedic practitioners:	01257488233
Orthopaedic Practitioners:	01257 256372
Enhanced Recovery Team:	01257 488282



Version number: **7**
Last modified date: **12th November 2026**

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