The hip joint is a ball and socket joint. The ball is formed by the head of the thigh bone (femur) and fits firmly into the socket (acetabulum). (Figure 1).

The surface of these bones is coated by a smooth surface called articular cartilage. The cartilage is exposed to a great deal of wear and tear and if it wears away it exposes the underlying bone leading to arthritis. (Figure 2).

This causes roughening and distortion of the joint resulting in painful and restricted movement. A limp will often develop and the leg may become shortened and wasted.

The total hip replacement surgery, replaces the worn head of femur with a stainless steel ball mounted on a stem and relines the socket with a plastic cup made of Polythelene (Figure 3).

A type of cement called methyl methacrylate fixes these components to the bone. This new joint aims to relieve pain, decrease stiffness and in most cases restore leg length and hence improve mobility.
Before you come into hospital

You will need to prepare for coming home.

1. Organise your home to ensure you can follow your precautions.

2. If possible try to ensure you have assistance/support for heavier activities e.g. shopping, cleaning etc.

3. If your social circumstances change prior to your operation please phone 0161 701 0267 to let us know.

4. Importantly - you must inform us if you suffer any scratches, abberesion bites, develop colds, chest infections, any infection or feel generally unwell, as you may not be suitable for surgery and your operation will be re-scheduled for the next available date.

5. Ensure you bring your house keys to hospital with you as we may need access to it prior to your discharge, to ascertain suitability or provide equipment.

6. Please arrange for transport home on your discharge - low seated sports cars are not suitable. If this is a problem please advise your nurse on admission.

What to bring

- Long handled aids.
- Wash bag - inc. toiletries for personal hygiene and showering.
- Medication you currently take, in original boxes.
- Nightwear including light dressing gown.
- ‘Day’ clothes including loose fitting shorts for men/skirts for ladies. (You will be expected to get dressed in your daytime clothes from day 1).
- Slippers wide enough to accommodate swelling (not mules)/comfortable shoes/trainers ensure footwear has rubber sole for grip).
• Underwear and socks.
• Reading book/Literature/Magazines.
• Cordial Juice to keep hydrated.
• High Fibre Snacks eg prunes/dried apricots to aid keeping your bowels regular.

On the day of your operation

Your Anaesthetist will see you to ensure that you are still fit for surgery and to discuss what the most appropriate type of anaesthetic is for you and to discuss your pain management during the operation.

If your anaesthetist feels it appropriate, you may have some tablets to make you feel a little more relaxed before you go into the operating theatre, this is referred to as a ‘pre med’.

When it is time for your surgery, a nurse will take you into the operating theatres, a member of staff will check your details again, and you will then go into the anaesthetic room.

The surgery usually takes between one and two hours.

Recovery

When you come out of the operating theatre, you will be taken to a recovery area, where you will be given food and drink and taken care of until you are properly awake. You will then be taken back to your ward.

Once you are awake after your operation, you may find:
• A mask for oxygen: This assists in the waking up process, and your anaesthetist will determine the length of time you keep this on for.
• A drip: This may have either clear fluid or blood, and replaces any fluids which have been lost during the operation.
• Drains: There can be up to 3 tubes from your wound, which drain away excess blood from your hip into plastic bottles. This helps the wound heal more quickly, reduces bruising and can assist in the prevention of infection. The drains are usually removed within 48 hours.

• Abduction pillow: This is a triangular foam pillow, which will be between your legs and will keep your hip in position, which reduces the risk of dislocation.

• Pain Control: Some pain is to be expected even with analgesia but exercise and mobilising will also help to control pain.

• PCA: Patient Controlled Analgesia. This is an intravenous painkiller, usually morphine. It can be used for the first 24-48 hours to allow you to control your own pain relief by the push of the button. As a painkiller goes directly into your bloodstream, it takes effect almost immediately. Tablets can supplement it if necessary. Adequate pain control will allow you to mobilise soon after your operation, which will enable you to go home easier, usually 3 days after your operation. Please be aware that immobility can make you more certain complications, such as constipation, chest infections and more seriously, deep vein thrombosis (blood clot). If you experience any calf or chest pain after your operation please let your nurse know asap. Calf or foot pumps may be applied to reduce the risk of blood clots. Medical Staff may also prescribe tablets and/or injections to avoid this.

• Epidural: This is another form of pain relief, which goes into your back and numbs you from the waist down. This is continuous, and not controlled by you, but it is very effective. Again this will be discontinued within 24-48 hours.
The nurse looking after you will be checking on you quite frequently to check your blood pressure and pulse. It is quite normal for this to be as frequent as every 30 minutes, and does not mean that there is anything wrong, this is standard practice.

You will be encouraged to eat and in particular drink plenty of fluids to combat some of the affects of the anaesthetic. The nursing staff will offer further preventative measures to reduce these side effects. If you have an epidural anaesthetic you will be eating and drinking normally almost as soon as you return to the ward.

**Personal Care**

In the early stages of your rehab, you will require assistance with a wash, but you are encouraged to remain as independent as you can. This requires sitting out for a strip wash and using your long handled aids once an O.T. has assessed you with them.

You may need to use a commode if you do not have a catheter in, this will be removed A.S.A.P. Nursing staff are aware of how embarrassed and uncomfortable you may feel with this, and will be as discreet as possible. As soon as you are able, you will be assisted to go into the bathroom. It is important that you are able to practice getting dressed after your hip replacement so that we know you will be able to manage at home.

You may already be aware that many painkillers can cause constipation. If you are struggling with this, please let your nurse know, as they can offer medication to relieve this. Getting up and walking around will also help.
Immediately after the Operation

After the operation you must lie on your back with a triangular pillow between your legs to keep them apart (Figure 4). This and other precautions are necessary to prevent unwanted, harmful movements causing undue stress on your “new hip” and to ensure that the hip remains in the correct position and prevents dislocation. Movement of your operated leg as instructed by your physiotherapist is, however, an important part of the recovery.

Bed Mobility

You must assist staff to move you in bed by using your un-operated limbs. In particular lifting your buttocks off the bed is important for pressure care. Equipment may be used to help you with this.

Precautions

The precautions are in order to prevent Hip dislocation until healing is complete.

There are four basic movements that must be avoided for 12 weeks after the operation.

The precautions apply in all situations including standing and whilst moving in and out of bed or chairs.
1. Do not cross your legs *(Figure 5)* Operated leg must always be held out to the side away from the midline of the body.

2. Do not bend the operated hip excessively *(Figure 6)* That is not more than $90^\circ$ sitting completely upright or by bending the same knee too high towards the chest.

3. Do not twist the operated Leg in or out *(Figure 7)* Do not twist your body on your leg i.e. turning round to look at somebody/ something or reaching too far across your body, this applies when sitting and standing. When walking or turning you should always keep your toes, kneecap pointing straight ahead.

4. Do not roll or lie on un-operated side *(Figure 8)* It is not advisable to lie on either side in the early stage of recovery. However, turning onto the operated side may be permitted with the nurses help for washing purposes and at later stages with a pillow between the legs.
Transferring in and out of bed

From day 0 or 1 the nurses or therapists will assist you out of bed. Access the bed on the operated side. See below for right hip. N.B. You can bend your knee.
Discharge

You are expected to be discharged home on day 3 after your operation. If you require additional rehabilitation we will arrange for you to be transferred to your nearest ‘Intermediate Care Centre’. These are specialist Rehab centres outside of the hospital setting where your progress will continue with O.T., Physio and the Nursing/Care team. This will be discussed in more detail if the need arises.

If you are able to go home but require additional therapy input and you are within the Central Manchester area we can offer you our Orthopaedic Outreach service. Our O.O. Team will continue your rehab with you at your home for a maximum of two weeks post-discharge.

If you require therapy after two weeks or are out of the Central Manchester area we may offer you an out-patient appointment or arrange a community therapist to visit you at home.

On discharge you are expected to arrange your own transport home - if this is not possible please advise your nurse and they will advise you on car transfers to ensure you are safe to go.

Medical issues such as medication will be organised by Doctors and Pharmacy and wound care will be organised by the nursing staff on the ward prior to discharge.

Clips/stitches will be removed 12-14 days after your operation. This will be done by either a district nurse or practice nurse attached to your GP. The ward will arrange this for you.

Getting in and out of the car

Getting in and out of the car is allowed on discharge. The car should be a regular salon-type car – no low sports cars, no black cab. You must always use the front passenger seat.

1. Ensure car is not parked too near kerb and on a level. Get in from the drive or road, not from the pavement.
2. Slide the entire seat back as far as possible.
3. Recline the back of the seat as possible.
4. Open the passenger door as wide as possible and roll down the window.
5. Place your right hand on the bottom of the window frame.
6. Gently lower yourself into the seat, bottom first.
7. Place your hands behind you and slide yourself back toward the driver's side door, keeping your operated leg straight.
8. Turn carefully and slide legs into well of the car.
9. To get out, reverse procedure and make sure both legs are out of the car and in front of you before rising.

Deep Vein Thrombosis

Compared with other surgical procedures, joint replacement is associated with a high risk of deep venous thrombosis (DVT). DVT happens when a blood clot forms in a deep vein. DVT is most common in the deep veins of your lower leg (calf), and can spread up to the veins in your thigh. Many blood clots that cause DVT are small and don't produce any symptoms. Your body will usually be able to gradually break them down with no long-term effects. Larger clots can partly or completely block the blood flow in your vein and cause symptoms such as:
• swelling of the affected leg
• pain and tenderness in the affected leg – you may also find it difficult to stand properly with your full weight on the affected leg
• a change in the colour of your skin, for example, redness
• skin that feels warm or hot to the touch.

To avoid such complications, the physios will assist you to mobilise as soon as possible and provide you with a home exercise programme. You should continue the exercises in bed to maintain the blood flow in your legs and to keep your heart and muscles strong. Pump your feet up and down 20 times each hour while awake. Do not put a pillow under your knee. You are at increased risk for DVT for up to 6 weeks following your surgery. If you notice any of the signs or symptoms above after your discharge home, notify your GP or District Nurse immediately.

You are the person who will make the difference to the speed and success of the new joint - it is your responsibility to continue your exercises in-between therapy sessions.

**Exercises following your Operation**

These exercises should be practiced before your operation, making them easier to do post-operation. You should start these exercises on the same day as your operation when the therapy team come to see you and get you sat out. We appreciate this is hard work, the nursing staff and the medical team will endeavour to control your pain, but unfortunately a certain level of discomfort must be expected. In order for you to get the best out of your new joint it is imperative that you comply with therapy - mobilising and exercising. Reduced compliance with therapy can increase your chance of complications and may result in further hospital procedures and surgery on your joint.
The following is a list of exercises which you should do as directed by your physiotherapist or rehab assistant. These exercises are designed to strengthen the muscles in a safe way. Therapy staff will advise you if you need to adapt any of the exercises.

**Physiotherapy Department**

**Total Hip Replacement Home Exercise programme**

**Lying Down**

1. **Ankle pump**

   - Bend and straighten your ankles briskly. If you keep your knees straight during this exercise, you will stretch your calf muscles. Repeat 10 times hourly.
   - Do each exercise 3-4 times daily
   - Each exercise 10 repetitions each

   - Squeeze your buttocks together. Hold for 5 seconds and relax.

   - Pull your toes and ankles towards you and push your knee firmly against the bed. Hold for 5 seconds and relax.

   - Bend your leg and bring your knee towards your chest, keeping your knee facing upwards. Slide down slowly.

   - Bring your leg out to the side and then back to the middle.

   - Place a pillow under your thigh. Keep your thigh on the pillow and straighten your knee.
Lying with your knees bent and feet on the floor hip width apart, let one knee drop out towards the mattress. Then bring it back up. Keep your back to the bed during the exercise.

Lying on your back with your knees bent and feet on the floor. Lift your pelvis and lower back (gradually vertebra by vertebra) off the floor. Hold the position. Lower down slowly returning to starting position.

Lying on your back with your knees bent. Put your hands under the small of your back. Pull your belly button down towards the mattress and hold for twenty seconds.
In Standing

**Hip Flexion:**
Holding onto a work surface march on the spot. Bring your knees up towards your chest alternately.

**Flexion Extension:**
Bring your leg backwards keeping your knee straight. Do not lean forwards.

**Hip Abduction:**
Lift your leg sideways and bring it back keeping your body straight throughout the exercise.

**Heel To Buttock:**
Bend your heel up towards your bottom. Keep your knees in line.

**Mini Squat:**
Standing supported by work surface. Squat down until knee cap covers big toe.
Driving
You may drive after 12 weeks although your consultant may allow this earlier. You must inform your insurance company before driving and ensure you can do an emergency stop before proceeding.

Step Technique

Going Up
1. Step up close to the step.
2. Step up with your GOOD leg FIRST.
3. Follow with your BAD leg NEXT.
4. Your CRUTCHES/STICKS come up LAST.

Going Down
1. Step to the edge of the step.
2. Put your CRUTCHES/STICKS down FIRST.
3. NEXT step down with your BAD leg.
4. Follow with your GOOD leg LAST.

Aids and Appliances
After the operation you will temporarily need to alter the way in which you perform some of the activities of daily living and may require assistance from other people initially. You will already have been assessed for equipment and it would be delivered before you come into hospital.

These may involve:
1. Dressing with aids. You will be taught how to dress the lower half to prevent excessive bending, using long handled aids. (Figure 10).
2. **Toileting.** You will be advised whether a toilet frame is necessary. This would be in place before you come into hospital. *(Figure 11)*

3. **Sitting.** Only in a firm chair with arms is advisable. This will ensure you do not bend beyond 90° in sitting or when standing up. Your chair will be modified or you may be issued with a high seat chair. *(Figure 12)*

4. **Bathing.** It is advised that you do not return to bathing until 12 weeks after the operation. A strip wash may be more appropriate for the initial 12 weeks. If you have a shower over your bath it is advised not to use it until 12 weeks. If, however, you have a separate shower cubicle you will be offered advice on the best way to use it.

If you have any queries regarding your hip replacement please do not hesitate to contact the:

**Orthopaedic Therapy Team**  
Tel: 0161 7010267 or  
The Orthopaedic Ward  
Tel: 0161 276 8688
Zero Tolerance Policy
We are committed to the wellbeing and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecution.

Suggestions, Concerns and Complaints
If you would like to provide feedback you can:
• Ask to speak to the ward or department manager.
• Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
• Log onto the NHS Choices website www.nhs.uk - click on ‘Comments’.

If you would like to discuss a concern or make a complaint:
• Ask to speak to the ward or department manager – they may be able to help straight away.
• Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.
No Smoking Policy

The NHS has a responsibility for the nation’s health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

إذا كنت بحاجة إلى مترجم، أو ترجمة، من فضلك اطلب من أحد موظفينا ترتيب ذلك لك.

اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کم بسارے عمل کے کسی رکن سے کہ سکیں کو یہ اپنا کے آپ کا انتظام کرے۔

آپنار بیند اکنجن دوھرھا، مکھہ انواہر ان پرآؤنجن ہو، دیا کرے آمادے اکنجن کارمک کب ہولن آپنار جنھن یہا بیخبھ س کرے۔

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员, 请要求我们的员工为你安排