

# Hip Replacement

Trauma & Orthopaedics

## Introduction

This leaflet has been created to provide information about hip replacement surgery.

It is for people considering hip replacement surgery and for people who have decided to have hip replacement surgery.

It aims to help you understand what hip replacement surgery is, why you have been offered it and what the risks and benefits are of having it. It also aims to help you understand what happens before, during and after the surgery and what you can do to prepare yourself for it, if you choose to have it.

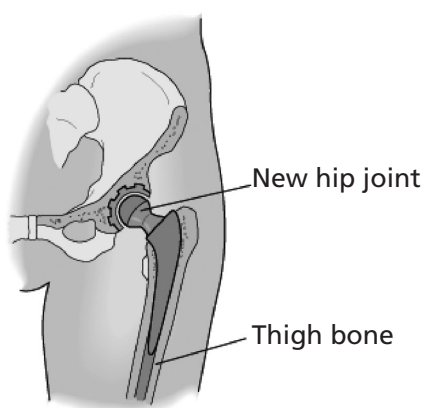
## What is hip replacement surgery?

Hip replacement surgery is an operation designed to replace a damaged hip joint. It involves removing the parts of the joint that have been damaged (due to injury or disease) and replacing them with new components made from metal and plastic.

There are different types of hip replacements available. Most have a plastic socket and a metal ball and stem. Cement may be used to fix the metal and plastic to the bone.

For some people, a metal-on-metal resurfacing may be an option. The main difference is that less bone is removed, and the surfaces of your own joint are replaced with a metal covering.

Your consultant will offer advice about which type of hip replacement is suitable for you.



**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

## Why have I been offered hip replacement surgery?

The hip is a 'ball and socket' joint. The ball of the hip joint is known as the femoral head and is located at the top of the thigh bone (the femur). This rotates within a socket in the pelvis known as the acetabulum.

Normally, this ball and socket joint moves smoothly due to a protective covering called articular cartilage. However, the articular cartilage can sometimes become damaged. This is usually caused by osteoarthritis, also known as 'wear and tear' arthritis. Over time, the cartilage becomes thinner, and the surfaces of the joint become rougher. This causes symptoms such as pain, swelling and stiffness which can limit how well and how far you can walk.

Hip replacement surgery is usually offered if you have severe osteoarthritis (severe pain that has lasted a long time and/or swelling and stiffness).

## Shared decision making

The choice about which treatment is best for you will be made together with your orthopaedic consultant. This will be based on the risks and benefits of the proposed treatment and your individual circumstances. This is called shared decision making.

## Obtaining consent

We must seek your consent for any procedure or treatment beforehand. Your orthopaedic consultant will carefully explain the operation to you, including the benefits, risks and possible alternatives. If you are unsure about any aspect of the procedure, please do not hesitate to ask for more information. If you agree to proceed, you will be asked to sign a consent form.

## What are the benefits of hip replacement surgery?

When you are offered hip replacement surgery, your orthopaedic consultant is trying to relieve your pain, improve the function of the joint; especially when you are walking or climbing the stairs, and improve your overall quality of life.

## What are the risks of hip replacement surgery?

Hip replacement surgery is a common operation with around 99,000 procedures carried out in England and Wales each year (National Joint Registry 20th Annual Report 2023). Most people do not experience any serious problems; however, as with all operations and anaesthetics, hip replacement surgery carries some risks. It is important that we tell you about them so that you can make an informed decision about your treatment.

## General risks associated with operations and anaesthetics

Any major operation puts a strain on your heart, brain, lungs and immune system. During and after the operation, it is possible that you could experience a chest infection, heart attack, stroke or death. The chances of this are small and will vary depending on your general health, medical history and lifestyle choices.

There is also a risk that you will have an allergic reaction to anaesthetic agents, antiseptic solutions, suture materials and dressings.

## Specific risks associated with hip replacement surgery

### **A blood clot or thrombosis**

A deep vein thrombosis (DVT) is a blood clot that develops in one of the major veins in the leg. Although not usually a problem itself, there is a chance that it could move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition that can affect your breathing. A blood clot in the lung can be fatal.

To reduce the risk of blood clots occurring, you will usually be prescribed a blood thinning injection once a day for 28 days after your operation. You will also be provided with some foot pumps for use whilst in hospital. These promote blood circulation in the deep veins of the legs and help in the prevention of blood clot formation. To further reduce the risk of developing a blood clot, you will be encouraged to stay well hydrated, exercise your legs and start walking as soon as possible after your operation.

If a blood clot does develop, you are likely to require treatment for a number of months.

### **Infection**

After hip replacement surgery, infection can be a serious complication and can either be:

- Superficial wound infection to the skin and tissues around the incision
- Deep joint infection to the soft tissues and metalwork of your hip replacement.

Superficial wound infections can happen soon after surgery and are usually treated with a short course of antibiotics. Deep joint infections can happen at the time of surgery or later in life if bacteria get into your bloodstream from another source of infection. These may require a long course of antibiotics, and possible revision hip replacement surgery.

If you develop signs of an infection (for example, a urine or chest infection, tooth abscess or leg ulcer) at any time after your operation, please remind your GP or dentist that you have had a hip replacement.

To try and prevent the risk of infection, your operation will be carried out in a clean air theatre and sterile clothing will be worn by the surgical team. You will also be given antibiotics during and after your operation.

### **Dislocation**

Dislocation is when the ball of the new hip comes out of the socket. This is most likely to happen in the first few weeks after your operation. However, it can also happen months or even years later. To try and prevent dislocation, you will be given information about the movements and positions to avoid following surgery. If you do dislocate your hip, you will need a short procedure to put it back into place. If your hip keeps dislocating, you may need another operation.

### **Altered leg length or leg length discrepancy**

Your surgeon will always aim to make your legs equal length after surgery, however there is a risk that the leg that is operated on becomes shorter or longer than the other leg. Small differences do not often cause any problems but if the difference is significant, you may need it corrected using a shoe insert or heel raise.

### **Stiffness**

If your hip is stiff before surgery, it is more likely to be stiff afterwards. This is because the muscles and deep tissues around the hip have become weakened from years of disuse. Tough scar tissue can also form around the new hip. Scar tissue is not as flexible as normal healthy tissue and can also contribute to joint stiffness.

Rarely, new bone can form in the tissues around the hip leading to long term stiffness. This is known as heterotopic bone.

### **Damage to nerves or blood vessels around the hip**

During the operation there is a chance that some nerves or blood vessels could get damaged. A damaged blood vessel can reduce the blood supply to the muscles surrounding the hip. This may require further surgery at the time of the operation or at a later date. A damaged nerve usually causes muscle weakness and symptoms are related to which nerve has been affected. For example, there is a nerve called the sciatic nerve that runs very close behind the hip and if this is damaged, it can make your foot floppy and weak. This is known as foot drop.

### **Wear or loosening of the hip replacement**

Most hip replacements last around 12-15 years. However, they do gradually wear over time. If your hip joint becomes loose, your surgeon may recommend a revision hip replacement. These are more complex operations and take longer to perform.

### **Bone fracture**

Although uncommon, there is a risk of a fracture (crack in the bone) occurring in the bone around the hip joint during or after hip replacement surgery. These are almost always identified during surgery and are often stabilised at the same time.

## **Other problems associated with hip replacement surgery**

### **Leg swelling and bruising**

Swelling of the leg is common after hip replacement surgery and can take a few months to settle completely. This can also be accompanied by bruising. Occasionally, the bruising will extend down the leg and sometimes to the foot.

You may notice that your leg swells during the day, but this should improve overnight when you have rested and elevated your leg. Maintaining your ankle exercises, walking regularly, and avoiding standing or sitting for long periods will help prevent or reduce the swelling. To manage any swelling, it is useful to spend an hour in bed once or twice a day for the first few weeks.

### **Bleeding**

This is usually only a small amount and is minimised as much as possible during the operation. However, large amounts of bleeding may need to be treated with a blood transfusion.

Sometimes, the wound can bleed a little after the operation. This is normal.

### **Scar tenderness**

Scar tenderness can occur around six to eight weeks after the operation. Gentle massage of the area around the wound can often help with this.

## **What are the alternatives for managing osteoarthritis?**

There are several options for managing osteoarthritis and before opting for surgery your orthopaedic consultant will encourage you to consider and try them. These include:

- Exercise and physiotherapy
- Weight management
- Pain relieving medications
- Steroid injections.

When these have been tried and have either been unsuccessful or are now ineffective, hip replacement surgery can be an extremely beneficial option for many people.

It is unlikely that your hip will get better without surgery. Osteoarthritis is a progressive disease which means that it worsens over time. However, many people find that they can cope living with the pain and stiffness.

## **How do I prepare for surgery?**

Having surgery can put a heavy strain on your body and mind. Taking an active role in planning and preparing for your operation will help you feel in control, leave hospital sooner and get back to normal more quickly.

Preparing for hip replacement surgery begins as soon as you start considering having the operation.

There are many things you can do to prepare yourself for surgery. These include:

### **Be more active**

While waiting for your operation, try and increase your activity levels. We understand that it might seem difficult to be active when you may be in pain or have reduced mobility but try and do any activity which makes you feel out of breath at least three times per week. Start slowly and stay within your limits. If you are overweight, losing weight can help reduce the stress on your heart and lungs. It can also help reduce the strain and pain on your joints.

### **Eat a healthy diet**

Your body needs to repair itself after surgery; eating a healthy balanced diet before and after your surgery can really help. This means getting enough protein and five a day or more fruit and vegetables.

### **Stop smoking**

Smoking increases the risk of you getting a chest infection after your operation. It also increases the risk of you getting a wound infection and problems with wound healing. If you smoke, it is strongly recommended that you stop or at least try to cut down before your surgery.

### **Reduce alcohol intake**

If you drink alcohol regularly, you should aim to cut down before your operation. This will improve your body's ability to heal and minimise the risk of you developing withdrawal symptoms whilst in hospital.

### **Visit your GP**

Many medical conditions can affect your recovery from surgery. If you have a long-standing medical problem, you should visit your GP for a check-up. It is important to make sure that any health problems are controlled as well as possible ahead of your operation.

### **Visit your dentist**

Good dental health is important to reduce the risks of infection. Your teeth and gums need to be in good condition before your operation. Please visit your dentist for a check-up in advance of your surgery.

### **Prepare your home**

- Do not undertake any major decorating or renovation that leaves your home unsafe
- Remove rugs, clutter and wires to make it easier to move around and reduce the risk of you tripping or falling
- Move everyday items into accessible places to make it easier to manage after your operation
- Stock up on easy to cook meals and healthy snacks before you come into hospital.

### **Prepare for your discharge**

Talk to your family and friends about your operation and make arrangements for help and support before you come into hospital. You might also want to consider purchasing washing and dressing aids to help you maintain your independence while you recover. Examples include a reacher or grabber (also known as a helping hand), a long handled sponge and a long handled shoe horn. If you have pets or are the main carer for a family member, you may need to make alternative arrangements while you are in hospital and recover from your operation.

## **Pre-Operative Assessment Clinic**

Before you come into hospital for your operation, you will need to attend a pre-operative assessment appointment. This may be face to face or via telephone. During this appointment, your fitness for surgery and anaesthetic will be assessed. You will be asked about your general health and well-being, medical history and the medicines you currently take. Please have an up to date list of your medications available. Advice will be given if any of your medicines need to be stopped before your operation.

You will have a range of observations and tests performed before your operation day. These include your weight and height, blood pressure, heart rate, oxygen levels and temperature, an ECG; which is a tracing of your heart rhythm, blood tests and swabs for infections such as MRSA and CPE.

You will also be given some information leaflets; they are there for your benefit and to give you as much information as possible about your care and operation. Please read them before you come into hospital for your surgery.

Once you have had your pre-operative assessment appointment, it is important you contact the nurse who saw you if any of the following develop before your operation:

- A cold, chesty cough, or throat infection (including COVID-19 and Flu)
- Skin problems (open wounds, broken skin, cuts, abrasions, insect bites, rashes or infections)
- Dental abscess
- In-growing toenail, athletes' foot, or any type of foot infection
- A urine infection.

You will also need to contact your nurse if you are admitted to hospital for any reason, you receive any new diagnoses, start any new medications, or your current medications change.

We want to minimise the risk of your operation being cancelled on the day so please inform us of any changes.

## What should I do on the day before surgery?

### **Pack your hospital bag**

Please bring in a small bag or case containing:

- Your own washing items (including soap or shower gel, shampoo, toothbrush, toothpaste, roll on deodorant, face cloth and towel)
- Washing and dressing aids (reacher or grabber, long handled sponge, long handled shoehorn)
- Day clothes (loose fitting and comfortable)
- Nightwear and dressing gown
- Flat and sturdy footwear (shoes or slippers) with a back in them; flip flops, sliders and mules are not recommended
- Glasses and hearing aids (if used)
- Medications in their original boxes
- Something to keep your mind occupied, for example a book or magazine.

Please do not bring large sums of cash or any valuables into hospital.

### **Follow the instructions in your hospital letter**

Please follow the instructions detailed in your admission letter carefully. Remove all nail varnish, false nails and jewellery and adhere to the times you are asked to stop eating and drinking. Have a bath, shower or strip wash before you come into hospital and do not put any make up, creams or perfume or aftershave on. Do not shave your legs or cut your toenails; if you cut your skin, especially to the leg you are having your operation on, it is likely that your surgery will be postponed due to the risk of infection.

## What happens on the day of my operation?

You will be given a specific time to arrive at the hospital. Please ensure you travel to the correct site as we perform hip replacement surgery at both New Cross Hospital and Cannock Chase Hospital.



## **Arriving at the hospital**

When you arrive at the hospital, you will be greeted by a member of the reception team. They will book you in and confirm some details with you. You will then be taken through to the admissions area by a member of the nursing team.

## **Routine checks**

The nurse will check all your demographic details and ask if you have any allergies or sensitivities. An identification band will then be placed on your wrist; if you have any allergies the band will be red. If not, it will be white.

The nurse will check your blood pressure, heart rate, oxygen levels and temperature; this is to make sure they are all within normal limits before your operation. They will also ask to see your skin to ensure there are no cuts, sores or signs of infection.

## **Confirming your consent form**

A member of the surgical team will go through the consent form with you; this is to ensure that you fully understand the procedure you are having and that you are still happy to proceed as planned. They will also draw an arrow on the leg you are having the operation on.

## **Meeting your anaesthetist**

Before your operation, you will meet your anaesthetist. They will ask you a series of questions to ensure that you are fit and well enough to have the operation. They will also discuss the anaesthetic options available to you and your post-operative pain relief plan.

## **Getting ready for your operation**

When it is time for you to have your operation, you will be asked to change into a theatre gown. You will then walk to the theatre area with a member of the team. If you are unable to walk, a wheelchair will be provided. You will be greeted by the anaesthetist and operating department practitioner and assisted to sit on the theatre trolley.

## **Attaching monitoring equipment and a drip**

A member of the team will attach some standard equipment to monitor your heart, blood pressure and oxygen levels while you are having your anaesthetic and operation.

You will also have a drip placed in your hand or arm. This will enable the anaesthetist to give you various medicines including antibiotics, anti-sickness, and fluids.

## **Anaesthetic**

Most people having a hip replacement will have their operation performed under a spinal anaesthetic. This is when an anaesthetic is injected into the lower back, between the bones of the spine. This makes the lower part of your body numb so you cannot feel what is happening during the operation and do not feel any pain immediately afterwards.

Some people choose to stay fully awake during their operation, while others choose to have some sedative medication to relax them and make them feel a bit sleepy. Others may choose or require a general anaesthetic.

Your anaesthetist will discuss this with you before your operation.

We recommend that you bring some music, podcasts, or e-books to listen to during your operation. This will help to relax and distract you.

## **The operation**

Once you have had your anaesthetic, you will be transferred into the operating room. The surgeon will make an incision over the side of the hip. The damaged parts of bone are carefully removed and replaced with the artificial ball and socket. The wound is then closed with stitches and/or clips and covered with a dressing. The operation usually takes 60-90 minutes, depending on the complexity of the procedure.

Throughout the operation, the anaesthetist and/or operating department practitioner will be sat with you. They will monitor you closely, talk to you and answer any questions you might have.

## **What happens to the bone that is removed during the operation?**

When you have a hip replacement, the ball part of the hip joint is removed, replaced, and usually discarded. Although the surface of this bone is damaged by arthritis, the underlying bone is good and can be stored to use for someone else. Donated bone can be very helpful for different types of operations where bone needs to be reconstructed. The nursing staff will talk to you about donating your bone when you attend the pre-operative assessment clinic. If you would like more information, please read the 'Donating Bone' leaflet.

## **What happens immediately after my operation?**

Following your operation, you will be transferred to the recovery room where you will receive one-to-one care from a theatre practitioner. Your blood pressure, heart rate and oxygen levels will continue to be monitored closely and your wound dressing will be checked. You will be positioned so you are comfortable and offered some water to drink.

You will usually stay in the recovery room for 30 minutes. Once the theatre practitioner is satisfied with your recovery, you will be transferred to the ward.

### **Eating and drinking**

After your operation, it is important that you start eating and drinking as soon as possible. This will keep you well hydrated and provide the energy your body needs to recover and heal. Once you are eating and drinking, the drip in your hand or arm will usually be removed.

### **Exercising and walking**

Following a spinal anaesthetic, it is normal to not be able to feel your legs for a couple of hours after surgery. Once you can feel and move your legs properly, you will be encouraged to get out of bed. Early mobilisation is a key component of your rehabilitation and is known to promote faster recovery times. The sooner you move, the earlier you will go home. You will also reduce your risk of complications like chest infections and blood clots.

The nursing and therapy teams will aim to get you up a few hours after your operation. They will help you to sit at the edge of the bed, stand and mobilise. You may start walking with a frame first, but you will progress to elbow crutches as soon as it is safe to do so.

For some patients, a same day discharge may be appropriate. If this applies to you, the physiotherapist will also teach you how to safely go up and down a step or flight of stairs.

### **Going to the toilet**

When you are ready to pass urine for the first time, you will be supported to stand and use a urinal bottle (males) or a commode (females). Thereafter, you will be supported to mobilise to the bathroom. This will allow your bladder to empty properly.

### **Pain relief**

Effective post-operative pain relief is extremely important as it will enhance your mobility and exercise tolerance.

After hip replacement surgery, you can expect to experience a moderate level of pain. This is normal. The nursing team will routinely come to you four times a day; these are called medication rounds. If you need additional pain relief in between these times, please ask a member of staff. It is important to remember though, that medication is not the only way to relieve pain. After hip replacement surgery, the nursing and physiotherapy team will encourage you to move your new joint. This is because movement reduces stiffness and breaks the pain cycle. Distraction techniques are another effective way to manage your pain after surgery. For example, talking with other patients, reading, listening to music, or doing puzzles.



One of the side effects of taking strong pain-relieving medication is constipation. To prevent this, you will have some mild laxatives prescribed. The nursing staff will encourage you to take these regularly until your bowel movements return to normal. Another side effect of taking strong pain-relieving medication is nausea or sickness. To prevent this, you will have some anti-sickness medication prescribed.

## What happens the day after my operation?

### **Blood tests and X-ray**

On the morning after your surgery, you will have a blood test taken by the phlebotomy team. These are the same blood tests that you had before your operation. The results will usually be communicated to you by lunchtime the same day.

You will also have an X-ray of your new joint the day after your surgery; this can be at any time.

### **Wound care**

The nurse will check the dressing on your hip and will usually leave it undisturbed. If the dressing is heavily stained however, it will be removed and a new one applied. It is normal to expect some bleeding after hip replacement surgery so please do not be concerned if this happens.

### **Physiotherapy & Occupational Therapy**

On the day after your surgery, you will be expected to get dressed and sit out in the chair for most of the day. This promotes a positive mindset and reinforces that you are now in the rehabilitation phase of your hip replacement journey. It also helps reduce the risk of you getting a chest infection.

Throughout the day, you will be expected to practice walking, gradually increasing the distance each time. You will also be expected to complete your exercise programme.

Members of the physiotherapy and occupational therapy teams will see you on the ward and support you to progress your mobility and improve your joint movement. They will teach you how to safely get out of bed, stand from a chair and get on and off the toilet. They will also teach you how to safely go up and down a step or flight of stairs. Once you can walk with crutches independently, complete your exercises to a satisfactory level and navigate the stairs or a step safely, you will be discharged from the therapy team.

You are expected to take a full and active role in your rehabilitation. The more you can contribute to your recovery, the quicker you will feel better and the sooner you will return home and to a normal active life.





**You may find it beneficial to practice your hip exercises at home before your operation. Strong muscles around your hip will enhance your recovery.**

## Physiotherapy Exercises



These exercises will strengthen your hip muscles and help get your hip back to normal. You are advised to complete them 3-4 times a day after your operation. We recommend that you do 5 repetitions of each exercise to start with and gradually increase them to 10 repetitions as your muscles get stronger.



## Seated Exercises

For seated exercises, please ensure that your chair is at the height recommended by your occupational therapist.

 <p>Sit on a chair with both feet planted on the floor. Slowly lift your heels off the floor bringing the weight on to your toes. Repeat 5-10 times.</p>	 <p>Sit on a chair with both feet planted on the floor. Squeeze your bottom cheeks together and hold for 5 seconds. Return to resting position. Repeat 5-10 times.</p>
 <p>Sit on a chair. Pull your toes up, tighten your thigh muscle and straighten your knee. Hold for 5 seconds. Return to resting position. Repeat 5-10 times.</p>	 <p>Sit on a chair. March on the spot gently. To avoid lifting your leg higher than 90 degrees, do not lift your knee higher than your hip. Repeat 5-10 times.</p>

## Standing Exercises

 <p>Stand straight with both hands on a solid support. Lift your knee up off the floor. When lifting, keep your knee below the level of your hip. Return to starting position. Repeat 5-10 times.</p>	 <p>Stand straight holding on to a solid support with one hand. Lift your operated leg sideways and bring it back keeping your body straight throughout the exercise. Return to starting position. Repeat 5-10 times.</p>
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 <p>Stand straight with both hands on a solid support. Slowly bring your operated leg backwards. Keep your knee straight and do not lean forwards. Return to starting position. Repeat 5-10 times.</p>	 <p>Stand straight with both hands on a solid support and feet shoulder width apart. Slowly bend your hips and knees, trying to push your bottom back. Your knees should be above your toes; do not let your knees turn in or out during the exercise. Return to starting position. Repeat 5-10 times.</p>
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## How long will I be in hospital for?

Everyone reaches their post-operative goals at different times. Our aim is to get you home as soon as it is safe to do so. After hip replacement surgery, most people are discharged one to two days after their operation, with some going home the same day. Please do not expect to stay in hospital any longer than this.

## What happens on the day of my discharge?

You will be discharged home once you and the clinical teams looking after you are satisfied with your progress.

Before you are discharged, you will be given:

- Appropriate walking aids and equipment (most equipment should be delivered prior to you coming into hospital).
- A copy of your discharge letter; this is for you to keep
- Medication; this usually includes pain killers, anti-sickness, laxatives and blood thinning injections
- A sharps box; to dispose of the injections
- Spare dressings and clip removers (if applicable)
- Instructions on how to care for your wound and when and where your clips need to be removed
- A discharge information leaflet containing useful contact numbers for when you are back at home.

### Transport home

You will need to arrange your own transport home from hospital. You are safe to travel as a passenger in a car. If you have any concerns or anticipate any difficulties, please speak to your pre-operative assessment nurse.

### Support at home

If you live alone, you may find it helpful to arrange for a friend or relative to stay with you for a few days after you return home. You should arrange this before you come into hospital for your surgery.

Very few people require professional care support at home following hip replacement surgery. If your personal choice is to have this help, you will need to arrange it privately before you come into hospital. The NHS can only provide professional care based on specifically assessed need and cannot arrange convalescent care.

## What should I do when I get back home?

Make sure that you:

- Keep active; continue with your exercises and take regular short walks
- Eat well and drink plenty of water
- Take your medications as prescribed
- Monitor for signs of infection and blood clots

Make sure that you do not:

- Drive until you have checked about this at your follow up appointment
- Go on long journeys for more than 30 minutes without stopping to exercise the leg; particularly in the first six weeks.

For detailed information on what you should do when you are back at home, please refer to the 'Discharge Information Following Elective Hip or Knee Replacement Surgery' leaflet.

## How do I prevent my hip from dislocating?

There are certain movements and positions that you need to avoid for the first six weeks after your operation. You must not cross your legs or lie on your side. It is very important that you avoid bending forwards with your hands below your knees. You should not twist or bend to the side at all. You should not use a recliner chair or put your foot up on a high stool.

When you are in hospital, you will be seen by members of the physiotherapy and occupational therapy teams. The physiotherapist will help to get you walking safely and advise on exercises to strengthen your muscles. The occupational therapist will advise you on the suitable height of seating and how to be as independent as possible with your daily activities. They may also provide you with some equipment to help you at home. You will usually receive a phone call approximately two weeks before your operation to discuss your needs and make arrangements for equipment deliveries.

## When can I use the bath or shower?

If you have a splash proof dressing on your wound, you can use a walk-in shower as soon as you wish. You will need to ensure that the shower head is angled away from your dressing to keep it as dry as possible. If your shower is over the bath, a strip wash at the basin is recommended. This is to ensure that you adhere to your post-operative hip precautions. You may find that standing in the shower or for a strip wash is uncomfortable. If this is the case, it is recommended that you sit on a stool or chair.

You should avoid having a bath until the wound is fully healed and you can safely get in and out of the bath. This is usually after six weeks.

Always take your time and try and hold onto something solid when stepping in and out. You may find having someone with you helpful. It is also advisable to have an anti-slip mat for safety.

## When do I return to the hospital?

You will usually see your consultant between 6 and 12 weeks after your operation.

Your appointment will be posted out to you.

Contact Numbers

Main Hospital Switchboard 01902 307999

New Cross Hospital

Waiting List Co-ordinator 01902 694091  
Monday – Friday, 09:00 – 16:30hrs

Orthopaedic/Fracture Clinic Extension 86061  
Monday – Friday, 08:30 – 16:30hrs

Pre-operative Assessment Clinic 01902 695587

Appleby Suite 01902 695590

Ward D7 01902 694034

Cannock Chase Hospital

Orthopaedic Pre-operative Assessment Clinic 01543 576589

Hollybank Day Case Unit 01543 576742

Hilton Main Ward 01543 576580

Additional information and resources

Further information about osteoarthritis and hip replacement surgery can be obtained from:

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

[www.versusarthritis.org](http://www.versusarthritis.org)

Notes

Please use this space to record any questions you have, or things you want to talk about with your healthcare team:

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## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。