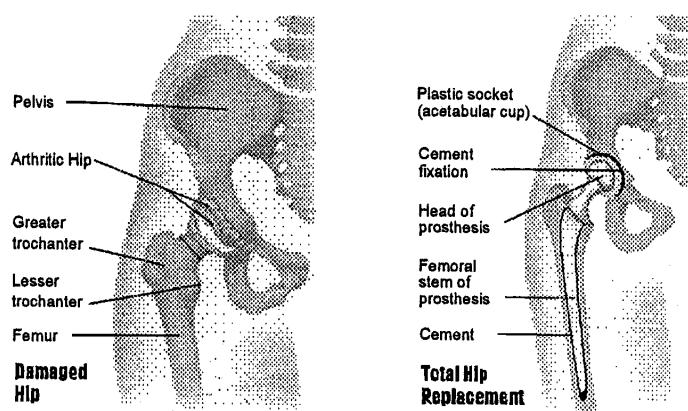


PATIENT INFORMATION

Total Hip Replacement

**A Guide to Pre and Post Operative
Management**



CONTENTS

- 1. Introduction**
- 2. Pre-admission**
- 3. Pre-Operative Therapy Patient Education**
- 4. Nutrition**
- 5. Risks**
- 6. On Admission**
- 7. The Operation**
- 8. After the Operation**
- 9. Pain Relief**
- 10. From Surgery Onwards**
- 11. Walking**
- 12. Total Hip Replacement Exercises**
- 13. Occupational Therapy**
- 14. When Can You Go Home?**
- 15. On Discharge**
- 16. Lifestyle Guidelines and General Activities**
- 17. Milestones and Exercise Monitoring**

1. INTRODUCTION

The aim of this booklet is to give you a basic understanding of Total Hip Replacement. It outlines what you need to know about a hip replacement both before and after your operation.

A Total Hip Replacement is performed to replace a damaged hip joint.

When arthritis occurs, the cartilage, which covers the head of your thighbone, wears away. This causes the bone to become worn and rough, causing pain and restricted movement.

A hip replacement replaces the worn out head of the thighbone using a metal ball attached to a stem and a plastic cup to the pelvic socket.

The new joint replacement aims to relieve pain, stiffness and, in some cases, leg length can be improved.

Whilst in hospital, you will be cared for by staff from several departments, for example: Doctors, Nurses, Occupational Therapists and Physiotherapists, all of whom contribute towards a shared goal, improving the quality of life for you, the patient.

X-RAYS



A Typical Arthritic Hip Joint
(before surgery)



Total Hip Prosthesis
(cup and stem cemented)

2. PRE-ADMISSION

Before you are admitted to hospital for your operation, you may be asked to attend for a pre-admission assessment. This assessment involves taking a detailed history of your general health, relevant social history, current medication and the difficulties you are experiencing due to your hip problem.

You will have several pre-admission investigations, including: -

1. Blood tests to check whether you are anaemic and to match your blood in case you need a blood transfusion
2. An Electrocardiogram (ECG) to check your heart beat
3. An X-ray of your pelvis/hip joint and chest.
4. A nasal swab and urine test to exclude infection.
5. Blood pressures, pulse, height and weight recording.
6. An iodine test.

You will be given information regarding your operation and the type of prosthesis that may be used, length of stay in hospital (approx 1-4 days) and what to expect whilst an in-patient. You will discuss consent and sign a consent form with your orthopaedic doctor.

3. PRE-OPERATIVE THERAPY PATIENT EDUCATION

Once you have opted for surgery, you will be given an appointment to attend our Therapy Education Group. This session is led by the ward Occupational Therapists and Physiotherapists.

This group session offers you an opportunity to gain understanding, prepare for the procedure and for the therapists to complete an assessment and fulfil any equipment or support needs that are identified.

It is important that you attend this appointment as it will help prepare you for your surgery.

4. NUTRITION

There are two reasons why your nutrition is important prior to your operation. First, being as fit as possible and having your weight within the healthy range for your height will aid your recovery. Being overweight will mean that there is excess weight to carry through your joint as you are working towards recovery. Second, having a balanced diet will ensure all your vitamins and minerals are in good supply to help your wound repair and recovery after the surgery.

5. RISKS

Infection: There is a low risk of infection but it is a serious complication, therefore it is important that you do not have any infections prior to admission. For example – skin, chest, or urinary tract infections.

Dislocation: There is always a risk that your artificial hip joint could dislocate, especially in the first few months after your operation. For this reason we recommend that you try to avoid over stretching your hip.

You may experience some post-operative nausea and sickness, which can be relieved by medication.

Venous Thromboembolism (VTE): The risk of VTE (a blood clot) is reduced as much as possible by early mobilisation, the possible use of elastic stockings to aid circulation, anti-coagulant therapy whilst in hospital, and the use of flowtron cuffs (calf compression pumps).

Following surgery, there is an increased risk of getting a blood clot or VTE in the form of a DVT (deep Vein Thrombosis) or a PE (pulmonary Embolism) calf, thigh, pelvis, arm or lung.

Sometimes your Doctor may prescribe medication to reduce the risk of a clot forming.

SIGNS OF WOUND INFECTION

After you leave hospital, be vigilant of the symptoms listed below:-

- ✓ The skin round your wound gets red or sore, or it feels hot and swollen.
- ✓ Your wound has a coloured discharge.
- ✓ You feel generally unwell or feverish, or you have a temperature.

These symptoms could indicate that you have a wound infection. You should contact the ward you were discharged from or your Physiotherapist/Occupational Therapist or contact the Trauma Nurse on 01704 704889 Ascom 3823, who will advise you accordingly.

You will be seen in clinic approximately six weeks after your discharge home.

VENOUS THROMBOEMBOLISM (VTE)

VTE is the process by which blood clots occur, and travel through the veins. VTE is the collective term for DVT (Deep Vein Thrombosis) and PE (Pulmonary Embolism). You will be given medication to help reduce this risk.

SIGNS OF A DVT

1. **PAIN** in the muscle belly e.g. calf / thigh or arm which is increased when pressure is applied to the area.
2. Sudden increase in **SWELLING** of the soft tissue.
3. Increase in **TEMPERATURE** in the area of pain
4. **REDNESS** of the local area

Unfortunately, a DVT can be present without these signs and similarly the presence of these signs does not always indicate a DVT.

SIGNS OF A PE

1. Increased **BREATHLESSNESS** / shortness of breath.
2. **CHEST PAIN**.
3. **COUGHING** up **BLOOD**.

WHAT TO DO IF YOU SUSPECT A DVT

**Attend Accident & Emergency Department immediately
(01704 547471) OR seek urgent medical advice**

6. ON ADMISSION

On admission to the ward you will be shown to your bed area where you may put your belongings. Cupboards are available for clothing.

What to bring with you

- Toiletries, nightwear/dressing gown.
- A pair of shorts, loose fitting trousers or knee length skirts and t-shirts or comfortable tops.
- Comfortable walking shoes or trainers.
- Slippers – ensure they have a “back” around the heel (remember your feet may swell after surgery).
- **Important** – Please bring all your regular medication with you to hospital.

You will be seen by a nurse who will go through the admission documentation.

You will be seen by a Doctor who will assess your fitness for surgery and who will discuss your medical history.

You will be seen by an Anaesthetist prior to surgery. At this stage, any worries or queries you have will be discussed.

You may consume non-clear fluids and a light diet for a minimum of six hours prior to surgery, clear fluids for a minimum of 2 hours.

7. THE OPERATION

Prior to surgery, a nurse will go through a checklist to ensure that you are safely prepared for your operation. You will be given some medication before your surgery. This will assist with your pain relief and reduce bleeding, which will help you after your surgery.

Most joint replacements are carried out under spinal anaesthetic where an injection goes into the spine, which numbs both legs and will ensure effective pain relief is achieved. The spinal anaesthetic typically lasts one to two hours which means you can walk sooner after your operation.

A bladder tube or catheter may be inserted into the bladder to make the first few days more comfortable.

The operation itself usually takes up to 1½ hours, after which you will be transferred to the recovery room.

Once safely round from your anaesthetic, you will be taken back to the ward. Your blood pressure, pain levels, pulse and temperature will be recorded and dressings and drains checked again. These observations will as necessary.

You will have a drip in your arm giving you intravenous fluids.

Your leg will have a well padded dressing to the hip area, and may have a drain coming from your leg wound which drains into a suction bottle. This ensures that excess blood does not collect around your new hip joint. Drains are usually removed from 24 hours onwards after the operation.

You may have flowtron cuffs fitted to your lower legs. These pump your calves alternately and aid circulation, to prevent DVTs. These must remain in place whilst resting until you are advised otherwise by your Physiotherapist or nursing staff.

You will be given assistance with toileting as and when required.

Fluids and food can be taken as tolerated.

8. AFTER THE OPERATION

YOUR HARD WORK STARTS

A safe, speedy recovery with maximum results from your new hip joint depends on several factors and the many people involved in your care.

The principal person involved in your recovery and progress is **YOU**.

Patients recover from the operation and anaesthetic at different rates, dependent upon their individual response to the surgery/anaesthetic, as well as any underlying medical condition, so the timing of the following events may vary according to the individual.

9. PAIN RELIEF

To carry out any exercise programmes, it is essential to have good pain control, so we will be encouraging you to take medication to minimise your pain. There are many forms of pain relief available and these will be given according to your needs. Please ensure that you tell us if your medication is not working for you, as often it is possible to either change it or give you additional medication to maximise your pain relief.

10. FROM SURGERY ONWARDS

Your dressing will be inspected and changed, if necessary.

Your intravenous drip will be continued until you are drinking, eating and passing urine in adequate amounts and until any relevant medication which requires the drip is completed, e.g. fluids, analgesia and antibiotics.

If you have a catheter, it may be removed within 24 hours.

A blood sample will be taken to check to see if you are anaemic after the operation.

You may have an x-ray taken of your new joint to allow your surgeon to check that the position of it is satisfactory.

Your skin will be checked to see that you are not getting sore. Remember that by moving yourself and doing your exercises regularly, you help to prevent problems such as pressure sores, deep vein thrombosis and chest infections.

If, at any time, you feel any pressure, discomfort or altered feeling in your skin, it is essential to tell us immediately so that we can take appropriate action before the skin breaks down.

Plans for discharge will be continuing during your stay and will involve you being seen and assessed by all members of the ward team.

These people will include your Doctors, Nurses, Physiotherapists and Occupational Therapists.

As soon as your therapy goals are met and you are medically fit, you will be discharged from hospital. Due to improved anaesthetic and pain relief, this may be the day after your surgery. This is called our Accelerated Rehabilitation Programme.

11. WALKING

The Physiotherapist will give you an appropriate walking aid of the correct height.

This is usually a frame initially until you grow more confident with walking again. This is then usually changed by the Physiotherapist to crutches. Most people leave hospital using crutches.

THE SEQUENCE FOR WALKING IS ALWAYS:

1. Move the walking aid forward first
2. Then the operated leg
3. Then the un-operated leg

When turning, you must remember not to pivot or twist on your new hip. It is, therefore important that you pick your feet up with each small step as you turn.

Returning to a 'normal' walking pattern is extremely important.

It will take considerable time and conscious effort to regain a 'normal' walking pattern. It will improve if you persevere.

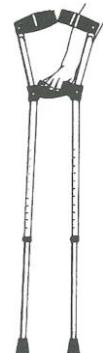
The Physiotherapist will help and instruct you in the best way to correct your posture and walking and advise you on appropriate exercises for your hip muscles.

Everyone recovers at their own pace but if you feel able you may begin walking with 1 elbow crutch after a few weeks. This must be held in the opposite side to your hip

replacement. Sometimes people can walk unaided after only a few weeks. If you are unsure and need advice, please contact your Physiotherapist.

Standing

Place the crutches into the “H” position then place one hand onto both handles and stand up. Once standing, place each hand through the cuffs of the crutches and hold the handles (handles face forward).



For stability in standing, each crutch should be slightly in front and out to the side of your feet.



Sitting

Take each arm out of the crutches and place handles together in the “H” position and hold with one hand. Once you feel balanced, reach back for the arm of the chair with your free hand. In a slow and controlled manner, lower yourself into a sitting position.

Walking with 2 Crutches

1. Take both crutches forwards.
2. Step forwards with the operated leg taking as much weight as you feel is comfortable.
3. Step past with the unoperated leg.
4. Repeat.

Walking with 1 Crutch

1. Hold the crutch in the unoperated side.
2. Take the crutch forwards.
3. Step forwards with the operated leg taking as much weight as you feel comfortable.
4. Step past with the unoperated leg.
5. Repeat.

On Stairs

Where possible use a handrail and hold both crutches in the same hand (see diagram) or give a spare crutch to someone else.

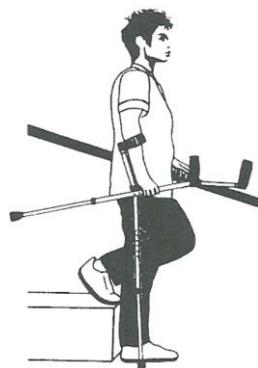
Going Up

1. Unaffected leg
2. Affected leg
3. Crutch



Going Down

1. Crutch
2. Affected leg
3. Unaffected leg



CARE AND MAINTENANCE OF YOUR CRUTCHES

Regularly check that the:-

- Rubber tips are not worn to the point where no tread is showing.
- Springclip tips are located into both holes.
- Tubing is not cracked or damaged.
- Adjustment mechanism adjusts freely.
- The holes on the adjustment legs are round and not worn to an oval shape.

Always use the crutches as advised by the issuer.

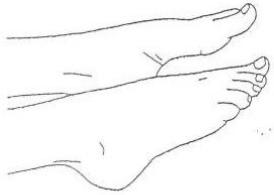
- Once set up there should be no reason to adjust the crutches without consultation with the issuer.
- Avoid wet floors and uneven surfaces and remove obstacles such as loose rugs before using crutches.
- Do not store in subzero temperatures.
- Use the crutches in good light and wear supportive footwear.
- A mild detergent and warm water can be used for cleaning metal crutches.

Once you no longer require your elbow crutches, please return them to the Physiotherapy Department at either Ormskirk or Southport hospital.

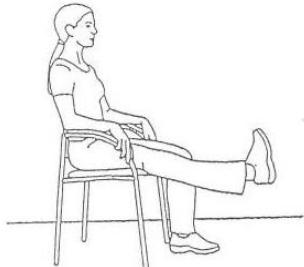
12. TOTAL HIP REPLACEMENT EXERCISES

It is advisable that you complete the exercises below before and after your Total Hip Replacement

Exercise 1 - Wiggle the toes, pump the foot up and down and circle the ankle in each direction



Exercise 2 - Sitting on a solid chair, straighten the leg out in front, hold for 5 seconds and lower slowly to the floor



Exercise 3 - With the leg straight out on the bed, tense the thigh, to squeeze the knee into the bed for 5 seconds



Exercise 4 - Sitting in a chair or lying on the bed, tense the buttocks, squeezing them together for 5 seconds



Exercise 5 - Standing holding a steady surface, lift the knee up a few inches, but no higher than the hip then slowly lower



Exercise 6 - Standing holding a steady surface, raise your leg out to the side several inches, then slowly bring it back



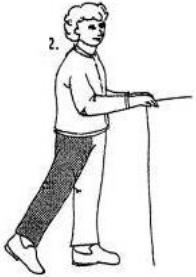
Exercise 7 - Standing holding a steady surface, bend the knee bringing the foot up towards your bottom and slowly lower



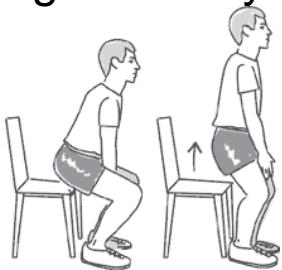
Exercise 8 - Standing holding a steady surface, feet hip width apart, complete small squat and then stand up again



Exercise 9 - Standing, holding a steady surface, lift the leg backwards several inches, then slowly bring it back



Exercise 10 - Using a solid chair, stand up then sitting down again slowly (You may hold onto the arms of the chair)



You should begin completing these exercises as soon as you elect to have a Total Hip Replacement.

It is important to try to complete all exercises on both legs to maximise your movement, strength, function and stability.

You should aim to complete two to three sets of ten repetitions of each exercise a minimum of three times per day.

Remember, you are advised to continue your exercises for three to six months post-surgery.

You should work within your pain limits, not into pain. It is not essential that all of the exercises are done at the same time and they can be done in any order.

HIP MOVEMENTS

After a hip replacement operation, the surrounding muscles and tissues take some time to heal. To allow the muscles to heal, and for comfort, try and avoid over stretching your new hip. The Occupational Therapist will provide you with advice on the safest and most comfortable way to carry out your everyday tasks.

Although you do not need to follow full hip precautions, there are four basic movements to be cautious of.

- Crossing your legs
- Bending the operated hip excessively
- Twisting or swivelling on your operated leg
- Rolling or lying on your unoperated hip

13. OCCUPATIONAL THERAPY

The **Occupational Therapist** will see you and assess you for any equipment and/or help you may need when you go home. As your hip may be uncomfortable after your surgery, the Occupational Therapist will show you how to make everyday activities easier by putting them into context of your daily life and can advise you on adapting your lifestyle to take this into consideration.

GETTING IN AND OUT OF BED

When you get out of bed for the first time the ward staff will be there to assist you and will supervise you until you are safe and independent. This is usually on the day of your operation or the following morning.

YOUR BED

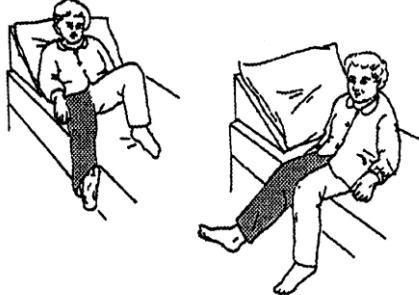
Your bed at home should be high enough for you to get in and out of easily.

If you have particular difficulty getting into or out of your bed prior to your operation, please make the Occupational Therapist aware of this.

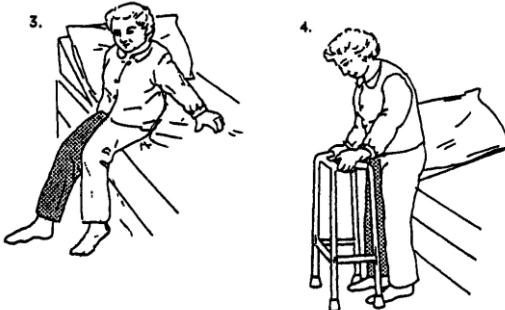
WHEN GETTING OUT OF BED:

1. Move your legs one at a time to the edge of the bed, sitting up and pivoting on your bottom as you do so.

2. Perch yourself on the side of the bed with the foot of your unoperated leg flat on the floor and your operated leg out in front of you.



3. Put your hands on the bed at the side of you and push down on the bed with your hands and stand up, drawing your operated leg back as you stand.
4. When you are standing on your feet, take hold of your walking aid, frame or crutches.



GETTING BACK INTO BED IS THE REVERSE PROCEDURE

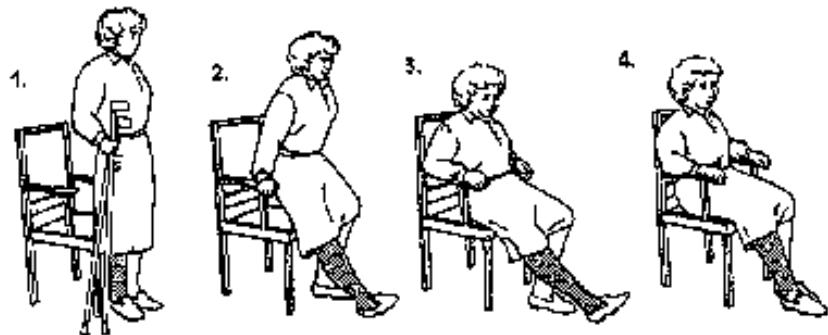
1. Make sure the backs of your legs are touching the side of the bed before you sit down. As you lower yourself with your hands either side of you on the bed, slide your operated leg out in front of you.
2. Sit back on the bed as far as you can before pivoting to get back into bed. Initially, you may need help lifting your legs into bed.

GETTING ON AND OFF YOUR CHAIR

It is important to sit in a chair which is not too low as you may struggle to get up from it. A chair is better than a settee as you have two arms which you can push up on.

If you are struggling to get in and out of your chair, it may be necessary to add a cushion to higher your position.

1. Position yourself so that you are 'square' onto the chair and you can feel the chair behind your legs.
2. Put your walking equipment to one side as you reach back with your hands for the arms of the chair.



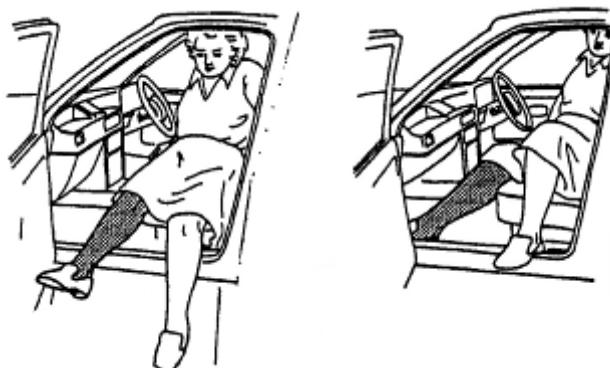
3. Slide your operated leg forwards.
4. Lower yourself gently into the front of the chair, then move backwards until comfortable.

GETTING OUT OF THE CHAIR IS THE REVERSE PROCEDURE

GETTING IN AND OUT OF CARS

The passenger seat should be pushed back as far as possible and the seat slightly reclined. If the car seat is low an extra seat cushion may be necessary.

1. Make sure you are on the level and not standing on the kerb. Position yourself with the back of your legs against the car doorsill.
2. Reach back for the back of the seat with your left hand and the seat base or dashboard with your right hand.
3. Put your operated leg out in front of you, with the knee fairly straight, lower yourself gently.
4. When sitting, lean back slightly and push your bottom further onto the seat, towards the driver's seat.
5. Leaning back and pivoting on your bottom slide your legs into the car. Be careful and do not hurry. This can be made easier by sitting on 2 plastic bags to reduce friction. Once in, adjust yourself to a comfortable position.



GETTING OUT IS THE REVERSE PROCEDURE

WASHING AND DRESSING

For comfort, it may be useful to initially use dressing aids to help you dress independently. These include a long handled shoe horn, a Helping Hand (long handled reacher) and a sock/tights aid. These can be purchased from chemists or disability equipment suppliers prior to admission. If you prefer, you can purchase them from the hospital direct while you are an inpatient.

Please bring in to hospital suitable day clothes that you can practise dressing into while you are on the ward. Comfortable, low heeled slippers/footwear with backs in, are recommended.

You should get dressed sitting down on a chair of suitable height or on the edge of your bed. Take garments over your head where possible, then start on your operated side first. Leave your operated side until last, when you are undressing.

YOUR TOILET

For your comfort and ease, you may require toilet equipment. It may be advisable to have grab rails or a toilet frame to make standing up and sitting down on the toilet more comfortable. Also, consider the distance from your bed/chair to the toilet. If possible, use a bedroom closer to your bathroom. The Occupational Therapist can arrange provision of toilet equipment if required.

Slide your operated leg out in front of you, reach down for the toilet seat with your free hand and gently lower yourself down onto the seat.

If you are using a toilet frame, place both hands on the handles.



BATHING

You are advised not to sit down in the bath for at least 6 weeks following your hip replacement. Use a stool or chair of a suitable height placed in front of the washbasin so that you can sit to have a wash.

Once your wound is healed and dry, if you have a walk-in shower and can use it safely, you may do so. To avoid slipping, you can put a rubber mat on the shower cubicle floor. Do not over stretch your hip when washing your hair over the sink.

You may find it easier to have help with personal hygiene – discuss this with your family or Occupational Therapist while in hospital.

IN THE KITCHEN

It is a good idea to stock up your freezer/store cupboards with easy to prepare convenience foods which only need heating through when they are required.

Bring out any pans or dishes from high/low cupboards that you will need and keep them to hand on the worktops.

Use the top shelves in the fridge to avoid bending.

Plan to use the top of the cooker, the grill or microwave rather than using the oven if it is low.

A kitchen trolley may be useful to enable you to transport items around your home.

Have a dining chair or high stool in the kitchen if possible so that you can sit while working.



DOMESTIC TASKS

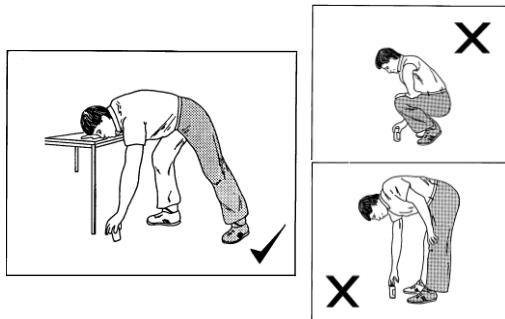
Ask a friend or relative to complete your shopping, cleaning, ironing and change your bed and load/unload the washing machine for you.

If you have no-one who can help you, Social Services can advise you on what support is available. Talk to the

Occupational Therapist or one of the nurses about what help you may need.

BENDING DOWN

Hold onto a solid object for support. Slide your operated leg out behind you, keeping your operated leg straight.



14. WHEN CAN YOU GO HOME?

The day is variable and depends upon your progress and your home circumstances but we anticipate this to be between 1-3 days. It has been proven by research that patients rehabilitate better and return to function quicker within their own environment. With support from our Therapy Discharge Scheme and our Accelerated Rehabilitation Programme, patients are now going home the day after surgery. The aim is:-

1. A clean, dry wound. You can go home with stitches, glue or clips in, so long as the wound is satisfactory. The ward nurses will arrange for a District Nurse to remove the stitches or clips usually on the 10th to 12th post-operative day.
2. For you to be independent in mobility, transferring on and off the bed, chair and toilet and to be independent with personal and domestic activities.
3. Discharge plans are complete and any equipment that may be required for you to be safe at home is available. Equipment is issued within your home district and there may be a small charge for this equipment. We can advise you on where to purchase the small items of equipment if you wish to do so.
4. If assistance is necessary with shopping and meals, a Social Worker may need to organise this before discharge.

15. ON DISCHARGE

Planning for your time after surgery is important. Think about how you will cope when you come home from hospital after your operation. Make some changes now so you can try them out before you go into hospital.

After your operation you will usually be walking with two crutches/walking aids. It is a good idea to have a look around your home and think about moving furniture/objects that might be in the way. You will need clear walkways to your kitchen, bathroom and front door. Also, remember to remove or tape down loose rugs or pedestal mats to avoid tripping over them.

When you go home, your continuing progress will depend on you continuing to do your exercise programme following the advice already explained to you.

It may be several weeks or up to a few months before the swelling and bruising settles completely, giving you maximum benefit from your new hip joint.

Remember it is an artificial joint which may be at risk of becoming infected, therefore your lifestyle may have to be adapted accordingly.

WHEN YOU GO HOME, IF YOU DEVELOP A PROBLEM WITH YOUR HIP WOUND, CONTACT YOUR CONSULTANT OR THERAPIST IMMEDIATELY OR THE TRAUMA NURSE.

TELEPHONE NUMBERS:

CONSULTANT – Ring the Hospital switchboard on 01704 547471 and ask to speak to the Consultant's Secretary.

PHYSIOTHERAPIST/OCCUPATIONAL THERAPIST – 01695 656861

TRAUMA NURSE – 01704 704889 or Ascom 3823.

16. LIFESTYLE GUIDELINES AND GENERAL ACTIVITIES

Continue to exercise for 3 months as you have been instructed and allow yourself plenty of time for rests in bed. Your pain should guide the amount of activity you do. It is not advisable to 'push into your pain'.

Sleeping: Sleep on your back for the first few weeks. If you lie on your side, try and sleep on your operated side with a pillow between your knee and hip to make it more comfortable.

Sitting: Avoid low chairs and crossing your legs.

Walking: Go for regular, short walks.

Dressing: You should always sit to put on shoes, socks, trousers, stockings, etc. Use long handled equipment if you find this more comfortable.

Housework: Spread household chores throughout the week. Avoid any heavy housework/vacuuming for the first few weeks following the operation.

Kneeling: You may start to kneel when your leg feels comfortable. It is important to put your un-operated leg in front and kneel on the operated leg. (This avoids excessive bending at your artificial hip).

Hanging washing: Try to place your basket of laundry on a chair to avoid repeated excessive bending.

Be careful bending to load or empty your machine.

Gardening: Avoid digging and pushing a lawn mower for a few weeks after your operation.

Driving: Avoid for the first 6 weeks after your operation and check with the consultant at your first follow-up appointment before you attempt to drive. It is advisable to contact your insurance company to check that you are covered. This is for both automatic and manual vehicles.

Flying: Flying is not usually advised for 6-12 weeks post-surgery. It may be advisable to consider inflight stockings and possibly aspirin as a precaution prior to your flight. For long haul flights it may be recommended not to fly for 4 weeks prior to your surgery and 12 weeks post-operative. Please discuss with your consultant.

Sexual Intercourse: Avoid over stretching your new hip following surgery. Care should be taken for several months.

Swimming: Wait until your first follow-up appointment with your consultant.

Normal sporting activities: e.g. dancing, bowling, cycling, bowls, etc. Discuss with your consultant at your outpatient appointment when it is safe to resume activities.

Be careful: Picking up your shoes or items you drop on the floor.

Mail: You may find it easier to use a long handled reaching aid to pick your mail up off the floor.

Milk: If you have milk delivered, ask your milkman to leave it in a higher place to avoid you having to bend down. You can carry your milk bottles in from the door in a shoulder bag.

Pets: Avoid bending down to pet them or to put down or pick up feeding bowls. It may be helpful to ask someone to put your pet's food and water bowls onto the floor for you. A long handled dustpan can be used to place feeding bowls on the floor. If this is difficult, there are long handled dog and cat feeders available commercially.

Work: Before you return to work, please discuss with your consultant.

17. MILESTONES AND EXERCISE MONITORING

1-3 WEEKS POST SURGERY

Continue with the exercises and continue to increase the distance that you walk outside, you can start going outside as soon as you feel able. Some patients, by this time, may be comfortable walking as much as a mile a day. Hopefully you may feel confident enough to go to the local shop or supermarket. You can do this at any time you feel ready. You may feel able to walk with one elbow crutch by this point (hold the crutch in your opposite hand).

4-8 WEEKS POST SURGERY

You may be able to walk unaided or with a stick. You will have a follow-up clinic appointment. Avoid movements that could over stretch your new hip.

3-6 MONTHS POST SURGERY

Continue with the exercises. Most of the swelling should now have resolved but some may remain.

Over the next six pages you will find tables for you to use, to indicate that you have completed your exercises. There is also a section for you to summarise how you feel you are managing with the exercises and generally. Please use this diary to monitor your progress over the six weeks.

Week: 1

Please place a tick in each box, to indicate that you have completed the exercises advised.

(The exercises correspond to the exercises displayed in the front of this booklet)

	Day 1 AM / PM / EVE			Day 2 AM / PM / EVE			Day 3 AM / PM / EVE			Day 4 AM / PM / EVE			Day 5 AM / PM / EVE			Day 6 AM / PM / EVE			Day 7 AM / PM / EVE		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Please write below any comments about your exercises, and how you have felt this week

Week: 2

Please place a tick in each box, to indicate that you have completed the exercises advised.

(The exercises correspond to the exercises displayed in the front of this booklet)

	Day 1 AM / PM / EVE			Day 2 AM / PM / EVE			Day 3 AM / PM / EVE			Day 4 AM / PM / EVE			Day 5 AM / PM / EVE			Day 6 AM / PM / EVE			Day 7 AM / PM / EVE		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Please write below any comments about your exercises, and how you have felt this week

Week: 3

Please place a tick in each box, to indicate that you have completed the exercises advised.

(The exercises correspond to the exercises displayed in the front of this booklet)

	Day 1 AM / PM / EVE			Day 2 AM / PM / EVE			Day 3 AM / PM / EVE			Day 4 AM / PM / EVE			Day 5 AM / PM / EVE			Day 6 AM / PM / EVE			Day 7 AM / PM / EVE		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Please write below any comments about your exercises, and how you have felt this week

.....

.....

.....

.....

.....

.....

Week: 4

Please place a tick in each box, to indicate that you have completed the exercises advised.

(The exercises correspond to the exercises displayed in the front of this booklet)

	Day 1 AM / PM / EVE			Day 2 AM / PM / EVE			Day 3 AM / PM / EVE			Day 4 AM / PM / EVE			Day 5 AM / PM / EVE			Day 6 AM / PM / EVE			Day 7 AM / PM / EVE		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Please write below any comments about your exercises, and how you have felt this week

.....

.....

.....

.....

.....

.....

Week: 5

Please place a tick in each box, to indicate that you have completed the exercises advised.

(The exercises correspond to the exercises displayed in the front of this booklet)

	Day 1 AM / PM / EVE			Day 2 AM / PM / EVE			Day 3 AM / PM / EVE			Day 4 AM / PM / EVE			Day 5 AM / PM / EVE			Day 6 AM / PM / EVE			Day 7 AM / PM / EVE		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Please write below any comments about your exercises, and how you have felt this week

.....

.....

.....

.....

.....

.....

Week: 6

Please place a tick in each box, to indicate that you have completed the exercises advised.

(The exercises correspond to the exercises displayed in the front of this booklet)

	Day 1 AM / PM / EVE			Day 2 AM / PM / EVE			Day 3 AM / PM / EVE			Day 4 AM / PM / EVE			Day 5 AM / PM / EVE			Day 6 AM / PM / EVE			Day 7 AM / PM / EVE		
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Please write below any comments about your exercises, and how you have felt this week

.....

.....

.....

.....

.....

.....

Please remember that this booklet is only a guide and a reminder for you and your family.

Contact:

Ormskirk Physiotherapy/Occupational Therapy Department
Tel: 01695 656861
8.30 am – 4.30 pm

Southport Physiotherapy/Occupational Therapy Department
Tel: 01704 704143/704815
8.30 am – 4.30 pm

H Ward
Tel: 01695 656903

Ward 14A
Tel: 01704 704891

We would be grateful for any feedback on our orthopaedic service. Please go to the NHS Choices website to review our service – www.nhs.uk

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Manager/Sister/Charge Nurse if you have any questions or concerns.

REHABILITATION/THERAPY

If you have any concerns or questions regarding your rehabilitation, please contact either the Orthopaedic Therapy Team Leader on 01695 656861, or the Head of Therapy and Rehabilitation on 01704 704147.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT HOSPITAL

Any concerns regarding your hip wound, contact us immediately:

H Ward – 01695 656903

Physiotherapist/Occupational Therapist 01695 656861

Consultant Surgeon – via the hospital switchboard 01704 547471.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

DVT

Hip dislocation

Wound infection

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL

Included in leaflet.

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

Arthritis Research UK Tel - 0300 790 0400

Email enquiries@arthritisresearchuk.org

Website: www.arthritisresearchuk.org

**Please call 01704 704714 if you need
this leaflet in an alternative format**

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

We would welcome your feedback about your experience
at Southport and Ormskirk Hospital NHS Trust.

Please access the Friends and Family Test at the following
link:

<https://www.southportandormskirk.nhs.uk/patients-and-visitors/fft/>

Thank you

Owner: Joanne Kenyon

Ref: 324

Version: 12

Reviewed: June 2022

Next Review: June 2025