Patient Information

NHS
Royal Devon and Exeter
NHS Foundation Trust

Princess Elizabeth Orthopaedic Centre

Revision Hip Replacement

Please bring this leaflet when you attend pre-operative assessment clinic & for your operation

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The Exeter Hip Unit

Introduction

The Princess Elizabeth Orthopaedic Hospital (PEOH) was founded in 1927 as a result of efforts by surgeon Brennan Dyball and Dame Georgina Buller. In 1931 Norman Capener was appointed as surgeon in charge of the PEOH. Capener was fundamental to the establishment of orthopaedic surgery throughout Devon and Cornwall, overseeing a rapid expansion of the service. Dyball and Capener wards are named after these eminent surgeons.

Robin Ling succeeded Capener in 1963. During his tenure at the PEOH, Ling alongside Dr Clive Lee of the University of Exeter, developed the Exeter Hip Replacement. Subsequent research and development of the Exeter Hip has resulted in it becoming one of the most widely used and successful hip replacements in the world; by 2010, the Exeter Hip had been used in a million hip replacement procedures over a period of forty years.

In 1997, the Princess Elizabeth Orthopaedic Centre (PEOC) at the Royal Devon and Exeter's Wonford site opened and the old PEOH site closed. Today, the centre continues to develop its reputation as a centre of excellence for orthopaedic surgery, training and research both nationally and internationally. There are a total of twenty three orthopaedic consultants based at the PEOC, four of whom specialise in hip replacement surgery and comprise the Exeter Hip Unit: Professor A Timperley, Mr M Hubble, Mr J Howell and Mr M Wilson. Mr J Charity is responsible for the hip fracture service and also specialises in hip replacements.

We strive to provide high quality of care at the PEOC but we recognise that standards of healthcare can always be improved. As such, we have developed an ethos of continuous improvement in all aspects of our activities. The standards of care across the Royal Devon and Exeter hospital are audited internally and externally by the Care Quality Commission. A copy of its latest report is available by contacting:

Care Quality Commission
Citygate, Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: **03000 616161**

Website: **www.cqc.org.uk**

Email: **enquiries@cqc.org.uk**

Coming in to hospital Information

You can find more information on the Hospital website:
www.rdehospital.nhs.uk

Revision hip replacement

Why revision surgery is needed

An existing hip replacement can sometimes need re-doing, this is known as revision surgery. There are many reasons why this may be recommended including repeated dislocation of the ball from the socket, fracture of the bone around the replacement, infection, loosening and significant wear of the existing replacement. Your surgeon's team will explain more about the reasons for your operation in clinic and at your pre-operative assessment appointment.

Revision surgery can range from a change of a worn socket liner through to more extensive, complicated surgery involving the bones of the pelvis and thigh as well as the artificial ball and socket. Because of this, your operation and recovery will be individual to you and the advice you are given will be personalised for you.

This booklet provides some general advice but this may vary depending on the recommendations of your surgeon. Please feel welcome to ask if you are unsure about anything related to your operation.

Getting ready for your operation

Preparing yourself and your home

You can help to reduce the risk of some complications by keeping fit before you come into hospital:

- Maintain a healthy diet. If you are overweight, use the waiting time before your operation to steadily reduce your weight.
- Stop smoking. Advice and help can be found on **www.nhs.uk/smokefree** or discuss the options with your GP. It is very important that you cease smoking for at least eight weeks before your surgery so that your lungs and breathing improve. Evidence has shown that reducing smoking before an operation makes a significant difference to the effect of the anaesthesia.
- See your dentist for a check-up, particularly if you do not have regular dental checks.
- Have a check-up at your GP practice if you have long term health problems such as diabetes, high blood pressure, anaemia or heart problems.

With some planning, most people are able to return home one to three days after their operation. The following simple preparations before your surgery can help your recovery and discharge home.

- Have your house ready for your arrival back home.
- Clean and do the laundry. Put clean sheets on the bed.
- Arrange easy access to items in cupboards e.g. clothes, food etc.
- Prepare meals and freeze them in single serving containers.
- Make sure that you have enough of your prescribed medicines to last for a few weeks after you return home.
- Pick up loose rugs and tack down loose carpeting to reduce the risk of tripping with your crutches.
- Make sure there is room to walk from room to room without obstacles getting in your way. A wheeled trolley may be useful to carry food any distance.
- Arrange to have help with heavy domestic tasks such as hoovering.
- If you are a carer for a loved one, arrange for alternative support.
- Arrange care of pets if necessary.
- Cut the grass; tend to the garden and other necessary outside work.
- You may find it helpful to arrange for a friend or relative to stay with you for a few days after you return home.
- We are unable to arrange convalescent care. You will be discharged from hospital as soon as you are safe and medically well. If you wish to arrange a convalescent stay or private support for home, please contact Care Direct (0345 155 1007) who will be able to give you more information.

Potential post-operative complications and precautions

We expect you to make a rapid recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems, which are common after this operation, and also about more serious problems that can occasionally occur. The following section describes these, and we would particularly ask you to read this. The headings from this section will also be included in the consent form you will be asked to sign before your operation.

Revision surgery may take longer to recover from, and has a slightly higher risk of complications than a primary hip operation. Prior to your operation we would like you to visit the website **www.consentplus.com** which gives you further information about the benefits and risks of hip replacement. Your surgeon will discuss these further when you attend your pre-operative assessment appointment. If you don't have access to a computer, please ask a family member or friend to help you with this. Complete the questionnaire on the website and print off the certificate so that your surgeon can answer your questions when you attend the pre-operative assessment.

Spinal anaesthetic risks

A spinal anaesthetic is routinely used in a hip replacement operation and has the following possible risks and side effects.

Common side effects (risk of 1 in 10 to 1 in 100)

- Low blood pressure which can make you feel sick or dizzy. This can be treated by giving you fluid through a drip or drugs to raise your blood pressure.
- Itching- this is common if morphine-like drugs are given in the spinal anaesthetic. It can be easily treated if you let the nurses know you are experiencing it.
- Temporary headache. This can be treated with simple painkillers.
- Difficulty passing urine after the catheter is removed following surgery (urinary retention). This may require a catheter to be re-fitted temporarily into your bladder.

Rare side effects (risk of 1 in 10,000)

Nerve damage can result in loss of sensation, pins and needles or muscle weakness. If it occurs it usually gets better in days or several weeks. Permanent nerve damage is even rarer and has about the same chance of occurring as major complications of general anaesthesia.

Very rare side effects (risk of 1 in 100,000)

Death is a rare complication of all types of anaesthetics and usually happens as a result of four or five complications arising together. There are probably about five deaths for every million anaesthetics given each year in the UK.

General anaesthetic risks

A general anaesthetic is less often used during hip replacement operations. It has some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness. These can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lips or tongue, sore throat and temporary problems with speaking.

- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions:

General surgical risks

Wound problems

The wound is usually completely healed 10-14 days after surgery, however If your general practitioner or district nurse has any concerns, he/she should contact your surgeon as continued wound problems may indicate a superficial infection. Please contact PEOC if there is increased drainage, redness, pain, odour or heat around the incision. Take your temperature if you feel warm or sick. If it exceeds 38°C please seek urgent medical advice.

Thromboses and emboli (blood clots)

Blood clots in the leg veins (deep vein thrombosis) or on the lungs (pulmonary embolus) can occur after any major surgery. The simplest ways of reducing the risk of blood clots are early exercise, walking and drinking plenty of fluids. Whilst in hospital you will also be prescribed a daily injection of fragmin, (a blood thinning drug). When you are discharged, you will usually be given blood-thinning medication to take every day for several weeks.

If a clot occurs, despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

Signs of blood clots in legs

- Swelling in the thigh, calf or ankle of either leg that does not go down with elevation of the leg.
- Pain, tenderness and heat in the calf muscle of either leg.

If you recognise the signs of a blood clot you should contact your GP promptly.

Signs of a pulmonary embolus

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.

This is an emergency and you should call 999 if a pulmonary embolus is suspected.

Infection

If you are having a revision operation because of an infected hip, your surgeon will explain more about the treatment for this when you see them.

A deep infection of the joint can occur after any hip surgery including a revision despite the great lengths which are taken in theatre to reduce the risks of this happening. This includes the operation taking place in a clean theatre and sterile clothing being worn by the surgical team. Despite all the precautions taken, infections can still occur at any stage in the life of a hip.

If you develop signs of an infection at any time after your revision operation (e.g. urine or chest infection, tooth abscess, leg ulcer), please remind your GP/dentist that you have a hip replacement. If your hip suddenly becomes painful, it is important to see your GP so that infection in your hip replacement can be ruled out.

Signs of Infection

- A marked increase in swelling or redness at the wound site.
- Leaking of the wound.
- Increase in pain in the hip.
- Fever greater than 38°C.

If you develop any new redness around the wound or if the wound starts to leak after leaving hospital, it is important that you see your General Practitioner for advice or telephone the local hip unit for advice (**01392 403637/403509** during office hours).

Bleeding / haematoma

It is normal for a hip to swell following surgery but occasionally some blood can collect within the muscles and cause more persistent pain, swelling and bruising.

Medical problems

Complications of myocardial infarction (heart attack), stroke or death can occur after hip replacement as with other forms of major surgery. The anaesthetist will not allow the operation to proceed if it is felt that the risks of these issues are significantly higher than normal.

Fat embolism

This is rare and is caused by the fat within the bones (marrow) getting into your lungs at the time of surgery and causing breathing problems. Although this can be serious it is most commonly treated with extra oxygen.

Urinary problems

The anaesthetic used can make it difficult to pass water following the hip replacement and in the majority of people a catheter is inserted into the bladder during the hip replacement operation. This is usually removed the morning after surgery.

Blood transfusion

Blood transfusion is more commonly needed after revision surgery than primary hip replacement. However, your surgeon and anaesthetist will often initially use a system called ‘cell salvage’ to collect the patient’s own blood, filter it and give it back to the patient which reduces need for a blood transfusion. If you do not want a blood transfusion for religious or other reasons, please make your team aware before your operation.

Risks specific to revision hip replacement

Implant wear and loosening

Revision hips wear over the years in a similar way to primary hip replacements. This can occur without symptoms but may be seen on x-rays. It is for this reason that we will often follow you up with check x-rays for many years after your surgery, even though your hip may not be causing you any problems. If this happens a further revision hip replacement may be needed.

Dislocation

A dislocation occurs when the ball comes out of the hip socket. This is more common after revision surgery and particularly in the first few weeks when the tissues around the joint are healing. Artificial hips usually dislocate when the hip is bent up and across towards your opposite shoulder e.g. when sitting with your legs crossed at the knee or when reaching down to a foot. To minimise this risk we will ask you to take some precautions after your operation which the physiotherapists and occupational therapists will teach you.

Signs of dislocation

- Severe pain.
- Rotation/shortening of leg.
- Unable to walk/move leg.

If the hip does dislocate it needs to be relocated and this is either done in the Emergency Department or in theatre. If a hip dislocates on more than one occasion, your surgeon may discuss the need for further surgery to stabilise the hip joint.

Fractures

Fractures (breaks) of the bone can occur during the operation. These are almost always identified during surgery or on the check x-ray following. Occasionally this requires further surgery or the surgeon may simply slow down your activities for several weeks to allow the fracture to heal.

Leg length difference

The surgeon will always aim to make your legs equal length after surgery but it may not always be possible after revision surgery. Small differences may not cause any problems but if the difference is significant it can be corrected by using a shoe insert or heel-raise.

Nerve damage

The skin over the outer side of the hip can feel numb for at least 12 months after your surgery and this is normal. Very rarely, one of the main nerves that run past the hip is compromised by the surgery and stops working. This can cause a foot-drop, or paralysis of other muscles in the leg or numbness affecting part or all of the leg. Although the nerve often recovers over a period of months the paralysis, pain or numbness can persist.

Blood vessel injury

Damage to major blood vessel is very rare but can occur. This can cause extra bleeding and bruising and often requires surgery to repair the damage.

Hip pain, stiffness, limp.

The muscles and other deeper tissues affected by the revision replacement take several months to heal and so can feel stiff, this is most noticeable when you take the first few steps after sitting for a while. Over time you should notice this less but some people find that it always remains difficult to reach down to their feet, for example to put on socks and cut toe nails. Aids and adaptations are available to help with these activities.

Ectopic bone or heterotopic ossification (extra bone formation)

The body may form new bone in the tissues around the hip in response to the trauma of the operation. This tends to occur only in the immediate recovery phase but can occasionally lead to long-term stiffness of the joint.

Allergies

The hip replacements that we use are manufactured from a number of materials that may include surgical stainless steel, titanium alloy, high density polyethylene and ceramics. A very small level of nickel is present in most of the hip replacements that we use. It is extremely unlikely that you will have an allergy to your implant even if you have experienced a rash to your watch or earrings. In Exeter, we have never used the 'metal on metal' joints that have been found to cause more serious reactions. Tell your specialist if you are concerned about allergies.

Leg swelling

It is normal for a hip to swell following surgery and often this can affect the whole leg because the normal muscle pump in your leg is temporarily disturbed. This can be accompanied by bruising around the hip in the days after the surgery and, occasionally, this bruising will extend down the leg, sometimes into the foot.

The swelling tends to increase through the day and go down overnight because your leg is elevated. Standing for long periods can aggravate it and is best avoided initially.

Maintaining your ankle exercises, walking regularly and avoiding standing or sitting for long periods will help prevent or reduce the swelling. In addition, lie flat on your bed for an hour during the day with pillows supporting your thigh and lower leg. Having your foot slightly higher than your hip and heart helps the fluid drain from your foot.

If the swelling increases or if it is accompanied by tenderness in the calf or groin, a temperature, or breathing problems you should ask your GP for advice.

Preparation for surgery clinic

Prior to your operation you will be asked to attend a preparation for surgery assessment. We need to make sure you are as fit and healthy as possible for your anaesthetic and that any problems can be dealt with before surgery. Occasionally further tests or treatment are needed which may delay your operation until you are fit for surgery.

Your assessment will last between two and four hours. It is fine to eat and drink normally before you have your assessment.

Please bring with you:

- Any medication you are taking or a current prescription from your GP.
- Completed health questionnaire for the nurse.
- Completed furniture height form for the occupational therapist.
- Your certificate from the website **www.consentplus.com**.

Your assessment will involve a full medical and nursing review. This usually includes the following:

- Height, weight and Body Mass Index (BMI) measurement.
- Blood pressure and pulse measurement.
- A blood sample.
- A swab from your nose and throat to check you are not a carrier of MRSA.
- An ECG (heart tracing).
- A hip X-ray.
- Details about your medical and surgical history.
- Details about your home situation.
- Advice on stopping some medications before surgery.
- Information about your admission into hospital including pain management.
- Discussing your plans for discharge and transport home after your operation.

You may also see a surgeon who will discuss the operation and the risks and benefits of surgery. You will be asked to sign a consent form giving the surgeon permission to carry out the operation.

The Orthopaedic Preparation for Surgery Team will look forward to assessing you prior to your operation. If you have any concerns regarding your assessment please call us on **01392 403513.**

Your hospital stay

What to bring in to hospital:

This patient guide: It will be referred to during your stay in hospital.

Your medication: You should bring all your usual medication into hospital with you in the original containers or pharmacy supplied blister packs. They will be locked away in a medicines locker beside your bed. Please do not bring tablets decanted into other containers. This is so we can check your dosage instructions and positively identify them as belonging to you. Please ensure that if you are taking regular medication you have a supply to last when you get home.

Daywear: Lightweight loose fitting clothing and underwear (they will be easier to get on after surgery).

Nightwear: Lightweight pyjamas or night-dress and mid length dressing gown (so not to get in the way when you are walking after the operation).

Footwear: Good supportive walking shoes. Slip- ons, narrow or high heels are not safe.

Toiletries: Face cloths (towels will be provided) and soap.

Aids: If in current use - gadgets, walking sticks, crutches and wheelchairs. Ensure all items are marked with your name.

Glasses / hearing aids: Please bring your glasses and hearing aids with you, in an appropriate container.

Something to keep you occupied e.g. a radio (with personal headphones) or books and magazines.

Do not bring valuables with you. However, a small amount of money will be useful to cover purchases from the shop / trolley. You may wish to bring small change for the TV. If you cannot avoid bringing jewellery or valuables with you we would strongly recommend that you hand them over to the nurse, who will give you a receipt and then put them in the hospital safe.

Day of surgery:

What to do

You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. You should continue to drink still water up to the time of your admission. Following admission, you will given advice when to stop drinking. You may also be given special pre-op drinks to take until two hours prior to surgery.

Please arrive as directed on your admissions letter.

If you become ill, however mildly, before you are due to come into hospital, please let us know by contacting your Consultants secretary or, if on the day of surgery Orthopaedic admissions on **01392 408402.**

What to expect - immediately prior to surgery

Once on the ward a nurse will go through your personal details and plan your individual nursing care with you. The nurse will also tell you the estimated time of your operation. Operating lists run all day so this may be in the afternoon.

A doctor will see you on the ward and talk to you about your operation and ensure you are still happy to proceed. This is also an opportunity to ask any questions you may still have about your surgery.

An anaesthetist will see you on the day of surgery to discuss a number of things: your general health; any previous illnesses, even if you don't have any problems now; any previous anaesthetics, especially if there have been difficulties with anaesthetics in the past; your current medication and any allergies; the types of anaesthetic suitable for your procedure and their risks and benefits (see pages 8-16). Sometimes the anaesthetist will prescribe a 'pre-med', which will help you to relax and/or help with pain control and nausea. You can request an outpatient anaesthetic consultation before the day of your operation if you are worried about your fitness for surgery or have concerns regarding the risks of surgery and anaesthesia.

The usual anaesthetic is a combination of a spinal with a general anaesthetic. If you are having a spinal anaesthetic, you can decide whether you would prefer to be wide awake, relaxed and sleepy (sedation) or have a general anaesthetic. Your anaesthetist will be able to talk to you more about these options.

a) Spinal anaesthetic

   This involves placing a needle into your back, injecting anaesthetic into the fluid surrounding the spinal cord, and then removing the needle. The spinal anaesthetic is performed by the anaesthetist in the operating theatre. It is performed with you either sitting on the side of the bed with your feet on a stool or lying on your side with your knees curled up into your chest. Usually it only takes a few minutes to perform a spinal anaesthetic and you should not have any unpleasant feelings. As the injection is made you might be aware of pins and needles or a tingling feeling in your back and your legs will feel heavy and numb. The injection provides anaesthesia for the lower abdomen, pelvis and both legs for about two to four hours, but sometimes the effect can be present for up to 18 hours.

   The advantages of a spinal anaesthetic include reduced blood loss during the operation, decreased risk of blood clots forming in the legs and excellent pain relief immediately after the operation. It helps to reduce sickness and vomiting and allows for an earlier return to eating and drinking after the operation. Older patients are often less confused after the operation compared with a general anaesthetic.

b) General anaesthesia

   General anaesthesia means inducing an unconscious state using drugs. To do this, we will need to place a needle in a vein (probably in your hand or arm), and then drugs and fluid are given through it. You will fall asleep 30-60 seconds after receiving the drugs, and will be woken up when the operation is over. During the operation you may have a tube placed in your mouth or windpipe to help with your breathing. The anaesthetist will monitor your pulse, blood pressure, breathing and blood oxygen levels; making sure that everything is safe whilst you are asleep.

   Before you go to theatre, you will be given a theatre gown to wear. When it is time for your operation, one of the nurses from theatre will take you to the anaesthetic room.

The operation

When you have been anaesthetised, you will be taken into the operating theatre. The length of the operation depends on how complex the surgery. Throughout the operation the anaesthetist will remain with you, monitoring you to ensure you are safe.

Post-operative care

Day of surgery

At the end of surgery, you will remain on the recovery ward for one to two hours under the care of a specially trained recovery nurse who will monitor your progress and make sure that pain is well controlled. You may find several items in place to help your recovery. An oxygen mask over your mouth and nose helps your breathing. Sometimes a tube will have been placed in your bladder (urinary catheter). This is usually in place only for a short time and makes passing urine easier after the operation.

After a revision hip operation you may be booked into the high dependency unit for additional monitoring in view of the complex nature of the surgery. Once you have started to make a steady recovery you will return to the Orthopaedic ward. Many people will return to the Orthopaedic ward on the same day as their surgery.

Only one or two close family members or friends should visit on the day of your operation. You will be aware of calf pumps on both lower legs. These will help maintain good circulation in the legs and help to prevent blood clots forming in your legs.

Pain management

You may experience some discomfort or pain following surgery. You will be given regular painkillers so you are able to exercise and move your revision hip. Scoring your pain from 1 to 10 can help you and the nurses decide which painkillers are most suitable:

- Mild pain (1 - 3)
- Moderate pain (4 – 6)
- Severe pain (7 – 10)

Please remember to let the doctors and nurses know if your pain score is four (moderate) or above or if the pain stops you moving.

If the pain is significant, pain killers may be given to you through a drip into your arm. This is called PCA (Patient Controlled Analgesia). You will be given more information about this if it is used. You can also be referred to the pain specialist nurses if your pain is difficult to manage.

Some painkillers can cause side effects including:

- Drowsiness
- Nausea or sickness
- Indigestion and ‘heartburn’
- Constipation

Day one after surgery

The intravenous ‘drip’ and catheter can be removed as soon as you are drinking regularly. You will have an x-ray of your hip. The clinical team will confirm with you the day and time of your discharge home.

You will be encouraged by the physiotherapists and nurses to move and become more active through the day. You can sit in a chair and walk using a walking aid such as crutches or a walking frame to begin with.

The following exercises help the circulation and reduce swelling in the legs and should be repeated frequently for the first six weeks after your surgery. You can start these on the day of your operation:

- Move your ankles and feet when you are sitting or lying.
- Lying on the bed with your leg straight, pull your toes up and tighten your thigh muscles by pushing your knee down against the bed. Hold for five seconds. Relax and repeat.
- Lying on the bed, squeeze your buttock muscles together and hold for five seconds. Relax and repeat.
- Take regular deep breaths.

The physiotherapists will advise you on any additional exercises which are specific for you.

Day two and three

Your wound and general health will be checked by the nurses.

By now you should be feeling stronger and be able to move from the bed and chair and walk to and from the bathroom yourself with the help of a walking aid. You will be encouraged to get dressed and sit in a chair for longer periods.

Before you are discharged home, the physiotherapists will show you how to climb a flight of stairs safely.

Once you have begun to mobilise an occupational therapist will see you on the ward and ensure that you are independently getting in and out of bed, can manage to get on and off a chair and toilet and are able to get dressed. They will ensure that you have planned your discharge and have appropriate equipment at home.

Discharge from hospital

Day of discharge

You can be discharged home once you and the clinical team are satisfied with your progress. For some people this can be as soon as the day after their operation.

Discharge planning

Before you are discharged you will be given.

- A discharge summary.
- A letter to the GP practice or community nurse to arrange a wound check.
- A spare dressing.
- Medication including pain killers. You can arrange further supplies through your GP.
- An outpatient appointment letter for your check up six to eight weeks following surgery.
- Any equipment provided by the occupational therapist.

Your GP will receive a letter from your surgeon with details of the operation performed and treatment given.

If you have any questions please do not hesitate to ask for information, either whilst you are in hospital or by giving us a call when you get home.

Returning home and the first six weeks

The following section is designed to help you through the transition from hospital to home but always follow any specific advice given to you by the hospital team.

After major surgery you may feel reassured to have a friend or family member to help with simple chores and give moral support for a few days.

Pain management

It can take time for pain to settle and everyone reacts differently. If your pain stops you from moving comfortably or prevents you sleeping at night, then you should continue with painkillers. As you recover from your surgery, you will find that you do not need to take painkillers as frequently.

Once you are at home your General Practitioner can prescribe further painkillers if needed and give advice if pain continues to be a problem.

Wound healing

All wounds progress through several stages of healing. You may experience sensations such as tingling, numbness and itching. You may also feel a slight pulling around the stitches or staples and a hard lump forming. These are perfectly normal and are part of the healing process. The wound is normally closed with a dissolvable suture (which does not need to be removed) and covered with a water resistant dressing that is usually kept in place until you have a wound check 10- 14 days post operatively. Scarring is variable and depends on your individual skin type. When the wound is completely healed (usually by 10-14 days), apply non-perfumed, moisturising cream to the scar.

Caring for your incision

- Keep your incision covered with the dressing until it is healed, usually 10-14 days.
- You may have a light shower provided that the healing wound is well protected by a waterproof dressing so that the incision does not get wet.
- Keep the incision dry.

Eating

Due to your lack of activity you may lose your appetite or suffer from indigestion. Small meals taken regularly can help.

Going to the toilet

The difference in diet, the change in level of activity and the prescription of medication can lead to irregular bowel habits which should correct itself in time. If you are suffering from constipation, you can help yourself by eating a high fibre diet with plenty of fresh fruit and vegetables.

Becoming mobile again

It is important to walk on a regular basis and to steadily increase the distance as you recover. You will be advised by the ward team about which walking aid to use, how long you need to use an aid for and how much weight to take through your operated leg.

Rest and activity

The recovery from revision surgery is often slower than after the primary replacement because it is a more complex operation and because you are likely to be a few years older. The operation is the beginning of a process of recovery which takes several months to complete, so it is possible you may feel tired and rather vulnerable in your first weeks at home. You should plan to steadily increase your activity day by day but also to set aside time each day to rest with the leg elevated to reduce any swelling and bruising.

As a general rule, gradually build up the amount of walking and activity you do guided by what feels comfortable for your hip. You will have days with less pain and others with slightly more discomfort. If you have an uncomfortable day, reduce your activities a little and then steadily increase them again.

The risk of dislocation is greatest in the first six to eight weeks whilst you are recovering from the surgery. During this time we recommend that you follow the following precautions:

- Avoid bending your operated hip above 90 degrees. Especially avoid the combination of bending and turning the leg inwards across the midline of the body. This includes not crossing your legs.
- Take a shower instead of a bath.
- Do not drive.
- Avoid twisting.
- Sit at the right height.
- Avoid strenuous jobs. Steadily increase your daily activities starting with small chores as you start to recover.

Sexual activity

Sexual intercourse may be resumed when you feel comfortable.

Sleeping

You may sleep in any position including lying on either side, unless otherwise instructed. You may find it more comfortable to lie on your un-operated side with a pillow between your legs to support the operated hip. Taking your prescribed painkillers before going to bed at night can also help you rest more comfortably.

Sitting

Choose a chair that is the correct height and comfortable for you, avoiding low seats for the first six to eight weeks after surgery. Chair arms will help you get up and down safely in the first few weeks of surgery.

To sit down and stand up safely, walk to your chair, slowly step back until you feel the back of your legs touching the seat. If you are using crutches, take your arms out of them and place them in a safe place.

Place your operated leg in front of you and place both hands onto the chair arms. Take your weight through your arms and un-operated leg, then ease yourself down onto the chair.

Once you are sitting, you can bend the knee of your operated leg, so your foot rests on the floor. Sit with your heels together, knees apart and toes turned out and don't cross your legs.

To get up from the chair – reverse the process.

Stairs

You will be taught to manage the stairs whilst you are in hospital. Use a bannister rail if there is one, and hold the stick or crutch in the other hand as shown in the following pictures:

Going up – lead with the unoperated leg first, followed by the operated leg and then the stick or crutch.

Going down – put the crutch or stick on the step below, then step down with the operated leg, followed by the un-operated leg.

Keep this method up until you feel strong enough to walk upstairs normally.

Washing / bathing

For the first few weeks, you may find it easier to have a strip wash rather than a shower or bath. You should follow the specific advice given by the therapy staff, which may include the use of bathing aids. Provided you keep the wound covered with a waterproof dressing whilst it is healing, you can have a shower as soon as you feel safe and comfortable to do so. A rubber mat will help reduce the risk of slipping in the shower.

Dressing instructions following hip surgery

You will be able to dress yourself after your operation. The occupational therapist will show you the safest method and suggest aids and adaptations to assist lower half dressing, e.g. Helping Hand, shoehorn and elastic laces.

The following points ensure that you can get dressed safely and comfortably:

- Sit on the side of the bed or in a suitable chair. This will help your balance.
- Collect all the clothes you intend to wear and put them on the bed next to you before you start.
- Avoid twisting and overstraining to reach your clothes or when putting them on.
- Dress your operated leg first and undress it last.

- To put pants or trousers over your feet, use a long handled aid, hold the waistband and lower garment to your feet, insert the operated foot, repeat with the other leg before pulling right up.
- Avoid tight garments over the wound as it may cause discomfort.
- Begin to wear shoes as soon as possible. Always use the shoehorn on the inside of the operated leg.
- Do not cross your legs when dressing.

Getting in and out of bed

Sit down on the bed, and lift yourself back so that your bottom is close to the centre of the bed and your operated leg is fully supported.

Place your walking aids safely within reach at the side of the bed.

Slide yourself round whilst lifting your leg into the bed.

Lift and slide your other leg into the bed.

To get out of bed- Reverse the process.

Travel & driving

We recommend you only travel as a passenger for essential journeys for the first six weeks following surgery.

Getting into a car

- Park the car away from the kerb so that you are on the same level as the car before you get in.
- Sit in the front of the car with the seat pushed as far back as possible and the back slightly reclined.
- Back up to the car until you feel it touches the back of your legs.

- Lower yourself down slowly onto the edge of the car seat. Slide your operated leg out as you sit down.
- Slide back towards the driver's seat to give yourself more room to get your leg into the car.

- Turn towards the dashboard, leaning back as you lift the operated leg into the car.

Reverse the process to get out of the car.

You may find it helpful to place a plastic bag on the seat of the car to help you slide and turn. You can slide this from underneath, once you are comfortably seated.

Getting the best from your new hip

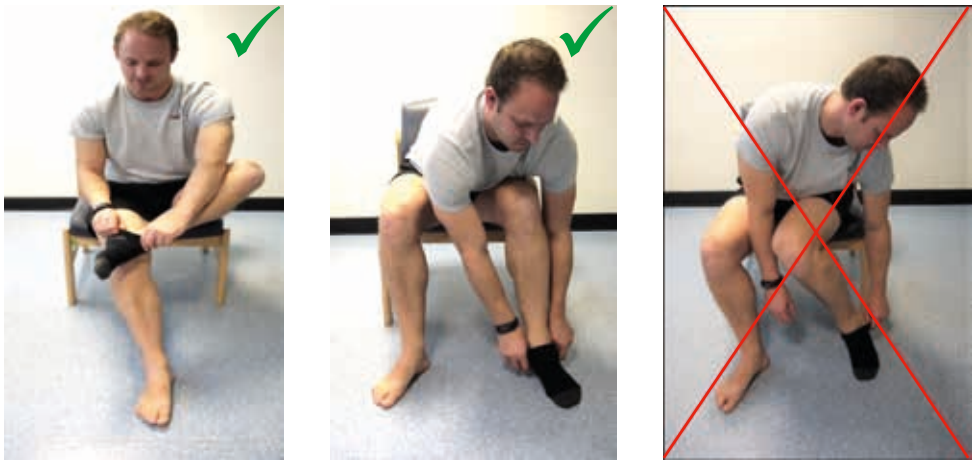
After six to eight weeks:

You will have a review appointment with your surgeon's team 6-8 weeks after your surgery. The following advice usually applies after that appointment and you will be able to discuss your own individual circumstances when you attend your appointment.

Getting washed and dressed

You can have a bath when you are safe and comfortable to do so.

When putting on shoes and socks, it is easiest to reach down on the inside of the operated leg to avoid uncomfortable twisting of your hip (see pictures below). A long handled shoe horn can help with this.



Travel & driving

You can resume driving after your review appointment if you feel safe and confident to do so. We recommend that you contact your insurance company before you start driving again.

Sitting

You no longer need to use a high or raised chair after six weeks providing you are comfortable in lower seats, but it is always a good idea to avoid very low seats, which may strain your hip and be difficult to rise from. Avoid crossing your legs.

Work

Most people are ready to return to office based or sedentary jobs six to eight weeks after their operation. People with heavier jobs, such as farming, nursing or building work, may need to wait for about three months before going back, although they may be ready for lighter duties or supervisory roles before then. If you have a heavy manual job, consider which tasks you can delegate, or aids you can use to protect your hip in the longer term.

Flying

Air travel should be avoided whenever possible for the first six weeks. Flying can increase your risk of deep vein thrombosis and pulmonary embolus (clots on the legs and lungs). When you do start flying, take the usual precautions recommended by your airline.

Walking

Steadily increase the amount of walking you do. Walk as far as you like as soon as it is comfortable. For long distance or cross country walks, a hiking pole or stick may help, especially in the first few months.

Kneeling

If you find kneeling difficult, go down on the operated leg, taking your weight forward through the non-operated leg. To come up from the kneeling position, take your non-operated leg forward, take your weight through this leg and push up into a standing position.

Gardening

Lighter activities, especially working at waist height in the green house or potting shed can begin as soon as comfortable. Wait until after your review before kneeling or bending, and 12 weeks for heavy work such as digging. A garden kneeling stool is often helpful if kneeling is difficult.

Dancing

You can start dancing as soon as you feel comfortable after your six to eight week check-up unless advised otherwise. Just start slowly and avoid excessive twisting and bending of your new hip.

Gym / aerobics / swimming

Unless advised otherwise, you can start swimming and using a treadmill, exercise bike and light weights after your six to eight week appointment.

Cycling

You can usually use a static bike or normal bike after your review appointment if you feel confident and comfortable to do so. Getting on and off a bike without a cross bar or racing handle bars is likely to be easier initially. Build up your distance gradually, adding in hills as you get fitter.

Golf

Unless advised otherwise at your review appointment, you can return to the putting green or driving range and then can steadily build up to a full game.

Bowling

You can enjoy bowling after your review appointment as soon as you feel confident and comfortable to do so, unless advised otherwise.

Tennis / badminton

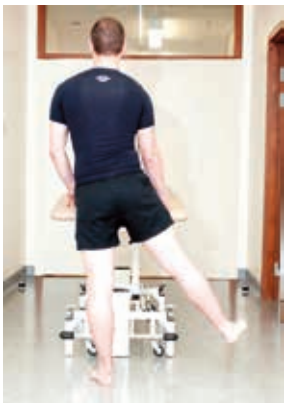
You can enjoy bowling after your review appointment as soon as you feel confident and comfortable to do so, unless advised otherwise.

Squash / running / contact sports / skiing / water sports

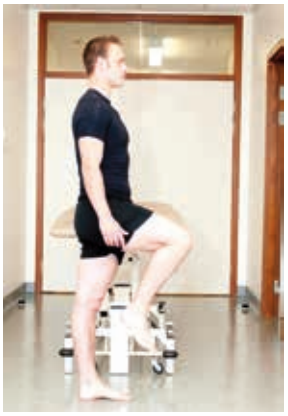
These sports are not recommended as the jarring and impact may shorten the life of your revision hip replacement. If you are keen to return to these sports, please discuss it with your surgeon.

Exercise prescription after your review appointment

Your physiotherapist will advise you on any specific exercises needed at your six to eight week check-up. The following advice applies once you are walking properly and have been told that you are safe to exercise again. These exercises are particularly helpful to strengthen weak muscles around your hip and reduce a limp. Hold onto a support if necessary for balance and keep your back straight throughout the exercises.



1. Standing. Lift your operated leg sideways keeping your knee straight and toes forward.



2. Standing, bend the knee of your operated up towards your chest until it is level with your hip.

3. Stand on the operated leg for up to 30 seconds, lifting the good leg off the floor.

   Concentrate on holding the pelvis level.

   Use a support if necessary for your balance.

Frequently asked questions

Why is my scar still tender?

Small nerves in the skin and deeper tissues are affected by the surgery and cause the tenderness around your scar. This can be more noticeable after revision surgery which involves an incision at the site of the previous one. As these tissues heal, the tenderness will improve with time. Gentle massage of the area can help, once the incision is healed. You may also notice an area of numbness which diminishes with time but may always be present to a degree.

When should I stop using a stick?

This varies. Some people feel able to stop using their crutches or stick within a few weeks of the operation (unless advised otherwise by their surgeon), others may need to use a walking aid permanently.

As a general rule you can stop using a walking aid once you can walk comfortably without it and do not limp. If you do limp, keep using a walking aid as you will walk better and without stressing your hip and other joints. A folding stick or walking pole can be helpful to use at the end of a long walk when your muscles feel tired.

Where can I return my walking aids?

Please hand back crutches, walking frames and sticks to the Hospital.

Will I set off the security scanner alarm at the airport?

The metal in your hip replacement can set off the security scanner at the airport. Although you will have to comply with all security procedures, we can provide you with a business card to help verify that you have had surgery- please feel welcome to request one of these when you return for your post-operative check-up.

Will I need a review appointment?

Review appointments after your 6-8 week check will depend on the recommendations of your surgeon. We arrange long term follow up for the majority of our patients in either a standard orthopaedic clinic or through a 'virtual clinic' when an X-ray is arranged locally for you. However you are welcome to contact us at any time if you have any concerns or questions.

At the PEOC we pride ourselves at providing our patients with the highest standards of care. This continues once you have left the hospital. If you have any problems or queries or worries concerning your recovery then please do not hesitate to contact us.

PEOC contact telephone list

- Dyball Ward.....01392 403528
- Robin Ling Ward.....01392 403599
- Orthopaedic Admissions Unit.....01392 408402
- Occupational Therapy.....01392 403587
- Aftercare.....01392 403509
- Hip Research Office.....01392 403544
- Care Direct.....0345 1551 007
- Independent Living Centre.....01392 380181
- British Red Cross.....01392 353297

The information in this booklet is also available electronically via the following links:

- www.rdehospital.nhs.uk
- www.exeterhipunit.co.uk

This information can be offered in other formats on request, including a language other than English and Braille.

RD&E main switchboard: **01392 411611**

For RD&E services log on to: www.rdehospital.nhs.uk

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