



## Introduction

This booklet has been written to help you prepare for your operation. Specific practice may vary slightly from surgeon to surgeon. This booklet aims to provide a general guide only. We have implemented elements of an “Enhanced Recovery Programme” for patients having planned hip surgery.

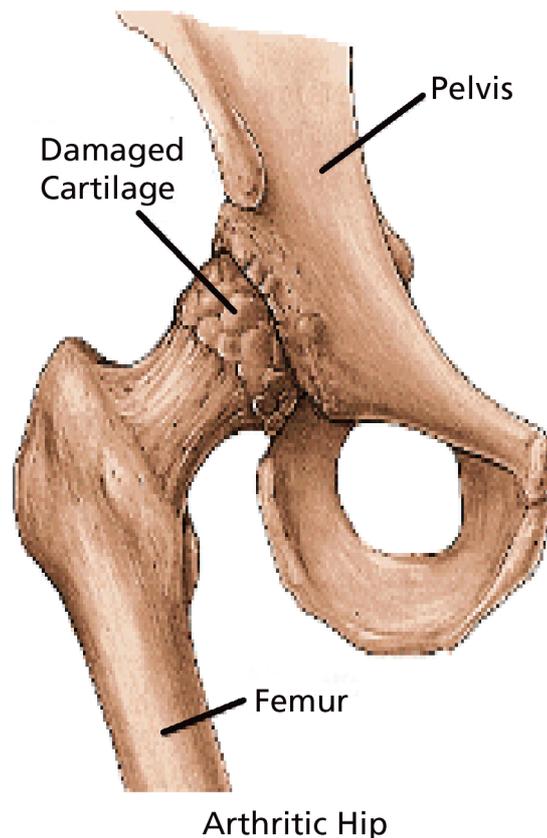
The aim of an enhanced recovery programme is to promote health and a return to feeling well as quickly as possible after surgery.

## Why is a hip replacement necessary?

Hip replacement is necessary when the hip joint has become so seriously damaged that it causes pain which interferes significantly with your quality of life and cannot be controlled with pain relieving medication. Osteoarthritis of the hip can cause severe disability. It is caused by wear and tear on the joint, but injury or disease affecting the joint surfaces can accelerate the development of osteoarthritis. As the joint surfaces become worn, pain and stiffness increase making it difficult or impossible to reach your foot, or perform other activities of normal living. Pain and stiffness may cause you to limp and you may notice a shortening of the affected leg.

The alternative options if you decide not to undergo surgery are:

- walking aids for safety
- regular pain medication
- physiotherapy exercises



## What are the benefits of hip replacement surgery?

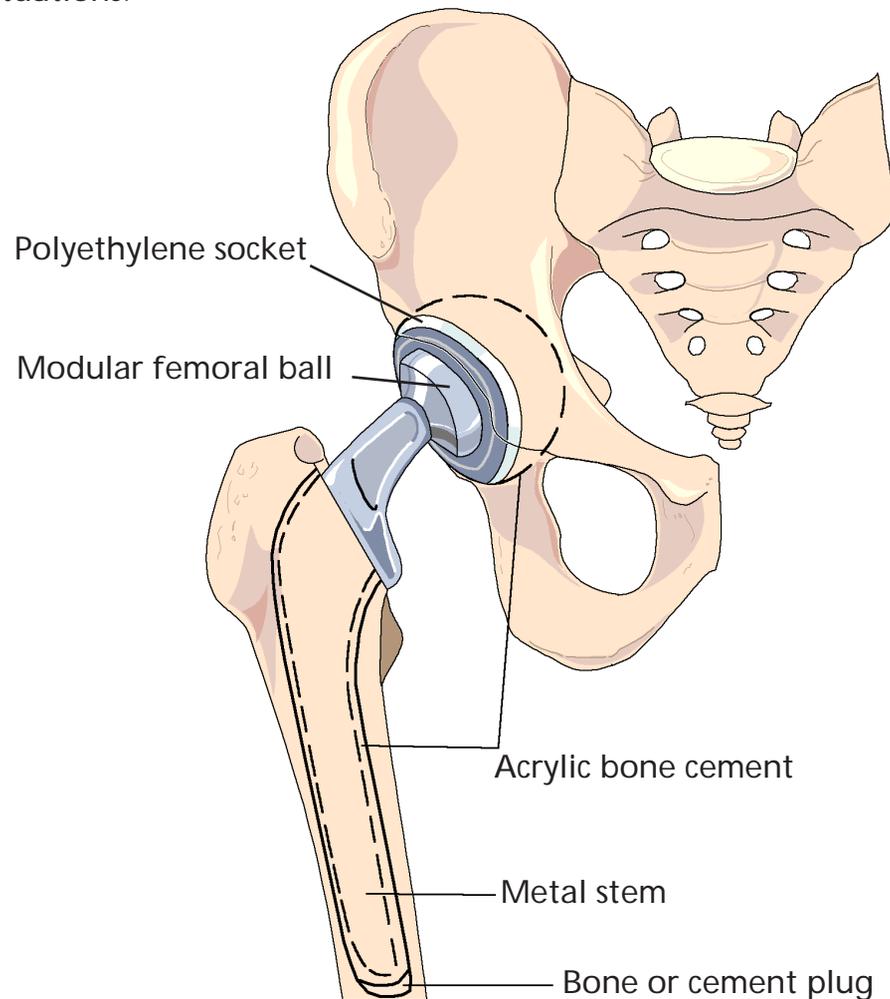
A successful hip replacement will give relief from pain in the hip and should allow sufficient movement in the joint for you to undertake most normal daily activities.

The aim of hip replacement surgery is to:

- Relieve pain
- Improve hip function
- Improve your quality of life

## What does the operation involve?

The operation usually takes place under a general anaesthetic or spinal and lasts approximately one and a half to two hours. It requires replacement of both surfaces of the hip joint. The head of the femur (thigh bone) is replaced with a metal prosthesis and the socket with a plastic cup or in some cases a ceramic material. Usually both parts are fixed in place with cement. However some hip replacements do not require cement, your surgeon will inform you if this is the case. Types of hip replacements used at this hospital include **Exeter & Charnley**. There are many different types used for special situations.



## What are the risks of hip replacement surgery?

Depending on the condition of your hip before surgery, a good result can be expected in 90-95% of cases. However, some hips have a higher complication rate than others, which reduces the chances of a good result. Your surgeon will discuss with you what he can reasonably expect to achieve.

Hip replacement surgery is a successful operation, and we make every effort to minimise the risks. However, risk cannot be completely eliminated. It is therefore important that you are informed of the risks prior to surgery to help you make an informed decision.

1. Risk of **medical/surgical** complications
2. Risk of **infection**
3. Risk of **dislocation**
4. Risk of **wear or loosening** of prosthesis
5. Risk of **leg length discrepancy**
6. Risk of **nerve or artery damage**
7. Risk of **new bone formation**
8. Risk of **persisting symptoms**
9. Risk of **death**

## 1. Medical and Surgical Risks

Hip replacement surgery is associated with the following medical and surgical risks:

- Heart attack
- Stroke
- Deep vein thrombosis (blood clot in the blood vessels of the legs)
- Pulmonary embolism (blood clot in the lungs)
- Bleeding which may require blood transfusion
- Chest Infection
- Urinary tract infection

Medication will be prescribed to thin your blood and minimise the risk of clots developing. However, despite all of the above precautions a clot may still develop and you would require a period of treatment. In addition you will be given compression stockings (TEDS), to help reduce the risk of clots forming and leg swelling. Please wear them for 6 weeks following surgery. Preventative measures such as leg exercises, deep breathing exercises and early mobilisation are most important.

## 2. Risk of Infection

**Superficial infection: (Delayed wound healing):** This mainly involves the skin of the hip joint but does not extend into the hip joint itself. When a superficial infection is present, the wound may be moist and skin around the surgical wound looks red and inflamed. These problems often settle with simple measures and occasionally antibiotics.

**Deep Infection:** In a small number of cases (less than 1%) a deep infection may develop. Whilst this complication is rare, the consequences can be very serious. A deep infection extends down to the artificial hip joint. A patient developing this complication may feel unwell and have a high temperature. The joint is invariably more painful than normal.

When a deep infection is present your surgeon may recommend surgery to wash out and clean the infection away and also put you on intravenous antibiotics. However, if deep infection does not respond to this treatment it may be necessary to treat the infection by removing the artificial hip completely and replacing it with a new one. This is known as revision surgery, and can be a complex surgical procedure with higher complication rates.

## 3. Risk of Dislocation

This may occur before the tissues have fully healed and is more common in the first few weeks after the operation. Occasionally, dislocation happens repeatedly and another operation may be needed. The risk of dislocation can be reduced by following the advice given by the occupational therapist or physiotherapist to avoid certain movements. This should be followed for a minimum of three months post operative.

## 4. Risk of Leg Length Discrepancy

Although every effort will be made to correct any discrepancy at the time of surgery it cannot be guaranteed. If leg length inequality occurs, the difference is often hard to notice, but in some cases it may be necessary to wear a raised shoe or insole on the shorter side.

## 5. Risk of Wear / Aseptic Loosening of the Prosthesis

Artificial hip joints last for many years, most patients (approximately 85%) will have a pain free and well functioning hip replacement. The length of time an artificial hip will last is an individual matter, however, sometimes they can become loose or painful due to the wear of the components over time. A check x-ray is therefore advisable at regular periods.

## 6. Risk of Nerve or Artery Damage

There are three large nerves that pass close to the hip joint. Very occasionally nerve damage may occur, sometimes the nerve can recover over time, however sometimes it may be permanent. Damage to a main artery would require emergency surgery at the time of the hip operation.

## 7. Risk of New bone formation

Sometimes "new bone" forms around the hip replacement. Very often this causes no symptoms and is seen on x-ray. However if this causes pain then treatment may be required.

## 8. Risk of Residual symptoms

Following hip replacement surgery, pain is usually relieved completely or reduced to mild intermittent discomfort. A few patients have more intrusive pain or stiffness after the hip has healed with no evidence of anything seriously amiss in the artificial joint. There is no treatment for this. Although the outcome is disappointing the situation is better than suffering the increasing pain and disability of an arthritic joint.

## 9. Risk of Death

Most people come through surgery without any major problems. The risk of death, however, does increase with serious medical conditions.

### High Risk Groups

There are some people who fall into a higher risk group and these include patients whom:

- have had **previous surgery** to the hip
- have had **previous infection** within the hip
- have **Inflammatory Arthritis, Rheumatoid Arthritis or Psoriasis**
- have **medical problems (heart, chest or diabetes)**
- take drugs such as **steroids or immunosuppressant drugs**
- have **high body mass index**

### Existing medical conditions

During the run up to your operation it is important that existing medical conditions are kept in check (e.g. diabetes). New problems that develop will need to be dealt with promptly, as they may lead to your operation being postponed. One of the most common problems requiring treatment prior to surgery is **high blood pressure (hypertension)**. If you know you have this condition you should have your blood pressure checked periodically at your local health centre or doctors surgery. Failure to control diabetes and blood pressure may lead to your operation being postponed. It is important if you are a diabetic that stable diabetic control is maintained and blood pressure measurements are within normal limits prior to surgery.

### Urine

The pre-admission unit will send a sample of your urine to the laboratory to test for infection prior to your operation. If the result indicates infection you will require treatment from your G.P and your operation will be postponed until it has cleared.

If you experience difficulty in passing urine following your operation you may require a catheter for a short period of time. This is temporary and is usually removed when you become mobile.

### Skin

To minimise the risks of infection it is important that your skin is clean and has no wounds or broken / inflamed skin prior to surgery, for example:

- varicose ulcers
- ingrowing toe nails or fungal infections
- infected bunions/corns
- inflamed animal scratches

**This is especially important if you have problems such as eczema or psoriasis. If problems such as leg ulcers or skin rashes develop you should see your doctor.**

## Preparing for surgery / Health promotion advice

### Awaiting the operation date

When it is decided that you require surgery, your name will be placed on a waiting list. Whilst you are waiting an admission date it is important to keep a check on your general health. Prior to surgery it is advisable to optimise your level of fitness. There are several simple measures you can take to raise your overall level of fitness.

### Smoking

If you smoke it is strongly advised that you stop prior to surgery as smoking can affect your heart, lungs, circulation, and the process of bone and wound healing.

Research has shown that stopping smoking 6-8 weeks before your operation can help to reduce risks of complications and wound healing. However the longer you have stopped smoking before your operation, the greater the benefit. Continuing to smoke will increase the risks associated with surgery and may complicate your post-operative recovery. If you wish to stop smoking and would like advice or support, please discuss the matter with your G.P, practice nurse or phone the NHS national helpline for support.

### Weight

If you are overweight, it is strongly advised that you lose weight prior to surgery. Being overweight increases the risks associated with surgery and may increase the chance of your artificial joint failing. Your recovery and rehabilitation may also be slowed. Weight loss is difficult, especially when your level of exercise is reduced by hip pain. However we will advise and support you in reducing your weight to a satisfactory level prior to surgery. If you require we can arrange appropriate referral for dietary advice.

### Teeth and gums

As soon as your name is placed on the waiting list for surgery you should make an appointment with your dentist so that any problems can be treated. You will need to provide a letter from your dentist confirming that your mouth and gums are healthy and free from infection. Please bring the letter when you attend the pre-assessment clinic. This is important as unhealthy teeth and gums can harbour infection, which may find its way to an artificial joint, via the blood stream leading to deep infection. You should also have regular check-ups after your operation.

**You will be asked to provide a letter even if you wear a full set of dentures – failure to provide a letter will result in your operation being postponed.**

## Pre-operative Assessment Clinic

Prior to surgery you will be asked to attend the **pre-assessment clinic** at **Clatterbridge or Arrowe Park Hospital**.

The purpose of this visit is to assess your overall level of fitness prior to anaesthetic and includes:

- Medical and social history – this will be recorded by the **assessment nurse**.
- Physical examination – this is performed by the **advanced nurse practitioner** and includes a chest examination.
- The **pharmacist** will review your medications with you.
- **Anaesthetic review** may be required depending on your medical history. This may involve the anaesthetist reviewing your medical records or an anaesthetic consultation may be arranged if necessary.

- Medical investigations including routine blood tests, heart tracing and x-rays will be undertaken.

**All patients are screened for MRSA bacteria (Methicillin Resistant Staphylococcus aureus) at the pre-assessment clinic. A nasal and groin swab will be sent to the laboratory. You will only be contacted by the hospital if your results are positive for MRSA. This contact will be by telephone and then by letter. Your doctor will also be informed so you can begin your treatment.**

**Please note** - new or uncontrolled medical conditions may require additional tests or anaesthetic review, which could possibly delay your admission.

**Please bring with you to this visit:**

- All medications you are currently taking in the original packaging, including tablets, inhalers and lotions. Also over the counter medicines including herbal medication.
- Your dental letter, indicating your mouth and gums are free from infection.
- A sample of urine (mid-stream). Please bring this in a sterile container available from your doctor or chemist. The urine sample will be sent to the laboratory to exclude infection.

**Please note that your operation cannot proceed without your attendance at the pre-operative assessment clinic.**

## **Prior to admission**

**To help you prepare for surgery and assist you in the discharge period it is advisable to plan ahead**

- You should nominate a "buddy" (family member or friend) to support you through the admission process through to discharge from hospital.
- You will receive a letter inviting you to "Joint School".
- The aim of the "Joint School" is to inform you of what to expect during your hospital stay. You must bring your buddy with you.
- **Please ensure that you bring your information booklet to joint school**
- Remove loose rugs around your home that could potentially cause you to slip.
- Stock up food in cupboards and freezer.
- It is advisable to bring into hospital full slippers, (not mules) dressing gown to protect privacy and dignity and comfortable outdoor clothes to wear during your hospital stay.
- If you are able, we recommend you shower or bath prior to admission, especially if your admission is on the day of surgery.
- You will often be given hair removal cream, if not please do not shave your legs or hip area.
- Please do not apply moisturising cream to your operated leg on the day of surgery.
- You will usually be contacted by the **occupational therapist** for assessment and provision of any necessary equipment. They will discuss methods of carrying out activities of daily living and getting dressed after your operation.

## **Advice for patients and relatives on staying warm preoperatively**

Keeping warm before your operation is very important. Becoming cold can increase the risk of complications during and after your operation. Hospitals can be cold places so it is very important that you tell the hospital staff if you feel cold. You should bring some warm night clothing to hospital with you such as a dressing gown, a vest and some slippers. If you get cold despite wrapping up well, we may warm you with a special warming blanket or gown that can be used during your operation.

## **Admission to hospital**

The routine length of hospital stay is **three - five days**, but may be less depending on your recovery. It is important that you are well motivated and committed to working hard during your recovery and rehabilitation, to get the most out of your new hip.

You may experience some discomfort after your operation but your "arthritic pain" will go immediately. It will be replaced with "wound pain" which we call "healing pain". "Healing pain" is of a different character and it diminishes daily. We aim to reduce it as much as possible with the aid of:

- **Nerve or spinal anaesthetic blocks** (a local anaesthetic which is injected to numb your leg temporarily)
- **P.C.A.** (Patient Controlled Analgesia) this "wrist watch" is used to deliver pain relief and is usually in place for 24-48 hours following surgery.
- **Oral painkillers**

The **physiotherapist** will show you exercises and teach you to walk the day after your operation or sometimes this may be the same day as your operation. This may be painful at first, but the pain will ease as the days go by. You will also be given instructions by the **occupational therapist** on how to carry out your normal daily activities e.g. dressing and washing, without compromising your new hip.

**You play the most important part in your recovery. Whilst the medical, physiotherapy, nursing, and occupational therapy staff provide important advice and support, only you can get the hip working.**

## **Precautions following Total Hip Replacement to be followed for six weeks**

- **Do not cross your legs**
- **Do not lift your knee towards your chin and do not bend down towards your feet**
- **Do not twist on your new hip – take small steps when turning round**
- **Do take regular short walks indoors or outdoors**
- **Do not kneel or stand for long periods**

## **Daily Activities**

### **Dressing**

The **occupational therapist** will demonstrate how to dress safely without bending the hip. Dress whilst seated. Do not bend forward to reach your feet and do not bring the knee up towards the chin to reach the foot. Avoid tight corsets and wear good supporting shoes. The correct techniques will be taught whilst you are in hospital and dressing equipment will be provided either before or during admission.

**Please bring outdoor clothes and any dressing aids into hospital.**

## **Chair**

Avoid sitting in a low chair. A high chair with firm seat and arms is recommended. Equipment may be provided to raise a chair at home. A footstool is advised to elevate your operated leg.

## **Bed**

Sleep on your back and avoid using a low soft bed. Do not cross your legs in bed

## **Toilet**

Depending on the height of your toilet you may need equipment to assist you getting on and off the toilet, this will be provided as required.

## **Bath**

Avoid using the bath for the first three months after the operation. Instead have a strip wash. A walk in shower can be used. You may sit on a high stool to wash your hair over the basin.

## **Domestic Tasks**

Advice and equipment may be given from the occupational therapist to enable you to carry out kitchen activities in a way that does not put your new hip at risk of dislocation. When possible slide items along the kitchen surfaces rather than carrying them. Assistance may be required for 3 months with shopping and housework after your operation. It may be helpful to plan ahead and have a stock of easily prepared meals available for the first few weeks after discharge.

## **Bending to pick items up**

If you drop something and someone else is available, ask them to pick it up or use your helping hand. If it is absolutely essential for you to pick something up from the floor use the following principles

- hold onto something firm
- then bend your good leg at the knee and straighten your operated leg out behind you.

## **Discharge Criteria**

You will be discharged home when you have met the following criteria:

- You are walking independently with appropriate aids
- A stair assessment complete if relevant
- OT equipment is in place if required
- You are washing and dressing independently (if you require further assistance at home, this will be arranged for you prior to discharge)
- Your wound is acceptable for discharge home (a district / practice nurse will be arranged if necessary)
- Your level of discomfort is acceptable
- You have opened your bowels and are passing urine normally
- You are eating and drinking
- Transport home is arranged

## **Useful Information**

On discharge you will be given a discharge information sheet advising you on who to contact if you have any problems or concerns following discharge from hospital.





This leaflet is available in large print, Braille and on tape.  
Please contact Geoff Pennock on 0151 604 7289.



Wirral University Teaching Hospital NHS Foundation Trust operates a  
No Smoking Policy. Please refrain from smoking on site.

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