

We CARE



TOTAL HIP REPLACEMENT A Guide for Patients

Please bring this journal with you to all hospital appointments.

It will help with your recovery and to provide valuable feedback.



ZIMMER BIOMET
Your progress. Our promise.™

Telephone numbers

SAME DAY ADMISSION (SDA) **01908 996433**

WARD 24 **01908 996991 or 996992**

PHARMACY MEDICINE INFORMATION **01908 995733**

OCCUPATIONAL THERAPY **01908 995411**

JOINT SCHOOL BOOKINGS **01908 997006**

Name: _____

Consultant: _____

Date for Joint School: _____

Occupational Therapy Form completed: Yes No

National Joint Registry (NJR) Form completed: Yes No

Date for Pre assessment: _____

Date for surgery: _____

If you are having a Revision Hip please refer to the separate sheet for hip precautions.

**Please bring this journal with you to all hospital appointments.
It will help with your recovery and to provide valuable feedback.**

Pre assessment Nurse contact details

Octenisan[®] provided and labelled with patient details

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BEFORE THE OPERATION

Checklist

- Book yourself into the 'Joint School' held on alternate weeks on a Tuesday 2pm - 3.30pm. You need to ensure you attend the joint school for **Hips**.
You can book at reception immediately today or tel: **01908 997006** (or to reschedule your appointment)
- Complete **Occupational Therapy Form** located on page 5
- At Pre Assessment bring **this journal**
- National Joint Registry form** - please complete the 'Patient Detail section' located on page 8
- An up-to-date list of all your medication (repeat prescription sheet).

Your pre-assessment nurse will complete this section

- All tests were completed during your Pre-assessment and these results (if normal) will be suitable for your date of surgery.
- The tests that were taken today are only valid for: _____ days / weeks / months.
Please follow the instructions below.
- You have/do not have a date for surgery but still require tests to be done. Please make an appointment at least 6 days/week in advance for tests, when you have been given a date for your operation.
- To book an appointment for all blood/tests call Treatment Centre Reception: 01908 995452.
Failure to have blood/tests performed may result in your surgery being cancelled.



Milton Keynes University Hospital **NHS**

NHS Foundation Trust

Occupational Therapy Department, Milton Keynes Hospital,
Standing Way, Eaglestone, Milton Keynes, MK6 5LD
Tel: 01908 995411

Surname: _____

First Name: _____

D.O.B: _____

MRN No: _____

Or affix patient label

OCCUPATIONAL THERAPY DEPARTMENT PRE-OP HOME QUESTIONNAIRE

Patient Name:..... Height:

Telephone Number:.....

Please help us by completing the following questions:

(This will help us to identify any equipment needs that may aid your recovery)

Is your registered GP in Milton Keynes? Yes No Please state if not.....

Are you currently struggling to get on or off your bed, chair or toilet? Yes No

Please explain.....

Do you have altered muscle tone which you believe will affect your recovery? Yes No

Do you have a diagnosis of Parkinson's or MS? Yes No

Do you have a diagnosis of Dementia or Cognitive Impairment? Yes No

Have you previously had Lumbar Spinal Fusion Surgery? Yes No

Do you believe your bed, chair or toilet is particularly low and could affect your recovery?
Yes No

What type of property do you live in?

House Bungalow Flat – level G / 1 / 2 / 3 Other

Support at Home?

Do you live alone? Yes No If no, with whom?

Do you have any support from family/friends? Yes No

If yes, from whom?

Do you have carers? Yes No If yes, how many times a day?

TOILET

How many toilets do you have?

Do you have any of the following? Please tick **all** that apply

Additional Raised Toilet Seat Toilet Frame Commodes (static / wheeled)
What size is it? (2" / 4" / 6")

Grab Rails(s) next to toilet? When seated, are the rails on the left or right?

Does the soil pipe go out to the rear or side of the toilet?

Height of the toilet:from floor to top of porcelain bowl or raised toilet seat (if you have one). Please note that there are many different heights of toilet.

BATHROOM

Do you use the following? Please tick **all** that apply

- Bath Bath Board Shower Cubicle Shower over bath Wet Room
- Stool/Perching Stool Sink (strip wash)

BED

What type of bed do you use?

- Single Double (4'6") Queen size (5') King size (6') Electric Futon

Does it have legs / castors / feet? (*please circle*). Has the bed been fitted with raisers?

Width / depth / height of legs / castors / feet?

How many legs/caster/feet does it have?

Height of bed with someone sitting on the mattress

CHAIR

What type of chair do you normally sit in? Please choose preferred seating option you have at home – *select one only*.

- Armchair Settee – 2 seat, 3 seat, corner Fireside Chair Recliner Chair
- Riser/Recliner Chair Dining Chair Patio Chair Other

Does it have legs / castors / feet? (*please circle*). Has the chair been fitted with raisers?

How many legs/caster/feet does it have?

Width / depth / height of legs / castors / feet?

Height of seat with someone sitting on the seat

ALTERNATIVE FURNITURE

Do you have an alternative bed or chair that could be used if your normal furniture is unsuitable? If so, please describe and measure the heights:

.....

.....

.....

HEEL KNEE LENGTH (HKL)

Please measure from the crease at the back of your knee to the floor while you are sitting in a chair, with your knee at 90 (right angles)

Please return this form as soon as possible to:
 Orthopedic Occupational Therapy Team
 Occupational Therapy Department
 Milton Keynes Hospital, Standing Way, Eaglestone
 Milton Keynes, MK6 5LD
 Tel: 01908 995411

If you have been given a date for your operation, please write it here:

.....



National Joint Registry: Patient Consent Form



What is the National Joint Registry?

The role of the National Joint Registry (NJR) for England, Wales and Northern Ireland is to improve patient safety and monitor the results of joint replacement surgery. The information held on the registry helps to find out which are the best performing artificial joints and the most effective types of surgery.



How does the NJR help patients?

The NJR provides information and evidence to:

- Help surgeons choose the best artificial joints (implants) for patients
- Empower patients by helping them find out more about the implants available to them
- Improve patient safety by checking how well implants, surgeons and hospitals perform and take action where it is needed
- Giving hospitals, surgeons and implant manufacturers feedback about their performance to help them improve patient care
- Help surgeons quickly decide whether patients need to return to hospital if implant problems are found

What information is collected?

Details of your operation and your implants will be recorded on the NJR by your hospital. Your personal details such as your name and address will only be recorded if you give your consent.



Why does the NJR need my personal details?

Your personal details allow the NJR to link you to the implant(s) you received during surgery. If, for instance, you need another operation in the future, the NJR can measure the time between the operations. Adding together this time from all patients' operations tells us how well different implants, hospitals and surgeons are doing. **Without using personal details to link operations, the NJR cannot find out about problems with implants, hospitals or surgeons.**

Personal details needed by the NJR are:

- ✓ Name
- ✓ Date of birth
- ✓ Postcode
- ✓ NHS number

The NJR Centre might also give you the opportunity to take part in patient feedback surveys in the future, to give your views on whether the surgery has made your life better. Shoulder patients will be routinely invited to take part. Patients receiving other joint replacements may also be invited. You do not have to take part in any surveys.

NJR and research

Operation and patient information in the NJR may be used for medical research. The purpose of this research is to improve our understanding and treatment of joint problems.

The majority of our research uses only anonymised information that means it is impossible to identify individuals. From time to time researchers may wish to gather further information. In these cases we would seek your approval prior to disclosing your contact details. You do not have to take part in any research study you are invited to take part in and saying no does not affect the care you receive.

Please be reassured that the storage, release and use of this data are subject to very strict controls.

You can find examples of how we use data for research at www.njrcentre.org.uk as part of our Research library.



Giving your consent is voluntary and more information is available if you are unsure.
Whether you choose to consent or not, please sign this form on the back.

NJR data and other healthcare information

Operation and patient information in the NJR is used to link to other healthcare information. It is also analysed and made available to surgeons, hospitals and manufacturers - without any of your personal details - as part of our feedback services.

Doing this improves the NJR's ability to monitor patient safety and patient outcomes. It also means that people and organisations involved in improving joint replacement surgery can better understand and develop improved or more cost-effective medical treatments.



Do I have to give my consent?

No. If you do not consent, your operation details will be stored on the NJR without any personal details, so you cannot be identified. If you change your mind about consenting to the NJR holding your personal details, please contact the NJR Centre – see 'Finding out more' below.



Is my information safe?

Your personal details are kept confidential at all times. Very strict rules and secure procedures are in place to ensure that your information is kept safe. You can ask for a copy of your personal data held on the NJR by writing to the NJR Centre.



Finding out more

NJR Website
www.njrcentre.org.uk

E-mail
enquiries@njrcentre.org.uk

NJR Helpline
Tel: 0845 345 9991

Mon-Fri, 9am to 5pm (excluding public holidays)

NJR Centre
Peoplebuilding 2, Peoplebuilding Estate, Maylands Avenue, Hemel Hempstead HP2 4NQ



National Joint Registry
www.njrcentre.org.uk
Working for patients, driving forward quality

This form should be kept as part of the patient record. DO NOT send this form to the NJR Centre

Patient Details (all mandatory)

Surname _____
Forename _____
Date of birth _____
Postcode (home) _____

To be completed by the hospital

Milton Keynes University Hospital _____
NHS or national patient number _____
Height m & Weight kg
or BMI _____

I CONSENT to my personal details being recorded within the NJR. I understand that the NJR will not release my personalised data unless required by law or where there is a clear overriding public interest in disclosure. Where possible, I will be told if any disclosure is to take place.

Signature _____ Date _____

I DO NOT CONSENT to my personal details being recorded within the NJR.

Signature _____ Date _____

To be completed by the hospital (person accepting patient consent)

Name _____ Signature _____

Position _____ Date _____

Giving your consent is voluntary and more information is available if you are unsure.

Introduction

You have been added to the waiting list for a hip replacement on the Rapid Recovery Programme. Providing every patient with kind, effective, quality care and the best possible experience whilst you are in hospital is our priority. This journal is designed to help you increase your understanding of the programme. By you writing and updating this journal it enables you and your family to take an active part in your recovery. Please bring this journal with you to all hospital appointments. As part of the Rapid Recovery Programme the aim is to enable you to be well enough to go home after 1- 2 nights in hospital.

The hip joint is described as a ball and socket joint, this involves the head of the thigh bone (the femur) sitting snugly in the socket of the pelvic cup (the acetabulum). A total hip replacement is a surgical procedure aiming to replace a damaged or diseased hip joint.

Osteoarthritis - What is it?

Osteoarthritis is a common disease affecting the joints in the body, most commonly the knee and hip. The joint surfaces, which are covered in smooth cartilage, become damaged and gradually thin and roughen - this produces pain. Eventually, there may be no cartilage left in some areas of the joint. There are other diseases which cause joints to be replaced because of pain, such as rheumatoid arthritis.

Total Hip Replacement - What is it? – Is it for you?

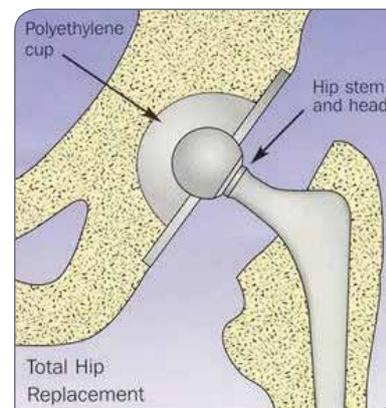
Total hip replacement is a surgical procedure for replacing the hip joint. This joint is made up of two parts, the hip socket (acetabulum, a cup shaped bone in the pelvis) and the “ball” or head of the thigh bone (femur). During the operation, these two parts are removed and replaced with smooth artificial surfaces. These artificial pieces (the prosthesis) are implanted into healthy portions of the pelvis and thigh bone. The total hip replacement operation is designed to relieve pain, reduce stiffness and improve your ability to walk.



Arthritic Hip



Hip with artificial hip replacement



What causes the need for a hip replacement?

Covering the surface of the bones in the hip joint is a smooth compressible gristle known as articular cartilage. When arthritis occurs, this gristle is worn away and the bone becomes exposed which results in pain.

What determines the need for a hip replacement?

The pain of arthritis of the hip may be helped by anti-inflammatory medicine and simple pain relief. Physiotherapy may also help to reduce pain and improve movement. Only if these measures are ineffective will the doctor suggest treatment with a hip replacement.

Which type of hip replacement might I have?

There are more than 60 different artificial hips available for total hip replacement surgery. The types of hip replacements used in this hospital are all tried and tested, are approved by the National Institute for Clinical Excellence (NICE) and have many years of proven experience. Your surgeon will explain the risks and benefits of this with you as an individual.

How long should my new artificial hip last?

85% of artificial hip joints last for 10 to 15 years or more, some last longer, others fail more quickly depending on the age and weight of a person.

The operation

During the operation, the hip-joint is completely removed. The upper part of the femur is sawn off and the natural space for the head of the femur (the acetabulum) is hollowed out. A new artificial socket, usually of high-density polyethylene, is fitted into the hollow in the pelvis. A short, angled metal shaft, with a smooth ball on its upper end (to fit into the socket) is pushed down into the hollow of the thigh-bone. The new artificial cup and the artificial bone-head may be a press-fit or they may be fixed with acrylic cement.

Anaesthetic

You will have a spinal anaesthetic for this procedure, along with sedation or a general anaesthetic. This will be discussed at the joint school appointment and also with the anaesthetist on the day of surgery. Refer to pages 24-25 for an more in depth explanation.

What is the success rate of this type of surgery?

Ninety-eight (98%) of patients are satisfied with the outcome of their new replacement hip joint.

What are the complications of a total hip replacement?

Complications are rare but include:-

- Infection
There is a 1% risk of infection which is a serious complication and may require removal of implant and a repeat procedure.
- Dislocation
There is a 2% risk of 'dislocation' (this means when the ball comes out of the socket). If the hip joint dislocates it can usually be relocated without further surgery.
- Loosening
The major reason that artificial joints eventually fail in the long-term is loosening of the joint where the metal or cement meets the bone. Some joints may eventually loosen and require a new hip joint to be fitted. This is more of a problem in young patients.
- Deep Vein Thrombosis (DVT)
This is when clots form in the deep veins of the leg. Surgeons take preventing DVT very seriously. There are many ways to reduce the risk of DVT, e.g. pressure stockings to keep the blood in the legs moving, medication that thins the blood and prevent clots forming and probably the most effective is getting you moving around as soon as possible. Refer to page 25 for more information.
- Nerve damage
This occasionally occurs after hip replacement surgery.

How long is the average stay in hospital?

As part of the Rapid Recovery Programme the aim is to enable you to be well enough to go home after 1 - 2 nights in hospital.

You will only be discharged if there are no signs of complication, and you are independently mobile. If required, the district nurse will monitor your progress once discharged and provide assistance depending on your needs.

Pre assessment

All patients who are having a hip replacement will be either seen immediately once listed for surgery or booked to attend an appointment at the Treatment Centre. From this assessment we will decide if you are fit for an anaesthetic and your operation. You will receive MRSA screening as part of your pre-assessment, via a nasal swab. The results will be checked and patients will only be informed if the swab results are positive and treatment is required. If you know that you have been a carrier of MRSA please inform the pre assessment nurse.

The pre assessment nurse will inform you of the following:

- If you are fit for the operation and anaesthetic.
- Whether you will go through the Same Day Admissions or if you will report directly to the ward.
- If you are suitable to come in on the day of your operation, or if necessary a day or so before your operation because of medical reasons.
- The starving guidelines that you need to follow.

It is important that you bring the following information to your pre assessment:

- All home, work and mobile numbers for yourself and 2 people that you state as your next of kin.
- All prescribed medication and any herbal preparations (inhalers, creams).
- A note of anything you are allergic to e.g. medication, latex and food.
- Inform us if you use any special equipment or services at home.

After your pre assessment it is important that you contact the clinical surgical unit or your pre assessment nurse if anything changes after your assessment and prior to your surgery, such as:

- If you change your mind.
- If you visit your GP for a new problem.
- If your GP starts, stops or changes your medication.
- If you are taken into hospital for any reason.
- If, when you have a date for surgery, you are unwell with a cold, high temperature, or chest infection.

What if the pre assessment nurse finds something wrong?

Depending on the reason, it could be that your blood pressure is too high. The nurse may delay your surgery, or you may be asked to either visit your GP or an Anaesthetic assessment will be organised. We may have to remove you from the waiting list if you are not fit for surgery. Once the problem has been resolved you may then be recalled for another pre-assessment.

Pre assessment will discuss discharge arrangements and may refer you to the Social Work team. The Social Work Team work with the Reablement at Home Team and will triage the referral.

Octenisan® Wash

Preventing wound infection

Because skin is not sterile, your skin needs to be as free of germs as possible before your operation. The nurse at Pre assessment will give you a bottle of Octenisan® wash lotion with your name on it.

Octenisan® wash lotion is a special antiseptic wash that helps reduce the number of germs on your skin and the risk of a wound infection.

What do you need to do before the operation?

Two days before your operation date, you should start showering daily (**washing your hair at the same time if possible**) using the Octenisan® wash lotion and following the instructions below. This should be repeated daily and for the first two days after your operation. A shower is recommended, however if you are unable to use a shower, please use the product instead of your usual soap when washing in the bath or at a sink.

You can use the table below to tick off when you have completed the body wash.

	2 days before my operation	1 day before my operation	At home on the morning of Operation Day	1 day after my operation	2 days after my operation
Date:					
Completed:					

How to use the Octenisan® body wash

- Wet your skin and hair thoroughly in the shower, then turn the water off.
- Put about 15 ml (a dessertspoonful) of Octenisan® body wash onto a clean wash cloth or flannel.
- Apply the Octenisan® using a gentle circular rubbing motion over your body, paying special attention to your armpits, groin and feet.
- Ensure all skin surfaces from the neck down are covered by the Octenisan® body wash.
- Shampoo your hair with some more Octenisan®.
- Ensure that the Octenisan® stays on your skin for one full minute.
- Rinse thoroughly under the shower to remove all soap residue.
- You may apply conditioner to your hair if needed.
- Dry your skin thoroughly with a clean, dry towel.
- Put on clean underclothes or nightwear afterwards.
- It is recommended that bed linen and towels are changed daily and washed on the highest possible temperature.

Octenisan® is hypo-allergenic and should be suitable for all skin types, even skin that is sensitive to soap or susceptible to allergies. If you do experience any skin reaction such as severe burning, itching, redness, blistering, peeling, swelling, rash or any other severe irritation discontinue use of the Octenisan® and tell your doctor.

schülke +

octenisan® antimicrobial wash

Instructions for use

- Apply octenisan® undiluted onto a clean, damp washcloth
- Rub onto the areas of the body to be cleansed and wash off
- For showering or hair washing, simply use octenisan® in the same manner as other hair and skin washing preparations
- Always observe the recommended contact time of 1 minute*

*tested according to EN 12054



<p>Step 1</p> <p>Ensure Hair and Body are Wet</p>	<p>Step 2</p> <p>Apply octenisan® undiluted</p>	<p>Step 3</p> <p>Apply octenisan® evenly all over the body & hair (recommended skin contact time 1 minute*)</p> <p>All over Hair & Body, Focus on areas a, b, c</p>
<p>Step 4</p> <p>Rinse off thoroughly</p>	<p>Step 5</p> <p>Dry with Clean towel</p>	<p>Step 6</p> <p>Put on clean clothing & bedding</p>

* minimum recommended use 5 days

the plus of pure performance



On the day of your operation

- Please remember to bring your Octenisan® wash into the hospital with you as you will use this to wash with the day after your operation. If you are coming into the hospital from home, please shower using the Octenisan® wash (including hair wash) before you leave.
- Do not apply lotions, powder, or deodorant to your body.

After your operation

Please use the Octenisan® body wash for at least 2 days after your operation, or until the bottle is finished. After this you can revert to your usual products.

PROMS (Patient Reported Outcome Measures)

You will be asked if you want to complete a PROMS (Patient Reported Outcome Measures) questionnaire. Please see the next page for more information.

Patient Reported Outcome Measures



Patient Reported Outcome Measures, sometimes called 'PROMs', are questionnaires that ask patients about their health before and after an operation. They help to measure the results or outcome of the operation from the patient's point of view.

All NHS patients, wherever they are treated, who are undergoing hip replacement, knee replacement, varicose veins or groin hernia surgery are being invited to fill in these PROMs questionnaires.

The purpose of the questionnaires is to collect information about the quality of healthcare services. The information collected will be used to produce statistics about the quality of healthcare services offered by different healthcare providers (hospitals) across the NHS. These statistics will be used to measure and improve the quality of healthcare services.

Why are we doing this?

We want to improve the quality of health-care services wherever we can – and it's crucial to ask patients what they think.

Patient Reported Outcome Measures will help the NHS improve still further the quality of services for patients, by taking into account patients' views of quality, and will help hospitals reach the very best standards of care.

What happens next?

You will be asked to fill in a short *Before your operation* questionnaire when you go to hospital. You should read the information on the front cover and if you wish to, fill in the questionnaire with your answers. Once you have completed the questionnaire please hand it back to the person who gave it you.

In a few months time you will be sent an *After your operation* questionnaire through the post to fill in and return. Once you have filled in the questionnaire with your answers please post it back to us in the enclosed envelope. This is free-post and does not require a stamp.

Do I have to take part?

Your help would be greatly appreciated, but it is not compulsory. If you do not wish to take part, do not complete the questionnaire.

Do I have to give my consent to participate?

With your permission, the personal details that you provide and other information held about you in other NHS databases will be used to analyse and interpret the information collected. By completing the *Before your operation* questionnaire you are giving your consent for your data to be used in this way. There is a statement on the front of the questionnaire that you will be given which tells you exactly what you are giving your consent for and how the data will be used.

Your personal information will be handled securely and it will be anonymised after analysis and before any publication. Your personal information will not be released unless required by law or where there is a clear overriding public interest.

Can I change my mind?

Yes, up to the point where the data is analysed and personal details removed. Withdrawing your information will not affect your medical or legal rights in any way. You can do so by contacting the PROMs team by any of the contact methods shown overleaf.

What will happen to the information I give you?

Your personal details will be held confidentially in accordance with the Data Protection Act. They would only be used as set out on front page of the *Before your operation* questionnaire. Your details will be used to send you an *After your operation* questionnaire by post. Your personal information will be held for no longer than 24 months for checking the accuracy of the information and statistics produced. If we want to use your information for anything else, or hold the information for more than 24 months, we will write to you and ask your permission.

Why are other organisations used to help with the programme?

Contractors working on behalf of the Department of Health and the Health and Social care Information Centre help to handle, process and analyse the information you give. Only organisations with a long track record of expertise in these areas have been chosen to support the collection and reporting of Patient Reported Outcome Measures.

Will my personal details be safe?

Published reports will not contain any personal details. The handling and storage of personal information will be undertaken to the very highest standards.

How to contact us:

You can contact us through any of the means below if you have any questions or would like more information about Patient Reported Outcome Measures, the questionnaires, confidentiality or how your personal details will be held and used.

Telephone the freephone helpline: **0800 917 1163**

.....

Visit the PROMs website

.....

Visit **[www.quality – health.co.uk](http://www.quality-health.co.uk)**

.....

Email: **[info@quality – health.co.uk/proms](mailto:info@quality-health.co.uk/proms)**

.....

By Post:

Quality Health
 Unit 1, Holmewood Business Park
 Chesterfield Road
 Holmewood
 Chesterfield
 Derbyshire
 S42 5US

Joint School

The Joint School gives you the opportunity to learn about your surgery. The Joint School is held on alternate Tuesday afternoons between 2pm and 3.30pm.

You will meet other patients waiting to have their hips replaced. It is important to bring 1 relative or carer with you so that they can be aware of how to support you when you go home after your operation.

The Joint School is an educational session run by the Physiotherapist, Occupational Therapist (OT) and Pain Nurse who will explain what is going to happen to you during your stay in hospital. You are encouraged to ask any questions you may have however simple you may feel they are.

The Joint School is essential to the Rapid Recovery Programme and must be attended or surgery may be postponed or deferred.

The Physiotherapist will teach you the exercises to perform, if it is not too painful it is useful to start doing these exercises before you operation. This will help you after your operation as your muscles will be stronger and you will be confident doing the exercises after the operation.

The OT will assess you and identify any potential problems. You may require equipment at home which will be offered in advance ready for you upon discharge home. Please make sure you have completed the Occupational Therapy form (refer to page 5) and send it to the address on the form. They will also identify if you need any help with your personal care and domestic tasks so appropriate referrals can be made.

The Pain Specialist Nurse will talk about managing your pain after the operation and about the different anaesthetics you can have. They are happy to answer any questions or queries you may have about pain medication.

See exercises on page 37.

Book yourself into the 'Joint School' held on alternate weeks on a Tuesday 2pm - 3.30pm.

You need to ensure you attend the Joint School for **Hips**.

To book (or to reschedule your appointment): **01908 997006**

Home Preparation

It is important to plan your discharge before surgery to prevent any delays in getting home.

Things to consider are:

- Don't undertake any major decorating prior to admission that leaves your house unsafe
- Think about someone coming to stay with you if you think you may need help after surgery
- Ask friends or family to help with shopping, cleaning or looking after pets if you think you may find it difficult
- Ensure there is sufficient room to manoeuvre around the room with your walking aids. If necessary, consider removing excess furniture or ornaments
- Remove or move loose rugs, trailing electrical flexes and make sure the lighting is good to reduce the risk of tripping or falling
- If stairs are difficult consider making space for a bed downstairs and arrange for it to be brought down before you come into hospital
- If your washing machine is low down, you may need assistance with laundry
- You will not be able to bend to low cupboards and drawers, or to low shelves in your fridge or freezer. Rearrange items you use regularly to higher shelves
- Arrange your kettle, cup, saucer, coffee/tea and sugar in one designated area
- Stock up the freezer with microwave meals or pre cooked food
- If you do not have a table and chair in your kitchen, sit on a high stool when carrying out work top activities or after preparing a drink (If you live alone you will find this more convenient)
- You may need a commode if you decide you cannot manage stairs, your local red cross could supply one for you. The physio team will practice the stairs with you prior to your discharge
- Think about personal hygiene as you may find it difficult to bath or shower
- Have a phone by your bed, or carry a cordless phone in your pocket if you live alone
- Ensure you have a night light next to your bed so you can make your way to the toilet safely at night
- Move regularly used clothes and shoes out of low cupboards and drawers
- Keep everyday items within easy reach
- Remember that if you drop something, it may be difficult to pick it up – use a helping hand (available at The League of Friends Shop, mobility shops or larger chemists). We are not able to provide Helping Hands
- Think about enough prescription medication for after your surgery
- Arrange discharge plans i.e. lift home

Managing Household Tasks

The way you carry out some activities of daily living may need to be altered temporarily.

What to bring with you

- Loose night and day wear, we encourage patients to get dressed into their day clothes 1st day post operation – bring in underwear
- Dressing gown and socks
- For comfort health and safety reasons you should have a pair of flat supportive shoes. Slippers should also be fully enclosed. (Not open backed mules)
- Toiletries: soap, shampoo, toothbrush/paste, 2 flannels, towels, hand wipes
- Octenisan® wash
- Comb/brush/shaving equipment
- Books/ Magazine
- Loose change. Please bring enough with you if you wish to use the Hospicom TV
- It is also important that you bring with you the following items if you normally use them at home
 - All medication in correct containers for your complete stay in hospital. Bring them in their original boxes and not in dosette boxes. Inform nursing staff on the ward that you have brought them in (Pharmacy bag available at pre assessment). Please leave the following medication at home - Tramadol, Oramorph, MST, Butrans and Fentanyl patches
- Inhalers/sprays
- Glucometer (diabetic patients)
- Anti-coagulant therapy yellow book
- Hearing aid/spectacles
- Denture pot/denture cleaner
- Mobility aids (sticks etc)
- Other aids – (CPAP machine)
- Juice
- Hand wipes
- Long handled shoe horn
- 'Helping hand'/grabber (available at The League of Friends Shop, mobility shops or larger chemists)

Please do not bring with you:

- Valuables
- Credit Cards
- Pension Books
- Jewellery
- Electrical Equipment – this needs to be checked by the hospital prior to use

The Trust cannot be held responsible for your valuables.

Preparing for surgery

- If you smoke it is important that you **do not smoke for 48 hours before your anaesthetic.**
- Do not drink alcohol or take any recreational drugs **for at least 48 hours before your anaesthetic.**
- **Please remove** any body piercing, make up, eyelash extensions, acrylic nails, nail polish from fingers or toes before coming in for your operation/procedure.
- **Diet** - you will recover more quickly from surgery if you are healthy beforehand. Try to eat a healthy diet in the time leading up to your operation. It is quite common to experience constipation following your surgery. A healthy diet will reduce this risk.
- **Octenisan® wash** to be used as instructed on page 12.

Please arrive at the stated time on your letter. It is important that you follow the instructions carefully or your operation will be cancelled. Please call the relevant Clinical Surgical Unit if you have any questions: **01908 997006 - Trauma and Orthopaedic**

If you no longer wish to proceed with your operation, please let the hospital know as soon as possible.

Surgery in the morning

- If you are having **surgery in the morning** you will be requested to attend the **hospital at 7.15am**
- **Food and any other drink (tea, coffee, milk, juice etc) can be taken until 2.30am**
- **You may drink water only from 2.30am**
- **At 6am please have a glass of water; please ensure you finish your glass of water by 6.30am.**
- **You must not** suck any sweets or chew gum.
- If you have DIABETES and you usually take tablets or insulin for diabetes **please do not take your morning dose.**
- Please bring **ALL YOUR REGULAR MEDICINES** with you in the original containers and not in dosette boxes. Inform nursing staff on the ward that you have brought them in. This includes all over-the-counter medicines, herbal preparations, ointments, creams and inhalers. You will be provided with a pharmacy bag to bring your medicines in. Please leave the following medication at home - Tramadol, Oramorph, MST, Butrans and Fentanyl patches.
- **If you take any medication, the Pre-Assessment Nurse** will advise you of the medication that should be taken at home on the morning, of the day of your admission and operation.

Surgery in the afternoon

- If you are having **surgery in the afternoon** you will be requested to attend the **hospital at 11.45am**
- You will be able to have a light, early breakfast before **7.30am** at home on the day of your admission and operation.
For example: two slices of toast **or** a bowl of cereal, along with a cup of tea or coffee or juice
- **Please make sure that once you have had your breakfast you do not eat anything.**
- **You may drink water only from 7.30am**
- **At 11am please have a glass of water; please ensure you finish your glass of water by 11.30am.**
- **You must not** suck any sweets or chew gum.
- Please bring **ALL YOUR REGULAR MEDICINES** with you in the original containers and not in dosette boxes. Inform nursing staff on the ward that you have brought them in. This includes all over-the-counter medicines, herbal preparations, ointments, creams and inhalers. You will be provided with a pharmacy bag to bring your medicines in. Please leave the following medication at home - Tramadol, Oramorph, MST, Butrans and Fentanyl patches.

Reasons for Fasting

To ensure that your stomach is empty and therefore avoid serious complications associated with vomiting (being sick) or regurgitation under General Anaesthetic

Sucking sweets and chewing gum produces gastric juices which can increase the risk of vomiting.

You will be asked to attend the Same Day Admission Unit which is located in the Treatment Centre. After surgery you will go to ward 24.

- The **Same Day Admission Unit** admits patients who are staying in hospital for longer than a day. There are trolleys and chairs, along with a change and wait area.
- **Visitors can accompany you to the Reception Area until you are taken to your waiting area. Due to limited space/privacy visitors will then be asked to leave.**
- **Please keep your property to a minimum for example a small bag (similar to a onboard flight bag)**
- If you have any questions about your surgery please ensure you ask at this time.
- Whilst you are in theatre your property will be taken to the ward. Once you have had your operation you will go to the ward.
- **Ward 24** is a 20 bedded surgical ward, it is nurse led and we care for both male and female patients.
 - visiting times are 2pm – 8pm
 - we ask that relatives do not visit outside the visiting times, so that patients can rest following their surgery. Please respect the patient's protected meal times: Lunch 12.30pm – 1pm, Supper 5.30pm – 6pm
- We do not encourage very young children and babies to visit the wards due to the risk of possible infection to them.
- Please do not allow your visitors to eat food as many patients are not allowed to eat before their operation.
- **We do not encourage visitors to sit on the hospital beds.**
- It would be helpful to ask one person from family/friends to ring the ward to find out news of your progress. This person can then pass this information onto other members of your family and friends.

Please remember that staff are limited on the information they can give and will not disclose information about your procedure. If you have a concern during your stay in hospital then please raise it with the nursing staff at the time or ask to speak to the Senior Sister or Matron covering the area.

On the day of surgery

You may be booked onto an all day theatre list, which means you will arrive in the morning and may not go to theatre until the afternoon. Your anaesthetist will inform the nursing team if you are able to have a drink on the ward, due to the timing of your operation and a drink will be provided. It is essential that you are fully informed so if you have any questions please feel free to ask the nursing or medical teams.

The nursing staff will settle you into the ward environment and inform you of the ward routine.

The **Surgeon, Anaesthetist** and **Physiotherapist** will **visit you before your operation**. This is a good time to ask questions and tell the Anaesthetist about any worries that you have. Your leg will be marked.

- All your details will be checked thoroughly, this may mean different people may ask you the same questions
- Please feel that you can **ask questions to understand all you need to know** at any time during your stay in hospital
- You may be prescribed compression/anti-embolic stockings (AES), which are of benefit in reducing blood clot formation in your legs after surgery. **Refer to page 25 for more information on Deep Vein Thrombosis**
- **You will be asked to get into a gown**
- **A pre medication (premed) will be given**

A premed are the medicines given to you before an anaesthetic

You will have:

- 12 microgramme Fentanyl patch put on an hour before your operation, this is an analgesia patch which will start working during your operation
- 600mg Gabapentin which is for neuropathic (nerve) pain and helps reduce the pain in the hip during your operation
- 150mg Ranitidine is a gastric protector and helps prevent sickness and reduce the acid in your stomach
- 10mg Dexamethasone an anti inflammatory low dose steroid. (Diabetics cannot have this as it can raise blood sugar levels)

During your stay in hospital you will be encouraged to be as independent as possible. This means that you will be expected to do as much for yourself as you can e.g. washing, dressing and walking to the toilet.

You will be expected to sit out of bed when you are well enough rather than staying in bed.

You will be encouraged to get into your day clothes rather than spending all day in your nightwear. This usually makes you feel better in yourself and helps you stay independent.



Pressure Ulcer prevention

Pressure Ulcers are localised areas of damage to skin or underlying tissue and can occur to areas of the body subject to pressure. Bony areas are at greater risk and these include head, shoulder, elbows, base of spine, bottom, knees, heels and toes.

Whilst nurses will assess you, we ask that patients assist by:

- Changing position regularly to allow adequate circulation of blood to your pressure areas
- Early mobilisation post operatively
- Assist with effective skin care, e.g keeping skin clean and dry
- Maintaining hydration and diet post operatively
- Report any redness seen and discomfort felt to the nurse

Nursing staff may assess areas on your body which are prone to pressure damage. You will be encouraged to change your position frequently. If you are unable to move independently assistance is always available. For patients who are at risk, staff may also implement aids/equipment to prevent damage. i.e. Cushions, special mattress.

Exercises

The recovery nurses will ask you to start exercises Nos 1,2 and 3. See page 37.

Preventing Infection

In Milton Keynes we do as much as we can to protect our patients – but need your continuing support to stop avoidable infections starting.

To achieve the objective of minimising infection and safeguarding your health it is important that you observe the following personal care

You can help by:

- Bathing or showering before being admitted to hospital
- Use the Octenisan® wash as instructed on page 12
- Bring a daily change of clean clothes
- Wash your hands or request a hand wipe before eating
- Always wash your hands with soap and water after using the toilet
- Do not share toiletries with other patients

We also ask you to make use of the hand sanitiser that is provided, on entering and leaving the ward. This will assist in reducing infections but does not protect against the Flu virus, c difficile or the winter vomiting and diarrhoea bug.

Please ask staff to wash their hands or use the hand sanitiser before attending to you.

To keep our high standards of infection prevention and for safety reasons, **we do not allow flowers or potted plants** on any of the wards.

Keeping warm before, during and after surgery is important, because it can reduce postoperative complications.

If you are very cold (temperature <36°) you may be at greater risk of:

- Heart problems
- Infection
- Blood loss
- Delayed wound healing
- Increased length of hospital stay after the operation

The hospital can be colder than your home so to help us ensure you remain warm:

- Please bring additional warm clothing, such as dressing gown, a vest and slippers
- Do tell the staff that are caring for you, if you feel cold at any time during your hospital stay

If you become cold during the operation, you may wake up with a warming blanket in the recovery room.

What is Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)?

Your blood flows through your body in blood vessels called veins and arteries. If there is damage to these vessels, for example if you cut yourself, the blood usually forms a plug or 'clot' to stop any bleeding. However sometimes the blood's clotting mechanism goes wrong and can form a blood clot in the veins. When this happens the clot is called a 'thrombus'. If the clot is deep inside one of the veins it is called a Deep Vein Thrombosis (DVT). A DVT is more likely to happen if you are unwell and inactive or more inactive than usual.

Sometimes a clot can become loose and travel through the blood stream to your lungs. This is called a Pulmonary Embolism (PE) and can potentially be fatal.

As you are in hospital and likely to be less mobile than usually due to your illness or an operation you may be at more risk of having a DVT. To reduce the risk of this you will be assessed to see if you are more likely than normal to get a DVT.

It is also important that we know all the medicines that you are taking.

What are the signs of DVT and PE?

- Pain or swelling in your leg
- The skin on your leg feels hot or discoloured (red, purple or blue), other than bruising around the area if you have had an operation
- The veins near the surface of your legs appear larger than normal or you notice them more
- You become short of breath
- You feel pain in your chest or upper back
- You cough up blood

What we do to reduce the risk of DVT

If you are at risk you may be given on of the following to reduce the risk of you developing a DVT.

- Anti-embolism stockings. These are tight stockings which squeeze your feet and lower legs and thighs helping your blood to circulate around your legs more quickly. You may not be offered these if you have recently had a stroke, or if you have problems with the veins in your legs
- A medicine called an anti-coagulant which thins the blood and helps prevent clots from forming. This may be an injection just under the skin or a tablet
- We will encourage you to mobilise as soon as you are able

The staff should discuss the benefits and any risks with these treatments, but please ask the staff looking after you if you have any questions.

DURING THE OPERATION

The Operation

In The Anaesthetic Room

When it is the right time for your surgery you may walk with a Nurse to the anaesthetic room. If you are unable to walk you will be taken in a chair or on a bed.

The anaesthetic room is next to the operating theatre. Several people will be there, including your Anaesthetist and an Anaesthetic Practitioner. Equipment will measure you:

- Heart rate - 3 sticky patches on your chest (electrocardiogram or ECG)
- Blood pressure – a cuff on your arm
- Oxygen level in your blood – a clip on your finger (pulse oximeter)
- A needle is used to put a thin soft plastic tube (a cannula) into a vein in the back of your hand or arm. Drugs and fluids can be given through this cannula
- If needles worry you, please tell your Anaesthetist. A needle cannot usually be avoided, but there are things he or she can do to help. Finally, the type of anaesthetic chosen will be given

You and your anaesthetic

The choice of anaesthetic depends on:

- Your operation
- Your physical condition
- Your preferences and the reasons for them
- Your anaesthetists recommendations for you and the reasons for them

Your Anaesthetic

The Anaesthetist will meet you before you operation and will discuss which types of anaesthetic can be used.

If you are having a local or regional anaesthetic you can decide whether you want to:

- Be fully alert
- Be relaxed and sleepy (sedation)
- Have a general anaesthetic as well

A spinal anaesthetic

- Local anaesthetic is injected near to the nerves in your lower back
- You are numb from the waist downwards
- You feel no pain and you may even prefer to stay awake
- You can also have drugs which make you feel sleepy, calm and relaxed
- It will take 4-6 hours for normal movement to return in your legs
- The Anaesthetist will stay with you the whole time

The majority of patients have their hip replacement surgery under this technique because it reduces the risk of blood clots and you are less likely to need a blood transfusion. You are also much less likely to feel nauseous or vomit with spinal anaesthesia. Urinary incontinence can be associated with spinal anaesthesia, sometimes lasting longer than the sensory effect of the spinal medicine.

General Anaesthetic

A general anaesthetic gives a state of controlled unconsciousness during which you feel nothing.

You receive:

- Anaesthetic drugs (an injection or breathing gas)
- Strong pain relief drugs
- Oxygen to breathe
- Sometimes a drug to relax your muscles
- Anaesthetist stays with you at all times to give you drugs to keep you anaesthetised
- Once the operation is finished the anaesthetic drugs will be stopped and reversed so that you regain consciousness

Recovery

After your operation you will be taken to the Recovery room where you will be watched closely by your nurse to make sure your breathing and heart functions are stable and you are comfortable.

Side Effects

The anaesthetist will have discussed with you the risks and benefits associated with the different anaesthetic options.

Nausea and Vomiting

A regular anti sickness drug is given to you whilst you are taking strong analgesic medication during your stay in hospital.

Pain Relief

The amount of discomfort you have will be monitored regularly using a scale of 0 (no pain) – 10 (severe pain)

- You will have the 12 microgramme Fentanyl patch in place for 72 hours
- You also have Paracetamol 1G four times a day and for the first 24hours this is given intravenously through a cannula
- If you can take anti-inflammatory medicines you will have Ibuprofen three times a day
- Extra analgesia can be given for breakthrough pain
- Your discomfort should be tolerable
- Do not expect to be totally pain free

General Anaesthetic - *“You and Your Anaesthetic”*

Instructions to access booklet electronically please follow the link:

http://www.mkhospital.nhs.uk/images/You_and_Your_Anaesthetic.pdf

Alternatively, follow the steps:

1. Go to: <http://www.mkhospital.nhs.uk>
2. Click on “visiting the hospital”
3. Click on “departmental directory”
4. Click on “Anaesthetics”
5. Click on “You and Your Anaesthetic”

Exercises

The recovery nurses will ask you to start exercises Nos 1, 2 and 3. See page 37.

Back On The Ward - Day 0 - Operation day

After a short while you will return to the ward. Nursing staff will make sure you are comfortable and perform regular observations on you. You may have oxygen; your pain will be managed with painkillers. You may have a urinary catheter, you may have a drain coming from your wound and a drip in your arm to build up your fluid levels.

We would encourage you to eat and drink as soon as you are able to. If you are unsure please ask the nursing team for guidance.

You will be encouraged to commence exercise.

The Physiotherapist or Nurse will help you to get out of bed and encourage you to walk with the use of a high roller.

They will also reinforce your exercises and talk you through the rehabilitation process.

Nursing staff will continue to monitor your progress and ensure you are comfortable.

Once you are tolerating fluid and diet your drip and drain will be removed and your dressing renewed. You may have an x-ray taken.



High Roller

Day of Surgery - Day 0 - **to be completed by the patient**

Date: _____

- Washed with Octenisan®?
- Have you sat on the edge of the bed?
- Used High Roller and walked to the toilet with assistance?
- Completed bed exercises?
 - 1 time:
 - 2 time:
 - 3 time:
 - 4 time:

Comments

To help assess your pain you will be asked to score your pain on a scale of 0 to 10.

0 – No Pain **5** – Moderate Pain **10** - Worst possible pain

Pain score =

AFTER THE OPERATION

Day after Surgery - Day 1

Walking should be much easier and you should be able to move around comfortably. You will be encouraged to continue your exercise by yourself during the day. You can walk to the bathroom to wash or use the toilet as required. The nursing staff will continue to monitor your progress.

The physiotherapist will show you how to go up and down stairs safely. Over the coming days you should progress to being able to walk independently with crutches, wash and dress with minimal or no help and be getting ready to go home.

The Occupational Therapist will see you to offer any advice as needed.

Day after Surgery - Day 1 - **to be completed by the patient**

Date: _____

- Washed with Octenisan®?
- Have you sat on the edge of the bed?
- Used High Roller and walked to the toilet with assistance?
- Used High Roller and walked to the toilet independently?
- Progressed to elbow crutches?
- Completed exercises?
 - 1 time:
 - 2 time:
 - 3 time:
 - 4 time:
 - Completed stairs / steps

Comments

To help assess your pain you will be asked to score your pain on a scale of 0 to 10.

0 – No Pain **5** – Moderate Pain **10** - Worst possible pain

Pain score =

Day 2 after surgery

Date: _____

Reason for still being in hospital:-

- Washed with Octenisan®?
- Used High Roller and walked to the toilet with assistance?
- Used High Roller and walked to the toilet independently?
- Progressed to elbow crutches?
- Completed exercises?
 - 1 time:
 - 2 time:
 - 3 time:
 - 4 time:
 - Completed stairs / steps

Comments

To help assess your pain you will be asked to score your pain on a scale of 0 to 10.

0 – No Pain

5 – Moderate Pain

10 - Worst possible pain

Pain score =

Discharge Home

You will be able to go home 1-2 nights following your operation.

Your plans for discharge should be in place before you come into hospital for your surgery so that there will be no delays.

Discharge from the ward

- The Fentanyl Patch is to stay on for 72 hours if you are sent home before the 72 hours you will be advised by the nursing staff when to remove this.
- Unless requested by the surgeon we operate a nurse/physio discharge policy and so you may not see the surgeon before discharge. If you want to see them then please let us know on the day so we have plenty of time in order to contact them.
- When it is time for you to be discharged, the nursing staff will give you a copy of your discharge summary. A copy of this will also be sent to your GP.
- **You will need a responsible adult** to collect you by car or to accompany you in a taxi (not public transport).

People are unique and the alternatives, risks and benefits will of course vary from person to person. We hope this leaflet will support the information you have already received from your doctor in enabling you to make an informed decision.

When you are ready to be discharged home, you may be collected from the ward or taken to the **Patient Discharge Unit**. You will receive continued nursing care from the patient discharge unit until you are collected to go home.

Please do not contact your next of kin regarding your discharge from hospital until the nurse informs you that your discharge documents are ready.

Please ensure you have the following:

- All your personal belongings
- Your discharge paperwork and any relevant documentation.
- The regular medicines you brought into hospital on admission
- If applicable any medication to take home. You may have 28 days of tablets to take instead of the injection you were having on the ward to reduce the risk of blood clots occurring
- Your Octenisan[®] wash bottle to complete treatment
- If applicable, a follow-up appointment
- You know who to contact with a concern
- Please inform the nursing staff/ward clerk on leaving the ward
- Clean dressing on discharge
- Advice on wound care - date for removal of stitches/clips
- Spare stockings - to be changed every other day
- Stockings 6 weeks
- Any intermediate care organised on discharge
- Completed feedback questionnaire on page 49

If you require to be taken home by hospital transport please note the following:

A specific time cannot be given to pick you up or get you home by.

- It is preferable that you have your own front door key available.
You need to limit your luggage to one bag only.

Please ensure you have loose clothing to wear home as you may have some hip or knee swelling following your surgery, and your transport home has been organised.

The ward physiotherapist will advise you on exercises to continue with at home. If any physiotherapy follow up is required this will be discussed with you prior to discharge from the ward.

The goals of your physiotherapy will be to achieve 90 degree hip flexion, improved muscle strength around the hip and to progress your mobility so you no longer require a frame or elbow crutches.

Follow up

The Ward Clerk will phone you after your discharge from hospital to check how your recovery is. You will also receive a follow up telephone call from the Community Physiotherapist approximately 2-3 weeks after your discharge from hospital. They will check on your progress and address any concerns you may have. You will come back and see the consultant at 6 weeks and then come and see the physiotherapist in the PROMS follow up clinic at 3, 6 and 12 months. They will monitor your progress and can refer you back to the consultant if there are any concerns as well as give you more exercises and advice as needed.

You will go home with information regarding removal of stitches, if applicable, and any medications needed which the nursing staff will go through with you. Consultant follow up appointment will be made and sent to you if you do not have it to go home with.

Before you go home you should make sure that you know what to do to reduce the risk of a DVT developing refer to page 25.

If you develop any of the symptoms described, and you think it may be a DVT, please seek immediate medical advice.

Following surgery for hip replacement, the surrounding muscles and tissues require time to heal. During this period, it is **essential** that you avoid any harmful movements which may cause stress on your "new hip". Your Occupational Therapist and Physiotherapist will advise you on the safe positioning of your hip in activities of daily living – refer to page 33.

It must be stressed that the routine rehabilitation plan after a hip replacement may vary from hospital to hospital and it is specific to the individual. Please ask your therapist if you have any concerns about coping at home after your surgery.

- Slide objects along the work surface rather than carrying them (i.e. hot drinks) where possible.
- If you need to carry items to the table, different methods and equipment may be suggested by your Occupational Therapist.
- Do not attempt any heavy housework, such as hoovering, for at least six weeks.

Soft Hip Precautions - know your Hip

(If you are having a REVISION hip please refer to separate advice sheets, ignore pages 33, 34 and 35. Discuss exercises with the Physio).

After you have your hip replacement, you will need to be careful with how you move your hip. In time, you will be able to return to your previous level of activity. However, there are a few things that you should be aware of:

1. Know your Hip: Let your movement return naturally. Do not overstretch - using long handled gadgets may be beneficial in the first couple of weeks (e.g. shoe horns or long handled grabbers)



Shoe horn



Long handled grabber

2. You can move your hip in a way that feels comfortable for you, **when you reach discomfort in movement be aware that it is your limit. Avoid testing your range of movement.**
3. Your furniture does not need to be high. However, you may find that getting on/off low furniture will be a challenge and cause you some discomfort. When in the sitting position, ideally you are looking for your knees to be below your hip.



Getting in and out of bed

A high, firm bed is recommended.

- Place yourself in a sitting position on the side of the bed.
- Using your upper body strength and leaning slightly backwards, slide your buttocks towards the pillow.
- Lift legs onto the bed.
- When getting out of bed, reverse above technique.

It is advised to sleep on your back or unoperated side while your wound is healing.

Please note this will be demonstrated to you on admission.

Getting in and out of a chair

Remember to sit in a stable, height-appropriate chair with armrests. It is important you provide the Occupational Therapist with measurements of the furniture in your home. **Please note it is not possible to raise all chairs.** If required, your Therapist will discuss options with you.

- Back up to the chair until you feel the back of your knees touching it.
- Place your operated leg out as you reach back for the armrests. Lower yourself slowly, keeping your back straight and your operated leg out in front of you.
- When standing up, bring your bottom forward in the chair. Push up using the armrests, again keeping your operated leg out in front of you.
- Initially the operated leg may be placed on a footstool, as long as it is not higher than the chair.

Getting on and off the toilet

When sitting down ensure that the height of the seat is both comfortable for your hip and enables you to sit down in a controlled manner. If you feel the height of your toilet is too low or you would need armrests/rails to push up from to achieve a controlled sit and stand, your Occupational Therapist can discuss and further assess for this.

Getting in and out of a car

- Use the front passenger seat. Have the seat as far back as possible and the backrest angled so that it is partially reclined.
- With passenger door open, back up to the car until you feel the seat against the back of your knees. **Facing away from the car**, before sitting, put your left hand on the top of the passenger seat for support and, with the door window fully open, grip the open door window frame with your right hand. Have someone hold the door to prevent it closing towards you.
- Gently lower yourself down, remembering to keep your operated leg extended. Lift yourself backwards, moving your bottom towards the driver's seat. You may find this easier with a plastic bag on the seat to reduce any friction and aid in swivel. While you are leaning backwards, carefully lift your leg and slide into the car
- If the car seat is low or slopes backwards, raise or level it out with a cushion.
- You must get into the car from road or drive level, not from the pavement.

Driving

- You will not be able to drive for a minimum of 6 weeks postoperatively. After this time please ask your Consultant for advice.
- You are advised to contact your insurance company to inform them of your surgery.

Flying

Most airlines insist you wait 6 weeks after a hip replacement before flying. We advise that you check with your insurance company.

Sports and hobbies

Recommended activities include walking, swimming, static bike, golf and dancing. Sports which involve high impact such as running and jumping should be avoided e.g. jogging, tennis, basketball, football. Activities such as roller skating, ice skating, horse riding, cycling on the road, downhillskiing may be recommenced if you have participated in these activities before, but they are considered high risk and should not be taken up as a new activity after a total hip replacement. Gardening is fine. Long handled tools may be useful when weeding etc, but the heavywork should be left for 3 months.

Bathing and showering

- Whilst your hip is healing you may find it difficult to access a bath.
- Therefore, if you do not have a walk-in shower or shower cubicle it may be more comfortable to have a strip-down wash.
- If you find it difficult to wash below your knees, you will either have to use a long handled sponge or ask someone to do this for you.
- If you have a step into your shower cubicle, negotiate this using the way taught by your physiotherapist.
- If you have a seat in your shower, ensure it is a reasonable height so it does not cause discomfort to your hip.

Dressing

- Always dress your operated leg first and undress it last.
- Sit in a chair or on the bed; have all your clothing and dressing aids within easy reach.
- Place the hook of your long handled shoehorn through the operated leg side of your underwear and hook the underwear to the shoehorn.
- Lower the long handled shoehorn down the operated leg and feed underwear over your toes. Bring underwear up to knee level and then dress the un-operated leg in your normal manner, remembering not to bend forwards too far. You may also use the shoe horn or helping hand to dress this leg if required.
- If wearing trousers, use the long handled shoehorn or helping hand to lower your trousers onto the floor. Slip the trouser leg over your operated leg first, then do the same for your non-operated leg. If your trousers have belt loops, put the hook of the shoehorn through the loop and then lower the trousers to the floor.
- Pull your trousers and underwear above knee level before standing to adjust clothes. If you wear braces, place these on your shoulders prior to standing.
- When undressing remove your trousers/undergarments from the non-operated leg first, and reverse the above steps.



Swelling

The swelling in the leg may persist for three months or more. If the leg is very swollen resting on the bed for an hour or so in the afternoons will help. If you wish you may also ice your thigh to help the swelling. You may use crushed ice, a gel pack or a pack of frozen peas which must be wrapped in a damp towel or tea towel before being placed on your thigh. Do not keep the ice pack on any longer than 10 minutes. Any longer than this and the body will increase the blood flow to the area in an attempt to warm the tissues up again. This will make the swelling worse. You can have as little as 20 minutes between icepacks.

Infection

If the area around the wound becomes red, increasingly more painful, discharges pus or you become unwell with a high temperature contact your GP immediately. You must also contact your surgeon to organize an early review.

Sexual Intercourse

In the absence of pain, or advice to the contrary from your Consultant, you may resume sexual activity around six to twelve weeks after your operation.

Should you have any questions, please ask your Consultant.

Exercises

Do these exercises 3-4 times a day

Exercise 1

- Sitting or lying on your back
- Squeeze your buttocks together
- Hold each exercises for 5-10 seconds, relax then repeat x 10

Exercise 2

- Sit or lie with your legs straight out in front of you
- Push the back of your knee down towards the bed
- You should feel the muscle on the front of your thigh tighten
- Hold for a count of 5, relax then repeat x 10



Exercise 3

- Sit or lie with your legs straight out in front of you
- Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend
- Do not bend your hip beyond 90°
- Slide your heel back down again, relax and repeat x 10



Exercise 4

- Sit or lie with your legs straight out in front of you
- Keep your toes pointing up to the ceiling throughout the exercise
- Move your operated leg out to the side as far as possible
- Return to the starting position



Standing exercises

Exercise 5

- Stand with your hands supported on a table or high backed chair. Lift the knee of your operated leg towards your chest, therefore bending your hip. Do not bend your hip more than 90°
- Lower your foot to the floor, relax & repeat x 10
- Change to the unoperated leg and repeat



Exercise 6

- Stand with your hands supported on a table or high backed chair
- Keep your body straight and upright throughout the exercise
- Move your operated leg backwards as far as possible
- Return to the starting position
- Change to the unoperated leg and repeat x 10



Exercise 7

- Stand with your hands supported on a table or high backed chair
- Keep your body straight and upright throughout the exercise
- Move your operated leg out to the side as far as possible
- Return to the starting position
- Relax and repeat x 10
- Change to the unoperated leg and repeat x 10



From discharge – 2 weeks post op

Continue the exercises that you were shown in hospital. Be aware that now you are home you may feel more tired than you usually do. This is normal, and may take a few weeks to resolve. You may still need to rest for part of the day.

Continue to use two crutches both for indoors and outdoors initially. When you feel confident to do so, try mobilising indoors around the house with only one crutch (held in the opposite hand to your operated leg).

Once you are confident mobilising around the house you should be able to begin mobilising outside. Continue to use two crutches outside at this stage. Try to walk outside daily, weather permitting. Mobilise as far as you feel comfortable doing so, there is no minimal or maximal distance. When negotiating a kerb place both crutches down first, then the operated leg followed by the non-operated leg. Going up the kerb, put the non-operated leg first followed by the operated leg, and then the crutches (the same as you would for stairs).

2-3 weeks post op

At this point you should continue to use two crutches outside, but you may find that you can manage with one crutch around the house if you are not already doing so already. Continue to increase your walking distance and amount of activity you do each day. Once the clips have been removed or the wound fully healed if it has been glued you may start to massage the scar if you wish, this will help loosen and soften the scar. Massage the scar with your thumb, making small circular movements along the incision. Change direction of the circles frequently. Do 10-15 circles in each area, then move about one inch along the scar and repeat. Use of creams such as body lotion, vitamin E cream - it is purely one of personal choice; they will not harm the scar and will probably make the massage more comfortable.

You can now try the following exercises

Exercise 8

Bridging

Lie on your back on the floor with knees bent. Lift your pelvis off the floor. Pass a beanbag or small ball under your bottom. How many times can you do this without putting your bottom on the floor?



Exercise 9

Side stepping

- Stand with your hands supported on a table or kitchen work surface
- Take a step to your right with your right leg, then close with your left leg so that you are standing with your feet hip width apart
- Repeat this movement until you reach the end of your table/ kitchen work surface
- Repeat this process stepping to your left
- Relax and repeat x10



Exercise 10

Sit to stand



- Sit tall near the front of your chair
- Place your feet on the floor slightly underneath you
- Lean forward slightly keeping your back straight
- Squeeze your buttocks together then stand up (use your hands on the chair if required initially)
- Step back until your legs touch the chair
- Lean forward as you bend your knees, then slowly lower your bottom into the chair in a controlled fashion (use hands for balance if required initially)

4-6 weeks post op

Some patients will be able to manage with no walking aids, or a walking stick only at this point, some may still require two. You should now be confident to mobilise outside on your own, with or without walking aids, however it is advisable to keep two crutches when walking outside until you can mobilise confidently without a pronounced limp. (Around the house you may be able to manage without any walking aids.)

Travelling as a passenger in a car should now be more comfortable over short distances but longer distances may still be uncomfortable. You may be able to drive at this point if you have little or no pain and have sufficient reflexes to be able to do an emergency stop.

If you have a static bike you may be able to start using this now. It is advisable to have the seat slightly higher than you would normally for comfort. Start with no resistance initially and increase this as you become stronger. If at first you cannot make a full revolution of the pedals spend a few minutes rocking the pedals backwards and forwards as a warm up. If after the warm up you still cannot pedal correctly continue with the rocking motion pushing to end of range and holding for a few seconds; rock or pedal for 5-10 minutes three times a day and gradually increase the length of time as the hip becomes more comfortable. If the wound has completely healed you can start swimming but you are advised not to start breast stroke until 6 weeks after your operation.

You can now try the following exercises

Exercise 11

Single leg stand

Level 1

- Stand with your hands supported on a table or high backed chair
- Practice standing on your non operated leg for up to 30 seconds
- Relax and repeat x 3
- Repeat on your operated leg

Level 2

- Once you are able to do this comfortably and confidently try to let go of the chair/ table and practice balancing on your non operated leg for up to 30 secs
- Repeat x 3
- Relax and repeat on your operated leg



Exercise 12

Step up

- Stand at the bottom of the step/stairs
- Hold onto the stair rail/door frame for support
- Place your right foot on the bottom step
- Lean forward and squeeze your buttocks together
- Straighten your right knee to stand up onto the step, and bring your left foot up to meet the right foot
- Step down with your left foot first, then follow with your right foot
- Relax and repeat x 10
- Repeat the exercise leading with your left foot



6-8 weeks

You should now be able to walk around the house and outside without walking aids if you are not doing so already. From six weeks onwards you should be able to drive a manual car if you meet the criteria detailed in the introduction. You may also return to a sedentary job, if you can get to work. If you would like a bath, please try it first with no water and fully dressed to make sure that you can get out easily.

3-6 months

Continue with the exercises that you find of most benefit. Most of the swelling should now have resolved but some may remain. It may also be possible to do the stairs normally. You can now also return to golf, cycling on the road, doubles tennis, dancing and gardening, including cutting the grass and light digging. You may also return to light physical work.

6 months

You should now be back to full activities with the exception of high impact sports. All swelling and stiffness should have resolved, but there may still be some weakness of the muscles of the hip.

1 year

You should now be fully recovered and able to carry out all activities of daily living without problems.

Using crutches on stairs:

With no rail:

- Use 2 elbow crutches
- Hold them as you would for walking

With one rail:

- Use one elbow crutch and one rail / banister
- Then hold both crutches in one hand in a 'T' shape

With two rails:

- Use 2 rails / banisters
- Have someone who can carry your crutches



Going up stairs:

1. Stand at the bottom facing upwards
2. Hold onto rail and / or crutches
3. Move good leg up one step first
4. Move affected leg up to the same step
5. Move crutches to the same step and / or move hands up rail
6. This process is repeated until you reach the top



Going down stairs:

1. Stand at the top of the stairs facing down
2. Hold onto rail and / or crutches
3. Move crutches down one step and / or move hands down the rail
4. Move affected leg down to the same step
5. Move good leg down to the same step
6. This process is repeated until you reach the bottom

Care at home

When you get home if you feel you are struggling with personal care or changing your anti embolism stockings you can refer yourself to Adult Social Care Access Team Telephone number **01908 253772** and they will come to help you at home.

GENERAL INFORMATION

PALS (Patient, Advice and Liaison Service)

Patients, relatives and their carers sometimes need to turn to someone for on-the-spot help, advice and support or give feedback on their experience whilst in the hospital.

PALS can help by:

Advising and supporting patients, their families and carers;

- Listening to your feedback and ensuring it is used to improve services to our patients and the public
- Listening to your comments, compliments, concerns and complaints
- Helping to sort out problems quickly on your behalf

Contact:

Tel No: **(01908) 995954** or **(01908) 996222**

E-mail: pals@mkhospital.nhs.uk

or write to us at:

PALS

Milton Keynes Hospital NHS Foundation Trust

Oak House, Standing Way, Eaglestone, Milton Keynes. MK6 5LD

The Clinical Surgical Unit is responsible for allocating you the time and date for surgery. Should anything change to your circumstances, or if you need to be removed from our waiting list please contact:

Trauma & Orthopaedic

Tel No: 01908 997006

Email: trauma.ortho@mkhospital.nhs.uk

We value your feedback so there is a patient questionnaire on page 47 to be completed on discharge and to be handed to the physiotherapy team.

Useful Contact Numbers

Hospital:	01908 660033
Same Day Admission (SDA):	01908 996433
Ward 24:	01908 996991 or 996992
Pharmacy Medicine Information:	01908 995733
Physiotherapy Dept:	01908 995432
Trauma & Orthopaedic:	01908 997006
Occupational Therapist	01908 995411
Adult Social Health Access Team	01908 253772

Email: trauma.ortho@mkhospital.nhs.uk

Useful Organisations

- Age UK - **01908 550700**
- Arthritis Research Campaign
- Arthritis Care
- Patients Association

Internet Sites

Royal College of Anaesthetists	www.youranaesthetic.info
European Society of Anaesthesia and Pain Management	www.postoppain.org
Arthritis Research Campaign	www.arc.org.uk
Arthritis Foundation	www.arthritis.org
Zimmer Biomet - Rapid Recovery	www.biomet.co.uk/patient/rapidrecovery
Best Treatments	www.besttreatments.co.uk
National Institute for Clinical Excellence	www.nice.org.uk
NHS Direct Health	www.nhsdirect.nhs.uk
Royal College of Surgeons	www.rcseng.ac.uk/patients/recovering-from-surgery/total-hip-replacement

Data Protection and the use of Patient Information

This Trust has developed a policy in accordance with the Data Protection Act 1998 and the Human Rights Act 1998. All of our staff respect these policies and confidentiality is adhered to at all times.

www.dataprotection.gov.uk

All patient leaflets are regularly reviewed and any suggestions you may have as to how they may be improved would be valuable so please complete the feedback questionnaire on page 47.

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Type of Surgery: **HIP**

Date:

Orthopaedic Rapid Recovery Programme Patient Feedback Questionnaire (Post Op)

Please take a few minutes before you go home to fill in this questionnaire. It is very important to us that we hear your views on your experience as a joint replacement patient at our hospital. Your feedback is invaluable in helping us to gauge how we are doing as we strive to deliver a first class service. It is also your feedback that helps us to identify how we may improve our service.

PLEASE RATE THE FOLLOWING:	Poor	Fair	Good	Very Good	Excellent
How would you rate your initial appointment with your Consultant?					
How would you rate your overall experience of the pre-assessment clinic appointment/s?					
How would you rate your hospital stay?					
How would you summarise your experience of your joint replacement from start to finish?					

	YES	NO
Did you find the patient information guide useful?		
Did attending Joint School help to reduce your anxiety about your operation?		
Did you feel you were treated with dignity and respect by all healthcare professionals?		
Do you feel appropriate steps were taken to control your pain?		
Were you happy with the physiotherapy you received to get you moving and walking after your operation?		
Did your inpatient stay go as you expected it to?		
Are you confident about going home?		
Would you recommend our joint replacement service to a friend?		

COMMENTS:

Empty box for patient comments.



Milton Keynes University Hospital

Standing Way, Milton Keynes, Buckinghamshire. MK6 5LD

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