

Discharge Home

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 10 days of an injection you were having on the ward and then 14 days of Aspirin.
- 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
- 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, downhill skiing 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 heavy work 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 exercise 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:



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.