



Gloucestershire Hospitals  
NHS Foundation Trust

# Your new hip handbook



BEST CARE FOR EVERYONE

Your name:

.....

Date of operation:

.....

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## Why have a new hip?

- 3 less pain
- 3 better mobility
- 3 improved quality of life



## Your new hip handbook

This booklet is a general guide for you, your family and friends.

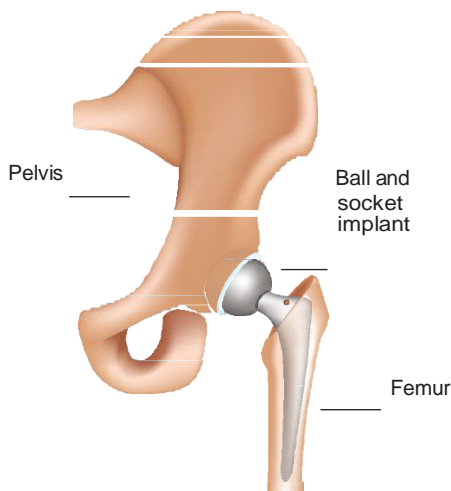
It's yours, so please do write your name on the front and make as many notes as you need alongside the text and diagrams inside.

We hope you find it useful.

# Your new hip

If one of your hips has become so painful that it stops you moving normally and interferes with your everyday life, your doctor may recommend you for hip replacement surgery.

This involves the surgeon replacing the ends of your damaged bones with manmade materials to form a new joint that will give you better mobility and the potential to be pain free.



## Fitter first means better faster

**As you go through your Handbook, you will notice that one of the things we encourage is for you to be as fit and prepared for your operation as possible.**

**The reason for this is simple: the stronger and fitter you are before your hip replacement, the quicker you will recover after.**

**It means that you will need to do the exercises that the therapy team shows you in the Pre-op information school, and carry on with as much gentle exercise (like walking or swimming) as you can manage. Of course, it's not easy to exercise with a bad hip, but the more you can do, the better it will be. Remember, little and often works best.**

# Before your operation

You will be asked to make a series of visits to the hospital before the day of your operation.



1

**Pre-op assessment clinic** A nurse will ask about your general health and will record your pulse and blood pressure. You will also have a short medical examination to make sure that you're fit enough for an anaesthetic and your operation.

### bring along

- A record of all your usual prescription medicines (if you do not have your repeat prescription please bring your medicines along).
- A sample of urine.

### remember

- We will give you the blood test form at this clinic - keep it safe until your blood test appointment.

2

### **Pre-op information school**

You may be asked to attend our pre-op joint school, where a member of the therapy team will explain how to prepare for your operation, show you the exercises you need to do, and the goals you will need to achieve prior to discharge.

#### **bring along**

- Your new hip handbook.

#### **remember**

- Come prepared with any questions you may have.

3

### **Blood test**

You will need to have a blood test 1 to 3 days before your operation. We will give you the blood test form at your pre-op assessment appointment and let you know where and when to go to have the test.

#### **bring along**

- Your new hip handbook.
- Your blood test form.

**If you have any questions at any stage, just ask a member of the team. You will find the telephone numbers at the end of this booklet.**

# Important information

It is very important that you watch our information videos on the Trust website before your surgery.

The information videos will help you to:

- understand more about the surgery
- prepare for your return home after the operation
- explain about your hospital stay and therapy
- understand what will happen when you are discharged home

To visit the Trust website, type the following into your web browser:  
[www.gloshospitals.nhs.uk/our-services/services-we-offer/enhanced-recovery-after-surgery-eras/](http://www.gloshospitals.nhs.uk/our-services/services-we-offer/enhanced-recovery-after-surgery-eras/)

This will open the **Enhanced recovery after surgery (ERAS)** page. At the bottom of the page, you will find the '**Useful resources**' section. Click on the links to watch the information videos.

If you have a smartphone or tablet then you can access the information videos by scanning this QR code.



# Be prepared

**There are a number of things you can do before your operation to make life more comfortable after it.**

## **Keep fit**

The fitter you are before your operation, the quicker you will recover after.

Of course, staying fit with a hip that needs replacing is never going to be easy, but it is important to try. In the weeks and days before the operation, make sure that you keep up with the exercises that are on page 13 of this booklet and try gentle exercise such as walking and swimming.

## **Ask for help**

Ask a friend or relative to help you at home for a week or two after you come out of hospital. Don't worry, you won't need someone full time – it's just support with practical things like preparing meals, putting the bins out and walking the dog!

## **Arrange transport**

Ask someone to take you to and from the hospital. It could be the same person that gives you a lift to the clinics.

## **Prepare your kitchen**

Make sure you arrange your kitchen so you can avoid bending unnecessarily. Organise your fridge and shelves so things are within reach.

Stock your freezer with your favourite meals and your cupboards with food that is easier to prepare so you can avoid long periods standing in the kitchen.

Once home after surgery you need to avoid using low ovens, instead cook with the hob or microwave.

You may want to organise a place to eat in the kitchen to avoid carrying your dinner while still using walking aids.

Gloucestershire Royal  
Hospital



0300 422 8561

Cheltenham General  
Hospital



0300 422 4206

### Check your medicines

In the weeks before your operation, follow advice from your doctor or the pre-op assessment clinic on your routine medications especially if you are taking Aspirin, Warfarin or Clopidogrel. Stop taking herbal medications 2 weeks before your operation.

### If you feel unwell

Get in touch straight away if you become unwell between your pre-op assessment clinic appointment and your admission date, for example if you have:

- A cough, cold or chest infection.
- A urinary infection.
- A skin infection (or broken or sore skin).

By letting us know, we can make sure that you are fit for your surgery and that your operation is not cancelled on the day.





# The day of your operation

## Before you arrive



### Don't eat!

Morning admission – do not eat anything after midnight and drink water only until 7:00 am.

Afternoon admission – do not eat anything after 7:00 am and drink water only until 10:00 am.



### Get clean

To stop any unwanted bacteria coming into hospital with you, it is important that you have a bath or a shower and wash your hair before you come in.

Remove any nail polish. Dress in freshly-washed clothes.



### Medicines

Do not take diabetic medicine or insulin on the day of your operation, take your usual medicines at the normal time (unless you have been told otherwise by your doctor or pre-op assessment clinic) with a small amount of water.

Bring all of your current medication and inhalers with you, preferably in the original packaging and a written list of these with doses. If you hold X-rays or scans, bring these with you too.



### Pack a bag

The chances are, you will be discharged from hospital on the **same day** as your operation, or the **day after**.

You will therefore only need a small overnight bag with clean clothes such as comfortable shorts, knee length skirts and t-shirts, avoid clothes with zips or metal buttons where possible. Please bring your washbag and a towel. Do not bring valuables such as watches or jewellery.

## At the hospital

- 1 Go to the Orthopaedic Admissions Suite (OAS) on the 2<sup>nd</sup> floor of St Paul's Wing at Cheltenham General Hospital.

You will be told your position on the operating list, which will give you an idea of how long you have to wait.

Space is limited so please arrive with only one carer or friend who is welcome to stay for about 30 minutes.

- 2 Relatives can ring the ward after 1:00 pm for a morning admission or after 5:00 pm for an afternoon admission so that they can find out if your operation has gone ahead and the name of the ward you are in.
- 3 The anaesthetist and surgeon will take you to one of the private cubicles to discuss your operation.
- 4 You will be anaesthetised by a specialist doctor who will look after you during the operation. For most patients having a hip replacement a spinal anaesthetic will be used. You will be sleepy but awake and you will not feel a thing.



# After your operation

## On the ward

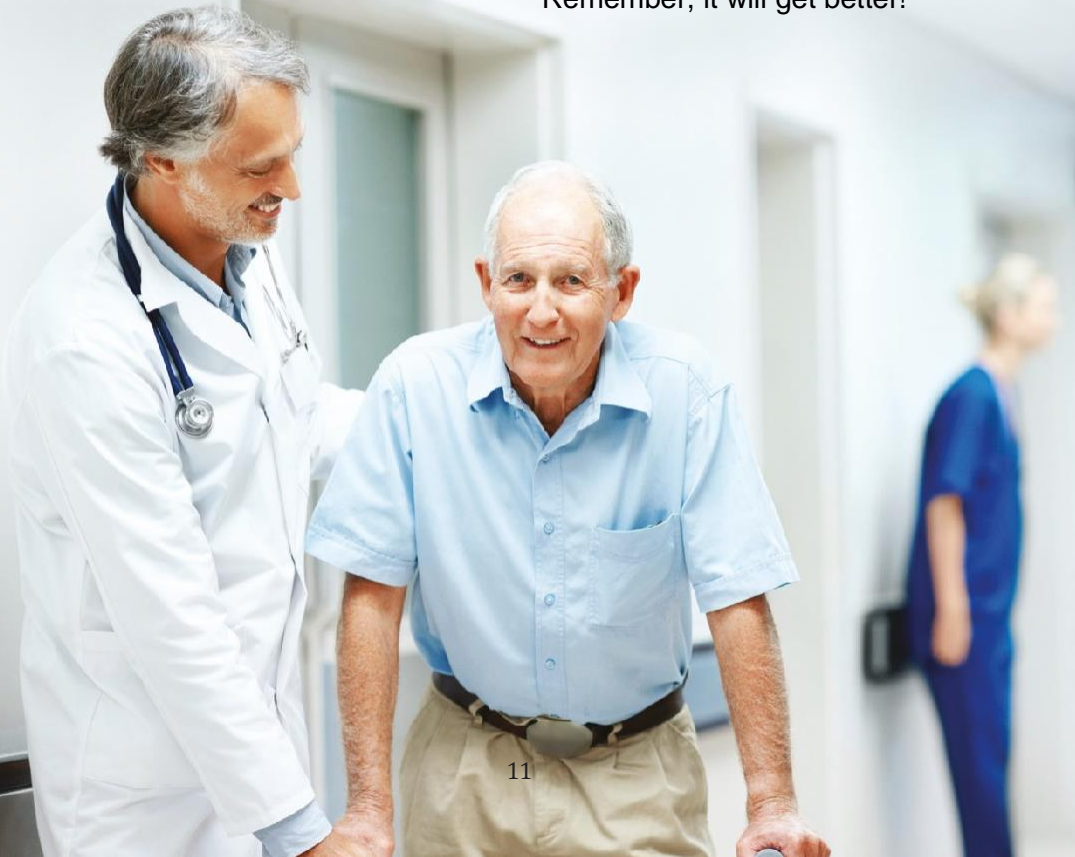
**After your operation you will have a dressing on your hip and an X-ray will be taken of your new hip joint.**

### **Pain relief**

Your hip will hurt, but the pain will fluctuate and some days will feel worse than others. It is important to take sufficient pain relief to enable you to do your exercises - this is the case at home too.

If you are finding it hard to manage, tell us. We want to help you get better as quickly as possible.

Remember, it will get better!



## Getting up and about

We aim to get you out of bed and moving on the day of surgery - a member of the team will help you. You will be assisted to get dressed into your day clothes as soon as possible after the operation.

## Physiotherapy

Our therapy team are here to help you regain movement, strength and control around the hip. Our job is to encourage you to get back to normal as soon as possible, including being able to walk comfortably and manage stairs.

Be prepared to work hard with your rehabilitation and be motivated.

Your hip will be painful when you first start physiotherapy, but it will get better!

**Tick off each of the goals as you achieve them:**

- Getting yourself washed/ bathed
- Getting yourself dressed without help
- Mobilise with a walking aid
- Managing steps/stairs if appropriate

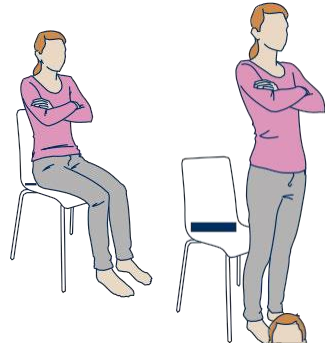


# Exercise

Someone from our therapy team will teach you the following exercises after your operation, but it is good to familiarise yourself with them beforehand. Try to do these in the weeks before your operation, on the ward following your surgery and at home as part of your recovery. Work to your own ability, little and often is best.

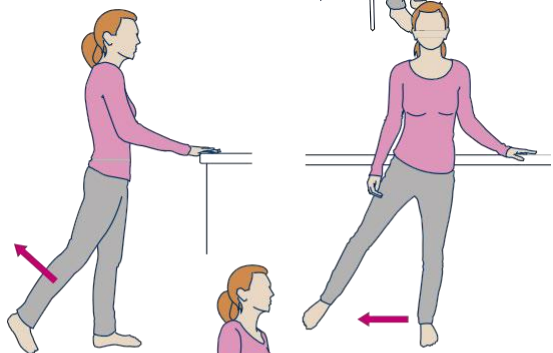
## Sitting

Try to stand up and sit slowly without using your arms. Try not to flop back down on the chair when sitting.



## Standing

Stand straight holding onto a work surface. Bring your operated leg backwards keeping your knee straight without leaning forwards. Repeat on the other side.



Stand straight and hold on to a work surface for support. Side step along using the work surface for balance, if you need to. Return to your original starting point, leading with your other leg.



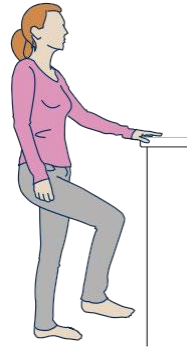
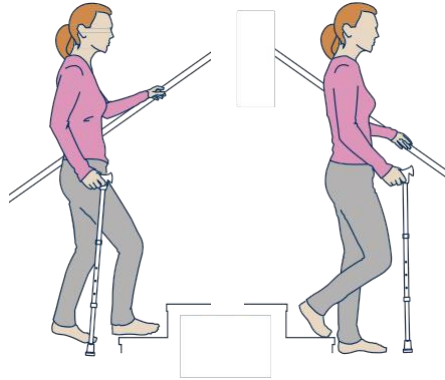
Stand in front of a step. As pain allows, practice placing your foot on the operated side onto the step, and then remove it. Repeat with the foot on the non-operated side.

## Stairs

You will be taught how to use stairs safely before you go home.

When going upstairs, place the non-operated leg on the step first, followed by the operated leg and finally your stick or crutch.

When going downstairs, put your stick or crutches on the lower step first, followed by your operated leg and finally your non-operated leg.



## Balancing

As soon as you can take all your weight, practice balancing on your affected leg. Keep close to a worktop or chair back for safety. When this becomes easy, try doing it with your eyes closed.

## Hip precautions

**It's important to minimise the risk of dislocating your hip:**

- Don't bend over excessively, sit down when putting shoes or socks on.
- Don't cross your legs, either when you are sitting or when lying in bed.
- We suggest that you sleep either on your back or on your operated side with a pillow between your legs for six weeks after your operation.
- Take care not to twist your leg, for example when changing direction or turning to reach something behind you.

# After your operation

## At home

**One of the best forms of exercise is walking and going about your daily life.**

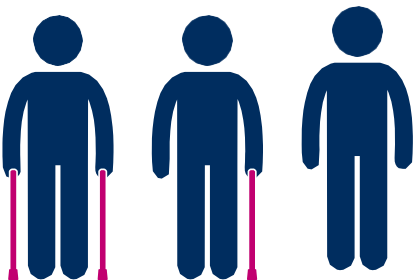
### Leaving hospital

The aim is for you to go home the same day as your operation, or the day after. Your discharge date will depend upon:

- Your ability to get around safely.
- Your ability to wash and dress yourself.
- Your general health and pain control.

When you leave hospital, you will be given:

- An outpatient appointment to see a member of the orthopaedic team 3 to 12 weeks after your operation.
- Pain relief medication.
- In the unlikely event of you needing outpatient physiotherapy, this will be arranged.



### Walking

It is important to take regular pain relief so that you can walk comfortably. You may need to continue doing so for a few months.

Try gradually building up the amount of walking you do, making a note of daily progress, including distance, terrain, gradient and pace.

### Sticks

When you feel safe and confident with 2 sticks, try using 1 stick at home, holding it in the opposite hand to your joint replacement. It is important not to limp or lean heavily on one stick. If you find yourself doing so, return to using 2 sticks.

It is up to your own ability and confidence when you decide to do without sticks entirely.

If you go home with elbow crutches, check at your next clinic appointment before using 1 crutch.



The more you  
practice, the better  
your recovery





# After your operation

## Occupational therapy

### Getting in and out of the car

You will not be able to drive until your surgeon has given you permission to do so.

In the meantime, this method will help you to get in and out of the passenger seat:

- Slide the passenger seat as far back as possible. Reclining the seat may also help you.
- Stand with your back to the seat and slowly lower yourself down.
- Turn and slide your legs into the foot-well of the car so that you are facing forwards (you may need some help to lift your legs over the door sill).
- To get out of the car, follow these steps in reverse.



### In the bathroom

You will find it easier to have a shower rather than a bath. Step into the shower cubicle with your un-operated leg first and step out with your operated leg first. If you don't have a shower and you don't feel confident about getting into and out of the bath, continue to strip wash.



We recommend that you don't try to step into a bath until 12 weeks after your operation because it takes quite a lot of bending and strength in the hip to be able to get up from the bottom. It is harder to get out of the bath than in!



Use these tips to help you manage safely once you get home.

## Dressing

We will give you some aids to help you get dressed. Getting used to these can take a little time and it is a good idea to practice before you come into hospital if possible. By the time you get home, you should be able to dress yourself.

## In the kitchen

Try to avoid using low ovens at first and keep the things you need near the top of the fridge and on mid-level shelves. You can heat meals safely on the top of the cooker or in a microwave.

If you live alone, and use 2 sticks, you won't be able to carry your plate. Don't worry. Eat your meals in the kitchen or use a trolley.



# Frequently asked questions

## Getting back to normal

### **I am taking regular pain relief but my hip still hurts**

You may need to try a different pain relief medication. If your pain is not well controlled and if your sleep is significantly disturbed, speak to your GP or local pharmacist.

### **When can I drive my car?**

You should be able to return to driving after 6 weeks - you must be able to perform an emergency stop. You will need to tell your insurance company about your surgery before you start driving again.

### **When can I do the housework?**

You should be able to manage light housework (i.e. dusting) the day after you get home. Increase gradually to heavier housework (i.e. vacuuming) when you feel able.

### **When can I go swimming?**

You can swim after 6 weeks as long as your wound is completely clean, dry and healed. Avoid breast-stroke until you have built up your leg strength.

### **When can I return to work?**

It depends what work you do. Ask your GP for guidance.

### **When can I walk my dog?**

Once you are confidently walking with 1 stick you can walk your dog. Walking over uneven terrain is good exercise for your hip. Just be careful of being pulled over by your dog.

### **When can I resume sexual intercourse?**

Be aware that in the first 6 weeks following surgery the muscles and tissues around your hip are healing.

# Anaesthetics

## What's a spinal anaesthetic?

The anaesthetist will inject a local anaesthetic into your lower back. This will numb the nerves from your waist down to your toes for 2 to 3 hours. You will also usually be given a sedative, which makes you feel sleepy although you will remain conscious.

## Why are they used?

Spinal anaesthetics are used whenever possible for hip replacements because they have fewer side-effects than general anaesthetics. They deliver excellent pain relief immediately after surgery which means that there is less need for strong pain-relieving medications and you are less likely to suffer from nausea and vomiting. See page 23 for side effects of spinal anaesthesia.

## What does it feel like?

Usually, you will have no unpleasant feelings and should take only a few minutes to perform. As the injection is given you may feel pins and needles or a sharp tingle in one of your legs - if you do, try to remain still, and tell your anaesthetist about it.

The spinal anaesthetic works quickly, usually within 5 to 10 minutes. To start with your skin feels numb to touch and your leg muscles feel weak. When the injection is working fully you will be unable to move your legs or feel any pain below the waist.

During the operation you may be given oxygen to breathe to improve oxygen levels in your blood.

## I've been told I'll need a general anaesthetic

If you have a medical condition that would make spinal anaesthesia unsuitable, you may need to have a general anaesthetic for your hip replacement. Please see page 23 for information on side effects of general anaesthesia. Any decision will be discussed with you before your operation.

# Frequently asked questions

## Blood clots

### Why could surgery increase my risk of developing a blood clot?

If you are inactive for a prolonged period of time, blood tends to collect in the lower parts of the body, often in the lower leg. This makes your blood move around the body more slowly, which could allow a blood clot (also known as thrombus (blood clot) or thrombosis (formation of blot clot) to form.

### Where might a blood clot form?

When a clot forms in one of the 'deep veins' in the leg, thigh, pelvis or arm it is known as Deep Vein Thrombosis (DVT). Blood clots may travel to the lungs from the deep veins. A blood clot in the lung is called a Pulmonary Embolus (PE), which can cause shortness of breath and chest pain. Very occasionally a PE can be fatal.

### How do I know if I'm particularly at risk?

Some factors can increase your risk of getting a blood clot:

- Past or family history of a DVT or PE.
- Cancer.
- Over 60.
- Problems with heart or lungs.
- Immobility or inactivity.
- Obesity.
- Going on a long journey (more than 3 hours) in the four weeks before or after your operation.
- Inflamed varicose veins.
- Specific blood disorders.

**Please talk to us at any point if you are concerned in any way.**

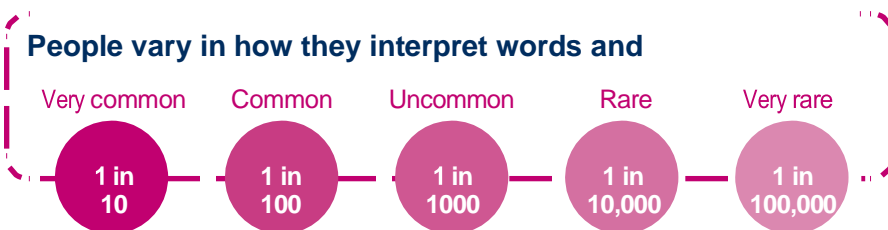
## How can I reduce the risk of a blood clot?

- Get moving as soon as possible after your op (follow your physiotherapist's advice).
- Drink plenty of fluids.
- Use devices that help stop the blood collecting in your leg veins (we use calf or foot pumps on our wards).
- Quitting smoking will reduce the risk of blood clots as well as make it easier for you to recover from surgery. Ask your GP or pharmacist for advice.



# Side-effects, complications and risks

In modern anaesthesia serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made anaesthesia a much safer procedure in recent years.



## Common and very common side effects

### All anaesthetics

- Pain around injection sites and general aches and pains.
- You may not be able to pass water (urine) or you may wet the bed. This is because you are lying down, you may have pain and you may have been given strong pain relieving medications. A soft plastic tube may be put in your bladder (a catheter) to drain away the urine for a day or two. This is more common after spinal or epidural anaesthetics.

### Spinal or epidural anaesthetics

- It is normal to not be able to move your legs for a short time after surgery.

### General anaesthetics

- Sickness - treated with anti-sickness drugs.
- Sore throat or damage to lips or tongue - treated with pain relief medications.
- Drowsiness, headache, shivering, blurred vision - may be treated with fluids or medications.
- Difficult breathing at first - this usually improves quickly.
- Confusion and memory loss is common in older people, but is usually temporary.

## Uncommon side effects and complications

### All anaesthetics

- Heart attack or stroke.

### General anaesthetics

- Damage to teeth.
- Chest infection.
- Awareness (becoming conscious during a general anaesthetic).

## Rare or very rare complications

### All anaesthetics

- Serious allergic reactions to medications.
- Damage to nerves.
- Death.

### General anaesthetics

- Damage to eyes.
- Vomit getting into your lungs.

Anaesthetists take a lot of care to avoid all the risks given in this section. Your anaesthetist will be happy to give you more information about any of these risks and the precautions taken to avoid them. You can also find more information in 'Anaesthesia explained' and in the leaflets about risks found on [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)





# Notes

# Notes

# Useful numbers

If you have questions or concerns at any stage, please get in touch. **It's always better to ask.**



## **Before admission**

Tel 0300 422 2559

## **During inpatient stay**

Bibury Ward

Tel 0300 422 4261

Snowhill Ward

Tel 0300 422 4004

## **After leaving hospital**

Wound Service

Monday to Friday,

9:00am to 3:00pm

Tel 07815 997068

Out of hours and Bank

Holidays call Bibury Ward

## **Therapy teams**

Physiotherapy Ward Team

Tel 0300 422 3247

## **Pharmacy Patient Helpline**

3:00pm to 4:00pm

Tel 0300 422 2805

# Making a choice

## Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

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[www.gloshospitals.nhs.uk](http://www.gloshospitals.nhs.uk)