Total Hip Replacement Advice (Full Weight Bearing - FWB)

Patient Information
Introduction
This booklet is designed to provide information and advice about your hip surgery and to aid your recovery and rehabilitation during your stay at the James Paget University Hospital and once you are discharged home.

The aim of your surgery and post-operative advice is to reduce your pain, reduce stiffness and improve the movements in your hip, which will in turn improve your walking.

You are able to fully weight-bear through your hip
This means you are allowed to put as much weight on your leg as your pain allows. This is what the new hip looks like.

Pelvis
Socket
Stem
Femur

Hip replacement
Physiotherapy exercises

These exercises can be commenced as soon as the physiotherapists have demonstrated them to you. As a guideline we recommend you do these exercises 5-10 times, approximately 3-4 times per day. However, you can increase the repetitions as your comfort allows.

The exercises are important to build up your strength and reduce stiffness which will then help to improve your walking.

Exercise 1

Sit on the edge of the bed or in a chair. Attempt to straighten your knee out in front of you by lifting your foot off of the floor. Hold for 5 seconds. This exercise helps to strengthen your leg muscles, which are important for walking.
Exercise 2
Stand by holding onto your kitchen worktop. Stand on your good leg and practise lifting your operated leg out to the side. Ensure that you keep your toes pointing forwards. This exercise will help you to strengthen your hip muscles which stabilise your pelvis whilst walking.

Exercise 3
Stand by holding onto your kitchen worktop. Stand on your good leg and practise taking your operated leg out behind you, keeping your knee straight and toes pointing forwards. This is important to help you push off during walking.
Exercise 4
Stand by holding onto your kitchen worktop. Stand on your good leg and practise lifting your operated leg up as if you were marching on the spot. This helps strengthen the muscles you need to complete steps and stairs.

Exercise 5
Stand by holding onto your kitchen worktop. Go up on to your tiptoes on both feet and lower back down to the floor. This is important to improve your balance and awareness of where your new hip is in space, without having to look at it.
**Occupational Therapy (OT) and Equipment**

During your admission a member of the Occupational Therapy team will visit you on the ward to check all identified equipment needs in preadmission clinic have been delivered.

If you have not already done so, it would be beneficial to ask a family member or friend to move all items of clothing / equipment to a good height for you prior to discharge, e.g. have underwear in a top drawer rather than a bottom drawer, move pots, pans, plates, mugs etc to the work surface or into a cupboard where you do not need to bend down or reach too high to access.

**Post-operative advice**

**Anti-embolism stockings**

On the day of your operation you will be given a pair of stockings, which you need to wear for six weeks (night and day). The aim of these stockings is to reduce the risk of blood clots. The only time these should be removed is for your legs and feet to be washed. You will be given two pairs of these stockings, so you can wear one and wash one. You will need someone to help you put on and take off the stockings. If you have no-one available to help you, a volunteer from the Red Cross can be arranged to come out and visit you.

**The wound**

Your operation will have been performed via an open procedure. This is where an incision is made into the skin, to enable the surgeon to insert the new hip joint.

The wound can be closed with stitches, clips, dissolvable stitches or glue. This is the surgeon’s choice. A waterproof dressing will be placed over the top of the wound. Your dressing will be removed at 10-14 days post operation and your wound will be reviewed.

If you have had stitches or clips they will be removed at the same time. This will be done either at your GP practice or by a District Nurse.
Walking
We aim to get you up within two hours of the operation. Initially this will be with a frame. During your stay we will progress your walking aid as your mobility improves.

Most patients will go home with one stick. This stick is placed in the opposite hand to your operated leg. Having the stick on the same side as your operated leg makes you limp. If your opposite hand is not your dominant hand, you may find it helpful to reverse the stick the other way around, to help with your grip.

Steps/stairs
If you have steps and/or stairs within your property, we can practise these with you. The rule is:-

*Good leg goes up first; operated leg goes down first*

Going up the stairs:-
Hold onto the banister, with your walking aid in the opposite hand. Lead with your good leg, then operated leg, then the walking aid.
Going down the stairs:-
Hold onto the banister with your walking aid in the opposite hand. Lead with your walking aid, then operated leg, then your good leg.

If you have been given a pair of crutches/sticks, we can supply a third crutch/stick, so you have one crutch/stick downstairs, one upstairs, and then the one you’re using to complete the stairs. We will also practise any steps you have to access your property. The method is the same, but you may not have a rail to do this. If you do not have a banister the ward physiotherapist will demonstrate how to complete the stairs.

Showering
You can shower as the wound is protected by a waterproof dressing, but please remember that wet surfaces increase the risk of falling. If it is not safe to shower then continue to strip wash. We do not recommend for you to get into a bath for six weeks. This also applies if you have a shower over the bath.
Washing and dressing

It may be easier for you to wash and dress from a seated position either on your bed or toilet seat. You will normally find it easier to dress the injured limb first and undress the injured limb last. This is so that you can use the full range of movement of the functional limb to assist with clothing needs.

You may find a helping hand useful in assisting with pulling clothes on/off over the feet and lower legs and that a long handled shoe horn is used to put your shoes on/off. (As seen in the pictures below). You can purchase a helping hand and/or shoehorn from a therapist on the ward or from an independent living centre. A friend or relative may also help you with this.

![Helping Hand](image1)

![Shoe Horn](image2)

Kitchen

You may benefit from completing kitchen tasks from a seated position initially. This will allow you to conserve energy and take pressure off the operated limb. You might like to think about having a stool or chair close by the work surface when making a hot drink, cooking or washing up. Think about the activity, e.g. if you are peeling vegetables could you do this whilst sitting at the dining table instead of standing at the work surface. If you have any concerns regarding completing activities of daily living please inform a member of the therapy team as soon as possible, so concerns can be addressed and resolved in a timely manner.
Sleeping
You can sleep either on your back or on your side. Any of these positions are fine.

Driving
Driving is not normally advised before six weeks. However, it is each individual’s responsibility to ensure they are fit to drive. Generally it is recommended you can return to driving six weeks after a left total hip replacement or eight weeks after a right total hip replacement (due to the power required to brake).

It is always recommended to contact your insurance company one month before you return to driving, to ensure your insurance is valid. Even if you drive an automatic car, we still recommend this time frame before returning to driving.

Leisure activities
You need to pace yourself with daily tasks and perform them as your fitness allows.

After three months we advise that you can return to the following activities:

• Riding
• Cycling
• Sailing
• Golf
• Dancing
• Swimming – any stroke

We do advise you never RUN or JUMP as the hip cannot withstand this pressure.
Sexual activity
You can return to sexual activity as you feel able. It may be more comfortable for the operated person to be underneath.

Return to work
Returning to work depends solely upon what the job entails. This may be anything from six weeks for light work or four months for more physical work. Please discuss this with your Consultant.

When are you ready for discharge?
To go home you need to:
• Be well and comfortable
• Have a clean and dry wound
• Be mobilising safely with an appropriate aid
• Be able to complete steps and stairs safely
• Be able to get in and out of bed
• Be aware of your exercises
• Be able to wash and dress
How do I go home?

When you go home, you will go in the front passenger seat of a car. It is easier to move the chair back as far as it will go. Sit with your back to the car and your feet on the road rather than on the pavement. You can push your bottom back on the seat as far as you can, then bring your legs around into the car.

Most cars will be of an appropriate height. We do advise that you avoid low sports cars initially.
What will happen once I’m discharged?

It is important when you go home that you continue to walk regularly. The distance walked is purely dependent on each individual. We do recommend you walk outside but you need to be careful if it is wet or icy. You may want someone with you the first time you walk outside. Indoors the ground is flat and even, but outside there are more inclines and rough ground, therefore you need to take it easy.

We recommend you continue to do your exercises at home.

On discharge we will arrange for community physiotherapy to follow you up. You may be seen in your home or within an outpatient setting. They will aim to progress your walking, exercises and functional activities. It may be several weeks before you see the physiotherapist.

You will come back to see the consultant at six weeks in clinic. This appointment will be sent to you in the post. If all is well, you may not need to see them anymore after this time.

If you need any follow up for your wound care this will be organised for you by the nurses on the ward before you are discharged.

When to stop using the walking aids?

You only need your walking aid until you are no longer limping. This can be reviewed further by your community physiotherapist. However, you may still require a walking aid outside, due to the uneven and / or wet surfaces.
Return of equipment

If you have been loaned Occupational Therapy equipment, please do not send it back to us at the James Paget University Hospital. Once you no longer require the equipment, please telephone the number below to arrange for it to be picked up.

For patients in Suffolk please call 01502 470360
For patients in Norfolk please call 0300 1000716

Contact numbers

Ward 7, James Paget University Hospital 01493 452007
Orthopaedic Therapy Office 01493 453849
British Red Cross 01493 452080
The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

Feedback
We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card. Providing your feedback is vital in helping to transform NHS services and to support patient choice.

| Trust Values | | |
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| **Courtesy and respect** | **Responsive communication** | |
| • A welcoming and positive attitude | • Listen to people & answer their questions |
| • Polite, friendly and interested in people | • Keep people clearly informed |
| • Value and respect people as individuals | • Involve people |
| So people feel **welcome** | So people feel **in control** |
| **Attentively kind and helpful** | **Effective and professional** | |
| • Look out for dignity, privacy & humanity | • Safe, knowledgeable and reassuring |
| • Attentive, responsive & take time to help | • Effective care / services from joined up teams |
| • Visible presence of staff to provide care | • Organised and timely, looking to improve |
| So people feel **cared for** | So people feel **safe** |

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