Total Hip Replacement Advice
(Partial Weight Bearing - PWB)
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.

Your weight-bearing status is partial weight-bearing
You are only allowed to put up to 50% of your weight through the hip. This means you need crutches or a frame to assist with taking the weight.

Partial weight-bearing will be continued for

This is what your new hip looks like.
Physiotherapy exercises

These exercises can be commenced as soon as the physiotherapists have demonstrated them with 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 help 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 the floor. Hold for five seconds. This exercise helps to strengthen your leg muscles, which are important for walking.
Exercise 2
Stand by holding onto your kitchen worktop or similar height solid surface. 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 while walking.

Exercise 3
Stand by holding onto your kitchen worktop or similar height solid surface. 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 work top or similar height solid surface. 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.
Occupational Therapy (OT) and Equipment

During your admission a member of the OT team will visit you on the ward to check all equipment you may need as identified in pre-admission clinic has 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 fitted with a pair of stockings, which you need to wear for six weeks (night and day) 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 to put on and take off the stockings. If you have no-one available to help you, a volunteer from the Red Cross can come out and visit you.

The wound

Your operation will have been performed via an open procedure 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. As you are partially weight-bearing, you will go home with either a frame or a pair or crutches, to ensure you reduce the weight on your hip. You must use the walking aid supplied to you on the ward for the duration of time you are partially weight-bearing.

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 on to the banister, with your crutch in the opposite hand. Lead with your good leg, then your operated leg, then your crutch.
Going down the stairs:-
Hold on to the banister with your crutch in the opposite hand. Lead with your crutch then your operated leg, then your good leg.

If you do not have a banister, the ward physio will demonstrate how to manage the stairs.

You must use the banister and a crutch even if you have two banisters to ensure you are partially weight bearing. We will supply a third crutch, so you have one crutch downstairs, one crutch upstairs and the one you’re using to complete the stairs (making a pair for downstairs and upstairs).

If you are using a frame to mobilise, we will give you two frames, one for upstairs and one for downstairs. We will also give you one crutch to complete the stairs. We will also practise any steps you have to access your property. As you are partially weight-bearing you need to do this with a frame or with a pair of crutches. If you do not have a banister the ward physiotherapist will demonstrate how to complete the stairs.
Washing and dressing
Whilst you are partially weight-bearing, we advise you 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 you can use the full range of movement of the functional limb to assist with clothing needs.

You may find a ‘helping hand’ is useful in assisting with pulling clothes on/off over the feet and lower legs and a long handled shoe horn is used to put your shoes on/off. (See 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.

Showering
Whilst you are using crutches or a frame, (as you are partially weight-bearing), you should not attempt to use the shower. You should not attempt to get in and out of the shower until you are able to fully weight-bear (this time frame will be decided by your surgeon). You should only then use the shower when you can get in and out safely. You must then take account of wet floors and the risk of falling. If it is not safe to shower then you must continue to strip wash.

You should not attempt to get in or out of the bath for six weeks or whilst you are partially weight-bearing.
Kitchen
Whilst you are partially weight-bearing, we advise you complete kitchen tasks from a seated position to reduce the weight through the operated limb. This includes tasks such as making a hot drink, cooking and washing up. This is because you may be tempted to hold onto the work surface and step sideways without your walking aid, which means you will not be partially weight-bearing on your operated limb.

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.

Sleeping
You can sleep either on your back or on your side. Any of these positions are fine.

Driving
You must not drive whilst you are partially weight-bearing. We advise you to discuss with your consultant before you start driving.

It is always recommended to contact your insurance company one month before you return to driving, to ensure your insurance is valid. However, it is each individual’s responsibility to ensure that they are fit to drive.

Leisure activities
You need to pace yourself with daily tasks and perform them as your fitness allows. After three months you can return to the following activities (as long as you have been deemed to be fully weight bearing):

• 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. Normally we recommend the operated person being underneath for comfort.

Return to work
Returning to work depends upon what the job entails. This may be anything from six weeks for light work or four months for more physical work. Remember whilst you are partially weight-bearing you require a walking aid, therefore this may affect your ability to work within this time. 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 (crutches or a frame)
• 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 as it is easier to move the chair back as far as it will go. Sit with your back to the car and have 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 you avoid low sports cars.
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, so you need to take it easy. However, if you are using a walking frame, you should not walk outside, as these are for indoor use only.

We recommend you continue to do your exercises at home and abide by partial weight bearing status.

On discharge we will arrange for community physiotherapy to assess your walking, exercises and functional activities. It may be several weeks before the physiotherapist sees you.

You will be sent an appointment in the post to come to clinic around six weeks after your operation. If all is well, you may not need to come to clinic again.

Any follow up wound care will be organised by the nurses on the ward before you are discharged.

When to stop using the walking aids?

You will need your walking aid for as long as you are partially weight-bearing. Once you are able to fully weight-bear, you can walk without an aid once 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
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.

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

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