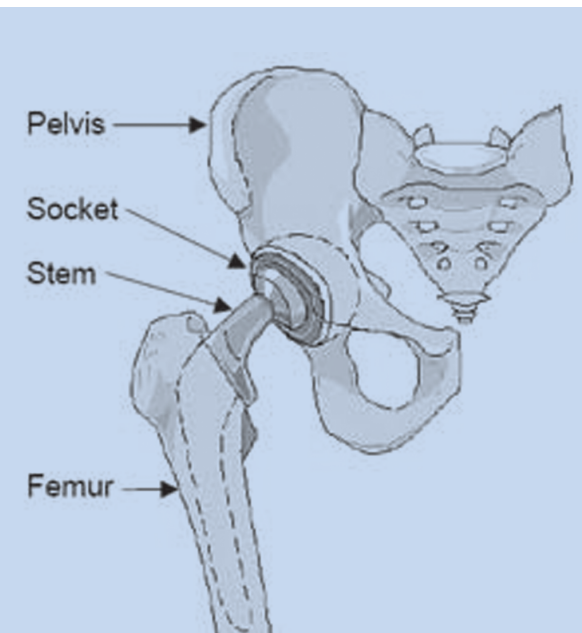


# Total Hip Replacement Full Weight Bearing



Patient Information

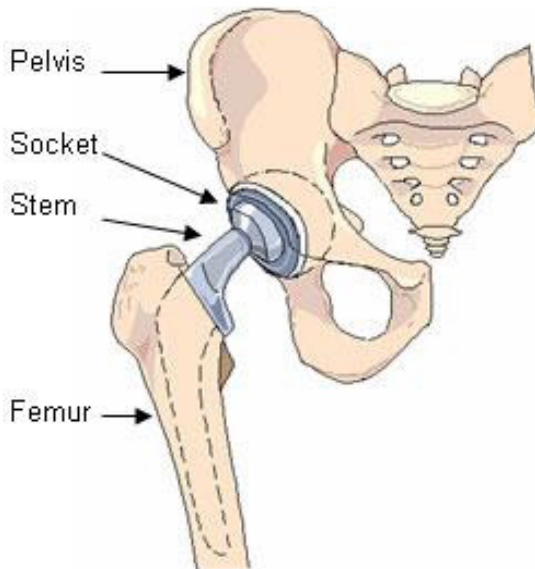
## Introduction

This booklet is designed to provide information and advice about your Hip Replacement Surgery. The information will 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.

Following your surgery, 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.



## Post-Operative Advice

### Anti-embolism stockings

On the day of your operation you may be given a pair of stockings, which you would 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. If needed, you will be given two pairs, so you can wear one and wash one. You will need someone to help you put on and take off the stockings. The Red Cross are no longer available to help with this.

### Wound care

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 ten to 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 or by a district nurse.

### Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess if you need antibiotics and which antibiotics you might need. Please do not attend your local GP Practice for a review of your wound if you believe it to be infected.

## 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 useful for putting your shoes on/off.

You can purchase a helping hand and/or shoehorn from an independent living Centre. A friend or relative may also help you with this.



## Showering

You can shower as the wound is protected by a waterproof dressing, but please remember that wet surfaces increase the risk of falling, especially if still using a walking aid. We advise that you do not shower if you are still using an aid to walk. 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.

## Sleeping

You can sleep either on your back or on your side. Any of these positions are fine. If you are sleeping on your side, you may find a pillow between your knees helpful.

## Pain

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and walk as able.

Speak with the ward staff if you have any concerns or questions surrounding your pain relief.

## 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 please inform a member of the therapy team as soon as possible so that these can be addressed and resolved before discharge.

## Driving

Driving is not normally advised before six weeks. However, it is each individuals' responsibility to ensure they are fit to drive. Generally 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). Even if you drive an automatic car, we still recommended this time frame before returning to driving.

It is always recommended to contact your insurance company one month before you return to driving, to ensure your insurance is valid.

## Sexual activity

You can return to sexual activity as you feel able. It may be more comfortable for the operated person to be underneath.

## Walking

We aim for you to be getting up and out of bed within two hours following your operation. Initially this will be with a frame. During your stay we will look to change your walking aid as you improve.

It depends on your progress as to which walking aid you will be discharged with. Most people are discharged with sticks or crutches. If you are using one stick, having it the same side as your operated leg makes you limp. Therefore you will be taught to use it in the opposite hand to your operated leg. 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.

Points to remember when you are walking:

- Try to spend an equal amount of time on each leg
- Ensure that both steps are equal in length
- Gradually increase the distance and amount you do each day.

Points to remember when standing and sitting:

- Ensure you are balanced when you stand before placing your hands on the frame/sticks or into the crutches
- Make sure you can feel the chair on the back of your legs before you go to sit down
- Step/slide your operated leg forwards as you sit down
- Reach back for the chair as you sit down – take your hands off the frame or out of your crutches.

## Occupational therapy (OT) and equipment

During your admission a member of the Integrated Therapy Team will visit you on the ward to check all identified equipment needs in the preadmission clinic have been delivered. If they have not, or if you have any questions regarding your equipment, please speak to a member of the therapy team.

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. For example 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.

## Physiotherapy exercises

These exercises can be commenced as soon as a Therapist has demonstrated them to you. As a guideline we recommend you do these exercises five to 10 times, approximately three to four 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.

Prior to completing your exercises, ensure that you have taken adequate pain relief as this will allow you to complete your exercises effectively.

The following exercises should not make your pain worse, however if they are too uncomfortable please inform a member of the ward staff.



## Exercise 1 – Knee Extension

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.



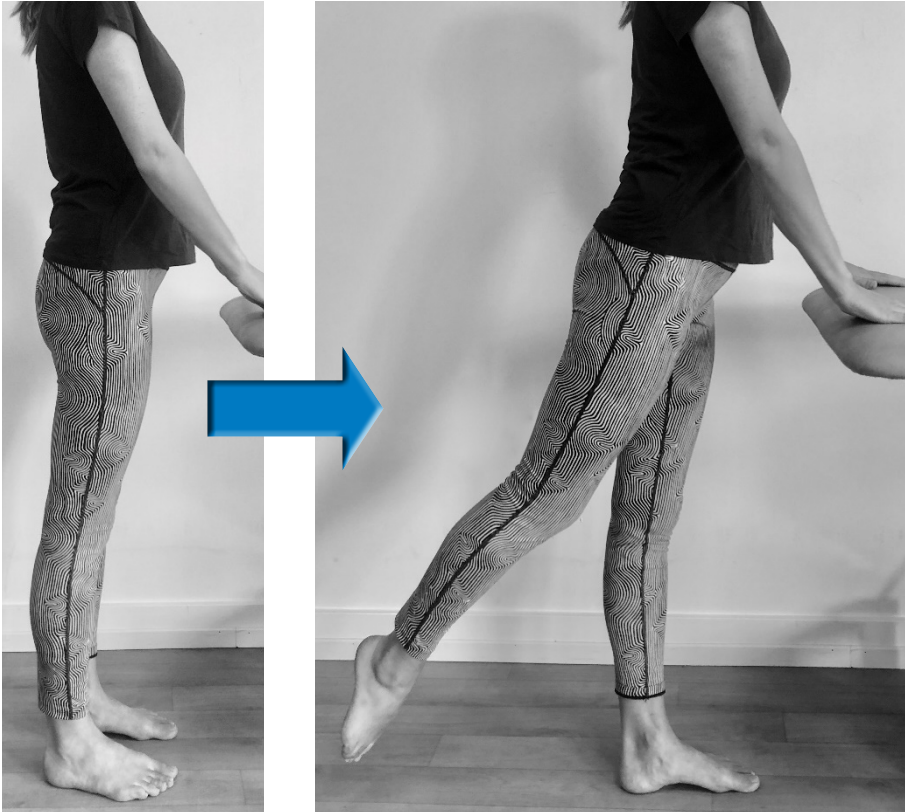
## Exercise 2 – Hip Abduction

Stand by holding onto your kitchen worktop. Stand on your non-operated leg and practise lifting your operated leg out to the side. Hold for three seconds. Ensure that you keep your toes pointing forwards. This exercise will help you to strengthen your hip muscles which stabilise your pelvis whilst walking. Repeat the exercises whilst standing on your operated leg as well.



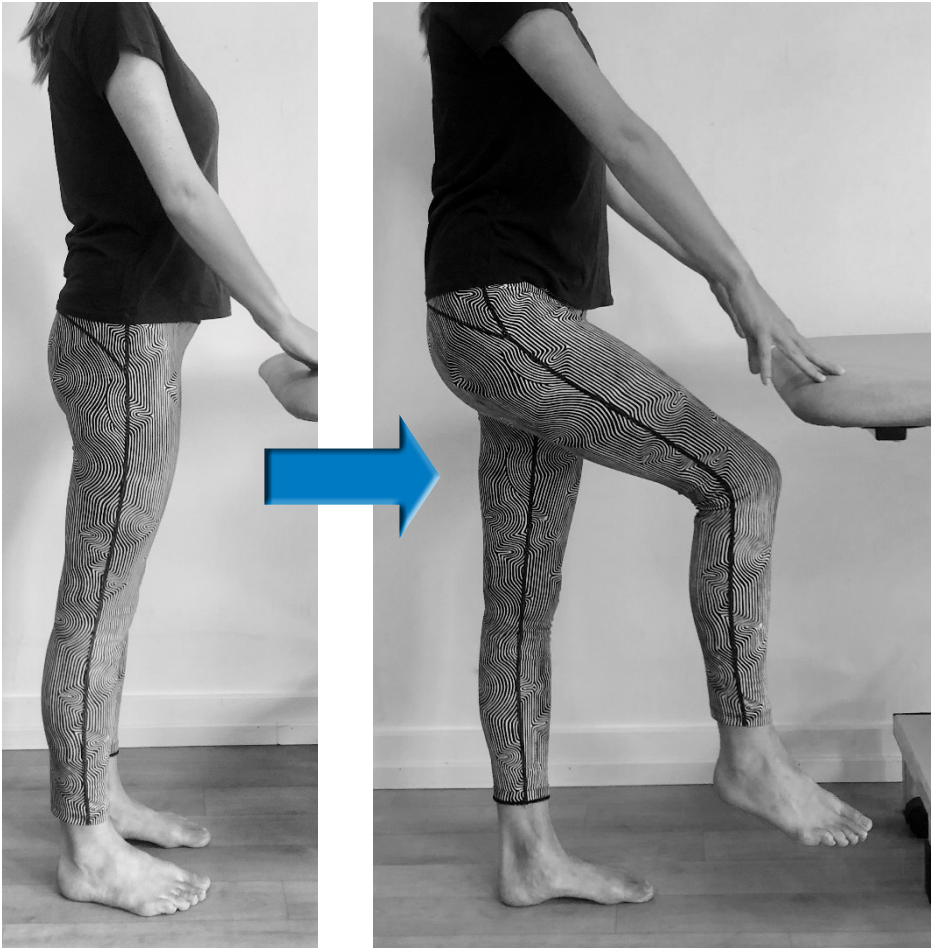
### Exercise 3 – Hip Extension

Stand by holding onto your kitchen worktop. Stand on your non-operated leg and practise taking your operated leg out behind you, keeping your knee straight. Hold for five seconds. This is important to help you push off during walking. Repeat the exercises whilst standing on your operated leg as well.



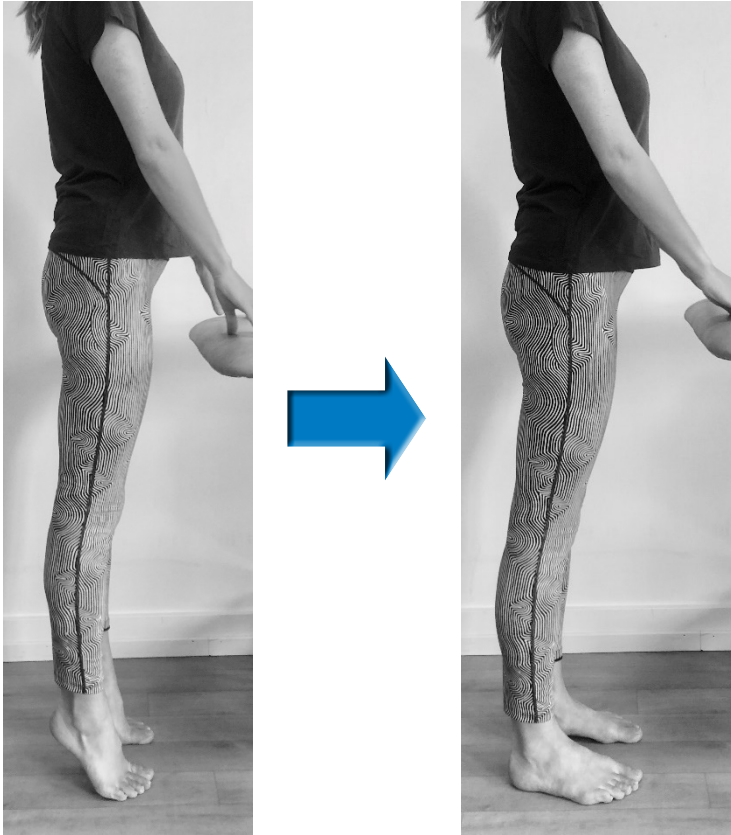
## Exercise 4 – Hip Flexion

Hold onto your kitchen worktop. Stand on your non-operated leg and practise lifting your operated leg up as if you were marching on the spot. Hold for five seconds. This helps strengthen the muscles you need to complete steps and stairs. Repeat the exercises whilst standing on your operated leg as well.



## Exercise 5 – Heel Raises

Stand by holding onto your kitchen worktop. Go up onto your tiptoes on both feet and hold for five seconds. 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.



## Exercise 6 – Half Squats

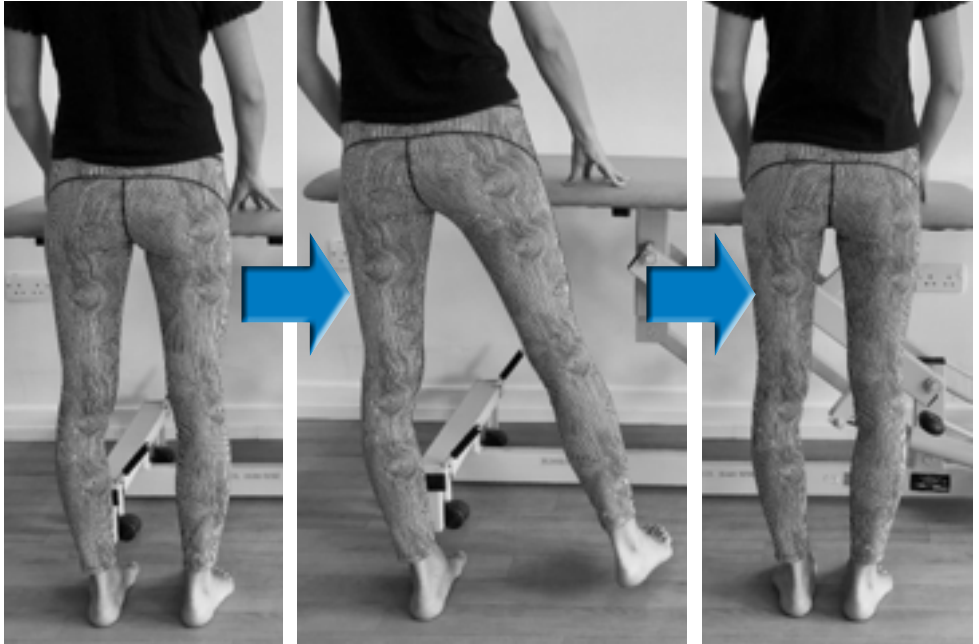
Holding onto the kitchen worktop or back of a chair, slowly bend your knees, sinking your weight into your heels. Hold for five seconds and slowly return to a standing position.





## Exercise 7 – Side Stepping

Stand holding a stable surface. Step your operated leg out to the side, transfer the weight across and then bring your non operated leg to join it. Repeat the movement for the length of the stable surface. Do this in reverse back the other way. Use the worktop for support but aim to progress to letting go as balance and confidence improves.



## Daily Exercise Completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best recovery. It will also give you an advantage when you attend your community physiotherapy appointment to get the best out of your time with them.

You could use the table overleaf to keep record of when you are doing them.



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

## Steps and Stairs

If you have stairs at home, a therapist on the ward will practise these with you. If you only have one banister on your stairs, and you are using crutches or sticks, you will be given an extra crutch/stick to take home. This extra (third) crutch/stick means you can leave one downstairs, one upstairs, and then the one you're using to complete the stairs. If you do not have a banister, the ward therapist will demonstrate how 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 so may need to do it using two crutches/sticks.

If you are using a frame to mobilise, we will give you two frames, one for upstairs and one for downstairs. We will also provide you with one crutch to complete the stairs.

The rule is:-

***Non-operated leg goes up first,***

***Operated leg goes down first***

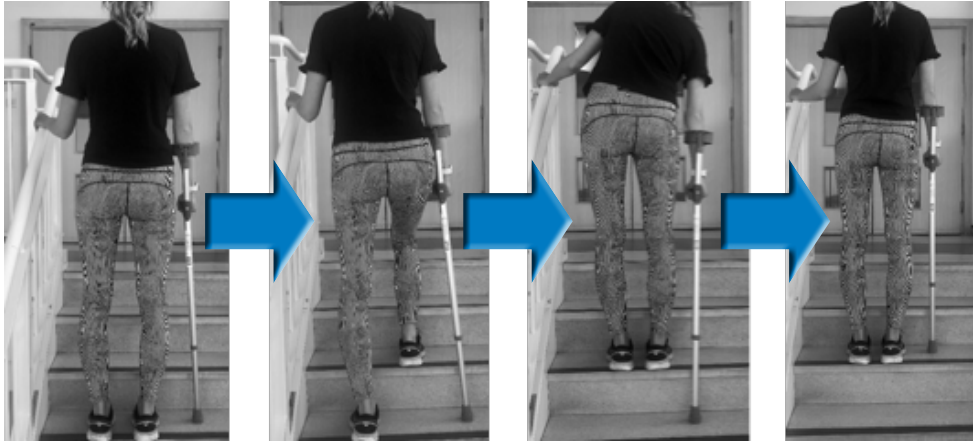
***Or***

***Good foot to Heaven,***

***Bad foot to Hell***

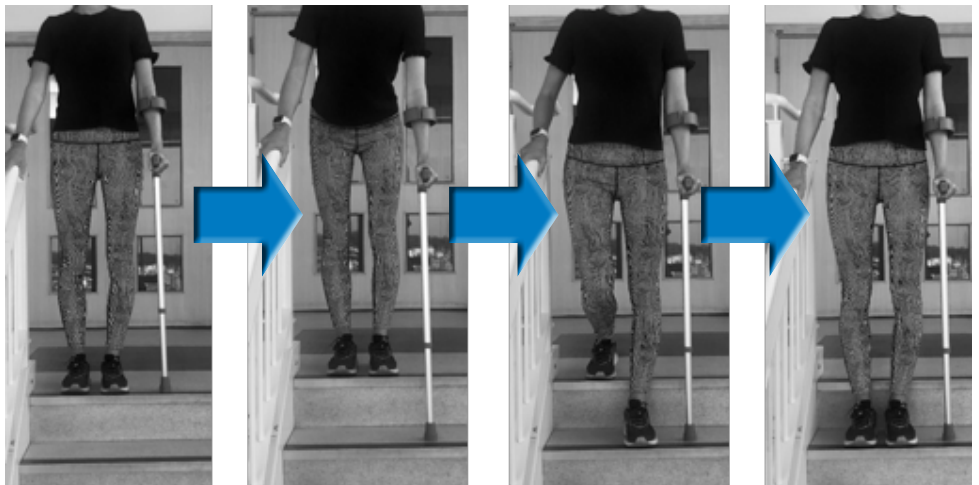
## Going Up the Stairs

Hold onto the banister, with your walking aid in the opposite hand. Lead with your non-operated leg, then the 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 non-operated leg.



## 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 independently.

## 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 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 be a little more cautious.

We recommend you continue to do your exercises at home.

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. You may want to practise using one crutch/stick first around the property and progress to no aids from here. It is important not to try hobbling around as this encourages limping and bad habits. When you see the community physiotherapist, they can review how you are doing and give suggestions and advice. Remember, if you are using one crutch or stick, hold it in the opposite hand to your operated leg.

## Return of Equipment

If you have been loaned Occupational Therapy equipment, e.g. a commode, 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.

**Nottingham Rehab Supplies (NRS)**

**03001 000716**

## Community Physiotherapy

If you require further Physiotherapy input on discharge, your ward physiotherapist will refer you to East Coast Community Healthcare (ECCH) for community physiotherapy. The location of your appointment will be where it is most convenient for yourself. Please refer to the table on the following page for possible locations.

If you have been referred by the ward team for further physiotherapy, ECCH will be in contact to arrange your appointment. If you have not heard from them by the end of your first week following your discharge, please contact them directly on 01493 809977.

If you have not been referred and once home you feel that you would benefit from more physiotherapy you are able to self-refer to ECCH. Please visit [www.physio.ecch.org](http://www.physio.ecch.org) or call 01493 809977 to arrange an appointment.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY



## Useful Contact Numbers

Hospital Switchboard	01493 452452
Elective Unit, Ward 22	01493 452331
British Red Cross	01493 452080
Orthopaedic Therapy Office	01493 453849
ECCH, Community Physiotherapy	01493 809977

<http://physio.ecch.org>

If you encounter any problems after discharge related to your wound, or medications, please contact Ward 22, Orthopaedic Clinic or your consultants secretary for advice as soon as possible.

This page has been left blank for your use



## 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: We CARE for...**  
*our patients... each other... ourselves*

### BEHAVIOURS:

**C**ourtesy and respect

**A**ttentively kind and helpful

**R**esponsive communication

**E**ffective and professional

**#Proud  
of the  
Paget**



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**

Authors: Trudie Lewis and Annabelle Burt  
Senior Physiotherapists  
Mr A Cohen, Consultant Orthopaedic Surgeon

© April 2016  
Revised September 2020  
James Paget University Hospitals NHS  
Foundation Trust  
Review Date: September 2023  
PH 32 version 2