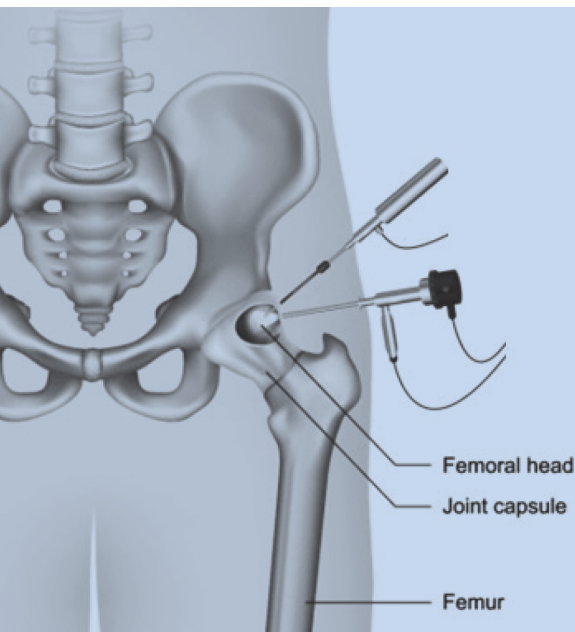


Hip Arthroscopy



Patient Information

Introduction

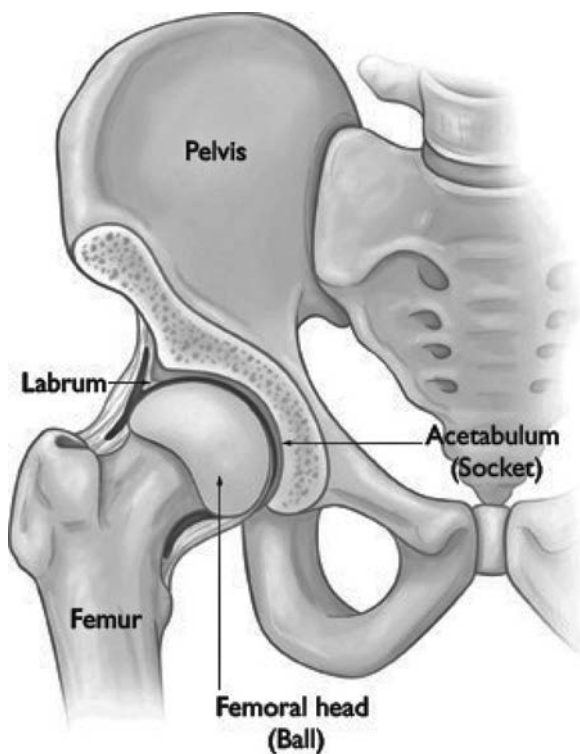
This booklet provides information and advice about your Hip Arthroscopy. The information will aid your recovery and rehabilitation during your stay at the James Paget University Hospital and once you are discharged home.

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

You will need to be seen by a physiotherapist prior to your discharge from hospital to discuss your weight bearing status and to go through your exercises.

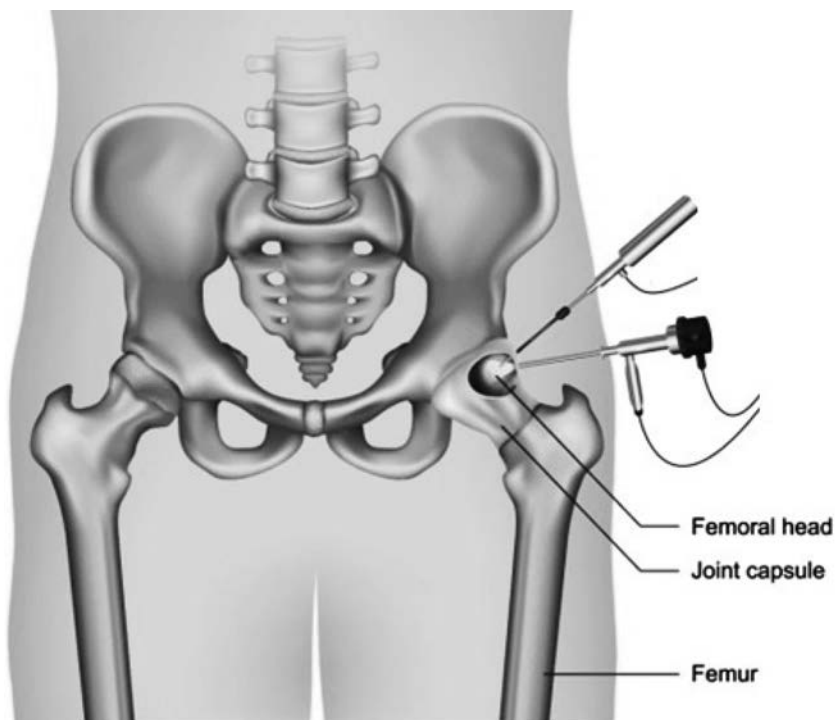
Anatomy

The hip is a ball-and-socket joint that is surrounded by a watertight capsule.



Reasons for hip arthroscopy

A hip arthroscopy is a surgical technique that can diagnose and treat problems in the hip joint. During the procedure, your surgeon will make small incisions and insert a tiny camera — called an arthroscope — into your hip. This allows them to view the inside of the joint on a screen. The surgeon can then diagnose a problem with the hip and correct the issue using small instruments.



Your hospital stay

The surgery you have undergone is usually a day case procedure; however it may require an overnight stay depending on your recovery. If required, you will see a physiotherapist before you are discharged home to discuss your rehabilitation.

Post-operative advice

It is important to follow the advice given to you by your surgeon and physiotherapist when you return home to avoid stiffness and loss of movement.

Please remember in the first 24 hours after general anaesthesia you must:

- NOT drive a car/ride a bicycle
- NOT drink alcohol or take sleeping tablets
- NOT operate machinery
- NOT sign important documents or make important decisions
- BE CAREFUL when using electrical appliances - your co-ordination and reaction time may be affected
- REST quietly for the remainder of the day and do not return to work
- EAT normally and DRINK plenty of fluids

Movement and function

Before you return home, you may need a walking aid, e.g. elbow crutches or a frame, to help you walk. You will be informed of how much weight you can put through your leg before you go home. If you are full weight bearing, you can return to your daily activities as the joint becomes more comfortable. If you are partial weight bearing please follow the instruction from your consultant and/or community physiotherapist before return to daily activities.

Weight bearing status

Your surgeon will advise you on your weight bearing status. Depending upon your ability. This will either be taught to you by your doctor or physiotherapist. It is important to follow their advice as it will affect the healing of your bones.

Full weight bearing

You can put as much weight through your foot as you would normally.

Partial weight bearing

You can only put up to 50% of your weight through your foot compared to what you usually would. You will need a walking aid, e.g. a frame or elbow crutches, to achieve this.

YOUR WEIGHT-BEARING STATUS IS:

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AND THIS IS FOR

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Precautions

The following activities should be **AVOIDED** for up to eight weeks after your surgery:

Bending hips beyond 90 degrees (knees should not go above your hips)



Squatting or crouching

Crossing your legs



Crossing your foot over your leg

**Turning your
foot out**



**Turning your
foot in**

Anti-embolism stockings

On the day of your operation you may be given a pair of stockings, which you would need to wear for 6 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 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. The Red Cross are no longer available to help with this.

Wound Care

You will have two to four small wounds which will be closed with dissolvable stitches. Keep the wounds dry until they are healed, which is normally within 8 to 10 days. You can wash or shower with your waterproof dressing straight after your operation but do not submerge under water, e.g. do not take a bath or swim. Do not rub over the incisions sites and pat dry. After ten days you may shower without the dressing.

If you are using a walking aid and/or **partial weight bearing** it is recommended that you do not shower please strip wash as you are at a risk of falling and/or putting too much pressure through your hip.

The dressing will normally be removed at your GP practice between 10 and 14 days post-surgery. If the dressing becomes loose or soggy, contact your GP for replacements.

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.

Avoid using spray deodorant, talcum powder, perfumes or creams near or on the wounds until they are well healed to reduce the risk of infection.

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.

Ice and swelling

You may experience swelling of your hip for up to six weeks post operatively. Ice can be used to help control the pain and reduce this swelling.

Sit down and place your heel on a foot stool with the leg supported. Make sure you place a protective layer between your skin and the ice, e.g. a damp tea towel. A large bag of frozen peas is an excellent ice pack. Remove the ice after a maximum of 15 minutes. You can repeat this up to four times a day.

Rest

Regular exercises and walking are very important, however, it is advised to take breaks and rest your leg. You should gradually increase the amount of activity and exercises. If pain and swelling does not reduce then please contact your consultant.

Sleeping

You can sleep on either side but it may be more comfortable to sleep on your back or on the non-operated side. If you are sleeping on your side then it may be comfortable to put a pillow in between your knees.

Driving

Your surgeon will advise you when to start driving. Generally this is one to two weeks after your operation if you are **fully weight bearing**. If you are **partial weight bearing**, you will not be able to drive, even an automatic vehicle, until you are full weight bearing. You must be pain-free and not taking strong pain medication. You need to be able to fully control your vehicle when driving to comply with the Road Traffic Act. It is always recommended to tell your insurance company before returning to driving.

Return to work

You will need to take approximately 10 days off work depending on the procedure. This will vary depending on the nature of your work. If you require a Fit Note, please ask the ward staff after your operation.

Sexual activity

You can resume sexual activity when you feel ready. Some positions may be more comfortable than others.

Leisure activities

Your surgeon will advise when you can return to high impact sports or activities such as running and jumping. This is usually after 6 to 12 weeks but can vary depending on the extent of your surgery. Please discuss this and any concerns regarding returning to sport, with your surgeon at your follow up appointment.

Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within six weeks of your operation due to the risk of clot formation. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.

Physiotherapy exercises

These exercises can be commenced as soon as the ward physiotherapist has demonstrated them to you. As a guideline we recommend you do these exercises 5 to 10 times, approximately 3 to 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.

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

The following exercises should not worsen your pain. If they are too uncomfortable please contact your consultant or community physiotherapist.

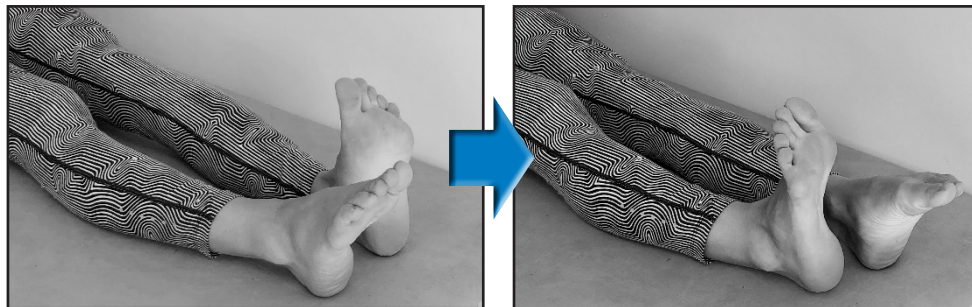
Important note

If you are **partial weight bearing**, please do not complete the standing exercises 7 to 9 by standing solely on your operated leg. You can still complete these exercises but please take care to follow the instructions.

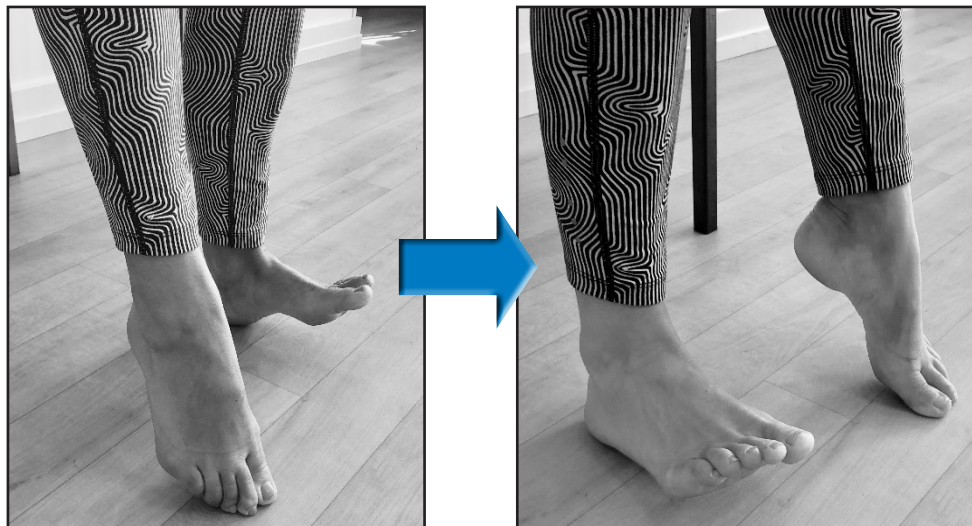
Exercise 1 – Ankle pumps

Slowly move your foot up and down, bring your toes up towards you and push them away. You can do this exercise in bed or sitting in a chair.

In bed

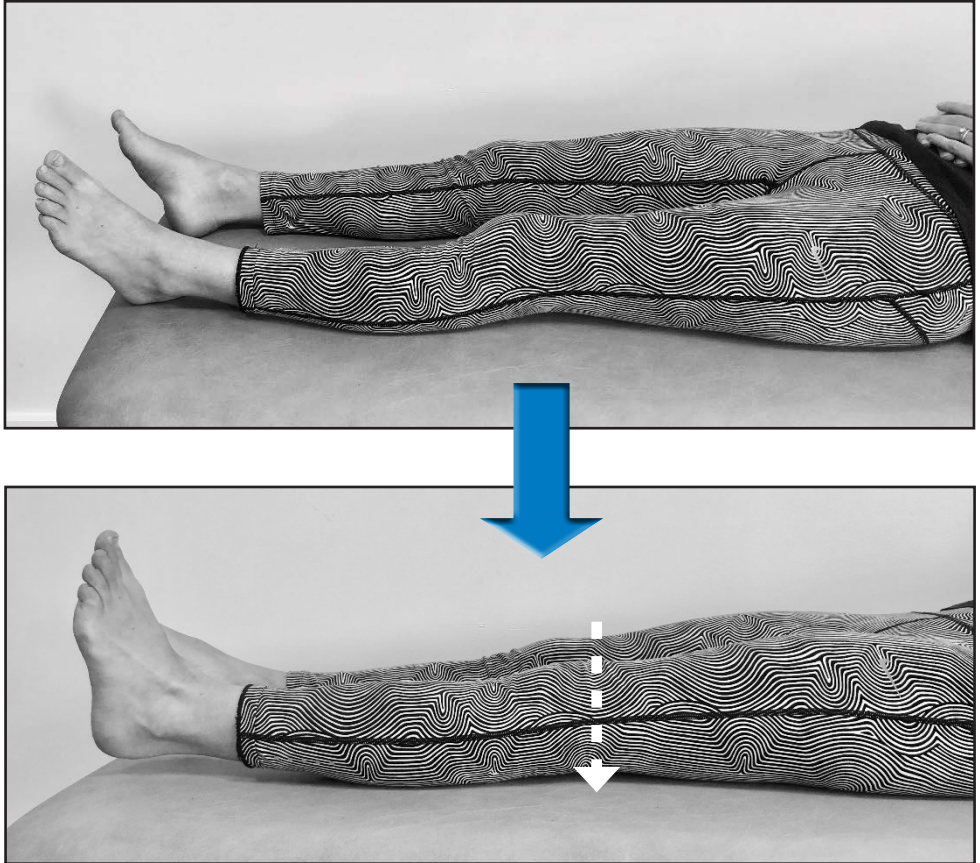


In the chair



Exercise 2 – Static quadriceps

Sitting up with your leg straight, pull your toes up towards you and push your knees down into the bed. Hold for up to 5 seconds then relax. You should feel your thigh muscles tightening.



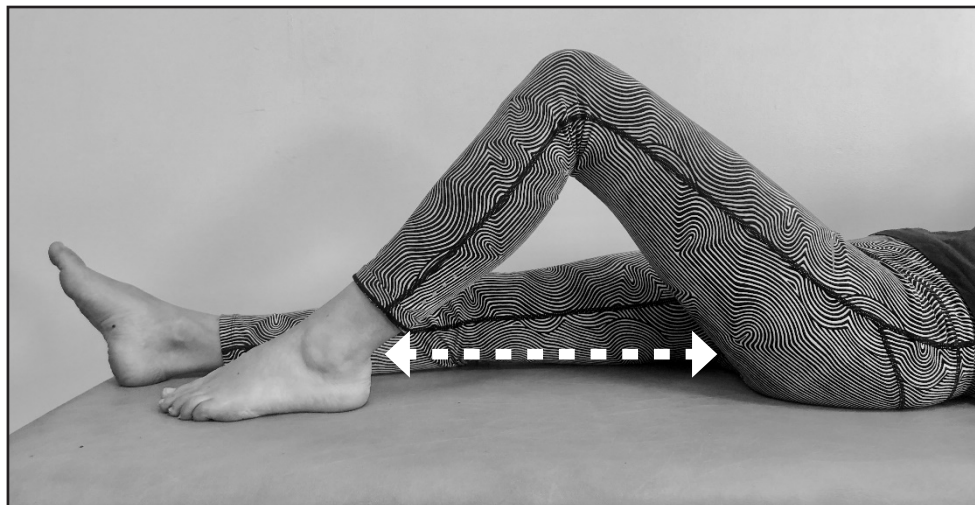
Exercise 3 – Buttock squeeze

Lying on your back, squeeze your buttocks together. Hold for up to 5 seconds and relax.



Exercise 4 – Heel slides

Lying on your back, bend your knee towards your buttocks as far as comfortable and straighten your leg away.



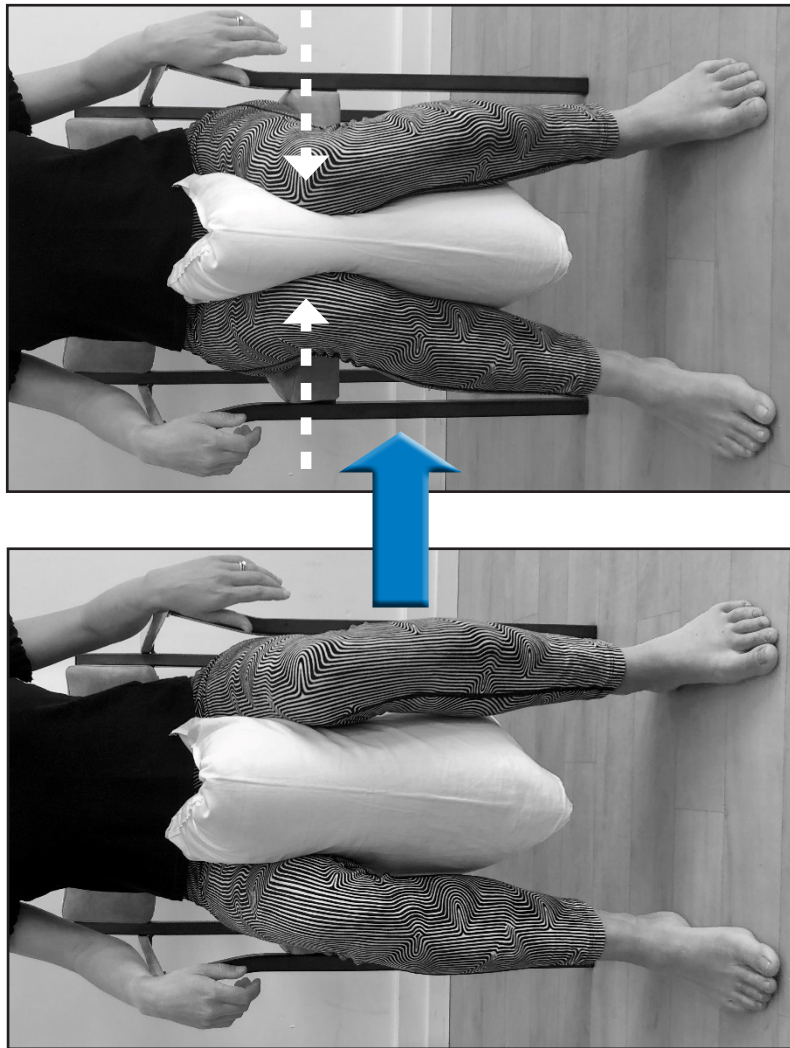
Exercise 5 – Knee extension

Sitting in a chair, lift the leg to straighten the knee, hold for five seconds. Slowly return the foot to the ground. Try to keep the toes pointing upwards.



Exercise 6 – Hip adduction

Sitting in a chair or by the bedside, place a pillow or a rolled towel between your knees. Hold for up to five seconds. Relax.



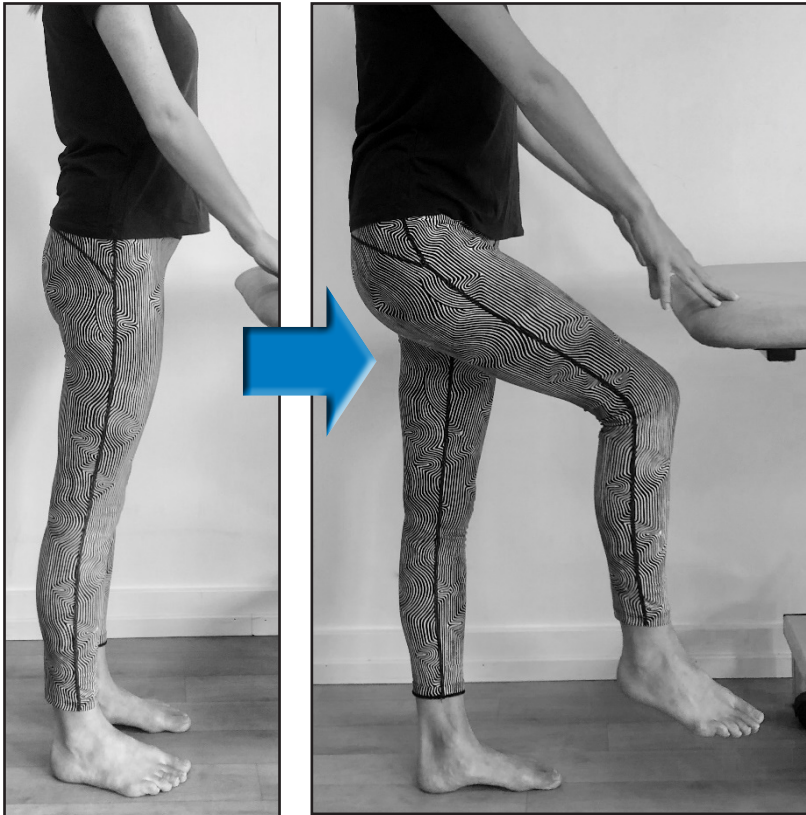
Exercise 7 – Hip abduction

Stand by holding onto your kitchen worktop or a stable surface. Stand on your non-operated leg and practise lifting your operated leg out to the side. Hold for 3 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. If you are **full weight bearing** you can complete this exercise whilst standing on your operated leg.



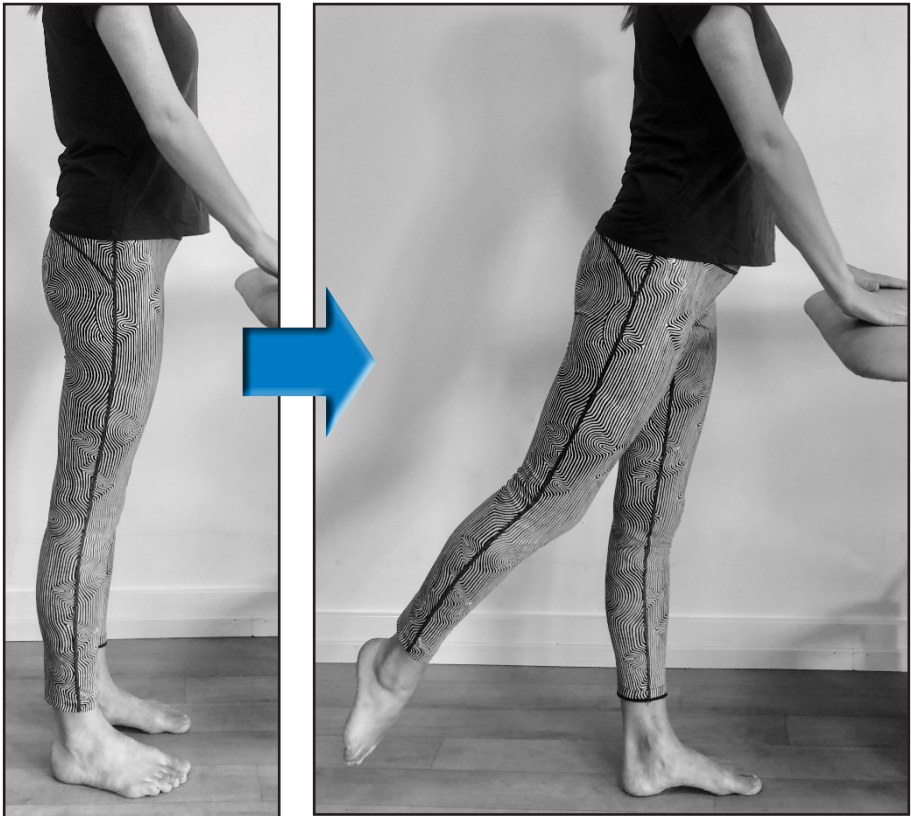
Exercise 8 – Hip flexion

Stand holding onto a stable surface, e.g. kitchen worktop. Balance on your non-operated leg. Lift your operated leg toward your waist as if you are stepping on a high step. Hold for up to five seconds and put your leg down. This is important to improve your knee bend, which helps with walking and stairs. If you are **full weight bearing** you can complete this exercise whilst standing on your operated leg.



Exercise 9 – Hip extension

Stand by holding onto your kitchen worktop or a stable surface. Stand on your non-operated leg and practise taking your operated leg out behind you, keeping your knee straight. Hold for 5 seconds. This is important to help you push off during walking. If you are **full weight bearing** you can complete this exercise whilst standing on your operated leg.



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 functional outcomes. It will also give you an advantage when you attend your physiotherapy appointment to get the best out of your time with them.

You could use the table over the page to a 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 practice 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 Physiotherapist will demonstrate how to complete the stairs.

Please note if you are **partial weight bearing**, you must use the banister and a crutch even if you have two banisters to ensure you are partially weight-bearing.

If required you can practice any steps you have to access your property. The method is the same, but you may not have a rail to assist, so you may need to use two crutches/sticks.

The rule is:-

Non-operated leg goes up first,

Operated leg goes down first

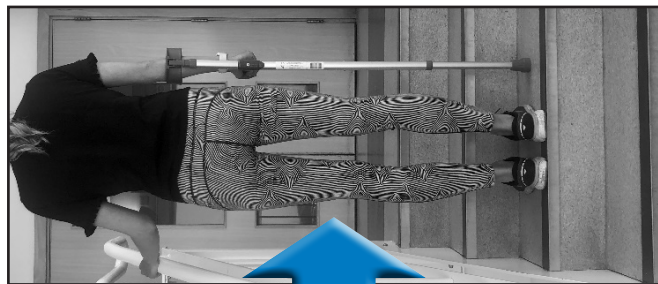
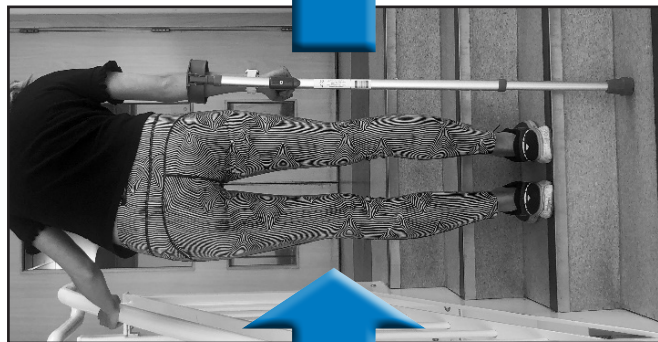
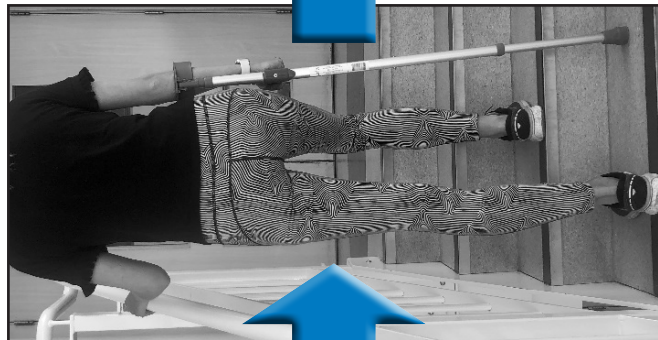
Or

Good foot to Heaven,

Bad foot to Hell

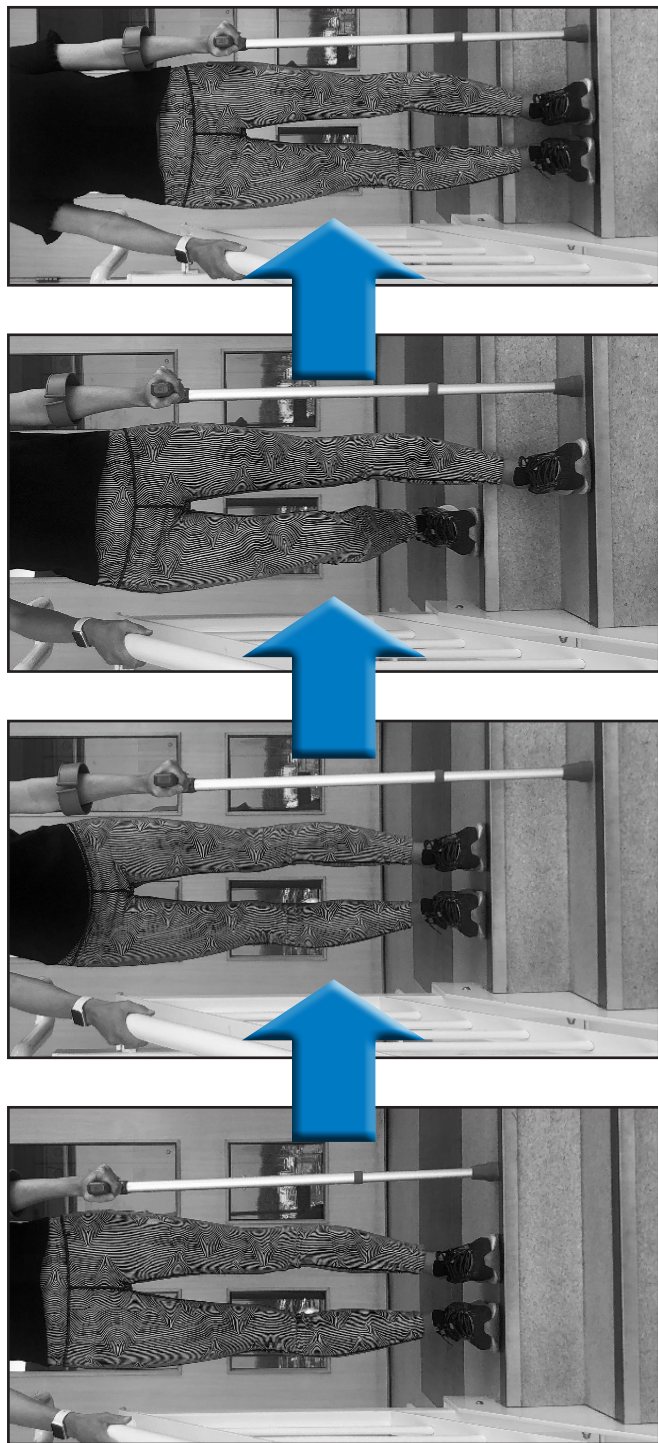
Going up the stairs

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.



What will happen once I am 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 6 weeks in clinic. This appointment will be sent to you in the post. If all is well, you may not need to see them any more 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?

Full weight bearing

You only need your walking aid until you are no longer limping. You may want to practise using one crutch or stick first around your 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.

Partial weight bearing

Until your consultant has instructed you otherwise, please continue to use two elbow crutches when walking. Using only one elbow crutch or two sticks whilst walking does not give adequate support to allow you to be partial weight bearing.

Community physiotherapy

On discharge, your ward physiotherapist will refer you to East Coast Community Healthcare (ECCH) for community 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. 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.

In some circumstances you may not have been seen by a ward physiotherapist prior to your discharge home. In this instance please follow the guidance given to you by the nurse on the Day Care Unit. The integrated therapy team at the James Paget University Hospital will endeavour to contact you the next working day via telephone to ensure you are managing and discuss any immediate questions you may have.

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
Day Care Unit, Primary Number	01493 452022
Day Care Unit, Secondary Number	01493 453006
Elective Unit, Ward 22	01493 452331
British Red Cross	01493 452080
Orthopaedic Therapy Office	01493 453849
ECCH, Community Physiotherapy	01493 809977
Website	www.physio.ecch.org

If you encounter any problems after discharge related to your wound, or medications, please contact the Day Care Unit, orthopaedic clinic or your consultants' secretary for advice as soon as possible.

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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:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective 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**

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