Introduction

Together with your family doctor and orthopaedic surgeon, you have decided to have a hip replacement. This booklet is a step-by-step guide to help you through the entire process of your surgery: before, during, and after. The more you know about the procedure before you arrive at hospital, the easier and quicker your recovery will be.

Remember that this guide is only for general reference; medical and surgical care will vary according to your own individual circumstances. Your understanding, participation and commitment are vitally important to the success of your hip replacement.

Please read and complete everything you are given, and keep any information you receive. Everything you are given to read contains valuable information designed to increase your understanding of the surgical procedure and recovery.

Please bring your booklet with you to every related appointment that you have, and to the hospital on the day of your surgery.

One other important thing for you to do while you are preparing for surgery is to remain actively involved in your care. Please follow instructions, ask questions and take responsibility for your progress. We want you to get the best results from your surgery.

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Hip Pain

The healthy hip joint

The hip joint is a ‘ball and socket’ joint. It allows movement to occur between the thigh bone (femur) and the hip bone (pelvis). The pelvis contains the ‘socket’ or acetabulum. The ball-shaped head of the femur (femoral head) fits into the acetabulum, forming a ball and socket joint which enables the leg to have a wide range of movements.

The outer surface of the femoral head and the inside surface of the acetabulum are covered with cartilage. This cartilage is a tough, but very smooth, material allowing the two surfaces to slide easily against one another during movement.

Movement of the hip joint is initiated and controlled by the thick muscles surrounding the hip joint.

Why is hip pain a common problem?

When one or more parts of the hip are damaged, movement can become stiff. Over time, the cartilage starts to crack and wear away. When this happens, the bones making up the hip joint rub together. Stiffness and pain occur when the ball starts to grind in the socket.
Hip Replacement Surgery

The aim of hip joint replacement surgery is to:

- relieve your pain
- correct any deformity, such as leg length inequality
- restore any loss of function to your hip
- improve your quality of life

Hip replacement surgery involves replacing the head of the femur (ball) and the acetabulum (socket) with man-made components called a prosthesis.

Your surgeon will choose the one considered most suitable for you, although the final decision may need to be made during your operation.

**Bearings:** The points where the moving parts of a hip replacement connect are referred to as bearings. Surgeons will choose a bearing combination that best suits your needs. Possible bearing materials are metals, ceramics and plastics. With advancements in technology and manufacturing these bearing materials have become very reliable.

**What goes into a hip joint replacement?**

A hip prosthesis is made up of several parts:

1. The acetabular component replaces the acetabulum and can be either a metal alloy outer shell with a fitted plastic (a.) or ceramic liner (b.), or it can be a single plastic component.
   - a.
   - b.

2. The femoral component replaces the femoral head. This is known as a ‘modular prosthesis’ and consists of the femoral stem, made of metal alloy, and the femoral head that attaches to the stem, made of either ceramic or metal alloy.

- a. Cementless femoral stem with ceramic head/ceramic liner
- b. Cementless femoral stem with metal head/plastic liner

**Revision hip replacement:**

Over time, the components of the hip replacement can wear or become loose and patients may have pain and find walking difficult. This will require another operation to remove the old hip replacement (or parts of it) and put a new one in. This is a more complex operation and it may be longer before you are mobile and allowed to put full weight on your operated leg.
Preparing for Your Operation

What are the risks and possible complications?

There are some risks associated with hip replacement and revision surgery. These are rare and your Orthopaedic Team will minimise the risk to prevent them. Some possible risks and complications are:

Nerve Injury: During the operation there is a risk of injury to the nerves near the hip joint which can be damaged by being compressed or stretched. The surgeon will make every effort to prevent this. If any of the nerves are affected it may cause temporary or permanent altered sensation or weakness of the leg.

Dislocation: After your hip operation the muscles supporting your new hip joint will be weak. You may move your hip as comfort allows, but avoid extreme movements.

If a dislocation occurs, it can be put back into place and if the hip keeps dislocating, a revision operation may be needed.

Fracture: As with all joint replacements there is a small possibility of a fracture during the operation. If a fracture occurs during the operation the surgeon will repair it and your recovery may be slower.

Blood Vessel Injury: On rare occasions the vessels around the hip may be damaged. This may require further surgery by the vascular surgeons.

Bleeding: You will lose some blood during the operation and very rarely may require a blood transfusion. If you do not wish to have a blood transfusion, please discuss this with your surgeon.

Infection: A very small percentage of all joint replacement patients may develop an infection following surgery. This can be either a minor, superficial infection or it can be a serious deep infection around the prosthesis.

Loosening: Because your new hip is a mechanical device, it will eventually suffer from friction and wear; it is not expected to last forever. However, almost all hip replacements continue to work approximately 15 years or more after the date of surgery.

Anaesthetic Risk: The risk from the anaesthetic is individual to each person having an operation. Please read the information you have been given about anaesthetic for hip and knee replacements. You will be seen by an anaesthetist before your operation to discuss your options with you.

Difference in Leg Length: After your hip operation you may feel that your operated leg is a different length to the other; this can be a result of the muscles around the hip being weak initially after the operation. In most cases, this will settle with time. This will be checked at your 6 weeks outpatient appointment.

Please speak to your surgeon or anaesthetist regarding any queries or concerns you may have at the time of signing your consent form.
Preoperative information

Health Screen: Following your decision to have a hip replacement you will be taken to pre-operative assessment for a health screen. You will be asked to fill out a questionnaire about your health. Your blood pressure and meticillin-resistant Staphylococcus Aureus (MRSA) swabs will be taken. If the swabs show you are MRSA positive we will contact your GP to commence treatment.

Information Group and Assessment Clinic
You must attend the hospital’s Hip Information Group and Pre-op Assessment Clinic. It is a good idea if the person caring for you after your surgery comes with you.

- Hip Information Group: This is a session where you will have the opportunity to speak to a member of the Physiotherapy Team and SWATT (South Warwickshire Accelerated Transfer Team). It is important that you attend this group so you are fully prepared for your operation and rehabilitation.

Infections: If you develop any open wounds, chest infections or any other infections pre-operatively please contact POAC on 01926 495321 ext. 4148 for advice.

Preoperative Assessment Clinic (POAC): You will attend POAC up to six weeks before your operation. A nurse will do blood pressure, height and weight, MRSA swabs and an ECG (tracing of your heart). You will also have a full assessment of your medical history and blood tests will be taken.

Please also bring in a list of any medication you take. The nurse may advise you to stop some prior to your surgery.

Occupational Therapy (OT)

A member of the OT Team will make contact with you by telephone or see you at the POAC. They will discuss the height of your furniture and provide any equipment you may need for your bed, chair and toilet. Please complete the measurement form included in this booklet and have it with you when you attend the POAC.

The heights need to be correct so that you will be comfortable following your hip replacement. You can move any way but avoid extreme movements for 6 weeks and try to sleep on your back if you can.

You will keep the equipment for approximately 6 weeks.

The OT Team will discuss any possible social needs you may have. You may need help with washing your feet. You will need to arrange this before your operation.

Any social input or private care will involve a cost to you.

Failure to attend will usually result in your operation being postponed.

Bathing and Showering: You must not sit in the bath for 6 weeks until you have attended your 6 week post-operative clinic appointment. If you have a shower over your bath the OT Team will advise you the correct way to use it. If you have a walk in shower, you can shower when you feel safe after surgery. Using a non-slip mat is advisable.

Dressing: To enable you to do this independently and comfortably the OT staff member may recommend and provide small aids for you to purchase.
Checklist for joint replacement surgery

This checklist below will help you prepare for the operation.

Before admission: (tick when complete)
☐ Be prepared to purchase some small aids e.g. handreacher, long handled shoe horn (the OT can advise you on this).
☐ Follow up any recommendations from your therapist regarding your bed, chairs and other furniture.
☐ Remove any loose rugs/mats
☐ Check the safety of your stair rails. If unsafe, make safe as soon as possible.
☐ Check that you have enough room to get around your house with walking aids e.g. gaps between furniture.
☐ Increase your daily fluid intake up to the recommended 2 litres
☐ Please seek advice from your local Pharmacist about purchasing over-the-counter laxatives, e.g. macrogols, before your surgery.
☐ Consider care for pets whilst you are in hospital and at least 2 weeks after (sometimes longer is needed).
☐ Arrange for someone to take you home on discharge.

☐ Have the fridge/freezer well stocked with "easy" meals e.g. ready meals.
☐ Ensure items from low cupboards are brought up to waist level.
☐ Find someone to help with shopping and household tasks.

On admission you will need to bring into hospital:
☐ This booklet
☐ Personal toiletries
☐ A dressing gown
☐ Day clothes for when you are up
☐ Non-slip footwear which should be enclosed (not mules)
☐ A rolled up towel for exercise 2 on page 19
☐ Any walking aids you are currently using e.g. zimmer frame or crutches
☐ Handreacher and shoe horn with your name on it
☐ House key (if you live alone).
☐ Any medication you are currently taking; 2 weeks supply in original boxes. Please bring this in the green bag given to you at the Hip Information Talk.

What can I do to prepare myself for my operation?

Recovery from your surgery depends on a number of factors. These are some things that you can do now that will help your recovery:

Be positive! Commit to the success of your surgery. Working as a team, you, your surgeon, physiotherapist and your family should adopt a positive attitude toward the success of your surgery.

Remain as active as possible: Remaining active while waiting for your surgery is an important key to the success of your surgery. Studies have shown that the stronger you are before your operation, the quicker you will recover afterwards. Gentle exercise such as walking, range of motion exercises and swimming can help you to stay strong and flexible.

Do the exercises in this booklet regularly, around two times daily. If the exercises cause pain then try doing them little and often, and speak to your GP about changing or increasing your painkillers.

Make sure all infections are cleared up prior to surgery: These include tooth abscesses/unhealthy teeth, bladder infections, infected leg ulcers, colds and the flu. This is because infections could spread through your body during the surgery and infect your newly replaced joint. You must notify the POAC as soon as possible if you have a suspected or diagnosed infection, as your surgery may have to be rescheduled.

Skin: It is important that your skin does not have any open sores or wounds (such as infected corns, bunions, insect bites, or animal scratches) and is free from infection before your operation. This is especially important if you have problems such as eczema or psoriasis. If problems such as leg ulcers or skin rashes develop, you should see your GP.
Reduce smoking and alcohol consumption: If you haven’t already done so, it is suggested that you reduce the amount you smoke and the amount of alcohol you drink.

Diet: It is suggested that you have a well balanced diet and adequate water intake.

These lifestyle changes will help reduce the risk of complications during and after your surgery. If you would like some advice and support please see your GP or Practice Nurse.

Existing medical conditions: It is important that existing medical conditions such as diabetes are kept in check. Any problems which may develop should be dealt with quickly, as they may lead to your operation being postponed. One of the most common problems requiring treatment prior to surgery is high blood pressure (hypertension). If you know you have this condition it may be helpful to have your blood pressure checked.

Your hospital admission

On the day of your surgery you will be admitted onto an elective orthopaedic ward. Please read your admission letter carefully as it will inform you of the date and time you need to come to the ward.

Eat well the day before your operation. Please read the special instructions on your admission letter that explains when to stop eating and drinking on the day of your operation. Please remember it is important to continue to drink water or clear fluid as instructed.

Please shower before coming in and clean your legs/ toes/ feet thoroughly. Do not apply moisturisers or creams.

After admission a member of the Anaesthetic Team will come and talk to you and help decide which type of anaesthetic is best for you.

Before your operation you will be asked to sign a form giving your consent to the operation.

The operation

On the day of your operation, a nurse will help you to get ready for theatre. Most patients will walk to theatre for their surgery, accompanied by a nurse. The operation takes around 1 – 1 ½ hours. After the operation you will remain in the theatre recovery area until the anaesthetist is happy with your recovery. A nurse will be with you all the time whilst you are there. They will be monitoring your heart, blood pressure, temperature and level of consciousness, and ensure that your wound is satisfactory. When they are happy with your condition, you will return to the ward. You may be away from the ward for up to 3 hours.
Recovering in Hospital

Return to the ward

You may have the following equipment attached to you:

- Oxygen (via face or nose)
- A drip to replace the fluid that you would normally drink and replace any fluid that is lost during the operation. Your drip will be stopped as soon as you are able to eat and drink adequately.
- A urinary catheter (if necessary)
- Inflatable Compression Devices to help with circulation in your legs.

Your blood pressure, pulse and temperature will be recorded at regular intervals and your wound and circulation will also be checked.

Eating and Drinking: You will be encouraged to begin eating and drinking as soon as possible. You will be given anti-sickness tablets.

Pain: To ensure good pain control local anaesthetic is injected around the hip to relieve pain. When this wears off you will experience some discomfort. Pain is better controlled if you take your painkillers regularly. They will help you to move about and do your exercises as comfortably as possible. Patients with good pain relief recover more quickly, it is therefore important that you take your painkillers at regular intervals.

A nurse will assess your pain. We use a pain score from 0-10 to describe and record pain at this hospital:

- 0 = no pain
- 10 = worst pain possible

Please tell the nurses if you have pain and they will give you additional pain relief.

If you feel sick, please tell the nursing staff. They will be able to give you medication to help control the feeling.

Pain management

Pain prevention: You will receive a combination of different types of pain prevention tablets or injections and ice therapy to make your pain as bearable as possible after your surgery. The pain levels that can be tolerated vary from patient to patient. People have very individual responses to pain.

Ice packs wrapped in a tea towel or pillow case can be used for twenty minute periods to reduce the swelling and inflammation around your new hip joint. This will provide additional pain relief.

Preventing complications

Infection Control: Hand washing is vitally important to prevent the spread of infection. There are hand-washing facilities and alcohol gel available at the entrance to the wards and in ward areas. You must make sure your visitors use this when they come and see you. All members of staff should wash their hands or use the gel before and after they have treated you.

Your bed and chair are specifically for your use only; please ensure that your visitors do not sit on them. Visitors’ chairs are at the end of each bay.

Pressure Sores: Pressure sores can develop within 2 hours of lying in bed, especially in the heel area.

You should move your heels and buttocks regularly to prevent this. If you notice a burning sensation or pain in these areas, you should tell your nurse immediately.
Blood Clots: When you are inactive for a period of time, for example during and after your operation, blood tends to collect in the lower legs. A clot can form in one of the ‘deep veins’ in your legs. It is known as deep vein thrombosis (DVT).

Warning signs include:
- Swelling
- Redness
- Pain and/or tenderness in the affected leg
- Skin will feel warm or hot to the touch

If you develop any of these symptoms in hospital please inform your nurse. If you develop any of these symptoms at home, please contact your GP.

A clot in the lungs it is called a pulmonary embolus (PE) and it can be fatal.

Symptoms of PE include:
- Breathlessness
- Chest pain
- Coughing up blood
- Fainting/collapsing

If you develop any of these symptoms in hospital please inform your nurse immediately. If you develop any of these symptoms at home you will need to seek urgent medical attention.

To reduce the risk of clots:
- **Keep Active:** After your operation you will be advised to get up and about as soon as possible. Until then you can perform simple foot and ankle exercises, such as ankle pumps.
- **Inflatable Compression Devices** are applied around your legs and inflate automatically at regular intervals. They apply pressure when inflated which keeps the blood moving around your body.
- **Medicine:** You will have blood thinning injections and/or blood thinning tablets for four-six weeks to reduce the risk of a blood clot developing.

Chest Infection: Following an operation there is a risk of developing a chest infection. A physiotherapist will show you breathing exercises to help prevent this. Being active is the best prevention.

Wound: You will be given intravenous antibiotics just before your operation. The dressing over your hip will not be removed unless there is significant weeping in order to prevent the introduction of any bacteria.

These are the signs and symptoms of a wound infection:
- More painful
- Begins to leak fluid
- Hard, reddened or hot
- You notice an unusual odour
- Or you feel unwell, feverish, shivery or achy

If you develop any of these symptoms in hospital please inform SWATT immediately (see back page). If left untreated an infection in the wound can lead to further surgery.

Urine Retention: It may be difficult to pass urine and insertion of a urinary catheter, (a tube which drains the urine into a bag), might be necessary. The catheter will be removed as soon as possible.

Constipation: This is a problem after hip replacement surgery and can be due to some medications. It is important to eat plenty of fruit and vegetables, drink plenty of fluids and mobilise regularly. Take the gentle laxatives as prescribed following your surgery.

This may seem like a long list of terrible problems. Bear in mind that if these happened frequently, hip replacement would be considered so unsafe it would never be undertaken. Be reassured that most people recover uneventfully and, even if problems do occur, they are generally easy to put right by experienced hospital staff.
After your operation

You will have:
- An X-Ray of your hip
- Routine blood tests
- Removal of drip and catheter (if applicable)

Physiotherapy

A member of the Physiotherapy Team will see you after your operation to assess your exercise plan and help you to walk.

Exercises are very important to strengthen the hip joint. It is important to get your hip moving as soon as possible – but avoid extremes of movement. Once you are discharged from the ward and SWATT you should continue your exercises to strengthen your hip.

Lying Down Exercises

You will be shown the following exercises that you must continue by yourself around 3 times a day:

1. Lying on your back with your legs straight. Bring your toes up towards you and push your knees down firmly against the bed to tense the thigh muscles. Hold for 5 seconds. Relax. Repeat 10 times.

2. Lying on your back, place a rolled up towel under your knee so the knee is slightly bent to begin with. Exercise your knee by pulling your toes up towards you. Tighten your thigh muscles and straighten your knee so your heel lifts away from the bed. Keep your knee on the towel. Hold for 5 seconds. Slowly lower the heel back down to the bed. Repeat 10 times.

3. Lying on your back with a plastic bag under your heel. Bend and straighten your hip and knee slowly and as comfort allows by sliding your foot up and down in a straight line. Repeat 10 times.

4. Lying on your back with a plastic bag under your heel. Keep your toes facing towards the sky and knee straight, slowly sliding your whole leg out to the side and back to the middle. Repeat 10 times.
Walking

A healthcare professional will help you to get out of bed for the first time. It does not matter which side of the bed you get in or out of. You may feel dizzy or nauseous when you first get out of bed. This is only because you have been lying down for a period and will soon settle as you begin walking. Once you are ready you will be shown how to walk with crutches which you will normally need to use for at least 3 weeks.

The walking sequence is always:
- Crutches move forward
- Step the operated leg
- Step the non-operated leg

When turning round take small steps to avoid twisting on your new hip.

Using the stairs

If you have stairs or steps at home, you will be shown how to climb them before going home.

Climbing stairs safely - always go up one step at a time. Stand close to the stairs. Hold onto the handrail with one hand and the crutch/crutches with the other hand.

Walking up stairs
- First take a step up with your “good leg”
- Then step up with your operated leg
- Followed by your crutch/crutches on the same step.

Walking down stairs
- First place your crutch/crutches down onto the step
- Then step down with your operated leg
- Followed by your good leg.
Standing Exercises

Once you are back home and progressing well, a member of SWATT will show you these standing exercises to help your hip muscles grow stronger.

You will need to do these exercises 2-3 times a day. Begin with 5 repetitions gradually increasing to 10-15.

For these exercises you will need to stand straight gently holding onto a sturdy support, e.g. kitchen work surface or a window sill.

1. Lift your leg up off the floor and then place back down. Repeat 10-15 times on both legs.

2. Lift your operated leg out to the side and bring it back. Keep your back straight throughout this exercise. Keep your toes facing forwards to 12 o’clock. Repeat 10-15 times on both legs.

3. Take your operated leg out behind you by squeezing your buttock and keeping your knee straight. Keep your back straight throughout the exercise. Repeat 10-15 times on both legs.

Discharge home from hospital

The majority of patients will be discharged home 0-2 days after surgery with support from South Warwickshire Accelerated Transfer Team (SWATT). Please arrange your transport to take you home on your day of discharge. For instruction on getting into and out of a car, please see page 25. Once all of the following have been completed, you will be ready to go home:

- **Doctor/Nurse**
  Your doctor and nurses need to be happy that you are medically fit for discharge.

- **Physiotherapy**
  You need to be safely walking with an appropriate walking aid and be safely managing stairs, if applicable.

- **Occupational Therapy**
  Any necessary equipment must be in place at home. You must be able to get on and off your bed.

- **Medication**
  The hospital will supply you with additional medication that you will need to take after your surgery. These tablets must be ready to take home.
Going Home with SWATT

South Warwickshire Accelerated Transfer Team (SWATT)

SWATT will provide nursing and physiotherapy support in 1-2 visits commencing the day after you are discharged home from hospital. During this period, you will remain under the care of your surgeon. After this time you will be back under the care of your GP, although SWATT will remain available for advice over the phone.

The SWATT service runs daily from 8 am – 4 pm.

SWATT: 01926 495321 ext 6838
The answerphone in the SWATT office is checked regularly during office hours.

SWATT Mobile: 07785 314564

Getting in and out of a car

You will have been advised about how to get in and out of the car in the Hip Information Group. Please practice the technique shown to you before your surgery.

How to get in and out of a car:

1. When getting into a car, the passenger seat should be moved back as far as possible. The back of the seat should be reclined slightly.
2. If you would like, place a cushion in a plastic bag on the seat making it easier to slide in and out of the car.
3. Ensure you are on a level to start with and not too near the kerb.
4. Position yourself with the back of your legs against the sill.
5. Reach for the back of the seat with your left hand and the seat base with your right hand.
6. Put your operated leg out in front of you and lower yourself onto the edge of the seat. It helps if you lean back slightly.
7. Use your good leg and your hands to push yourself backwards onto the passenger’s seat.
8. Leaning backwards, pivot on your bottom and slide your legs into the car. Be careful and do not rush.

Avoid extremes of movement.
Recovering at Home

The success of your surgery will depend on how well you follow the Orthopaedic Team’s instructions regarding your rehabilitation during the first few weeks after surgery.

Walking
Walking should be done little and often but gradually increase your walking as you are able. Most people will need to use at least one crutch for 3 weeks. It is best to use the crutch in the opposite hand to your operated hip. Once you can walk well without the crutches (without limping), you can wean yourself off them.

If you have been told to limit your weight bearing you must use your crutches until you are seen at your post-operative outpatient appointment. You will be advised by the Orthopaedic Team when you are allowed to walk without them. Do not do too much too quickly - gradually increase your daily activity as you feel comfortable.

Bruising and Swelling
The wound area and your leg may be very bruised after your operation. Do not be alarmed as this is quite normal. Swelling can persist for weeks or months and may worsen with over-activity. This can be relieved with elevation and ice.

- **Elevation:** To help relieve any swelling in your operated leg and foot, spend 1–2 periods of the day lying on your bed for an hour at a time. Using 3-4 pillows (lengthways) ensure your foot is elevated above the level of your heart.

- **Ice:** Applying ice to the operated hip after your exercises will help to control the pain. To make an ice pack simply wrap a bag of frozen peas in a damp tea towel and apply for 20 minutes regularly, throughout the day.

Taking care of your new hip

**Watch for and prevent infection:**
Because your new hip is so sensitive to infections, you must take care to prevent them (see page 17 for the warning signs).

If you get an infection anywhere in your body (e.g. skin, urine, chest, throat, teeth) the infection can get into the blood stream and spread to your new hip.

The dressing over your hip wound remains in place for 12-14 days after your surgery. Either you or a family member can then remove this. Please contact SWATT if you have any concerns regarding your wound.

Taking things slowly

At first, you may find the day-to-day routine rather awkward and tiring, although it will get easier as the weeks go by. Follow your Orthopaedic Team’s advice and you can expect to regain the full use of your new hip – but this will take some weeks. Here are a few suggestions on how to compensate.

- **Sit instead of standing:** Brushing teeth, getting dressed, showering, preparing food and doing the ironing can all be done sitting down.

- **Get lots of rest:** Major surgery leaves many people feeling tired and lacking energy; do not be disheartened by this because it is your body telling you that you need rest to recover! Take a nap in the afternoon. Take 5–10 minute breaks during housework or walking. When you are resting, change position every 20 minutes to stop your hip getting stiff.

- **Please notify SWATT if you suspect you may have a wound infection**
Getting Back to Normal

6 weeks post-operative outpatient appointment

Once you are at home, an outpatient appointment will be made for you to see a member of the Orthopaedic Team. This usually takes place at around 6 weeks following your operation. They will want to make sure that you are coping with your new hip. Your follow-up may be in the format of a group or individual appointment, depending on your circumstances. If you have any questions it is a good idea to write them down and bring the list to your appointment.

**Diet**
There are no restrictions to your diet. Bear in mind that you have just undergone major surgery, so make sure you eat plenty of fruit, vegetables and lean meat for protein and iron. Try to drink 6–8 glasses of water a day. If you have lost weight, try to keep it off; it will reduce pressure on your new hip and help you to undertake your exercises more easily.

**Sex**
You may resume sexual activities as soon as you feel ready. Let your partner take an active role and remember to avoid extremes of movement. You may find that certain positions are more comfortable. Your physiotherapist or GP can answer any other questions you may have.

**Travel**
You are at increased risk of developing a blood clot if you take a prolonged journey after your hip replacement. You are advised against flying short-haul (less than 4 hours) for 6 weeks and long-haul (more than 4 hours) for 12 weeks. If you take a prolonged car journey you must stop for regular breaks. The metal in your new hip may activate metal detectors and security devices.

**Sleeping**
It is normal to wake at night following your operation. This is because the nerves around the hip become more active at night as your blood circulation slows because you are still. Moving your hip regularly, taking little walks and taking your pain relief should help. Sleep disturbance will settle with time.

**Return to Work**
You should be able to do normal daily activities and desk-based jobs by four to six weeks. If you need a certificate for work then please ask before you leave the ward, or contact your GP.

**Driving**
Driving is usually possible after 6 weeks when your hip is feeling comfortable. Make sure that you can perform an emergency stop safely. You have a legal obligation to inform your car insurance company that you have had hip replacement surgery. If you want to drive before your 6 week appointment please contact your car insurance company to ensure that your insurance is valid. If you drive an automatic car and the surgery has been undertaken on your left hip, then you are permitted to start driving once your operated hip is comfortable and you are not requiring strong painkillers that might impair your judgement. Again, you must contact your car insurance company to ensure that your insurance is valid, prior to your 6 week appointment.

**Sports and activities**
Your new prosthesis is designed for day-to-day living, not high-impact sports. While your joint can cope easily with walking, swimming and cycling, avoid aggressive sports such as jogging, running, jumping, repeated climbing and heavy lifting as these may either damage or affect the long-term wear and tear of the joint.

When you have finished with your crutches, please return them to the physiotherapy department at either Warwick, Stratford or Leamington Hospitals along with your equipment supplied by the OT Team. The phone number can be found on the equipment.
Passport Home

Once all of the following have been completed, you will be ready to go home:

- **Doctor/Nurse**
  Your doctor and nurses need to be happy that you are medically fit for discharge

- **Physiotherapy**
  You need to be safely walking with an appropriate walking aid and be safely managing stairs, if applicable

- **Occupational Therapy**
  All necessary equipment must be in place at home. You must be able to get on and off your bed

- **Medication**
  Your medication must be ready to take home

- **Transport Home Organised**
  Please arrange this prior to admission

Appointment List

- Pre-op Hip Information Group
- Pre-op Assessment
- Admission Date
- Surgery Date
- Estimated Discharge
- Remove Wound Dressing
- 6 Week Review
At South Warwickshire NHS Foundation Trust we are fully committed to equality and diversity, both as an employer and as a service provider. We have a policy statement in our Equality Strategy that clearly outlines our commitment to equality for service users, patients and staff:

- You and your family have the right to be treated fairly and be routinely involved in decisions about your treatment and care. You can expect to be treated with dignity and respect. You will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
- You have a responsibility to treat other service users, patients and our staff with dignity and respect.

Our information for patients can also be made available in other languages, Braille, audio tape, disc or in large print.

**PALS**

We offer a Patient Advice Liaison Service (PALS). This is a confidential service for families to help with any questions or concerns about local health services. You can contact the service by the direct telephone line on 01926 600 054 by email: pals@swft.nhs.uk or by calling in person to the PALS Office which is located in the Lakin Road Entrance to the hospital.