# Contact Telephone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Hospital Switchboard</td>
<td>0131-536-1000</td>
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<tr>
<td>Pre-Admission Clinic</td>
<td></td>
</tr>
<tr>
<td>Orthopaedic Admission Unit</td>
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<tr>
<td>Physiotherapy Department</td>
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<tr>
<td>Occupational Therapy Department</td>
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</tr>
<tr>
<td>Advice line (Voicemail)</td>
<td>0131-536-3724</td>
</tr>
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<td>[see next page]</td>
<td></td>
</tr>
<tr>
<td>Ward 208 (Base A)</td>
<td>0131-242-2081</td>
</tr>
<tr>
<td>Ward 208 (Base B)</td>
<td>0131-242-2087</td>
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<tr>
<td>Ward 208 (Base C)</td>
<td>0131-242-2088</td>
</tr>
<tr>
<td>Ward 209 (Base A)</td>
<td>0131-242-2091</td>
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<tr>
<td>Ward 209 (Base C)</td>
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<td>Out-Patient Department - Lauriston</td>
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<tr>
<td>Out-Patient Department - Roodlands</td>
<td>0131-536-8343</td>
</tr>
<tr>
<td></td>
<td>0131-536-8325</td>
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<td></td>
<td>0131-536-8444</td>
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<tr>
<td>Out-Patient Department – St. John’s</td>
<td>01506-422772</td>
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<tr>
<td>RIE Appointments</td>
<td>0131-536-3722</td>
</tr>
<tr>
<td>[Phone this number if you need to change your appointment – this includes clinics at St. John’s and Roodlands]</td>
<td></td>
</tr>
<tr>
<td>If you need to discuss cancelling your operation, please call</td>
<td>0131-242-3460</td>
</tr>
</tbody>
</table>
**Arthroplasty Advice line**

“Arthroplasty” means “artificial joint”
This is an advice line for people who have had their joint replacement under the NHS in Lothian. It may be used by patients, their carers and health professionals involved in their care.
The Advice line calls are dealt with by the Arthroplasty Practitioners in addition to their clinical workload and we work across four hospitals in Lothian. We are not usually able to take calls directly but a message should be left on voicemail. We prioritise calls according to the information given and aim to return calls within 48 working hours, usually between 9am and 5pm, Monday to Friday. This may take longer because of annual leave, study leave and sick leave. We attempt to return call on 3 occasions; if you are not available we will assume that your problem has been dealt with in another way.

The Advice line should not be used in an emergency. **If your call requires an immediate response it is not appropriate to use the Advice line. Please do not leave messages with other departments or secretaries, if you have left a clear message on the Advice line we will return your call.**

You can help us to deal efficiently with your call if you leave the following information;

- Name of person that the call is about
- If you are a carer or health professional, your name and title
- Hospital unit number (on appointment card or letter), and /or Date of Birth
- Contact telephone number and when available over next 48 working hours
- A brief message about the nature of the problem. **If you are calling about a problem with a wound, please tell us**
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Introduction

This book has been written for you and your relatives to give you basic information on before and after your hip replacement.

It aims to:

- Explain about your operation
- Help you understand what is involved in your care: The Care Pathway
- Prepare you for returning home
- Give you advice about long-term care of your joint replacement

The booklet must only be used as a guide as individual needs may vary.

We hope this booklet will be of interest to you, and we look forward to meeting you when you come to the Royal Infirmary of Edinburgh, Little France for your hip replacement.
The Hip Joint

The hip joint is a ball and socket joint located in the pelvis. The head of the thigh bone (femur) forms the ball, which fits snugly into the socket (acetabulum). The joint is well protected by large muscles and is capable of a wide range of movement.

A total hip replacement is an operation designed to replace a hip joint that is worn and damaged, usually by arthritis. Some patients have hip replacements after breaking their hip as a result of a fall or an accident.

Arthritis

Arthritis is the wearing away of the cartilage of the bone-ends. In severe cases the cartilage is worn away completely and the bone starts to wear away too. The synovial membrane then becomes thicker and starts to produce more fluid, causing swelling. The swollen joint becomes stiff and painful, even at rest. As the cartilage wears away completely the exposed bone becomes harder and bony spurs (osteophytes) may develop at the joint edges.
As you will be aware, one of the worst features of arthritis is pain. Arthritis of the hip joint may cause pain in the groin, upper thigh and perhaps as far down as your knee. The pain may increase with walking and may keep you awake at night. Stiffness may eventually make it difficult to do everyday tasks, e.g. putting on your socks and shoes.

**A Broken Hip**

Some people have hip replacements after breaking their hip. Recovery is sometimes slower than for those who have the operation for arthritis. If there is no pain in the hip before the operation, the pain from the wound can seem much worse. Soft tissues around the hip are sometimes torn when the hip breaks.

**Hip Replacement**

All surgeons in the RIE use a cemented hip replacement. This involves implantation of a plastic cup in a bed of cement in the socket of the pelvis and a metal alloy stem in a bed of cement inside the bone at the top of the femur. A metal head is placed on top of the stem, which is then placed into the cup to act as a new hip joint.

In some younger patients surgeons use slightly different implants. For example, some acetabular (socket) components are uncemented and require the bone to grow onto them. These sockets may last longer in very active patients, but this has yet to be proven.
**Recovery time after the operation**

A hip replacement is a major operation. It can be an emotional as well as a physical experience. There may be some days after your operation when you feel a little low and tired. This may continue in the early stages after you are discharged home.

Recovery following a joint replacement is a gradual process. For most patients full recovery takes about a year. Patients having hip replacement following a broken hip usually recover more slowly than those with arthritis. Your individual recovery depends on many factors including how fit you were before the operation, any problems with other joints or illnesses and what level of activity you are aiming to return to. Young, active people often take longer to recover, as their expectations of the new joint tend to be greater.

It is important to understand although an artificial joint is never quite the same as your own hip; most patients experience relief from pain and regain a good, though not normal, range of movement.
Preparing for Your Operation and your return home

- Think about what you expect of your hip replacement. If you have pain from somewhere else such as your back, a hip replacement may not get rid of all your pain. Joint replacements are never as good as your own joint before arthritis and we advise following precautions (see page 37). If you are in a heavy manual job or work in confined spaces you may need to consider how this can be modified or if you should look at other options.

- If your general health is good before the operation the risk of complications is small. Being overweight, malnutrition, smoking and a low level of physical activity all increase the risk of complication associated with the operation and the outcome. Consider what you can do to improve your general health. If you have a particular health problem such as high blood pressure or diabetes make sure this is well controlled. Visit your GP if you require support with health problems, diet or smoking cessation.

- All infections must be cleared up before your operation, e.g. tooth abscess, infected toe, urine infections. Even minor infections can cause bacteria to circulate through your body and cause infection of the new joint. If you have any infection before attending Pre-Admission Clinic, please see your GP. If you still have an infection when you attend the Pre-Admission Clinic, inform the staff there, as it might be wise to postpone the operation.

- If you are still working, do not plan to return too early, you may strain the healing muscles around the hip, delaying recovery. For people in sedentary work we usually recommend starting a graduated return from 12 weeks after surgery. If you spend a lot of time sitting you will need to be able to get up often to walk around.

- For people in more active jobs the risks of dislocation, breaking the bone around the hip and early wear of the joint replacement are higher. A graduated return from 16 weeks is recommended and some of your duties may need to be modified. If your job involves a lot of heavy lifting, climbing or working in confined spaces you may need to consider if a different type of job may be suitable.
- If you are planning a holiday we do not recommend flying until 12 weeks after your operation due to the increased risk of DVT (see pages 47, 56).

- We do not recommend driving until 8 weeks after your operation. You must be able to do an emergency stop. For some people this takes longer.

- Soon after your operation, you will be encouraged to get out of bed and mobilise, so please bring some loose clothing and comfortable shoes with backs with you to wear on the ward during the day and to practice dressing following your operation.

- It is important that you have prepared for your return home. You may need some help or assistance from family or friends in the short term, or if you live alone, you may wish to have a relative or friend stay a few days or you stay with them.
  - Carrying shopping is not advised for the first few weeks. Stocking up your store cupboard or freezer will be helpful.
  - We do not recommend activities such as vacuuming, changing bed linen or gardening for 12 weeks after your operation.

Please ensure that you have arranged transport to take you home from hospital.

Detailed advice and information on looking after your new hip is available on page 37.
Potential risks

As with any major operation there are risks involved. A hip replacement is no more dangerous than most major operations, but the risks are less if you are fit and healthy.

If there are any particular risk factors for you as an individual, your surgeon and anaesthetist will discuss these with you. The possible benefits of surgery will be balanced against the degree of risk so that you can make an informed decision:

- About 90% of patients are happy with their hip replacement.

- A small number of patients may have medical complications associated with the surgery, e.g. stroke, heart attack, chest infection, a serious DVT or Pulmonary embolus. It has to be acknowledged that approximately 1 in 500 patients die during or after the operation. Death can be caused by a serious blood clot in the lungs, but in most elderly patients it is due to medical complications unrelated to hip replacement.

- A small number of patients have a problem with the new joint that is identified

- A small number are not satisfied with their joint replacement but no problem can be found with the joint replacement.

Infection

All possible steps will be taken to avoid infection. Antibiotic injections are given before and after the operation. In spite of this a small number of patients may develop infection in the early stages. Late infection can occur at any time after you leave hospital (see “How to look after your new hip”, page 37).

Most early infections in and around hip joints are caused by simple bacteria found universally in the environment - e.g. Staphylococcus Aureus (we all have millions of these on our skin surface). Infection caused by MRSA is extremely rare in our patients undergoing hip replacement. We have a specific policy in place to screen patients, who are to be admitted to our unit, for the presence of MRSA. If this is found these patients’ admission is delayed until they are rid of MRSA. By following such a policy we keep the MRSA rate very low.
Infections can either be superficial – affecting the wound only – or deep – an infection in the new joint itself. Superficial infections are relatively easy to treat, often requiring antibiotics only.

Occasionally – in approximately 0.5% of cases – a deep infection occurs in the new joint. As the bacteria can live on the metal and plastic surface of the new joint it is not possible for antibiotics to attack them, making infection difficult to get rid of. If this occurs, often a second operation is required to open the hip replacement and remove all contaminated tissue and material.

Sometimes a new hip replacement cannot be put in at this time. The patient has an ‘empty’ hip joint for a short period – up to 3 months – then is brought back to put in new hip replacement components once the infection is cleared. The patient is usually given antibiotics by drip for a period afterwards to ensure complete treatment of the infection. This type of treatment is successful in approximately 90% of cases of deep infection.

**Blood clots**

A blood clot in the veins of the leg or pelvis is called a thrombosis. It is common to develop a thrombosis of the leg after a hip replacement. Many do not require treatment. In a very small percentage of cases however, the clot may leave the leg veins and travel to the lungs - a ‘pulmonary embolism’. Steps are always taken to reduce the risk of blood clot.

- You may be given a blood-thinning agent such as aspirin. This may cause some unsightly bruising, which will disappear in time.
- You may need to wear elastic stockings.
- You may need to have foot pumps until you are out of bed.
- **The longer you are in bed, the greater the risk of a blood clot forming, which is why we encourage you to get up as soon as possible after the operation. While you are in bed you should do circulation exercises regularly to prevent the blood flow from becoming sluggish.**

If you develop a significant clot in the leg or lungs you will receive blood-thinning therapy.

It is possible for a blood clot to occur when you have left hospital and you should know what to look for: ---see page 56
**Dislocation**

A dislocation means that the ball comes out of the socket. The risk of this happening is greatest in the first 8 weeks after the operation while the soft tissues are healing. If this happens, the hip can usually be put back. It is important to follow the precautions to reduce the risk of dislocation, as with each dislocation the soft tissues around the hip are stretched. This increases the risk of it happening again.

**Bleeding**

A collection of blood under the wound (called a haematoma) may make the surrounding area tense and painful. This usually resolves itself but occasionally an operation is required.

**Blisters around the wound**

These sometimes occur because of swelling under the dressing. It is not a reaction or allergy. The wound is left to the air or covered with a dry dressing. A District Nurse may check them when you go home.

**Pressure sores / Heel sores**

It is important to prevent heel sores. Any discomfort on the heels must be reported to nursing staff as soon as possible.

**Blood vessels and nerves**

It is very rare for blood vessels and nerves around the new hip to be damaged during the operation.

**Unequal leg lengths**

Sometimes the length of the leg is altered during the operation. The surgeon will make every effort to make the legs equal but it is not always possible to be exact. Indeed, in the general population it is common to have up to 1cm of difference between legs. In some patients the leg lengths feel unequal because of muscle tightening associated with the arthritis. If this is the case the physiotherapist will give you exercises to stretch the tight tissues. In a very few cases a heel raise can be required in or attached to the shoe.
**Back Pain or Pain in other joints**

Having a joint replacement alters your posture. This alters stresses through other joints. Back pain is very common after a hip replacement. For some people there is pressure on nerves in the back, causing pain to the buttock, the outside of the hip, sometimes extending down the leg to the knee or foot. See “Troubleshooting” - page 56

Other joints, especially the knee below the operated hip, can be aggravated by altered posture. In most cases the pain settles in time.

**Numbness around the wound**

It is normal to have a numb area of skin, usually behind the wound. This is because the nerves supplying that area are cut during the incision. For most people this remains numb, some people experience prickly sensations as the cut nerve endings try to grow.
Your Anaesthetic

These pages aim to tell you about your anaesthetic. There are wide differences in how much information people want. Please ask your anaesthetist if you would like more information.

What is anaesthesia?

The word ‘anaesthesia’ means ‘loss of sensation’

Drugs that cause anaesthesia work by blocking the signals that pass along your nerves to your brain. When these drugs wear off, you start to feel normal sensations again.

The anaesthetist

Anaesthetists are doctors who have had specialist training in anaesthesia and the treatment of pain. They also have training in intensive care, emergency care and resuscitation.

Your anaesthetist will discuss the anaesthetic methods that are appropriate for you. Sometimes you can make choices if you want as anaesthetists offer individual care. They will make any major decisions with you.

You will be treated by a consultant anaesthetist, another qualified anaesthetist or by an anaesthetist in training.

You can ask to talk to a consultant anaesthetist if you want to. There is always a consultant anaesthetist available to help if needed.

Types of anaesthesia:

- Regional anaesthesia
  Regional anaesthesia can be used for operations on large parts of the body. Local anaesthetic drugs are injected near to nerves, which carry signals from that area of the body to the brain. Nerve blocks, spinal and epidural anaesthetics are examples of regional anaesthetics. You stay conscious but free from pain.
- **General anaesthesia**
  General anaesthesia is a state of controlled unconsciousness. During this you feel nothing and can be described as ‘anaesthetised’. Anaesthetic drugs are carried to the brain from the lungs or a vein. They stop the brain from recognising messages sent to it. As these drugs wear off, your consciousness starts to return. You are unconscious during a general anaesthetic.

- **Sedation**
  Sedation is the use of small amounts of drugs to make you relaxed. You may doze through the procedure or remember a little about what happened. Often you will remember nothing.

We often combine types of anaesthesia to ensure you are relaxed and free from pain.

**Meeting your anaesthetist**

You will meet your anaesthetist before your operation. You will be able to discuss your anaesthetic and pain control with them. You can work together to make your experience as pleasant as possible. This is a good time to ask any questions you might have about the anaesthetic.

**Spinal Anaesthetics**

When you meet your anaesthetist, they may recommend you have a “spinal anaesthetic” for your operation. A spinal anaesthetic is an injection in the small of your back, which will numb you from your tummy to your toes.

**Having a spinal anaesthetic**

Your spinal anaesthetic will be performed in the anaesthetic room beside the theatre.

When you arrive you will be met by a nurse and an anaesthetic assistant. They will check your details and attach you to some monitoring equipment to check your heart rate, blood pressure and oxygen level. You will then have a drip inserted to allow the anaesthetist to give you medicines and intravenous fluids. This is routine for all anaesthetics.
Once this has been done we will need to position you on your side or sitting up. These are the positions that allow us to perform your spinal.

It is very important that you curl up as much as you can. This makes the procedure possible.

Your anaesthetist will talk you through the procedure as they are doing it, and you will have a nurse or anaesthetic assistant with you too. You can talk to us if you need to, but it is very important you stay as still as you can when you are getting your injection.

Your anaesthetist will wash your back with antiseptic, which usually feels quite cold. They will then put a little local anaesthetic into your back which will sting a little for a couple of seconds. It will not feel any worse than the drip. When this local anaesthetic is working, the anaesthetist will give you one more injection of local anaesthetic slightly deeper in your back. You may be aware of a little pushing in your back, but most people do not notice this. If you get any shooting sensations in your legs, like something hitting your “funny bone” please tell the anaesthetist. These are not uncommon.

You will then notice your legs and bottom become warm and tingly. This is the spinal anaesthetic starting to work. We will move you on to your back or side depending on your operation. At this time you will notice your legs becoming heavy and your skin beginning to go numb. We will wait for the spinal anaesthetic to work fully and make sure you are happy before going into theatre. You will usually get some sedation around this time.
More information

There are leaflets that describe nerve blocks, spinal anaesthesia and epidural anaesthesia. Please ask the ward staff or your anaesthetist if you would like to read them.

More information is also available on the Internet from

www.youranaesthetic.info
**How will you stay comfortable after your operation?**

You should not experience any discomfort immediately after your operation. If you have had a spinal or epidural, you will have numb and heavy legs for a few hours.

You may have been offered ‘patient controlled analgesia’ (PCA). This is a small pump, containing painkiller, with a push button control which enables you to control your own pain relief for one or two days. You may also require an injection or tablets, which the staff will organise for you.

Your operation site may start to become uncomfortable as your spinal anaesthetic wears off. This will be in the recovery area or back on your ward. If you have a PCA you should start to use it as soon as you notice the spinal anaesthetic wearing off. This will give the painkiller time to work. If you feel you are not getting on top of the pain, please contact the ward staff immediately.

**The PCA pump**

Most patients are given a PCA pump after their operation. This contains painkiller and is controlled by you. It allows you to give yourself a small dose of painkiller through your drip. You need to push a button on a handset to give yourself the painkiller. If you don't press the button, you won't get the painkiller.
We will show you how to use the pump before your operation. You will need to press the button regularly to keep on top of the pain. It is set so you can't overdose, though it might make you sleepy. You can use as much painkiller as you need. If you need any help with your pain relief, please ask the staff as soon as possible.

After your anaesthetic is very important you do not try to get out of bed without asking the nurses to help you the first time you get up. It is possible for your legs to feel normal in bed, but still be too weak to stand properly. We do not want you to fall over after your operation. Please ask for help the first time you want to get out of bed.
The Care Pathway is the day-to-day plan of care and activities, which you will follow during your stay in hospital, and it starts with your visit to the Pre-Admission Clinic. Doctors, nurses, physiotherapists and occupational therapists have planned it.

The staff looking after you will assist you with the events. Do not worry if you do not follow these exactly, each patient is an individual. There is no set length of stay following a hip replacement. Patients can go home any time between 3 and 6 days after their operation. When you go home depends on achieving certain goals e.g. being able to get in and out of bed by yourself. Your goals are identified on page 29 onwards. Many factors may cause you to vary from the pathway and the staff will discuss this with you should this occur, in order to accommodate your individual needs.

Depending on when the weekend occurs during your stay, some activities may alter.
Pre-Admission Clinic

The Pre-Admission Clinic is a clinic designed to assess your fitness for your planned operation. It is located on the first floor of the Hospital near to ward 109. Here you will be able to discuss and talk over any problems or questions you have about your future hip replacement.

You may be shown a video, which will explain what will happen during your stay in hospital.

You may be seen by some of the following people: -

• Nurse
• Occupational therapist
• Doctor
• Radiographer

You may have the following tests: -

• Blood tests
• An ECG, which is an electrical tracing of your heart.
• Your temperature, pulse, blood pressure, weight and height will be measured.
• You will be asked to provide a urine sample.

The Occupational Therapist (OT) will discuss your home circumstances with you and your ability to carry out everyday tasks after your surgery. The OT will assess for any items of equipment you may need and arrange for these to be delivered to your home. When delivered you will get details of where to return the equipment.

When the doctor has discussed the operation with you, he will complete a consent form, which will state the operation you are having. You will then be asked to sign and date this.

Occasionally unexpected problems are identified at Pre-Admission clinic, which can delay the operation.

Hip Survey Questionnaire

You may have received a questionnaire prior to coming to the clinic. At intervals after the operation you may be sent others to complete at home. This helps us to find out how well our patients do after their operation. See page 53.
Bone Banking

You may be asked to donate the piece of bone, removed during surgery, to the Bone Bank that is organised by the Blood Transfusion Service. In this case you will be seen by a nurse from the bone bank who will check your general health, explain bone donation and blood testing and, if you agree, will take your written consent. The donated bone can be cut into small pieces and used to treat patients with spinal deformities, damaged joints or fractures. If your bone is not suitable for bone banking, you may be asked to donate your bone for research.

Medicines

Use of your own medicines
At this hospital we operate a policy of letting you use your own medicines. This allows you to continue with familiar tablets and other treatments and avoids waste.

If it is necessary to change your medicines while you are in hospital, you will be given an initial supply and we will dispose of the old ones if required.

If you are happy for us to use your own medicines (for your treatment only) and to destroy any which are not suitable, you will be asked to sign a form to this effect.

If you have any problems about your admission to hospital, Pre-Admission Clinic staff can be contacted Monday to Friday between 8.30am and 3.00pm.

A list of telephone numbers can be found at the beginning of the booklet.
Day of Your Operation

Before Your Operation – Eating and Drinking

You will not be allowed to eat for at least 6 hours prior to your operation. You may drink water until 2 hours before your operation. Please follow the instructions you were given at the Pre-Admission clinic in the “Admission details – Day of Surgery” leaflet.

You will have been given a date and time for admission at the Pre-Admission clinic visit, and before coming to the Orthopaedic Admission Unit, please have a shower or bath on the morning prior to your arrival. Do not use talc, deodorants, make-up, nail varnish or perfumes/after-shave after you have bathed.

Most people feel anxious about coming in to hospital and may find it difficult to sleep at times in a busy ward environment. Using earplugs at night can be effective during your recovery, but you will need to supply your own.

Day of Admission - Orthopaedic Admission Unit

We have instigated a new system for your admission immediately prior to your operation. Instead of being admitted to a ward you will be admitted to the Orthopaedic Admission Unit (OAU) prior to you attending Theatre. This is located in the same area of the Pre-Admission Clinic that you previously attended - 1st Floor, just passed Ward 109. After final checks, you will be taken from the OAU to Theatre. After your operation, you will firstly be taken to the Recovery area of Theatre and from there, on to a bed on one of the orthopaedic wards (208/209).

Please note: - there occasionally may be exceptional circumstances where you may have to be directly admitted to a ward the day before your surgery.
When you come to the OAU please only bring the following items:

- Toiletries
- One set of nightclothes (nightdress or pyjamas)
- A holdall to put the above items into, plus the clothes you are wearing on admission.

Leave a bag packed with other loose fitting clothes that you want with a relative or friend and ask them to bring these clothes for you after your surgery. If possible, please do not bring anything of value into the hospital (expensive jewellery or watches etc), as we do not have the facilities to safeguard your property whilst you are in hospital. NHS Lothian cannot be held responsible for any valuables that are not handed in for safekeeping.

You will have been provided with information as to the last time that you can eat or drink prior to your admission and you should follow the instructions closely. If by any chance you have eaten or drunk fluids, you must tell the OAU nurses immediately.

The Nurse will check your details and blood pressure and ask you to wait in the waiting area until your turn comes to go to Theatre. She will then prepare you and you will be given a theatre gown and paper pants to wear to go to surgery and, depending on your needs, the nurse may measure you for knee length elastic stockings. These help with your circulation and help prevent blood clots forming in your legs after surgery.

The Consultant or doctor working with the Consultant may also visit you again to have a brief chat and answer any final questions you may have. He will mark the side of the hip that is to be operated on with a felt pen – this is to ensure that the correct hip is operated on.

The anaesthetist will also come and discuss your anaesthetic with you. (See page 15). You may receive pre-medication before you go to theatre. The anaesthetist will have discussed this with you. After this you must stay in bed and call for a nurse if you require assistance, if you want to go to the toilet, for example.

A theatre porter and an OAU nurse will wheel you in your chair/bed to the theatre. Here you will be met by one of the Theatre team. From there you will be taken to the anaesthetic room and then into Theatre for your operation.
After Your Operation

After your operation you will spend time in the Recovery area where you will be looked after by a team of specialist nurses. You will start to regain consciousness here. When your condition is stable you will return to the ward and will remain in bed for the rest of the day and night.

You will have oxygen via a mask. This is perfectly normal so don’t be alarmed if you notice it when you start to come round from your anaesthetic.

A drip will be attached to your arm giving you fluids until you are able to drink normally. The PCA pump giving you pain relief will also be attached. There may be a drain in the wound. The wound will be covered with a large padded dressing.

You may have your elastic stockings on and may also have been fitted with compression boots. These squeeze your feet one at a time every few minutes by air automatically being pumped into them. This encourages the blood circulation in your legs.

You will be lying flat with a pillow between your legs to keep your hip in the correct position.

The nurses will record your temperature, pulse and blood pressure hourly when you first come back to the ward.

Most of the day you will drift in and out of sleep. This is due to the pain relief given through the PCA pump.
Visiting

*Visitors are advised NOT to visit on the day of your operation.*

Please note that although there are set visiting times in the hospital, visits, particularly in the afternoon, may need to be interrupted for treatment purposes.

*It is very likely that your therapy will happen in the mornings and afternoons, and may encroach on visiting time. However, please remember that it is a vital part of your recovery.*
Recovering After Your Hip Replacement

The following few pages outline your recovery following your hip replacement. The first two days are fairly standard for most patients. Thereafter, we tailor your recovery program to suit your individual needs.

The purpose of your rehabilitation program is to enable you to safely achieve a series of goals/activities, prior to going home.
Post Op Day 1 (Initial Recovery Phase)

Today you will be encouraged to drink fluids and have a light diet. If you are able to tolerate plenty of fluids your drip will be taken down. Pain relief and oxygen will continue, as you need it.

You will continue to have a pillow between your legs while in bed. The nurses will record your temperature, pulse and blood pressure throughout the day at regular intervals. In the morning you will have a bed bath. Your elastic stockings will be changed daily.

You will be helped to move from your back to your unoperated side at regular intervals throughout the day. You will also be shown how to relieve the pressure on your bottom by pushing up with your unoperated leg. It is important to keep pressure off your heels to avoid developing blisters. Remember to do your circulation exercises regularly.

You will be allowed to take your normal medicines (if you take any) and treatment will continue to reduce the risk of blood clots forming in your legs.

The drains will be removed from your thigh if you have one. The dressing on your hip wound will remain intact and be inspected for any leakage.

In the afternoon you will be assisted by the Physiotherapist in transferring from bed to chair, for a short time.
Post Op Day 2

Today you will be helped to wash, either in bed or at your bedside. You will be able to get up and use the toilet and be encouraged to eat your normal diet.

If an X-ray of your hip was not taken in the recovery room, this will be done today. A blood test will be taken to check you are not anaemic following your surgery. A course of iron tablets or blood transfusion may be recommended. Should you require a blood transfusion, this will be explained and discussed with you by a member of the medical team. There are also patient information leaflets available which explain the risks, benefits and possible alternatives to transfusion.

Tablets will be given regularly throughout the day. The doctor will review your general condition.

The Occupational Therapist will teach you the safe method for dressing yourself and give you some gadgets to enable you to do this. Following instructions, you will be encouraged to dress yourself in your day clothes. She will also discuss precautions with you.

The Physiotherapist will begin your rehabilitation programme in earnest. You will be taught the safest method of getting out of bed and transferring to a chair, allowing you to have your meals sitting by your bed. See pages 38 & 41.

You will also be taught how to use a zimmer frame so that you can begin walking to the toilet and back.
**Ongoing Recovery**

You can wash in the bathroom or by your bed - help will be given if required.

If your bowels have not worked since your operation and you feel uncomfortable, ask the nurse for a laxative.

If you are wearing elastic stockings you will continue to do so.

The Physiotherapist will teach you hip exercises, which aim to build up strength and flexibility around your new hip.

You will be encouraged to gradually increase your walking distance around the ward and will progress to sticks. The Physiotherapist will show you how to go up and down stairs.

The Occupational Therapist will discuss with you the day-to-day activities you will carry out at home. You will have the opportunity to try any items of equipment that have been fitted at home e.g. bath board or sock aid.

**Goals to Achieve Before Going Home**

- Your wound must be dry.
- Your bowel function should have returned to a normal pattern.
- Any necessary equipment should have been delivered and fitted to your home.
- You should be able to get safely dressed and undressed using your equipment as instructed by the OT.
- You should be able to get in and out of bed on your own.
You should be able to sit down and stand up by yourself.

You should be able to walk safely with your sticks.

You should be able to go up and down some stairs safely.

You should be able to get washed safely following discussion with your OT.

You should understand, and be able to do, your exercises.

You should have a good understanding of your hip precautions.

Before you go home and Discharge

- The Occupational Therapist will arrange for you to attend an information session. This will teach you how to look after your new hip at home and allow you the chance to discuss any concerns you may have. If you wish to see the OT privately for example to ask advice about resuming sexual intercourse (see page 44), please ask.
- You should have achieved your discharge goals (see above)
- If you need outpatient physiotherapy this will be arranged as near as possible to your home. **Most patients do not require outpatient physiotherapy; if you do you will be expected to arrange your own transport.**
- The doctor will write a discharge prescription to enable the pharmacy to have your medicines ready for going home.
- The nurse will discuss your discharge arrangements. **Patients are expected to arrange their own transport home**, however, if there is a problem please speak to one of the nurses.
- It is likely that many of these goals and activities will be achieved on the day of discharge. Once all your goals have been achieved and you are considered ready for discharge, you may be transferred to the Discharge Lounge to wait for an ambulance or your family to collect you. This facility is located at the rear entrance to the Hospital (South Drive),
and, if collecting a relative, you should park in car park “C” and then proceed to the Discharge Lounge immediately adjacent to the rear entrance to the Hospital. Qualified nurses and healthcare professionals staff the Lounge. They will collect you from the ward and take you to the Lounge. They are there to ensure your comfort and care while you wait to go home. You may phone your relatives or friends from the Discharge Lounge to say that you are ready to return home.

- The district nurse will be informed if you have stitches or clips to be removed.

**When you go home you should have;**

- Your medicines.
- A copy of your discharge plan
- Elastic stockings if you are using them.

An outpatient appointment card, with a date to return in about 8 weeks time to be seen by the Arthroplasty Practitioners, will be sent in the post to you. If you have not received this appointment card by two weeks after discharge, please phone 0131-536 3722 (or 25) to query.

Your family doctor will receive notice of your discharge from the hospital but will not necessarily visit you at home.
While it is great to be going home, you may have mixed feelings about this. You may feel anxious about coping without the ready support of professional staff and the other patients, especially if you live on your own.

We have included advice in this booklet to help you cope, but if you have any problems once you are home you can contact us through the Adviceline. (See page 3)
At Home

Your wound will now be healing well and the district nurse, or practice nurse at your GP’s surgery, will remove your stitches or clips at around 10-14 days after your operation. If you have dissolving stitches, this is not necessary.

Points to Note

- **Medication:**
  - If you are prescribed aspirin to prevent blood clots, you should continue to take it for 12 weeks.
  - If you are prescribed iron, you should continue to take it for 12 weeks.

- If you are using elastic stockings continue wearing them until you return for your follow-up appointment, unless there are problems.

- You should increase your walking gradually being guided by how the hip feels.

- **Wound problems:** Any redness or leakage beyond 7-10 days after your operation has to be taken seriously, as this could be an infection. A blood test is required and **no antibiotics must be taken until your surgeon has assessed the wound.** If you are concerned, please contact the Arthroplasty advice line. (See page 3.)

- Balance rest and exercise. Neither do too much or too little. Although the outside stitches heal quickly, the inside stitches take three to four months to dissolve.

- Do not be in a hurry to stop using your stick as muscles take time to heal and strengthen. Limping can become a habit and can stress the healing muscle.

- Avoid prolonged standing, as this may increase the swelling in your leg e.g. shopping, ironing, cooking.

- Do not carry out heavy housework for 12 weeks e.g. hoovering, changing beds, cleaning windows.

- You may resume sexual activity from 8 weeks, as comfort allows.

Hip Information Booklet – Revised June 2008
Return to work
  o Sedentary job – around 12 weeks (a gradual return is recommended).
  o More active/manual job – around 16 weeks (a gradual return is recommended).

Do not drive before 8 weeks and you must be capable of doing an emergency stop. It is advisable to notify your insurance company.

Current guidelines suggest clean dental procedures do not require antibiotics. However if you have an extraction within 6 months of the operation it would be sensible to have antibiotic cover. If the treatment is for an infected tooth then antibiotics must be given – discuss this with your dentist.

Any other infections require prompt treatment to prevent bacteria travelling in the blood stream to the hip.

If, once you are home, you have any concerns, or would like further advice about your new hip, please contact the Arthroplasty Practitioner on the Adviceline. (See page 3.)
Out Patient Appointments / Long-term review

Review of patients with joint replacements in Lothian is by the Arthroplasty Practitioners. The word “arthroplasty” means “artificial joint”. The Arthroplasty Practitioner is a qualified nurse or physiotherapist who specialises in the after-care of patients who have had joint replacement surgery.

- Your first review will be around 8 weeks after your surgery. It is not usual to have an x-ray at this visit.

  During the consultation:
  - Your general progress will be discussed.
  - Your wound will be checked and your hip will be examined to ensure all is well following the replacement.
  - The do’s and don’ts of a hip replacement will also be reinforced and you will be given advice about how to progress your activities.
  - You will have the opportunity to ask questions. It is a good idea to write your questions down so you don't forget them before coming to the clinic.

- Your next appointment will be made for approximately one year after your surgery and your hip will be x-rayed at that visit.

- We keep our patients under long-term review, usually until 75 years of age. As a hip replacement wears out you lose bone around the artificial joint and this makes the next operation more difficult. Regular review with x-rays helps us to plan any revision operation before too much bone is lost, improving the likely outcome. The younger you are when you have the hip replacement, the more important it is for you to keep your regular review appointments.

The Arthroplasty Practitioner clinics are held at the Lauriston Building near the old RIE, with outreach clinics at Roodlands Hospital in Haddington and St John’s Hospital in West Lothian.
Looking After Your New Hip

We have helped you through the early stages of recovering from your operation. Now that you are home you must take the responsibility of looking after your new hip.

You should be able to have a normal lifestyle. If you respect your new hip it is likely to last longer.

- Some activities are best avoided for a limited time after the operation to allow healing of the soft tissues around the joint. High impact activities are best avoided altogether as they could cause early wear or loosening of the joint e.g. running, jumping, stamping or repeated lifting of heavy weights.

- The risk of dislocation is greatest in the first 8 weeks after your operation, but there is always a risk. You can reduce this risk by taking the following precautions:

**AVOID**

- Bending your knees higher than your hips.
- Crossing your operated leg over the mid line of your body.
- Turning your knee inwards.
- Bending down to your feet.

**DO NOT**

- swivel on your operated leg, make sure you lift your feet, taking small steps if you turn.
- twist your upper body while your feet are fixed.

We advise that you are particularly cautious for the first 8 weeks but, even after that time, you should **NEVER** push the hip past its comfortable range.
How to Avoid the Wrong Positions

Getting in and out of bed

It really does not matter which side you get in or out as long as you do it properly. What is important is that you have enough space so that you do not have to twist to avoid furniture.

Getting out

Lying on your back, bend your unoperated leg with your foot on the bed - using this leg and your arms to push, move yourself to the edge of the bed.

From here push up with your arms to bring yourself to a sitting position, leaning back on your arms. Now take care and avoid twisting as you bring your legs round over the edge, ‘walking’ your hands round the bed to support yourself.

Getting in

Once you are seated, lean back on your hands and slide your bottom back onto the bed so that your thighs are supported.

Taking care that you do not twist, bring your legs round onto the bed, supporting yourself with your hands.
**In bed**

Do not lie on the operated side for 8 weeks. You should lie on your back or on the unoperated side with the top leg supported on pillows. After 8 weeks you may start to lie on the operated side for short spells and gradually increase as comfort allows. It may take a long time before you are comfortable due to internal healing.

You may lie on your stomach if you find this comfortable but take care turning over. Place a pillow between your knees and roll onto your unoperated side, then taking care to keep the pillow in position, roll over onto your stomach.
Dressing

You should not bend down towards your feet beyond what you have been shown. There is specially designed equipment to help you dress yourself. Continue to use these aids for 8 weeks, or longer if required.

Elastic stockings are particularly difficult and you will not be able to put them on and off by yourself. It may be helpful to identify someone who may help you with this.
**Sitting in a chair**

Sit in a chair that is firm and high enough. When standing the top of the cushion should be level with the back of your knees. As you sit or stand, have your hands on the arms of the chair and keep your operated leg in front of the other so that the unoperated leg takes the strain.

- *Do not sit for too long or you will stiffen up*
- *Do not sit with your legs crossed.*
- *You should always avoid sitting on low chairs.*

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**Picking up objects from the floor**

Do not bend your hip past its comfortable range.
Do not stoop down bending the operated hip.
Kneeling

It is not recommended to try kneeling before 12 weeks and then with great care. Kneel onto knee of operated leg and have something to lean on.

Getting up from the floor

Do not try to get down on the floor, but should you fall:

- *Give yourself time to check you are not injured and to recover from the fright.*
- *You may need to drag yourself to a chair.*
- *Roll onto your front.*
- *Get onto your hands and knees.*
- *Kneel up and support yourself on a chair, put your unoperated leg forwards and stand up slowly.*
Bathing

For 8 weeks, do not sit in the bottom of the bath. If you have a shower over the top of your bath you will be instructed in bath transfers. To use a bath/shower board, sit on the board, which fits securely across your bath, and slide yourself well on, then swing your legs over the edge of the bath. Keep soap and shampoo within easy reach.

Remember - do NOT try to reach down to wash or dry below your knees.

Once your precaution period is complete, you should be able to resume bathing within your capabilities. Showering is safer than bathing. If your arms are reasonably strong you should be able to lower yourself into the bath, be careful not to twist. Have a dry run first when somebody can be there to help if you find it difficult. If you are not able to manage contact your local social work department and ask to have a bath assessment, as there may be equipment available to help you.
Using the toilet

You may be supplied with a raised toilet seat. It will help you get on and off the toilet seat with a minimum of bending. Take care not to twist round to get the toilet roll or to reach the flush. You may stop using this around 8 weeks after your operation, as comfort allows. However, keep it aside until you are sure you are comfortable without it.

Sexual intercourse

You may resume sexual intercourse, provided it does not create pain in your new hip, around 8 weeks after your operation. Hip precautions should be followed and some positions may need to be modified. The OT or Arthroplasty Practitioner can give you a leaflet on which positions are suitable and which to avoid. They should be able to answer any specific questions on this topic.

Activity v Rest

You should increase your walking distance gradually as comfort allows. Do not sit for long spells as your hip will stiffen.

For a few weeks after you go home you should rest on top of your bed for at least an hour every day. This will help to reduce swelling in your leg and, if you lie flat, will help to stretch the front of your hip.
**Walking**

Around the house you may manage well with one stick. Outside you should use two until you gain confidence and establish a good walking pattern. Progress gradually to one stick by carrying the other.

When using one stick it should be held on the opposite side to your new hip.

The sequence is:
stick - then operated leg - then unoperated leg.

Increase your distance gradually, set targets. Avoid prolonged standing.

You are likely to have muscle weakness around the hip for some time and this may cause you to limp. If you stop using the stick too quickly, the limp can become a habit and you may strain the weak muscles. Wean yourself off the stick gradually by carrying it for short spells.
**Stairs and kerbs**

Where there is a banister, use it, holding your stick(s) in the other hand. If there is no banister, both sticks should be on the same step, going up last and down first.

**GOING UP - unoperated leg first - then operated leg - then stick**

**GOING DOWN - stick first with operated leg - then unoperated leg**

After 8 weeks you may go up and down stairs the normal way, one foot past the other as comfort allows. Have somebody with you at first until you feel confident.
Travelling

By the time you leave hospital you will be able to travel as a passenger in an ordinary saloon car as long as you follow the basic rules:

- **Do not drive for 8 weeks after your operation.** If your operated leg is on the right side this may take longer than 8 weeks. Start with short distances and as you go further, allow time for stops so that you can get out and walk around, otherwise your hip will stiffen.

- **Contact your insurance company to check that you are covered as a result of your new condition.**

- **Do not travel as a passenger for 8 weeks in a bus, black cab taxi or any other motor vehicle with a high step.** Always avoid sports cars as the seats are too low.

- **Flying is not recommended until 12 weeks after your operation due to the increased risk of DVT**

- **For long distance travel make sure you are able to get up and walk around regularly, preferably without having to squeeze past other passengers**
Instructions for getting in and out of a car:

- Travel in the front passenger seat.
- The car should be parked away from the kerb so that you stand on the road and will not need to bend too far.
- Someone else should make sure that the seat is pushed well back and reclined slightly so that you will not be sitting absolutely upright.
- A plastic sheet on the seat will make it easier for you to slide back onto the seat and swing round. Remember to remove the sheet once you are seated in the car.
- Stand with your back to the seat, feeling the sill at the back of your legs. Keep your operated leg outstretched. Place your left hand on the back of the seat and your right hand on the dashboard as you sit down gently. Take care not to bend forward too much.
- Slide your bottom back on the seat and swing your legs in carefully, taking care not to bend the hip too much or cross your leg over the mid line on your body.
- To get out, reverse the procedure and make sure the operated leg is out in front before rising from the seat.
Formal physiotherapy is not usually required after discharge from hospital. Walking is the best form of exercise but the following are usually suitable to continue for about 8 weeks after your operation. You will be advised by the physiotherapist of the frequency of doing these exercises and if necessary be shown others.

The following exercises are suitable for most patients after a hip replacement.

**No exercise should be forced or painful.**

1. Lying on your back with a sliding board under your leg. Bend and straighten your knee by sliding your foot up and down.
2. Lying on your back with a sliding board under your legs, bring both legs out to the side and then back to mid position.

3. Stand facing a table or worktop. Hold on for balance and step sideways in both directions.
4. Standing facing a table or worktop. Lift up your knee and then lift up the other.

REMEMBER DON'T SIT TOO LONG OR YOUR HIP WILL STIFFEN UP!

Should you require any further advice on exercises, contact the Physiotherapy Team

Monday-Friday
8.30am - 4.30pm.
0131 242 3464
Return to Sport/ Hobbies

At around 12 weeks after your operation you may return to light gardening, golf, bowling or swimming. Whatever you are doing start gently and build up gradually being guided by how the hip feels. If you try to do too much too soon you will be sore and this may delay your overall recovery.

If any activity involves kneeling; Have something steady to lean on, kneel onto the operated leg first and come up leading with the other leg. Do not sit on your heels and do not twist.

**Gardening:** Where possible use long handled tools to avoid bending. Remember your precautions, especially avoid bending combined twisting movements.

**Golf:** Start by hitting a few balls on the driving range, if you are comfortable after that play a couple of holes and increase from there.

**Bowling:** Start with a short practice session and increase as comfort allows

**Swimming:** Do not swim if there are any problems with the wound. Getting in and out, you must take care not to slip. If possible have somebody with you at first or ask a pool attendant to watch you until you are confident. Steps in are easier to manage than a ladder but if you have to use the ladder then go down leading with the operated leg and up leading with the non-operated leg. **You may swim whichever stroke you are comfortable with, including breaststroke.**
An increasing number of people are returning to sporting activities and gym exercises after joint replacements. It is good to exercise to strengthen the muscles around the hip but with some forms of exercise there are risks of:

- Dislocation with twisting and turning movements or taking the joint to the limits of movement.
- Early wear from high impact activities or repeated heavy weight lifting.
- Breaking the bone around the new hip, usually from falling.

Before taking part in sport or exercise it is important to consider the potential risks

**Sedentary activities:**
If you enjoy activities such as reading, using a computer, knitting, sewing you should get up frequently to move around, otherwise your hip will stiffen.

**Data Collection**

Data is collected for all patients in Scotland having hip replacement surgery and used for the Scottish Arthroplasty Project. The aim of the Scottish Arthroplasty Project is to encourage continual improvement in the quality of care provided to joint replacement surgery (arthroplasty) patients. Rates of death, infection, dislocation and revision surgery are monitored nationally and information fed back to individual consultants. See [www.arthro.scot.nhs.uk](http://www.arthro.scot.nhs.uk)

In addition local information is collected in Lothian to look at outcomes and satisfaction rate. You may be asked to complete questionnaires at various stages, either when attending an appointment or at home. We very much appreciate your cooperation in completing these questionnaires.

All data collected is handled in accordance with the Data Protection Act.
Frequently Asked Questions

How long will my hip replacement last?

Most hip replacements used have a long track record of success with reports showing 95% of hips lasting 10 years, and some have 85% lasting 15 years and 75% lasting 20 years.

How will I know when something is wrong?

An x-ray will be taken of the new hip while you are still in hospital. You will be reviewed in clinic around 8 weeks after the operation to check that all is well and that you are progressing, as we would expect. Another x-ray is taken around a year after the operation and if all is well you will be put out to longer-term review. If there are any concerns we can assess the problem and do any appropriate additional investigations. (See page 56)

As time goes on you will not necessarily be aware of a problem with the hip if it is failing. Pain might be an indication but this is not always the case. This is why, in Lothian, the Arthroplasty Practitioners keep you under long-term review with regular x-rays.

Pain around the hip is not always a sign of something being wrong with the joint replacement. There may be pain referred from the back or you may have a muscle strain. If you have groin pain or pain to the front of the thigh that lasts for more than a few days you should contact us on the Arthroplasty Adviseline.

If your hip has been in for many years and you start to experience a clunking sensation, this may be a sign that the cup is worn and you should contact us.

What will happen if I need another hip replacement on the same side?

The term "revision" is used when one joint replacement is removed and another is inserted.

A problem with the hip will have been identified before you are offered another operation and this will be discussed with you in clinic.
Investigations such as blood tests and special x-ray investigations may be required to assist us in diagnosing the problem and planning the best treatment for you.

If the hip is loose and there is no evidence of infection you are likely to have a one-stage revision where the old hip is taken out and the new one put in at one operation.

If your hip is infected, you may have a two-stage revision. The old hip is taken out at the first operation, you would be treated with antibiotics to get rid of the infection before the new hip replacement is inserted during a second operation.

Recovery from a revision hip replacement may be slower than after the first and for some people there is always muscle weakness around the hip.
Troubleshooting

While it is normal to be anxious during the first few weeks after the operation, only a very small number of people have serious problems. Here are some tips to help you deal with the problem and to decide if you should seek help. If your problem does not seem to be urgent but you would like to discuss it, leave a message on the Arthroplasty Adviceline. Your call will be returned during office hours.

- Leg swelling / Blood clot / DVT / Pulmonary Embolism

It is normal to have leg swelling after a hip replacement particularly if you have problems with your circulation before the operation. If the swelling increases once you are home:

- Avoid prolonged standing
- Walk frequently, even if only short distances. The leg muscles pumping help to reduce swelling
- Have a rest during the day with your feet elevated. It is not effective to sit with your feet on a stool. It is much better to lie down on the bed and have your feet higher than your heart. You may use pillows or a folded blanket under the foot end of the mattress.
- Wear elasticated stockings, if you have somebody to help you put them on

Warning signs:

- Increased swelling, particularly if associated with pain at the back of the leg, below the knee.
- Red, shiny skin to the swollen leg
- Pain or a feeling of heaviness in your chest.
- Sudden shortness of breath
- Coughing up blood

What to do:
If you have any of the above signs and symptoms, contact emergency medical services immediately.
- **Suspected Infection**

It is normal for the wound area after a hip replacement to be red, hot and swollen. Although the surface wound usually heals within 2 weeks, the internal stitches take 3 to 4 months to dissolve. While internal healing continues you are likely to have swelling and discomfort.

**Warning signs:**

- Spreading redness from the wound
- Wound breakdown or leakage
- Increasing rather than decreasing pain around the wound area
- A persistent temperature and feeling unwell as if you have flu

If you do have an infection this may be superficial, around the wound area or deep inside the joint.

**After a hip replacement antibiotics are not the first line of treatment for a suspected infection.** It is much more important to make an accurate diagnosis and antibiotics can make it difficult to identify the bacteria. We prefer to be contacted directly if there is any suspicion of infection.

**What to do:**

- If you feel unwell you may need to contact emergency medical services and you may need to attend A&E. **Only take antibiotics on the advice of an orthopaedic surgeon.**
- If you feel well but are concerned about the possibility of infection contact the Arthroplasty Adviceline who will endeavour to return your call within 24 hours (48 hours at weekend).

Even if there is an infection this does usually not require emergency treatment and is normally dealt with on an outpatient basis.
Excessive pain around the hip

Although you are likely to be rid of arthritic pain, it is normal still to have pain while the tissues around the hip are healing. If your hip replacement was done because you broke (fractured) your hip, your pain is likely to be more severe.

If your pain is increasing or seems excessive, note where the pain is and how it behaves:

- Is it there all the time or does it come and go?
- Where is the pain? Eg. in the buttock/ outside of the hip/ groin/ back, front or outside of the thigh/ below the knee
- What makes it worse and what helps?
- Have you increased your activity or stopped using your stick?
- Have you reduced your painkillers?
- Are you following the hip precautions?

You may be able to resolve the problem by modifying your activities.

If you are still concerned, contact the Arthroplasty Adviceline.

Pain elsewhere

It is common to have pain in other areas such as the back or other parts of the lower limb. This is caused by alteration of your posture and usually settles in time. Sometimes pain is felt around the hip but is caused by pressure on a nerve in the back.
- **Suspected Dislocation**

Some people experience clicking around the new hip, this is not likely to be a problem unless it is painful, but mention it at your next review appointment.

If you dislocate your hip you are likely to experience severe pain that comes on suddenly. Your leg may appear shortened and rotated and you will be unable to walk.

**What to do:**

- Contact emergency services.
- If the hip is dislocated you will need to go back to hospital to have a light sedative while your hip is manipulated.
- You will then need to follow the early hip precautions, as if you have just had the hip replacement, for at least 8 weeks.
- Try to remember what you were doing when you dislocated. If you are able to work out what position you were in, this may help to prevent another dislocation.
About this information booklet

This booklet has been written and agreed by members of staff working in the elective orthopaedic service of the Royal Infirmary Edinburgh with representatives from all staff groups and IT support from Stuart Robertson. Thanks to Daphne MacGregor for assistance with typing.
We endeavour to provide accurate information but practices evolve over time. If you wish to give constructive feedback on any of the information included please contact Judith Learmont;

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You may use this page to make any notes or to write down any questions that you may wish to ask.