

Hip replacement surgery

Orthopaedic Surgery

Information for Patients

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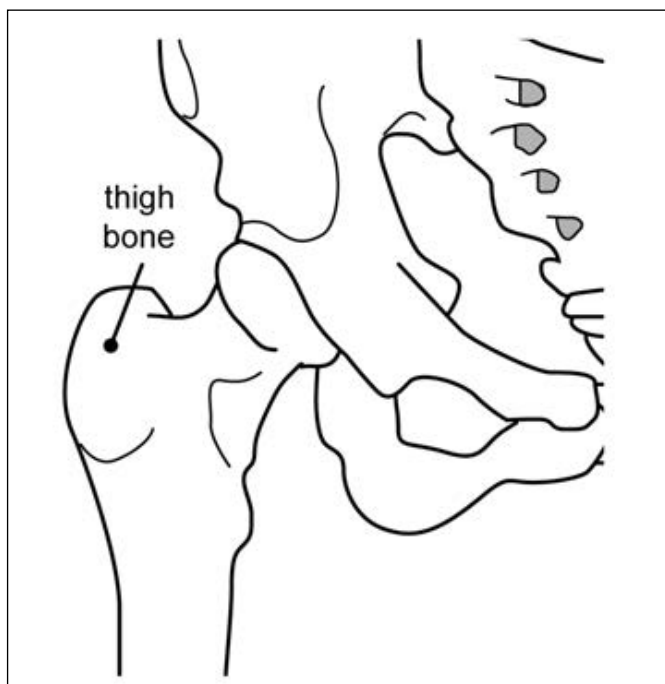
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Why do I need a hip replacement?

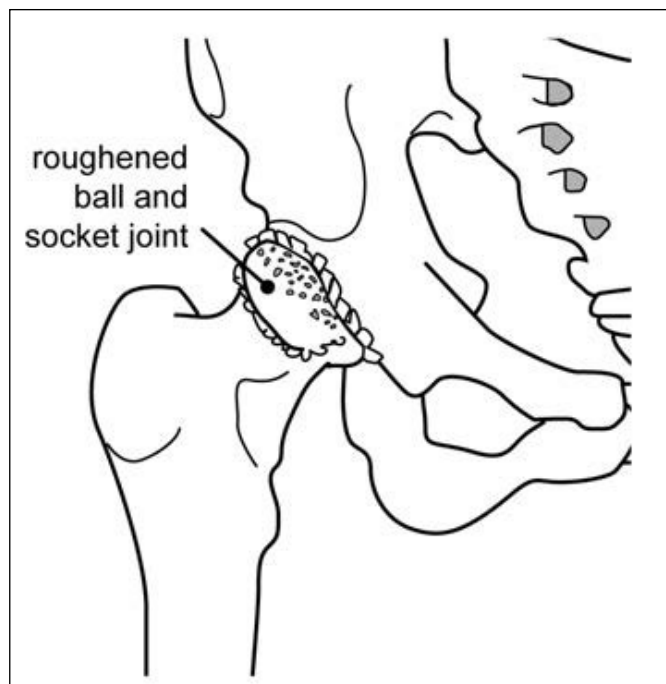
The hip is a ball and socket joint. The ball is formed by the head of the thigh bone (femur) which fits into the socket formed by part of the pelvis (the acetabulum).

The surfaces should normally be covered by a layer of smooth cartilage. In an arthritic joint this cartilage has worn away. This wearing causes the bone ends to rub together leading to pain and stiffness.

Normal hip joint



Diseased hip joint



Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Hip replacement surgery is usually needed when the hip joint is worn or damaged such that mobility is reduced and you are in pain even while resting. Conditions that can cause hip joint damage include:

- osteoarthritis (most common reason for hip replacement surgery)
- rheumatoid arthritis
- hip fracture
- septic arthritis
- disorders that cause unusual bone growth (bone dysplasias)

What does a hip replacement involve?

A hip replacement involves removing your painful hip joint and replacing it with an artificial one (known as an implant). There are many different types of artificial joints in current use and your surgeon will discuss which option is the best one for you. A modern artificial hip joint is designed to last for at least 15 to 20 years.

Details about the type of anaesthetic that you will need is given later in this leaflet. The surgeon makes a cut (incision) into the hip, removes the damaged hip joint and replaces it with an artificial joint or implant. The surgery usually takes around 1 to 2 hours to complete.

There is a video you can watch on the NHS website: <https://www.nhs.uk/conditions/hip-replacement/>

Who is offered hip replacement surgery?

A hip replacement is major surgery, so it is usually only recommended if other treatments, such as physiotherapy or steroid injections, have not helped reduce pain or improve mobility. You will also need to be well enough to cope with both a major operation and the recovery afterwards.

Adults of any age can be considered for a hip replacement, although most are done on people between the ages of 60 and 80.

What are the benefits?

- **Reduced pain:** the majority of patients have significant pain relief after removal of the damaged surfaces of the joint. It is normal to have some discomfort after surgery but the aim is to make the surgery as comfortable as possible. Pain from other causes/ areas will unlikely change.
- **Improves stiffness:** the new artificial joint will have well designed surfaces to allow the joint to move smoothly and freely. This will mean you should have less stiffness than before the surgery.

- **Increased mobility:** with a combination of reduced pain and improvement in stiffness and range of movement, your overall mobility is likely to be improved. This should mean an improved quality of life, dependent on your overall health.

Are there any risks with this surgery?

In some cases complications can occur. These complications are recognisable and the team looking after you are trained to deal with them. The main complications are described here.

Local risks:

- **Infection of the wound or joint:** an infection can occur in your wound or in the joint. In serious cases this may result in the replacement hip joint having to be removed. To reduce the risk, antibiotics are given during and after surgery. Please tell staff about any cuts or grazes anywhere on your skin, existing pressure sores, urine infections or recent dental infections, before your surgery.
- **Bleeding:** every precaution will be taken to reduce bleeding during your operation but this can still occur after surgery. If there is a lot of bleeding, medical staff will take appropriate action and you may need to have a blood transfusion.
- **Bone fracture:** if a break to the bone happens at the time of surgery, it will be assessed and may be treated with plates and screws or wiring, or a combination of both.
- **Nerve or vessel damage:** any damage to nerves or blood vessels will be assessed and any repairs performed where necessary. Nerve damage can often take longer to recover and may need further surgery.

Risks in other areas of your body:

- **Thrombosis:** a clot of blood (thrombosis) can occur in the deep veins of your leg. This is known as deep vein thrombosis (DVT). In some cases, DVT can be serious because blood clots in your veins can break loose, travel through your bloodstream and cause a blockage in your lungs (pulmonary embolism). This can happen after surgery, due to lying in one position for a long time, or not being as active as you normally are. It is important to get out of bed and move around as soon as you can after your operation. You will be prescribed medication to reduce the risk of a blood clot. The physiotherapy team will also give you exercises to reduce the risk of developing a clot.
- **Chest infection:** a chest infection can occur due to the air in your lungs becoming static. This happens when you are not as active as you were before surgery. The risk is reduced if you get up and about as soon as possible after surgery. If you smoke, your risk of this will be increased. To reduce the risk of a chest infection, you should stop smoking as soon as you know you are having surgery.
- **Urine retention:** some people find it difficult to pee after surgery. If you have problems it is important to let the nurse know. In some cases a tube (catheter) may need to be inserted temporarily to help empty your bladder, and further antibiotics will be given to reduce the risk of infection from the tube.

Risks from the anaesthetic:

- **Stroke or heart attack:** this happens in about 1 in 200 patients, usually in those that have other significant health problems.
- **In rare cases, death:** this happens in about 1 in 400 patients, usually in those that have other significant health problems.

Long term risks:

- **Dislocation of the hip:** the soft tissue structures surrounding the hip joint are stretched during surgery in order to put in your new hip joint. These structures take 6 to 8 weeks to heal. During this healing time there is a risk that your hip may dislocate (come out of joint); this is rare. If your hip does dislocate, you may need to return to theatre for it to be put back into position. You can reduce this risk by following the aftercare advice in this leaflet. This happens in about 1% of patients (1 in 100).
- **Pain from the scar or the outside area of your hip:** the scar from your operation may be sensitive. This happens in about 25% of patients.
- **A difference in your leg lengths or limping feeling whilst walking:** the length of your leg may feel different after surgery as you adjust to the new hip. This often settles over time but will be re-assessed at your clinic follow-up. If there is a significant difference, you may be referred for a shoe raise assessment. This happens in less than 1% of patients.
- **Further surgery:** over time the hip joint may pick up an infection, wear out, become loose, fracture or dislocate. Any of these may mean you need surgery again. This happens in less than 5% of patients at the 10 year stage.

The risks are small, but can be serious. Our aim is to reduce them as much as possible, but they cannot be eliminated completely. However, 90% of people (9 out of 10) have an improved quality of life after surgery. If you are concerned about any of the risks or possible complications, please discuss them with your surgeon.

What kind of anaesthetic will I need for surgery?

You may be referred to the High Risk Anaesthetic Clinic if your doctor feels you have other high risk medical problems. This is to make sure you are fit for surgery. It may mean further tests, a delay of your surgery, or in some cases surgery may need to be cancelled altogether.

On the day of your surgery, you will be assessed by a doctor (anaesthetist). They will look at your medical history and discuss with you the most appropriate anaesthesia for your surgery:

- This is most likely to be in the form of a **spinal anaesthetic**. Drugs will be injected around the nerves in your back. You will go numb from the waist down. You feel no pain, but will remain awake. You may also be given drugs to make you feel sleepy and relaxed (sedation). This can help to reduce blood loss and improve pain control after surgery.

- Some people may need a **general anaesthetic**. This means you will be asleep during the operation and you feel nothing.
- You may also be given a **regional anaesthetic (nerve block)**. Drugs are injected near the nerves which go into your leg. Parts of your leg should become numb and you won't feel any pain for several hours. You may not be able to move your leg during this time.

It maybe that you will have a combination of the above.

When to contact the Elective Orthopaedic Department before surgery

As you will already be aware after your visit to the Orthopaedic Clinic, you have been added to your consultant's waiting list for surgery.

However, if at any time you feel your symptoms have improved or you have changed your mind and no longer wish to have your planned operation, please contact us as soon as possible on the telephone numbers below. This will allow us to give the space to another patient. To make this possible, please give us as much notice as you can. Please note, in doing this, it will not affect any treatment that you may need in the future within this department.

After your pre-assessment and before your admission, if you have symptoms of an increased temperature, persistent cough, loss of sense of taste or smell, or have a cold, flu, stomach upset, please tell us by contacting the waiting list office. Your surgery will need to be delayed and rearranged. Once you have recovered, please contact the waiting list office for a new date.

Contact numbers for the Orthopaedic Waiting List Office are:

0116 258 8341 / 0116 258 4265 / 0116 258 8312 / 0116 258 8842

Having a pre-assessment to check you are fit for surgery

Before you have a hip replacement you will need to come into hospital to attend a pre-assessment clinic so we can assess whether you are fit to have this operation. This will also give you the opportunity to ask any questions you may have about your operation, what you need to know about coming into hospital and any questions about recovery and returning home after surgery.

You must bring the enclosed questionnaire and heights of furniture form with you to the pre-assessment clinic, along with your current medication in its original packaging. The heights form allows us to check if any adjustments may be needed to your furniture at home.

At the clinic you will be seen by a nurse who will:

- check your blood pressure and pulse.
- check your weight and height.
- carry out a test on your heart (electrocardiogram (ECG)).

- take routine blood tests.
- get a sample of your urine from you if needed. This may be if there is a concern that you may have a urinary infection.
- take swabs to check for MRSA infection.

You will be asked about your current health and past medical history, and any problems which you think may affect your discharge from hospital.

These tests are routine as they provide an overall picture of your health. If the results show that you need treatment for something, you will be contacted and informed of what to do.

You will also see a doctor who will examine you to make sure you are fit to have your operation.

If X-rays or other tests are needed, these will be done during your attendance at clinic.

Your consultant and/ or their registrar will explain the operation to you, answer any questions you may have and obtain your consent to go ahead with surgery.

A member of the Occupational Therapy (OT) Team will take your heights of furniture form and give you advice and guidance for after surgery. They will also arrange a suitable time to contact you by telephone. This will be to talk about how you are going to manage daily activities and explain the OT assessments which you will have after surgery.

If you are taking warfarin, or any anticoagulation medication to thin your blood, advice about stopping these drugs will be given to you at your pre-assessment appointment.

Advice in relation to precautions for COVID-19 will be given in line with national guidelines.

We hope that by attending this clinic your queries are answered and that your admission to hospital is as pleasant as possible.

Reducing the risk of an infection from MRSA bacteria

Many germs can live on the skin of healthy people, including MRSA. Usually they don't cause any problems, but if they get into a wound it can cause an infection. People staying in hospital are most at risk of this happening.

These germs are easily passed from person to person by skin contact or through contact with contaminated items or surfaces. Germs can spread very quickly but you can help us to protect you from them. To reduce the risk of MRSA infection, all patients having surgery are asked to use an antibacterial liquid soap and antibiotic nasal ointment. You will be given a leaflet about this and told when to start using this from at your pre-assessment appointment.

Preparing for surgery

Taking time off work:

If you are currently employed it is advised you tell your employer about your operation as you will need to take some time off. The amount of time you will need to take off will depend on what type of job you do, and what you agree with your employer.

Making plans to help you with everyday tasks after surgery:

We advise patients to think about everyday activities which you might find more difficult after your operation, and consider some changes to your routine to help you be as independent as possible once you are home.

You may need to consider arranging for someone to help you with domestic tasks such as cleaning, laundry and shopping (Social Services do not provide help with these tasks). If no one can help you with these tasks after surgery, your occupational therapist can sign post you to agencies that offer these services, but it is likely there will be a charge.

Checklist	✓
Have you arranged help with shopping, cleaning and laundry?	
Do you have loose fitting clothes e.g. shorts, joggers or skirts, to wear after surgery?	
Do you have flat comfortable shoes that are supportive at the ankle?	
Consider who will look after any pets, children or relatives if you are their main carer.	
If you are employed, tell your employer that you will need some time off work.	
Stock up your food cupboard and freezer. Have some ready meals, bread and milk in your freezer in preparation for the first few days once home.	
Move items you regularly use to an easy access level.	
Think about who can take and collect you from hospital.	
Prepare your home environment e.g. remove any loose rugs and keep floors clear of any clutter.	
Learn and practice your exercises given in this leaflet.	
Learn the advice and guidelines for your aftercare and tell any relatives to make sure they are also aware.	
If you have purchased long handled aids (long handled shoe horn and helping hand) have a practice putting on your lower half garments.	
If you drive, tell your car insurance company that you are due to have an operation.	
As physiotherapy staff will aim to get you onto 2 elbow crutches, it will be difficult for you to carry items through to other rooms at home. If you live alone, a stool or table and chairs in your kitchen will be helpful, to avoid carrying food far at mealtimes.	

Fasting instructions:

For a 7.30am admission:
No food, or drinks containing milk, after 2am (this includes chewing gum and boiled sweets).
From 2am to 6am - you may only drink water.
After 6am - nil by mouth.
Normal medications can be taken with a sip of water before 6am, unless alternative advice is given.
After admission when the order of patients on the operation list is finalised, it may be possible to have a drink of water. Please ask your nurse if this is possible.

For a 10.30am admission:
Have a light early breakfast of a drink and toast or cereal before 6.30am.
No food, or drinks containing milk, after 6.30am (this includes chewing gum and boiled sweets).
From 6.30am to 10.30am - you may only drink water.
After 10.30am - nil by mouth.
Normal medications can be taken with water between 6.30am to 10.30am, unless alternative advice is given.
After admission when the order of patients on the operation list is finalised, it may be possible to have a drink of water. Please ask your nurse if this is possible.

Making changes to your current medicines to prepare for surgery:

- If you are **diabetic**, please see the specific leaflet given at your pre-assessment appointment for advice on taking diabetic medication before surgery.
- If you are taking **anticoagulant medication** to thin your blood, you will be told by the doctor at your pre-assessment appointment when to stop taking this before your admission.
- **Stop taking any medication which are non-steroidal anti-inflammatory drugs (NSAIDs) 4 days before your admission, including:**
 - Diclofenac
 - Meloxicam
 - Celebrex
 - Ibuprofen
 - Naproxen

What to bring with you for your admission:

Bring the following with you:	✓
All medication in their original packaging	
Dressing gown	
Slippers	
Wet hand wipes	
Nasal ointment	
Toiletries	
Towel	
Nightwear - either nightdress or pyjamas	
Loose Fitting Day clothes	

- You are advised to limit the amount of valuables and property you bring into hospital. Don't bring any valuable items that you don't need. Please leave all jewellery at home except for a wedding ring (that can be taped).
- Please don't wear any make-up on the day of admission, and nail varnish on fingers or toes and any piercings should be removed before you come.
- Please only bring a small amount of money in with you, enough to buy a newspaper or magazine if you wish. **Leave all credit cards and cheque books at home.**
- If you bring fruit or food with you for your hospital stay, please bring some type of container to store it in.

Admission day

Please report to Ward 18 on arrival. Ward 18 is located near to the main reception entrance at Leicester General Hospital.

What can I expect after surgery?

After your operation, you will be taken to the recovery room where you will stay until you are awake. You may not remember this, which can be normal depending on the type of anaesthetic you may have had.

- You will be given oxygen until you no longer need it.
- You will be given fluids through a tube in your arm until you are able to drink normally.
- You will return to the ward once the recovery nurse is satisfied with your condition.
- Your temperature, blood pressure, pulse and breathing will be checked at regular intervals.
- The blood circulation in your operated leg will also be monitored.
- If you had a nerve block you may have numbness in your leg for up to 6 to 8 hours after surgery.
- **Pain** - the anaesthetist will discuss pain relief with you when they visit you before your surgery. **If you are in pain after surgery let the nurse know.**
- **Eating and drinking** - some people may feel sick after an anaesthetic, but we can give you something to relieve this. If you feel sick, please ask for help. The nurse will tell you when you can start to eat and drink. It's important this happens as soon as possible to aid your recovery.
- **Wound** - clips or stitches will have been used to close your surgical wound. You will have a dressing over your wound. You may have some leakage from this.
- **To avoid falls do not try to get up and move around on your own (with or without equipment) until you have been assessed to do so. Please use your call bell if you need assistance.** You will be helped to get out of bed as soon as possible. This could be on the day of surgery or at latest the next morning, as this helps your recovery.
- **To prevent pressure ulcers (also known as pressure sores or bedsores) when lying or sitting still, please make sure you change your position every 2 to 4 hours. Please use your call bell if you need assistance to do this.**
- When in bed, take a few deep breaths every hour to help keep your lungs clear and prevent a chest infection. Exercise your legs to reduce the risk of a blood clot and to maintain muscle strength.
- You will be encouraged to use the toilet as normal and should only have to use a bedpan or urinal immediately after surgery. The nurse will assist you getting to the toilet. If you feel constipated, please let a nurse know so your doctor can prescribe treatment for this.

When will I start my mobility and exercises?

You will be expected to get out of bed and sit into a chair as soon as possible. This will be done with the help of the nursing or therapy team.

It is expected that you start your mobility and exercises shortly after your anaesthetic has worn off. As soon as you are able, you will begin your assessments with the physiotherapy and occupational therapy team. You will start getting mobile with a walking aid and will be shown exercises to do. Your occupational therapist will repeat the advice given to you before surgery and show you techniques which will help you to remain as independent as possible.

Will I need to stay overnight?

You will be discharged once you are mobile with a suitable walking aid, and assessed as safe to leave hospital. Some patients may be able to go home the same day, whereas others may need to stay in overnight to achieve these goals.

Before discharge you will be taken for a routine X-ray to check the position of your new hip.

You will be discharged complete with any necessary medication, sick notes and GP practice or district nurse letters.

Information for visitors

The latest visiting guidance and any current restrictions can be viewed on our website: <https://www.leicestershospitals.nhs.uk/> Please also check with ward staff to get the latest guidance.

Always wash hands before visiting and use the alcohol gel on the wards.

Chairs are available for visitors; staff can help you locate one. Please return it after use.

Only bring small gifts. No flowers are allowed due to the possible risk of an infection.

Delay visiting if you are unwell with a cold, cough or upset stomach.

Therapy assessments will still continue during visiting times.

Only phone the ward to check progress if you are a close relative and try to keep calls to a minimum. If possible, arrange for 1 family member to be responsible for doing this and for them to keep the rest of the family updated. Telephone numbers are:

Ward 14: 0116 258 4112 / 0116 258 4413

Ward 16: 0116 258 8335 / 0116 258 8336

Ward 18: 0116 258 4147 / 0116 258 4148

Aftercare following surgery - advice to follow for first 6 weeks:

- Move as you feel comfortable after surgery. Avoid sudden or awkward movements and do not push your hip if it is causing pain.
- Avoid bringing your knee up towards your chest or bending down to your feet.
- Avoid heavy lifting or physical tasks such as cleaning until you feel safe to do so.
- Sleep in whichever position is comfortable. You may find it more comfortable to sleep with a pillow between your knees if sleeping on your side.
- Clips or stitches are usually removed between 10 to 14 days after surgery, by the practice nurse at your GP surgery. Keep the wound and dressing dry up until 24 hours after clips or stitches have been removed. Until this time it is best to strip wash or sponge wash to make sure your wound and dressing are kept dry. Once removed you may bath or shower as you feel safe or able.
- You can start driving again once you feel safe to do so. It is advisable to try sitting in the car first and taking a short drive initially. You should also check with your car insurance company if they need you to wait a certain length of time before driving after an operation.
- Follow the advice given later in this leaflet when getting dressed.

Contact the ward you were discharged from if you have:

- leakage from your wound.
- swelling/ inflammation (redness).
- a sudden increase in pain.

Seek urgent medical attention either through the 111 NHS helpline, the 999 service or the Emergency Department, if you begin to:

- have painful, tender calves.
- have shortness of breath.
- have pain in your chest.
- generally feel unwell.

Getting mobile with physiotherapy

During your stay in hospital, care to help get you back to daily life (rehabilitation) will be given by the physiotherapy team. As your co-ordination and strength improves, you will usually progress to walking with the appropriate aids for your needs, before you are discharged home. The most suitable walking aid (sticks, crutches or frame) will be provided by the physiotherapy team before you go home.

Some patients, but not all, may be referred for further physiotherapy as an outpatient, after discharge. This will be assessed by your physiotherapist and discussed with you before discharge.

Going up and down stairs:

If you need to go up and down stairs at home, you will get help to practice them to make sure you can go up and down on your own, before you leave hospital. The physiotherapy team will show you the easiest and safest way of doing so before you go home.

Going upstairs:

1. If there is a banister or handrail make sure you use it.
2. Carry your crutches/ walking stick in one hand as shown by the physiotherapy team.
3. Step up with your un-operated leg first.
4. Bring your operated leg onto the same step.
5. Bring your crutches or sticks onto the same step.

Going downstairs:

1. If there is a banister or handrail make sure you use it.
2. Carry your crutches/ walking stick in one hand as shown by the physiotherapy team.
3. Put your crutches or sticks down to the next step.
4. Step down with your operated leg first.
5. Bring your un-operated leg down to the same step.

Exercises:

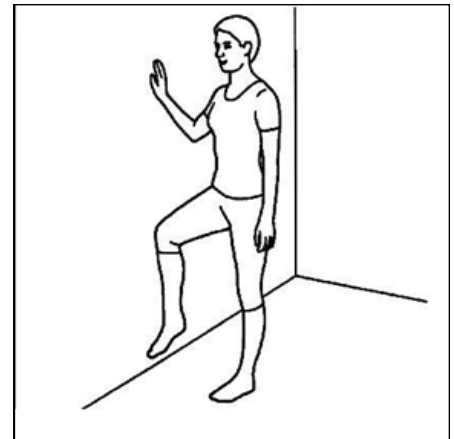
The best exercise after a hip replacement is walking. In order to progress with your walking, it is best to go for short walks regularly rather than long walks. You may increase the distance you walk gradually, as you get stronger.

Exercises play a key part in your rehabilitation and you should aim to do the following exercises 2 to 3 times a day, repeating each one 10 times. You will be shown and practice them in hospital, and should continue them at home. You may like to start practicing these before you come into hospital for your surgery.

Do the exercises below 3 times a day:

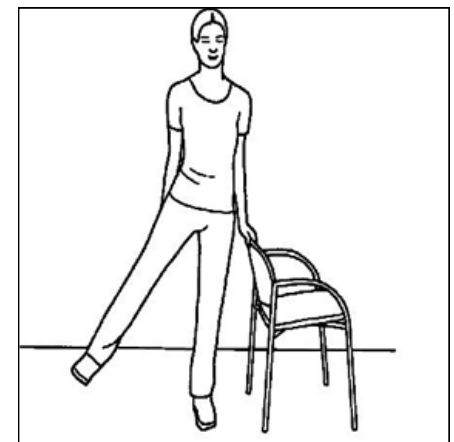
Stand holding onto a stable surface or chair. Gently lift the operated leg from the floor, encouraging the hip and knee to bend (not more than 90 degrees).

Repeat 10 times.



Stand straight holding onto a support. Lift your operated leg sideways and bring it back, keeping your back straight throughout the exercise.

Repeat 10 times.



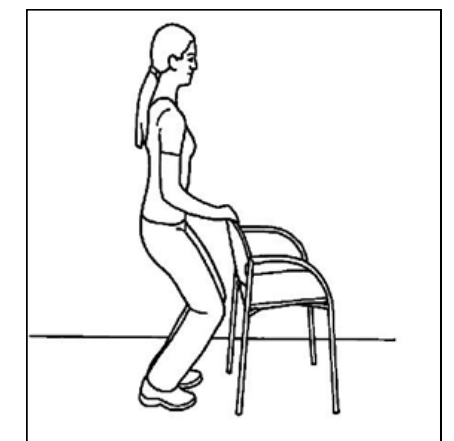
Stand straight holding onto a chair or support. Bring your operated leg backwards keeping your knee straight. Do not lean forwards.

Repeat 10 times.



Stand holding onto a chair or other stable surface. Gently bend at the knees (not more than 90 degrees), then straighten up.

Repeat 10 times.



Getting back to daily tasks with occupational therapy

The occupational therapy (OT) team will show you how to adapt the way you previously carried out daily tasks, so you can get back to normal life with your new hip. During your hospital stay they will see you to discuss, practice and offer advice on how to manage everyday activities and encourage you to be as independent as possible.

If you have any concerns about how you will manage at home, please discuss them with a member of the OT team.

Providing you with equipment you need:

If essential equipment is needed for your home after surgery, the OT team will arrange this for you. Access to your home may be needed to fit equipment before/ after surgery.

If you live in Leicester, Leicestershire and Rutland, your OT will order essential items from Medequip Community Equipment Service. All equipment is on a loan system but you are able to keep the equipment for as long as you need it. When you feel you no longer need the equipment please contact Medequip to arrange a collection.

If you live in another county, other arrangements will need to be made.

Putting the advice given to you into practice:

- **Getting in and out of a chair** - avoid sitting in a low chair. Make sure the chair is firm and has arms. Add an extra cushion to raise up a low seat if needed. Remember to push up from the chair with both hands and make sure both feet are flat on the floor.
- **Using the toilet** - you will be assessed getting on and off a toilet. If needed, you will be provided with equipment to help you with this.
- **Getting in and out of bed** - the OT team will assess how well you can manage getting in and out of bed before discharge, to make sure you can do this on your own. Sleep in whichever position is comfortable. You may find it more comfortable to sleep with a pillow between your knees if you sleep on your side.
- **Bathing and showering** - you will be advised about safety e.g. using a suitable stool/ chair to sit and wash in a walk-in shower if possible.

Clips or stitches are usually removed between 10 to 14 days after surgery. Keep the wound and dressing dry up until 24 hours after clips or stitches have been removed. Until this time you are advised to strip wash or sponge wash to make sure your wound and dressing are kept dry. Once removed you may bath or shower as you feel safe or able.

- **Kitchen** - your occupational therapist may carry out a kitchen assessment with you at the hospital, if you feel you are unable to manage. If you do not have a table or chairs in your kitchen or anyone to help you at mealtimes, you can buy equipment such as a trolley or high stool which may be helpful, and help increase your independence at home.

- **Getting in and out of a car** - care should be taken getting in and out of a car. Avoid low height cars (e.g. sports cars) or vehicles which you have to climb into (e.g. four wheel drives). Always sit in the front passenger seat where possible, as it will be easier to get in and out.
 1. Ask the driver to park away from the kerb. It is best to get in and out of a car on flat ground.
 2. Open the car door as wide as possible.
 3. Ask the driver to push the seat as far back as it will go and recline the back rest slightly. You may find a cushion with a plastic bag on top helpful to raise the height of the seat and make turning easier.
 4. Walk up towards the car then turn around and step back until you can feel the seat at the back of your legs. Put your hands back for the seat so you know where you are sitting.
 5. Find something suitable to hold onto e.g. the car seat or doorframe (not the door itself). Put your operated leg out slightly and lower yourself down onto the seat.
 6. Push your bottom towards the middle of the car (towards the hand brake) to give your legs some support.
 7. Lean back, move your legs towards the doorframe and then carefully bring your legs into the foot well keeping your feet together. You may find it useful for someone to help you reach the seatbelt.

When getting out of a car, follow the procedure in reverse.

- **Driving** - driving is allowed once you feel safe to do so. It is advisable to try sitting in the car first and taking a short drive at initially. You should also check with your car insurance company if they require you to wait a certain length of time before driving after an operation.
- **Getting dressed** - after hip surgery you are advised to follow guidelines for the first 6 weeks. Your occupational therapist will show you how to dress using equipment and techniques that will help you in dressing your lower half.

Dress sitting down. You may have difficulty putting on and taking off underwear, lower half garments and shoes. Equipment is available to help with these tasks (examples shown on next page). Various suppliers are listed further on in this leaflet.

Do not bend down to your feet. You must avoid bending down to dress your lower half. If you live alone or prefer to dress without assistance, you will need to buy a long handled shoe horn or sock or tights aid.

Avoid tight clothing during the first 2 weeks to avoid pressure on your wound.

Wear good supportive shoes. We recommend supportive slip-on shoes rather than shoes with buckles, velcro or laces.

Long handled aids

Helping hand:



Long handled shoehorn:



Long handled sponge:



Sock aid:



Suppliers of long handled aids

Long handled aids are available online e.g. eBay, Amazon, and from other large chain stores such as Argos. A list of other suppliers is given below for information only. Inclusion on the list does not constitute an endorsement of the suppliers or their products and no liability as to suitability or fitness for purpose is accepted by the trust.

Aspire2 Mobility	Tel: 01572 755204 website: www.aspire2.co.uk 30 Pillings Road, Oakham, Rutland LE15 6QF
British Red Cross (online shop)	website: www.redcross.org.uk
Market Harborough Care and Mobility	Tel: 01858 469998 20 St. Mary's Road, Market Harborough, Leicestershire LE16 7DU
Mason & Son Ltd. (chemist)	Tel: 01530 812182 97 Belvoir Road, Coalville, Leicester LE67 3PH
Modern Mobility	Tel: 0116 263 0600 website: www.modernmobility.co.uk Fosse Park Food Court, Fosse Park Avenue, Leicester LE19 1HY
Mobile Mobility	Tel: 0116 278 4422 website: www.mobile-mobility.co.uk Unit B4, Winchester Avenue Industrial Estate, Blaby, Leicester LE8 4GZ
Mobility & Lifestyle	Tel: 01509 241134 website: www.mobilityandlifestyle.co.uk Unit 1, Maxwell Drive, Loughborough, Leicestershire LE11 4RZ
Premier Mobility	Tel: 01455 634786 website: www.premiermobilityukltd.co.uk Beaumont House, 268 Coventry Road, Hinckley LE10 0NG

Will I have a follow-up appointment after discharge?

You will have a follow-up appointment in clinic about 6 to 8 weeks after your operation, to check on your progress. The details of this appointment will be sent to you in the post after you have been discharged from hospital.

How will you check my long-term progress after surgery?

You will receive a questionnaire through the post at 6 months to find out how you are getting on after your surgery. It is important you fill this in and return it so we know how you are doing. The information you provide also helps us to improve the service for patients having similar surgeries.

Given the large numbers of patients who have a hip replacement, we have moved to a postal questionnaire system to avoid unnecessary trips to outpatients for the majority of patients without significant problems. This also helps to reduce delays experienced by those patients who do need to be seen in clinic for a follow-up.

The postal system is designed to detect the small number of patients who may need a clinic review, while making follow-up more straightforward and convenient for the majority.

A questionnaire will also be sent to you at 1 year after your operation. Please complete the questionnaire to tell us of any symptoms you are experiencing in relation to your replaced hip.

Questionnaires should be returned in the prepaid envelope provided. They will be reviewed by the medical team and if a clinic attendance is needed you will be sent a date to attend for a further clinic appointment. If your questionnaire does not indicate any problems, you and your GP will be notified of this.

If you have any problems with completing this paperwork or if you have any other questions, please contact the Leicestershire Arthroplasty Remote Clinic (LARC) office on 0116 258 8041.



Frequently asked questions

Will the pain go after the operation?

After the operation the joint and wound may be painful and sore, but this discomfort should improve quickly. The pain should go once the after-effects have disappeared. Painkillers will be prescribed if needed. Many people forget they have an artificial joint after a while.

What about housework?

Do not stand for long periods at first. Try to spread housework evenly throughout the week and gradually increase the amount you do over time. Try sitting down to iron to avoid twisting your new hip joint and standing for long periods. Avoid vacuuming for the first 6 to 8 weeks.

What about sport?

Get advice from your doctor/ consultant before returning to, or starting, any physical sports.

When can I have sex after my operation?

You should avoid having sex for at least 6 weeks. Be careful and consider a more inactive role for a further 6 weeks to avoid strain on your new hip.

How long will an artificial joint last?

Techniques for joint replacement are improving all the time and a new joint may last for 20 years. Usually a second (revision) replacement does not last as long and is never as good as the first.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk