

Hip replacement surgery

Orthopaedic Surgery

Information for Patients

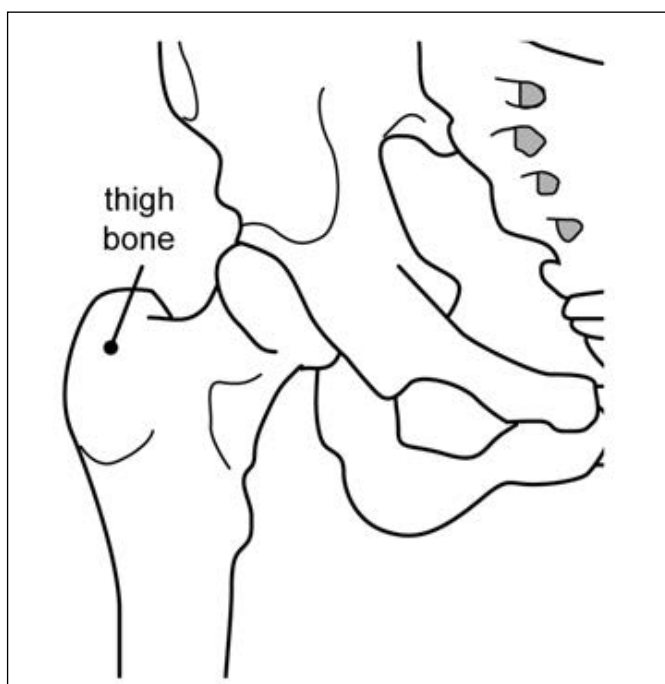
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Why do I need a hip replacement?

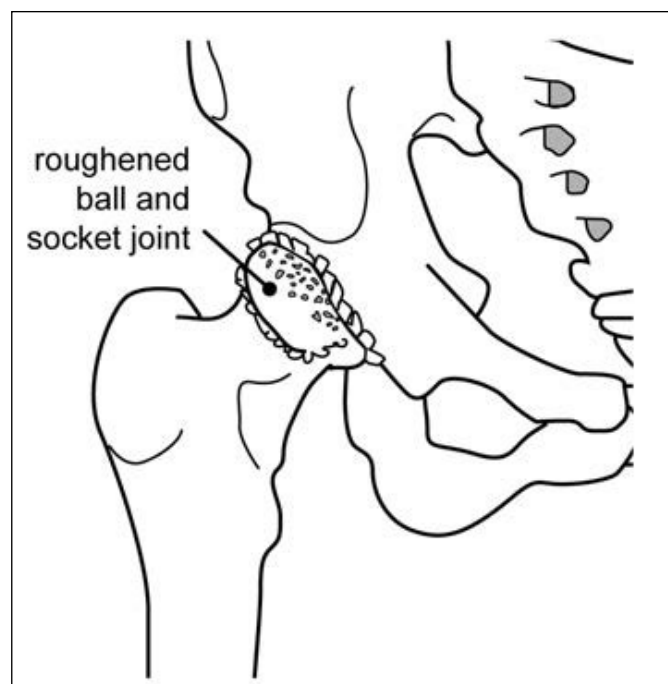
The hip is a ball and socket joint. The ball is formed by the head of the thigh bone (femur) which fits into the socket formed by part of the pelvis (the acetabulum).

Both parts are covered by a layer of smooth cartilage. In arthritis this cartilage wears away. The bones then rub together, causing 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.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

Hip replacement surgery is usually needed when the hip joint is worn or damaged. This makes it hard to move and can cause pain even when resting. Common causes 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?

The painful hip joint is removed. We replace it with an artificial one (known as an implant). There are many different types of implants. Your surgeon will discuss which choice is the best for you. Modern implants usually last for at least 15 to 20 years.

You will have an anaesthetic. Details about this are given later in this leaflet.

The surgeon makes a cut (incision) into the hip, removes the damaged joint and puts the new one in.

The surgery usually takes around 1 to 2 hours.

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

Who is offered hip replacement surgery?

A hip replacement is major surgery. It is 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 a major operation and the recovery afterwards.

Adults of any age can have this surgery. Most are done on people between the ages of 60 and 80.

What are the benefits?

- **Less pain:** most people feel less pain after surgery. Some discomfort is normal at first. We aim to make the surgery as comfortable as possible. Pain from other causes/ areas are unlikely to change.
- **Less stiffness:** the joint should move more smoothly.
- **Better mobility:** with less pain and stiffness, you should be able to move more easily and have a better quality of life.

What are the risks?

Some problems can happen during or after surgery. The team caring for you is trained to deal with these. The main complications are:

Local risks:

- **Infection of the wound or joint:** an infection can occur in your wound or in the joint. In serious cases this may mean the replacement hip joint having to be removed. To reduce the risk, we will give you antibiotics 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. You may need to have a blood transfusion.
- **Bone fracture:** if a bone breaks during surgery, we may have to use plates and screws or wiring, or a mix of both to fix it.
- **Nerve or vessel damage:** any damage to nerves or blood vessels will be assessed. We will do any repairs that are needed. Nerve damage can often take longer to recover. You may need more surgery.

Risks in other areas of your body:

- **Blood clots (thrombosis):** this can occur in the deep veins of your leg. It is called deep vein thrombosis (DVT). DVT can be serious. Blood clots can travel to 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. We will give you medicine 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:** this can happen if you are not active after surgery. The risk is less if you move as soon as possible after surgery. Smoking increases the risk. Try to stop smoking before your surgery.
- **Trouble peeing:** some people find it difficult to pee after surgery. If you have problems it is important to let the nurse know. We may need to insert a tube (catheter) for a short time to help empty your bladder. We will give you more antibiotics 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 major health problems.
- **In rare cases, death:** this happens in about 1 in 400 patients, usually in those that have other major health problems.

Long term risks:

- **Dislocation of the hip:** we stretch the soft tissue structures around the hip joint during surgery to put in your new hip joint. These structures take 6 to 8 weeks to heal. During this time there is a risk that your hip may come out of joint (dislocate). This is rare. If your hip does dislocate, you may need to have surgery for it to be put back into position. Follow the aftercare advice to reduce this risk. 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 we will check it at your clinic follow-up. If there is a big difference, we may refer you 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 removed completely. 9 out of 10 (90%) of people have a better 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?

If you have other high risk health problems, your doctor may refer you to the High Risk Anaesthetic Clinic. 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, a doctor (anaesthetist) will check you. They will look at your medical history. They will talk to you about the best anaesthesia for your surgery:

- **Spinal anaesthetic.** This is most likely. We will inject drugs around the nerves in your back. You will be numb from the waist down and awake. You feel no pain. 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.
- **General anaesthetic.** You are asleep during the operation and you feel nothing.
- **Regional anaesthetic (nerve block).** We inject drugs near the nerves which go into your leg. Parts of your leg should become numb. You will not feel any pain for a few hours. You may not be able to move your leg during this time.

You may have a mix of the above.

When to contact the Elective Orthopaedic Department before surgery

After your visit to the Orthopaedic Clinic, you have been added to your consultant's waiting list for surgery.

If your symptoms get better or you change your mind and do not want the operation, please call us as soon as possible on the phone numbers below. This helps us give the space to another patient. Please give us as much notice as you can. This 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 a **high** 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

You will need to come into hospital for the pre-assessment clinic. We will check if you are fit to have this operation. You will also be able to ask any questions you may have about your operation, what you need to know about coming into hospital and your recovery and going home.

You must bring

- **the enclosed questionnaire**
- **heights of furniture form**
- **your current medicines in their original packaging**

to the pre-assessment clinic.

The heights form lets us check if any adjustments may be needed to your furniture at home.

At the clinic a nurse will:

- check your blood pressure, pulse, weight and height
- do a heart test (electrocardiogram (ECG))
- take 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.

We will ask you about:

- your current health
- past medical history
- any problems which you think may affect your discharge from hospital.

If any tests shows a problem, we will contact you with advice.

You will also see a doctor who will

- examine you to make sure you are fit to have your operation.
- arrange any extra tests (like X-rays) if needed
- explain the operation and answer any questions you may have.
- take your consent to go ahead with surgery.

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

We will give you advice about COVID-19 based on national guidelines.

We hope this clinic helps you feel prepared and answers your queries.

Reducing the risk of an infection from MRSA bacteria

MRSA is a germ that can live on healthy skin. It can cause infection if it gets into a wound. People staying in hospital are most at risk of this happening.

It spreads easily through skin contact or touching contaminated items or surfaces.

To reduce the risk of MRSA infection,

- all patients having surgery are asked to use an antibacterial liquid soap and antibiotic nasal ointment.
- we will give you a leaflet about this. We will tell you at your pre-assessment check when you need to start using them.

Getting ready for surgery

Taking time off work:

If you are working tell your employer about your operation. You will need to take some time off. The amount of time you will need to take off will depend on what you do, and what you agree with your employer.

Planning for daily tasks:

Think about what may be harder after the surgery. Make changes to help you be independent at home. Make sure that your home is safe for you to return to.

You may need help with cleaning, laundry and shopping (Social Services do not give help with these tasks). If no one can help you, your occupational therapist can suggest agencies that do. There is likely there to be a charge.

Checklist	✓
Watch the joint school video (see the back page of this booklet on how to find it).	
Arrange help with shopping, cleaning and laundry.	
Pack loose fitting clothes such as shorts, joggers or skirts, to wear after surgery.	
Pack flat comfortable shoes that are supportive at the ankle.	
Who will look after any pets, children or relatives if you are their main carer?	
If you are working, 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 for the first few days once home.	
Move items you use a lot to an easy access level.	
Arrange for someone to take and collect you from hospital.	
Prepare your home environment, for example, remove any loose rugs and keep floors clear of any clutter.	
Learn and practice your exercises in this leaflet.	
Learn the advice and guidelines for your aftercare. Tell any relatives to make sure they are also aware.	
If you have bought long handled aids (long handled shoe horn and helping hand) practice putting on your lower half garments.	
If you drive, tell your car insurance company that you are due to have an operation.	
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 other 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 other 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.

Changes to your 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/supportive footwear	
Wet hand wipes	
Nasal ointment	
Toiletries	
Towel	
Nightwear - either nightdress or pyjamas	
Loose fitting day clothes	
Any specialist footwear	
Any crutches you may have used or been issued before.	
Furniture heights form	

- Bring only what you need.
- Leave valuables at home except for a wedding ring (that can be taped).
- Do not wear any make-up or nail varnish on fingers or toes.
- Remove any piercings.
- Bring only a small amount of money, 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, bring a container to store it in.

Admission day

Go to Ward 18 near the main reception entrance at Leicester General Hospital.

What can I expect after surgery?

You will go to the recovery room until you are awake. You may not remember this, which can be normal. It depends on the type of anaesthetic you may have had.

- We will give you oxygen until you no longer need it.
- We will give you fluids through a tube in your arm until you can drink normally.
- You will return to the ward once the recovery nurse is happy with your condition.
- We will check your temperature, blood pressure, pulse and breathing at regular intervals.
- We will check the blood circulation in your operated leg.
- If you had a nerve block you may have numbness in your leg for up to 6 to 8 hours after surgery.

Pain

- Pain is normal following surgery.
- The anaesthetist will talk about 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.
- If you feel sick, please ask for help. We can give you medicine to help.
- The nurse will tell you when you can start to eat and drink.
- It is important this happens as soon as possible to aid your recovery.

Wound

- We use clips or stitches to close your wound.
- You will have a dressing over your wound. You may have some leakage from this.

Preventing falls

- **Do not try to get up and move around on your own (with or without equipment).**
- **We need to assess you first. Please use your call bell if you need help.**
- We will help you 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.

Preventing pressure ulcers (also known as pressure sores or bedsores)

- If you stay in one position too long you may get pressure sores.
- **Change your position every 2 to 4 hours.**
- **Use your call bell if you need help to do this.**

Keeping your lungs healthy:

- When in bed, take a few deep breaths every hour to help keep your lungs clear.
- Move your legs to reduce the risk of a blood clot and keep your muscles strong.

Using the toilet

- You will be encouraged to use the toilet as normal.
- You may need a bedpan or urinal just after surgery.
- The nurse will help you getting to the toilet.
- If you feel constipated, please let a nurse know. We can prescribe treatment for this.

When will I start my mobility and exercises?

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

Once your anesthetic wears off, you will start moving and doing exercises.

The physiotherapy and occupational therapy teams will

- help you walk with a walking aid.
- They will show you exercises to do.
- Your occupational therapist will give advice and show you ways which will help you to stay independent.

Will I need to stay overnight?

You can go home when

- you are walking safely with a walking aid
- you are assessed as safe

Some patients go home the same day. Others may stay overnight.

If you need more time, we will talk to you about other discharge options.

Before you leave

- you will have an X-ray to check the position of your new hip.
- You will get any medicines, sick notes and letters for your GP practice or district nurse.

Information for visitors

Check the latest visiting rules on our website www.uhleicester.nhs.uk/ or ask the ward staff.

Wash hands before visiting. Use the alcohol gel on the wards.

Chairs are available for visitors. Staff can help you find one. Please return it after use.

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

Do not visit 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. Try to have 1 family member to call and update the others. Phone 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 - first 6 weeks:

- Move as you feel comfortable after surgery. Avoid sudden or awkward movements. Do not push your hip if it is causing pain.
- Do not lift heavy items or do physical tasks such as cleaning until you feel ready.
- Sleep in any position that is comfortable. If sleeping on your side, a pillow between the knees may help.
- The practice nurse at your GP surgery normally remove clips or stitches 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 then it is best to strip wash or sponge wash to make sure your wound and dressing are kept dry.
- After removal, you may bath or shower as you feel safe or able.
- You can start driving again when you feel safe. Try sitting in the car first and taking a short drive. 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.

Call 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 therapy

During your hospital stay, the therapy team will help you get back to daily life (rehabilitation). As your co-ordination and strength improves, you will move onto the walking aid that suits you best (sticks, crutches or frame) . The physiotherapy team will give you the right aid before you go home.

Some patients may be referred for outpatient physiotherapy, after discharge. Your physiotherapist will talk to you about this before you go home.

Going up and down stairs:

If you have stairs at home, the physiotherapy team will help you practice before you leave hospital.

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:

Walking is the best exercise after a hip replacement.

Start with short walks often and slowly increase the distance.

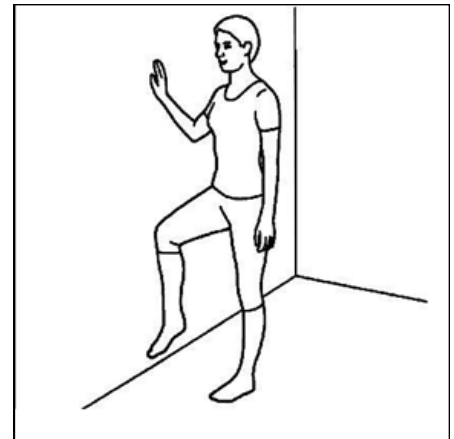
You should aim to do the following exercises 2 to 3 times a day. Repeat each one 10 times.

You will be shown and practice them in hospital. Carry on doing 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.



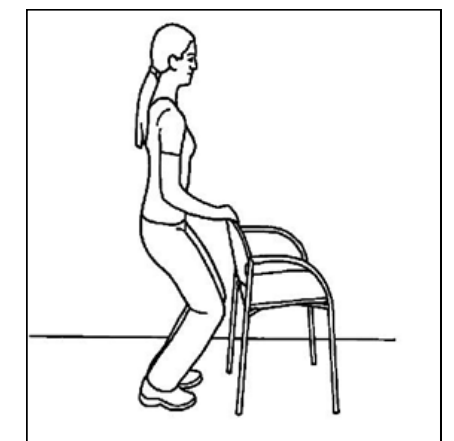
Stand straight holding onto a chair or support. Bring your operated leg backwards keeping your knee straight. Do not lean forwards.

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 adjust how you do everyday tasks. They will:

- talk to you during your hospital stay
- practice tasks with you
- give advice to help you stay independent

If you are worried about how you will manage at home, please talk to a member of OT team.

Getting equipment for home:

If you need equipment for your home to help you, the OT team will arrange this for you.

We may need to visit your home to fit the equipment before/ after surgery.

If any equipment on the ward, please arrange for someone to collect this.

If you live in Leicester, Leicestershire and Rutland, your OT will order items from Medequip Community Equipment Service. The equipment is loaned to you. You can keep it for as long as you need it. When you no longer need it please contact Medequip (0116 216 8686) to arrange a collection.

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

Putting the advice given to you into practice:

- **Getting in and out of a chair** - do not sit in a low chair. Use a firm chair with arms. Add a cushion if the seat is too low. Remember to push up from the chair with both hands. Make sure both feet are flat on the floor.
- **Using the toilet** - you will be assessed getting on and off a toilet. If needed, we will give you equipment to help you with this.
- **Getting in and out of bed** - the OT team will check you can do this safely before you go home. Sleep in any position which is comfortable. If you sleep on your side a pillow between your knees may help.
- **Bathing and showering** - we will give you advice on how to wash safely, for example, 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** - if you are worried about managing in the kitchen, your occupational therapist may carry out a kitchen assessment with you at the hospital. If you do not have a table or chairs in your kitchen or anyone to help you at mealtimes, you can buy helpful items like a trolley or high stool to stay independent.

- **Getting in and out of a car** - take care getting in and out of a car. Avoid low height cars (such as sports cars) or high vehicles (for example, 4x4s). Sit in the front passenger seat where possible, as it will be easier to get in and out.
 1. Ask the driver to park on flat ground, away from the kerb.
 2. Open the car door as wide as possible.
 3. Ask the driver to push the seat as far back as it will go. 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 towards the car, then turn around. 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 such as the car seat or doorframe (not the door itself). Put your operated leg out slightly. 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. Carefully bring your legs into the foot well. Keep 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** - you can start driving when you feel it is safe. Try sitting in the car first and taking a short drive. 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.
- **Getting dressed** - 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 find it hard to put on and take off underwear, lower half clothes and shoes. Equipment is available to help with these tasks (examples shown on next page). Various suppliers are listed further on in this leaflet.

You may find it difficult bending down to your lower half. If you live alone or prefer to dress without help, 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 for example, 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 mean we endorse the suppliers or their products. The hospital trust does not accept any liability as to suitability or fitness for purpose.

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.

We will send the details in the post after you have been discharged from hospital.

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

You will get a questionnaire by post to find out how you are getting on after your surgery. Please fill it in and return it so we know how you are doing. The information you gives also helps us to improve the service for patients having similar surgeries.

Because many people have hip replacements, we have a postal questionnaire to avoid unnecessary clinic visits for patients without major problems. This also helps focus on those patients who do need to be seen in clinic for a follow-up.

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

You will get a 1 year questionnaire. Please fill it in to tell us of any symptoms you are having in with your new hip.

Return it in the prepaid envelope provided.

They will be reviewed by the medical team. If your answers show a problem we will invite you to a clinic appointment. If your questionnaire is fine we will let you and your GP know.

If you need help with the form or have any questions, call 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. We will prescribe painkillers 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 slowly 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.

Total hip replacement surgery video

Scan the QR code, go to <https://www.youtube.com/watch?v=31Muxr1-2m8> or search Total hip replacement surgery Joint School on YouTube.



اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة 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 uhl-tr.equalitymailbox@nhs.net