Total Hip Replacement Guide



NATIONAL
ORTHOPAEDIC
HOSPITAL
CAPPAGH

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Introduction

Welcome to the National Orthopaedic Hospital Cappagh, Ireland's major centre for Elective Orthopaedic Surgery.

This booklet has been written to give you and your family an understanding of what is involved when you are having a Total Hip Replacement Surgery. The information contained in this booklet is designed to help you understand, plan and prepare for what will happen throughout your journey.

It is important that you understand the benefits but also the possible risks that can occur with this type of surgery.

Keep this booklet in a safe place as you should refer to it throughout your journey. If there is anything you do not understand, please ask your Nurse, Surgeon or Health Care Professional.

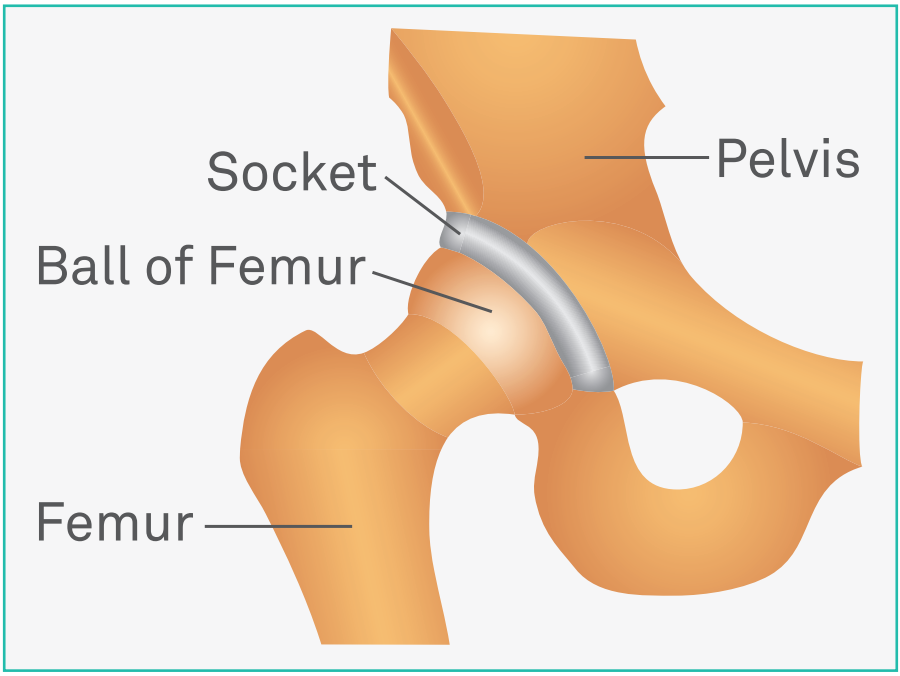
Hip Replacement Surgery

A hip replacement is an operation to replace a hip which has been damaged (usually by arthritis).

The hip joint is a ball and socket joint. The ball is formed by the head of the thigh bone (femur) and fits snugly into the socket (acetabulum) of the pelvis. The surface of the bones in the joint is coated by a smooth and compressible substance known as cartilage.

The Healthy Hip

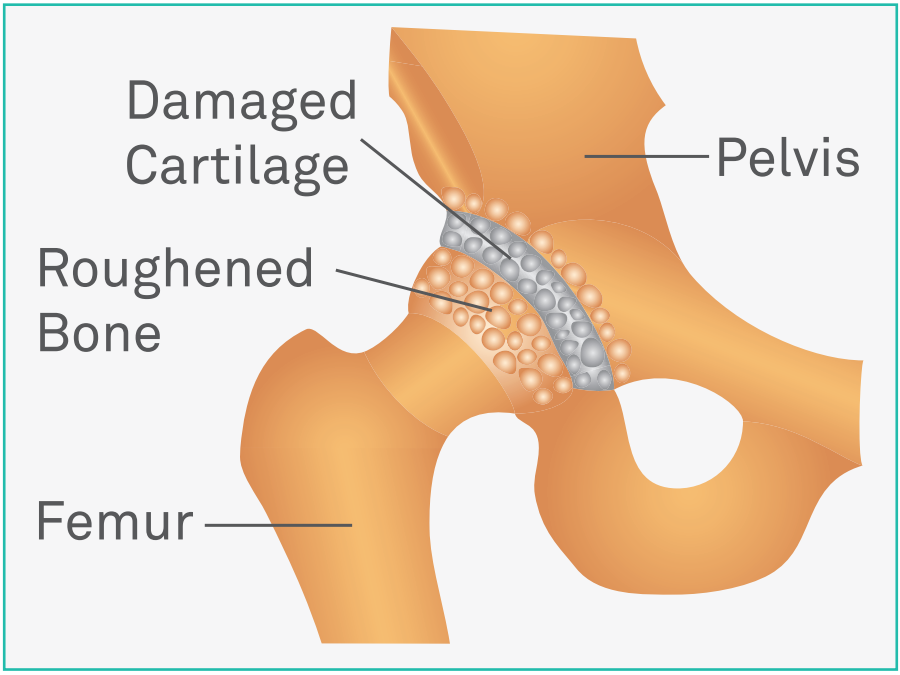
In the healthy hip, smooth cartilage covers the ends of the thighbone, as well as the pelvis where it joins the thighbone. This allows the ball to glide inside the socket. When the surrounding muscles support your weight and the joint moves smoothly, you can walk painlessly.



The Problem Hip

When the cartilage wears away, usually due to arthritis, the underlying bone is exposed. The roughened bones rub together and become irregular, resulting in pain and stiffness. The leg may become weak, shorten and a limp may develop.

Arthritis of the hip is generally a disease of the older person, but may occur in younger people with pre-disposing factors such as rheumatoid arthritis, fractures of the hip, hip dysplasia, or other rarer conditions.

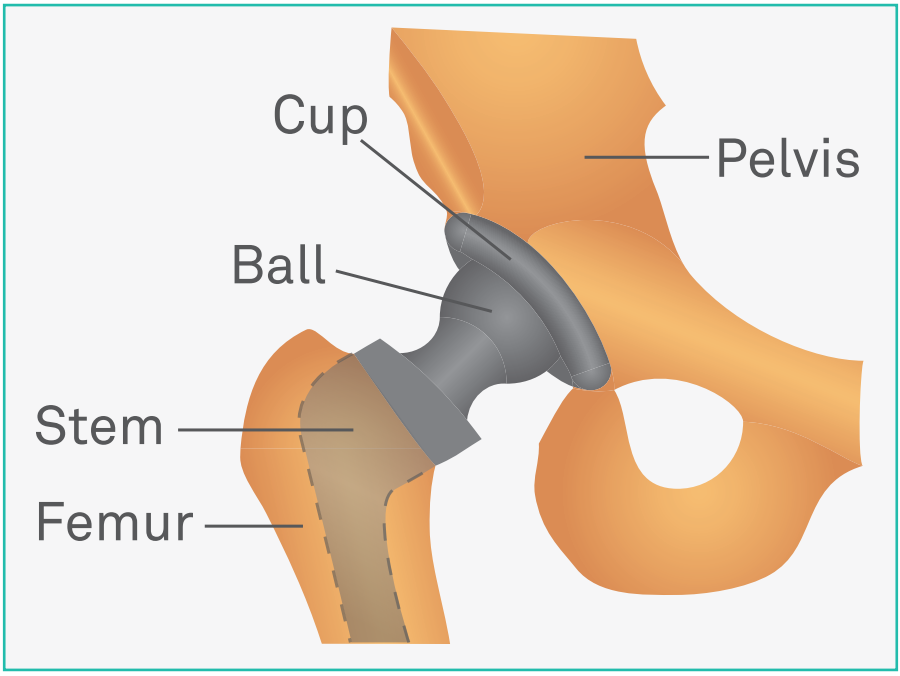


The Prosthesis

An artificial ball replaces the head of the thighbone, and an artificial cup replaces the worn socket.

A stem is inserted into the thigh bone for stability. These parts press together to create your new artificial hip.

All parts have smooth surfaces for comfortable movement once you have healed.



Advantages, Risks and Complications

As with any surgery, there are advantages, risks and complications which can occur.

Advantages

- Pain relief
- Improvement in mobility
- Improvement in quality of life

The majority of joint replacement surgeries are complication free, however the risks vary depending on your age and overall health. Your Consultant will discuss success rates and complications with you.

Risks and complications

The risks and potential medical complications include, but are not limited to:

- Problems with anaesthesia
- Heart attack / Stroke / Death
- Bleeding which may require a blood transfusion
- Blood clots
- Delayed wound healing
- Infection
- Other medical complications
- On-going pain and reduced mobility
- Pressure sores
- Hip dislocation
- Bone fractures in surgery
- Paralysis, local nerve damage, numbness / weakness
- Device loosening or breakage of the implant
- Bone loss

Actions to reduce risks and complications

You and your health care team can take several actions before and after surgery to reduce the risks of complications.

It is important to be in the best possible overall health and there are a number of things you can do to prepare yourself for surgery, recovery and rehabilitation.

1. Diet

In the weeks before your surgery it is advisable to eat a balanced diet as this can help the healing process. If you need to lose weight it may be advisable to see a Dietician who will instruct you on how best to achieve this. You can talk to your Consultant/GP about a referral. See our booklet- "Bone, Muscle & Joint Health Nutrition and Orthopaedic Surgery"

2. Smoking

If you smoke, stop as far in advance of surgery as possible. Smoking may cause complications with the anaesthetic. Nicotine can delay or interfere with healing and bone growth. Surgery may be a perfect time to stop smoking altogether.

3. Blood clots

To reduce the risk of developing a blood clot in the legs or lungs:
Do not become dehydrated
- You will be advised when to have your last meal before surgery. You can drink some clear fluid (water) up until 6.00 am of the morning of surgery. We encourage you to resume fluids and a light diet soon after your surgery.

You will be assisted to mobilise on the day of your surgery if you are well enough. You will be advised to take frequent walks during your recovery.

You will be educated on leg and breathing exercises by a member of the Therapy team or Nursing teams.

Foot pumps are applied by nursing staff to help with circulation after surgery. You may have to wear compression stockings for up to 6 weeks after your surgery.

Medications can be used to thin the blood as indicated by your surgeon.

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Actions to reduce risks and complications

4. Infection

National Orthopaedic Hospital Cappagh maintains the highest standard in relation to infection prevention and control.

Please contact Same Day Admission Unit (01) 8140323, if you have any signs or symptoms of infection such as chest or urinary infection in the days prior to your surgery. Inform us if you have a rash, flare up of psoriasis, or eczema around your hip area, any cuts/lacerations or a leg ulcer.

If you have a history of MRSA, VRE or CRE or have been in contact with someone with MRSA or VRE please let us know as soon as possible. If family or friends have vomiting, diarrhoea, cold, or flu or other infections please ask them not to visit you in the days preceding or immediately after your surgery.

The best way to prevent infection is by good hygiene and hand washing. Remember to clean your hands immediately before eating and after using the toilet. Please avoid touching your wound.

The Team and You

On your journey from the pre-assessment clinic (PAC) to your surgery and discharge home, you will meet the members of our multidisciplinary team.

We aim to advise you before your surgery and assist you with your recovery following your surgery in preparation for your discharge home.

It is important to remember that this surgery is for your benefit. As a hospital we will endeavour to provide the best care we can offer. It is vital you engage and organise yourself before surgery to ensure your journey is as smooth as possible.



Nursing

Specialist nursing is provided on a 24-hour basis from admission through to discharge.

Your nursing requirements will be assessed and specific nursing care will be implemented which will meet your needs before, during and after surgery.

We will closely monitor your pain level and provide prescription pain relief which will make your post- operative recovery as comfortable as possible. This will aid your rehabilitation and mobility. It is important that you inform your nurse/health care professional/doctor of any pain you are experiencing. We will monitor your recovery and progress and communicate with the various health care professionals (both in the hospital and community) involved in your care. This will ensure that your discharge home will be as smooth as possible.

Physiotherapy

Once you return to the ward following your surgery and you are feeling well, you will be stood, sat out by the bed and may take a few steps with an appropriate aid later that day.

Walking aids (frame, crutches or sticks), are used to ease the weight on your new hip.

When walking with an aid, move the aid first, followed by the operated leg, and then the non- affected leg.

Turning around can be to either side but you must avoid twisting or pivoting on your new hip. Therefore, feet must be picked up at each step so that the operated leg is not placed too far in or out.

Most people will be discharged home with either two elbow crutches/sticks.

Exercises Post-surgery

Bed Exercises

(1) Deep Breathing: These should be done regularly to prevent chest infection.

(2) Ankle Pump Exercises: Move feet up and down at the ankles. These should be done regularly to prevent risk of blood clot in the legs.

(3) Strengthening Exercises: Press the knee flat onto the bed by tightening the muscles on the front of the thigh. Hold for 3 seconds, relax, repeat 10-20 times or as pain allows.

(4) Squeeze your bottom muscles together. Hold for 5 seconds, relax, repeat 10-20 times or as pain allows.

(5) Remember to keep your un-operated leg moving to prevent it from getting stiff.

Home Exercises

The following exercises are safe to perform at home and can be continued until your new hip is as strong and flexible as your other hip.



Lying on your back with a sliding board under your leg. Bend and straighten your hip and knee by sliding your foot up and down the board. Repeat ___ times.



Stand straight holding on to a chair. Bring your leg backwards, keeping your knee straight. DO NOT lean forwards.

Repeat ___ times.



Stand straight holding on to a support. Lift your leg sideways and bring your trunk straight throughout the exercise.

Repeat ___ times.

Your physiotherapist will advise on a suitable home exercise programme.

Medical Social Work

The Medical Social Work Department provides a confidential and supportive service which is available to all patients. Referrals to the Medical Social Work Department can be made by you the patient, a family member or through any hospital staff member.

The Social Worker provides advice and support for you in relation to any social/emotional problems which may be of concern to you or your family in relation to your surgery.

The Social Worker works as part of the multi-disciplinary team to plan for your discharge. Home is the best destination following a Total Hip Replacement. If your team feels you require some additional after-care the social worker can help facilitate this for you.

The Social Worker can liaise with community services to arrange services to help you on your discharge home. The Social Worker can advocate on your behalf for services / supports you may require, as well as providing you with information on social welfare and entitlements.

Occupational Therapy

Your Occupational Therapist and Occupational Therapy Assistant are part of the rehabilitation team. You may see either or both depending on your needs.

Occupational Therapy Assessment and Input may include:

- Gathering information about your home environment and your ability to perform everyday activities.
- Checking how you manage to get in and out of bed or on and off the toilet (functional transfers).
- Checking your ability to wash and dress yourself (self-care).
- Checking your memory and safety awareness if indicated (cognitive assessment).
- Advise you about aids and home set-up if you're having difficulty with the above.
- Linking with Community Occupational Therapy services/GP if further follow up is required.

After your surgery: Getting in and out of bed

How to get into bed:

1 Walk up to the bed using your walking aid.
2 Before you sit down make sure you feel the bed behind you with both legs.
3 Bring your operated foot forward, away from the bed.
4 Place your hands on the bed and sit back.
5 Sit as far back in the bed as possible.
6 Keep your body straight, bring your unoperated leg first onto the bed followed by your operated leg.

How to get out of bed:

How to get out of bed:

1 Move to the edge of your bed.
2 Keep your operated leg straight until you get to the edge of the bed.
3 When you reach the bed's edge, let your knee bend.
4 You will now be sitting on the edge of the bed.
5 Before standing slide your operated leg out in front of you.
6 Push up with your hands on the bed using your unoperated leg for more support.
7 Use your walking aid as directed by Physiotherapy.



Chair

A firm chair with arm rests is recommended as it can be easier to get up from and be more supportive to sit on in the weeks following your surgery. Many Primary Care teams no longer supply orthopaedic chairs. Have a look at your chairs before you come in to hospital. Identify a chair that is safe and comfortable that you will be able to stand up from easily once you get home.



Toilet

If you're having difficulty getting on/off the toilet after your surgery, speak to your Occupational Therapist about options to improve your comfort and safety.

Raised toilet seats are available for purchase from many companies as well as directly from National Orthopaedic Hospital Cappagh.

Travelling by Car

You are not allowed to drive until you have your review appointment with your Consultant 6-8 weeks following your surgery. On discharge you will be going home in a car. If a long journey is necessary, make sure that you take regular breaks.

Getting in

- Use the front passenger seat. Get the driver to move the seat back fully and recline the back rest
- A folded blanket or cushion on the seat can raise the seat height if this is particularly low
- Sit into the car with your operated leg out in front of you and get your bottom in first
- Slide back as far as possible.
- Lean back and slowly bring your legs into the car. You may need the driver to assist you
- Keep your operated leg as straight as comfortable
- You can bring the back of the seat forward to a position that is comfortable for you



Getting out

- Please get your driver to assist you with your walking aid
- This is the opposite to getting in
- Recline the back rest
- Slowly bring the leg out of the car
- Slide your bottom as close as you can to the edge of the seat
- Put your operated leg straight in front of you and stand taking weight on the unoperated leg
- Use the door frame to help you stand

Dressing

Dressing your lower body may be difficult after surgery. Long handled aids that may be useful for dressing your lower body include:

Long Handled Shoe Horn: This is to assist with shoes and trousers.



Helping Hand "Grabber": This will help you get clothing around your feet.



Sock Aid: This will help you to put on a sock independently.



These aids are available from many companies and also from National Orthopaedic Hospital Cappagh.

You will still need help with your compression stockings after your surgery as these can be difficult to manage by yourself.

Tip: Use loose fitting clothing, use runners with elastic laces or slip-on foot wear.

Showering / Bathing

It is not recommended to sit in a bath post total hip replacement. If standing in a bath was very difficult before your surgery, it is recommended to wait a few weeks until pain has subsided to try this. It is recommended to have someone in the house for the first time you try this.

Use of a cubicle shower is advised. You can return to showering when you feel confident to do so. A non-slip mat reduces the risk of slipping on wet surfaces. When you do return to showering, ensure any shampoo, soap and shower gel is positioned within reach.

A strip wash is recommended if you are unable to access a shower or do not feel confident to return to showering.

Kitchen

Before your surgery it is beneficial to plan ahead by stocking the freezer with ready meals or freezing batches of pre-prepared food.

Moving items that you use regularly to counter surfaces is recommended to help maintain your independence at home.

If you live alone, it is important you have planned well in advance. Identify someone who can assist you with shopping and help you with meals as necessary. Online shopping is a good option to be familiar with prior to having your surgery.

With good planning, most people manage well at home after their hip surgery. If you are concerned that you won't be able to manage, it is important to organise help before you come to hospital.

Heavy Functional Activities

If you are concerned about resuming activities which involve any heavy lifting, pushing, pulling or carrying, please discuss this further with your Occupational Therapist or Physiotherapist. This can be discussed at the Pre-Assessment Clinic or while you are in hospital following your surgery.

Typically, returning to work, driving, hobbies and sexual activity are feasible once you have been reviewed by your Consultant at 6-8 weeks following your surgery. If you have any concerns over specific activities, please discuss this with your Consultant on your review appointment.

Hip Precautions

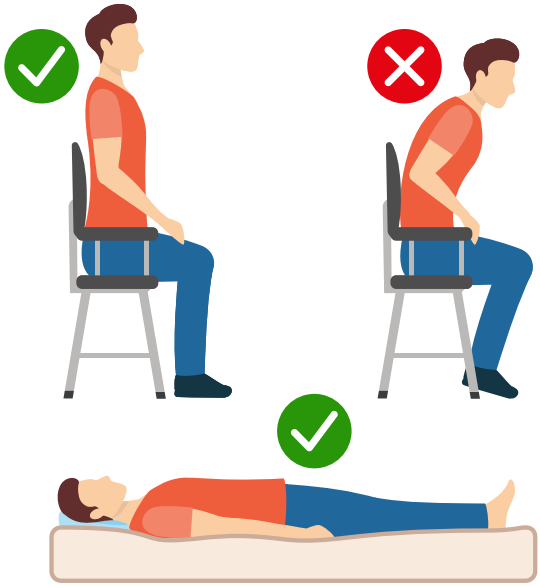
Due to advancements in surgery, people who undergo their FIRST total hip replacement no longer need to follow hip precautions, unless specified by your Consultant. It is recommended that you move within a comfortable range and as pain allows.

For people undergoing a **REVISION** total hip replacement, it is recommended that following your surgery the advice below is adhered to.

1 **DO NOT** cross your legs
DO sit straight with your legs in front of you

2 **DO NOT** bend the hip excessively
DO keep everyday use items at waist height and ask for help or use a long-handled aid when lifting items from the floor

3 **DO NOT** roll or sleep on your side
DO try to sleep on your back



Based on your condition and type of replacement your Consultant may limit the amount of weight or pressure you can put on your operated leg.

If your Consultant limits the amount of weight you can put on your leg, it can affect your engagement in daily activities. Your Physiotherapist and/or Occupational Therapist will advise you on how best to manage if this happens.

Checklist for Surgery

Family member/ friend identified to assist with:

- Meal preparation
- Shopping
- Cleaning
- Compression stockings (TEDs)
- Foot hygiene

What to bring:

- Non-slip flat shoes with a back (runners, slip on shoes)
- Loose fitting everyday clothing (This allows you get dressed and exercise)
- Long handled aids that you already own

Contact Details

Admissions Department
01 814 0501

Main Reception
01 814 0400

Medical Social Work Department
01 804 1423

Occupational Therapy Department
01 814 0429

Physiotherapy Department
01 814 0462

Pre-Assessment Clinic
01 814 0407

NATIONAL ORTHOPAEDIC HOSPITAL CAPPAGH

Cappagh Rd, Finglas, Dublin 11, D11 EV29
T: **01 814 0400** E: **info@nohc.ie** **www.nohc.ie**

Produced by the
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