Service above self

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The Shrewsbury and Telford Hospital NHS
NHS Trust

Your Total Hip Replacment

Princess Royal Hospital
Apley Castle
TELFORD
ShropshireTF1 6TF

Tel: 01952 641222

Notes Section

Please use this section to make a note of any questions or concerns that you may have or consider important. **Please feel free to bring this booklet to your out-patient appointments.**

Welcome to the Princess Royal Hospital Telford

The information in this booklet aims to give you advice and answer your questions about your Total Hip Replacement (THR), before and after your operation. It is important that you play your part in your treatment and the aftercare of your new joint, so that it may improve your quality of life.

If you do not understand any part of this booklet, or if you have any further questions or comments, please write them down and bring them with you to your next appointment when they can be discussed. Alternatively if you feel you would like to talk to the Nurse Practitioner who works with your Consultant Surgeon please call:

The Hip & Knee Helpline

Telephone 01952 64122 ext. 4034

A Nurse Practitioner will answer your call if available, otherwise please leave your name, telephone number and hospital number (if known) on the answer machine and a Nurse Practitioner will call you back as soon as possible.

Outpatient Clinic Appointments

Date	Seen by	X-rays	Comments

Arthritis Research Campaign - Arthritis Research Campaign is a UK charity dedicated to curing it. There website is for anyone who wishes to know more about arthritis, the charity and how to help find the cure.
Telephone: 0870 850 5000
Email: info@arc.org.uk
Website: www.arc.org.uk

National Joint registry - Whether you are a patient who is going to be undergoing surgery in the coming weeks, or a friend or relative of a patient, this area gives you information about what to expect and why the work of the NJR is so valuable and how you can help.
www.njrcentre.org.uk

British Orthopaedic Association - Information on risks and benefits to THR and consent to surgery
http://www.orthoconsent.com/documents/THR(4)(2).doc

Website: www.sath.nhs.uk

Contents

Please remember that the information in this booklet is only for guidance. Every Patient is treated as an individual and treatment may vary depending on your consultant.

What is a Total Hip Replacement?

A Total Hip Replacement (THR) is a major operation for severe hip pain, mostly due to osteoarthritis or inflammatory arthritis. Both result in hip pain and stiffness.

Patients are considered for a THR if:

- They have significant pain during the day
- Their activities of daily living are severely restricted
- The pain disturbs their sleep
- Their symptoms are not relieved by conservative treatment (such as pain treatment and the use of a walking stick etc).

Like your own hip, your hip replacement is a ball and socket that fit together to form a joint. Your Consultant Orthopaedic Surgeon chooses the best prosthetic design and material for you after carefully diagnosing your hip problem.

Further information is available from:

http://www.boneandjointproblems.com/index.html
Provides some explanations around your joint problem with possible treatment options.

NHS Local - Provides a range of services for the public in the West Midlands
www.nhslocal.nhs.uk
http://www.nhs.uk/Conditions/hip-replacement/Pages/Introduction.aspx

Enhanced Recovery -The following websites provide further general information about enhanced recovery:
http://www.nhs.uk/conditions/enhanced-recovery/Pages/Introduction.aspx

Equip - A West Midlands NHS website which signposts patients to quality health information and provides local information about support groups and contacts.
Website: www.equip.nhs.uk

Patient UK - Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self help groups and a directory of UK health websites.
Website: www.patient.co.uk

Who can I contact for help?

If you have any questions, note them down and ask the Nurses, Doctors or Therapists to answer them for you.

Hip and Knee Helpline - 01952 641222 and when directed to do so key in the extension number:- 4034

Nurse Practitioners:

Vicki Gill	01952 641222 (bleep no. 002)
Lorraine Petford	01952 641222 (bleep no. 203)

Pre-Assessment	01952 641222 ext. 4763
Orthopaedic Ward 11	01952 641222 ext. 4011
Occupational Therapy	01952 641222 ext. 4102
Physiotherapy	01952 641222 ext. 4103

Complaints

If you have a complaint, please contact the Nurses or Doctors straight away. If they are unable to resolve your complaint, then please ask to use the Hospital Complaints Procedure. Your complaint will be investigated and addressed.

Patient Advise and Liaison Service (PALS) is a confidential service that will act on your behalf when handling patient and family concerns. They can also help you get support from other local or national agencies 01952 282888

Benefits of THR

A THR is very successful operation in relieving the pain and stiffness usually caused by arthritis. It also increases your mobility & function thus improving your quality of life. However, movement and function of the new joint cannot be expected to match that of a normal hip joint.

Alternatives to THR

The alternatives to surgery are; pain treatment, and physiotherapy. These have usually been tried prior to you being put on the waiting list for surgery.

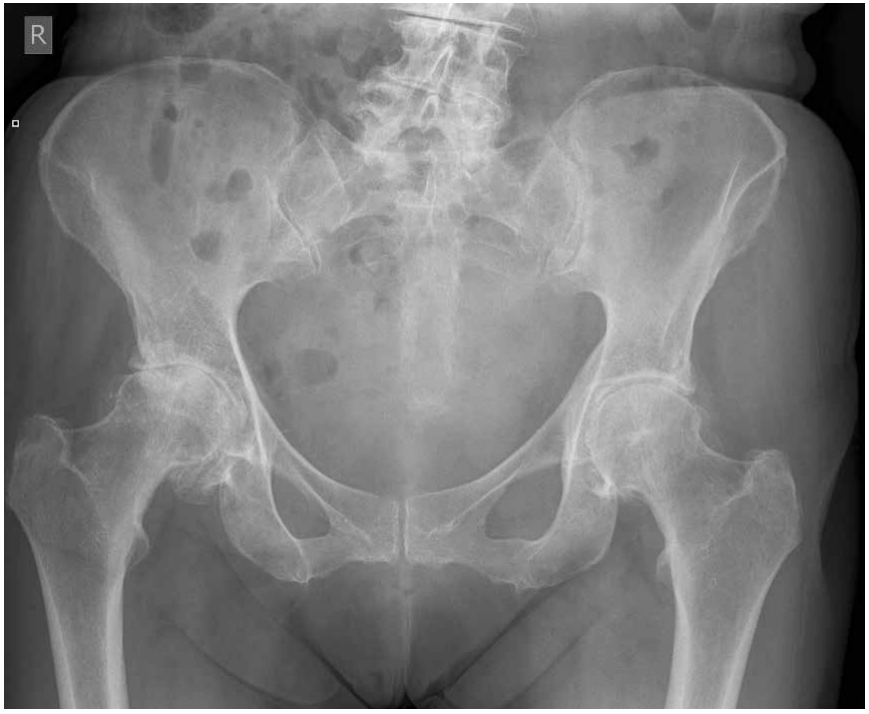

Figure 1: Right Hip Severe Osteoarthritis

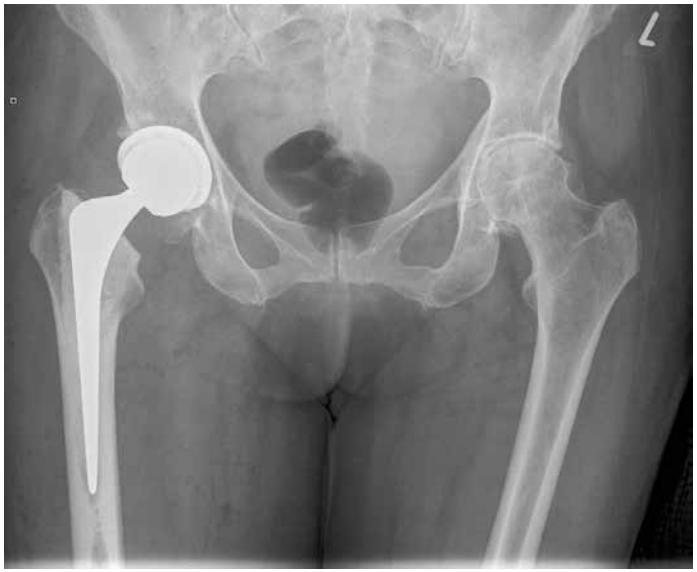

Figure 2: Right Total Hip Replacement - post-operative

Risks of the THR operation

A THR is a major operation. It has a very high success rate but as with any operation there are some risks involved. Patients are seen and assessed in a pre-operative assessment clinic to make sure they are as fit as possible before the operation. Every effort is made to reduce the risks of all complications.

Common Complications

Leg swelling: This is normal and can last for 6-12 months. Not constant, it will normally settle overnight but worsen as the day progresses.

Bruising: You may have severe bruising, but this will settle

DO's and DON'Ts

It will take about 12 weeks for you to return to your normal activities e.g. driving the car, returning to work, and gardening. Following your operation, certain positions that could cause the hip to dislocate must be avoided. By that time, the surrounding tissues should be well healed and the muscles strong enough to support the new joint. It is advisable to continue with any special precautions when undertaking specific activities.

DO NOT bend forwards, or to either side, to reach objects on the floor.

DO NOT bend at the hip more than a right angle.

When lifting, make sure your hips are level or higher than your knees.

DO NOT sit on low, soft sofas, chairs or seats.

DO NOT do twisting movements at the hip.

DO NOT force movements at the hip.

DO NOT cross your legs, even at the ankles.

DO NOT lie on your un-operated side until after 12weeks, and then never without a pillow between your legs.

DO NOT walk on uneven ground without a walking aid.

DO NOT jog, run or participate in high impact sports.

DO continue to perform your ankle and foot exercises.

Do Enjoy Your New Hip

Driving
It is usually 6-12 weeks before you can start driving and only when your leg is strong enough to use the brake / clutch. The reaction time of the operated leg is not back to normal until 8 weeks after the operation. Do not attempt to drive until after your first out patient follow-up. You may need to check with your insurance company before you start driving that you are covered. You do not have to contact the DVLA following a hip replacement unless you have a HGV license.

Flying
Due to the risk of blood clots, short haul flights may only be undertaken after 12 weeks from the date of the operation, and 6 months for long haul (over 4 hours).

Work & Sick Notes

If you still work this will be discussed with you but usually you will be off work 12 weeks.

Please ask the nurses for a sick note. These will only cover the time you are in hospital. Any others come from your GP.

Blood clots: A DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs. The risks of a DVT are greater after any surgery (especially bone surgery). In some cases, part of the clot can pass into the blood stream and be deposited in the lungs (a pulmonary embolism– PE). This is a very serious condition which affects your breathing. You will be given medication for 5 weeks post surgery through an injection to try and limit the risk of DVTs forming (you will be shown how to administer this so you can do it yourself post discharge).

Starting to walk and getting moving is the best way to prevent blood clots from forming. Regular leg exercises, ankle rotation, pulling and pushing your toes towards and away from your body helps to avoid a DVT.

Bleeding: This is usually small and can be stopped during the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a collection of blood or large bruise within the wound which may become painful & require an operation to remove it.

Pain: The hip will be sore after the operation. If you are in pain, it’s important to tell staff so that the appropriate medicines can be given. Pain will decrease with time. Rarely, pain will be a long term problem and sometimes with no obvious reason.

Altered leg length: The leg which has been operated upon may appear slightly shorter or longer than the other. Heal raisers are rarely required.

Joint dislocation: This is a difficult problem. If this occurs, the joint can usually be put back into place without the need for open surgery. Sometimes this is not possible, and an open operation to relocate the hip is required. If the hip keeps dislocating, a revision operation may be necessary.

Prosthesis wear / loosening: Modern operating techniques and new implants mean that most hip replacements last over 15 years. In some cases, this is significantly less. The reason is often unknown. There is still debate as to which material is the best.

Superficial wound problems / Altered wound healing: The wound may become red, thickened and painful (keloid scar). Massaging the scar with cream when it has healed may help.

Less Common Complications

Deep wound Infection: You will be given antibiotics just before and after the operation and the procedure will also be performed under sterile conditions in theatre. Despite this, infections still occur. The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary.

Leisure and Hobbies

Sport

Physical activities, such as golf and hill walking or swimming etc. should not be undertaken for at least 6-12 weeks after your operation. Any activity that involves running, jogging or high impact sports are to be avoided indefinitely.

Housework

Avoid standing for long periods. Sit down on a high stool while preparing meals, ironing, etc. when possible. Try to spread your household chores evenly through the week to allow plenty of time to rest. Hoovering should be avoided for 12 weeks.

Gardening

Avoid any gardening activity for at least 12 weeks after your operation. Avoid digging for 6 months. When returning to the garden, always consider the bending / kneeling and other precautions already outlined in this booklet. Long handled tools can be purchased. Your Occupational Therapist can advise you where they can be obtained.

Travel

You will be able to go home in a car with relatives or friends. Make sure you have been told how to get in and out of a car. If the car seat slopes down at the back, or is too low, put a pillow or cushion on to level it.

Since you are not able to bend to the floor to dress the lower part of the body for 12 weeks, the Occupational Therapist will demonstrate some dressing aids which are recommended, especially if you live on your own. These include a Helping Hand for picking things up generally, stocking / sock / tights aid, and a long handled shoe horn.

Stairs and Steps

You will be taught how to go up and down steps by your physiotherapist before you go home.

Going up: Un-operated leg first, the operated leg and finally the crutches. Use banister with the free hand if possible.

Going down: Crutches first, then the operated leg, finally the un-operated leg.

Sexual Intercourse

It is possible to resume “sexual relations’ after 12 weeks. After this time it is possible for the woman to lie on her un-operated side with her operated hip supported by a pillow or on her partner’s thigh. In a few months it is often possible to have sexual intercourse in the missionary position, but extreme caution must be taken not to bend the operated hip beyond 90 degrees.

In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis which is an emergency requiring urgent attention.

Rare Complications

Bone Damage: The thigh bone may brake when the implant is put in. This may require fixation, either at time or at a later operation.

Nerve Damage: Efforts are made to prevent this however damage to the nerves around the hip is a risk. In particular, there may be damage to the sciatic nerve. This may cause temporary or permanent weakness and altered feeling of the leg and foot.

Blood vessel damage: The vessels around the hip may rarely be damaged. This may require further surgery by the vascular surgeons.

Pulmonary Embolism: A PE is a consequence of a DVT. It is part of a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal.

Death: This rare complication can occur from any of the above complications.

Anaesthetic & medical complications

Nausea & Vomiting: Some patients feel a bit sick for up to 24 hours after the operation, this will pass. You will be given some treatment for sickness if necessary.

Chest infection: To prevent this, you will be asked to sit up in bed and be mobilised early. The physiotherapist may show you breathing exercises. The oxygen given when you come back from theatre will also help. If necessary you will be prescribed a course of antibiotics.

Pressure sores: If you remain in bed for any length of time there is a risk of damage to the skin and soft tissue (pressure sores). You will be encouraged to change position and move regularly

Preparation for the Procedure

The Orthopaedic Department at The Princess Royal Hospital, Telford, uses the system of **Enhanced Recovery** for planned total hip replacements.

What is Enhanced Recovery?

It is a progressive approach to planned surgery, ensuring patients are in the best health for treatment, have the appropriate care delivered, and experience the best possible post-operative rehabilitation and recovery. Patients on enhanced recovery pathways recover more quickly following surgery, and can therefore leave hospital sooner.

Bed

Your bed needs to be firm and of a correct height for you this is usually between 18 - 21 inches depending on your height. When you sit on the bed your hips should always be level or higher than your knees. If this is not so, your Therapist may be able to provide information, advice and equipment. When getting out of bed you must always lead with your operated leg. When getting into bed lead with your un-operated leg. There may be occasions when this is not practical at home and in such cases alternative arrangements may be necessary BUT ONLY if first discussed with your Therapist.

Showering

It is advisable not to have a bath for 12 weeks as this will increase your risk of dislocation. If you have a shower over your bath, then you can have a bath board to help you. Your Therapist will show you how to use it. If you have a shower cubicle or a walk in shower you will still be able to use them.

Dressing

It is advisable to dress whilst seated and to dress your operated leg first and undress it last. DO NOT BEND FORWARDS to reach below your knee and DO NOT LIFT your operated leg up towards you. Avoid tight clothing over the wounds such as corsets.

If you don't have a suitable chair then your Therapist may be able to raise / alter one of your own chairs, otherwise an alternative may have to be found.

Toilet - Always use the 4" raised toilet seat while in hospital. The Therapist will provide one for your use at home for at least 12 weeks. Without rails, stand / sit as with a chair, holding the rim of the toilet seat with one hand and your sticks or crutches with the other.

Lying

After your operation your leg will be supported when lying in bed with a pillow or leg trough. This prevents you from crossing your legs or twisting at the hips. Until you are able to move yourself, please try to help the nursing staff to move you around the bed using your un-operated limbs. You can also use this method to relieve the pressure on your bottom.

When you go home, it is advisable to keep a pillow between your knees. You may lie on your operated side with a pillow between your knees when it is comfortable to do so. DO NOT LIE on the un-operated side for 12 weeks as this will increase the risk of dislocation.

What are the benefits of Enhanced Recovery?

The enhanced recovery programme is about improving patient outcomes and speeding up a patient's recovery after surgery. Our programme focuses on making sure that patients are actively involved in their own recovery process. There are four main parts to our enhanced recovery programme:

1. Pre-operative assessment, planning and preparation **before** admission (including practising your post-operative exercises **before** you come into hospital).
2. Reducing the physical stress of the operation (smaller incision, unique anaesthetic techniques, reduced time on the operating table).
3. A structured approach to immediate post-operative management, including regular pain relief and prevention of nausea and vomiting.
4. Early mobilisation. Research shows the earlier you get out of bed and start walking, eating and drinking after your operation, the better.

Pre-Operative Assessment Clinic (PAC)

It is important to plan and prepare for your return home **before** you go into hospital. You will be part of a team working to get you better to prevent any complications and get you home as soon as possible.

You will be asked to attend a pre-admission assessment clinic (PAC), where your fitness for surgery will be assessed by the pre-assessment team. This can take up to 3 hours. They will go through your current and past medical history to establish any key risks that need carefully managing during your time in hospital, and you will undergo any tests required and asked to complete questionnaires.

Please bring with you a current medicine prescription or your medication in their original boxes, and a sample of urine.

Failure to attend PAC, will result in postponement of your surgery

A separate appointment, a few weeks prior to your surgery, will review your home circumstances. We will assess for and then provide or recommend any adaptive equipment that you may need at home (e.g. raised toilet seat).

Diet: You will recover more quickly if you are healthy beforehand. Try to eat a healthy diet in the time leading up to your operation. If you have any concerns about your diet, discuss them with your GP. If necessary, you can be referred to a dietician. If you are overweight, it is very important to reduce your weight in preparation for your surgery. This will help to reduce any risks associated with an anaesthetic and make the operation much easier.

When you are ready to do so, lean on a firm support, stretch your operated leg out behind you and bend down with your un-operated leg.

A ‘helping hand’ or other long handled equipment will have to be used in the mean time. Your Therapist can advise you where you can purchase these items. Try to place all items required after your operation at a level that is waist height or above so as to avoid unnecessary bending or kneeling.

Sitting

Always make sure your hips are level or higher than your knees when sitting. Standing up, keep your operated leg out in front of you and take the weight through the un-operated leg. A firm high chair with arms is recommended for at least 12 weeks after your operation. Use the arms to help you stand up **never** use your walking aid to help you stand up.

The seat of your chair should be flat and level (not sloping backwards) and the height should be between 18-21 inches, depending on your height.

Dissolvable sutures dissolve by themselves over a few weeks. If, however, the area becomes swollen and painful, or any discharge appears, you need to see your GP immediately.

Standing and Walking

The Physiotherapist will have instructed you in the use of the walking aid. You must move the walking aid first and then lead with your OPERATED leg and finally your un-operated leg. **DO NOT Twist OR PIVOT** on your operated leg when turning. Walk round in a small circle towards your operated leg first, if possible.

Gradually increase the amount of walking you do. After 6 weeks you may, depending on your consultant, progress to one stick, holding it in the opposite hand to the operated leg. As your walking improves, you may gradually stop using the stick around the house, but it is safer to use a stick when walking out of doors until you are confident - AVOID uneven ground for at least 12 weeks and if undertaking an activity such as hill walking. ALWAYS use a stick - for extra support.

Bending and Kneeling

You must not bend your upper body forward whilst sitting, more than demonstrated by your Therapist for at least 12 weeks. DO NOT kneel down fully to pick things up off the floor. This movement cannot be undertaken until 12 weeks after your operation.

You may be supplied with 6 cartons of a high carbohydrate lemon flavoured drink (depending on your surgeon). These drinks are part of your pre-operative preparation and help to improve your post-operative recovery. **The evening before your operation** you will need to drink **4** cartons. **The day of your operation** you need to drink **2** cartons by **6.30am.** If you are admitted the day before surgery please bring your drinks with you.

Smoking: Smoking cigarettes will compromise healing after surgery and make you more prone to complications. Therefore it is best to stop smoking. If you wish to give up smoking, we can refer you to the Hospital Stop Smoking Service (previously called Help 2 Quit). Alternatively you can contact Julie Rudge on extension 4464 or bleep 256, or your GP practice.

Contraceptive Pill or Hormone Replacement Therapy

(HRT): Women may need to stop taking the contraceptive pill, or HRT **six weeks** before treatment because of the increased risks of blood clots.

If you are a Carer for a spouse, relative or friend, you will need to arrange alternative care for them for up to 12 weeks following your surgery. This may need to be arranged via your GP.

Arranging a buddy – Ideally you should arrange for a “named” spouse, friend or relative to be available for you up to 12 weeks following your surgery to assist with any daily living activities you may require support with initially.

Consent for Surgery

Your consultant’s **Orthopaedic Nurse Practitioner** will explain your surgery to you, including its risks and benefits. You will be asked to sign a consent form for the operation and for the National Joint Registry.

Your medicines will be transcribed.

Physio / Occupational Therapy (OT) Assistant Practitioner

You will be shown the post-operative exercises and given practice targets prior to admission. The OT will arrange for you to attend a pre-operative appointment to discuss your home situation and to assess for any equipment needed. This ensures all equipment required will be installed prior to your admission. If you have any concerns about how you will manage on discharge then speak to the therapist. Please bring with you the completed height form with your furniture measurements.

It is recommended that you perform the following exercises for the next few weeks before your admission.

The wound and stitches - Your wound will be checked before your discharge. The nurses will tell you when any clips / stitches need to be removed. A dressing may or may not be applied. It is not required once your wound has healed.

Washing - You can wash the wound 2 days after the clips / stitches are removed. Soap and water are entirely adequate. Salted water is not necessary. You can wash or bathe the rest of yourself normally.

What about Informing my relatives and contacts? - With your permission, the nurses and doctors will keep your relative and contacts up to date with your progress.

Following Discharge

After You Leave Hospital you may feel tired and require rest. This should pass after a few weeks. You must try to get back to normal. Do not sit for long periods. It is important to move about.

Your first check up will normally be 6 weeks post operatively.

The Wound and Stitches

If you have clips / stitches to your wound, these will normally be removed about 2 weeks after your operation, usually at the GP surgery or by the District Nurse. The ward staff will organise their removal.

The Days to Discharge

Will it hurt? - You may experience some pain from your hip, but the pain you experienced prior to surgery will be gone. Other joints and your back may stiffen up due to reduced mobility, so it is important to keep joints moving to prevent this happening. Your new joint may feel stiff when you first get out of bed or the chair, this quickly passes.

Opening bowels - It is quite normal for your bowels not to open for a day or so after the operation. Remember the 'painkillers' we use do make some people suffer constipation; please let the staff know.

Passing urine - We would expect you to pass urine within 6-12 hours of the operation. If you find using a 'bedpan' or 'bottle' difficult, please ask to use the toilet. If you still cannot pass urine, let the nurses know and then steps will be taken to correct the problem. This may mean that you have to have a tube passed into the bladder, this is called a catheter. One will only be passed if necessary and will be removed as soon as you are mobile enough to walk to the toilet. You may have to have antibiotics while the catheter is in place.

Sleeping - You will be offered painkillers rather than sleeping pills to help you sleep. If you cannot sleep despite the painkillers, please let the nurse know.

Hip Extension Exercises

1. Stand up straight, near something that can be used for support, eg a work surface, a heavy chair or settee.
2. Keep your body straight and upright throughout the exercise.
3. Move your bad leg backwards as far as possible, keeping the knee straight.
4. Slowly return to the starting position.
5. Repeat 10 times.

Please repeat this exercise at least 3 times a day.

Hip Abduction Exercise

1. Stand with your legs shoulder width apart and have a table or chair next to you for stability.
2. Perform an abdominal draw in to protect your back from injury. Do this by pulling your umbilicus (belly button) in towards your back.
3. Keep your knee straight, toes pointed and kick your leg out to the side of your body slowly.
4. Make sure you keep your upper body and back straight during the exercise.
5. Return to starting position.
6. Repeat 10 times.
7. Repeat with opposite leg.

Please repeat this exercise at least 3 times a day.

- You may be escorted to have an X-ray on your bed to check the position of your hip. Don't worry if this is not done on the first day as it does not affect your progress.
- You will be assisted when you first get out of bed to stand and sit out in the chair, by either a Physiotherapist or Nurse, with the support of a correct walking aid. You will walk at first using a Zimmer frame, then progress onto crutches when you have regained some confidence.
- You will be shown how to safely administer the blood thinner (Tinzaparin).
- If you have a drain it will be removed.

Day two – after the operation

- Your dressing will be checked and pressure dressings reduced down.
- The PCA, if you still have one, will be removed and you will be offered regular painkilling tablets.
- The Physiotherapist will see you daily, gradually increasing your exercises and walking. You will be shown how to use the stairs safely with your crutches.

How long will I be in hospital for?

The average stay following a hip replacement is 3-5 days. Before you leave hospital, you will either be given an appointment, or one will be sent to you, for you to come back for a check-up within 10 weeks.

The Anaesthetist and Nurses will explain how this works. It is usually discontinued after 24 hours. After this you will be offered painkiller tablets regularly. It is worth remembering that post painkillers can cause constipation, you are advised to inform the ward staff if you experience any problems.

Occasionally you may have a tube coming from beneath your hip wound into a bottle to drain any excess blood away. This can help to reduce bruising and swelling after this operation. It may be a special type of drain so that some of your own blood can be transfused back to you.

After a General Anaesthetic, the drugs given may affect your decision making for about 24hours, therefore you are advised not to make any important decisions during that time.

Day one – after the operation

- You will be encouraged to eat and drink as normal today. If you have a drip, this will normally come down.
- The nursing staff will assist you with your toileting needs and washing, and encourage you to change your position to ensure you do not become sore. You are encouraged to dress in your usual clothes.
- Your dressing will be checked to ensure it is intact.
- You will have bloods taken.

What happens when you arrive at hospital?

Welcome to the Ward - You will be shown to your bed. You will have some basic tests done, such as pulse, temperature, blood pressure and urine tested.

Medication - You will be asked to hand in any medicines you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visit by the Surgical Team - If you did not see the doctor in PAC, he / she will interview and examine you on the ward. He / she may arrange for you to have blood tests carried out and any other special tests needed. You will be asked to sign a consent form (if you have not already done so), and the leg will be marked with an arrow using a marker. Your consultant may also come and see you before your surgery. If you are not clear about any part of the operation, ask for more details from the doctors or the nurses.

Visits by the Anaesthetic Team - The Anaesthetist who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and previous anaesthetics you have had, plus any anaesthetic problems in the family.

Diet - You will have your usual diet until 6 hours before the operation, then you will be asked to take nothing by mouth (including chewing gum and mints).

This will let your stomach empty to prevent vomiting during your operation. Your surgery may be cancelled if you do not comply with these instructions.

Shaving - Only excess hair may be shaved off to prevent it affecting the wound. This is done in theatre.

Timing of the operation - The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the Operating Theatre. Do not be surprised, however, if there are changes to the exact timing.

Transfer to theatre - You are taken to Theatre on your bed, accompanied by a Ward Nurse and a Theatre Porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward (or removed in the reception area of Theatre). Spectacles, if required for reading, can be taken down to Theatre with a receiver labelled with your details. To ensure your safety, there will be several checks on your details on the way to the Anaesthetic Room where your anaesthetic will begin. Your operation is then performed.

What happens during the operation?

Your surgeon will make a cut over the hip to remove the damaged joint. The joint is replaced with the new hip joint. Your cut will be closed with either clips or dissolvable stitches or both.

The wound may be covered with a bulky pressure dressing.

What happens after the operation?

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back on the ward. You will be sat up in the theatre recovery area.

On return to the ward you will be monitored. This may include checking your blood pressure, pulse, oxygen saturation and temperature. You will have a drip into a vein in your hand / arm until you start drinking again and antibiotics may also be given to you this way. You may have oxygen via nasal cannulae or mask for a few hours or overnight. Your operated leg will be resting in a foam trough whilst in bed and you will be encouraged to move to relieve pressure on your back and bottom. This is important as it reduces the risk of pressure sores, blood clots and chest infections. Whilst in bed, intermittent calf compression devices may be attached to your calves. This improves circulation and helps prevent blood clots. You will be encouraged to sit out on the day of the operation (depending on your time of surgery).

Your post-operative pain management will be decided by your surgeon and anaesthetist, personalised to your needs. You may have a pump connected to your arm delivering a ‘pain killing’ drug. It is called patient-controlled analgesic (PCA). The amount of ‘pain killer’ is controlled by pressing a button.