

Revision hip surgery at The Royal Bournemouth Hospital



This booklet from the Orthopaedic Directorate has been designed to answer any questions you may have

Please bring this booklet into the hospital with you

Introduction:

Dear Patient,

This booklet tells you about revision hip surgery at the Royal Bournemouth Hospital. It is for people who decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedics Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

Best Wishes,

The Orthopaedic Team

This guide belongs to:

.....
Your orthopaedic consultant is:

.....
Appointment Dates

Surgery:

Follow up:

Other:

Goals

Goal 1:

Goal 2:

Goal 3:

We encourage your questions and enquiries;
please write them here to ask at your next meeting

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Educational information

What is this operation for?

A revision hip replacement may be required for a number of reasons. These include loosening, fracture, infection and dislocation of your previous hip replacement. The operation is variable depending on the presence of infection and is usually done in one or two stages.

Risks to this surgery

Revision surgery can be more complex and the risks are higher than for first time surgery. The outcome is generally reported as being 80% as good as the previous joint. If you need further revisions this success rate can deteriorate further. The surgery can be more complex and take longer. The risks outlined below are talked about in the following terms, but you should discuss with your surgeon what the risks are specific to you and your health).

Term	Numerical Ratio	Equivalent
Very Common	1/1 to 1/10	A person in a family
Common	1/10 to 1/100	A person in a street
Uncommon	1/100 to 1/1000	A person in a village
Rare	1/1000 to 1/10,000	A person in a small town
Very Rare	Less than 1/10,000	A person in a large town

Common

Bleeding

It's common to have a small amount of bleeding from the wound after surgery. Significant bleeding after a hip replacement is rare, but on occasions a blood transfusion may be required. If there has been excessive bleeding resulting in significant swelling in the hip, a further operation may be required within the first few days to remove the clotted blood.

Scar

Any surgery will leave a scar. The scar from a hip replacement should form a fine white line down the top and side of the buttock to the side of the hip over the course of two years. Some people may produce more prominent and unsightly scars.

Stiffness

You will be shown exercises to improve movement in your hip. However, if you are struggling to move the hip after your operation you may require further physiotherapy at a later date.

Pain

This operation is designed to remove arthritic pain caused by the hip joint. After the operation you're likely to experience pain because of the surgery. The nurses will be able to provide you pain relief and this pain should improve over time.

Clicking and clunking

Your hip replacement is a sophisticated mechanical device made of ceramic, metal and plastic. It may give some clicking and clunking sensations, which are perfectly normal and nothing to worry about. Not everyone notices these sensations.

Post-operative nausea and vomiting

Anaesthetics may make you feel sick after surgery. If this is the case, please let your nurse know and they will be able to give you some medication to help.

Urinary problems

It's likely you will have a catheter after your operation. This is because, if you have a spinal anaesthetic (the most common kind of anaesthetic used) this is likely to affect the nerves which control your bladder for a short time after the operation. Catheterisation is when a small tube is placed in the urethra which allows urine to flow and be collected whilst you are anaesthetised. If you can't urinate after your catheter has been removed, you may need to be re-catheterised to help you empty your bladder.

Chest infection

If this happens you may need antibiotics and physiotherapy.

Leg length discrepancy

Your surgeon will use a number of methods to try to ensure they achieve the desired leg length but no technique can achieve perfect leg length in every case.

Poor wound healing

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking have a better outcome from surgery.

Dislocation

You will be given instructions on certain positions and movements to avoid in the initial three months following surgery. This will reduce the risk of dislocation after your total hip replacement. If the hip dislocates occasionally, further surgery may be needed to rectify the problem. This can usually be relocated with a short anaesthetic.

Bone forming in muscles around the hip replacement (heterotopic ossification)

This can cause loss of movement in the hip. You may require an extra operation to remove the extra bone. This can only be performed one to two years after the original operation.

Blood clot in the leg (Deep Vein Thrombosis – DVT)

A DVT is a blood clot in the deep veins of the calf or the thigh. This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. You will be given anti-embolism stockings, blood-thinning medication and exercises to reduce the risk of DVT. Getting out of bed the day after your operation, with the help of the therapists, helps reduce the risk of this complication.

Blood clot in the lung (pulmonary embolism - PE)

This happens if a blood clot moves through your bloodstream to your lungs. A PE can cause shortness of breath, pain in your chest or back or cause you to cough up blood. You will be given anti-embolism stockings, blood-thinning medication and exercises to reduce the risk of a PE. Getting out of bed the day after your operation, with the help of the therapists, helps reduce the risk of this complication.

Loosening (without infection)

Over a period of time your new hip joint may become loose and require further surgery. The plastic component may also wear out over time, which would require further surgery.

Fractures of the femur (thigh bone) or pelvis

This can occur when the surgeon is removing or inserting the components for your joint replacement if the bone is weak. Should this happen your surgeon may need to use different techniques to repair the bone and this can prolong your recovery.

Joint infection

With any open surgery there is a chance of infection, despite all possible precautions being taken during your operation. To reduce the risk of infection you will be given antibiotics before and after surgery. Good hand hygiene is important and you are encouraged to use the alcohol gel or soap and water nearby. If you notice any swelling, discharge or itching around your wound when you are home you should notify your doctor. It's important to treat any signs of infection quickly, as an infected joint replacement that hasn't been treated may require another operation, and potentially, the removal of the implant.

Damage to nerves

Due to scar tissue from the previous surgery, the nerves may be 'stuck' down and therefore are more likely to be damaged during surgery. This can cause temporary or permanent weakness, numbness and pain in the leg or foot (for example footdrop). If temporary, it can take several months to resolve. Numbness around the wound is normal; it can get better after several months but it could be permanent.

Damage to blood vessels

This can lead to loss in circulation to the leg and foot. If this happens you will need surgery immediately to restore the blood flow.

Heart attack

This can sometimes cause death. Your anaesthetist will discuss the risks associated with the anaesthetic with you.

Stroke

This is where your brain function is altered due to an interruption of the blood supply to the brain. This can sometimes cause death.

Uncommon

Death

Your anaesthetist will discuss the risks associated with the anaesthetic with you.

Rare

Amputation

In rare cases, severe complications such as irreparable damage to blood vessels may result in the need for the leg to be amputated

If you are worried about any of these risks, please speak to the surgeon or anaesthetist before your operation for further advice.

Before your surgery

Once you have your date for surgery you can do several things to aid preparation for your operation and to improve your recovery.

Smoking

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term improvements to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking please speak to your pre assessment nurse or GP for advice and services available.

Weight

Even though you may feel fit and healthy at your current weight, patients with a higher body mass index (BMI) are more likely to experience potentially serious complications both during and after surgery.

If you are keen to lose weight before your surgery please speak to your pre assessment nurse or GP for advice and services available.

Planning ahead

It is important to plan and make arrangements for how you will manage when home. Stocking up your freezer with easy cook items is advised (particularly if you live alone), as you may find it difficult to walk to the shops initially. After the operation you will need to wear the anti-embolism stockings for 24 hours a day for six weeks. The precautions in place after this operation mean you will not be able to change these yourself. Please ask a family member or friend who can assist you by changing these stockings, checking your skin and helping you wash your legs.

Pre-Assessment

The Pre-admission department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call the Pre-Admission Department.

The visit to the pre-operative assessment clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery may be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and preoperative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may drink and eat as usual the day of your pre-operative assessment visit.

You may be seen by other health care professionals during the visit. These may include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction.

Arriving for your surgery

Eating and drinking

If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs. You must therefore follow these instructions.

- If your admission time is approximately 07:00am - you must not eat anything after 02:00am, and you must not drink anything after 05:00am.
- If your admission time is approximately 10:00am - you must not eat anything after 05:00am, and you must not drink anything after 08:00am.

If you normally take prescribed medicines in the morning, please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of water.

Please do not drink alcohol for 24 hours before surgery. Please do not smoke on the day of your surgery.

Arrival

You will come into hospital on the same day as your operation. If you are having your surgery on our main orthopaedic ward (ward 7) then you will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery. If you are having your surgery at the Derwent ward then please arrive at the Derwent ward reception.

A nurse will then check you in. You will also be visited by the surgeon and anaesthetist before your operation. You will have the chance to ask any questions you may have. You will then be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff. You will be asked to remove any loose items such as glasses, false nails and dentures prior to your surgery.

During your stay you may be moved between our two orthopaedic wards. This could be due to a medical reason or for bed management. In this event you will be notified in advance.

Your surgery

Anaesthetic

Your anaesthetist will come to see you before your operation to discuss the type of anaesthetic that you will be given. They will ensure that the anaesthetic used is appropriate for you and answer any questions you might have. All of our anaesthetists have the same goal, which is to provide you with the best anaesthetic possible.

For hip surgery, this is usually a spinal anaesthetic. This is an injection in the back that makes you numb from the waist down and is combined with sedation. Spinal anaesthetics are ideal for hip surgery because they make the operation easier for the surgeon and provide good pain relief after the operation. Sedation can be given to meet your needs. Some people prefer to be relaxed and just a little bit sleepy, while others prefer to be completely unconscious. Your anaesthetist will be with you throughout the operation to ensure you are comfortable at all times.

A small number of patients are not suitable for a spinal anaesthetic; your anaesthetist will discuss the alternatives. If you require more information about your anaesthetic before coming into hospital, please ask for an information sheet.

Surgical Procedure

Your surgeon will make a cut on the outside of your hip and remove the original replacement and insert the new parts. If you have an infection in your joint, the surgeon may wash out the joint after the hip replacement has been removed and place antibiotics into the joint. This will prolong your stay in hospital.

Closure and dressing

At the end of the operation, your surgeon will close the skin with stitches or clips.

After the operation, you will be taken to the recovery room, which is near to the operating theatre. If you have pain or sickness, the nurse will treat it promptly.

You may need to breathe oxygen through a light plastic mask and you will have a drip in your arm. The recovery staff will frequently check your blood pressure, heart rate and oxygen levels.

When the recovery room staff are satisfied that you have recovered safely from your anaesthetic, you will be taken back to the ward.

After your surgery

The day of the operation

A Physiotherapist may visit you on the day of the operation if you are awake and feeling well. You will be encouraged to start moving as soon as you are able. The Physiotherapist will advise you on some exercises to do whilst you are resting in bed.

These exercises are important for your chest and your circulation. They will also practice some exercises with you to help your new hip joint to move and to strengthen the muscles around the hip. Once you have practiced these exercises with the Physiotherapist, you will be asked to do these regularly by yourself.

All of the exercises that you will be asked to do are in this booklet. It is important to start the early exercises (exercises 1-3 as shown on page 18) when you come round after the surgery to prevent complications. You should wait until you have seen a Physiotherapist before you start the other exercises. You will normally stay in bed until the day after the operation. You will be encouraged to start moving as soon as you feel well as this is good for your body and your new hip.

The first day after the operation

Physiotherapy

After your operation it is very important that you do not try to get out of bed by yourself for the first time. A few necessary checks need to be made regarding your blood pressure, ensuring the feeling has returned to your legs and checking for any special instructions from your surgeon regarding how much weight you are allowed to take through your operated leg. The descriptions below may help you to understand the terms which we may use.

- **Non weight bearing**

You must not put weight through the operated leg or foot. This includes when standing up and sitting down. You will need to use crutches or a walking frame.

- **Touch weight bearing**

When standing or walking the toes of the operated leg can touch the floor but you should not put weight through it. You will need to use crutches or a walking frame.

- **Partial weight bearing**

You can take some weight through your operated leg but not all of your weight. You will need crutches or a walking frame to help you to do this.

- **Full weight bearing**

You may take as much weight as you feel comfortable through your operated leg when you stand and walk. You will be given crutches, a walking frame or walking sticks to use initially and as your legs become stronger you can gradually wean yourself off these.

On the day after your operation the Physiotherapists will assist you to get out of bed for the first time and take your first few steps. This is when the Physiotherapist will let you know how much weight you may take through your operated leg. You will need to use a zimmer frame initially because this gives you a good support to lean on. You can then start to walk around the ward and to the bathroom with the help of a nurse until you are able to do this safely by yourself.

You should continue with your exercises hourly throughout the day.

The second or third day after your operation

Occupational Therapy

The Occupational Therapist will also visit you. They will ask how you are managing with 'transfers' which means getting on and off the bed, the chair and the toilet. If you are struggling they will teach you a different way to do it and in some cases provide equipment so that you know that these everyday things will be manageable when you go home.

The same applies to washing and dressing, if you are struggling they can provide you with tips and tricks to assist you and again, in some cases, some equipment for you to borrow. After hip surgery the Occupational Therapist will often need to provide you with equipment such as a high toilet seat and dressing aids that you will need at home.

X-ray

You will have an x-ray to check that your new hip is positioned well.

Physiotherapy

Initially you will be given as much help as you need, and as you improve you can start to walk alone. Once you are walking well with the help of the zimmer frame you will be shown how to use crutches or walking sticks. If you are used to walking with a walking aid already then this may be more appropriate. You can then practice your walking on the ward.

When you are ready, the Physiotherapists will progress your exercises, as appropriate to your surgery.

It is important to practice going up and down steps and stairs if you have them so that both you and the physiotherapists know that you will be able to manage them safely when you get home. The physiotherapists will show you the correct way to do this.

Going Home from Hospital

How long will I stay in hospital?

The length of time that you stay in hospital varies with each patient. Most patients stay about 4 days. We give you this as a guide so that you can plan to have someone around should you need them on your discharge. However, we find that some patients are ready to go home sooner and some may require an extra day or longer to be ready to go home. This depends upon the nature of your surgery. If you have any concerns with how you will manage when you return home, please inform the nursing staff as soon as possible so that we can discuss this with you.

When will I be ready to go home?

You will be able to go home when all members of the Orthopaedic team are happy with your progress and we know that you will manage safely at home.

To ensure that you are ready to go home we need to check the following:

- You must be able to walk safely around the ward with either crutches or walking sticks by yourself. (although in special circumstances some patients may go home with another type of walking aid)
- You must have completed a set of stairs or a step safely (depending on what you have at home)
- You need to be able to get on and off a bed, toilet and chair by yourself
- Your wound needs to be showing signs of healing
- Your blood results and x-ray of your new joint must be satisfactory
- Your pain needs to be under control
- You need to be medically fit

What do I take home with me?

Before leaving the ward, you will be given:

- A telephone number for the ward which you can use to contact us if you have any questions or problems once you are home
- Any equipment loaned to you for home such as walking aids or toilet frames
- A letter to take to your GP about your hospital stay
- A letter for the district/practice nurse who will check your wound and remove the clips
- A spare pair of stockings. (Most patients will be asked to wear a pair of compression stockings for the first six weeks after your operation)

Once you are Home - The first six weeks

How far can I walk once I am home?

Due to the variable nature of revision hip surgery, advice can differ.

If the operation has been straight forward we recommend that you spend the first few days getting used to being back in your home. After this, and when you feel ready, you may start to walk a short distance outside with your crutches or walking sticks. Do not be tempted to walk too far to start with. Listen to your body. If you are very sore or tired in the next 24 hours you may have walked too far. Gradually increase the distance that you walk but make sure you also have plenty of rest.

If the operation has been more complicated or if you have to restrict the amount of weight that you take through your leg the Physiotherapist will advise you on walking appropriate to the situation.

When should I stop using my crutches or walking sticks?

(only follow this advice if you are allowed to fully weight bear through your operated leg)

You should use the crutches or walking sticks as long as you feel you need to. When you feel ready you can progress from using two crutches or sticks to using just one. When using just one crutch or walking stick you should hold this in the hand on the opposite side of the body to the operated leg. In time you will find you can walk without any support. You may find that you need more support when walking outside or when walking further. Don't be tempted to walk without the support of these too soon.

What exercises should I do when I get home?

Walking is very good to strengthen up your body however you will be shown exercises to strengthen the specific muscles around your hip joint. These are the Advanced exercises which can be found on the exercise sheet towards the back of this leaflet. We advise you to continue these exercises three or four times a day for at least six weeks. You should continue with these until you feel you have gained enough strength and movement in your new joint to move around easily.

If your operation has been more complicated or your weight bearing is restricted then your physiotherapist may advise you not to do certain exercises. This is to protect the hip and aid its healing.

For how long do I need to follow the Anti dislocation precautions?

In order to protect your hip and to prevent dislocation you must observe these rules for 3 months after your operation.

DO NOT cross your legs or ankles

DO NOT bring your knee higher than your hip

DO NOT reach down past your knees

DO NOT twist your body

After 3 months you must still be careful.

How will the precautions affect everyday activities?

Before you come into hospital consider how you will manage daily activities around the home when you return after your operation.

Kitchen Tasks

You should move items that you will need after your operation to the work surface or in a cupboard/drawer/fridge shelf mid-thigh height or higher. This will ensure that you do not need to bend down. If you can eat in the kitchen it is best. You will come home with either a walking frame, two crutches or sticks so carrying things over distances will be difficult.

Showering

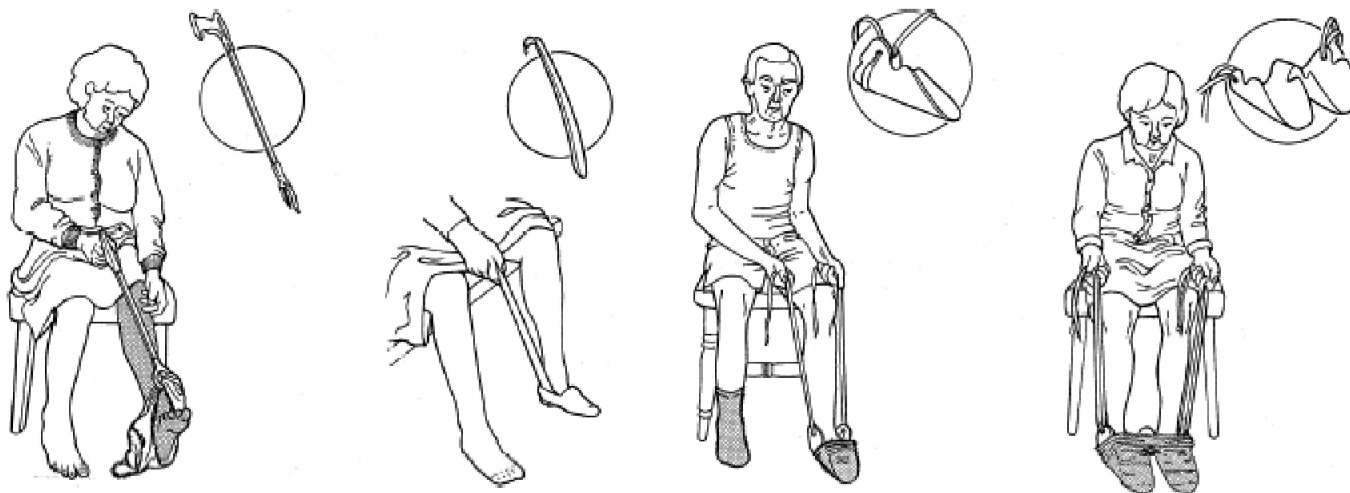
Your dressing over the wound will be waterproof so you will be able to get it wet. If you have a cubicle shower and the Physiotherapist is happy you are able to go up/down a step, you can shower. If you have a shower over your bath, we advise you not to use the shower for at least six weeks. This is because lifting your legs up and over the bath to use the shower will put your hip at risk of dislocation.

Getting Dressed

You will be able to dress your upper half normally but will need small aids to assist you dressing your lower half. We will give you a long handled shoe horn to help you put your pants on and shoes. We will also give you a sock or tights aid to help you with your usual socks/tights (the aids do not work with the elastic stockings). Below is some advice about how to dress the lower half of your body without reaching past your knees. The Occupational Therapist will check that you can manage this before you return home.

Dressing the lower half of the body

- Sit on a chair or the edge of your bed with your clothes and small aids nearby.
- Get your operated leg dressed first. The long handled shoe horn has a hook at the other end. This can be used to “hook” your pants over your feet and up to your knees. Once you have them up to your knees, you can grab hold of them.



How do I get in and out of bed after my hip replacement?

When in hospital you should have assistance to get in and out of bed until the occupational therapist has practiced the technique with you and you are able to manage it safely. You should bear in mind your hip precautions when getting on and off the bed.

To get out of bed



- Push yourself into a sitting position using your elbows first, and then support yourself on your hands



- Gently move your legs towards the edge of the bed ensuring you do not cross them, keep your toes pointing towards the ceiling and pivot on your bottom to avoid twisting



- Once your legs are over the edge of the bed slide yourself forward until you can get your feet to the floor.

To get into bed



- Sit halfway down the bed, and then use your arms to shuffle your bottom back, so your thighs and knees are resting on the bed



- Pivot on your bottom and bring the rest of your legs onto the bed without crossing them and keep your toes pointing towards the ceiling.



How do I get into a car safely?

- Park the car away from the kerb so that you are on the same level as the car before getting in.
- Position the seat as far back as possible and slightly reclined.
- Back up to the car until you feel the seat at the back of your knees.
- Put your left hand on top of the passenger seat and your right hand on the dashboard
- Lower yourself down, keeping your operated leg out in front.
- Then lift yourself further in across the seat, towards the driver's seat
- Turn to face the right way slowly and carefully, sliding your legs into the foot well of the car. Lean back as you lift your operated leg over the car door frame to avoid breaking your precautions
- Putting a cushion or blanket and then a plastic bag on the seat will help you swivel your bottom round once sitting.

When can I start to drive?

We advise that you do not drive until at least six weeks after your operation. Your surgeon or a member of their team will tell you when you can drive again.

What can be done to minimise the risk of a blood clot forming (Deep Vein Thrombosis)?

Your doctor will prescribe a drug to help prevent blood clots from forming. This drug is given as an injection once a day for the first 35 days following your operation. You will be shown how to inject yourself or a relative could do this for you.

You should continue to wear the white elastic stockings for six weeks following your operation, unless told otherwise. They should be kept on at all time throughout the day and night and should only be removed when you wash your legs and feet. You will be provided with a spare pair which you should put on immediately after your shower or wash.

Keeping mobile also reduces the risk of a blood clot developing.

After 6 weeks

At approximately 6 weeks after your operation you will be asked to come back to see the surgeon or a member of their team. The purpose of this is to check on your progress and to give you advice about increasing your activities. You may have some questions you would like to ask about returning to hobbies. At this point you will be told whether you can return to driving. If you are planning to return to work then you should gain advice from your surgeon as to when you should return.

Outline of events surrounding your revision hip replacement	
A few weeks before your operation	Attend pre-assessment clinic Attend pre-op education class Receive pre op phone call/visit
1 week before	You may need to stop certain medications (as advised)
Day before	Remember to stop eating and drinking at the correct time
Day of surgery	Arrive at correct ward and time according to admission letter Visit from surgeon and anaesthetist
Day 1	Start walking with the Physiotherapist
Day 2 and 3	Shower Progress walking and exercises Occupational therapy X-Ray Aim for discharge
Continue with recovery until you are ready to go home	
10-14 days after operation	Stitches or staples will be taken out
28 days after operation	Follow up call from ward
6 weeks after operation	Follow up with consultant team
1 year after operation	Follow up with consultant team

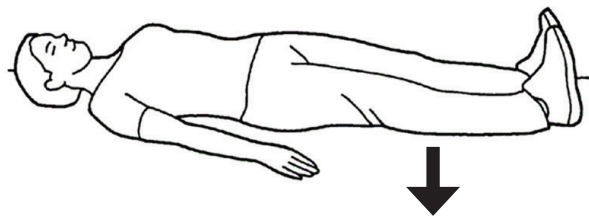
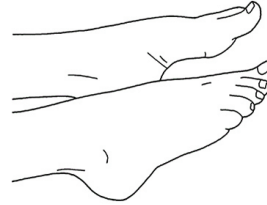
Physiotherapy

Early Exercises

You can start the basic circulation exercises (exercises 1 to 3 as shown below) as soon as you are able after your operation. These are important as they encourage the circulation of your blood to reduce the risk of blood clots (DVTs). The exercises will also help to reduce the stiffness and pain you might experience.

Exercise 1

When lying or sitting, bend and straighten your ankles briskly. Repeat this 10 times every hour.



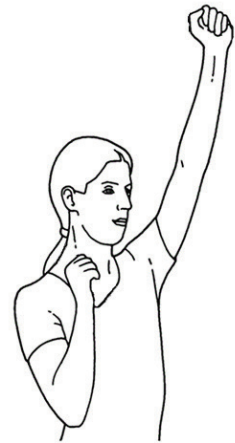
Exercise 2

Lie on your back with your legs straight. Pull your toes towards you and push your knees down firmly against the bed. Also squeeze your buttocks together. Hold for 2-3 seconds then relax. Repeat this 10 times every hour.

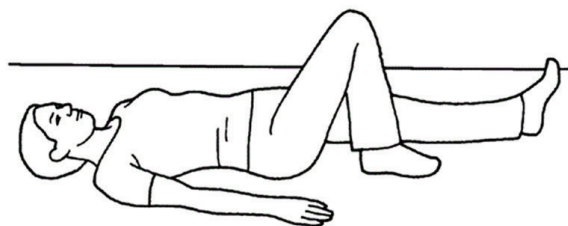
Exercise 3

Sitting up in bed. Lift one arm up above your head then return it to your side. Repeat with the other arm. Do this alternately 10 times every hour. Take care if you have a drip in your arm.

Additionally regularly take 3 deep breaths.



Only complete the exercises 4 and 5 with your physiotherapist present initially.

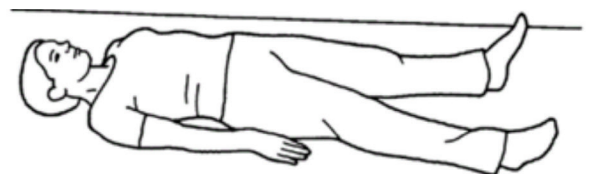


Exercise 4

Lie on your back with your leg out straight. Bend and straighten your hip and knee by sliding your foot up and down the bed. Repeat this 10 times.

Exercise 5

Lie on your back with your leg out straight. Slide your leg out to the side as far as comfortable then back to the middle keeping your toes pointing towards the ceiling throughout. Repeat this 10 times.



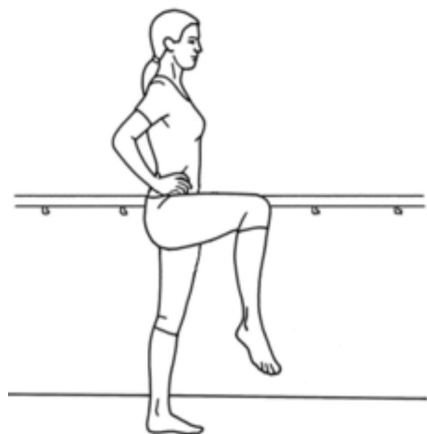
Once you have practiced these exercises with the physiotherapist you will be asked to do these regularly by yourself.

Advanced exercises

With each exercise stand up straight and move the leg only, not the rest of your body. Gradually increase the number of times that you repeat the exercise. Your muscles will get stronger if you continue until you start to feel tired.

Exercise 1

Stand up straight holding onto a support. Slowly lift your leg out to the side then return it to the starting position. Aim to repeat this 10 times with each leg.



Exercise 2

Stand up straight holding onto a support. Slowly lift your knee up in front of you then return it to the starting position. Aim to repeat this 10 times with each leg.



Exercise 3

Stand up straight holding onto a support. Slowly move your leg out behind you, keeping your knee straight, then return it to the starting position. Aim to repeat this 10 times with each leg.



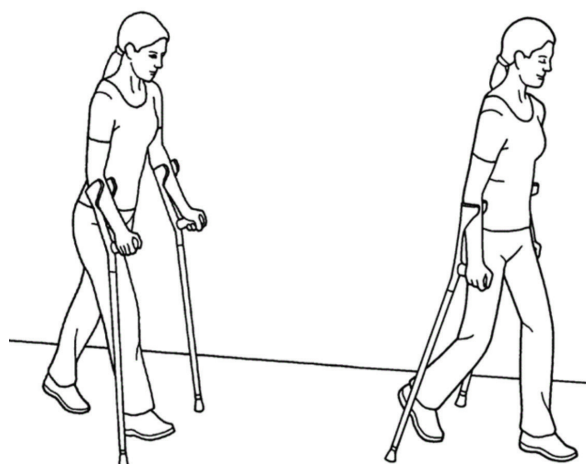
We recommend that you continue your exercises at least 3 times a day on your return home. You should continue these exercises until you feel you have gained enough strength and movement in your new joint to move around easily. Gently increase the amount that your hip moves.

Managing a swollen leg

If your leg is very swollen we recommend that you spend some time each day lying on a bed with your leg and foot raised up on several pillows.

Walking with Crutches

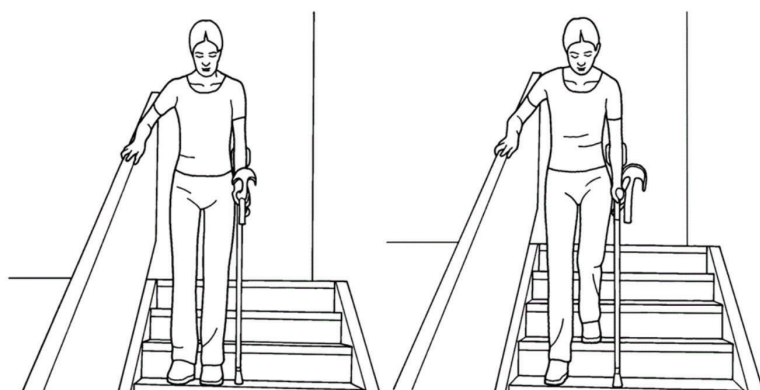
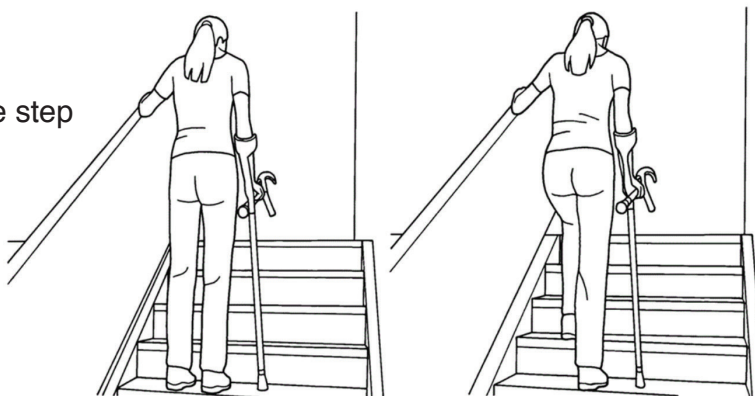
- Put your crutches forward first
- Next step your operated leg forward
- Then step forward with your other leg, aiming to step past the operated leg
- Take small steps when turning around to avoid twisting
- Never stand up or sit down with your arms in the crutches



How to go up and down stairs

To go up a step or stairs

- Step up with your 'good' leg
- Then bring your operated leg up onto the same step
- Lastly bring your crutch(es) up onto the step



To go down a step or stairs

- Put your crutch(es) onto the step below
- Then put your operated leg down onto the step
- Lastly, bring your 'good' leg down onto the same step

Sleeping

Initially we advise that you sleep on your back with a pillow between your legs to ensure you don't cross them while sleeping. Once your clips have been removed and it's comfortable to do so you may sleep on your operated side with a pillow between your legs.

Frequently asked questions

If I have any questions who should I contact?

If you have any questions about returning to activities you can ask your surgeon or physiotherapist on the day of the operation. Use the notes section at the front of this leaflet to notes down these questions and any instructions given to you by your surgeon or physiotherapist.

What should I bring with me to hospital?

What to take

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Slippers or shoes: loose fitting with backs and no laces (your foot may swell after hip surgery)
- Mobile phones/books
- Telephones numbers of friends/relatives
- Glasses and case
- Shoehorn (labelled) if you have one
- Toiletries
- Day clothes and nightclothes (at least 4 days' worth - should be shorts, skirts or loose fitting trousers)

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Royal Bournemouth Switchboard:	01202 303626
Sandbourne Suite:	01202 726104
Ward 7:	01202 726276
Derwent Ward:	01202 706223
Pre-Assessment:	01202 704102

Additional Notes

Exercise Images courtesy of RG PhysioTools

Our mission

Providing the excellent care we would expect for our own families.

**The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW**

The Bournemouth Hospital Charity raises funds for the Bournemouth and Christchurch Hospitals to enhance patient care and purchase items which directly benefit patients and staff above and beyond that which can be funded by the NHS alone. If you would like to contribute to the Bournemouth Hospital Charity please contact them on **01202 704060**, email **charity@rbch.nhs.uk** or visit **www.bournemouthhospitalcharity.org**.

If you have any queries or concerns about your care at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, the Patient Advice and Liaison Service (PALS) would be happy to help you and can be contacted on **01202 704886/704301** or **pals@rbch.nhs.uk**.

If you would like this leaflet printed in a larger font, please contact the Communications Team on **01202 704905** during the office hours of 8.30am-5pm Monday - Friday.



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