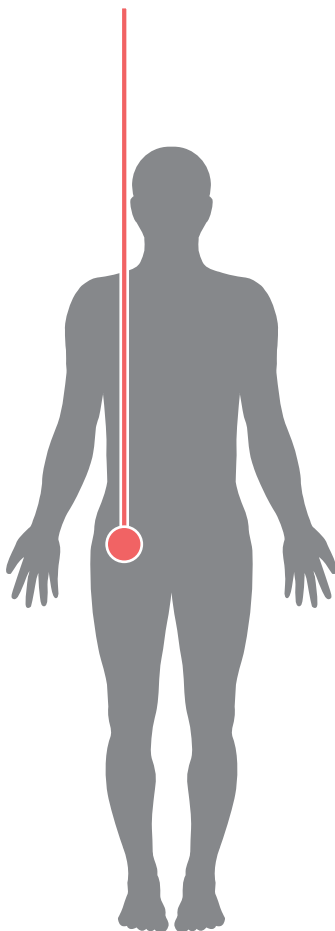


Get Well Soon

Helping you to make a speedy recovery after total hip replacement

Total hip replacement



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This leaflet is a guide to recovering from a total hip replacement operation. It does not provide specific medical advice or diagnosis. Nor does it give advice about whether you should consent to an operation. All of these matters depend on individual medical advice from your consultant surgeon based on your own health, medical condition and personal circumstances.

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Who this leaflet is for

Print instructions:

To print this document click once on the print icon in your Acrobat Browser, or go to File, then Print on the drop down menu.

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To save ink, select the 'draft' option.

This leaflet is for anyone who is recovering from, or is about to undergo surgery to have his or her hip replaced. The technical term for your operation is total hip replacement or total hip arthroplasty, which is how your surgeon and other health professionals who are helping you may refer to it.

This leaflet should be read in conjunction with any other information you have already been given about your procedure.

The following information is designed to help you make the important decisions about your recovery. Your surgeon, general practitioner (GP) and other healthcare professionals will offer you a lot of very good advice - but ultimately it's you that has to make the decisions.

This leaflet offers broad guidelines for people who do not have any complications with their surgery, or other specific medical circumstances, such as a long-term condition.

Obviously, every individual has different needs and recovers in different ways – so not all the advice in this leaflet will be suitable for everybody. When you're weighing up how to make the decision that's right for you, talk to your surgeon, your GP, or your Occupational Health service at work, if you have one. They will all be able to help you make the right choices for a safe and speedy recovery.

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What to expect after the operation

Painkillers

Painkillers may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering. Fresh fruit and vegetables will help to keep your bowels moving regularly.

Scar

You will have a single scar in the region of your hip and this will measure anywhere between 8 and 20 cms (3 and 8 inches). The length of scar is dependent in part on obesity and musculature. The exact position of the scar will depend on the approach that your surgeon uses to enter the hip joint and can be on the front, side or back of your hip. The wound can be closed in a number of ways including with sutures that need to be removed, or dissolvable sutures, with staples or with glue.

Stitches

If you have stitches which need to be removed, this can usually be done by the practice nurse at your GP surgery about 10 days after your operation. You should make an appointment for this as soon as you get home. Your hospital should already have given you advice about how your wounds are closed and how to care for them.

Dressings

How your wound is closed will influence whether you need to keep your scar covered. If your surgeon has used staples or stitches then the wound should be kept covered until these are removed. If your stitches are buried, then the wound only needs to be covered for the first few days and you will not have to worry about getting the scar wet, but follow the advice given from your surgical team about how to shower and bathe. If there is leakage from the wound, you should inform the surgeon immediately.

Rehabilitation

Once you have left hospital, you may continue to receive physiotherapy, but this is not always required. You should continue the exercises taught to you by the physiotherapist while in hospital and follow the advised precautions. The hip joint will regain mobility of its own accord. Walking is encouraged and you should walk as far as is comfortable every day.

Preventing blood clots

Measures to prevent clots in the leg need to be taken following hip replacement, normally continuing for about six weeks. In addition to the exercises advised by your surgeon and physiotherapist and early mobilisation, your surgeon is likely to advise a number of other measures, dependent on what is best for you. You may be given an injection of a medicine, such as Heparin sodium, which used to prevent blood clots,

Discomfort

You will experience pain and discomfort around the scars, especially for the first few days and it is likely that you will require pain relief on a reducing basis over the first few weeks.

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What to expect after the operation

Swelling

Swelling of the leg is very variable and can be quite troublesome to some patients for several weeks. Swelling can cause the leg to ache and indeed make the leg feel very heavy. To avoid this, sitting for long periods is discouraged. In between frequent walks, it is better to be in a reclining position. Don't worry if the leg becomes very bruised. This will settle in due course.

Tiredness

Your body is using energy to heal itself, so you will feel more tired than normal - sometimes it can come upon you suddenly. You will also have lost some blood during the operation, as well as into the soft tissues of the leg after the operation, and it takes a few weeks for the body to return the blood level to normal. You may be given an iron supplement to help this. You should try to eat a healthy, balanced diet to help ensure your body has all the nutrients it needs to heal.

Crutches and walking sticks

After your procedure, it may be necessary for you to use crutches or walking sticks for a while. Your physiotherapist will measure you and provide you with a pair of crutches, and show you how to use them.

Constipation

It is quite normal that you will not have a bowel action for the first 2 to 4 days after the operation. When you go home, it's important to have plenty of fibre in your diet while you are recovering. In addition, fresh fruit and vegetables will help to keep your bowels moving regularly. Drink plenty of water, but not more than 2 litres a day.

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Things that will help you recover more quickly

If you live alone, and you do not have family or friends close by, organise support in advance - have family or friends come to stay with you for the first few days after surgery if possible.

Eat healthily

Eating a healthy, balanced diet will help to ensure that your body has all the nutrients it needs to heal.

Stop smoking

By not smoking - even if it's just for the two weeks before the operation and the time that you're recovering - you immediately start to improve your circulation and your breathing, not to mention a whole list of other benefits to the heart and lungs.

Family and friends

Family and friends can give you two important things:

- Practical help with the tasks you might be temporarily unable to do while you recover - such as driving, the weekly shop, or lifting heavier items.
- Keeping your spirits up!

Keep a routine

Get up at your normal time in the morning, get dressed, move about the house; go out for a walk as soon as you feel confident enough to do.

Build up gradually

Have a go at doing some of the things you'd normally do, but build up gradually. Some suggestions are included in the recovery tracker. Obviously everyone recovers at a different speed, so not all of the suggestions will be suitable for everybody.

When you're building up your activities, you may feel more tired than normal. If so, stop, and rest until your strength returns. If you feel pain, you have probably just overdone it a little. Ease back on your activities for a day or two and then gradually increase them again. If you have severe pain, consult your GP.

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Returning to work

You do not need your GP's permission to go back to work - this is ultimately your decision, but listen to the advice given to you by the healthcare professionals looking after you.

Returning to work

Although most people who need to have a hip replacement are retired, as increasing numbers of people now work beyond the retirement age, it's worth mentioning how to balance work and recovery if this applies to you.

Fact: work can be part of your recovery

Everyone needs time off to recover after an operation - but too much of it can stand in the way of you getting back to normal. In fact, by staying off for too long, people can become isolated and depressed. Getting back to your normal routine sooner rather than later will play a big part in preventing this.

Getting back to work

How quickly you return to work depends on a number of things:

- How you heal
- How you respond to surgery
- The type of job you do

People whose work involves a lot of heavy lifting, or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically.

How soon can I go back?

Every person recovers differently and has different needs. In most cases it's usually safe to return to light work or an office-based job within 6 weeks of the operation. If your job involves heavy duties, you may need to be off work for several more weeks. If your employer has an occupational health nurse or doctor they will advise you on this. Alternatively your GP can give you advice.

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Planning for your return

3 golden rules for a speedy recovery:

Stay active.

Keep a normal daily routine.

Keep social contact with people.

Confidence

It will take you a little while to regain your full confidence when you go back to work. You may be slower than normal at first, so don't take on too much responsibility too soon. Don't be too hard on yourself about this - it's perfectly normal and you'll start to get back up to speed after a few days.

Talk to your Occupational Health service or GP to work out when and how is best for you to return to work.

Depending on the nature of your job, you might want to ask your employer about returning to work on lighter duties at first. This means:

- Spending more time sitting rather than standing or walking
- Doing work that is mostly paperwork, using a computer or telephone
- Not carrying more than around 5kg any significant distance
- Avoiding tasks such as prolonged loading or unloading, packing or unpacking.

If you have an HR Department at work, they will be able to advise you on how your absence might affect any benefits you may be receiving during your time off.

Depending on the type of work you do, people who've had a hip replacement sometimes find that in the long term, they need to be redeployed into a role which is less strenuous. If you think this is the case, talk to your workplace Occupational Health service.

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Driving

Ultimately, it is your responsibility to ensure that you are in control of the vehicle at all times and to feel confident that you would be able to demonstrate this if asked.

Your insurance company should be informed about your operation. Some companies will not insure drivers for a number of weeks after hip surgery, so it's important to check what your policy says.

Normally, driving should be avoided for the first 6 weeks and even travelling as a passenger is best avoided for the first three weeks (except for essential journeys), as getting in and out of a car can risk straining the hip and stretching the healing tissues. However, you should discuss this with your surgeon.

Before resuming driving, you will need to be fully recovered from your surgical procedure. You should be free from the distracting effect of pain or the sedative or other effects of any pain relief medication you may be taking. You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop.

If you have an automatic vehicle and it is your left hip that has been replaced (assuming a right-hand drive vehicle), you may be able to drive earlier, but this should be discussed with your surgeon and would depend on your general health, medical condition and personal circumstances, including the views of your insurer, and whether you are a Group 1 (car or motor cycle) or Group 2 (bus or lorry) licence holder.

Driving - an exercise

After about 6 weeks, you might want to test your fitness to drive. Do this in a safe place without putting the keys in the ignition: simply sit in the driving seat and practise putting firm pressure on the pedals. If you feel pain, you are not yet ready to drive. If you feel sore afterwards, you may need to wait a day or two and try again. Only when you can put enough pressure on the pedals to do an emergency stop - should you think about driving again.

It is advisable not to restart driving with a long journey.


Notifying the Driver Vehicle and Licensing Agency (DVLA)

After total hip replacement, you do not need to notify the DVLA unless instructed to do so by your doctor; however, it is important to follow your doctor's advice about driving. Higher medical standards are required for those holding a Class 2 licence, so for reasons of safety and comfort your doctor may advise you to delay driving further. You should also speak with your employer.

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
1-2 days	Your hip will be sore from the operation and you may have pain in your thigh as well. You will be given pain relief to keep you comfortable and this might make you feel quite drowsy. When mobilising you will tire easily and you may feel light-headed.	<ul style="list-style-type: none">You will walk with support and under the supervision of a physiotherapist.You will be given advice as to what movements to avoid in order to prevent the new joint dislocating.		No

When can I have sex?

For many people, being able to have sex again is an important milestone in their recovery. There are no set rules or times about when it's safe to do so other than whether it feels OK to you - treat it like any other physical activity and build up gradually.



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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
3 days	There should be much less pain in your hip. You should be able to move a lot more easily than in the last couple of days, but you'll still get tired more quickly than you did before the operation.	<ul style="list-style-type: none"> You may well be home by now - many hospitals have a recovery programme of 3 days or less. If your surgeon allows, you may well start feeling confident enough to move from crutches to sticks. You will still need some pain relief medication but perhaps be able to give up the stronger ones. 		No
4-5 days	The hip should now be feeling much more comfortable, though you will still feel tired as your body uses extra energy for healing and you may still need some pain relief.	<ul style="list-style-type: none"> Walk for 5 – 10 mins several times per day, going for slightly longer walks each day. 		No, but you may feel able to do a couple of hours a day of administrative work from home.

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
7-14 days	You'll be feeling much stronger but still get tired quite easily; you may still occasionally need to take a mild painkiller. By the end of the second week, you should be able to walk easily with 1 stick, although this will depend on what approach the surgeon has used; for some patients, you may have to use crutches for considerably longer.	<ul style="list-style-type: none">Continue to build up the duration of walking		No, but you may feel able to do a couple of hours a day of administrative work from home.
2-6 weeks		<ul style="list-style-type: none">Increase walking distances, swim, static cycling.Continued use of a walking stick.	 	Unlikely, but you may be able to do a couple of hours a day of administrative work from home.

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Recovery tracker

Days/Weeks Post Op	Things you can do safely	Traffic light	Fit to work?
6–8 weeks	<p>If you have a desk-job, it's usually safe to return to work by now. However, if you have a job which is physically demanding, you may need to remain off work for several more weeks. It's worth talking to your employer about lighter duties you can do without compromising your new hip. Ask your Occupational Health department for advice on returning to work and lighter duties. If you do not have one, ask your GP and surgeon what they would consider to be a safe amount for you to do.</p> <p>You should have no difficulty with activities like walking, cycling or swimming.</p> <p>You will be able to return to driving a light vehicle and internal and European flights are now safe as the risk of deep vein thrombosis is now diminishing.</p>		Yes
12 weeks	<p>By now, you should have returned to work although if you have a very heavy labouring job, you may not yet be able to perform all necessary activities.</p> <p>You may now return to sports such as golf, tennis, cycling etc.</p> <p>Long-haul flights are allowed.</p>		Yes

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After you get home

Day	Got up at ... am	Activities (eg walked for ... minutes)	How many hours rest I needed?	What times I needed to rest:	Went to bed at ... pm	How's your hip feeling?
1						
2						

Keeping a track of what you've achieved each day will help you to stay positive and get back to enjoying your normal life more quickly.

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After you get home

Day	Got up at ... am	Activities (eg walked for ... minutes)	How much rest I needed after each:	Went to bed at ... pm	How have I been feeling? Any pain?	What do you want to achieve tomorrow?
3						
4						
5						
6						
7						
8						
9						

Remember, take a step-by-step approach to getting better, and build up your activities in small stages. Don't push yourself too far too fast. If you're concerned about anything, or if you feel you're not making progress fast enough, ask your surgeon or call your GP.

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After you get home

Day	Got up at ... am	Activities (eg walked for ... minutes)	How much rest I needed after each:	Went to bed at ... pm	How have I been feeling? Any pain?	What do you want to achieve tomorrow?
10						
11						
12						
13						
14						

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Keeping well

Because of your operation, the chances are you'll be a lot more aware of your body and how it works.

Right now is a really good time to build on the knowledge you've gained and make small changes to your lifestyle which can prevent you from experiencing certain health problems in the future. You can do this by:

- Improving your diet - get 5 portions of fresh fruit and veg per day.
- Any exercise – the best medical advice suggests that you should try to do 30 minutes of physical activity a day. In the early stages of your recovery even a few short walks each day really will make a difference to your health.
- Quit smoking - NHS Stop Smoking Services are one of the most effective ways of to stop for good – and they're completely free. Your doctor will be happy to help you.

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Website links

The internet's a great thing – anything you want to know is there for you at the click of a mouse but, do be careful about the way you use it when it comes to getting information about your health. It's hard to know which sites to trust, and none of them can tell you anything that's specific to your individual medical needs.

If you do want to know more about your operation, recovery or return to work, here is a list of trusted websites that offer safe, sensible, useful information:

The Royal College of Surgeons of England
<http://www.rcseng.ac.uk/>

British Orthopaedic Association
<http://www.boa.ac.uk/>

British Hip Society
<http://www.britishhipsociety.com/>

BoneSmart
<http://bonesmart.org/>

NHS Stop Smoking Service
<http://smokefree.nhs.uk/>

NHS Choices
<http://www.nhs.uk/Pages/Homepage.aspx>

Department for Work and Pensions
<https://www.gov.uk/government/organisations/department-for-work-pensions>

GOV.UK
<https://www.gov.uk/>

DVLA - Driver and Vehicle Licensing Agency
<https://www.gov.uk/browse/driving/disability-health-condition>

Call 111 for nonemergency medical advice