Patient Information

Direct Anterior Arthroplasty (DAA)

Total Hip Replacement Guidelines

Physiotherapy Department

Patient Name:

_____

BLACKROCK HEALTH

HERMITAGE CLINIC

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Introduction

This booklet is designed to give you and your family an understanding of a hip replacement. It aims to explain why the operation is necessary, and also to give you some information about your new hip. It explains the expectations of the healthcare professionals involved in your care after your operation. They all play an important role in helping you achieve a good result.

It is important that you bring this booklet with you when you come to the Blackrock Health Hermitage Clinic for your operation.

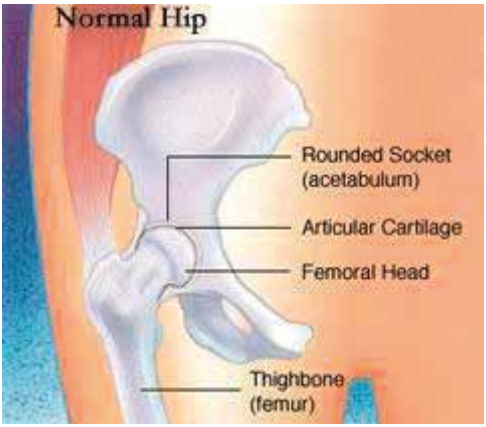
This booklet will also provide you with information that you will need on discharge. You should keep it in a safe place so that you can refer to it daily.

Please be aware the information in this booklet is intended as a **guide only**. The treatment each patient receives varies from hospital to hospital and from consultant to consultant. Not all of the advice and exercises included here may be appropriate for you. Your consultant or physiotherapist will let you know if they want you to do anything differently. If there is anything that you do not understand please ensure to ask your consultant, nurse, or physiotherapist.

Scan this QR code with your mobile phone camera and follow the link to view our patient information videos, which detail everything you need to know about the before, during & after of your upcoming surgery.

The healthy hip

The hip joint is one of the body's largest weight bearing joints. It is a ball and socket joint. The hip joint is formed where the head of the thigh bone (femur) joins the pelvis.



Adapted From The American Academy Of Orthopaedic Surgeons

Articular cartilage is a layer of smooth soft tissue. It covers the head of the femur and lines the socket that the thigh bone fits into. Healthy cartilage absorbs stress and allows the ball to glide easily in the socket. When the articular cartilage wears away, the result is osteoarthritis.

Direct Anterior Arthroplasty (DAA)

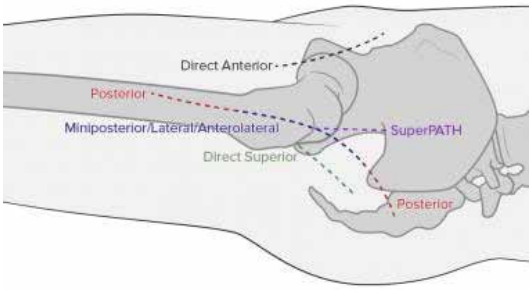
Direct Anterior Arthroplasty (DAA) of hip joint can make the early recovery after surgery even better. This is usually done through a minimally invasive surgical technique. With anterior hip replacement, the surgeon makes a small incision near the front of the hip to allow for removal of damaged bone and cartilage, and implantation of an artificial hip without damaging surrounding muscle and tendons.

The incision for the direct anterior approach is up to four inches, compared to up to traditional 6-8 inches with the traditional approach. Also, recovery after surgery is generally quicker. Patients typically go home sooner than with other approaches, have less pain, and can reach therapy milestones more rapidly after the procedure.

Why is this? The key difference is in how the surgery is done. The direct anterior method is considered "muscle sparing" because it does not involve cutting into (and later repairing) muscles and tendons to reach the damaged bone and tendon.

There has been much debate about which minimally invasive approach is better. While some surgeons may continue to prefer the posterior approach (Patients lie on the side whilst the operation is being performed), the anterior approach may become more popular as more surgeons learn the technique Patients lie supine, (flat) whilst the operation is being performed).

You should be able to start moving around within hours after your surgery. Hermitage Clinic has been centre of excellence for DAA THRs since 2010.



What are the benefits of the direct anterior hip approach?
Because the surgeon does not cut through muscle and soft tissue areas, you will typically have less pain and better mobility after the surgery. Many patients report that they can wean off the crutches much earlier than other approaches. You'll generally go home from the hospital sooner, use less pain medicine, and be able to heal well without extensive physiotherapy.

What are the risks of direct anterior hip replacement?
A hip replacement is one of the safest, most effective operations you can have, but all surgical procedures carry some risks. One risk of hip surgery is hip dislocation, especially in the weeks after the operation. However, because the muscles and soft tissues are preserved and play a role in preventing hip dislocation, you are less likely to dislocate your hip after hip surgery using the anterior approach.
One risk of surgery unique to the direct anterior hip approach is a numbness of the skin in the front of your thigh. This can occur because of stretching in the skin nerves. It typically resolves after a few months.

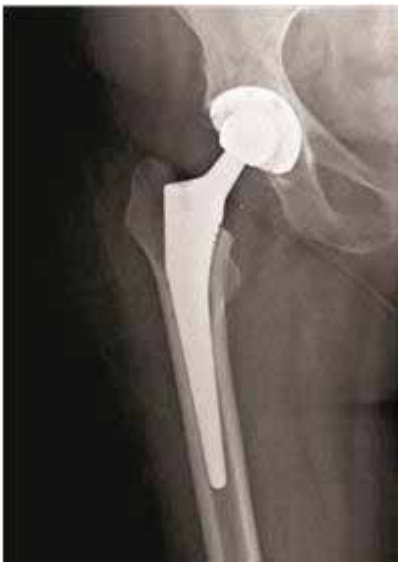
Benefits of a total hip replacement

- **Reduction in pain and stiffness**
- **Improved movement and mobility**
- **Improves strength** *(if you exercise)*
- **Overall, improved quality of life**

Total hip replacement (THR)

A total hip replacement has the same basic parts as your own hip and is designed to replace a hip joint which has been damaged, usually by arthritis. A THR operation replaces the worn head of the thigh bone (femur) with a new metal head which is fitted to the bone with cement or a special coating designed to encourage bone growth. The socket in the pelvis itself is then fitted with an artificial cover to form a new joint. There are several different types of THR's which may be used. Your consultant will discuss the best option for you.

Cemented Hip Replacement



Uncemented Hip Replacement

Pre-assessment clinic

A pre-assessment is a pre-operative comprehensive medical/nursing assessment to facilitate the best possible health for your anaesthetic and procedure. It also facilitates improved discharge planning and a shorter stay in hospital.

Your consultant will decide if you are required to attend this clinic 1 – 3 weeks prior to your planned procedure.

At the clinic you and your family will receive education relating to your planned surgery and instruction on how to look after your new joint.

After your operation, and on discharge you will be deemed both medically fit and independent with a mobility aide by both your consultant as well as the physiotherapist. You will need minimal help at home if any. If you live alone, it may be helpful to let neighbors and friends know that you are coming into hospital and that you may require their help with shopping, transport to hospital appointments or in general ask that they visit you more frequently on discharge.

You may feel that you need convalescence on discharge. In some cases this may not be required or helpful for your recovery, even if you live alone. The pre-assessment nurse or Clinical Nurse Specialist can discuss this in more detail with you. If following discussion with regards convalescence you still feel you would still like to avail of same on discharge, **this must be arranged well in advance of your admission by you and your family and the details of your discharge plans finalised in advance of your admission.**

A list of convalescence homes can be given to you by pre-assessment or the Clinical Nurse Specialist.

In case you require further information or assistance within the 6 weeks after your operation, you may contact St Luke's ward or the Clinical Nurse Specialist. Where possible, be mindful that your Consultant should be your first point of contact after your surgery.

If you have any questions regarding medications that may need to be stopped please check with your doctor or the nurse in the pre-assessment clinic.

It may be useful to organise some of the following for home, prior to coming into hospital:

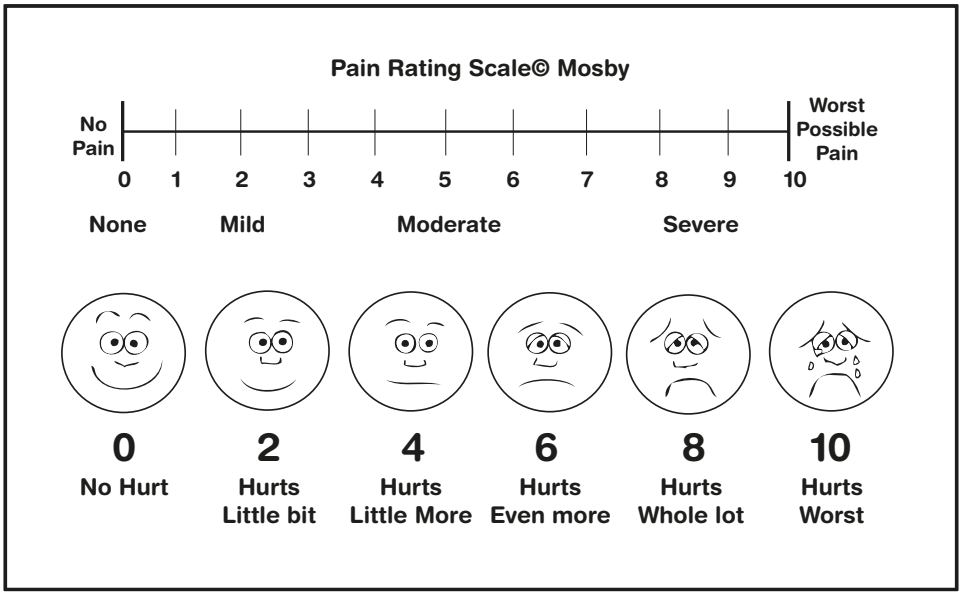
- An across the shoulder bag (or equivalent) to keep useful items close at hand e.g. phone, pen, newspaper

In hospital you will be supplied with the following to take home:

- Handireacher (pick-up device, grabber)
- Long shoe horn

Pain rating scale

A pain scale allows us to measure your pain intensity after your operation. You will be asked numerous times after your operation what number out of 10 you would give your pain. Please make sure you are familiar with the pain scale below so you can rate your pain correctly.



The operation

A hip replacement is a major operation. However, the operation itself is just one part of your treatment. The preparation beforehand and rehabilitation afterwards is just as important.

A hip replacement operation can take 1 hours approximately
You will be seen by the consultant before the operation. The leg to be operated will be marked. This is to ensure the correct leg is operated on. If you have any questions, this might be a good time to ask them. Consent for surgery is also requested at this stage (before you sign a consent form it is important that you have read and understand this booklet).

Anaesthesia

A spinal anaesthetic will be administered in theatre, as well as sedation (you will be asleep). In theatre you will lie on a special bed, your thigh and leg will be cleaned with antiseptic fluid and clean towels (drapes) will be wrapped around the hip.

Surgical approach

A cut is made through the tissue over the hip bone. There are several different surgical incisions or approaches that may be used in performing a total hip replacement. The exact location of the incision depends on your surgeon's technique.

A cut is made through the tissue and muscles which lie in the way of the hip bones. The top of the thigh bone (femur) which forms the neck and ball will be cut away. A replacement stem and ball can then be placed into the remaining thigh bone.

The socket part of the hip joint will also be drilled smooth. The surgeon will remove the arthritic bone and make a smooth base for the new "cup". In some cases, surgeons will use a special bone cement to hold the stem and/or the cup in position. Depending on the type of hip replacement chosen for you it can be made of different types of metals, polyethylene (plastic) or very tough ceramic.

When satisfied with the positions, the surgeon will close the wound.

The skin can finally be closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful and are due to surgeon preference.

When you wake up, you will be numb from the waist down. Your spinal anaesthetic can take around 2 hours to wear off, you are usually back on the ward at this stage. It is recommended that as soon as your sensation is returning and you have some movement that you request some pain relief. An x-ray and a blood test may be taken in the days after your surgery.

Potential complications after your operation

As with all procedures, surgery carries some risk & complications. The British Orthopaedic Association (2012) lists the following risks:

COMMON: (2-5%)

Blood clots: a DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of a DVT are greater after any surgery (and especially bone surgery). Although not a problem themselves, a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism - PE). This is a very serious condition which affects your breathing. Your doctors may give you medication through a needle to try and limit the risk of DVTs from forming. Some hospitals will also ask you to wear stockings on your legs; others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding: this is usually small and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot 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 medicines can be given. **Please use your call bell to look for pain relief if your nurse is not in the room.** Pain will improve with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, or sometimes, for no obvious reason.

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. Implants can wear from overuse. There is still debate as to which material is the strongest. The reason for loosening is also unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision surgery.

Altered leg length: the leg which has been operated upon may appear shorter or longer than the other. This rarely requires a further operation to correct the difference.

Joint dislocation: if this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, possibly followed by application of a hip brace or rarely if the hip keeps dislocating, a revision operation may be necessary.

LESS COMMON: (1-2%)

Infection: You will be given antibiotics intravenously just before and after the operation and procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2½%). 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. In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required. **If you attend your GP in the weeks following surgery and they commence you on antibiotics for an infection of your hip, it is extremely important that you inform your consultant or the Clinical Nurse Specialist immediately, so that a review can be organised.**

RARE: (<1%)

Altered wound healing: the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Nerve damage: efforts are made to prevent this; however damage to the nerve around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the sciatic nerve, this may cause temporary or permanent weakness or altered sensation of the leg.

Bone damage: the thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation. 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 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.

Avoiding falls

You have an increased risk of falling after your operation as your muscles are weak and you may have poor balance. A fall in the first few weeks after surgery can damage your new hip and may result in the need for further surgery.
A physiotherapist will get you out of bed the first time after your operation.
Falls prevention leaflets are available and should be given on admission, please take time to read theses carefully.

DO NOT GET OUT OF BED BY YOURSELF

Orange arm bands may be placed on your wrist after your operation as this denotes that you are at a high risk of falling at this time.

Your physiotherapist will practice the stairs with you before you are discharged. When at home use a stick/crutch, hand rail or have someone with you until your flexibility and balance improves. Do not walk on floors in socks or bare feet, and avoid wet floors especially bathroom floors.

Suitable clothing and footwear

Following joint replacement, all patients are encouraged to dress in their everyday clothes as soon as is practical, usually once you start mobilising. We find that this promotes a feeling of wellbeing and independence among our patients, encouraging them along the path of recovery and rehabilitation.

Loose, comfortable clothing is advised. Physiotherapy and nursing staff will need to be able to access the hip joint for treatment purposes so please ensure that loose trousers or tracksuit bottoms are worn. We recommend comfortable Velcro or slip-on shoes with flat heels. Trainers or runners are ideal but not necessary. Flip flops, sandals and any footwear, open at the back are **not** recommended, until you are mobilising independently and without the aid of crutches or sticks.

- **Do** wear well-fitting slippers/shoes with a back, as slippers that are too big or small will increase your risk of falling.
- **Do** wear stretchable footwear as the operated leg will temporarily swell after surgery.

Physiotherapy

When muscles are not used, they become weak and do not perform well in supporting and moving the body. Your leg muscles will be weak because of your arthritic hip joint.

The surgery can correct the hip problem, but the muscles will remain weak and will only be strengthened through regular exercise. You will be assisted and advised how to do this, but the responsibility for exercising is yours.

It is important that you do the exercises in this section, as they aim to help you achieve a better result after your hip replacement. We advise that you start these exercises before your operation.

Visitors may be requested to leave during your physiotherapy sessions.

Deep breathing and coughing exercises

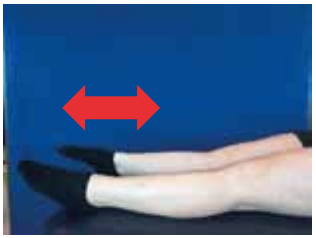
To help keep your lungs clear after surgery you should breathe deeply and cough frequently.

- **Deep breathing** – when sitting or lying, place your hands on the sides of your lower ribs. Slowly breathe deeply making sure your ribs move under your hands. Relax and breathe out slowly. Repeat 5 times every hour. This will promote lung expansion.

- **Coughing** – breathe in deeply and cough. Repeat once every hour on the night of surgery or as instructed by your nurse/physiotherapist. This will help keep your lungs clear.

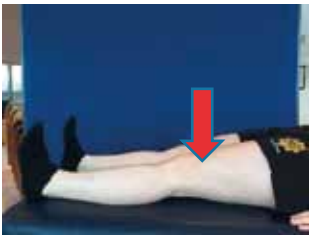
Bed exercises

Exercise 1: ankle pumps



Move your foot up and down at the ankle 10 times. This should be done regularly 2-3 times per hour on the day of your surgery. Continue this exercise 10 times, 3-4 times per day until you are fully recovered and your ankle and lower-leg swelling has subsided.

Exercise 2: static quads

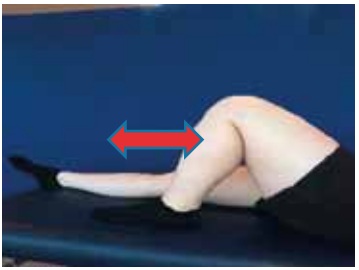


Tighten the muscle on the top of your thigh. Push the back of your knee downward into the bed. Hold for 5 seconds. Repeat 10 times, 3-4 times daily.

Exercise 3: static glutes

While lying down on your back, tighten your buttock muscle. Hold tightly for 5 seconds. Repeat 10 times, 3-4 times per day.

Exercise 4: bed-supported knee bends



While lying flat on your back, slide your heel towards your buttocks, gently bending your hip and knee, keeping your heel on the bed.
Repeat 10 times, 3-4 times per day.
Mr. Merghani's patients do not do this exercise due to consultant preference.

Exercise 5: abduction exercise

Slide your leg out to the side as far as you can and then back. You may need a sliding sheet or plastic bag to help with this exercise.
Repeat 10 times, 3-4 times per day.

Please note that exercises 1-5 to be done on a bed. Do not do on the floor.

Standing exercises

As you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding on to a firm surface such as a counter top.

Exercise 6: standing knee raises

Lift your operated leg toward your chest. Do not lift your knee higher than your hip. Hold for the count of 3 and put your leg down. Maintain upright posture.

Repeat 10 times, 3-4 times per day.

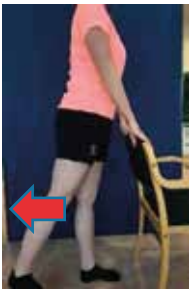
Mr. Merghani's patients do not do this exercise due to consultant preference.

Exercise 7: standing hip abduction

Keeping your hip, knee and foot pointing forward, lift your operated leg out to the side. Keep your body straight. Hold for the count of 1, and then slowly lower your leg back to the floor.

Maintain upright posture.
Repeat 10 times, 3-4 times per day.

Exercise 8: standing hip extension



Tightening your buttocks, take your operated leg backward slowly. Do not arch your back. Hold for the count of 3 and slowly lower your foot to the floor. Maintain upright posture. Repeat 10 times, 3-4 times per day.

Ice

Ice (cryotherapy) may be used during your hospital stay and should be used at home to help reduce the pain and swelling in your hip. Pain and swelling will slow down progress with your exercises, so try to use ice to counteract this. Your sensation may be decreased, so use extra care when applying ice. Do not place ice directly onto your skin, put a towel/pillowcase between the ice and your skin. At home you can ice your hip regularly throughout the day. **Your ice cuff may be brought home with you, on discharge.**

Water-based rehabilitation (Consultant Specific)

YOU MUST HAVE CLEARANCE FROM YOUR CONSULTANT BEFORE COMMENCING WATER-BASED ACTIVITIES, AND HAVE A FULLY HEALED WOUND.

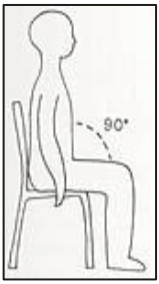
Water-based rehabilitation is a patient driven, self-motivated program to encourage patients to strengthen their muscles following surgery. It has particular application to the lower limb and spine. Core muscle strengthening can optimally be achieved by walking in water several days a week. This permits strengthening of the core back, abdominal and lower limb muscles. Patients who undergo hip replacement are encouraged to walk in water several days a week. The optimal results are achieved by patients who spend at least 30 min, 5 days a week. This ensures that any pre-operative muscle weakness is rapidly rehabilitated helping the patient regain independent gait and confidence much more quickly than simply by doing exercises or attending physiotherapy in isolation. You must use a pool with graduated step access. The patient must be central to this process and actively involved to achieve the best outcome.

The Do's and Don'ts

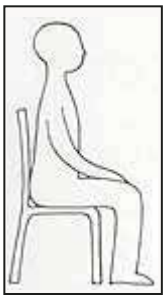
There are certain movements that place undue stress on your new hip. For your safety, these should be avoided. These rules apply until your surgeon says otherwise.

1. DO NOT flex your hip more than 90 degrees:

Do NOT move your operated hip towards your chest (flexion) any more than a right angle. This is 90 degrees.



DO NOT sit on chairs without arms.

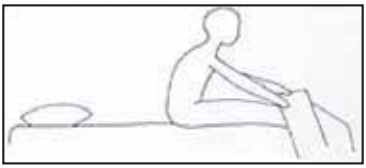


DO use a chair with arms. Place your operated leg in front of you and your unoperated leg well under you.

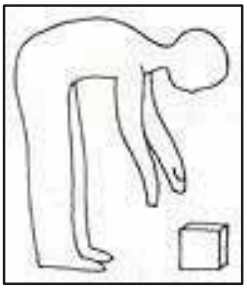
DO grasp chair arms to help you rise safely to standing position. Place extra pillow(s) or cushion(s) on your chair so that you do not bend your hip more than 90 degrees.

DO NOT sit on a low toilet or chair. Your knees should always be lower than your hips in sitting. Use a toilet seat raise while you are in hospital. Where applicable, on discharge you will be supplied with a toilet seat raise to take home.

DO NOT pull blankets up like this. **DO** use a handireacher (pick up device or grabber) to pull up sheets or blankets.

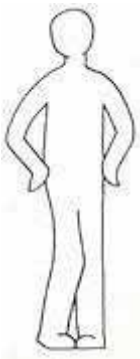


DO NOT bend over at any time.



DO NOT squat at any time.

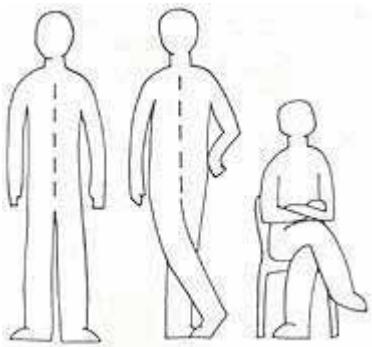
2. DO NOT twist your operated leg i.e. do not turn your kneecap inward when sitting, standing or lying down:



DO NOT try to put on your own shoes or stockings in the usual way. By doing this incorrectly you could bend or cross your operated leg too far. **DO** keep your feet pointed straight when standing and when turning.

3. DO NOT cross your operated leg across the midline of your body (in toward your other leg).

DO lie on your back with a triangular or normal pillow between your legs.



Sitting into a chair

You must sit in a firm high chair with arms. In sitting your knees should be lower than your hips, use cushions to help with this. On transferring from sitting to standing, push up on the arms of the chair to stand. Keep your operated leg slightly out in front.

To sit:

Step 1) Walk backwards until you feel the chair touch the back of your legs.

Step 2) Grasp the arm rests. Keep your operated leg slightly in front of you and lower yourself gently into the chair.

Step 3) Once you are sitting comfortably in the chair, slide back to rest on the chair back.

Stairs technique

Going upstairs

- Use crutches/sticks on the stairs
- Stand close to the stairs. Hold onto the handrail with one hand and your crutch/stick with the other
- First step up with the un-operated leg
- Then step up with the operated leg, bring your crutch upon to the same step
- Always go one step at a time (unless otherwise specified)

Going downstairs

- First put your crutch on the step below you
- Then take a step down with your operated leg
- Then step down with the un-operated leg
- Always go one step at a time (unless otherwise specified)

"Up with the good, and down with the bad", always step up with the good leg first and step down with the operated leg first.

Once you are independent with your exercises and mobility you may be discharged from the physiotherapy service.

Multidisciplinary information

The following is a guideline of what is expected of you during your stay in Blackrock Health Hermitage Clinic.

On admission

On admission your details and past medical history will be taken by the nursing and medical staff. You will shower with special soap the evening/morning before your surgery depending on time constraints.

Day of your operation (Day 0)

- Adhere to the do's and don'ts (page 20-22).
- You must lie on your back after your surgery. You **may** leave the operating theatre with a triangular pillow between your legs to prevent you from crossing them.
- You will have a dressing around your hip.
- You will receive regular pain medication from your nurse; however you may still have some pain. Please tell a nurse if you have pain. Use the scale on page 9 to score your pain.
- There will be an A-V impulse foot pump on your feet to aid the circulation in your lower limbs. Compression stockings may be worn on both legs to aid circulation, depending on your consultants preference.
- Your medical observations (e.g. blood pressure, pulse) will be taken regularly. You may be wearing an oxygen mask. You will have a needle/ cannula in your arm to give you fluids/medication.
- You will return to the ward, and be given something to eat.
- You will remain in bed, unless your consultant has specified to mobilise Day 0. In order to be mobilised the same day as surgery your sensation needs to have returned and your blood pressure within normal limits.
- A nurse will assist with your hygiene needs, and help you to get dressed into your own pyjama's if you feel up to it.
- Cryotherapy (ice) will be used to control swelling and help reduce pain.
- **Physiotherapy:** You should do your own deep breathing exercises hourly (page 15). Start ankle pumps (exercise 1), static quads (exercise 2) & static glutes (exercise 3).

- Your exercise programme will commence as per your physiotherapist's instructions.
- You may sit in a chair under the direction of your physiotherapist/nurse.
- You should be supplied with a handireacher (pick-up device, grabber) and a long shoe horn.
- ***Do not attempt to mobilise without assistance.***
- **If you feel weak or faint after surgery please call for assistance.**

Day 1

- You can wash with assistance today, and you should be dressed in your own clothes.
- You may eat as you feel able.
- You may have bloods and an x-ray taken today, depending on your consultant preference.
- You will have a needle/cannula in place for fluids and antibiotics; these will be administered by your nurse if prescribed.
- Your pain will continue to be monitored (using the pain scale) and pain relief given by the nursing staff as appropriate.
- You must continue to wear the AV-impulse foot pump at night.
- **DO NOT** get out of bed on your own, unless the physio has deemed you safe to mobilise on your own as your leg may feel numb and/or weak after your operation. Always get in and out of bed on the side of your operated hip.
- **Physiotherapy:** With the assistance of a physiotherapist you will mobilise a short distance starting off using a Zimmer frame, progressing to sticks/crutches. The sequence for walking is:

  1. Move the walking aid forwards first
  2. Then step with the operated leg
  3. Finally step with the un-operated leg

- Your exercise programme will commence as per your physiotherapist's instructions.
- You may sit in a chair under the direction of your physiotherapist/nurse.

- You should be supplied with a handireacher (pick-up device, grabber) and a long shoehorn.

Physiotherapy goals:

- ❖ You should be independent in using crutches or sticks.
- ❖ You should be independent on the stairs.
- ❖ You should be independently getting in and out of bed.
- ❖ You should be independent with your exercises
- ❖ If you can do all of the above AND you have been cleared by your consultant, you will be discharged from the physiotherapy service and you will go home.

It should be noted that if your consultant is happy, and you have reached all your goals with physio you can be discharged on Day 1.

Day 2

- You are encouraged to sit out of bed as much as possible.
- Your bandage will be checked.
- You may have bloods and an x-ray taken today, depending on your consultant preference.
- You may have a shower with the assistance of nursing staff. Please ensure your compression stockings are re-applied to both legs after your shower.
- **Physiotherapy:** If not done so already you will be progressed to walking with crutches/sticks. Your physiotherapist will advise you regarding your mobility. Please walk with a nurse/health care assistant if you are unsteady.
- You may do the stairs today with the assistance of a physiotherapist, if you have not already done so on day 1.
- You may get out of bed independently today, if you need assistance please ask a nurse or a care assistant.
- Continue exercise programme as per your physiotherapist's instructions.
- You will continue to receive pain relief throughout your stay. You will also receive anticoagulants (blood thinners).
- If your bowels have not moved by today, please discuss this with your nurse.

- **Physiotherapy:** You should be walking independently with crutches/ sticks. You should aim to be able to transfer in and out of bed, and on and of a chair independently. Your physiotherapist will review this.
- You should be aiming to do the stairs with your physiotherapist, if you have not already done so.
- The distance you walk should increase daily e.g. around the nurses' station, up and down the corridor or out to the main reception.
- Exercise programme: continue with all your exercises.

It should be noted that if your consultant is happy, and you have reached all your goals with physio you will be discharged.

Day of discharge

- Your dressing will be checked before you leave and you will receive your prescription.
- You will also be given instructions about removal of your sutures or clips.

In the six weeks after your operation

- You will need to continue to wear your compression stockings unless your surgeon specifies otherwise.
- Adhere to the Do's and Don'ts (see page 20) until your surgeon states otherwise, normally for 6 weeks.
- Once you go home you should continue to walk and stay active. The key is not to overdo it!
- Continue with your exercises.
- You will be provided with a physiotherapy discharge letter to give to your physiotherapist. It's your responsibility to organise your physiotherapy following discharge.
- Please use the contact details at the back of this booklet during working hours if you have any queries. Outside of normal working hours there will be a nurse manager on duty in the hospital.

Physiotherapy out-patient classes

Total hip replacement exercise classes available at Hermitage Clinic

- Group exercise classes are provided by the Hermitage Clinic outpatient physiotherapy department.
- Patients can commence these classes 2 weeks post discharge from hospital.
- All exercises are aimed to further progress your rehabilitation and independence.
- Classes include one individual physiotherapy session and 5 group exercise classes.

Please contact our Physiotherapy Department on 01-6459012 if interested in booking into these classes.

Nursing discharge

When you leave the hospital you will be given an appointment to attend the rooms of your consultant, usually 2 or/and 6 weeks after the operation. This is for a routine check-up which will make sure you are progressing satisfactorily. You may need further physiotherapy if this will help improve your recovery. You will be supplied with a physiotherapy referral letter if you are not returning to Blackrock Hermitage Clinic for physiotherapy.

Patients typically spend 1-3 days in hospital. If you are not happy with any aspect of your discharge please discuss this with your nurse or the clinical nurse manager. You will need to arrange for someone to collect you. You are encouraged to vacate your room at 11am on the morning of discharge.

Wound care

The dressing generally used is Aqucel Surgical which is a clear waterproof dressing. The stitches or staples will be removed approximately 2 weeks after surgery by your consultant, community nurse or GP (a spare dressing and clip remover will be supplied to you on discharge). Your dressing should stay on for 2 weeks to promote wound healing. Be vigilant for any signs of infection to the wound such as **increased pain to the wound site, redness, pus or any foul smelling discharge, temperate or feeling generally unwell.** Contact your consultant immediately if this occurs. Your wound may feel warm, this is normal.

Anticoagulants

On discharge you will be prescribed anticoagulation medication to prevent DVT (deep vein thrombosis). A DVT occurs when a clot forms in the large veins in the legs. Signs and symptoms of DVT are increasing pain on movement of foot/leg, swelling, redness and the calf area may be hot to touch. Your consultant will decide what anticoagulant medication you will be discharged home with. You may have to wear compression stockings for 6 weeks which work with your anticoagulant to prevent a DVT. Your nurse should supply a spare pair on discharge, so you can wash and alternate the stockings. If you have already been taking Aspirin, Warfarin or Plavix prior to surgery you will restart this on discharge home. It should be noted that your bruising can spread

and migrate down the leg as the days go on after surgery. If this happens don't be alarmed it is normal.

Pain

It is normal to experience a certain amount of pain as you recover. On discharge a prescription for pain relief will be given to you. This pain relief is a continuation of what you have been taking in hospital. Generally you will be discharged on a combination of anti-inflammatory and pain medications. If you have a sensitivity or allergy to certain medications, alternative medications will be prescribed. If the pain relief you have been prescribed are not working, please contact St Luke's ward/Orthopaedic CNS or Consultant and also have a phone for your pharmacy ready so that we can organise alternative pain relief for you.

Showering and bathing

It's easiest to use a walk in shower at first. Your dressing is waterproof. Baths should not be taken until your wound is fully healed.

Getting dressed

You will be able to get dressed as normal. It is advisable that you wear slip on shoes/runners and avoid laces.

Going home

The following tips can make your homecoming more comfortable and safe:

- Remove any rugs that could cause you to slip.
- Securely fasten electrical cords around the perimeter of the room.
- Use assistive devices where needed such as a long-handled shoehorn, and a handireacher (grabber) to avoid bending over too far.
- It is recommended to have all essential items located at an easily accessible height.

Getting into your car

As a passenger, ensure the car seat is all the way back. Getting into a car you may find it helpful to hold on to the door frame or the seat back for support. If you use the door for support, make sure that someone is holding it open for you.
Sit sideways using the seat to support you, slide back in a semi-reclined position and pivot your body. Bring your legs into the car one at a time. Reverse these steps to get out of the car.

Getting active again

You should be able to resume most normal activities approximately 6 weeks following surgery. Some pain with activity and at night is common for several weeks after your surgery.

Continue to use ice as appropriate.

Your activity program should include:

- A daily graduated walking program to slowly increase your mobility, both in your home and outside. Continue to use your crutches/sticks for the first ***6* weeks, or as instructed by your consultant. Please do not stop using any mobility aid without being advised to do so by a physiotherapist or your consultant.**
- Resuming other normal household activities, such as sitting and standing and climbing stairs.
- Specific exercises several times a day to restore movement and strengthen your hip. You should be able to perform the exercises without help. However you can contact your local physiotherapist to assist you regain movement, strength and review your mobility.
- You can start swimming as per your consultants instructions, and only when your wound is fully healed. Avoid the breast stroke when swimming.

After your 6 week consultant review, if you feel you no longer need your stick/crutches and you do not have a limp you can start to walk unaided. It's a good idea to take a crutch/stick with you if you are walking longer distances or in crowded places. Your consultant/physiotherapist can provide further advice.

Driving

Most individuals resume driving approximately 6 weeks after surgery, **once you have been reviewed by your consultant.** You should be able to enter and sit comfortably in your car and have sufficient muscle control to provide adequate reaction time for braking and acceleration. Your insurance company may need to be contacted.

Sex

Sexual intercourse can usually be resumed whenever you feel ready, provided your consultant hasn't given you any different advise. Please be mindful of the do's and don'ts post THR (pg 20).

Work

Your return to work (if applicable) depends on how physically demanding your job is. Your consultant will advise you about this.

Travel

If you plan to travel a long distance in the first 6 weeks or so, you should seek medical advise first because of the increased risk of DVT (deep vein thrombosis) linked to sitting for long periods. It may be helpful to contact your travel company to make arrangements for assistance or extra leg room. Please remember your prosthesis may be picked up by airport metal detectors, so it is advisable to carry written proof of your hip replacement. Your consultant or GP can give you more advice about this.

Sports and hobbies

After 3 months you may be able to return to active or sporting hobbies, such as gardening or golf. Your consultant can give you more specific advice. You will be advised to avoid some types of activity, including jogging and high-impact sports, for the rest of your life. With normal use and activity, every hip replacement develops some wear. Excessive activity or weight may accelerate this normal wear and cause the hip replacement to loosen and become painful. With appropriate activity modification, hip replacements can last for many years.

In the long term

The risk of infection after your hip replacement is very low. However if at any time (even years after surgery) an infection develops notify your GP (such as sore throat or pneumonia). Antibiotics should be administered promptly to prevent the occasional complication of infection localizing in the hip area. This also applies if any dental work is performed. Inform your GP or dentist that you have had a joint replacement.

All information adapted from:

- The American Academy of Orthopaedic Surgeons, 2012, www.aaos.org
- Data bases courtesy of the Irish Society of Chartered Physiotherapists (ISCP) and the UK Chartered Society of Physiotherapy (CSP).
- Arthritis Research Campaign. (For further information contact www.arc.org.uk)
- British Orthopaedic Association (BOA), 2012, www.orthoconsent.com
- Krames communication

THR patient exercise programme

Please tick the boxes as you complete each exercise every day. Remember you must repeat your exercises 4 times a day.

You can start these exercises before your admission and you must continue these exercises when you go home.

* Reps = Repetition

Daily Exercises (√)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Ankle Pumps x 10 reps x 4 daily	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Static Quads x 10 reps x 4 daily	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Static Glutes x 10 reps x 4 daily	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Bed Supported Knee Bends x 10 reps x 4 daily	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Hip Abduction x 10 reps x 4 daily	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Standing Exercises x 10 reps x 4 daily	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐

Notes and questions

Important notes post discharge from hospital

Removal of sutures/clips:

Consultant follow up appointment:

Other notes:

Contact details:

If after leaving hospital you have any concerns about your surgery your first point of contact should be your consultant or clinical nurse specialist, followed by the ward where you had your surgery. **If you have contacted your GP with any concerns regarding your hip replacement or your GP has concerns, please contact the consultant or clinical nurse specialist to discuss.**

If your concerns relate to your mobility or exercises, please contact the physiotherapy department.

Your consultant:

Consultant contact number:

Clinical Nurse Specialist:

Your ward: St Luke's Ward 01 645 9320

Physiotherapy Department: 01 645 9012

Notes

BLACKROCK HEALTH

HERMITAGE CLINIC