



Hip Resurfacing Patient Information and Advice Leaflet

Updated May 2010

Introduction

The purpose of this document is to give you and your family information to guide you through the process of having a hip resurfacing operation, including things you should know about before and after your operation.

Anatomy of the Hip

The hip is a ball-and-socket joint and is the largest weight-bearing joint in the body. The head of the femur (thigh bone) forms the ball which fits into the acetabulum, a cuplike cavity in the pelvic bone that forms the socket.

A Normal Hip Joint

Ligaments connect the ball to the socket. The joint surfaces are covered with a strong smooth layer of articular cartilage allowing free painless movement of the ball in the socket. The acetabulum has a layer of fibrous cartilage around the rim called the labrum, which holds the head of the femur securely in the joint. The joint is lined with a synovial membrane, this produces synovial fluid which lubricates the joint and reduces the friction that occurs with movement.

A Problem Hip Joint

There are many conditions which require hip resurfacing, the most common is osteoarthritis. Arthritis causes the articular cartilage, which covers the joint surfaces, to wear away exposing the underlying bone. The underlying bone ends become roughened and rub together resulting in distortion of the joint surfaces. This causes hip pain and stiffness.

What is hip resurfacing?

Hip resurfacing is a hip replacement which conserves bone and replaces a worn and painful hip joint with an artificial joint. It is an option for younger patients with a painfully restricted hip joint. Bone is

conserved as the femoral head and neck remain. It is made up of two metal implants.

- A cementless metal socket is placed into the pelvis to replace the worn socket. The metal socket will have a special coating which encourages bone to grow and attach on to it.
- A metal cap is placed over the head of the thigh bone after the worn bone has been removed. The metal cap is fixed to your bone using special cement

Occasionally during surgery different implants have to be used or it may be necessary to proceed to a traditional total hip replacement as hip resurfacing may not be possible. Traditional total hip replacement involves the insertion of a metal stem into your thigh bone. A metal ball is mounted on the metal stem.

What are the benefits of hip resurfacing?

- Relief of pain and stiffness
- Improved movement and mobility
- Improved strength (if you exercise!)
- Overall, improved quality of life

Advantages of hip resurfacing

- Reduced risk of dislocation
- Maintenance of bone stock enabling better possibilities for revision surgery
- Restores normal anatomy of the hip joint
- Normal femoral loading

What are the alternatives to Hip Resurfacing?

Alternative treatment such as, painkillers, anti-inflammatory medications, physiotherapy and use of a walking aid, may help in easing some of your symptoms.

What will happen if I do not proceed with the operation?

If you do not proceed with the operation your symptoms may remain the same, however usually arthritis of the hip slowly worsens. Arthritis itself is not life-threatening but can be very disabling.

How long will my hip last?

National Institute for Clinical Excellence (NICE) advise that 10 years after surgery 90 out of 100 (90%) of replaced hip joints should still be functioning well. This means that you have a greater than 90% chance of your hip surviving up to 10 years.

Informed consent

Once a decision has been made recommending hip resurfacing, the consultant will discuss potential problems and complications of the operation with you. This is to enable you to make a decision regarding proceeding to hip resurfacing.

Just prior to or at the time of your admission to the Whitfield Clinic, one of the house doctors will sign your consent form with you. This will indicate that you still wish to proceed with hip resurfacing. Before you sign the consent form it is important that you have read and understood this document. This is to enable you to give informed consent for your operation.

Before you have your hip replaced it is important that you are aware of the things that can go wrong but remember as you read this that 19 patients out of 20 do very well and have no major problems.

When the decision is made that you need a Hip resurfacing operation, an appointment will be made for you to be seen at a pre-operative assessment clinic before proceeding with your operation. This assessment is important to ensure you are medically fit to undergo the operation.

Pre-operative Assessment

Pre-operative assessment is a health check that is carried out before you can have your operation. It is important that you attend this clinic so that we can:

- Tell you about your operation and your stay in the Whitfield Clinic.
- Use this visit as an opportunity for you to ask any questions that you may have about your operation.
- Give you information about how to look after your new joint while you are recovering from your operation
- Ensure that you are in the best possible health for your anaesthetic and operation.
- Reduce delays and cancellations that might be caused by unknown health problems.
- Plan a timely discharge for you from the clinic, to enable you to recover in a suitable environment

At the clinic you will be assessed by the pre-operative assessment team

- The Doctor will listen to your heart and lungs and will complete a full medical examination when required
- The Nurse will review your health screening questionnaire and ask you more in depth questions about your health which will

assess if you require any further tests carried e.g. take a tracing of your heart or X-Rays. Some of these tests or investigations may require you to attend the X-Ray or ECHO department. At this clinic we will carry out routine tests on all patients i.e. take blood, test your urine and test for MRSA. You need to tell us about all health problems you have, like high blood pressure, asthma or chest problems, diabetes or epilepsy.

- The Nurse will check all the medications that you bring to the pre-operative assessment clinic. You need to bring all of the medicines you currently take to the clinic, these include medicines prescribed by your GP or purchased from a pharmacy or shop. Please include medicines such as vitamins, creams, sprays, drops, patches, injections, liquids, suppositories and any herbal or homeopathic preparations. The Pharmacist will tell you if you need to stop any medicines before your operation and provide you with written information.
- If any other tests or investigations are required you will be asked to attend the X-Ray or ECHO Department.

We encourage you to ask all questions or discuss any concerns at this appointment.

Fit for Surgery Checklist

Teeth – Have a dental check-up every 6 months

Weight – Keep your weight under control. If you are overweight losing some weight before your operation will help your recovery. If you would like to lose weight, you can seek advice from your GP or Practice Nurse.

Stop Smoking – You can contact your GP's smoking cessation service.

Blood Pressure – Have it checked every 6 months or as directed by your GP. If you have been diagnosed with high blood pressure and prescribed medication ensure that you take it as directed by your GP.

Skin – Regularly check your skin to ensure that you have no skin problems, i.e. sores, ulcers, infections or skin breaks, especially around the ankles and feet.

Things to Consider Before Your Operation

The best place to go after your surgery is your own home. It is important that you think about how you will cope on your discharge from the Whitfield Clinic. You will need someone who can help care for you in the early stages of your recovery when you leave the clinic. This may be a spouse, partner, relative or friend. You may wish to organise to stay with a relative or friend for a short period of time. Please ensure you advise the nursing staff of this when you come to pre-operative assessment. This ensures that your discharge from the clinic is not unnecessarily delayed.

It is important that you read this document so that when you come in for your operation you have a good understanding of what to expect during and after your stay in hospital, and from your new hip. If you plan to have someone to help look after you when you go home, it is important for them to read this document as well.

Commonly asked questions

How serious is this operation?

Having your hip replaced is a major operation. As with any major operation there is a small risk of serious complications; every effort is made to ensure the procedure is performed as safely as possible. Patients who have heart, chest disease or a history of strokes can have an increased risk.

Am I too old for the operation?

This is a common question. You can never be too old to have the operation. In terms of successful outcome the best age to have the operation is 75 years or older. A more appropriate question is “am I too young for the operation?”

Will I have pain after my operation?

Yes, you can expect to have mild pain around your hip and down your leg, especially in the first few weeks following surgery. The pain should steadily decrease to a level that is much better than before surgery. It is important that you take regular painkillers, particularly for six weeks following your operation.

In the long term will I be pain free?

The outcomes recorded from patients who have had hip resurfacing carried out by Mr Carton/Mr. O’Sullivan, show that one year after their operation:

17 patients out of 20 have no pain or only slight pain,
2 patients out of 20 have mild pain and
1 patient out of 20 have moderate to severe pain in their hip.

Patients sometimes have other causes for their pain. Patients who have arthritis in their hip may also have arthritis in their lower spine. Arthritis of the lower spine often causes pain in the buttock as well as the back, which can often be confused as hip pain. If you have back pain before surgery having your hip replaced is unlikely to help it.

Will my leg be swollen after the operation?

Yes, your leg will be swollen after the operation. Swelling may travel down your leg to your foot. This is normal and will generally subside by 8 weeks. Swelling should be less in the morning and gradually increase throughout the day.

What can I do to help reduce swelling?

Take short walks frequently
Take frequent rests lying on top of your bed during the day (3 times a day). For the first three weeks this should be up to 3 hours per day. You may place a pillow under your leg to assist the reduction of swelling.

Will my leg become bruised?

Yes, bruising is very common especially around the hip joint. Bruising may travel down your leg to your foot. This is normal and as with the swelling should be resolved by 8 weeks.

Will I need a blood transfusion?

In this country blood transfusions are very safe however, they do carry a risk. One concern is the fact that a transfusion does slightly increase the risk of you getting an infection in your new hip. For this reason where possible we try to avoid giving you a transfusion. You will receive a transfusion if your blood level (haemoglobin) falls very low after surgery. If you have heart problem we may need to give you a transfusion to avoid added stress on your heart. You will lose some blood during the operation. Therefore your blood level may be low when you are being discharged from the clinic. (It may be as low as 7, as compared to 12 or above before surgery). This may make you feel tired. Normally your body will bring your blood level back up to normal over the six weeks following your operation. Taking iron tablets does not bring your blood levels back up more quickly, so you do not need iron tablets.

Will I have clips or stitches in my wound?

If clips have been used they will require removal by your G.P. at ten days following operation; wounds closed with dissolvable stitches do not need suture removal and the stitches will fall off after about 3 weeks.

These should **NOT** be removed. Your dressing will remain over your wound for 10 days and should not be removed before this. On the day of your discharge we will arrange for you to visit your G.P or practice nurse to remove your dressing and inspect your wound. Your wound should be dry. **If your wound is not dry, contact us** (see contact details).

When can I have a shower or bath after my operation?

You can have a shower (walk in type), but you need to ensure that you keep your wound completely dry. The dressings will only protect against minor splashing and should be kept away from the force of the water. Some people feel happier with someone to assist them on the first couple of occasions. You **cannot** have a bath for six weeks after your operation due to the increased risk of dislocation of your replaced hip joint.

Will I need any aids after I go home?

If you have been managing at home without aids before your operation you should be able to manage without aids when you go home from the clinic.

At present my hip feels very stiff, for example I cannot reach my feet. Will this improve after surgery?

In general, a hip that is stiff before surgery will also be stiff after surgery. You may not be able to bend to put on shoes or socks after your operation. However, in general most patients' stiffness will improve.

After I have my joint replaced do I need antibiotics if I am having dental treatment?

No you don't. You will only need antibiotics if your dentist feels that the antibiotics are required for your dental treatment (for example, in the case of a dental abscess or infection).

After I have my joint replaced when do I need antibiotics?

If you or your doctor suspects that you have an infection in your new joint you must **NEVER TAKE ANTIBIOTICS** without first contacting a member of either Mr. Carton/Mr. O'Sullivan's team (see contact details). If you get an infection elsewhere, for example, an infected bunion, then you should take an antibiotic as the infection could then spread to your new joint.

Potential Complications

Infection

There is a small chance of infection, deep infection around a hip occurs in less than one in every 100 patients (1%). A further one in 100 patients (1%) may have superficial infection.

Most infections occur in the first six weeks following the operation. It often means having to be readmitted to the clinic and going back to theatre to have the wound opened and cleaned. If the infection does not settle then the replaced hip will be removed.

Smoking increases the risk of infection. To avoid this risk, you should stop smoking as soon as possible. Alcohol can also increase the risk of wound problems. Other risk factors include being overweight and having skin problems, for example, psoriasis.

You must NEVER take antibiotics for your wound unless your Consultant or one of his team has prescribed them.

When should I suspect a wound infection?

- If your wound starts to leak fluid having been dry or continues to leak fluid beyond seven days after your operation. This can be noted by increased soiling of your dressings.
- If part or your entire wound becomes swollen, red or sore to touch
- If you get a sudden increase in pain around your hip and you feel shivery and/or unwell
- Occasionally pain that fails to settle following surgery or pain that develops some time later can be caused by infection and in these cases the wound can remain normal. This is one cause of pain that occurs after 20 months.

If you suspect that you have an infection, especially in the first few weeks following surgery, you should **contact us urgently** (see contact details).

Deep Vein Thrombosis (DVT)

A DVT is a blood clot in the leg. It is quite common to get small clots in the calf of your leg following surgery; these clots **do not** require any treatment.

Clots above the knee are considered to be more serious and a small number of these can travel to the lung and can cause death. The risk of this happening is **very small** and is less than 1 in 1000. Clots above the knee are diagnosed in 2 patients in every 100. This can be treated with

blood thinning medications that you take for 3 to 6 months. This will help prevent the clot travelling to your lung.

At present there are no drugs that have been proven to reduce this small risk of death, although Aspirin or Pradaxa may be of some help. You will be started on either Aspirin (150mg) or Pradaxa at the time of your operation. If you have been started on Aspirin, you should continue to take it for 6 weeks after your operation. If you are not able to take aspirin then an alternative will be given.

If you have been treated for a blood clot in another hospital following your hip surgery, it is very important that you **contact us immediately** (see contact details).

What can I do to prevent DVT?

Early movement following surgery - the physiotherapist will get you up to walk as soon as possible after your operation and teach you exercises to help with your circulation

Take short walks frequently

In the 4 weeks before surgery you should avoid continuous travel of 3 or more hours as the immobility associated with this may increase the risk of DVT.

When should I suspect DVT?

If the swelling suddenly increases in either leg after you go home this may indicate a clot above your knee. If you or your doctor suspects that you have a clot it is very important that you **contact us** (see contact details) and we can arrange a test for you.

If you become suddenly short of breath, this can be due to a clot in the lung, you should **contact your doctor immediately**.

Dislocation

The outcomes to date, recorded from patients who have had ASR hip resurfacing carried out by Mr. Carton/Mr. O'Sullivan, show that no dislocations have occurred.

How can I reduce the risk of dislocation?

For the first 12 weeks follow these simple instructions

- Never cross your legs
- Do not bend the operated hip greater than 90 degrees (ie: beyond an "L" shape)
- Do not twist the operated leg in or out
- Do not lie on your side
- Remember the safe position is knees apart and foot turned out.

How do I know if my hip has dislocated?

- If you develop severe hip pain this may travel down to your knee
- If your foot is turned in, but occasionally it may be turned out
- If your leg becomes shorter
- If you find it difficult to stand and take weight through your hip

In the first few weeks you may experience short episodes of severe stabbing pain around your hip. This will usually get better. If you are able to stand and take your weight through your hip then it is unlikely that your hip has dislocated, although occasionally this can happen. If you have any doubt please **contact us** (see contact details).

What do I do if I think my hip is dislocated?

Contact your GP or one of Mr. Carton/Mr. O'Sullivan's team immediately; alternatively travel to the nearest A&E unit for urgent assessment.

What will happen if my hip does dislocate?

If your hip dislocates, it can usually be put back into place again using light anaesthesia without having a further operation. Most hips only dislocate once but, occasionally they can dislocate more often. Normally if a hip comes out of joint on more than 2 occasions a further operation is needed.

Fracture of the neck of the femur (thigh bone)

This can happen either during surgery or after surgery. A fracture after surgery is usually due to reduced blood supply to the area. If this occurs then a revision of the femoral component to the traditional metal stem component will be performed.

Heterotopic Ossification (Bone forming around the Hip Replacement)

It is very common for new bone to form around the replaced hip. This may result in reduced hip movement. It does not however, cause pain.

Trochanteric bursitis

The trochanteric bursa is a fluid-filled sac that functions as a gliding surface to reduce friction between the bony prominence on the outside of the thigh bone and the muscles that lie over this bone. Trochanteric bursitis is inflammation of this bursa. It is characterised by aching pain over the outer aspect of the hip with tenderness at the point of the hip. The hip joint itself is not involved. The pain may be present before

surgery and is one reason why patients are unable to lie on their painful hip before surgery. This area may remain tender after the operation. If you feel you have trochanteric bursitis it is important that you continue with your home exercise programme. If at your review you are diagnosed with trochanteric bursitis, the consultant will explain a self-management programme to you.

Foot Drop

This is not common as it occurs in less than 1 in 300 patients. It occurs when the sciatic nerve, which supplies power and feeling to your lower leg, becomes stretched at the time of the operation. If it does occur your foot tends to drop when you are walking, this means you can trip easily. If you develop this you may have to wear a splint on your foot until your nerve recovers. Most patients experience full recovery but unfortunately it can take up to 18 months.

Will my legs be the same length afterwards?

During surgery every effort is made to maintain or correct your leg length, so usually your leg will be close to the correct length. Occasionally for various reasons it may not be possible to achieve the correct leg length. This can be corrected by using a heel raise in your shoe.

Is it possible that I could be worse after the operation?

Yes, unfortunately although uncommon a patient may feel either no better or feel worse than before surgery. This is often due to the patient developing a complication. Occasionally patients have pain afterwards, for which we can find no cause.

Potential Problems

Nausea or feeling sick

This can occur, although is usually mild and improves quickly; most often occurs in the first 2 days following surgery.

Loss of appetite

This is not uncommon and can last for several weeks after the operation. It is important for you to ensure that you are drinking enough fluids.

Constipation

This happens commonly after the operation, and can be caused by the change in routine, medication and even food. It is important that if this happens or you feel you are prone to constipation that you let the nurses know before you go home. It can be quite distressing but it

always gets better. It is important that you take the medication prescribed for you to relieve constipation.

Hiccoughs (hiccups)

Some patients get hiccoughs after the operation, and this can be very uncomfortable. The hiccoughs always settle but in some cases can persist for a period of time after you go home.

Chest infection

There is a risk of developing a chest infection following any operation. If you develop a chest infection you will be treated with antibiotics.

Kidney or bladder infection

There is a risk of developing a kidney or bladder infection following your operation. Signs of an infection are pain on passing water or wanting to go to the toilet more often. If you develop a kidney or bladder infection, this will be treated with antibiotics.

Confusion

Occasionally patients can become confused after their operation. This is normally caused by a combination of the anaesthetic and being in strange surroundings. Confusion is usually apparent for the first couple of days after the operation and settles completely when the patient returns home.

Atrial fibrillation

This is a common problem following an operation. Atrial fibrillation is a condition where the heart beats irregularly. With treatment this should settle within a few days.

Your Inpatient Stay

When will I be admitted to the Whitfield Clinic?

You will be admitted to the clinic either on the evening before your operation or on the morning of your operation. This enables us to carry-out any tests we need, for example, blood tests and allows you to become familiar with your surroundings. It is important that you remember to bring the medicines you are currently taking at home with you to the clinic.

If you have any questions please do not hesitate to ask a member of staff.

Before your operation one of the house doctors will discuss your operation with you. The doctor will then sign your consent form with you.

Fasting instructions will be given to you at your pre-operative assessment appointment. It is very important to follow these instructions to avoid your operation being postponed.

The consultant anaesthetist will speak to you before your operation.

The Operation

The operation is usually carried out under regional anaesthetic and lasts between one and two hours. After your operation you will be taken to the recovery ward, you will stay here until you are well enough to return to the orthopaedic unit.

How will I feel after the operation?

You will generally feel very comfortable but may experience some mild discomfort; this will be managed by medications.

Nursing

Specialist nursing will be provided from admission through to discharge. On admission the nursing staff will check to ensure that there have been no changes in your circumstances since attending pre-operative assessment.

Before, during and after your operation your pain levels will be closely monitored and pain relief prescribed as required to ensure your recovery is as comfortable and as pain free as possible. It is important that you inform your nurse, doctor or therapist of any pain you are experiencing.

The nursing team will monitor your progress and liaise with the various professionals to ensure you have a timely and safe discharge to home.

When do I restart any of the medicines stopped before my operation?

Your medicines will be restarted while you are still in the clinic after your surgery. You will be informed if any of your medicines are not to be restarted.

If you are unsure about any changes to your medicines please do not hesitate to ask to speak to the doctor.

Will I have an X-Ray of my replaced hip before I go home?

Prior to going home an X-Ray will be taken of your replaced hip. This will be seen by the consultant before you go home.

How long will I be in the Whitfield Clinic?

Your clinic stay should be short. When you are able to walk safely with sticks, crutches or a zimmer frame, and manage stairs or a step (if you need to) you can go home. Patients should expect to go home on the third or fourth day. These are not strict rules and you will not go home before you are ready.

Physiotherapy

The physiotherapist will advise you on the following exercises which should be started immediately after your operation

- **Deep Breathing Exercises**

Breathe in through your nose slowly & deeply. Pause & hold breath for 1-2 sec. Breathe out fully through your mouth. Repeat several times hourly.

- **Foot and Ankle Exercises**

Pump your feet up and down for 30 seconds hourly to help promote good lower limb circulation.



- **Static quadriceps/hamstrings co-contraction**

Keeping your knee as straight as possible, tighten your seat muscles, then tighten your thigh muscles and press your knee back against the bed. Hold for a 5 seconds. Repeat 10 times



- **Static Gluts**

Squeeze your bottom muscles together. Hold for 5 seconds. Repeat 10 times.

Walking

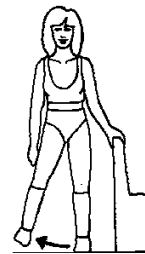
Your physiotherapist will see you on the day after your operation and will get you up to walk with the appropriate walking aids. When walking you should always wear appropriate footwear. We recommend comfortable lace up or slip-on shoes with low heels, flat if possible. We do not recommend old, worn out slippers or backless shoes/slippers.

- **Walking Sequence**
Walking aid forward
Step forward with operated leg
Step to or past operated leg with non-operated leg
- **Turning**
You can turn in either direction but do not twist on your operated leg, lift your feet and step around with small steps
- **Stairs**
The physiotherapist will practice steps/stairs with you if this is appropriate. They will also provide you with a leaflet which explains how to negotiate stairs safely - please refer to this.

Home Exercise Programme (H.E.P.)

The following exercises will help to strengthen the muscles surrounding your hip. They will be started in the clinic and you should progress your H.E.P by increasing the number of repetitions as able. Aim to do your H.E.P 4 times per day. The exercises should be performed on the operated leg but remember to keep the non-operated leg moving to prevent it from stiffening up.

- **Hip abduction**
Stand holding on to a support, raise your affected leg out to the side and return slowly to start position keeping your trunk straight throughout the exercise. Repeat 10 times.



- **Hip extension**
Stand holding on to a support, bring your affected leg out behind you and return slowly to start position keeping your knee straight throughout the exercise. Do not lean forwards. Repeat 10 times.



Before your discharge the Physiotherapist will go through your hip precautions with you. The physiotherapist will also go through your Home Exercise Programme and if necessary show you how to manage steps or stairs.

After discharge you should continue to do the exercises that you were shown in the clinic and take regular walks in order to maintain all of the movement and strength you have attained since surgery and to restore your functional independence.

Most patients do not require continued physiotherapy input after discharge and simply continue working daily at their exercises independently.

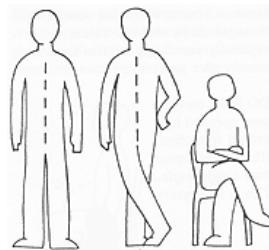
Hip Precautions

Following Hip resurfacing the muscles surrounding your hip will need time to heal. It is important you avoid certain movements to reduce the risk of dislocating your hip. For the first 12 weeks follow these simple instructions

1. Never cross your legs

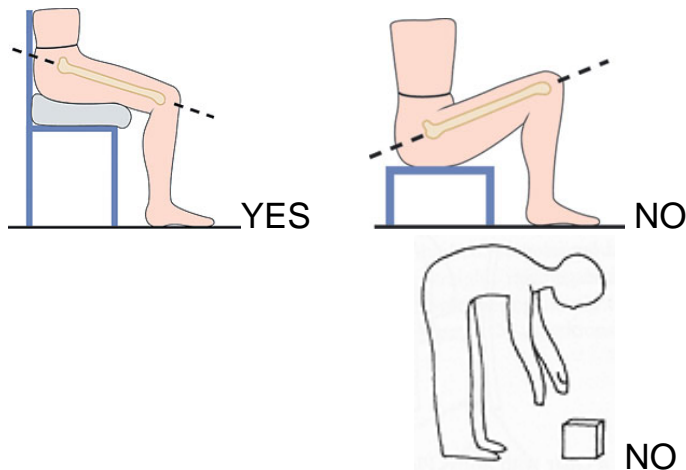


NO



NO

2. Do not bend the operated hip greater than 90 degrees (ie: beyond an "L" shape)
 - When resting in a chair never turn suddenly or stoop forward, as this causes most dislocations
 - Do not bend to the floor to pick up an object or to put on shoes, socks or tights.
 - Do not attempt to cut your toe-nails in the first 2-3 months.



3. Do not twist the operated leg in or out
- Do not reach too far across your body
 - When walking, keep your kneecap and toes pointing forwards especially when turning, don't twist on your leg.



4. Do not lie on your side – It is not advisable to lie on either side in the early stages. You may begin lying on your non-operated side after 6 weeks, but you must ensure you have a pillow between your knees.
5. Remember the safe position is knees apart and foot turned out.

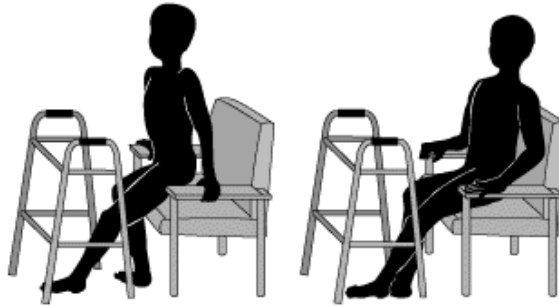
Putting your Hip Precautions into Practice

Sitting

Your knees should be lower than your hips, so do not sit on a low seat.

Getting up from a chair

Bring your bottom to the edge of the seat, straighten your operated leg and place your non-operated leg under the chair. Push up with both hands on the armrests and with your non-operated leg. Ensure you have your balance before you step away from the chair.



Sitting down

Ensure that you can feel the chair at the back of both knees, reach with both hands back to the armrests. Keeping your operated leg straight out in front of you lower yourself into the chair using both arms and your non-operated leg.

Toilet

Use the same method to get on/off the toilet.

Getting in/out of bed

Avoid twisting your leg, keep your kneecap and toes facing towards the ceiling as you move your leg across the bed. Remember to ensure that you do not cross the midline with your operated leg.

Getting in/out of a car

You should sit in the front passenger seat. Ensure you are entering the car on level ground (ie: not from a kerb). Have the back of the seat reclined and the seat as far back as possible. Avoid long journeys as much as possible.

- **Getting in** – Stand with your back to the car. Step back towards the car until you feel the seat at the back of your knees. Lower yourself keeping the operated leg straight. Slide yourself as far back as you can. Lean back and step your legs into the car keeping your knees lower than your hips. Remember do not twist or cross the midline.
- **Getting out** – Without twisting your body or crossing the midline with your operated leg, step your legs out of the car. Slide to the edge of the seat. Stand up keeping your operated leg straight out in front of you. Ensure you have your balance before you step away.

Return to Normal Activities

This is a major operation and you may find that you will tire more quickly. This is normal and your strength will gradually return over the next few months.

Walking

You will need to use your walking aids (Zimmer frame, 2 elbow crutches) for the first six weeks following your operation, then for a further six weeks use 1 elbow crutch to protect your replaced hip joint. You can gradually increase the distance you walk, depending on how you feel. Never push beyond your capabilities, it is better to do little and often. If you lack confidence initially ask a friend or partner to accompany you.

Return to work

Normally patients return to administrative work a minimum of six weeks following their operation. In general, time to return to work depends on the nature of work you wish to return to.

Return to driving

Normally patients return to driving six weeks following their operation.

Sports and Hobbies

- After ten weeks you can gradually return to low impact sports, such as, swimming.
- Swimming will help to improve your flexibility and muscle strength. In the swimming pool you can carry-out –
 - ❖ Hip strengthening exercises - Carry-out hip abduction and extension strengthening exercises as described above (Home Exercise Programme) in the pool. Ensure you stand holding on to support at the side of the pool.
 - ❖ Front and back crawl
 - ❖ **Do not swim the breaststroke**
- Mild to moderate exercise is beneficial, but it is inadvisable to return to impact sports/activities or heavy lifting as this may be harmful to your new hip joint.
- If you are unsure you can discuss this with your consultant or the clinical practitioner.

Who do I contact if I am having any problems with my replaced hip joint?

If you have any problems or concerns regarding your replaced hip after you have been discharged from the clinic you should contact one of Mr. Carton/Mr. O'Sullivan's team (see contact details).

If you have any problems outside of these hours contact the Orthopaedic ward on 051 337431.

You will be reviewed at the clinic approximately 6 weeks post-op, then again between 3 and 6 months, if required. You will be reviewed at the clinic one year, five years and ten years following surgery. You will have X-Rays taken of your hip at each review. It is very important that you attend your review appointments. A letter will be sent out to inform you of your appointments.

The physiotherapist will assess the movement and strength at your hip and ask you to complete some questionnaires relating to your hip and your general well-being (If you use reading glasses please bring them with you so you can complete the questionnaires)

Contact Details:

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Orthopaedic Ward (Out of Hours):

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For more details on all aspects of care and rehabilitation please refer to the website:

www.hipandgroinclinic.ie

The Hip and Groin Clinic, Whitfield Clinic, Cork Road, Waterford