



**Enhanced Recovery Programme
Patient Information Leaflet**

Total Hip Replacement

Name.....

Consultant.....

Therapy Education Group Date.....

Pre-Op Date.....

Operation Date.....

Target Discharge Date..... (1-3 days from operation)

Please bring this leaflet into hospital with you

This information is available in other formats on request. Please ask your nursing staff to arrange this.

You matter most

Aim

This leaflet aims to explain the enhanced recovery programme after a hip replacement. Aspects of this care may differ from what you expect, as enhanced recovery starts before surgery, continues during your hospital stay and extends into your recovery at home. We aim to explain what you need to do before your operation, what will happen when you come to hospital and planning for discharge home.

What is the Enhanced Recovery programme?

Research indicates that, after surgery, the earlier you get out of bed and start eating and drinking, the better. This will speed up your recovery, making it less likely that complications will develop.

For example, the benefits of getting up early are:

- Reduced risk of chest infections or breathing problems
- Stronger muscles
- Decreased tiredness
- Reduced risk of developing blood clots

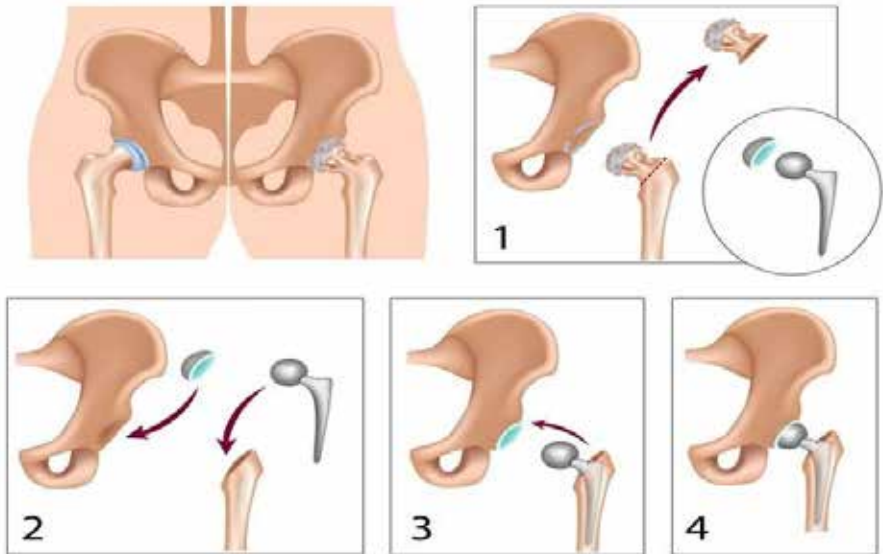
Thus, the aim of the programme is to restore you to full health as quickly as possible after your operation.

To achieve this we need you to work with us to reach your full potential.



Hip Joint

Total Hip Replacement



A Total Hip replacement is performed for severe arthritis of the hip, causing disabling pain.

Osteoarthritis (OA) is a degenerative disorder often referred to as “wear and tear” arthritis and is the most common reason for a hip replacement.

Other conditions that can cause hip joint damage include:

- Rheumatoid arthritis
- Fractures
- Ankylosing spondylitis
- Unusual bone growth (bone dysplasias)

What will happen before I come into hospital?

Pre-operative Assessment

You will attend the Pre-Operative Assessment Unit (PAAU) before your operation. This is sometimes arranged whilst you are in outpatients clinic.

The nurse will assess your general health and ensure that all preparations have been completed.



You may undergo routine investigations such as blood pressure measurement, blood tests and ECG (heart monitoring). These tests are carried out to ensure you are at your fittest before surgery.

If the nurses have any concerns about your health they will discuss these with the doctors – we may have to postpone your operation until a later date.

Information will be given to you about the operation, the enhanced recovery programme and your expected admission and discharge dates.

You will be given advice about any medication you need to stop prior to surgery, fasting times and your anaesthetic. Please ask if unsure about anything.

Medications to stop prior to surgery

Medication	Stop Date

You will be asked to consent to a national project –The National Joint Registry – which monitors the performance of joint implants in the long term.

Please tell the nurse if you are concerned about your home circumstances. We can then plan any help you may need when you leave hospital.



You matter most

What can I do prior to surgery?

In order to recover from surgery quickly, prior to having your operation it is important that you –

Eat a healthy well balanced diet

Your body will need energy and nutrients to help repair itself after surgery. For further information and advice see: <http://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx> or speak to a member of our team.

Sleep, rest and play

Staying physically active will help in your recovery. Continue to socialise as normal with friends and family, which will help reduce anxiety and stress.

Smoking and Alcohol



If you do drink or smoke: use this as an opportunity to stop or cut down. This will help your recovery and reduce complications.



Ensure any dental or gum issues are treated by your dentist – any potential infection may delay surgery



If you have any signs or symptoms of an eye, ear, throat, chest or urine infection or if you are unwell prior to your admission, please get in touch. **Contact your GP and the pre-operative assessment unit for further advice and guidance.** Depending on your illness your surgery may need to be postponed, as it may affect the outcome of the joint surgery.

Therapy education Group:

You will also be booked into a therapy education group. This is an information session undertaken by the Therapy team.

It is essential that you attend at least once.

You will have received a **questionnaire** asking you about your home situation and furniture heights. It is very important that you bring this information to the group as the therapists will need to discuss these details with you. **Do not** hand them in at the Pre-operative Assessment Clinic.

It is advised that you start practising the exercises shown later in this booklet prior to surgery. This will help to build the muscle strength and maintain fitness.

Please see hospital internet for further information and videos:

Youtube: Harrogate Hospital Hip Replacement: Enhanced Recovery Programme



You matter most

Pre-admission Checklist:-**Preparing your Home Environment**

- Arrange support from family and friends
- Transport to return home from Hospital - ask family or friends
- Help with cleaning, laundry, shopping and care of pets
- Help with gardening
- Food cupboards and freezers stocked up with essentials (like bread and cooked meals)
- Find a back pack or apron with pockets to carry items from one room to another while using walking sticks
- Keep regularly used items within reach, to avoid excessive stretching or bending
- Stock up on over-the-counter medications i.e. Paracetamol, ibuprofen and laxatives such as Senna – as the hospital may NOT supply these on discharge.**

What to pack for my admission:

- Comfortable loose day clothes, as you will be encouraged to get dressed
- Night wear and dressing gown
- Comfortable shoes or sandals (**NOT backless slippers**)
- Toiletries and a towel
- Dressing aids and walking sticks (issued by the therapists)
- Something to do... books etc.
- Glasses/ hearing aids (if applicable)
- Drinks – such as cartons of pure apple juice or blackcurrant, and diluted squash. Avoid fizzy drinks. These must not be low sugar – unless you are diabetic.
- Three days' supply of your usual medications that you normally take (including the boxes they come in)
- This leaflet

IF you take strong painkillers such as morphine or use pain patches please continue to take as normal.

However, please leave these medications at home – **BUT** tell the ward staff that you are taking them.



You will be required to take a shower or bath as close to the time of surgery as possible.

If you are being admitted on the day of surgery please have a bath or shower before you come into hospital.

If you are admitted on the afternoon before surgery please discuss with the nursing staff. There are showers on the ward. Remove all jewellery, (except wedding ring), nail varnish and make up.

On the night before surgery please eat a large, carbohydrate meal: Such as

Go for complex carbs, rather than simple carbs, as they are full of fiber and don't spike blood sugar levels.



Good



Bad



What will happen on the day of my operation (Day 0)

On the day of your admission you will be asked to attend either the ward or the Elective Admissions & Discharge Unit (EADU).

Please be aware that there may be some waiting around so you may wish to bring a book or magazine to read.

Please inform staff of any changes to your home circumstances, address, telephone numbers, next of kin etc.

A member of the medical team will mark the limb to be operated on, and check you have consented to the operation

If you are having surgery in the MORNING:

DO NOT eat any solid food (including sweets or gum) after 02:00hrs.



You may drink clear fluids until 06:30 hours. You may be able to have more to drink on the ward but staff will guide you on this. Clear fluids include black tea/coffee with sugar, pure apple juice or diluted squash. Avoid low sugar varieties (unless diabetic).

If you are having surgery in the AFTERNOON:

If your admission is between 10:00 and 13:30hrs:

Eat a light breakfast **BEFORE** 07:30hrs e.g. 2 slices of toast, cereal or porridge.

You may drink clear fluids until 11:30 hours. You may be able to have more to drink on the ward but staff will guide you on this. Clear fluids include black tea/coffee with sugar, pure apple juice or cordial. Avoid low sugar varieties (unless diabetic).

If you're diabetic you will have specific requirements. These will be discussed with you and advice given.

Anaesthetics and Pain Control

Your anaesthetist will come and discuss the anaesthetic options with you prior to surgery. Your anaesthetist is responsible for:

- Agreeing a plan for your anaesthetic
- Giving you the anaesthetic
- Your wellbeing and safety throughout your surgery
- Planning your pain control with you

Before your operation you may be given an injection into your back (spinal) whilst in the anaesthetic room. This will help control your pain during surgery and for a few hours afterwards.

For further information please see additional leaflet on spinal anaesthesia.

Good pain control is important after surgery as it improves your recovery. It enables you to walk about, breathe deeply, eat and drink, feel relaxed and sleep well.

You will be given strong opioid (morphine-based) medications for the first 48 hours after surgery. Then we will reduce them to something less strong but very effective.

Please let the nursing staff know if you have any pain.



What will happen following my operation on the ward?

You may have a drip in your arm during surgery, which may or may not be discontinued on your return.

Catheters are not inserted pre-surgery. But some patients find it difficult to pass urine post-operation due to the spinal anaesthetic and may require a catheter.

Also some orthopaedic surgeons use drains for 24 hours (to remove excess fluid). These are usually in overnight and removed the following day.

Do not be concerned if you cannot move your legs immediately after your operation. This is temporary and you will regain all sensation as the anaesthetic wears off.

You **MUST NOT** attempt to get out of bed or walk by yourself during this period, until you have been assessed as safe and competent to do so by the physios or qualified nursing staff .

You will be encouraged to eat and drink as soon as you feel ready

Goals for Day 0:

- Sit out of bed, if spinal anaesthetic has worn off. **A qualified member** of staff and support worker will assist you. If unable to sit out, exercises on bed will be encouraged
- Eat and drink
- Pass urine

What will happen on the first day after my operation? (Day 1)

You will continue to have regular tablets for pain but, please let the nurse know if you require additional analgesia.

You may eat and drink as normal.

If you have any drains – these will be removed.

You will require a blood test and an X-ray during the course of the day. Staff will inform you when you are due to go for this.

You will need to tell the nurses if you are having difficulty passing urine.

You will be encouraged to be up and out of bed today for a total of eight hours. We suggest that this is linked to meal times as you will not be allowed to eat in bed.

You should also rest on your bed for 1 – 2 hours a day, allowing time to perform physio exercises. You will need to take a few short walks, with physio or nursing assistance, unless assessed safe to mobilise on your own.

Goals for Day 1:

- Eat and drink as normal
- Progress to walking with sticks, continue exercises
- Complete stairs assessment
- Complete OT assessments, such as washing and dressing, kitchen assessment, bed and toilet transfers.
- Aim home if assessments completed.

What will happen on the second day after my surgery? (Day 2)

You will continue to have painkilling tablets to ensure your pain is well controlled. If you experience an increase in pain levels inform your nurse.

You need to be up and out of bed for eight hours and take regular walks, as on day one, but increasing in distance.

You will be taught to self-administer Tinzaparin as you will be taking this for 28 days when you go home.

The nurses on the ward will finalise plans with you and your relatives for your discharge home. This includes getting discharge summary and medications. Please let the nursing staff know if you require a sick note.

You may be discharged home this afternoon, providing:

- You feel confident and have completed the physio & OT assessments
- Your pain is well controlled
- You are passing urine normally
- Bloods and X-rays results are deemed satisfactory
- Wound is dry

Goals for Day 2:

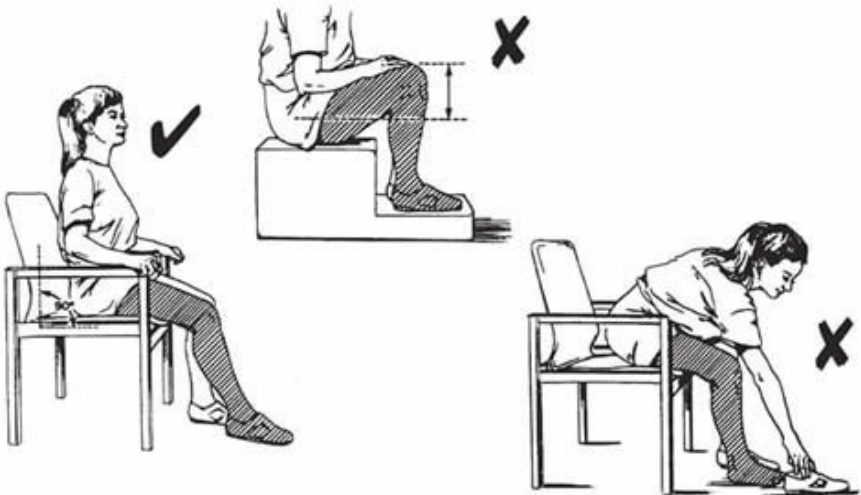
- Eat and Drinks as normal
- Dress in day clothes
- Walk

Hip Precautions

You **MUST** follow these precautions very closely for the first 6 weeks. These precautions are designed to reduce excessive stress and strain on your new hip in the early stages. This allows the wound to heal and the muscles to strengthen. After 6 weeks you can gently ease yourself back into your normal lifestyle.

The 90 Degree Rule

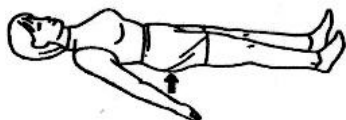
- Do not bend your hip beyond 90°
- You must not bend down to touch below your knees, or lift your knee above hip level
- You must not rotate your hip inwards or outwards
- Do not twist to reach anything behind you



Exercises

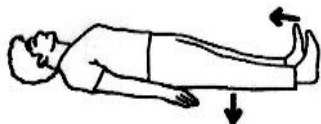
All exercises will be shown to you by your physiotherapist. Ensure you do three sessions of exercises per day (either standing exercises or bed exercises in one session).

Static Gluts:



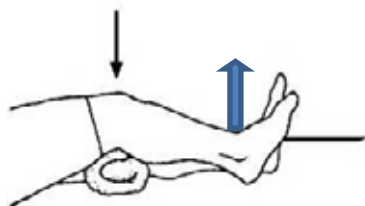
Lying on your back.
Squeeze buttocks firmly together.
Hold for 5 seconds then relax.
Repeat 10 times.

Static Quads:



Lying on your back with legs straight.
Push your knees down firmly against the bed. Hold 5 seconds then relax.
Repeat 10 times.

Inner range Quadriceps:

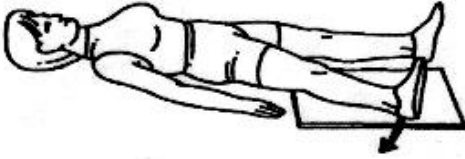


Lie or sit and place a rolled up towel under the knee of your operated leg. Point your toes to the ceiling and lift the foot to straighten the leg. Keep the knee on the roll.
Hold for 5 seconds. Lower slowly.

Hip Flexion:



Lay on your back with a plastic bag under your leg. Bend and straighten your hip and knee by sliding your foot up and down the bag.
Repeat 10 times.



Hip Abduction:

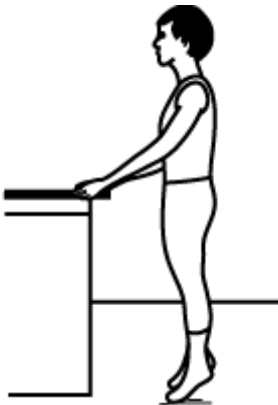
Lying on your back with a plastic bag under your leg.

Bring your leg to the side and then back to mid position.

Repeat 10 times.

Standing Exercises:

Please ensure you do these exercises holding onto a stable support with both hands.



Heel Raises:

Stand up straight and hold onto something secure.

Raise your heels off the floor – coming onto your toes and then gently lower back down again.

Repeat 5 times.

Hip Abduction

Stand up straight and hold onto something secure.

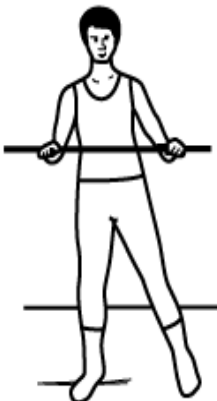
Take your operated leg out to the side and slowly back in again.

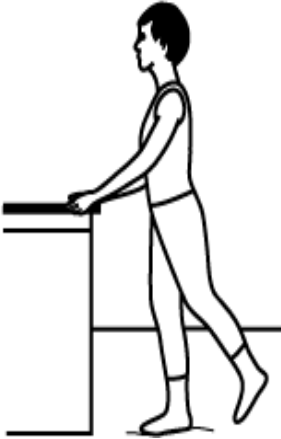
Keep your foot in a straight line.

Do not turn it out to the side.

Keep your body straight; do not lean to the side.

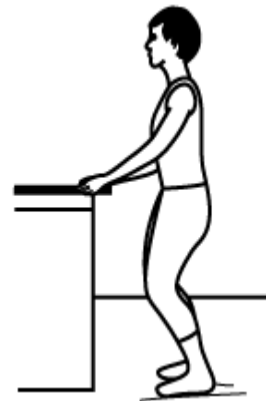
Repeat 5 times.





Hip Extension:

Stand up straight and hold onto something secure.
Bring your operated leg behind you keeping your knee straight.
Do not lean forwards.
Repeat 5 times.



Mini Knee Bend:

Stand up straight and hold onto something secure.
Gently bend your knees, as if you were going to perch on a stool.
Then slowly rise back up into standing.
Only bend your knees a small amount.
Repeat 5 times.



Standing on one leg:

Stand up straight and hold onto something secure.
Lift your un-operated leg off the floor so that you are standing on your operated leg.
Stand for about 5 seconds gradually building up to 30 seconds as a maximum.
Repeat 5 times.

Going up and down stairs:

You will be taught to negotiate steps by your physiotherapist prior to discharge. You must always use your walking aids to support the operated/affected leg.

The correct sequence is as follows:

Going upstairs

1. Un-operated leg first
2. Operated leg
3. Walking aids



Going downstairs

1. Walking aids first
2. Operated leg
3. Un-operated leg

OCCUPATIONAL THERAPY

Occupational Therapists teach you how to regain your independence with everyday tasks whilst protecting your hip following your surgery. They will prescribe and order any appropriate equipment to help you once you return home.

This assessment is undertaken when you attend the **therapy education group**. Please complete and bring the questionnaire that was given to you in the clinic about your home circumstances and furniture heights.

If you do not bring the information with you the Occupational Therapist may not be able to provide all the necessary items you require.

Whilst on the ward, the Occupational Therapist will show you how to wash and dress safely using the equipment, so as to avoid excessive bending.



Swivel office chairs and manual reclining chairs are not recommended.

Sitting:

Chairs must not be too soft or deep.

Only sit on chairs that are an appropriate height.

When sitting down, take your weight evenly through the arms of the chair and let your operated leg slide out in front of you.

When standing up, push up on the arms of the chair.

Keep your thighs apart when you are sitting down or standing up.

Do not lean forward or cross your legs.

Using a Toilet:

If necessary, a raise for your toilet will be provided. If you do not have rails, feel with both hands for the seat of the toilet and gently lower yourself onto the seat. You may find it more comfortable to keep your operated leg out slightly in front of you as you sit.

INSTRUCTIONS FOR FITTING A RAISED TOILET SEAT:

The front of the raised toilet seat (RTS) is lower and more pointed.

1. Firstly lift the toilet seat and lid up. The RTS fits directly onto the toilet bowl.
2. Turn the RTS over and locate the brackets. There will be one at each side towards the back (on some RTS's there is a third at the front).
3. Turn the screws on the brackets and move them to the wider position.
4. Place the RTS on the toilet and use the screws to move the brackets inwards so that they grip the outside of the toilet bowl securely.
5. Ensure the brackets are tightly adjusted and that the RTS is not able to move in any direction.
6. If it does move, readjust the brackets until it is secure.

To remove the RTS, loosen the brackets and lift it off the toilet.

Please note:

If the toilet seat is removed regularly (i.e. other people in the family do not wish to use it), the brackets may loosen. Please check this regularly and readjust the brackets if necessary.

The toilet seat should be cleaned regularly with an ordinary toilet cleaning liquid and wiped dry before use.

MANAGING EVERYDAY TASKS

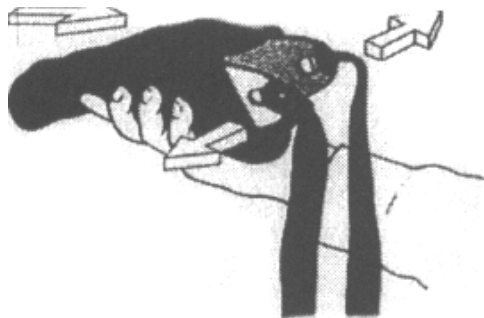
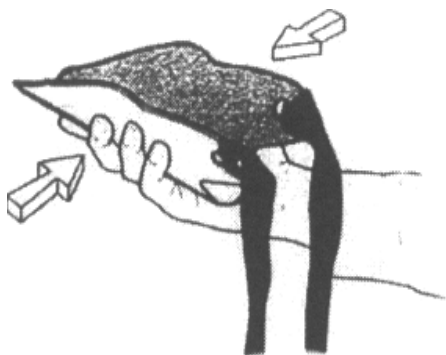
Dressing:

On discharge from hospital you should continue to dress in the way shown to you by the Occupational Therapist. Remember the following points.....

- When dressing, sit on the side of the bed or suitable chair
- Dress your operated leg first and undress it last
- Use the dressing aids given to you by the Occupational Therapist

Instructions for the use of the sock aid:

The sock aid needs to be folded into a U shape. Slide the sock or stocking onto the aid and put the top of the garment into the two notches at either side of the gutter. The heel of the sock/stocking should be underneath and not twisted.



If the aid is then very narrow, ease the top open so that it is wide enough for the foot to go in.

Whilst seated, lower the gutter to the floor holding tightly to the tapes, one in each hand, either side of the leg.

Place your toes into the entrance of the gutter, then wriggle your foot into the garment so that your toes are in the toe of the sock/stocking. You will need to hold the tapes tightly, but do not pull them.

Use a little talcum powder on the gutter to aid movement of the foot if necessary.



Lift your heel off the floor and point your toes. Pull the tapes together and the sock/stocking will start to slide up over your foot and into the correct position.

If the aid does not come out of the garment on its own, unhook it from the notches and remove it.

REMEMBER **DO NOT** BEND DOWN

Tights aid:

Follow the instructions above, but put both legs of the tights onto the aid at the same time. The gusset goes between the two gutters, and the waistband sits in the notches.

Put both feet into the gutters and wriggle your feet until all your toes are at the end seam, then lift your heels, point your toes and pull the tapes together. When your tights reach knee height, unhook the tights and pull the aid out from between your legs. Then stand and pull the tights up into position.

Picking Something Up:

If it is absolutely essential for you to pick something up off the floor, your helping hand is unavailable and there is no-one to help, use the following method.

- Make sure you have a firm support to hold onto.
- Put your operated leg out behind you.

- Bend the knee of your un-operated leg and steady yourself
- **ON NO** account bend forward from the waist with both feet close together

Bed

It is best to lie on your back for the first 6 weeks. You may find it reassuring to keep a pillow between your legs to prevent your legs from crossing, or you rolling onto your side when asleep.

Do not lean forward to pull up your bedclothes.

Sexual relationships:

We advise that you abstain from sexual intercourse until 6 weeks after your surgery. You will need to take a passive role initially, with your partner on top. Pay particular attention to the position of your operated leg, ensuring that you are not putting excessive strain on the new joint. If you experience pain in the hip, **STOP** and try again another time.

Bathing:

It is recommended that you **DO NOT** get into the bath (even to shower) until 6 weeks after your operation, as this can put excessive strain on the new joint, and risk dislocating your hip.



is advised instead, or once your wound is dry (generally after 1 week), you may use a **cubicle / level access** shower. You may need help with washing your feet, unless you use a long handled sponge.

Washing your hair:

You can wash your hair standing at the basin or sink. Stand with your feet slightly apart to give you better balance. Bending forwards gently at the hip put your head over the basin or sink and use a jug or shower attachment.

Foot care:

You may return to washing your feet and cutting your own toe nails after 6 weeks. If you still feel uneasy about bending this far, either ask for help, use long handled scissors, or make an appointment with a chiropodist.

Kneeling down:

You may kneel down after 6 weeks. The safest way to kneel is to do a single-legged kneel, where you kneel on the knee of the **operated side only**. This means that your un-operated hip has to bend, whilst the operated hip stays extended and in a safer position.

Returning to leisure activities:

You may return to swimming after 6 weeks – watch out for wet slippery floors though! For more active leisure activities such as golf, skiing, running, cycling, horse riding, racquet sports or contact sports, please check with your consultant.

Holidays:

It is recommended that you do not go on holiday within the UK or abroad within the first **6** weeks. You are advised not to fly short-haul until **6 weeks**, or long-haul until **3 months** after your operation. Any further questions on travel should be directed to your consultant.

Remember, if you plan to stay away from home in the first 6 weeks, the accommodation - and in particular the furniture - must be appropriate for your needs.

Return to work:

The timescale for return to work is completely dependent on the type of job that you do. Please discuss this with your consultant.

Please see hospital internet for further information and videos:

Youtube: Harrogate Hospital Hip Replacement: Enhanced Recovery Programme

DO'S AND DON'TS AFTER SURGERY

Everyone heals at different rates, so you may find you are able to carry out some of the activities fairly quickly following your operation, but please remember your precautions! Provided this does not cause you pain or discomfort you can continue with caution.

Remember if an activity causes you pain – **STOP**. It's obvious your new hip is not ready yet.

DO:

- √ Take your pain killers regularly as prescribed
- √ Carry on with exercises as instructed by your physiotherapist
- √ Take regular, short walks
- √ Keep walking with 2 sticks until 4-6 weeks from your operation
Then you may progress to 1 stick held in the opposite hand to your new hip
- √ Please return any sticks or equipment when you have finished with them

DON'T:

- χ Twist the operated leg in or out whilst sitting or standing
- χ Cross your legs- knees or ankles
- χ Lift the knee on your operated leg higher than your waist / hip or bend your body down onto your thighs

- χ Sit on low chairs, stools or toilets
- χ Sleep on your side for at least 6 weeks
- χ Be too hasty to cut your own toenails or put your shoes on without long handled equipment – GET HELP
- χ Do any heavy lifting / housework or gardening
- χ Do too much too soon – gradually increase your activity as able

Travelling home from hospital:

You will go home when the members of the Team are happy that you are medically fit, your wound is satisfactory and you have completed all of your therapy assessments.

All patients are able to go home in either an appropriate car or a black cab style taxi if you wish to fund this yourself.

If you have any problem arranging your transport for discharge, please speak to the nurses on the ward. Travelling as a passenger by car in the first 6 weeks after discharge, should be for **essential journeys** (such as attending your practice nurse) **only**.



You matter most

Getting in and out of a car:

First, prepare the car (someone else will need to do this).

- Park the car away from the pavement
- Push the passenger seat as far back on the runners as possible
- Recline the backrest
- Place a cushion or folded blanket on the seat
- Put a piece of plastic on the cushion – this will help you to slide your bottom round, but should be removed before the car sets off



Getting into the car

- Walk up to the car and turn round so your back is facing the seat
- Get in bottom first. Reach down for the car seat and gently lower yourself down, keeping your operated leg out in front of you
- Lean back slightly and using your hands push yourself back into the car so you are almost sitting on the handbrake
- Remain leaning backwards and carefully bring your legs round into the car
- Adjust yourself into a comfortable position

Getting out of the car is the reverse of getting in.

Remember your hip precautions at all times.

Stiffness

It is normal for your hip joint to feel stiff, especially in the morning, continue with exercises and walk about as pain allows.

Swelling

Your whole leg and ankle may swell. It can take 3-6 months to improve. To help, rest on the bed for about an hour during the day. Calf pain can be present when you have swelling. **Be aware, if it becomes very tender, red and firm, that you should contact the clinic.**

Bruising

It is common for more bruising to appear around the hip and down the whole leg. It can often be dark purple.

Clinic review:

Your first appointment will either be approximately 6 weeks after discharge, or alternatively an orthopaedic nurse will telephone you one week and six weeks after the operation.

When you attend the orthopaedic out-patients clinic (after 1 year) you will be seen in the nurse-led clinic. You will have an x-ray and be given advice on the long term management of your new hip.

If on returning home you have ANY CONCERNS

Please do not hesitate to contact the WARD or CLINIC

Useful contact numbers:

Harrogate District Hospital	01423 885959
Orthopaedic Outpatients Department	01423 553440
Admissions Office	01423 553380 01423 553381
Therapy Services (Occupational Therapy and Physiotherapy)	01423 553472 01423553751
(Social Services – Customer Relations Jesmond House, Victoria Avenue, Harrogate	01423 568099
Carers Resource	01423 500555
Wensleydale ward at Harrogate District Hospital	01423 553644 01423 553645

Wensleydale Ward
Harrogate District Hospital
Lancaster Park Road
Harrogate HG2 7SX
01423 885959
Direct line: 01423 553644/5

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