

## Patient information

# Discharge information for patients undergoing a total hip replacement

### Introduction

This booklet is designed to give you some general advice about how to manage at home following your Total Hip Replacement. It is advised that you follow these guidelines for at least the first two to three months to protect your new joint.

You are discharged from the physiotherapy and occupational therapy teams and will soon be going home. The vast majority of patients do not need any further input from a physiotherapist or occupational therapist. The following important information in this discharge booklet will help you with your ongoing progress and rehabilitation.

- You will have been taught your home exercise programme on the ward. The exercises are also shown in the information booklets you receive prior to your surgery. You should continue with these exercise three to four times a day for six weeks to strengthen the muscles around the hip to support the new joint.
- It is still **essential** to follow the hip precautions you have been taught to help prevent dislocation of the new joint. Remember the importance of these hip precautions as you get back to your normal routine at home.
- It is expected that you will have some swelling in the operated leg. It may take several months for this to return to normal and is likely to occur around your ankle or knee as a result of gravity. If you are concerned about the swelling, or if it starts to get worse then contact your GP.
- You will be discharged with an appropriate walking aid selected by your physiotherapist. Generally, this will be with two walking sticks. There is no set period of time you should use both sticks for. When you feel ready and are confident, progress down to one stick and have it on the un-operated side. Again, when you feel confident, progress to no walking sticks. For guidance, the

majority of patients use either no walking sticks or one stick when they see their consultant at their follow up appointment. Generally this is when you can walk with no limp.

- The practice or district nurse will take care of your wound which will have either clips/stitches in-situ or be glued. The nurse will remove your clips/stiches if you have them. If you have any problems with your wound, contact your GP, nurse or the ward.

We **STRONGLY** advise you to ask questions at your follow up appointment with your consultant regarding a return to more active hobbies and if your hip precautions can be relaxed.

**The following information provides you with some guidance but ALWAYS check at your follow up appointment with your consultant BEFORE commencing these activities:**

#### **Six weeks post THR:**

Swimming – not breaststroke

Water aerobics

Exercise Bike - gentle

Driving

#### **Three months post THR:**

Cycling outside

Jogging - gentle

Swimming – breaststroke

Aerobics

Bowls

Manual work

Gardening - gentle

#### **Six months post THR:**

Racket sports

Yoga, pilates, tai chi

Lifting weights

If you are having difficulties, please contact the physiotherapy or occupational therapy departments on the numbers shown and ask to speak to the orthopaedic therapist.

## Joint protection following hip surgery

To repair your hip the surgeon has to cut through the soft tissue and muscle that surrounds the joint. Whilst this soft tissue is healing the new hip is at risk of dislocating (coming out of its socket). Because of this you have to avoid putting undue strain on the hip whilst it is healing and follow “hip precautions”.

These **must** be followed for six to eight weeks following your operation.

**Hip precautions** are movements that you must avoid, as doing so will strain the hip causing it to dislocate. These are:

- **Crossing your legs**, even at the ankles, whether standing, sitting or lying down.
- **Bending your hip** less than a 90° angle, avoid bending down to your feet or bringing your leg up towards you.
- **Twisting at the hip** or over reaching. Always ensure you face what you are doing.

### DO NOT

- Cross your legs even at your ankles, this means sleeping on your back not your side. Place a pillow between your knees at night to prevent you from turning on your side.



- Bend down to your feet, from the waist whether sitting or standing. Avoid putting your hands beyond your knees when your arms are outstretched.



- Bring the knee of your operated leg up towards your chest while sitting.
- Attempt to dress your lower half without using dressing equipment or assistance.



- Sit on low furniture, ensure when sat that your hip is above the level of your knee.



- Attempt to get in/out of the bath without using equipment.



- Twist at your hip when lying, sitting or standing.



## DO

1. Sit for short periods and walk for short periods.
2. Use the walking aids you have been supplied with.
3. Sit on high furniture, pushing up from the arms and keeping your operated leg out in front of you.
4. Sleep on your back.
5. Keep the operated leg in line with your body when getting in / out of bed, a car and onto the bathing equipment.
6. Get into the car bottom first, and then swing your legs in together.
7. Be careful not to strain the hips during sexual intercourse and be the passive partner for at least three months after the operation.
8. Do use all the equipment provided by the Occupational Therapist.

Do ask the therapist or your consultant if you have any questions or if you are not sure about anything you have been told.

## Home exercise programme

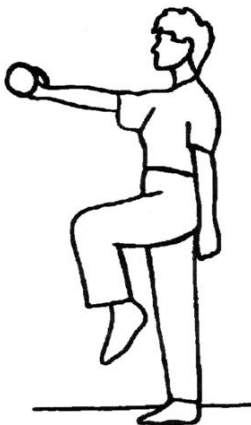
The muscles around your hip replacement are prone to becoming weak following the surgery. These exercises are designed to strengthen these particular muscles.

In addition to the exercises taught prior to your operation, you must do the home exercise programme for about six to eight weeks after you leave hospital, until you come back for your follow-up appointment with your consultant. Hold onto a work surface or stable chair for balance.

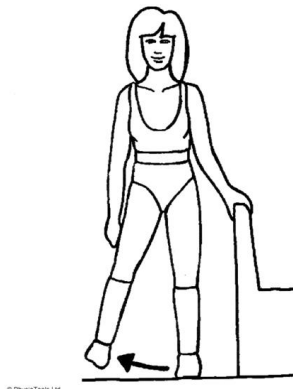
You should stand on your un-operated ('good') leg and exercise your operated leg. At around four weeks, or when you feel ready to do so you can do them on both legs. **Please do not be tempted to "add on" more strenuous exercise until you have seen your consultant at your follow up.**

You must do these exercises **three times a day**.

- Standing facing the chair, bring your knee up towards your chest about six inches. Repeat 10 times.



- Using the chair for support and keeping as upright as possible, take your operated leg out to the side about six inches. Repeat 10 times



- Facing the chair and keeping as upright as you can, take your operated leg behind you. Keep your leg straight whilst doing this. Repeat 10 times.



If you encounter any problems with these exercises please speak to your physiotherapist on the ward or telephone the Physiotherapy Department on 01284 713570.

## Furniture

It is very important that you avoid sitting on any low furniture, as this will cause your hip to bend more than 90°. When seen by the OT in the Pre-Admission Unit you will be given advice on the minimum height of furniture on which you must sit.

We will focus on the main furniture you use including your bed, chair, toilet and bath and advise you on ways of making sure these are the correct height. If necessary we will provide you with equipment.

## Getting in and out of bed

It is recommended that you get into bed with your un-operated leg leading; this makes the transfer easier and enables you to comply with your hip precautions.

- Position yourself with your walking aid so you can feel the bed behind your knees.



- As you start to lower yourself onto the bed reach back with your hands and slide the operated leg out in front of ensuring you don't bend forward as you do so.



- Sit back far enough to give full support to the operated leg and then either swing your legs onto the bed, keeping them together and avoiding any twisting motion or, if this is too difficult, use your arms to lift yourself back onto the bed, again keeping your legs together and use the un-operated leg to help.

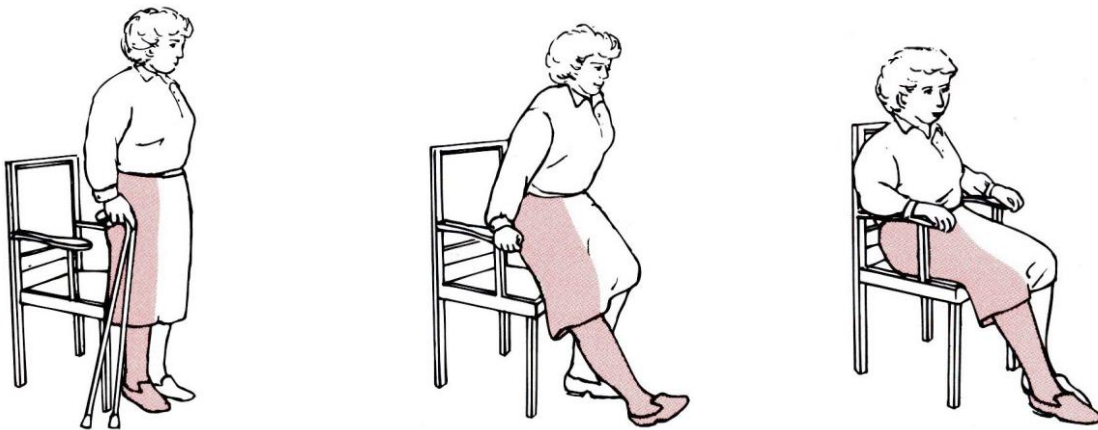


- When manoeuvring yourself on the bed ensure you do not bend forward at your hip or twist your hip as this can compromise your hip precautions.

## Getting on and off a chair

Ensure the chair you are going to sit on is the recommended height for you, ensuring your hip is above the level of your knee and is firm and upright with armrests. If you want to put your feet up when sitting ensure that this does not cause your hip to bend less than the recommended 90° angle.

1. Position yourself so that you can feel the front of the chair behind your knees.
2. Reach back for the arms of the chair and as you lower yourself down slide your operated leg out in front, keeping the knee as straight as possible.
3. Ensure when you are sat down that your hips are facing forwards and you are not twisted.



## Getting on and off a toilet

You will need to use the toilet equipment provided for at least the first two months following your operation.

1. Position yourself so that you can feel the front of the toilet / toilet frame behind your knees.



2. Reach back for the arms of the toilet frame and as you lower yourself down slide your operated leg out in front, keeping the knee as straight as possible.
3. Ensure when you are sat down that your hips are facing forwards and you are not twisted.

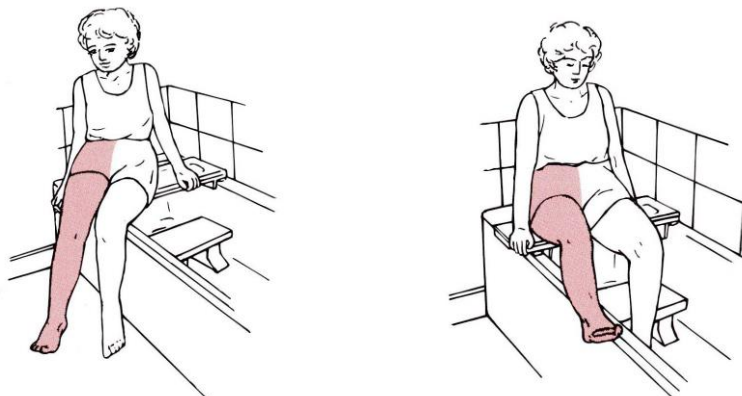
Remember when flushing the toilet and cleaning yourself, be careful not to twist the hip round. You may find it easier to stand to do this.

## Getting in and out of a bath

For the first two weeks following your operation we advise that you have a strip wash and avoid having a bath or shower as you will need to keep the wound and dressing on your hip dry. After this time you can use a walk-in shower as normal but will not be able to step in / out of the bath or sit in the bottom of the bath for the first two months.

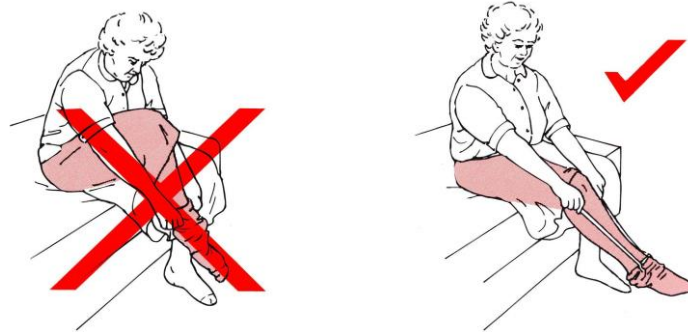
If your bath is suitable we can provide a bath board that sits over the bath and allows you to transfer in / out safely without compromising your hip precautions. These are best used if you have a shower attachment on the taps or an over the bath shower.

1. Position yourself so that you can feel the edge of the bath behind your knees.
2. Lower yourself onto the bath board, sliding your operated leg out in front of you and sit squarely on the board.
3. Slide yourself back into the middle of the board.
4. Once you are well onto the bath board gripping either the edge of the board or rails on your bath swing your legs into the bath.
5. You can either stay here or if able can stand up to have a shower (if doing this it is worth standing on a bath mat to avoid slipping). You cannot move down into the bottom of the bath from here as this will compromise your hip precautions.



## Washing and dressing

You will not be able to reach to your feet to dress your lower half, therefore will need to purchase some dressing aids to assist you or organise someone to help you.



## Dressing with aids

1. Always dress the operated leg first and undress it last.
2. Organise yourself so all your clothes are easy to hand and you are sitting in a chair.
3. When using the dressing aids always use them on the outside of your operated leg to avoid twisting the hip.
4. Gather the leg hole of your pants/knickers/trousers and grip it with the helping hand
5. Using the helping hand lower your pants to the floor and hook them over the foot of your operated leg.
6. Keeping hold of your pants with the helping hand, pull them up your leg to your knee where you can hold them without over stretching.
7. Then grip the un-operated leg hole of the pants with the helping hand and manipulate this over your un-operated foot as before. Once your pants are positioned at your knees you can pull them up as required.
8. Reverse the procedure to take them off.
9. Use the same method to pull trousers on.
10. Skirts with elasticated waists can be pulled over your head.
11. Use a long handled shoe horn to help manipulate shoes on / off. When choosing footwear, remember that you will not be able to reach to the floor to tie up laces and they need to be supportive.
12. Use a sock aid to get socks and stockings on / off – follow manufacture instructions for specific designs.
13. Washing hair: Until you can access a shower/bath as normal it is best to wash

your hair over a sink leaning backwards, not forwards. You may find it easier to have assistance to do this.

## **Sleeping and sexual intercourse**

To avoid crossing your legs at night it is important that you sleep on your back for the first two months. You may find it beneficial to place a cushion between your legs to prevent you from turning over when asleep.

To comply with your hip precautions be careful not to strain the hips during sexual intercourse and be the passive partner for at least three months after the operation (speak to your occupational therapist for further details if required).

## **Car transfers**

Do not drive for the first six weeks or until you have been told to do so by your consultant. You may need to inform your insurance company of your recent operation.

Position the car away from the curb so you have less of a drop to negotiate when sitting down.



Have the passenger seat as far back as possible and angled so that it is partially reclined.

With the passenger door open, back up to the car with your walking aid to support you. Keep walking back until you feel the seat on the back of your knees (facing away from the car).



Before sitting down, put your left hand on the top of the passenger seat for support and with the door window fully wound down, grip the open door window frame with your right hand (have someone hold the door to prevent it from closing towards you) or the edge of the dash board.

Gently lower yourself down; remember to keep your operated leg extended. Lift yourself backwards lifting your bottom towards the driver's seat.



Carefully lift your left leg and slide into the car so you are now facing the dashboard.



To transfer out of the car reverse the above procedure, ensuring the operated leg is out before rising.

You may find it helpful to use a plastic bag to sit on to aid your transfer but ensure if you do this you remove the plastic bag before the car is driven.

## Household tasks

You will have to change the way you manage household tasks for the first two months after your operation. Some you will be able to continue but will have to adapt the way you do them and others you will have to avoid.

## The kitchen

Immediately after your operation it is likely that you will be using walking aids. You will therefore have difficulty carrying items around the kitchen and to comply with your hip precautions will have to avoid bending to low cupboards, the cooker, fridge etc. It is worth planning the layout of your kitchenware so that commonly used items

are accessible without having to bend down. If possible eat your meals in the kitchen so you don't have to carry them too far. It may be useful to stock up on ready meals in the freezer, as you may not feel like cooking initially on your return home. Consider using a microwave if you have one as you will not be able to bend down to your oven if this is low. It may be beneficial to borrow some equipment from the occupational therapist such as a stool to sit on from which you can prepare your meals and if you normally eat in a separate room a trolley may be helpful to enable you to move your meals and drinks from one room to another.

## **Housework and shopping**

You will find it difficult to complete heavy cleaning tasks on your return home, due to your need for walking aids and to comply with hip precautions. It is therefore advisable to arrange assistance for tasks such as vacuuming, cleaning, shopping (you may be able to have this delivered) and heavy laundry. If doing laundry it is easier to load/unload onto the top of the machine and to hang clothes indoors.

## **Stairs / step assessment**

You will probably need to negotiate a flight of stairs or a doorstep on your return home. The physiotherapists will show you how to manage this safely prior to your discharge.

When using stairs, if there is a banister / rail, please use it!

There is a simple sequence to follow that will aid you. Please move one step at a time.

### **Ascending stairs/steps**

1. Good (un-operated) leg first
2. Bad (operated) leg
3. Sticks/crutches on the step last

### **Descending stairs/steps**

1. Sticks/crutches down onto next step
2. Bad (operated leg) down
3. Good (un-operated leg) down last.

## Active hobbies

It is advisable to avoid any active hobbies whilst recovering from your operation including activities such as gardening and swimming. As a general rule you need to wait for at least three months before you resume activities as normal but for some more active hobbies / tasks you may need to wait for at least six months. Seek advice from your consultant regarding resuming such activities.

## Pets

If you have pets that require feeding at a low height you may find it easier to have help with this, or consider where possible feeding them on a chair or using long handled equipment to help (speak to your Occupational Therapist for further advice. Also be very careful around your pets if they are likely to jump up at you or get under your feet when you are walking.

## Discharge advice

1. Remember your hip precautions:
  - **Don't cross your legs**
  - **Avoid bending your hip** less than a 90° angle
  - **Avoid twisting at the hip**
2. Avoid sitting on any furniture lower than recommended by the OT.
3. When getting into bed lead with your un-operated leg and when getting out lead with your operated leg.
4. Only use toilets with the appropriate toilet equipment in place.
5. Don't sit in the bottom of a bath, only use if appropriate equipment is in place.
6. Don't reach past your knees when dressing your lower half, purchase and use the recommended dressing aids.
7. Don't sleep on your side; sleep on your back for the first two months.
8. Don't drive, if a passenger avoid long journeys and follow the guide for getting in/out of the car.
9. Organise for someone to assist you with domestic tasks such as shopping, housework and laundry.

10. Set up your kitchen to ensure you can comply with hip precautions when preparing drinks and meals.
- 11 Avoid bending to the floor
- 12 Avoid active hobbies for the first three months.

Do ask the therapist or your consultant if you have any questions or if you are not sure about anything you have been told.

### **Helpful contact numbers** (Bury St Edmunds district)

Occupational Therapy	01284 713570
Physiotherapy	01284 713570
Post Discharge Advice Helpline	01284 713924
Social Service Customer First	0845 6023023
Welcome Home Age Concern Service	01284 712942
Red Cross	01284 767215
Age Concern Help Centre	01284 757750

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>*



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