



PLEASE
remember to bring
this booklet to
hospital with you.



**Luton and Dunstable
University Hospital**
NHS Foundation Trust

Enhanced Recovery Programme for Total Hip Replacements

Patient information booklet



ENHANCED RECOVERY PROGRAMME FOR TOTAL HIP REPLACEMENTS

The aim of this booklet is to provide you with some general information about our Enhanced Recovery Programme. It is important that you are aware of what to expect before and after your orthopaedic surgery in terms of how to prepare for your operation and for your recovery.

Enhanced Recovery is a modern, evidence-based approach that can help people recover more quickly after surgery.

Having an operation can be both physically and emotionally stressful. Enhanced Recovery Programmes try to get you back to full health as quickly as possible.

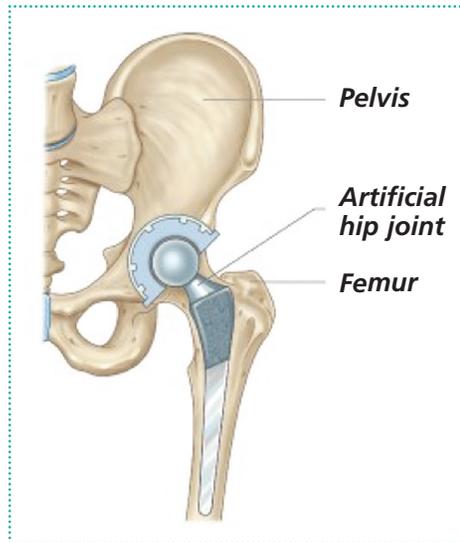
Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation, and getting home helps to reduce complications with a shorter recovery time.

You have a very important part to play in your recovery so it is essential to follow the advice that is given to you.

What is a total hip replacement?

During the operation your surgeon will replace the worn or damaged joint with an artificial one. The hip is a ball and socket, articulated (movable) joint with the top end of the thigh bone (femur) sitting within the pelvis.

This new joint can last for years however through time and wear and tear it may need to be replaced or revised.



The benefits of a total hip replacement

The main benefits are:-

- *To relieve severe pain and stiffness*
- *To improve mobility*
- *To do everyday activities more easily*
- *To improve the quality of life*

In the **problem/arthritis hip** there is often considerable disability in the form of pain, stiffness and restricted movement. A new artificial hip joint can help you to carry out normal activities of daily living again, and most patients will regain near normal movement.

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Before your surgery...

You will be given a **drink high in carbohydrates** to have prior to your surgery with instructions on when to take. (Unless you are a patient with diabetes).

Undergoing surgery can put a strain on your body and your energy needs may increase at a time when you are not able to eat and drink normally. These drinks can help prepare your body for the strain of surgery and keep you well hydrated at the same time.

It is important to eat and drink well before your surgery as this helps you to recover quicker. Being well nourished and hydrated is essential for healing and minimising your chances of getting an infection.

Other things you can do to help improve your recovery...

- *If you smoke, try to reduce or cease prior to your surgery*
- *Limit your alcohol intake*
- *If you are overweight, any weight loss can help reduce the stress on your new joint*
- *An increase on your daily exercise by 10% (which can include walking, gardening, or using the stairs) can significantly improve your recovery*

If support needed please contact your GP.

Pre-op counselling: Hip School

You will be asked to attend a Hip school which is a mandatory condition of your surgery. This is a 1 hour educational session shown to benefit you as a patient and is aimed to give you the information you require in order to be an active participant in your own recovery. This will include;

- *How to prepare for coming in for your surgery*
- *Post operative 'Goals'*
- *Discharge Criteria ...How long will you be in hospital?*

Other healthcare professionals may attend, these include; Enhanced Recovery Team, Hospital @ Home, Physio & Occupational therapists and Pain Management Team.

The Pre-assessment clinic

Before your operation you will be asked to attend a **pre-operative assessment clinic** to check if you are medically fit to have your surgery.

You will also be given information about your operation, anaesthetic and pain management.

Pre-op Occupational Therapy (OT) appointment

The OT will aim to assess you prior to your operation. During this appointment the OT will discuss your home setup and assess whether you will require any equipment. This may be provided at the appointment.

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Remaining fit for surgery

It is very important that on the day of surgery you still remain fit and well, so if you are suffering from any of the following ailments you **must** make an appointment to see your GP or dentist to make them aware that you are going to be having orthopaedic surgery.

- *Currently taking antibiotics*
- *Symptoms of water works infection (UTI)*
- *Dental or gum concerns to include infections*
- *Signs of cold/flu/chest infection*
- *Open wound, grazes, pressure sores, to the skin on the leg to be operated on*
- *Ear infection*
- *Cold sores*
- *Uncontrolled diabetes*
- *Uncontrolled low/high blood pressure*

If you need to delay your surgery, please make the waiting list office know as soon as possible, and contact them again when you are fit to proceed. You will then be placed for the next available date if you are medically fit again within 14 days. **Contact details are at the back of this booklet.**

Preparation for your hospital stay

- *Stock up your fridge and/or freezer with easily prepared meals for when you come home*
 - *Long life milk*
 - *Bread*
 - *Microwave/oven meals*

- *Organise your kitchen e.g. consider moving things you use frequently to avoid bending and twisting*
- *Consider which side of the bed you get in and out of as it is preferable to get out of bed leading with the leg you have had operated. For example if you have had your right hip replaced, get out of bed on the right side*

Coming into hospital

This will be the day of your operation. Check your admission letter for the details. Most patients can expect to be in hospital for between 1 to 3 days, having met their discharge criteria.

You should bring:-

- This booklet!
- Loose fitting nightdress or pyjamas (or shorts are equally acceptable).
- Slippers (supportive, not mules) - if buying a new pair buy a size larger because of swelling after the operation.
- Loose, comfortable clothes for daytime on the ward
- Personal hygiene items (shaving, washing etc..)
- If appropriate, any walking aids you currently use.
- Any medications you are taking (please hand these in to the nurse on the ward)
- A telephone and TV are available at your bedside (cards for this can be obtained on your admission for a charge).
- A mobile phone (if you have one) and family/friends contact details

Please arrange your transportation home, if you have any concerns you should discuss these with the ward staff as soon as possible.

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! You **MUST NOT** eat anything for 6 hours prior to your operation. You may drink clear fluids up until 2 hours before your surgery.

Try not to starve any longer than need be, your admission letter will give you details of when to stop eating and drinking

On arrival at the hospital

- Before you come in please have a bath/shower as normal and pay extra attention to the hip you are having operated. A clean operation site can help reduce the risk of infection post operatively. Also do not apply cream or shave your legs on the day of surgery and put on a clean set of clothes.
- Please report to the admission location as stated on your letter
- You will be given a pair of anti-embolism stockings to help prevent a Deep Vein Thrombosis (DVT). One will be put on before your surgery to the non-operated leg, the other should go on immediately after your surgery.
- Before your surgery the surgeon will see you to explain the operation. Your anaesthetist will discuss with you the type of anaesthetic that you are having. Please ask any questions you want.
- Your leg will be marked with a marker pen at the site of your operation.
- You will be given a hospital gown and 2 identity bands, one around your wrist and one around your ankle.
- Any dentures can be removed at the last minute (please advise staff of any capped or crowned teeth)
- You will be escorted to theatre walking unless you require a bed or trolley.



The Operation

You will have a spinal anaesthetic, which numbs you from the waist down with/without sedation depending on how sleepy or awake you wish to be. Or you may have a general anaesthetic for medical reasons. This will be decided between you and your anaesthetist

The surgeon will make an incision down the side of the hip. The damaged joint is replaced with a total artificial one.

The wound will be closed using clips or stitches and covered with a waterproof dressing.

Sometimes you may have a drip (a fine tube) inserted into a vein in your arm to give you fluids and painkillers directly into the bloodstream.

After your operation you will be in recovery on your bed until your bed area is available, this can take some hours.

If you had a spinal anaesthetic, epidural or local nerve block, you will experience a degree of numbness in the lower body. This will be monitored and will gradually return to normal.

Once fully recovered from the sedation/anaesthetic you can eat and drink as normal.

The team will encourage you to be active and mobile, you will get up on the day of your surgery with assistance providing your observations are stable, the sensation has returned to your legs and it is safe to do so.

To prevent infection please ensure that you, the hospital staff and your visitors all wash/clean your hands before and after touching you, your dressing or wound site.



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Risks and Complications

General anaesthetic – there is a small risk of a reaction, please ask your pre-assessment nurse or anaesthetist for details.

A Deep Vein Thrombosis – (DVT) – this can occur after any operation but with a particular risk following lower limb surgery. In a few cases a clot can travel from the veins in your leg to your lungs (Pulmonary Embolism) which can be fatal.

Change of leg length – there is a risk that following the surgery there may be a difference in your leg length which may require a raised shoe.

Dislocation – you will be advised by your physiotherapist and occupational therapist how to prevent this. (See hip precautions on page 18).

Urinary retention – occasionally some patients experience difficulty in passing urine after surgery. You may find that standing up or sitting on a toilet will help with this. But if not it may be necessary to pass a fine tube (a catheter) into your bladder temporarily to allow you to pass urine. If you have urinary retention previously please make the nursing staff aware.

For some patients the risks may be greater; please speak to your surgeon before your operation if you have any concerns about these risks or other complications.

The most important person in your recovery is you!

You can make a difference to the speed of your recovery and to increasing your independence and mobility by following the advice and exercises given by the physiotherapist, occupational therapists, Enhanced Recovery team and nursing staff on the ward.

Pain Management after your Surgery

You will have some discomfort after your surgery however you should not be in excruciating pain. You will have regular pain relief prescribed. If you feel pain is stopping you from walking or doing exercises, you must let the ward nurses know as soon as possible. Stiffness also causes pain so movement is crucial.

How is my pain assessed?

Your pain will be regularly assessed by the team and will be assessed on a scale of 0 (no pain) to 10 (extremely severe pain).

Pain Score	Description
0 (none)	No pain at rest or on movement
1-3 (mild)	No pain at rest but slight pain on movement
4-7 (moderate)	Intermittent pain at rest or moderate pain on movement
8-10 (severe)	Continuous pain at rest or severe pain on movement

Please refer to page 27 for further information.

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Day 0 - After your surgery

In the Recovery area

As soon as you have sensation and feeling back in your legs and can follow verbal instructions from your healthcare professional;

- Ask for the wedge shaped cushion between your legs to be removed
- You should now have an anti embolism stocking applied to your operated leg - please ask staff to assist
- You can start to eat and drink (if you feel sick please let your nurse/doctor know asap)
- You should start to attempt your bed exercises and to move the operated leg. These can be found on pages 16-18.
- You should assess your pain levels on movement in the bed and if you need added pain relief you can request this.

On the Ward

The nurses will check your observations to see if you are safe to get out of bed. **Initially ask for help to get up and mobilise - do not attempt on your own unless told otherwise!**

Your joint is fully weight bearing so now you should;

- Complete bed exercises
- Get out of bed and try to take a few steps
- Start using your Enhanced Recovery Goal Chart
- Sit in the chair and continue exercises (page 16 and 17).

- Re-assess your pain regularly on **movement**, if you require additional pain relief please ask your nurse.
- It is important to pass urine after your surgery - this is easier when you are mobile! Men may stand and use a bottle at the bedside, both men and women can use a commode or if near a toilet then can walk there with assistance. Gravity helps!
- Keep well nourished and hydrated!

Day 1 to the day you are discharged

- Use your Enhanced Recovery daily Goal Chart - aim for 4 walks a day - this can be with ANY healthcare professional. Therapists will provide you with the most appropriate walking aid and progress you as able.
- You will have a routine x-ray and blood test - please let your nurse know if this has not happened.
- Get yourself washed and dressed into your own day clothes. Ask for assistance if required. This is to assess your ability to wash and dress before you go home.
- Eat and drink a well balanced diet
- Continue with your exercise programme (pages 16-18).
- Re-assess your pain regularly on **movement**, if you require additional pain relief please ask your nurse.
- Your anti-embolism stockings should be removed daily with assistance and your legs washed, creamed and stockings reapplied. They may need to be re-measured if too tight, Please do not leave off for any longer than half an hour.

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- Your dressing is showerproof and should remain for up to 7 days (unless saturated) this can help reduce the risk of infection.
- If you have stairs at home, the physiotherapist will assess you going up and down prior to discharge (unless indicated otherwise)
- If equipment was not provided prior to admission, this assessment will take place on the ward. Please be aware that equipment will need to be collected from the hospital. Please discuss any concerns with the Occupational Therapist.

When do I go Home?

Criteria for discharge:

- Medically fit (x-ray and bloods taken and the x-ray reviewed))
- Discharged by the Physiotherapist
- Discharged by the Occupational Therapist
- Eating and drinking
- Pain reasonably well controlled on oral medication

You will have the support of the **Hospital @ Home** Team upon discharge, unless for some reason your stay in hospital is longer than 7 days.



On discharge

- You will be sent an appointment to see your consultant in approximately 6 weeks time.
- You will be given your discharge letter and medication - please make sure you understand the medications you have to take and when and go through this with your nurse. Also ask for any of your own medication to be returned to you.
- You will be provided with two pairs of anti embolism support stockings. You should continue to wear them until you are fully mobile or as you were before your surgery.
- Any equipment that you have been provided should be taken home with you (if this has not already been collected)

See Frequently Asked Questions section on page 27 for further information.



ENHANCED RECOVERY PROGRAMME FOR TOTAL HIP REPLACEMENTS

Exercises

Complete each exercise 10 times and repeat them 3-4 times per day

EXERCISE 1

Move your foot up and down



EXERCISE 2

Pull your toes up and press the back of your knee into the bed

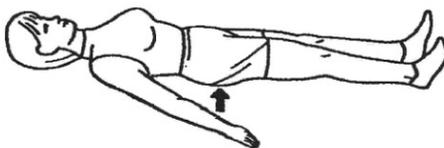
Hold for
5 seconds



EXERCISE 3

Squeeze buttocks together

Hold for
5 seconds



EXERCISE 4

Gently bend and straighten your leg

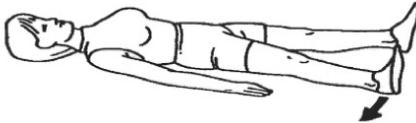
Remember **DO NOT**
go beyond
90 degrees



EXERCISE 5

Keep your toes pointing up. Slide your leg out to the side then back

Only do this exercise when advised by the Physiotherapist

**EXERCISE 6**

Sitting in a chair or on the edge of the bed, lift your leg to straighten the knee

Hold for 5 seconds

**EXERCISE 7**

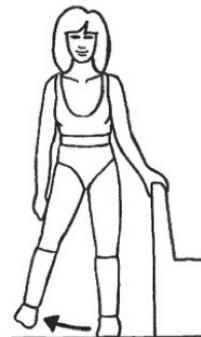
Stand holding onto a supportive surface

Lift your leg behind you keeping the leg straight, then gently return to the centre

**EXERCISE 8**

Stand holding onto a supportive surface
Lift your leg out to the side and back to the centre. Maintain good posture and keep the toes pointing forward

Only do this exercise when advised by the Physiotherapist



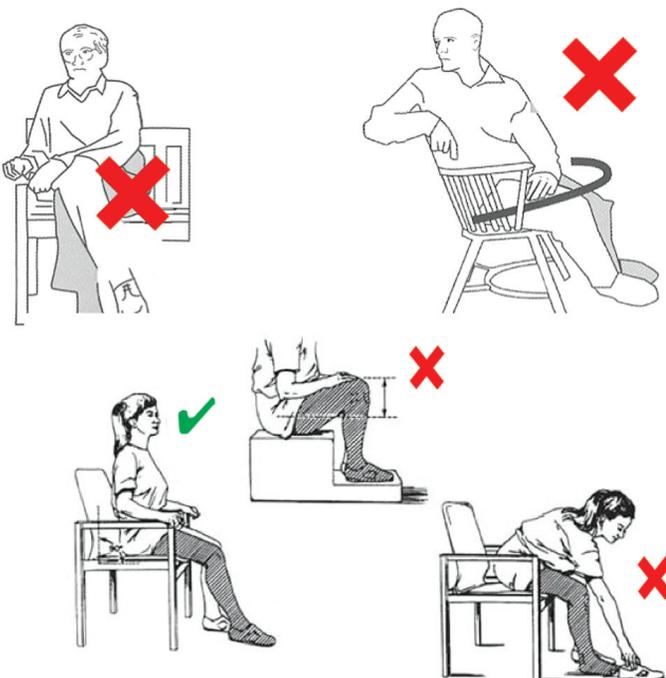
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Occupational Therapy and Physiotherapy advice

Hip precautions

Following a Total Hip replacement the surrounding muscles and tissues need time to heal and strengthen. It is therefore important that you avoid the movements shown below after the operation to reduce the risks of dislocating the hip.

- **DO NOT** cross your legs
- **DO NOT** twist - take small steps when turning
- **DO NOT** bend past 90 degrees - eg no bending over to pick things off the floor or sitting on low seats





Getting washed and dressed

The important thing to remember is **DO NOT BEND OR TWIST** when washing and dressing the lower half of your body.

You can purchase long handled aids from us for a small cost. Alternatively, you can purchase these privately. These aids can be seen below.

We recommend you do not use a bath for the duration of your hip precautions

- Helping Hand/Grabber



- Sock aid - for socks and stockings.



- Long handled shoehorn for footwear



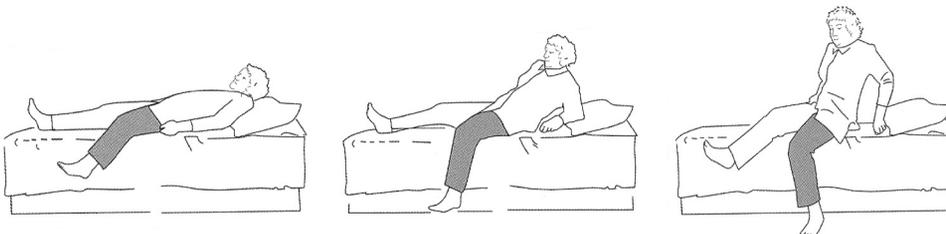
- Long handled sponge for washing



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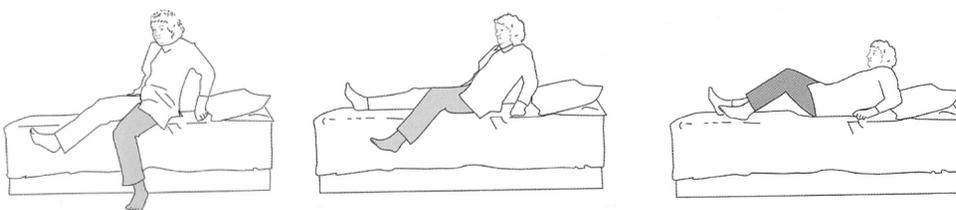
Getting out of bed

- Always get out of bed on the operated side
- Walk your legs to the edge of the bed
- Gently move to a sitting position on the edge of the bed



Getting into bed

- Always get into bed leading with your un-operated leg
- Shuffle your bottom to the middle of the bed
- Slowly lift the operated leg onto the bed



For Example:

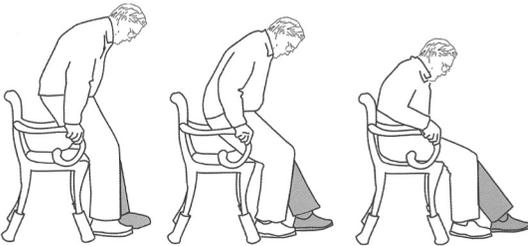
If **RIGHT** j – get in & out on the right side of the bed

If **LEFT** THR – get in & out on the left side of the bed



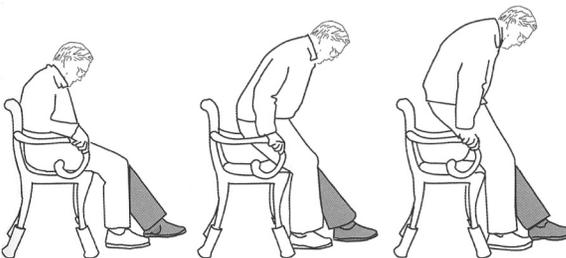
Sitting down

- Feel the chair with the back of your legs
- Reach your hands back to feel for the arms of the chair
- Place the operated leg forward and take the weight on your un-operated leg
- Gently lower yourself down to the chair

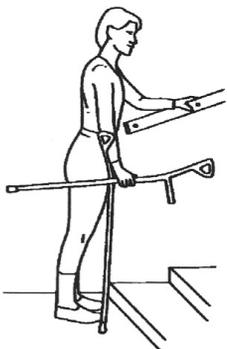


Standing up

- Put your operated leg straight out in front
- Keep your un-operated leg bent
- Slide your bottom forward and push up through the arms of the chair
- Push yourself into a standing position

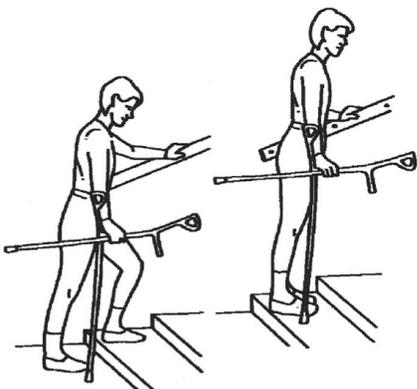


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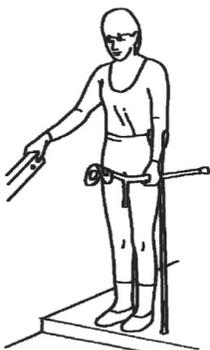


Walking UP stairs

- Stand close to the stairs
- Hold onto the handrail with one hand
- Hold the stick / crutch in the other hand

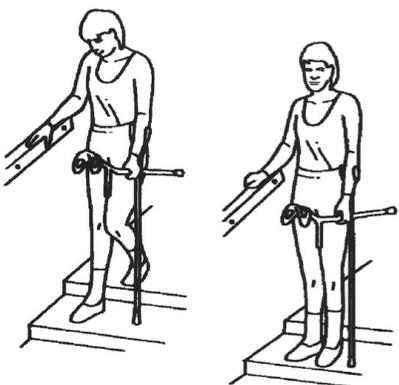


- Step up with your good / un-operated leg
- Then step up with your bad / operated leg
- Bring the stick / crutch up to the same step



Walking **DOWN** stairs

- Stand close to the stairs
- Hold onto the handrail with one hand
- Hold the stick / crutch in other hand



- Put the stick / crutch down one step
- Step down onto your bad / operated leg
- Then step down with your good / un-operated leg onto the same step

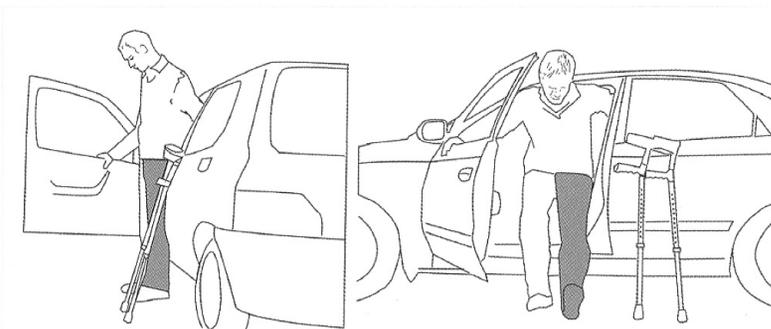
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Getting into a car

- Move the passenger seat as far back as it will go
- Carefully move back towards the passenger seat until you feel the door sill against the back of your legs
- Support yourself by holding the back of the seat and the dashboard or door frame
- Gently lower your bottom onto the seat
- Slide your bottom backwards towards the drivers seat
- Using your arms to support you, slowly lift your legs into the car - if required ask someone to assist in lifting your legs into the car

Getting out of a car

- Move your bottom closer to the drivers seat
- Lift your legs out of the car and slide your bottom forward to the edge of the seat
- Place one hand on the dashboard and one on the back of the seat or door frame and stand up



The Hospital @ Home Service

This allows for you to be cared for at home by the 'Hospital at Home Team' – the team consists of nurses, healthcare assistants and physiotherapists.

All the team members are multi- skilled in this particular service and can provide a high standard of care in your home.

Provided you have not had an extended length of stay (over 7 days) then you will be seen by the Hospital @ Home team.

They can assist with;

- *Medication management*
- *Going through exercises and progressing mobility at home*
- *Wound care - clips are removed between day 10-12 by the H@H team*
- *Further advice on how to manage daily activities at home*

Medication Information

Which medications will I be prescribed for pain and how long should I expect to take them?

PARACETAMOL

If you are able to take this then you will be given it regularly, **2 x 500mgs tablets 4 times a day**. Taking these make your stronger painkillers work better and more effectively and is important to take them together.

When weaning back off your painkillers, these should be the last ones you stop.

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OXYCODONE MODIFIED RELEASE (MR) TABLETS

This is the standard, strong painkiller you will be given in hospital. It releases slowly over 12 hours so you will have **1 dose - twice a day**. This will usually be prescribed for maximum 5 days.

OXYCODONE IMMEDIATE RELEASE (IR) LIQUID/ CAPSULES

Also called 'Top-up' or 'As required' medication. This should be used if you need extra pain relief during the day. It works quickly - usually within half an hour. Please ask your nurse for this if required.

GABAPENTIN

This medication is used to help prevent neuropathic (nerve) pain. It is a short course and **one dose of 300mg** is given pre-operatively and then up to 3 days of 100mg-300mg three times daily post op.

IBUPROFEN

If you can take this medication safely then you will have **400mg, three times a day. Take with or after food.**

OMEPRAZOLE

If you are prescribed ibuprofen, you will be given this to take alongside to protect your stomach and reduce the risk of any stomach pain or upsets.

LAXATIVES

The painkillers we have prescribed you may cause some constipation. We will supply you with some gentle laxatives which will help prevent this.

ANTI-COAGULATION MEDICATION

You will be prescribed a 28 day course of these from the day of your surgery which can help to reduce the risk of developing a blood clot (DVT) after surgery this may be:



DABIGATRAN Most common and in capsule form.

Or

ENOXAPARIN/TINZAPARIN An injection which goes into your stomach. If you are on **warfarin** this may accompany your normal dose until your INR is back within your therapeutic range.

If you are on analgesia for chronic pain then you may be put back on your own medications, this will be discussed with you.

Frequently Asked Questions (FAQ's)

Why have I still got swelling?

It is normal for healing tissues to be swollen and it may last for up to several months. Putting full weight through your leg uses the calf muscle to help pump the blood back to the heart and so can decrease swelling.

Why is my scar warm?

As your body heals it is a natural response to produce heat. This may also last for a few months.

How long will I experience pain?

You may experience some degree of discomfort for several weeks following your surgery. If you are still under the care of the Hospital @ Home team then discuss with them or the Enhanced Recovery Team. If you have been discharged from the Hospital @Home team then please see your GP.

Why do I get pain lower down my leg or in my back?

While everything is settling and you are adjusting to walking in a normal way again you may experience some referred pain in the shin, behind the knee or in your back.



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Why does my joint stiffen up?

After sitting or laying down for a while, you may feel still when you try to move. Taking a few steps should loosen this or doing some of your exercises before you move can also help.

How long should I wear my anti-embolism stockings?

Until your mobility is back to what it was **before** your surgery. For some this may only take a few weeks and for others this may be somewhat longer so everyone will have different durations. You should have 2 pairs at home and they **MUST** fit correctly i.e. not cutting in or too tight. Take them off daily to wash and put them back on after no longer than 30 mins.

Is it normal to have disturbed nights?

Yes. This is due to the joint and muscles stiffening up overnight. The following may help;

- Movement - bed exercises or getting up and walking around for a short time
- Take your quick acting pain relief during the night
- Ice therapy - bag of frozen peas!

I have concerns about my wound?

Please contact the hospital @ home or the Enhanced Recovery team.

When can I start driving again?

You must not drive until you can perform an emergency stop safely and also that your insurance company is happy. We recommend that you wait until you have had your consultant review around approximately 6 weeks time.

When can I go swimming?

Not until after you have your 6 week follow up with your consultant.



If you have any more questions please write them down and ask a nurse, therapist or doctor these when you come in to hospital.

I think I will need some help at home - what do I do?

When you are in hospital you will be assessed to make sure you can carry out the following tasks prior to discharge;

- *Washing & dressing*
- *Getting in and out of bed*
- *Getting on and off the toilet*

The Occupational Therapists will discuss meal preparation with you also and how to manage this at home.

Most patients can manage very well at home with the good preparation beforehand and the correct equipment. However, if you are currently struggling with most of these tasks before you come in for your surgery and feel you may need some extra help at home, then please contact your local social services prior to admission for an assessment.

Poor preparation beforehand may lead to increased anxiety.



ENHANCED RECOVERY PROGRAMME FOR TOTAL HIP REPLACEMENTS

Discharge information for managing pain relief for Enhanced Recovery patients after total hip and knee surgery

- Everyone is different, but generally pain is worst in the first few days after surgery, then day by day the pain improves meaning pain relief medication can be reduced also.
- Please consider other methods to manage your post operative pain. To ease your discomfort try: ice therapy (bag of peas), movement, changing positions, distraction.
- You will go home on the pain relieving medication you have been using in hospital to manage any post operative surgical discomfort. This should be reduced as your pain improves.
- You need to ensure you understand the information given to you by the nurses regarding your medication on discharge.
- Information regarding your hospital stay and medications will be in your GP letter.
- You are unlikely to become addicted to the pain relief medications as you will only be taking them for a limited period of time. However you will need to reduce them down gradually.
- If you take pain relief medication for chronic pain, then continue this medication, until you have been fully assessed by your GP. Remembering that if you were suffering with pain in the joint that has been operated on, the pain from your osteoarthritis will be improved.
- You will be given the appropriate amount of pain relief medication for your post operative pain. However, everyone is different; if you experience pain and you are unable to perform your exercises then you will need to contact either the Hospital @ Home (H@H) team if you are under their care, otherwise the Enhanced Recovery Team, both contact details are at the back of this book.



Useful Contact Details

Below are some useful telephone numbers to have to call for advice before or after your surgery or also whilst in hospital.

To call a bleep, dial the main hospital number and ask operator to bleep the number stated below. Otherwise you can call one of the numbers listed below.

Main hospital no: 01582 491166

Enhanced Recovery Team: 01582 718169
(8-4pm Mon-Sun with answerphone) **Bleep:** 398

Hospital @ Home (8-5pm): 07534 960 143
If after 5pm then please contact
Surgical Assessment Unit (SAU) 01582 497496

Hospital @ Home Physiotherapist (8-4pm): 07807 089 236

Occupational Therapist: **Bleep:** 091

Waiting List Office: 01582 497379

All information correct at the time of going to print

