



# Total Hip Joint Replacement

*Pre, During & Post Surgery*

## Total Hip Joint Replacement

### Precautions:

To prevent you placing your hip in positions that may lead to dislocation, please follow the precautions below. You should follow these for 12 weeks:

- Do not bring your operated leg past the midline of your body i.e. do not cross your legs or ankles (Figure 4).
- Do not bend your operated hip up past 90° i.e. when sitting do not bend down or forward and do not let your knee become higher than your hip level (Figure 5).
- Do not let your operated leg twist or rotate inward i.e. when turning make sure you take small steps around instead of twisting your hip and don't roll onto your side when getting out of bed (Figure 6).

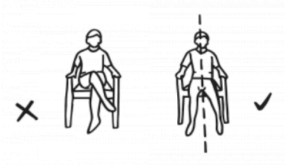


Figure 4

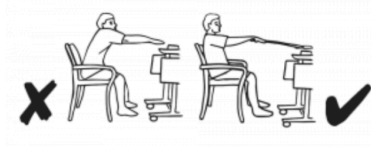


Figure 5

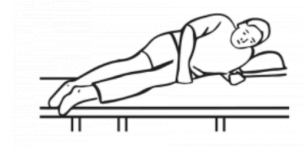


Figure 6

### Physiotherapy:

The physiotherapist will visit you either in the afternoon of your operation or the next morning. They will teach you exercises to increase the circulation in your legs, and to increase the movement and strength of your hip.

These are important because the muscles around your hip are often weak and tight. This is because the pain and stiffness of the arthritic hip stopped you from moving it normally. It will help if you start these exercises straight away, unless we tell you otherwise. We will show you how to use your walking aid safely.

We aim to have you walking the next morning.

After your operation, the physiotherapist will continue with your exercises and practice walking. You will use a walking frame to walk initially, and will progress onto elbow crutches or walking sticks as soon as you are ready. You will also practice going up and down stairs before going home.

At present, we aim to get people home within 3-5 days of their operation but this varies and you may get home sooner or later than this.

**Please note: there may be some circumstances when we do not want you to start exercises straight after your operation. If this is the case, then your physiotherapist will tell you.**



### Exercises

1. **Ankle Pumps:** Pull your ankles backwards and forwards and circle them around. This increases the blood flow in your legs and decreases the chance of blood clots forming. Repeat: 10-20 times.
2. **Static Quads:** Point your toes to the ceiling. Press the back of knee against the bed and tighten up the muscle in your thigh. Hold for 5 seconds then relax. Repeat: 10 times.
3. **Static Gluts:** Squeeze your bottom muscles together and hold 3-5 seconds and relax. Repeat: 10 times.
4. **Hip Flexion:** Bend your hip and knee up and down: Be careful not to bend it too far (a right angle between your trunk and thigh is your limit!). Do 2 sets of 10.
5. **Hip Abduction:** Lying on your bed, take your leg out to the side then back in again. Repeat: 2 sets of 10.
6. **Hip Extension:** While standing, hold onto a steady object (e.g. the back of a chair). Keep your trunk still in an upright position and bring your leg backwards. Hold for 3-5 seconds then relax (you can hold for longer as the exercise gets easier). Repeat: 10 times.

### Getting In & Out Of Bed:

Whilst in hospital the physiotherapist, occupational therapist and nursing staff will show you how to get in and out of bed safely. You will practice from whatever side of the bed you get in at home. The main thing to note is that you should not roll onto your side while doing this as this can cause your hip to twist.

### Standing Up:

To stand always make sure that you place your hands on the bed or chair. Your operated leg should be out in front of you before standing up. Push through your hands and stand up taking most of your weight through your un-operated leg. Do not hold or pull on an object such as a walking frame as these can easily move or tip causing you to fall backwards.

### Sitting Down:

Always make sure you can feel what you are going to sit on at the back of your legs before sitting. Place your hands back onto the chair or bed and sit down slowly sliding your operated leg out in front of you. The occupational therapist will check that your chair is not too low. We encourage you to sit as normally as possible (do not sit at the edge of your chair with your leg out in front of you). As long as your knee is not above your hip when you are sitting, your position will be fine. Do not cross your legs whilst sitting as this can be harmful to your hip.

### Walking:

Initially you will walk with a frame and progress onto elbow crutches or walking sticks as soon as you are able. You may not be allowed to put your full weight through your operated leg for at least 6 weeks after your operation. If needed, your physiotherapist will teach you how to do this. To walk, move the walking



aid forward. Step forward with your operated leg. Take some weight through your arms as you step forward with your un-operated leg. When turning, make sure that you take small steps. Do not twist on your operated leg.

### **Up & Down Stairs:**

If a handrail is available then always use it as well as one crutch or stick. Your physiotherapist will teach you how to carry your other crutch or stick up the stairs as you will need it when you get to the top.

#### **Going up the stairs:**

1. Place your un-operated leg up onto the step
2. Lift your operated leg onto the same step
3. Bring the crutch or stick up onto the same step

#### **Going down the stairs:**

1. Place your crutch or stick down onto the step below
2. Step down with your operated leg
3. Bring your un-operated leg down onto the same step

### **Occupational Therapy:**

It is important that you follow the precautions against dislocation in everyday activities. During the first 12 weeks, you may need some equipment and, or adaptations to perform certain activities of daily living safely. You may also need to modify the ways in which you carry out some activities. The occupational therapist (OT) will give you advice on both these aspects, and will assess what would be most appropriate for use in your home. Where possible the OT will see you at the pre-operative assessment clinic and can arrange delivery and fitting of any equipment that you may need.

### **Bending & Dressing – Lower Half:**

Do not bend to pick things up off the floor or to reach to your feet. To prevent you from doing this the OT will provide you with long handle aids (helping hand and shoe horn) and teach you how to use these.

### **Seating:**

To prevent your hip bending too much you should sit in a chair that is an appropriate height. If your chair at home is too low it is usually possible to raise it using special blocks or with a cushion. The OT will discuss this with you.

### **Bed:**

You should avoid sleeping in a low bed. Where necessary and if possible, the OT can arrange to have your bed raised.

### **Toilet:**

A raised toilet seat and, or rails may be required. The OT can supply these if you need them.



### Bathing\Showering:

Remain seated while you shower or wash and take care not to twist round while sitting on board. If necessary get somebody else to operate the shower controls.

### Getting In & Out Of The Car \*Do NOT drive for 6 weeks after your operation\*:

#### **Getting into a car:**

- Move the front passenger seat back as far as it goes and recline the chair.
- Put a pillow on the seat to make it higher if necessary.
- With your back towards the seat, sit down with your operated leg stretched out in front.
- Gradually move your bottom backwards and turn to face forwards. Help your operated leg into the car with your hands. Do not twist.

#### **Getting out of a car:**

- Move your bottom to the edge of the seat.
- Help your legs out of the car and move your bottom round.
- Stretch your operated leg out in front of you.
- Stand up leaning most of your weight through your un-operated leg.

### Homecare:

Homecare can be arranged if you do not have anyone to help at home but only if it is absolutely necessary. They can assist with personal hygiene, shopping, cooking. Please think about this in advance and discuss with the nursing staff so there is adequate time to organise.

### Wound:

For a while after you go home, your wound may appear red, warm to touch or the wound may feel itchy. You may have swelling which can affect your whole leg. You may also have a change in sensation around your wound. In most cases these are normal after your operation.

If you notice a marked change and the area around your wound becomes much redder and is very hot and swollen, or if you develop any discharge from your wound it is important that you get this checked for signs of infection as soon as possible. If you are worried about infection or have developed a discharge please go to the emergency department immediately.

### Pain:

It is important that you continue to take regular painkillers once you are home. Remember painkillers can make you constipated so please drink plenty of fluids and have fibre in your diet. Painkillers are important to control your pain and to allow you to continue to do your exercises.

### Swelling:

When you go home it is important that you have regular rest and raise your leg (not higher than your hip). If you notice that your operated leg is swelling please rest more between your exercises. This is not



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# PETER HARDCASTLE

## ORTHOPAEDIC SURGEON

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unusual. Please note if your calf is hot, swollen and painful to touch then come to the emergency department immediately. If you suddenly become very breathless and do not normally suffer from breathing difficulties then you should go to the emergency department immediately.

### Flying:

There is no universal agreement on this, however we advise you to avoid short-haul flights for 6 weeks after your operation and long haul flights for a minimum of 3 months. If you are flying remember to do some circulatory exercises and if possible get up and move around. At 6 months after your operation the risks associated with sitting for long periods will be back to what they were before the operation.