

# Hip replacement patient information



## What is a hip replacement?

A hip replacement is a surgical procedure aimed at curing pain and restoring function and movement in an arthritic hip.

## What is arthritis?

The hip joint is known as a “ball and socket” joint. The top of your femur (thigh bone) has a ball that inserts into the bony socket of the pelvis. It can move freely, as the ends of the bones are covered in a smooth soft tissue called articular cartilage. This acts as a natural shock absorber.

Over time this articular cartilage can wear out and unfortunately cartilage cannot repair itself. As this happens there is little protection between the ends of the bones, which can cause you to feel pain. This process is known as osteoarthritis and is the most common reason to need a hip replacement.

## The operation

The procedure involves removing the ball (head) of the femur and inserting a new artificial socket. A metal stem is then inserted into the femur. Once this is inserted, a new smooth ball is placed onto the stem. This provides two completely smooth surfaces to interact with each other and gets rid of the worn surfaces, improving the function in your hip and removing the pain.

## Risks and complications

The complication rate of hip replacement surgery is extremely low, and your surgeon will already have discussed any risks prior to surgery. Swelling of the operated leg is normal and is at its worst a week after surgery. However, if the calf becomes tender and red it may indicate a deep vein thrombosis (DVT).

The common signs and symptoms of infection are oozing from the wound, excessive swelling, heat, redness, an increase in pain and feeling generally unwell.

After your discharge, if you have any of these complications, contact the hospital ward immediately or seek medical help from your GP or local Accident and Emergency department.



## Enhanced recovery

Enhanced recovery is an evidence-based approach that helps you recover faster. Research has shown that the earlier a person gets out of bed and starts walking, eating and drinking after their operation, the shorter their recovery time will be.

After you have your surgery, you can help enhance your recovery by remaining active and eating a balanced diet.

Ideally, try and eat a high protein diet and drink plenty of water which will ensure that you give your body the fuel it requires to repair itself.

## What to expect after surgery

Immediately following your surgery, you will be taken from the operating theatre to the recovery area. You will be monitored by specialist nursing staff to ensure that you recover from your anaesthetic safely and comfortably. You will then be taken back to your room.

You'll have a dressing on your hip which you should leave alone until removal.

Some surgeons recommend the use of TED (thrombo-embolism-deterrent) stockings to help reduce swelling. You will wear these while you are in hospital and when you first go home. Your nurse will tell you how much longer you need to wear them for. They should be removed if they need washing. You should also remove them for showering or bathing.

You will have an IV line in your arm through which fluids and drugs may be administered. Pain relief will be given when you require it. It is vital that your pain is controlled after surgery. If your pain is not at a tolerable level you must tell your nurse. The medications and anaesthesia may cause you to feel nauseous. If so, your nurse can give you anti-nausea medication.

You will be taught some exercises by your physiotherapist to start immediately. These will include deep breathing exercises that help to keep your lungs clear, static quadriceps and static glutes (front thigh muscle and gluteal strengthening) exercises. You will also be shown calf pumps (moving the feet up and down at the ankle joint). These exercises will start to strengthen your muscles. They will help to maintain circulation and reduce the risk of blood clots.

It is normal and expected that you will have swelling after your operation. You can manage this swelling with a combination of rest, elevation of the leg for short periods throughout the day and putting ice on your hip. A machine can be used to deliver ice and compression therapy to the hip. This will help to reduce the swelling and offer some additional pain relief. Your physiotherapist can give you information about hiring one of these machines.

## Rehabilitation

Your physiotherapist or nurse will help you walk, if possible, on the same day as your surgery. You will need to use walking aids (likely crutches) for a couple of weeks, but as you progress and require less support you will be able to walk without them.

Physiotherapy will play a vital role in your successful rehabilitation from your hip replacement. You will need to complete the exercises given to you in between your formal sessions with your physiotherapist. It is important that you motivate yourself to do these. Exercises will be given to you after your operation on a separate print out personalised to you.

Your physiotherapist will let you know how many times you need to do your exercises per day. This will ensure that you build up adequate strength in the muscles surrounding the hip that give it vital support and prevent it from stiffening up.

While you are using crutches your physiotherapist will demonstrate the safe and correct method for managing stairs. Use one hand to hold onto the banister and the other to hold the crutch. You will be shown how to transport the other crutch up or down the stairs with you. When going up the stairs you will lead with the unaffected leg followed by the affected leg. When going down the stairs you will place the crutch and the affected leg down first followed by the unaffected leg. If you have stairs without a banister we can teach you a technique for this.

## Pain relief

Your discomfort should be tolerable but do not expect to be pain free. We aim to use the minimum amount of pain relief required to keep you comfortable. Compression and ice therapy will also help with pain relief. Although it may seem hard to believe, regular walking can help reduce pain.

The pain that you will feel when doing your exercises, especially those that involve moving the hip, is completely normal. Do not let this pain prevent you from completing your exercises regularly. If, however, your pain is not tolerable please speak to your nurse.

## Going home

It is important that you have the necessary support at home ready for your return. You will be discharged with all relevant medications. It is a good idea to have the help of family or friends during the immediate convalescent period. If you foresee any difficulties with being able to get around your home or accessing different areas, for example the bathroom, please let your physiotherapist know. They can review your home environment with you and provide education, equipment recommendations and strategies to keep you safe at home.

You are advised to move as much as you can manage comfortably. Do not force movements if you feel restricted.

Avoid a combination of bending at the hip and rotating the hip in towards you. For example, if you need to reach down to your

feet you should reach down in between your legs rather than around the outside of your operated hip.

## Wound healing

All wounds progress through several stages of healing. You may experience sensations such as tingling, numbness and itching. You may also feel a slight pulling around the wound and a hard lump forming. These are normal and a part of the healing process. However, if your wound starts swelling or oozing then you should contact us for advice.

## Sleeping

You can sleep on your back or either side with a pillow between your legs if comfortable. Changes in routine plus restricted or sudden movement can make sleeping difficult. You may want to take a painkiller before going to sleep.

## Becoming mobile

Moving around regularly is important for your recovery. Initially try to move around every 30 minutes to one hour. You can mobilise outside as soon as you feel comfortable to do so. You should increase your walking distance daily and gradually. Keeping track of your steps on your phone or smartwatch can be helpful to ensure steady progress.

On discharge from hospital, you will probably be using two crutches. Unless you have been specifically instructed not to discard your walking aids, this is the progression that you should follow:

- Within two weeks you can try using one walking aid indoors. Keep this in the opposite hand to the operated leg
- You will know when you are ready for one walking aid; it is when you can manage the same with one as you can with two and without a limp. If you are limping, continue to use walking aids a little longer
- You will need to use two walking aids for longer outdoors as you will generally be walking further. It may be more uneven and sometimes more slippery
- Progress as you feel able. This will differ from person to person

## Recreational activities

Remember this is a major operation, therefore it will take several months before you can return to a normal level of activity. Try to go out walking every day and increase the distance that you walk every few days. It may take time for the pain and swelling to go away. Use ice to manage this, keep active and enjoy the benefits of your new hip.

## Driving

To get in and out of a car, move the seat back as far as possible to allow yourself room. Get in bottom first and slide back until your bottom is near the driver's seat. Swing both your legs into the car together. To get out, reverse the procedure.

It is important that you can safely control the car and perform an emergency stop before you return to driving.

You are advised not to drive until you have discussed this with your consultant.

## Follow-up

An appointment will be made for a follow-up with your consultant via their practice, sometimes with an X-ray. This is an opportunity to discuss the final phase of your rehabilitation.

## Outpatient physiotherapy

Outpatient physiotherapy is important for getting the best possible result from your hip replacement surgery. Your exercises will be progressed as you get stronger. It is vital that you continue to strengthen the muscles around your hip as they give crucial stability.

You may wish to consider hydrotherapy. This is physiotherapy performed in a warm water pool with trained therapists. It can help increase your range of movement and strength.

Your consultant will tell you when you should start physiotherapy.



If you have any questions about the information in this booklet, please contact us on 0203 195 2442

If you have any questions after your surgery, please contact the ward on 0203 929 7320, our Inpatient Physiotherapy team on 0203 929 1062 or email [info@fortiusclinic.com](mailto:info@fortiusclinic.com)

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