

An anatomical illustration of a human hip joint. The femoral head is replaced with a prosthetic hip implant, which consists of a metal stem and a ceramic head. The surrounding bone structure is shown in a realistic, light brown color.

A patient's guide to Hip Replacement

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This booklet has been designed to give you some information which may help you prepare for a hip replacement surgery.

Treatment is always planned on an individual basis so your experiences may differ slightly from the information given.

The staff are here to help and answer any questions you may have, therefore please do not hesitate to ask at any time.

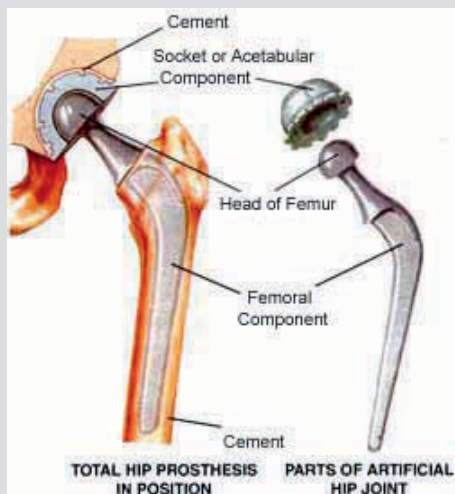


Why do I need a total hip replacement?

There are many common conditions which require a hip replacement as the treatment. For example the most common is osteoarthritis. Osteoarthritis simply means that the cartilage of the hip has worn out resulting in the thighbone and pelvic bone rubbing together. As you know this is very painful and stops you being able to move your hips as you once did.

What is a total hip replacement?

A total hip replacement involves removing the damaged ball and socket of your hip joint and replacing them with an artificial joint usually made of metal and plastic. The artificial joint is either fixed to the bone with a special cement or has a surface that new bone will grow into.



The Pre-Assessment Clinic

All patients scheduled for joint surgery must attend the Pre-Assessment Clinic (PAC) following referral by their consultant and are invited to attend 3-4 weeks before proposed surgery.

This ensures that all test results are valid for admission and allow time to resolve problems if identified during PAC, so surgery can be performed without delaying the planned surgery date.

The PAC is a comprehensive medical assessment taking place to ensure patients are fit for surgery, therefore minimising risk and ensuring a speedy recovery. While avoiding cancellation and disappointment on the day.

At the clinic you will be seen by a nurse and a doctor

To make sure you are fit for the operation and anesthetic a number of tests will be carried out, they will include the following:

- Electrocardiogram (ECG) which is a non – invasive heart investigation which takes couple of minutes to perform.
- Blood pressure and heart rate.
- Urine sample to test for urinary tract infection (UTI) and diabetes.
- Methicillin Resistant Staphylococcus Aureus (MRSA) screening this includes swabs from nose and groin. This is a bacteria resistant to some antibiotics.
- Blood tests.
- Blood type and screen this is done in case we need to give a blood transfusion during or after your operation.
- Body mass index (BMI).
- Detailed patient history.
- Examination by medical doctor.

Please ensure that you bring the following with you on the day of PAC

- All medication in the original labelled containers, that you are currently taking. It is important that the medication is not repackaged into a weekly pill dispenser/pill box.
- Relevant x-rays, MRI, CT including any chest x-rays taken within the last three months or relevant joint x-rays taken within the last six months.
- Please bring the address and phone number of your GP and any other consultant or specialist you are currently attending.
- Please bring any results or reports from any past ECG, ECHO or angiograms.
- Please ensure that your first name and date of birth is as it appears on your birth certificate.
- Please ensure that the pre-operative questionnaire is completed.
- The whole PAC visit will approximately take one hour.

Preparation for surgery - physiotherapy, prehabilitation

Before your surgery it is important to maintain an active lifestyle so that the muscles around your hip stay strong. Research has shown that patients who do an exercise program pre operatively have a quicker recovery than those who don't.


Knowing what to expect, practicing drills on early post-op management and exercising before your surgery will help you to increase your confidence and ability to exercise after your operation.

At SSC we run weekly prehabilitation classes in our physiotherapy department gym. This class consists of an

education section where you learn about your surgery and what to expect. We also give you exercises to help you prepare for your surgery, and practice using crutches so you can be confident after your surgery and during your rehabilitation. We explain in detail what you can expect from physiotherapy after your operation and give you some practical tips. We will answer any questions or concerns you have about your rehabilitation.

To book your class please contact the SSC physiotherapy department on 01-5262040.





All patients scheduled for joint surgery must attend the Pre-Assessment Clinic (PAC) following referral by their consultant and are invited to attend 3-4 weeks before proposed surgery.

The Hospital Stay

What happens on the day I'm coming to SSC?

You will be admitted into SSC either the day before or morning of your operation.

On admission, you will check in at the reception area and be asked to confirm your details for your medical file. A member of the admissions staff will accompany you to the Inpatient Ward where you will be greeted by the nursing staff. The nursing staff will show you to your bed and will check your weight, height, temperature, blood pressure, pulse and respiratory rate. The nursing staff will also update and complete the nursing assessment that was started in PAC. You will also see other members of the treating team at this time. If you have any questions do not hesitate to ask a member of staff.

What do I need to bring to hospital?

- If you take medication on a regular basis please bring this with you, in its original packaging, as we may use this when you are in SSC.
- Please remember to remove false nails/long term nail varnish before coming into SSC.
- We advise that you bring nightwear, a dressing gown, slippers (flat, closed heel slippers) or walking shoes, reading glasses and toiletries. You will also need some day wear for your discharge from the clinic.
- We advise that you do not bring valuables into hospital with you. You may keep your wedding ring on (which will be covered with tape) when you go to theatre but this is the only jewellery that you will be allowed.

What happens before my operation?

- The doctor will draw an arrow on your hip to indicate which one is being operated on.
- You cannot eat or drink anything for at least 4 hours before your operation, so you will usually be 'Nil By Mouth' from 12midnight (for a morning operation) or 6a.m. (for an afternoon operation). The nursing staff will remind you about this. This includes chewing gum.
- On the morning of your surgery you will be given a theatre gown to change into. You will be asked to remove make up, nail polish and jewellery apart from a wedding band, which can be taped over.
- You will be wearing one white stocking, which is called a TED stocking, on the opposite leg i.e. the leg you are not having your operation on. The stocking is applied to help improve the circulation in your legs and so reduce the risk of getting a blood clot. A stocking will be applied to your operated leg after your operation.
- The anaesthetist, who is the doctor that will be administering your anaesthetic, will talk to you before your operation. He / she will talk to you about your general health and any previous anaesthetics. He/ she will check your lab tests and all other relevant tests and letters from other specialists. They will then advise you of the safest anaesthetic for you with regard to the operation you are having done.

For total hip/knee replacements:

Spinal anaesthetics are the most commonly used anaesthetic. An injection is carefully placed in the lower back area, this causes your legs to become numb. They stay numb all the way through the surgery and come back to normal later. While you are in the operating theatre your Anaesthetist will give you

other medication, which will relax and sedate you. You are very unlikely to hear or see any part of the surgery.

General Anaesthetics are rarely used for joint replacement surgery. However if your anaesthetist recommends that you have a general anaesthetic, you will receive medication via the intravenous cannula in your hand/arm, then you will drift off to sleep and wake up in the recovery room when the surgery is completed.

- You will be taken to theatre on your bed. A nurse will accompany you to theatre. In the reception area the theatre staff will check your details and ask you several questions such as when you last ate or drank and which hip is being operated on. This is all quite normal, as we like to check these details several times.
- From the reception area you will be wheeled into the anaesthetic room where you will have your anaesthetic. Once you have had your anaesthetic you will be transferred into the operating theatre.
- The operation usually takes 1 hour to do but you will be off the ward for longer than this because you will need time to have the anaesthetic before the operation and to recover after the operation.

What happens immediately after the operation?

- You will be wheeled from the operating theatre into the recovery room where you will be closely monitored by the nursing staff. The nurses will check that you are recovering from your anaesthetic by checking your blood pressure, pulse, breathing rate and so on. Once they have assessed that you are recovered enough you will be transferred back to the ward on your bed.

- You will have oxygen delivered either through a mask over your nose and mouth or through a small double pronged tube which sits at the nasal passages and you will have a bag of fluid running through a tube into one of your veins.
- You may be attached to a pain pump. This pump is called a Patient Controlled Analgesia (PCA) pump. The PCA delivers a small amount of painkiller called morphine into your bloodstream when you press button on the handset. You cannot overdose yourself, as there is a lock out device on the machine. This means that you can press the button on the handset many times but you will only get the one dose that is due within the timeframe. The PCA can make you feel dizzy or sick. Please let the nurses know if you have any side effects.
- There may be a drain placed on one side of your wound to drain any excess blood or fluid from your wound that could cause delayed healing of the wound. The excess blood/fluid is drained into a collection bottle attached to the drain.
- You will have a large triangular shaped foam wedge between your legs, at knee level, which is called an abduction wedge. This is in place to stop you crossing your legs. This will be kept in place for several days whilst you are in SSC. The reason you must not cross your legs is because it can cause the hip replacement to dislocate.
- Once you are back on the ward the nurses will continue to monitor you. You will have your blood pressure, pulse etc checked regularly and your hip dressing will also be checked.
- You will start taking sips of water as soon as you come back to the ward and gradually you will be allowed to eat and drink as you would normally. Many people feel sick after surgery and this can be due to the anaesthetic and medication that you were given

- If you need to pass urine or have your bowels opened then the nursing staff will assist you in using a bedpan, as you will not be able to walk to the bathroom just yet.
- Starting from the night of your operation you may be given an injection into your stomach area. This will be given to you once a day for 3 days after your operation. This is given to help keep blood slightly thin and help reduce the risk of developing clots.
- You will have foot pumps attached to both feet to aid circulation. These foot pumps cause a light squeeze at the bottom of your feet, which in turn aid the circulation in your calves. The foot pumps are usually removed during the day once you are mobilising, but should be worn at night.

Hip dislocation

Dislocation means that the metal ball slips out of the plastic socket.

In the first six weeks after the surgery, the ball is only held in the socket by muscle tension. During this time, before scar tissue forms around the ball, and before muscle strength returns, the hip is more likely to dislocate. Dislocation occurs in less than 4% (less than 4 in a hundred) of cases, and the hip needs to be put back in place under anaesthetic.

What happens after the procedure?

The length of time you will remain in hospital depends on how quickly you recover. This section outlines the stages you have to complete before you go home. Most people achieve these stages within 2-5 days of having the operation.

Stage 1 (the first day after your operation)

- The nursing staff will help you to have a wash in bed, as you will not have been out of bed yet.
- The physiotherapist, who will aim to get you up out of bed, sitting in a chair and taking several steps with crutches, will visit you. The physiotherapist will remind you of the exercises to do.
- The nursing staff will assess whether you need to continue using the PCA. If you do not need to use the machine then it will be removed. You will be given painkilling tablets whilst you are on the PCA and after it is removed we advise that you take these tablets so that you can do your exercises and start walking.
- If present, the drain will be removed from your hip.

Stage 2

- The physiotherapist will continue to assess how you are doing and help you to progress with your exercises and mobility.
- You will have a blood sample taken to check that you have not lost too much blood during the operation.
- If you have not had an x-ray in the recovery room then you will have an x-ray taken of your hip in the x-ray department. A member of staff will take you to the x-ray department.

Stage 3

- You will be walking with crutches under guidance from the physiotherapist.
- Your prescription will be arranged by the doctor.
- The physiotherapist will practice the stairs with you.
- Transport arrangements will be finalised. You will be asked to arrange for a relative or friend to collect you by car.

Stage 4

- You will be discharged home. The nursing staff will go through with you the prescription that you can fill at any pharmacy. If you have any questions about your medicines then please ask the nurses who will be able to help you. Do not forget to take your walking aids with you.
- You will be sent an appointment by your consultants secretary with the date of your follow-up outpatient appointment on it, usually for 6-8 weeks after you go home.

Please note that prescriptions cannot be filled from the pharmacy in SSC.

What to expect from physiotherapy during your stay at SSC

You will be seen by a physiotherapist from the first day after your operation who will:

- help you with bed transfers
- teach you how to walk with crutches (or a zimmer frame in some cases)
- guide you through an exercise program
- practice stairs with you

You will be allowed to sit out on a chair if you can tolerate it on the day after the operation.

You will be able to get up and walk from the first day after the operation and generally can put as much weight down through the operative limb as is comfortable (unless otherwise advised by your surgeon). You will be required to use two elbow crutches. This is to avoid too much pressure on the hip.

You will be required to climb the stairs with crutches before being discharged from hospital.

The physiotherapist will work with you in hospital until you are comfortable transferring to and from a bed and chair, are confident performing your home exercises, can mobilise safely with your crutches on the flat and on stairs.

It is important to continue your exercise program regularly, as directed by your physiotherapist, on a regular basis after your operation.

Post-surgical exercises



STATIC QUADS

In a lying position straighten knee fully
Bring toes towards knee
Contract thigh muscle to keep leg straight



HIP FLEXION

In a standing position with hands supported
Stand on one leg and lift opposite knee
Contract lower abdominals throughout exercise



HIP EXTENSION

In a standing position with hands supported.
Stand on one leg and move opposite leg backwards. Contract lower abdominals throughout exercise.



GLUTES

In a lying position with legs straight or knees bent simply contract the buttock muscles for five seconds and then relax for five seconds.



KNEE FLEXION / EXTENSION

In a seated position straighten and bend the knee as far as possible without causing excessive pain.



HIP ABDUCTION

In a standing position with hands supported
Stand on one leg and move opposite leg to the side. Contract lower abdominals throughout



CALF STRETCH

In a standing position with hands supported
Stand on one leg and move opposite straight leg backwards keeping the heel on the floor and foot pointing forwards. Hold the calf stretch for ten seconds.

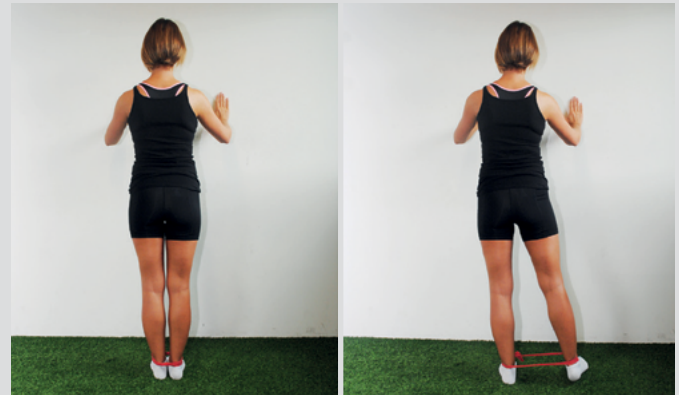
All exercises to be completed ten times,
three times daily.

Advanced post-surgical exercises



GOBLET SQUAT

- Sit with hips and knees at a right angle
- Stand upright holding weight at chest
- Contract buttock and abdominal muscles during the exercise



HIP ABDUCTION

- Stand upright in good alignment with wall for support
- Flexband around ankles
- Move leg to side and return keeping the rest of the body stable



HIP EXTENSION

- Stand upright in good alignment with wall for support
- Flexband around ankles
- Move leg rearwards and return keeping the rest of the body stable



BRIDGE

- Lie Flat with knees bent and feet flat
- Draw in lower abdominals and buttocks
- Raise hips from floor, pause and return

Continuing your rehabilitation after discharge

In order to progress with your rehabilitation we recommend that you organise an appointment with a Chartered Physiotherapist in an out-patient setting within about two weeks of your discharge from hospital. You can attend SSC for physiotherapy or can make an appointment with a physiotherapist in your area. On discharge from SSC you will receive a referral letter and rehabilitation protocol to give to your out-patient physiotherapist. This will inform the physiotherapist of your surgery and give guidelines for your short and long-term rehabilitation. It is likely that you will need follow up physiotherapy for several months after your operation.

Convalescence

The majority of patients who have hip replacement surgery go home from SSC however some patients feel that they need further care in convalescence.

If you feel that you need convalescence following your hip replacement you will need to arrange this yourself with a private rehabilitation unit before coming into SSC.



What happens when I get home?

- Painkillers and reduced mobility can make you constipated therefore it is important that you drink fluids while in hospital and when you get home. The recommended amount to drink daily is 2 litres, which is about 8 glasses. Water is one of the best things that you can take. The nursing staff can give you some mild laxatives if you need them whilst you are in hospital and you may also be prescribed some to take home with you.
- We advise that you keep the TED stockings on for 6 weeks after your operation provided that you have someone at home to help you take them off at least once a week. The reason for this is so that you can wash and moisturise your legs, as the stockings tend to dry the skin on your legs quite quickly.
- If you have staples or stitches in your hip wound these will be removed from your wound between 10-12 days after your operation. You can either attend the wound clinic in SSC or your GP for this.
- It is normal for your leg/hip to be quite bruised after the operation. This will fade in time.
- You should not drive for a period of time after your operation and this will be discussed when you come to the outpatient clinic. You can travel in a car as a passenger from the time you leave hospital.
- You should not fly for approximately 3 months after your operation, as you are at increased risk of a blood clot in your leg veins.
- The leg takes time to adapt to the hip replacement and it is quite common to experience discomfort around the hip for up to 6 months after the surgery. This is not as painful as the arthritis you had and is usually relieved by rest or a mild painkiller. Some patients describe a feeling of tightness around the hip, which

usually goes away after a few months but which can return at times. Some patients are left with an area of numbness around the hip, where the nerves, which are cut during the operation, do not rejoin. This does not affect the strength of the hip at all. Not all these events are experienced by every patient but if they happen to you they are part of the normal recovery from the operation.

Movements and positions to avoid after the operation for 6-12 weeks

- Avoid crossing your legs.
- You should not move your leg across your body past its midline i.e. the line that divides one side of your body from the other through your belly button.
- Get in and out of bed preferably leading with your operated leg. You can still get in and out of bed on the other side once your leg does not cross the midline.
- Avoid bending your hips past 90 degrees (i.e. an L-shape between your upper body and legs).
 - When sitting down on a chair or toilet seat have your knee lower than your hip.
- Avoid turning your operated leg inwards/outwards.
- When standing or walking do not swivel on your operated leg.
- Avoid putting pillows under your knees.
- Avoid lifting the leg off the bed with the knee straight.

ORTHOPAEDIC SURGERY

Owen Brady	Hip and knee replacement, knee surgery, soft tissue	T: 01 526 2314 F: 01 526 2317	annboyle@sportssurgeryclinic.com
Jonathan Bunn	Hip arthroscopy	T: 01 526 2366 F: 01 526 2046	catherinemcdonagh@sportssurgeryclinic.com
Stefan Byrne	Hip and knee replacements, hand surgery, paediatric orthopaedics and trauma	T: 01 645 9637 F: 01 645 9631	mkearney@hermitageclinic.ie
Noelle Cassidy	Paediatric orthopaedics, hip & knee arthroplasty, spinal surgery, knee arthroscopy	T: 01 834 8353 F: 01 834 8353	
Denis Collins	Lower limb reconstruction including, arthroplasty, soft tissue, arthroscopic surgery, trauma	T: 01 526 2222 F: 01 526 2224	dcorthosurgery@gmail.com
James Colville	Upper limb and shoulder surgery including shoulder arthroplasty, shoulder stabilisation and rotator cuff repairs	T: 01 526 2285 F: 01 526 2289	suite14@eircom.net
Ruth Delaney	Shoulder surgery, arthroscopic and open, including rotator cuff, instability and arthroplasty procedures	T: 01 526 2335	ruthdelaney@sportssurgeryclinic.com
Michael Donnelly	Knee arthroscopy, ligament reconstruction, knee cartilage regeneration, preservation procedures, knee replacement – primary and revision hip replacement – primary and revision, lower limb reconstruction, trauma	T: 01 526 2380	michaeldonnely@sportssurgeryclinic.com
Niall Hogan	Knee replacement, hip replacement, knee surgery, ACL, arthroscopy, patella, sports injury	T: 01 526 2210 F: 01 526 2214	siobhanodonoghue@sportssurgeryclinic.com
Darragh Hynes	Upper limb and shoulder surgery, arthritis of upper limb, sports injury, hip replacement	T: 01 830 0797 F: 01 860 0076	
Mark Jackson	Knee surgery including joint replacement, arthroscopy, soft tissue, knee injury	T: 01 526 2190 F: 01 526 2192	
Pat Kiely	Spinal surgery, adult reconstructive surgery, specialist paediatric and adolescent trauma, orthopaedics, hip and knee surgery	T: 01 526 2266 F: 01 526 2269	paulasmith@sportssurgeryclinic.com
Tom McCarthy	Hip and knee replacement including arthroplasty, soft tissue, arthroscopic surgery, trauma	T: 01 526 2270 F: 01 526 2274	sheilane Newman@sportssurgeryclinic.com
Johnny McKenna	Foot and ankle surgery	T: 01 526 2280 F: 01 526 2284	
Ronan McKeown	Upper limb and shoulder surgery including shoulder arthroplasty, shoulder stabilisation and rotator cuff repairs	T: 01 526 2366 F: 01 526 2046	ronanmckeown@sportssurgeryclinic.com
Cathal Moran	Knee ACL & Soft Tissue, Cartilage & Meniscus Repair; Shoulder Stabilisation, Rotator Cuff Repair & Shoulder Replacement	T: 01 526 2352	cathalmoran@sportssurgeryclinic.com
Ray Moran	Management of knee injuries	T: 01 526 2200 F: 01 526 2204	raymoran@sportssurgeryclinic.com
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Kevin Mulhall	Hip and knee surgery, joint replacements, arthroscopy, soft tissue, joint preservation	T: 01 526 2245 F: 01 526 2249	suite4@sportssurgeryclinic.com
Jacques Noël	Spinal surgery, adult reconstructive surgery, specialist paediatric and adolescent trauma, orthopaedics	T: 01 526 2265 F: 01 526 2269	donnaquinn@sportssurgeryclinic.com
John O’Byrne	Hip and knee surgery, arthroscopy, sports injury	T: 01 885 8326 F: 01 885 8876	
Shea O’Flanagan	Lower limb joint replacement, soft tissue, arthroscopic surgery, trauma, upper limb surgery, shoulders / hands	T: 01 526 2230 F: 01 526 2234	lwoodings@sportssurgeryclinic.com
Keith Synnott	Hip and knee replacement including soft tissue, arthroscopic surgery, spinal surgery	T: 01 526 2255 F: 01 526 2259	
Mihai Vioreanu	Sports Knee Surgery (ACL, Meniscal, Patello-Femoral) and Primary, Complex and Revision Hip & Knee Replacement Surgery	T: 01 526 2340	mrmv@sportssurgeryclinic.com



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