The information contained in this booklet is a general guide and any specific advice or instructions from your Consultant Surgeon, Nurse or Physiotherapist should be followed.
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Falls Prevention
In the Mater Private Hospital a team of Healthcare professionals will assist and support you in your preparation and recovery from surgery. Our aim is to minimise the unwanted side effects of surgery such as pain, nausea and immobility and help you to become independent and return to normal as soon as possible. Central to this is you taking an active role as this can lead to a better recovery and better outcomes.

Please review this information with family and friends and write down any questions you may have which you can discuss with your Surgeon or Healthcare team.
The hip joint

The hip joint is a ball-and-socket joint that allows you to move your joint in many different directions. The ball portion of the hip joint (femoral head) is at the upper end of the thigh bone (femur) and fits into the socket (acetabulum) of the hip bone (pelvis). The bone of the femoral head and acetabulum of the pelvis are separated by spongy material (cartilage) and by a sac of fluid (synovial fluid), both of which serve to lubricate the joint.

A properly functioning hip joint is critical for normal everyday activities such as walking, running and climbing.

Painful hip conditions can be treated in several ways including physiotherapy, exercise and medications. When a patient’s symptoms do not respond to these treatments, an orthopaedic surgeon may recommend hip replacement surgery with the aim of restoring mobility and relieving pain.

While most arthritic hips are the result of degenerative arthritis or osteoarthritis, other conditions such as rheumatoid arthritis, congenital deformity or trauma can also be relieved by total hip replacement.

Your Orthopaedic Surgeon will discuss your specific hip problem and give you time to ask questions about the operation, recovery and rehabilitation time.

The cartilage or bones in the hip joint can wear away for a variety of reasons including arthritis, leading to pain, stiffness, swelling and difficulty walking. Severe arthritis interferes with a person’s activities and limits his or her lifestyle.
Total Hip Replacement Surgery

During total hip replacement surgery or total hip arthroplasty, the damaged portions of the hip joint are removed and replaced with artificial implants called prostheses which may be fixed to the bone with special cement or have a special coating which binds with the bone. The ball (femoral head) is replaced with a prosthetic ball made of metal or ceramic, and the socket (acetabulum) is replaced with a prosthetic cup of metal, ceramic or plastic. A stem is also placed in the femur to support the femoral head.

Your Orthopaedic Surgeon will discuss which hip implant will offer the most benefit and least risk for you. When making a recommendation factors such as age, weight, height, activity level, and cause of hip pain will be considered.
As with any surgery, there are risks and complications which can occur.

Hip replacement surgery helps thousands of people yearly to relieve pain and resume mobility and is acknowledged as one of the most consistently successful and life changing operations performed today. The majority of joint replacement surgeries are complication free however the risks vary depending upon your age and overall health. Your Surgeon will discuss success rates and complications with you.

The risks and potential medical and surgical complications include, but are not limited to:

- Problems with anaesthesia
- Heart attack/stroke/death
- Bleeding (which may require a blood transfusion)
- Infection
- Blood clots
- Delayed wound healing
- Other medical complications
- Ongoing pain and restricted mobility
- Pressure sores
- Hip dislocation, when the ball of the thigh bone (femur) slips out of its socket in the hip bone (pelvis)
- Bone fracture
- Paralysis, local nerve damage, numbness/weakness
- Device loosening or breakage
- Difference in leg lengths
- Bone loss (osteolysis)

Initially some people may sense that their legs are different lengths when in fact they are the same. This is the result of tightness around the joint and muscles and generally goes away in the months after surgery. However if leg length inequality persists a shoe lift may be required.

The lifetime of a joint replacement is not infinite and varies with each individual. Your Surgeon will advise you about how best to potentially prolong the lifetime of your prosthetic hip such as not engaging in high impact activities like running as well as maintaining a healthy weight.

Actions to reduce the risks of complications

You and your Healthcare team can take several actions before and after surgery to reduce the risks of complications.

It is important to be in the best possible overall health and there are a number of things you can do to prepare yourself for surgery, recovery and rehabilitation.

Diet

In the weeks before your surgery it is advisable to eat a balanced diet as this can help the healing process.

If you need to lose weight it may be advisable to see a Dietician who will instruct you on how best to achieve this. You can talk to your Surgeon about a referral.
**Smoking**
If you smoke, stop as far in advance of surgery as possible. Smoking may cause complications with the anaesthetic and nicotine can delay or interfere with healing and bone growth. Surgery may be a perfect excuse to stop smoking altogether.

**Blood Clots**
To reduce the risk of developing a blood clot in the legs or lungs;

- Do not become dehydrated; we encourage you to drink 2 glasses of water (500mls) up to 3 hours before your surgery and to resume fluids and light diet soon after your surgery.
- You will be assisted to mobilise on the day of your surgery and advised to take frequent walks during your recovery. (Changing your position in bed frequently also helps prevent pressure sores developing on your skin).
- Carry out the leg and breathing exercises your Physiotherapist demonstrates to you.
- Other measures may include;
  - Medications to thin your blood which is generally continued for a period after your discharge
  - Elastic stockings
  - Foot pumps which help with blood circulation

**Infection**
Our hospital maintains the highest standards in relation to infection prevention and control and has several strategies to help prevent infection after your surgery. Our infection rates compare very favourably with international rates at 1%.

Please inform your Surgeon if you have any signs or symptoms of an infection, such as a chest or urinary infection in the days prior to your surgery. Also inform your Surgeon if you have a rash or flare up of psoriasis or eczema around your hip area or a leg ulcer.

If you have a history of MRSA/VRE or have been in contact with someone with MRSA/VRE, please let us know as soon as possible. We will need to take some swabs to ensure you are clear of these organisms/bugs.

If family or friends have vomiting or diarrhoea, cold or flu or other infections please ask them not to visit you in the days preceding or immediately following your surgery.

Notwithstanding all these measures the best way to prevent infection is by good hygiene and hand washing. **Remember to clean your hands immediately before eating and immediately before touching your wound.**
It is important to be as fit as possible before undergoing a total hip replacement. This will make your recovery much faster. Seven exercises are shown below that you should start doing now and continue until your surgery. You should be able to do them in 15-20 minutes, and it is recommended that you do all of them four times a day. Also, remember that you need to strengthen your entire body, not just your leg. It is very important for you to strengthen your arms (e.g. by doing arm push-ups) as you will be relying on your arms to help you get in and out of bed and chairs and to walk with sticks.

You will be asked to continue these exercises after your operation for at least 12 weeks. The exercises increase your flexibility and strength which will aid your recovery.

If you find these exercises difficult, build up to the suggested number GRADUALLY. Pain may limit your ability to do these exercises before surgery therefore we recommend that you take your pain medication regularly as prescribed by your doctor. It is also helpful to consider taking your pain relief about 30mins before you are going to increase activity.

Personal Exercise Programme

Lying on your back with legs straight. Bend your ankles and push your knees down firmly against the bed. Hold 5 secs.

Repeat 3x15 reps.

Bend one leg and put a rolled towel under the operated knee.

Pull your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the roll). Hold approx. 5 secs.

Repeat 3x15 reps.

Lying on your back with a tray/plastic bag under your leg. Bend and straighten your hip and knee by sliding your foot up and down. Repeat 3x15 reps.
Lying on your back with a tray/plastic bag under your leg. Bring your leg to the side and then back to start position.

Repeat 3x15 reps.

Sitting, pull your toes up, tighten your thigh muscle and straighten your knee. Hold 5 secs.

Repeat 3x15 reps.

Stand straight holding on to a support. Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise. Hold 5 sec.

Repeat 3x15 times.

Stand straight holding onto a support. Bring your leg backwards keeping your knee straight. Do not lean forwards. Hold 5 secs.

Repeat 3x15 times.

Arm chair push-ups
This exercise will help strengthen your arms for walking with a walking frame and walking sticks. Sit on an armchair, place hands on the armrest; straighten arms, raising your bottom up off chair seat. Keep your feet on the floor. Repeat 10-15 times.
Pre-operative Assessment Clinic

Within one month before your operation, you may be invited to attend our Pre-operative Assessment Clinic. During this visit you will be asked about your medical history and any medications you are taking. You will have blood tests done and may have an ECG and x-ray.

Hip replacement surgery is generally carried out under spinal anaesthetic with sedation. A Consultant Anaesthetist will discuss anaesthetic options, as well as the risks and benefits associated with these options.

Pain management plays an important part in recovery and rehabilitation and is often of great concern for patients. The Consultant Anaesthetist and Nurse at the Clinic will talk to your about pain management after surgery. (Please read the pain relief section at the end of this booklet).

The Pre-operative Assessment Clinic is also an opportunity for you to see the Physiotherapist and Nurse, ask any questions you may have and plan for your discharge from hospital.
Planning for your discharge and preparing your home

It is important to plan for your discharge before you come into hospital. Your discharge date will be determined by all members of the Healthcare team involved in your care in consultation with you and your family. Discharge from hospital normally occurs when you have reached specific goals such as the distance you can walk or that your wound is healing well. Your Surgeon will discuss your expected length of stay with you prior to your admission.

Patients generally return to their own homes after discharge from hospital as they typically do better in their own familiar environment. They are given a home exercise programme and rarely require further physiotherapy.

There are actions you can take to prepare for your return home. For example:

- Place frequently used items where they can be reached without too much bending or stretching.
- Most patients will require a raised toilet seat, a long handled shoe horn and an ‘Easi Reacher’ (to reduce the amount of bending) and this should be organized prior to admission. For Medical Card holders, your Public Health Nurse may be able to assist you in obtaining this equipment however please be aware that some HSE areas no longer provide smaller aids for short term orthopedic conditions such as a hip replacements. This equipment can also be purchased, some providers of this equipment include:
  - Murray Medical 20/21 Talbot Street, Telephone 01 8555733,
  - Argos Shops or Home Care Medical Supplies on 1890290390. www.assistireland.ie is a useful resource as is contains information relating to the purchase and supply of adaptive equipment nationwide.

TO REDUCE THE AMOUNT OF BENDING AFTER SURGERY YOU MAY WISH TO PURCHASE A LONG HANDED SHOE HORN AND A ‘PICK UP REACHER’ TO HELP WITH DRESSING TASKS.
• Stock up on groceries, prepare food or freeze meals.
• Rearrange or move food, pots, pans and other cooking utensils to easy-to-reach shelves or counter tops.
• Place shoes, clothing and toiletries at a height where you can reach them without bending.
• Change bed sheets.
• Ensure your home is heated if the weather is cold.
• Provide good lighting.
• Ensure you have adequate stock of medication.
• Ensure clear access around your home and minimize tripping hazards i.e. remove or secure all rugs and cables.
• Arrange for someone to look after other family members / garden / pets.
• You may need to arrange for someone to come and stay or call to help you for a few days after your return home with activities like cleaning, laundry and shopping or any household activity that requires bending, reaching or lifting.

In exceptional circumstance there may be times where there are challenges for a patient to return home after surgery. Examples for this include an unsuitable home environment like a very steep stairs or a person who lives alone with limited family support. Everyone’s circumstance is unique but if you think you may require assistance for discharge home you need to discuss this with your Surgeon, the Nurse at the Pre operative Assessment Clinic or contact our Social Work Department on 01 8858458 prior to admission.

There may still be cases where discharge home is not an option and convalescence should be arranged by you or your family as soon as possible. Unfortunately, organising convalescence once a patient is in hospital is usually too late. There is a huge demand for convalescent beds and in many instances beds are not available at short notice. A VHI list of approved nursing homes is available from your Consultant Surgeon’s Secretary, the Social Worker or the VHI website: www.vhi.ie/pdf/products/Convalescence_Homes.pdf. Families need to ring around for availability and book one that they think is suitable. Private health insurance does not cover all of the cost of convalescence care, generally the full cost of the nursing home needs to be paid by the patient and the health insurance company will reimburse the patient for approximately one third of the full cost. You can check the cost of the shortfall with the individual nursing homes.

Clontarf Orthopaedic Hospital, as a rule, will not take private patients for convalescence.

Your Healthcare team will endeavor to assist you in any way possible and if you have any questions please do not hesitate to contact your Consultant Surgeon, the Social Work Department on 01 8858458 or the Orthopedic Coordinator on 01 8858456.
Medical Social Worker Service

The Medical Social Worker is part of the Healthcare team. Patients who are having difficulty coping with the psychological, emotional, social, including practical aspects, of their illness may benefit from being referred to the Medical Social Worker. Please discuss this with your Consultant Surgeon, at the Preoperative Assessment Clinic or contact the Social Work Department on phone number; 01 8858458

Medications

You may be instructed by your Surgeon, Consultant Anaesthetist or GP to stop certain medications such as;

- Blood thinners (Warfarin or Plavix)
- Non Steroid Anti Inflammatory Drugs (NSAID which are certain types of pain killers)
- Certain herbal medication
- Certain antiosteoporotic medication
- Oral contraceptive pill
- Hormone Replacement Therapy (HRT)

This will be discussed with you before the operation.

Please bring a copy of your current prescription to the Preoperative Assessment Clinic and when you are coming into hospital.

What to bring into hospital

When packing for hospital please bring the following with you, in addition to toiletries, night clothes etc.

- Suitable footwear;
- Flat shoes which are either slip on with support and a back
- lace up with elastic laces which once tied will remain tied
- Slippers with a back
- Comfortable clothes: eg. shorts/loose tracksuit/loose trousers
- This information booklet
- Medications, glasses & hearing aid. Please avoid bringing valuables.
- Hip aids – long shoe horn/Easi Reach/toilet raise

You will need to arrange for transportation to and from the hospital.
What to expect in hospital

The morning of surgery

Usually you will be admitted to hospital on the day of your surgery. You will need to fast from fluids and diet for a number of hours prior to your surgery and you will be given instructions about this. In general you should take a small snack (e.g. tea and biscuits) up to 6 hours before your surgery and drink 2 glasses (500mls) of water up to 3 hours before surgery. Do not eat or drink anything after these times.

This does not apply to your usual medications which you have been instructed to take on the morning of surgery with a sip of water.

It is important that you have a shower on the morning of your surgery prior to admission. If you require assistance or have difficulty with showering please let us know in advance and we can arrange for you to come into hospital earlier than planned so that we can help you with showering. Contact the Admission’s Manager on 01 8858110 or 01 8858468.

The nurse will give you a gown and ask you to remove your clothing (including underwear). In addition you should remove contact lenses, dentures, wigs, hairpins, jewellery including any body piercings and give these to your family members; we advise that you do not bring valuables into hospital. You will be escorted to the theatre Holding Area where you may wait for up to one hour before being transferred to the Anaesthetic Room and into the Operating Room.

After Surgery

The operation usually takes about one hour in addition to the anaesthetic time of about 30 minutes. You will be held in the recovery area until you are stable enough to return to the ward where the team will work closely with you to aid your recovery.

You will have a drip for intravenous fluids through a vein into your arm or hand which will continue until you are eating and drinking. You may eat and drink when you wish and we advise that you do so as soon as possible starting with sips of water then a light meal.

There may be a drain in your hip which is normally taken out 1-2 days after surgery.
Recovery and Rehabilitation

The goal of your care after surgery is to help you become independent so that you can return directly home. By the time of discharge you should be able to walk with crutches/sticks or a walker, be independent with self-care and have minimal discomfort. However the level of independence and mobility may depend on your clinical condition before the operation.

The staff will help you when needed, but they will also encourage you to actively participate and do as much for yourself as possible. While a daily recovery schedule has been organised for your hip surgery, we encourage you to progress forward at your own pace as quickly, comfortably and safely as possible. You should be prepared to work hard at the exercises given to you.

You will be prescribed medication to manage your pain and although you may not be pain free your Consultant Anaesthetist, Nurse and Physiotherapist will work closely with you to minimise your pain as well as nausea, vomiting and constipation.

You will generally get out of bed and on your feet on the day of surgery. This is not only safe, it is the best way to get your muscles moving and prevent complications. However if you are late back from surgery or are feeling unwell this may be deferred until the following morning. You must have a nurse or physiotherapist with you who will instruct you to move carefully and comfortably with the assistance of a walking frame as patients are often at increased risk of falls after surgery. There is a section on “Falls Prevention” later in this booklet which we encourage you to read.

Your Physiotherapist will practice your exercises with you and will progress you onto crutches/sticks as appropriate. As the days pass, you will get out of bed more often and increase your walking distance independently. You should be getting in and out of bed on your own as you will need to be able to do this for home. The Physiotherapist will continue to monitor your progress, checking your exercises and correcting your walking pattern as necessary. You will gradually increase activity and self care during your stay until the team are confident that you are well enough for discharge.

Day of Surgery

- you will be able to get out of bed the evening of surgery with the help of your Physio/Nurse and a frame
- When walking with the walking frame the following sequence is followed: Frame Operated leg Good leg (FOG). As you progress to crutches/sticks your physiotherapist will progress your walking pattern
- you will start the exercises as practiced before surgery
Day One onwards
You will be seen by the Physiotherapist or the Physiotherapists’ Assistant twice daily for:

• Progression to crutches/sticks
• Completion of exercise programme
• Stairs practice

You will be encouraged to practice these activities independently or with a family member during your stay.

Goals to be achieved before going home:
• Independent on sticks/crutches
• Independent on stairs
• Independent with exercises
• Independent with transfers – on/off bed, in/out car

The more you do from the beginning the quicker your recovery will be!

Hip Precautions
In our rehabilitation program, you will learn how to protect your new hip using 3 important hip precautions.

1. You must not cross your legs
2. You must lie on your back, while in bed, for at least 2 weeks or longer if instructed by your surgeon
3. Use hip aids recommended: long shoe horn and Easi Reach

Precautions are taken to avoid dislocation and vary depending on the surgical approach and stability of the hip at the end of the procedure. If additional precautions are required to the 3 above a member of your team will discuss this with you. The Physiotherapist/Occupational Therapist will instruct you how move carefully and safely in order to protect your hip from dislocation.

Many precautions will be discontinued at your six week checkup.
Getting into bed
- It may be easier to lead into bed with your un-operated leg.
- Back up to the bed until you feel it on the back of your legs.
- Reaching back with both hands, sit down on the bed sliding your operated leg forward.
- Move your bottom over towards the centre of the bed as far as you can.
- Move your bottom around so that you are facing the foot of the bed.
- Lift your legs into bed.
- Slide your hips towards the centre of the bed.

When in bed
- Lie with the operated leg on the outside if possible.
- Lie on your back a pillow between your legs if necessary, to remind yourself not to roll over.
- Ensure mattress is firm and does not cause you to roll onto your side. You may need a board under the mattress to prevent it from sagging.

Getting out of bed
- Your operated leg leads out of bed first.
- Sit up in bed.
- Slide your hips to the edge of the bed.
- Lower your legs over the side until your feet touch the floor.
- With your operated leg in front use both hands to push off the bed.

Sitting
- Avoid sitting for prolonged periods of time. Choose a firm upright chair with armrests.
- Step back until you feel the chair at the back of both legs. Slip your arms out of the crutches and bring your hands back to arm rests. Slide your operated leg slightly forward as you sit down.
- If sitting on a sofa ensure it is of adequate height and firmness to support you and sit on an end which has arm support.
- Do not cross your legs, even at the ankles.

Toileting
- A raised toilet seat should be used as a precautionary device for the first 6 weeks after surgery.
- Do not bend too far forward or behind to reach toilet paper as you may become unbalanced. Get the toilet paper ready before you sit down.
**Washing**
- Ensure that all the toiletries are set up in front of you to avoid unnecessary bending and over reaching.
- If the shower is in the bath it is advisable to use a bath board to transfer safely. More information on choosing a bath board and suppliers can be found on www.assistireland.ie

**Dressing**
- Upper body dressing is as normal.
- Do not bend forward to reach feet, use long handed aids as appropriate.
- Always dress operated leg first.
- Underwear and lower body garments can be put on by placing the item on the floor in front of you when sitting. The pickup reacher can then be used to pick up the underwear/trousers and placed over the toes, clearing the heel and then pulled up the calf. You should then be able to reach the item to continue to dress and place unoperated leg in underwear/trousers.
- A skirt goes over the head and then tied at the waist.
- Wear comfortable loose fitting clothes.

**Stairs**
- If you are able to do the stairs before surgery you should be able to do them after.

**Going up:**
Hold the rail with one hand and the sticks with the other. Take a step up with your healthy leg. Then bring your operated leg and stick together to the same step. Take one step at a time.

**Going down:**
Hold the rail with one hand and the sticks with the other. First put your stick down. Take a step with your operated leg. Then step down with your healthy leg onto the same step. Go one step at a time.

Keep this method up until you feel strong enough to walk upstairs normally. Many patients can manage this between 4-6 weeks.

**Getting into the car**
When going home, you may travel in the front passenger seat of a car only. Before getting into the car ensure the seat is back as far as possible and slightly reclined (approx 20 degrees) to give yourself maximum legroom and ensure the seat is set at its highest setting. This may not be necessary in SUV type vehicles. Always get in/out of the car from a level road and never from the kerb height. Lower yourself on the seat; bottom first, with the operated leg extended in front of you. Hold onto the door and side of the car for support. Next swing your legs together into the car. You can use a plastic bag placed on the seat to glide more easily when rotating to move the legs around however ensure to remove the plastic bag when you are driving as this may impact on your car insurance cover in the event of an accident. Reverse this procedure when getting out.

Do not drive until cleared by your surgeon to do so, usually about six weeks after surgery.
Prepping for discharge checklist

Planning ahead makes your discharge from hospital easier and prepares you and your family.

This list is to help you prepare for discharge;

- Have you arranged transport to your home prior to 11am on the pre arranged discharge date?
- What care is needed for your wound? Have you been given extra dressings/clip remover?
- If you are already receiving care or services at home, does the service provider know you have been discharged?
- If there are any problems when discharged, whom do you contact?
- Do you know what problems can occur and how to recognize them?
- Has your own medication been returned to you?
- Have you got a prescription for any new medication? Do you know what your medication is for, how often and for how long should you take it for? Have you someone who can get the medication for you?
- It is important to obtain clearance from your surgeon before resuming blood-thinning medication (e.g. warfarin/plavix/asprin).
- Have you got all your belongings?
- When can you return to work and normal activities?
- Do you need a medical certificate for your employer?
- Is your home best set up to allow you access to your bedroom, bathing and toileting facilities safely during your recovery.

You will receive a follow up appointment for about 6-8 weeks after your surgery to see your Consultant Surgeon. This will be posted to you by your Consultant Surgeon’s secretary.
Once you get home, you should stay active. While you can expect some good days and some bad days, you should notice a gradual improvement over time. Follow the instructions given prior to discharge. No two people will progress at the same rate and the speed and success of rehabilitation following joint replacement depends heavily on you.

For a period of time after surgery, the healing of the muscles and tissues around your hip will cause some limitations to your abilities to perform various activities.

General Advice
- Give yourself extra time for dressing/washing until you get used to new ways of carrying out tasks
- Take your time when you get home, mistakes are made when you rush
- After your surgery your stamina and endurance will be decreased. You may need to break up activities, doing some parts in the morning and others in the afternoon e.g. meal preparation. Take regular rest breaks as your body recovers however do not become inactive as regular movement with help healing and recovery
- The more you practice dressing, walking and transferring in hospital before you go home – the less surprises await you at home

Sexual Activity
As with all your activities you will need to follow activity modifications during sexual activity. You may find it safer, and place less strain on your hip if you remain on your back. Ask a member of the Orthopaedic Team if you have any questions.

Home Exercises
The following is an approximate guideline depending on how you are feeling.

Weeks 1-2 Goals:
During weeks 1 and 2 of your recovery your goals are to;

- Continue to walk with crutches/sticks unless otherwise instructed.
- Gradually increase your walking distance.
- Gradually resume light activities.
- Do 20 minutes of home exercises from the programme given to you four times a day.
**Weeks 2-4 Goals:**
Weeks 2-4 will see you recovering to more independence. Your goals for the period are to;

- Achieve 1-2 week goals.
- Wean from full support to a single stick/crutch inside if you feel safe, steady and have sufficient muscle control, unless you have been instructed otherwise. If you are using a single stick/crutch, it should be held in the hand opposite to the operated limb. Continue to use 2 sticks outside for 6 weeks.
- Gradually increase your walking distance.
- Do 20 minutes of home exercises four times a day.

**Weeks 4-12 Goals:**
Weeks 4-12 will see much more recovery to full independence. Your home exercise programme remains important. Your goals for this time period are to;

- Achieve prior goals.
- Walk with a stick or single crutch- unless otherwise instructed. At your review with your Consultant Surgeon will advise you regarding crutch/stick use.
- Continue to increase your walking distance.
- Begin progressing on stairs from one step at a time to regular stair climbing.

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**Care of your Surgical Wound**

The skin incision over your hip is closed with either stitches/sutures, staples/clips or Steristrips (paper stitches) which should stay in place for two weeks. Your surgical wound will be covered with a sterile dressing and this will be left in place and undisturbed for at least 48 hours following your procedure to keep the wound protected from infection. The dressing will be changed prior to your discharge home.

This dressing will be waterproof and should **only be changed every 5-7 days or as needed**. Your nurse will give you some extra dressings going home. A dressing covering the incision is recommended for 2 weeks after surgery and a further 48 hours after removal of stitches or staples.
Examine the wound during dressing change. If the dressing does not need to be changed then the area around the dressing should be inspected on a daily basis for signs of infection. If the dressing becomes loose or soiled it may be changed;

- It is very important to wash your hands thoroughly and remove the dressing gently. You may prefer to shower first as a wet dressing may be easier to remove.
- If there are steristrips on the wound, care should be taken not to disturb them as they will dry up and fall off over time.
- Clean the wound of any dry blood using cooled boiled water and gauze.
- Start at the top of the wound line and work down away from the wound.
- Pat the area dry gently with a piece of gauze.
- Do not put any cream or ointment on your wound.
- Cover it again with a clean dressing taking care not to touch the inside of the new dressing.

**Signs of Infection**

Examine the wound each day for signs of infection;

- Redness and heat spreading from the incision (cut) line
- Yellow /Green pus seeping from the wound
- A foul smell from the wound
- Increased pain/throbbing from the wound
- Feeling suddenly feverish and unwell

Any 2 or more of these signs may indicate infection and you should contact your GP or Consultant Surgeon’s secretary for advice.

12-14 days after your surgery you can attend your GP, practice nurse or return to the Mater Private (at no additional cost, however you will need to make an appointment on 01 8858220) for removal of your sutures or clips.

If you have Steristrips in place these can be gently removed after 12-14 days. Ensure the person removing the Steristrips has washed their hands thoroughly. To remove the Steristrips pull each strip gentle towards the wound from both edges before peeling away. Once the Steristrips have been removed the scar can be left exposed provided it is dry.
Most people recover from surgery without any problems. Some days are better than others, but you should see yourself progressing. If you get worse again instead of better, or if you become unwell, you should see a doctor.

Here are some of the most frequent problems which may occur and what to do if you experience them;

Go to the nearest emergency department if you have signs and symptoms of bleeding or if any of the following occurs which may indicate a clot;

• Pain in your chest
• Difficulty breathing, shortness of breath
• A marked increase in pain, swelling and tenderness in your leg that is not relieved by rest and elevation

Contact your G.P., Consultant Surgeon or the hospital if;

• Your wound becomes red, hot, swollen or tender
• Your wound is weeping fluid
• You notice a foul smell from the wound
• You feel suddenly feverish (hot and cold) and unwell

In order to avoid getting a blood clot;

• Do not stay in one position too long.
• Avoid sitting for longer than 1-2 hours at a time.
• Wear your compression stockings, (the white stockings), day and night, generally for about 6 weeks, until you are able to move about frequently. (You may need to request help to take them off each day so that you can wash and check your skin).
• Take adequate fluids of 1.5-2 liters per day

Your hip may remain warm to the touch and appear swollen for several months after your surgery. This is normal. The swelling may vary with activity. The skin below the incision may have some patchy numbness or very sensitive areas. Your hip may click from time to time and this will gradually go away as your leg becomes stronger. All of these signs are normal and will diminish over several months. It is also common to see bruising on the skin which may extend from hip to foot. If you have any doubts about what to expect please ask your Surgeon or Healthcare team.
Constipation is a common problem for many people recovering from surgery and there are many simple measures you can take to help minimise this;

- Eat a high fibre diet. Include foods such as wholegrain and high fibre cereals, wholemeal bread, fruit, vegetables, nuts and seeds.
- Ensure you have an adequate fluid intake to allow the fibre to work effectively. This should be in the region of 8-10 cups / glasses per day.
- Do regular activity within your abilities
- Your doctor may recommend laxatives for a limited time if required.
- Inform your GP immediately if constipation persists as ignored constipation can result in an obstruction of the bowel.

It is also important to eat a well balanced diet in order to ensure an adequate intake of calcium and iron. Calcium helps strengthen your bones, while iron helps to build up red blood cells.

Community services post discharge

If appropriate one of your Healthcare team may refer you to a community service to meet an identified need post discharge. (Public Health Nursing, Community Physiotherapy, Community Occupational Therapy etc.) If you have not been referred during your admission and you continue to have difficulties managing at home you can contact your GP or local health centre to see what community services are available. Many HSE community services accept referrals made on a self-referral basis. All patients are eligible for assessment once a need is identified however provision of equipment from these services is dependent on your medical card status.
If I have a problem who should I call?

We are always happy to answer your questions and if you have any concerns about your post operative recovery please do not hesitate to contact

- Your Orthopaedic Consultant Surgeon,
- The Orthopaedic Ward on 01 8858362,
- The Physiotherapy Department on 01 8858157
- The Social Work Department on 01 8858458
- The Orthopaedic Coordinator on 01 8858456 / 086 1736584 or
- The Senior Nurse Manager (covering the hospital) on 01 8858888.

Follow up appointment;

- Usually you will have a follow up appointment in approximately 6-8 weeks, or as directed by your Consultant Surgeon.
- Contact your Consultant Surgeon's secretary on the week following your discharge if you have not received an appointment.

We hope we have answered your questions regarding hip replacement surgery.

We strongly encourage you to attend our joint school which covers topics such as preparation for surgery, in hospital care, and life with your new joint. For more information please call our hospital main switch on 01 8858888 and ask for the “Joint School”.

*The success rate of this operation is 95% so this may give you many years of pain free activity and perhaps a new lease of life.*

Please do not hesitate to contact a member of the team if you have any questions or comment.
Whenever someone comes into hospital for an operation they inevitably wonder how much pain they can expect. You are probably feeling the same. Post-operative pain management after total joint replacement surgery is extremely important when it comes to making your recovery as safe and effective as possible. Studies have shown that adequate pain management helps in the post-operative healing process. Adequate pain management also helps you participate to the best of your ability in your physiotherapy program so that you will have a hip that functions well.

Be reassured, nowadays the attitude to pain after surgery has changed significantly. Pain is no longer something to be expected and endured. In fact throughout your hospital stay you, the nurses and the doctors on your ward will be working together with one clear objective, to keep you as pain free as possible. After your operation you will be asked about your pain and to give a pain score at rest and with movement, from 0 to 10. This will help us to assess the effectiveness of your pain relief.

- 0 = no pain
- 10 = worst pain

Try to answer as accurately as you can. Don’t give a brave answer, give an honest one. It will help the medical/nursing team ensure you have the correct level of pain relief. If you begin to feel pain, tell someone straightaway. Remember… you are not being a nuisance. It is important to realise that YOU have a vital role to play in helping the hospital team control your pain. It is much easier to relieve pain if it is dealt with before it gets bad. So you should ask for help as soon as you feel pain and continue the treatment regularly.

Tell it like it is… Don’t wait to be asked

Types of pain relief
There are many methods available to control pain including tablets, injections and suppositories; however these are not the only methods.
What else can I do to help manage my Pain?

Other than taking your pain medication, there are a number of ways to help control post-operative pain.

Using a cold pack to ice the affected area a few times a day (15 to 20 minutes at a time; up to four times a day) can help to relieve pain, reduce swelling and bruising, and restore strength and mobility more quickly. Remember to put a thin sheet or pillow case over the skin to prevent direct contact between the ice pack and your skin.

Relaxation exercises such as slow rhythmic breathing can help you deal with your pain. Additionally, pacing your activities, as you can tolerate them, will help the healing process. Remember, healing takes time.

Take your medication as instructed

Could I become addicted to pain medication?

It is rare that patients become addicted to surgery-related pain medication. Most patients that undergo routine surgery need pain medication for only a short time, therefore the risk of dependence or addiction is very low. Long-term use (several weeks to months), however, may increase the risk of tolerance, dependence and addiction.

Pain relief on discharge

After your stay in hospital, you will be sent home with a prescription for pain medication. The medication may be a narcotic/opioid (e.g. Morphine-like medications) and/or a combination of other pain relief (e.g. Paracetamol). It is recommended that you take your pain medication regularly as prescribed. While you never want to take medication that is not needed, it is easier to manage your pain with regular pain relief, than treat an acute pain episode. Also it is helpful to consider taking your pain relief about 30mins before you are going to increase your activity. You can expect to have some discomfort following surgery; however it is important to let your GP/Consultant Surgeon know if the pain medication is not giving you adequate relief.

….STOP…You’re the expert…Listen to your body!
Although post-surgical pain or discomfort is a normal part of the healing process over the coming weeks, severe pain is not. After taking your routine pain medication, if you experience new severe pain or discomfort that does not subside, this may be a warning sign that something is not quite right. DO NOT increase the dosage of pain relief to treat new onset of severe pain. You should immediately contact your Surgeon’s office and General Practitioner. If you are unable to contact your Consultant Surgeon and you feel that you need immediate attention, please go to the nearest Emergency Department with a list of the medication you have taken.

If your pain medication is making you feel nauseous/sick:

Strong pain medication such as Morphine/ opioids can sometimes interfere with the regularity of bowel movements. If you notice your bowel habits have changed and you are constipated follow the previous instructions in this booklet under “Diet after surgery”.

If you have been on high doses of Morphine/ opioids prior to surgery, you can work closely with your GP in taking steps to gradually reduce down your medication. When this happens and the timing of this reduction will depend on each individual patient. However it is important to make changes in a gradual manner to avoid any undesirable side effects/withdrawal.
Falls Prevention

Did you know?
A third of people aged over 65 years and one half of people aged over 80 years have a fall at least once a year.

We have introduced a falls prevention programme for your safety.

Initially our staff will do an assessment to see if you are at risk of having a fall. You can be rated as at risk or at high risk.

What does this mean for you?
If you are rated as being at risk of falling, we will discuss strategies that can reduce the chances of you having a fall. These strategies will be suited to your individual needs.

Useful points to consider
• Use the nurse call bell to ask for assistance. Keep it in easy reach and ring early if you require assistance.
• Listen to the advice given to you by your Nurse/Physio. If they recommend that you need assistance or supervision when moving, please ask them for assistance and wait until they come to help you.
• If staff recommend that they need to stay with you whilst you are on the toilet please allow them to do so.
• Take care not to over reach for things (e.g. on your bedside table or locker). Keep frequently used items between eye and hip height so that you don’t have to reach or bend down unnecessarily. If needed ask for assistance.
• Ensure that the environment in which you are walking is well lit and clear of any obstacles.

When you are moving from lying down to standing up position
• Sit on the bed for a minute before you stand up.
• Move your ankles up and down to get your blood pumping.
• Get your ‘nose over your toes’ before you stand up.
• Push off the bed or chair; do not pull up.
• Wait a minute before you start to walk.

When you are walking
• Wait for staff before moving if they have recommended that you need assistance or supervision.
• Take your time when turning around. Count each step to help pace yourself.
• If you have a walking aid, make sure it is in good condition.
• Use your walking aid appropriately. Do not use hospital furniture (e.g. bed tables, lockers) to help you stand up or move around.
• Wear you distance glasses or bifocals when walking.
• Wear well fitting slippers or use lightweight shoes that are non slip and comfortable.
When you are at home

- Conduct a walkthrough of your home to identify possible problems that may lead to slips, trips and falls. Remove throw rugs, keep all cords out of the way and arrange furniture so that you can easily move around.
- Make sure that your home is well lit
- Place a phone next to your bed/chair
- Have a firm chair in the bedroom for dressing
- Avoid holding onto towel bars or shower doors when getting in and out of the shower. Install grab rails as needed
- Know your medications; some can increase your risk of falling due to side effects. Talk to your GP or pharmacist
- Be good to your feet: Wear well fitting, supportive shoes with a wide heel and soles with a tread. Avoid shoe laces that may come undone. Do not wear socks alone or walk barefoot.

When in public places

- Watch for obstacles in your path i.e. boxes, doormats, buggy’s
- Use your walking sticks or elbow crutches in the community, as recommended
- Avoid walking on uneven, icy or wet surfaces
- Use caution on the stairs. Hold onto the handrail(s) and be aware the step height may be higher or lower than normal
- If somebody is coming towards you quicker than you can react, like a jogger or buggy, stand still and do not attempt to move quickly to get out of the way. Allow the other person time to manoeuvre around you.

Diet and fluids

- Good nutrition, keeping your fluid levels up and suitable exercise are important to maintain your health and reduce your chance of having a fall.

Remember

Ask for help if you need it. We can teach you other ways to reduce your chance of having a fall.

Some patients will still fall even if we have used the strategies outlined; however we wish to work in partnership with you to reduce your risk of falling.
Dear Nurse/Doctor,

The above named patient had surgery:

under the care of

in the Mater Private Hospital on

Recovery:

Wound:

I would be grateful if you would remove their clips/ sutures:

Sutures [ ], Continuous Sutures [ ], Clips [ ],

On:

A dressing covering the incision is recommended for 2 weeks after surgery and for a further 48 hours following removal of clips or sutures. I have given the patient extra Post Op Opsite dressings for this purpose.

Kindest Regards,

RGN

Our Lady’s Ward

Contact Number 01 8858362
A heritage in care, 
A reputation in excellence.

Mater Private Hospital  
Eccles St, Dublin 7

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E: info@materprivate.ie  
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