Total hip replacement

Why do I need a hip replacement?
The purpose of hip replacement surgery is to cut away damaged bone of the hip joint and replace it with a smooth, artificial implant known as a prosthesis. This prevents the bones rubbing together and provides a smooth pain-free hip joint. The most common reason for hip replacement surgery is osteoarthritis.

What can be expected of a total hip replacement?
An artificial hip replacement is not a normal hip, nor is it as good as a normal hip. The operation will, however, provide complete, or nearly complete, pain relief in 90% to 95% of patients for up to 10 years.

It will allow those patients who get pain relief to carry out the normal activities of daily living. It will not, however, allow patients to return to active sports or heavy labour. Activities that overload the artificial hip must be avoided. Most patients with stiff hips before surgery will usually regain near-normal motion, and nearly all have improved motion.

Risks/complications
As with any operation, hip replacement surgery has risks as well as benefits. Most people who have a hip replacement have few problems at all.

- Deep vein thrombosis or DVT is a blood clot in the veins of your leg
- Difficulty passing urine
- Pain
- Temporary nausea and vomiting
- Blood clots in the lung
- Infection in hip joint
- Haematoma (swelling due to bleeding) in thigh

Will I need anything special at home?
The Occupational Therapist (OT) will assess your requirements and order any appropriate equipment to help in your home.

Hip precautions
Following a total hip replacement, the surrounding muscles and tissues need time to heal and it is important you avoid certain movements after the operation to reduce the risk of dislocating the hip.
IT IS ESSENTIAL THAT YOU AVOID THE FOLLOWING MOVEMENTS FOR THE FIRST 12 WEEKS:

- Do not bend your hip beyond a 90° angle
- Do not cross your legs or move your operated leg across the imaginary line down the centre of your body
- Do not twist your operated leg

**Getting in and out of bed**
Get in and out of bed on the OPERATED side wherever it is possible. If your bed at home cannot be moved, take care not to let the leg roll in as you get in and out. Sit down on the edge of the bed, use your arms to push yourself further onto the bed and then keeping your legs TOGETHER and straight raise them onto the bed.

Reverse the procedure when getting out of bed. DO NOT bend over at the hip.

**Getting in and out of a car**

**Getting in**
- Slide passenger seat back to give you as much leg room as possible
- Recline the passenger seat to give you more room
- Put a cushion/pillow on the seat to raise it up a little higher
- Put a large plastic bag on the seat to help you ‘move’ easily (reduces friction)
- Sit down bottom first using car door edge to steady you
- Grip both legs together or hook the foot of the un-operated leg under the operated leg or have someone to help you lift the leg into the car

**Getting out**
- Turn 90° so both legs are on the ground outside the car. Use the car door edge to help you stand
- Then have someone pass the crutches to you

Surgeons generally recommend that patients do not drive their car for a minimum of 6 weeks after the operation. It may be wise to alert your insurance company.

**Stairs**
Always use a handrail, if available, one step at a time.

**Going up:** Lead with good foot up first, followed by operated leg then the crutch

**Going down:** Lead with crutch down first followed by the operated leg then the good leg
Walking aids
You will be given an appropriate walking aid (e.g. frame, crutches or stick when you are discharged from the hospital and you will be advised how long to use it for.

Sitting: how to sit down
It is advisable to sit in a high firm-back chair with arms. You must feel for the chair with the back of your legs and for the arms of the chair with your hands, sit down with your operated leg placed out in front of you, taking the weight onto your good leg. The same procedure is used for the toilet.

Supporting your operated leg on a stool can help to prevent ankle swelling.

Do not sit for too long and always avoid low sofas.

Do not turn or twist your body when standing on your operated leg or sitting.

Dressing
It is useful to use the opposite hand to the operated leg when putting on socks, stockings, etc. If you find this difficult, a stocking aid or long-handled shoe horn may help.

Work
It depends on your job. It is usually possible to return at 8-10 weeks for those that do not perform manual work.

Bathing
It is not advisable to get into a bath for 6 weeks. If you have a walk-in shower, this is ideal.

If however there is a high step to the shower you may need a block or small stool to help you get in and out. You may discuss bathing aids such as bath seats and boards with your occupational therapist.

What exercises should I do?
Your hip may be quite stiff after the operation. By starting some exercises early and regularly, you will increase the movement of your hip and the strength of your muscles around the hip.
It is important to regain your muscle strength as soon as possible for the best results.
1. Heel Slide

Lying down on your back, bend and straighten your leg. Remember your precautions and do not bend your hip more than 90 degrees.

2. Knee extension

Lying on your back, exercise your straight leg by pulling your foot and toes up, tighten your thigh muscles and straighten the knee. Keep your knee on rolled up towel however. Hold for approximately 5 seconds, then relax. Repeat 10 times.

3. Straight leg raise

Lying on your back with your operated leg straight and the other knee bent. Lift your leg off the bed approximately 10 inches (25cms). Hold for approximately 5 seconds, then relax. Repeat 10 times.
4. Leg slide

Lying on your back, pull your foot up and gently slide your foot out to the side, then gently slide back to the mid position. Repeat 10 times.

5. Bottom squeeze

Lying or sitting down, firmly squeeze your buttocks together. Hold for approximately 5 seconds, then relax. Repeat 10 times.

- You should try and do the exercises about 3 times a day
- If you find that the exercises are increasing your pain at rest then you should reduce the amount you do
- You should attempt short walks each day and slowly increase the distance you are walking, making use of outside spaces

For further information please see the following websites:


If any of the exercises or advice in this leaflet causes your symptoms to worsen please stop the activity and seek advice from your doctor.