Your Hip Resurfacing Surgery at The Royal Bournemouth Hospital

An information booklet to guide your return to activity

Website www.rbch.nhs.uk | Tel (01202) 303626
Introduction

Dear Patient,

This booklet tells you about Hip Resurfacing surgery at The Royal Bournemouth Hospital. It is for people who have decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

The booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist, nurse or therapist. These instructions should take priority.

All members of the team are committed to providing you with the highest standards in care and we look forward to helping you with your recovery.

Contents

This guide has been planned in the order with which events will happen. We do however recommend you read the whole booklet before you come into hospital.

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Managing a swollen leg

If your leg is very swollen we recommend that you spend some time each day lying on a bed with your leg and foot raised up on several pillows.

Walking with Crutches

- Put your crutches forward first
- Next step your operated leg forward
- Then step forward with your other leg, aiming to step past the operated leg
- Take small steps when turning around to avoid wisting
- Never stand up or sit down with your arms in the crutches
- Once you are home and walking becomes easier you can progress to using just one crutch or stick. To do this, use the crutch/stick in the hand on the opposite side to your operated leg.
- When you feel that you no longer need the crutch or stick for support you may stop using it.

How to go up and down stairs

To go up a step or stairs

- Step up with your ‘good’ leg
- Then bring your operated leg up onto the same step
- Lastly bring your crutch(es) up onto the step

To go down a step or stairs

- Put your crutch(es) onto the step below
- Then put your operated leg down onto the step
- Lastly, bring your ‘good’ leg down onto the same step

Please return your crutches or sticks to us when you no longer require them. Thank you.

Our Vision

Putting patients first while striving to deliver the best quality healthcare.

The Royal Bournemouth Hospital
Castle Lane East, Bournemouth, Dorset, BH7 7DW

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Advanced exercises

With each exercise stand up straight and move the leg only, not the rest of your body. Gradually increase the number of times that you repeat the exercise. Your muscles will get stronger if you continue until you start to feel tired.

Exercise 1
Stand up straight holding onto a support. Lift your leg out to the side then return to the starting position. Repeat this 10 times with each leg.

Exercise 2
Stand up straight holding onto a support. Lift your knee up in front of you then return it to the starting position. Repeat this 10 times with each leg.

Exercise 3
Stand up straight holding onto a support. Lift your leg out behind you, keeping your knee straight, then return it to the starting position. Repeat this 10 times with each leg.

Progression Exercises

Exercise 1
Lie on your back on a bed with your hips and knees bent and your feet flat on the bed. Squeeze your buttocks together and push your hips forwards so that you lift your hips off the bed. Hold for 2-3 seconds then relax. Repeat up to 10 times.

Exercise 2
Lie on your front. Keeping your leg straight, lift your operated leg backwards and away from the bed. Hold for 2-3 seconds then slowly lower it back down. Repeat up to 10 times.

Exercise 3
When you feel that you have good balance and that you are able to walk unaided you should practice walking sideways, leading with your operated leg. This will further help strengthen the muscles around your hip.

Preparing to come into hospital

Reminder - Stopping medications

It is important that you continue to take your usual medicines, including inhalers, unless your surgeon or anaesthetist has advised you not to.

Please stop all herbal medicines at least 2 weeks before your surgery.

Please stop anti-inflammatory medication for example ibuprofen and aspirin at least 7 days before your operation unless you have been told differently by your surgeon or nurse at the pre-assessment clinic.

Reminder - Stopping eating and drinking

If there is food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and damage your lungs. Please follow the instructions given to you about when to stop eating and drinking before your operation.

A checklist

What to bring

- All current medication
- Helping hand/shoehorns etc (labelled) if you have them
- Personal walking stick/crutches (labelled) if you use them
- Toiletries including flannels/towels
- Slippers or shoes: loose fitting with backs and no laces
- Day clothes and nightclothes (Loose fitting)
- This booklet and any other information or paperwork you have been given regarding your operation
- Books, magazines etc
- Telephone numbers of friends/relatives

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Credit cards
- Any other valuables
- Laptop computers
Coming into Hospital
You will be asked to come into hospital on the morning of your operation. When you arrive a nurse will talk you through what will happen on that day. You will be seen by the surgeon and the anaesthetist before your operation.

The anaesthetic
Your anaesthetist will come to see you before your operation to discuss the type of anaesthetic that you will be given. They will ensure that the anaesthetic used is appropriate for you and answer any questions you might have.

All of our anaesthetists have the same goal, which is to provide you with the best anaesthetic possible. For hip surgery, this is usually a spinal anaesthetic. This is an injection in the back that makes you numb from the waist down and is combined with sedation.

Spinal anaesthetics are ideal for hip surgery because they make the operation easier for the surgeon. They provide excellent pain relief after the operation, cause less sickness and drowsiness, reduce blood loss and may reduce the risk of blood clots.

Sedation can be given to meet your needs. Some people prefer to be relaxed and just a little bit sleepy, while others prefer to be completely unconscious. Your anaesthetist will be with you throughout the operation to ensure you are comfortable at all times.

A small number of patients are not suitable for a spinal anaesthetic, your anaesthetist will discuss the alternatives. If you require more information about your anaesthetic before coming into hospital, please ask for an information sheet.

The Operation
What is a hip resurfacing?
Hip resurfacing involves removing a small amount of worn out bone in your hip joint and covering the ball and socket with new surfaces which are made of metal.

Your surgeon will make a cut on the outside of your hip and prepare the ball and socket of the hip for their new coverings. The artificial joint is either fixed to the bone with special cement, or has a surface that new bone will grow into.

Sometimes the surgeon may not be able to perform the planned hip resurfacing operation. If during the operation, the surgeon sees that the ball and socket are very worn then they will need to perform 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. This artificial joint is usually made of metal and plastic.

At the end of the operation, your surgeon will close the skin with stitches or clips.

Usually the operation lasts about one hour.

Following the operation you will be taken to the recovery room which is near to the operating theatre. You will have your own nurse and you will not be left alone. If you have pain or sickness, the nurse will treat it promptly.

Physiotherapy following your Hip Resurfacing surgery

Early Exercises
You need to start these exercises immediately after your operation and continue regularly until your physiotherapist progresses you onto the advanced exercises.

Exercise 1
When lying or sitting, bend and straighten your ankles briskly. Repeat this 10 times every hour.

Exercise 2
Lie on your back with your legs straight. Pull your toes towards you and push your knees down firmly against the bed. Hold for 2-3 seconds then relax. Repeat this 10 times every hour.

Exercise 3
Lie on your back with your legs straight. Squeeze your buttocks together, hold for 2-3 seconds then relax. Repeat this 10 times every hour.

Exercise 4
Sitting up in bed. Lift one arm up above your head then return it to your side. Repeat with the other arm. Do this alternately 10 times every hour. Take care if you have a drip in your arm.

Exercise 5
Regularly take 3 deep breaths whilst lying in bed.

Only complete the following exercise with your Physiotherapist present

Exercise 6
Lie on your back with your leg out straight and the doughnut under your heel. Bend and straighten your hip and knee by sliding your foot up and down the board. Repeat this 10 times.

Exercise 7
Lie on your back with your leg out straight and the doughnut under your heel. Slide your leg out to the side (away from your other leg) then back to the middle. Repeat this 10 times.
You may need to breathe oxygen through a light plastic mask and you will have a drip in your arm. The recovery staff will check your blood pressure, heart rate and oxygen levels.

When the recovery room staff are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

Your recovery in hospital - the day of surgery

Pain after Hip Surgery

Numbness from the spinal anaesthetic wears off gradually over the first few hours after the operation. You may have some discomfort at this point. If this becomes pain, you should discuss this with your Nurse, so that we can provide you with pain relief. It is important to act early as pain is harder to treat if it is allowed to become severe and good pain control is important for your recovery.

Physiotherapy

A Physiotherapist will visit you after the operation if you are awake and feeling well enough. You will be encouraged to start moving as soon as you are able. The Physiotherapist will advise you on some exercises to do whilst you are resting in bed.

These exercises are important for your recovery. The Physiotherapist will practice some exercises with you to help your new hip joint to move and to strengthen the muscles around the hip. Once you have practiced these exercises with the Physiotherapist you will be asked to do these regularly by yourself.

All of the exercises that you will be asked to do are at the back of this booklet. You will normally stay in bed until the following day.

The first day after the operation

Physiotherapy

On the first day after your operation the Physiotherapists will assist you to get out of bed for the first time and take your first few steps. Most people will be allowed to take their full weight through the operated leg immediately. However, you will need to use a zimmer frame initially because this gives you a good support to lean on. You can then start to walk around your room and to the bathroom with the help of a nurse until you are able to do this safely by yourself.

After your operation it is very important that you do not try to get out of bed by yourself for the first time. A few necessary checks need to be made including checking your blood pressure. We will also ensure the feeling has returned to your legs and check with your surgeon about how much weight you are allowed to take through your operated leg.

You should continue with your exercises hourly throughout the day.

Outline of events surrounding your hip resurfacing

<table>
<thead>
<tr>
<th>A few weeks before your operation</th>
<th>Attend pre-assessment clinic</th>
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</thead>
<tbody>
<tr>
<td>1 week before</td>
<td>You may need to stop certain medications (as advised)</td>
</tr>
<tr>
<td>Day before</td>
<td>Remember to stop eating and drinking at the correct time</td>
</tr>
<tr>
<td>Day of Surgery</td>
<td>Arrive at Sandbourne Admission Suite.</td>
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<tr>
<td></td>
<td>Visit from surgeon and anaesthetist</td>
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<tr>
<td></td>
<td>Your operation</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy starts</td>
</tr>
<tr>
<td>Day 1</td>
<td>Start walking with the Physiotherapist</td>
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<tr>
<td>Day 2 and 3</td>
<td>Physiotherapy continues</td>
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<tr>
<td></td>
<td>X-ray</td>
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<tr>
<td></td>
<td>Occupational Therapy</td>
</tr>
</tbody>
</table>

Continue with your recovery until you are ready to go home

<table>
<thead>
<tr>
<th>10 - 14 days after your operation</th>
<th>Stitches or staples will be taken out</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 - 5 weeks after your operation</td>
<td>Telephone call from nursing staff to check you are well</td>
</tr>
<tr>
<td>6 weeks after your operation</td>
<td>Follow up appointment with the Surgeon or one of their team</td>
</tr>
<tr>
<td></td>
<td>Stop wearing stockings</td>
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</tbody>
</table>
The second or third day after your operation

Occupational Therapy

The Occupational Therapist will also visit you. They will ask how you are managing with ‘transfers’ which means getting on and off the bed, the chair and the toilet. If you are struggling they will teach you a different way to do it and in some cases provide equipment so that you know that these everyday things will be manageable when you go home.

The same applies to washing and dressing, if you are struggling they can provide you with tips and tricks to assist you and again, in some cases, some equipment for you to borrow.

If you have had a total hip replacement the Occupational Therapist will often need to provide you with equipment such as a high toilet seat and dressing aids that you will need at home.

Physiotherapy

Initially you will be given as much help as you need, and as you improve you can start to walk alone. Once you are walking well with the help of the zimmer frame you will be shown how to use crutches or walking sticks. You can then practice your walking on the ward.

When you are ready, the Physiotherapists will progress your exercises, these will need to be practiced with both legs to increase the movement and control around the hip.

It is important to practice going up and down steps and stairs so that both you and the Physiotherapists know that you will be able to manage them safely when you get home. The Physiotherapists will show you the correct way to do this.

Going Home from Hospital

How long will I stay in hospital?

We aim for you to be discharged home on the third or fourth day after your operation.

We give you this as a guide so that you can plan to have someone around should you need them on your discharge. However, we find that some patients are ready to go home sooner and some may require an extra day or longer to be ready to go home. If you have any concerns with how you will manage when you return home, please inform the nursing staff as soon as possible so that we can discuss this with you.

When will I be ready to go home?

You will be able to go home when all members of the Orthopaedic Team are happy with your progress and we know that you will manage safely at home.

To ensure that you are ready to go home we need to check the following:

- You must be able to walk safely around the ward with either crutches or walking sticks by yourself. (although in special circumstances some patients may go home with another type of walking aid)
- You must have managed a set of stairs or a step safely (depending on what you have at home)
- You need to be able to get on and off a bed toilet and chair by yourself
- Your wound needs to be showing signs of healing

Can my friend/relative phone the ward to check how I am?

Yes, of course. We understand that your friends and family are keen to check on your progress. However, we would be grateful if one member of your family or one friend could take responsibility for keeping other relatives informed of your progress. This allows the nursing staff to use their time to focus on caring for you.

Is it safe to bring valuables into hospital with me?

We do not recommend you bring too many valuables with you. Anything that you do bring into hospital is done so at your own risk. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust cannot take any responsibility for your belongings.

Some hospitals do not allow flowers on the ward. Is this true for the Royal Bournemouth Hospital?

Yes. We regret that we cannot allow flowers on the ward. This is because they can be a source of infection which could in turn get into your or other patients wounds. Please inform your visitors of this.

What is the risk of getting an infection whilst I am in hospital?

The Royal Bournemouth Hospital has one of the lowest rates of infection in the whole country. We take a number of steps to minimise the risk of infection.

How soon can I travel after my operation?

Flying is not recommended for at least 3 months after your operation due to the risk of a blood clot. Some consultants may vary with this advice. Please contact your consultant via their secretary if you need to fly before the timescales advised.

For any other long distance travel (Car, Train, Coach) make sure you are able to walk around regularly. Take care when travelling on a bus or when getting into a car with a high step. Avoid travelling in sports cars as the seats are too low.

Will I be able to go swimming after my operation?

Yes, swimming is a good activity to strengthen your body. However we advise that your wound needs to be fully healed before you go into the pool. You need to be confident with your walking so that you can manage to walk safely on the wet pool side. We recommend that you use a pool which has a staircase leading into the water and not to use a ladder to enter and exit the pool. When swimming you should not use a breast stroke kick as this action will put your hip at risk if you have had a total hip replacement.

How will I know if something is wrong?

Some people experience some increase in pain after being home a short time. This is often due to increasing your activity. If you are concerned then please do not hesitate to contact the Ward or your GP.

If you have any questions before you come into hospital, or once you are home, please do not hesitate to contact us and we can put you in touch with the relevant person.

Ward 9: 01202 704934
Physiotherapy/Occupational Therapy: 01202 704856
You will need to follow this method for three months following surgery.

When you are as far back as you can go, slowly begin to bring your legs into the car together. Made sure you lean back into the reclined seat when you are doing this to avoid bending your hip more than 90 degrees. You may find it easier if someone is able to gently help putting your legs in.

You will need to follow this method for three months following surgery.

When can I start to drive?
We advise that you do not drive until at least six weeks after your operation. Your surgeon or a member of their team will tell you when you can drive again.

What can be done to minimise the risk of a blood clot forming (Deep Vein Thrombosis)?
Your doctor will prescribe a drug to help prevent blood clots from forming. This drug is given as an injection once a day for the first 28 days following your operation. You will be shown how to inject yourself or a relative could do this for you.

You should continue to wear the white elastic stockings for six weeks following your operation, unless told otherwise. They should be kept on at all time throughout the day and night and should only be removed when you wash your legs and feet. You will be provided with a spare pair which you should put on immediately after your shower or wash.

Keeping mobile also reduces the risk of a blood clot developing.

After 6 weeks
At approximately 6 weeks after your operation you will be asked to come back to see the surgeon or a member of their team. This is to check on your progress and to give you advice about increasing your activities. You may have some questions you would like to ask about returning to hobbies. At this point you will be told whether you can return to driving. If you are planning to return to work then this will usually be at 6-12 weeks after your operation. If you have a manual job then it will usually be at 3 months.

Frequently Asked Questions
What are the visiting hours for the ward?
Visiting times are between 2-3pm and 7-8pm. There may be occasions when we need to interrupt visiting to provide various aspects of your care. Where possible we try not to interrupt you whilst you have visitors but there are some occasions where it is necessary. Please be understanding about this - if it helps us with your care then you can get home sooner to enjoy whatever time you like with your friends and family.

Can my visitors come in on the day of the operation?
Your visitors must telephone the ward prior to visiting you on the day of your surgery.

What do I take home with me?
Before leaving the ward, you will be given:

- A telephone number for the ward which you can use to contact us if you have any questions or problems once you are home
- Any equipment loaned to you for home such as walking aids or toilet frames
- A letter to take to your GP about your hospital stay
- A letter for the district/practice nurse who will check your wound and remove the clips once you are home
- A spare pair of stockings. Most patients will be asked to wear a pair of compression stockings for the first six weeks after your operation

Once you are Home - The first six weeks
How far can I walk once I am home?
We recommend that you spend the first few days getting used to being back in your home. After this, and when you feel ready, you may start to walk a short distance outside with your crutches or walking sticks. Do not be tempted to walk too far to start with. Listen to your body. If you are very sore or tired in the next 24 hours you may have walked too far. Gradually increase the distance that you walk but make sure you also have plenty of rest.

When should I stop using my crutches or walking sticks?
You should use the crutches or walking sticks as long as you feel you need to. When you feel ready you can progress from using two crutches or sticks to using just one. When using just one crutch or walking stick you should hold this in the hand on the opposite side of the body to the operated leg. In time you will find you can walk without any support. You may find that you need more support when walking outside or when walking further. Don’t be tempted to walk without the support of these too soon.

What exercises should I do when I get home?
Walking is very good to strengthen up your body however you will be shown exercises to strengthen the specific muscles around your hip joint. These are the Advanced exercises which can be found on the exercise sheet towards the back of this leaflet. We advise you to continue these exercises three or four times a day for at least six weeks. You should continue with these until you feel you have gained enough strength and movement in your new joint to move around easily.

Do I need to follow Anti dislocation precautions?
Patients who have had a hip resurfacing operation are at a very low risk of dislocating their hip so they do not have rules about certain movements that they can and can’t do. However in order to protect your new hip we advise that you do not overstretches the hip joint in the first few months.

If your surgeon decided in theatre that you needed a hip replacement then in order to prevent dislocation you must observe the following rules for 3 months after your operation.
DO NOT cross your legs or ankles
DO NOT bring your knee higher than your hip
DO NOT reach down past your knees
DO NOT twist your body

After 3 months you must still be careful.

How will the precautions affect everyday activities?
Before you come into hospital consider how you will manage daily activities around the home when you return after your operation.

Kitchen Tasks
You should move items that you will need after your operation to the work surface or shelf at thigh height or above. This will reduce the need to bend down. If you can eat in the kitchen it is best. You will come home with two crutches or sticks so carrying things over distances will be difficult.

Showering
Your dressing over the wound will be waterproof so you will be able to get it wet. If you have a cubicle shower and the Physiotherapist is happy you are able to go up/down a step, you can shower. If you have a shower over your bath, we advise you not to use the shower for at least six weeks. This is because lifting your legs up and over the bath to use the shower will put your hip at risk of dislocation.

Getting Dressed
You will be able to dress your upper half normally but will need small aids to assist you dressing your lower half. We will give you a long handled shoe horn to help you put on your shoes. We will also give you a sock or tights aid to help you with your usual socks/tights (the aids do not work with the elastic stockings).

On the following page is some advice about how to dress the lower half of your body without reaching past your knees. The Occupational Therapist will check that you can manage this before you return home.

Dressing the lower half of the body
- Sit on a chair or the edge of your bed with your clothes and small aids nearby.
- Get your operated leg dressed first. The long handled shoe horn has a hook at the other end. This can be used to “hook” your pants over your feet and up to your knees. Once you have them up to your knees, you can grab hold of them.

For the first couple of days you need to get into bed with your operated leg first and out of bed with it first.

2. Gently slide your operated leg out of bed adjusting your body every so often to avoid twisting.

3. Sit on the edge of the bed for a minute before you stand.

4. Straighten the knee of your operated leg while you stand. This will ensure you don’t bend more than 90° at your hip.

You should reverse the above procedure for getting into bed. Sit halfway down the bed to start and then use the strength in your upper limbs to position your bottom back onto the bed. When you are in the right position, your thighs and knees should be resting on the bed. You then can gradually bring your legs onto the bed.

Once you have mastered the safe technique, you can get in and out of bed on the side most convenient to you.

How do I get into a car safely?
- Before attempting the transfer, ensure the front passenger seat is positioned as far back as possible and also reclined.
- Park the car away from the kerb. This ensures the seat is not made any lower by the height of the kerb. Putting a blanket or cushion and then a plastic bag on the seat will help you swivel your bottom round.
- Get into the car bottom first, with your operated leg straight at the knee. You will need to use the strength in your un-operated leg for this.
- Once your bottom is on the seat, ease yourself back across the seat using your arms.