



Trauma & Orthopaedics

Your Hip Replacement Surgery at Dorset County Hospital NHS Foundation Trust



Introduction

Dear Patient

This booklet tells you about Hip Replacement surgery at Dorset County 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 has been written in the order events will happen. We recommend that you read the whole booklet before you come into hospital, and bring it with you for reference during your stay. The booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist, nurse or therapist - their 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.

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Preparing To Come Into Hospital

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 all **ACE inhibitor drugs** 2 days prior to your surgery (Ramipril, Enalapril, Perindopril and Lisinopril are the most commonly used of this group of drugs).

Please follow the individual advice given to you by your doctor or the nurse at the pre-assessment clinic.

Alcohol

We do not expect you to stop drinking altogether, but if you tend to drink heavily, ie more than the recommended 14 units per week, you are at risk of having problems under anaesthetic or in the first few days after your operation. Such problems might be alcohol withdrawal, infection, heart problems or bleeding. If you drink the night before surgery you are more at risk of dehydration, anaesthetic complications and a slower recovery from surgery.

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. You must, therefore, follow the instructions given to you about when to stop eating and drinking before your operation.

It is important that you do not abstain from eating and drinking for longer than we advise. It is beneficial that you are well-nourished and hydrated prior to your operation, so please eat well until 6 hours prior to your surgery and continue to drink your normal volume of clear fluids (preferably water or black tea or coffee) only until 2 hours prior to surgery.

However, patients on the Enhanced Recovery programme, undergoing hip replacement surgery will receive carbohydrate drinks up to 2 hours before the start of surgery. These will be distributed by pre-assessment staff and have pre-printed labels with the appropriate instructions to follow.

Shaving

Please do not shave your groin or upper leg for 48 hours prior to hospital admission.

Checklist of items needed

Sometimes wards may not be as warm as you are used to at home. Staying warm is important, not only for your comfort, but it can also lower the risks of post-operative complications. This should be taken into account when packing for your admission. If you feel cold at any time, please tell the nursing staff who will arrange for an extra blanket.

Storage space is limited; please pack sparingly and bring a small bag. You will have a small bedside cabinet for your personal items, with a lockable cupboard for your medicines, (your nurse will hold the code for this). You should bring:

- All current medication (in original packets)
- Helping hand/shoehorns etc (labelled) if you have them
- Personal walking stick/crutches (labelled) if you use them
- Toiletries including flannels/**towels**/soap/dental
- Slippers or shoes: loose fitting, with backs and no laces. **No** flip flops
- Day and night clothes (loose fitting) short pyjama set/shorts
- **This booklet** and any other information or paperwork you have been given regarding your operation
- Books, magazines etc
- Telephone numbers of friends/relatives
- Ear plugs and/or eye masks
- Mobile phones may be used, but you must respect the privacy and confidentiality of others. Please be prepared to switch your phone off if asked to do so by a member of staff. Silent ring tones, such as vibration mode, should be used, and calls must be restricted to the hours between 7am and 10pm. A mobile's **camera facility is not to be used** at any time for reasons of patients' confidentiality.

Please do not bring:

- Unnecessary jewellery
- Large sums of money
- Credit cards
- Any other valuables.

Things to consider

It is important that you notify the Pre-assessment unit of any changes to your health status in the time following your initial appointment. If you have an admission date for surgery, please also be aware that coughs, colds and chest infections may affect your fitness for surgery.

If you have a freezer, it may be a good idea to freeze some bread, milk and other food before your admission.

Make sure you have some 'over the counter' pain killers such as Paracetamol and Ibuprofen at home. If you require something stronger after your operation then it will be provided.

Make sure you have enough of your prescription medicines at home to last you for a time after your operation, at least 2 weeks. Any remaining medication you bring into hospital will be returned to you when you are discharged.

Identify someone who can collect and take you home on your proposed day of discharge before your admission as the hospital does not routinely provide transport.

The direct telephone number for Ridgeway ward is 01305 255561 or 255562.

Our ward clerk and nurses are available to take calls; but be aware only general enquires may be answered without breaching patient confidentiality.

It helps if only one person telephones and passes news onto other relatives and friends.

Nurses work with the other disciplines on the unit as a team, striving to provide a high standard of patient care and aim to make your stay with us as pleasant as possible. If you have any concerns during your stay on Ridgeway ward, we actively encourage you to speak with the staff at the earliest occasion, giving us the opportunity to either alleviate or rectify any issue you may have. A senior nurse is available on each shift; alternatively, if you feel that you cannot speak with the staff, you can request to speak with the surgical matron.

Coming Into Hospital and The Anaesthetic

You will be asked to attend the Surgical Admissions Lounge (SAL) on the morning of your operation. When you arrive, a nurse will talk you through what will happen on that day and prepare you for theatre, which may include taking more bloods and checking your blood pressure. You will be seen by the surgeon before your operation and if you have any questions, now is the time to ask them.

A total hip replacement can be one of the more painful, routinely performed operations. This is why a dedicated team of healthcare professionals are here for your care and recovery. Part of this will be to help manage your pain and get you back on your feet. Your pre-assessment nurse will have directed you as to which of your tablets to take on the morning of your surgery. When you are admitted, you will be given different types of pain medication, known as a “pre-med”; this is to get the pain killers into your system to help manage the pain after surgery.

An “epidural” or spinal anaesthetic will be offered to you if appropriate. This technique will give you the best and most immediate post-surgery pain relief. A spinal anaesthetic is an injection in the back that makes you numb from the waist down. Spinal anaesthetics can be ideal for hip surgery because they provide excellent pain relief after the operation, cause less sickness and drowsiness, reduce blood loss and may reduce the risk of blood clots as well. You can choose to be awake or asleep. Your anaesthetist will discuss all of the options available to you and will be with you throughout the operation to ensure you are comfortable and safe.

For more information about anaesthetics please visit <http://www.youranaesthetic.info/>

Preventing Blood Clots in Hospital and at Home

What is a DVT? (Deep Vein Thrombosis)

DVT is a common medical condition that occurs when a thrombus (blood clot) forms in a deep vein, usually in the legs or pelvis, leading to either partially or completely blocked circulation. A DVT, in some cases, can cause a serious problem known as a Pulmonary Embolus (PE).

What is a PE? (Pulmonary Embolus)

If the clot or a DVT in the leg breaks off and travels to the lungs, it will cause a Pulmonary Embolus. PE may result in breathing difficulties and may be fatal. Signs of PE are:

- Shortness of breath
- Chest pain
- Coughing up blood-streaked mucus.

If you experience any of these symptoms, you should seek immediate medical help.

DVT and PE are known under the collective terms of venous thromboembolism (VTE).

Why can a blood clot form?

There are two factors that may trigger a clot to form:

- Changes or damage to the blood vessels – if there is pressure on a vein, a clot can form. This may be due to immobility, surgery or long distance travel
- Problems with the blood – this may be inherited (you are born with the condition), caused by some drugs or conditions such as pregnancy. If you are dehydrated, the blood can become more 'sticky' which can increase the risk of the blood forming a clot.

Who is at risk?

These are several factors that increase the chances of developing VTE. These include:

- Having had a previous DVT or PE
- Major surgery, particularly Orthopaedic operations such as joint replacements
- Major trauma or injury to the lower limb
- Aged over 60 years, family history of DVT or PE

- Advanced cancer and chemotherapy treatment for cancer
- Faulty blood clotting ie thrombophilia
- Recent medical illness (such as heart attack or lung disease, kidney failure or disease or inflammatory conditions such as inflammatory bowel disease)
- Smoking
- Being obese (very overweight)
- Pregnancy and recent delivery
- Paralysis or immobility of the legs, including staying in bed for a long time
- Some types of Hormone Replacement Therapy or contraceptive pill.

Is travelling a risk?

Being immobile increases the risks of developing blood clots. If you undertake any form of travel for more than 3 hours at one time in the month before or after your surgery, your risk of forming a blood clot will be higher.

If you have had major joint replacement surgery the risk is present for up to 3 months, particularly if you have had a long haul flight for over 4 hours.

How is VTE prevented in hospital?

Not all VTE can be prevented, but the risk of developing a clot can be significantly reduced.

We will make sure you stay well hydrated and we routinely use 'calf pumps' to keep the blood in your legs flowing. In addition, your individual risk of VTE will be assessed by a doctor, either in the pre-assessment clinic or when you are admitted to hospital.

If you are considered to be at high risk of VTE, you will be prescribed a blood-thinning medicine, in accordance with national guidelines. If you are prescribed a medicine that needs to be injected, you or a relative will be taught by the nursing staff to inject the medicine before you go home.

What can I do to help myself?

Whilst the doctors can do something to reduce your risk, there are some very important and simple things that you can do to help reduce your risk:

- Make sure that you get up and about as soon as possible
- Exercise your legs whilst in bed
- Make sure you drink plenty – water is particularly good for you
- Stop smoking
- Consider stopping contraceptive or hormone replacement therapy; talk to your doctor
- Lose weight.

The Operation

What is a hip replacement?

A total hip replacement involves removing the damaged ball and socket of your hip joint and replacing them with an artificial joint which is usually made of metal and plastic. Your surgeon will make a cut on the outside of your hip and remove the damaged ball and socket of the hip. The artificial joint is either fixed to the bone with special cement, or has a surface that new bone will grow into. At the end of the operation, your surgeon will close the skin with stitches or clips.

Usually the operation lasts around 90 minutes and you will then 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.

Pain after hip surgery

Surgical and pain-relieving techniques have improved enormously over time, but most patients will report feeling some level of discomfort or pain after surgery. The role of the nursing and medical staff is to help reduce any pain you experience to a level that is acceptable for you.

After surgery you will feel some degree of pain. Be assured we will give you the best pain relief available. Your healthcare professional is dedicated to helping you best manage your pain. It is important to let them know if you are in pain, so do not wait to be asked, and do not think you are being a nuisance. Some pain medication will be offered to you regularly on the “ward drug round”. It is advisable to take this medication regularly, even if you are not in pain at that moment, as you may be when you mobilise. Additional pain relief is available on an “as and when basis”, but you **MUST** ask.

We may use the stronger opioid painkillers to help you manage the pain; they will help, but they do not always completely remove the pain. This type of painkillers have side effects like feeling sick or vomiting, dizziness or sleepiness, hallucinations, itchiness and most certainly constipation.

We can help with these side effects, so please speak to your healthcare team if you suffer from any of them.

The biggest fear is of the unknown. Hundreds of people nationally undergo successful total hip replacements daily and go home between 1-3 days after surgery. As healthcare professionals, we are here to care for you throughout this process, so please talk to us about helping you manage your pain.

It is important that you tell the nursing or medical staff when you have pain so they can respond straight away and work towards making you comfortable. It is also important to tell them whether the pain relief has worked.

Pressure ulcers

Pressure ulcers (bedsores) are areas of damage to skin and underlying tissue.

They are usually caused by sitting or lying in one position, without moving for a period of time.

A pressure ulcer can develop within a few hours. It usually starts with the skin changing colour – it may appear slightly redder or darker than usual.

You can be at risk if :

- You are confined to bed or a chair and unable to move yourself independently or have limited movement
- You have loss of sensation or poor circulation
- You have skin that is frequently moist through perspiration or loss of bowel or bladder control
- You have poor nutrition
- You are unwell.

Pressure ulcers can occur over areas of the body which support our weight where the bone is near the surface, such as the spine, elbows, buttocks and heels.

How to help yourself

Cooperate with any moving, turning and positioning programmes planned by the health care staff.

Look out and tell the health care staff if you notice the following :

- Your skin feels sore
- Any swelling over bony parts, or shiny areas
- Blisters
- Dry patches or hard areas.

Physiotherapy

A Physiotherapist will visit you after your operation if you are awake and feeling well. You will be encouraged to start moving as soon as possible. This could be as soon as 4 hours after surgery.

Initially you will be given as much help as you need and, as you improve, you can start to walk alone. You will be given assistance to be as independent as physically possible during your stay. For the first few days it may be beneficial /easier to get out of bed as shown below. However, as it gets easier, you can get in and out on either side of the bed.

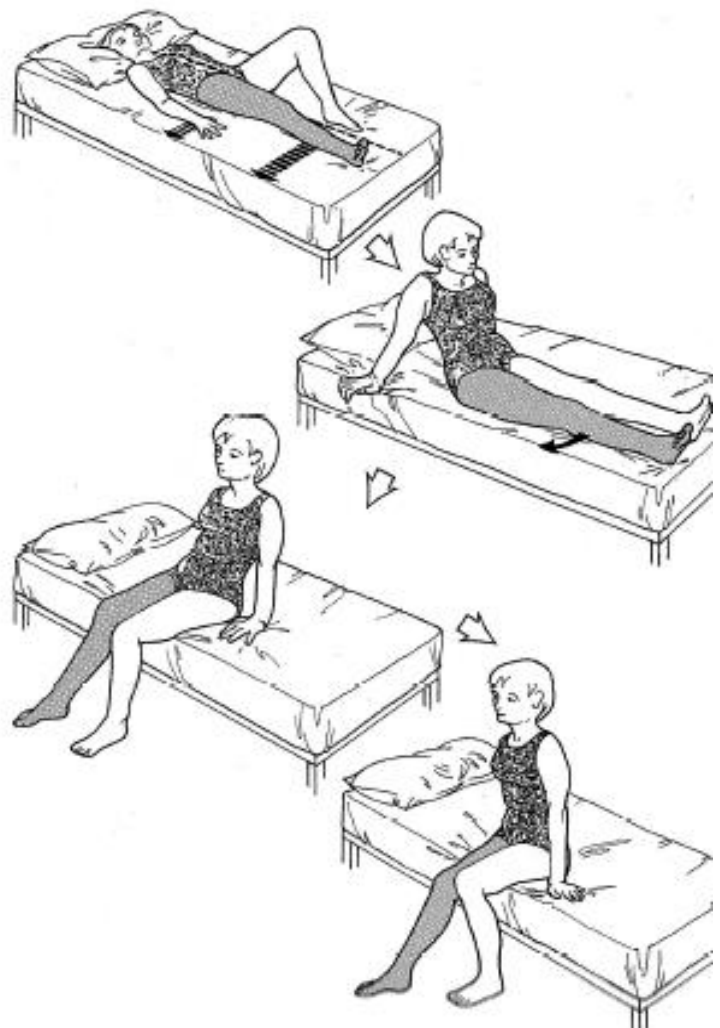
Getting in and out of bed

1. For the first few days you will 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.


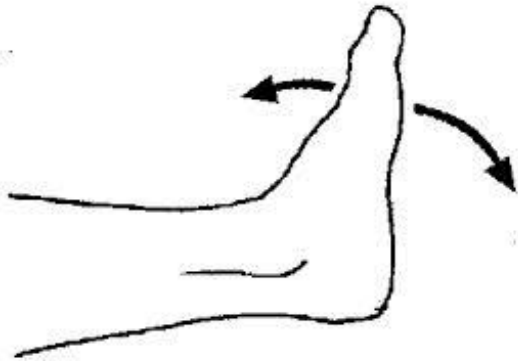
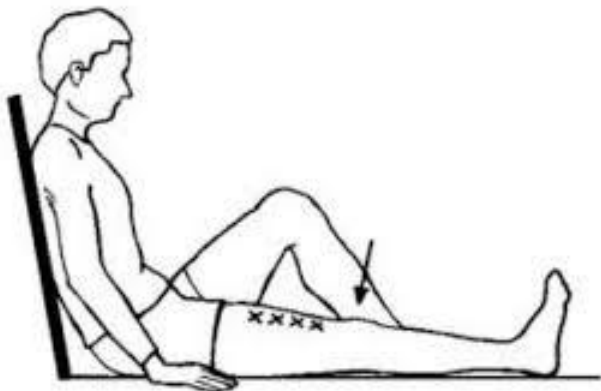
3. Sit on the edge of the bed for a minute before you stand.

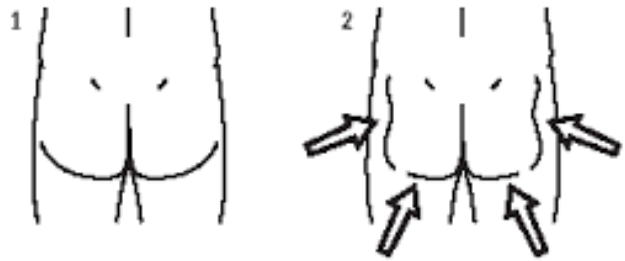
4. For comfort you could straighten the knee of your operated leg while you stand.




Exercises

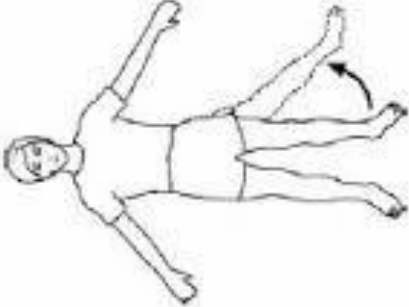
Following your total hip replacement, it is important to complete exercises to maintain good circulation, prevent any chest problems and build muscle strength and hip range of movement. As soon as possible aim to start the following exercises:


<p>1. Take 3 deep breaths every 30 minutes.</p> <p>Breathe in slowly through your nose letting the air fill the lower part of your chest.</p> <p>Gently breathe out through your mouth then relax.</p>	
<p>2. In lying or sitting position, bend and straighten your ankles briskly.</p> <p>Repeat 10 times.</p>	
<p>3. Lying on your back with legs straight.</p> <p>Bend your ankles and push your knees down firmly against the bed.</p> <p>Hold for 5 seconds.</p> <p>Repeat 10 times.</p>	

<p>4. Glute exercise.</p> <p>Squeeze your gluteal muscles (buttocks) together.</p> <p>Hold for 5 seconds.</p> <p>Repeat 10 times.</p>	
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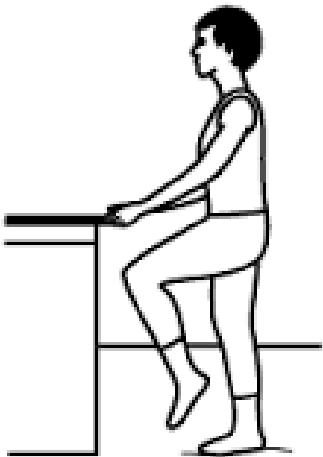
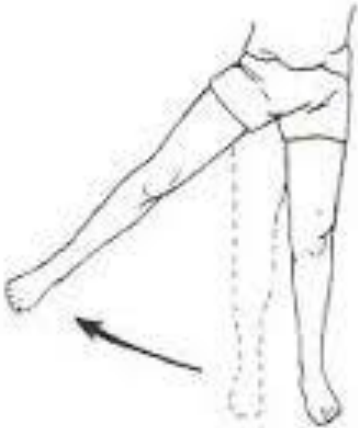
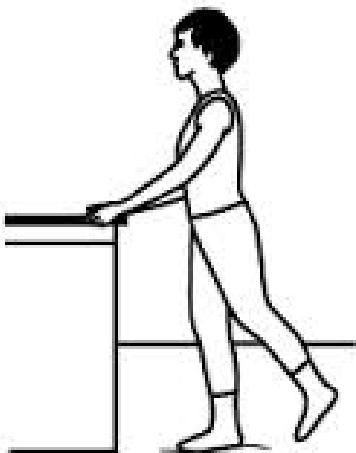
After being reviewed by the physiotherapist, you will then be advised to start the following exercises in a lying position:

<p>5. Heel slides.</p> <p>Slide your heel up, bending your knee up towards your chest keeping your kneecap facing upwards.</p> <p>Repeat 10 times.</p>	
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<p>6. Hip abductions.</p> <p>Slide your leg out to the side (away from other leg) then back to the middle.</p> <p>Repeat 10 times.</p>	
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<p>7. Bridging.</p> <p>Lying on your back with knees bent up and feet flat.</p> <p>Squeeze your buttocks together and lift your bottom up off the bed.</p> <p>Repeat 10 times.</p>	
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Your physiotherapist will advise when you can start the following exercises in a standing position. This is usually when you are mobilising around the ward with minimal assistance/supervision:

<p>8. Hip flexion.</p> <p>In a standing position, bring your knee up towards your chest.</p> <p>Repeat 10 times.</p>	
<p>9. Hip abduction.</p> <p>In a standing position, move your leg out to the side keeping your body upright throughout.</p> <p>Repeat 10 times.</p>	
<p>10. Hip extension.</p> <p>In a standing position, keep your leg straight and move it back behind you.</p> <p>Try not to lean forwards when extending your leg backwards.</p> <p>Repeat 10 times.</p>	

Continue your exercises when you are discharged home as they help in getting the maximum benefit from your total hip replacement. Aim to complete each exercise 10 times, three times daily. It is advised that you continue these exercises daily for at least 3 months after your operation to build up muscle strength around the hip.

Alongside your exercises, ensure you have a period of rest daily. This should be a period of approximately 30 minutes lying down, at least for the first 3-4 weeks post-operatively.

Rest is as important as your exercises in promoting healing and managing pain and swelling.

Stairs/Steps

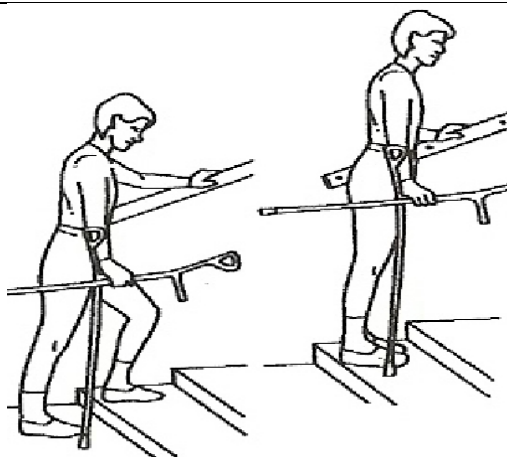
Once you are mobilising independently around the ward, the physiotherapists will need to assess you ascending and descending stairs. It is important to practice the correct technique for going up and down stairs so that both you and the physiotherapists know that you will be able to manage them safely when you get home. If you do not have stairs at home, it is often useful to practice the technique on a few steps anyway so that you are confident in managing up and down a kerb if crossing roads.

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 crutches up onto the step.

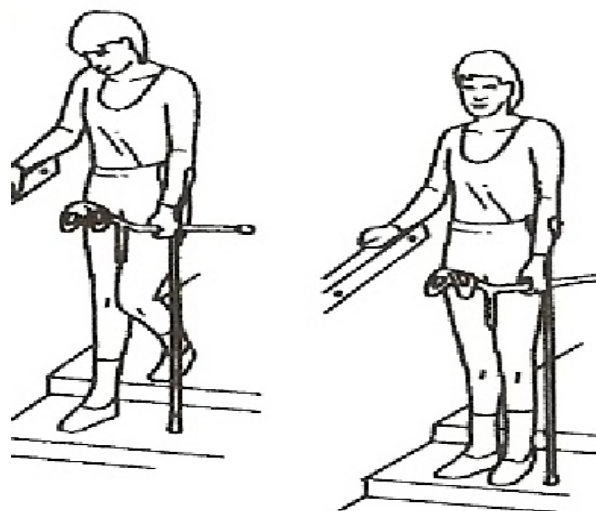


To Go Down a Step or Stairs

Put your crutches onto the step below.

Then put your operated leg down onto the step.

Lastly, bring your 'good' leg down onto the same step.



Returning to everyday activities/exercise

Regular exercise is important. Walking, swimming and cycling are good forms of general exercise as they are relatively low impact through your hip joint.

There is no limitation in walking as long as it is comfortable and does not cause your leg to swell excessively. Use your walking aids initially and progress the distance you are able to walk according to how your hip feels. You will be able to progress to walking without a walking aid when you feel ready.

You can return to swimming **any stroke** at 6 weeks post-operatively providing that your wound has completely healed.

You can return to cycling at 6 weeks post-operatively. Be cautious when getting on and off your bike to avoid twisting your hip.

Sports like golf should be avoided until 3 months after your operation due to the twisting on your hip. You are better off playing a few holes of golf when you return rather than the repetitive nature of the driving range.

If you play bowls, you may be able to return to playing after you have been reviewed in orthopaedic clinic at 6-8 weeks post-operatively, but discuss this with the clinician at this appointment.

Running on hard surfaces, and activities that involve sudden twisting or turning, should be avoided completely. If there is a specific sport you would like to return to, please discuss this when you are reviewed in clinic at 6-8 weeks after your operation.

If you work, you may be able to return at 6 weeks if your job is fairly sedentary. If your job requires a lot of walking, manual handling or heavy lifting, you may need up to three months off work. This can be discussed when you attend your clinic review after your operation and is guided by how you are progressing.

You will probably be able to return to having sex at 6-8 weeks following your operation, although you should avoid extreme positions of the hip. Do not be afraid to ask for advice about suitable positions; you will not be the first to have asked.

Driving

You should be able to return to driving when you are able to walk a good distance and complete an emergency stop. This should be within 6 weeks of the surgery. If you need to go on a long journey, plan in regular stops to rest and stretch.

Your insurance company will need to be informed of your surgery and will need reassurance that you can carry out an effective emergency stop.

How to get into your car:

1. Before attempting the transfer, ensure the front passenger seat is positioned as far back as possible and partly reclined.
2. Park the car away from the kerb. This ensures the seat is not made any lower by the height of the kerb.
3. Put a blanket or cushion and then a plastic bag on the seat; this will help you swivel your bottom round.
4. 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.
5. Once your bottom is on the seat, ease yourself back across the seat using your arms.
6. When you are as far back as you can go, slowly begin to bring your legs into the car keeping them together.
7. Make sure you lean back into the reclined seat when you are doing this to help bring your legs in.
8. Remove the plastic bag before you drive away.

(You may find it easier if someone is able to gently help putting your legs in.)

Hip movement do's and don'ts

All total hip replacement operations have a slight risk of the hip dislocating until the soft tissue around the new hip has healed. The following advice is designed to help reduce this risk and get the maximum benefit from your new hip while helping you to return to normal activity:

- You can move in any way you feel comfortable, but should avoid the extremes of movement and “listen” to your hip. Avoid “testing” your range of movement and let it return naturally
- You do not need to use higher furniture (eg raised toilet seats), but you may find it easier
- You can sleep on either side, but you may find it more comfortable to sleep on your back or operated side with a pillow between your knees
- You can get into bed from either side
- You can shower normally, even using a shower over a bath

Occupational Therapy

You should have been seen by a member of the Occupational Therapy (OT) team before coming into the hospital. The OT will visit you on the first or second day after your surgery. Their role is to review how you normally manage day to day tasks and ensure you have the right equipment, skills and support for discharge. When you are seen, the OT staff will check that all necessary equipment is in place at home prior to your discharge.

Kitchen tasks

You should move items that you will need after your operation to the work surface or to a cupboard/drawer/fridge shelf mid-thigh height or higher. This will ensure that you do not need to bend down. If you can eat in the kitchen it is best. You will come home with two crutches, so carrying things over distances will be difficult. Consider having a ruck sack so you can carry items with you.

Washing and showering

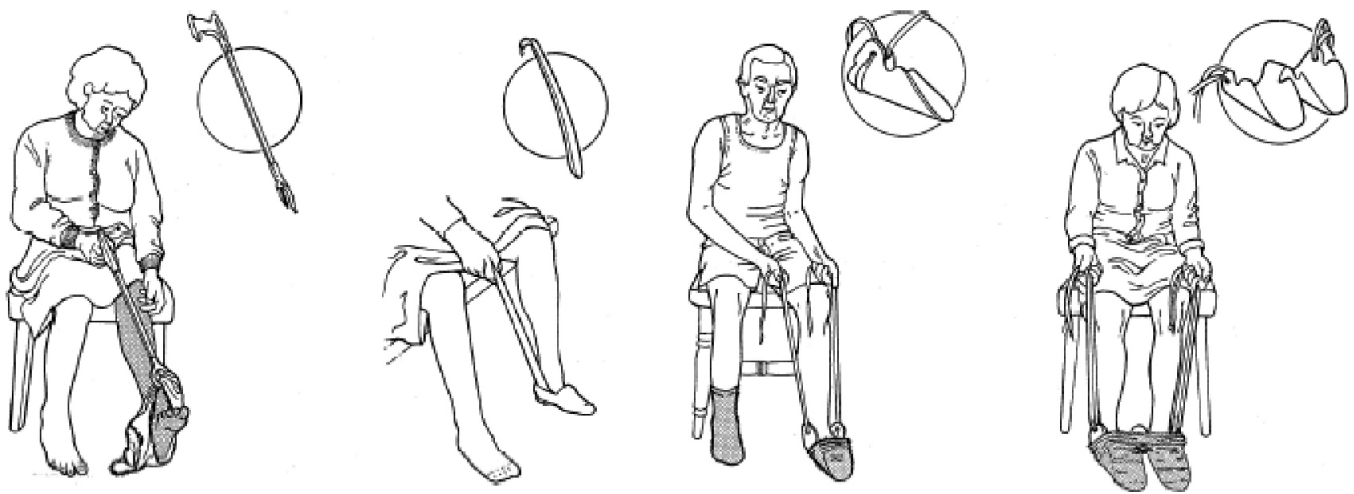
Your dressing over the wound will be showerproof, so you will be able to get it wet. If your hip feels comfortable, you can use an over bath shower. Many people prefer to strip wash for the first few days. Consider putting a chair or stool in the bathroom so you have somewhere to rest.

Getting dressed

You will be able to dress your upper half normally, but may need small aids such as a “helping hand” to assist you dressing your lower half, or you may need someone to help you. You can purchase a long handled shoe horn to help you put on your pants and shoes, which we strongly recommend. Below is some advice about how to dress the lower half of your body without reaching past your knees.

Dressing the lower half of the body

Sit on a chair or the edge of your bed with your clothes and small aids nearby. Dress your operated leg first. The long handled shoe horn has a hook at the other end which 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. These small aids are highly recommended to enable you to do things independently; however, they need to be purchased privately as the hospital is unable to provide them.



The “sock” and “tight” aid shown here is not suitable for use with ted stockings. A second pair of hands is required to take these on and off. If your consultant agrees, these may be removed prior to discharge if you live alone.

If you have any questions or concerns once you have been discharged home you can contact the Occupational Therapy department on 01305 255241.

Strict hip precautions

Some people need to follow stricter precautions after their surgery as there may be a higher risk of dislocation. This also applies to all patients undergoing revision surgery. The ward team will tell you if you need to follow these precautions:



Do not bend your operated hip past 90 degrees (right angle) either by bending down to touch your toes or lifting your knee to your chest. This includes not leaning forwards or sideways while sitting to pick items up off the floor.



Do not cross your legs or ankles.



Do not twist your body or turn your operated leg inwards.

- Do not lie on your un-operated side.

You should observe this advice for three months after your operation. After three months you must still be careful.

Going Home from Hospital

How long will I stay in hospital?

The length of time that you stay in hospital varies with each patient. Most patients stay in hospital for 2-3 days after their 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:

- Your pain needs to be under control
- You must be able to walk safely around the ward with crutches by yourself (although in special circumstances some patients may go home with another type of walking aid)
- You must have completed 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
- Your blood results and x-ray of your new joint must be satisfactory
- You need to be medically fit
- Any equipment you might need must be in place at home.

In the case that the multidisciplinary team deem you to have a need for further rehabilitation, we would aim to transfer you to an available bed in one of the numerous community hospitals in the area (this may be a hospital outside your area of residence).

We have close links with these hospitals that have the necessary facilities to further your rehabilitation, but these beds are limited, and there is a strict criteria for transfer. The vast majority of our patients will return to their own home, as planned, 2-3 days post-surgery.

What do I take home with me?

Before leaving the ward, you will be given:

- Any additional medication you may have been prescribed
- Sharps bin (if required)
- Outpatient appointment
- 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
- A copy of your discharge summary which is e-mailed to your GP about your hospital stay
- A letter for the district/practice nurse who will check your wound and remove the clips
- Some spare dressings
- A spare pair of compression stockings if you are required to wear them at home. Most patients will be able to remove these once discharged. Your nurse will instruct you as to how long you will be required to wear them.

Please be aware that there can be a considerable delay between being told you can discharge and the time that your medications and discharge letter are available for you to actually leave.

We ask that you exercise patience. Be assured that your nurse will do everything possible to speed up the discharge process for you.

Patients awaiting medication or transport will be encouraged to wait in our discharge lounge. It is a comfortable and convenient place for patients who have been discharged from the ward to wait. It is staffed by a professional health care team who can assist you, where necessary, with discussing going home instructions or information regarding your medication to take home.

Refreshments are available and hot meals or sandwiches, if your stay coincides with meal times.

Monitoring For Wound Infections

What are surgical wound infections?

Most surgical wounds heal up rapidly without complications.

A minority of surgical wounds are complicated by infections. This occurs when germs (microorganisms such as bacteria) enter the incision (cut) that the surgeon makes through your skin in order to carry out the operation.

Many germs live in and on our bodies and also in our environment. Most are harmless, or even useful. Our bodies have natural defences against germs that cause us harm. Our skin normally prevents germs from entering our bodies, but any break in the skin can allow them to enter and cause an infection.

When do these infections develop?

A surgical wound infection can develop at any time from two to three days after surgery until the wound is healed (usually two to three weeks after the operation). Very occasionally, an infection can occur several months after an operation.

Surgical wound infections are uncommon (see table). Most surgical wound infections are limited to the skin, but occasionally spread to deeper tissue. Infections are more likely to occur after surgery on parts of the body that harbour lots of germs, such as the gut.

Rates of surgical infection in different types of operations

Type of Operation	Average Number of Infected Wounds in every 100 Operations*
Knee Joint Replacement	<1
Hip Joint Replacement	<1
Abdominal Hysterectomy	1
Vascular Surgery	3
Coronary Artery Bypass Graft	5
Large Bowel (gut) Surgery	10

* detected while patients are in hospital or at readmission following the operation.

Data Source: (Public Health England, Monitoring surgical wounds for infection information for patients 2013)

How will my wound be monitored?

During your stay in hospital, the nurse who changes your wound dressing will check for any signs of infection. If you are concerned about your wound, then please tell the nurse who is looking after you.

Do not be tempted to remove your dressing, or touch your wound. You can accidentally transfer germs from your fingers to your wound.

Infection can develop after you leave hospital. Some redness and swelling are to be expected after surgery; however, you may have an infection if you develop one or more of the following symptoms:

- The skin around your wound gets red or sore and you do not think it is part of the normal wound healing process, or it feels increasingly hot or swollen
- Your wound has a green or yellow coloured discharge (pus)
- You feel generally unwell or feverish, or you have a temperature.

After your discharge from hospital your wound will be monitored by either the district nurse or the practice nurse based at your doctors surgery; we will provide you with instructions as to when you will need to be seen by them.

If you or your nurse have any concerns with your wound, please contact Ridgeway Ward directly on 01305 255561/62 and speak with the Sister or nurse in charge. We will discuss your concerns and, if necessary, we will organise for you to be seen by one of the Orthopaedic team.

About one month after your operation, the hospital may send you a questionnaire or telephone you to ask if you have any problems with your wound. Many patients leave hospital shortly after their operation and the hospital needs to find out about wound infections that occur after patients leave hospital.

(Public Health England, Monitoring surgical wounds for infection information for patients 2013)

Outline of Events Surrounding Your Hip Replacement

When	Where
A few weeks before your operation	Attend pre-assessment clinic. Been seen by an OT or a member of the therapy team.
1 week before	You may need to stop certain medications (as advised).
Day before	Remember to stop eating and drinking at the correct time.
Day of Surgery	Arrive at Surgical Admissions Lounge. Visit from surgeon and anaesthetist. Your operation. Get out of bed with the help of nursing staff.
Day 1	Seen by and progress walking with the physiotherapist. Been seen by Occupational Therapy.
Days 2 and 3	X-ray. Occupational Therapy. Physiotherapy continues.

Continue with your recovery until you are ready for discharge

10 - 14 days after your operation	Stitches (if removable) or staples will be taken out.
6 weeks after your operation	Follow up appointment with the surgeon or one of his team.

Follow-Up Appointments

At approximately 6 weeks after your operation you will be asked to come back to see the surgeon or a member of their team. The purpose of this is to check on your progress and to give you advice about increasing your activities.

You will **not** routinely be referred to outpatient physiotherapy. At your 6 weeks follow-up, if there are any concerns regarding your mobility or range of movement, then the doctor will refer you to the physiotherapy department.

All Revision Total Hip Replacements will be referred to outpatient physiotherapy on discharge. This appointment will be approximately 2 weeks after discharge. Please contact your outpatient physiotherapy department at your local hospital if you do not receive an appointment.

Frequently Asked Questions

What are the visiting hours for the ward?

Visiting times on Ridgeway ward are between 2-30pm to 3-30pm and 7pm to 8pm. Where possible we try not to interrupt you whilst you have visitors, but there are some occasions where it is necessary. Please note that other wards in the hospital may have different visiting hours so please clarify these hours prior to visiting.

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 and should adhere to visiting times.

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. Dorset County Hospital NHS Foundation Trust cannot take any responsibility for your belongings.

Some hospitals do not allow flowers on the ward. Is this true for the orthopaedic ward at Dorset County Hospital?

Yes. We regret that we cannot allow flowers on the ward as 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 Dorset County Hospital has one of the lowest rates of infection in the whole country and we take numerous steps to minimise the risk of infection.

How soon can I travel after my operation?

Long haul flying is not recommended for at least 3 months after your operation due to the risk of a blood clot. 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, at 6 weeks post-op, swimming is a good activity to strengthen your body. 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.

Am I allowed to lie on my side after the operation?

Yes, you can sleep on either side, but you may find it more comfortable to sleep on your back or your operated side with a pillow between your knees.

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.

Ridgeway Ward: 01305 255561

Occupational Therapy: 01305 255241

Physiotherapy: 01305 255314

Post-Operative Goals

Please use this to document your achievements post operatively. These can be done by you, or with a little help from a member of the nursing or physiotherapy team. It will help you visualise how well you are doing and what you need to achieve prior to going home.

GOAL	COMPLETED ASSISTED (PLEASE TICK)	COMPLETED INDEPENDENTLY (PLEASE TICK)
GETTING OUT OF BED SAFELY		
STANDING WITH A ZIMMER FRAME		
WALKING WITH A ZIMMER FRAME		
GETTING ON AND OFF THE BED		
WALKING WITH CRUTCHES		
CLIMBING AND COMING DOWN THE STAIRS SAFELY		
LEARN HOW TO ADMINISTER HEPARIN INJECTIONS (if applicable)		
ORGANISE OWN TRANSPORT		
FEELING SAFE TO GO HOME	If you have any concerns regarding your discharge, then please speak with the nursing staff or a member of the multidisciplinary team and we will be happy to resolve your concerns.	

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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