



Trauma and Orthopaedics

Your Hip Replacement Surgery at Dorset County Hospital NHS Foundation Trust



1. Welcome to Dorset County Hospital

A joint replacement operation is undertaken to improve your quality of life and hopefully allow you to do some of the things you want to in life that have become difficult with your joint arthritis. This booklet is written by the team who will look after you during your 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 Surgeon.

This guide is 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 the day.

Preparing and recovering from joint surgery has changed a lot over the years. Patients having surgery are expected to prepare themselves as if training for a marathon. We know, the sooner we get patients up, drinking, eating, and walking after surgery the better your outcomes will be. With our team of highly skilled surgeons, anaesthetists, nurses, and physios many patients will be able to return to their home on the **same day of surgery** as a day case. Some patients may not be able to return home the same day and may need a little longer. If this is the case, we would expect these patients to go home the day after their surgery.

We will only discharge patients once they have recovered from their surgery and are safe to return to their home.

Understanding and managing the process of joint surgery

When preparing for joint surgery it is important to have realistic expectations. You should have a clear understanding about what will happen at each stage. You must prepare appropriately for your surgery and work with the clinical teams that you meet during your care.

*It is important to remember that **YOUR** input will determine the quality of your recovery.*

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.

2. Preparing for your operation

The weeks / months leading up to your surgery are as important as the operation day itself. After your surgery you will either be returning home the same day or staying one night at the hospital. You should think how things will be for you when you return home and make plans accordingly. It is important that you attend all your appointments before your surgery date.

Transport

You will need to arrange a family or friend to collect you after your surgery. The hospital does not provide transport back to your home.

Assistance after your surgery

Many patients having joint replacements have lived with joint pain for some time and will have adapted to certain situations at home already. However, when recovering from your surgery you may find you need some help with general tasks such as cooking, shopping, and cleaning initially. You will need to organise this help before your operation date.

If you are going home on the day of surgery, you will need someone who can stay with you at least overnight and for the first day.

Care support

Very few patients need additional care support at home. If your personal choice is to have this, then you will need to organise this privately. The NHS can only provide additional care based on assessed need and cannot arrange convalescent care.

Preparing your Home

Preparing your home environment in advance is helpful for when you are discharged home.

- Freeze some simple to cook meals or have some ready meals available.
- Move regularly used items which are heavy or out of reach to more accessible areas – eg move saucepans up from low shelves or cupboards.
- Avoid potential trip hazards by removing loose rugs and obstacles from the floor such as excess furniture or things that could be easily tripped over.
- Make arrangements for someone to care for any pets, including walking dogs.

Pre-assessment

The Pre-assessment process is very important as it allows the hospital to plan your care.

You will be asked to provide some information about your general health and current medications.

You may need to provide this information via:

- A computer or mobile app
- Telephone consultation
- Video consultation
- Face to face.

This allows us to inform you about your procedure and provide essential information including fasting times and instructions for your medications.

Pre-assessment appointments

At your appointment we will check various medical details such as:

- General health status
- Blood pressure and pulse
- Your blood count to see if you are anaemic
- Your kidney function
- If you are diabetic, how well you are managing your diabetes.

You should aim to control these conditions as well as possible before your operation to reduce complications. It is useful for any long-term medical conditions to be reviewed by your GP or practice nurse in case they can be improved.

Medications

We will review your medications. It is fine to continue most of these and take them on the day of surgery. However, you may need to stop certain medications before surgery, such as:

- Blood thinning medications
- Some Blood pressure medications

You will receive clear instructions about this and when you should restart them after your surgery.

Pre-operative drinks

The hospital may give you some special pre-operative drinks. They are for your wellbeing, to help give you energy, keep you hydrated and prevent dizziness on the day of surgery. They are suitable for most patients. If you did not receive these, they will be provided on the day of your surgery if appropriate. This would be before your surgery, plus different ones to take following your surgery. These are often easier to take chilled and through a straw provided.

Keep fit and healthy

The fitter you are for your surgery, the less likely you are to have complications during or after your surgery. You should seek to make some lifestyle improvements:

- Stop alcohol a month before surgery
- Stop smoking
- Improve your fitness through strengthening exercises and walking / cycling / swimming
- Lose weight.

Strengthening and training exercises

The exercises in section 5 of this booklet are to be completed both before and after surgery. Doing these exercises will strengthen your muscles and help you recover more quickly after surgery.

Pack a small bag to bring to hospital

- All medications in their original packets, within a clear plastic bag
- Loose, comfortable clothing that is easy to put on and take off – your leg may swell
- Slippers
- Footwear with a back and that are easy to put on and take off. No flip flops / mules
- Phone, charger, headset +/- music device to listen too.
- Glasses and hearing aids
- Walking aids – please ensure they are labelled
- Something to read to occupy you in case you have to wait.

Please avoid bringing large items, high value items or large amounts of cash.

3. Day of your operation

You will be given a specific time to arrive at the hospital. This can be from 07:30 in the morning onwards, depending on your operation time.

Eating and drinking before your operation

You **must** follow the instructions for fasting and take any preoperative drinks at the requested times. Your operation may be at risk of being cancelled on the day if these instructions are not followed. In particular:

- No food or very milky drinks within 6 hours before your surgery
- You may drink clear fluids until 1 hour before your surgery
- Drinking sips of plain still water is encouraged up to the time of your operation.

Checklist of items needed:

- ALL current medications in original packaging
- Overnight bag, in case you are not ready to return home on the same day
- Glasses, hearing aids, walking aids (labelled)
- Phone, charger, headphones
- Contact details of the person who will be picking you up
- Any letters you receive from the hospital giving you arrival instructions for the day of surgery.

Arriving at the hospital

When you arrive, you will be met by a member of staff, usually on the Surgical Admission Lounge (SAL). They will book you in and confirm some details with you. One of the nursing team will run through some additional questions. It is important that you remain warm. Staying warm is good for your comfort and can also lower risks of post operative complications. Please let the nursing staff know if you feel cold.

Confirming your consent

A member of the surgical team will confirm with you the operation that they are planning to perform and check that you understand and consent to the planned procedure. They will mark an arrow with a pen on the leg that is going to be operated upon.

Meeting your anaesthetist

Before your operation you will meet your anaesthetist. They will explain the type of anaesthetic that is going to be used and answer any questions you may have about the anaesthetic. Your anaesthetist will also give you some pain relief tablets to help reduce your pain after the operation.

Getting ready for your operation

When it is time for your operation, you will be asked to change into a theatre gown. You will then be taken to the operating theatre. Here you will be met by your anaesthetist and the operating department practitioner (ODP), who works with the anaesthetist, helping to look after you. They may have a trainee anaesthetist with them.

Routine checks

Some routine checks will be carried out to confirm your identity and to check if you have any allergies. We will also again confirm your operation with you, and the side on which you are having the operation.

Attaching monitoring equipment and a drip

One of the team will attach some standard equipment to monitor your heart, blood pressure and oxygen levels while you are having your anaesthetic and operation.

Your anaesthetist will give you various medicines through a drip in the back of your hand. These include antibiotics, anti-sickness medicine, and fluids.

Spinal anaesthetic

In most cases, your anaesthetist will give you a spinal anaesthetic. This is very safe, and avoids the need for having a general anaesthetic, which may have unpleasant side effects*. Spinal anaesthetic helps you to recover quickly and provides post-operative pain relief.

Spinal anaesthetic is done with a local anaesthetic injection around nerves in your lower back. This numbs your pain nerves so that you do not feel pain during the operation. Once it is confirmed that the anaesthetic is working well, you will be taken into the operating theatre.

<https://dev.rcoa.ac.uk/patient-information/patient-information-resources/patient-information-leaflets-video-resources> *

The operation

Once in the operating theatre, your leg will be painted with some cleaning fluid and then covered with drapes. You will not be able to see the surgery and the spinal anaesthetic will prevent you from feeling any of the operation.

Some people find listening to music through their headphones to be a good distraction. It helps them to relax, and this will be offered to you. Some people prefer to have a small amount of sedation, so they have a light sleep through the surgery. Your anaesthetist will discuss and agree with you a plan depending on your medical history and your wishes.

The operation takes about 1 ½ hours. During this time, we will keep you warm and your observations will be continually monitored by your anaesthetist.

Collecting blood

We may collect any blood you lose during the operation via a machine called “cell salvage”. Should you lose enough blood, this allows us to clean, process and return your blood to you. This will help improve your wellbeing and recovery after the operation. It also reduces the chances of needing a blood transfusion with donated blood.

After the operation

At the end of your operation, you will be transferred to the recovery area where the nurses will monitor your observations. You will also be given a post-operative drink. This energy drink helps support your immunity and wound healing. It will also give you some energy and balanced nutrients which will help you get up and mobilising once your spinal anaesthetic has sufficiently worn off.

Mobilising after surgery

Once your spinal anaesthetic has sufficiently worn off, you will be assessed by the therapy team. Our nursing and therapy teams will help you get off the trolley or bed, stand and practice walking with suitable aids. The team will help you practice getting on and off the bed, chair and toilet, then give advice on how to dress. If you require any equipment to assist you this will be provided prior to your discharge. You will be also taught how to safely get up and down stairs.

Before you can be discharged, the team needs to be happy that you can manage these activities at home with walking aids. You will also be encouraged to get dressed in home “day clothes” with supportive footwear.

4. Going home after your surgery

Returning home

Everyone reaches their post-operative goals at different times. This determines whether it is safe for us to let you go home on the same day as your operation, or, if you need to spend a little longer with us at the hospital.

Bring suitable clothing

- Clothes that are easy to put on and loose enough to allow any swelling in your leg
 - Footwear that has a supportive back and no laces. No flip flops, sliders or mules please
- Practising walking in normal day clothes will make this easier and more comfortable.

Arrange for someone to collect you

When you have been cleared for discharge, you can contact your family or friend to come and collect you from the hospital.

Arrange for support at home

If you are going home on the same day as your operation you will need an adult who can stay with you, or someone you can stay with for the next 24 hours. You may find it helpful to arrange for a friend or relative to stay with you for a few days after your return. You should arrange this before you come in to have your surgery.

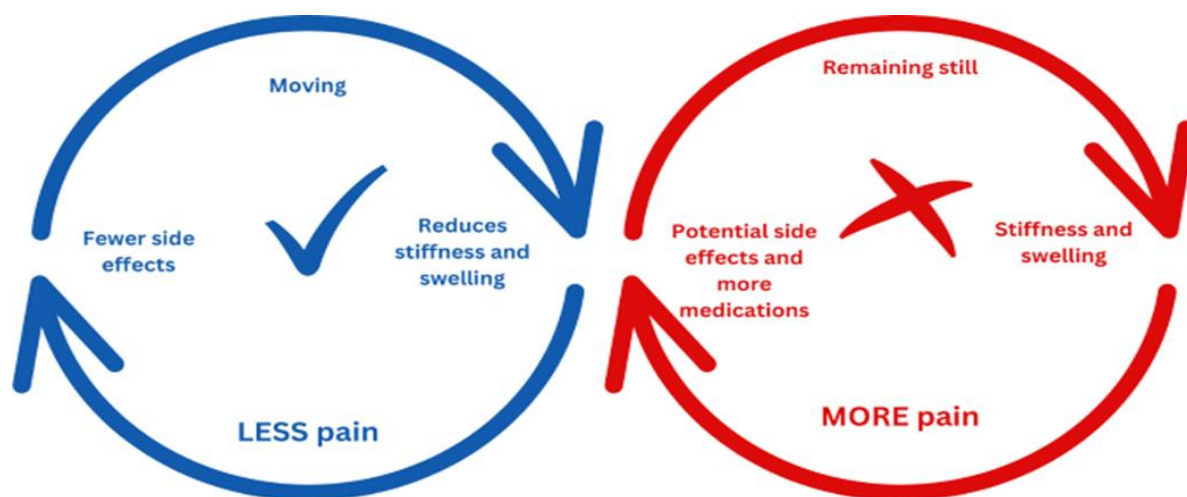
Keep active after your operation

The sooner you get up and walk after your operation, the better and faster your recovery will be. You will lower your risk of post-operative complications. Remaining still after your operation tends to result in stiffness and swelling of your leg, making it more painful to walk. This can cause more side effects, which requires more pain relief, resulting in a vicious circle.

Pain control

Joint replacement surgery is painful – just like any other surgery. The first few weeks can be a difficult period. However, it is important to stay active and keep up with your exercises.

We provide you with strong pain relief medication, but you should still expect there to be mild to moderate pain on movement. It is not going to be 100% pain free!



The pain relief package you receive has been specially designed to try and control your pain as well as possible. It starts from the day of your surgery and continues after your discharge home. It requires you to take your medications at specific times.

We will give you the same pain relief tablets whether you stay in hospital overnight or return home on the same day as your operation.

Additional medications

We will be asking you to take additional medications to help minimise side effects, such as nausea or constipation. Other medications will be given to reduce the chance of certain complications, such as blood clots, after your operation. You will be given clear information about the medications you are sent home with and when to take the doses.

Digital support

Numerous recovery programmes after surgery are supported using digital technology. Many centres now have a web or app-based software resource that can provide you with important information. They can also collect key data about how things are going for you, such as the amount of activity you are able to undertake, questions on pain medication usage, or side effects.

We would encourage you to use one of these resources if you are requested to do so. This information enables the team to track whether you are making the progress we would expect, or whether we should contact you to provide additional support.

What to expect when you get home

Constipation

Constipation can be caused by the additional pain relief medication you are taking around the time of your operation. We will give you some laxative medication as part of the routine pain relief package. Please ensure you take these as prescribed, along with plenty of water to drink. Keeping mobile will help reduce symptoms. If you struggle, then please discuss with your GP.

Pain

Pain is the biggest issue. It is something you should expect after your operation, but it is key that you do **not** stop doing your exercises. Please make sure you follow the pain management programme that will be prescribed to you.

Sleepless nights

It is common for people to experience some disturbance in their normal sleep pattern in the first few weeks after an operation. Please do not worry; this usually improves with time.

What to look out for

Deep vein thrombosis (DVT)

Blood clots in the leg can occur after joint replacement surgery. If your leg becomes hard, swollen, hot and painful, especially in the calf area, then this could be a sign of a blood clot. Please seek medical advice if you get these symptoms.

Infection

This is rare. However, if your joint replacement scar becomes hot, red, increasingly swollen, starts to discharge fluid or you feel unwell, then please contact Ridgeway ward as a priority on:

Tel: 01305 255561 / 255562.

Support after discharge

Even after you are discharged from hospital following your operation, you will not be alone. There is always someone available who you can contact for advice. You will be given information about whom to contact should you require any help. If you go home on the same day as your operation, you will receive a routine follow-up telephone call to check on you the day after your discharge. If you would like more information before your operation or have any questions in the first 7 days after you have been discharged home, please ring Ridgeway Ward and one of the nursing staff will be able to advise you directly or contact your surgical team.

For therapy related queries please contact Ridgeway ward 01305 255561 / 255562.

If you are unable to contact the above numbers, please contact your surgical consultant's secretary who will be able to assist you in contacting a member of the team.

5. Exercise and physio advice for your hip replacement surgery.

Completing the following exercises will benefit your recovery. They help maintain good circulation, prevent chest problems, improve movement in the hip joint and develop the strength of the muscles around it. These exercises should be completed on both legs **3 to 4 times** a day, repeating each exercise up to **10 times**.

Initially the exercises may feel difficult due to pain and weakness, so it is important that you take pain medication regularly. It is normal to feel a stretch around the operation site when exercising.

Exercises

As soon as possible aim to start the following exercises:

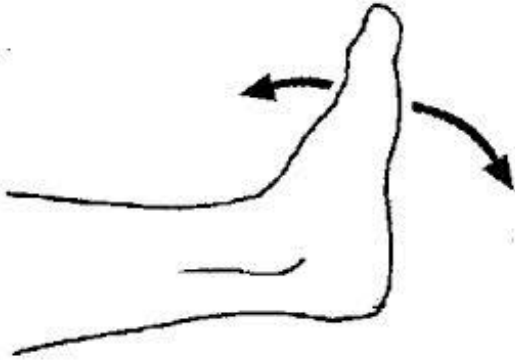
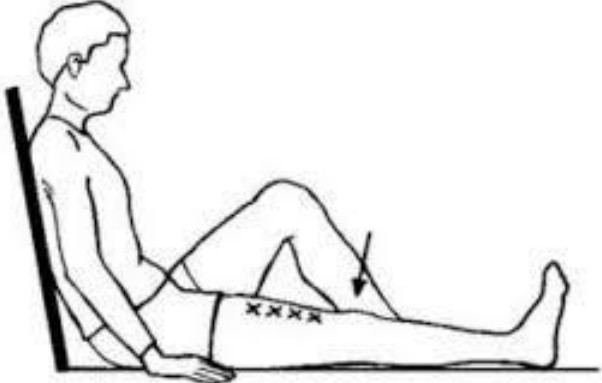
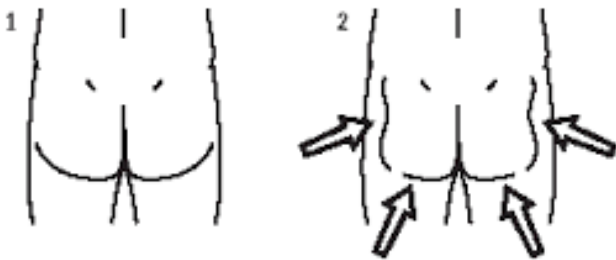

1. Breathing exercise

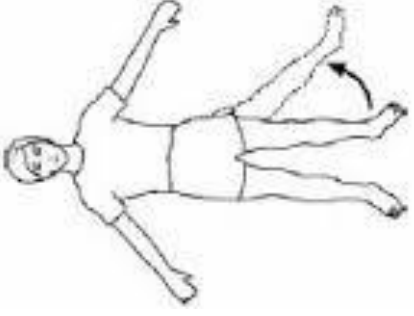
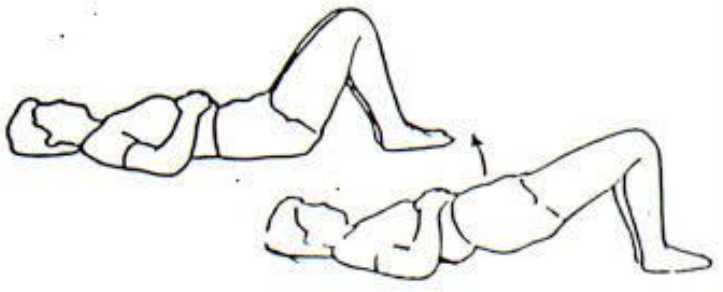
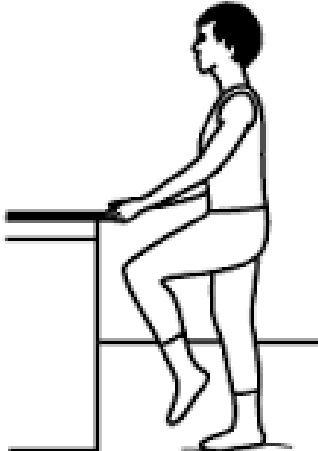
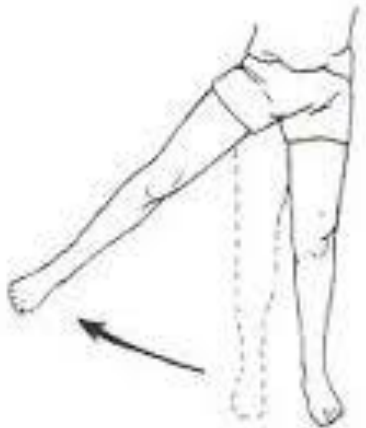
Take 3 deep breaths every 30 minutes.

Breathe in slowly through your nose letting the air fill the lower part of your chest.

Gently breathe out through your mouth, then relax.

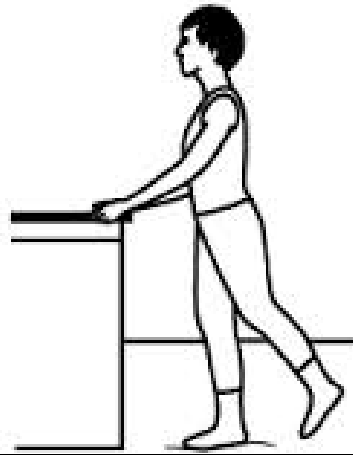


<p>2. Foot exercise</p> <p>In lying or sitting position, bend and straighten your ankles briskly.</p> <p>Repeat 10 times. Perform regularly.</p> <p>This exercise helps reduce swelling and the risk of blood clots.</p>	 <p>A line drawing of a foot and lower leg. Two curved arrows indicate the movement of bending and straightening the ankle.</p>
<p>3. Static quadriceps</p> <p>Lying on your back with legs straight and toes pointing to the ceiling,</p> <p>Bend your ankles and push your knees down firmly against the bed.</p> <p>Hold for 5 seconds, then relax.</p> <p>Repeat 10 times, 3-4 times a day.</p>	 <p>A line drawing of a person lying on their back with knees bent and feet flat on the floor. An arrow points down to the knees, indicating the direction of pressure. There are four 'x' marks on the lower leg.</p>
<p>4. Glut exercise</p> <p>Squeeze your gluteal muscles (buttocks) together.</p> <p>Hold for 5 seconds, then relax.</p> <p>Repeat 10 times, 3-4 times a day.</p>	 <p>Two diagrams labeled 1 and 2. Diagram 1 shows a front view of a person's buttocks. Diagram 2 shows the same view with four arrows pointing inward towards the center, indicating the squeezing motion.</p>
<p>After being reviewed by the physiotherapist you will then be advised to start the following exercises in a lying position:</p>	
<p>5. Heel slides</p> <p>Slide your heel up, bending your knee up towards your chest keeping your kneecap facing upwards. Slowly return your leg to the starting position.</p> <p>Repeat 10 times, 3-4 times a day.</p>	 <p>A line drawing of a person lying on their back. One leg is bent with the heel sliding towards the chest. A large arrow points from the heel towards the chest, indicating the direction of movement.</p>

<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, 3-4 times a day.</p>	
<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>Slowly lower your bottom back down.</p> <p>Repeat 10 times, 3-4 times a day.</p>	
<p>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. They should be performed on both the operated and non-operated leg.</p>	
<p>8. Hip flexion</p> <p>In a standing position, bring your knee up towards your chest.</p> <p>Repeat 10 times, 3-4 times a day.</p>	
<p>9. Hip abduction</p> <p>In a standing position, move your leg out to the side. Keep your body upright throughout. Try not to lean away from the moving leg.</p> <p>Repeat 10 times, 3-4 times a day.</p>	

10. Hip extension

In a standing position, keep your leg straight and move it back behind you. Keep your body upright throughout. Try not to lean forwards when extending your leg backwards. Repeat 10 times, 3-4 times a day.



Continue your exercises when you are discharged home as they help in getting the maximum benefit from your total hip replacement. 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.

For more information, or other related strengthening programmes, please look at the link for DCH **Preparing for Surgery - Joint School** on our public website or download free apps such as **My Recovery** from the App store to your smart phone.

Rest

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

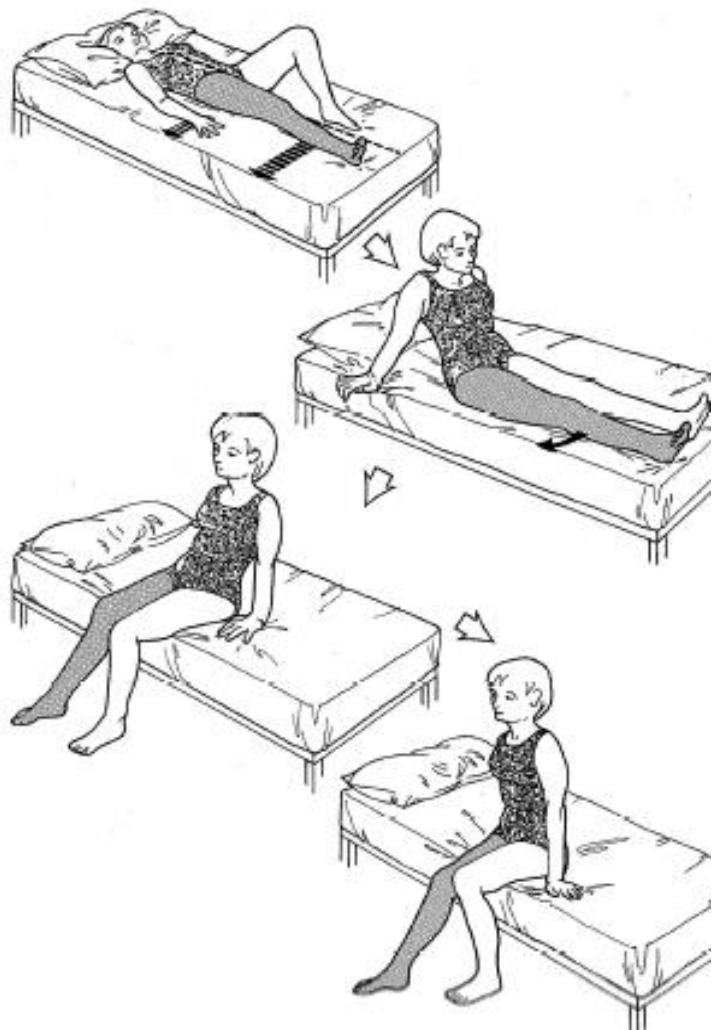
Getting in and out of Bed

1. For the first few days you may prefer 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.



Walking with crutches

Put your crutches forward first.

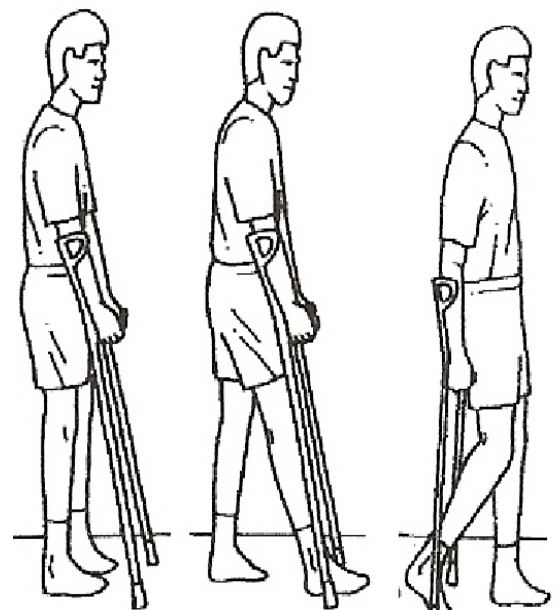
Next, step your operated leg forward.

Then step forward with your other leg, aiming to step past the operated leg.

Take small steps when turning around to avoid twisting.

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. To do this, use the crutch/stick in the hand on the opposite side to your operated leg.

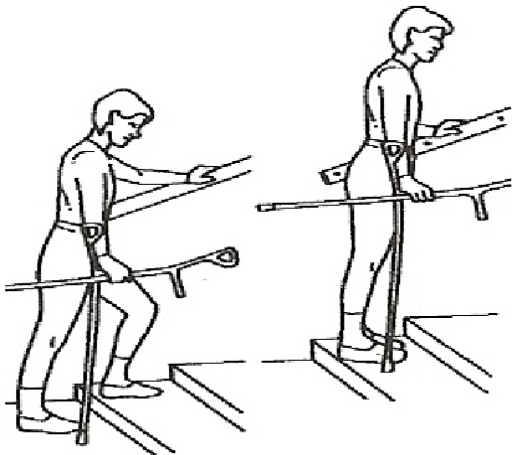
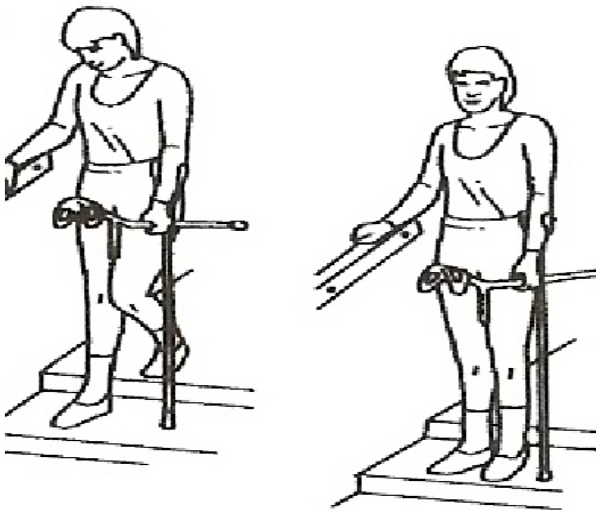


When you feel that you no longer need the crutch for support, you may stop using it.

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

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 them in the community, for example going up and down a kerb if crossing a road.

To go up a step or stairs	
<p>Step up with your 'good' leg.</p> <p>Then bring your operated leg up onto the same step.</p> <p>Lastly bring your crutches up onto the step.</p>	
To go down a step or stairs	
<p>Put your crutches onto the step below.</p> <p>Then put your operated leg down onto the step.</p> <p>Lastly, bring your 'good' leg down onto the same step.</p>	

Returning to everyday activities/exercise

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

Walking

Following your operation, you will be encouraged to get up and walk. It is important to walk on a regular basis and to steadily increase the distance as you recover. It is normal to be allowed to put full weight through your operated leg.

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. As soon as possible try and walk placing one foot past the other in a normal walking pattern. You can progress to using one crutch or a stick held on the opposite side to your operated leg as soon as you feel safe and comfortable to do so. If you are uncomfortable, or if you limp when walking, continue to use your walking aids.

You are likely to need to use elbow crutches outdoors for about 4 weeks. You will be able to progress to walking without a walking aid when you feel ready.

Activity

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 the orthopaedic clinic at 6-8 weeks post-operatively. Please 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 the orthopaedic clinic, 6-8 weeks after your operation.

If you work and your job is fairly sedentary, you may be able to return after 6-8 weeks. If your job requires a lot of walking, manual handling or heavy lifting you may need up to three months off work. This is guided by how you are progressing and can be discussed when you attend your clinic review after your operation.

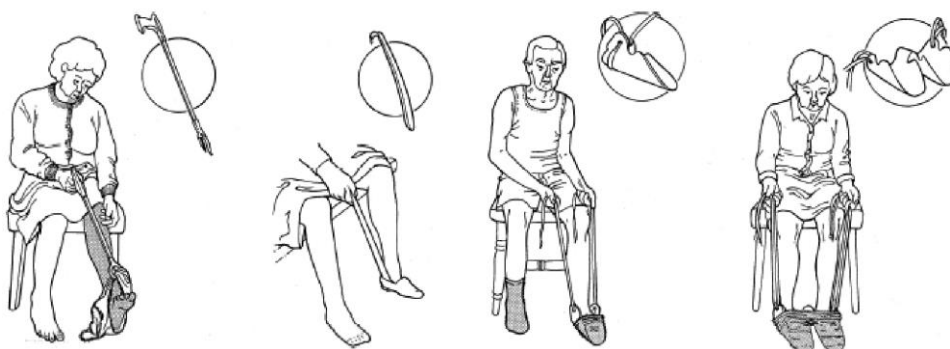
You will probably be able to return to having sex at 6-8 weeks following your operation, although you should avoid extreme positions of the hip. Do not be afraid to ask for advice about suitable positions; you will not be the first to have asked.

Washing and dressing

The dressing over your wound will be showerproof, so you will be able to get it wet, but not completely submerged. 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.

You will be able to dress your upper half normally but may need small aids such as a “helping hand” to assist you with dressing your lower half, or you may need someone to help you. We strongly recommend you purchase a long-handled shoehorn to help you put on your pants and shoes. Below is some advice about how to dress the lower half of your body using those aids:

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 shoehorn 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 (compression) stockings. A second pair of hands may be 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.

Equipment

Walking aids and any equipment prescribed to you after your surgery should be returned to the NRS. You can do this by calling the telephone number on the equipment.

Driving

You can travel as a passenger in a car immediately following your operation.

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 added 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.

You should be able to return to driving when you can 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.

You will need to inform your insurance company of your planned surgery. They will need reassurance that you can carry out an effective emergency stop.

6. Hip movement do's and don'ts

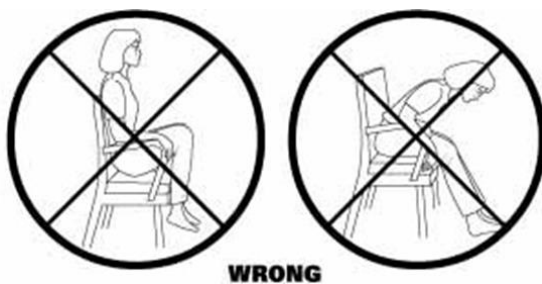
All total hip replacement operations have a slight risk of the hip dislocating until the soft tissue around the new hip has healed. The following advice is designed to help reduce this risk and get the maximum benefit from your new hip, while helping you to return to normal activity.

- You can move in any way you feel comfortable, but you should avoid the extremes of movement and “listen” to your hip. Avoid “testing” your range of movement, 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.

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

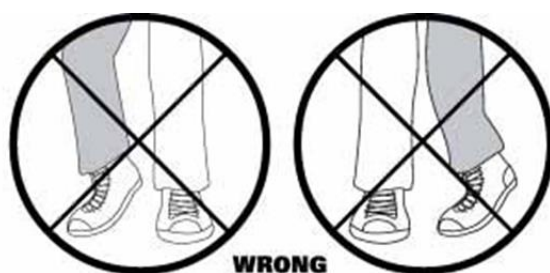
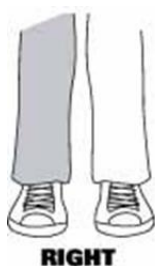
Some people need to follow stricter precautions after their surgery as there may be a higher risk of dislocation. This also applies to all patients undergoing revision surgery. The ward team will tell you if you need to follow these precautions:



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 3 months you must still be careful.

7. Frequently asked questions

Should I shave?

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

What should I do if my health changes?

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.

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

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

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 a blocked circulation. In some cases, a DVT can cause a serious problem known as a Pulmonary Embolus (PE).

What is a PE? (Pulmonary Embolus)

If a clot (DVT) within the leg detaches and travels to the lungs, it may cause a Pulmonary Embolus (PE). PE can 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 (if you are born with the condition) or caused by some drugs or conditions such as pregnancy. If you are dehydrated, your blood can become more 'sticky' which can increase the risk of the blood forming a clot.

Who is at risk of a blood clot (VTE)?

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

- Having had a previous DVT or PE
- Undergoing major surgery, particularly Orthopaedic operations such as joint replacements
- 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, 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 (HRT) or contraceptive pill.

Is travelling a risk?

Being immobile increases the risks of developing a blood clot. 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 been on a long-haul flight for over 4 hours.

How is VTE prevented in hospital?

Not all VTEs can be prevented, but the risk of developing a clot can be significantly reduced. We will help 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 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 we can do something to reduce your risk, there are some very important and simple things that you can do to help reduce your risk too:

- 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, lose weight
- Consider stopping contraceptives or hormone replacement therapy; talk to your doctor.

What are 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 any of the following:

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

About this leaflet:

Author(s):	Stacey Markham, Ward Sister Leisa Shillito, Highly Specialist Physiotherapist Susie Baker, Consultant Anaesthetist
Written:	November 2017
Updated & Approved:	March 2024
Review Date:	March 2027
Edition:	v10

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



© 2024 Dorset County Hospital NHS Foundation Trust
Williams Avenue, Dorchester, Dorset DT1 2JY
Website: www.dchft.nhs.uk Tel: 01305 251150