

# Total hip replacement surgery



## Information for patients

Orthopaedics - Arthroplasty



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# 1. Introduction

This booklet has been designed to help you prepare for your operation and help you in your recovery afterwards. By planning and actively participating in the steps to success before and after your operation you can help yourself to:

- Leave hospital sooner
- Feel better sooner
- Return to normal living

If you have any questions, please do speak to us at your next clinic appointment or contact the helpline on **0114 226 6229**.

There is also space at the back of this booklet in case you want to write your questions down.

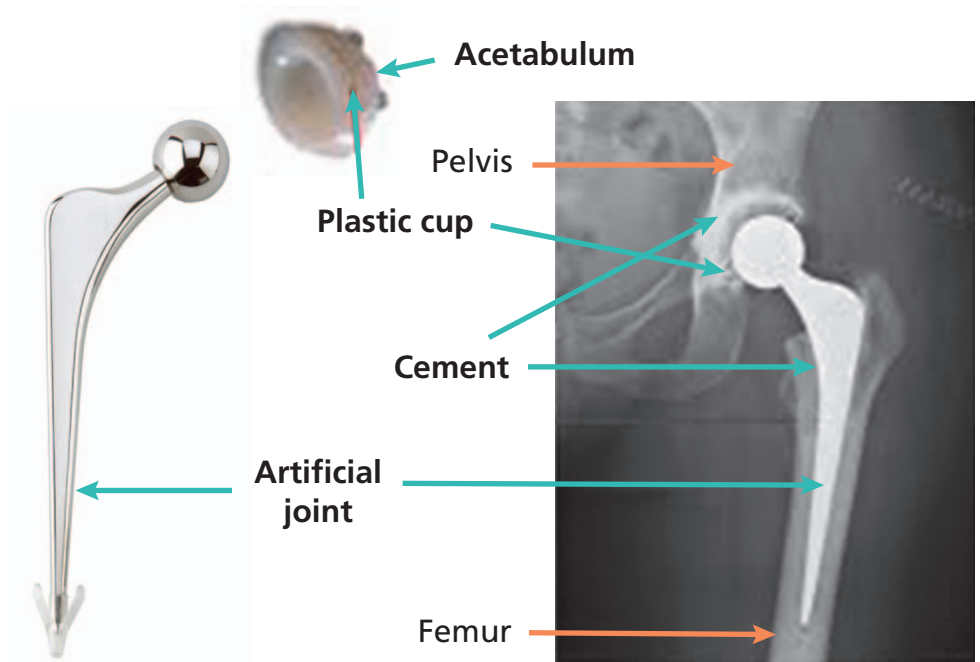
This booklet contains information on current practice; if anything changes you will be notified at pre-assessment clinic.

## 2. What is a total hip replacement (hip arthroplasty)?

A total hip replacement is an operation to replace a worn hip joint.

The joint has 2 parts; the hip socket (acetabulum) and the ball/head of the thigh bone (femur).

During the operation, these two parts of your hip joint are removed and replaced with smooth artificial surfaces.



## What are the benefits of a total hip replacement operation?

A total hip replacement operation is usually carried out for severe arthritic conditions and has proven to be a very successful procedure.

The benefits are:

- Approximately 95% of patients gain pain relief
- Increased range of movement
- Increased activity and independence
- More than 95% of hip replacements last for more than 15 years (Information obtained from National Joint Registry)

## What are the risks of a total hip replacement operation?

A total hip replacement is a major operation and, as with any operation, there are some risks to consider. These include:

- Blood clots in the legs (deep vein thrombosis) and in the lungs (pulmonary embolism)
- Urinary infections
- Difficulty passing urine
- Chest infection
- Death, 0.3% risk

Complications **after** a total hip replacement include:

- Infection, less than 1%
- Deep vein thrombosis / pulmonary embolism, 0.28%
- Dislocation, 0.09%
- Leg length discrepancy
- Nerve damage, less than 0.5%
- Loosening and wear of the new joint with time
- Wound problems
- Bleeding

Further information about these risks, and how they apply in your particular case, will be given to you when you see your surgeon.

The team involved in your care takes every opportunity before the operation to ensure that you are as fit as possible. If we feel that you would benefit from some other medical treatment before your operation, then we will discuss this with you.

## **Are there any alternatives?**

Before considering hip replacement surgery, your doctor may suggest trying other measures to help relieve your symptoms. These may include:

- Weight loss if you are overweight. Losing weight will normally help to reduce the pain from an arthritic joint
- Drug treatments, such as simple or strong painkillers
- Physiotherapy and exercise
- Appliances to help you walk more easily, such as a walking stick
- Injection into the joint

## **Should I have a total hip replacement?**

Although your doctor may have suggested an operation, the final decision is yours and must be made after you have weighed the benefits of the operation against the risks. You may wish to discuss the operation with your family/carer. All of your questions should be answered before you decide to have the operation.

As with any procedure we must obtain your consent beforehand. Staff will explain all the risks, benefits and alternatives before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

If you wish to discuss your concerns with a member of staff after you have seen your surgeon, please telephone the Arthroplasty Nurse Specialist on **0114 226 6229** or contact your surgeon's secretary.

## Useful contacts and information

- Patient decision support tool for joint replacement  
<https://jointcalc.shef.ac.uk/>
- National Joint Registry (NJR)  
<http://www.njrcentre.org.uk/njrcentre/default.aspx>
- Versus Arthritis  
<https://www.versusarthritis.org/>
- NHS Choices  
<http://www.nhs.uk/>



### 3. Before your operation

Healthy steps to improve your recovery before the operation:

- **Food and drink:** Eat well; your body needs fuel to repair. The success of your operation may be affected by your weight. If you are worried about this you should contact your GP / Practice Nurse.
- **Sleep, rest and play:** Staying physically active before your operation will help you get better, faster. Try to relax. Try not to worry. Get together with family and friends.
- **Smoking and alcohol:** If you do drink or smoke, use this as an opportunity to stop or cut down. This will help your recovery and reduce the risk of complications.
- **Good dental hygiene:** Your teeth need to be in good condition, as an infected tooth or gums may be a possible source of infection for your new hip. If you are worried about your teeth please visit your dentist before your surgery. After your surgery if you are having teeth extracted or having root canal work, please ensure your dentist is aware that you have a joint replacement.
- **Home environment:**
  - If you are struggling on the stairs and you don't have handrails you will need to arrange for them to be fitted before you come into hospital.
  - If you are struggling to stand from your chair you may need to consider buying or borrowing a suitable raised chair with arms.
  - Consider buying ready meals or freezing pre-made meals, to make it easier when you go home.

**Please plan your own transport home wherever possible.**

## **What will happen at pre-operative assessment?**

At this clinic, the pre-op assessment nurse will discuss your fitness for surgery and organise all the tests that you need in preparation for your surgery. These tests may include:

- Blood
- Urine
- MRSA screening
- Heart, by ECG (heart tracing)
- X-ray

## **Infection control**

### **MRSA**

At pre-operative assessment you will have swabs taken to test for MRSA.

Methicillin Resistant Staphylococcus Aureus (MRSA) is a germ that can often be found on the skin or in the nose. If you have MRSA after your operation it can cause problems with wound healing.

If we find that you have MRSA we will ask your GP to treat you with antiseptic wash and nasal ointment before you come into hospital. Further swabs will be taken by your GP after this treatment. It is important that this is done before your surgery. The swabs may be repeated when you come into hospital and during your stay.

### **MSSA**

You will also be given antiseptic wash and nasal gel to reduce the risk of Methicillin Sensitive Staphylococcus Aureus (MSSA), which is a similar germ to MRSA. MSSA is also a germ that is often found on the skin or in the nose and can cause problems with wound healing. The course of treatment is for 5 days, which is started 4 days before your date of surgery.

Please read your booklet 'Antiseptic treatment for MSSA before admission' (PIL3876) for further information.

- Please start your treatment **4 days** before your date of surgery.
- Please use your treatment on your day of surgery which is your **5th** day of treatment. Remember to bring your nasal gel with you on admission to complete your treatment.
- **If you have been late starting your treatment, please bring your treatment on admission to ensure you can complete your 5 day course of treatment.**
- Please use your 'Antiseptic treatment for MSSA before admission' booklet to tick off when you have completed each treatment.  
**Bring this booklet in with you when you come to the hospital so it can be clarified where you are with your treatment.**

## **What should I do if my medical condition changes after my pre-operative assessment?**

If you have any changes to your health after visiting pre-op assessment clinic please contact us as it is important that we know. You can contact the pre-op assessment team on **0114 226 6235**.

## **Joint School**

You must try to attend your Joint School appointment. The aim of this appointment is to provide you with information and advice, allowing you to take an active part in your recovery. You are welcome to bring someone with you if you wish.

## **Things to do before you come into hospital**

- Stock up your fridge and freezer
- Do all heavy laundry
- Arrange help with any heavier tasks
- Arrange for help putting on / taking off anti-embolism stockings for 6 weeks
- Arrange transport to and from hospital
- Pack a small bag ready for admission
- Remember to take all medication with you to hospital
- Bring the exercise booklet from Joint School with you

## 4. Coming into hospital

### **What will happen on the day of my operation?**

On the day of your operation, you will not be allowed to have anything to eat for six hours before your operation and only allowed to drink water until two hours before your operation.

Use your antiseptic wash and nasal gel as directed before admission. Remove all make-up, nail polish and jewellery except a wedding ring. It is advisable for your relatives to take all your valuables home. Spectacles and dentures can be removed in the anaesthetic room if you wish.

You will have your blood pressure, pulse and temperature checked and the nurse will ask you some questions, some of which you may have already been asked but we need to check that all your details are correct.

Your legs will be measured for your anti-embolism stockings and a doctor will mark the site of the operation on your skin with a pen.

### **What type of anaesthetic will I have?**

You will have either a general or a spinal anaesthetic. The anaesthetist who will care for you throughout your operation will discuss both options with you.

### **How long will the operation take?**

Your operation usually takes 1-2 hours, though you will not return to the ward until your condition stabilises and this might take a few hours.

All patients are admitted at 7.00am on the day of surgery. There are usually several patients on each list so please be aware that you may not be the first on the list and may need to wait.

## 5. After your operation

After your operation you will be taken to a recovery room where your blood pressure, pulse, temperature, breathing rate, wound and sensation to your toes and feet will be monitored. You will have a drip in the back of your hand and an oxygen mask on.

You will have some pain but medication will be given to help relieve this. If you are feeling sick we can give medication to relieve that also.

You will have a dressing over your hip wound; this normally stays on for 14 days (it is waterproof).

After your operation you are at risk of developing blood clots in your legs/lungs. To help prevent blood clots happening we will give you an injection into your abdomen each evening until you go home. This thins your blood and helps stop clots forming.

The aim is to get you out of bed 4 hours after surgery. Nursing staff will assess you for this.

### **When can I eat and drink?**

If you have a spinal anaesthetic you will be able to eat and drink when you return to the ward.

If you have a general anaesthetic your nurse will assess when you are able to eat and drink.

### **What will happen during the rest of my stay?**

The nursing staff, physiotherapists and occupational therapists are here to support and guide you in regaining your independence as soon as possible. To achieve this you need to move around and exercise regularly and rest as necessary.

An x-ray of your new hip will be taken before you are discharged.

**The average length of stay in hospital is 2-4 days.**

## 6. Going home from hospital

### Discharge information

We will give you the following to take home with you:

- Information about how to look after yourself at home.
- A supply of your tablets, painkillers and laxatives. Please go to your GP to get a further supply before they run out.
- Rivaroxaban 10mgs tablets which you take daily for 30 days to reduce the risk of deep vein thrombosis / pulmonary embolism (blood clots). Please note that this does not apply if you are taking Warfarin, Apixaban, Edoxaban or Dabigatran.
- Anti-embolism stockings to wear for 6 weeks, which need to be removed daily for half an hour for washing your legs. Please see 'Anti-embolism stockings' (PIL2560) patient information booklet.
- Information regarding your hospital stay (discharge letter) will either be sent electronically to your GP or given to you to hand in to your GP practice. A copy will also be given to you.
- There is also useful information in the 'Discharge advice following hip and knee replacement' (PIL3077) patient information booklet.
- You will be given contact telephone numbers for the ward and the Arthroplasty Clinical Nurse Specialist, so that if you have any worries or problems at all you will be able to talk to a member of staff.

### Follow-up appointments

An appointment for the outpatient clinic about 6 - 8 weeks after your surgery will be posted to you. At the appointment your consultant team will assess your progress.

After your first follow-up appointment, you will have a series of follow-up appointments planned. These follow-up appointments will be done by '**Virtual Clinic**'.

**Virtual Clinic** involves you completing a questionnaire about your hip replacement; if you have an email address this can be completed online via **MyPathway NHS Online System**. If you do not have an email address your questionnaire will be sent you by post.

You will then be asked to attend for an x-ray within a 3 week period, which can be either at the Northern General Hospital or the Royal Hallamshire Hospital. On the **Virtual Clinic** date, you do not attend clinic; your questionnaire and x-ray are checked and you are notified of the outcome.

To register go to: [www.mypathway.care/register/sth](http://www.mypathway.care/register/sth)

## **What do I do about any stitches?**

The Practice Nurse will take off your dressing and remove any stitches (if present) 14 days after your operation. On discharge, you will be given a referral letter and dressings to pass onto the Practice Nurse.

**It is important that you ring your GP Practice to arrange your appointment to see the Practice Nurse as soon as possible, in order to ensure that you get an appointment for 14 days after surgery.**

## **What will I need to do when I get home?**

When you get home you should gradually increase your level of activity. Aim to rest on your bed each afternoon for an hour. You may find yourself trying to do far more than when you were in hospital, and should not be surprised if you find yourself feeling very tired. After a hip replacement the muscles and tissues around the joint do take some time to heal. During this time, you should follow the advice you have been given by the team during your stay in hospital.



## **Is there anything I should look out for?**

Swelling is normal and is likely to affect your knee and lower leg. If this increases significantly, becomes more painful or you have pain in your calf, you should contact the ward or contact the Arthroplasty Nurse Specialist on:

- **0114 226 6229** (Monday to Friday 8.00am - 4.00pm)

## **Looking after your new hip**

Following a hip replacement you should be able to return to normal everyday tasks.

We advise that you listen to your body and if you feel too much pain, stop the activity i.e. don't force your hip.

At night, we recommend that you lie on your back for at least the first week, with a pillow between your knees to limit the amount of rolling over you do. You can lie on your operated side as pain allows after the first week or so. If you lie on your un-operated side then the operated leg may be supported by a pillow.

## 7. Other important information

### Research studies

The Department of Orthopaedics undertakes research. No patient is entered for a clinical trial, or included in non-clinical research, without their informed consent being obtained. Your doctor will provide you with information about current research that you might be suitable to enter.

If you do decide to take part, you will be given a full written explanation about the purpose of research and given time to consider whether you wish to be included. If you do not wish to participate in research your care will not be affected in any way.

### Bone donation

#### Why do we need bone donating?

The grafting of bone is a common procedure and is undertaken during hip operations, spinal surgery and other orthopaedic operations.

Bone grafts can also be used in patients who have lost bone as a consequence of previous surgery, congenital problems or after an injury.

Occasionally it is possible to use a patient's own bone when only a small amount is needed, but often donated bone from a bone bank must be used.

#### How can I help?

During the operation to replace your hip, a piece of bone, the femoral head, is removed to allow for your new artificial joint to be fitted.

Instead of discarding the bone, the bone can be donated so it can be used as a bone graft for other patients.

The decision to donate bone will not affect your operation as your femoral head has to be removed and will be discarded should you decide not to donate.

### **How can I donate bone?**

You can offer your bone when you come to pre-operative assessment clinic.

You will be asked if you wish to donate your bone. If you are willing, a nurse will discuss donation with you and answer any questions you may have. You will then be asked to sign a consent form.

### **Can anyone donate bone?**

Unfortunately not everyone is able to donate bone.

If you have ever suffered from any of the conditions listed below, please tell the nurse or decline to donate if you do not wish to discuss these conditions.

- Rheumatoid arthritis
- Cancer
- Systemic lupus erythematosus
- Parkinson's disease
- Multiple sclerosis
- Brucellosis
- Inflammatory bowel disease
- Syphilis
- Any other serious disease

Some personal and sexual activities also exclude you from donating bone.

You cannot offer bone if you answer yes to any of the following personal questions.

- Are you or your partner HIV positive?
- Do you carry Hepatitis B or C?
- Are you a man who has ever had sex with another man, even safe sex using a condom?
- Have you ever worked as a prostitute?
- Have you ever injected yourself with non-prescription drugs?
- Are you a haemophiliac who has been treated with clotting factor agents?

You are also not able to donate bone if you have had sex with:

- Someone who is infected with Hepatitis or HIV
- A man who has had sex with another man (if you are female)
- A prostitute
- Anyone who has injected themselves with non-prescription drugs
- A haemophiliac who has been treated with clotting factor agents
- Someone who has been sexually active in Africa (except for Morocco, Algeria, Libya, Egypt) in the last year

## **Testing of bone donors**

If you decide to donate your bone we do need to make sure that you do not carry certain viruses. This means that when you come in for your surgery we will take a sample of your blood to be tested for Hepatitis B and C, HIV and syphilis. These tests need to be repeated approximately six months after your operation, which is usually organised through your GP Practice.

The bone you donate can only be used following the second blood test. Not all bone is suitable for donation. If this is the case a second blood test will not be needed.

If you do not want your blood to be tested, please do not offer to donate.

### **Can I say no to offering bone?**

Donating bone is entirely voluntary. If you do not wish to donate your bone, there will be no further questions asked and you are not required to give any reasons for refusing, nor will your refusal affect the treatment you receive.

If you have any questions please ring the Arthroplasty Nurse Specialist on:

- **0114 226 6229**

## 8. Useful phone numbers

Pre-operative assessment: **0114 226 6235**

Arthroplasty Nurse Specialist: **0114 226 6229**  
(8.00am - 4.00pm, Monday to Friday)

Ward P2 **0114 226 8228**  
(Royal Hallamshire Hospital): **0114 271 3142**

Ward Firth 1 **0114 271 4048**  
(Northern General Hospital): **0114 226 9350**

Therapy **0114 271 2895** (please leave a message)  
(Royal Hallamshire Hospital):

Therapy **0114 271 4112**  
(Northern General Hospital):

## 9. Your notes

Please write down any questions you may wish to ask below and bring this booklet with you.



To help support your local hospitals visit  
[sheffieldhospitalscharity.org.uk](https://sheffieldhospitalscharity.org.uk)  
Registered Charity No. 1165762



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