

## Trauma & Orthopaedic Therapy Directorate Information for Patients

### Guidance following your hip replacement

Following your hip operation you will need to use your new hip carefully for 12 weeks. This will allow the muscles and tissues to heal properly and regain the strength to support the new joint and prevent risk of dislocation. You will temporarily need to do some of your usual daily living activities a little differently and will need help from other people at first.

#### General Guidelines

##### Do

- Sit for short periods
- Walk for short periods
- Use the walking aids provided by the therapist. Reduce down to one stick/elbow crutch as you feel comfortable to do so, using the stick in the opposite hand to your operated hip (if you are still walking with a limp you should be using two crutches/sticks).
- Follow your exercise programme. This will strengthen your muscles around your hip and improve your range of movement.
- Ensure the angle between your thigh and trunk is always a right angle (90 degrees) or greater.

##### Do not

- Do not twist at your hips when sitting or standing. When turning while standing do not swivel, but ensure that you pick your feet up and take small steps to face what you are doing.
- Do not cross your legs or ankles when lying or sitting.

#### Sitting

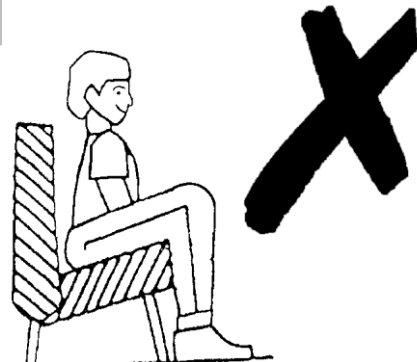
##### Do

- Sit on a firm high seat ideally with arms to push on when standing. You will need to sit in a seat that allows you to sit without bending your hips more than a right angle. Your therapist will advise you.
- Push up through your arms and good leg, putting your operated leg out in front of you. Sit down gently, again putting your operated leg out in front of you.



##### Do not

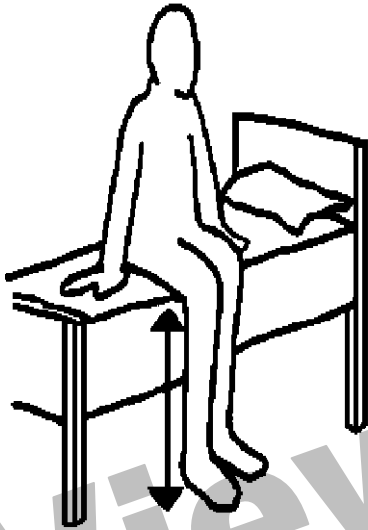
- Sit on any low soft furniture



## Information for Patients

### Sleeping

#### Do



- Sleep on your back and rest on your bed occasionally during the day.
- Sleep on a firm mattress on a high bed. The bed must be high enough so that you can sit on it without bending your hips more than a right angle.
- You can get in/out of bed using your usual side, but ensure you observe hip precautions at all times. You may find it more comfortable to bring your un-operated leg up onto the bed, followed by your operated leg, but this is not essential. Bend your un-operated knee and take weight through the heel and both arms to lift your bottom across the bed. Reverse the sequence when getting out of bed.

#### Do not

- Pull blankets/duvet up from the bottom of the bed – place them to the side.



### Sexual Relations

In the absence of pain or contrary advice from your surgeon, sexual intercourse may be resumed six to eight weeks after your operation. We recommend that a comfortable position for women is to lie on the un-operated side with the operated leg bent slightly at the hip and knee, supported by a pillow.

Men may find it more comfortable to lie on their back with their partner kneeling astride them. Alternatively men may prefer to lie on their side with the operated leg supported on their partner's thigh. Avoid bending at your hip and moving your operated leg across the centre of your body.

About three to four months after the operation intercourse with the man on top can usually be safely resumed, but it is recommended that women continue to avoid rolling their legs out too far.

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### Toileting

#### Do

- Use toileting equipment if this has been provided by your therapist.
- Ask your therapist if you feel a commode or urinal may be needed on your return home.

### Bathing

#### Do

- Use a shower cubicle when you feel safe and confident to stand unaided for long enough to have a shower, using a non-slip mat where possible.
- Wash your hair in the shower if possible.
- Use a long handled sponge or brush to reach your feet.
- Have a strip-wash.

#### Do not

- Do not use a bath or a shower over the bath for 12 weeks, unless this has been discussed with your therapists.
- Lean forwards over a sink to wash your hair.
- Lean forward to reach your feet.
- Sit in the bottom of the bath.

### Dressing

#### Do

- Keep some comfortable days clothes on the ward for dressing practice.
- Wear supportive footwear with either a flat or low heel. Slip-on shoes are preferable, as you will not be able to bend to lace up your shoes.
- Dress from a sitting position.
- Dress operated leg first, then “good” leg. When undressing, take garments off “good” leg first, then operated leg.
- Use long reaching gadgets to help you reach your feet (e.g. helping hand, shoe horn, sock gutter) and dressing techniques will be demonstrated on the ward.

#### Do not

- Lean forward or bend down to dress lower legs. Assistance will be needed with your surgical stockings.

### Stairs

Use one hand to hold onto the banister and the other hand to hold on to the walking aid.

### To go upstairs

- Go upstairs one step at a time
- Good leg first
- Operated leg
- Then crutches (stick)



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### To go downstairs:

- Go downstairs one step at a time.
- Crutches (stick).
- Operated leg.
- Good leg.

**Note:** You will practice using stairs or steps with the therapist. If you are at all concerned about steps or stairs at home, and any additional rails you may need, please discuss with the therapist.

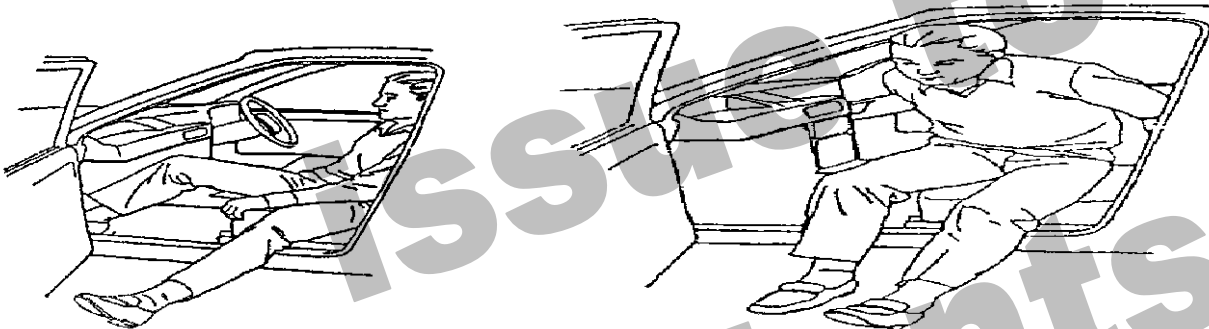
### Getting in/out of a car

You can be a passenger in a car as soon as you leave hospital.

#### Do

- Sit in the front passenger seat.
- Slide the seat back as far as it will go on its runners.
- Recline the backrest to enable you to lift your legs in safely without bending your hips more than a right angle. It can be returned to a comfortable position for travelling.
- Get in from the road or driveway, not the pavement as you will have to bend more at the hip when sitting down.
- Turn your back to the car and put your bottom down first.
- Slide backwards as far as possible then gently swing your legs in – you may need help lifting your operated leg in.
- Reverse procedure to get out.

#### Do not



- Lean on the car door for support.
- Sit for long journeys – take regular short breaks.
- Sit on a very low car seat.

### Driving

#### Do

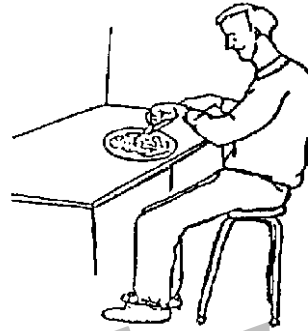
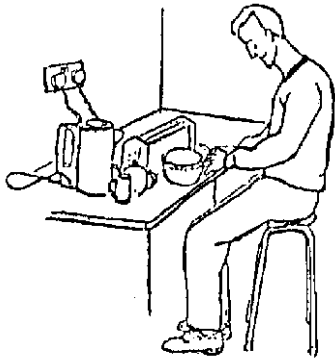
- Check with your insurance company that you will be covered by the terms of your policy

#### Do not

- Drive for six – eight weeks

## Information for Patients

### Kitchen Activities



#### Do

- Ensure your walking aid is close at hand. Avoid standing for long periods, use a high stool if possible or sit at a table on a dining chair.
- Keep everyday items close at hand.
- Use the hob or microwave if you have one.
- Use an eye-level oven or microwave if available.
- Use convenience/prepared meals.
- Rearrange your kitchen so you do not have to bend to reach frequently used equipment.
- Put hot drinks in a flask, snacks in a plastic box, carry them with an empty cup or beaker in a carrier bag while using walking aids. You may need to eat in the kitchen if necessary. Carrying food and drinks into your dining area will be difficult whilst you are using walking aids, and if you have no one to help you. Your therapist will be able to advise you if a trolley may be suitable.

#### Do not

- Bend to reach a low oven or grill.
- Bend to low cupboards, plug sockets or lower fridge shelves.

### Household Tasks

#### Do

- Spread chores throughout the weeks, take plenty of rests – conserve your energy.
- Avoid heavy tasks – vacuuming, cleaning, changing beds, laundry and gardening while you are using walking aids.

### Reaching Down

#### Do

- Use long handled equipment to reduce bending
- Hold on to a firm surface and take all your weight through your operated leg straight behind.
- Avoid bending unless absolutely essential (if you think you may need to do this, ask your therapist to practice with you).



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### Hobbies

If you are concerned that your hobbies or interests may be affected by your operation, please discuss this with your doctor or therapist.

These are only guidelines. Each individual is different, and your situation will be discussed in detail with you by members of the orthopaedic team.

### References

Cochrane Library. Assistive devices, hip precautions, environmental modifications and training to prevent dislocation and improve function after hip arthroplasty (Review). Cochrane Database of Systematic Reviews 2016

College of Occupational Therapists. Specialist Section. Trauma and Orthopaedics. Occupational therapy for adults undergoing total hip replacement. Practice guideline. 1<sup>st</sup> Edition. London: British Association of Occupational Therapists, 2012.

Following hip replacement it has been usual practice to issue equipment and give advice regarding positioning in order to reduce the risk of dislocation. Further high quality trials are needed to assess the therapy outcomes, as current evidence is relatively limited.

**If in doubt – please ask a member of the team. We are happy to help - Contact:**

#### **Solihull Hospital:**

Ward 15 0121 424 5215 & Ward 16 – 0121 424 53216

Therapy Office 0121 424 5446

Physiotherapy Reception 0121 424 5446

#### **Heartlands Hospital:**

Ward 9 – 0121 425 1884 & Ward 8 – 0121 424 0958

Physiotherapy Reception 0121 424 3493

#### **Good Hope:**

Ward 14 - 0121 424 0214 & Ward 15 – 0121 424 9215

Therapy Office 0121 424 9672

### Equipment

Any equipment you may need for discharge will be assessed and ordered by the therapists.

When you no longer need the equipment which was supplied to you please return it to the equipment loan stores, or telephone the appropriate stores to arrange collection (unless you have been told otherwise).

#### **Solihull**

The Better Living Centre

Unit 4

Elmdon Trading Estate

Bickenhill Lane

Solihull

B73 7HE

0121 329 0900

#### **Birmingham**

Medequip Assistive

Technology Limited

Units B1- 3 Matrix Point

Mainstream Way

Nechells

Birmingham B7 4SN

0845 3404430

#### **South Staffs**

Medequip

Stevenson House

Tollgate Drive

Stafford

Staffs

ST16 3HS

0845 4505579



### Please do not return these items to the hospital

#### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

#### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

#### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
- Clinic Entrance Solihull Hospital Tel: 0121 424 5616  
or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

#### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email: [patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

**If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.**

