



A guide to...

Preparing for your day case hip operation

Patient Information

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 198** or email westherts.pals@nhs.net



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Introduction

Your surgeon has placed you on the waiting list for a hip replacement. This booklet will provide you with essential information you require in preparation for your upcoming surgery.

The hip joint is a 'ball and socket joint', which allows a great deal of movement but is also weight-bearing. As a result of this, it is often prone to 'wearing away'. This is a simplified reason as to why arthritis occurs. Arthritis can be a very painful condition, causing you to slow down your walking or even stop you from sleeping.

The aim of the surgery is to reduce the pain in your hip joint, allow you to move more easily, and improve your quality of life.

Your operation will take place at St. Albans City Hospital (SACH) and you will be admitted on De La Mare Ward which is located on level 5 of Moynihan Wing. Please use the night entrance at the back of the hospital to access the lifts to level 5 as shown on the map at the end of this document.

You have been selected as a patient who may benefit from a day-case procedure.

As a result of expert surgery and anaesthetics, and a highly skilled team of doctors, nurses and allied health professionals you may not need to stay in hospital overnight. Going home on the same day as your operation is an established pathway in many orthopaedic units across the UK. Day-case surgery has shown very positive results and patient feedback. However, some patients may not be ready to return home the same day and need a little longer. If this were the case, we would expect you to be able to go home the day after your surgery.

We will only discharge you once you are recovered and you are able to safely return home.

Preparing for your operation

It is important for you to have realistic expectations of your joint replacement surgery. You should have a clear understanding of what to expect at each stage.

You must prepare appropriately for your surgery and work with the clinical teams you meet during your care. Your input will determine the quality of your recovery.

The weeks leading up to your operation are as important as the operation day itself. Therefore, you should plan ahead before your surgery and think about how things might be for your return home.

Transport

You should arrange for a family member or friend to collect you after your surgery. Please tell your admission team in time if you are unable to arrange transport home.

Assistance

You have probably been living with joint pain for some time and may have ways of adapting to certain situations at home. However, when you are recovering from your surgery you may initially need some extra help with general tasks including cooking, shopping, and cleaning. It is important to organise this help before your operation date. If you are discharged on the day of surgery, you will need to have a responsible adult with you for the first 24 hours after your procedure

Only very few people require professional care support at home. If your personal choice is to have this help, you must arrange this privately. The NHS can only provide professional care based on specifically assessed need and cannot arrange convalescent care.

Home preparation

Preparing your home environment in advance is really helpful for your return. For example, you can:

- Freeze some simple-to-cook meals or have some ready-meals on hand.
- Move any heavy, or out-of-reach items to more accessible places e.g. move saucepans you use frequently from low shelves or cupboards.
- Avoid potential trip hazards or obstacles such as loose rugs or excess furniture.
- Make arrangements for someone to care for any pets including dog walking.

General health

The fitter you are before your operation, the less likely you are to have complications during and after your surgery.

You should seek to make some lifestyle improvements, such as

- Reducing alcohol intake and stopping smoking
- Keeping as mobile as possible and exercising
- Losing weight.

If you have long term health conditions you should aim to control these as well as possible before your operation to help prevent any complications and to avoid your operation being postponed.

Medical conditions such as uncontrolled diabetes can impact on your recovery and wound healing. You will need to have a blood test called HbA1c within six months of your surgery and the value should not be higher than 69mmol/mol. You will be referred to a Perioperative Diabetic specialist nurse to help you manage this.

The exercises discussed in a later section of this booklet are to be completed both before and after your surgery. These exercises will stimulate and strengthen your muscles which will help you to recover more quickly after surgery.

Pre-operative assessment

The pre-operative assessment process is an important step in planning your surgery. You will be asked to provide some information about your general health and current medications to ensure you are fit for the operation.

This will be a face-to-face appointment with one of the specialist nursing team. In addition, you may be required to see other members of the team such as the Anaesthetist, the Pharmacist or diabetic specialist nurse depending on your medical history.

You may also receive more information about your procedure, such as instructions about medications and fasting times before your operation. We will assess your general health and perform blood tests and MRSA swabs at this stage.

The Pharmacist will give you specific instruction about what medications to stop taking before your procedure and when. Some medications you may be asked to stop in advance includes over the counter herbal remedies and some blood thinning medication.

We will give you clear instructions if this is needed and tell you when you should start these medications again after your surgery.

Joint School

Prior to your surgery, you are required to attend an education seminar where you will meet various members of your care team. They will go through everything with you including your procedure and the various anaesthetic and pain control options we use.

If you find it difficult to attend the face to face session, we can offer you an electronic version by way of an application you can download on your phone. Once the application is downloaded, you will have a number of tasks which will need to be completed as evidence that you have undertaken a virtual joint school. Please telephone the specialist nursing team on 01727 897558 should you wish to be enrolled onto the application

On the day of your operation

You will be given a specific time to arrive. This may be 7.30am in the morning, or later on depending on the time of your operation.

You will also be given specific fasting instructions with your admission time. You must not have any food or milky drinks within six hours of your surgery. However, we encourage you to continue to drink plain, still water up to the time of your operation. Please do not chew gum.

Pre-operative drinks

Unless you are diabetic, you will be provided with a special pre-operative drink, designed to give you the necessary energy, keep you hydrated and prevent dizziness on the day of your operation. Please take this drink an hour before your admission time.

What to bring

- All your current medication in original packaging.
- Loose, comfortable day clothes to get dressed back into after your operation. Your leg may be swollen after your surgery so make sure this is an appropriate size.
- Flat, sturdy footwear with a back.
- An overnight bag with toiletries in case you are not ready to return home on the same day.
- Glasses, hearing aids or walking aids that you might have.
- Phone, charger and headphones if you would like to listen to music during your operation.
- Something to read in case you have to wait.
- Contact details of the person who will be picking you up.
- Any letters you receive from the hospital.
- Any consent forms you may have previously signed.

Please try to avoid bringing in a large number of items with you and minimize items of high value or cash.

Your arrival

When you arrive you will be greeted by a member of the ward team. They will book you in and confirm some details with you. You will then be seen by one of the nursing team who will run through some additional questions.

The surgical team will confirm with you the operation that they are planning to perform and check your consent form with you. They will mark an arrow with a pen on the leg that is going to be operated upon. They will also be able to answer any last-minute questions that you may have.

You will meet your anaesthetist who will explain the type of anaesthetic that is going to be used, and answer any further questions you may have about the anaesthetic. Your anaesthetist will also discuss pain relief options to help manage your pain after the operation.

When it is time for your operation, you will be asked to change into a theatre gown, stockings and special underwear. Someone from the theatre will come to collect you to take you down to theatre where you will be greeted by your anaesthetist, in the anaesthetic room with his or her operating department practitioner, who works with the anaesthetist.

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

Anaesthetic

In the anaesthetic room, 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 also be giving you various medicines through a drip in the back of one of your hands. These include antibiotics, anti- sickness medicines and fluids.

In the majority of cases, your anaesthetist will give you a spinal anaesthetic. This is a very safe procedure that avoids the need for a general anaesthetic. Spinal anaesthetic involves placing local anaesthetic around the nerves of the lower back so that you do not feel pain during the operation. It will also help you to recover quickly and receive the best post-operative pain relief. Your anaesthetist will discuss and agree with you a plan depending on your medical history, and also your wishes.

The operation

You will then be brought into the operating theatre where you will be positioned and 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 headphones to be a good distraction. If you feel that this would help you relax then we encourage you to bring your own music and headphones. You may prefer to have a small amount of sedation to have a light sleep through their surgery.

After the operation

Recovery

The surgery can take between one to two hours. Immediately after the surgery you will rest in the recovery unit until you are more awake, before being taken to the ward area.

If you are being discharged in the same day as your operation, you may go via the X ray department to have your X ray before you return to the ward.

It is normal to be sore around the hip, and the team will ensure you have enough pain medications available. Recovering from your joint replacement surgery has changed a lot over the years. We know the sooner you start walking after your surgery, the better your outcomes will be.

When you return to the ward and your spinal anaesthetic has sufficiently worn off, you will then be assessed by the therapy team. Our teams will help you get up off the trolley, stand, and practise walking with suitable aids. The team will practise everyday activities with you such as getting on and off the bed, chair, toilet and advice on how to dress. You will also be taught how to safely complete the stairs.

In order for you to return home, the team needs to be satisfied that you can manage these activities at home. You will also be encouraged to get dressed in home “day clothes” as soon as possible.

Going home

We will aim to discharge you on the same day as your operation. However, everyone progresses at different rates following their surgery and you may need to spend a little longer with us at the hospital.

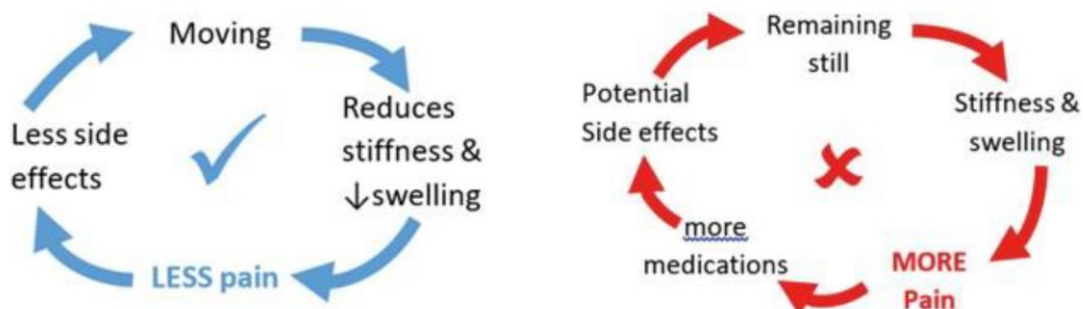
When you have been cleared for discharge, you can contact your family or friends to come and collect you from the hospital. You will need to have a responsible adult with you for at least 24 hours after your procedure. After this you may find it helpful for a friend or relative to stay with you for a few days while you get used to managing with your new hip but it is not essential. This should be arranged before your admission.

Wound care

Your incision is closed with dissolvable stitches and the wound covered with a shower-proof dressing in order for you to have short showers. Do not aim water directly at the dressing. Please keep your wound dressing intact until a healthcare professional reviews the wound which will be two weeks following the surgery at your GP surgery.

Pain

Joint replacement surgery is painful and the first few weeks can be a difficult. However, it is particularly important to stay active and keep up with your exercises. The sooner you can get up and walk after your operation, the better and faster your recovery will be. Remaining active will lower your risk of complications whereas keeping still after your operation tends to result in your leg swelling and worsening of your pain.



Moving makes it better cycle images © CBlandford

We will be giving you strong pain relief medication but you should expect there to still be mild-to-moderate pain on movement. You are not going to be completely pain-free. Your pain relief package will be specially designed to try and control your pain as well as possible. It will start on the day of your surgery, and continues after your discharge home.

You will receive the same pain relief medication whether you stay in hospital overnight, or return home on the same day as your operation.

Other symptoms

It is common to have generalised swelling of the leg below your hip replacement. This will often get worse if you sit upright for prolonged periods so we encourage you to remain gently active. However, if you experience increasing swelling and pain, please seek medical attention.

Constipation is also common following surgery due to the pain relief medications. We will provide you with the appropriate laxatives as part of the routine post-operative package. Please ensure that you take these as prescribed, along with plenty of water to drink. Keeping mobile will also help reduce the risk of constipation.

We will also prescribe you additional medications to reduce the effect of nausea and risk of blood clots, depending on your medical history. You will be given clear instructions about all your medications before you go home.

Some people may also complain of sleep disturbance following their operation. This is not uncommon in the first few weeks and usually improves with time. You may sleep in any position you find comfortable.

What to look out for

Deep vein thrombosis (or DVT) are blood clots in the leg can occur after joint replacement surgery. If your calf becomes hard, swollen, hot and painful, then this could be a sign of a blood clot. If you get these symptoms please seek medical advice as soon as possible.

Infection is very rare. However, if your wound starts to weep or the wound area becomes hot, red and/or increasingly swollen or if you feel unwell, then please seek medical assistance.

On-going support

Following discharge, you will receive a call from our Enhanced Recovery Team within 48 hours.

**If you require advice either side of this call, you may contact the team on:
01727 897558 (Monday to Friday 8am – 4pm) or alternatively De La Mare ward on
01727 897121.**

Outpatient follow-up appointments will usually be arranged by the ward for around six to eight weeks after your surgery. Even though you may be discharged after your operation, you are not alone. There is always advice available if you have any concerns or questions.

Therapy advice

Exercises

Completing the following exercises will significantly benefit your recovery, improve movement in the hip joint and develop the strength of the muscles around it. It is vital that these exercises be completed both before and after your operation.

It is important that you take your pain medication regularly as the exercise may initially feel difficult due to pain and weakness. It is also normal to feel stretch around your surgical site when exercising.

You should perform these exercises three to four times each day and repeat each exercise ten times.

1. Foot exercises

Move your feet up and down from the ankles when you are sitting or lying. This will help with reducing lower limb swelling which can take several months to settle down and it reduces the risk of blood clots.



2. Static Quadriceps

Lying on your bed or on a flat surface with your legs out straight and toes pointing to the ceiling. Press the back of your knee on to the bed as firmly as possible to tense up the thigh muscle. Hold for five seconds and then relax.



3. Gluteal Contraction

Staying in the same position clench the muscles of the buttocks together as firmly as possible. Hold for five seconds and then relax. You can also do this exercise in sitting.

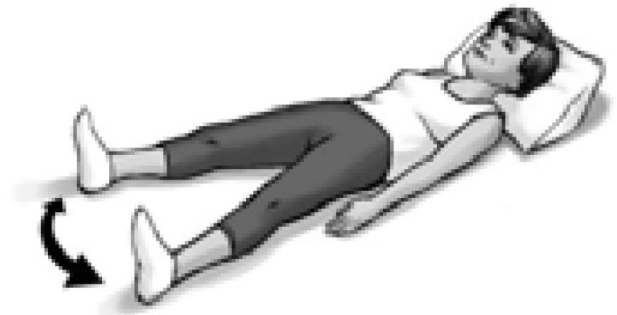
4. Lying hip flexion

When lying on the bed, bend the knee of your operated leg whilst keeping the knee pointing upwards. Do not let the knee point inwards. Slowly straighten your leg and return to starting position.



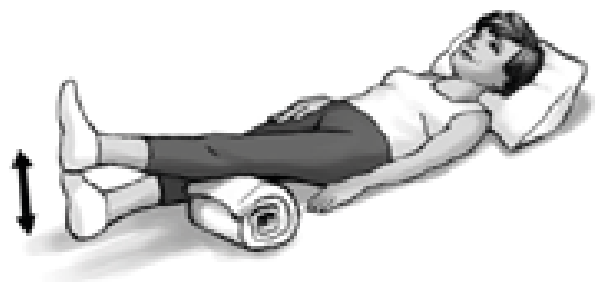
5. Lying hip abduction

Continuing to lie on the bed, with your legs straight in front of you, take your operated leg out to the side, keeping the knee straight and toes pointed to the ceiling. Slowly return to the starting point.



6. Heel lifts

For this exercise you will need to place a rolled-up blanket under the knee and allow the knee to bend. Keeping the back of the knee on the blanket, tense the thigh muscle and lift your heel off the bed. Try and straighten the knee as much as possible and hold for 3 seconds then lower your heel slowly.



Once you are walking comfortably you can start the following:

7. Hip abduction in standing

Stand and hold onto a solid support. Put your weight on your opposite leg and lift your operated leg sideways keeping your knee straight and toes forward. Do this in a slow and controlled manner. Try and keep looking forward.



8. Hip flexion in standing

In the same position holding onto a solid support, lift your operated leg bending your hip and knee up toward your chest. Lower slowly.



9. Hip extension in standing

Lastly from the same starting position, lift your operated leg backwards, clenching your bottom muscles while keeping your knee straight. Do not to lean forwards.



Once moving comfortably, you can repeat the standing exercises on the un-operated leg by standing on the operated leg. You can also practice standing still on just the operated leg.

Getting around

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.

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 side opposite 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.

The therapist will practise with you how to safely complete the stairs before going home. To go up and down the stairs, use a banister rail if there is one.

Go up leading with the unoperated leg first, followed by the operated leg and then the crutch. Going down, put the crutch on the step below, then step down with the operated leg, followed by the unoperated leg.

Walking is good for your new hip but remember to initially pace your activity; walk and exercise regularly, little and often. The risk of dislocation is greatest in the first six weeks following surgery. To reduce the risk of dislocation whilst the tissues around your hip are healing, avoid forcing or overstretching movement. Avoid the combination of bending the hip and knee across the body towards the opposite shoulder as shown in the picture.



To kneel, go down on the operated leg, taking your weight forward through the unoperated leg. To come up from the kneeling position, take your unoperated leg forward, take your weight through this leg and push up into a standing position.

It can take time to recover from a total hip replacement. You may need to rest for at least twenty minutes in the morning and/or afternoon on the bed initially. This will help with reducing lower limb swelling.

Sit in a comfortable supportive chair after your operation (ideally with chair arms) to help you get up and down safely. Avoid low soft seating initially after your operation.

Sleeping

We recommend sleeping on your back. Should this be uncomfortable and you wish to turn to your side, please ensure you have a pillow between your knees at all times to avoid dislocating the hip when sleeping on the unoperated leg. We also suggest not sleeping on the operated side until the wound has healed, which may take six weeks.

When getting into bed position your bottom back towards the centre of the bed and then slide yourself around into bed lifting your legs onto the bed.

Getting dressed

To put pants or trousers over your feet, hold the waistband and lower garment to your feet, inserting the operated leg first followed by the other leg before pulling them up.

To undress, complete in reverse. When putting on shoes and socks reach down on the inside of the operated leg to avoid uncomfortable twisting of your hip. A long handled reacher, shoehorn and sock aid can make dressing easier and would need to be privately purchased. These are readily available from mobility shops, pharmacies and online.

Driving

You can travel as a passenger in a car immediately following your operation. It is best to sit in the front seat, with the seat well back and reclined. An extra cushion on the seat can be helpful. As a passenger gently lower yourself down onto the edge of the car seat keeping your operated leg straight and out in front of you.

Slide back into the seat then lift both legs in as your body turns to sit upright in the seat. You may find a plastic bag on the seat helps you to turn smoothly. Remove the bag once you are seated. If possible, get into the car directly from the drive or road rather than the kerb or pavement.

Before driving, you need to be fully recovered from your surgical procedure, free from the distracting effect of pain or of any pain relief medication, and be able to safely control your car, and perform an emergency stop. This is around four to six weeks after your operation. Stop regularly on longer journeys so you can get out of the car to change position and move around. You may wish to inform your insurance company before you start driving.

Returning to normal activities

Most people are ready to return to work at six to eight weeks after their operation. Air travel should be avoided for three months due to the risk of developing blood clots. Depending on the sensitivity of the security scanner it may set off the alarm.

You can resume most physical activities as soon as you feel comfortable and confident. You can swim once your wound has healed, swimming any stroke including breaststroke. Exercise bikes and treadmills can be used from six weeks, returning to outdoor cycling once comfortable. If you play golf, we suggest you can resume gradually after six weeks. For higher impact activities such as tennis, badminton and cricket we suggest resuming from around three months. You can run short distances but longer distances risk wearing the joint and reducing how long it lasts. Contact sports are not advised following this surgery.

List of departments and services

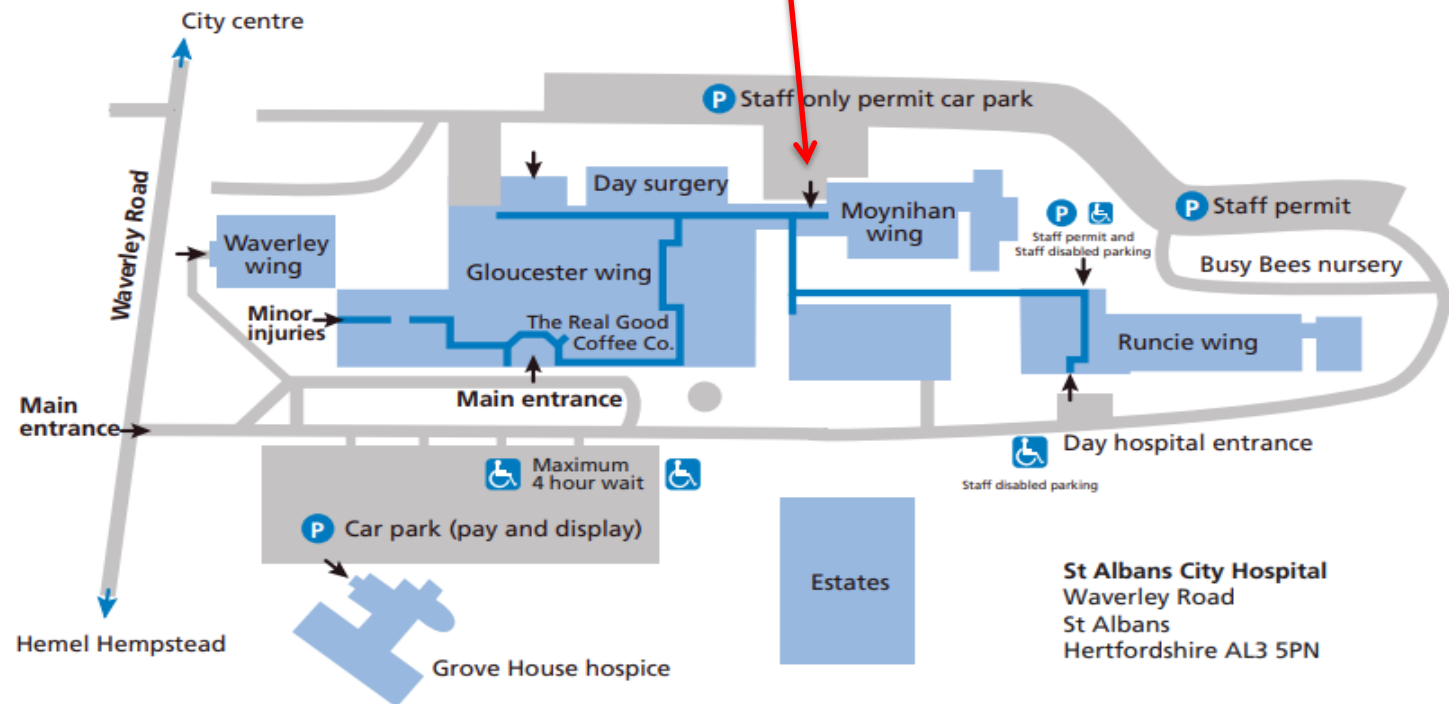
Department	Wing	Level
A Abbey clinic (Outpatients)	Gloucester	1
Abbey and Deacon	Moynihan	2
Antenatal clinic	Gloucester	1
Audiology (Outpatients)	Gloucester	1
B Beckett ward	Moynihan	4
Breast clinic	Gloucester	1
Busy Bees nursery	Creche	1
C Colposcopy	Gloucester	1
D Day surgery and discharge	Gloucester	G
De La Mare ward	Moynihan	5
Dentistry	Moynihan	2
Dermatology day unit	Gloucester	1
Dietician	Moynihan	1
F Fertility clinic	Gloucester	1
G Grove House hospice	External building	-
H Herts out of hours	Gloucester	1
Holywell neurological unit	Runcie	G
L Leg ulcer clinic	Moynihan	2
M Maple therapy unit	Moynihan	3
Minor injuries unit (MIU)	Gloucester	1
Medical education centre	Moynihan	2
O Ophthalmology	Moynihan	4
Orthopaedics	Runcie	G
Outpatients	Gloucester	1
P Pain clinic	Moynihan	1
Pathology	Gloucester	1
Pharmacy	Gloucester	1
Podiatry	Moynihan	2
Prayer quiet room	Moynihan	G
Pre-operative assessment unit	Runcie	2
R Rapid assessment unit	Moynihan	3
Renal dialysis unit	Gloucester	1
Rheumatology day unit	Gloucester	1
S Sexual health clinic	Waverley	-
Shop - WRVS	Gloucester	1
Sopwell ward	Runcie	2
T Theatres	Gloucester	G
The Real Good Coffee Co.	Gloucester	1
X X-ray and Ultrasound	Gloucester	1

Site map key

- Entrances
- P Car parking
- ♿ Disabled parking maximum 4 hour wait
- Exit

St Albans City Hospital

Department list and map



St Albans City Hospital
Waverley Road
St Albans
Hertfordshire AL3 5PN