

# Your Hip Operation

## at the Nuffield Orthopaedic Centre

Nuffield Orthopaedic Centre **NHS**  
NHS Trust



### **A patient's guide to**

- ❖ Total hip replacement for the first time
- ❖ Revision total hip replacement
- ❖ Hip resurfacing

Welcome to Team Two at the NOC. Together you and your surgeon have decided that you should have an operation called a Total/Revision hip replacement or Hip resurfacing. This booklet will explain what to expect and what you need to do after your operation to help you recover as quickly as possible.

Contents	page
Your hip replacement/resurfacing surgery	03
Risks and complications of surgery	04
Precautions following a total hip replacement/resurfacing	11
Preparations for your home	11
Hip exercises whilst in bed	12
Getting in/out of bed	14
Walking	14
Hip exercises whilst standing	15
Getting up/down from a chair	17
Bathing and showering	18
Dressing	18
Going up/downstairs	19
Getting in/out of a car	20
Driving	21
Sleep/rest/pain	21
Looking after your wound	22
Continuing your activities at home	23
In your house and kitchen	23
Sexual activity	24
Sport and leisure activities	25
Equipment loan and return	25
Outpatient appointments record	26
Further information/Contact details	27

**It is important that you read this leaflet before discussing the operation and signing the orange consent form with the surgeon.**

## Your hip replacement/resurfacing surgery

Hip replacements/resurfacing are usually performed for patients with osteoarthritis (wear and tear arthritis). They can also be performed for other conditions such as rheumatoid arthritis, congenital hip conditions, hip fractures and avascular necrosis (loss of the blood supply and subsequent bone collapse).

These diseases can damage the hip joint thus affecting its functions, therefore you may notice pain or crepitus (the creaky sound you may hear or feel on moving). The joint may become stiffer; and you may find increasing difficulty in performing everyday activities, such as getting up from a chair, or reaching to put your socks and shoes on. You may also notice that you have been walking with a limp or that your affected leg has shortened. Arthritis can also disrupt your sleeping patterns.



Normal Hip



Osteoarthritis

Total hip replacements and resurfacing are designed to replace these affected joint surfaces, relieving pain and hopefully restoring movement and functional ability.

The hip joint is a ball and socket joint. If your doctor suggests conventional total hip replacement, then the ball of the thigh bone (femur) is replaced with a metal ball and stem which is implanted into the thigh bone. The socket is lined with a metal or plastic cup. These two components then articulate with each other. The articular surface can be made out of a variety of materials: metal, plastic, ceramic etc.

Your doctors will explain the options and which articulation is best indicated for you. The joint replacement implant is often called a prosthesis. Your prosthesis may be cemented in place with acrylic bone cement or fixed directly onto the bone without cement. Your doctor will recommend the best type of hip procedure for you.

Some patients may have problems with both hips or need to revise an existing replacement and the doctor may advise operating on both hips at the same time.

In some patients hip resurfacing may be indicated. The main difference with conventional hip replacements is that much less bone is cut from the thigh bone. Only the surface of the ball is replaced with metal. It is an option considered for patients who meet very specific criteria.



Conventional



Resurfacing

At the pre-operative assessment clinic, your Consultant or a member of the surgical team will discuss with you the hip operation best suited to you. They will also go through the risks and benefits involved.

## Risks and complications of hip surgery

Most patients will recover well from their total hip replacement/ resurfacing operation without significant problems. The complication rate with conventional hip replacement for the first time is 1-2%. This rate is fairly similar for hip resurfacing and higher with revision hip surgery. Less is known about the medium to long term safety and reliability of these devices or the likely outcome of revision surgery, than for conventional total hip replacements. As with all operations,

there are some risks that might occur and these are as follows:

#### ❖ **Infection**

An infection can occur close to the skin (minor) or deep inside the hip joint. A minor infection may be treated simply with antibiotics. However infection within the hip joint itself can be more difficult to treat, as the bacteria (bugs) can hide against the metal or plastic of the prosthesis, thus being inaccessible by the body's own immune defences or antibiotics. Sometimes we can treat this infection just with antibiotics, but sometimes it is necessary to remove the hip replacement entirely and treat with antibiotics through a drip for several weeks before a new hip replacement can be put in. During the time when there is no hip replacement present, the cut end of the thigh bone rests up against the pelvis bone, forming a fibrous false joint. It is possible to walk during this time, although the operated leg will be shorter than before and can feel uncomfortable.

#### ❖ **Thromboembolic Disease**

All operations on the lower limbs carry a risk of blood 'clots' forming in the veins of the calf (deep vein thrombosis) or even in the lungs (pulmonary embolus). We take precautions during and after the operation to prevent this by giving medication that thins the blood and compression stockings to prevent the blood from pooling inside your legs. Despite this, it is still possible for clots to form.

#### ❖ **Haemorrhage**

Inevitably patients will lose some blood during the operation. Sometimes people can lose large amounts of blood. It is also possible that the stress of surgery or certain medications can cause bleeding from the stomach or intestines. Rarely the bleeding can be life threatening. You may therefore require a blood transfusion during or after the operation. This is why we check your blood group when you come to the pre-operative assessment clinic. Blood transfusions are more frequent in hip revision surgery. If you do not wish to have a transfusion it is important you inform the nurse at the pre-operative assessment clinic. The Nuffield Orthopaedic Centre has a Policy for the Treatment of Jehovah's witnesses; please discuss this with your Consultant if necessary.

### ❖ **Leg length discrepancy**

It is not always possible to get your leg length exactly equal and sometimes your leg will be longer or shorter than the unoperated leg after a total hip replacement. However this can be corrected with an insole or a shoe raise.

### ❖ **Dislocation**

Occasionally a total hip replacement/resurfacing can come out of joint and will be required to be put back in joint under a short anaesthetic. If this starts to occur frequently you may require a re-operation to make the hip more stable. It is important to carefully follow the rehabilitation program to minimise this risk.

### ❖ **Bone fracture around the prosthesis**

Very occasionally during the operation, the thigh bone or the pelvis bone can break. In this case we will fix it during the operation, but it may mean that you are unable to bear weight fully through that leg for a few weeks after the operation. During or after a hip resurfacing operation it is possible for the neck of the femur bone to fracture and this may necessitate replacement of the femoral prosthesis with a conventional metal stem prosthesis.

### ❖ **Tendon, nerve or blood vessel injury**

Very rarely tendons, nerves or blood vessels can be damaged during the operation. Usually these injuries recover, but occasionally patients experience extensive bruising, have difficulty walking or moving the ankle and the foot, or can be left with numbness of the skin down the leg .

### ❖ **Revision surgery**

Over time the components of the hip replacement can age, wear out or loosen from their bone attachment. This may present with worsening pain and stiffness and it may require further surgery to put a new hip replacement in.

### ❖ **Continued pain**

Very occasionally the total hip replacement/resurfacing does not relieve the pain. You may require further investigation or treatment with a number of different methods for controlling pain.

❖ **Stiffness**

Some patients, more commonly those who have revision surgery, might experience stiffness in their operated hips after their operation. Although this may resolve with time, close follow-up may be necessary.

❖ **Weakness**

A few patients can experience muscle weakness around the hip joint after the operation which may cause a limp. You may still need to use your walking stick long-term after the operation.

❖ **Metal ions**

Implants with metal surfaces can produce microscopic sized metal particles known as metal ions. This is particularly the case with metal-on-metal articulations such as hip resurfacing. There has been some laboratory research to show that metal ions can enter the blood stream and be excreted in the urine. So far, clinical research in humans has not shown that these ions have had a significant impact on the patients' health.

❖ **Extra bone growth (Heterotopic ossification)**

Very occasionally in some patients, extra bone will form in the tissue around the hip replacement/resurfacing after the operation. It is possible that this can lead to stiffness and pain. If that is the case, then further treatment or another operation might be required to remove this extra bone. This can only be performed 1-2 years after the original operation.



Hip Replacement



Heterotopic Bone

### ❖ **General risks**

Every major surgical procedure such as hip replacement/resurfacing might be accompanied by general health risks such as a stroke or a heart attack. These risks are small but are very dependent on the patient's general health and lifestyle prior to the operation.

## **Benefits of hip replacement/resurfacing**

- ❖ The main benefit of any form of hip replacement or hip resurfacing is **relief of pain**.
- ❖ In addition many patients notice an **improvement in the function of the hip** joint and this may enable them to walk better and further.
- ❖ Daily activities and mobility should become more comfortable to perform and your quality of life should be enhanced.
- ❖ Many people have been able to return to work and hobbies that were made difficult or impossible due to hip pain prior to surgery.

In all, the total hip replacement/resurfacing has an extremely high satisfaction rate.

## **Pre-Operative Assessment Clinic**

This will provide you with the opportunity to discuss the medical, nursing and therapy requirements needed to help you plan for your admission to hospital and discharge following surgery.

**If for any reason you cannot attend this appointment it is important to call the clinic as soon as possible.**

## Your Hospital Stay

You will be admitted to the ward on the evening or morning prior to surgery. Some patients may need to be admitted earlier than 24 hours in order for more tests to be performed.

On the ward, you will have your blood pressure, temperature, pulse and oxygen saturation levels recorded. To help reduce the risk of blood clots you will be measured for compression stockings, which you should wear all the time until you go home or are otherwise instructed. Blood thinning medication will be prescribed for 6 weeks following surgery.

The anaesthetist and a member of the consultant's team will visit you before surgery. The anaesthetist will explain the anaesthetic and methods of pain control. You will have an opportunity to discuss any questions you may have. Your regular morning medication should be given to you as well, unless the doctors instruct otherwise. They may also discuss your consent again prior to surgery.

Following your operation you will go into the recovery ward for a short period before returning to the ward later the same day. If you require High Dependency Unit (HDU) facilities, this can be provided and you would return to the ward the following morning.

You may have an epidural or epidural catheter in your back or a pump connected to a drip in your arm that you can control to help with pain relief. You may also have a urine catheter, especially if your surgery is lengthy. The catheters are usually removed within 48 hours, depending on each patient's pain and mobility. You will have a drain inserted into the joint. This would normally be removed the day after surgery.

You will have a drip in one of your veins which will stay in place until you are drinking satisfactorily. Depending on your blood loss during surgery, you may receive a blood transfusion. Regular recordings of your blood pressure, pulse, respiration, oxygen levels and temperature will be made. The nursing staff will change your position regularly to prevent pressure sores.

On return to the ward you will be encouraged to regain your independence with the help of nursing staff, physiotherapists and occupational therapists. You will be assisted with hygiene needs, initially washing in bed and using bedpans/bottles until you can use a commode or go to the bathroom. The nurses will re-dress your wound as necessary and ensure that you remain as comfortable as possible by giving you painkillers. An x-ray will be taken and you will have blood tests during your stay to ensure that you are recovering well from the surgery.

You will start to get out of bed with the physiotherapist to walk one or two days after surgery, gradually progressing from using a walking frame to crutches and then sticks. If you have revision hip surgery, your physiotherapist will advise you how much weight you can take through your operated leg and practise this with you. They will also show you how to climb up and down stairs. The occupational therapist will teach you how to use the dressing aids, so that you can dress yourself and if needed recommend any equipment to help you with getting on/off chairs, toilets, etc. for when you return home.

You will be discharged providing you are walking safely, you are safe carrying out daily activities, you have all the equipment that you need, your pain is at an acceptable level and your wound is healing well. On discharge from the ward you will be given necessary medications, details on wound care and any follow up appointments with the district/practice nurse for removing sutures/clips and checking on your wound. An outpatient clinic appointment will be sent to you by post.

## Precautions following a total hip replacement/ resurfacing

Following a hip replacement or resurfacing the muscles and tissues surrounding your new hip will need time to heal. During this period there are several movements that you must avoid for a period of up to 12 weeks. These are called **HIP PRECAUTIONS**.



© PhysioTools Ltd

- ❖ Do not bend your hip more than a right angle (90°) between your leg and your body.
- ❖ Do not cross your legs or move your operated leg over the midline of your body.
- ❖ Do not twist your body separately from your legs. Your shoulders and feet should face the same way.

## Preparations for your home

In order to care for your healing joint following surgery, you may need to make some adjustments to how you manage activities at home. The Occupational Therapist will advise you how to adapt your furniture or the way in which you use furniture, bathroom facilities and other appliances at home.

It is important that your furniture is the correct height to enable easy use until the Surgeon advises you that you can resume normal activity.

Take action to remove loose mats, rugs or cables which may cause you to slip or trip.

## Hip exercises whilst in bed

You will be assessed by a physiotherapist and taught specific exercises which will help to:

- ❖ increase the range of movement of your new hip
- ❖ increase the strength of the muscles surrounding your new hip

All exercises should be performed slowly and steadily avoiding forced or jerky movements. All the following exercises apply if you have a conventional hip replacement for the first time, a hip resurfacing or hip replacements to both hips at the same time. They do not necessarily apply if your hip replacement has been revised.

### Exercise 1

Move your feet up and down regularly to help the blood circulation in your legs.

### Exercise 2

Sit or lie with your legs stretched in front of you:

- ❖ Tense your muscles on the front of your thigh by pushing the back of your knee down into the bed and pull your toes toward you.
- ❖ Hold for a count of five.
- ❖ Relax completely.
- ❖ Repeat \_\_\_\_\_
- ❖ Do this with both legs in turn.



### Exercise 3

Lying on your back with your legs stretched in front of you:

- ❖ Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend.
- ❖ Slide your heel back down again.
- ❖ Relax completely.
- ❖ Repeat \_\_\_\_\_



**Do not bend your hip more than a right angle  
between your leg and body**

#### Exercise 4

Lying on your back with your legs stretched in front of you:

- ❖ Keep both legs straight and your toes pointed towards the ceiling throughout the exercise.
- ❖ Move your operated leg out to the side as far as possible.
- ❖ Then return to the start position.
- ❖ Relax completely.
- ❖ Repeat\_\_\_\_\_



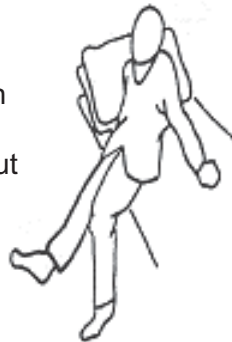
**Do not cross your operated leg over the  
midline of your body**

## Getting in/out of bed

You should get out of bed on the side of your operated leg. The sequence of movements that the physiotherapist and occupational therapist will recommend you use is as follows:



- ❖ Keeping your leg straight, slide it over the edge of the bed, taking care not to twist your body.
- ❖ Stand up from the bed by placing your operated leg out in front of you and push up from the bed with your arms and un-operated leg. Reach for your walking aids without bending or twisting.



- ❖ When getting back into bed, push yourself up the bed with your un-operated leg.

## Walking

- ❖ You will start walking with a frame and may progress to walk with a pair of elbow crutches and then sticks. You will be allowed to put as much weight as is comfortable through your operated leg unless advised otherwise by your consultant or physiotherapist, who will explain how much weight you are allowed to take.

Points to aim for when walking:

- ❖ Step length: make sure that both steps are of equal length.
- ❖ Timing: try to spend the same length of time on each leg.
- ❖ Always put the heel of your foot to the ground first.

**Remember when turning around, take small steps and gradually turn rather than twisting at the hips**

## Hip exercises whilst standing

### Exercise 5

Stand with your hands supported on a table or high backed chair:

- ❖ Lift the knee of your operated leg towards your chest, so bending your hip.
- ❖ Lower your foot to the ground.
- ❖ Relax completely.
- ❖ Repeat \_\_\_\_\_
- ❖ Change to the un-operated leg and repeat.

**Do not bend your hip more than a right angle between your hip and body**



### Exercise 6

Stand with your hands supported on a table or high backed chair:

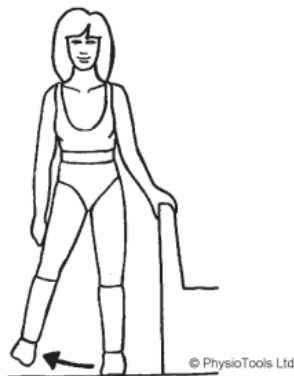
- ❖ Keep your body straight and upright throughout the exercise.
- ❖ Move your operated leg as far back as possible.
- ❖ Ensure you do not lean forwards.
- ❖ Return to the starting position.
- ❖ Relax.
- ❖ Repeat \_\_\_\_\_
- ❖ Change to your un-operated leg.



## Exercise 7

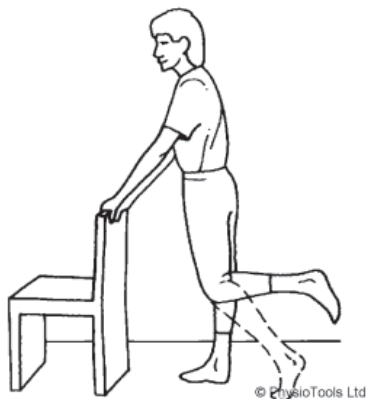
Stand with your hands supported on a table or high backed chair:

- ❖ Keep your body straight and upright throughout the exercise.
- ❖ Move your operated leg out to the side as far as possible.
- ❖ Ensure you do not lean sideways.
- ❖ Return to the starting position.
- ❖ Relax.
- ❖ Take small steps to turn around onto your un-operated leg and repeat.



## Exercise 8

Stand with your hands supported on a table or high backed chair:



- ❖ Move your operated leg slightly backwards.
- ❖ Bend your knee and lift your foot off the floor towards your bottom and back down again.
- ❖ You may feel a stretch down the front of your thigh, this is normal.
- ❖ Relax completely.
- ❖ Repeat \_\_\_\_\_
- ❖ Change to your un-operated leg and repeat \_\_\_\_\_

## Getting up/down from a chair

You will initially need to use a chair with armrests. Swivel chairs may increase the risk of twisting your hips and recliner chairs are not always suitable. The Occupational Therapist will review your Home Measurement Form and advise you how to go about making necessary changes.

Sitting with your hips slightly higher than your knees will make standing and sitting safer and easier following surgery.

If you experience swelling in your operated leg it is advisable to rest lying flat on your bed.

### Getting up from the chair:



- ❖ Ease yourself to the front of the chair, without twisting your hips or leaning forwards.
- ❖ When getting up from the chair, keep your operated leg straight in front of you with your heel on the floor and push up using the chair arms.
- ❖ Push up taking your weight through your un-operated leg and your arms.
- ❖ Once standing, use your walking aids as advised.

### Sitting down:

- ❖ When the back of your legs touch the chair, place your walking aids within easy reach, slide your operated leg out in front of you, keeping your heel on the floor.
- ❖ Feel for the arms of the chair and sit down.



### Getting on/off the toilet

An Occupational Therapist can advise how to manage safely and recommend any necessary adaptations to the seat height. Avoid putting weight on basins, radiators or towel rails and do not twist when reaching to flush the toilet.

## Bathing/showering

In order to protect your healing joint replacement, you must not step into the bath until the surgeon advises you that this can be done safely. It will be necessary to strip -wash or use a shower cubicle when you are discharged home.

## Hairwashing

Hair washing is best done in the shower or over a wash basin. You can discuss this with the Occupational Therapist.

## Dressing

To protect the healing joint and maintain independence, your Occupational Therapist will recommend appropriate aids. You will complete dressing practise on the ward before discharge home:-

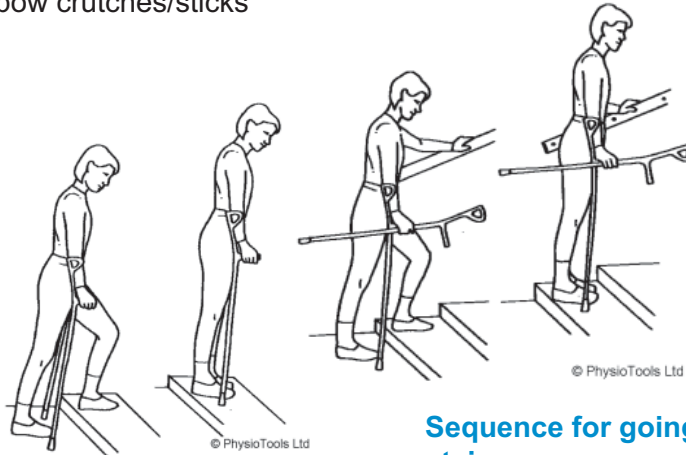
- ❖ Sit on the edge of your bed or chair with your clothes beside you within easy reach.
- ❖ You must not reach below your knees or bring your operated leg towards you.
- ❖ Dress your operated side first using the helping hand for underwear and lower garments and the sock aid and long shoe horn for your socks and shoes.
- ❖ Comfortable, well fitting shoes are advisable which you can either slip on or are fitted with elastic shoelaces or velcro straps.
- ❖ Undress your operated leg last using the aids to push your clothes off and also to pick them up from the floor.

## Going up/down stairs

You will be taught to climb stairs before you go home.

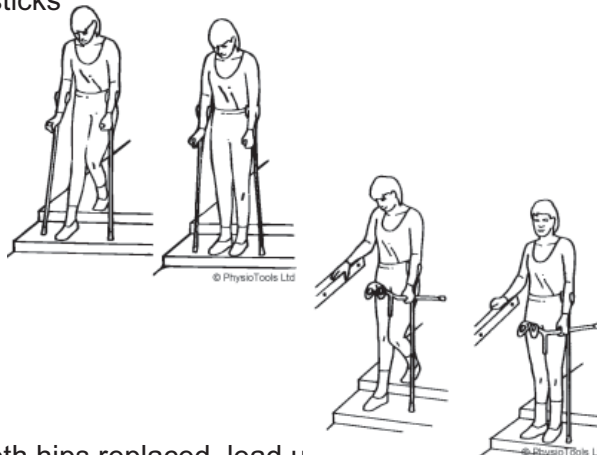
### Sequence for going up stairs

- ❖ Unoperated leg
- ❖ Operated leg
- ❖ Elbow crutches/sticks



### Sequence for going down stairs

- ❖ Elbow crutches/sticks
- ❖ Operated leg
- ❖ Unoperated leg



- ❖ If you have had both hips replaced, lead up with your better leg and down with your worse leg.
- ❖ Make use of the banister if you have one.
- ❖ Hold it with the nearest hand and hold your sticks in a 'T' shape in the other hand so that if it is dropped it doesn't hurt your legs.

- ❖ If there is no banister, or when going up a step, use one stick in each hand and follow the same sequence.

## Getting in/out of a car

Before attempting to get in and out of the car, ensure it is parked so that you can get in and out from a driveway or road rather than a higher pavement. Ensure the passenger seat is as far back as possible and slightly reclined.

- ❖ When the back of your legs touch the car frame, hand your sticks to someone and put your operated leg straight out in front of you.
- ❖ Put your left hand on top of the passenger seat for support and grip the frame of the car with your right hand. Avoid gripping the open door as it may swing closed on you.
- ❖ Lower yourself onto the passenger seat with your back facing the driver's door and push yourself back towards the driver's seat.
- ❖ Lean backwards, lift your legs into the car slowly and carefully slide your leg into the footwell.
- ❖ Reverse the procedure for getting out of the car.



You may need to ease yourself well back towards the driver's seat to allow adequate room to get your operated leg into the foot well. A pillow over the handbrake may be more comfortable. You may bend your knee during this movement as long as you lean back.

When going out, sit in the front passenger seat for 6-12 weeks.

### **Avoid twisting to reach the seatbelt**

## Driving

- ❖ After six weeks, if your consultant gives approval and you feel safe to do so you may resume driving. This is usually discussed at your follow-up clinic appointment.
- ❖ Your insurance policy may not cover you unless you have been given medical permission to begin driving again.

**You must be able to perform an emergency stop safely**

## Sleeping

You must sleep on your back until at least six weeks after your operation. In hospital you will use foam troughs to keep your legs in the correct position. At home put a pillow between your legs to help maintain this position. This will also remind you not to turn over on your side. You may be able to sleep on your unoperated side at six weeks after your operation and your operated side at 12 weeks. It is advisable to keep a pillow between your knees when you start to sleep on your side again.



## Rest

You should remember that a total hip replacement/resurfacing is a major operation and you may tire easily. It is quite common to feel frustrated on days when your progress seems slow. This is normal and you will gradually regain strength and stamina over the next few months. It is recommended that you rest lying on your back as flat as you can tolerate for half an hour twice a day. This may help to reduce any swelling in your legs.

## Pain

Following your operation we aim to keep you as pain free as possible. Good pain control will help your overall recovery and make it easier for you to get up and about. When asked about your pain it is important that you give as accurate an answer as possible. This will help us to choose the most appropriate pain control for you.

When you go home you may find that you are still experiencing some discomfort. This is normal and nothing to worry about and should decrease over the next few weeks. It is important to regularly take the pain killers you have been given for as long as you need them. Ensure you follow the pharmacist's advice on the container. You can obtain a repeat prescription from your G.P. As the pain decreases you will find that you need to take fewer pain killers until you can stop taking them altogether.

It is very important to report any changes in the severity or type of pain you experience to the nurses and doctors whilst in hospital or your G.P. when you get home. If you have any particular worries about your pain please discuss them with the ward staff. You can also speak to one of the Specialist Pain Nurses either before you come in or whilst you are in hospital.

### **Looking after your wound**

When you go home your wound should be nearly healed. You may find that the area around your wound feels numb, tingly, itchy or slightly hard; this is normal and should disappear over the next few months. Avoid the temptation to scratch the area until it is fully healed. Avoid direct contact with the wound. You may wash around your wound unless otherwise advised. If you have stitches or clips in your wound we will arrange for the district nurse to remove them at home or arrange an appointment for you to visit your G.P. surgery to have them removed by the practice nurse. We will give you a letter and some clip removers (if required) to give to the nurse.

**If you notice any redness, swelling, leakage or increasing pain from your wound you should contact your G.P. immediately. You may also need to be re-admitted to the hospital for tests. Early intervention is considered to be important in preventing more serious complications.**

## Continuing your activities at home

### Walking at home

If you are allowed to take full weight on your operated leg, you should continue to use two sticks for a minimum of six weeks when walking outside. You should do this as you may become unduly tired, walk with a limp due to muscle weakness, walk further than anticipated and even come across unforeseen obstacles such as broken pavements, kerbs, crowds etc.

When walking inside you may feel that you are able to use only one stick. You may do this when you are safe and able to walk without a limp.

**When walking with one stick remember to hold your stick in the opposite hand to the side of your operation. If you are not allowed to take all your weight on your operated leg you will have been provided with appropriate walking aids by the physiotherapist and advised how to progress.**

### Domestic Activities

- ❖ You will need to avoid heavy and strenuous housework, such as vacuuming or lifting for up to 12 weeks after your operation.
- ❖ Plan your activities carefully. You should do things little and often, rather than all in one go. A high perching stool may be useful in the kitchen.
- ❖ Try and keep frequently used items within easy reach i.e. on the kitchen worktop.
- ❖ If you live alone, a kitchen trolley may be useful to carry meals and drinks through to another room. Discuss this with your occupational therapist.
- ❖ Use your helping hand to reach switches on low radiators, gas fires or electric sockets. Some helping hands are metal tipped so take extra care.
- ❖ Avoid low tables until you are able to resume unrestricted activity.
- ❖ Use your helping hand to assist with curtains to avoid twisting movements.
- ❖ Use your helping hand to pick up items from the floor.

### **Picking up objects from the floor**

If the *helping hand* is not available and there is nobody to help you, follow this method:

- ❖ Make sure you have something firm and sturdy to lean on, next to or in front of the dropped object, e.g. a cupboard, chest of drawers, seat of chair.
- ❖ To reach the object, put your operated leg straight out behind you with the toe resting on the floor, bend the knee of your unoperated leg and steady yourself for support as you bend down. It is important to keep the knee of your operated leg straight as you do this.

### **Returning to work**

The time to return to work depends on the extent of surgery, your level of mobility, the type of work and transport arrangements to get to work. Your treating team can advise you on the recommended amount of rehabilitation before returning to work. Most people require at least 2-3 months before attempting to recommence work, but some manage to go back sooner. Your occupational therapist can also offer advice about how to do things differently to start with until you are able to resume normal work tasks.

### **Sexual activity**

Sexual intercourse within 6 weeks of surgery is not advisable. However after this time it is possible if care is taken, mainly to prevent dislocation, muscle strain or injury around the hip. Your treating team may advise to the contrary if complex surgery has been undertaken. Once your consultant has said you no longer need to follow hip precautions, you should be able to safely resume sexual intercourse. This discussion will normally take place at your first appointment as an outpatient. Your occupational therapist can also offer more advice if needed.

### **Gardening**

Avoid strenuous activity such as digging, pushing a wheelbarrow or mowing the lawn for up to 12 weeks. You may work at a bench in a greenhouse, sitting on a high perching stool. Avoid reaching across

your body for things. Avoid the temptation to do too much when you start gardening. Build up your strength, starting with lighter tasks and then progress as your stamina increases.

### **Sport and leisure activities**

The hip precautions will apply during leisure activities for the first 12 weeks. If you have specific questions, please ask your occupational therapist. Your physiotherapist can advise you about exercises and choice of sport in the long term.

### **Equipment loan and return**

Any equipment that is recommended as a result of the therapy assessment process is provided on a short term loan.

It is your responsibility to return or arrange the return of any loaned equipment to the NOC at the expiry of the agreed loan.

**When your equipment is no longer required, please do not return it to your local community hospital, as there is no service to deliver it back to the Nuffield Orthopaedic Centre. It should also not be loaned to friends of family, but rather returned to the hospital so that other patients may use it.**

**Please therefore return it to the Nuffield Orthopaedic Centre**

## Outpatient department appointment record

<b>Operation Date</b>	
<b>Date to remove sutures/clips</b>	
<b>1st Appointment</b>	
<b>2nd Appointment</b>	
<b>Follow-up Appointment</b>	
<b>Follow-up Appointment</b>	
<b>Follow-up Appointment</b>	

## Notes

(Use this space to write any questions you may have for the team looking after you.)


### Contact Details

Nuffield Orthopaedic Centre  
Windmill Road  
Headington  
Oxford OX3 7LD  
[www.noc.nhs.uk](http://www.noc.nhs.uk)

_____ ward	01865 _____
Physiotherapy department	01865 738074
Occupational therapy department	01865 737551
Rheumatology unit occupational therapy	01865 737557
Recovery	01865 738156
Outpatient department	01865 738149
Orthotics department	01865 227775
Pre-operative assessment clinic	01865 738237
Your consultant's secretary	01865 _____
Patient advice and liaison service	01865 738126
Nuffield Orthopaedic Centre Switchboard	01865 741155
NHS Direct	0845 4647

# Are we speaking your language?

Në se e doni këtë dokument në një gjuhë tjetër, ju lutem telefononi Zyrën e Shërbimit Këshillimor dhe Ndërlidhës për Klientët (PALS) në: 01865 738126.

(Albanian)

আপনি যদি এই লেখাটি অন্য কোনও ভাষায় চান তাহলে অনুগ্রহ করে আমাদের প্যালস অফিসে 01865 738126 নম্বরে টেলিফোন করবেন।

(Bengali)

如果你需要這文件以別的語文提供，請致電我們的病人諮詢聯絡服務 (PALS) 電話：01865 738126。

(Traditional Chinese)

જો તમને આ દસ્તાવેજ કોઈ બિજા ભાષામાં જોઈતું હોય તો મહેરબાની કરીને અમારો પાલસ ઓફિસને (PALS Office) 01865 738126 ઉપર સોન કરો.

(Gujarati)

अगर आपको यह पत्रिका दूसरी भाषा में चाहिये कृपया हमारे पी ए एल एस (PALS) ऑफिस के साथ 01865 738126 पर सम्पर्क कीजिये।

(Hindi)

W celu uzyskania niniejszego dokumentu w innym języku należy dzwonić do Biura Doradztwa i Pomocy Pacjentom (The Patient Advice and Liaison Service – PALS) pod numer 01865 738126.

(Polish)

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੀਦਾ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਪੈਲਸ (PALS) ਦਫਤਰ ਨੂੰ 01865 738126 ਉੱਤੇ ਟੈਲੀਫ਼ਨ ਕਰੋ

(Punjabi)

اگر آپ کو یہ دستاویز کسی دوسری زبان میں درکار ہے تو براۓ مہربانی ہمارے پالز (PALS) کے دفتر سے اس نمبر پر رابطہ کریں۔ 01865 738126

(Urdu)

A patient's guide to having a hip operation

Authors: Team 2

Version March 2009

© 2007 Nuffield Orthopaedic Centre