

Vision | Openness | Integrity | Compassion | Excellence



Bolton
NHS Foundation Trust

Preparing you for your Hip Replacement surgery

... for a **better** Bolton

Introduction



Welcome



Housekeeping



Informal- please feel
free to ask questions at
any time



There will be opportunity
to ask questions on 1:1
basis at end of session

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What we will discuss today



How you can prepare



What will happen during your hospital stay



What to expect when you leave hospital



At the end of presentation:

Discuss home circumstance questionnaires and any possible equipment needs

Practice use of elbow crutches and stairs (if needed)

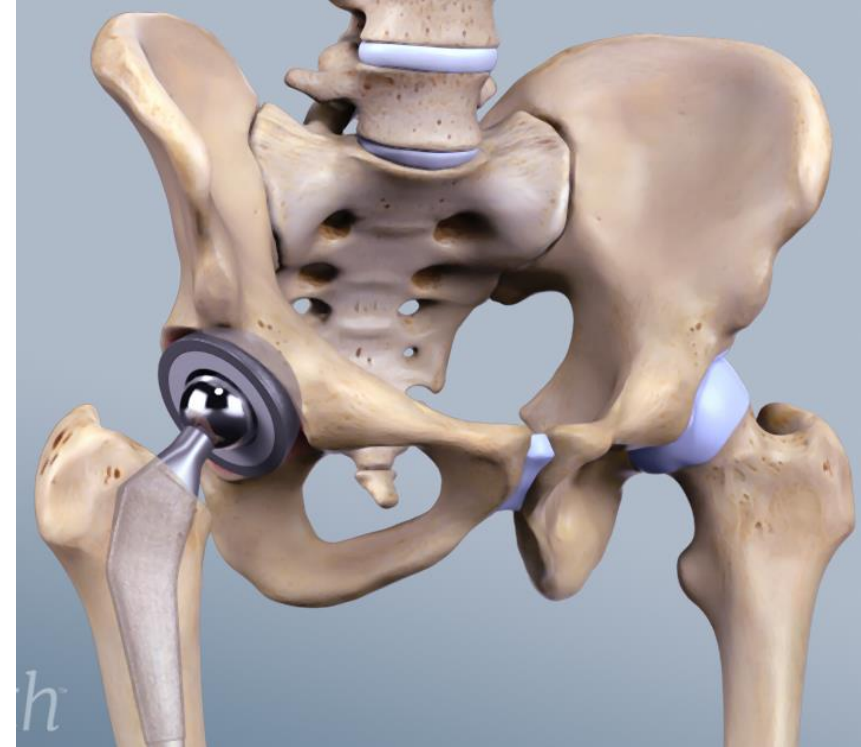
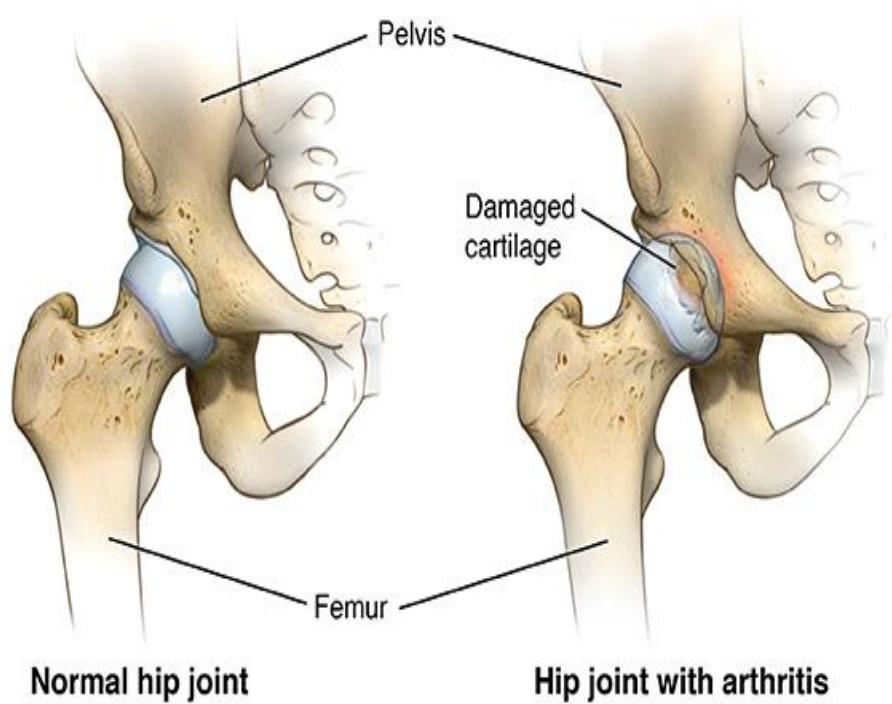
What you can do now

- Look at Trust website patient information videos
 - <https://youtu.be/53GNNbb6reU>
- Stop/ reduce smoking
- Stop/reduce alcohol intake
- Increase exercise within tolerance



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Total Hip replacement



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Benefits to surgery



REDUCE PAIN –
IMPROVE MENTAL
HEALTH



INCREASED MOBILITY
– IMPROVE OVERALL
HEALTH AND FITNESS



IMPROVE QUALITY OF
LIFE



IMPROVE FUNCTION

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Total hip replacements

97.6% of Total Hip
Replacements last 10
years

95.77% last 15 years

Just over 58% last 25
years

The likelihood of
needing further
surgery is increased if
guidance on joint care
is not followed

To maximise your hip
replacement stay
active but avoid high
impact activities

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Possible complications

These will be explained by consultants during your consent process.

They are rare but can include:

Blood clots

Stroke or heart
attack

Nerve damage

Bone fracture

Infection

Dislocation

Leg length
difference

Wear/loosening

Residual
symptoms

Things to think about at home....



PERSONAL
CARE/WASHING
AND DRESSING



UNABLE TO LOWER
SELF DOWN INTO
BATH FOR 6
WEEKS.



MAY BE ABLE TO
USE SHOWER
OVER BATH



MAY BE UNABLE
TO MANAGE
SHOWER CUBICLE
(STEP)



MAY WANT TO
HAVE STRIP WASH
AT SINK INITIALLY
TO KEEP WOUND
DRY (WOUND
DRESSING)

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Things to think about at home....

Meals

- Pre plan cupboards (anything used regularly too low or too high)
- Ready meals/ easy to prepare-
May not feel like standing for long periods
- Shopping- “Stock up” freezer, online shopping or have somebody to help
- You will be unable to carry any food/drink using elbow crutches



Things to think about at home....

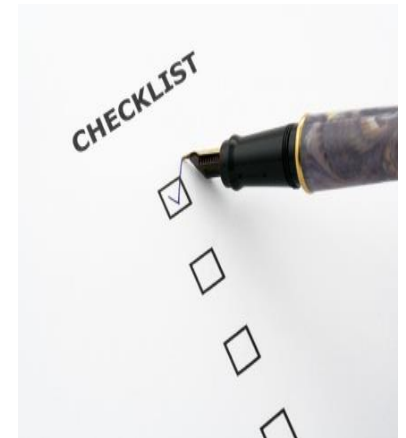
- Ensure space for walking aids
- Clear doorways and walkways (de-clutter/ loose rugs or wires)
- Cleaning/Laundry- pre plan
- Shopping/meal prep
- Family/friends to help



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What YOU need to bring

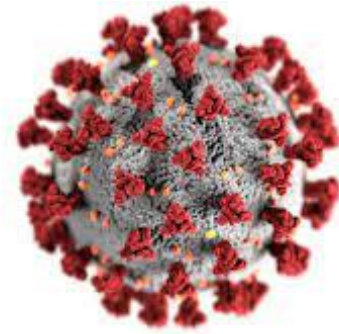
- Medication- bring them to the ward in original packets
- Footwear- full shoe, normal to have swelling
- Clothes- loose fitting and comfortable
- Elbow crutches
- Toiletries
- Money for TV/phone (can use mobile phone)/WRVS trolley



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COVID 19 Isolation Guidance

- Good news - we are no longer doing routine testing for COVID.
- You will not require swabs or any isolation period prior to your admission



Admission to Hospital

- Somebody available to bring you on the day of your operation
- Telephoned the day before with admission details:
- Morning list (6.30am-7.00am).
 - No food after 2am, clear fluid up to 7am. Please adhere to the advice given and do not unnecessarily avoid fluids/food for longer than required pre surgery
- Afternoon list (10.00am).
 - No food after 7.30 (light breakfast), clear fluid up to 11am. Please adhere to the advice given and do not unnecessarily avoid fluids/food for longer than required pre surgery

F6 Ward

- Directions
- Mixed sex ward (separate bathrooms)
- Reducing Risk of Infection:
 - Elective orthopaedic patients only- all MRSA screened
 - Visitors- Open Visiting (please be mindful of mealtimes).
 - We are aware of the importance of support from family and friends after your surgery but please also be mindful of infection risk from visitors
 - Please ask any visitors to avoid visiting the ward if they are unwell, have any issues with broken skin, have had a recent hospital stay or are care home residents. We would encourage you to keep in touch digitally in these instances.
 - Uncluttered lockers/bed area

Day of Operation



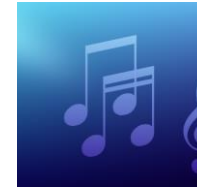
**Greeted by ward staff
(nursing station, shown to
bed)**



**Prepared for theatre-
nursing admission**



Anaesthetic visit
General
Spinal



**Could be waiting to go to
theatre for some time,
bring something to
occupy yourself**

Music - proven decrease
post op pain & anxiety

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Day of Operation



PORTERS TAKE YOU
THROUGH TO
THEATRE



ANAESTHETIC
ROOM



THEATRE



RECOVERY



RETURN TO WARD

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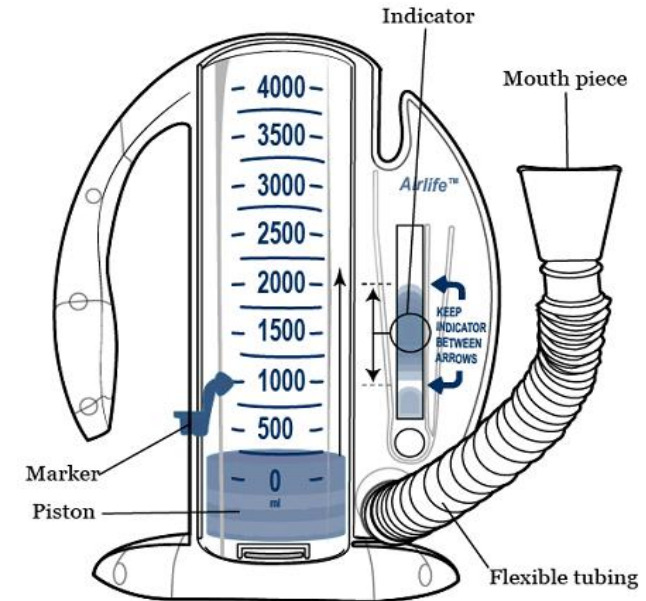
Possible Attachments

- Oxygen
- Calf pumps - DVT prevention
- IV fluid
- Nurse call button



Immediately after surgery

- **Breathing exercises**
 - ASAP after surgery
 - prevent any chest infection
- Incentive spirometer – if known chest condition
- Gentle knee and ankle exercises



Breathing Exercises



- Breathe in deeply and slowly through your nose, expanding your lower rib cage, and letting your abdomen move forward.
- Hold for a count of 3 to 5.
- Breathe out slowly and completely. Don't force your breath out.
- Rest and repeat 10 times every hour. Rest longer if you become dizzy or lightheaded.
- Cough to clear chest as able.

Day of Operation



Once sensation returned in lower limbs - can transfer and mobilise out of bed onto a commode with ward or therapy staff



It is important to get moving ASAP after surgery:

Reduce risk of DVT

Reduce risk of chest infections

Reduce risk of muscle loss

Alleviates pain and stiffness

Reduces length of stay in hospital

Post operative Physiotherapy



**Can put full weight through hip
as able**



**Exercises - breathing and lower
limb exercises**



Mobility practice

We will practice and provide
elbow crutches at end of the class

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Hip precaution

- No deep hip flexion combined with internal rotation for 12 weeks



Ward stay



REGULAR PAIN
RELIEF



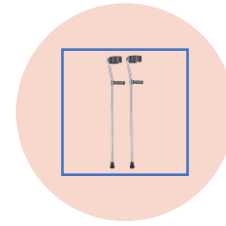
EXERCISES
CHECKED AND
PROGRESSED



STAIRS
ASSESSMENT IF
NEEDED



WASH AND DRESS
SELF



CONTINUE TO
WALK REGULARLY
ON THE WARD
(THERAPY OR
NURSING STAFF)



ENSURE GOOD
NUTRITION AND
HYDRATION

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Discharge Checklist

- Bloods checked
- Passed urine
- X-ray satisfactory
- Observations Stable
- Eating and drinking
- Pain controlled
- Nausea controlled
- Stairs assessment if required
- Wash and dress self
- Safe functional distance with appropriate aid
- Any equipment or support required in place



Length of Stay

Can go home as soon as checklist completed

Important to mobilise on day of surgery

Aim for discharge day of surgery (Day 0) - day after surgery (Day 1)

Better for you:

- Increase mobility
- Control your own diet/fluid intake
- More relaxed and less noise in own environment

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On Day of Discharge

You can go home by
car

- See patient information videos on Trust website for information regarding getting in/out of car <https://youtu.be/53GNNbb6reU>

You will take with you:

- Electronic GP information
- Medications
- District Nurse referral- Wound/injections/clip removal
- Any follow up appointments
 - Physio
 - Consultant (vary/may be physio led)

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Complications

- Any problems with your hip let somebody know
 - Please contact the ward staff for advice – 01204 390178
 - If any wound concerns – needs review. The post op dressing should not be removed and no antibiotics should be prescribed without being discussed with your surgeon/team.
 - Do not attend A&E / your GP, speak the ward/your surgeon's secretary
- Things to look for
 - Feeling generally unwell - temperature
 - **Unexplained** increase in pain (whilst still taking regular pain relief)
 - Oozing wound – requires review
 - Red, inflamed, hot to touch
 - DVT- swollen, hard, hot, painful area



After discharge

Take painkillers regularly -
monitor for constipation

No deep hip flexion combined
with internal rotation for **12
weeks**

Physiotherapy referral –
routine outpatients

You DO NOT have to sleep on
your back

Continue with exercises
regularly as instructed by
your therapist (see next
slide)

Increase walking gradually
everyday (outdoors if feel
able)

District nurse wound check -
14 days – do not remove
dressing before

Swelling and bruising is normal

- Often starts once home – do not panic
- Tends to increase as day progresses – gravity
- Can last up to 3 months

Patient information Video Resources

We have a video on the Trust Website which demonstrates your exercises, using crutches, stairs and getting in/out of the car:

<https://www.boltonft.nhs.uk/services/trauma-and-orthopaedic/>

From the Home Page click on Our Services, then select Trauma and Orthopaedics, then the Patient Information section

Direct Youtube link: <https://youtu.be/53GNNbb6reU>

Long term expectations



RECOVERY FROM
HIP SURGERY
CAN TAKE UP TO
12 MONTHS



DRIVING- 6
WEEKS (INFORM
INSURANCE
AFTER
OPERATION FOR
LEGAL REASONS)



FLYING- SHORT
HAUL 6 WEEKS,
LONG HAUL 3
MONTHS AFTER
OPERATION



RETURN TO
WORK / SPORTS /
HOBBIES- WHEN
THERAPIST FEELS
IT IS
APPROPRIATE
AND YOU FEEL
SAFE TO DO SO.
DISCUSS WITH
CONSULTANT.



HIGH IMPACT
SPORTS E.G.
TENNIS,
RUNNING,
SQUASH, SKIING,
ROCK CLIMBING-
AT LEAST 3
MONTHS.
DISCUSS WITH
CONSULTANT
FIRST.



CAN RETURN TO
SPORT – LOWER
COMPETITIVE
LEVEL

Reminders

- Contact orthopaedic consultants secretary if within the weeks leading up to your operation you:
 - are feeling unwell- cold/flu/chest infection/ covid symptoms
 - have any open sores/insect bites on the lower limb
- Please bring in issued walking aids for surgery and return to the hospital once they are no longer needed
- Any equipment provided through social services- can be collected when no longer needed – yellow sticker with details

Useful contact numbers

- **Orthopaedic Therapy Team:** 01204 390314
Email: Preoptherapy@boltonft.nhs.uk
- **F6 ward:** 01204 390178
- **Social services:**
Older adults (65+) (01204) 338027
Under 65 years (01204)337970/337971
- **Smoking help & support:** <http://smokefree.nhs.uk/>
Tel: 0800 022 4 332
- **Alcohol consumption:** www.drinkaware.co.uk

Any Questions...



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