Total hip replacement surgery

Welcome to the East Sussex Healthcare Enhanced Recovery Programme

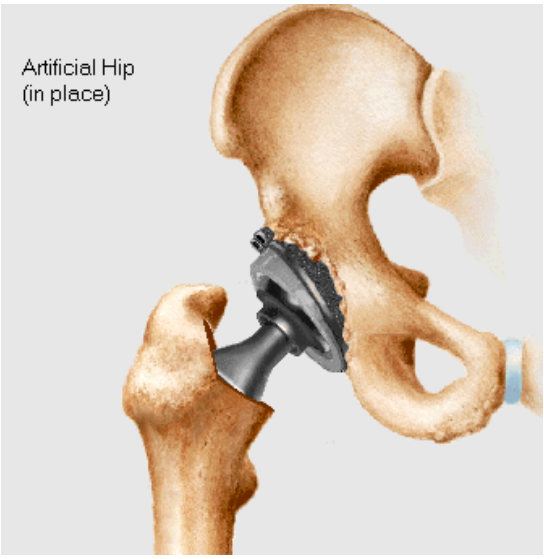
This information is a guide to help you through your Total Hip Replacement surgery; preparation before, during your hospital stay and your rehabilitation. The more you know about the procedure and the usual recovery process before you arrive in hospital, the easier your recovery will be. This information is a guide to the pathway you are likely to follow but your individual needs will be discussed at the pre-operation assessment.

Please ask your relatives and /or carers to read this information as they will find it helpful in understanding what your needs will be when planning your discharge.

Please use this as a source of information throughout your patient journey and bring it along when coming into hospital.

What is a Total Hip Replacement?

A total hip replacement is an operation to replace a damaged or diseased hip joint. The purpose of the surgery is to relieve pain and increase mobility.



The hip is a ball and socket joint where the femur (thigh bone) meets the pelvis. Normally the bones are lined with smooth cartilage, which allows the joint to move in a smooth and pain free manner. Problems occur when this cartilage wears out resulting in the bones rubbing painfully together. The most common cause of this is osteoarthritis.

Hip replacement surgery takes place in an operating theatre. The procedure involves cutting through the muscles around the hip, removing the bony ball at the top end of the femur and deepening the socket in the pelvis. The surgeon then attaches an artificial plastic or ceramic cup to the pelvis and a metal or ceramic ball and metal stem to the femur. These components are called the prosthesis. The muscles and soft tissues around the hip joint are then repaired.

Before surgery

The Pre-Operative Clinic
The purpose of this clinic is to prepare you for your admission and discharge from hospital. You will be contacted by members of the hospital team who will be involved in your care. The clinic gives us a chance to speak to you, discuss your home circumstances and provides an opportunity for you to ask any questions you may have. A short video will provide information on what to expect before and after your hip replacement so you can be best prepared for your operation and achieve the greatest recovery possible.
It is important to prepare for an operation to reduce the risks of complications. There is information about how to do this at: https://www.cpoc.org.uk/patients.

Video links:
Please ensure you watch the videos prior your consultation.

Pre-admission Occupational Therapy
https://youtu.be/upWlePFjsTc

Pre-admission Physiotherapy
https://youtu.be/PBTti1_xKd0

Nursing Staff
The nursing staff will document an in-depth medical, surgical and social history. You might also undergo a range of investigations such as a heart tracing (ECG), appropriate blood tests, and blood pressure, height, weight and urine tests. There may be other tests if appropriate.

Physiotherapist
The physiotherapist will discuss your current level of mobility and give you appropriate exercises to do prior to admission. **It is important you start your exercises before your operation as this will speed up your recovery. These exercises can be found later in this booklet.**

Occupational Therapist
The occupational therapist will assess how you will manage your activities of daily living, i.e. domestic tasks and personal care. The hip precautions will affect the way that you do a lot of everyday things in the first six weeks after your surgery. The Occupational Therapist will arrange provision of equipment you will require prior to your admission. You will need to use this equipment for the first six weeks after surgery whilst following the hip precautions. **Please complete the furniture height form and have it ready when you are contacted by the Occupational Therapist for your pre-assessment.**

Making plans for your return home
It is advisable to plan and prepare as much as possible for when you leave hospital, for example:

- You should remove any loose rugs from the floor to prevent tripping.
- Move anything that is used frequently from low cupboards to within easy reach.
- Stock up on non-perishable foods, pre-cook and freeze meals if you can.
- Place food in fridge and freezer at accessible height.

- There are certain tasks that you may find difficult initially i.e. shopping, making beds, doing housework. You may like to make your own arrangements for help at home through a friend or relative, but if you feel that you may need help, please inform the Occupational Therapist at your pre-operative assessment clinic.
- Purchase any dressing aids you may need before you come into hospital and start practising with them. You can buy them from the chemists or on-line. You may like to bring them with you into hospital to increase your independence with personal care.
- Loose fitting clothes are much easier to wear after a hip operation. Please bring appropriate clothing into hospital.

Please refer to 'How will I manage at home' for further information, regarding managing activities of daily living post operation.

We aim to get all our hip replacement patients ready to go home as soon as is appropriate, usually 0 to 2 days post-op.

On admission

What happens on the day of admission?

- **You will need to stop eating by midnight the night before your surgery.**
- Please read your admission letter for fasting instruction.
- You will be seen by your Consultant or the Registrar to confirm the operation that you have consented to
- You will be seen by an Anaesthetist to discuss the type of Anaesthetic that is most suitable for you. Please bring your medication with you.

What happens after the operation?

- Immediately following surgery, you will go to the recovery area. There you will be monitored and given oxygen. You will return to the ward when comfortable and stable. You can expect to be away from the ward for between 2 and 6 hours.
- You may also have a clear fluid drip to prevent dehydration from fluid lost; this will be discontinued when you are able to take adequate fluids and food.
- You will be encouraged to start bending your knee slowly once you are awake in order to keep your joints supple.
- Foot pumps may be in use as part of your post-operative management. These stimulate the circulation by pumping against the soles of the feet to prevent a blood clot forming. They should be kept on all the time whilst you are immobile or until otherwise advised by a member of the medical team.
- If you have a past medical history of blood clots you may be required to wear support stockings, which again help to prevent thrombosis (blood clot) forming. You will have to wear these stockings for anything up to 6 weeks according to your surgeon's instruction. The stockings should be taken off daily to allow you to wash and check your skin.
- Regular pain relief is recommended to be taken until you are comfortable. This also assists with physiotherapy. Painkillers can sometimes cause constipation, if this is a problem, please tell a nurse as medication may be prescribed.
- Once you have recovered from the anaesthetic try to eat and drink as you feel able. If you have any special dietary needs i.e. vegan, wheat intolerance etc, please let the ward staff know.

- An x-ray will be taken of the hip the next morning and blood tests may be carried out to make sure that you are medically fit for discharge.
- Try not to touch your wound dressing as this can cause infection.
- You will be discharged with an anti-coagulant medication (tablets or injections) which you **must** take as prescribed following your surgery. You must complete the course of medication unless advised by a medical professional. This medication is to prevent blood clots post operatively.

Rehabilitation

Rehabilitation starts immediately after your operation. The nurses, physiotherapists and occupational therapists are all involved in the rehabilitation process enabling you to make a full recovery.

On your return to the ward

- When you come round from your operation take a few deep breaths and have a good cough to clear your lungs and help prevent chest complications.
- Gradually you will be allowed to sit up, it is beneficial to lie completely flat for half an hour at a time each day to stretch the muscles over the front of the hip.
- You may start exercise number 1 to help the circulation in your legs. (Page 6)

Getting up after your operation

As long as your blood pressure and pain is well controlled and the doctors have deemed it safe to do so, the ward team will assist you out of bed to stand with an appropriate walking aid. You will be encouraged to take a few steps and then sit in the chair. You will be advised how much weight you can put through your operated leg.

- You will be reminded by the ward team about the hip precautions that you need to adhere to whilst recovering from surgery to help protect the new joint.
- We will teach you safe techniques to get in and out of bed and to get on and off the chair.
- The physiotherapist will check your post-operative progress. You will be encouraged to walk as far as you feel able with appropriate walking aid and supervision. It is important for you to walk as this will improve your muscle strength and stamina.
- If you have been advised by the physiotherapist or nursing staff to walk to the bathroom but not alone - please ask the staff for assistance even if you think they are too busy.

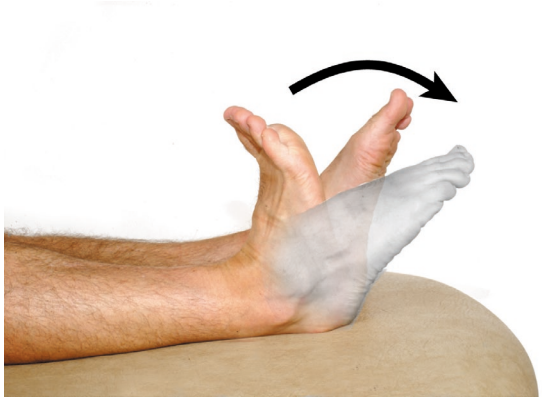
Please ask if you are unsure.

Exercises and walking aids

We strongly encourage you to practice your exercises before as well as after your operation in order to improve your progress.

- These exercises are to improve the circulation in your legs and strengthen your muscles, particularly around the hip.
- Be guided by your physiotherapist as to which exercises you should be doing whilst you are in hospital and also once you go home.
- Remember the muscles and tissues around the hip take *at least* three months to heal.
- After a routine hip replacement, the person is normally able to put their full weight through the leg.
- You will normally start mobilising with a walking frame and then progress to crutches or walking sticks. Walking aids will be supplied for you to take home.

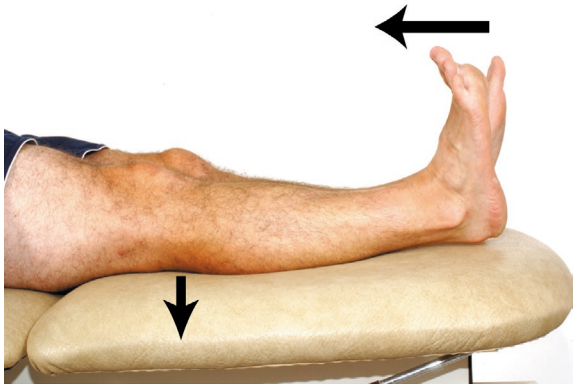
Exercises on the bed



Exercise 1

Keeping your legs straight - pull your toes and feet briskly up towards you and then push them down again.

You should do this as often as you remember e.g. 20 every hour.



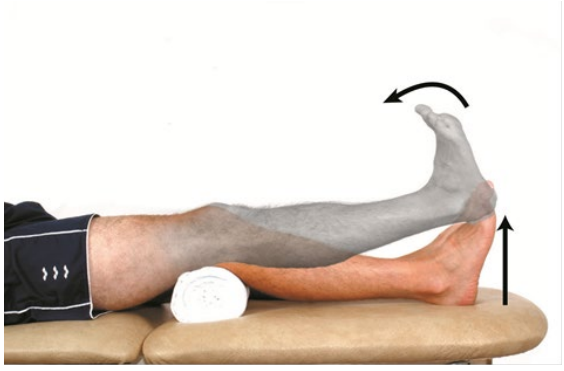
Exercise 2

Pull your toes and foot up towards you and tighten your thigh muscle to push the back of your knee firmly into the bed. Hold for 5 seconds. Then relax.

Repeat 10 times, 4 times daily.

Exercise 3

Squeeze your buttocks firmly together.
Hold 5 seconds. Then relax.
Repeat 10 times, 4 times daily.

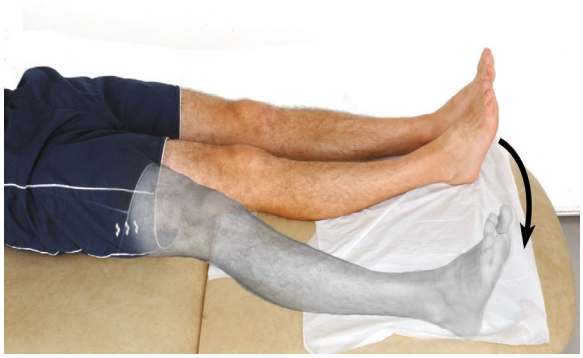


Exercise 4

Place a small rolled up towel under the knee of your operated leg.
Tighten your thigh muscle and pull your toes up towards you to straighten the knee and raise your heel off the bed.
Don't lift your knee off the roll
Hold for 5 seconds and lower your heel slowly.
Repeat 10 times, 4 times daily.

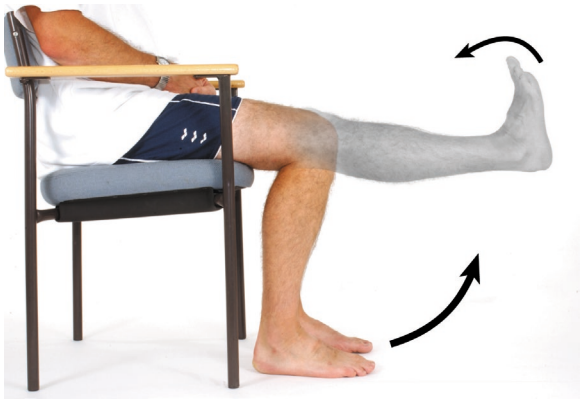
Exercise 5

Lie on your back with a plastic bag under your operated leg/foot if required.
Gently bend and straighten your knee by sliding your foot up towards you. Keep your kneecap facing the ceiling throughout the exercise.
Do **not** bend your hip more than 90 degrees in relation to your upper body.
Slowly lower.
Repeat 10 times, 4 times daily.



Exercise 6

Lie on your back with a plastic bag under your operated leg if required.
Keep your legs straight, keep your toes pointing straight upwards and gently slide your leg out to the side.
Slowly return it to the starting position.
Keep your toes and knee cap pointing straight upwards towards the ceiling throughout the exercise.
Repeat 10 times, 4 times daily.



Exercise 7

Sit well back in the seat. Keep your thigh in contact with the chair at all times, as in the picture.

Raise the foot and straighten the knee.

Hold for 5 seconds and lower slowly.

General advice:

Always remember that the quality of the exercise is more important than the number of times you can repeat the exercise. For exercise 2 onwards, the slower you perform each movement, the harder you will work your muscles. You might find some exercises harder than others. So build up the repetitions as able.

Have a rest on your bed midday for elevation.

From 2 weeks after the operation - Exercises in standing

Exercise 8

Hold on to a firm handhold e.g. worktop or kitchen sink. If you are unsure of your balance with one hand, hold on with both hands in front of you. Gently tighten lower abdominals and buttocks.

Take your operated leg out to the side, keeping your knee straight and toes pointing forward, and slowly back again.

Don't lean sideways, but keep your body upright so the movement comes from your hip.

Repeat 10 times, 4 times daily.

Exercise 9

Holding on to a firm handhold in front of you e.g. worktop or kitchen sink. Gently tighten lower abdominals and buttocks.

Bring your operated leg controlled out behind you, keeping your knee straight and your toes facing forward. Bring your foot off the floor, then slowly lower.

Don't lean forward, but keep your body upright so the movement comes from your hip.

Repeat 10 times, 4 times daily.

- The exercises should not be painful but you may feel a "pulling" particularly on the outside and front of your thigh. Ask the physiotherapist if you are unsure.

Walking with crutches or sticks

A First put both crutches or sticks forward about shoulder width apart.

B Place the operated leg between the crutches.

C Step through the crutches or sticks with the un-operated leg so that your foot goes in front of the operated leg.

A

B

C

If you have any questions about the exercises or using walking aids, please ask a physiotherapist.

Stairs with a hand-rail

If you have a hand-rail, the safest way to climb stairs is to use a rail in one hand and a crutch / stick in the order. If you are on your own, carry the spare crutch or stick on the outside of the other crutch handle.

To ascend - Prepare to climb the stairs by holding the rail in one hand and your crutch and spare crutch in the other hand.

Step up with the un-operated leg, Step up with the operated leg, so both feet are on the same step/level. Bring the crutch / stick up level with your feet.

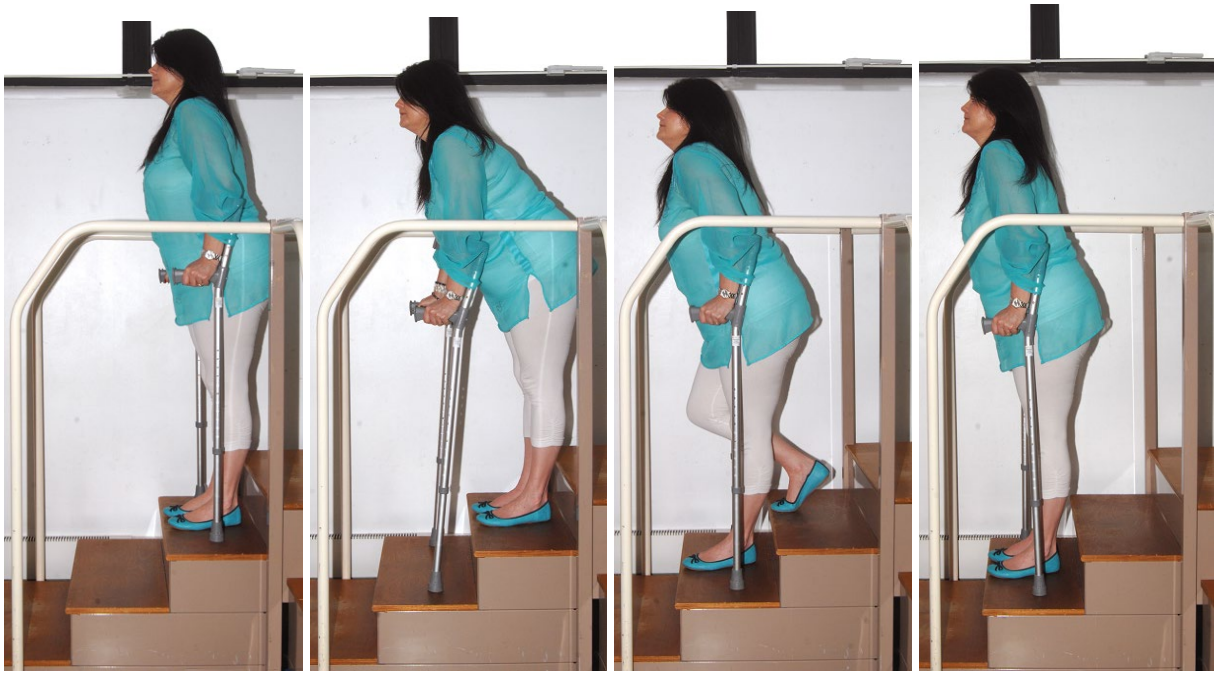
To descend - Put the crutch/stick down first, step down with the operated leg, step down with the un-operated leg, so both feet are on the same step/level.

Stairs with no handrails

If you do not have a hand rail to use at home, then you can climb stairs using two crutches or sticks:

To descend - Put both crutches or sticks down first, Step down with the operated leg, step down with the un-operated leg.

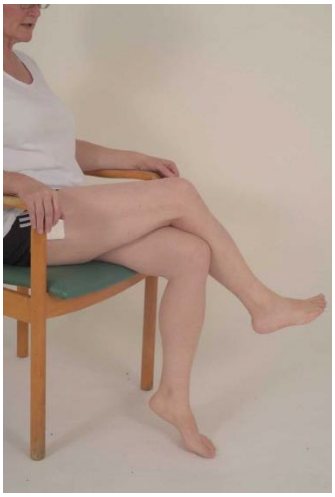
To ascend - Step up with the un-operated leg, Step up with the operated leg, finally bring both crutches/sticks up level with your feet.



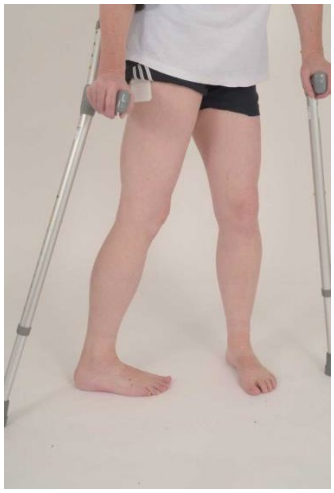
To descend - Put both crutches or sticks down first, Step down with the operated leg, step down with the un-operated leg.

What precautions should I follow after a Total Hip Replacement?

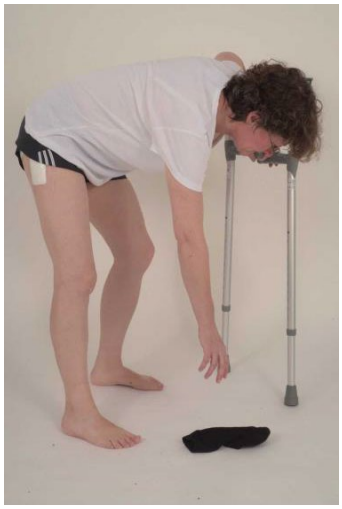
Hip Precautions - For the first six weeks following your surgery you will need to follow certain precautions to reduce the risk of dislocation of the new joint. This will make certain things a bit more difficult to manage. These precautions are:



Do not cross your legs at the knees or ankles



Do not twist or swivel on your operated leg

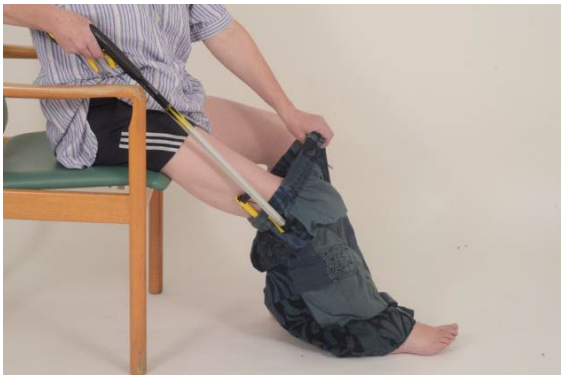


Do not bend your operated hip beyond 90°

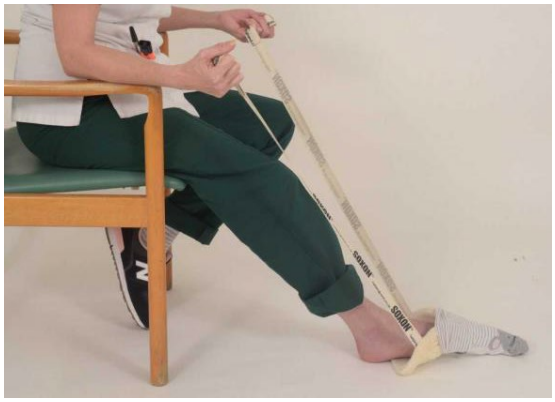
How will I manage at home after my Hip Replacement?

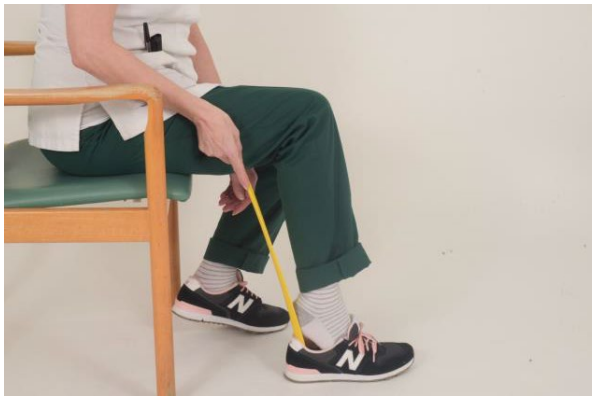
Washing and dressing

- You are unable to have a bath for 6 weeks after your operation, due to the hip precautions.
- If you have a walk-in shower/ cubicle you can use it providing you feel safe and confident to do so and as long as you don't get the wound and dressing soaked.
- Keep the wound area dry until your wound is healed (12-14 days after your operation). You should continue to wear the dressing for the time period advised on discharge from hospital.
- If you don't feel confident to use your shower or your property only has a bath we recommend that you strip wash at the sink.



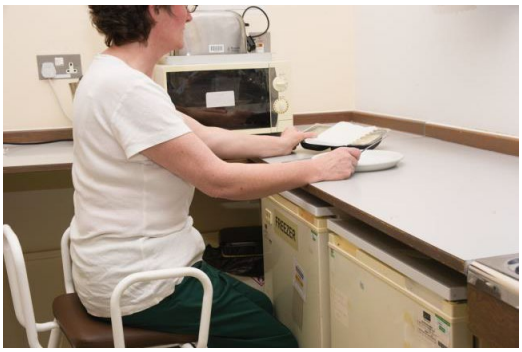
- Always sit down when getting dressed.
- Always dress your operated leg first.
- Always undress your operated leg last.
- Always use long handled aids, e.g. to dress your lower half.





Kitchen activities

- Try to keep kitchen tasks as simple as possible. If someone is around that can help, let them assist.
- Ready or pre-prepared meals may be easier to start off with.
- If you have a table and chair in the kitchen, it is best to eat there for the first 6 weeks, as you will be unable to carry food and drink whilst using your walking aid.
- To transport food and drink around use a large shoulder bag or rucksack to carry a flask, plastic drinks bottle or plastic food container. This will allow you to use your walking aid safely.
- If not possible, do you have someone who could carry items for you to where you eat?
- If you have any concerns about completing kitchen tasks, please inform your Occupational Therapist during your pre-assessment appointment.



Shopping

- Consider internet/telephone shopping or asking someone to do it for you until you are able to do so yourself.
- Try and bulk buy some items before your surgery.
- Consider frozen meal companies that will deliver to your home on a short term basis.

What about cleaning and laundry?

- Prior to surgery ensure you are up to date with all your laundry, including your bedding.
- Try to do a ‘big clean’ before you come into hospital.
- Use your helping hand to load/unload the washing machine.
- Ask friends and family to help you with these tasks for the first 6 weeks whilst you are following your hip precautions.

What position should I sleep in?

- You should preferably sleep on your back in the first 6 weeks.

Remember "The Rules" to prevent dislocation of your new hip:

- **DO NOT bend your hip more than a right angle.**
- **DO NOT cross your legs.**
- **DO NOT twist your leg.**

These movement precautions are applicable in the first 6 weeks following the operation. After this time you can usually start to gently move your hip in the normal way to encourage more normal movements as your recovery progresses.

Will I be able to drive after my operation?

You should not drive until you have completed your 6 week follow-up appointment.

Travelling by car

You can be a passenger as long as the seat is not too low e.g. sports car.

Move the seat right back and slightly recline it.

A firm pillow will make the seat a little higher.

Lower yourself down to the edge of the seat. Keep your operated leg out straight in front of you. Keep leaning backwards so you do not bend you hip past 90 degrees.

Sitting on a plastic bag can make it easier to slide and turn on the seat.

Keep the leg straight and in line with your head whilst you turn and lift your foot into the foot well.

Remove the bag before the car moves!

When can I return to work and leisure activities?
The healing process takes time. You will need to be patient and increase your activities gradually as your symptoms allow.

It is recommended that you take 6 weeks off work after a joint replacement. If you have a sedentary job you may be able to return to work within 6 weeks. For more physical or strenuous jobs it is appropriate to take 3 months off your normal work duties while the muscles around your joint replacement gain strength. Alternatively, you can look to modify your work situation and working environment. Your specific circumstances will be discussed with you at your 6 weeks follow-up appointment.

From 3 months after the operation, you may gradually resume more physical activities such as golf, bowls or light gardening. You should continue to avoid heavy or strenuous activities such as heavy lifting, digging or heavy resistance for 6 months after the surgery.

From 8 weeks:	**From 3 months:**	**From 6 months:**
swimming, avoid breast stroke, otherwise after 6 months if unable to avoid	Predictable activities: full housework, cycling, dancing	Unpredictable sports: badminton, tennis, heavy garden work

The most important reason for having your hip replaced is to allow you to resume a normal, active, independent life with less pain. You are encouraged to gradually return to that lifestyle but also asked to reflect on what effect it could be having on your new joint. The choice and the responsibility are yours.

Remember this information is only intended as a general guide. If you are unsure about anything regarding your operation please ask a member of the team.

Going home on discharge
A member of the team will contact you around 2 week following your discharge from hospital to review and discuss your progress.

A further routine follow-up appointment will be around 6 weeks post-op.

What should I look out for after my surgery?
It is normal to experience some pain and swelling in the first few weeks after surgery, however if you experience any of the following, we would advise you to contact the ward for further advice:

- Oozing from the wound
- Inflammation (heat and redness) below the wound / down your leg
- Calf pain
- Uncontrollable pain
- If you have a fall or incident and are unable to weight-bear on your operated leg

If you experience any other difficulties following your discharge not related to your operation please contact your General Practitioner.

Frequently Asked Questions

What happens before my Total Hip Replacement operation?
Having spoken to your consultant and agreed to the surgery to your hip, you need to think ahead and plan your life whilst awaiting admission.

What can I do to prepare for the operation (keeping fit and healthy)?
It is important to keep yourself as healthy as possible. There is information about how to do this at www.cpoc.org.uk/patients:

- If you suffer from diabetes, make sure you follow instruction given to you regarding diet and prevention of leg ulcers.
- Please see “Fitter, Better, Sooner” at www.cpoc.org.uk/patients. People who prepare for surgery have fewer complications and the operation has a better result.
- Eat fruit, vegetables, and protein.
- If you are over-weight, try and lose as much as you can prior to admission. This is not only a big help to you but also to the staff looking after you on the wards. Your hip is likely to last longer if it is not carrying excess weight.
- Keep mobile. Walk little and often and try not to sit for long periods at a time.
- Exercise helps prepare you for the anaesthetic and maintains your muscle. Swimming, electric-cycling or using a static exercise bike can be very helpful. Search for “arthritis” or “surgery” at https://versusarthritis.org/ and https://www.swimming.org/
- Learn to pace yourself.
- Keep a positive attitude towards your operation. You are almost certain to hear of operations that went wrong and not often of operations that went well, so keep a sense of perspective.

Smoking
Smoking is actively discouraged, both before and after surgery. The World Health Organization has shown that stopping smoking halves the risk of complications following surgery. You may find it helpful to discuss giving up smoking with your doctor or practice nurse. Get help from https://oneyoueastsussex.org.uk/ Help is available at https://smokefree.gov. Smoking is not allowed anywhere on the hospital property. Nicotine replacement therapy (patches or gum) may be considered, ideally 4 weeks prior to your admission to the hospital.

Is a Hip Replacement operation painful?
It is normal to experience some pain after hip replacement surgery. This can usually be controlled with regular painkillers. You can expect the pain to gradually improve over the first 6 to 12 weeks after surgery. It can take up to a year or more for the muscles to fully regain strength after your new joint is put in place. During this time you are likely to experience some aches and pains around the hip particularly after physical activity.

How long should I use my crutches or sticks?
Most people are allowed to put their normal body weight through their operated leg immediately after surgery. You will be advised after the operation if this is different for you. Your walking aids are provided so that you walk more comfortably and with a more normal pattern. There is generally no set time that you have to use them, but you will be gradually able to reduce the support they provide as you gain strength and walking becomes more comfortable. You will be given further advice on this by the supported discharge team and at your follow-up appointment.

How long do I have to keep anti-embolism stockings on?
If you have been asked to wear Anti-embolism stockings, please ensure that you take them off daily for washing and skin check and continue to wear them as advised by your medical team.

Who do I ask for more pain relief?
If you feel you don't have adequate pain relief, please contact your GP.

What about sex?
As soon as the wound is dry, clips are removed and there is no hip pain, it is safe to resume sexual relations. You will need to follow the hip precautions for the first six weeks following your surgery so you should avoid excessive bending, twisting or crossing of the operated leg.
Safe positions include:

- Patient underneath, partner on top
- Standing position for both patient and partner

After six weeks you may feel comfortable to resume a more active role during sexual intercourse.

When can I fly after a hip replacement?
Flying is not recommended for the first three months for short haul flights (2-3 hours) after hip replacement surgery due to increased risk of blood clots. If you are planning a long haul flight please discuss this with your surgeon. You may wish to discuss this further with your General Practitioner.

Will my hip replacement set off security scanners?
The metal in your hip implant is likely to set off the security scanners. There is currently no formal certification to confirm you have a joint replacement, but rest assured that it is very common for people to have metallic implants and routine procedures will be in place. Security officials are likely to carry out additional checks to confirm your joint replacement so you should ensure you leave extra time to get through these security checks.

How long will my hip replacement last?
At East Sussex Healthcare NHS Trust, we have published clinical results of a long-term follow-up study which found 92% of hip replacements were still functioning well 21 years after the surgery (Sandiford *et al*., 2013).

If I use my hip less, will it last longer?
The main reason that you are going ahead and having a joint replacement is so that you can continue to enjoy a reasonably active life with less pain. It is important to stay active after a hip replacement as it will benefit from you maintaining a healthy weight and keeping your muscles strong. We recommend walking and cycling as good, low impact exercise.

Will I need an anaesthetic?
In order to have a Total Hip Replacement you will need to have an anaesthetic. Decisions regarding your anaesthesia are tailored to your personal needs and options include the following:

General Anesthesia - A general anaesthetic gives a state of controlled unconsciousness during which you feel nothing. You will receive:

- Anaesthetic drugs (an injection or a gas to breathe)
- Strong pain relief drugs (morphine or something similar)
- Oxygen to breathe.
- Sometimes, a drug to relax your muscles.

Spinal Anaesthetic

- Local anaesthetic is injected near to the nerves in your back.
- You go numb from the waist downwards.
- You feel no pain, but you remain conscious.
- If you prefer, you can also have drugs which make you feel sleepy and relaxed (sedation).
- Your Anaesthetist may decide to give you a spinal anaesthetic for pain relief, which may cause a feeling of numbness or heaviness in the legs

A Combination of Anaesthetics - You can have a spinal anaesthetic and a general anaesthetic together.

- You gain the benefits of a spinal anaesthetic, but you are unconscious during the operation.
- The general anaesthetic will be 'lighter'.
- Unpleasant after-effects of the general anaesthetic may be less.

What are the possible complications of Total Hip Replacement?

Total hip replacement is a common and generally successful operation for treating painful arthritic hips. 95% of patients are satisfied with their surgery. It provides good pain relief and improvement in function, especially the ability to walk. A small number of patients (5%) experience problems, the most common of which are:

Deep Vein Thrombosis (DVT) / Pulmonary Embolism (PE) - Can occur after any operation but is more likely following operations on the lower limb. DVT occurs when the blood in the large veins of the leg forms blood clots within the veins. This may cause the leg to swell and become warm to touch and painful. If the blood clots in the vein break apart, they may travel to the lung where they can lodge. This would prevent the blood supply reaching part of the lung and is called a pulmonary embolism (PE) which in rare cases can cause death. There are several methods employed to reduce the risk of DVT and PE and these include:

- Early mobilisation and exercises to increase blood flow in the leg
- Blood thinning medication (anticoagulants)
- Foot pumps
- Anti-embolism stockings – if you have a past history of blood clots

Infection of the joint - May occur in the wound or around the prosthesis and may occur in hospital or after you have gone home. Minor infections in the wound are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis.

Dislocation of the joint - Occasionally following hip replacement the ball can dislocate from the socket. This can be relocated in most cases without further surgery. A brace may be worn for a period of time if dislocation occurs. In order to reduce the risk of dislocation it is important to follow the advice given in this booklet.

Loosening of the joint - Loosening of the prosthesis within the bone may occur following total hip replacement. This may cause pain and if loosening is significant the hip replacement may need to be replaced. Most joints eventually loosen but most people may expect more than ten years of service from the artificial joint.

Leg length discrepancy - Occasionally the leg length is different following total hip replacement. Although in the majority of cases this difference is not noticeable, occasionally change in length of the leg following insertion of the prosthesis is necessary to achieve satisfactory stability of the joint. A small shoe raise can be used to rectify this. This will be assessed at your post-operative follow-up.

Fracture - Fracture of the bone may occur at the time of surgery or later. This is unusual but if occurring at the time of surgery may be treated with wiring of the bone.

Nerve injury - Nerves in the vicinity of the total hip replacement may be damaged during surgery although this is infrequent. This is more likely to occur when there is a greater degree of preoperative deformity or following revision surgery. Over time these nerve injuries often improve or completely recover.

Muscle weakness - Very rarely patients continue to have weakness of the muscles around the hip. This is because some muscles may have to be cut in order to perform the operation and occasionally, they fail to heal.

Persistent discomfort/pain - Some patients continue to experience discomfort over the area of their wound for a considerable time. This is uncommon but can be persistent.

Mortality - Nationally, Joint replacement surgery carries a mortality risk of 0.3% (National Joint Registry Report, 2023). Death is usually the result of an unexpected heart attack or stroke or a large pulmonary embolus.

Monitoring our performance

There are a number of ways in which we monitor our performance:

Patient Reported Outcome and Experience Measures (PROMS and PREMS) - The NHS is asking patients about their health and quality of life before they have an operation and at 6 months after surgery. The aim is to assess the effectiveness of the operation and therefore improve outcomes for patients. You will be asked to fill in a short questionnaire at your pre-operative appointment and then you will receive the second questionnaire by post 6 months after your surgery. We will also ask you to complete a satisfaction survey following your stay in hospital.

The Friends and Family Test (FFT) - The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. The FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The National Joint Registry (NJR) - The NJR was set up by the Department of Health and Welsh Government to collect information on all hip, knee, ankle, elbow and shoulder replacement operations and to monitor the performance of joint replacement implants. During your pre-operative appointment, we will ask you to consent for your personal information to be entered onto the database. You do not have to consent for us to store your personal information, however all joint replacements are registered onto the National Joint Registry database.

Patient Consent - Our commitment to you is to inform you of all aspects of the intended procedure you are to undergo. You will be required to 'consent' in writing to your procedure. Following your individual consultation with your surgeon, should you wish for further clarification of any aspects of which you have been informed, please ask the nurse who will be happy to clarify issues or arrange for the Consultant team to speak with you.

The Data Protection Act - Your name is entered onto our computerized database, enabling us to keep effective clinical records. Under the Data Protection Act you have the right to view any records held by East Sussex Healthcare NHS Trust. Please ask a nurse should you wish to access them. If you or your representatives wish to have copies of your health records you will need to give your written consent for a copy to be made. This should be addressed to the Health Records department.

References and useful links

Timescale for care and practice have been set based on Local and National guidelines and protocols including:

British Orthopaedic Association - Primary Total Hip Replacement: A guide to good practice, 2006 https://www.boa.ac.uk/resources/best-practice-hip-arthroplasty.html
Models of Care have been developed in conjunction with the NHS Enhancing Quality & Recovery, Kent, Surrey & Sussex – The South East Collaborative
National Institute for Health & Clinical Excellence (NICE) guidelines – Surgical Site Infection, prevention and treatment, October 2008 – Reference: CG74
National Institute for Health & Clinical Excellence (NICE) - Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism NICE guideline [NG89], updated August 2019https://www.nice.org.uk/guidance/ng89/National Joint Registry Report 2023 - www.njrcentre.org.uk
The Friends and Family Test - www.england.nhs.uk/ourwork/pe/fft/
Shared Decision Making CPOC (2022) - https://www.cpoc.org.uk/shared-decision-making
Patient Reported Outcome Measures PROMs. The NHS Information Centre - www.ic.nhs.uk/proms
Reducing length of stay following orthopaedic surgery: the Conquest Hospital in Hastings. Department of Health.
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/MediaCentre/Media/DH_112226
Sandiford et al. (2013). Primary total hip replacement with a Furlong fully hydroxyapatite-coated titanium alloy femoral component - Results at a minimum follow-up of 20 years. Bone Joint J April 2013 vol. 95-B no. 4 467-471.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Contact Information

Conquest Hospital: Tel: 0300 131 4500 Ext: 148481
Eastbourne Hospital: Tel: 0300 131 4500 Ext: 134705

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

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Reference

The following clinicians have been consulted and agreed this patient information:
Mr Guy Selmon – Clinical Lead Consultant Orthopaedic Surgeon

The directorate group that have agreed this patient information leaflet:
Surgery, Anaesthetics and Diagnostics

Next review date:	February 2026
Responsible clinician/author:	Clare Archer – Team lead Occupational Therapist Andrew Bridges –Team Lead Physiotherapist, Conquest Hospital Julia Brook – Team Lead Physiotherapist, Eastbourne DGH Helen Harper-Smith – Clinical Specialist Orthopaedics Professor Scarlett McNally – Surgeon and patient