

Orthopaedic and Sports Injuries Services "OASIS"

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This information is provided by Mr M Shah Consultant Orthopaedic Surgeon for patients following Total Hip Replacement, in order to provide you with information about managing at home after your surgery.

Please download this information or bookmark it, as you will need to refer to it from time to time whilst you are recovering from your surgery.

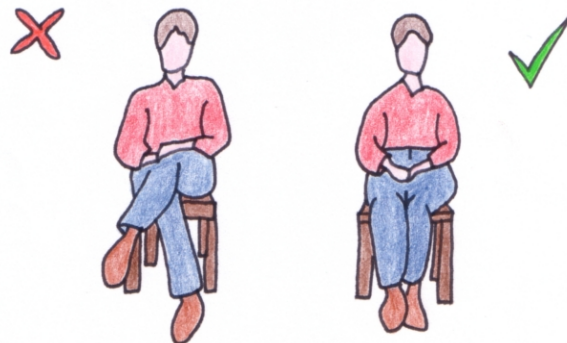
If you do not understand any part of this booklet, or if you have any further questions or comments about your recovery, please write them down to discuss with your Therapist when they see you, or discuss it with Mr M Shah

Remember each person is an individual with different needs. Therefore, this is only a guide, how this information affects you will be discussed with you on a one to one basis by the Therapist involved in your care.

After the Operation

Following your hip surgery, there are **FIVE** main precautions that you need to take in order to minimise the risk of your new hip dislocating. These precautions **should** be followed for **TWELVE WEEKS**, from the date of your operation to allow the muscles and tissues surrounding your new hip joint time to heal.

1. **DO NOT** CROSS YOUR LEGS.

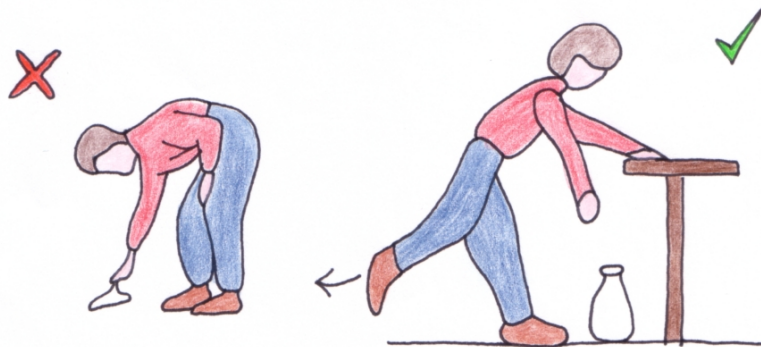


2. **DO NOT BEND EXCESSIVELY AT THE HIP**, that is:

DO NOT bend forward to your feet while sitting or standing.

DO NOT pick up objects from the floor.

DO NOT bring your operated leg up towards your chest whilst sitting.



3. **DO NOT SIT ON LOW CHAIRS, BEDS OR TOILETS AND DO NOT SIT DOWN IN THE BATH.** Make sure that you keep your knees level with or lower than your hips.



4. **DO NOT TWIST ON YOUR OPERATED LEG WHEN STANDING OR WALKING** always pick up your feet and take little steps to turn around. **DO NOT SWIVEL** on your operated leg.

5. **DO NOT ROLL OR LIE ON YOUR SIDE.** Sleep on your back with a pillow between your legs to prevent crossing your legs and turning over.

As a result of these precautions, you will temporarily need to alter the way in which you perform day to day activities.

Your **Occupational Therapist** will discuss this with you and advise you of ways of maintaining your independence during this twelve-week period.

Occupational Therapy

Occupational Therapists are concerned with maximising your independence, so that you are able to cope with all your usual activities at home. Each person is individually assessed and advice given according to their needs. The Occupational Therapist may provide you with some equipment to help you manage at home. This equipment is available on a TEMPORARY LOAN BASIS and SHOULD be returned once the twelve-week period is over. Your Occupational Therapist will discuss this with you, once the equipment you need has been identified.

Where to find One

- On the ward
- Occupational Therapy Department
- By telephone
- By asking your named nurse to contact them on your behalf



JRI Hip Replacement

Dressing

You will be shown how to dress the lower half of your body, avoiding excessive bending, using a long handled shoe horn and sock or stocking/tight aid to dress your operated leg.

- Always sit down whilst dressing.
- **Do not** bring your **operated leg** up towards your chest or bend forward to your feet to put anything on over your feet.
- **Dress your operated leg first and undress it last.**



Getting In/Out of Chairs

You will be shown the correct way to sit and stand from an armchair and advised on a suitable chair height. Preferably a firm upright chair with arms should be used. Avoid low soft settees and armchairs. When sitting make sure that your knees are lower than your hips.

To sit:

1. Feel for the chair with the back of your legs and place your hands on the arms of the chair.
2. Slide your operated leg straight out in front of you.
3. Lower yourself down gently.

To stand:

1. Bring yourself to the edge of the seat.
2. Slide your operated leg straight out in front of you.
3. Push up on the arms of the chair.



Toileting

You will be advised whether any equipment is required, to help you get on and off your toilet to avoid excessive bending. The method for sitting and standing is the same as that used for the chair. DO NOT twist around on your leg to flush the toilet, take small steps and turn around to face the flush handle.

Bathing/Showering

It is recommended that you **do not** sit in the bath following your operation. You can use a walk-in shower if suitable or have a strip wash. Remember not to bend forward to wash your feet. You may need to find someone to do this for you. Your Occupational Therapist will discuss this with you.


Getting In/Out of Bed

You will be shown how to get in/out of bed safely and advised on a suitable bed height.

You should sleep on your back with a pillow between your legs to prevent turning over and crossing your legs.

Picking up Objects from the Floor

How to pick up objects from the floor will be demonstrated and practised with you, if advisable. Your Occupational Therapist will discuss this with you.

 A line drawing of a person with short brown hair, wearing a red long-sleeved shirt and blue trousers. They are bent over at the hips, reaching down with their right hand towards a white bottle on the floor. Their left hand is resting on the top edge of a brown wooden table. Their left leg is straight out behind them, and their right leg is bent at the knee. An arrow points to the left, indicating the direction of the supporting leg.	<ol style="list-style-type: none">1. Position yourself next to a stable piece of furniture.2. Steady yourself by holding onto the support with one hand.3. Put your operated leg straight out behind you.4. Bend the knee of your un-operated leg as you reach down to the object, taking the weight through your un-operated leg and your supporting hand.5. If you can't reach the object, leave it for someone else to pick up or you could buy yourself a "Helping Hand".
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Domestic Tasks In the Kitchen:

The following are a few suggestions to help you in the kitchen, which your Occupational Therapist will discuss with you:-

- Stock up your cupboards/freezer
- Store everyday Kitchen equipment on the worktop to prevent excessive bending.
- Place more commonly used items higher in the fridge, for example, milk, butter etc.
- Put tea/coffee making equipment and utensils together, for example, plug the kettle in as close to fridge as possible; leave mugs/cups, sugar, tea/coffee on the worktop; use a jug to top up kettle with water.
- Have plates and cutlery near to both the cooker and microwave (if you have one) to save extra journeys around your kitchen.
- When cooking meals/snacks, if your oven is low, make as much use as possible of the top of your cooker, eye level grill or microwave as long as this is positioned on the worktop.
- If you are walking with a Zimmer frame, crutches or stick you may need to eat your meals at your kitchen table or at your worktop, in which case a stool is advised.
- When making a hot drink, soup etc, it may be advisable to make fluids up into a thermos flask or other suitable container. This would make transporting fluids from room to room safer.
- Slide objects along the worktop to avoid lifting and carrying.

Laundry, Housework and Shopping:

Vacuuming, heavy housework and changing the bed should be avoided for twelve weeks.

Light activities like dusting and washing dishes are acceptable.

If possible sit to iron, taking care not to twist. When loading/unloading a front loading washing machine use technique as described in picking objects up from the floor. If advisable.

You may need help with these activities.

Sexual Activity

In the absence of hip pain or advice to the contrary from your Consultant, sexual activity may be resumed 12 weeks after surgery.

Hobbies and Leisure Activities

During the first twelve weeks, activities like gardening and sport should be avoided.

An acceptable activity should:-

- **Start slowly:** You should start slowly with rest periods and build up the activity gradually.
- **Produce no pain:** Pain should not be felt during the activity or within 24 hours afterwards.
- **Avoid jarring or sudden impact:** Shoes should have cushioned heels and/or insoles. Your hip should not be put under excessive strain.
- **Be pleasurable:** You may wish to continue the same activities you have enjoyed for years or try new activities.

Discuss any activity with your Consultant at your first Out Patient appointment after discharge.

Work

Returning to work will depend on the type of work that you do. This should be discussed with Mr Shah. Returning to work too soon is not a good idea it may be 3 months before you are able to do so.

Getting in/out of the car

You will be able to get in/out of a medium to large car, if you take care. The car must be parked away from the kerb, so that you are always standing on the road, with the passenger seat back as far as possible and slightly reclined. A cushion or pillow can be placed on the seat to raise the height and level of the seat. Long journeys should be avoided unless regular breaks are planned.

- Turn your back to the seat and get into the car with your bottom first. Gently lower yourself down. Remember to **keep your operated leg straight out in front** of you and take care not to bend forward too much.
- Slide backwards towards the drivers seat and turn your body around leaning backwards in order to bring your legs into the car.
- Straighten yourself up, keeping your operated leg straight out in front of you.
- If you sit on a polythene bag, you may find this assists when you slide in and turn around. **Remove bag before commencing your journey.**
- To get out of the car, reverse the procedure and make sure your **operated leg** is out in front of you before rising from the seat.



Driving

It is recommended that patients should not drive for 6 to 8 weeks after surgery. This will depend on whether you drive a manual or automatic car.

You are advised to contact your insurance company about driving following your surgery.

DO NOT attempt to drive until you have discussed driving with your Consultant at your first out patient appointment after discharge.

Sports

Many people return to sports like golf after about 6 months after their surgery, for other sports you need to discuss your plans with Mr M Shah. Contact sports are prohibited but some patients can play tennis.

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A medical illustration of a human hip joint. It shows the femur (thigh bone) and the acetabulum (hip socket). Several surgical pins and wires are shown attached to the bone, likely for a hip replacement or repair surgery.