



Total hip replacement surgery

Introduction

This leaflet will give you with information about how to prepare you for your upcoming total hip replacement surgery. It is important you and your coach read this leaflet to help you understand and prepare for your operation. This will also help improve your recovery after your operation.

Our aim is for you to go home two days after your operation. Please note this will depend on the surgery you have had and if you, and the team looking after you, think it is safe for you to do so.

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1. Joint school

This section will give you information about joint school.

What is joint school?

Joint school is a service designed for patients who are about to undergo hip replacement surgery. It is a patient focused education programme to explain the processes from preparing for surgery through to recovery at home.

Joint school appointment

You will receive a telephone joint school appointment prior to your surgery with a member of the Occupational Therapy team. This appointment will provide you with advice how best to prepare you for your upcoming total hip replacement operation. It's very important that a family member, friend, or carer is present for this appointment, so they can support you before and after your operation. As this is a telephone appointment, you do not need to visit the hospital.

Before your telephone joint school appointment

You must complete three activities before your appointment:

1. Watch joint school videos
2. Read this information leaflet about your upcoming surgery
3. Complete questionnaire

Joint school videos

We have produced some information videos for you and your coach to watch before your hip replacement surgery. These videos will inform you about your upcoming surgery, guide you how to prepare for your operation, and to help improve your recovery after your operation.

You will receive information how to access these videos in your joint school appointment letter.

We will hopefully answer any questions you may have in the videos, and you will have an opportunity to ask further questions in your follow-up appointment with the team.

Information leaflet about your surgery

Please ensure you and your coach read this leaflet to help you understand and prepare for your operation. This will also help improve your recovery after your operation.

Questionnaire

You will receive a weblink for a questionnaire in your joint school appointment letter to complete before your joint school appointment.

This information is required to ensure we can make the necessary recommendations during your joint school appointment. This may include recommendations to raise the height of your chair, bed and toilet for your comfort and safety when you return home from hospital following your surgery. Further guidance can be found below in *Leaving hospital after your total hip replacement* section, pages 16 and 17, how to measure your furniture heights. If required, please ask a family member, friend, or carer to help you complete this questionnaire.

If you are unable to complete any of the above, please call us on 020 8453 2240 as soon as you can so we can help, and if required make alternative arrangements to complete these activities.

2. Anaesthesia during your surgery

This section will give you with information about the different types of anaesthetics that are used for your surgery, the role of the anaesthetist and what will happen on the day of your operation.

What is an Anaesthetic?

An anaesthetic can be a general anaesthetic making you unconscious and fully asleep for the whole operation or a spinal anaesthetic which numbs the lower half of your body, only for operations on the legs. Sedation is often given with a spinal anaesthetic to make you sleepy and relaxed during the operation.

A local anaesthetic numbs only the area being operated on and is used in addition to spinal or general anaesthetics.

What is an Anaesthetist and what do they do?

Your anaesthetist is a specialist trained doctor who is responsible for your anaesthetic. They will see you before your operation, go through your pre-op assessment and medical history and check that you are well on the day of your operation.

They will plan an anaesthetic for you and be with you, looking after you, throughout your operation. Their focus is on your wellbeing and safety. They will also plan your pain relief for after your operation, in the recovery unit, which will be continued on the ward.

What are the different types of anaesthetics?

There are different types of anaesthetics that we use for hip and knee replacement operations. These include: spinal anaesthetics, epidural anaesthetics, general anaesthetics and a combination of these. We also use surgical infiltration which is local anaesthetic put into the joint which is usually combined with either the spinal or general anaesthetic.

Each of these is explained below, along with the benefits and risks of each:

- **Spinal anaesthetic**

A small injection of local anaesthetic and pain relief medication into the lower part of your back which makes you completely numb from the waist down so is a very good choice for operations on the lower half of the body including hip and knee replacements.

It gives better control of pain during your operation and immediately afterwards in the recovery room – which is where you will go after your operation. The spinal injection

wears off gradually and the pain relief medication together with the surgical infiltration usually works well for a number of hours after your surgery.

There is less chance of needing strong pain killers like morphine in the recovery unit following a spinal anaesthetic and so less of the side effects of these medications which include drowsiness, nausea and vomiting.

A spinal anaesthetic allows you to remain in full control of your breathing and to cough and this is particularly beneficial if you have any breathing conditions.

There is less bleeding during surgery compared to a general anaesthetic and there may be less need for a blood transfusion after your operation. The risk of blood clots in the legs is less with a spinal anaesthetic compared to a general anaesthetic. Orthopaedic operations and operations on the lower half of the body have an increased risk of this, so everyone is assessed for their risk of forming blood clots and usually a blood-thinning medication is given a few hours after your operation to reduce this risk as much as possible.

Your legs may feel heavy for four to six hours after the spinal injection. You may find it difficult to pass urine while on the ward after your operation following a spinal anaesthetic and sometimes a temporary catheter, which is a flexible tube placed in the bladder to empty it, may need to be used to help you do this.

Serious complications like permanent nerve damage are extremely rare, and if you have had previous surgery to your back you may not be able to have a spinal anaesthetic because of this.

We encourage you to bring in your own music on a portable device with headphones so that you can listen to music or an audio book during your operation if you would like to.

Some people are worried about the thought of being awake during their operation. We offer sedation which is a medication given into your drip and works straight away so that you can feel more relaxed or sleep during the operation.

- **Epidural anaesthetic**

An epidural anaesthetic is similar to a spinal anaesthetic. The main difference is that a small tube is inserted into your back at the time of the injection to allow pain relief medication to be given over a longer length of time. We don't do this very often but may consider this if your operation is likely to take longer to do or be more complicated. The risks and benefits are very similar to the spinal anaesthetic.

- **General anaesthetic**

A general anaesthetic is when you are given medications, initially into your drip which make you unconscious, and you remain unconscious throughout your operation.

The anaesthetic does not provide any pain relief so you will need strong pain killers so that you are comfortable when you wake up after surgery. The side effects of these strong pain killers and the general anaesthetic include drowsiness, nausea and vomiting, so we give anti-sickness medications to everyone to reduce this as much as possible.

A sore throat is also very common after a general anaesthetic and usually gets better when you are drinking again after your operation.

- **Surgical infiltration**

A surgical infiltration is when the surgeon injects pain relief medication into the hip or knee joint at the time of the operation which acts locally in the area of the joint. You are not aware of this as you will have had either the spinal or general anaesthetic. This helps to reduce pain from the joint and lessen the need for additional strong pain killers like morphine after your operation and also reduces the unwanted side effects. It also helps and allows you to start exercising and moving your new joint soon after your operation, usually one to two hours after surgery.

Our aim is that you feel well and comfortable after your operation. We want to reduce any unwanted side effects like sickness, to enable you to move around as early as possible, starting with exercises in the recovery room. We want you to be drinking normally and not be attached to drips, pumps or catheters. So, the anaesthetic that we think will best achieve this is a spinal anaesthetic with surgical infiltration.

3. What will happen on the day of my operation?

On the day of your operation, you will be seen by a team of people including an orthopaedic surgeon, a pre-op nurse and the anaesthetist. Most of the orthopaedic joint replacement patients are on an operating list that lasts all day. We aim to meet and talk to everyone in the morning so we can then plan the full day's operating list. Your operation may be scheduled for the afternoon so please bring something to read or do with you.

Your anaesthetist will go through your pre-op assessment, take a detailed medical history and ask about any medications you are taking. They will ask if you are well and check that you are well enough to have your operation. They will usually recommend an anaesthetic or anaesthetics to you and explain the risks and benefits, discussing any questions or concerns that you have.

Your preferences are very important as we want you to feel safe and we want to deliver good care.

More information about the anaesthetic for your operation can be found in the link below:

[04-HipKneeReplacement2020web.pdf \(rcoa.ac.uk\)](https://www.rcoa.ac.uk/04-HipKneeReplacement2020web.pdf)

We will be with you throughout your operation to continually observe and monitor you. We are here to look after you and we look forward to meeting you.

4. Preparing for your total hip replacement surgery

This section will give you information about how we prepare you for your hip replacement surgery.

Pre-operative assessment

You require a pre-operative assessment appointment to make sure you are well enough to have surgery. At the assessment, a nurse will take your medical history to check that you are fit for surgery. This assessment might involve you submitting aspects of your health onto an electronic platform called MyPreop

After taking your medical history, you may also need to give a blood sample, require relevant investigations such as blood tests, have an ECG, and have your weight and height measurements recorded. You will also be tested for MRSA and any relevant COVID-19 screening. These are both done by either a nurse or health care assistant who will take simple swabs of your nose and back of your throat.

What happens after my pre-operative assessment?

After your pre-operative assessment appointment, you will be given leaflets about reducing the risks of developing blood clots, MRSA and further information specifically about your operation. It is very important that you read these leaflets.

You will also be given a summary sheet of information and instructions to help you before your surgery, including fasting before your operation and taking your routine medications. The summary sheets will explain which medications to take and which medications not to take in the days/hours before your surgery.

There may be some medications that need to be stopped before your surgery e.g. blood thinning drugs and herbal supplements and your nurse will inform you when to stop.

Depending on your blood test results, you may be advised to take Vitamin D or iron supplements or you may get a referral for further investigations such as cardiology.

Following this assessment and anaesthetic review, you will be added to the surgery operating list.

Is there a risk that I could get an infection in my wound after surgery?

MSSA (Methicillin Sensitive Staphylococcus Aureus) is a type of bacteria germ which lives harmlessly on the skin and in the noses of around one third of people in the UK.

MSSA is a common cause of infection in joint replacement surgery. Research has shown that using nasal gel and body washes as described below can reduce the risk of infection from MSSA by up to 60% in some cases.

To reduce this risk, you will be given an antimicrobial nasal cream, hair and body wash, called Octenisan, to use. This should be used five days before your operation and more information can be found in the Octenisan information leaflet that comes with it. If you get any side-effects from using Octenisan, please stop using it and tell your pre-assessment nurse.

What should I do to prepare for my surgery?

Covid guidelines are constantly changing, so the most recent requirement will be explained to you by the pre-operative assessment nurse.

It is very important that you follow any advice given to you, or it could mean that your operation is cancelled.

One week before your operation you will receive a phone call from your orthopaedic nurse to check that you are still fit and healthy for your operation.

Five days before your surgery you should start to use the Octenisan all over body wash and nasal cream as directed.

If you have any new illnesses or symptoms, changes in your medications, have had an accident or if you have changed your mind about your surgery, please tell your pre-assessment nurse as soon as possible.

5. Nursing care following your total hip replacement surgery

This section will give you information about how you will be cared for after your total hip replacement.

What will happen after my surgery?

After your surgery you will wake up in the recovery room, after which you will be transferred to Abbey Suite. You may have intravenous fluids (a drip attached to your arm by a needle) and the nursing staff will monitor your vital signs (blood pressure, heart rate etc.) and help to move you if necessary. When you are ready, you can begin to eat and drink.

If you are in any pain, please inform the nursing staff and painkillers will be given in accordance with your prescription. A physiotherapist will assess you on the ward if you arrive before 4pm, but if not, you are advised to complete your exercises and start moving around under the supervision and guidance of the nursing staff.

Please bring your normal day clothes with you, which are comfortable, so you can wear them during your hospital stay. Please bring fitted shoes (not slip on shoes or flip flops) as they will be safer when you start to walk around.

Will I need to take medication in hospital and when I go home?

Yes, you will be given the following medication:

- Painkillers - its effectiveness will be assessed by the nursing staff
- Antibiotics to reduce the risk of infection (You will receive this whilst in hospital and may require it at home)
- Laxatives to reduce the risk of constipation
- Anticoagulants (blood thinning drugs) to reduce the risk of blood clots forming

Patients who have a total hip replacement will be given anticoagulants to take for up to 35 days.

Getting ready to go home

The multidisciplinary team will decide when it's time for you to go home. Medication will be given to you from the pharmacy department along with a copy of your discharge letter. A copy of the discharge letter will be sent to your GP and your outpatient's appointment date will also be given to you on the day you go home. If your appointment is not ready on the day you go home, it will be posted to you.

Please arrange for a family member or friend to collect you from the hospital. We normally discharge patients during the morning.

6. Pharmacy care following your total hip replacement surgery

This section will provide you with information about the Pharmacy service you will receive.

What happens to the regular medication I am taking at home?

Following your operation, a member of the Pharmacy team will come and speak to you about your medication. This will usually be on the morning after your operation. They will take a detailed history of any medication you are currently taking or have recently stopped taking. This is to ensure all your medications have been correctly prescribed on your inpatient drug chart and any changes to your medication can be clearly documented. To support this process, we ask that you bring in a minimum of 4 weeks supply of your medication with you and details of any medication you take that are not supplied by your GP.

What happens if there are changes made to my medication?

For any new medication that is prescribed, or any changes are made to your current medication, the Pharmacy team will keep you informed and provide counselling on:

- why the medication has been started / changed
- how to take the medication
- any side-effects you may experience and what to do if you do experience them

How will I know what medication to take when I get home?

When you are ready for discharge, a Pharmacist will check your medication to ensure they are safe for you. The Pharmacist will document the details of any new medication and any changes made to your current medication on your discharge letter. Any medication that you brought into hospital will be given back to you and any new / changed medication will be supplied from Pharmacy.

7. Exercises before and after your total hip replacement surgery

This section will give you information about what exercises to complete before and after your total hip replacement. You will see a physiotherapist at various stages after your surgery and it will be vital that you follow their instructions about which exercises you should do and how often. This will help to ensure the best possible outcome from your surgery.

Exercises before and after surgery


It is important to do the recommended exercises leading up to your planned surgery as this will strengthen your muscles and help in the recovery period. It will also be easier to do the exercises after the operation if you are more familiar with them. Having strong and fit muscles speeds your recovery and ultimately improves the outcome of your operation.

You will receive information following your orthopaedic appointment about how to access several videos we have made to inform you about your surgery. One of these will show you the best exercises to do before and immediately after your operation. If you are unable to watch the online joint school videos, please contact us on 020 8453 2240.

Please complete these exercises as pain and comfort allows. If you have any medical conditions or concerns regarding completing these exercises, please speak to your GP or contact us on 020 8453 2240. If you experience any problems including chest pain, dizziness or your heart rate becomes irregular, please stop these exercises immediately and seek urgent medical advice.

After your operation a member of the team will see you to show you how to walk with a walking aid. You will receive a physiotherapy assessment to help you with your exercises for your circulation, restoring movement and muscle strength.

Instructions for your exercises

As well as watching the videos, we can send you an email or text with your exercises so that you can access them online or print a paper copy if you wish. If you want us to send you a paper copy, please contact us on 020 8453 2240. The link in the email will take you to a programme of exercises to work on before your operation and if you choose to you can track your exercises by pressing this symbol  at the side of your exercise plan.

Exercises whilst in hospital

The therapy team will see you whilst you are in hospital and will practise your exercises with you to help you get your movement back. The more frequently you do your exercises on your own as well as with the therapist, the better your progress will

be. When you leave it too long in between your exercises, your joints and muscles will stiffen making it harder to get started again, so little and often is best. We recommend doing exercises at least five times a day and you can do them whether you are sitting down or are in bed.

Exercises when you leave hospital

It is absolutely vital that you continue to exercise regularly when you are at home. It may feel harder at first as you may not have someone to encourage you but it is important that you exercise a minimum of three times a day and preferably every one to two hours until you have regained your movement, strength and mobility. At times, you may feel that your joint is too uncomfortable to exercise so you may want to consider timing your exercise around your pain control – half an hour after taking your pain killers is often best.

Follow-up appointments

Patients will have different needs following their hip replacements depending on their mobility, strength and degree of hip movement. The ward physiotherapist will arrange appropriate physiotherapy follow up for you either in outpatient physiotherapy at your local hospital or possibly at home to start with, depending on your mobility.

At this time, your exercises may be progressed to make sure you are working at a suitable level to achieve your goals. The location of your follow-up physiotherapy appointment will be discussed with you by your therapist before you go home.

8. How to go up and down stairs

This section will give you information about how to go up and down the stairs safely, using your crutches or walking stick. A member of the therapy team will speak to you about everything in this leaflet. If you have any questions, please ask.

Going up stairs



- If there is a hand rail, hold onto this with one hand and hold your crutch/stick in the other hand and hold your second crutch/stick by the stem on the outside of the crutch you are using on the stairs.
- First take a step up with your un-operated leg.
- Then take a step up with your operated leg.
- Then bring your crutch or stick up onto the step.
- Always go up the stairs one step at a time.
- If there is not a hand rail repeat the same steps however, bring both of your crutches/sticks up to the step you are on once you have stepped up with both legs.

Going downstairs



- If there is a hand rail, hold onto this with one hand and hold your crutch/stick in the other hand
- First put your crutch or stick one step down.
- Then take a step down with your operated leg followed by your un-operated leg.
- Always go downstairs one step at a time.
- If there is not a hand rail repeat the same steps as above, however, bring both of your crutches down a step before stepping down with your legs.

9. Leaving hospital after your total hip replacement

This section will give you information about how to prepare for leaving hospital after your total hip replacement surgery.

Any equipment you may need at home will have been discussed with the Occupational Therapist on the ward.

Guidance how to measure your furniture

Furniture measurements

Before your surgery, we need you to provide us with the heights of the chair, bed and toilet you will be using at home after your surgery. This is required as you may need to raise the height of your chair, bed and toilet for your comfort and safety when you return home from hospital.

The following diagrams will provide you guidance how to measure these heights so that we can make the necessary recommendations during your joint school appointment. **Please ensure you input your furniture heights (in inches or cm) on your Joint School Therapy Questionnaire (sent to you separately).**

Please note: It is your responsibility to ensure you provide these heights so that we can make the necessary recommendations during your joint school appointment.

We would be grateful if you or your family/friends/carer could measure the following items:

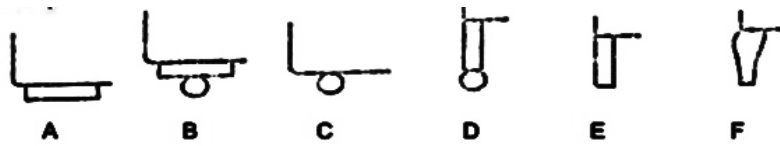
Armchair (or highest available chair in your home)

Please measure the height from the floor to the chair seat **when you are sitting on it.**



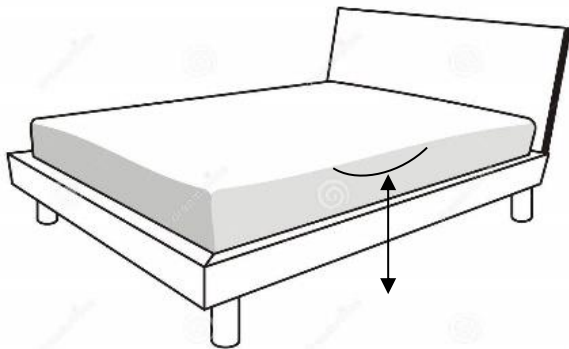
Type of chair legs:

What image suits best the type of chair legs you have?



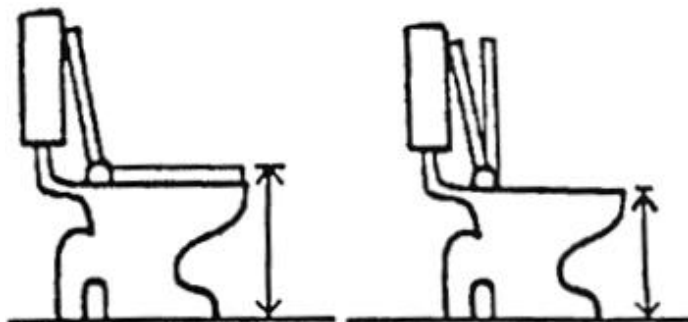
Bed

Please measure the height from floor to the top of the bed **when you are sitting on it**.



Toilet

Please measure the height from floor to the top of the toilet with the **seat up and the seat down**.



Finally, please measure the distance from either side of toilet to wall/structure

Precautions once you are at home

Reminders

- A loss of appetite is common for several weeks after your surgery. A balanced diet is important to promote proper tissue healing and restore muscle strength.
- When walking, do not twist your hip as you turn around, but take small steps instead.
- Do not stand for long periods of time, as this may cause your leg to swell. When you are sitting or lying down, keep your leg raised by resting your foot and ankle on a low stool, low chair or pillow until the swelling subsides. It is important to continue your foot and ankle exercises whilst you are resting.
- Contact your GP at once if you develop an infection anywhere in or on your body as it is essential to have it treated. Inform health care staff that you have had a joint replacement before any invasive treatment, e.g. Dentist.

Basic precautions

It is important that for the first twelve weeks following your operation that you take special care to protect the joint and prevent dislocation.

- **Do not** bend your operated hip more than 90 degrees
 - E.g. Do not sit in a low chair or bend down to pick up an object from the floor
- **Do not** cross your legs in bed or when sitting
 - E.g. place a pillow between your legs when in bed
- **Do not** swivel or twist on your operated leg
 - E.g. take small steps when turning around

The following are especially important for the first 12 weeks after your operation although it is advisable to avoid sitting on very low chairs, indefinitely.

DON'T

- × Do not cross your legs
- × Do not bend more than 90 degrees (a right angle) at your hip
- × Do not bring your knee up close to your chest
- × Do not bend down to your feet e.g. to tie your shoe laces
- × Do not shuffle or swivel on your feet when turning
- × Do not sit on low chairs, beds or toilet seats
- × Do not kneel down
- × Do not wear back-less shoes or slippers, e.g. mules or flip flops
- × Do not force any movements of your hip and never turn your leg inwards with your knee and hip bent

DO's

- ✓ Do take small steps when turning around
- ✓ Do continue the exercises shown by the physiotherapist for at least three months

- ✓ Do use your walking aid for as long as recommended
- ✓ Do go for regular walks when you go home and try to increase the distance a little each day
- ✓ Do watch your weight as being overweight puts an unnecessary strain on your new hip
- ✓ Do contact your GP at once if you develop an infection anywhere in or on your body as it is essential to have it treated.

General advice

Sleeping

We advise you to sleep on your back for the first twelve weeks. If this is not possible, we advise you to sleep lying on your operated leg. **Remember that if you sleep on the side of your un-operated leg, then your operated leg is likely to cross over in the night, which increases the risk of dislocation.**

Getting in and out of bed

A member of the therapy team will discuss the importance of bed heights with you before your surgery. If your bed at home is very low, you may need to consider swapping temporarily to another bed in the house. If this is not possible you may need to get a mattress topper to raise the bed height. To get into a sitting position and get out of bed, push yourself up into a sitting position taking your weight through your arms.

You may find it easier to get into bed with your un-operated leg first and get out of bed with your operated leg. It is important that you keep the operated leg out to the side when getting out of bed. This may require you to temporarily change the side of the bed you usually sleep on but may be easier for you whilst you recover and gain strength in the operated leg.

To get into a sitting position and get out of bed:

1. Push yourself up into a sitting position, taking your weight through your arms. Make sure you don't bend any further forwards than 90 degrees.
2. Keep your operated leg straight out in front of you and turn to sit on the edge of the bed.
3. When standing up from a chair or toilet, keep your operated leg out in front of you. Bring your bottom to the edge of the chair or seat. Take your weight through your un-operated leg and push up from the chair or seat with your hands.

Walking

Following your operation, you were taught how to walk with the appropriate walking aid.

The walking sequence should be:

- Move your walking aid
- Step forwards with your operated leg
- Step forwards with your un-operated leg

Sitting on a chair or toilet

You **must not** sit on a low chair or toilet seat or cross your legs, as you will be at risk of dislocating your new hip. If necessary the occupational therapist will have discussed with you at joint school, furniture that you may need to raise e.g. your chair, bed and toilet seat before you come into hospital for your operation. **Please note: It is your responsibility to ensure these are in place before you arrive for your surgery. This is for your own comfort and safety when you return home from hospital.**

When sitting down:

1. Make sure you can feel the chair or toilet behind both legs.
2. Reach your hands back for the arms of the chair.
3. As you lower your bottom to the chair or seat, slide your operated leg out in front of you.
4. Toilet paper should be beside or in front of the toilet and not behind, to prevent you from twisting or bending too far.
5. When standing up from a chair or toilet, keep your operated leg out in front of you. Bring your bottom to the edge of the chair or seat. Take your weight through your un-operated leg and push up from the chair or seat with your hands.

Kitchen activities

You may work in your kitchen when you get home but you may have to make some changes to care for your new hip.

- Do not bend to get to the bottom of your cupboards, fridge, freezer or oven.
- Put the items that you use every day on higher shelves but not so high that you have to stretch for things beyond your reach.
- Be careful carrying things around the kitchen when walking with sticks. Slide items along the work surfaces or use a trolley.
- Be careful picking things up from the ground or floor such as letters or grocery shopping that is delivered to your door.
- You may find it helpful to purchase a long handled reacher or “helping hand” to assist with picking up light objects such as letters, shoes or clothing off the floor.

Bathing and showering

Use a shower where available only after your wound review (usually a minimum of 2 weeks) - a walk in shower with a suitable seat is easiest. You should always use a non-slip mat and bath board in the bath or shower.

Please note: We do not recommend stepping into the bath whilst you are following the precautions outlined above.

- Use a long-handled bath brush, loofah or towel to wash your lower legs and feet. Do not bend down to your feet
- Try strip washing initially and return to the bath at a later date once your hip has healed.

Household activities

- Do not bend to use low electrical sockets – leave appliances plugged in where you can.
- Be careful hanging washing out to dry. Do not put the washing basket on the ground or floor. Put it on a garden chair or table near to the washing line
- Be careful when picking up the post or newspapers, feeding household pets, picking up your shoes or items from the floor. Use your ‘helping hand’.

In general, think **HIP before TASK** and spread household chores over the week. Please ask any of the therapists about anything you are concerned about.

Dressing your lower half

You should get dressed sitting on a suitable chair or on the edge of your bed. Take most garments over your head, where possible. You must not bend forward beyond a 90-degree angle to reach the foot on your operated side, nor should you lift your foot too far up towards you. The occupational therapist will show you on the ward how to dress your lower half without putting your hip at risk of dislocation and you may need a long handle shoehorn and ‘helping hand’.

Driving

Ask your consultant or doctor at your six weeks follow up appointment to confirm when you can start to drive again. You may drive when you can sit comfortably in the car and when your muscle control provides adequate reaction time for braking and acceleration. Please always check with your insurance company and the DVLA before starting to drive, as you may not be adequately covered in the event of an accident. Please remember your hip precautions when getting in and out of the car.

Getting in to a car

Particular care needs to be taken especially if the car seat is low. Have the seat as far back as possible and angled so that it is partially reclined. If possible, get in to the car directly from the drive or road rather than the curb or pavement. You may need a cushion to make the seat higher. Ensure the car door is held steady and approach the doorway and seat bottom first.

1. Place your right hand on the side of the windscreen and your left hand on the seat back.

2. Gently lower yourself down keeping your operated leg straight and out in front of you.
3. Slide back over the seat until your bottom reaches the handbrake.
4. Then lift both legs in together as your body turns to sit upright in the seat (you may need someone to help).

You may find that using a carrier bag on the seat helps you to turn smoothly. Make sure that you remove the carrier bag before driving the car. Keep your operated leg out straight in front of you whilst you are in the car.

Getting out of a car

Reverse the above. Only make short journeys of up to 30 minutes for the first six weeks and avoid using black cabs, as there is a high step up.

Bending down

Avoid bending down if possible and use your 'helping hand' instead. Hold on to a solid object for support. Slide your operated leg out behind you keeping the knee straight.

Sport

After 12 weeks you can return to certain sports. Walking and swimming are excellent but sports that require jogging and jumping are not, e.g. football, squash, tennis, athletics.

Sexual Intercourse

If you are not in any pain, or advised to the contrary from your consultant, sexual activity may resume approximately six to twelve weeks after your operation. You should be the passive partner while you are recovering. There is a leaflet available on this subject and please do not be embarrassed to ask any member of staff for a copy of the leaflet.

Advice about how to prevent falling

1. Consider removing loose rugs and matting, or secure them to the floor with slip-resistant grips.
2. Ensure there are no trailing cables within your home e.g. from electrical appliances or the telephone.
3. Ensure you have a night light next to your bed so you can make your way to the toilet safely at night.
4. Ensure there is sufficient room to manoeuvre around the room with your walking aids. If necessary, consider removing excess furniture or ornaments.

5. Cordless telephones are useful, as they can be taken from room to room. They avoid you rushing to get to the telephone and provide you with an easy way to contact someone in an emergency.
6. Auto-dial alarms, which can be worn as a bracelet around your wrist or on a pendant, can be useful. This will enable you to call for assistance if you have a fall.

9. Who can I contact for more information?

Hospital	Northwick Park Hospital	020 8864 3232
	Central Middlesex Hospital	020 8965 5733
Orthopaedic ward	Abbey suite at Central Middlesex Hospital	020 8453 2655
	Evelyn ward at Northwick Park Hospital	020 8869 2466
Medicines information		020 8869 2761 020 8869 2762
Orthopaedic therapy team at Central Middlesex Hospital		020 8453 2240
STARRS team		020 8869 3654
Ealing community physiotherapy team		020 8571 1143
Physiotherapy Outpatients at Central Middlesex Hospital		020 8453 2234
Physiotherapy Outpatients at Northwick Park Hospital		020 8869 2228
Physiotherapy Outpatients Ealing Hospital		020 8967 5487

General Trust information

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals. Please call 020 8869 5118 between 9.30am and 4.30pm or e-mail LNWH-tr.PALS@nhs.net Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

If you would like this information in an easy to read format, large print, braille, different format or language, please contact the PALS team on 020 8869 5118 or email lnwh-tr.PALS@nhs.net We will do our best to meet your needs.