

Wrightington Total Hip Replacement Programme

Patient Information

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Introduction

On behalf of the orthopaedic team we would like to wish you a warm welcome to Wrightington Specialist Orthopaedic Hospital.

Here at Wrightington we have a long history and tradition in joint replacement surgery, having pioneered the first hip replacements in the 1960's. We now perform over 1000 hip replacements every year, using innovative advanced techniques to make your recovery quick and safe; helping you to get better sooner.

This information booklet aims to answer any questions you may have about undergoing total hip replacement surgery at our hospital. The booklet also aims to describe what you can expect from your hip replacement surgery and how specialist techniques can help you recover sooner.

We understand that you may feel nervous about surgery but our orthopaedic team will answer any questions you may have on your pre-operative visits and whilst you are an inpatient. Please do not hesitate to ask any member of the team if you have any queries, concerns or are in need of guidance.

We would estimate your hospital stay to be short; about 2-3 days. You will encounter a lot of orthopaedic staff. Everyone works together to make your surgical experience as pleasant as possible whilst maintaining the highest quality of standards and care.

The Team

- Consultant Surgeon
- Orthopaedic Fellows, Registrars and Junior Doctors
- Anaesthetists
- Arthroplasty Practitioners
- Specialist Enhanced Recovery Nurses
- Specialist Pain Management Nurses
- Ward Nurses
- Physiotherapists
- Occupational Therapists
- Therapy Assistants
- Theatre and Recovery Staff
- Pharmacists
- Radiographers
- Bone Bank Team

What is a hip replacement?

The hip is a ball and socket joint between the pelvis and the thigh bone. The upper end of the thigh is the ball part and fits into the socket in the pelvis. During the operation the worn or damaged joint will be replaced with an artificial one.

The different types of implant will be discussed you at the time of consultation with your surgeon

Alternative treatments

A hip replacement is the best option for you due to the severity of your arthritis. This option will only be offered to you after other options have been tried and have not relieved your symptoms. This would include medication to relieve the pain, weight loss if necessary, physiotherapy and exercise to reduce stiffness and improve muscle strength and the use of walking aids.

Benefits of surgery

A hip replacement is usually carried out when the joint is worn and severe pain restricts mobility. The benefits of surgery include:

1. Reduced pain
The majority of patients experience significant pain relief. It is normal to have some discomfort following surgery but our techniques aim to make the surgery as comfortable as possible, in most cases allowing you to walk on the same day.
2. Improve stiffness
The new joint will have highly engineered metal and plastic surfaces designed to allow the joint to move smoothly and freely. The aim would be for you to have less stiffness than before the surgery
3. Increased mobility
With a combination of reduced pain and improvement in stiffness your overall mobility is likely to be improved. This will help you return to a more active lifestyle.

Risk of Surgery

Hip replacement surgery is generally a very successful operation. 85 - 90% of patients are extremely satisfied with their result and gain an improvement in lifestyle. There are, however, risks and complications which can occur; some of which are listed below.

Blood Clots

- Deep vein thrombosis (DVT) (blood clot in the leg)
- Pulmonary embolism (PE) (blood clot in the lung)

Blood clots can occur after any operation but are more likely to occur following lower limb orthopaedic operations. When these clots occur a blockage can develop in the veins of the leg causing swelling, pain and warmth. Swelling in the leg after surgery is very common and can take time to resolve. If there is any doubt you should seek the advice of your doctor.

A blood clot in the lungs is termed a pulmonary embolus (PE). In rare circumstances (1 in 1000) this can cause death. Symptoms of a PE include shortness of breath, sharp chest pain and blood coughed up in your phlegm.

Preventative measures

1. We now mobilise patients as soon as possible following hip replacement surgery, often on the same day. This has the advantage of increasing blood flow to the leg and maintaining the circulation.
2. You will need to wear elasticated stockings for 6 weeks following surgery. These are somewhat similar to flight compression stockings.
3. We assess all patients' individual risk of blood clots as recommended by the National Institute of Clinical Excellence (NICE). Following risk assessment, most patients are advised to take blood thinning agents. You will be advised by your doctor or nurse on how to take this medication and for how long. A heparin medication called dalteparin is used for most patients and is required for around 35 days following total hip replacement. Patients are taught to inject themselves.

Joint Infection

You will be screened for bacteria and MRSA before you come in for your operation to reduce the chance of infections. This enables any treatment to happen and reduce the risk of infection to you and to others. It is very important that there are no cuts, grazes or wounds on your legs when you come for surgery. It may be worthwhile considering avoiding activities such as gardening for a few weeks prior to your surgery.

We will also encourage you to lose weight, as being overweight significantly increases the chances of infection following surgery. We also encourage smoking cessation as there is evidence that smoking increases your chances of infection with the wounds taking longer to heal.

During the operation you will be administered intravenous antibiotics. Your surgery will also take place in advanced air-flow operating theatres which help reduce the bacterial levels.

Deep infection in an artificial joint is a very serious complication. It occurs in about 1% of patients. More commonly one can develop a superficial infection on the surface but occasionally this can progress deeper. We take any infection seriously. If you think you have a problem you should **always let us know immediately via the helpline**. We will inform your surgeon and get you reviewed urgently.

As from 1st May 2014, every patient receiving a hip or knee joint replacement will be given an accompanying information leaflet explaining why it is important any infections are identified and appropriately treated. Attached to the information leaflet will be a card; this will list all the numbers available for any department you may need to contact. You will also be given a post-surgery wound questionnaire, in order to identify any wound infections that may occur after discharge. There is a number to contact in relation to wound problems and/or infection. Your GP or district nurse may be treating the infection but we still want you to let us know. **Contact us via the helpline, or out of hours, ring the ward that you were on.**

If a deep infection is not treated within the first few weeks then revision surgery may be needed. Early treatment can help reduce this risk.

Dislocation of the joint

Occasionally following hip replacement the ball can dislocate from the socket. This can occur in up to 5% of patients. Normally the hip is relocated with a short anaesthetic. Occasionally patients need to undergo further operations to make the hip more stable.

Hip precautions

For the first 12 weeks care must be taken to prevent the hip dislocating:

- Do not cross your legs in sitting, standing or lying. In the early stages of recovery do not roll onto or lie on either side. It is advisable to lie on your back for the first 6 weeks.
- Do not bend more than 90 degrees at your hip, for example, do not attempt to pick up anything off the floor, do not reach down to put shoes on and do not put your leg onto a high stool. When sitting, make sure your knee is level or lower than your hip.
- Do not twist your hip when sitting, reaching for things, walking or changing direction.

Joint loosening

Total hip replacements have a limited lifespan. They are mechanical devices which will eventually wear out. The younger and more active you are the more likely you are to need a revision operation in the future at some stage. Your surgeon will discuss these risks with you. Around 90% of hip replacements do not cause problems at 25 years following surgery.

Unequal leg length

It is not uncommon after hip replacement to have a difference in your leg length of a few millimetres. In the majority of cases it is less than 1cm and therefore not noticeable but occasionally your leg will feel slightly longer or shorter. Occasionally this is treated with either a raise in, or on, the heel of your shoe.

Fracture

There are occasions when a bone may break during this procedure. The risk is very low and the majority of fractures are very minor and require no specific treatment. If treatment is necessary, fractures can be treated with plates or wires during your hip replacement surgery. Everyone gets a routine check x-ray after the operation. In rare circumstances a return to theatre may be necessary to fix the fracture.

Nerve injury

There are several nerves located around the hip and these can be damaged during total hip replacement surgery. These nerves supply skin sensation and power the muscles in the leg. Normally the nerves recover themselves over a period of weeks and months. Occasionally the problems can be permanent and may lead to pain, weakness and loss of sensation.

Urinary incontinence

Depending on your anaesthetic type or if you have individual risk factors a bladder catheter may be inserted. A small number of people develop urinary incontinence. This is usually temporary and resolves itself within a few hours of your surgery. If you have had a catheter inserted this is removed within 24 hours after your operation. Sometimes reinsertion of the bladder catheter is necessary if you cannot pass urine. If this continues to be a problem we will refer you to see a specialist urology doctor.

Persistent pain

Hip replacement surgery is an excellent operation for arthritis. However there are some patients who are left with pain and discomfort around the wound. Further treatment for this can be discussed with your doctor if necessary.

Revision (re-do) surgery

Occasionally for various reasons operations need to be re-done. This is usually many years after surgery but can happen soon after the initial operation. If this is necessary your surgeon will discuss the issues with you.

Medical problems

There is a small risk of developing a medical problem following surgery. These include heart attacks, strokes and pneumonia. There is also a small risk of dying associated with this type of operation. These risks will be discussed with you at the time of consultation with your surgeon and anaesthetist. If there are any concerns your doctors may transfer your care to another speciality for ongoing treatment

Summary

Hip replacement surgery is usually a very successful operation, but as with any other surgery there are risks of complications, which may affect a small number of patients.

Information Resource

The National Joint Registry (NJR) for England, Wales and Northern Ireland collects information on joint replacement surgery and monitors the performance of joint replacement implants. The registry helps to monitor the performance of implants and the effectiveness of different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic industry.

Please see their website for further information www.njrcentre.org.uk

Out-patient clinic

When you attend the out-patients clinic you will be entered onto the waiting list for your procedure. Your consultant will work closely with the admissions team and pre-operative assessment team to agree on a suitable date for your surgery. Once this date has been agreed you will be notified in writing.

You will be encouraged to **reduce weight if necessary** and **stop smoking**. These two measures have been proven to lower complications following surgery.

If there is availability and you have time your surgeon will send you to pre-operative assessment on the same day. If you have complex medical problems you may be required to see the anaesthetist prior to surgery.

Bone donation

When you attend out-patients and are listed for surgery "bone" may be requested for use in your surgery. Your consultant/surgeon will talk to you in more detail if they require "donated" bone for use in your surgery

You may also be asked about bone donation (leaflets available) as we have a Live Bone Donation Programme; to be part of this you will need to complete a Medical History Questionnaire and sign a consent form.

Pre-operative assessment

It is essential that you attend this appointment.

During this visit you will undergo assessment to ensure you are fit for surgery. You will undergo simple checks on your heart, lungs and have blood tests taken. Skin swabs will be taken to test for MRSA carriage. You may require an x-ray and will be asked questions about your medical history. **It is important that you bring any relevant documentation and list of medications to this visit.** If you are on blood thinning tablets e.g. aspirin, warfarin, clopidogrel or dipyridamole please inform the nursing staff as you may have to stop these prior to surgery. **This would only be under the direction of a doctor.**

If you have a long term illness, heart, lung or metabolic (diabetes, thyroid) condition an anaesthetist will examine you to ensure you are fit for surgery. It may be necessary for you to be seen by a specialist if you have a more serious health problem. If you are not considered fit for surgery the operation will be cancelled. You will receive an out-patient appointment with your consultant who will discuss alternative treatment options.

Please tell the doctor or pre-assessment nurse if you are already taking these medications for other reasons, or if you are taking another medication called pregabalin.

Education classes/ joint school

It is important that you attend this appointment as this session provides information on how to prepare for having your hip replaced, what to expect during your hospital stay, how to carry out daily living tasks immediately after your hip replacement and what to do once you are at home.

An Occupational Therapist will be available in order to assess your social circumstances, discuss your home environment and any areas of need in daily living tasks. This way we can pre-empt any problems prior to your surgery to facilitate your discharge after the operation.

It is important to practice the exercises shown to you at the education class. This will strengthen your muscles and aid recovery.

How long will I be in hospital?

For most patients discharge will be on day two after their operation. For example: admission at 7:30am on the 25th day of the month (day 0), have surgery that day, the expected date for discharge home will be the 27th day of the month (day 2).

You will only be discharged home when you are medically stable and can manage safely. There is a range of discharge dates, some patients can be discharged after one night in hospital (day 1), with most people going home within a two or three night stay in hospital.

Admission

The day you are admitted will be the day you undergo surgery. Please follow the fasting guidelines, which you will have received from the pre-operative assessment clinic or in the letter you receive from our Admissions Department.

Reminder: Please ensure you have a bath or shower before you arrive at the hospital. We need you to be as clean as possible to keep the operation site as clean as possible to reduce the risk of infection.

It is also important that you do not apply creams or make up after your bath or shower. If you shave your legs, please do not shave for at least three weeks prior to the operation. Shaving is known to increase infection rates in joint replacement unless conducted immediately before the operation. It is not known whether hair removal creams increase infection risk, and these may be best avoided.

You will normally be admitted on the morning of your surgery to **Ward D** at Wrightington Hospital. Following your operation you will be transferred to one of the orthopaedic wards.

Please do not bring too many possessions into hospital with you as storage space is limited. Bring well-fitting comfortable flat shoes to walk in and some comfortable slippers. There may be some swelling in your foot after your surgery therefore consider this when selecting suitable footwear; shoes without backs are not recommended. If your hip replacement is undertaken in the morning we would anticipate that you would be up and walking and dressed in normal clothes the same day.

On admission the final checks prior to surgery will be undertaken. If your temperature is low you may be warmed, using blankets, as this has been shown to minimise the risk of infection. Occasionally delays in theatre or unexpected changes to the operating list may mean you have to wait longer than anticipated. If this happens you may be offered a drink, after discussion with your anaesthetic team. You may wish to bring a book or a magazine with you to pass the time.

The anaesthetic

When you are admitted onto the ward you will be seen by the anaesthetist who will discuss your anaesthetic choices and post-operative pain relief with you.

Most patients will be recommended to have a spinal anaesthetic in combination with a light general anaesthetic or sedation.

The spinal anaesthetic involves a small injection of local anaesthetic between the bones of the lower part of the back around the nerves of the spinal cord. This causes a temporary numbness and heaviness from the waist down and allows surgery to proceed without feeling any pain. A light general or some sedation can then be used in combination to lower your awareness of theatre activity during the surgery.

This anaesthetic combination is preferred because it is safe, effective and the full effects usually wear off very quickly following the surgery. This allows most patients to make a rapid recovery with very few “hangover” side effects such as sickness, which can occur following a general anaesthetic. It also allows for you to start moving your hip soon after surgery.

Due to the effect of the spinal anaesthetic your bladder will be temporarily numbed. This can sometimes make it more difficult to pass urine immediately after surgery. A tube (catheter) can be inserted into the bladder to relieve this problem but this is only performed if absolutely necessary or you have risk factors for urinary problems.

From the start of the anaesthetic until the end of your operation your anaesthetist will stay with you for the whole time watching your condition very closely. Your heart rate, blood pressure and breathing are monitored and your body temperature is kept normal using a specialist warming blanket.

The operation

You may have some awareness once in the operating theatre depending on how much sedation you have decided to have. Some patients decide to remain completely awake. The theatre team including your surgeon will be wearing specialist clothing (space suits) and working under a state of the art special airflow system to minimise any chances of infection.

During your operation the surgeon may inject high volumes of local anaesthetic into the tissues around the hip joint. This complements the spinal anaesthetic and helps with your pain relief after the operation allowing you to move the hip immediately. This technique normally provides excellent pain relief; however, you will be asked about your comfort levels regularly and will be offered extra pain relief.

Recovery

From the operating theatre you will be transferred into the recovery ward. The staff here will:

1. Check your general condition
2. Take your observations: pulse, blood pressure and oxygen levels
3. Check your wound dressing
4. Monitor your spinal anaesthetic
5. Assess your pain control

Your surgeon may request an x-ray of your new hip.

After a short time you will return to your ward.

The ward staff will continue to monitor you and make sure you are comfortable.

Pain relief

You will have regular pain relief prescribed. If you feel your pain relief is inadequate at any time then you must let the ward nurses know so they can help you to get more comfortable. We also have a dedicated team of pain nurse specialists who may come to see you after your operation.

Exercises

It is essential that you commence the following as soon as you can after your operation and whenever you are resting to help prevent blood clots.

Ankle exercises

This should be done every hour for approximately 5 minutes or longer if possible. This helps maintain the circulation in your calf muscles. If you experience any pain or tenderness in the calf please contact the nursing staff immediately. You may not initially be able to do this until the spinal anaesthetic has worn off. This is normal and the movement will return in time.

Deep breathing exercises

This helps to keep your chest as clear as possible. Take 3 or 4 deep breaths. Try to breathe as deeply as possible and after the last breath try to “huff” out the air. This may stimulate a cough. Some people may experience a productive cough after anaesthetic.

Exercise programme

It is essential that you follow this programme regularly after your surgery.

We also advise that you start doing this programme **BEFORE** your operation to help improve the movement and strength in your muscles.

The physiotherapy team on the ward after your operation will monitor your exercise and we encourage you to perform the programme independently at least **three times per day**.

It is very important that you continue to do these exercises when you leave hospital in order to get the very best result possible for you.

1. Buttock squeezes

Squeeze your buttocks firmly together, hold for 3 seconds then relax. Repeat 10 times, at least 3 times a day.

2. Tightening the thigh muscles

Sit or lie with your leg straight out in front of you. Point your toes towards you and tighten the muscle on the front of your thigh by pushing your knee down. Hold the muscle tense for 5 seconds and then relax. Repeat 10 times at least 3 times a day.



Mobility

As a general rule you will be allowed to walk either the same day or the day after your operation. Do not worry if this is not the case for you. You will be told as soon as possible when you will be able to get up.

You will be instructed on the use of crutches/walking aid and the correct way to walk. Once assessed by the Therapy Team you may walk with another member of staff. The aim is to help you regain independence with the crutches/walking aid as quickly as possible, allowing you to walk with minimum supervision or independently as soon as you are able to do so.

However, it is important to understand that everyone is different and that the appropriate amount of help will be given to you.

Stairs

Once you are walking well you will be taught how to manage stairs or a step (according to your needs)

- Take one step at a time
- Going upstairs: use the banister on one side and the crutch/stick on the other side. Leading with your non-operated leg, first place your foot on the step; then with your operated leg, place your foot on the same step, and lastly your crutch/stick.



- Going downstairs: use the banister on one side and the crutch/stick on the other side. Place your crutch/stick first on to the step, then your operated leg onto the step and then the non-operated leg onto the same step.



- Steps without rails or kerbs: as above but use both crutches/sticks together.



Day of surgery (day 0) – on the ward

You may be encouraged to get up a few hours after your return to the ward. This will initially be with the help of the Therapy Team and nursing staff who will show you how to walk.

The walking sequence should be:

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

You will then be encouraged to sit in a chair and wear day clothing. Easily fitting and comfortable clothes are best. You will also be encouraged to return to normal function including completing your exercises independently throughout the day.

Post-operative day 1

You will be encouraged to be as independent as possible.

You will usually get dressed into your normal clothes. Please bring easy-fitting clothes and well-fitting slippers when you are admitted.

Routine pain relief and any other drugs you may take will be given. Assistance with mobilising and dressing will also be given.

You will be visited on the ward by the Therapy Team, including weekends.

Remember: It is important you also exercise independently.

Post-operative day 2

You will be encouraged to:

Attend to your own personal hygiene and continue with regular mobilising and leg exercises.

Practice stair climbing if necessary.

The Therapy Team will undertake an assessment of transfers as required. For example, getting in and out of bed, sitting correctly and getting up from your chair and the toilet. They will ensure you are completing them safely and that you are familiar with any equipment which has been provided for you.

You will go for a check x-ray if this has not been done already.

Once you feel well and manage to safely meet all your discharge criteria (such as climbing stairs on crutches or sticks) you will be allowed home.

Post-operative day 3

You will attend to your own personal hygiene and continue with regular mobilising and leg exercises. Further practice climbing stairs will be arranged, if necessary.

There is a range of discharge dates with most people going home within two or three nights in hospital.

A pharmacist will visit you on the ward during your stay with us. They will check that all your usual medicines are prescribed for you and that all the correct medicines you need after your operation are prescribed as well. They will tell you about the new medicines that are prescribed for you and are very happy to answer any queries you have about your medicines.

Discharge Criteria

However long your hospital stay, you will need to meet several goals before you are discharged home:

- Walk independently with crutches / walking aid
- Get in / out of bed and on / off the chair / toilet by yourself
- Be able to get up / down stairs if required at home
- Have an x-ray of your new joint
- Have all the equipment / help necessary at home

Getting in and out of a car

- Ask your driver to push the seat all the way back and recline it slightly.
- If needed use a small cushion to make the seat level.
- Putting a plastic bag on the seat can help you slide and turn into position.
- Back up to the car until you feel it against the back of your legs.
- Carefully lower yourself onto the seat, keeping your operated leg straight out in front of you as you sit down.
- Slide across the seat towards the handbrake to give you sufficient room to get your legs into the car.
- Turn towards the dashboard, reclining backwards as you lift your operated leg into the car.
- Remove the plastic bag, make yourself comfortable and put on your seatbelt.
- To get out of the car reverse this procedure.

Follow-up

Although you have been discharged from hospital having made satisfactory progress following your operation, we are still here to support your recovery should you need us.

If you have any concerns regarding your recovery, or think you may be developing a problem, please contact the helpline who will be able to offer advice, arrange additional support or organise a review if required. It is particularly important that you contact us if you are concerned about your wound.

Monday to Friday: 8:00 am to 4:00 pm

Enhanced Recovery Practitioner Helpline number: 01257 488282 (answer phone)
Arthroplasty Practitioner: 01257 256372 (manned office hours)

Out of these hours please contact the ward where you had your operation

Ward D: 01257 256269
Ward 5: 01257 256276
Ward 6: 01257 256277
John Charnley: 01257 256265/7

Reminder: If your GP or district nurse prescribes antibiotics for a possible wound infection please contact the helpline. We may need to arrange an appointment with your surgeon. If you have any concerns about infection please contact us as soon as possible.

Also seek advice if you notice any excessive bleeding or any difficulty with breathing. If you become urgently unwell call 999. The dressing on your wound has a bacterial barrier to help reduce the risk of infection and contains a waterproof seal that allows you to take a shower without changing your dressing. You will be given a supply of these on discharge.

If you have clips or stitches they will need to be removed about 14 days after your operation. The nursing staff will let you know the arrangements that have been made for this to be done.

If you have been discharged before day 5, you will be contacted by telephone by our enhanced recovery team 5 days and 17 days following your surgery to see how you are doing,

You will also have a clinic appointment approximately 6 weeks after your surgery. You will often be seen by the Arthroplasty Practitioner at this point. This is to ensure you are progressing well and to answer any questions you may have.

You will not routinely have a physiotherapy follow-up appointment unless your surgeon feels that you require some directed therapy. **It is important to continue your exercises at home which you were taught in hospital.**

Once at Home

Please remember you have undergone major surgery and your recovery can take up to 12 months. It is important that you follow these guidelines when you return home:

- Continue to take painkillers as prescribed to enable you to mobilise effectively and manage your pain and swelling
- Use both crutches when mobilising. The length of time these are needed may vary and could be up to 12 weeks. Your Healthcare Practitioner or Surgeon will inform you of how long to remain on both crutches. When it is time to gradually wean yourself off your aids do so as your leg becomes stronger and your confidence increases. If you are using two crutches/sticks and you wish to try with one, always use it on the opposite side to your operated leg
- Gradually try to increase your walking distance. Walk frequently throughout the day
- Your operated leg will feel stiff each morning when you wake up. Do not worry about this; the stiffness should wear off given time
- Follow your hip precautions
- Avoid crossing your legs as this might hinder your circulation
- Wear sensible footwear. Ladies should avoid heels
- A healthy diet and not smoking will help promote wound healing and overall recovery.

Frequently asked questions

Why have I still got swelling?

It is normal for healing tissues to be swollen. The swelling may last for many months. When you take a step the calf muscle works to help pump blood back to the heart. If you are not putting full weight on your leg the pump does not work as well and you may get swelling around the ankle especially at the end of the day. You may also find that bruising starts to come out in the first few weeks following surgery. This is normal.

Do your circulation exercises as advised. When resting keep the leg elevated, ideally above the level of your heart while maintaining your hip precautions.

Why is my scar warm?

When tissues are healing they produce heat. This can be felt on the surface for many months.

How long will I have pain for?

It is likely that you may continue to experience some discomfort for several weeks. If the pain is not well controlled please inform your GP or call the helpline.

Why do I get pain lower down my leg?

While the tissues are settling it is quite common to get referred pain into the shin or behind the knee.

Is it normal to have disturbed nights?

As with sitting, when you are in bed your hip may stiffen up and the discomfort may awaken you. Your sleep pattern may also be disturbed if you are not used to sleeping on your back. It is not advisable to sleep or lie on either side for the first 6 weeks following your surgery.

Is it normal to have numbness around my scar?

Small nerves are disrupted during the surgery, which can cause numbness around the incision. This should resolve but may leave a small area of permanent numbness.

Why does my joint click?

Your new hip works in a different way. The clicking should improve as recovery continues. Some patients may always be aware of some minor clicking as the cartilage has been replaced with metal and plastic bearings.

When can I drive?

You should usually wait 6 weeks before driving. Before you consider driving you must feel confident that you have sufficient movement and strength so that you could perform an emergency stop. You should also inform your insurance company that you have had an operation before you drive again.

Can I go swimming?

You should not swim for the first 12 weeks and your wound should be fully healed.

When can I return to the gym?

This will depend on your previous level of experience and fitness. Low impact activities such as cycling, treadmill walking and swimming are recommended in the early stages of recovery until the soft tissues have healed and the muscles are strong enough to protect the new joint. **This is usually not for the first 12 weeks.** High impact activities such as sports and running should be avoided until after your consultant clinic review.

Will I set off the security scanner alarm at the airport?

Your joint may set off the alarm depending on the type of metal it is made of. Your metal walking aids will also be x-rayed. It is not normally advisable to fly within 3 months of your surgery as flying increases the risk of a DVT. If you are considered to be high risk for DVT you should get advice from your consultant or GP. They may recommend you delay your trip. You should also check that your insurance policy provides adequate cover.

Additional telephone numbers

Wrightington Main Switchboard:	01942 244000
Admissions:	01257 256211
Pre-operative clinic:	01257 256340
Physiotherapy:	01257 256307
Occupational therapy:	01257 256306
Pain team:	01942 822365
Outpatients:	01257 256295
Patient Advice and Liaison Service (PALS):	01942 822376
Arthroplasty Practitioners:	01257 256372
Enhanced Recovery Team:	01257 488282 / 2080
Bone Bank:	01257 256452

Comments, Compliments or Complaints

The Patient Relations/PALS Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

In addition to the Patient Relations/PALS Service, you can contact helpline on 01942 822111.

This leaflet is also available in audio, large print, Braille and other languages upon request.
For more information call 01942 773106.

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