

Below, we have provided some basic information for your benefit. Please use this information as an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.

Hip replacement

The **hip joint** is one of the largest joints in the human body and is known as a “ball and socket joint”.

In a healthy hip joint, the bones are connected to each other with bands of tissue known as ligaments. These ligaments are lubricated with fluid to reduce friction.

Joints are also surrounded by a type of tissue called cartilage that is designed to help support the joints and prevent the bones from rubbing against each other.

The main purpose of the hip joints is to support the upper body when a person is standing, walking and running, and to help with certain movements, such as bending and stretching.

It may be necessary to have a hip replacement if one (or both) of your hip joints become damaged and causes you persistent pain or problems with everyday activities such as walking, driving, bending and getting dressed.

What is a hip replacement?

A Hip replacement is a surgical procedure in which the hip joint is replaced by a prosthetic implant. Hip replacement surgery can be performed as a total replacement or a hemi (half) replacement. Such joint replacement surgery is generally conducted to relieve arthritis pain or fix severe physical joint damage, as part of hip fracture treatment. A total hip replacement (total hip arthroplasty) consists of replacing both the acetabulum and the femoral head, while hemiarthroplasty generally only replaces the femoral head.

A hip replacement operation is one of the most successful operations in Orthopaedic Surgery. Hundreds of thousands of these operations are now carried out every year worldwide with excellent results. It's modern form was invented here in the U.K. in the 1960s by Sir John Charnley.

Hip replacement surgery becomes necessary when the hip joint has been badly damaged from any cause, and the resulting pain cannot be satisfactorily controlled by non-surgical means. The usual problems that can end up with the need for a hip

replacement include any one of the many types of arthritis, malformation of the hip since birth or abnormal development and damage from injury.

An estimated 75,000 hip replacement procedures are performed each year in the UK and an estimated 250,000 each year are performed in the USA; and these figures are on the rise due to the baby boom generation.

Why a hip replacement?

You would need a hip replacement to be free from pain, improve your quality of life and improve your mobility.

You may need a hip replacement if the following applies to you.

- You have hip/groin pain that keeps you awake, or awakens you, at night.
- You have hip pain that limits activities necessary to go about your daily activities (getting up from a chair, climbing stairs, bending etc.).
- You have hip pain that limits activities that give you pleasure (walking for exercise, traveling, shopping, etc.).
- You have tried other treatments for a reasonable period of time, and you still have persistent hip pain.

There are many factors you and your doctor must consider prior to surgery, including age, overall health and bone density. But the above list will give you an idea when you should consider hip replacement surgery.

You may need NOT a hip replacement if the following applies to you.

- Your hip pain does not limit normal activities.
- Your symptoms are improving with more conservative treatments (medications, activity modification, etc...).
- You have not tried more conservative treatments.
- You are only limited from performing activities such as running or skiing.

Your GP or Rheumatologist may suggest:

- Losing some weight if you are overweight. This is because losing weight will reduce the stresses on your diseased hip and may reduce the pain.
- It is often helpful to use a walking stick in the hand opposite to the side of the painful hip as that can reduce the pain by lowering the forces on the bad hip.

- Taking pain killers and anti-inflammatory medications.
- Injection into the hip joint. These can be either of cortisone or of an artificial joint fluid. These injections are usually carried out under x-ray control and may be repeated at suitable intervals if effective.

When a surgeon replaces your hip joint during hip replacement surgery, you're only part of the way toward your goal of relieving your hip pain.

The next step is to restore range of motion in the joint and build a strong, sturdy support system for your new joint by strengthening your leg muscles. That's where physical therapy comes in.

Why You Need Physical Therapy After Surgery

When you're healing from surgery, it's vital to work with a physiotherapist on the range of motion of your hip. There's a window of time after surgery, usually a few weeks, although it varies from person to person, in which you have to restore the range of motion in your new hip. And only regular prescribed physical therapy will help you to heal effectively and help improve your movement with activities such as going up stairs.

Physical therapy also lowers your risk of dislocating your new joint by strengthening the muscles in your leg. This keeps your artificial hip in place after surgery and the risk of dislocating your hip is highest during the first six to eight weeks after surgery.

Physical Therapy after Hip Replacement: What to Expect

The first physical therapy session typically happens the day after surgery, while you're still in the hospital. Your therapist will help you walk with your new joint. The type of surgery you've had will determine how much weight you can put on your hip.

Your therapist may give you exercises you can do in bed to avoid blood clots, such as tightening your thighs, squeezing your buttocks, or pointing your feet up and down at least once every hour. At this stage, it's important to manage your pain with medication, so that you're able to get up and move around.

Physical Therapy After Hip Replacement: Long-Term Recovery

After surgery, you'll probably be looking forward to going home and living your life without the hip pain you had before. But you'll have to learn how to move to protect your new joint. This will mean regular physical therapy visits for a while.

You should not bend greater than 90 degrees at the hip and a physiotherapist can teach you how to get in and out of the car, in and out of the bathtub without damaging your hip.

Your physiotherapist can also suggest devices to help you, such as a shower seat, a raised toilet seat, a long-handled shoe horn and a Clip & Pull dressing aid.

You're going to feel pain and stiffness after surgery, but working with a physiotherapist should help the discomfort subside in the coming weeks. Once your doctor gives you his/her approval, stay active by swimming, dancing, and riding a bike on level surfaces. If you golf, experts recommend wearing shoes without spikes and using a cart. Avoid putting too much stress on your joint by jogging or jumping. Although it's okay to lift weights, it's not a good idea to carry heavy objects, especially if you're going up and down stairs.

In the future, if pain is keeping you from getting around or completing your normal daily activities, or if you're having problems with balance that could compromise your safety, it's a good idea to revisit the physical therapist.

Preparing for hip replacement surgery includes making changes at home and at work to make your life more comfortable during your recovery. Even though the surgery may relieve your hip pain, your body needs time to heal from the operation. **You will be limited in your mobility and in your ability to bend, reach, and stretch.**

Do's and Don'ts.

Your new hip is designed to eliminate pain and increase function. For your safety, these should be avoided. This is especially true during the first few months after surgery

Do's

1. Do avoid pressure on the wound and keep it dry until the skin is dry and it is fully healed
2. Do grasp chair arms to help you rise safely to standing position. Place extra pillow(s) or cushions (s) in your chair so that you do not bend your hip more than 90 degrees.
3. Do use a chair with arms and high firm- back. Place your operated leg in front and your uninvolved leg well under.
4. Do follow the instructions given to you by your therapist for sitting and rising from a chair.
5. Do use shoe horns, other long handle reachers and other aids when dressing and to retrieve things from the floor.
6. Do get up from the toilet as directed by your therapist. Use the elevated seat you have been given.
7. Do use a reacher to pull up underpants, shorts, trousers, skirt and bedcovers such as Clip and Pull, or do as directed by your therapist.
8. Do keep a pillow between your legs when you roll onto your "good " side, this is to keep your operated leg from crossing the midline.
9. Do follow the instructions given by your therapist for safely getting in and out of a car.
10. Do avoid picking up objects from the floor or reaching down, unless you have been shown the correct method by your therapist.
11. Do ensure you take regular pain medication for as long as you need it.
12. Do eat a balance diet with plenty of fresh fruit and vegetables.
13. Do carry on with the exercises as instructed by your physiotherapist.

14. Do take regular short walks.

15. Do keep walking with your walking aids until 4-6 weeks after your operation. You will then progress to 1 walking stick held in the opposite hand to your new hip.

Don'ts

1. Do not move your operated hip towards your chest (flexion) any more than a right angle, this is 90 degrees.
2. Do not sit in chairs without arms.
3. Do not sit on a low chairs, stools or toilets.
4. Do not lean forward to pull up sheets or blankets.
5. Do not cross your legs knees or ankles for at least three months or advised by your clinician.
6. Do not bend way over (more than 90 degrees) or lean forward to pick up anything from the floor, these simple rules are to minimize the likelihood of the new hip dislocating ("ball coming out of socket")
7. Do not twist the operated leg in or out whilst sitting, standing or lying down for at least three months
8. Do not put on your own shoes or stockings in the usual way. By doing this improperly, you could bend or cross your operated leg too far and cause dislocation of the joint.
9. Do not lie without pillows between legs.
10. Do not do any heavy lifting, housework or gardening.
11. Do not embark upon any sporting activities until advised by your therapist.

12. Do not drive a vehicle until advised it is safe to do so. Usually this is after 6 weeks if you can sit comfortably in your car and can perform an emergency stop safely.

Replacement Surgery Recovery: Tools for Daily Living

Plan ahead to have everything you'll need for your recovery in place before your replacement surgery. Here are helpful items your doctor or physiotherapist may suggest:

- Crutches, a walker, or both
- Shower chair so that you can sit down in the shower
- Grabbing device with a long handle to make reaching easier (available at pharmacies and home centers)
- Slip-on shoes and a shoehorn to make putting on shoes easier
- Clip and Pull dressing aid to:

1. Reach to pull up underwear, trousers, skirt or pyjama pants without bending or flexing your hip joint more than 90 degrees.

2. To retrieve garments from floor level, without bending or stretching, when undressing.

- Ergonomic chairs for your home office and at work
- Shower brush or sponge with a long handle for bathing
- A home portable potty if you need to create a temporary bathroom on the ground floor of your house

Replacement Surgery Recovery: Changes to Make at Home

Walk through your house and look for specific hazards.

Steps you might be told to take:

1. Pick up area rugs, which are easy to slip on and trip over. Also note which floors have slippery surfaces so you'll know to avoid them.
2. Remove clutter from hallways. Make sure you will have enough room to get around using a walker or crutches.
3. Safety-proof the bathroom, by making sure it's safe to get in and out of the bathtub, you might need to install temporary grab bars at the tub and toilet.
4. Evaluate your wardrobe. Not being able to bend over can make it difficult to put on shoes, socks, and even slacks or shorts. Set aside clothing and shoes that are easy to put on by you or with minimal assistance.

Replacement Surgery Recovery: Changes at Work

When you go back to work, you will need to adjust your ergonomically correct chair to the seat height that is most comfortable for you. You will also need to manage your time so that you are not sitting or standing for extended periods.

Avoid sitting for prolonged periods of time and if you have a standing job you might want to think about the opposite, have access to a chair so you can take sit-down breaks.

Replacement Surgery Recovery: Planning for Unexpected Emotions

Don't be surprised by the powerful feelings of gratitude and relief felt after your hip replacement surgery. Take plenty of time to adjust to your emotions. For many people, a successful hip replacement surgery is the end of a long period of pain and difficulty. Rejoice in it!

Thank you.