

Welcome to Springfield Hospital Physiotherapy

Pre-Operative Assessment

Springfield Hospital Physiotherapy

Tel: 01245 234045



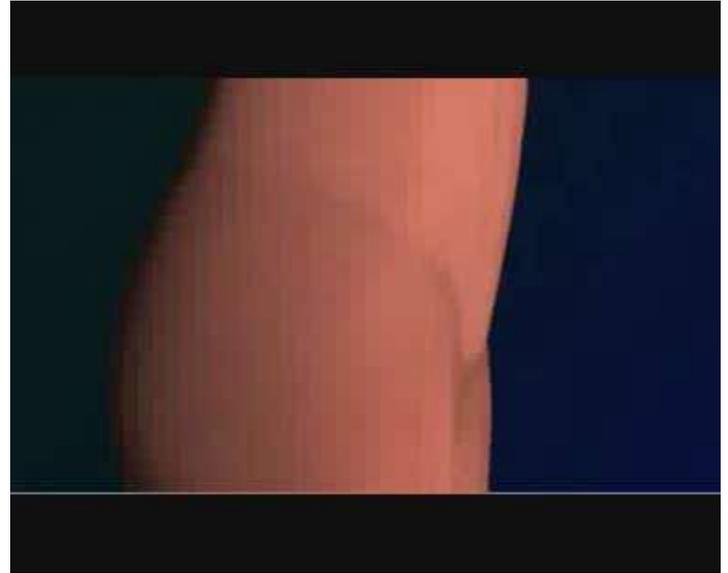
Total Hip Replacement

A total hip replacement replaces the rough, worn surfaces with new, smooth artificial surfaces.



Incision

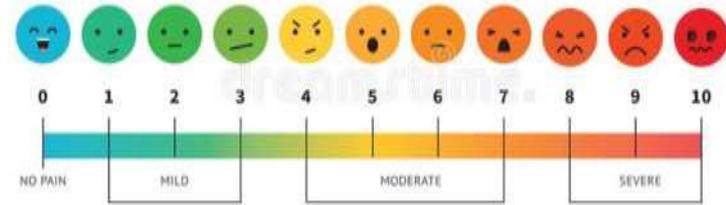
- You will have an incision on the side of your thigh.
- The wound is closed with either glue, dissolvable sutures or clips, dependent on your consultant.
- You will have a light shower proof dressing covering the wound.



Pain

- It is normal to feel some degree of pain following an operation.
- To help to control this you will need to take regular pain relief medication. This will be provided for you throughout your stay.
- If you feel that your pain is not still well controlled, you are able to request additional pain relief.

PAIN MEASUREMENT SCALE



- It is important that you communicate to the nursing or physio staff if your pain is not well controlled.
- In order for you to perform your exercises successfully and to mobilise, your pain will need to be well managed.

Stiffness

Post-operative stiffness is normal. This will improve over time and by doing the exercises.

Swelling and Bruising

There may be swelling and bruising around the wound site and down the leg which can persist for up to 2 weeks. This is normal and nothing to worry about.

Healing

It takes approximately 6 weeks for the soft tissue to heal and 12 weeks for bones to heal.



Hip Dislocation

- Very occasionally, the ball of the joint and the socket in the pelvis separate – this is called ‘dislocation’.
- This is a potential complication after a hip replacement.
- If it happens, it is usually in the early days while the soft tissue is still healing (i.e. 6-8 weeks post-op) and it may require further surgery to correct.
- There are three movements we ask you to avoid to reduce this risk;

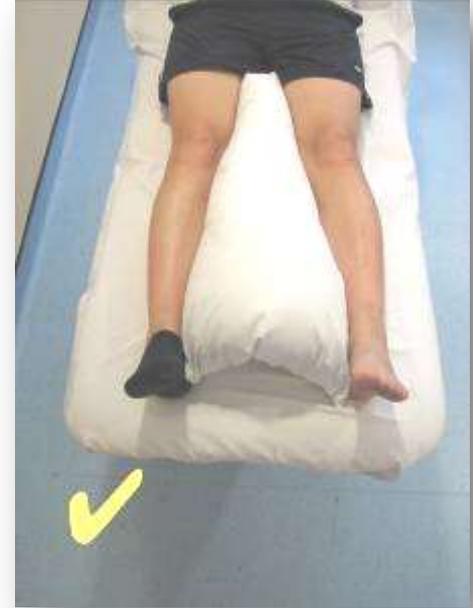




**DO NOT
bend your
operated
hip more
than
90 degrees**



DO NOT cross your legs when in bed or sitting





**DO NOT
swivel or
twist your
operated
leg**



Equipment

- You will require a pair of elbow crutches which will be provided at your face to face appointment.
- If you already have elbow crutches or walking sticks, please bring them with you to your appointment.
- If a raised toilet seat is required then this will be either delivered to your house or provided when you come for your operation.
- Additional items like a long handled grabber and a long handled shoe horn might be useful. You can purchase these prior to surgery.



Patient Goals Prior To Discharge

- To be able to do your exercises at least 3 times a day.
- To be able to get in and out of bed and a chair on your own.
- To have a good walking pattern with your walking aid.
- To safely walk up and down a step or stairs, if appropriate.



Enhanced Recovery

- Shorter hospital stay– usually discharged once all physiotherapy goals have been achieved.
- Discharged day 1 post operation as long as safe to do so
- Enables you to return to normal living sooner.

Exercises

- It is up to you to perform the exercises regularly in order to get the most from your new hip.
- The post-operative exercises can be found in your booklet. Please ensure you bring this booklet with you when you come in for your operation.
- It is beneficial to start exercising before your operation. The exercises that follow should be performed at least once a day . If any of the exercises cause you pain , please stop.



Pre-Operative Exercises



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Heel Slides:

Lie on a bed. Slide your heel up towards your bottom to flex your hip and knee. Gently return it to the starting position. Repeat 10 times.



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Static Quads:

Lie on a bed with your legs out straight. Tighten the thigh muscles (quadriceps), and push the knee down into the bed. Hold for 5 seconds, then relax. Repeat 10 times.





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Inner Range Quads:

Lie on a bed. Roll up a large towel (or use a pillow/cushion/ball) and place it underneath your knee. Push down on the towel with your knee, and lift the heel off the bed to straighten the leg.

Hold for 5 seconds, then gently lower. Repeat 10 times.

Supine Hip Abduction:

Lie on a bed. Keeping the leg as straight as possible, slide the leg out to the side, and then return it to the starting position.

Repeat 10 times.

Bridging:



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Lie on a bed with knees bent. Tighten the buttock muscles and lift your bottom off the bed in a controlled manner. Gently return it to the starting position. Repeat 10 times.

Standing Hip Abduction:



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Stand and hold onto a supportive, steady surface. Lift your leg directly out to the side, ensuring that your trunk stays straight and your pelvis level throughout the movement. Gently return to the starting position. Repeat 10 times.



Standing Hip Extension:



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Stand and hold onto a supportive, steady surface. Keeping your back straight, lift your leg out behind you. The leg should be kept straight throughout the movement, and you should not lean forward at all. Gently return to the starting position. Repeat 10 times.

Standing Hip Flexion:



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Stand and hold onto a supportive, steady surface. Keeping your back straight, lift the knee upwards as far as you are able towards the chest, bending the hip. Gently return to the starting position. Repeat 10 times.





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Heel Raises:

Stand and hold onto a supportive, steady surface. Rise up onto tiptoes on both feet to strengthen the calf muscles. Gently lower back down. Repeat 10 times.

Mini Squats:

Stand and hold onto a supportive, steady surface. Slowly bend your hips and knees, trying to push your bottom backwards. Go as low as is safely and comfortable to do so, and then stand up again, tightening your buttocks as you do. Repeat 10 times.



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What To Bring

- Toiletries
- Comfortable nightwear
- Loose fitting day wear
- Enclosed slippers - not mules or flip flops
- Comfortable enclosed shoes
- Any entertainment material (books, magazines)
- Medication in original packaging

Prepare Your Home

- Remove loose rugs and mats.
- Clear away cords and clutter that might be a trip hazard.
- Ensure clear pathways around your home.
- Move frequently used items to waist level.
- Have a lamp by your bed.
- Keep your mobile phone with you.

Prepare For Home

- Prepare and freeze meals or stock up on ready meals.
- Arrange help for domestic tasks if needed.
- Arrange for help from a family member or a friend to assist with personal care and other tasks (e.g. changing surgical stockings) if you live alone.
- Speak to the nurse or physiotherapist if you are unable to find support for home.

Reducing Your Risk Of Developing A Blood Clot

- Compression stockings
- Pneumatic compression devices
- Drug treatment anticoagulants – injections or tablets
- Exercises
- Drink plenty of water



Washing and Dressing

- You are advised to have a strip wash if you do not have a walk in shower.
- You are advised to shower rather than use a bath for 3 months post surgery.
- You may need help for tasks such as cutting toenails and putting shoes/socks on.
- Equipment such as long handled grabber, long handled sponge and long handled shoe horn are useful.



Sleeping

- You must sleep on your back for the first 6 weeks.
- After 6 weeks you are able to lie on your side with a pillow between your legs.
- You are likely to have disturbed sleep, especially for the first 4-6 weeks post operation.
- Use pillows to help make yourself more comfortable in bed.
- Try to lie flat on your back for an hour every afternoon to give the front of your thigh a stretch.



Getting In And Out Of A Car

- Park on level ground and not near the kerb.
- Travel in the front passenger seat with seat back and reclined.
- Place bottom into the car first.
- Bring legs into the car by leaning back, keeping thighs in contact with seat.
- A sliding sheet on the seat can help you.
- To get out of the car, reverse the process.



Follow-up Appointments

- You will be provided with appointments for physiotherapy input after your operation.
- If you have any concerns prior to your appointments please do not hesitate to contact us.
- You will be reviewed by your consultant at approximately 6 weeks post operation.
- Appointments may be by telephone or video calls.

Contact The Hospital If You Experience

- Excessive pain not relieved by painkillers.
- Excessive swelling in your leg.
- Wound that becomes hot, sore, red or oozy.
- Calf pain – may be a sign of DVT.
- Dial 999 if you experience chest pain or shortness of breath.

Driving

- Check with your consultant after the operation that you are ready to drive – this is usually after your 6 week follow up appointment.
- Check that you are covered by your insurance company.



Write down any questions or concerns that you have.

We will aim to answer these when we see you before your operation.

Stay Safe.



Ramsay
Health Care