

Enhanced Recovery After Surgery

ERAS

Hairmyres Hospital



Hip Replacement Surgery

Please bring this booklet with you for your admission to hospital

Contents

Enhanced Recovery After Surgery (ERAS)	3
Exercise and your Upcoming Surgery	4
Osteoarthritis of the Hip	6
Pre-Assessment Clinic	8
Joint School.....	9
Your Hospital Admission	11
Anaesthesia and Pain Control	12
Your Operation	15
Physiotherapy	18
Occupational Therapy.....	21
Day Case	26
Your Journey	27
Discharge Goals & Follow-up	28
Wound Advice	28
Medications for Going Home	29
Frequently Asked Questions	30
Useful Telephone Numbers & Resources.....	31

Enhanced Recovery After Surgery (ERAS)

ERAS is a modern, evidence based concept designed to aid recovery after surgery. It allows for a faster recovery with reduced complication rates. Our aim is to continually improve the quality of care provided to you before, during and after your surgery and to improve your experience as a patient by having a good understanding of what to expect from your hip replacement surgery.

By streamlining and modifying practice we ensure all patients receive the same high level of care during surgery. All techniques used are to promote a faster recovery for you and will help reduce post-operative complications. This includes effective pain control throughout your surgery and afterwards.

Research shows that after surgery the sooner you begin to mobilise, the better result you will get from your new hip. The sooner you eat and drink the quicker your recovery will be. Speeding up this process reduces the risk of complications. This is why it is not only important that you comply with this process but also understand the reasons behind it. Essentially your hospital stay becomes shorter as a result. We have criteria based discharge that you must meet prior to going home. On average most people are in hospital 1-3 days following a primary (first) hip replacement. Length of stay may be longer following revision hip surgery, please discuss this with your consultant.

Pre-Operative Planning/Pre-Habilitation

It is important to be in the best physical health you can be prior to elective/planned surgery. There are a few things you should consider prior to your admission:

- **Stop Smoking:** This helps reduce your risk of breathing problems/chest infections after surgery. Wound healing can also be affected with patients who smoke. Do not smoke for at least 24hrs prior to your admission. Please note that we have a No Smoking Policy in Hairmyres Hospital which prevents you smoking anywhere on the hospital grounds. For Stop Smoking advice you can go to www.nhsinform.scot or speak to your local pharmacy about nicotine replacement therapy prior to surgery.
- **Reduce alcohol intake:** It is important to reduce/stop heavy alcohol intake prior to your surgery as you can experience alcohol withdrawal which slows down the recovery process. Please see your GP about this or speak to a health care professional who can help. Do not drink alcohol for at least 48hrs prior to surgery.
- **Improve your diet:** Reducing high fat/sugary foods can lead to weight loss and eating a healthy balanced diet can help reduce infection complications. If you are diabetic,

please ensure you keep your blood sugar levels within their normal limits on the lead up to your surgery and after surgery.

- **Increase gentle exercise:** Ensure you are having adequate exercise. Try to take regular walks when you can. This helps with your breathing and your general fitness. See next section.
- **Joint School:** You may be asked to attend 'Joint School' to enable you to understand the key elements of hip replacement surgery. We go into detail about your forthcoming surgery and what we expect from you. You play a key role in your own recovery. We require proactive participation by you. Managing your expectations can help reduce anxiety that in turn can have a positive impact on your recovery.

Exercise and your Upcoming Surgery

Advice from Physiotherapy

What you do in the time leading up to surgery can have a big impact on your recovery and long term health. Patients who are fitter and are able to improve their health and activity levels prior to surgery will see positive benefits following surgery. Fitter patients will recover quicker from surgery and experience fewer complications.

There are many changes you can make to reduce the risks related to surgery. One of these changes is increasing your daily physical activity.

To stay fit and healthy, national guidance is that you should [complete at least 150 minutes of moderate physical activity a week](#) or 75 minutes of vigorous physical activity a week (for ages 19-64 years old). This could be around 20 to 30 minutes a day. You should also aim to do strength and balance exercises at least 2 days per week also. We understand that if you are in the shielding category exercise is especially challenging. Here are some helpful links and sources of information that we hope will support you to increase your activity levels and maximise your health:

The Royal College of Anaesthetists' **Fitter Better Sooner** resources will provide you with the information you need to become fitter and better prepared for your operation.

<https://cpoc.org.uk/patients/fitter-better-sooner-toolkit>

The video below demonstrates a 10 minute home based warm up, exercise programme and cool down that can be completed in your home.

<https://vimeo.com/424715286/b9dc442662>

If you struggle with physical activity or find beginning to exercise a bit daunting the links below offer a great starting point on your fitness journey. Age UK and NHS Greater Glasgow and Clyde offer a free seated exercise plan to help you get moving.

Age UK

<https://www.ageuk.org.uk/scotland/information-advice/health-and-wellbeing/coronavirus/your-wellbeing/>

NHS Greater Glasgow and Clyde

“Stay Active, Stay Steady” Low Level YouTube Exercise videos

<https://www.youtube.com/playlist?list=PLmuRxztsSONz-LwjwLDvs98W324duuGpq>

Physiotherapists have designed a set of six simple exercises that you can do from your own home. These are designed to improve your strength and balance.

Chartered Society of Physiotherapy “Stay Active At Home”[https://www.csp.org.uk/public-patient/keeping-active-and-healthy/staying-healthy-you-age/staying-strong-you-age/strength?utm_source=Member%20services%038;utm_campaign=3446f93929-Coronavirus Update 2020 26 march 2020 COPY 02%038;utm_medium=email%038;utm_term=0_2054000848-3446f93929-334200253](https://www.csp.org.uk/public-patient/keeping-active-and-healthy/staying-healthy-you-age/staying-strong-you-age/strength?utm_source=Member%20services%038;utm_campaign=3446f93929-Coronavirus%20Update%2026%20march%202020%20COPY%2002%038;utm_medium=email%038;utm_term=0_2054000848-3446f93929-334200253)

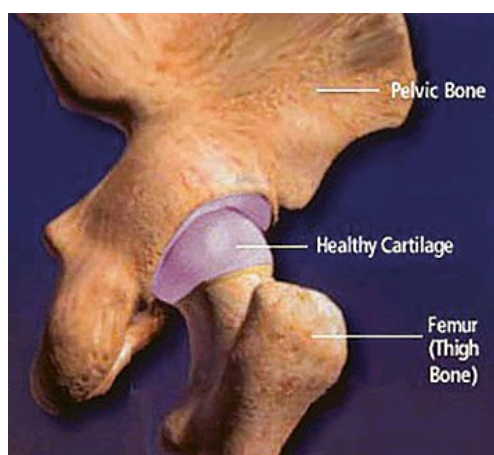
Osteoarthritis of the Hip

What is osteoarthritis?

Osteoarthritis (OA) is the most common form of joint disease. It can cause pain, stiffness and deformity. It is also known as degenerative joint disease. It occurs when the healthy, smooth cartilage on the ends of the femur (thigh bone) and acetabulum (pelvic bone) becomes rough and thins out. The lining of the joint can become inflamed and in some cases new bone can grow. The exact cause in most people is unknown. However, some people develop OA after having an accident or fracture earlier in life,

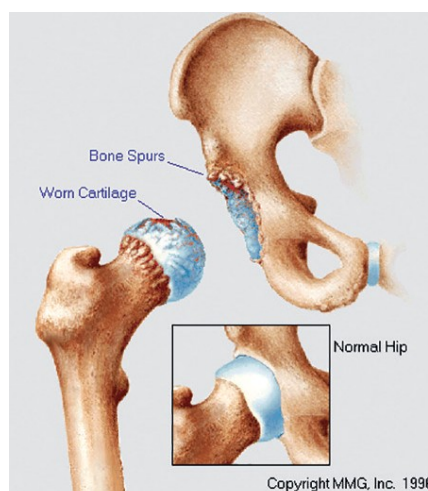
Pain is the main symptom people experience. Pain from an arthritic hip is usually felt in the groin and sometimes in the buttock and even all the way down to your knee. This can lead to difficulty with the simplest of daily activities and sleeping, which all leads to a poor quality of life.

Normal Hip



Normal hip joint, showing healthy articular cartilage.

Arthritic Hip



What is a Hip Joint Replacement?

A hip joint replacement is the replacement of the rough damaged bone ends of your hip, with smooth pieces of metal and high grade polyethylene.



A smooth metal component replaces the damaged end of your thigh bone (femur)



A plastic component replaces damaged cartilage on the pelvic bone

Femoral Stem

Acetabular Cup

Why do I need a hip replacement?

Most people need a hip replacement to get rid of the pain they are experiencing and to allow them to have better movement of the hip. It allows you to walk better and further. You should sleep better if there is a problem at the moment. You should not need to continue taking pain killing medication.

Are there different types of hip replacement?

Yes. Most people have a total hip replacement. As the name suggests it replaces the whole hip as the OA is affecting all parts of the hip. Most people will have a cemented total hip replacement. Some will have an uncemented total hip replacement. Most will have a metal and polyethylene hip replacement, some will have ceramic on ceramic. These decisions will be made by your surgeon.

Metal on metal hip replacements are NOT used within NHS Lanarkshire.

Pre-Assessment Clinic

Once you have been put on the waiting list for a hip replacement an appointment for the Pre-Assessment Clinic will be generated automatically.

Pre-assessment is an important part of the process in preparing you for your hip replacement and you cannot proceed to surgery without it. It is our opportunity to ensure you are as fit as possible before surgery. You will have blood tests performed and swabs taken to screen you for MRSA/MSSA & Covid-19. If the MRSA/MSSA test is positive you will be given treatment for this approximately 1 – 2 weeks before surgery. If the Covid-19 test is positive you will be asked to follow current government guidelines to self-isolate and will need a negative result before you can proceed to surgery. An ECG (heart tracing) will also be performed. If there are any issues identified during your pre-assessment the nurses will speak to an anaesthetist and further investigations may be arranged.

Some of your medications may need to be stopped before surgery, especially ones which 'thin' the blood, such as Warfarin or Clopidogrel. The pre-assessment staff will explain which medication you need to stop and when (See page 8). If you need more clarification on which medications to stop and when then please phone the **Pre-Assessment** department that you attended on:

01355 584560 (Hairmyres)

01698 366154 (Wishaw)

01236 713018 (Monklands)

Joint School

Joint School is an educational class prior to your surgery. It is a great opportunity to meet the team, learn more about what will happen while you are in hospital and find out what is expected from you during your stay. Importantly there are many opportunities to ask questions.

You will be asked to complete a height chart to bring to joint school. The Occupational Therapist (OT) will discuss with you the heights of your chair, bed and toilet and advise you on the appropriate height of furniture for you, taking into consideration joint protection. We can arrange toileting equipment for you but you need to ensure you have an upright chair to sit on and your bed is high enough.



Pre-operative fasting instructions and advice

To fully prepare you for your admission to hospital, it is important that you read the following carefully. Failure to adhere to the guidelines below could make your anaesthetic very dangerous and result in your operation being cancelled on the day.

Please check your admission time on your letter then follow the instructions below:

You have no restrictions on eating or drinking the day before your surgery.

Fasting Guidelines:

- You must have nothing to eat for 6 hours before your operation
- You can and should continue to drink water until 2 hours before your surgery

In practice:

Day of surgery, morning admission (7-8am) – No breakfast allowed but you can drink water freely until 06:30am.

Day of surgery, morning admission (10-11am) – Light breakfast allowed at 6am and you can drink water freely until your admission time.

Please bring all medicines, inhalers, insulin injections etc with you on admission to hospital. Take all usual medications prior to admission apart from any listed below;

Do not take the following medications prior to admission _____

If you have been given Ranitidine tablets by your Pre-Assessment Nurse, please take one the night before admission at 22:00 (10pm). Take the second tablet on the morning of your admission with your normal medications.

- You should refrain from taking any alcohol for **at least 48 hours prior to your admission**
- If you smoke you should make a determined effort to cut down before coming into hospital. You should not smoke for at least **24hours prior to admission** (this includes E-Cigarettes/vaping), Cigarettes/nicotine reduce the amount of oxygen your blood can carry under anaesthetic

- Do not taking chewing gum or sweets on the morning of your operation, this may cause your operation to be cancelled.

If you are unwell in the days leading up to your operation you must inform your consultant's secretary. Even simple illnesses such as colds or urinary tract infections may require treatment.

Your Hospital Admission

You will be informed before the date of your surgery to present to the Day Surgery Unit on the first floor (opposite wards 7 & 8). After surgery you will go to our elective orthopaedic ward (Ward 5). The ward has side rooms (single rooms) and 4 bedded rooms. If you are in a 4 bedded room you will only be with patients who have had similar (orthopaedic) elective surgery.

Televisions are situated in all rooms. You may use your mobile telephone. Newspapers can be purchased daily in the ward.

What to bring into hospital

- Your current medication. (Do not bring in dosette boxes or morphine tablets)
- Wash bag, toiletries and shaver etc (towels can be provided by the hospital)
- Nightclothes
- Daywear, this is to allow the OT to carry out dressing practice with you
- Slippers/outdoor shoes (full shoes are preferable with no laces)
- Bring the helping hand and long handled shoehorn you were issued with at Joint School

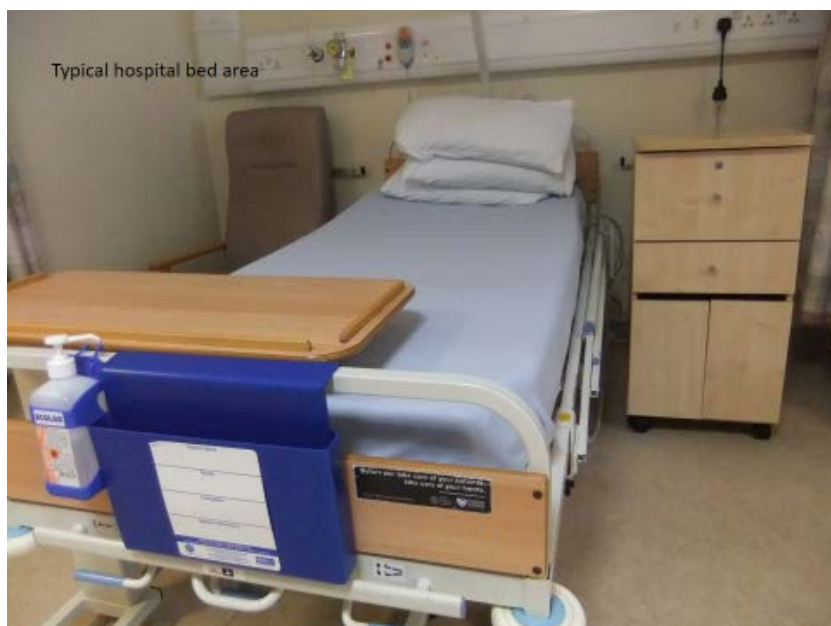
Please shower or have a bath on the morning of your surgery but;

- Please **do not** shave your legs.
- **Do not** use moisturiser, deodorant or talcum powder.
- Please **do not** wear any make-up, nail varnish or body sprays on the day of your surgery

Do not bring any valuables or large amounts of money into hospital.

Please check the visiting policy of the ward beforehand to ensure your relatives know what to expect. The policy is subject to change during Covid-19 and visiting may be either

restricted or not allowed. Relatives should wear a face covering for the entire visit and use alcohol gels at the entrance to the hospital and again at the entrance to the ward and bedroom areas as well as regular hand washing.



Anaesthesia and Pain Control

You will meet your anaesthetist on the morning of your surgery. They are responsible for your care during your operation. They will discuss your anaesthetic options and they will ensure that an appropriate plan is made for pain control after the operation.

There are two main choices for your anaesthetic, a spinal or a General anaesthetic and your anaesthetist will discuss these with you and suggest their preferred method based on your current health and taking your preferences into account. Nothing will happen to you until you understand and agree with what is planned for you.

What is a Spinal Anaesthetic?

A spinal anaesthetic involves an injection into your lower back of local anaesthetic and usually a long acting pain killer. This makes your legs 'go to sleep' and numb from the waist down. You feel no pain during the operation. You will usually be offered a sedative or if you prefer to remain awake feel free to bring in an iPod/talking book etc small earphones/buds are preferable though as you will be lying on your side for the operation. The spinal has several advantages over a general anaesthetic: lower risks of nausea and vomiting, chest infection deep vein thrombosis (DVT) and better immediate pain control. However, a spinal anaesthetic is not suitable for everyone.

Are there any complications?

Spinals are a very safe method of anaesthesia however, as with any procedure there are potential complications:

- Headache – less than 1%
- Nerve damage – less than 1 in 24,000
- Permanent paralysis – less than 1 in 55,000

What is a General Anaesthetic?

A general anaesthetic (GA) makes you fully unconscious during which you will feel nothing. Once you are unconscious a breathing tube is placed through your mouth and into your throat to help with your breathing.

Are there any complications?

- Dental damage
- Drug reaction/allergy
- Awareness
- Chest infection
- Heart attack

What is a Nerve Block?

A Nerve block can be given in addition to either a spinal or general anaesthetic and is performed by your anaesthetist before the operation. This is an injection of local anaesthetic near the nerves which go to your leg. Part of your leg should then be numb and pain free for several hours after the operation.

Pain Management

What is pain?

Following an operation, tiny cells send pain messages along nerves into your spinal cord and on to your brain. Pain Management or pain relief can stop these messages or reduce their effect. Severe pain is not something you have to put up with but it is also reasonable to expect some level of pain after a joint operation.

Why treat pain?

Pain control is not only important for your comfort, but also your recovery. Good pain control allows you to start your rehabilitation early and effectively. This can help avoid

other problems after your operation, for example blood clots, chest infections and heart attacks.

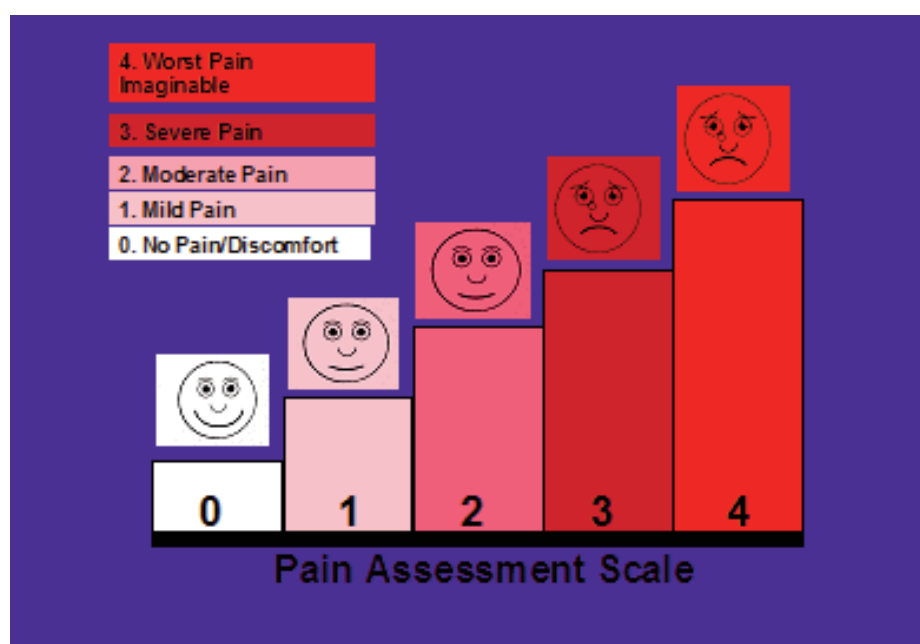
Pain relief – what can we do?

There are both drug and non-drug treatments that can help to control your pain. We can tailor these treatments to the type of pain or operation you are having. We can also use a combination of both to improve pain relief.

Drug Treatments

Oral painkillers: These are tablets or liquid medicine taken by mouth. To ensure the painkillers are working well the nurses will ask you on a regular basis to ‘score’ your pain (see Pain Assessment Chart). However you do not need to wait for the nurse to ask you and you should let them know if your pain is not improving by asking for regular pain relief.

It is important to tell the nurses and doctors how sore you are and don't feel embarrassed by doing so. If you feel sick or drowsy or your skin feels itchy, tell your nurse or doctor and they will give you medication to relieve these symptoms



Non-Drug Treatments

- Repositioning, making yourself more comfortable
- Hot/cold packs
- Taking your mind off the pain such as relaxing music, TV or doing something which you enjoy
- Gentle exercise and movement can also help

Your Operation

Following your anaesthetic, you will be brought into the operating theatre. All joint replacements are performed in ultra clean theatres to minimise the incidence of infection.



In addition to this, all patients are given antibiotics at the start of their operation. The operation lasts around 90 minutes.

When your operation is finished you will be transferred back onto your bed from the operating table and taken to the recovery room. Whilst there, anaesthetic and nursing staff will ensure you are comfortable and regularly monitor your temperature, pulse, blood pressure and level of oxygen in your blood. When the recovery staff are happy with your progress you will be transferred to the elective orthopaedic ward.

Complications

As with all types of surgery there are some associated risks. Every effort is made to minimise these risks but they cannot be eliminated. Your surgeon will discuss these at the clinic and also again when you are consented for surgery.

It is important that you understand the risks, if there are any you do not fully understand then please discuss this with your surgeon. It is important to note that some patients have increased risk factors due to their complex medical history. Your surgeon may say you are at a higher risk of certain complications if you have any other risk factors that affect your health.

(Please note the risks for revision surgery may be different; please discuss these with your surgeon as every case is different.

- | | |
|-------------------|--------------|
| • Infection | 1-2% |
| • Dislocation | Less than 2% |
| • Surgical mishap | Less than 1% |

• Symptomatic deep vein thrombosis (DVT)	Less than 2%
• Symptomatic Pulmonary Embolism	Less than 2%
• Neurovascular Injury	Less than 1%
• Periprosthetic fracture	1%
• Leg length discrepancy	3%
• Squeaking (ceramic on ceramic joints only)	Discuss with your surgeon
• Death	1:640

Please note that there are also longer term complications, some of the rates can go up with the life span of the joint. These will be discussed with you by your surgeon.

Despite the potential for complications the benefits are great:

- 95% happy
- Little or no pain
- Sleep better
- Walk better
- Better function

Reducing your risk of blood clots

What are blood clots?

A 'blood clot' or Deep Vein Thrombosis (DVT) usually forms in the veins within the legs. If the clot moves, or a piece breaks off and travels to the lung, it is called a Pulmonary Embolism (PE). A PE is a serious condition that may result in serious illness, long term disability or even death.

Help us to reduce your risk

You will be prescribed either an oral anticoagulant such as Aspirin or a small injection of blood thinner when you are in hospital. You will then continue this after you go home for approximately 5 weeks. The nurses will show you how to inject the medication yourself so you are prepared going home.

Compression stockings may be prescribed whilst in hospital.

When you first return from theatre you will have a compression pump on each foot. These will remain on until you are first mobile. You can also help prevent DVTs by:

- Remembering to do any exercises recommended by the physiotherapists, even when lying in bed
- Drinking plenty of water
- Stopping smoking

Am I still at risk when I leave the Hospital?

It is still possible that you could be at risk of developing a clot when you leave hospital, therefore you should continue to follow the advice given to you by your healthcare team

Stopping Smoking

Stopping smoking/vaping before surgery can significantly reduce the risk of complications during and after your surgery.

- Quicker recovery from your anaesthetic
- Shorter stay in hospital
- Less likely to develop infections
- Bones repair and heal faster
- Wounds can heal more quickly

The sooner you stop before your operation the better. The recommended time is 6-8 weeks before your surgery however, stopping at any time will benefit your health and aid recovery. If you would like support to help you stop smoking please contact the Stop Smoking Support service via NHS Lanarkshire's website or ask your nurse to refer you. Nicotine Replacement therapy is also available on the ward during your admission.

Physiotherapy

It will take a lot of hard work from you to get the best results from your new hip replacement. Your physiotherapist will guide you through each step of your rehabilitation but ultimately the responsibility for following your rehab programme lies with you.

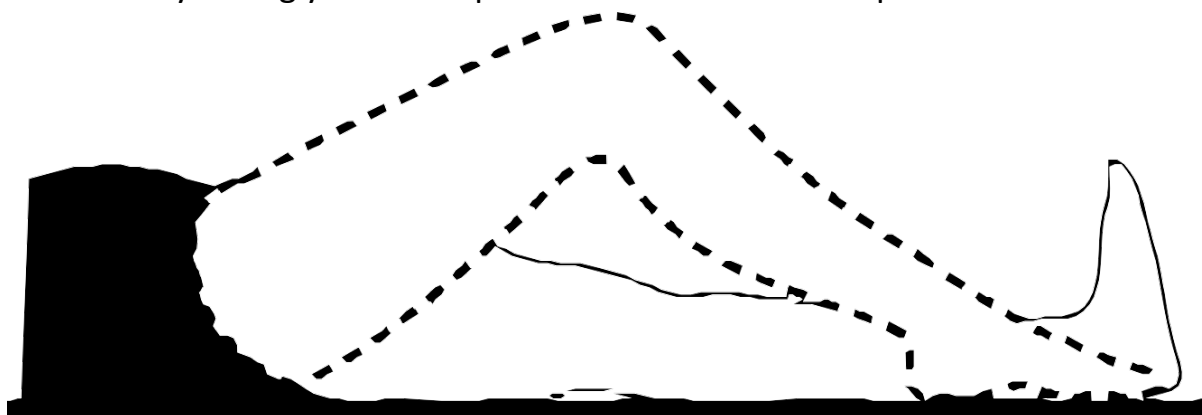
MOTIVATION and HARD WORK are essential.

Remember!

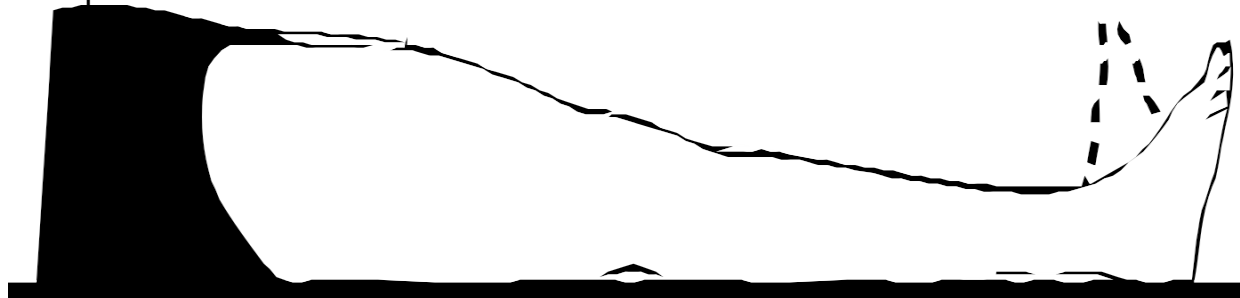
- You are not ill
- To get the best results after a hip replacement requires a lot of hard work from YOU
- Your 'rehab' starts before the operation – Pre-habilitation
- The first 6 weeks are the most difficult
- Some find their new hip can improve up to 1 year after surgery

Exercises

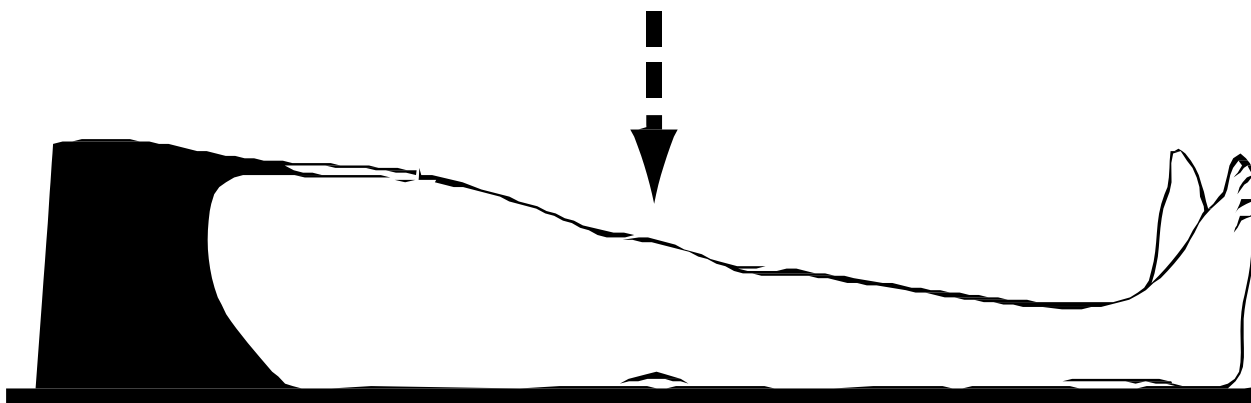
1. Lying on your back with a sliding board under your leg, bend and straighten your hip and knee by sliding your foot up and down the board. Repeat 10 times.



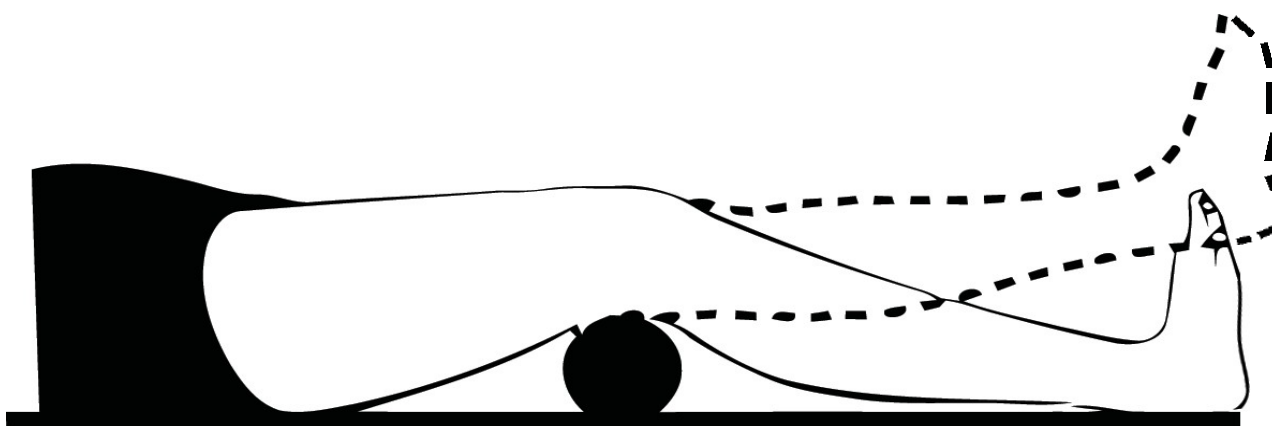
2. Lying on your back, bring your leg out to the side and then back to mid position. Repeat 10 times.



3. Lying on your back with your knees straight, bend your ankles and push your knees down firmly against the bed. Hold for 5 seconds then relax. Repeat 10 times.



4. Lying on your back, bend one leg up and put your foot on the bed and place a rolled up towel under your knee. Press the back of your knee into the roll and lift your heel



off the bed so that your knee is straight. Hold for 5 seconds and lower slowly. Repeat 10 times.

Aim to do these exercise 3 -4 times per day but also try to keep mobile at least every hour!

Do not lie in bed all day!

Walking

In most cases, you will begin walking the same day as your surgery. At first you will use a walking frame. This will provide support whilst walking and will reduce the weight through your operated leg.

You will progress to using 2 sticks or crutches as instructed by your physiotherapist.

The sequence is always:

- Walking aid first
- Then operated leg
- Then Un-operated leg

When turning around you must not turn or pivot on your operated leg. Always remember to lift your feet when stepping around.

Stairs

Before you go home your physiotherapist will show you how to climb stairs. Try to use a handrail if there is one and use your sticks/crutches in the other hand.

Going Up Stairs

Place your un-operated leg on the step first

Step your operated leg up

Bring the sticks/crutches up last

Going Down Stairs

Place the sticks/crutches on the step first

Step your operated leg down

Step you un-operated leg down last

You may feel you are confident to go down to using just 1 stick/crutch and this should be used on the opposite side to your operated joint.

Occupational Therapy

The Occupational Therapist (OT) will either meet you at Joint School or will call you in advance of your surgery to discuss your home circumstances with you. Once on the ward they will carry out an assessment of your ability to do transfers such as getting on/off a chair, bed and toilet. They will make sure you can manage every day activities independently. The OT will offer practical advice on coping at home when you are discharged from hospital. The OT will teach and practice 'joint protection' and this should be followed for at least 6 weeks after surgery to minimise the stress you place on your new hip joint.

Joint Protection (Please check with your surgeon if you need to follow Joint Protection Advice)

Do not bend your hip beyond 90 degrees



Do not bring your chest down to your knees



Do not bring your knee up to your chest



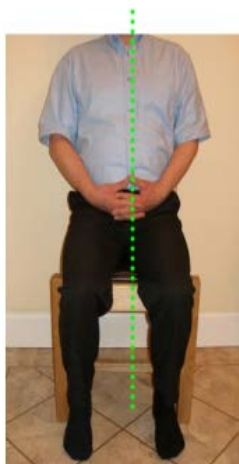
Do not cross your legs



Do not bend down to pick things up from the floor



Do not cross the mid-line



Do not twist your upper body



Do not twist your operated leg inwards



Dressing

We will show you how to dress the lower half of your body using dressing aids. Use your helping hand to dress your operated leg first and undress it last.



Toileting

Your OT will assess you on and off the toilet. Your toilet may need to be adapted and we will discuss this with you prior to surgery.

Bathing

You cannot get in or out of the bottom of a bath for at least 6 weeks after surgery. We would therefore advise you to use a step in shower. You can wash down at the sink or if you have an over bath shower you may be provided with a 'bath board'.

Sleeping

You should sleep on your back for 6 weeks after surgery. If your bed is too low the OT will discuss this with you.

Sexual Relations

You may resume sexual intercourse 6 – 12 weeks after surgery unless your consultant advises otherwise. Avoid extreme bending or twisting at the hip joint.

General Household

Avoid any strenuous activity or bending, such as cleaning floors, vacuuming or changing beds. If you live alone, you may be offered a kitchen assessment by the OT to ensure your independence and safety in the kitchen when you return home.



Driving

You should not attempt to drive for at least 6 weeks. As a passenger you should avoid long distance journeys. Remember 'Joint Protection' when sitting/rising from a car and try to keep your legs close together when transferring in and out.

Work

If you are in employment or considering returning to work after your surgery, please speak with your OT on the ward before you go home for advice on when it is realistic to return to work

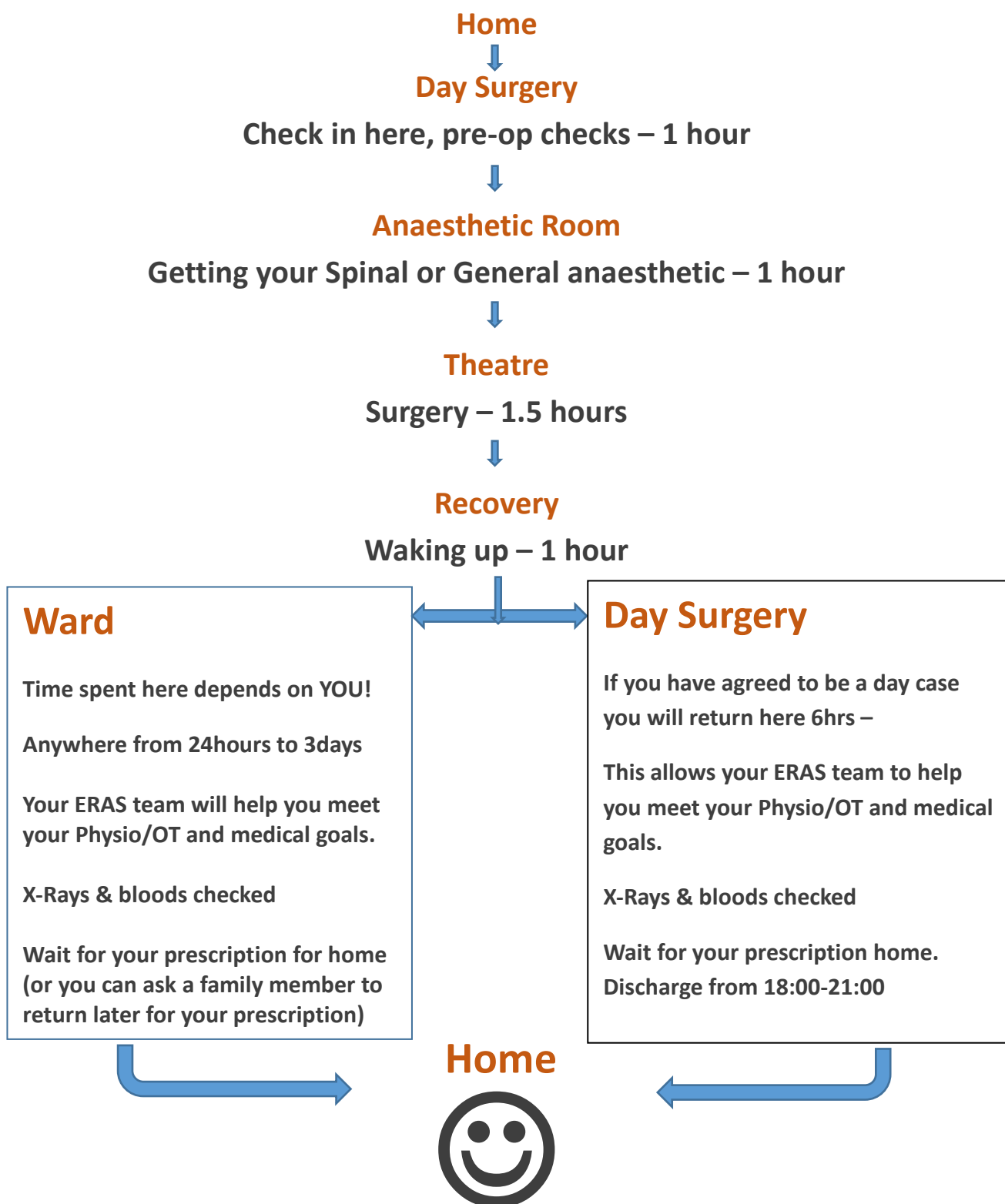
Day Case

Some people are suitable to be done as a day case. They will be admitted at 07:00 and discharge time is mostly around 18:30 the same day. Your surgeon will have discussed this with you before your admission if you are suitable to be a day case. Some of the considerations for being a day case are:

- Your surgeon and anaesthetist will let you know if they feel you are suitable to be a day case
- You need to be mentally prepared and agreeable to being a day case
- You should be fairly fit & healthy (out with your hip pain).
- You will be first on the theatre list so admission time will be at 7am
- You must have someone to bring you in to hospital and pick you up again
- You should also have someone at home for at least the first 24 hours
- You will work with the physiotherapist and occupational therapist to meet your discharge goals before going home
- You should be prepared to do your own injections daily for up to 6 weeks to prevent any blood clots (the nurses will show you how to do this on the day)

Benefits to being a Day Case

- Less chance of cancellation due to bed availability in the hospital
- You have more control over when you take your painkillers
- You can sleep in your own bed instead of being in a shared room to get a restful night's sleep
- You can eat & drink as normal
- You have very little chance of picking up a hospital acquired infection



Discharge Goals & Follow-up

- Get in and out of bed yourself
- Wash and dress yourself with minimal or no help
- Able to walk independently with an appropriate walking aid
- Able to manage stairs if required
- Medically fit for discharge

The ERAS nurse will aim to contact you via the telephone following your discharge from hospital. You will be telephoned around 30 days after your discharge. You should not expect to be fully pain free on discharge home as this is just the start of your rehabilitation and progress is different for everyone.

Please feel free to contact the ERAS nurse or the ward you were discharged from if you have any concerns about your hip or your progress. You will be reviewed in the outpatient clinic 6-12 weeks following your surgery by either your consultant or the Arthroplasty Practitioner.

Our aim is for you to feel fully supported throughout this whole process, even after your discharge home.

Wound Advice

Once home you should contact your local GP/Treatment Room to have your dressing changed. The hospital will give you a spare dressing to take to this appointment. If there are any problems with your surgical wound once home, please contact your ERAS Nurse or the ward you were discharged from. Do NOT take antibiotics for your surgical wound without speaking to your surgeon first.

Medications for Going Home

You will be prescribed either a 'blood thinning' injection or tablet to take for approximately 5 weeks following your hip replacement. The nurses on the ward will show you or a family member how to administer this injection before you are discharged home. You should continue to inject at the same time each day for the following 6 weeks. The hospital can only supply 10 doses of the injection and your GP is required to dispense the remainder so remember to hand in your discharge prescription to your local GP practice as soon as possible.

Strong painkillers are only prescribed for the first few days, thereafter you can use 'over the counter' pain killers if you require any more, or see your GP. The hospital cannot prescribe painkillers once you are discharged home.

- **Any unused painkillers should be returned to your local pharmacy.**
- **The sharps box can be brought back to the hospital when you come back for your follow-up appointment.**

Frequently Asked Questions

How long does the operation take?	Approximately 90 mins
When can I drive?	6-8 weeks after surgery
How long do I keep the stockings on for?	These can be removed once home
How long do I have to sleep on my back?	6 weeks
Why don't I get physiotherapy at home?	All your discharge goals were achieved
When can I swim?	When the wound has healed
What is the joint made of?	Stainless steel/ polyethylene
Will the metal detector 'bleep' at the airport?	Possibly!
How long will I be in hospital?	Approx 1-2 days
When can I fly?	Short haul <4hrs: 6wks Long haul >4hrs: 12wks
Does the hip replacement feel natural?	Most patients report that they forget that they have had their hip replaced and do not feel any difference
How long does a hip replacement last?	Most hip replacements last between 15-20yrs

Useful Telephone Numbers & Resources

<u>Service</u>		<u>Tel No</u>
ERAS Nurse		01355 584994
ERAS Mobile		07866 185 983
Ward 5		01355 585051
Physiotherapy Dept		01355 585420
Occupational Therapy Dept		01355 585434
Hairmyres Main Switchboard		01355 585000
Orthopaedic Outpatient Clinics:	Hairmyres	01355 585370
	Monklands	01236 712212
	Wishaw	01698 366614
Pre-Assessment Clinics:	Hairmyres	01355 584560
	Monklands	01236 713018
	Wishaw	01698 366154
Stop Smoking Support		0800 84 84 84
NHS 24		111

Useful Resources:

NHS Lanarkshire: www.nhslanarkshire.scot.nhs.uk

Arthritis Research: www.arthritisresearchuk.org

British Orthopaedic Association: <https://www.boa.ac.uk/>

American Academy of Orthopaedic Surgeons:

<https://orthoinfo.org/en/recovery/activities-after-hip-replacement/>

Royal College of Surgeons of England: www.rceng.ac.uk/patients

Royal College of Anaesthetists: www.rcoa.ac.uk/patientinfo

Versus Arthritis: <https://www.versusarthritis.org/>

NHS: <https://www.nhsinform.scot/hip-knee-advice>