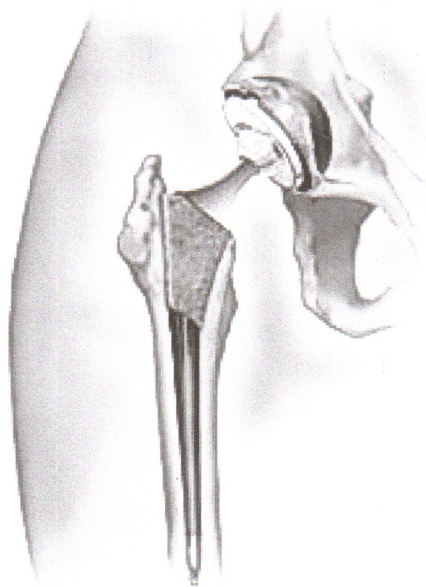




Newcastle  
PRIVATE HOSPITAL



## Total Hip Replacement Booklet

Physiotherapy Department Newcastle Private Hospital

Reviewed September 2021

This leaflet is to be used as a guide only and should not replace advice from your surgeon or physiotherapist  
L:\Rehabilitation\Private\General\Physiotherapist\Level 2\2014 handouts

Page 1 of 7



Newcastle  
PRIVATE HOSPITAL

# Total Hip Replacement

To achieve the best outcome from your operation it is essential that you exercise to improve the movement and strength of your hip. During the first two weeks you will gradually be able to achieve more and become less tender. Taking regular medication and using ice will help reduce any discomfort (talk to your nurse if you are concerned about any of your medications).

You must **not** apply heat to the new joint as this will promote bleeding and further inflammation.

Ice is recommended regularly for 20mins each time, especially after exercise. Please ask your nurse or physiotherapist to bring your ice pack to you until you are able to walk to the nurse's desk and collect it yourself.

## Hip Precautions for first 3months after surgery

To prevent dislocation of your new hip **NEVER**

**Bend your hip past 90°**



**Cross your operated leg past the middle of your body**



**Twist your operated leg inwards**



## **Helpful hints**

Avoid low chairs or sitting on the floor, when sitting your knee should always be lower than your hip.

Choose chairs with arm rests so you can pull yourself forward to the edge of the chair and then push up more easily.

Don't bend down to pick things up from the floor or to put shoes or socks on.

Don't twist to reach for objects behind you (in sitting or standing).

Sit to dress / undress, apply to operated leg first and remove operated leg last

Use a raised toilet seat if your toilet is too low

Use a shower chair or bath board if you are unable to stand

Practice getting in / out of bed on the same side as at home

Sleep on your operated side if comfortable or your back

Wear supportive, enclosed, non-slip shoes such as joggers

Bring comfortable clothes to wear during the day

If you normally use a walking stick or frame bring it with you

## **Equipment**

Any equipment you require to enable you to safely return home will be arranged for you at pre-op clinic or prior to discharge from hospital. Please talk to your Physiotherapist if you have any concerns or special requests.

## **Walking**

Walking is a very important part of your recovery. Your physiotherapist will teach you how to walk with a frame initially then progressing to a walking stick before you go home. Once it is safe for you to walk by yourself you will be guided how much and how often.



## Getting in and out of a car

Ask someone to move the front passenger seat back as far as possible and recline the backrest for you. If the seat is lower than your knee, place a pillow on the seat. Back yourself up to the seat and lower yourself down. Lean against the reclined backrest and lift each leg into the car, ensuring that you move within your hip precautions.

## Stairs

Before you go home you will be confident using stairs.

- When going **up the stairs**, lift your un-operated leg first, then your operated leg, then your stick/crutches – **“UP WITH THE GOOD”**
- When going **down the stairs**, lower your stick/crutches first, then your operated leg, then your un-operated leg- **“DOWN WITH THE BAD”**

## Discharge Information

### Medications

Your nurse will explain what medications your Doctor has prescribed (including pain relief). It is essential that you understand these instructions so please ask if you are unsure.

### Exercise

Continue the exercises as instructed by your physiotherapist twice a day for the first 3 months. It is also important to gradually increase the distance / time you walk until you are back to normal, or have reached your goal.

Hydrotherapy may also help your recovery, classes supervised by a physiotherapist are held at this hospital. Please ask your surgeon and physiotherapist if you wish to be referred to hydrotherapy.

Ask your surgeon about when you can resume other sports or recreational activities.



## Sexual Intercourse

Talk to your surgeon about when you can resume your normal activities. You may need to alter your position to adhere to your hip precautions. For example, women should lie on their operated side with the un-operated leg bent slightly at the hip and knee and supported by a pillow. Men may find it more comfortable to lie on their back with their partner kneeling astride them. Alternately, men may prefer to lie on their side with the un-operated leg supported on their partner's thigh. Three to four months after the operation, intercourse with the man positioned on the top of the women can usually be safely resumed. It is recommended that women should continue indefinitely to avoid twisting their legs outwards too far.

## Driving

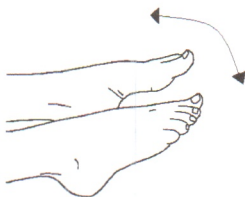
The RTA recommends you wait 6 weeks after surgery before returning to driving, unless your Doctor instructs you otherwise. Other factors to consider are how easily your leg bends and straightens, how alert and coordinated you are and your insurance cover. Some insurance companies put restrictions on how long you have to wait before driving so it is good to check if you will be insured.

## Contact Your GP/ Surgeon/Hospital if:

- You feel pain or develop swelling in your calf or thigh
- You have trouble breathing or experience chest pain at any time
- Your hip pain increases
- Your wound is unusually red, hot or weeping
- You develop a fever (increased temperature)

## Exercises

Your physiotherapist will assist you with your exercises until you can perform them independently.



Sitting or lying, pull feet back towards you then point toes down repeatedly. Repeat 10 times. Do every hour you are awake while you are still in bed and less active to help your circulation.

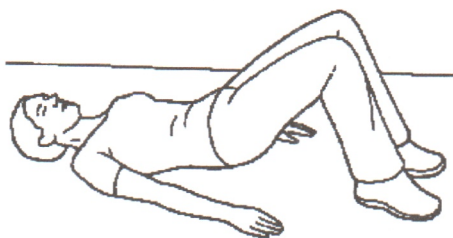




Lying, using your operated leg, bend your knee and pull your heel towards your buttocks (mind your hip precautions) then straighten your knee again. Repeat 10 times. Do 4 times per day.



Lying, slide your operated leg, out to the side. Gently bring your leg back in (mind your hip precautions). Repeat 10 times. Do 4 times per day.



Lying with both knees bend up, squeeze your buttocks muscles and stomach muscles and slowly lift your buttocks off the bed. Slowly lower back to the bed and then relax the muscles. Repeat 10 times. Do 4 times per day.



Sitting on a supportive and stable chair, stand up from the chair. Please use your arms/hands on the armrests to assist you with standing. Then sit back down, again using your hands to slowly lower yourself to the chair. Repeat 10 times. Do 4 times per day.



Standing, hold onto a stable object, lift your operated leg out to the side. Repeat 10 times. Do 4 times per day.



Standing, hold onto a stable object, lift your operated leg out behind you. Repeat 10 times.

Do 4 times per day.



Standing, hold onto a stable object with your feet hip width apart. Slowly bend your knees as if you were going to sit on a high stool. Then straighten your knees, squeezing your buttocks and thighs muscles.

Repeat 10 times.

Do 4 times per day.



Walk in the corridor 3-5 times per day once you have been advised to do so by your physiotherapist.