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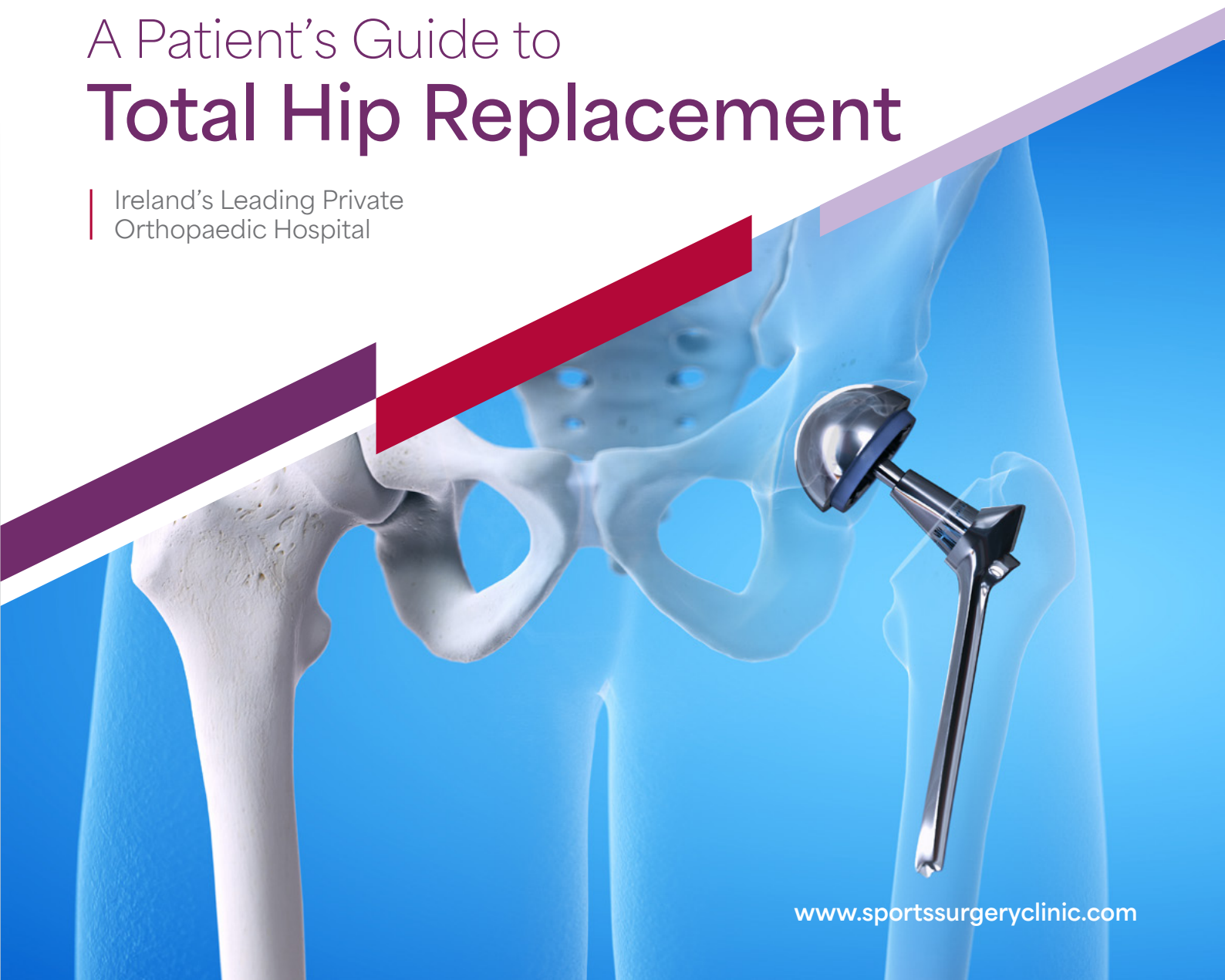
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A Patient's Guide to Total Hip Replacement

Ireland's Leading Private
Orthopaedic Hospital



WELCOME TO IRELAND'S LEADING PRIVATE ORTHOPAEDIC HOSPITAL



ACCREDITATION

The UPMC Sports Surgery Clinic has been awarded accreditation from the Joint Commission International (JCI), the worldwide leader in improving quality in health care. This award underpins our commitment to monitoring the quality of patient care, ensuring a safe environment and continually working to reduce risks to patients and staff.

The accreditation process stimulates continuous, systematic improvements in an organisation's performance and the outcomes of patient care by applying internationally agreed standards which are adapted to local needs and which are continuously monitored.

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This booklet has been designed to give you some information to help you prepare for hip replacement surgery. Treatment is always planned on an individual basis so your experiences may differ slightly from the information given.

The staff are here to help and answer any questions you may have, therefore please do not hesitate to ask at any time.

Scan this code to
view a video on every
stage of your Total Hip
Replacement Journey



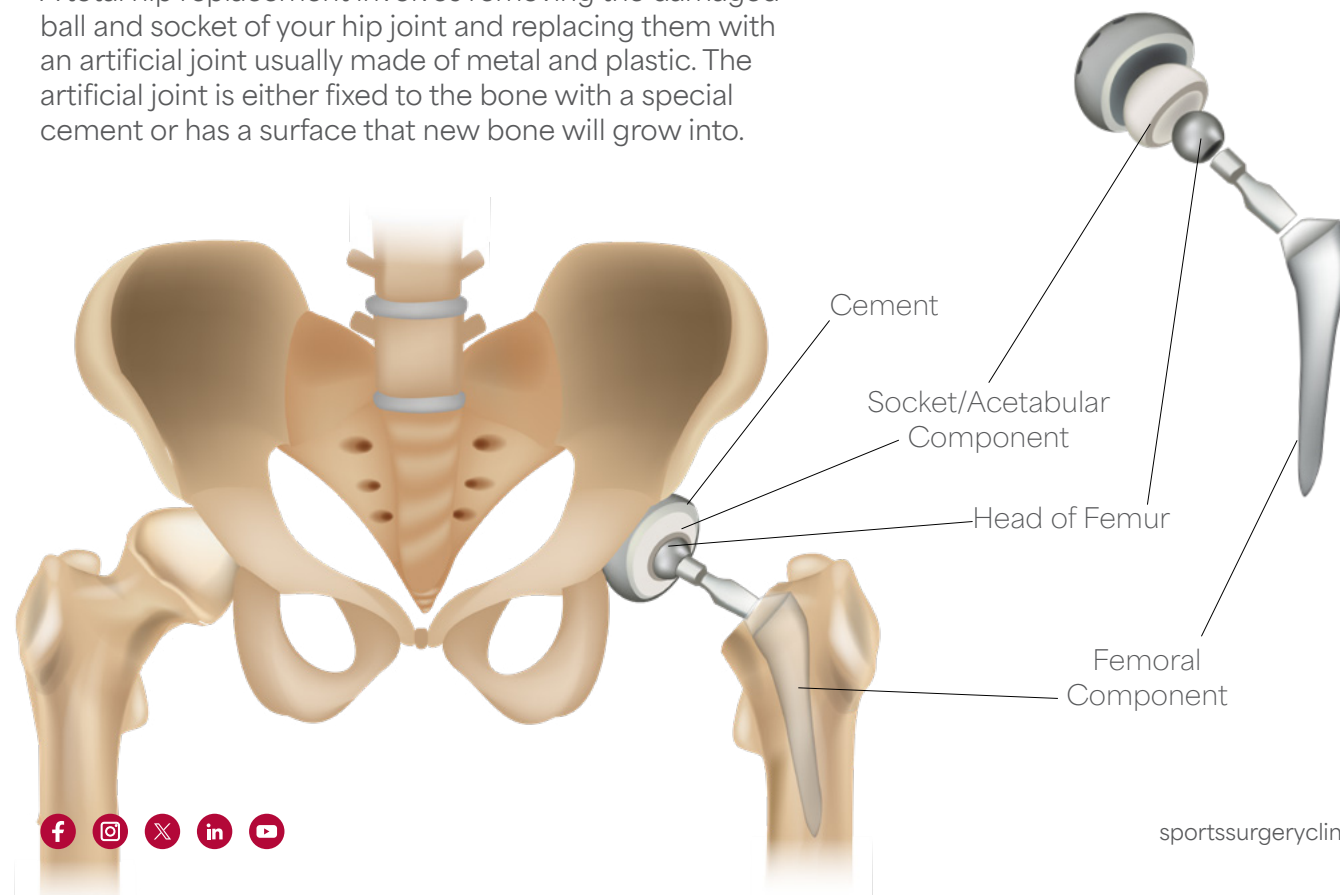
Why do I need a total hip replacement?

There are many common conditions which require a hip replacement as the treatment. For example the most common is osteoarthritis. Osteoarthritis simply means that the cartilage of the hip has worn out resulting in the thighbone and pelvic bone rubbing together. As you know this is very painful and stops you being able to move your hips as you once did.

Bilateral Total Hip Replacement surgery - if you have arthritis in both hips you may have both hips operated on at the same time.

What is a total hip replacement?

A total hip replacement involves removing the damaged ball and socket of your hip joint and replacing them with an artificial joint usually made of metal and plastic. The artificial joint is either fixed to the bone with a special cement or has a surface that new bone will grow into.



The Pre-Assessment Clinic

All patients scheduled for joint surgery must attend the Pre-Assessment Clinic (PAC) 3-4 weeks before proposed surgery.

The PAC is a comprehensive medical assessment to ensure you are as fit and healthy as possible for your surgery and anaesthetic. This means you are less likely to have your surgery delayed or cancelled on the day, as any problems that are discovered are dealt with prior to admission.

At the clinic you will be seen by a nurse and a doctor. A number of tests will be carried out, they will include the following:

- + Electrocardiogram (ECG) which is a non - invasive heart investigation.
- + Blood pressure and heart rate.
- + Methicillin Resistant Staphylococcus Aureus (MRSA) screening. This includes swabs from your nose, throat and groin. This is a bacteria resistant to some antibiotics.
- + Blood tests.
- + Blood type and screen. This is done in case we need to give a blood transfusion during or after your operation.
- + Body mass index (BMI).

The PAC visit will take approximately 1 - 2 hours.

Please ensure that you bring the following with you on the day of PAC:

- + All medication in their original labelled containers, that you are currently taking. It is important that the medication is not repackaged into a weekly pill dispenser/pill box.
- + Relevant X-rays, MRI, CT including any chest X-rays taken within the last three months or relevant joint X-rays taken within the last six months.
- + Please bring the contact details of your GP and any other consultant or specialist you are currently attending.
- + Please bring any results or reports from any relevant specialists (ECG, Echo, angiogram results)
- + Please ensure that your first name and date of birth is as it appears on your birth certificate.

Preparation for surgery - Physiotherapy, Prehabilitation

Before your surgery it is important to maintain an active lifestyle so that the muscles around your hip stay strong. Research has shown that patients who do an exercise program pre-operatively have a quicker recovery than those who don't.

Knowing what to expect, practicing drills on early post-op management and exercising before your surgery will help you to increase your confidence and ability to exercise after your operation.

We recommend booking an appointment with your local physiotherapist before your surgery. Alternatively you can book a pre-operative session with our team of physiotherapist in one of our UPMC Sports Medicine sites.



The Hospital Stay

WHAT HAPPENS ON THE DAY OF THE OPERATION?

You will be admitted into UPMC SSC the morning of your operation.

On admission, you will check in at the reception area and be asked to confirm your details for your medical file. A member of the admission staff will accompany you to the Inpatient Ward or the Day of Surgery Admission Lounge (DOSAL) where you will be greeted by the nursing staff. The nursing staff will check your weight, height, temperature, blood pressure, pulse and respiratory rate. The nursing staff will also update and complete the nursing assessment that was started in PAC. You will also see other members of the treating team at this time. If you have any questions do not hesitate to ask a member of staff.

WHAT DO I NEED TO BRING TO HOSPITAL?

- + If you take medications on a regular basis, please bring these with you in their original packaging as we will use them during your stay. It is important that the medication is not repackaged into a weekly pill dispenser/pill box.
- + Please remember to remove false nails/ long term nail varnish before coming into UPMC SSC.
- + We advise that you bring nightwear, a dressing gown, slippers (flat, closed heel slippers) or walking shoes, reading glasses and toiletries. You will also need some day wear clothes.
- + We advise that you do not bring valuables into hospital with you. You may keep your wedding ring on (which will be covered with tape) when you go to theatre but this is the only jewellery that you will be allowed.

WHAT HAPPENS BEFORE MY OPERATION?

- + The consultant will draw an arrow on your hip to indicate which one is being operated on.
- + You cannot eat or drink anything for at least 4 hours before your operation, so you will usually be 'Nil By Mouth' from 12 midnight (for a morning operation) or 6am (for an afternoon operation). The nursing staff will remind you about this. This includes chewing gum.
- + You will be given a theatre gown to change into. You will be asked to remove make up, nail polish and jewellery apart from a wedding band, which can be taped over.
- + You will be wearing one white stocking, which is called a TED stocking, on the opposite leg i.e. the leg you are not having your operation on. The stocking is applied to help improve the circulation in your legs and reduce the risk of getting a blood clot. A stocking will be applied to your operated leg after your operation. If you are having bilateral hip surgery, the stockings will be applied after your surgery.
- + The anaesthetist, who is the doctor that will be administering your anaesthetic, will talk to you before your operation. He / she will talk to you about your general health and any previous anaesthetics. He/ she will check your lab tests and all other relevant tests and letters from other specialists. They will then advise you of the safest anaesthetic for you with regard to the operation you are having done.

Anaesthetic Information:

- + Spinal anaesthetic are the most commonly used anaesthetic. An injection is carefully placed in the lower back area, this causes your legs to become numb. They stay numb all the way through the surgery and come back to normal later. While you are in the operating theatre your Anaesthetist will give you other medication, which will relax and sedate you. You are very unlikely to hear or see any part of the surgery.
- + General Anaesthetics are rarely used for joint replacement surgery. However if your anaesthetist recommends that you have a general anaesthetic, you will receive medication via the intravenous cannula in your hand/arm, then you will drift off to sleep and wake up in the recovery room when the surgery is completed.
- + You will walk to the theatre area accompanied by a nurse. In the reception area the theatre staff will check your details and ask you several questions such as when you last ate or drank and which hip is being operated on. This is all quite normal, as we like to check these details several times.
- + From the reception area you will walk into the anaesthetic room where you will have your anaesthetic. Once you have had your anaesthetic you will be transferred into the operating theatre.

- + The duration of the operation is normally between one - two hours, depending on the surgery you are having. However you will be off the ward longer than this because you will need time to have the anaesthetic before the operation and to recover after the operation.
- + To enhance your recovery and to minimise the time spent in hospital you will be given various medications to treat pain. Your anaesthetist will prescribe medications which suit you. These will mostly be given to you to swallow in tablet form.

WHAT HAPPENS AFTER THE OPERATION?

- + You will be wheeled on a bed from the operating theatre into the recovery room where you will be closely monitored by the nursing staff. The nurses will check that you are recovering from your anaesthetic by checking your blood pressure, pulse and breathing rate. Once they have assessed that you are recovered enough you will be transferred back to the ward on your bed.
- + You will have oxygen delivered either through a mask over your nose and mouth or through a small double pronged tube which sits at the nasal passages and you will have a bag of fluid running through a tube into one of your veins.

- + A variety of pain medications are used post-op, many are oral medications. Despite being oral (given by mouth) they are strong enough to give good pain relief after surgery.
- + There may be a drain placed on one side of your wound to drain any excess blood or fluid from your wound that could cause delayed healing of the wound. The excess blood/fluid is drained into a collection bottle attached to the drain. The drain will be removed the following day.
- + You may have a large triangular shaped foam wedge between your legs, at knee level, which is called an abduction wedge. This is in place to stop you crossing your legs. This will be kept in place whilst you are in UPMC SSC. The reason you must not cross your legs is because it can cause the hip replacement to dislocate.
- + Once you are back on the ward the nurses will continue to monitor you. You will have your blood pressure, pulse etc checked regularly and your hip dressing will also be checked.
- + You will start taking sips of water as soon as you come back to the ward and gradually you will be allowed to eat and drink as you would normally. Many people feel sick after surgery and this can be due to the anaesthetic and medication that you were given.

- + If you need to pass urine or have your bowels opened then the nursing staff will assist you in using a bedpan, as you will not be able to walk to the bathroom just yet.
- + Starting from the night of your operation you may be given an injection into your stomach area. This will be given to you once a day for 3 days after your operation. This is given to help keep your blood slightly thin and help reduce the risk of developing clots. You will also be prescribed medicine for clot prevention on discharge.
- + You will have foot pumps attached to both feet to aid circulation. These foot pumps cause a light squeeze at the bottom of your feet, which in turn aid the circulation in your calves. The foot pumps are usually removed during the day once you are mobilising, but should be worn at night.

HIP DISLOCATION

Dislocation means that the metal ball slips out of the plastic socket.

In the first six weeks after the surgery, the ball is only held in the socket by muscle tension. During this time, before scar tissue forms around the ball, and before muscle strength returns, the hip is more likely to dislocate. Dislocation occurs in less than 4% (less than 4 in a hundred) of cases, and the hip needs to be put back in place under anaesthetic.



THIS SECTION OUTLINES THE STAGES YOU HAVE TO COMPLETE BEFORE YOU GO HOME.

You will be in hospital for **1-3 nights**, depending on the procedure you are having.

STAGE 1

- + The nursing staff will help you to have a wash in bed, as you may not have been out of bed.
- + The physiotherapist will assist you in getting out of bed and taking a few steps with the assistance of crutches. You will also sit in a chair. The physiotherapist will assist you in doing the exercises programme. Depending on how well you progress this may be the day of surgery or the following day.
- + A TED stocking will be applied to the operated leg(s).
- + If a drain is present it will be removed the day after surgery

STAGE 2

- + The physiotherapist will continue to assess how you are doing and help you to progress with your exercises and mobility.
- + You may have a blood sample taken to check your blood count.
- + If you have not had an X-ray in the recovery room then you will have an X-ray taken of your hip in the X-ray department. A member of staff will take you to the X-ray department.

STAGE 3

- + You will be walking with crutches under guidance from the physiotherapist.
- + Your prescription will be arranged by the doctor.
- + The physiotherapist will practice the stairs with you.
- + Transport arrangements will be finalised. You will be asked to arrange for a relative or friend to collect you by car.
- + On the day of discharge arrange to be collected between **9.00am-9.30am**.

STAGE 4

- + You will be discharged home. The nursing staff will go through with you the prescription that you can fill at any pharmacy. If you have any questions with your medicines then please ask the nurses who will be able to help you. Do not forget to take your walking aids with you.
- + Instructions will be given on how to care for your wound.
- + You will be sent an appointment by your consultants secretary with the date of your follow up outpatient appointment on it, (usually between 2-8 weeks after your surgery).

Please Note: UPMC SSC does not have a dispensing pharmacy.

WHAT DOES POST-OPERATIVE PHYSIOTHERAPY INVOLVE?

While in hospital you will be involved in exercising, mobility training and stairs training. Therefore, it is useful to bring the following items with you:

- + Comfortable but supportive footwear, e.g. laced or velcro flat shoes or slippers with a closed heel. Ensure these are not very tight fitting as your ankle/foot may swell up after surgery.
- + Shorts or loose bottoms.

You will be seen by the physiotherapy team either the day of surgery or the day following surgery. During your stay they will:

- + Help you with bed transfers
- + Teach you how to walk with crutches (or a zimmer frame in some cases)
- + Guide you through an exercise program
- + Practice stairs with you

You will be allowed to sit out on a chair if you can tolerate it on the day after the operation.

You will be able to either get up and walk on the day of your operation or the following day. Generally you can put as much weight down through the operative limb as is comfortable (unless otherwise advised by your surgeon). You will be required to use two elbow crutches. This is to avoid too much pressure on the hip.

You will be required to climb the stairs with crutches before being discharged from hospital. The physiotherapist will work with you in hospital until you are comfortable transferring to and from a bed and chair, are confident performing your home exercises, can mobilise safely with your crutches on the flat and on stairs.

Early movement of your new joint is essential to support your recovery and help reduce pain and stiffness. It is important to follow the exercise program on a regular basis as directed by your physiotherapist.

Rehabilitation Exercises

Perform the exercises outlined 3 times daily, repeating each exercise 10 times. This will help minimise muscle wastage and assist in regaining range of movement in the early stages after your surgery.

ANKLE PUMPS

Move both ankles up and down. Continue for approx. 30 seconds every waking hour.



HIP FLEXION (SUPINE)

Bend knees to 90 degrees. Gently draw your abdominal muscles inwards. Slide one leg down the bed and return to the start position. Repeat on the opposite leg. Repeat 10 times.



STATIC QUADS

In a lying position straighten knee fully bring toes towards knee and press the back of the knee towards the bed. Contract thigh muscle to keep leg straight. Hold for 5 seconds - repeat 10 times.



GLUTES

In a lying position with legs straight or knees bent simply contract the buttock muscles for five seconds and then relax for five seconds. Repeat 10 times.



Scan this code to view videos of your Rehabilitation Exercises.



HIP FLEXION

In a standing position with hands supported. Stand on one leg and lift opposite knee. Contract lower abdominals throughout exercise. Repeat 10 times.



HIP EXTENSION

In a standing position with hands supported. Stand on one leg and move opposite leg backwards. Contract lower abdominals throughout exercise. Repeat 10 times.



HIP ABDUCTION

In a standing position with hands supported. Stand on one leg and move opposite leg to the side. Contract lower abdominals throughout. Repeat 10 times.



CALF STRETCH

In a standing position with hands supported stand on one leg and move opposite straight leg backwards keeping the heel on the floor and foot pointing forwards. Hold the calf stretch for ten seconds. Repeat 10 times.



HEEL TOE

Standing upright with knees straight and hands supported. Move weight onto the balls of the feet, pause for two seconds and then move weight onto heels with toes lifted. Pause again for two seconds. Repeat 10 times.



KNEE FLEXION / EXTENSION

In a seated position straighten and bend the knee as far as possible without causing excessive pain. Hold for 5 seconds with knee straight. Repeat 10 times.



USING THE STAIRS WITH CRUTCHES

SINGLE HIP REPLACEMENT

GOING UP

Lead with the non-operated leg
Followed by the crutch
Then bring up the operated leg

COMING DOWN

Lead with the crutch
Step down with the operated leg
Followed by the non-operated leg

BILATERAL HIP REPLACEMENT

GOING UP

Lead with the stronger leg
Followed by the crutch
Then bring up your weaker leg

COMING DOWN

Lead with the crutch
Step Down with your weaker leg
Followed by your stronger leg



Continuing your rehabilitation after discharge

In order to progress with your rehabilitation we recommend that you organise an appointment with a Chartered Physiotherapist as directed by your physiotherapist or consultant.

You can either attend UPMC SSC, one of our other UPMC Sports Medicine sites or a local physiotherapist. On discharge from UPMC SSC you will receive a referral letter and rehabilitation protocol to give to your physiotherapist. This will inform the physiotherapist of your surgery and give guidelines for your short and long-term rehabilitation. It is likely that you will need follow up physiotherapy for several months after your operation.

Convalescence

The majority of patients who have hip replacement surgery go home from UPMC SSC however some patients feel that they need further care in convalescence.

If you feel that you need convalescence following your hip replacement you will need to arrange this yourself with a private rehabilitation unit before coming into UPMC SSC.



What happens when I go home?

- + It is common to experience pain, discomfort and stiffness in the hip for a number of weeks, this will settle over time. You will have been provided with a prescription for painkillers on discharge. Take the painkillers regularly as this will help manage your pain.
- + Painkillers and reduced mobility can make you constipated therefore it is important that you drink fluids while in hospital and when you get home. The recommended amount to drink daily is 2 litres, which is about 8 glasses. Water is one of the best things that you can take. The nursing staff can give you some mild laxatives if you need them whilst you are in hospital and you may also be prescribed some to take home with you.
- + We advise that you keep the TED stockings on for 6 weeks after and remove daily. The reason for this is so that you can wash and moisturise your legs, as the stockings tend to dry the skin on your legs quite quickly. Its important to take the medicine you are prescribed for clot prevention as specified on your discharge prescription.
- + Your wound will have been closed with either glue, dissolvable sutures, or clips and sutures and you'll receive specific instructions regarding your wound before you leave. The UPMC SSC has a Wound Clinic, run by nursing staff where you can receive care and guidance for anything related to your wound. Appointments are necessary and can be scheduled in advance.
- + It is normal for your leg/hip to be quite bruised after the operation. This will fade in time. You're encouraged to ice the hip at least 4 times a day for 6 weeks.
- + You should not drive for a period of time after your operation and this will be discussed when you come to the outpatient clinic. You can travel in a car as a passenger from the time you leave hospital.
- + You should not fly for approximately 3 months after your operation, as you are at increased risk of a blood clot in your leg veins.
- + The leg takes time to adapt to the hip replacement and it is quite common to experience discomfort around the hip for up to 6 months after the surgery. This is not as painful as the arthritis you had and is usually relieved by rest or a mild painkiller. Some patients describe a feeling of tightness around the hip, which usually goes away after a few months but which can return at times. Some patients are left with an area of numbness around the hip, where the nerves, which are cut during the operation, do not rejoin. This does not affect the strength of the hip at all. Not all these events are experienced by every patient but if they happen to you they are part of the normal recovery from the operation.

Our goal is to offer patients a single lifetime location for all their musculoskeletal requirements from initial diagnosis to return to normal daily activities and sport.



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