

Total Hip Replacement – your daily guide

Prior to surgery

Before Hospital

Work through your 'My checklist to prepare for surgery'. Your surgery will be cancelled if fevers or skin issues are identified.

Your orthopaedic specialist nurse will call you 1-2 weeks before surgery.

Day of surgery

Following your surgery:

You will be wearing compression devices on your legs or feet to help prevent blood clots.

You may also be given a daily injection to help reduce your risk of blood clots.

You will have a drip in your arm. You may have a urinary catheter.

Ensure your nurse knows if you are feeling sick or have pain.

If you have your operation in the morning, a physiotherapist will help you stand and walk in the afternoon.

Days 1 and 2

The team (doctors, allied health professionals and nurses) will see you each morning, check your progress and plan going home.

On the first day you will have routine blood tests and x-ray.

The larger outer dressing on your hip may also be removed.

Your urinary catheter (if you have one) will be removed on day 1 or day 2.

The **anaesthetist and nurse** will check your pain level and help manage it. Ensure your nurse knows if you have pain.

Physiotherapists will see you twice each day to teach you your exercises, practice getting in and out of bed and walking with an appropriate aid.

Ensure your nurse knows if your bowels have not moved.

You will be walking to the bathroom for showering and toileting with assistance from nursing staff.

Going home

Most people go home on the 2nd or 3rd day after surgery.

You will need to arrange a mobility aid prior to discharge. If you can use crutches, these will be supplied.

You will go home when you achieve the steps listed over the page.

Planned date for going home: _____

You will be able to go home on the planned date once you have completed the following criteria:

- pain is controlled by tablets
- wound is dry and healing well
- bowel has opened
- getting in and out of bed by yourself
- walking safely with a walking aid, including stairs (if required)
- showering and dressing by yourself or have help organised
- organised equipment needed for home (mobility aid, shower/toilet chair)
- arranged for transport home

Advice for home

Appointment

At 2 weeks, your wound should be checked by your GP or in clinic.

At 6 weeks you will come back to the hospital for a review by either the surgeon or by the Joint Replacement Clinic Physiotherapist. If you live a long distance away, discuss with the team a video call or a local review.

The physiotherapist will discuss options and arrange for your ongoing physiotherapy.

Any concerns

Please contact your GP or attend your local emergency department if you have any concerns such as:

Any new wound ooze.

Fever (high temperature).

Increase in swelling, redness or warmth around your wound.

Swollen/painful calf or thigh that is red and warm to touch.

A dramatic increase in pain.

Pain in your chest or new shortness of breath.

What to avoid

Swimming or soaking your wound until after the 6 week period (or until your doctor says it is safe to do so).

Driving – your doctor will advise when you can safely drive again.