

Joint school

Information for patients preparing
for hip replacement surgery





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Introduction

This booklet is for patients having a hip replacement in North Central London. Having surgery can feel like a big event in our lives and people often have questions and concerns.

Our aim is to make your experience as easy as possible and the information provided here is part of that.

Joint replacement is relatively common and in the UK there are around 200,000 total hip and knee replacement operations each year. For most people, surgery is simple and successful, but like any surgical procedure there are some risks. It is important that you discuss these risks with your clinical team and take the opportunity to ask any questions so you can make an informed decision before deciding about having surgery.

The information contained within this booklet aims to:

- 1. Prepare you for your upcoming surgery**
- 2. Understand what your admission will be like**
- 3. Support you through your recovery**
- 4. Give you the information needed to give informed consent for surgery**

This booklet, alongside the short film, gives most of the information patients seek before having a joint replacement. There is evidence that

the more you understand and prepare for your upcoming surgery, the better your outcome will be. We encourage patients to take an active role in their recovery, which is why we have provided some space in this booklet to record any questions that you may have, and to note any information you are given.

In north central London, the NHS hospitals are working together to deliver the best possible care for you and the teams are dedicated to making sure your operation and recovery goes as smoothly as possible.

This booklet should be used alongside the Joint School film on our website, which can be accessed at:

<https://nclhealthandcare.org.uk/our-working-areas/elective-orthopaedic-network/joint-school/>



Should you have any questions about the information in this booklet – or how it applies to you, please don't hesitate to speak with your care team.

Chapter 1:

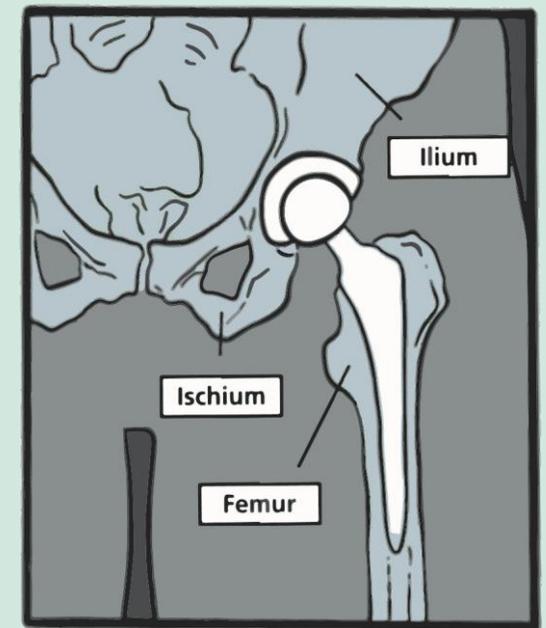
Your operation

Why are you having a hip replacement?

Joints can be replaced once they have lost the ability to move smoothly without causing pain and stiffness. This is commonly because of a condition called osteoarthritis, although other underlying causes can lead to a similar situation, such as trauma and inflammatory or developmental conditions. Patients who need hip replacement surgery have often reached a point where their day-to-day lives have become difficult due to pain. This can impact on walking, exercise and even simple day-to-day tasks like tying a shoe lace.

There are different ways to manage the symptoms caused by osteoarthritis such as walking aids, changing your activities, gentle exercises and appropriate pain killers. If these do not work then a joint replacement is suggested.

The main aim of surgery is to reduce pain, but there are a number of other benefits too which include improving your ability to get around, improving the range of movement you have in your joints and, ultimately improving your quality of life.



“The main aim of surgery is to reduce pain, but there are a number of other benefits too”

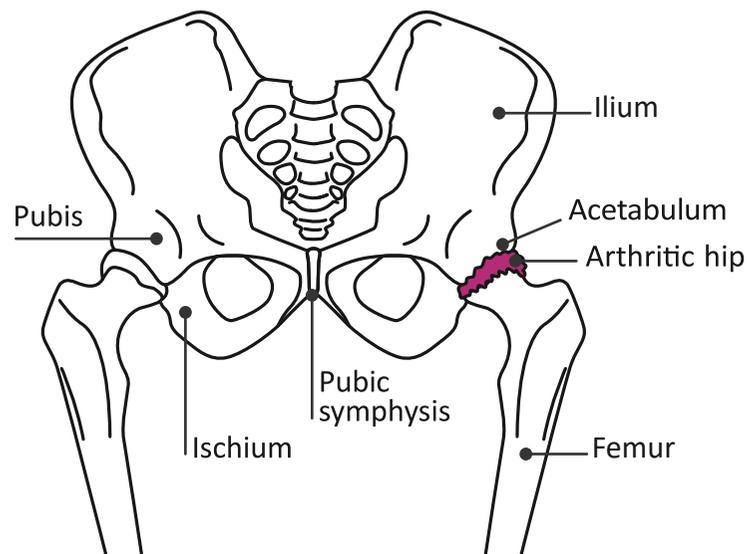
What does a hip replacement involve?

Typically, a hip replacement operation can take one to two hours. The surgeon removes the ball at the top of the thigh bone and replaces it with a new prosthetic one. The socket is also removed and replaced. This can be done in different ways: some surgeons do this from the side of the hip and others from the front of the hip – so the location of your scar may differ according to your surgeon.

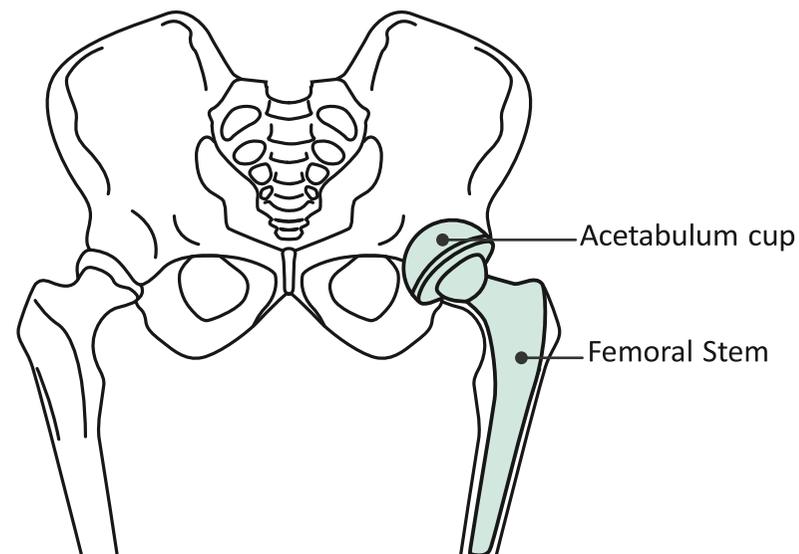
The new socket will be made from titanium alloy or plastic and will have a liner or insert within it made from polyethylene or ceramic and in some cases metal. The ball is usually made from ceramic or metal.

The material and method used will have been carefully considered to match your specific needs. The operation has been developed and refined over many years and carried out by highly skilled teams.

Before



After



Chapter 2:

Preparing for your hospital stay

Pre-operative assessment

A pre-operative assessment is a routine check-up to make sure you are safe to have your operation – including the associated anaesthetic that you will need. This usually takes place during the three months before the date of your surgery and is your opportunity to ask any questions you might have in relation to your operation, anaesthetic and other elements of your care.

During the appointment, the following usually occurs:

- You will be asked to fill out a questionnaire about your health and medical history, which will include any previous operations, illnesses and medications that you are taking now or in the recent past
- You may undergo a physical examination of your heart and lungs
- You may have new X-rays of your joint or chest
- You may have an electrocardiogram (ECG) which looks at your health of your heart
- Blood will be taken from your arm
- Swabs will be taken to check for a bug called Methicillin Resistant Staphylococcus Aureus (MRSA) and other infections

You will have an appointment which will either be in person, on the phone or via video consultation. The appointment will last around 20-45 minutes, but please allow longer in case of any unexpected delays.

You might find it helpful to write down any questions or concerns in advance, so that you remember them in the appointment.

For your appointment, you should have access to prescriptions or any medicines that you are taking. For a routine preoperative assessment, you can eat, drink and take your medication as normal before the appointment.

After your pre-operative assessment you will be contacted if there is anything that requires follow-up or a further appointment. You could be asked to visit the hospital again, take part in a further call, or you may be referred back to your GP if necessary.

At your appointment you could be given some instructions about when to stop taking some of your regular medications before your upcoming surgery date. Please make sure that you follow this advice. Not doing this could result in your operation being delayed or cancelled.

Use this space to note any questions you might want to ask at your pre-operative assessment appointment

Use this space to note any important information you are given at your pre-operative assessment you need to remember

Reasons to contact your clinical team in the lead up to your surgery

If you are unwell in the days leading up to your surgery you must get in touch with your clinical team as soon as possible. Minimising any last minute changes allows us more time to treat as many patients as possible.

Below we have listed some of the issues you should let us know about if they arise before your surgery:

- A cough
- A cold
- A sore throat
- Dental problems
- A rash
- Any cuts or skin scrapes
- Sores or open wounds anywhere on your body
- Insect bites

We ask you to let us know about these for your own safety, as they could affect your anaesthetic or the results of your surgery.

“If you are unwell in the days leading up to your surgery you must get in touch with your clinical team”

Additionally, you should contact us if you have:

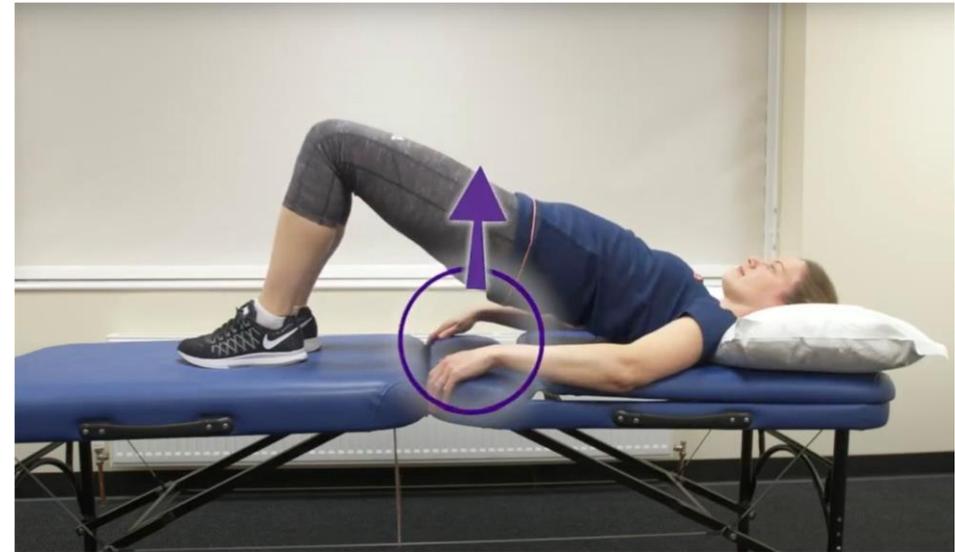
- An improvement in your symptoms and you feel you no longer require the operation
- Any change in your regular medications before surgery
- A change in your home circumstances that could affect your discharge from hospital after surgery
- Been referred by your GP to see another specialist hospital team (e.g. heart, chest, or kidney doctor)

There may be other changes to your health or social circumstances that we have not listed here that could impact on your surgery – if you are unsure, we recommend getting in touch with one of your clinical team who will be able to advise you.



Exercises

You may be given some exercises to do before your surgery. These will help you to prepare for surgery and improve your recovery afterwards. You should do these as instructed as they will help with your recovery. Not all exercises are suitable for everyone, so please consult with your clinical team to check, if you are unsure. If you experience a significant increase in pain, stop the exercises and check with your physiotherapist.



The main aims of these exercises are:

- 1. To strengthen your leg muscles in advance of your joint replacement**
- 2. To make your knee movement better**
- 3. To get used to some of the exercises that will help you after your surgery**
- 4. To reduce the loss of muscle that can occur as a result of**



You will find short films of these exercises at:
www.northlondonpartners.org.uk/joint-school

joint replacement

Preparing your home

You may want to use this space to make a note of anything you need to do to prepare your home before surgery:

Before your operation, it is important to spend some time preparing your home to make it safe for when you return. Please consider doing the following:

Remove any items that you could trip over such as rugs or small items on the floor, like pet toys

Make sure the floors are clear, as you will probably be using a walking aid when you return home

Re-organise your possessions so that the objects you most often use are easy to reach

Do a big food shop and stock up your freezer so you have access to nutritious food and meals

Consider cleaning your house and changing bed sheets

There may be some functional equipment like long handled aids that will help you as you recover at home – ask your therapist about these and where to get them

Make sure you have a supply of any regular medicines that you take; enough to last you a few weeks after your surgery. If these are prescription medicines, remember to order and collect these in plenty of time. Also consider buying some over-the-counter laxatives in case you become constipated after surgery ([see pg 26](#))

Speak with your friends or family about what support they might be able to offer with housework, meal preparation and shopping. Some voluntary sector groups such as Age UK and the Red Cross can provide help – look these up if you think you could need them

Think about any other things that you could do to make your home life easier after your surgery.

Diet

It is important to eat a balanced diet before and after your joint replacement helps you heal quickly, protects your joints and gets

“It is important to eat surgery. Good nutrition

your strength back. Consuming foods which are rich in protein, antioxidants and **a balanced diet before,** vitamins such as C and D will help with your recovery. In the 3-4 days leading up **and after your joint** to the date of your surgery we suggest keeping well hydrated (drinking lots of water) and eating well but lightly. Avoid foods that are particularly stodgy to help **replacement surgery”** with the constipation that you may experience post-operatively.

Protein

When it comes to wound healing and promoting recovery, the body needs lots of protein. Proteins make up antibodies which keep your immune system working well and also are the building blocks to regenerate tissue and heal wounds. To ensure you have enough protein in your diet you should eat foods that are naturally rich in protein such as:

- Animal products – chicken, beef, eggs etc.
- Tofu and soy
- Beans (e.g. black beans)
- Milk, cottage cheese and yogurt
- Seeds and nuts (almonds, walnuts, peanuts)
- Protein-rich nutritional drinks or bars



Calcium and Vitamin D

Use the below space to write down some of the food that will try and eat in the weeks before and after your surgery:

Calcium plays a role in bone strength and repair. In order to get the benefits from calcium you need to pair it with supportive nutrients like vitamin D. Before your surgery you should try and eat foods rich in calcium and vitamin D. These include:

- Whole grain fortified cereals
- Orange juice fortified with calcium and vitamin D
- Salmon, sardines and trout
- Dark greens like spinach, kale and okra
- Soybeans and soy milk
- Portobello mushrooms
- Tofu

Vitamin C and Iron

Vitamin C is needed to repair and grow, it is used by the body to make skin, blood vessels, ligaments, bones and teeth. Vitamin C also helps with the absorption of iron which boosts pre-operative red blood cell levels, helps with carrying oxygen and increases energy levels. Foods that you can eat that are rich in vitamin C and iron are:

- Citrus fruit such as oranges
- Red fruits and vegetables like tomatoes, peppers and strawberries
- Green vegetables like spinach, broccoli and cabbage
- Red meat like beef, lamb and liver
- Beans and lentils

What to bring to hospital

Patients often ask what they should bring to hospital on

We suggest:

- Details of your next of kin, close friends or relatives
- Comfortable clothes to wear during the day and also
- Trainers or sturdy lace up or Velcro shoes
- Some personal toiletries and a razor if needed
- Sanitary products and incontinence pads if needed
- Glasses, hearing aid and contact lenses
- Any medications you are currently taking in their
- charger Some small change for newspapers etc.
- Coat and house keys
- Things to keep you occupied like books and

Please do not bring:

- Anything valuable – keep these safely at home
- Open backed footwear such as flip-flops or sliders, as
- Any towels or bed linen as these are provided
- Smoking and alcohol consumption are not allowed
-
- Please do not wear:**
- False nails and nail varnish
- Jewellery
- Elaborate hair extensions
-
-

Please use this space to make a note of anything you want to remember to bring to hospital with you.

the day of surgery.

in case we need to contact them
nightwear

original packaging Your mobile phone and

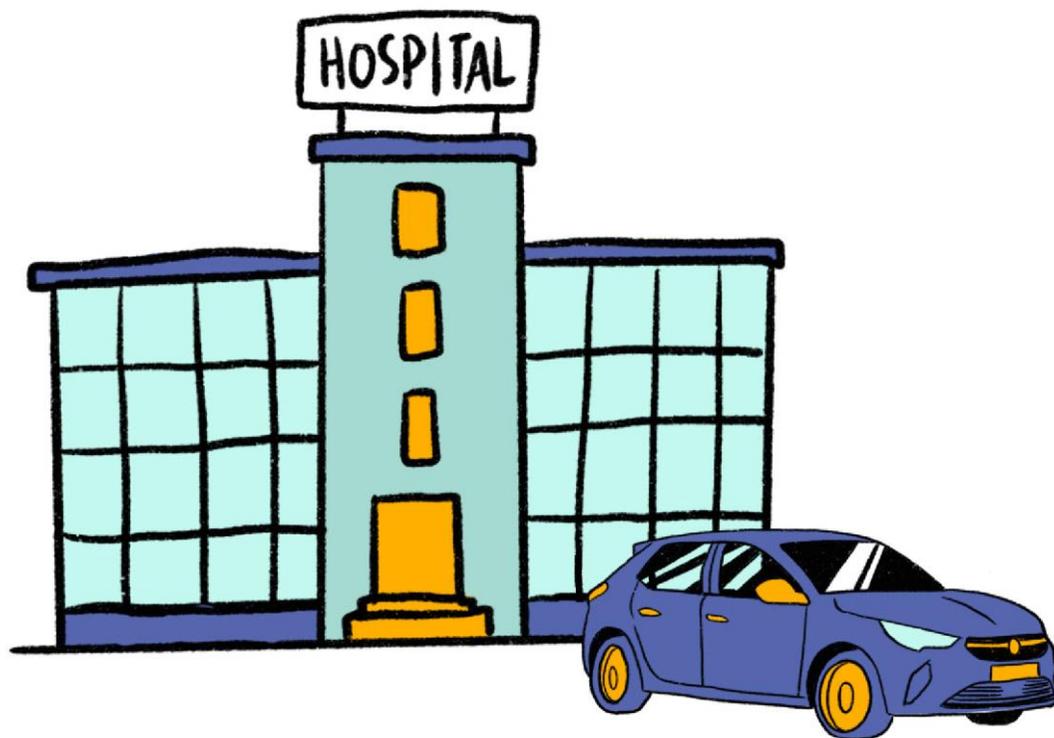
magazines

you can trip in these

in the hospital

Getting to hospital

We ask patients to make their own way to hospital. You shouldn't drive



yourself so people generally ask a friend or relative to bring them. Patients who are eligible for hospital transport can use this, and the travel costs scheme is also available for anyone who may need financial support. Information about both of these are available on our website and the website of the hospital you are attending.

How long will I stay in hospital?

Many patients are now able to go home on the same day as their operation, so you should be prepared for this. A stay of one or two nights is also possible depending on your progress. It is important that you are safe and well before leaving.

Before surgery we will discuss your discharge goals with you, so you will know what kinds of things we are looking for to be happy you're ready to go home. Recovery tends to be faster in patients who are able to go home earlier, and so we will encourage you to reach your discharge goals as early as possible.

You may want friends or relatives to come and visit if you stay in hospital. You should check the most up-to-date rules about having visitors when planning for your surgery as these can change. These will all be found on the hospital websites.

“Many patients are now able to go home on the same day as their operation”

Fasting (not eating or drinking) before your surgery

Before you have any operation, you will be required to follow some instructions about what and when you can eat and drink before your surgery. It is important to follow these, to avoid complications with your anaesthetic. Not following the instructions you are given could lead to your operation being cancelled or delayed. Some general guidance has been included below, but the time when you should stop eating and drinking will vary based on when you have been asked to come to the hospital. You will be given more information about this at your pre-operative assessment appointment. It is important that you understand the instructions you are given so please ask any questions if you are unsure.

Eating:

Do not eat anything for six hours before your admission time.

This includes chewing gum. Please avoid:

- Milk in drinks
- Sweets
- Alcohol
- Sports drinks

Please use this space to make a note of any fasting instructions you have received, or anything else you need to remember to do immediately before coming to hospital.

Drinking:

You can continue to drink the following liquids up to two hours before your admission time:

- Water
- Black coffee
- Black tea
- Diluted squash

Two hours before your admission you should have no further food or drink – sometimes referred to as ‘nil by mouth’.

Chapter 3:

The day of surgery

On the day of surgery, you should come to the reception area in the surgery unit at the hospital. Your appointment letter will explain where you should go. You may also receive this information in an email or text message.

Someone will greet you, and let the team know you have arrived. The nurse will collect you when they're ready to prepare you for surgery.

The nurse may then carry out some tests and ask you some questions to ensure that you are ready for surgery. Your anaesthetist may come and see you to discuss the different types of anaesthetic with you. You will be asked to remove your own clothes and put on a surgical gown, and TED stockings, which are designed to reduce the risk of blood clots. There may be a wait, but we try to keep this to a minimum.

You may want to use the space below to record the details of your admission:

Hospital address

Report to

Last meal (at least six hours before admission time):

Time to arrive

Anaesthetic for surgery

Anaesthetic ensures that you will not feel any pain when your surgery takes place. There are different types of anaesthetic you could be given for your operation which work in different ways. As every patient will have a different set of medical needs your anaesthetist will discuss risks and options of anaesthesia with you, choosing the type that is best for you. We have highlighted the two most common types used during a joint replacement.

Spinal anaesthesia

Having a spinal anaesthetic involves an injection of anaesthetic into the base of your spine. It is a very safe and effective way of numbing you from the waist down. It will mean that you will not be able to feel or move your legs for a few hours after it is given. You will also be given some sedation during the surgery so that you are sleepy and relaxed during the procedure. There are few side effects with this technique and patients often recover quickly. With this type of anaesthetic, there is no need for machines to assist you with your breathing.

General anaesthetic

If you need general anaesthetic, you will be given drugs either through an injection or gas from a mask once you are in theatre. A general anaesthetic will mean you are unconscious, feeling no sensation. You will be put on a breathing machine which will give you oxygen and a drug that relaxes your muscles may be used. When surgery is finished, the drugs you are given will be reversed and you will wake up, and be able to breathe normally again.

A disadvantage of general anaesthetic is that the drugs can make you feel drowsy, nauseated and might make you vomit. It may also mean you require stronger pain relief after surgery.

Risks of anaesthesia

Although in the majority of cases patients will experience no lasting problems after having an anaesthetic, it does come with side effects and, on rare occasions, unexpected complications. Patients are encouraged to discuss any potential side effects or complications of anaesthesia with your anaesthetist on the day of your operation.

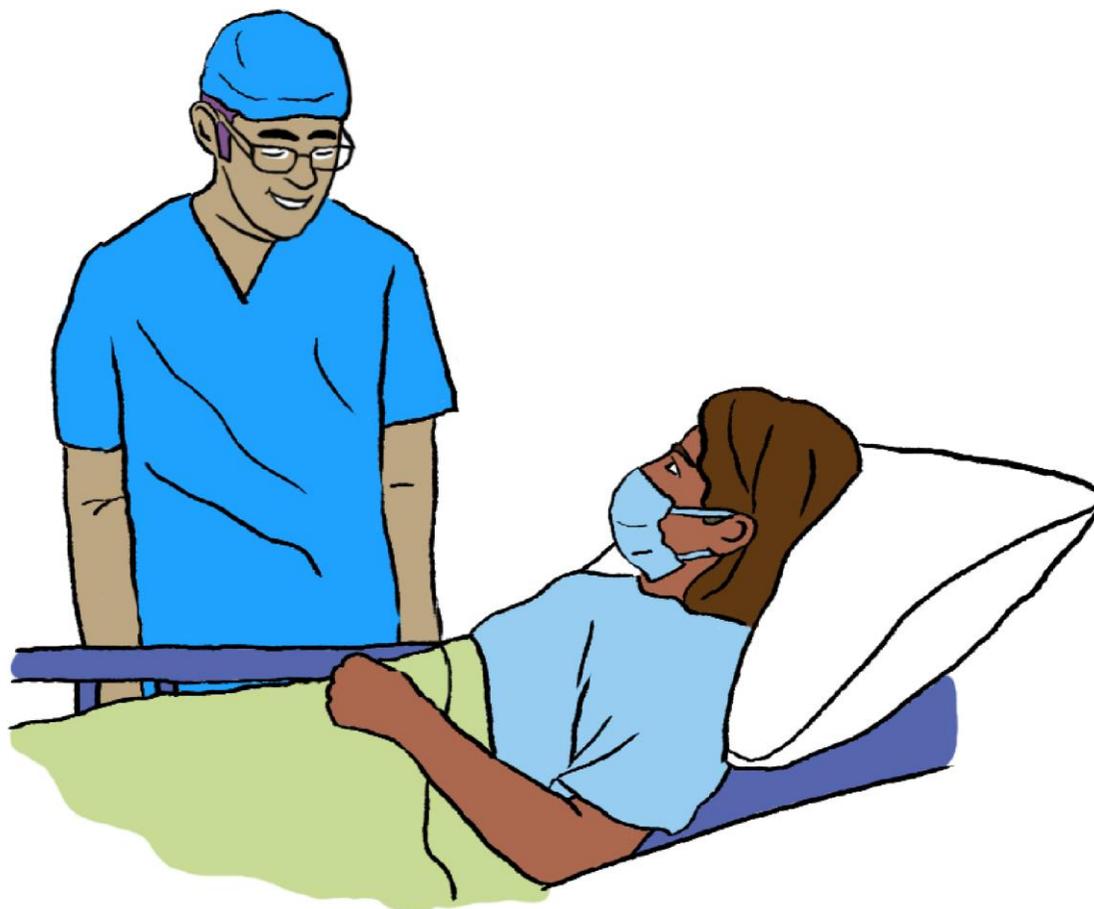
Use this space to write/type any questions you have about your anaesthetic

The operation

Before your operation you will be taken to the anaesthetic room and you will meet your anaesthetist again. They will go through a checklist with you and then your anaesthetic will begin.

A cannula, which is a thin tube, will be inserted in the back of your hand. This is just like having an injection and is nothing to worry about. Whatever kind of anaesthetic you are having, the anaesthetist will make you feel comfortable and will continue to monitor you throughout your operation.

After your surgery, you will be taken to the recovery area where you will be closely monitored to ensure that you are recovering from your anaesthetic and you will receive some pain control. You will have



a dressing on your hip where the team accessed your joint. You can start eating and drinking as soon as you feel well enough. You will be transferred to one of the wards once you are medically stable which can be within 1-2 hours, but may be longer.

“Whatever kind of anaesthetic you are having, the anaesthetist will make you feel comfortable and will continue to monitor you throughout your operation.”

After the operation

You should start bed exercises as soon as you are awake after your surgery. These include breathing exercises, ankle pumps, bending and lifting your leg, tensing your thigh muscles and clenching your buttocks. You can watch all of these exercises in the exercise films provided and we suggest practicing these.

You will be encouraged to get out of bed, with help from staff, on the same day as you have your operation – this is an important part of your recovery and will also reduce the risk of clots in your blood. It's always best to do this with help from the team, so let them know before attempting this yourself. Some people can still feel a little tired or drowsy as a result of the anaesthetic.

Things to note, following surgery:

- Patients do experience some pain after their operation, and you will be offered regular pain relief to ensure that this is reduced as much as possible. You will also be offered ice packs which help with any swelling.
- Constipation can sometimes occur as a result of the anaesthetic and pain medications so we will also give you regular laxatives to prevent this, and anti-sickness medication if you need it. Let the nurses know when you need to go to the toilet and they will help you.
- As you continue to recover you will be seen by a physiotherapist. They will teach you techniques to help with getting up and walking and you will practice getting in and out of a chair.
- Follow your physiotherapist's advice, try to get moving and continue your exercises. You should let one of the team know if you are experiencing significant pain.
- During your hospital stay we will monitor you to reduce the risk of any complications developing such as pressure sores, infection or deep vein thrombosis.

The team will always encourage you to go home as early as possible when you are well enough. We know that this helps people to recover and get back to their regular activities more easily.

“The team will always encourage you to go home as early as possible when you are well enough”

Chapter 4:

Going home

Before you can go

Most of our patients go home between one and three days after their surgery – some people even go home on the same day if they are well enough. Before you can be discharged home, you must:

- Be medically well enough and recovered from your anaesthetic
- Be mobile with an appropriate walking aid
- Be able to get in and out of bed and on and off the toilet, independently
- Have walked up a short flight of stairs if you have them at home
- Have had your wound checked

The day of discharge

On the day of discharge we aim to get patients home from hospital as early as possible. Ideally this is before lunchtime, however it could be later in the day. We will:

- Ensure you have any walking aids and medication you will need at home
- Give you details about any further wound, or nursing care that you need
- Make sure you have a copy of your discharge summary (a record of the care you have received) and any further booked appointments



Getting home

You will need to arrange for a friend or family member to collect you. Please make sure you organise this before your operation to avoid any delays on the day. If you have any concerns about transport home after surgery, please tell a member of the team as they may be able to provide information to help you.

Some other things to remember when you are discharged:

- You may be given blood thinning medication which is important to reduce the risk of clots in your blood – please take this as you are instructed
- Your surgery wound would have been closed with either clips, stitches or glue and covered with a dressing. It is normal to see some blood spots on the dressing, but if it is bleeding a lot you should let us know

- Around two weeks after your surgery your wound will need to be checked and, if used, any clips or stitches removed. One of the team will discuss arrangements for this. Often an appointment can be booked at your GP practice for this before you come into hospital.

“You will need to arrange for a friend or family member to collect you”

Recovering at home

Having a joint replaced is a major operation so it may take some time for you to feel better. It is common to experience fatigue following an operation like this for around 6 to 12 weeks. To help with your recovery, we advise you to:

- Take regular pain relief medication as prescribed. Some discomfort is expected, but it is best to keep this well controlled so that you can stay mobile
- Keep active at home and do exercises regularly
- Try and increase your activity by walking a little further each day
- Eat healthily and drink plenty of water



Washing and dressing

You should be careful when washing and dressing after your surgery. Initially, it may be safest to sit in front of the wash basin.

A shower chair, non-slip mat or a grab rail will maximise your safety if you would like to use the shower. You should arrange for someone to be in the house when you shower to assist if you need help. You should undress and dress your operated limb first.

Diet after surgery

After surgery you may experience a temporary reduction in your appetite because of the medications you had when in hospital. It is important to eat a balanced and healthy diet so that your bones and muscles heal well:

- Make sure to drink enough water – 1.6 to 2 litres per day unless you are told otherwise
- To avoid constipation, eat high fibre foods like wholemeal bread, high fibre breakfast cereal, fruit and vegetables
- You should continue to follow the diet advice given in Chapter 2 – focusing on protein, iron and vitamins C and D. Eating foods with

Pain relief

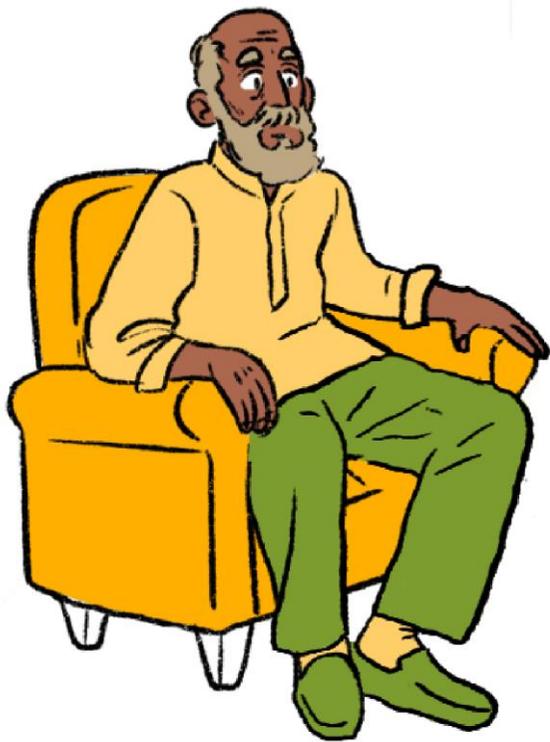
Although most patients see an improvement in their pain early after surgery, some may experience ongoing discomfort. If the pain is severe, you should get in touch with your clinical team as it may mean there is a problem, or your pain medications may need to be changed.

these nutrients will support your recovery from surgery and help you get the best outcome from your joint replacement

“Having a joint replaced is a major operation so it may take some time for you to feel better”

Once you are home, it is important to manage your pain relief yourself. Keeping it well controlled and taking painkillers regularly, when prescribed, will help you to complete your exercises and aid your long-term recovery. Pain is more difficult to get under control if you let it build up. Most pain killers take about 30 minutes to start working.

You may have been given more than one type of pain killer. They can work in different ways and are often better when combined. Follow the instructions you are given about how to safely take your painkillers to make them most effective.



What to do if something doesn't feel right

It is rare that patients experience any complications after joint replacement surgery. However, it is important to know what to do if any of the following happen to you.

Use this box to write down the instructions you are given for your pain relief when you are at home:

Pain

On rare occasions, patients can experience significant pain after surgery and pain medications are not sufficient. In the event that this happens to you, please contact your clinical team.

Potential dislocation

If you have had a hip replacement and develop sudden and severe pain, and you cannot put your weight through your leg, you should go to your nearest A&E department for an x-ray to check for dislocation. You should also contact your clinical team.

Infection

If your wound shows any signs of infection such as redness, bad smelling ooze or poor healing then you should get in contact with your clinical team who will give you instructions about what to do. If you need to do this urgently, when your team is not available, you can contact your GP out-of-hours service, or in an emergency, call 111 for further advice.

Blood Clots

If you have a lot of swelling or pain in either of your legs, this could be a blood clot forming in your veins (deep vein thrombosis). This is a serious complication and you should go to A&E for assessment and treatment or call 999 if you are unable to get there. Please also get in touch with your clinical team.



Constipation

Some pain-relieving medications will cause constipation, especially when you also have reduced activity. Drinking fluids and eating high fibre foods will help with this. You may be given laxatives to take home, or they can be bought over the counter. If you have abdominal pain or are in lots of discomfort, then please speak with your GP or call 111.

Preventing clots in your blood when at home

You can reduce the risk of developing a clot by taking short walks frequently. This will help to increase circulation of blood in your legs.

You will be given blood thinning medication for a time after your surgery. This can be in the form of a tablet or an injection. You will be given all of the instructions on how to manage this at home before you leave hospital. Please make sure you follow the instructions you are given, as this will reduce your chance of getting a clot in your blood which can sometimes be a serious complication.



Chapter 5:

Returning to daily activities

Once you are home, we encourage you to build up your activity levels slowly by walking a little further each day and making sure you do your physiotherapy exercises regularly.

Patients often ask when they can return to regular activities after surgery. We have included some examples of these here, but if you aren't sure, or have anything specific that is not covered, we strongly encourage you to speak to one of your clinical team.

Driving

In most cases patients should expect not to drive for around six weeks after their surgery. The length of time beyond this will vary based on which leg you have your operation on and if your car is automatic or manual so it is best to discuss your circumstances with your care team. You need to feel confident before driving again, and we suggest you should be able to do the following:

- ✓ Be able to move your leg on and off the brake quickly
- ✓ Perform an emergency stop (practice parked first)
- ✓ You should have stopped taking any pain medication that has an impact on your concentration

You should also let your insurance company know that you have had a joint replacement.

If you go on any long journeys as a passenger, we suggest that you take regular breaks with exercises such as calf pumps.

“Once you are home, we encourage you to build up your activity levels slowly by walking a little further each day and making sure you do your physiotherapy exercises regularly”

Travel

This is general guidance, however if you are offered different advice based on your own circumstances then please follow this.

After an operation you are at increased risk of getting a deep vein thrombosis. These are clots that can cause life threatening illnesses.

- The risk of developing a clot is related to the length of time spent immobile during travel, so you should not take long flights around the time of your surgery
- You should avoid long trips involving more than six hours of travel for two weeks before your surgery
- You should not go on flights of more than six hours for three months after your surgery
- You should postpone or cancel flights of less than six hours for one month after surgery

Sexual intercourse

The length of time before you will be able to resume sexual intercourse will vary depending on your recovery. It may take some time to become completely comfortable again however, often patients find that they are pain free and have increased flexibility after surgery. Like all activities, if you're not sure then ask a member of our clinical team. There's no need to feel shy or embarrassed.

Other activities and hobbies

For returning to any specific hobbies, sport or going back to work, you should discuss all of these with your consultant, physiotherapist or a member of your care team as these will vary from person to person.

Use this space to make a note of anything you want to ask about returning to your regular activities

Chapter 6: Giving consent for surgery

Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination.

The information on the following pages is provided to help patients clearly understand the benefits and risks of the treatment they are being offered so that they can consent to the treatment with all of the facts.

Your consultant or another member of the clinical team will ask you to sign a consent form prior to your surgery, which says that you understand it and are happy for it to go ahead.

If you have any questions about this information, please ensure that you ask, prior to signing the consent form.

There is more information about patient consent to treatment on the NHS website at: www.nhs.uk/conditions/consent-to-treatment/

Consent information for patients having a hip replacement

You are receiving this information because your clinician thinks that you may benefit from a hip replacement. Your agreement and consent to surgery is essential. In order to consent to undergoing a total hip replacement, you need to have an understanding of what will be done – as well as the potential benefits, risks, complications and any other procedures that may be required as a result of these.

You should also understand the alternative therapies that may help you aside from an operation. We encourage you to discuss your options or any concerns that you may have at any of your appointments. A member of the surgical team will discuss the details with you when you are asked to sign a consent form.

Potential benefits

Total hip replacement is generally a very successful operation that improves the symptoms associated with hip arthritis, including:

- Significantly reducing pain in your hip
- Improved mobility and hip function
- Improved quality of life
- Increased physical activity levels

Potential risks

A hip replacement is major surgery, and it comes with some risks that you should know about well in advance of your surgery. Most people undergoing the operation experience no significant complications but they do happen sometimes. Some of the risks cannot be predicted before your operation and when they do occur they can be life threatening, having a significant impact on your life, or on very rare occasions can lead to death.

Risks specific to a total hip replacement

Risk	What this could mean	Risk stratification (likelihood of happening)
Dislocation of your new hip replacement	This is very painful and means you will need further surgery to put the joint back in place, leading to a longer or a new stay in hospital.	Common 2-5% of cases
Loosening of the attachment of the total hip replacement to your bone	Loosening will result in pain, reduce hip function and could lead to dislocation.	Common 2-5% of cases
Leg length difference	Most people who have not had a total hip replacement have a small leg length difference. If you know that you have, let your surgeon know, who may be able to correct this during surgery. It will take time for a leg length difference to settle after surgery and it is very rare to have an especially noticeable leg difference. This may be rectified with a small heel lift that can be worn in shoes. In exceptional circumstances, further surgery may be needed to correct it.	Common 2-5% of cases
Wound or joint infection	If this happens, you could feel unwell and will need treatment with antibiotics. If the problem is inside your new hip replacement, you will need further surgery to wash out the joint. In some cases, you may need to have surgery where the infected joint is removed and replaced with a new one.	Less common 1-2% of cases
Nerve injury	This happens as a result of damage to nerves and is demonstrated by a weakness or loss of sensation in the leg.	Rare less than 1% of cases

Accidental fracture of the pelvis or bone during surgery	This may lengthen your recovery, cause you additional significant pain and may result in you using crutches for several weeks to avoid putting your full weight through your operated leg for several weeks.	Rare less than 1% of cases
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General risks associated with surgery

Risk	What this could mean	Risk stratification (likelihood of happening)
Deep vein thrombosis (DVT)	A blood clot that forms in the veins in your body. You will be given blood thinners (anticoagulants) after surgery to reduce the risk of this.	Common 2-5% of cases
Numbness after surgery around the scar	Losing some of the sensation around the scar where the surgeon made a cut to access your joint during your operation.	Common 2-5% of cases
Urinary tract infection	In some cases a urinary catheter may be placed inside your bladder. Urinary tract infections can occasionally occur as a result of catheterisation and may require treatment with a course of antibiotics	Common 2-5% of cases
Pain and swelling	Significant painful swelling may occur around your joint and leg. Lots of bruising may also occur.	Common 2-5% of cases
Bleeding	Bleeding can occur into the tissue around the joint that necessitates a blood transfusion. If you hold certain beliefs that prevent you from receiving a blood transfusion you should highlight this to staff as soon as possible.	Common 2-5% of cases

Rare complications

Risk	What this could mean	Risk stratification (likelihood of happening)
Stroke	Blood clots that travel to the brain or a bleed into the brain can result in a stroke that could also cause serious long-term physical and mental disability or death.	Rare less than 1% of cases
Altered wound healing	Your scar after surgery may heal abnormally leaving a scar with a raised, thickened appearance, which is known as a keloid scar.	Rare less than 1% of cases

Permanent nerve damage	This can cause numbness or muscle weakness.	Rare less than 1% of cases
Persistent pain syndromes	These can occur after joint replacement and can have a series impact on your quality of life. It may mean you are required to take long-term pain medication.	Rare less than 1% of cases
Pulmonary embolism (PE)	A serious complication which can result from a clot travelling though the bloodstream from the site of DVT to lodge in the lung. A PE can be lifethreatening as it can cause the circulation to collapse.	Rare less than 1% of cases
Blood vessel damage	Your blood vessels may be damaged and this may require further surgery to fix.	Rare less than 1% of cases

Blood transfusion

- For most people blood transfusion is not required. However, if you have low iron levels in your blood before your operation or your medical condition requires it then we will discuss the potential use of blood transfusion with you before your operation.

Your expectations

- Most people have a straightforward and quick recovery. However, sometimes complications can be unpredictable and when they do occur they can have a significant impact upon your life.
- After an operation, it is normal to feel more tired than usual for 6-8 weeks after surgery. This fatigue should improve as you get to around 12 weeks after your operation. It is important to listen to your body, eat well and get lots of sleep while you are recovering.

Alternative treatments available

Total hip replacement is not the only way to manage pain due to arthritis, alternative treatments are:

- Taking medications to control the pain, such as anti-inflammatory drugs like ibuprofen or steroids
- Improving your function through physiotherapy and gentle exercise
- Use of walking aids to reduce the amount of force the hip is exposed to

If these measures are not acceptable to you, or no longer work then a total hip replacement is the next option.

Giving feedback

Compliments and complaints

We hope you will be happy with your experience of care and we welcome feedback. You will find feedback forms on the website of the hospital where you had your care. You can also give feedback direct to a member of staff or a department manager. All feedback will be shared across relevant members of your care team.

Please use this space to note anything you want to ask prior to signing your consent form.

If you have any concerns about your care, most issues can be resolved quickly by speaking directly to the staff at the hospital where you are having your treatment.

If you don't feel able to do this, the Patient Advice and Liaison Service (PALS) will be able to help you. PALS can be particularly helpful if your issue is urgent and you need action immediately, such as a problem with the treatment or care you receive while in hospital. Details of how to contact the PALS service will be on the website of the hospital where you are receiving your treatment.

If you are still unhappy or are thinking about making a complaint, details of how to do this can also be found on hospital websites. If you need support with this process someone from the independent NHS Complaints Advocacy Service can help you. An advocate will also be able to attend meetings with you and review any information you're given during the complaints process. You can seek advice from an NHS complaints advocate at any stage of the complaint process, so please seek out support if you feel you need it.

For more information go to: www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/

North Central London Elective Orthopaedic Network offers excellence in orthopaedic care, research and education

The network has been created to improve the care offered to patients. It is based on partnership working between hospital trusts.

Working together in this way means patients can receive timely and high-quality care. Clinicians from across hospitals will work together as a single team, have joint training and education, and hospitals can share their facilities, opening up access to more dedicated beds and operating theatres.

It is provided by North Middlesex University Hospital NHS Trust, Royal Free London NHS Foundation Trust, Royal National Orthopaedic Hospital NHS Trust, University College London Hospitals NHS Foundation Trust and Whittington Health NHS Trust.

Services are delivered through two partnerships, working alongside a specialist hospital.



key contacts. This may also be on the letters you receive about your appointments.

My consultant:

Other useful contact details:

teams are dedicated to making your operation and recovery go as smoothly as possible.”

Contacts



North Central London

Elective Orthopaedic Network

Your clinical team will provide you with contact information for the

“In north central London, NHS hospitals are working together to deliver the best possible care. Our

