



## You and your Hip Fracture Total Hip Replacement

This booklet has been provided by the Orthopaedic Therapy team. It includes essential information regarding how we will aid your recovery following your operation.

You have broken the upper end of your thigh bone close to your hip joint. This bone is called the femur and you have broken (fractured) the neck of the bone just below the ball end that fits into your pelvis.

### Operation

The surgeon needs to replace the ball and socket part of your hip joint following your fracture. The operation is called a **Total Hip Replacement** as the whole joint is replaced. The damaged ball is replaced by a metal component (prosthesis), and a cup shaped prosthesis replaces the socket part.

The great advantage of surgery is that you can get out of bed the next day and start moving around. Without this surgery healing takes three months in bed and can lead to other complications

### After your operation

- You will remain in bed for approximately one day following your surgery.
- When you come back to the ward you will have a drip up to supply you with fluids until you drink normally.
- You will have a dressing over the wound.

Following the operation you will experience some pain. The pain needs to be kept under control so you can start moving around. **It is very important** that you accept regular pain relief and ask your nurse for more if you need it. You may not experience pain at rest, however you should accept pain relief in preparation for moving, otherwise it will hinder your mobility.

### Breathing exercises:

After an operation under general anaesthetic it is important to ensure air flows into the lungs to decrease the likelihood of chest infections. These breathing exercises will help with this.

Take three deep breaths in through your nose and out through your mouth, followed by normal breathing. Repeat the three deep breaths every hour.



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## **Ankle exercises:**

Move each ankle up, down and around in circles 10 times to prevent blood clots forming and to improve the circulation. Repeat 10 times, 3-4 times a day until your mobility has returned.

## **Getting up and about**

Depending on the severity of your fracture and the quality of your bone the surgeon will have advised the therapy team as to whether you are allowed to put all your weight through your operated leg (full weight bearing) or half your weight through your operated leg (partial weight bearing). Either way, we will give you a walking aid to help protect and support your hip. To begin with we will help you to walk with a walking frame and we may be able to progress you onto elbow crutches or sticks before you go home.

## **Important advice after your Total Hip Replacement**

It takes three months for the muscles and tissues to heal and tighten up around the hip following surgery.

During this time there is less support and stability for the joint and there is a danger that your new hip could dislocate causing the ball part of the joint to slip out of the socket.

## **There are three precautions that you must follow for three months to prevent dislocation:**

- **Do not cross your legs:** The operated leg must not cross the mid-line of your body in the bed or in a chair.
- **Do not bend the hip more than 90 degrees** (a right angle). You must not sit in low chairs or beds, or lean forwards when sitting. Do not bend down to the floor.
- **Do not swivel on your feet:** When turning around or reaching, step round rather than twisting

## **Sleeping**

### **Do not lie on the un-operated side for the first three months after your surgery.**

For the first six weeks after your operation you must lie only on your back, to reduce the risk of dislocation. For the next six weeks you can lie on your operated hip or on your back.

## **Remember your hip precautions!**

## **Getting in and out of bed**

You will probably find it difficult to get in/out of bed to begin with. You may need some help from a member of staff to lift your leg across the bed until your strength returns. You may also have lost confidence following your injury. Two members of staff will usually help you out of bed the first time and will assist you until you feel safe.



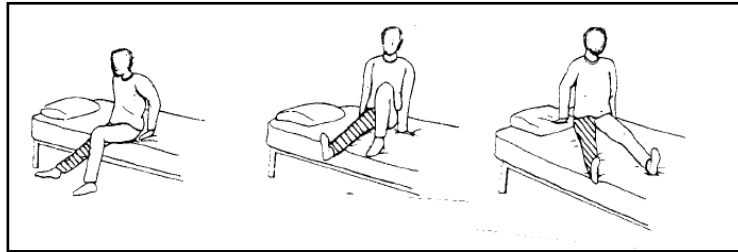
# You and your Hip Fracture Total Hip Replacement

## To get out of bed

- Use your arms and un-operated leg to lift yourself across to the edge of the bed. Lift your bottom around, until both legs come forward off the bed and down to the floor.
- Keep your operated leg out in front.
- To stand, push down on the bed with your hands and then place your hands on the walking frame when you are standing up.

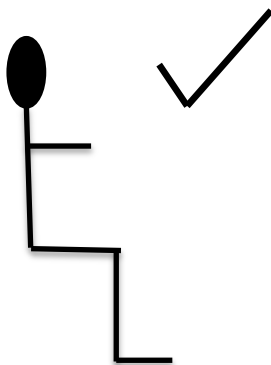
## To get into bed

- Back up to the bed, then sit down keeping your operated leg out in front.
- Move backwards across the bed and up towards the pillows. Use your arms and un-operated leg to support you as you lift your bottom.

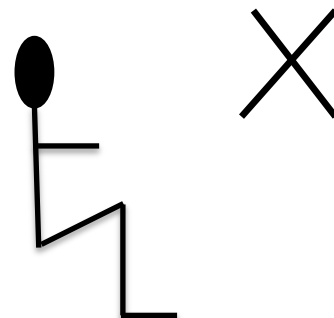


## Using a chair and toilet

When you go home your chair, toilet and bed may need to be raised. This is to make sure that when you sit down you do not bend your hip more than 90 degrees. The Occupational Therapist will talk to you about any alterations that are needed in your home.



This person is sitting in a chair that is the correct height for them. (Note angle of their hip is 90 degrees or less)

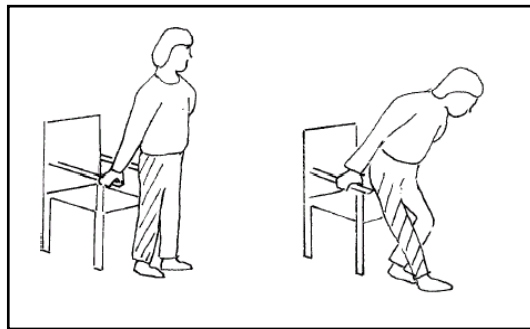


This person is sitting in a chair that is too low. (Note angle of hip is more than 90 degrees)



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- When you are moving from standing to sitting, step backwards until you feel the backs of your legs against the chair.
- When sitting down or standing up from a chair remember to hold onto the arm of the chair as you raise or lower yourself.
- When sitting down put the operated leg out in front of you to protect it as you lower.
- When you are sitting it is important to vary the position of your leg, for example having it up on a stool to having the foot down on the floor.
- Do not sit for too long as your leg will tend to stiffen up.



**Dressing** You will be issued with dressing aids. A member of the therapy team will advise you on how to get dressed using these in order to adhere to your hip precautions.

## **Bathing**

Avoid getting into a bath for the first 12 weeks. The Occupational Therapist will discuss the safest and most appropriate method of washing with you.

## **Reaching low surfaces**

- Use a long handled "helping hand" as provided by the Occupational Therapist.
- Ensure items you need to reach are above knee level. For example, ask someone to move essential items up to the work surface in your kitchen.
- Never squat down. Never bend forward allowing your hands to reach further than your knees.

## **Stairs**

A member of the therapy team will show you the correct way to go up and down stairs and steps.

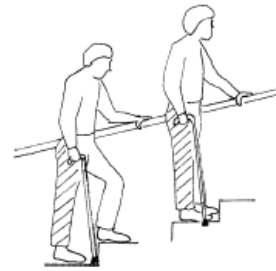
- Use a banister if you have one.
- If you have only one step you may manage to go up and down with your walking frame.



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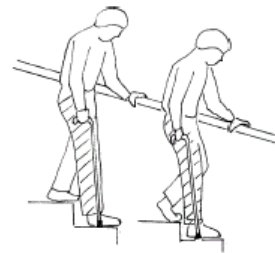
## Going up stairs

Lead with **un-operated leg** and follow with operated leg and the stick/crutch.



## Going down stairs

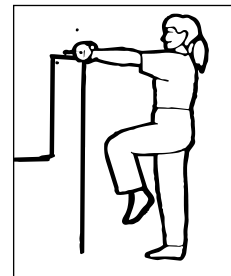
Lead with **operated leg** and stick/crutch, follow with the un-operated leg.



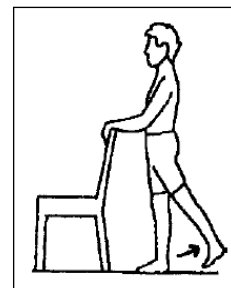
## Exercises

You will be taught some simple exercises to do by the physiotherapist. Each exercise should be repeated five times initially, building up to 20 repetitions each time and should all be done three times a day. These exercises are to strengthen your muscles and help to reduce the stiffness in your hip. Hold onto a firm surface at about waist height.

1. Keep your back straight and lift knee of the operated leg up to the front.



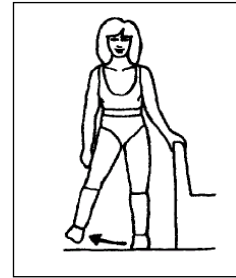
2. Take your operated leg behind you, keeping your knee straight and your body upright. Hold for a count of five and lower.





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3. Take your operated leg out to the side keeping your knee straight and your body upright. Hold for a count of five and gently lower.



Try to increase your walking daily and carry on with your exercises.

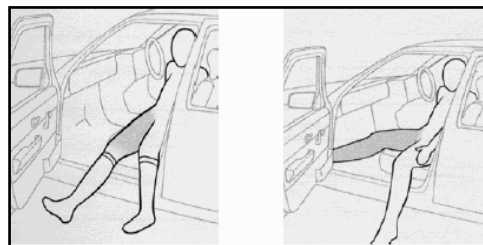
## Cars

Do not drive for six weeks, even if you have an automatic gearbox. Tests show that you will not regain your speed of reaction until six weeks have passed. Your car insurance will not cover you during the six weeks. You should inform your insurance company that you have had an operation.

Avoid very long journeys for three months (it is suggested no longer than one hour). If you are on a very long journey make regular stops to walk around and stretch your legs.

### Getting in and out of the car.

- Sit in the front passenger seat. Make sure the seat is as far back as possible and partly reclined.
- Ask the driver to park the car away from the kerb so that you don't have to bend your hips up so much as you enter.
- Turn with your back to the seat and keep your operated leg out straight. Sit your bottom down first whilst controlling your descent by holding onto the doorsills.
- Slide back towards the driver's seat and then turn to face the front keeping your operated leg as straight as possible and in line with your head as you draw your legs into the car.
- To get out repeat the manoeuvre in reverse.
- Your Occupational Therapist will discuss this with you.





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If you have any worries please do not hesitate to discuss with a member of staff before you are discharged from hospital.

**Please return any walking aids that you may have finished with to the Rehabilitation Therapy Department, Ground floor at the Great Western Hospital.**

## Contact Details

Orthopaedic Therapy Team  
Telephone 01793 605119  
Monday – Friday 8.15am – 4.15pm  
Email: [gwh.orthopaedictherapy@nhs.net](mailto:gwh.orthopaedictherapy@nhs.net)

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Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds

**This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net)**

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