The Enhanced Recovery Programme for Total Hip Replacement (1 of 6)

This information should help you to understand the Enhanced Recovery Programme and how you can play an active part in your recovery. The aim is to get you back to full health as quickly as possible after your operation. The Enhanced Recovery Programme is for patients who are able to go home two days after their operation, with support from the therapy and nursing teams.

Research has shown that not eating and drinking and staying in bed for too long after a joint replacement is bad for you. The sooner you get out of bed and start eating and drinking the better, as this speeds your recovery making it less likely that complications will develop.

For example, the benefits of getting up and about are:

- less pain. We have learned from our patients that the pain is worse the longer you stay in bed
- reduced risk of chest infection
- reduced risk of developing blood clots in your legs and chest
- less muscle-wasting. Your body works better and you do not become weak
- less tiredness and more energy.

To achieve these benefits, however, you need to work with us so that together we can speed your recovery. We do the operation but you need to help us to make sure you return to full health quickly. You do not have to be part of this programme; it is your choice. If you decide not to take part then any present or future treatment will not be affected. If you decide not to take part, you should still expect to be in hospital only for a few days. Most people go home from hospital within 5 days of their hip operation.

If there is anything that you are not sure about, please do not hesitate to ask a member of staff.

What will happen before I come into hospital?

The nurse in the pre-assessment clinic will see you and explain the programme to you (and your family if present). Please allow up to two hours for this appointment.

You will also need to attend joint school. This is an hour-long education session, run by the therapy team and held in the hospital. Sessions are
also held in Shaftesbury and Warminster hospitals. The session is to make sure that you know exactly what to expect regarding your operation and aftercare. It will also give you some ideas about how you can prepare for your operation.

Your admission date is the day of your operation. For some patients, this will mean a very early start. You need to make sure you have made appropriate travel plans. If you have any problems, please discuss these with the pre-operative nurse.

You will be asked what arrangements you have made for your recovery at home so that, together, we can plan any help you may need after discharge.

You will need to have everything ready at home for your discharge before you are admitted so that you are not delayed in hospital. You will only be in hospital for 2 days after your operation.

There are certain goals that must be achieved before you can be discharged home. You will need to be able to walk with crutches or walking sticks, get up and down stairs if you have them at home and be eating well and drinking normally. The nurse in the pre-admission clinic will explain the goals in more detail and answer any questions that you may have.

We expect that you will meet the goals on day one or two. However, some patients may need to be discharged home at a later stage. You will only be sent home when all the team members looking after you agree that you are ready to go.

In the space below please jot down any reminders about arrangements you need to make before you are admitted. This will help you to make sure that you are ready to go home as soon as possible after your operation.

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**On the day of your operation**

Eat normal food until six hours before your admission time.

Drink clear fluids (black tea or black coffee, squash or water) up to two hours before your operation. You may be given a nutritional supplement to drink.

The operation may be done using a general anaesthetic or a spinal anaesthetic and sedation. Most hip replacements are now done under a spinal anaesthetic, which is a special injection into the lower part of your spine which helps to give you long-lasting pain relief. You will also be given a local anaesthetic into the hip joint. If you have any questions about your anaesthetic, please speak to the anaesthetist when he or she comes to see you.
Most patients will be given injections of Dalteparin to reduce the risk of blood clots forming. This works by making the blood ‘less sticky’ so less likely to form a clot. You will need to have the injections every day whilst you are in hospital and you will be expected to continue with them after you go home, probably for several weeks. The nursing staff will teach you how to do this yourself.

You can also help to stop a clot forming by:

- Drinking plenty of water after your operation and continuing to drink plenty of water for the next few weeks.
- You will also need to do deep breathing exercises, try to stop smoking, walk as much as possible and listen to any advice the nursing staff may give you.

During your operation you will have a drip in your arm. Fluid runs through this to make sure that you do not become dehydrated. This drip will be removed in the Recovery room immediately after your operation or as soon as possible afterwards. You will be offered something to drink in the Recovery Room before you are taken to the ward.

If you have a fine plastic tube, called a Bellovac drain in your wound, this will be removed on the ward by the nursing staff about six hours after your operation. This drain is used to collect any blood loss from your wound. If there is any blood loss from the wound it is given back to you through the cannula (fine plastic tube) in your vein. By doing this we hope we won’t need to give you a blood transfusion.

A few hours after your operation you will be helped to get out of bed by the physiotherapist. You will be encouraged to take a short walk and then sit in a chair.

Being out of bed in a more upright position and walking regularly will help your lungs to work properly. This reduces the chance of your getting a chest infection or blood clots developing in your legs or lungs.

**Eating and drinking after your operation**

You will be able to eat and drink immediately. It is important that you also drink plenty of water throughout the day. You may also be offered nutritional supplements to help the healing process.

**Pain control**

Good pain control improves recovery as it allows you to walk about, breathe deeply, eat and drink. This makes you feel relaxed and helps you sleep well. You will have an injection of local anaesthetic in your hip at the end of your operation which will help control your pain. However, even though you will also be encouraged to take regular pain killing medicine, you will still have some discomfort or pain. Walking and moving the joint helps to ease the pain.

**Feeling queasy**

Sometimes after an operation, people may feel sick or actually vomit, which is usually caused by the anaesthetic or drugs used. You will be given medication during surgery to reduce this but if you feel sick after your operation, please tell a member of staff. It is important that you still try to eat and drink.
Emptying your bladder

It is essential that you pass urine after the operation and you will be encouraged to walk to the toilet to do this. You may have a fine soft tube draining urine from your bladder. This is called a catheter and will be removed as soon as possible.

The first day after your operation

- You will continue to have regular tablets to ensure your pain is as well controlled as possible.
- You need to drink at least two litres of fluid. This helps to keep you hydrated, pass urine and also helps to prevent a blood clot from forming.
- You will be able to eat normal food.
- You will be up today for about six hours in total, with rests in between. We suggest that this is linked to meal times as it is easier to eat when not in bed.
- You need to walk as much as possible, aiming for 150 metres (105 yards) in total.

The second day after your operation

We will look at your discharge goals with you to see how you are progressing. If you meet the following goals you will be able to go home.

You will need to be:

- up for most of the day today and take regular walks with your crutches or sticks.
- be able to get on and off the bed and do your exercises.
- be able to manage the stairs if you have steps or stairs at home.

You will continue to have pain-killing tablets, to make sure that your pain is well controlled and kept to the minimum possible.

You should continue to eat and drink normally and drink plenty of water.

The third day after your operation

If you have been discharged and are at home, you will be phoned by a member of the team to check that all is going well and that you have no problems or concerns.

If you are still in hospital and you have achieved the discharge goals, you will go home.

If you are not able to go home and need to stay in hospital, you will no longer be part of the Enhanced Recovery Programme. You will then follow the normal process for Total Hip Replacement patients. We will review your progress daily until you meet the discharge goals to go home.

- You will continue to have pain-killing tablets to make sure your pain is well controlled.
- You should continue to eat and drink normally and drink plenty of water
- You need to be up for most of the day and take regular walks.
When you go home

If you have concerns about getting into the car to go home, please speak to the physiotherapist who will give you some hints and tips to make it easier for you.

If you have gone home within two days of your operation:

- A member of the team will phone you the day after your discharge to make sure that everything is going to plan and that you have no worries or concerns.
- A member of the team will visit you at home the following day. This is known as day 4.

We will continue to keep an eye on your progress over the next few days, and ring you or visit you as required.

You will be given a clinic appointment for a check-up after your discharge. Your first appointment will be for about two weeks after your operation. This will be with a member of the therapy team. Your second appointment will be for six weeks after your operation.

If you have a problem or a concern at home that is about your operation and/or recovery and progress then please phone:

01722 336262
Ask the switchboard to put you through to Amesbury Suite.

When you are at home

Complications do not happen very often but it is important that you know what to look out for following surgery.

Your wound

It is not unusual for your wound to be uncomfortable during the first one or two weeks. Please phone Amesbury Suite if your wound:

- becomes inflamed, painful or swollen.
- starts to discharge fluid.

Check the injection site on your tummy

It is normal to have a little bit of discomfort at the injection site. However, if you have pain, redness or a rash at the injection site please discuss this with your GP.

Diet

We recommend that you eat a balanced, varied diet and particularly that you eat three or more times a day. If you are finding it difficult to eat, it is still important to take enough protein and calories to help your body heal. Constipation is very common and is often caused by the painkillers that you are taking. Laxatives will be prescribed to help with this. Drinking plenty of water and eating lots of fruit and vegetables will also help.

Exercise

We encourage activity from day one after surgery. Plan to take regular exercise several times a
day and gradually increase this during the first six weeks after your operation.
It is important to rest as well. Try to rest on your bed after lunch. Expect to have swelling in your
operated leg. This will settle over time.
We will tell you when can restart routine exercise such as jogging, swimming or golf, but you will
need to start them gradually. Common sense will guide your exercise and rehabilitation.

**Medication**

You will need to continue with the injections into your tummy for a few weeks after your
operation. This will help to prevent blood clots. If your calf becomes hot, painful or swollen,
please contact your GP or the ward immediately.

**Work**

The medical staff will be tell you when you can return to work. This will depend, largely, on what
you do for a living.

**Driving**

You should not drive for a minimum of six weeks until you are confident that you can safely
do so. If you have any doubts we suggest that you have a lesson with a driving school. It is
important that any pain has resolved sufficiently to enable you to perform an emergency stop
and turn the wheel quickly in an emergency.

We recommend you check with your insurance company that they are happy for you to start
driving again to ensure you are covered.

We hope you have found this information helpful. Please also read the booklet ‘The Hip
Replacement’ as it may answer some of your questions but if you are not at all sure or clear
about the Enhanced Recovery Programme or your operation, please ask. We are here to help
you and answer your questions.