

Rehabilitation programme after hemiarthroplasty surgery

Information for patients at Princess Royal University Hospital

This leaflet gives you advice about the things you can do after your operation – both while you are in hospital and when you go home – to help you get the best possible results.

You will need to be careful how you treat your hip after the hemiarthroplasty because it takes time for your muscles to heal. So please follow the hip precautions in this leaflet (see page 2).

It is a guide only, and your physiotherapist may give you other advice to meet your individual needs.

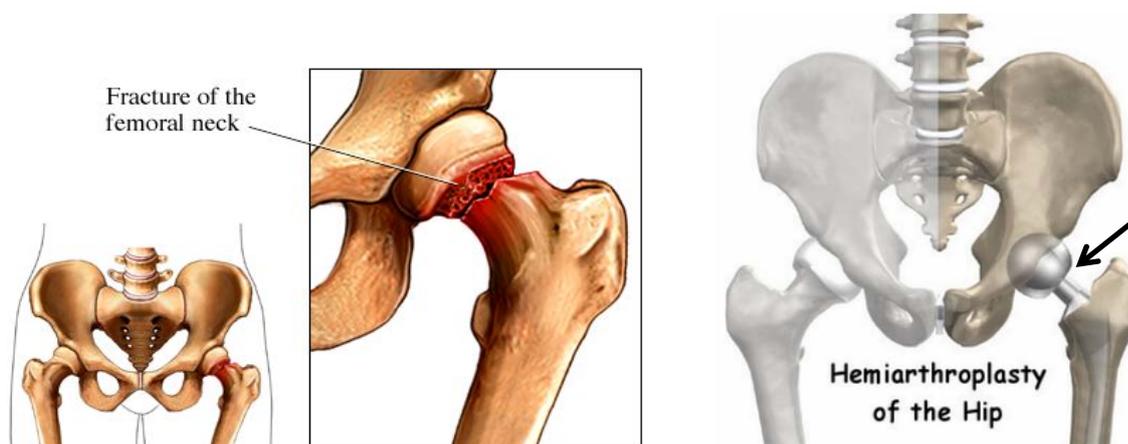
Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name and date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.
Ensuring your safety is our primary concern.

Your Surgery

You have had surgery that involves replacing the ball part of your femur with an artificial one (prosthesis). This operation replaces only half of your hip joint; the surgeon does not operate on the socket part of your pelvis.



Pain control

All fractures are painful. This pain can be worse when you move. It is important that your pain is well controlled so you can walk on your operated leg as soon as possible. It is normal to have some discomfort when you walk on your operated leg, but it should not be too painful. Please tell a member of your medical team if you feel your pain is not being well controlled.

Hip precautions

After your surgery, the muscles and tissues around your hip will take a few weeks to heal fully. During this time your hip joint is weaker and can come out of joint (become dislocated) more easily than usual.

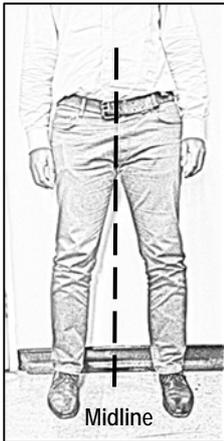
In this section we describe the things you can do to make your hip less likely to dislocate, until the muscles and ligaments have healed and your joint is better supported. Your therapist will go through these with you in more detail after your surgery.

You need to follow these hip precaution restrictions for 12 weeks after your operation.

Daily tasks within restrictions

Here are some examples of how to follow these restrictions as part of your daily routine.

It is very important that you keep to these restrictions for 12 weeks after your surgery, to protect your new joint from dislocating. If you have any questions or concerns, please talk to your therapist.



Do not bring your operated leg across the 'midline'. For example, **do not** cross your legs or your ankles.



Do not bend your hip past 90 degrees (right angle), including bending forwards to reach your shoes or pick things up from the floor.



Do not twist when standing or sitting. Face in the same direction as your feet.

First day after your surgery

Your physiotherapist will see you on the first day after your operation. They will start your exercise programme and then help you to get out of bed – usually with a frame to support you – and sit on a chair. Normally, you will be allowed to put all your weight on your operated leg. Your physiotherapist / medical team will confirm this with you.

Your occupational therapist will also see you around this time. They will work with you to make sure you can manage the things you do every day, such as washing and dressing yourself. If you are not able to do them fully, they will suggest equipment or a care package that will help you to manage.

Following days

Your physiotherapist and occupational therapist will work with you to help you walk on your own and manage your daily activities again. They will show you how to use stairs, if needed. In between your therapy sessions, you should continue practising walking and any other activities that your therapist has suggested. Our nurses or members of your family can help you if you need it.

Helping yourself

We encourage you to become as independent as possible while you are in hospital, so you are ready for your discharge home. Try to do the following:

- Wash yourself and sit out of bed each morning, after you have been assessed by your therapists. Our nurses can help you where needed.
- Wear loose-fitting day clothes and comfortable, well-fitting shoes or slippers with backs and good grip as soon as possible after surgery.

How your family, friends and carers can help your recovery

Your family, friends and carers play an important part in your recovery and discharge from hospital. Here are some examples of how they can help you.

- We will ask relatives, friends and carers to bring clothes in for you and to take them home and wash them, as we do not have personal laundry facilities at the hospital.
- Many patients have less of an appetite when they are in hospital, so your relatives, friends and carers are welcome to bring in any food or drink you would like, as long as this does not need reheating.
- We will ask your family to make sure you have your hearing aids, glasses or anything else you may need. If you do not have these, you could become confused and have problems understanding where you are.
- If your family knows you have been diagnosed with dementia, it would be helpful if they could fill in a form about you, called 'This is me'. This helps us to make sure we give you care you need.

Leaving hospital

After your surgery, and once you are medically well, the team of doctors, nurses and therapists will plan with you your return home.

Your occupational therapist will ask you about where you live so they can plan how you will cope at home with your level of independence. This might mean moving furniture, giving you equipment to assist you or putting your bed in a different place for a while.

Your therapists will help you set goals that you need to be able to achieve before you can go home, so you can safely be discharged from hospital.

Rehabilitation

If you need more therapy, your therapists will arrange a follow-up appointment for you when you leave hospital. This will be in your home, at an outpatient clinic or in a local rehabilitation unit.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your therapist if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

Exercises at home

The following exercises help to:

- improve the movement and circulation in your legs
- make it easier to do your daily activities, such as getting in and out of bed and getting dressed
- strengthen the muscles around your hip to reduce the risk of dislocation.

Do each exercise 10 times, as described.

Try to do them three – four times a day on your own, or with the help of your relatives, carers or friends.

It is important you keep doing them for at least three months after your operation.

Exercise	How to do it
	<p>Lie or sit with your back supported. Move both your ankles so your toes point up and then down. Repeat 10 times every hour. This helps improve the circulation in your legs.</p>
	<p>Lie in a comfortable position. Tighten your thigh muscles by pushing your knees down on the bed and pulling your toes up towards you. Hold for 10 seconds. Relax.</p>

Exercise	How to do it
	<p>Lie on your back and gently bend the knee of your operated leg, but ensure your hip does not bend more than 90 degrees. Your physiotherapist will show you how far you can bend your leg. Then slowly straighten your leg.</p>
	<p>Lie on your back. Gently move your operated leg out to the side and then slowly bring it back to the middle.</p>
	<p>Tighten your bottom muscles together. Hold for 10 seconds. Relax.</p>
	<p>Operated leg only Stand on your unoperated leg and hold onto something for firm support. Move your operated leg forwards and upwards, bending both at the hip and the knee. Do not bend your hip more than 90 degrees. Slowly lower your operated leg to the ground and repeat.</p>

Exercise	How to do it
	<p>Operated leg only Stand upright, hold onto something for firm support and keep your upper body still. Move your operated leg sideways, away from your body, and then back to the centre. Move it in a slow and controlled way and keep your kneecap facing forwards.</p>
	<p>Operated leg only Stand on your unoperated leg and hold onto something for firm support. Move your operated leg directly backwards from the hip as far as comfortable. Then bring it back to the starting position. Keep your upper body still.</p>

Daily living

Here are some examples of how to follow the hip precaution restrictions when you are doing your daily activities. There is also advice on how to:

- walk with your walking aid
- get in and out of bed
- stand up and sit down on a chair
- go up and down stairs.

Walking

- Move your walking aid first.
- Step forward with your operated leg.
- Then step forward with your unoperated leg to bring it level with your operated leg.

Take care when turning. You must not pivot or twist on your operated leg. Step around with your walking aid instead.

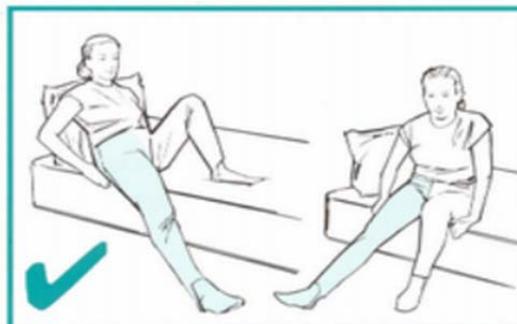
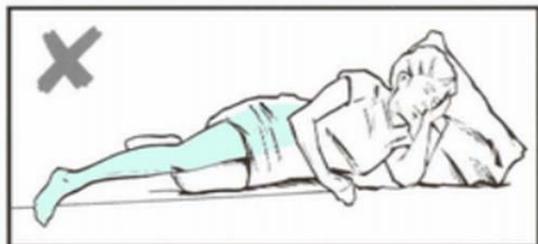
We advise you to continue using your walking aid until you can walk without a limp.

Lying down

Do not roll or lie on your **unoperated** side. Lying on your back or on your operated side is the safest position to sleep in. We will show you how to do this with pillows while you are in hospital.

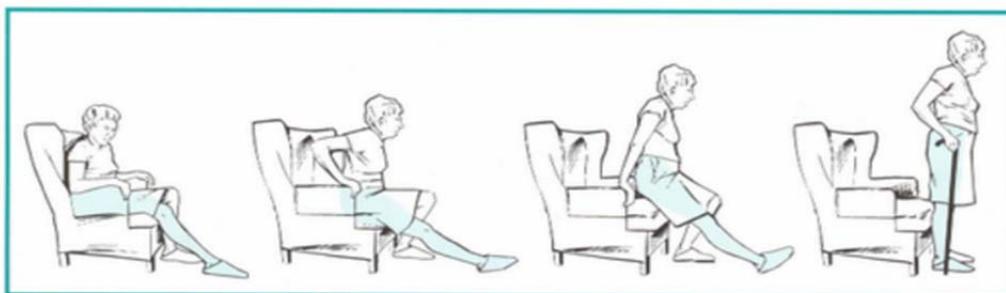
Getting in and out of bed

Your physiotherapist will teach you how to get in and out of bed on the same side as at home. **Do not** take your operated leg across the midline of your body.



Standing up

- Put your operated leg out in front of you.
- Push on the arms of the chair to stand up.
- When standing, place your hands on your walking aid.



Sitting down

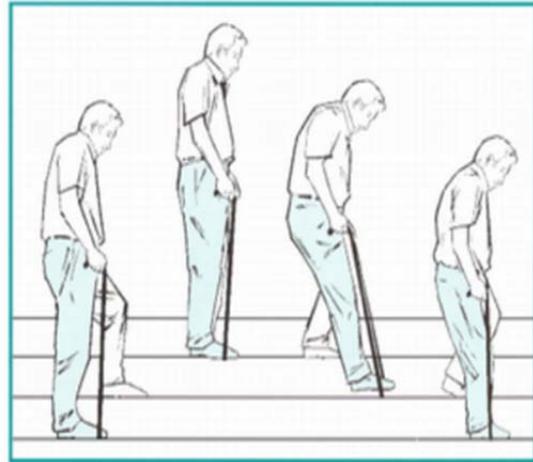
- Making sure you can feel the chair behind your knees; put your operated leg out in front of you.
- Take your hands off your walking aid and put them onto the chair arms.
- Slide your operated leg forward as you lower yourself into the chair.

Using stairs

If you have stairs at home, your physiotherapist will teach you how to go up and down them. Where possible, use a handrail.

Going up stairs

- Stand with your crutch or stick close to the step.
- First, step up with your unoperated leg.
- Then step up with your operated leg onto the same step.
- Then bring your crutch/stick up to the same step.



Going down stairs

- Put your crutch/stick down one step.
- Then step down with your operated leg.
- Then step down with your unoperated leg onto the same step.

If you are worried about using the stairs at home, please discuss this with your therapists

Your questions

Use the space below to write down anything you would like to discuss with your therapist.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at Princess Royal University Hospital
Farnborough Common
Orpington
Kent
BR6 8ND

Tel: 01689 863252
Email: kch-tr.palskent@nhs.net

If you would like the information in this booklet in a different language or format, please contact PALS on 020 3299 1844.

Who can I contact with queries and concerns?

Physiotherapy, Tel: 01689 864632

Occupational therapy (OT), Tel: 01689 864632