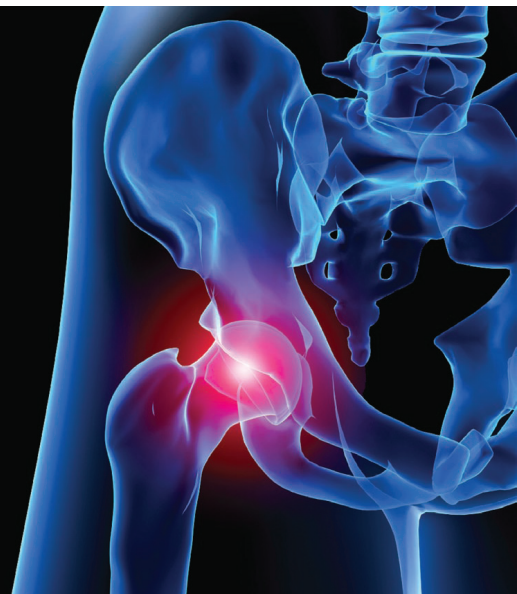


HIP HIP HOORAY!!!

As the physically active baby boom generation “ages gracefully”, their joints are showing signs of wear and tear (osteoarthritis). Improved technology and increased availability is leading to more people opting for joint replacement surgery. Each year over 50,000 people in England and Wales receive new hips, 75% of these are performed because of osteoarthritis. Barbara Taylor, specialist physiotherapist for physio2go St. Albans, answers some frequently asked questions about hip surgery.



Why do I need a new hip?

Hip replacement surgery is a treatment for severe arthritis of the hip. The most common form of arthritis is osteoarthritis. In this condition joint surfaces become increasingly worn. Initially the cartilage that covers the surfaces is affected. Then as the arthritis progresses the bone underneath becomes damaged.

A hip replacement is considered if:

1. You experience constant pain.
2. The pain affects your sleep pattern.
3. Pain and stiffness in your hip is affecting your everyday activities so that you are becoming less independent.
4. Your mobility has reduced and you have problems getting around.
5. The constant pain, stiffness and reduced independence are making you feel low.

What is a hip replacement?

The hip joint is a ball-and-socket joint. The ball (head) is at the top of the thigh bone (femur). The socket (acetabulum) is a cavity in the pelvis. In a normal hip joint the perfectly smooth ball fits together with the socket. In an arthritic hip the ball and socket become roughened. Therefore hip movements are restricted and painful.

A hip replacement is designed to relieve pain, improve movement and make activity easier. In total hip replacement surgery the ball and socket are replaced by an artificial ball and socket.

The new hip (prosthesis) consists of a metal or ceramic ball on top of a stem which is placed in the thigh, either with or without cement. The socket is plastic and is either screwed or cemented in place. In a partial hip replacement (hemiarthroplasty) only the ball is replaced and not the socket. This is offered to people where the ball is damaged but the cartilage in the socket is normal.

In a surface replacement only the surface of the head of femur is shaved and resurfaced with metal. Please discuss surgical options with your orthopaedic surgeon.

How can I best prepare for surgery?

Stop smoking as soon as possible. If you are overweight try to reduce your weight as this can lower the risks of surgery. It is important to attend any pre-operative clinics as these will ensure you are fit for surgery as well as providing you with an opportunity to ask specific questions. Check around your home to make sure that loose rugs and mats are removed, electrical cords are moved safely out of the way and small objects are removed from the floor.

What can I expect after my hip operation?

After surgery you will be visited by the physiotherapist who will show you deep breathing exercises and exercises to tighten your thighs and buttocks. It is important to keep your feet and ankles moving to maintain a good circulation in your legs. On the day after the operation hip exercises are started. It is important to do your exercises regularly both in hospital and at home. These will need to be reviewed and progressed as you strength and mobility improve.

Usually after 24-48 hours you will be allowed to mobilise. Initially you will take a few steps with a walking frame which will be progressed to crutches or sticks on the advice of your physiotherapist. The usual stay in hospital is 5-10 days depending on your rate of recovery and medical condition. A total hip replacement operation is considered major surgery and it may take 3 months before you feel back to normal. As with all major surgery there are risks involved. Please discuss these fully with your surgeon/GP before surgery.

General advice

1. Once home go for regular walks. You will probably need some aid for at least 6 weeks.
2. Try to keep your weight within normal limits as being overweight puts extra strain on your new hip.
3. Most people are allowed to drive 6-8 weeks after surgery.
4. If you have a sedentary job you will need approximately 6 weeks off work. For non sedentary jobs it may be 12 weeks.
5. Most people are advised to sleep on their backs for 6 week after surgery.

Please follow the advice of your consultant as to specific precautions and time scales that they recommend, as these may vary depending on the type of surgery performed and your medical condition.

At Home

Patients are generally advised not to bend their new hip over 90 degrees for up to 12 weeks post operatively. Therefore chair, bed, and toilet heights must not be too low. Blocks can be put under the chair and bed as well as fitting a raised toilet seat.

A useful device called a "reacher or helping hand" can help pick up objects without the need for bending down. Sock and long handled shoe horns help with socks and shoes. Extra handrails in showers can be helpful. Trolleys can be useful for transporting meals between rooms. Your occupational therapist can assess what you need and in most cases arrange their supply.

What If I don't want a new hip?

There are various things you can do to help yourself:

1. Keep active. Regular exercise such as walking, swimming or tai chi can reduce the pain and help to keep you mobile.
2. Keep your weight within normal limits as extra weight puts increased strain on your arthritic hip.
3. Physiotherapy can strengthen your muscles, maintain hip mobility and improve gait.
4. A walking aid, such as a stick, reduces the strain on your hip as well as keeping you active and mobile.
5. Painkillers and NSAIDs (non-steroidal anti-inflammatory drugs) help with pain management.

Physio2go can help

Time in hospital following joint replacement surgery continues to decrease in both the private sector and NHS. This limits the amount of physiotherapy treatment received in hospital. Home based physiotherapy is available when you are least mobile in the first 2-3 week following your surgery.

Physio2go is a home-based physiotherapy service. Our specialist physiotherapists offer advice and treatment to patients before and after surgery as well as those who wish to manage the symptoms of arthritis without surgical intervention.

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