



EXERCISE, PHYSIOTHERAPY AND PRE-CONDITIONING YOUR LEG FOR HIP REPLACEMENT SURGERY

Having a total hip replacement is a big decision, a serious one, in some ways like buying a car, only that in this instance the new joint will be part of you. The new joint will replace the ends of your bone where the cartilage used to be. In this way it takes away the pain you have when you walk on your worn hip. However it doesn't replace the MUSCLES.

The function of the muscle is partly up to you, and partly up to me as your surgeon. Once I have put the new hip bearing "surfaces" in and balanced the ligaments, and muscles the muscle work is up to you!

So some understanding of how IMPORTANT this is, is needed, and the best way is to understand this, and practise this BEFORE the operation, so you know why and what to do after--in that crucial time, where what you do can affect how good your new hip replacement can be!

After the operation, the big muscles—at the side of your hip---the Abductors, need time to heal, so gentle range of motion exercises are practised for the first 6 weeks.

These side muscles are key in allowing you to balance on one leg, and to not limp. Sometimes the MUSCLES are weakened by the arthritic process so much that they take a long time to

strengthen. Some people only regain a percentage of the strength they had before the arthritis set in.

You will be taught precautions, with regard to how to move your new hip. For the first 12 weeks while a new scar tissue is maturing around your hip replacement, we don't want you to stretch the scar tissue too much.

We don't want you to cross your legs or swivel or twist your hips, and we don't want you to bend at the hip more than 90degrees—or a square or right angle. These precautions will allow the scar tissue to form a strong bond around your hip and in this way replicate the old hip capsule. It will also reduce the risk of dislocation, which is about 1-2 %.

Strengthening exercises consist of multiple repetitions of lifting your leg to the side and forward.

Your physio will also show you others. In the first 12 weeks multiple repetitions, rather than harder weights is the way to achieve better movement, and endurance.

REGAINING THE ABILITY TO WALK WITHOUT A LIMP

Before the operation you will have an appointment with our physio before the operation to teach you the importance of the exercises around the hip and the most important ones to master.

Weight bearing begins immediately—partial for un-cemented hip replacements or the first 6 weeks, and full for cemented hip replacements

As mentioned above, it is repetition, not increasing difficulty of the exercises that will ultimately give you better balance and better muscle endurance. It is the muscle endurance strength that will lessen, and get rid of your limp

Practising lifting your leg sideways, multiple times, walking, and walking laps through water (added resistance), will all help to improve your hip muscle strength.

Crutches or a frame are used for some of the time in the first 6-8 weeks, then onto a stick, which may be dispensed with when you get full balance in the hip muscles---this starts around 12 weeks but may take longer.

Sometimes the muscles have been weak for so long, and may retain some weakness, in this case, or if other joints are still affected by arthritis, you may still need a stick to walk and keep your balance if necessary.



BENDING

In the first 12 weeks, I don't want you to bend too deeply or too quickly.

Bending beyond 90 degrees at the hip should be avoided.

Also sitting in low chairs, (including cars) that make your hip bend more than 90 degrees should similarly be avoided. This is why driving is usually restricted until 12 weeks.

You can be passenger, as long as the seat is adjusted so you are not bending at beyond this angle of 90 degrees

SKIN CARE BEFORE AND AFTER

Before the operation, you will be asked to purchase chlorhexidine skin wash. At home for two days before the operation you should shower and lather up your leg, hip area, groin creases, feet, arm pits and generally all over with this wash. Avoid getting it in your eyes.

It is useful in helping to reduce the Staph bug that we all carry on our skins.

We will shave the operative hip of hair on

your admission if necessary. This is done in the ward. However if you normally shave or wax, you can do this two days before surgery, or alternately, use a hair removal cream like NAIR or equivalent if you prefer to do it yourself at home.

Please keep in mind, any scratches, rashes or wounds over the hip may cause delay in your operation date, until healed.



PREVENT INFECTION

All the above helps your body's immune system to prevent post surgical infection.

Keeping well., eating healthily, attention to hygiene, will all help.

Keeping medical conditions well treated such as diabetes, and kidney and bladder function, will also help.

Any future procedures which have a risk of infection, or operations in an infected part of your body, such as operations on bowel, bladder, drainage of abscess, or dental work, should have antibiotic cover---discuss with

me, your orthopaedic surgeon, or your doctor, before the procedure. If in doubt, better to have a dose of antibiotic that will cover the bacteria in the body part you are having operated, and something to cover Staph.

Broad guidelines in other specialties, may not be in sync with current orthopaedic concerns about infection.

PREVENT CLOTS

The early exercise that we subject you to after your operation, is the single most effective thing in reducing your risk of developing a clot in your deep veins, so move! move! move! Even between hip exercise sessions, moving your ankle up and down, creates a pump that improves flow in your veins.

Clexane injections, stockings, sequential leg pumps, and aspirin and sometimes warfarin are used to reduce the risk. All patients without a previous history of a clot, will have Clexane injections, and on leaving hospital, aspirin for 6 months.

OSTEOPOROSIS

Osteoporosis is more common the older you get, and more so in women, once they reach , and enter menopause.

Osteoporosis can over a long term affect the way your Hip replacement sits on the bone, and can affect the risk of fractures occurring around the time of the operation. If you have risk factors for osteoporosis, then a bone densitometry scan will be performed pre operatively, and treatment discussed.

Treatment can be started at the same time as you have your hip replaced.

It is important that you let us know about your past medical problems, and operations you have had.



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MEDICAL BACK GROUND

It is important that you let us know about your past medical problems, and operations you have had.

Sometimes this "history" can affect the outcome of a new operation, or change the way you recover.

Any heart or lung problems, kidney or liver problems are obviously important, but also conditions which can effect healing such as Diabetes, vasculitis and inflammatory conditions.

DENTAL CHECK UPS

The human mouth is filled with bacteria. Every time you brush your teeth, your body is used to your own brand of bacteria, whisking through your blood stream, only to be filtered out again by your spleen.

However if you are sick and have a collection of pus in your tooth, or have a procedure on your mouth such as drilling, the exposure to bacteria may be different, also in the first 6 months after the hip operation, extra fluid may be sitting around the hip joint. This collection can be attractive to bacteria, so if in doubt, when you visit your dentist, ask for a dose of protective or prophylactic antibiotics. These should be broad enough to cover the bugs in the mouth--- 3grams of Amoxil in one go is sufficient.

Some articles argue that the risk of infection of your Hip replacement is low in these circumstances, however an infected HIP replacement can be very hard to treat, so prevention is key.