

Total Hip Replacement



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



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Introduction

A hip replacement operation is one of the most successful operations in orthopaedic surgery. Hundreds of thousands of these operations are now carried out every year worldwide with excellent results. However a total hip replacement is an elective operation, which means it is not a matter of life or death. If after careful consideration you decide not to have surgery, there are alternatives.

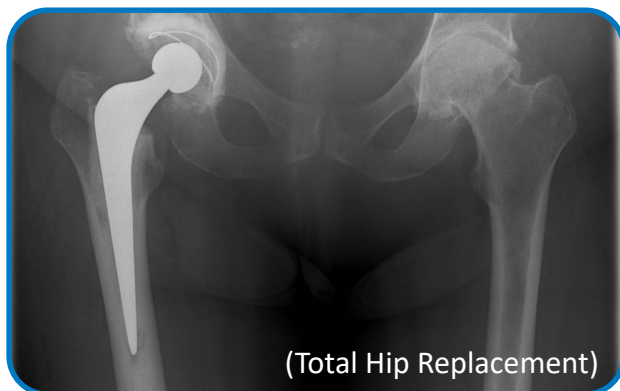
The doctor may recommend an operation but will not decide on your behalf. Your decision must be made after carefully considering the benefits of the operation and the risks. You may wish to discuss things with your family, general practitioner, physiotherapist or nurse.

You must really want the surgery and be prepared to work hard following it and also be prepared to accept certain limitations for a few months afterwards.

Hip Replacement

What is it?

It is the replacement of a damaged hip joint with an artificial one. This can be done by cutting off the ball and replacing both the ball and socket.



Total hip replacement

A total hip replacement is made of a metal stem (with a ball at the top made of metal or ceramic) and either a plastic, ceramic or metal cup. These may be held in place with or without bone cement. There are various reasons for choosing each type and should you require any further information please ask your surgeon.

Why do I need this operation?

Many people with arthritis of the hip do not need or want surgery but if:

- You are in constant pain
- You have severe pain in your hip that stops you from sleeping on a regular basis
- You can't do everyday things and so you are less independent (for example, you may not be able to get out of the bath or tie your shoelaces)
- Treatments such as physiotherapy have stopped helping and you rely on walking aids
- X-rays confirm that your hip joint is damaged by arthritis
- You may decide the operation is for you.

What can I do prior to surgery?

- If you are over weight losing weight might help as it will reduce the stresses on your diseased hip and may reduce the pain.
- If you use a walking stick it is often helpful to use the stick in the hand opposite to the side of the painful hip as that can reduce the pain by lowering the forces on the bad hip. Taking pain killers and/or anti-inflammatory medications.
- Treatments do vary from patient to patient and from consultant to consultant so it is important that you discuss any worries with a nurse, doctor or physiotherapist. Hip replacement surgery may be advised if your hip joint is damaged from arthritis due to wear and tear, malformation of the hip since birth, abnormal development or damage from injury.

What does the operation consist of?

The operation is usually carried out with a spinal and/or epidural anaesthetic in which your lower body is numbed. Sometimes a full general anaesthetic can be given whereby you are put to sleep by having an injection into the back of your hand.

The pre-assessment nurse and your anaesthetist will discuss which anaesthetic is the best for you and leaflets are available from the assessment nurse or from clinic. Alternatively they are available on the internet at www.youranaesthetic.info.

At the operation, a cut is made along the side of your buttock, the worn bone is removed and the new hip joint is put in place. The wound is closed with stitches or metal staples.

What could happen if I decide not to have the operation?

You may become less mobile, your pain may get worse and your leg may end up a little shorter. A hip replacement is an artificial joint and therefore it will never be as good as your own was, although the operation is usually successful. If you do not need the surgery at the present time then delay the surgery. Discuss your needs and life style with the nurse, physiotherapist or doctor, alternative treatments or a delay in performing the operation can be arranged.

Just because your X-ray shows arthritis this does not mean you need to have a hip replacement. Please remember, the main aim of this operation is to treat the pain and hopefully increase your mobility but it will not make you '21' again. If you can manage without surgery at the present then you should wait.

How could the surgery effect me?

A hip replacement is usually a very successful operation and complications are uncommon, but as with any medical operation or procedure, there is always a risk to your health and complications, which can result in death, can occur.

Before surgery your general condition is thoroughly monitored and checked and if you feel there is anything we should know, please tell us.

Contact number for pre-assessment is on the back page.

Possible complications following surgery:

- In most cases hip replacement surgery will give you a significant improvement to your pain but rarely patients do have continued pain following surgery and the cause of this pain cannot always be accounted for. Some extra bone can develop around the hip which may result in slight stiffness and/or pain.
- Following a hip replacement the hip joint is weaker and in extreme positions may dislocate. This is rare but possible and it is therefore important that you listen to the advice of the doctor, nurse and physiotherapists in order to help prevent this. Should your hip dislocate a further operation will probably be necessary and a period of time wearing a brace.
- Infection is always a risk. Antibiotics will be given to you through your drip. This will help prevent the onset of infection although in rare cases infection may still set in. Do not take off the dressing covering your wound at any time without the advice of the doctor or nurse. Good personal hygiene levels are essential. There are two types of infection:
 - A wound infection in which the skin and tissue just underneath the skin can get red and sore.

- Hip infection in which the new artificial joint becomes infected. This is rare, but if the artificial hip does get infected and doesn't clear up, you might have to have the hip taken out and then once the infection has cleared up, another one can be put back in. Rarely your artificial hip joint may have to be removed and not replaced.
- You may have difficulty in passing urine after the operation and a catheter may be put into your bladder. The catheter will be removed as soon as possible but rarely symptoms may persist and drug therapy or further treatment may be necessary.
- Hip joints can become loose and they can wear out. If this should happen then it may be necessary to renew the hip joint. This usually is after a considerable period of time but unfortunately, in some people, can occur within a few months. Obviously if you are overweight or put excessive pressure on the joint such as carrying heavy loads or jolting or falling onto the joint then loosening will probably occur much sooner. However, it is important that you regularly exercise to prevent stiffness. A golden rule is 'little and often'.
- Usually every effort is made to make your two legs of the same length, however, this is occasionally not possible and you may have one leg shorter than the other.
- A joint replacement is major surgery and therefore there may be a significant amount of blood loss. Blood transfusions may be considered.
- Following any surgery there is always the risk that you can develop a thrombosis (clot in a vein). To help prevent this you will usually be given a small tablet or injection daily. This alone is not usually sufficient to prevent a clot occurring and early movement is necessary. After surgery you will be able to 'wiggle' your toes, circle your ankle and tighten calf and thigh muscles in your leg. Ask the nurse to check you are doing these properly. Once you are allowed out of bed then you must exercise as directed. It is very important that we try to prevent a clot occurring, as very occasionally, should the clot travel to the lung, it could be fatal. Swelling and a tight feeling in your calf are probably normal but it is important that a doctor, nurse or physiotherapist examines your leg if it feels 'strange', so please inform someone.

- The operation involves some sawing, drilling and hammering and therefore occasionally the bone may become chipped or broken, if this occurs you will be advised as to the appropriate way of walking or you may be kept in bed for longer than usual.
- The hip joint is a major joint of the lower leg and has many blood vessels and nerves travelling through or near. There may be problems with bleeding and deep bruising after surgery and occasionally, the nerves supplying the skin and muscles of the lower limb, may be affected. Nerve damage can occur but will sometimes improve over time.
- Foot drop can occur when the nerves that control the muscles in the foot become stretched or damaged leaving you with a weakened or dropped foot.

Can I do anything to prepare for my hip replacement?

Stop smoking before your operation and get well sooner.

Stop smoking before your surgery as it will help you to recover quicker and will reduce the risk of complications.

For more information and advice, go to: Smoke Free national help line England 0300 123 1044.

Your GP should be able to advise you on a reducing diet if necessary. If any other illnesses or medical conditions develop whilst you are waiting for surgery, you should inform the pre-assessment nurse. Urine, skin and toenail infections would probably cause your operation to be postponed as would gum, teeth and mouth infections.

In men, problems with the prostate gland should be investigated before you have your hip replaced (see below). If you feel you have any problems please inform the assessment nurse or your G.P.

Good head to toe personal hygiene is essential prior to and after surgery.

To assist with this you will be given a pack containing a bottle of prontosderm foam and a tube of prontosderm nasal gel at your pre-assessment appointment.

It is important that you start these treatments and complete the course fully before coming in for your operation.

Prontoderm foam removes bacteria that normally lives on the skin and Prontoderm nasal gel removes bacteria that can be found in the nose. Although wound infections are uncommon following hip or knee replacement surgery, using these treatments may reduce the risk of you developing an infection, which could mean a longer stay in hospital and a prolonged recovery time. In some cases, infection can cause complications to the hip or knee implant, leading to lengthy antibiotic treatment and further surgery.

Prontoderm Foam:

After washing/bathing/showering and drying, Prontoderm foam should be applied to the whole body once every morning for five days before coming in for your operation.

Remember to apply the foam to your hair, armpits, belly button, in any skin folds (e.g. under your breasts), groin and perineum (genital area).

Please do not wash the foam off – it should be applied neat to the skin and rubbed in until it has dried.

Please also use the foam on the morning of your operation and every day whilst in hospital, then continue to use at home until it's all gone.

Prontoderm Nasal Gel:

Please apply a small pea-sized amount of gel to each nostril and pinch the nostrils softly together three times a day (morning, midday and night) for five days before coming in for your operation.

A guide to physiotherapy following a total hip replacement

The period following surgery is painful and you will be expected to work with the physiotherapists straight away. You will need pain relief to be able to do the exercise and activity.

It is very important that you communicate your pain levels to the hospital team so they can help manage the pain you experience and enable you to 'get going' as soon as possible.

Some of the exercises will be explained to you at 'joint School' and it is advisable to practice these at home in the weeks leading up to your operation. Starting these exercises as soon as possible following surgery is in your best interests as it can reduce the risk of complications and speed up your recovery.

Exercises for hips



1. Lying on your back or sitting.

Bend and straighten your ankles briskly. Repeat 10 times regularly.



2. Lying on your back with legs straight.

Pull your foot up towards you and push your knee down firmly against the bed. Hold for 5 seconds. Repeat 10 times.



3. Lying on your back.

Squeeze your buttocks firmly together
Hold 5 seconds
Repeat 10 times.



4. Sit with your legs out in front of you.

Place a rolled up towel or pillow under your knee
Straighten your knee lifting your heel
clear off the bed.
Hold for 3 seconds then gently lower.
Repeat 10 times.



5. Lying on your back.

Bend your knee sliding your foot towards
your bottom and then gently lower your leg,
straightening your knee.
Repeat 10 times.



6. Lying on your back.

Take your leg out to the side
and then back to the mid position
(Important: do not take your leg past the mid
position). Repeat 10 times.

You are the most important factor affecting the outcome of surgery, if you are well prepared and motivated to work hard we can help you to achieve the best possible surgical outcome for you.

You must accept that everyone recovers to different levels at their own pace.

1. Do not bend down to pick objects up off the floor
2. Avoid 'testing' end range of movements and "Listen to your hip"
3. Allow range of movement to return naturally by not pushing into extremes
4. Patients do not need to use higher furniture but may find it more comfortable to do so.
5. Patients can shower normally
6. Patients can sleep on their sides but to make sure there is a pillow between the knees.

After your operation, on the day of your surgery, you will be expected to transfer out of bed with the help of the physiotherapist or nursing staff. This will usually be around four hours after your surgery (or once the anaesthetic has worn off). This helps to start strengthening your muscles and prepare you for the days ahead.

When you first meet the physiotherapist, they will carry out an assessment to determine your current range of movement in your new joint, your muscle strength and the ability to transfer out of bed. They will also practice the exercises you will be shown today and expect you to carry on with them on your own in between treatments. Once again it is important that you take responsibility to continue with the exercises throughout your stay in hospital and when you first return home.

Over the next days the physiotherapist will continue to work with you to progress your mobility, initially using the frame but moving onto elbow crutches as soon as possible. Three to four days following your operation, when you are deemed to be safe mobilising on the ward without any supervision, the physio carry out a step or a stairs assessment.

Physiotherapy after discharge from hospital

After you have been discharged from the ward you will be expected to continue with the exercises prescribed by the physiotherapists. Patients who undergo a total hip replacement do not normally require physiotherapy follow up. If you stay active and complete regular exercises you should recover independently.

Any questions or concerns please contact:

Doncaster Royal Infirmary, Physiotherapy Department on, Tel: 01302 644207.

Preparing your home

To inform us of your home environment and to identify hazards/problems post surgery, we need you to fill in a questionnaire (issued at joint school). This will allow the occupational therapist and physiotherapist to assess YOUR needs and make sure your discharge, from hospital, is as safe as possible. This may mean, initially, having some equipment to aid you to complete daily living activities independently. It is important you complete this form fully and honestly to enable us to meet your specific rehabilitation needs.

The more prepared/organised you are before admission, the easier your return home following surgery will be. Here are a few suggestions to prepare:

- Remove/fix loose rugs/carpets to avoid tripping.
- If you have any pets, think carefully as to whether you can manage to feed and care for them (you will not be able to bend to pick up food bowls etc) and if they could trip you up. Perhaps a relative/friend could look after them for a while, especially if you live alone.
- Think about dependent relatives. Speak to your occupational therapist or a pre-assessment nurse if you have any concerns.
- Remember lifting people or heavy objects is not recommended following hip replacement surgery.
- Think about meals that you will be having. Perhaps buy ready-made meals, which can be kept in the freezer, or prepare your own in advance. Initially on discharge you will need help to get shopping.
- Move everyday items to an easy reach (so you are not bending/twisting/reaching) close to one another so you are not having to walk far to obtain all items to complete a task (i.e. making a cup of tea).
- A strip wash or brief shower should be used to maintain good hygiene levels. It is important that the dressing keeps your wound dry whilst the stitches or clips are in place.

Do you take any medication from your GP for your heart or blood pressure?

In this case, you need to make sure the practice nurse is aware of your planned hip surgery. The nurse can check that your blood pressure is controlled. Any adjustments to your medication can be made by your G.P. or they may order some investigations if necessary.

If you take any medication for arthritis or take tablets to thin your blood (eg. Aspirin, clopidogril or warfarin) you will possibly need to stop these for a while before your operation. The pre-assessment nurse will advise you on this matter.

Pre-operative assessment

You will be assessed by a nurse before admission to ensure you are fit enough for surgery. Investigations including blood tests, ECG's and others will be requested. At this time, you need to tell the nurse of all medication you are taking, preferably by showing tablet bottles that have been labelled by your pharmacist. Please inform the nurse of any allergies. This includes allergies to rubber gloves, condoms, elastoplasts, metals or foods. Any problems with your heart and chest need to be assessed and, if need be, treated before your hip replacement. Please be prepared to give the nurse as much information as possible about your health and that of blood relatives.

At this stage you can ask any questions you may have. If you develop any illness in the days or weeks before admission, e.g. cold, cough, urine infection or sores on your skin, you must let the pre-assessment or the ward nurse know.

Please give plenty of notice if you are not fit for your operation, then we have time to find another patient to take your place. This, in turn, will reduce the amount of time you are waiting for another date for surgery once you are fit and well.

Your admission to hospital

Most patients are admitted on the day of their operation. You will receive a letter (or if at short notice, a telephone call) from the hospital telling you the time and date.

The letter will inform you of any arrangements you need to make before admission and should tell you a time when you have to stop eating and drinking. You will be given a telephone number of a coordinator whom you should ring to confirm that you have received the letter and that you intend to have the operation.

If for any reason you cannot come into hospital on the date and time planned, please ring and let someone know as soon as possible.

What to bring into hospital

Please bring with you:

- Prontoderm Pack
- Your current walking aids
- Some light loose daytime clothing to wear after your operation (elasticated waist bands are quite comfortable)
- Night clothes
- Washing and shaving equipment
- Slippers of the full shoe type, (preferably a little on the big side and not new)
- A book/ magazine to read or something else to occupy yourself
- Your tablets/medication
- You will have a bed side TV and telephone. Use of this facility is chargeable
- If possible, please leave jewellery and valuables with a relative or friend. You may like to bring in an inexpensive watch (Valuables can be put in the hospital safe if there is no where for you to leave them, although any large amounts of money handed in will be returned as a cheque)
- With the exception of your wedding ring, all jewellery will need to be removed before your operation. If you wear spectacles, dentures or a hearing aid please discuss if you need to remove these with the nurse.

Visitors

Visitors are allowed at the designated visiting times. Any visiting outside of these times is at the discretion of the nurse in charge of the ward.

Please discuss any difficulties with the nursing staff and where possible alternative arrangements will be made. Visiting during meal times is to

be avoided. Can visitors please use the visitors chairs and not sit on the bed or in the patient's chair and clean their hands with the alcohol gel on entering and leaving the ward.

Arriving at the hospital

Please arrived as instructed to the Modular Ward. Your details will be checked and any changes since your pre-admission assessment noted. The anaesthetist will see you at some point before your operation and discuss your anaesthetic. Please have a bath or shower before admission if at all possible. Please do not use any deodorants or talcum powder following your bath/shower.

Fasting for theatre

Good nutrition is important in both preparing for surgery and your recovery from surgery. You must have nothing to eat for six hours before your operation and nothing to drink for two hours before. Milk, sweets, chewing gum and fizzy drinks are classed as food. If you are unsure of the time of your surgery, please ask the nursing staff.

Going to theatre

Before you go to theatre you will be given a clean operating gown to wear. You will be escorted to the theatre suite by a nurse. Before you leave the ward, a mark will be placed on your leg to indicate which hip will be operated on. A nurse will ask some questions to make sure nothing has been overlooked. These questions will be repeated once you arrive in the anaesthetic room in the theatre suite.

The operation is usually carried out with a spinal and/or epidural anaesthetic in which your lower body is numbed, however sedatives are often given to make you relaxed and calm. If the spinal anaesthetic is used then it is not unusual to experience temporary loss of bladder control with this type of anaesthetic.

You can bring a portable mobile device if you would like to listen to music, using headphones, during your surgery.

After the operation you will be taken, into the recovery area. You will stay there for a short while where your general condition is assessed, and the recovery nurse ensures you are comfortable enough to start your exercises. You will be repeatedly asked about your pain, having a hip replacement is a painful procedure however it is very important that you are able to exercise and get mobile again as soon as possible after the operation.

You are the only person who knows how you feel, it is important that you discuss your pain levels with us so we can work together to balance activity and comfort. You will have an intravenous infusion attached to your arm (commonly known as a drip). This is a way of giving fluids (sometimes blood) into your body until you are eating and drinking again.

Some pillows may be placed between your legs to keep them apart. This is to help prevent you crossing your legs, an action which could possibly cause damage to your new hip joint. When you return to the ward the nurse will record your temperature, pulse, blood pressure and respiration rate. These will be repeated fairly often at first. It is not unusual to feel emotional and tearful after a big operation. You will be allowed a drink as soon as you are fully awake and any nausea has passed, however it is often a day or so, before you are back into your normal eating habits.

If you are sick, or feel sick, please let the nurse know and medication can be given to help with this. Some surgeons prefer to put a catheter (tube) into your bladder whilst you are in theatre; others prefer that you attempt to pass urine normally. If you can't manage to use a bedpan or bottle then the nurses may suggest that you sit out of bed on the commode or toilet. If you can't manage to empty your bladder then the nurse may need to put a catheter into your bladder.

You will probably not open your bowels for about three to four days following surgery. However if you are uncomfortable a mild laxative can be given, please ask your nurse for this.

Pain

After your operation the pain you have previously felt from the arthritis (the rubbing of worn out bone) will have gone. However a hip replacement is a major operation and as a result you will have some pain caused by the operation itself. This pain can be very intense, but is usually quite different from the pain felt before. You will be prescribed strong painkillers. The nurses will give you any painkillers you require and will give you advice upon posture and comfort as necessary.

Getting mobile again

It is very important that you walk as soon as possible after your operation although you need to do this correctly and safely. You will usually be allowed to get out of bed on the day of surgery, only with the supervision of ward staff. You will be in some pain but you must try hard to follow the instructions of the ward team. Over the next few days you will be advised to walk. First using a zimmer frame for support and then progressing to elbow crutches. This will be painful but it is very important that you follow the advice of the doctor, nurse and physiotherapist. Do not come into hospital expecting it to be easy only you can do this hard work.

Your wound

The dressing on your wound will be checked regularly but will not be completely changed unless necessary. Do not be upset or alarmed if the dressing is not changed at all or the nurses have to pad or change the wound daily.

Going home!

You will be given an estimated discharge date before admission, and will be updated daily about your ability to achieve this. As soon as you are fit for discharge we expect you to have plans in place to go home. You should make arrangements to go home by private car. You will need to sit in the front seat of the car and a nurse will take you from the ward and show you how to get into the car.

You will be given pain relief medication to take home, it is important you follow the instructions and guidance of the ward team regarding exercise and pain relief so you can continue your rehabilitation at home successfully.

You will be telephoned by the ward a couple of days after discharge. When you are discharged the ward nurse will issue clip removers and instructions on when you should arrange for the GP practice nurse to remove the clips (usually 14-21 days after surgery). Swelling and some redness are normal at this stage of wound healing. You should not attempt to tamper with the dressings at all (part of the role of the dressing is to protect the wound from infections getting in, disturbing it unnecessarily reduces its effectiveness).

Following your operation you will have a surgical wound.

General instructions

- Shower briefly (from the second day after surgery) or strip wash
DO NOT SOAK in the bath
- Leave your dressing in place
- Avoid touching your wound unnecessarily.

Wound appearance

Normal	Abnormal
Clean intact dressing	Increasing redness
Feels comfortable	Increased warmth/tenderness
Some redness or swelling may be evident	Leaking and/or smelly
	Pain increasing

If you experience any of the above symptoms contact the Modular ward Doncaster Royal Infirmary 01302 643076. Or 01302648135 for advice rather than contacting your GP. You may be asked to attend fracture clinic to have your wound checked

Swelling to your leg

It is quite normal for your whole leg to swell following hip surgery and this will continue after you leave hospital for a considerable time (three to six months).

Generally this is nothing to worry about however please seek advice should your leg or your calf become excessively swollen and painful. This could indicate a thrombosis.



If you experience any of the above symptoms contact the numbers above for advice, you may be asked to attend fracture clinic or the ward. If you work, you can return to work as soon as you feel able to manage, however high chairs, toilet seat raises and the degree of lifting must be assessed.

It is best if you take the advice of your surgeon regarding returning to work. An outpatient appointment will be made for you at about eight weeks following discharge from hospital. It is important to keep your weight down and do not partake in activities which can cause sudden jolts to the hip. Sexual activity can resume after six to twelve weeks provided the hips are not flexed (bent) or stretched (straightened) too much.

Long term - driving

Before attempting to drive you need the permission of your surgeon, you will have the opportunity to discuss this at the six to eight week follow-up appointment. Driving before this is likely to invalidate your car insurance. However, the surgeon cannot say whether or not you are safe to drive. It is your responsibility to ensure you are safe. If the surgeon says you may drive, you must first practice an emergency stop and be confident you can do this safely. Please inform your insurance company of your condition but usually they will ask if you have permission from your surgeon to drive.

Do

- Exercise little and often
- Dress whilst sitting down
- Always dress the operated leg first
- Use a toilet seat raise if issued by the Occupational Therapist
- Use the front seat of a car to allow more leg room.

Do not

- Cross your legs
- Sleep on your side
- Twist whilst sitting or standing
- Bend forward to put on socks and shoes.

Getting in to a car

You may need a small cushion to make the seat higher. Ensure the car door is held steady and approach the doorway and seat bottom first.

- place your right hand on the side of the windscreen and your left hand on the seat back
- gently lower yourself down keeping your operated leg straight and out in front of you
- slide back over the seat until your bottom reaches the hand brake. Then lift both legs in together as your body turns to sit upright in the seat (you may need
- You may find that using a carrier bag on the seat will make this process easier as it reduces the friction of your clothes on the seat and helps you to turn smoothly. Keep your operated leg out straight in front of you whilst you are in the car.

Getting out of a car - Reverse the above

Only make short journeys of up to 30 minutes for the first six weeks and avoid using black cabs, as there is a high step up.

Bending down

Hold on to a solid object for support. Slide your operated leg out behind you keeping the knee straight.

Sport

After 12 weeks you can return to certain sports. Walking and swimming are excellent but sports that require jogging and jumping are not, e.g. football, squash, tennis, athletics, etc.

- Do go for regular walks when you go home and try to increase the distance a little each day
- Do watch your weight. Being overweight puts an unnecessary strain on your new hip
- Do contact the hospital at once if you suspect a wound infection
- Do contact your GP if you suspect an infection elsewhere in your body as it is essential to have it treated
- Do inform staff that you have had a joint replacement before any invasive treatment, e.g. dentist.

These precautions will help prevent the risk of dislocation of your hip joint until the healing is complete. You should continue with these precautions for at least 12 weeks. You are most likely to dislocate your hip between six weeks and eight weeks after the operation. So be extra careful during that time. Regular exercise is great for your new hip, and for you.

Walking, swimming and cycling are fine. But you should avoid activities that jolt or jar your hips such as running, or tennis. Ask your physiotherapist for advice about exercise before you leave hospital.

Patient Advice and Liaison Service (PALS)

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net

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The Pre-assessment Nurse can be contacted as follows:

Doncaster Patients:

01302 366666 ask for 644221

Modular ward 01302 643076 or 01302 648135.

If you are worried about anything, please contact someone for advice.

