



## Dr Simon Coffey

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Orthopaedic Surgeon | Hip & Knee Surgery

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### **Rehabilitation after Total Hip Replacement**

Total Hip Replacement is a major operation which is done to treat the pain and poor function associated with end-stage osteoarthritis of the hip. It is usually very successful at achieving improved function and good pain relief as long as a few goals are achieved. The first goal is a stable and pain free implant. It is the role of your surgeon to ensure this has been done. However, the best surgeon in the world will not achieve great results unless the patient is on side with a commitment to follow the rehabilitation protocol.

#### **In Hospital Treatment:**

After surgery you will be given a combination of pain relief which should allow you to get out of bed with assistance the day after the operation. You will be seen once or twice a day by the physiotherapist who will supervise your mobility and begin range of motion exercises for your hip. We aim to have most patients walking with some assistance on day one postoperative. By discharge, you should be able to bathe, toilet and mobilise independently. Initially a walking frame or crutches are used to assist walking. You are usually able to fully bear weight on the leg, with walking aids only there to assist balance and stability. Once your therapist is satisfied with your safety you will be allowed to dispense with walking aids.

You will be allowed to leave hospital when you have achieved the following goals

1. Independent mobility
2. Sufficient pain relief to allow independent mobility, with or without walking aids
3. Safely negotiate stairs and bathroom needs.

Dr Coffey and the physiotherapists will liaise and discuss any special requirements.

#### **After Discharge from Hospital:**

Follow these rules and you will get the best out of your new hip.

1. **Keep mobile.** Maintain independent mobility. Try to walk short distances for 5-10 minutes every hour or so. As pain allows you can increase the amount of walking you do. If there is a lot of swelling and soreness you can ease up.
2. **Get good sleep.** Sleep is helpful to healing
3. **Maintain good pain relief.** Many patients worry that they are taking too much pain relief, however it is better to stay ahead of the pain, rather than try to keep up. Our usual regime is as follows:
  - a. Panadol Osteo: 2 tablets three times per day



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- b. Daily Anti-inflammatory: e.g. Meloxicam (Mobic) 15mg daily. Care must be taken if on blood pressure medication or if there is kidney disease
- c. Regular long acting analgesia such as Targin 10/5 or Oxycontin 10mg twice a day
- d. Occasional Endone for extra pain.

This regime is only a guide and the pain relief can be adjusted up or down depending upon your needs. Often this is clarified whilst in hospital, however if needed adjustments can be made by Dr Coffey or your GP.

4. **Physiotherapy:** The supervision of your rehabilitation by a physiotherapist is helpful when recovering from surgery. This does not mean you need to see the physiotherapist daily. You should maintain and improve movement, gradually increasing the strength components. Physiotherapy should not cause intense pain or swelling. A once a week trip to the therapist is often all that is required, even less if you are confident with the necessary exercises. Hydrotherapy is often helpful and can be arranged through the physiotherapist.
5. **Be a 'patient' patient:** Healing takes time. The first stage of healing is for the wound to seal. After that there will be variable amounts of swelling which will come and go. As healing continues you will find you can do more before tiredness intervenes. Be aware that people heal at different rates and have different medical conditions such as diabetes, weight issues, heart and kidney trouble, blood pressure issues and age differences.
6. **Plan for some help at home:** As hip replacement is a major operation you should not expect to bounce back to normal after discharge from hospital. If possible family or friends can help with tasks such as shopping, washing, transport or preparing a few meals.
7. **Driving:** Driving is best avoided whilst on strong pain relief medication. If you are comfortable walking without crutches then driving is allowed. This is usually recommended around 6 week's post-operative.
8. **Post-Operative Wound Concerns:** It is normal after hip replacement for there to be swelling around the wound. If you develop increasing redness around the wound, it is always best to contact my office or the hospital. Prompt assessment is much better than worrying about what might be going on.

### **Hospital Based Rehabilitation:**

Some patients will benefit from a stay in an inpatient rehabilitation hospital or ward. In this setting a multidisciplinary team of occupational therapist, physiotherapist, rehabilitation doctor and nursing staff will supervise your early post op recovery. The costs of this additional service are often included in private



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health insurance policies, though this should be checked before admission. Inpatient rehabilitation is often particularly useful if you live alone or have limited home based supports. Due to demand, there is often a waiting list for admission to a rehab ward.

### **Longer Term Recovery:**

It is important to understand that the combination of a major surgery and rehabilitation can take it out of you. Extended travel should be minimised within 3 months of surgery. Resolution of swelling and stiffness and a return to strength can take 6 to 12 months.