

Trauma and Orthopaedics

Hip Resurfacing

A Patient Guide

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Introduction

The doctors, nurses, physiotherapists and occupational therapists at Bedford Hospital have produced this booklet to give you and your family a basic understanding of hip resurfacing operation including things that you should know, both before and after the operation.

The information in this booklet aims to answer as many of your questions as possible. There are explanations about what arthritis is, what a hip resurfacing is and what you can expect before and after the operation while you are in hospital. We have also included information that you will need during your rehabilitation at home after your operation.

Keep this booklet in a safe place, as you may often want to refer to it. There is a lot of information in this booklet and it has been written so that you can read small sections at a time depending on what stage you are at.

If you have any questions or anything that you do not understand please ask your surgeon, nurse or therapist.

What is arthritis?

The term arthritis covers a number of conditions where there is progressive damage to a joint or joints. The most common type of arthritis in the western world is osteoarthritis, where there is progressive wear and tear of a joint. It most often occurs in patients over the age of 50 but it can occur at any age. This usually happens without a known cause but in a few cases it may be the result of a previous injury. It is usually confined to the large weight bearing joints of the lower limbs including the hips and knees but may also affect the spine and upper limbs.

Arthritis occurs when the smooth lining (cartilage) which covers the bones of a joint wears away, exposing the underlying bone to damage. This causes roughening of the bone and distortion of the joint, which results in pain, stiffness, instability and restricted movement.

This is a very brief description of arthritis but if you want to know more about the condition you may find it useful to read the Arthritis Research Campaign booklet called Osteoarthritis (contact details on the last page).

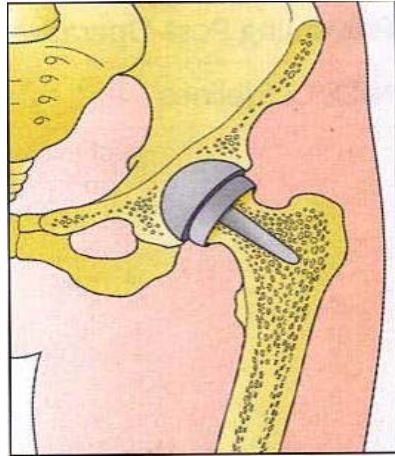
Do I need a hip resurfacing?

This operation is intended for use in people who are in need of a hip replacement at a younger age if:

- They have significant pain during the day;
- The activities involved in daily living are severely restricted;
- The pain disturbs their sleep;
- Their symptoms are not relieved by conservative treatment (such as pain killers, use of a walking stick and physiotherapy).

Patients are considered for this operation if they are under the age of 55. People between the age of 55 and 65 who are very active and otherwise fit may also be suitable and this will be determined by the surgeon.

There are certain causes of arthritis in the hip which mean that this technique cannot be used - namely those that have resulted in extreme deformity of the head of the femur or the acetabulum.



What is a hip resurfacing?

Hip resurfacing is an operation designed to replace a hip joint that has been damaged. The hip joint is a ball and socket joint. The ball is formed by the head of the thigh ball (femur) and fits snugly into the socket (acetabulum).

Hip resurfacing is a type of hip replacement that replaces the two surfaces of the hip joint. The operation conserves bone by retaining the head of femur instead of removing the head completely as happens in a total hip operation. The head is shaped to fit a metal cap. There is no large stem to go down the central part of the femur. The acetabulum (socket) is also replaced with a metal implant. This gives a metal on metal articulation. It is a technically more difficult operation than a conventional hip replacement, and is therefore only done by specialist hip surgeons.

Hip resurfacing is only offered to suitable patients under the age of 65 years old. Not everybody is a suitable candidate for this operation. Those who are not suitable will do very well with a conventional hip replacement. This new joint aims to relieve pain and reduce stiffness which will improve mobility.

Results of hip resurfacing

The long term results of this operation are not known yet as it has only been in clinical use in its current form for 10 years. The results over this time have been very good and at least as good as a conventional total hip replacement. The long term reliability of this type of operation will not be known until it has been in widespread use for 15-20 years.

Disadvantages of hip resurfacing

Metal on metal weight bearing surfaces have been shown to significantly increase the metal ions in the blood stream and some other organs. This has been shown in some instances to alter the patient's DNA. The long term consequences of this are unknown. Studies performed to date have failed to show any significant clinical effects. In theory it is possible that these changes could induce certain types of cancer but in practice this does not seem to be a major problem. However, due to the uncertainty it is usually advised that such implants are not used in ladies of childbearing age. There is also a very small chance of a crack in the neck of the femur occurring during or after this type of operation. If this happens a conventional total hip replacement will be inserted.

Risks of hip resurfacing

The usual risks associated with any replacement operation apply to this operation. There is a very low risk of major complications.

Anaesthetic – the anaesthetist will see you on the ward before your operation to discuss the type of anaesthetic and the possible risks with you. At pre-operative assessment you may be referred for an anaesthetic opinion before you come in for your operation. This will be done if you have certain health problems that may increase the risks.

Blood clot (DVT) – some patients (40%) will develop a blood clot in the deep veins of their leg. Most of these cause no problems but 1-5% do. They can happen if you lie still for long periods and the circulation becomes sluggish. If you get a blood clot, the leg (especially the calf) is painful, reddened and more swollen than usual. If this happens after you go home, you should contact your GP straight away.

There are several ways of reducing the risk of this happening. You will be given a pair of special elasticated stockings to wear while you are in hospital. The doctor will also prescribe a drug to help thin the blood, which is given as an injection every day.

The physiotherapist and nurse will also teach you exercises to do which will reduce the risk and you will be encouraged to get out of bed as soon as possible.

A more serious complication caused by these blood clots can happen if it dislodges and travels in the blood stream to the lungs. This is called pulmonary embolism. This complication is rare and occurs in less than one in 100 patients. If it happens it can cause sudden breathlessness, collapse or sudden death.

Infection – there is a one in 100 chance of bacteria lodging in the tissues around your hip resurfacing. This can occur at the time of the operation, or later in life following spread from another infection. **It is a wise precaution to inform your dentist, doctor, or hospital that you have had a hip resurfacing when you visit them for treatment.** In some cases, you may need to take a short course of antibiotics to prevent an infection. If you suffer with diabetes, rheumatoid arthritis, psoriasis, leg ulcers, obesity or you are taking steroids the risk of infection happening is higher. If the artificial hip becomes infected it will probably need to be taken out. It may be possible to replace it at a later date.

There are several ways that we try to reduce the risk of infection. At pre-op assessment you will be asked whether you have any wounds, leg ulcers, problems with your teeth or symptoms of a urine infection. Blood tests, urine sample and in some cases skin swabs will be taken.

A special operating theatre with a 'clean air' system where the air is filtered to reduce the risk of infection is used for this operation. You will also be given two doses of antibiotics via your drip in the 24 hours after the operation and oral antibiotics if there is any sign of infection while you are still in hospital.

Dislocation – the artificial joint does not have all the ligaments of the natural hip joint and is less stable, especially in the first few months after operation, until your muscles have regained their strength.

The general rate of dislocation is about 3 in 100. Care is needed when getting about. The physiotherapist and occupational therapist will teach you how to reduce the risk of dislocation occurring.

If dislocation does occur, the hip will need to be put back into place under a general anaesthetic and you may need to wear a brace afterwards until the muscles are strong enough to keep the joint in place.

Nerve Damage – the nerves around the hip may be damaged or bruised during the operation. If the sciatic nerve is damaged it may result in a floppy ankle; often called drop foot. About 1 in 100 cases get this complication. The rate and degree of recovery varies with some having permanent damage.

Leg Length Difference – it is sometimes difficult to get identical leg lengths after a hip resurfacing as the degree of arthritis and loss of bone varies. The risk of this is lower than in a conventional hip replacement. If there is a difference in leg length this can be corrected with a heel or shoe raise at a later stage. Three in 100 patients will have a need for this correction.

Early Loosening – occasionally, the artificial hip loosens or wears for a variety of reasons. If this happens, the hip will need to be taken out and a new one put in, this is called a revision operation.

It is important to take these risks into consideration before agreeing to have the operation. If you have any questions please ask the nurse or doctor at the pre-

operative clinic.

Benefits of hip resurfacing and hip replacement

Pain Relief – the pain you experience from the arthritic joint will get better. After the operation you will get pain but this will improve as you recover.

Functional Improvement – you should be able to walk without pain, at least the same distances and probably even further than before your operation. You should find it easier to get upstairs and other everyday activities will be easier.

Quality of Life – your quality of life should improve. Remember it takes time to recover from the operation and build up your muscle strength.

Pre-operative assessment

You will need to attend a pre-operative assessment clinic about two to four weeks before your operation. This is to make sure that you are fit for operation. You will meet the nurse practitioner, an occupational therapist and a doctor.

The nurse will go through your medical history with you; check all the tablets you are on; send off a sample of urine; and check your blood pressure and weight. You will be asked about how you are coping with the activities of daily living and what arrangements you have made to manage these after the operation. These include shopping, cooking and laundry. If you have no family or friends able to help, you will be referred to our rehabilitation team for some support when you are sent home after your operation. The nurse can also answer any questions you have. You may need to have blood tests, an ECG (heart tracing) and X-rays. The doctor will see you after these tests to examine you and ask you to sign the consent form. Do not hesitate to ask questions at any point.

If any problems are identified the nurse will try to make sure these are sorted out before you come into hospital and will contact your GP if necessary. However, sometimes the operation has to be delayed if you have a number of health problems whilst opinions are taken from other specialists.

The occupational therapist will also see you and will explain their role in your rehabilitation. You will be sent a furniture height chart with your appointment letter and you need to fill this form in and bring it with you to the clinic. **It is very important that you plan how you will cope after your operation before you come into hospital.**

On Admission

From the time of your pre-operative assessment we will be planning your rehabilitation and discharge home. With your help we will assess your individual physical and social needs, involving your family and/or carers if you wish.

When you are admitted to hospital you will be introduced to your nurses who will be

planning your care and rehabilitation. Please feel free to ask any questions or discuss any worries you have.

You are encouraged to bring some everyday clothes with you to wear after the operation as well as your nightclothes, toiletries, towels and books/magazines. Please bring a supportive pair of slippers/shoes (not mules) and any walking aids you are using. You also need to bring all your tablets, creams and inhalers that you are using. Please don't bring any valuables or jewellery.

The nurse will check all your details and record your pulse, blood pressure, and temperature. The anaesthetist will visit you to assess your needs and will discuss any past anaesthetic experiences and your medical history with you. Please tell them if you have any crowns or capped teeth. Post-operative pain relief will also be discussed.

Operation

The operation is usually done under general anaesthetic the day after you are admitted. You will need to have a bath or shower on the morning of your operation and any make-up and nail polish should be removed. The doctor will mark your leg with a marker pen on the side that you are having your new hip. You will be given a hospital theatre gown and asked to remove any jewellery except your wedding ring, which will be taped.

The operation involves a cut on the side of your hip. The head of the femur is prepared to receive the resurfacing component and the socket is shaped to accept the new resurfacing cup. Once this has been done the socket is inserted in a position to give stability to the hip and allow the bone to grow around it. The resurfacing component is then fixed into place using bone cement. The wound will be closed with clips or stitches and covered with a dressing.

The post operative period

Immediately after your operation you will be taken to the recovery unit where you will stay until you recover from the anaesthetic and operation. When you are ready you will be taken back to the ward. The recovery nurse will monitor you very closely and ensure that you are kept comfortable.

It is usual to feel quite sore after this type of operation and it is important that you accept pain relief to reduce your discomfort. **Please tell a nurse at any time if you are in pain.**

For the first 24 hours after the operation you:

- May have a patient controlled analgesia (PCA) device to relieve pain. The recovery nurse will teach you how to use this device, helping you to get effective pain relief. Once this device has been removed, pain killing tablets will be given to you.
- If you don't have a patient controlled analgesia device for pain relief you will be offered regular injections for pain relief in the first 24-36 hours. After that you will be

given tablets for pain relief. If any pain killers are not controlling your pain tell the nurses.

- Will have an intravenous infusion (drip). The drip will be taken down when you are drinking and eating normally and no longer need intravenous antibiotics. You will be allowed to have sips of water as soon as you feel you want to.
- Will normally have drainage tubes at the side of your hip wound for 24-48 hours. These allow fluids to drain away, and help reduce the amount of swelling around the wound. They will be taken out on the ward about 24 - 48 hours after your operation.

You will be nursed on your back with a special pillow between your legs and you will be wearing a pair of special elasticated stockings on your legs. The nurses will encourage you to carry out post-operative exercises such as deep breathing and coughing after your anaesthetic and leg exercises to improve circulation while you are in bed and reduce the risk of blood clots developing.

You will have an X-ray and blood test after your operation. You will also be helped to stand out of bed for the first time by the physiotherapist or the nurses.

You will be offered pain relief whilst you are in hospital. If you have any pain, please tell the nurse.

The most important person in your recovery is you. You can make a difference to the speed of your recovery, independence and mobility by working with the physiotherapist, occupational therapist and nurses.

Rehabilitation

Following your operation the physiotherapist and the occupational therapist will teach you exercises and techniques to strengthen your muscles, improve the mobility of your joints, and help you to regain your independence by teaching you techniques to protect your new hip.

After your operation it is **vital** to start moving your new hip joint as soon as possible and strengthening your thigh/hip muscles to prevent stiffness and reduce swelling. Your physiotherapist will visit you daily with exercises and advice.

Day one after surgery:

- You must keep your knee-cap and toes pointing up to the ceiling as this is the best position for your hip.
- You will be taught exercises to help your circulation to prevent blood clots and to begin strengthening your thigh muscles. Please try to do these regularly.
- You will be helped out of bed to take a few steps with a frame and be seated in a chair.

Day two after surgery:

- You will practice walking with a frame and progress to crutches. The way to walk is:
 1. Walking Aid (frame or crutches) forward
 2. Followed by **operated leg then**
 3. Followed by non-operated leg;
 4. **Repeat**
- You will be encouraged to straighten your knee and place your heel on the ground first as you step forward on to your operated leg.
- DO NOT twist when you turn. Try to turn away from the operated side.

Day three after surgery up until you go home:

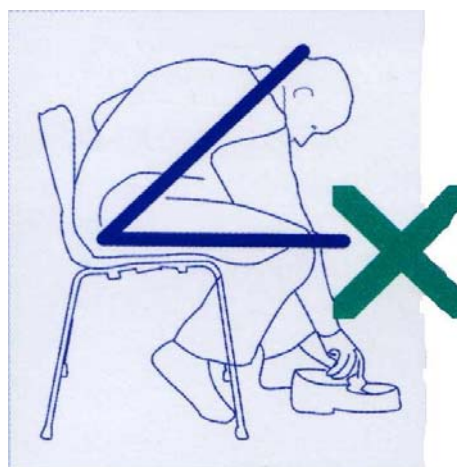
- You must continue with your exercise programme daily.
- You will practice and progress your walking with crutches.
- If you have stairs at home you will be taught how to go up and down stairs safely. (see page 42)
- When you leave hospital physiotherapy follow up will be arranged if necessary.

Day five after surgery: Discharge Home

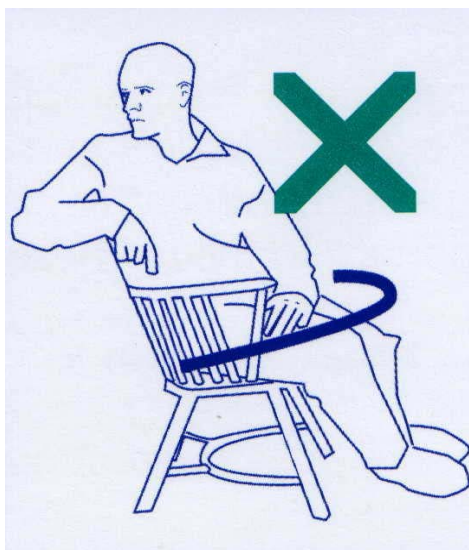
Hip Precautions

After the operation it is important to avoid the following movements as they can cause dislocation of the hip:

- NOT TO BEND YOUR NEW HIP MORE THAN 90 degrees – bend no more than a right angle at any time either sitting, getting up, or bending



- NOT TO TWIST, ROTATE OR SWIVEL AT THE HIPS – when walking keep the toes pointing ahead and lift your feet when turning.



- NOT TO CROSS YOUR LEGS OR BRING YOUR OPERATED LEG ACROSS THE BODY MIDLINE.



These precautions are to avoid the complication of dislocation of the hip. The risk of dislocation decreases over time as the muscles tone up and the ligaments, which hold the hip joint together, heal naturally. Ligaments take three months to heal.

How to Move Yourself

Laying in Bed

Lie on your back. Immediately after the operation a triangular pillow will be placed between your knees. When you go home you should continue to sleep on your back with a pillow between your knees for up to three months. Lie as flat as you can tolerate.

You will be expected to do as much for yourself as possible when in bed by using your arms and un-operated leg. Lifting your bottom off the bed is important to relieve pressure.

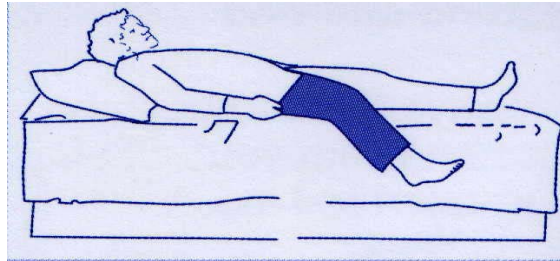
Getting out of Bed

Ensure that the height at the top of the mattress from the floor is enough to avoid too much bending at the hip.

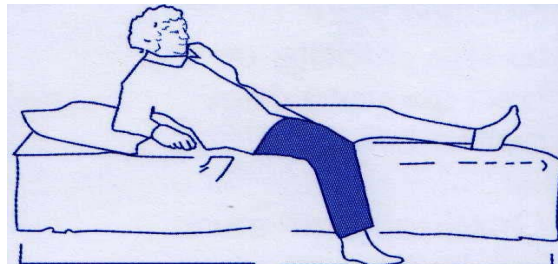
You will be asked to measure your bed height at home and the occupational therapist will arrange for the bed to be raised if necessary.

On the day after the operation you will be assisted out of bed and taught how to do this safely by yourself.

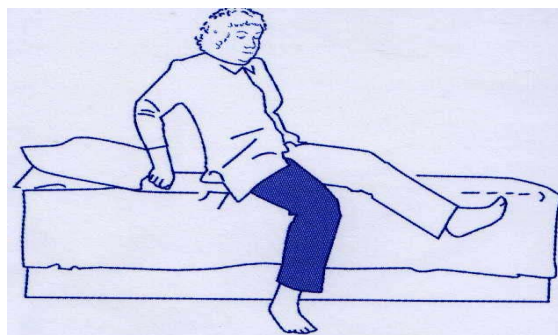
1. Always get out of bed on the operated side. While lying down move yourself to the edge of the bed.



2. Sit up when your legs are over the edge, keeping your legs slightly apart and pushing on the mattress through your arms. Keep your hip angle greater than 90 degrees.

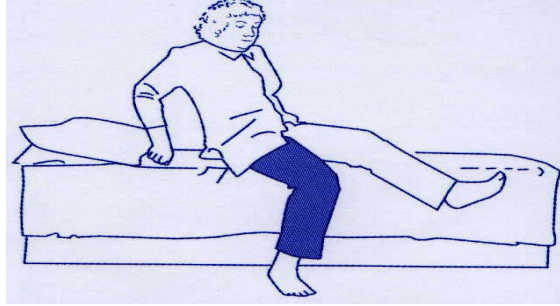


3. To stand, place your operated leg forward with your other foot resting on the floor. Place your hands on the bed and push up taking your weight through the un-operated leg to stand up.



Getting into Bed

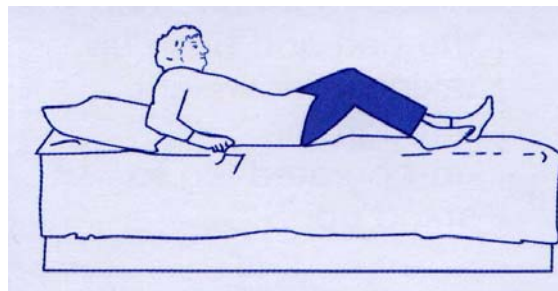
1. Always get into bed leading with your un-operated leg.



2. Shuffle your bottom back so your feet come off the floor.



3. Gradually lift each leg in turn onto the bed.



Sitting

Choose a chair with armrests and a seat height that is right for you. Avoid low seats, soft chairs and sofas. When going to sit down:

1. Feel the chair with the back of your legs and feel the arms of the chair with your hands.
2. Straighten your operated leg out in front of you and taking your weight on your un-operated leg, lower yourself down gently.



Standing up:

1. Put your operated leg straight out in front and keep your un-operated leg bent.
2. Slide your bottom forward to the edge of the chair and using the armrests push yourself into a standing position.



Remember when you are sitting:

- Your knees should not be higher than your hips
- Do not cross your legs
- Do not reach down to the floor
- If your ankles swell you may need to rest laying down for short periods during the day.

Toilet

Move in a similar way to sitting down and rising from a chair.

1. Check the seat height is correct and before you start make sure there is toilet paper within easy reach so you don't have to bend or twist your body to get hold of it.
2. Use support so that you can push through your arms – a temporary seat raise and/or rails can be arranged via the occupational therapist
3. Take care not to bend forward, or rotate at the hips when cleaning yourself.

Washing

After your operation you will be encouraged to strip wash at first. If you feel unable to stand steadily for long enough then a stool may be useful. Do not attempt to wash and dry your feet unless you use a long reacher such as a long handled sponge or a helping hand' reacher with a towel.

If you have a walk in shower this can be used either standing or sitting on a high shower stool if this is suitable for your type of shower tray.

You should not sit down in the bath until three months after your operation.



Footwear – wear slip on shoes with a low wide heel where possible and use long handled shoe -horn. If you have shoes with fastenings you will need the help of someone to tie the laces or do the buckles. Please prepare for this by arranging a carer who is willing to help you with this at home.

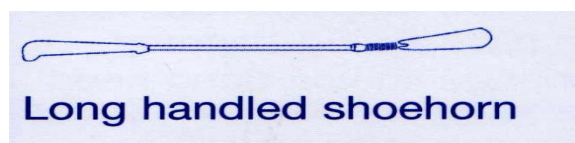
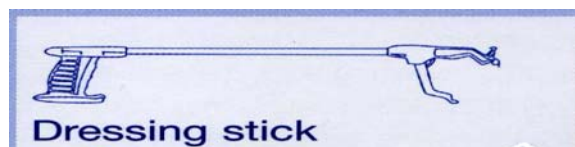
Equipment

Any equipment loaned to you is usually only needed for about three months. To return equipment see the back of this leaflet.

Dressing

Get dressed while sitting on a high chair with arms, or on the side of the bed, and put everything you need within easy reach before you start. The important thing to remember is **don't bend or twist** when dressing the lower half of your body.

As you must not bend at the hip more than 90 degrees it will be impossible to reach your feet. Therefore you need to use long reach items such as a 'helping hand' reacher, a long shoe horn and a stocking/sock aid.



Going up and down stairs

Walking upstairs:

1. Stand close to the stairs. Hold onto the handrail with one hand and hold your crutch/crutches with the other hand.
2. First take a step up with your un-operated leg.
3. Then take a step up with your operated leg.
4. Then bring your crutches up on the step.

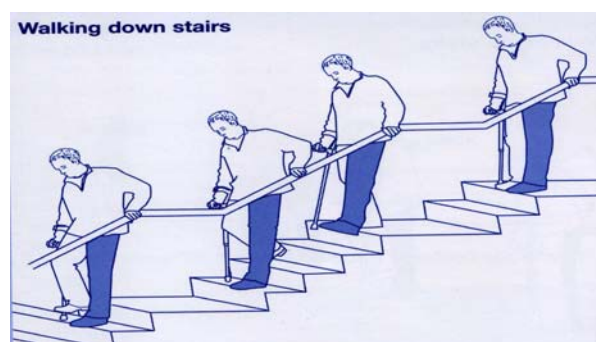
Always go one step at a time.



Walking down stairs:

1. Stand close to the stairs. Hold onto the handrail with one hand and hold your crutch/crutches with the other hand.
2. First put your crutch one step down.
3. Then take a step down with your operated leg.
4. Then take a step down with your un-operated leg, onto the same step as your operated leg.

Always go one step at a time.



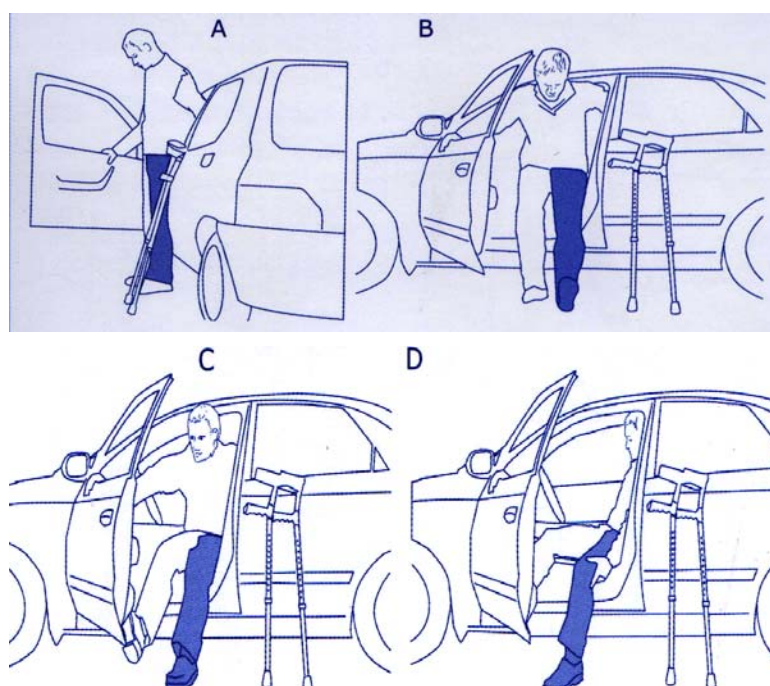
Discharge

You will be in hospital for five days. A district nurse will be arranged for you **IF** your wound needs checking. You will also be sent home with your tablets and a letter for your doctor. If you need extra support at home because you live alone and have no family or friends to help you then this will be arranged before you go home.

Getting in and out of the Car

If your consultant is happy you may go home in a car with relatives or friends. Follow the correct way to get in and out of a car.

Getting into the car



When you get Home

Continue the exercises that you were taught in hospital. Walk every hour, gradually increasing the distance daily.

Inside the house continue to use your crutches or sticks until your follow up appointment at six weeks. Usually you will be allowed to progress to using one stick once you are comfortable. Use the stick in the opposite hand to your operated leg.

Outside continue to use two sticks especially over uneven ground until you feel confident.

Looking after yourself

Wound – your wound may still have a dressing on it when you are discharged. If this is the case the ward nurses will refer you to the district nurse so your wound can be checked when you are at home. If your wound has healed the dressings will be removed.

If your wound becomes red and feels hot and swollen after you have gone home contact your GP.

Bowels – the pain killers you are taking may cause you to feel constipated. Make sure you are eating fruit and vegetables regularly, fibre such as cereal, and drinking plenty of fluids. If you are still constipated you may need to contact your GP so he can prescribe something to help.

Swollen Ankles – your ankles may be swollen after the operation and this can continue for several months after the operation. If you have this problem you may need to rest laying down for short periods during the day. Regular short walks will also help reduce the swelling.

Rest and Activity

You should remember that a hip resurfacing is a major operation so you may get tired very easily. While you have been in hospital the staff will have done many things for you. When you first get home you will discover that even doing everyday tasks will be tiring.

Balance rest with gradually increasing exercise, such as taking a rest from time to time, including lying on the bed during the afternoon.

Remember to take care with positioning and movement.

Do not sit in the same chair for hours allowing yourself to get stiff.

You can resume your involvement in sedentary hobbies as soon as you wish. Most active sports or energetic activities should be avoided for three months. If you are in any doubt please discuss it with your surgeon.

Plan your activities carefully by doing little and often rather than trying to do everything all in one go.

Hobbies such as gardening can be resumed gently using long handled tools. Avoid bending too far at the hip and do not do any heavy work such as digging or getting a lawn mower out of storage. Be careful to avoid long periods of standing and plan periods of rest.

Emotions

Although you will probably be pleased to be at home again, you may feel vulnerable once away from the hospital staff.

It is quite common and entirely normal to feel tearful at times. You might get frustrated on days when hip care precautions may limit what you wish to do and this is natural. You may find it helpful to talk through these feelings with your family and friends.

Self Care

Bedtime

For 6-12 weeks you should try to sleep on your back with a pillow between your legs to stop them crossing over. You may lie on the operated side when this is no longer painful, usually about three months. When you lie on the un-operated side place a thick pillow between your knees to support the operated leg and prevent it rolling across the midline of your body.

Sexual Activity/Intercourse

The partner with the new hip should take a passive role such as a position of lying on his/her back or on their operated side if comfortable.

After three months it is only necessary to avoid extreme flexion or rotation of the new hip.

Toilet

Only use a toilet, which is the right height to sit on without bending your new hip more than 90 degrees. Use a high seat for three months to help you get on and off the seat with a minimum of bending.

Washing/Showering/Bathing

It depends upon the design of the facilities available to you as well as your shape and size as to how you can best take the hip care precautions.

You may discuss this with your occupational therapist. The general rules of not bending the new hip more than 90 degrees, not twisting the new hip and not crossing the new hip leg across the midline of your body should be applied for 3 months.

Hair Washing

This is best done in the shower or with the shower attachment on your taps. If you use a washbasin and lean forwards avoid bending your hips more than 90 degrees possibly by using a stool to sit on.

Household Tasks

In the kitchen avoid prolonged standing by using a stool at the sink or cooker. Avoid sitting sideways to the work surface and beware not to twist. It may help to purchase easily made meals before you go into hospital if you have a freezer. Avoid carrying anything heavy or hot by sliding saucepans along a work surface or use a trolley to get things across a space.

Avoid bending or stretching by preparing the storage of frequently used items within easy reach. When you need to reach down **Take care with positioning and movement.**

When picking up things from the floor always use a long reacher or:

1. hold on to a firm support
2. put your operated leg out behind you and bend the knee of the un-operated leg.

If you have a good un-operated leg you may find it useful to kneel. Go down on your operated leg and get up using your un-operated leg whilst holding a firm support.

NEVER try to reach forward when sitting and DO NOT attempt to reach low switches, electric sockets or controls on radiators and fires unless there is space for you to follow the instructions above.

Housework

You will need to avoid heavy and strenuous housework for three months after your operation. Do not attempt to use a vacuum cleaner, turn the mattress, wash floors, lift heavy shopping or hang washing on a line to dry.

Think about how you load and unload the washing machine, tumble dryer or dishwasher and **take care with positioning and movement**. If you are unable to do a task because of the need to take care of your new hip, arrange for someone to do it for you.

Driving

There are no legal restrictions for a qualified driver to start driving a car after a hip replacement.

- Take care with positioning and movement when getting in and out of the car (see page 45 for advice on the safest way to do this)
- Avoid prolonged sitting by taking frequent rests on long journeys and getting out of the car to avoid allowing yourself to get stiff
- Be sure you feel confident to use the foot pedals without delayed reaction in an emergency stop.
- Inform your insurer that you have recently had an operation, as failure to do so may mean you don't have insurance cover.

There should not be any changes to your insurance policy.

Most drivers who have had a new hip find that they feel ready to drive after six weeks.

Returning to Work

Every job is different so it is difficult to state exactly how long it will be before you are able to return to work.

Most people need to wait about three months before they go back to work.

If you are concerned, discuss the matter with your surgeon, occupational therapist, or general practitioner.

Many people find it difficult to concentrate when they first return to work.

Finally

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