We value your feedback

Your feedback helps us improve the care and services we provide. Whether you want to share a compliment or raise a concern, there are several ways to get in touch.

Start by speaking to the nurse in charge or another senior member of staff. They may be able to resolve your concern straight away.

If you'd prefer to speak to someone outside the department, you can contact:

Patient Advice and Liaison Service (PALS)

Email: PALS@health.gov.je
Call: (0)1534 443515

Feedback team

Email: feedback@health.gov.je
Call: (0)1534 442044

You can also visit gov.je and search for 'feedback' to submit a compliment, complaint, comment or suggestion online.

HCS-LFT-0733-01 September 2025

Health and Care Jersey

Patient Information

Hip Replacement

What to expect before, during, and after total hip replacement surgery, and how you can take an active role in your recovery, including practical advice, and contact details for support

Bring this leaflet with you all of your physiotherapy appointments

---

Trauma and Orthopaedic Department
Jersey General Hospital

The Enhanced Recovery Programme

The Enhanced Recovery Programme (ERP) is designed to improve your experience and support your recovery following a hip replacement.

It includes

- pre-operative advice
- tailored pain relief
- early eating after surgery
- getting you moving again as soon as possible.

You're encouraged to take an active role in your recovery. By working closely with your healthcare team, you'll give yourself the best chance of a smooth and successful outcome.

Before your surgery

In the weeks leading up to your operation, staying active will help your recovery. Try to keep moving as much as possible.

It's also important to focus on your overall health and wellbeing. Managing your weight can reduce the risk of complications, and your GP can support you with advice if needed.

Follow the exercise plan provided by your healthcare team. You'll find full details towards the back of this leaflet.

If you smoke, we strongly recommend stopping at least 2 weeks before and for 6 weeks after your surgery. Smoking slows wound healing and increases the risk of chest complications.

Reducing your alcohol intake before admission and for 6 to 8 weeks afterwards will also support your recovery.

Chair squat with band

Loop the band around below your knees. Squat down to tap your bottom against the chair. At the same time push your knees outwards against the resistance of the band.

Push back up into standing

Bridge with band

Loop the band below your knees.

Push your knees outwards against the resistance. At the same time squeeze your bottom and lift your hips up.
Hold at the top for a count of 3 and slowly lower back down to the starting position

Single leg standing balance

Balance on your operated leg. You may need to hold on to something for assistance at first.

Gradually increase how long you balance for. The goal is to get to 30 seconds on both sides

Exercises to start at your follow up appointment

Start these exercises once you have practised them at your first appointment in Outpatient Physiotherapy.

- repeat each exercise 8 to 15 times
- complete 1 set 3 times a day, every day

As your exercises become more challenging, stay consistent with pain relief and icing to support optimal recovery.

☐

Side steps with knee bend

Side step with your knees slightly bent. Then step the other foot, keep your feet at least hip width throughout the exercise.

☐

1. Step up with operated leg leading
2. Side step up with operated leg leading

Eating a balanced diet and staying hydrated helps your body heal, so please drink plenty of fluids unless advised otherwise.

Before your surgery you'll have an appointment with the pre-assessment team to go through your medical history and make sure you are fit for surgery. They'll advise if you need to stop any medication.

Understanding the risks

Like any major surgery, hip replacements carry some risks. Common surgical risks include:

- pain
- stiffness
- bleeding
- infection
- problems with wound healing
- damage to nerves, bones, or blood vessels

Blood clot related risks include:

- deep vein thrombosis (DVT) which is a blood clot in the leg
- pulmonary embolism which is a clot that travels to the lungs

Implant-related risks include:

- loosening of the prosthesis
- fractures
- dislocations
- early implant failure
- leg length differences

Serious medical complications such as heart attack or stroke are rare, and the risk of death is estimated at 0.3% within 3 months of surgery. If you'd like more information, speak with a member of the clinical team.

Planning ahead

Before your operation, it's helpful to plan for transport to and from the Hospital.

Make sure your home is safe by securing loose rugs or mats. If you live alone, consider asking someone to stay with you for the first few days after you return home.

Stock your fridge and freezer with easy meals, and reorganise your kitchen so frequently used items are within reach.

You might also want to ask family or friends to help with housework during the first few days.

Let us know in advance if there's anything that might delay your discharge such as your carer being away or unavailable.

Inform us of any new medical issues that arise between your pre-assessment appointment and your admission.

Packing for hospital

Bring:

- your completed Oxford hip score questionnaire
- all current medications in their original packaging
- comfortable clothing for both day and night
- enclosed shoes like slip-on trainers
- your personal hygiene items
- any essentials such as glasses or hearing aids

We recommend leaving valuables at home.

Forwards and backwards walking
Hold onto a stable surface such as the kitchen work top. If needed use an elbow crutch or stick in the other hand.

Walk forwards and then backwards.

Sit to stand
Shuffle your bottom to the front of the chair or bed. Lean forwards and push up through your arms.

Gradually aim to decrease the amount you are using your arms to assist.

Mini squats
Stand holding on to a supportive surface. Bend your knees and stick your bottom backwards so the weight goes into your heels as if you are going to sit down.

Exercises for after your operation

Hip flexion
Stand holding onto a stable surface. Lift your operated leg up.

Do not pass the height of your hip with your knee.

Heel raises
Stand holding onto a stable surface. Push up onto your toes.

Side stepping
Stand facing a stable surface such as a kitchen counter. Hold for support if needed. Side step along then change to forwards and backwards walking.

On the day of your surgery

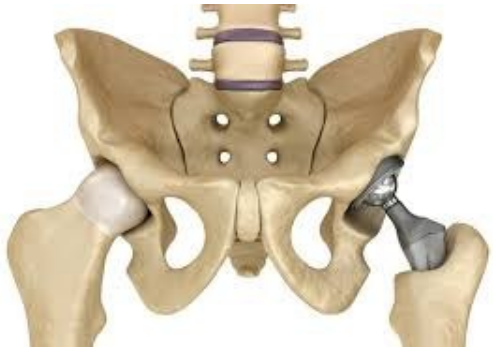
You'll receive instructions about fasting before your admission. You may drink clear fluids such as water, or black tea or coffee until you arrive.

You might also be asked to take special pre-operative drinks, this will be discussed at your pre-assessment clinic.

During the procedure

When you arrive for surgery, we'll make sure you're comfortable and ready. You'll have anaesthesia, so you won't feel anything during the procedure. Once you're asleep, we'll make a small cut near your hip to reach the joint.

We'll move your muscles aside and remove the damaged ball at the top of your thigh bone. Then we'll clean out the socket in your pelvis, clearing away any worn cartilage or bone to prepare for the new joint.



We'll place a metal cup into your hip socket, and a smooth liner will have been fitted inside it to help your new joint move easily. Next, we'll insert a metal stem into your thigh bone and attach a new ball made of ceramic or metal.

Once the new ball has been placed into the socket, we'll check that everything fits well and moves smoothly. When we're happy with the result, we'll close the incision with stitches or staples.

After your operation

After surgery, you'll wake up in recovery. We'll monitor you closely and help you start moving around about 4 to 6 hours after your procedure. Getting up and walking soon after surgery reduces the risk of blood clots.

The next day, you'll have an X-ray and possibly a blood test. A therapist will assess your progress and help set recovery goals. Staying actively involved in your recovery will help you get the best results.

It's normal to feel some nausea or discomfort after surgery, this can be managed with medication.

Going home

Most people go home within 1 to 3 days. You'll be encouraged to return to your usual daily activities as soon as possible, as this helps speed up recovery and reduces the risk of complications.

Make sure you've arranged your own transport home, as hospital transport isn't generally provided.

Once you're home a nurse will visit you twice within the first 10 days to check your:

- health
- pain control
- exercises
- wound

They'll also remove the stiches or stapels.

These exercises may cause discomfort, but should not increase your daily pain levels. If they do reduce the repetitions or sets.

☐ 

Knee bends
Lie on your back, with legs straight. Bend your knee by sliding your heel towards your bottom and return to the starting position.
Do not bring your knee past hip height

☐ 

Bridges
Bend you knees. Keep them hip width apart with your arms by your side. Lift your bottom as far as you can and squeeze.

Hold for a count of 5

☐ 

Seated knee straightening
Sit on a chair.

Pull your toes up, tighten your thigh muscle and straighten your knee.

Exercises for after your operation

Start these straight after your operation:

- repeat each exercise 5 to 12 times, this is called a set
- begin with 1 set and build up to 3 sets
- do this every day, up to 4 times per day

☐

Ankle pumps
This exercise will your help circulation and reduce your risk of deep vein thrombosis (DVT)

☐

Deep breaths
Take deep breaths in through your nose and out through your mouth.

This exercise will improve the amount of oxygen that is carried around your body after surgery.

☐

Hip abduction
Point your toes up and lift your foot out to the side. Bring it back to the centre.

This exercise will help improve your ability to get in and out of bed on your own.

To reduce swelling, we recommend an ice pack or frozen peas wrapped in a pillowcase. Apply for 20 minutes at a time, up to 4 times a day, and elevate your leg while icing.

Once your wound has healed, you can gently massage it with a fragrance-free moisturiser like BioOil or E45. Avoid picking scabs, and only start when advised by a clinician.

Using the stairs

Take extra care when using stairs. In the early stages of recovery, always use a handrail for support and take one step at a time.

Going up
Step up with your unoperated leg first
Lift up your operated leg and then the crutches.
Ensure both your foot and crutch are fully on the step.

Going down
Reverse the order.
Step down with your crutch first, then your operated leg followed by your non operated leg.

Returning to your normal activities

Some discomfort with activity and at night is normal for several weeks.

Gradually increase your housework, but be careful when bending or twisting.

You may not be able to drive for about 6 weeks, you must be able to safely perform an emergency stop and change gear.

If you plan to fly soon after surgery, speak to your consultant.

The amount of time you'll need off work depends on your job, discuss this with your consultant.

Most sporting activities can be resumed after 3 to 6 months, but check with your physiotherapist first.

Arthroplasty clinic

An arthroplasty clinic is a specialist outpatient service that supports your recovery after joint replacement surgery such as a hip replacement.

The arthroplasty clinic is where you'll attend follow-up appointments with the Orthopaedic team. These appointments typically happen at around 6 weeks, and at 6 months after surgery.

This may change depending on your needs. Further tests or assessments can be arranged during these visits.

These exercises may cause discomfort, but should not increase your daily pain levels. If they do reduce the repetitions or sets.

Tick the exercises you have started before your operation

☐ 

Mini squats
Stand holding on to a supportive surface. Bend your knees and stick your bottom backwards so the weight goes into your heels as if you are going to sit down.

☐ 

Side stepping, forwards and back wards
Stand facing a stable surface such as a kitchen counter. Hold for support if needed. Side step along then change to forwards and backwards walking.

☐ 

Heel raises
Stand holding onto a stable surface. Push up onto your toes.

Exercises to do before your operation

Start these exercises at least 6 weeks before your operation:

- repeat each exercise 8 to 15 times, this is called a set
- complete 3 sets, with a 1 minute rest in-between
- do this every other day

☐

Bridges

Bend you knees. Keep them hip width apart with your arms by your side. Lift your bottom and squeeze.

Hold for a count of 5

☐

Sit to stand

Shuffle your bottom to the front of the chair. Lean forwards and push up through your arms.

Gradually aim to decrease the amount you are using your arms to assist.

☐

Marching on the spot

Stand holding onto a stable surface if needed.

Marching on the spot for 30 seconds

During your appointments, the team will:

- check your progress and mobility
- review your pain levels and wound healing
- assess the function of your new hip joint
- arrange further tests or imaging if needed
- answer any questions or concerns you may have

Sharing your data with the National Joint Registry

You'll be invited to take part in the National Joint Registry (NJR), which collects information about joint replacements across the UK.

You'll receive a booklet explaining what's involved and be asked to give your consent. You can find out more at www.njrcentre.org.uk.

Physiotherapy

A physiotherapist will help you begin rehabilitation on the ward. This includes regaining mobility and preparing to go home.

We recommend you continue the exercise programme in this leaflet, it includes exercises for 6 weeks before and after surgery.

You'll be invited to the outpatient gym around 3 weeks after surgery. We'll send you the details in an appointment letter.

The initial session lasts about 30 minutes, followed by group sessions every 2 weeks for 3 to 4 sessions. If you need extra support at home, we'll help you find the right service.

Wear loose clothing and closed shoes, and bring water.

When to seek medical advice

After surgery, keep an eye out for signs of DVT such as:

- pain
- tenderness
- swelling
- redness in your calf or lower leg

Signs of infection include:

- increasing pain
- swelling
- redness
- stiffness
- Fever or chills
- night sweats
- fatigue

Pulmonary embolism may cause sudden shortness of breath or chest pain.

Blood collection under the skin near the wound, this is also known as a wound haematoma, and usually resolves on its own.

If you notice any of these symptoms, go straight to the Emergency Department.

Contact us

If you have further questions, concerns or notice signs of infection, contact:

- Orthopaedic Nurse Specialist: 01534 442162
- Orthopaedic Ward (Beauport Ward): 01534 442777

Useful contacts

- Pre-assessment clinic: 01534 442156
- Arthroplasty specialist nurse: 01534 442162
- Beauport Ward (orthopaedic ward): 01534 442777
- Physiotherapy outpatient department: 01534 442639
- Occupational therapy: 01534 443013

Scan this QR code or search ‘bones and joints’ to visit the Trauma and Orthopaedic website on Gov.je.

Scan this QR code to access our information video.