

I hope you've managed to settle back in at home and you are finding life is getting a bit more comfortable. The first few weeks are the hardest.

In the first few weeks after major surgery like this, it's important that you slow down and don't try to do as much as you'd usually do. This is because your body is requiring effort, energy and resources to heal and mend and not to function at a high level like before.

I would recommend that in the first 2 weeks you have a morning and afternoon siesta for an hour or two. Take yourself back to bed and lie down with your leg (one or both) elevated on two pillows. This will help bring your leg swelling down. Use this time to read/relax/sleep/ etc. It's also a good time to read up on the pain relief and medications I've given you to go home with!

Bruising is normal - it can extend right down your leg. It will go - don't be alarmed. Drink plenty of water to keep you hydrated and keep the kidneys working well. Eat fruit and fibre etc to prevent constipation.

Delegate jobs rather than keeping on getting up and down to do them.

Don't sit in a chair for more than 45 mins as your leg is likely to swell. Go on regular short walks (every couple of hours for 10-30 minutes). Do the exercises you've been shown by the Physio four times a day.

Take pain relief regularly to begin with. When you feel ready to start taking less tablets, I'd suggest leaving out a few of the daytime doses initially. Pain is always worse at night, so keep up your evening pain relief for a bit longer.

Sleep is important - your mental and physical health and motivation to do your exercises the next day depends on it!

Driving - The issue of driving depends upon the patient, which hip / knee has been operated on and whether it is a manual or an automatic gearbox on the car. As a general rule, most insurance companies would not cover a driver if he/she was involved in an accident and had had a hip / knee replacement within 6 weeks of the accident. After 6 weeks, it is generally considered that a patient is safe to drive and perform an emergency stop. This is not just the simple mechanics of pushing on a pedal with the foot, but also whether someone is still requiring pain relief medication, which can cloud judgement, swiftness or response and manual dexterity. Thus, at 3 - 6 weeks, most patients do not require any form of pain relief and are mobile enough to get in and out of the car and perform the physical act of driving. Most patients, I find, are able to drive to their first outpatient consultation which may be at about the 6-8 week mark, and I would suggest having a gentle try-out a few days before, doing small distances.