LEAVING HOSPITAL AND RECOVERY

Care after surgery at home: hip, knee and other operations

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IN BRIEF

Most people go home within a few days of a planned hip or knee replacement, and the first few weeks at home are when help matters most: getting in and out of bed, washing, dressing, meals and keeping up the exercises. Plan before the operation: ask about equipment and free reablement, decide who will help in the first weeks, especially at night, and arrange home care or live-in care if family cannot be there. Your own surgical team's instructions always take priority over general timelines.



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Plan before the operation

For a planned operation, the best time to arrange help at home is before you go in. Most people leave hospital within a few days, so there is little time to organise things afterwards.

Questions to ask at the pre-admission clinic:

- How long am I likely to be in hospital?
- What will I be able to do for myself when I get home, and for how long will I need help?
- Will an occupational therapist assess what equipment I need, and when will it arrive?
- Will I be offered reablement or other support at home, and who arranges it?
- Will I go home with blood-thinning medicine, injections or compression stockings, and who will help with them?
- When will the stitches or clips come out, and where?
- Who do I call if I am worried after I get home?

Getting the home ready:

- [ ] Move everyday things to between waist and shoulder height.
- [ ] Clear trip hazards: loose rugs, trailing wires and clutter on the stairs.
- [ ] Fill the freezer with ready meals and stock up on easy food and drinks.
- [ ] Make sure there is a firm, high chair with arms.
- [ ] If stairs will be hard, plan a bed downstairs and access to a toilet or commode.

- [ ] Arrange lifts: after a hip replacement you will not be able to drive for at least six weeks.
- [ ] Decide who will be with you, especially for the first nights.
- [ ] Ask your energy supplier to add you to its Priority Services Register while you recover; people recovering after a hospital stay can join.

Typical recovery timelines

Recovery varies with age, general health and the operation, and your surgical team's instructions always come first. As a general guide, the NHS says:

Milestone	Hip replacement	Knee replacement
Usual hospital stay	about 1 to 3 days	about 1 to 4 days
Stitches or clips removed	after about 10 days	after about 10 days
Follow-up appointment	around 6 to 12 weeks	about 6 weeks
Driving	at least 6 weeks, if your doctor agrees	at least 6 weeks for a total knee (3 weeks for a partial)
Return to work	usually about 6 weeks	usually 6 to 12 weeks
Full recovery	several months	several months or longer

The first two weeks are usually the hardest: pain, swelling, tiredness and getting used to walking aids. Most people start with crutches or a walking frame and move to a single stick as confidence grows. After a knee replacement, the NHS suggests trying to walk without an aid after about six weeks if you feel ready.

Looking after a new hip or knee



After a hip replacement, the NHS advises:

- do not cross your legs
- do not bend the hip more than 90 degrees (a right angle), or bend down to touch your feet or ankles
- do not sit in low chairs, on low toilets or in chairs without arms
- walk a little every day, as far as is comfortable, and keep up the exercises
- avoid sitting still for long periods, which helps with swelling

After a knee replacement, the NHS advises:

- avoid twisting the knee, and do not cross your legs for the first six weeks
- do not sleep with a pillow under the knee, or kneel until your doctor says it is safe
- avoid heavy household tasks, such as vacuuming or carrying shopping, for three months
- wear compression stockings as advised, usually at all times except for washing

After a broken hip or emergency surgery

Recovery after a broken hip (hip fracture) is usually slower than after a planned replacement. The person is often older, may have fallen at home, and may already have been frail. Sudden confusion (delirium) is common in hospital and can take time to settle. More help is usually needed for longer, and preventing another fall becomes a priority: see falls prevention and frailty in later life.

After any emergency operation there is no time to prepare, so the plan is made on the ward. Our questions to ask before hospital discharge help.

Other operations

The same principles apply after heart, bowel, cancer or other major surgery. Ask the team for written instructions about:

- lifting and driving, which are often restricted for several weeks
- wound care, dressings and when you can shower
- pain relief, and how to prevent constipation from strong painkillers
- eating well when appetite is poor
- how much to do each day: tiredness after major surgery can last for weeks

The help most people need in the first weeks

- getting in and out of bed, chairs and the shower safely
- washing and dressing, especially feet, socks and shoes
- preparing meals and drinks, and carrying them, which is hard with crutches
- taking painkillers on time, and any blood-thinning medicine
- encouragement with the exercises, which make a real difference to the result
- keeping an eye on the wound and noticing early warning signs
- company and reassurance, particularly at night

Equipment that helps

An occupational therapist may recommend:

- a raised toilet seat or toilet frame
- a perching stool for the kitchen or bathroom
- chair or bed raisers, and a bed lever
- a long-handled reacher (grabber), a sock aid and a long-handled shoehorn
- a walking frame or crutches, and a kitchen trolley to carry things
- a shower seat or bath board

When someone is assessed as needing them, the council must provide aids, and minor adaptations costing £1,000 or less, free of charge. If you buy your own, ask the therapist which items and heights are right first. See equipment and home adaptations.

Free help: reablement and intermediate care

Ask the ward whether reablement or intermediate care will be offered. It is free for up to six weeks and focuses on helping you do things for yourself again. Not everyone is offered it after planned surgery, and visits are often short, so many people combine it with family help or private care. See reablement and intermediate care.

Convalescent care: the options

- **Family and friends**, if they live nearby and are able. Be realistic about nights and lifting.
- **Home care visits**, for example morning and evening help with washing, dressing and meals.
- **Live-in care**, with a carer living in your home through the first weeks of recovery.
- **A short stay in a care home**, with staff on hand day and night.
- **An intermediate care bed**, if the NHS or council offers one for rehabilitation.

Some private medical insurance policies include help at home after surgery, so check yours. If needs continue beyond the recovery period, ask the council for a care needs assessment.

How live-in care helps after surgery

A live-in carer can be there from the first evening home, helping safely with getting up, washing, dressing and meals, prompting medicines and encouraging the exercises. Having someone in the house at night matters, because getting to the toilet in the dark is a common time for falls. Live-in care works alongside reablement workers, physiotherapists and district nurses. The home needs a spare bedroom for the carer. If someone needs two people to help them move, or frequent nursing, a different arrangement may suit them better. See care after a hospital stay.

Warning signs after surgery

After a hip or knee replacement, the NHS advises asking for an urgent GP appointment or contacting NHS 111 if there is:

- throbbing or cramping pain in the leg or hip

- a high temperature, or feeling hot, cold or shivery
- oozing or pus from the wound
- redness, tenderness, swelling or pain that is not getting better or is getting worse

Call 999 or go to A&E if there is pain and swelling in the leg with difficulty breathing or chest pain, as this could be a blood clot in the lungs. Do not drive yourself to A&E. Keep this list, and the ward's phone number, by the phone.

What to do next

1. Ask the pre-admission team the questions above.
2. Get the home ready and arrange equipment before the operation.
3. Decide who will help in the first weeks, especially at night.
4. If family cannot cover it, contact care providers before the operation date.
5. Keep the warning signs and the ward's number by the phone.

How we can help

We are a CQC-registered home care provider, rated Good, supporting people at home since 2008. Our live-in care is available anywhere in England, from £1,550 a week, and in Oxfordshire we also offer home care visits, waking nights and sleep-ins. If you are planning an operation, it helps to talk to us before the date, so support is ready when you come home. Call us on 01865 715780 to arrange a free initial assessment.

Common questions

How long will I need help at home after a hip or knee replacement?
Most people need the most help in the first two weeks and some help for around six weeks, but it varies with age, general health and how the operation went. You will not be able to drive for at least six weeks, so lifts and shopping need planning for that long. Many people manage alone sooner, while older or frailer people, or anyone recovering from a broken hip, often need help for longer. Ask your surgical team what to expect in your case.

Is care free after an operation?

Some is. Reablement and intermediate care arranged by the council or NHS are free for up to six weeks, and equipment the council assesses you as needing is lent free. Not everyone is offered reablement after planned surgery, and it does not cover everything. Private home care or live-in care is paid for by you. Attendance Allowance usually will not help with a short recovery, because you must have needed help for at least six months.

Can a live-in carer help with exercises and compression stockings?

A live-in carer can encourage and support the exercises your physiotherapist has set, help you put on and take off compression stockings if this is in your care plan, and help with washing, dressing, meals and getting about safely. They do not replace the physiotherapist, who decides what exercises are right. If you need injections, wound dressings or other nursing tasks, ask the ward who will provide them, as these usually involve district nurses or trained staff.

When can I have a bath or shower after a hip or knee replacement?

Follow your ward's instructions, because they depend on the type of dressing and how the wound is healing. Many people are advised to shower rather than bath at first, and getting in and out of a bath safely is difficult in the early weeks, particularly with hip precautions. A shower seat, bath board or perching stool helps, and having someone in the house the first few times makes it much safer. Ask the occupational therapist before you go home.

What is convalescent care?

Convalescent care is short-term support while someone recovers from an operation, illness or injury, until they can manage on their own again. It can be given at home, through care visits or a live-in carer, or in a care home as a short stay. The aim is recovery and confidence rather than long-term care. It is usually arranged privately, although the NHS or council may offer free reablement or an intermediate care bed for up to six weeks.

Sources and further information

- NHS: Recovering from a hip replacement
- NHS: Complications of a hip replacement

- NHS: Preparing for a hip replacement
- NHS: Recovering from a knee replacement
- NHS: Complications of a knee replacement
- NHS: Care to support recovery after leaving hospital
- legislation.gov.uk: Care and Support (Charging and Assessment of Resources) Regulations 2014, regulation 3
- Ofgem: Join your supplier's Priority Services Register

Read next

LEAVING HOSPITAL AND RECOVERY

Reablement and intermediate care: free help to recover

Reablement and intermediate care help people recover after a hospital stay, a fall or an illness. Find out what is free (up to six weeks), who provides it, how goals are set, how to get it without a hospital stay, and what happens afterwards.

Read the guide →

LIVING SAFELY AND WELL AT HOME

Equipment and home adaptations: what is free and how to get it

How to get equipment and home adaptations for an older or disabled person in England: occupational therapy assessments, free council and NHS equipment, Disabled Facilities Grants of up to £30,000, VAT relief, beds, hoists and stairlifts, and how to buy safely.

Read the guide →

LEAVING HOSPITAL AND RECOVERY

Leaving hospital: what to expect and how to prepare

How hospital discharge works in England today: the discharge pathways, who the discharge team are, timing, transport, medicines and equipment, what families can do, and how to arrange private or live-in care quickly.

Read the guide →

All guides in the information centre **Check what help you could get**

Talk to our care team: 01865 715780
enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272
Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA
CQC overall rating: Good (report published 20 April 2018)

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