

Total hip replacement – with hip precautions

**Your guide to a successful outcome following
a surgery**

Orthopaedic Department



Patient information leaflet

Contents

What is a hip replacement?	3
Advice while you are waiting for your hip replacement	5
Enhanced recovery programme and Preload	6-8
What happens before your operation	9
Admission day and the operation	11
Occupational Therapy	13
Hip Precautions	13
Physiotherapy	14
Bed exercises	15
Standing exercises	19
Advanced exercises	21
Discharge advice	23
Possible complications	25
General advice	26
Appointments record	26
Helpful telephone numbers	27

You are booked for a hip replacement

You are booked for a hip replacement.

This booklet aims to provide you with information about the surgery and what will happen before and after the operation.

Please bring this booklet with you to all your appointments regarding your hip replacement.

Introduction

This booklet has been written to help prepare you before you come into hospital for your Total Hip Replacement (THR) operation. Other treatment options will have been discussed with you by your Consultant.

Please read this booklet carefully and ask the ward physiotherapist or occupational therapist if you are unsure about any information or instructions within the booklet when you come into hospital.

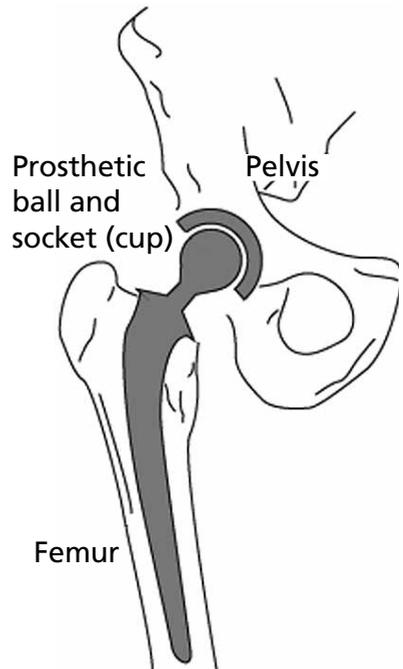
Remember, once the surgeon has replaced your hip, it is up to you, with guidance from the ward staff, to follow the precautions and to carry out the exercises and advice in order to achieve the best results from your new hip.

What is a hip replacement?

The hip is a 'ball and socket' joint. The upper end of the thigh bone (femur) is the ball, which fits into the socket in your pelvic bone - this part of the pelvis is called the acetabulum.

The surgeon replaces the arthritic or damaged joint with an artificial joint. The new joint consists of a metal ball on the top of a metal stem (this is placed into the thigh with or without bone cement) and a plastic socket (in the pelvis or acetabulum).

The aim of the operation is to relieve pain, to allow you to walk more comfortably and to improve your quality of life.



How long will I be in hospital?

The recovery period after your operation may vary. You will be in hospital for approximately 2-4 days depending on your progress. All patients are treated as individuals and you will only be discharged when the whole team is happy you can care for yourself at home.

How long will my hip replacement last?

Many hip replacements have a limited life expectancy dependant on an individual's age, weight and level of activity. Their longevity will vary but is usually 10-20 years. Uncemented hips are designed to last longer, often without requiring revision in the patient's lifetime. There is no guarantee that your particular implant will last a specific length of time. It is important to follow your Surgeons, Therapists and Nurses advice after surgery.

Why do implants fail?

The most common reason for failure in a hip replacement is loosening or wear of the implant. This can usually be replaced with another one which is called a revision.

What sporting and recreational activities will I be able to participate in after my recovery?

You are encouraged to participate in low impact activities such as dancing, golf, walking, swimming, cycling, or gardening once you feel fit enough. Any activities undertaken must not compromise the hip precautions for the first 6 weeks.

When will I be able to return to work?

We recommend that most people will need at least six weeks off from work. Patients with more sedentary jobs may be able to return to work sooner. The timing of your return to work will depend on your progress and commitment.

When will I be able to drive?

Starting to drive again will usually be six weeks after surgery, driving will then depend on your progress and commitment and individual circumstances.

You are advised to speak to your consultant about driving at your 6 week follow up appointment.

Advice while you are waiting for your new hip joint

While you are waiting for your hip replacement there are a few things you can do that may help speed your recovery:

General exercise

General exercise is always of benefit and continues to be so whilst you are on the waiting list. It will also help your recovery following your operation. You may find that gentle exercise (within your limits of pain) such as swimming, or walking with periods of rest in between is of benefit.

Specific exercise

Exercising the muscles around the joint will help to maintain or possibly improve the strength of your muscles and also the range of movement of the joint. Trying any of the exercises within this booklet will help improve your muscle strength but you must stop any exercise that causes you pain.

General health

Keep yourself as fit and healthy as possible whilst you await your operation. This will greatly help with your recovery. If your general health deteriorates, it is important to contact your GP so that problems may be dealt with before your operation. In particular it is beneficial to stop or at least reduce, smoking.

Pain relief

If you are experiencing pain in your joint and you are not taking any pain medication or the medication you are taking is not effective, your GP may be able to prescribe something to relieve your pain.

Load reduction

Reducing the pressure taken through the hip may also help with the pain. You may find that using a walking stick, (held in the hand on the opposite side to the affected hip) will help reduce pressure whilst you are walking.

Adequate rest periods and avoidance of unnecessary strain also help to reduce the pressure on your hip joint.

If you are overweight, losing weight will also help reduce the load going through your hip.

Foot care

It is important to pay particular attention to foot hygiene as minor wounds, sores or infections may result in cancellation of your operation. If you have any concerns, seek advice from your GP. Please arrange for your toe nails to be cut before the operation, so that they will not affect your walking after the operation.

Skin and dental care

If you have any cuts, abrasions, rashes or other skin conditions around your hip or knee, please see your GP as this may also delay your surgery if left untreated.

It is advisable to visit a dentist to ensure your teeth and gums are in good order prior to your operation as an infection from your teeth or gums may spread to your hip joint if left untreated.

Enhanced Recovery Programme

When you are admitted to hospital for your operation you will be taking part in an enhanced recovery programme. This programme of care aims to help you recover quickly and safely. The Enhanced Recovery Programme is about improving outcomes and speeding up the recovery period after your surgery, as well as reducing complications. For the programme to be successful, it is important that you actively participate in your own recovery programme and take responsibility for certain aspects of your recovery. This programme is different to traditional care and can improve your recovery considerably.

The programme particularly focuses on:

- Reducing the physical stress of the operation
- A structured approach to immediate post-operative management, including pain relief
- Early mobilisation
- Early return to normal diet.

Some patients will be able to benefit from all aspects of this programme, whilst others will be able to benefit from just some aspects of it. This will depend on several factors, particularly your state of health and fitness at the outset. However we will endeavour to use as much of the programme as is practicable in each individual patients' case.

Preload

A key aspect of your enhanced recovery programme is that you will be given a carbohydrate (sugary) drink before your surgery. This drink is called **preload**.

These drinks have several benefits to your recovery. They will:

- Give you energy to help you recover
- Reduce the risk of nausea (sickness)
- Help your wounds heal
- Reduce the risk of infection
- Generally aid your recovery.

You will receive the carbohydrate drinks at your pre-assessment clinic appointment.

Preload: Preparation guidelines

Step 1: Pour 400ml of water into a cup

Step 2: Add the contents of the sachet/s of preload into the cup, stir continuously until the powder has dissolved

Step 3: Drink as directed below

When to take preload

Evening before surgery

Eat your normal evening meal along with 2 sachets of preload.

2 sachets of preload in 400mls of water.

If your surgery is scheduled for the morning

You should have nothing to eat or drink after 2am, but you may have a small amount of water and your carbohydrate drink, up to 2 hours before your operation.

1 sachet of preload in 400mls to be finished by 6am.

If your surgery is scheduled for the afternoon

You should have a light breakfast before 6.30am, and then have nothing except a small amount of water and your carbohydrate drink up to 2 hours before your operation.

1 sachet of preload in 400mls to be finished by 10.30am.

These instructions will be clarified during a phone call that you will receive the evening prior to admission from the Elective Surgical Unit (ESU). It may be unknown whether you are on a morning or afternoon list at the preadmission clinic stage.

On the day before your surgery you will be able to eat and drink as normal. In order to maximise your nutritional status we recommend you include a few extra snacks in your diet. You can eat a normal diet up to 6 hours before your surgery.

What happens before the operation?

Pre-assessment Clinic

A few weeks before your operation you will be asked to attend the Pre-assessment Clinic. A thorough medical assessment will be carried out to make sure you are medically fit enough for surgery.

At this clinic, routine pre-operative tests including urine, blood, ECG (heart trace) and x-rays will be carried out. You will also be screened for MRSA (Methicillin Resistant Staphylococcus Aureus), a normally harmless bacterium that can on occasions cause wound infections.

Part of the pre-admission process involves gathering accurate information regarding current medication, which is important for us to give you the best possible care.

Please bring a list of your regular medication, including any inhalers, eye drops, patches or creams as you will be asked what medication you usually take, the dosage and how often. It may also be helpful for you to bring in the repeat prescription request forms from your GP surgery. Please also remember to mention any medicines you buy regularly (that are not prescribed by your doctor) and any herbal or vitamin supplements that you might be taking.

In anticipation of the surgery you may be asked to stop taking some of your medications before coming in to hospital (e.g. if you take warfarin) and you may be prescribed alternative medications leading up to the operation. You will be advised by a Nurse or Doctor if this is necessary.

During this appointment you may also be seen by your Consultant or their Registrar. You will also be asked to sign a consent form if you have not already done so.

You can be in clinic for 3-4 hours.

Pre-operative Occupational Therapy

You will receive a pre-operative hip pack in the post once you have been placed on the waiting list for your surgery. You will need to complete a basic questionnaire and furniture height checklist to help plan your safe discharge home. It is important that this is returned to the Occupational Therapy department prior to your admission so that the team can contact you to discuss your questionnaire and if needed, visit you at home to look at any equipment needs or discuss any other concerns.

Before coming into hospital

- If you live alone, try to arrange for someone to stay with you or visit you frequently for 1-2 weeks after your discharge.
- Move items that you use often to a height where you do not need to bend down to reach them (e.g. clothing, saucepans etc.)
- Stock up with easy to prepare meals and keep milk near the top of the fridge.
- Bring loose fitting day and night clothes into hospital and preferably, a pair of flat shoes with non-slip soles. Avoid backless or heeled shoes.
- If you have not had the furniture height chart or had a home visit by an occupational therapist, then measure the height of your bed, armchair and toilet (whilst sitting on the furniture) and bring this information into hospital with you for the Occupational Therapist to see. Please note you will need to arrange access to a firm, reasonably high armchair following your surgery.
- Please make sure that you have at least 2-3 weeks supply of any regular medication you are taking. It is very important that we know what medications you are taking.
- Plan for your journey home. You will need to make suitable arrangements in an appropriate car (NOT a low sports car). If you are going on a long journey (e.g. more than one hour) do stop regularly and have a walk around.

Admission day

What to bring with you

In addition to your personal belongings you will need to bring the following:

- Any regular medication you are taking (at least 2 weeks supply and their original containers) along with a copy of your repeat prescription request forms from your GP surgery if you have them. Please also bring any medications which you were asked to stop taking before the procedure, as you may need to restart these whilst in hospital. Please let us know if there have been any changes to your regular medications between your pre-assessment visit and the day of surgery.
- Appropriate foot wear e.g. trainers or well fitting shoes (NOT mules or 'flip flops').
- Loose comfortable day and night clothing (you will be encouraged to dress normally the day after your operation).
- Nightwear.
- Toiletry bag.
- Any long handled aids (e.g grabber, long shoe horn) that you may have so that you can practice dressing on the ward.

Please leave any valuables at home.

The operation

The operation will usually take place under a general anaesthetic, but it is sometimes done with a spinal anaesthetic where your legs will be completely numb. The anaesthetist will discuss this with you before your operation takes place. The surgery takes approximately 1-2 hours. You will remain in the recovery area until your condition is stable and your pain is well controlled.

Recovery

Following surgery you will be returned to the ward lying on your back with a thick dressing over your hip and often a pillow or wedge between your legs. You may have some of the following drains or tubes attached to you:-

- **Wound drain(s):** there may be a bottle attached via a tube to your hip wound. It prevents excess swelling and bruising and is usually removed after 24 hours.
- **Fluids:** You may have a tube in your arm connected to a 'drip' to give you fluid until you are eating and drinking properly.
- **Catheter:** If you are unable to pass water following your operation, you may need a short term catheter.

Changes to medications

It is normal to have some pain after the surgery and so you will be offered regular painkillers. It is very important that you take the painkillers regularly to keep your pain under control and speed up your rehabilitation. The painkillers can cause constipation but early walking and exercise can help this and if necessary you may be prescribed laxatives. If you wish to know more about the types of pain relief available, please discuss it with your doctor or pharmacist. If you want any other information before you come into hospital, booklets about pain relief are available in the orthopaedic clinic.

You may also be prescribed some medications to help the strength of your bones, such as calcium and vitamin D supplements and possibly a bisphosphonate to help bind the calcium into the bones. Please follow the instructions on how to take these carefully. You may also be prescribed medications to reduce the risk of a venous thromboembolism or VTE, which is a type of blood clot. The risk of developing a VTE may be increased by having surgery and being less mobile. During your hospital stay you may be prescribed medications to thin the blood. You may also need to complete a course when you go home.

Please read the patient information leaflets supplied with new medications and discuss any concerns with your Doctor or Pharmacist.

Occupational Therapy

The occupational therapist will teach you the correct way to dress yourself independently, whilst following the post-operative precautions and using the appropriate dressing aids. You will be able to purchase these aids from your occupational therapist either before your admission or during your stay. Your occupational therapist will also discuss how you will manage your daily activities once you return home.

Precautions

These are very important to reduce the risk of dislocation of your new hip joint which is greatest during the first 6-8 weeks. This is the time when the muscles around the hip joint are weak following the surgery. By avoiding these movements the new hip will be at a minimal risk of dislocation.

Do not bend your hip beyond 90°:

Be careful when sitting down and standing up, avoid sitting on low surfaces and ensure you do not reach past your knees or down to the floor.



Do not cross your legs:

Neither knees nor ankles while lying, sitting or standing.

Do not twist on your hip:

This means sleeping on your back, not swivelling or twisting while walking, sitting or standing.

Avoid extremes of all movements for 3 months post operatively



Physiotherapy

You will begin physiotherapy as soon as possible after your operation. This can be the same day as your operation.

Most patients following total hip replacement surgery will be able to put full weight through their operated leg. Occasionally the consultant will advise that no weight or a limited amount of weight can be put through the operated leg. If this is the case following your surgery, the doctors and physiotherapy team will advise you appropriately.

The Physiotherapist will teach you hip exercises, which you should continue independently, and will explain the hip precautions that are essential for you to follow for 6-8 weeks.

You will be shown how to safely get out of bed, stand and transfer into a chair using an appropriate aid. The physiotherapist will progress your mobility as able and prior to discharge you will be shown how to climb stairs safely with aids, if needed.

Bed exercises following hip surgery

These exercises should be performed at least 4 times a day.

1. Sitting upright on a chair or in the bed, take a slow deep breath in through your nose and out through your mouth. Keep shoulders relaxed and try to get air to the bottom of your lungs.

Repeat 3 times every half hour to help prevent a chest infection until you are walking.

2. Bend your un-operated (good) leg so that your foot is flat on the bed. Push through that foot and lift your bottom up from the bed. Repeat hourly to reduce risk of pressure sores. This can also be done in the chair, pushing up on the arms of the chair.



3. Move both your ankles up and down in a pumping action to aid circulation. If the heels are sore you could ask someone to put a pillow under your ankles so the heels do not rub on bed. Repeat as often as possible. This can also be done in the chair.



4. Pull your toes up to ceiling and brace your knee down into the bed tightening your thigh muscles.

Hold for 5 seconds.

Repeat 10 times x 3.



5. Squeeze buttocks together and hold for 5 seconds.

Repeat as often as possible.

6. Slide foot of operated leg up and down in a slow and controlled manner. Do not let your foot turn out or bend your hip beyond 90°. Make sure you are not sitting upright.

Repeat 10 times x 3



7. Slide the operated leg out to the side and back keeping your knee straight and your toes pointing to the ceiling. Keep the movement slow and controlled.

Repeat 10 times x 3.



8. Lie completely flat with only a small pillow under your head for at least 30 minutes per day. This will allow your muscles at the front of the hip to stretch.

Overall, you should complete the exercise programme 3 times a day.

It is up to you to perform these exercises independently to get the best results following surgery.

Your physiotherapist and occupational therapist will go through the following with you, but here are some guidelines:

Getting out of bed

Initially it is much safer to get out of bed on the side of your operation, and you will be assessed to ensure you remain within your precautions if getting out from either side. Slide your leg out to the edge of the bed, or push it with your other leg until both legs are over the side of the bed (being careful not to bend your hip more than 90°, or cross your legs) then push yourself up with your arms.

Getting into bed

Stand with your back to the bed. Slide your operated leg out in front of you, reach down with your hands and gently lower yourself onto the bed. Using your arms, pull yourself up the bed, moving your legs in one at a time, until you are comfortable. Do not twist, cross your legs or bend more than 90°.

Sitting/standing from a bed or chair

To sit

Walk backwards until you feel the chair on the back of your legs. Place your hands onto the arm rests. Step your operated leg out in front of you and gently lower yourself into the chair. Once you are sitting, slide back to rest on the chair-back. Do not lean forward. An Occupational Therapist will advise you on the correct height for your furniture at home.

To stand

Once again, use your arms and un-operated leg to take most of your weight when pushing up from a chair, keeping your operated leg out in front.

Dressing

The occupational therapist will demonstrate and practice with you getting dressed using the appropriate dressing aids. It is recommended that you sit in a chair with arms or on the edge of the bed for dressing activities.

A helping hand is used to put on and take off underwear or trousers. It is easier to dress the operated leg first, bringing the underwear/ trousers over the foot and up to the knee. When undressing, the operated leg is undressed last.

A sock aid is used to put socks on and a long-handled shoehorn is recommended when putting on shoes.

Remember to follow the post-operative precautions.

Stairs – the safest technique

Use a banister if available and take one step at a time

Going up

Un-operated leg → Operated leg → Walking Aid(s)

Coming down

Walking Aid(s) → Operated Leg → Un-operated leg

Remember – Good leg up... Bad leg down...

Standing exercises

If you are **not allowed to put full weight through your operated leg** do not start these exercises until advised by your physiotherapist.

Stop any exercises that increase your symptoms and consult your physiotherapist.

Always ensure you are holding onto a firm support when practicing these exercises, for example the kitchen work surface, and maintain a good posture throughout.

1. Raise your heels off the floor coming up onto your toes, clench your buttocks, then lower yourself back down.

Repeat 10 times.

2. Standing upright, lift your operated leg out to the side keeping your toes pointing forward, hold for a few seconds, then return to the starting position.

Repeat 10 times.



3. Standing upright, lift your operated leg backwards keeping your foot off the floor and your knee straight, hold for few seconds, then lower. Do not lean forward.

Repeat 10 times.



4. Standing upright, lift the knee of your operated leg up in front of you, ensuring your hip does not go beyond 90°, then lower back down to the floor.

Repeat 10 times.



Once you have been taught the above exercises these can be done in conjunction with exercises 4-8 of the bed exercises section.

You should be exercising 3-4 times a day.

Advanced exercises – to begin 4 weeks after your hip replacement

If you are not allowed to put full weight through your operated leg do not start these exercises until advised by your physiotherapist.

1. Bridging – lie on your back with your knees bent and your feet apart on the bed. Keeping your knees apart, squeeze your buttocks and lift your pelvis and lower back off the bed. Hold this position for 5 seconds and slowly lower down.



2. Side Lying Leg Lift – lie on the bed on your un-operated side with a pillow between your legs. Lift your top leg straight up. Hold this position for 5 seconds and slowly lower down. Throughout the exercise do not let your hips fall forwards or backwards.



3. Single Leg Stand – hold onto a secure surface with both hands for support. Stand on your operated leg, keeping your un-operated leg off the floor. Keep your balance for 10 seconds.

To make this harder you can try:

- Hovering your hands over the surface instead of holding it.
- Closing your eyes with your hands hovering over the surface.



4. Mini Squat – hold onto a secure surface with both hands for support. Bend your knees and push bottom back whilst keeping your upper body upright – as if you were going to sit on a chair. Hold this position for a few seconds then stand up, squeezing your bottom muscles.



**Complete these exercises 2-3 times a day, 10-15 repetitions.
Listen to your body and build up slowly.**

Getting in and out of a car

To get in and out of a car it is best to use the front passenger seat. Ensure that the seat is pushed back as far as possible, and angled so that it is partially reclined. Wind down the window and use the door and the door frame to lower yourself, bottom first, down onto the seat, then lift one leg in at a time leaning back into the seat.

Do not get into or out of the car from a kerb.

If you are going on a long journey (e.g. more than one hour) do stop regularly and have a walk around.

Progressing your mobility and exercise regime

If you have been advised that you can put **full weight** through your operated leg you can continue the exercises as taught to you by your physiotherapist and gradually increase the number of times you repeat each exercise.

Do go for short walks regularly and try to slowly increase the amount you do each day. You will not do damage to your new hip but you may find it tiring at first.

You will be using a form of walking aid for 6 weeks until you go back to see your Consultant. This is because your muscles and tissues are still healing. If you go home using two crutches you may feel ready after a few weeks to begin using one crutch. This should be held in the opposite hand to your operated leg. If you have sticks at home, these can also be used after a few weeks provided they are the correct height.

The following information is only for those patients who have been advised not to put full weight through their operated leg.

If the consultant has advised you that **no weight or a limited amount of weight** should be put through your operated leg you **must** continue to use the walking aid/s given to you by the physiotherapist until you see your consultant. You **must** see your consultant before progressing your mobility.

You should always follow the instructions given to you by the consultant. You can progress the exercises you have been taught by the physiotherapist by gradually increasing the number of times you repeat each exercise but **do not** start any new exercises.

Sleeping

Sleep on your back for 6 weeks, if possible, with a pillow between your legs to remind you not to turn over. If you are unable to sleep on your back, you may sleep on your operated side when comfortable ensuring a pillow is placed between your legs to avoid the risk of your legs crossing and therefore dislocation. Do not sleep on your un-operated side for at least 6 weeks.

Sexual intercourse

It would be better to avoid for 6 weeks. The hip precautions must be followed whilst engaging in sexual activity for a total of 8 weeks and you must avoid extremes of all the movements for a total of 3 months.

Bathing

You should not get into or sit on the bottom of the bath for 6-8 weeks. Either strip wash or use a walk-in shower if possible. Do not get the wound wet until completely healed and the stitches have been removed. An Occupational Therapist will assess you washing on the ward. For ease of washing the lower legs and feet a long-handled sponge or brush can be used.

Picking up objects off the floor

Either use a reaching aid or get someone else to do it for you, especially in the first 6-8 weeks.

Swelling

It is not uncommon to have swollen ankles/ leg for at least 3 months following surgery. The swelling will often appear for no reason but can be an indication that you have done too much. You are advised to rest in bed for 1-2 hours in the afternoon to help reduce the swelling. This also helps to stretch the front of the hip joint and allows you to carry out your bed exercises.

Painkillers

Only take the tablets you were given on discharge. As the pain eases, these should gradually be reduced. If you require any help or information regarding your medication on discharge, please contact your GP.

Stitches/clips

These will be removed 10-14 days after the operation by either your practice nurse or a district nurse. This will be arranged by the nurses before you go home.

Possible complications

(Your Consultant will discuss possible complications with you).

Loosening

Artificial joints can last for many years, but eventually they may begin to loosen or become painful. Most artificial hip joints are expected to last at least 10 years without any problems.

Dislocation

You will be taught precautions by your physiotherapist and occupational therapist to minimize the risk of dislocation, and it is important for you to understand these and to follow them after the operation for 6-8 weeks.

Venous Thromboembolism (blood clot in the vein)

This is possible following any surgery. You will be given daily medication to reduce this risk and will also be taught preventative circulatory exercises by your physiotherapist which you should begin immediately after your operation.

Swelling of the operated leg

This is quite common following this operation and may take up to 3 months to settle down. Your physiotherapist will give you advice on how to reduce the swelling. Any further concerns may be discussed with your doctor or the ward staff.

Infection

Despite modern sterile techniques and the use of antibiotics, infections still occasionally occur.

If your wound becomes red, hot and/or oozes, your GP must be informed immediately.

General advice

If you develop pain in your calf or chest, or your wound becomes red, swollen, hot and/or oozing, please contact your GP urgently, or come to the Accident & Emergency department at the hospital.

If you have any further questions that are not answered by this booklet, please ask the ward staff who are there to help you.

Appointments record

Pre-assessment Clinic (in Fracture Clinic, RSCH) on:

Operation date:

Estimated discharge date:

Follow up Orthopaedic Appointment (in Fracture Clinic) on:

Key reference source

- Orthopaedic Consultants – RSCH
- www.nhs.uk (Hip Replacements)

Further information

- National Joint Registry (NJR) Website
www.njrcentre.org.uk
- NHS Website (search for 'Hip Replacements')
www.nhs.uk
- ARC Website
www.arthritisresearchuk.org/

Helpful telephone numbers

Fracture Clinic:	01483 464158
Admissions Desk:	01483 571122 ext 4355
RSCH Physiotherapy Department:	01483 464153
RSCH Occupational Therapy Department:	01483 571122 ext 4766
Bramshott Ward:	01483 571122 ext 4065 / 4064
Ewhurst Ward:	01483 571122 ext 4073 / 4075
Elective Care Co-ordinator Orthopaedics:	01483 571122 bleep 71 0407

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Contact details

If you require any further physiotherapy advice please leave a message for the Orthopaedic Physiotherapists on **01483 464153**. We will then call you back.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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