Your Operation Guide:

HIP REPLACEMENT SURGERY

(Proximal Femoral Replacement)

Trusted Information Creator
Patient Information Forum



BONE CANCER RESEARCH TRUST

ONE GUIDE: FOR TWO AGE GROUPS

About this booklet

This booklet tells you about your operation - something called a hip replacement or proximal femoral replacement. This is where a bit of your hip and the top of your leg is replaced. The booklet will also help you get moving again after your operation.

The booklet is for children and young people who are going to have a hip replacement.

- If you are **5 to 9 years old**, read pages **4 to 21.**
- If you are a young person who is **10 to 17 years old**, read pages **22 to 39.**
- If you are a parent or carer of a child or young person, who is having a proximal femoral replacement, you may wish to read page **40 to 44**.

If you are not sure what some of the words mean, you can ask the person who looks after you to read this book with you. You can also ask your doctors or nurses if you have any questions. There is a glossary on pages **45 and 46** that can help you too (a glossary is a list of tricky words and what they mean).

For young children:
5 to 9 years



Why do I need an operation?

A lump has grown at the top of your leg. Doctors may call it a tumour or bone cancer.

To make you better, you will have an operation. Doctors will remove the lump and put a super-strong bit of metal in your hip. This is called a **proximal femoral replacement.** We like to call it a superhero hip because it helps you play and grow!



The day of your operation



- On the day of your operation, you will go to the hospital. You can take your favourite teddy with you.
- You will have a **sleepy medicine** (called an anaesthetic). This will make you have a superhero nap, so you won't feel anything during the operation.
- While you are sleeping, the doctors will take out the lump. Then, they will put in a super-strong bit of metal.
- When you wake up, you will see a **bandage** on your leg. Nurses, doctors and your family will all be there to look after you.



After the operation

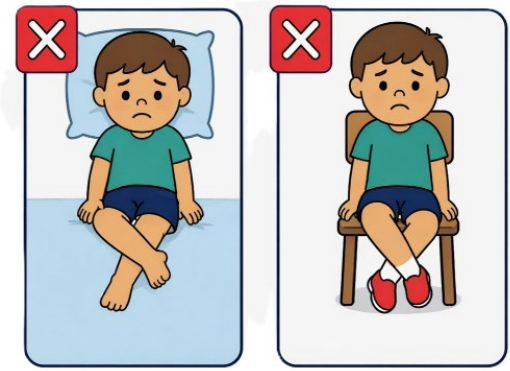
- You might spend one night in a special room called the **high dependency unit.** Doctors and nurses will check on you often.



- You might have some small tubes in you. These will help you wee without getting up and drain away any extra blood. These tubes will come out after a few days.
- Feeling sleepy or sore is normal. The doctors will give you medicine to make you feel better. Always tell someone if you are in pain.

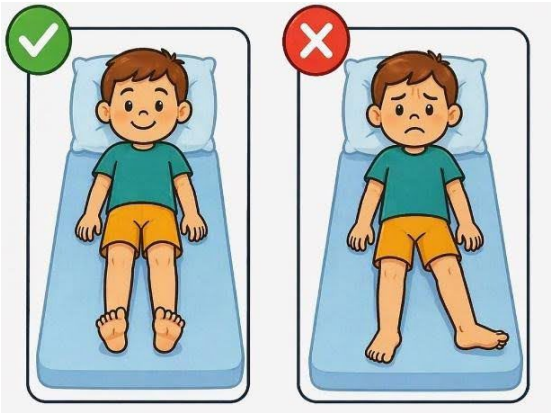
Superhero hip safety (first 3 months): A special rule for your new hip!

Just like a superhero has to be careful with their special powers, you need to be gentle with your new hip. This keeps your hip safe and strong so you can keep zooming around like a true hero. Remember these rules for 3 months!

Don't bend your hip past 90 degrees. Do not bend to pick your toy up from the floor, ask someone else to pick it up for you! When you sit, make sure you don't raise your knees higher than your hip.	
Do not cross your legs. Imagine an invisible line down the centre of your body. Try to keep your legs on their own sides. Don't move your special leg across that line.	

Keep your toes pointing up.

When you're resting, lie down with your knee and toes pointing up towards the ceiling. Keep your leg in place—no twisting or rolling it around.



Don't lift your leg out to the side.

When you're standing, keep your special leg close to your body. Don't lift it out to the side so it stays safe and sound.



Who you'll meet in the hospital

This is your superhero squad who will help look after you:

My doctor is: _____

My surgeon is: _____

My specialist nurse is: _____

My play specialist is: _____

My physiotherapist is: _____

My occupational therapist is: _____

My social worker is: _____

My teacher is: _____

Here is some extra space for you to write down the name of anyone else you meet on the ward, or the names of any new friends you make in hospital.

_____

_____

_____

_____

Don't be shy to talk to your squad. Ask them any questions you want – they are all important. Write your questions here.

_____

_____

_____

_____

Getting moving

After your operation, you will work on getting stronger and moving again. This is part of your superhero adventure.

You'll meet people who will help you move. They are called **physios.** You might meet them on the same day as your operation or the next day. They will help you wake up your muscles and get going again.

Physios will:

- Show you gentle exercises to help your leg and hip get better.
- Help you practise getting out of bed or off a chair.
- Help you get into your wheelchair. You may need to use this to help you for a while after your operation.
- Teach you how to use crutches, a walker or sticks. These will help you feel steady and safe.



Making things ok at home

You will also meet someone called an **occupational therapist.** They will make sure you can do things safely at home.

They will:

- Check that your chair, toilet, and bed are safe and easy for you to use.
- Get you cushions or grab bars to make things safer.
- Help you practise getting around on your own.



Playing and feeling brave

You might also meet someone called a **play specialist.** They will help you to feel calm. They will also talk to you about what will happen in the hospital.

You will be able to:

- Play with toys or dolls to help you find out what will happen in hospital.
- Play games and do fun things while you get better.
- Talk to them about how you are feeling if you feel worried or scared.
- Get busy while you get better.

Remember: Playing is also part of getting better!



Together, your physio, occupational therapist, and play specialist will help you get back to playing, learning, and having fun!

Let us learn more about you!

Try writing down a list of things you enjoy doing for fun.

When your play specialist comes to see you, show them your list so you can plan lots of fun things to do together.

Feelings

Superheroes have feelings too. They're just like you. You might feel: Nervous, Sad, Afraid, Brave. It's all normal. Tell someone how you feel. Draw it, act it, or say it out loud.



You could draw your own picture here:

Exercise booklet

Exercises in bed

Do these exercises every day to make your special hip and leg strong!

Smell the flower, blow the candle



Breathe in through your nose.
Pretend you smell a flower.

Hold for 2 to 3 seconds.

Breathe out through your mouth.
Pretend you're blowing out a candle.



Do this __ times every hour.

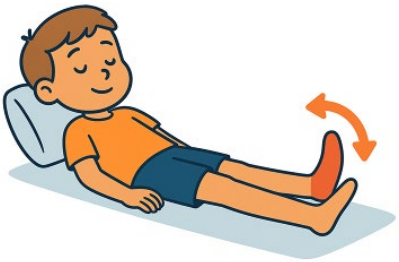


Rocket ankle pumps

Point and flex your feet.

Do this __ times every hour.





Strong bottom squeezes

These exercises help make your bottom muscles strong so they can support your hips and legs.

Squeeze your bottom.

Hold for 5 seconds.

Do this __ times.

Practice this __ times a day



Crack the egg

Pretend you have an egg under your knee.

Push the back of your knee down to crack it.



Hold for 5 seconds.

Do this __ times.

Practice this __ times a day.



Penguin slide

Slide the heel of your special leg towards your bottom. Then slide your heel back down.

Do this __ times.

Practice this __ times a day.





The starfish

Only do this when laying on your bed.

Point your toes up.

Then move your special leg out to the side, then slowly back in.

Do this __ times.

Practice this __ times a day.





My exercise diary

How to use this diary:
Each day, try to do your exercises. When you finish an exercise, colour or tick the box for that day. You can also circle the face that shows how you feel.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Smell the flower, blow the candle							
Rocket ankle pumps							
Strong bottom squeezes							
Crack the egg							
Penguin slide							
The starfish							

MOOD

Day 1



Day 2



Day 3



Day 4



Day 5



Day 6



Day 7



Crutches and stairs

Stairs can be tricky. You may need to use crutches to get up and down them. These are special sticks. Your superhero squad will help you learn some new moves.

How much weight can you put on your leg?
Your physio will tell you how much you can use your leg. Ask them if you are not sure.

To use crutches on stairs, remember your ABCs!

- ABC to go up
- CBA to go down

Going up:

Able leg
Brave leg
Crutch



Going down:

Crutch
Brave leg
Able leg



These pictures and ABC's help you remember what to do.

- Always go up and down one step at a time.
- If you have a handrail, use it and hold the crutch in your spare hand.

Test yourself below:

Go up the stairs with your _____ leg first.
After your crutch, go down the stairs with your _____ leg first.

Going home

Tick each box when you're ready.

Before you can go home, we need to check a few things:

- ☐ **Can you move around using your crutches or frame while someone stays beside you?**
- ☐ **Can you do all the moves your physio taught you, like smell the flower, blow the candle, rocket ankle pumps, bottom squeezes, the starfish?**
- ☐ **Can you remember your superhero hip safety?**
- ☐ **Can you do your ABC and CBA on the stairs?**

What happens next?

- Usually, 5 to 7 days after the operation, you will go home for a short break.
- In about 2 weeks, you will usually go to another hospital. This is to have some treatment. Sometimes your doctor may ask you to go straight back to the treatment hospital instead of going home first – that's OK and is planned.
- Pack all of your booklets like your physio booklet and exercise diary, and your crutches too. You'll need them wherever you stay!



For young people:
10 to 17 years



Why do I need this operation?

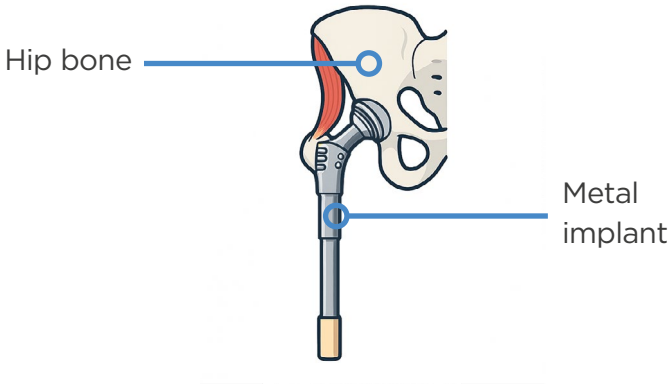
You have a tumour in the top part of your thigh bone (the femur) close to your hip. During surgery, the surgeon removes that section of bone (and the hip joint) and replaces it with a strong metal implant called an endoprosthesis.

- **"Endo"** means inside.
- **"Prosthesis"** means an artificial body part.

How does the endoprosthesis work?

- New ball-and-socket: The implant has a metal "ball" that fits into a new "socket", recreating your hip joint so it can move smoothly again.
- Secure fit inside the bone: A long metal stem sits inside the remaining part of your femur.
    - It is either **cemented** in place, or
    - It has a special rough coating that encourages your own bone to grow onto it, making the bond even stronger over time.
- Everyday strength: Once healed, the implant allows you to walk, climb stairs, and get back to most daily activities—though you'll still need to follow your rehabilitation plan and any activity limits your surgeon gives.

Remember: the operation removes the tumour and rebuilds your hip joint. Your rehabilitation team will then help you get moving again and work towards the activities that are important to you while you continue the rest of your treatment.



What to expect before surgery

- You'll get an anaesthetic. It's a strong medicine that puts you into a deep sleep, so you don't feel or remember anything during the operation.
- While you're asleep, the surgeons fix your leg. They remove the tumour, add the metal implant, and make sure everything is stable.
- Zero pain during the operation. The anaesthetic and pain-control medicines keep you comfortable the whole time.
- Waking up: You'll notice a bandage on your leg and maybe your favourite item (headphones, squishmallow, hoodie) nearby to help you chill.

What to expect after surgery

- **Groggy and sore = normal:** Your body's just rebooting. Pain medications will keep things under control.
- **Catheter:** A tiny tube that lets you pee without getting up. As soon as you're steady on your feet, it is removed.
- **Wound drain:** Another small tube near your hip that removes extra fluid and cuts down swelling. It's removed once the flow slows down.
- **High Dependency Unit (HDU) sleepover:** You might spend a night in the High Dependency Unit so nurses can keep a close eye on you. Hit the call button if anything feels off.
- **First moves:** Soon, you'll be sitting in a chair, then cruising the corridor with crutches or a wheelchair. Your physio will coach you through it. You may start with some exercises on the bed before they start to get you out of bed.

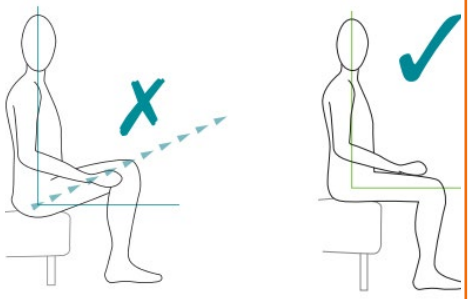
Key takeaway: The first couple of days are all about rest, pain control, and getting used to the new hip. After that, every small step (literally) is progress.



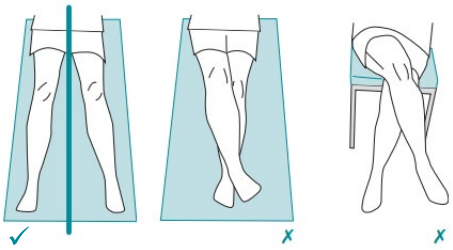
Hip safety: For 12 weeks following your surgery

After your surgery, your hip needs time to heal properly. Imagine your hip joint is like a hinge on a door. When the door is open just the right amount, it swings smoothly and doesn't get stuck. But if you push it too far, or if it swings too wide, it can squeak, get jammed, or even break! Here are some precautions to keep in mind so that you won't put too much stress on the hip and accidentally cause pain or injury:

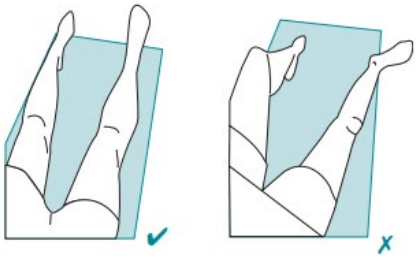
Do not bend the hip more than 90 degrees.



Do not cross your legs.



Do not twist or roll your operated leg in or out when resting.



Do not lift your leg out to the side when standing.



Weight-bearing status:
Do you know **how much body weight you can put on your leg while walking?** Write it down! If you don't know, ask your physio.

Rehabilitation plan:

Early Phase (Week 0 to 6)

- **Meet your physio and occupational therapist early.** Usually on day 1 or 2, they'll show you how to move safely in bed and do some bed exercises, which may include slings and springs.
- **Bed & chair exercises.**
  - Ankle pumps, butt-squeezes, gentle heel-slides (keep the bend under 60°), hip abduction (gentle out to the side) exercises.
- **First standing and short walks.** Weight bear as tolerated unless your surgeon has said "touch weight bear only."
- **Safety rules.**
  - Hip precautions: do not bend the hip past 90 degrees, no twisting, no crossing legs.
  - If you've been given a **hip wedge**, keep it on in bed.
  - You may also be given a **Hip Abduction Brace**, which helps to protect your hip when you are walking around.
- **Stairs practice.**
  - **Going up:** Good leg > operated leg > crutch
  - **Going down:** Crutch > operated leg > good leg
- **Mini goal:** Be able to get from bed to chair on your own and walk about 20-25 metres on the ward (with someone beside you and then independently with a walking aid).



Hip Abduction Brace

Middle Phase (Week 6 to 12)

- **Build strength & range.**
  - To be guided by your physiotherapist.
  - Quads and glute sets, mini squats.

- **Gait training.** Gradually move from two crutches > one crutch > stick > no aid as your thigh muscles wake up (you may need aids for more than 12 weeks).

- **Balance drills.** Small step-up exercise, improve weight going through your operated leg.

- **Ongoing rules.** Hip precautions stay in place until week 12.

- **Target.** Walk at least 100 metres indoors, climb a normal flight of stairs, and reach about 0-to-90-degree hip bend without pain.



Final Phase (Week 12 and beyond)

- **Green light for gym or hydro** (once your surgeon and oncologist clear you).
- **Endurance & power.** Static bike, pool walking, and core stability exercises.
- **Everyday challenges.** One-leg stands for 10 seconds with your hands supported, carrying a small bag, practising low stool sits, and gentle kicks.
- **Hip precautions** lifted now, **but no impact or contact sports** (football, rugby, trampolines, etc.).
- **Big goal.** What matters most to you. We will support you towards the things that matter most in your everyday life.



Quick safety reminders

- Swelling, sharp pain, or new clicking that gets worse? Stop and tell your physio or surgeon straight away.
- **No impact or contact sports** (football, rugby, trampolines, etc.).
- Your timeline might shift if the surgeon wants extra restrictions (for example limited weight-bearing). Always follow the plan they give you.

Your supportive multidisciplinary healthcare team

Surgeons: here to plan and carry out your operation safely, explain what's going to happen, and make sure you get the right care before, during, and after the op.

Nurses: here to take care of you each day, help manage your pain, check on your wound, give medications, and support you through every stage of your recovery.

Occupational therapists: here to help you with everyday activities like dressing, washing, or schoolwork, and find ways to make things easier as you recover.

Physios: here to help you build strength, get moving again and help you return to some activities and your hobbies! They will teach you exercises and how to walk with walking aids such as a Zimmer frame or elbow crutches.

Play specialists: here to help you feel relaxed and confident through play, games, and creative activities — making hospital feel a bit more like home while you get better.



Exercise booklet

Bed exercises

Do these every day to make your leg strong!

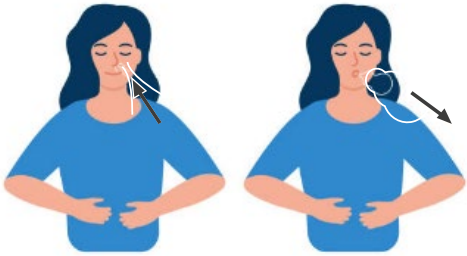
Deep breathing

Breathe in through your nose.

Hold for 2-3 seconds.

Breathe out through your mouth.

Do this __ times every hour.



Ankle pumps

Point and flex your feet.

Do this __ times every hour.



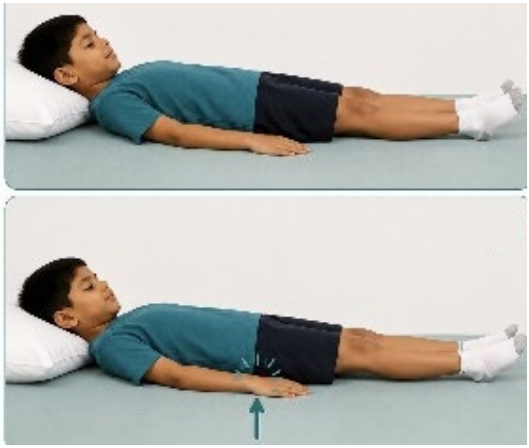
Bottom squeezes

Squeeze your bottom together.

Hold for 5 seconds.

Do this __ times.

Practice this __ times each day.



Bed exercises

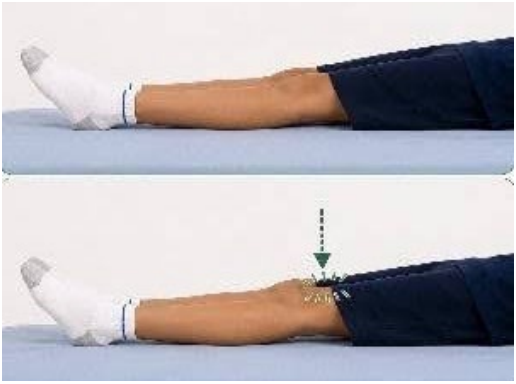
Static quads

Push the back of your knees down to the bed.

Hold for 5 seconds.

Do this __times.

Practice this __ times each day.

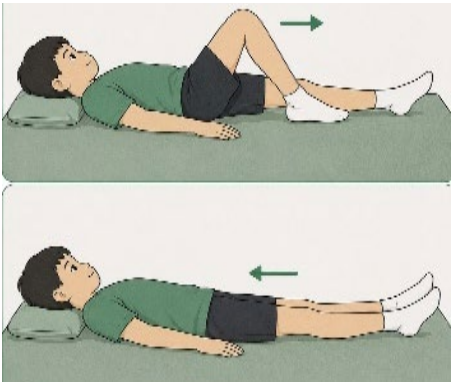


Heel slides

Slide the heel of your special leg towards your bottom, then slide your heel back down.

Do this __ times.

Practice this __ times each day.

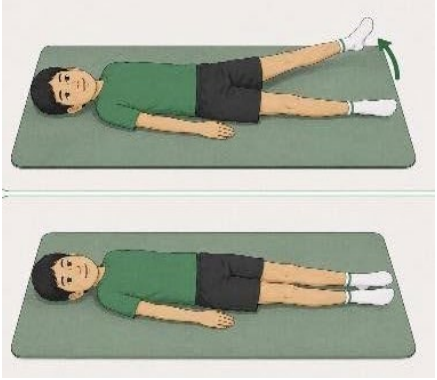


Hip abduction

Toes pointing upwards, move your special leg out to the side slowly.

Do this __ times.

Practice this __ times each day.



My exercise diary

How to use this diary:
Each day, try to do your exercises. When you finish an exercise, colour or tick the box for that day.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Deep breathing							
Ankle pumps							
Bottom squeezes							
Static quads							
Heel slides							
Hip abduction							

MOOD

Day 1


Day 2


Day 3


Day 4

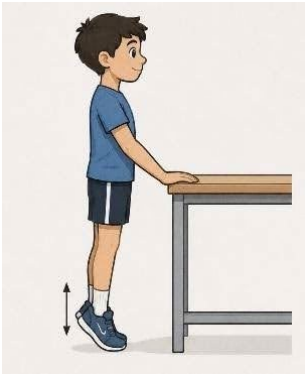

Day 5


Day 6


Day 7


Standing exercises (This will be guided by your Physio)

When your physio sees that your hip is getting stronger, they will show you some more exercises to help your leg grow stronger! Make sure to keep doing these exercises when you are home.

Hip flexion Stand near a supportive surface. Slowly lift your special leg in front of you. Hold 5 seconds. Do this ____ times. Practice this __ times each day.	
Calf raises Stand near a supportive surface. Bring your heels up and down slowly. Do this ____ times. Practice this __ times each day.	

Standing exercises (This will be guided by your Physio)

When your physio sees that your hip is getting stronger, they will show you some more exercises to help your leg grow stronger! Make sure to keep doing these exercises when you are home.

Side Stepping

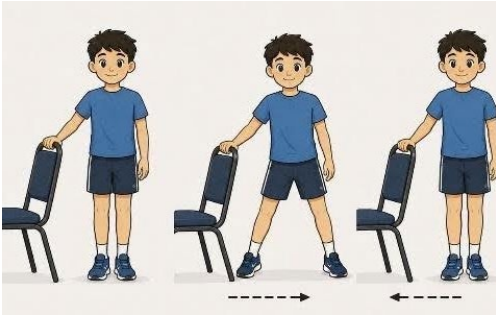
Step to the side with your special leg.

Keep your foot pointing forwards.

Bring your special leg back slowly.

Do this ____ times.

Practice this __ times each day.



Mini squats

Stand with your feet a little wider than your hips.

Imagine you are about to sit on an invisible chair.

Bend your knee, keep your back straight. Stand up tall again.

Do this ____ times.

Practice this __ times each day.

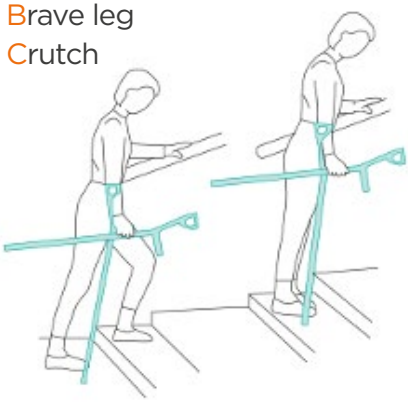


Step up strong: Easy guide to stairs after surgery

Always go up and down one step at a time. If you have a handrail, then use it and hold your other crutch in your spare hand.

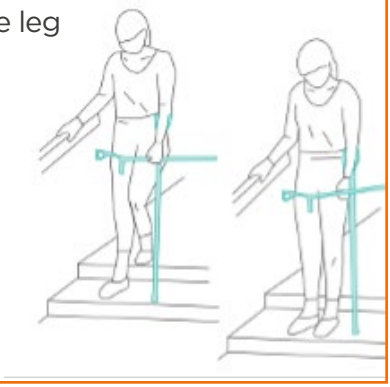
Going up:

Able leg
Brave leg
Crutch



Going down:

Crutch
Brave leg
Able leg



What can you do when you go home?

- Walk with elbow crutches.
- Go up and down the stairs safely (if you aren't already set up downstairs).
- Get on and off the chair by yourself.
- Perform your home exercise programme.
- Beware of **Do's and Don'ts.**

You're the expert on how you feel. If something hurts, feels weird, or you're just not sure what's normal - say something or ask someone! In fact, asking questions is really smart.

Commonly asked questions for young people (aged 10 to 17 years)

Will I feel pain after surgery?

Yes, some pain is normal while your body heals, but you'll get medicine to help manage it. Always let your team know if it's too much; they can help!

Can I do sports again?

You cannot do any contact or high impact sports like football, rugby, etc – but may do **non-impact sports** such as swimming, cycling, yoga and gym (light) with approval after 12 weeks.

When can I go back to school?

Most people are ready around 6–8 weeks after surgery. It depends on your energy, how your wound is healing, and how you're getting around. Some go back earlier with a wheelchair or a phased return (shorter days, extra breaks). We'll plan what feels right for you with your team and school.

When can I drive again?

You should not attempt to drive until you are cleared by your surgeon, your pain has subsided, and you feel confident in your own ability. Please discuss returning to driving with your surgeon, who will recommend that you contact **DVLA** after. You may also need to inform your insurance company of your operation. We'll plan it together, so it feels safe for you.

Will I have a scar?

Yes—but it **fades**. Early on it can look red or bumpy. Over the next 6–12+ months, it usually softens and lightens. Once your wound is **fully healed**, gentle **scar massage** with plain moisturiser can help it feel softer and flatter. Your physio can show you how and when to start.

Will I need crutches or a wheelchair for a long time?

Most people use crutches for about 6–12 weeks. It depends on your pain, strength, balance, and any weight-bearing rules from your team. We'll help you step down safely—usually to one crutch, then none—when you can walk without a limp and feel steady. Some people need longer, some shorter. Both are normal. Always follow your surgeon/physio's advice.

How long will I need to wear the hip brace if given one?

12 weeks. The brace keeps your hip stable and protects it while it heals. It can feel awkward—that's normal. Your team will tell you if/when to adjust the settings. Don't change it yourself. We'll review you and plan to take it off after 12 weeks.

Who can I talk to if I'm feeling overwhelmed or emotional after surgery?

Big feelings after operations are normal, and you won't be a bother. Start with the people around you: nurses, your Clinical Nurse Specialist (CNS), doctors, physio, OT, psychologist, social worker, youth/play specialist. Outside the hospital, you can speak to other parents/carers, friends, your GP, school/college tutor or pastoral team.

The Bone Cancer Research Trust (BCRT) also offers information, support, and opportunities to connect with other young people and families affected by bone sarcoma.

Want to meet others who "get it"? Your CNS can link you to peer support groups. Most chats are confidential—we only share if we're worried about your safety.

Advice for parents and carers

Early-stage tips (0–6 weeks)

- Provide structure: assist with medication, physiotherapy, food, and rest.
- Encourage participation but avoid pressure and be mindful of hip precautions.
- Use rewards and visual charts if helpful.

Communication

- Be honest but positive: “It might feel sore at first, but it gets better”.
- Let them ask questions. Keep explanations age appropriate.
- Acknowledge their emotions – don’t dismiss them.

Ongoing support

- Support consistent physio and scar massage.
- Reinforce pacing and energy management.
- Help them maintain a connection with school and friends.
- Prepare for the transition back to school and social life gradually.

Commonly asked questions

What should we expect immediately after surgery?

Patients may wake up with tubes (drains, catheters) and pain will be managed with medications. Some may spend time in intensive care depending on the complexity of the surgery.

How long is the hospital stay?

It varies, but patients typically stay between 7-14 days. Recovery continues at home with support from physiotherapists and occupational therapists.

Who should we contact if there’s a problem after going home?

If you notice any signs of complications, such as increased pain, swelling, redness, fever, or wound issues, it’s important to act quickly. A list of possible complications, what to do about them and who to contact can be found on pages **41 to 43.**

Advice for parents, carers and healthcare professionals

Possible issue	What to do (action)
Tumour recurrence or progression of disease	• Contact the RNOH CNS team • Carry out/arrange screening for new fatigue, fever, night-sweats, new swelling or lump, or weight-loss
Pain	• Decrease activity • Ensure adequate pain relief • Elevate the leg regularly • Reduce weight-bearing; use walking aids as needed • Use pacing strategies • Modify exercise programme if required • **If pain persists, refer back to the surgical team or GP**
Swelling	• Keep the leg elevated regularly • Apply cryotherapy if skin sensation is normal and there are no contraindications • Reduce time spent standing • Use walking aids • Do circulatory exercises • If swelling goes down overnight: monitor • **If swelling does not go down overnight: refer back to the surgical team or GP**

Advice for parents, carers and healthcare professionals

Possible issue	What to do (action)
Wound issues (inflammation, bleeding, infection)	• **Refer to the surgical team or GP** • Look for red-flag symptoms: pain, fever, redness, wound oozing, rash, itching, general feeling of malaise
Numbness / altered sensation	• Review immediate post-op status if possible • Ensure swelling is controlled • If sensation loss is new or worsening, **refer back to surgical team or GP** • If sensation is unchanged but concerning, **inform the surgical team** and refer back if it deteriorates
Thromboembolic disorders	• Complete a Wells score **(Doctor Only Test)** • Score ≥ 2 (DVT likely): contact surgical team **immediately** for scan and D-dimer test • Score ≤ 1 (DVT unlikely): contact surgical team to discuss whether D-dimer test is needed
Dislocation	• Contact the surgical team **immediately**

Who should I contact if I have a problem after going home?

If you are worried about your recovery, have new symptoms, or think something is wrong, please contact your healthcare team.

Clinical Nurse Specialist (CNS): .....

Surgical Team: .....

Therapy Team: .....

For urgent concerns, such as severe pain, breathing difficulties, signs of infection, or sudden changes in your condition, follow the advice provided by your healthcare team or visit your nearest Emergency Department.



Tell us what you think about this booklet

At the Royal National Orthopaedic Hospital, Stanmore, we would love to hear your feedback. Your comments help us improve this resource for future children, young people, and families.

Feedback Email: rnoh.cyptherapies@nhs.net
Feedback Telephone Number: 020 8909 5821 / 5830

Further information and support

The Bone Cancer Research Trust (BCRT) also offers information, support, and opportunities to connect with other young people and families affected by bone sarcoma.

Contact BCRT's Support and Information Service:
Call: 0800 111 4855 (Monday to Friday, 9am to 5pm)
Email: support@bcrt.org.uk
Visit: bcrt.org.uk/support

Glossary

Some words in this booklet might be new. Here is what they mean!

If you hear a word you do not understand, you can always ask your doctor, nurse, physio, or another member of your healthcare team.

Abduction: Moving your leg out to the side, away from your body.

Adduction: Moving your leg back towards the body after it has been out to the side.

Anaesthetic: A special medicine that makes you fall into a deep sleep during your operation. This means you will not feel anything.

Bandage: A soft covering placed over your wound to protect it and help it heal.

Catheter: A small tube that helps drain wee from your bladder while you rest after surgery.

Crutches: Special sticks that help you walk while your leg is healing.

Cryotherapy: A treatment that uses cold, such as ice packs, to help reduce pain and swelling after surgery.

Endoprosthesis: A strong metal implant placed inside your body to replace a piece of bone that was removed during surgery.

Femur: Your thigh bone. It is the longest bone in your body.

High Dependency Unit (HDU): A special hospital ward where nurses and doctors watch you closely after surgery to make sure you are recovering well.

Hip wedge: A triangle shaped pillow placed between your legs to keep you from crossing them.

Implant: A strong medical part placed inside your body to replace bone or support healing.

Limb: An arm or leg.

Limb-sparing surgery: An operation where doctors remove the tumour but keep your arm or leg.

Glossary continued

Multidisciplinary Team (MDT): A group of healthcare professionals who work together to plan the best care for you.

Occupational therapist (OT): A therapist who helps you do everyday activities like getting dressed, using the bathroom, or getting around safely.

Oncologist: A doctor who specialises in treating patients with cancer.

Operation: A medical procedure where doctors fix a problem inside your body while you are asleep.

Pacing: A way of managing your energy by balancing your exercises with adequate rest – so you do not get too tired.

Physiotherapist (Physio): A person at the hospital (healthcare professional) who helps you get stronger and move better using exercises and practice.

Play Specialist: A person at the hospital (healthcare professional) who plays with toys, games and activities with you to help you understand what is happening and feel less worried.

Proximal Femoral Replacement: An operation where the top part of the thigh bone near the hip is replaced with a strong metal implant.

Rehabilitation: The process of helping your body get stronger and move again after surgery.

Sarcoma: A type of cancer that starts in the bones or soft tissues of the body.

Screening: A check or test used to look for signs of illness or problems early.

Surgery: Another word for an operation.

Tumour: A lump of abnormal cells that grows in the body.

Weight-bearing: How much weight you are allowed to put on your leg when standing or walking.

Wound drain: A small tube that removes extra blood or fluid from your wound while it heals.

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This guide was co-produced by the RNOH Ortho-Oncology Therapy Team and the Bone Cancer Research Trust. If you have any feedback about this guide, please send it to RNOH whose details are listed on page 44.

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