Important Contacts

Physiotherapy Department
01935 384358

Occupational Therapy Department
01935 384215

Charlton Ward (6A)
01935 384322

Misterton Ward (6B)
01935 384385

Orthopaedic Outpatient Clinic
01935 384319

Health & Social Care Team
01935 847832

Care Direct
0845 3459133
ww.caredirect.gov.uk

Red Cross
Equipment loan
0845 3313331
www.redcross.org.uk

NHS Direct
General medical advice
0845 4647
0845 606 4647 textphone

National osteoporosis society
0845 450 0230
www.uos.org.uk

Age concern
01935 411077

If you require this leaflet in any other format, eg, large print, please telephone **01935 384590**

Leaflet No 5100307
07/07

Yeovil District Hospital NHS
NHS Foundation Trust

YOUR FRACTURED NECK OF FEMUR
(Hip fracture)

A Patient's Guide

Name: _____

Day 3/4 Onwards

- You should continue to do the exercises you have been taught. You may also be given some additional exercises by the Physiotherapist to do in standing
- You may dress in your day clothes. Assistance from staff is available if needed
- Your bladder and bowel functions will continued to be monitored.
- You will continue to practice your walking with assistance and/or supervision as required. The aim is for you to walk a little further each day in preparation for your discharge
- As your mobility progresses, the Occupational Therapist will assess whether there are aids you may need at home and arrange this
- The Occupational Therapist will look at ways in which you can manage your day to day tasks if you come from your own home
- You may be seen by a Social Worker if, potentially, you need additional assistance at home arranged
- If you need to climb stairs at home you will practise this in hospital with the physiotherapist.
- Some individuals may need to consider having a bed brought downstairs, this will be discussed with you by your occupational therapist/physiotherapist
- You will need to think about how you will get home. Please discuss transport arrangements with the nursing staff
- Before you are discharged, the ward staff will arrange your medication to take home and discharge letters

This booklet is designed to guide you and your relative/carer through your hospital stay.

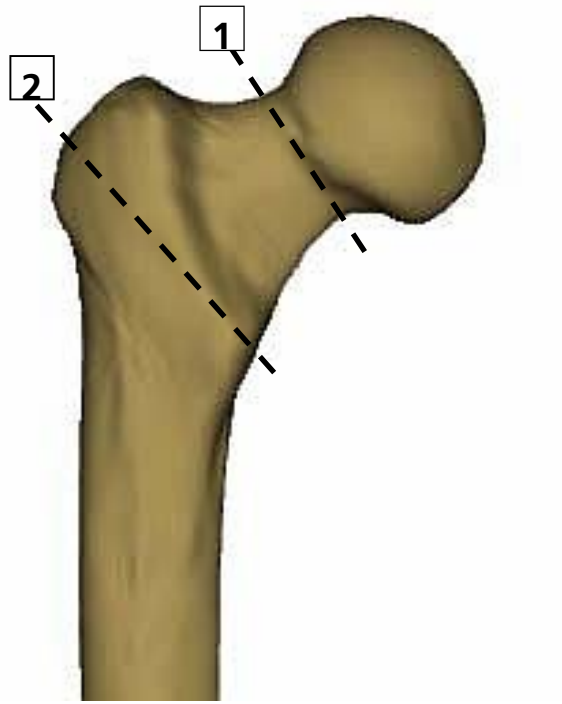
Our aim is for you to regain a good level of mobility and be able to return to your home environment as soon as possible with an appropriate level of assistance.

After your injury, you may have a number of questions about what has happened and how you will be treated. The following information aims to answer some of these questions. Should you require further details, do not hesitate to speak to your doctor or other staff involved in your care.

What is a hip fracture?

The bone you have broken is the femur (thighbone). The fracture will be between one and five inches from the hip joint. Fractures can be very different - from a simple crack to a complete break in which there are many fragments. The exact method of treatment will therefore depend on the type of fracture and where it is sited.

The site of your hip fracture will most likely be in the area between the two dotted lines as shown here



The following timetable is intended as a general guide after your surgery **but individual patients will vary**

Day 1/2

- You will have a blood test
- Your drain may be removed and your wound checked
- Your drip will be taken down once you are drinking
- Normal diet and fluids will be resumed. You can eat normal meals and will be encouraged to take supplement drinks
- Your bladder and bowel functions will be monitored and any difficulties addressed
- You will do ankle and breathing exercises
- You will be taught exercises to strengthen your hip by physiotherapist
- You may be assisted in sitting on the edge of the bed. If you are able, you will be assisted in sitting out in a chair
- You may start to take a few steps with assistance from staff
- Your occupational therapist will ask a few questions about home
- If you live in your own home, they will issue you with a furniture heights form. This is for a friend or relative to complete which asks about details of your furniture heights
- The Occupational Therapist will ask you or your carer more specific details about your home environment/social situation and how you managed your day to day activities before your hip fracture.
- If there are particular hip movements you need to be careful about, your Occupational Therapist will discuss this with you or your carer and give written information
- You or your carer should arrange for day clothes to be brought into hospital

Managing Fatigue

You should expect, as with any major operation, to feel tired for the first few weeks

- You should be able to do many of the things you could do before, although it may be a little slower and done in a different way initially
- Allow time for small chores and time to rest

Reduce your risk of falls

Falling is one of the most common causes of hip fractures. However, you can reduce the likelihood of falling at home by taking the following points into consideration:

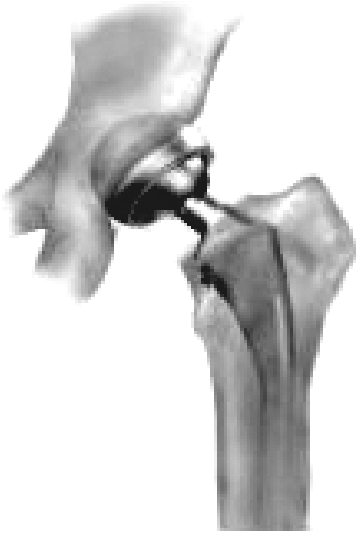
- Keep Warm! Muscles that are cold do not work as well and contribute to accidents
- Keep active! Being afraid of participating in activities because you are worried about falling can make you weaker and more at risk of falls
- Clear away loose rugs or tape down the edges
- Clear away cables, wires or any clutter from your walkways, particularly the stairs
- Ensure your home is well lit
- Make sure your footwear is flat and supportive
- Get your eyesight checked regularly. Eye tests are free if you are aged 60 or over
- Some medications can make you feel faint or unsteady. Discuss this with your doctor if you are concerned

Types of Hip Repair

The treatment for the majority of hip fractures is an operation to repair the break, as without surgery many people will be unable to walk again. Most patients are treated with one of five types of hip repair.
The general type of surgery that you have had has been identified with a ✓as one of the following:

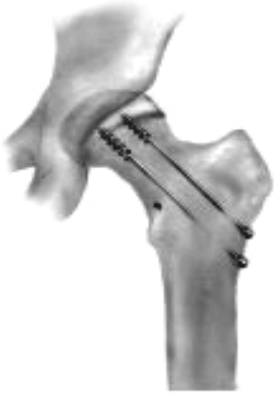
☐ **Hemiarthroplasty**

Is a procedure which involves taking out the broken piece of bone and replacing it with an artificial hip joint (see picture below). It is used for those fractures which occur near the hip joint (position **1** on the hip joint diagram). The hip joint is a ball and socket but for Hemiarthroplasty only the ball part of the joint is replaced. The socket is not damaged and is therefore left intact.



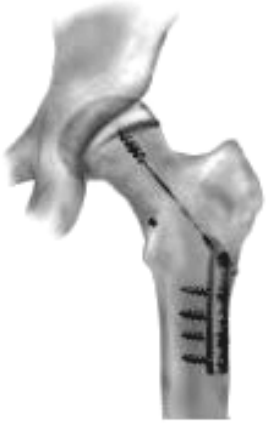
Multiple Screws

Three stainless steel screws are used to hold the bones in place for fractures near the hip (position 1). The operation to put in these screws is much smaller than that for a new hip joint. The operation is done through a small cut on the leg using x-rays to guide the position of screws and therefore, there is a reduced risk of infection or of problems with the wound healing.

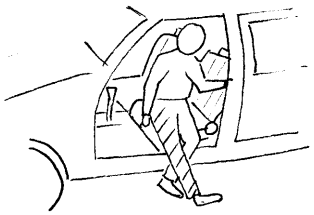


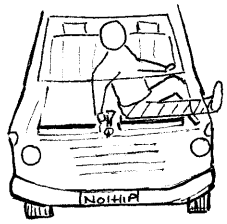
Dynamic Hip Screw

This is a stainless steel plate, which is placed across the fracture and held in place by a number of screws.
It holds the bones in position whilst they knit back together.
It is only used for those fractures that are further away from the hip joint (position **2**).



- Slide your bottom back towards the driver's seat, a pillow or cushion placed over the handbrake may make this more comfortable
- Gently turn to face the front, keeping your operated leg in front of you and in line with your body.
- To get out, repeat the above procedure in reverse
- The main thing to remember is to avoid excessive bending and twisting of the hip.



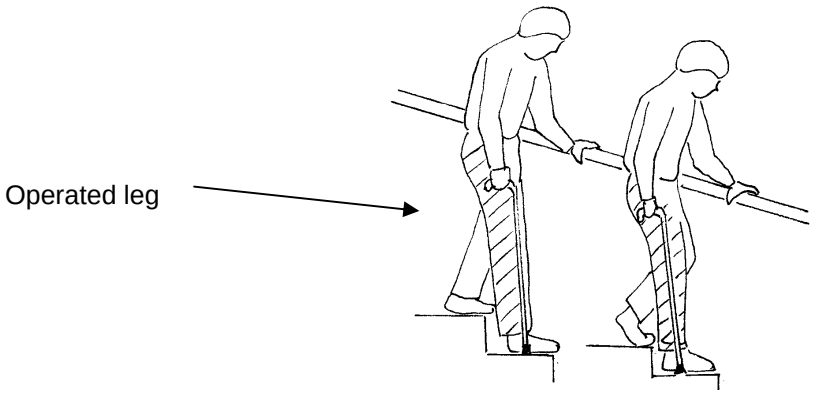


You are advised to avoid long journeys for the first three months after your surgery. You shouldn't travel for more than half an hour without getting out of the car for a break.

We recommend that you do not drive for six weeks following your surgery. We suggest that you contact your insurance company before you start driving again and you should be confident to perform an emergency stop.

Going Downstairs

Lead with your operated leg the stick goes down first

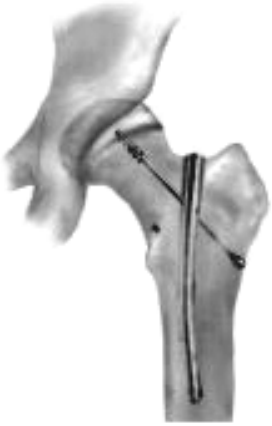


Car

Getting in and out of a car:

- You should avoid cars with low seat heights, e.g. sports cars or old style minis
- Ensure that you are standing on road level and not on a raised kerb so that you have extra seat height
- You should sit in the front passenger seat. The seat should be pushed back as far as it will go and partly reclined before you sit down, the driver should do this for you if the handles and/or buttons are low
- Turn with your back to the seat. Keep your operated leg out straight and lower yourself into the seat bottom first

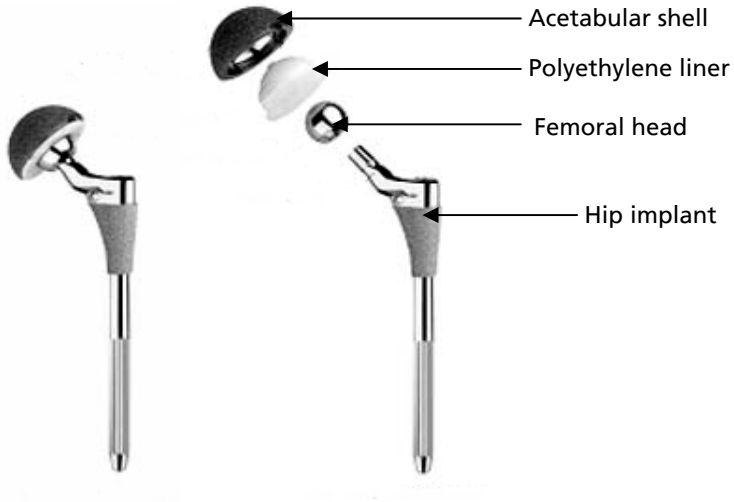
Intramedullary Nail



This is a metal rod, which is passed down the cavity in the centre of the bone with additional cross screws to go across the fracture.
It is only used for fractures That are in position 2 or further down the femur bone.

Total Hip Replacement

The hip joint is made up of a 'ball' and 'socket'.
During a total hip replacement the 'ball' (head of the femur) and the 'cup' (the socket in the pelvis) are replaced by artificial parts.



Assembled total hip

Your treatment and care

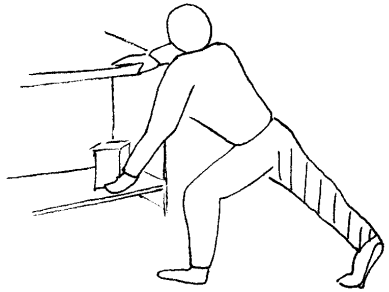
On arrival at the hospital

Your care will begin in the Accident and Emergency Department

- A doctor will see you. An examination will be performed and a medical history taken. It will be important to know the details of your fall such as what caused you to fall and if this was the first time it had happened
- You will be asked if you have any allergies
- You will be given pain relief, usually as an injection
- An x-ray will be taken of your hip and possibly one of your chest
- A small plastic tube will be placed into a vein to enable you to have fluids or medication by drip as required
- Blood tests will be taken as well as a tracing of your heart - an electrocardiogram (ECG)
- Healthcare professionals will gather relevant information identifying your needs so that a plan for your discharge is started. Personal details and home circumstances will be discussed, ie, who lives with you; do you have stairs or do you have any community help which will need to be cancelled whilst you are in hospital. This information is important for your discharge planning and with the correct information, we can get you home faster. We may refer you to the Health and Social Care Team to look at potential help you may need when you leave hospital
- As soon as is practical, you will be transferred to a ward

Reaching low surfaces

- Use a long-handled reacher, or grip a firm support, eg, a table; put your operated leg straight out behind you and bend the un-operated leg at the knee – using your arm for support

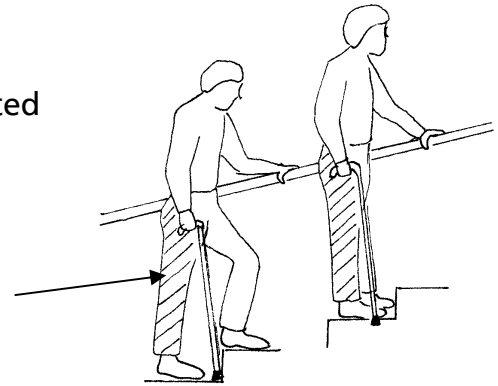


Stairs

- Take one step at a time
- A Physiotherapist will show you the correct way of going up and down stairs and you will have a chance to practice them if needed

Going Upstairs

Lead with your un-operated leg the stick follows last



Dressing

If you normally dress independently, your Occupational Therapist will discuss personal care with you. They may suggest long-handled aids to assist you when dressing.

- Sit on the bed or chair
- Take your time
- Dress your unoperated leg first and undress it last. It is likely to be easier for certain garments.
- Always wear flat, supportive, well fitting footwear
- Do not twist around to pick things up from behind you

At Home

If you are normally independent in kitchen tasks you may find the following points helpful. Your Occupational Therapist will look at your individual needs:

- Consider sitting to do activities (use a high stool)
- Bring frequently used items to worktop height
- Do not carry items whilst using your walking aid. Move them within arms' reach along your worktop or other surfaces
- If you live alone or have no one to carry meals/drinks for you, you will need to eat/drink in the kitchen. You may find a high stool helpful.

On arrival to the ward

Once on the ward, you will be introduced to members of the multidisciplinary team that will be looking after you.

The doctor will explain about your operation. There are different ways of giving you an anaesthetic and these will be discussed with you.

You will be given carbohydrate drinks before your operation. These drinks will provide your body with energy during your operation when you are unable to eat. Ideally the 1st dose should be taken 8-12 hours before the operation. Your nurse will arrange for this and the 2nd dose to be taken 3hrs before your operation.

At this stage, you will need to remain in your bed which will be supplied with an air mattress. You may be able to use bedpans/bottles to pass urine or it may be necessary for a urinary catheter (small tube) to be inserted into your bladder to enable you to pass water. You will need to use a bedpan for opening your bowels.

On the day of your surgery

- You should not eat or drink anything, other than your nutritional drinks that you have been advised to take, for at least 4 hours before your surgery (unless otherwise directed)
- You will be helped to wash and be given a theatre gown to wear
- You will have an arrow drawn on your injured leg
- You will be taken to theatre on your bed

There may be trainee clinical staff present in the operating theatre to observe the hip repair procedure as part of their training. If you have any objections to this, please inform us as soon as possible.

Following your operation

This may vary from person to person

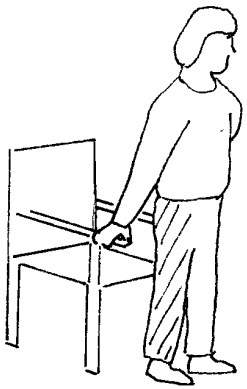
- You will wake up in the recovery room
- Your pulse, blood pressure, temperature and hip wound will be checked frequently
- You may have drains coming from your operation site
- You will have continuous fluids given through your drip
- You will be given oxygen by way of a mask or through little plastic tubes placed under your nose
- You may have a pillow or a foam wedge between or under your operated leg. This is to keep your leg in the correct position
- You will have a urinary catheter in place

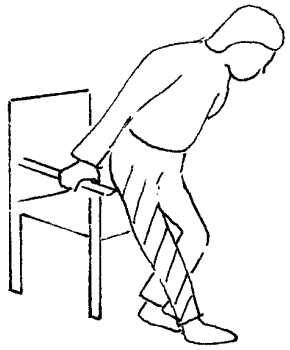
To get into bed:

1. Back up to the bed, then sit down in the way you have been taught, supporting yourself on the bed, with the operated leg straight out in front.
2. Move back across the bed and up towards the pillows, using your arms and unoperated leg to support you as you lift your bottom. Keep your operated leg straight, and both head and body in line. You can bend your unoperated leg.

Chair and Toilet

When sitting down or standing up from a chair, remember to hold onto the arms as you raise/lower yourself. When sitting, put the operated leg out in front of you. Your chair or toilet may need to be raised. Your Occupational Therapist will discuss this with you if necessary. **Do not pull up on your walking aid.**





Mobility

Depending on your mobility before your fracture, it is likely that you may need a walking frame to help you walk initially

Returning to your normal daily routine

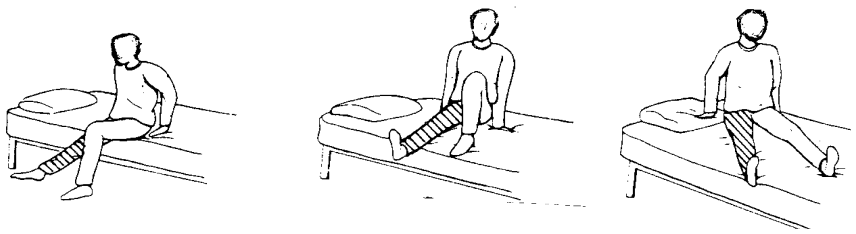
Depending on the type of surgery you had, you may have to be careful of certain movements whilst your hip is healing. Your Occupational Therapist will discuss this with you and give your further written information. They will also discuss how to manage your day to day tasks.

Bed

You will probably find getting in/out of bed difficult to begin with. You might need help at first to lift your leg across the bed until your strength returns. Your early physio-therapy exercises will help you with this.

Getting out of bed: *if possible lead with the operated leg.*

1. Use your arms and unoperated leg as before, to lift yourself across to the edge of the bed.
2. Slowly lift your bottom around, keeping your head and legs in line, until both legs come forward off the bed and down to the floor.



3. Keeping the operated leg out in front, stand up in the way that you have been taught.

Eating and Drinking

As soon as you are able, you will be encouraged to start eating and drinking. You will also be encouraged to have 3-4 supplement drinks per day in between meals to help build up your strength.

Pain Control

You will be given regular medication to control your pain. However, if you find that you are still in pain, please do tell a member of staff.

Medical review

You will be seen by a senior doctor from the elderly care team and /or the specialist nurse for osteoporosis this may not be until after your operation. The osteoporosis nurse will look at how you can reduce the risk of breaking another bone.

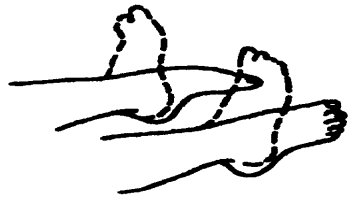
Post -operative Exercises

Breathing exercises

After an operation under general anaesthetic, it is important to ensure air flows into the lungs to decrease the likelihood of chest infections. The exercise involves 3 deep breaths in through the nose and out through the mouth, followed by a pause where normal breathing is re-sumed, then 3 more deep breaths ending with either a huff or a cough. Your physiotherapist will check that you are doing this correctly but you may start this exercise as soon as you are able to.

Ankle exercises

Repeat these 10 times on each ankle.
Move the ankles up, down and in circles to prevent blood clots forming and to help with circulation



These exercises may help your hip to become stronger - Day 1 onwards

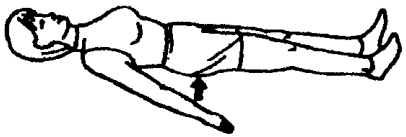
The following exercises can be done lying down or sitting with your back supported and your legs straight out in front of you.

Thigh exercises: *repeat 10 times on each leg.*

Tightening the thigh muscles by pressing the backs of your knees downwards. This prevents them from weakening and helps with circulation.

Buttock exercises: *repeat 10 times*

Clench your bottom. This helps with blood circulation and prevents the muscles from weakening.



Progress to: Hip strengthening exercises

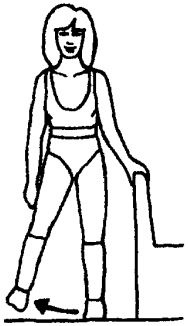
Slide you leg out to the side, keeping your toes pointing upwards and your knee straight.

Hip strengthening exercises continued...

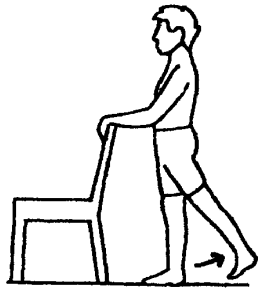
Slide your heel up towards your bottom and then straighten your knee again. **Remember, do not bend your hip more than 90°**

Depending on your progress and weight bearing status:

Your Physio will advise if the following exercises are appropriate for you to practice.



Keeping your knee straight, lift your leg out to the side. Bring your knee up towards you but don't bend your hip more than 90°



With your knee straight, take your foot out behind you.

If you have any further queries, don't hesitate to ask the physiotherapist or other members of the team.

It must be remembered that these are guidelines only. Each person having a hip operation has their own particular needs which will be addressed by the physiotherapist/medical staff.