

Useful contact numbers

National Osteoporosis Society

01761 471771

www.nos.org.uk

The Patient Advice and Liaison Service (PALS) is there to listen to your concerns and suggestions and help sort out problems quickly on your behalf. If you cannot get the information you need or you do not understand why certain things are happening, our PALS service can help you.

PALS Manager:- 01225 825656

If you wish to receive this leaflet in a different format, please contact our PALS service.

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Recovering from a broken hip

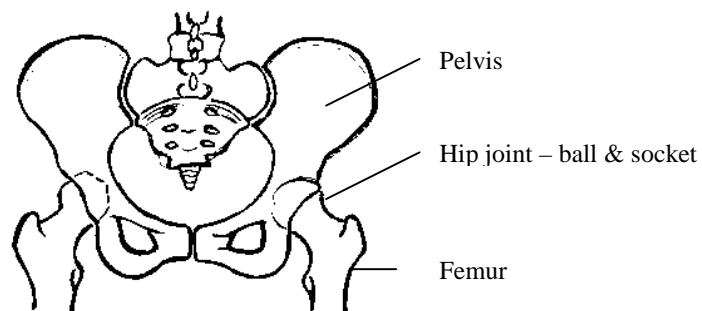
Information for patients and carers

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What is a broken hip or hip fracture?

The hip joint is the ball and socket joint between the femur (thigh bone) and pelvis.



A fracture of the femur in this area may be called a hip fracture or broken hip. Sometimes the bone ends stay completely against each other after a fracture but more often they move apart.

How will the doctors fix my hip?

Almost all hip fractures require an operation before it is possible to walk again.

The fracture can occur in two different areas of the femur.

The two types of fracture are treated differently as follows:-

How soon can I have a bath?

Once your wound has healed, at around two weeks, you may get your scar wet. However, you should avoid having a bath for the first three months. You may be able to use a walk-in shower, but avoid bending to wash below your knees. The occupational therapist will be able to advise on the best method for bathing and aids to suit your individual circumstances.

How long will I need to wear surgical support stockings?

You need to wear your surgical stockings for six weeks following your operation.

When can I start driving again?

Usually after 6 weeks. You must be safe and be able to perform an emergency stop. You should see your GP before starting to drive again.

Will I need an outpatient appointment?

Few patients with hip fracture need to be seen in outpatients. Those that do need to be seen routinely are patients with 3 screw fixation.

We will let you know if you need an outpatient appointment.

common in patients with a hip fracture. It is almost always involved in hip fractures occurring in women older than 76 years. However, it is also present in some younger women and men.

You can find more information about this condition in the leaflets displayed in the patient information area.

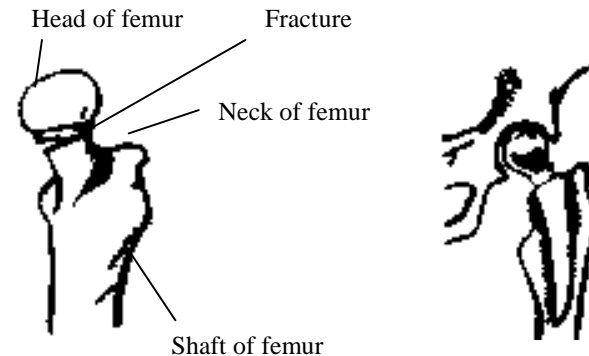
In most cases the doctors will recommend regular calcium/vitamin D tablets along with a specific osteoporosis tablet. When osteoporosis is less likely in patients, we will suggest an osteoporosis scan (DEXA scan) before we consider the need for these tablets. We will send the results of the DEXA scan to your GP and you will need to contact your surgery for the results.

Will I need to have stitches taken out?

Techniques vary for stitching wounds – some patients will have dissolvable stitches and others may have clips throughout. The dissolvable stitches are designed to dissolve by themselves but the end clips will need to be removed by a nurse (the district or practice nurse if you are at home). In general the nurse should see your wound for clip removal at 12 days.

1) Hemiarthroplasty (half joint replacement)

A fracture of the neck of the femur bone can damage the blood supply to the head of the femur (hip joint). If this blood supply is damaged, there is no backup and the bone will not heal. This operation involves removing the head and neck section of the bone above the fracture and replacing it with a metal ball and stem which fits into the top end of the thigh bone.



Subcapital hip fracture

Hemiarthroplasty fixation

2) Dynamic hip screw

If the fracture has occurred further down the femur (beyond the neck), we perform a dynamic hip screw operation. This involves fixing a metal plate, with a screw, to the side of the thigh bone at

the top and a long screw across the fracture into the head section. This holds the ends of the bone together while they heal.



Intertrochanteric hip fracture



Dynamic hip screw fixation

In some femoral neck fractures, the bones have not moved apart and the blood supply may not be damaged. The surgeon may recommend that 3 screws are used to hold the ends of the bone together while they heal.

In each case the metalwork will stay in the hip forever.

Before you agree to have the operation your surgeon will explain your fracture type and the operation we recommend.

How can I avoid further falls?

It is important to find out whether your fall happened for a particular reason. This is because causes of falls, such as poor balance or variable blood pressure, might be prevented in future.

The medical team will ask about your fall and whether you have had other recent falls. We may suggest that your GP refers you to a local Fallers Team for further review.

If you have had more than one fall in the last six months, for other than exceptional reasons, we advise you to contact your GP or district nurse for review.

Further information on falls is available in the patient information area on the ward.

Do I have osteoporosis (brittle bones)?

The medical team will usually check whether you have osteoporosis while you are in the ward. However, please feel free to ask us if we have carried out this check. You can also ask your GP about this when you go home.

Osteoporosis is an important issue. It is extremely

3. Avoid twisting at the waist. Turn round fully rather than twisting.

How should I get into and out of a car?

- Get in from the road rather than the pavement.
- Choose the front passenger seat.
- Start with the seat slid backwards and reclined.
- Get in bottom first, keeping the operated leg straight. Ideally lift both legs in together.
- Reposition the seat and bring it to a partially reclined position.
- Perform this sequence in reverse to get out again.



What will happen to me before my operation?

You will have had x-rays and blood tests when you arrived. To prepare you for the operation:-

- we will give you painkillers and a drip for intravenous fluids.
- the doctors will mark your broken hip with a pen.
- we will fit you with tight stockings to reduce the chance of blood clots forming in your legs.
- we will give you an injection under your skin which also reduces the chance of clots forming. (We will continue this daily after your operation).
- your nurse may insert a catheter (bladder/urine tube) if it will be difficult for you to use a bed pan.

Before the operation the surgeon and the anaesthetist will come to see you to discuss the details of your operation and check your general health. They will talk to your close family if you wish this.

We perform the operation in the first 1 – 2 days of

your admission whenever possible unless you need other treatment first. Operations are sometimes delayed if there is an increased demand for emergency surgery.

What will happen to me after the operation?

When you come out of the operating theatre you may have a drainage tube coming from your hip wound. We will remove this in the next day or two. Some patients need an epidural for pain control during their surgery. In this case there will be a fine tube in your back which will be removed a few hours later.

You may feel a little sick and groggy after the operation for a short while.

Your leg should start to feel more comfortable now. Pain is an individual experience and your nurse will check your pain level regularly.

Some patients may require a blood transfusion after their operation if they have become very anaemic (bloodless) during the operation.

As soon as you are able to get in and out of bed with help, we will remove your catheter. This is

If your furniture is at the correct height there is less chance of you over-bending your hip in the first weeks after your operation. If the heights are not correct then the OT can arrange for adaptive equipment to be fitted before you go home.

The team of nurses and therapists will assess your progress daily. They will advise you and your family at an early stage how long you are likely to be in hospital and the rehabilitation you will need.

How can I protect my hip after a hemiarthroplasty operation?

Hip fractures fixed with a joint replacement (hemiarthroplasty) are at increased risk of dislocation. To reduce the risk we recommend the following three precautions:-

1. Avoid crossing your legs. In bed, where possible, try to sleep on your back or at least place a pillow between your knees when in bed.
2. Avoid bending to more than 90 degrees at your hips, e.g reaching below your knees. To assist this you may need adaptations to your furniture height or equipment for reaching.

If you need ongoing assistance, the team will assess this and ask social services to provide care. There is a small charge for these services.

Other patients may need a longer period of rehabilitation in hospital. In this case we will recommend that you transfer to the local community hospital.

How long will I be in hospital?

Some patients recover very quickly from their operation and will be able to go home with the rehabilitation team's support 5 days after their operation. This is particularly the case where there is a toilet and bedroom, or bed, on the one level and where family/friends can help out.

In order to avoid any delay to your return home, we start to assess the help you may need at discharge soon after you arrive on the ward.

The occupational therapist (OT) will need to know from your family the heights of your furniture at home. We will give you a form asking for this information.

to reduce the risk of urine infection. You may experience a little difficulty controlling urine for the first day after removal of the catheter. If this persists please tell your nurse.

Constipation is very common following a hip operation due to:-

- limited mobility,
- reduced dietary intake,
- strong painkillers.

Please ask your nurse for laxatives (bowel medicine) if your bowels haven't opened for more than a couple of days.

Will my hip be as good as new after the operation?

A hip fracture is often a life changing event. Although some patients may return to 100% of their usual ability, many do not. This may be due to damage caused to the bone, muscle and ligaments as a result of the fracture or because you cannot do all the exercise we recommend.

Hip fracture often occurs in people who have several medical conditions or who are otherwise frail. The effect of these conditions or frailty can affect your overall recovery.

How will I get back on my feet again?

Wherever possible the physiotherapists and nurses will help you to get out of bed and start getting back on your feet again within the first 24 hours after your operation. This helps to reduce any complications. Initially you will require a frame to assist you with walking. In some cases the surgeon may restrict your walking due to the nature of your fracture.

What exercises will I do?

The physiotherapists and nurses will help you start to regain your confidence and ability with walking by helping you practice on the ward. We encourage patients to walk out to the bathroom whenever possible (with their nurse) to increase the chances for exercise.

There is information on further exercises available from the physiotherapists.

What help will I have with rehabilitation?

Getting back to normal life is a very personal experience. Some people need more time than others. You are the key person in promoting your return to your usual ability.

You may find it helpful to set small goals, gradually increasing the amount you do each day. Within the ward the physiotherapists, nurses and occupational therapists (therapists involved with helping you cope with everyday tasks such as dressing and cooking) will support your progress.

We will encourage you to start practicing putting on your day clothes as soon as you are able to sit out again. Please ensure that your relatives/friends bring in some loose fitting day clothes. However, we do not have a laundry service on the ward, except in emergencies.

Some patients will be able to return home quickly with the support of the local community rehabilitation team. In this case you will need to be able to walk at least a few steps by yourself with a frame. You also need to be able to get on and off your toilet/commode and your bed by yourself without help. The team will continue the rehabilitation training within your own home.

The team can provide help with your personal washing and dressing. They can also advise you on having meals delivered until you are able to manage by yourself again.

...GETTING DRESSED...

Getting up and getting dressed is part of your normal lifestyle. We aim to help you return to a normal routine as soon as possible.

We will encourage you to get dressed and move towards normality, most people feel more comfortable and confident in their everyday clothes.

If you have had an operation you may find some difficulty in putting your clothes on, there may also be some precautions you need to take, to protect the area , following your operation.

We can help you with finding the best way to manage.
Practice makes perfect !!

Please ask your family to bring clothes in for you to do this.

Start with things that are easy to get on and off and avoid tight fitting garments.

Flat well fitting shoes may also be better than loose fitting slippers, when learning to walk following surgery.

Your family will need to take your clothes home for washing as the hospital is unable to provide this service.

...OCCUPATIONAL THERAPY...

Occupational Therapy looks at how you manage everyday tasks such as getting washed and dressed. We can assess and/or advise you on how you will manage on discharge.

- We will discuss with you your existing home situation i.e. if you live in a house or bungalow, whether you live with anyone and how you normally manage everyday tasks.
 - We will discuss with you how you might manage on discharge and whether you will need a support team and whether your family are able to help.
 - We may give you a form asking for the heights of your furniture at home. Sometimes, because of the operation you've had, you may need some equipment to raise your furniture. We will need to arrange the delivery of any equipment before your discharge. If your family or friends can help with this, it would be very useful.
 - We can look at how you are managing to get washed and dressed and advise you on how you do this when you are back at home.
 - We can also check that you are independent getting in and out of bed and on and off the toilet.
- We may also suggest to you that an assessment in our kitchen would be helpful. We can look at managing basic kitchen tasks and advise you on how you could manage.
 - We are happy to talk to your family about your discharge plans and we work with the support teams or Social Worker about your discharge needs.