



FRACTURED HIP GUIDE

Welcome to the Wimmera Health Care Group. This pathway outlines the care and treatment you may receive during and after hospitalisation for a broken hip.

Please take time to read this leaflet.

The pathway is a guide only and your treatment may vary depending on your needs. You can however, expect to be in hospital for about 7 days.

Please use this pathway to help understand your condition and care.

The medical staff at Wimmera Health Care Group will happily answer any other questions or concerns you may have, that are not answered in this pathway or you have from reading this pathway.

Hip Fracture and Surgery. What does this mean?

The hip is a “ball and socket” joint. The ball is the head of the thighbone (femur) which fits into the cup shaped bone in the pelvis (acetabulum). Ligaments and muscles hold the joint in place.

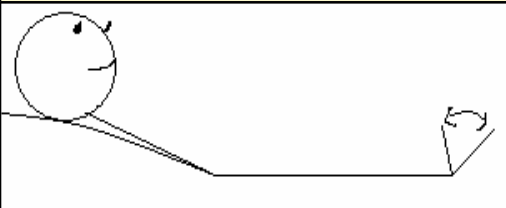
Hip fractures are a common injury, especially in the elderly, due to falls or brittle bones (osteoporosis). In younger people, hip fractures usually occur due to “high energy trauma”.



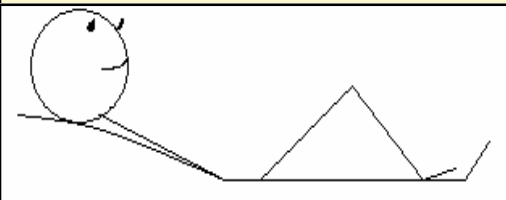
These exercises should be commenced as soon as you wake up on the day of your operation.

1. Exercises for Circulation

- Move feet up and down. Repeat 10 times every hour.
- Circle feet in a large circle. Repeat 10 times every hour.



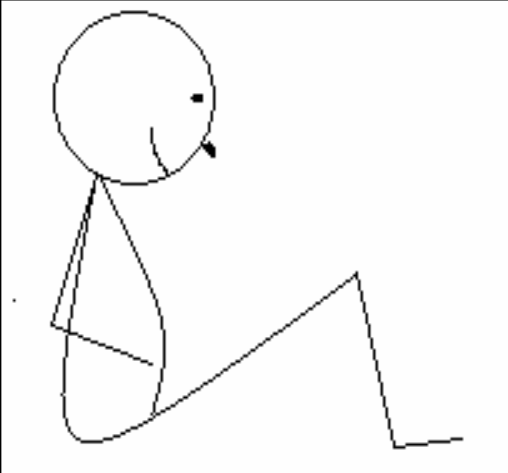
- Bend one knee upwards. Keeping the heel on the bed then slide it down again, repeat with the other. Repeat 5 times every hour.



- With your legs straight, stiffen your legs and tighten your bottom, hold for a count of 5 and then relax. Repeat 5 times every hour.

2. Breathing and Coughing

- Deep breathing: When sitting or lying, place your hands on the sides of your lower ribs. Breathe deeply making sure your ribs move under your hands. Relax, and breathe out slowly. Repeat 5 times every hour.



- Huffing to assist coughing: Breathe deeply and huff on outward breath. Repeat twice every hour.
- Coughing: Breathe in deeply and cough. Repeat once every hour.

Disclaimer: This patient pathway is intended as a guide only. As each patient is an individual and responds differently, the care plan may alter. If you have questions, please discuss with your Doctor or Nurse.

Tests

X-rays were taken of your hip in the Emergency Department. They help the surgeon decide what type of break (fracture) you have and what type of operation needs to be done. You will also need to have blood and other tests done.

Deep Breathing and Coughing

Before and after your surgery, your breathing can be shallow because you are inactive. This may cause chest problems, such as pneumonia. You will be shown deep breathing and coughing exercises to do before and after surgery, to keep your lungs clear. You should do these exercises 5 -10 times every hour while you are awake. (See page 14 for more details).

Ankle Exercises

You will be asked to move your ankles up and down 5 to 10 times every hour while awake. This helps the circulation in your legs. (See page 14 for more details).

Managing Your Pain

It is normal to have pain with a broken hip. You will be offered pain medication. Please tell the nurse when you are having pain.

Nursing staff will ask you to score your pain.



No pain



Worst pain ever

0 1 2 3 4 5 6 7 8 9 10

Do not feel afraid to ask for pain medication. You will not get addicted during a short hospital stay even if you take a lot of medication.

EMERGENCY CARE

Treatment and Observations

You will have:

- x-ray of hip and chest
- ECG (heart tracing)
- blood pressure, pulse, temperature measured
- blood test
- examination from a doctor, who will explain your operation. You will be asked to sign a consent form for hip surgery.



Medication

You will be given pain relief. An anaesthetist will discuss your anaesthetic, pain management and review your current medications.

Nutrition

You are not to eat or drink 4-6 hours before surgery. You will have an intravenous drip inserted into a vein and may be given intravenous fluids.

Mobility

You will be positioned to make you as comfortable as possible. Nursing staff will keep your movements to a minimum to prevent pain.

Bladder and Bowel Care

Nursing staff will assist you with your toilet needs. A urinary catheter may be inserted into your bladder to drain urine.

Discharge and Education

The time in hospital can vary considerably for hip fractures. We will attempt to have you to your usual place of residence in 7-10 days (if all goes well). Often people who have had a fractured hip will need to reassess their living arrangements.

Items of Clothing and Aids Needed for your Rehabilitation Program:

- **Rubber-soled walking or gym shoes**
- Two or more changes of day clothing
- Tracksuit or other clothing for exercise
- T-shirts, loose shirts or blouses
- Socks and underwear
- Warm jumper or windcheater
- Glasses if required
- Hearing aids
- Dentures



Call Your Doctor

See or call your family doctor right away if you have:

- sudden pain and tenderness in your hip or leg
- drainage from your incision
- pain in your chest
- trouble breathing
- you feel hot or have an increased temperature



REHABILITATION INFORMATION FOR INPATIENT

Rehabilitation

Rehabilitation is the process of restoring disabled people to their maximum level of independence following illness or accident. The rehabilitation service at Wimmera Base Hospital can assist in the process by helping you overcome difficulties with activities such as movement, mobility, balance, speaking, dressing, eating, drinking or remembering. These problems may have resulted from a variety of conditions including:

- Head injuries, stroke or other neurological condition
- Fractures, joint replacements and other orthopaedic conditions
- Amputations
- Falls
- Immobility due to surgery
- Other

Rehabilitation is about independence or about you going home as quickly as possible and getting on with your life.

Community Rehabilitation Centre

Some of your rehabilitation programs may be conducted in the Community Rehabilitation Centre. The Centre has a large therapy area with equipment and parallel bars for patients to practise different activities. Members of your family are welcome to be with you if you wish.

Clothing and Aids

When you are having rehabilitation you will be out of bed and dressed in day wear every day. This is a very important aspect of your rehabilitation: you will feel better and you will be able to work effectively when you are dressed.

SURGERY DAY

Treatment and Observations

Your pulse, blood pressure, breathing rate, oxygen levels and temperature will be measured regularly and every hour after your operation. You will have a drip in a vein to give you fluids and medications.



Medication

- **Before surgery** you may be given an injection/tablet to help you relax.
- **Post surgery** you will be given injections for the first 24-72 hours to keep you comfortable.
- **Antibiotics** will be given through a drip for 24 hours to help prevent any infection.

Nutrition

On return to the ward, you will only have sips of water and ice chips until you have recovered from the anaesthetic.



Mobility

Post surgery you will need :

- a special soft mattress on your bed
- to be correctly positioned in bed by the nurse using the rolling frame, to assist with turns
- to deep breathe and cough every hour
- you may require a splint on your leg

Personal Care

Post surgery you will be given a wash and will have stockings on to help prevent blood clots from forming in your legs.

Bladder and Bowel Care

You may have a tube in your bladder (catheter) to drain urine.

Wound Care

You will have 1-2 drain tubes in your wound, which prevent the collection of fluid.

DAY 1 AFTER YOUR SURGERY

Treatment and Observations

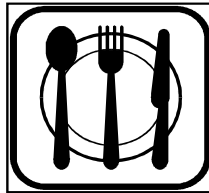
You will have blood tests. If your blood count is low, you may require a blood transfusion. Your temperature, pulse and blood pressure will be checked at least every 4 hours. You will have oxygen administered for the first 48 hours after surgery.

Medication

- **Pain relief** will continue.
- **Medication for nausea** may be given via your drip.
- **Blood thinning medication** will be given to prevent blood clots in your legs, via a small injection into the skin of your abdomen.

Nutrition

You may have fluids and a light diet.



Mobility

The physiotherapist will check your chest and encourage you to commence deep breathing exercises hourly, when awake. You will be assisted to get out of bed with a walking frame and sit in a chair.

Personal Care

Nursing staff will give you a wash in bed and reposition you regularly.

Wound Care

Your wound dressing will be checked frequently and may require reinforcement. A small amount of ooze from the wound is not unusual.

Discharge and Education

A nurse will assess you for Post Acute Care - services you may need after discharge.

Getting Your Own Home Ready

If you live in your own home, arrange to have someone stay with you. The length of time will depend on your own situation. Also, arrange to have someone take you home from the hospital.



Home Support and Services

While in hospital you will be seen by the Admission and Discharge Nurse. She will be able to help arrange transfer to another hospital, transport details and home services such as meals-on-wheels and home-help.



The Importance of Good Nutrition

It is important to eat well over the next few months as your hip heals. Food gives your body the building blocks for healing, so it is important to eat enough food everyday from a balanced diet. **It is especially important to get lots of energy foods (calories).** Eating three meals a day helps give you the energy needed for the day. You may want to have six “mini” meals a day instead of three large meals. To do this, simply add small meals at mid-morning, mid-afternoon and in the evening.

TIPS TO PREVENT FALLS

- Wear non-skid support shoes.
- Clear hallways of clutter.
- Remove scatter rugs.
- Use your walking aid at all times - even for short distances.
- Get up and down slowly from a chair.
- Hem pants that are long in length.
- Keep living areas well lit.
- Clean up spills right away.
- Put items you use often within easy reach.
- Ask for help when you need it.
- Take your time (for example, do not rush to answer the telephone).

Movements to Avoid

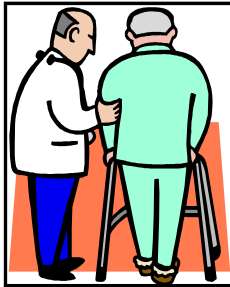
- **Pins, screws and plates** - Do not put more weight on leg than instructed by your surgeon, physiotherapist or nurse. Take small steps and avoid twisting.
- **Partial Hip Replacement** - You must avoid certain movements to keep your hip from slipping out of joint (dislocating).
- You should follow the following 3 rules until your doctor advises you six / eight weeks after surgery.

Rule 1: When sitting, your knees should not be higher than your hips. Raised toilet seats and chairs will be provided in hospital and should also be used at home.

Rule 2: Do not cross your legs or your ankles. Use a pillow between your legs when lying in bed.

Rule 3: Do not twist your body.

- Make sure your shoulders and hips are in line at all times.
- Take small steps when turning.
- Do not reach across your body. Keep articles on bedside table within arms reach to avoid twisting.
- Do not twist your leg inwards or outwards.



Preparing for Discharge

After surgery for a broken hip, some people are able to return to their own home or nursing home. Some may need to go to their local hospital so that more time can be spent recovering.

Have someone prepare some meals and freeze them. Remove scatter rugs. Rearrange kitchen equipment and items in other rooms so that you won't have to bend or reach to get them.

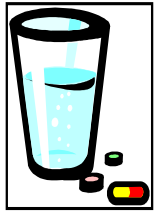
DAYS 2, 3 & 4 AFTER YOUR SURGERY

Treatment and Observations

- You will be seen each day by the hospital doctor, who will be in contact with your surgeon, as required.
- The intravenous fluids will stop if you are drinking enough. The needle in your arm will then be removed.
- Your temperature, pulse, blood pressure will be checked 4 times/day.
- Day 1-3 you will have an x-ray to check your hip surgery.

Medication

Pain relief tablets or injections will be given for your pain. **Please tell your nurse if you have any pain or discomfort.**



Nutrition

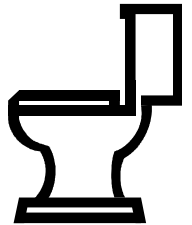
You should be able to eat and drink normally.

Mobility

The physiotherapist will help you to sit out of bed on Day 2 and to walk with a frame. It is important that you continue to do your bed exercises. You will attend the rehabilitation gym when well enough. (See page 13 for clothing requirements).

Personal Care

You will be assisted to shower and dress.



Bladder and Bowel Care

If you have a catheter in your bladder, it will be removed. If you have not used your bowels, your nurse will give you some medicine to help.

Wound Care

The dressing over your wound will be checked daily. The drain tubes may be removed on Day 2 and the site dressed.

DAY 5 TO DISCHARGE DAY

Treatment and Observations

Your stitches/staples will be removed, usually around day 12 - 14. Your blood pressure and pulse will be measured less often as you recover.

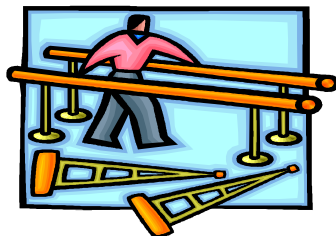
Medication

The Pharmacist will supply medications for you to take home on discharge and discuss any new medication with you.

Mobility

You will attend the Rehabilitation Gym on week days, to help you to:

- mobilise with your frame/crutches
- get in and out of bed
- negotiate stairs

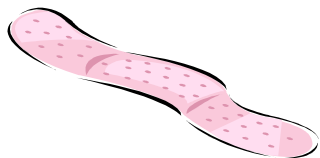


Personal Care

You should gradually be more independent with your hygiene and dressing.

Wound Care

Your wound should be dry, although a little redness and swelling is not abnormal.



DISCHARGE DAY (7 - 10 DAYS)

Treatment and Observations

You will be given an appointment to come to the Rehabilitation Centre, (if you live locally). An appointment will be made for the removal of stitches/staples (if not already removed).

Medication

Your own medications will be returned to you with your discharge drugs.

Personal Care

The Occupational Therapist will have provided you with equipment for use at home, e.g. over-toilet seat



Wound Care

You will be given a wound care pamphlet to take home with you.

EXERCISE, EXERCISE!!

is what makes your hip surgery successful.

Your physiotherapist will teach you the exercises you will need to do.