

Fractured Neck of Femur (Broken Hip) Post-operative care & Rehabilitation

This is an information leaflet explaining the postoperative care and rehabilitation for all patients following a fractured neck of femur (broken hip). When someone suffers a hip fracture it can cause significant impairment; physically, socially and emotionally. It is hoped that this booklet will support you through a difficult time, and highlight the importance of post-operative rehabilitation for your recovery.

WHAT HAPPENS AFTER SURGERY?

First 24 hours following Surgery:

The recovery room:

You will wake up in the recovery room following surgery, where the nurse will frequently check your vital signs and level of pain. An oxygen tube or mask will be on your nose or mouth. When you have fully woken up from the anaesthetic you will be transferred back to the ward. You should expect to be off the ward for a minimum of 4 hours. A combination of injections and tablets may be used to control your pain following surgery.

Durbin ward / Robin Ling ward:

On return to the ward you will continue to receive oxygen treatment, usually for up to 24 hours, depending on your oxygen levels. Your blood pressure, pulse, respiratory rate, temperature and pain score will initially be recorded hourly, later reducing to 4 hourly.

It is important to tell the nurse if you have any pain. Your pain can be controlled by using a combination of injections, tablets or an infusion. If you have had a spinal anaesthetic you may find that your legs feel numb. This will resolve over 6-12 hours.

A catheter tube may have been inserted into your bladder to drain urine away. This will be removed within 48 hours unless there is a need to keep it in for longer time.

Fluids will be administered via a plastic tube (cannula) inserted in to a vein in your hand/arm. Once you feel able to you can start drinking and eating. These fluids will be stopped once you are drinking enough. Some people experience nausea and sickness after surgery, if you feel unwell please let the nurse know. Anti-sickness medication can be given to help reduce these symptoms.

You will be given your first blood thinning injection (heparin) 6 hours after surgery. This is a tiny injection, given daily, into the stomach area and is administered to prevent blood clots developing during your hospital stay. You will continue to receive these until you return home.

The nursing staff will help you turn in bed every 2 to 4 hours to prevent pressure sores developing from being in the same position for too long.

After the operation there is a possibility that you may become confused and disorientated. This is not uncommon in older adults following an operation, particularly if they have had memory problems beforehand. This usually settles over a few days

24-36 hours following surgery:

The nurse will help you have a wash whilst you are in bed. You should now be eating and drinking independently. Any fluid infusions will be removed and the oxygen therapy and any painkilling infusions will be stopped. It is important for you to let the nursing staff know if you are experiencing any pain as oral medication can be provided.

Your blood pressure, pulse and breathing rate will now be recorded 3 times a day.

A member of the orthopaedic team will see you and explain the surgery. You will also be reviewed by the Orthogeriatric team who have expertise in caring for older people. They will focus on your physical and mental health, taking into account other medical problems you may have.

You will have a blood test to check that your blood level and kidney function is within normal levels. If you require a blood transfusion then this may be offered during this period.

The Physiotherapists will assess you and start to plan your rehabilitation (see page 6). It is expected that you will attempt to stand and mobilise gently on the first day following your operation.

The occupational therapist will see you, if you have not already been seen before surgery, and discuss your home circumstances with you. The aim is to get you home as soon as you are mobile and able to look after yourself (see page 13).

Your recovery will be reviewed on a daily basis by the multidisciplinary team to ensure your recovery is progressing as planned.

36 – 48 hours following surgery:

By now you will be getting out of bed for your wash. The nursing staff will assist you to have a wash by the bedside or if able you will either walking or be assisted to the bathroom using a wheel chair. Please ensure you have comfortable "day clothes" to wear and suitable foot wear for walking in.

Your urinary catheter will be removed if this has not been done already. If you have not opened your bowels following surgery please inform the nursing staff as further laxatives can be provided.

You should be eating and drinking well. If your appetite remains poor please inform the nursing staff as extra food supplement drinks can be provided.

48-72 hours following surgery

You should now be getting up and walking to the bathroom for a wash using a walking frame or similar. You may already be independently mobile (if this was possible before you broke your hip) with a walking aid or you may still require supervision from the nursing staff.

The therapy team will continue to plan your discharge home with you

72 hours onwards following surgery:

The therapy team will continue to see you on a daily basis to plan your discharge with you. You should be walking with assistance of a walking aid independently or supervised. You will need to continue using your walking aid until you are putting full weight through your hip and feel confident. It can take many months for you to feel confident to walk unaided again.

Bone Health:

Broken bones in older life are often the result of osteoporosis, which is thinning and weakening of the bones. The doctors may recommend that you take certain medications to strengthen your bones:

- Calcium supplements in the form of Calcium & Vitamin D (chewable tablets or dissolvable powder taken daily)
- Vitamin D tablets: either a high dose once only treatment or a low daily dose
- Bisphosphonates (Risedronate or risedronate); one tablet per week on an empty stomach whilst you are sitting or standing upright.
- Sometimes other specialist bone treatments may be considered. This will be discussed with you.

A Bone Density Scan (DEXA) may be requested by the doctors to assess the strength of your bones if the cause of the broken bone or the strength of your bones is in doubt. If this is required, you will be sent an appointment after you leave hospital.

Follow up:

Surgical dressings are normally checked at 10-14 days after surgery. Depending on your circumstances this may be done by a nurse from your local GP surgery or by a district nurse. Your nurse will confirm this with you prior to your discharge from hospital.

120 days after your injury you will be telephoned to assess how your recovery is progressing. You will be asked about your walking abilities and if you are still taking any bone-strengthening medications.

Your GP will follow you up if you have had an uncomplicated hip operation. If further tests, treatments or follow-ups are required we will notify your GP.

Occasionally follow-up in fracture clinic is required. This is typically at 6 weeks after surgery.

Managing your pain on discharge

Everyone's experience of pain varies following hip surgery. However, good pain control is essential to allow you to walk and continue the physiotherapy exercise regime required with limited discomfort. In the early stages it is sensible to take pain killers even if you do not have pain at the time.

When discharged home you will be given a supply of painkillers. When these run out please contact your GP if you feel you still need them. If you choose to buy painkillers over the counter, please discuss it with the pharmacist as the preparations may be slightly different. It is sensible to take your empty painkiller pack with you to show them what you have been taking.

Physiotherapy Rehabilitation:

If you have had a Total Hip Replacement to treat your fractured hip, you will need to be given a different booklet. Please speak to your Physiotherapist or Occupational Therapist and they will be able to issue one to you.

Type of surgery:

The physiotherapist on the ward will inform you which operation you have had and how much weight you can place on your operated leg. It is normal to experience discomfort after the operation and it is important therefore that you take all the pain killers that are offered to you, even if you do not have pain at rest. You will progress with your rehabilitation much more quickly if your pain is kept under control.

Restrictions / Limitations:

Apart from the amount of weight you may place on your operated leg and the limitation caused by your discomfort, it is unlikely that there will be any restrictions placed upon you. You may sleep in whichever position you feel comfortable, get out of bed on either side and move your hips in any direction you wish.

Expectations placed upon you:

- If you are medically well enough you will get out of bed and, if you can, gently walk on the first day after your operation.
- You should undergo one session of physiotherapy rehabilitation each day (however, Sunday rehabilitation will be prioritised to those patients who are Day 1 post-op or due to be discharged home that day).
- You will be shown simple bed exercises which you must practise regularly when resting in bed (these exercises can be found on page 8).
- You will be shown simple chair exercises which you must practise regularly when sitting out in your chair (these exercises can be found on pages 8-12).
- By day 2 after your operation you should be dressed in comfortable day time clothing and not your bed time clothing.
- You should wear well-fitting footwear or slipper socks when mobilising after your operation to minimise the risk of falling.

Progress with Rehabilitation:

Please remember that it is normal to have good and bad days as you continue to recover from your operation. You should expect these to last for up to 12 months following surgery. Plan and pace your activities carefully on these days and don't be afraid to take pain killers. If you are concerned, please contact your GP or the Physiotherapy team on the telephone number at the end of this booklet.

Walking aids:

It is likely you will need additional support as you start to walk again following your operation. Walking frames and crutches are examples of walking aids used. If your surgeon is happy that you put full weight through your hip and your pain is controlled, you may stop using your walking aid.

It is important that you are walking well before discarding your walking aid completely. Indeed, it is far more beneficial to continue using a walking aid for longer if it enables you to walk better. This will enable your muscles to recover from the operation.

Later Rehabilitation:

Your rehabilitation will continue if you are transferred to your local hospital. Physiotherapists and Occupational Therapists at the hospital will continue to maximise your mobility and increase your strength, balance and independence.

If you are discharged home, the ward physiotherapist will refer you for ongoing rehabilitation. Depending on your level of independence and your social set-up, this may take place either in your home or at your local outpatient Physiotherapy department. You will be contacted once you are home to arrange your first appointment.

Bed Exercises:

- Pull feet up and down vigorously. Repeat 10 times every hour.

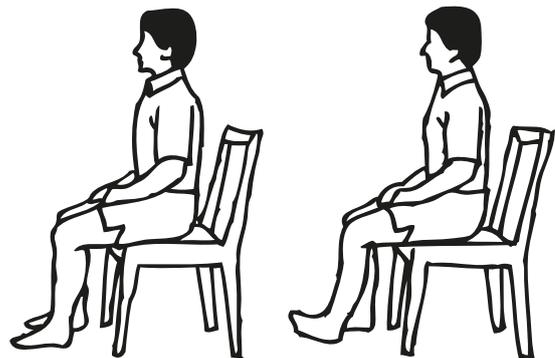
- Straighten knees fully, pushing the backs of your knees into the bed whilst tensing the muscles on the front of your thigh. Repeat 10 times every hour.
- Tense your buttock muscles. Repeat 10 times every hour.
- Take 5 deep breaths every hour, followed by a strong cough.

Seated Exercises: To be done when sitting out of bed

Exercise 1

With feet flat on the floor, tap toes and lift heels alternately.

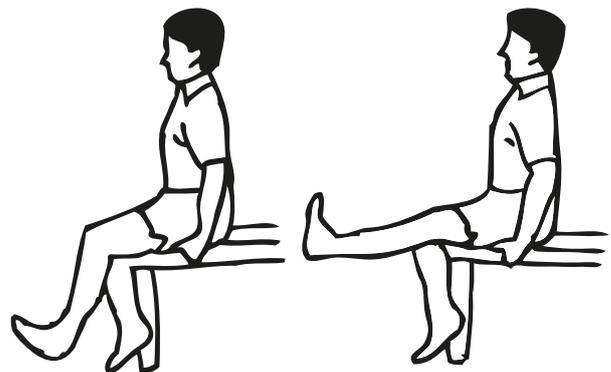
Repeat times on each foot



Exercise 2

Pull your toes up, tighten your thigh muscle and straighten your knee. Hold for approximately 5 seconds and then slowly relax your leg.

Repeat times on each leg

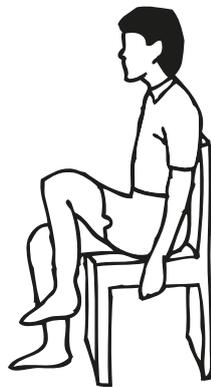


Exercise 3

Marching feet on the spot, lifting knees up and down.

Repeat times

on each foot



Exercise 7

Sit away from the chair back. Bend your elbows and swing your arms from the shoulder. Build to a rhythm that is comfortable for you.

Repeat times



Exercise 4

Lift each leg up and out to the side, then back to the middle. Repeat with other leg.

Repeat times

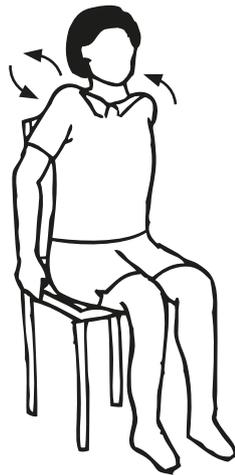
on each leg



Exercise 5

Sit tall with your arms at your sides. Lift both shoulders up to your ears, draw them back, then press them down.

Circle times



Exercise 8

Alternate lifting your arms from your chest straight up and bring back down.

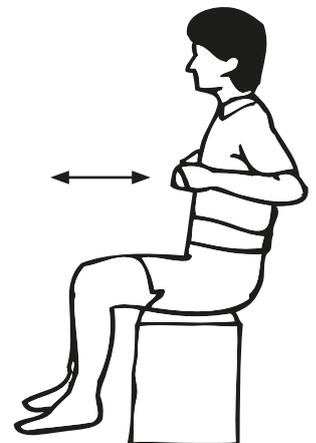
Repeat times

each arm

Exercise 9

Reach your arms forward, straightening your elbow, then bring your arms back, bending your elbows and bringing them into your sides, in a 'rowing' action.

Repeat times



Exercise 6

Place your right hand on your left knee, then turn your upper body and head towards your left arm. Repeat on the opposite side.

Repeat times



Exercise 10

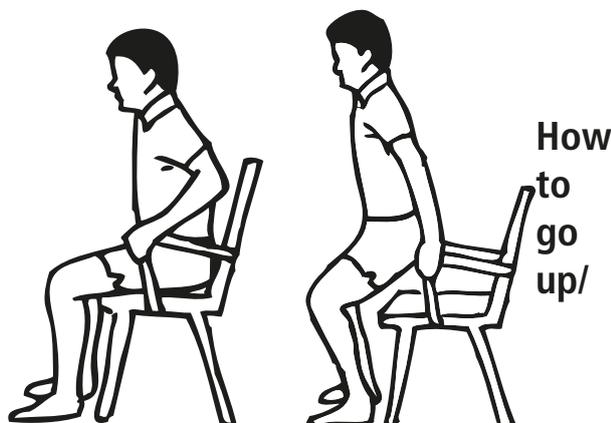
Hold the arms of the chair and attempt to lift your bottom from the seat by straightening your arms and pushing your shoulders down.

Repeat times

Exercise 11

Practice pushing up into a semi-standing position.

Repeat times



down stairs

- **For safety reasons, avoid stairs as far as possible.**
- Use a bannister if one is available and carry the spare crutch in the fingers of the other.
- **Going up** - step with the 'good' leg first, follow with the injured leg and crutches.
- **Going down** - crutches down first then step down with the injured leg, follow with the 'good' leg.



To help you remember:

- 'Good' leads up to heaven
- 'Bad' leads down to hell!

Occupational Therapy Rehabilitation

Following your hip operation you may have difficulty doing some everyday activities. These pages offer advice on managing at home and returning to functional activities following your hip operation. If you have any queries please do not hesitate to ask your Occupational Therapist (OT).

Your OT will have seen you on admission and discussed what you are normally able to manage and what support you may already have at home. Once you start to mobilise after your operation your OT will practice transfers and dressing with you and discuss any equipment needs you may have.

Sitting:

It may be difficult to get in and out of a low chair, so to make it easier your chair at home may need to be raised by adding extra cushions. Sometimes equipment may be needed to raise your chair height. You will also find it easier to have a chair with armrests.

How to stand up

- Shuffle your bottom to the front of your chair as far as you can
- Lean your head forwards over your knees
- Rock back and forth three times
- On the final rock forwards, push up on the arms of the chair and drive upwards through your knees
- Once standing, steady yourself before attempting to walk away

How to sit down

- Walk to your chair; slowly turn around using your walking aid
- Feel the back of your legs touching the cushion
- Put your hands down onto the chair arms
- Ease yourself down onto the chair

Sleeping:

Getting in and out of bed may be difficult following your operation. If your bed is very low, it may need to be raised or an alternative bed found. It is advisable to rest on the bed, regularly at first, until any swelling subsides.

How to get into bed

- Sit down on the bed
- Lift yourself back as far as you can
- Once your operated leg is fully supported on the edge of the bed, turn yourself to face down the bed
- Reverse the procedure to get out of bed.

Toileting:

Following your operation you may find toilet transfers difficult. Your OT will discuss any equipment needs with you.

Before you are discharged home your OT will check that you are independent with your bed, chair and toilet transfers.

Bathing and Washing:

Strip-wash – This is the most appropriate mode of washing for the first six weeks following your operation. It is advisable to sit at the basin whilst washing.

Shower (cubicle/wet room) – may be safe to do so if your wound has healed and appropriate seating available. Discuss this with your OT.

Bath – getting in/out can be very difficult, therefore we advise against doing this for six weeks after your operation.

Shower over bath – getting in/out can be very difficult, therefore we advise against doing this for six weeks after your operation.

Dressing & Clothing Advice:

Most people find it easier to get dressed whilst sitting on the edge of the bed. You may find that you need help or some equipment to dress your lower half i.e. long handled shoe horn or sock aid. You can purchase these from your OT. It is easier to dress your operated leg first.

When undressing, do your un-operated leg first. If it is possible for you to bring some clothes in, your OT can practise dressing with you whilst you are in hospital.

If possible wear knee length clothes. Long nightdresses and dressing gowns can hamper mobility. It is also sensible to wear loose fitting knickers (ladies) or boxer shorts (men) as they are easier to put on.

When choosing footwear, make sure that slippers and shoes are well fitting and in good condition. Avoid high heels and thick-soled shoes.

Kitchen:

Try and keep all commonly used ingredients and utensils within reach as some movements could be difficult. It is better to sit down when carrying out kitchen chores. During the recovery period you will be using a walking aid and therefore you will be unable to carry food/drink around your home. To overcome this there are a few options available:

- If possible ask someone else to carry items for you.
- Prepare and consume food and drink in your kitchen.
- Use a kitchen trolley or similar to carry items.

Domestic Chores:

You will need help with shopping, laundry and any heavy chores. Do not vacuum, make beds, wash floors or lift heavy laundry for six weeks. For details of any help available with these tasks, ask your OT

Driving:

Once you have been told it is safe to place full weight through your operated hip you should wait a minimum of six weeks before you drive again. We recommend you notify your insurance company before you attempt to drive again.

If you have been advised not to place full weight on your hip following your operation, it is sensible to seek guidance from your surgeon in relation to when it is safe to drive again.

REMEMBER – there are no restrictions to your actual movements. However, pain is likely to limit your range of movement and activities.

Useful contacts following a broken hip:

- Durbin Ward 01392 403691
- Occupational Therapy and Physiotherapy 01392 403587
- Fracture Clinic 01392 402267
- Care direct 0845 1551007
- British Red Cross 0845 331 3331

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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