‘Hip-Hop’ back to Health
For Patients following Surgery for a Hip Fracture

Orthopaedic Unit, Physiotherapy and Occupational Therapy Departments
Community & Therapy Services

This leaflet has been designed to give you important information about your condition/procedure, and to answer some common queries that you may have.
Introduction

A Broken Hip or Hip Fracture occurs mainly in older people, but they can be a serious injury at any age. Most happen because of a traumatic event or fall. There may be other reasons why it occurred, which may be looked into during your recovery. No matter what the cause, breaking your hip can become a life changing event.

Hopefully, this booklet will help you and your family/carers to understand your injury and to encourage you during this time. Recovery can be slow and at times seem like very hard work.

It will involve many people in health and social care jobs. They will be trying to help you regain your health and mobility.

It is important that you and your family, carers or friends understand what you can do to help yourself achieve the best outcome. Asking questions or talking with the doctors, nurses, therapists and social care team will help. Doing the exercises and other therapy programmes is crucial. Family and friends visiting should help supervise these if they are able.

What is a Broken Hip?

A hip fracture or broken hip is a crack or break at the top of the thigh bone or femur, where your leg meets your pelvis. The fracture can be in different areas as seen in the following pictures.

(Picture taken from NICE guidelines – Information for people who use NHS services)

Most hip fractures need an operation to fix them. Where the fracture is, how bad it is (if the bones have moved), and your age will determine how the surgeons will choose to fix it.

If the fracture is within the hip joint capsule (intracapsular) and the bones have moved out of their normal position, it is usually fixed by using a joint replacement. This may be with half a hip replacement (hemiarthroplasty) or a full hip replacement. However, other techniques may be used depending on your age, the health of your hip joint and if the bones haven’t moved.

If the fracture is outside the hip joint capsule, in the trochanteric region or below, then it is generally fixed using internal fixation which may include plates, screws or nails such as a Dynamic Hip Screw. The pictures below will help to illustrate some types of fixation used.

All types of surgery are aimed to let you put as much weight on your operated leg as you can afterwards. If this is not possible, the doctors, therapists and nurses will advise you when you start to get out of bed and begin walking.
<table>
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<tr>
<th>Surgical Term</th>
<th>What it involves</th>
<th>What type of fracture is treated this way</th>
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<td><strong>Replacement:</strong> Surgery to replace part or all of the damaged joint</td>
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<tr>
<td>Hemiarthroplasty</td>
<td>The broken part of the hip joint is replaced (half a hip replacement). The ball at the top of the thigh bone is removed and replaced with a metal one.</td>
<td>The majority of displaced intracapsular fractures.</td>
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<tr>
<td>Total Hip Replacement</td>
<td>Both parts of the hip joint (the ball at the top of the thigh bone and the socket in the pelvis) are replaced with artificial parts. This is a bigger operation than half a hip replacement</td>
<td>Displaced intracapsular fractures. It is suitable for patients who were very fit and active before the fracture and who are well enough to have the operation.</td>
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<tr>
<td><strong>Fixation:</strong> surgery to reposition the broken bone and hold it while it heals.</td>
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<tr>
<td>Sliding Hip Screw (Dynamic Hip Screw)</td>
<td>This implant is a special screw that is mounted on a plate. It holds the broken part of the thigh bone in place while it is healing.</td>
<td>Most trochanteric fractures.</td>
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<tr>
<td>Intramedullary Nail</td>
<td>A device used to align and stabilise the fracture while it is healing. It is inserted into the middle of the thigh bone for support.</td>
<td>Subtrochanteric fractures (extracapsular fractures that are further down the thigh bone than trochanteric fractures) and certain trochanteric fractures.</td>
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<tr>
<td>Screws (Cannulated Screws)</td>
<td>A group of two to four screws used to hold the broken bone in the correct position.</td>
<td>Undisplaced intracapsular fractures only.</td>
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(Reproduced from NICE guidelines – Information for people who use NHS services)

Most hip fractures are diagnosed by an X-ray and an examination based on your symptoms and the nature of the injury. By the time you, your family or carers read this booklet, you will have already been through A&E and will have been admitted to the Orthopaedic Unit.

Before your operation, the nurses and doctors will be gathering information from you, your family or carers, doing blood tests and may even do further investigations if required. You may have a tube put into a vein (an IV or Intravenous Line) to give you fluids, medication or blood, if required. The bed you are on will have a pressure relieving mattress to help protect your skin (and you may have your leg resting in a support). You will also have swabs taken to check for MRSA. A body wash to help prevent it will be used daily while you are on the ward. All this is done to make an effort to make or keep you as healthy as possible to avoid delaying your operation.

You will be offered regular pain relief, and the nurses will check regularly if this is being effective. If it isn’t, they will inform the doctors, and other pain relieving medication may be used.

We make every effort to try and ensure your operation takes place either on the day you are admitted or as soon as possible, but sometimes this isn’t possible. The nurses and doctors will keep you, your family or carers informed and the reasons for any delay. You will need to be fasted before the operation, your leg will be marked and the doctor will review your consent for surgery.

An anaesthetist will see you and discuss options for surgery. There are different types of anaesthetics and the following chart from the NICE guidelines helps to explain the differences and advantages/disadvantages of each. The anaesthetist is the best person to discuss this with. For further information please refer to the Anaesthetic Patient Information Leaflet.

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<th>Spinal Anaesthetic</th>
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<tr>
<td><strong>What Is It?</strong></td>
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<td><strong>What are its main advantages?</strong></td>
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<td><strong>What are its main disadvantages?</strong></td>
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<table>
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<tr>
<th>General Anaesthetic</th>
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(Reproduced from NICE guidelines – Information for people who use NHS services)

A member of the Occupational Therapy Team may also see you, or ask you if they can contact a family member or carer, to find out more details about your home situation. This will help in planning your discharge.

**Following the Surgery**

After being in the recovery room, you will return to the ward. You will have the intravenous line still in your arm, an oxygen mask on and there may be a drain coming from your operated hip. You may also have a wedge (triangular pillow) between your legs if you have had a hip replacement. Pain medications or injections will be given to help control your pain. It can be common to feel sick or be confused initially after the surgery. The ward staff will attempt to ease this by medication for the sickness and reassurance with the confusion. At times there is also a need for a catheter to be inserted to help with passing urine. This is generally taken out once you are up and mobile.

At first you will be kept on your back, but the nursing staff can help you sit up if you want. If there is nothing wrong with your arms or un-operated leg, you need to move them and you can even move your operated leg. Start the following exercises as soon as you can. They can be done every 1-2 hours. A member of the Physiotherapy or Nursing Teams will check to make sure you are doing them correctly.

**Deep Breathing** – Take nice deep, slow breaths in through your nose and out through your mouth. Do at least 2 or 3 before having a strong cough to keep your chest clear.

**Ankle Exercises** – Pump your feet up and down 5-10 times and make circles from your ankles to keep the blood moving in your legs.

**Muscle Contractions** – Press the backs of your knees into the bed and squeeze your buttocks together 3-5 times. This helps to get the muscles working again and also keeps the blood moving in your legs.

**Hip and Knee Bending** – Bending your knees one at a time by sliding your foot up and down the bed is good for both legs. Your operated leg will be painful and difficult to move at first, but keep trying as it will get easier.
To prevent blood clots, you will be given medication to thin the blood, unless there is a reason you cannot have it. This may be an injection. This medication will continue for 28 days after your operation. You will also receive antibiotics to help prevent infection.

On the first day after the surgery you may have an X-ray of your hip, if this was not done in the operating room. Blood will be taken to make sure you are not anaemic (low iron levels in your blood). You will also be encouraged to get out of bed and begin mobilising. The Physiotherapy and Nursing Staff will help with this, unless there is a medical reason for you not to get up (such as if you have decreased limb sensation and power, low blood pressure, etc.).

The second day after your operation is generally when the drain and drips will be removed. The nurses will also remove the outer dressing and keep an eye on your wound. They will only change the dressing as required. Your blood pressure, temperature and oxygen levels will be monitored and you may have further blood tests.

From this day forward, the road to recovery begins. Staff will encourage you to wash and get dressed everyday. You should sit out for your meals, walk to the toilet if able and keep progressing your walking. You should try to be up on your feet at least 3 times each day.

As part of your care, a medical doctor may review you while you are on the ward. They will investigate if there was any medical reason for your fall. They will also check for Osteoporosis (thin bones). See below for further information on falls and Osteoporosis. If you are under 75 years of age you will have a DEXA Scan for this. If you are over 75 years of age treatment will routinely be started. This may include further treatment at the hospital after discharge.
Precautions (for total hip replacements only)

You will need to avoid movements or activities which may put your hip at risk of dislocating for at least 6 weeks:

- Avoid crossing your legs in sitting, lying or standing
- Avoid sitting on anything low or bending down to reach past your knees. The maximum bend for your new hip should be 90 degrees, or the corner of a square

A good rule to follow when sitting is to keep your hips higher than your knees. If leaning forward in sitting, make sure your operated leg is out in front of you with your knee lower than your hip:

- Avoid lying on your un-operated side as you may cross your operated leg in a bent position. You can lie on your operated side once the wound is healed and it is comfortable to do so
- Avoid twisting around in sitting, standing or while in a reclined position

Your Safe Height Is:

This is the height you will need to have your chair, bed and toilet. It is 1-2 inches higher than the bend/crease at the back of your knee, so that when you sit down, your hips are not lower than your knees.

The ward team (doctors, nurses and therapists) work together as part of a multi-disciplinary team. This multi-disciplinary team talk daily about your progress and your discharge from hospital from an early stage in your recovery.

The Occupational Therapy Team will begin to assess how you will manage when you leave the hospital. With the Nursing and Physiotherapy Teams, they will start to plan your discharge, what support you may need at home and if going straight home is even possible (see the Going Home Section for more details).

The Occupational Therapy Team will look at your ability to wash and dress yourself and any equipment you may need to help with this. They will make sure the heights of your furniture are
suitable for you to be safe at home and even if furniture will need to be moved. They will also look at any equipment you will need for toileting and if you will be able to manage tasks in the kitchen, and look at any alternative solutions.

When getting dressed, it is easier to dress your operated leg first. And when undressing, remove clothing from your operated leg last. You may be given equipment to help with dressing, and if you have had a hip replacement, you should continue using it for the first 6 weeks after your surgery. It is safest to dress and undress while sat on the side of the bed or on a chair.

A member of the Physiotherapy Team will assess your mobility. They will try to progress your walking off the frame to crutches or sticks as you are able. They will also correct your walking pattern as needed. Your goal is to walk as normally as possible like you did before you broke your hip. This may take many months to achieve.

They will also show you the correct way to transfer in and out of bed and get on and off a chair. With a member of the Occupational Therapy Team, they will assess if you need any equipment to help with this.

A member of the Physiotherapy Team will also introduce exercises that should be done regularly to improve the movement, control and strength of your hip and leg. They will also instruct you on how to negotiate steps and stairs as needed. These are listed on the following pages.
Exercises

These exercises started in hospital are important to continue for the control of movement around the hip. Initially you should do 5 repetitions of the exercises every 2-3 hours, but you can progress them to 10 repetitions twice a day after 2 weeks.

**Bending and straightening your knee in sitting**

Sit back in a chair to support your thigh. First bend your knee as far as you can. This may pull in the thigh, but won't harm anything. Your knee may stiffen up if you don't work at this. After bending your knee, straighten it out and lift your foot off the floor. Hold for 10 seconds before lowering your foot slowly back down.

**Hip Flexion Standing**

Standing with support at a table or counter, lift your leg by bending your hip and knee. Try to control the movement from your hip. Progress by increasing the number of repetitions and the height of the lift as you feel comfortable to do so.

**Hip Abduction Standing**

Standing with support at a table or counter, keep your knee straight and lift your leg sideways away from your body. Make sure you keep your toes pointing forward and keep your hips level when doing this exercise.
**Hip Extension Standing**

Standing with support at a table or counter, keep your knee straight and take your leg backwards. Keep your back/body straight and avoid leaning forwards when doing this exercise. Also squeeze your buttock muscles together on the backward motion.

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**Straight Leg Lift**

Try to lift your operated leg off the bed. This will be hard for the first few weeks, but is helpful for getting in and out of bed. Eventually try to hold the lift up for 5 seconds.

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**Hip Abduction Lying**

Move your leg sideways while laying on the bed and then move it back to midline. Remember to keep your toes pointing up to the ceiling on this exercise.
Exercise Progressions

After being out of hospital for a few weeks try adding these new exercises. They help with strength and control of the hip as well as helping with balance.

Bridging

Lift your bottom off the bed while lying on your back with your knees bent. Try to straighten your hips out and squeeze your bottom muscles together for 10 seconds. Start with 5 repetitions and increase to 10 repetitions morning and evening.

Squats

Standing with support, bend your knees to about 45 degrees and hold for a few seconds. Repeat 5 times. Progress first by increasing the number of repetitions and then by reducing the amount of support you need.

Balance

Standing with support, lift your good leg off the floor to stand on your operated leg by itself. Try to make sure your pelvis (hip) stays level and you don’t lean to one side. Hold this position for 5-10 seconds and repeat 5 times on each leg. Progress by holding the stand up to 30 seconds and then by using less support.
Walking up stairs

- One step at a time
- Stand close to the stairs
- Hold handrail with one hand and crutches / sticks in the other hand
- First step up with the unoperated leg
- Then bring up your operated leg
- Finally bring up your crutches or sticks

Walking down Stairs

- One step at a time
- Stand close to the stairs
- Hold handrail with one hand and crutches / sticks in the other hand
- First place crutch or stick down
- Then step down your operated leg
- Finally step down the unoperated leg

Your therapist may adjust this technique to suit your own needs.
Going Home

Every effort is made to get you out of hospital as soon as possible, with the aim to get you back to your place of residence. Your discharge planning is started as soon as you come on to the ward. This is done by looking into how you were managing before you came in, and if your home is set up for you to go straight home. Expected length of stay after this surgery is about 7 days. Because of the short hospital stay, you will need help at home from family, friends and carers. If they are unable to do this, or you require additional support, you will be referred to community based services (i.e. Social Services, Intermediate Care, Physiotherapy, Occupational Therapy)

If you wish to access these services, there will be an assessment of need to check whether you meet the criteria to receive a service. As a patient you have a choice about where you go on discharge from hospital. The doctors, nurses and therapists will help you make an informed choice to ensure you will be safe on discharge. For example, if you live alone, to safely go home, you need to be able to get in and out of bed by yourself, get on and off a commode or toilet, and walk short distances with a walking aid, as a minimum.

If you are not independent enough to go home, you may need Intermediate Care. This may include a short stay in a Residential Unit. The Intermediate Care Staff will work with you to achieve the goal of getting home. Your stay will be kept as short as possible and you will have to work hard to get home. In some cases, Intermediate Care can be provided in your own home.

Unfortunately, there will be times when these options will not be suitable. This can be for a variety of reasons. In this situation, Transitional Care, a short stay in Residential or Nursing Care, will need to be considered. This is likely to involve some cost and a representative from Social Services will discuss this with you. As your mobility improves, the community teams with your Family Doctor (GP) will consider if you are able to go home and put in appropriate services to achieve this goal.

Therapy programmes started in hospital need to be continued no matter where you go, and may be supported by community teams. After a period of time needed for recovery from your surgery, your Family Doctor may refer you to a specialist falls service. Please read further information in the booklet about Falls Prevention and a self-referral form.
Other Information:

**National Hip Fracture Database**

This hospital takes part in the National Hip Fracture Data Base (NHFD), which was set up to improve the care of patients who have broken a hip. The information is used to measure the quality of care you receive and helps to improve services provided. Information about your care will be collected during your hospital stay and you may be contacted after leaving the hospital to find out how you are getting along.

All information collected is confidential and no information is ever made public about you or about any other patient. All information is stored, transferred and analysed securely in keeping with the Data Protection Act (1998). Participation is voluntary and you are free not to take part, if you wish. Please let your doctor or nurse know if you do not want to take part. However, the more people who take part, the more helpful the information will be in improving your care.

More details available on www.nhfd.co.uk

**Osteoporosis**

This condition is also called fragile bone disease. It is a condition you may not realise you have until you have broken a bone (most commonly wrist, hip or spine). It can happen in men as well as women.

Bones are living tissue, which are constantly changing with dying bone being replaced with new bone. Bones grow in strength until about 35 years of age. After this time, bone is lost at a faster rate than it can be replaced. It is a gradual process, but women are at a greater risk of osteoporosis as they have a more rapid bone loss after menopause. This is because of hormonal changes.

Other things that can affect bone strength include diet, lifestyle and some drugs (such as using steroids for long periods). This is why the medical doctor may order a DEXA Scan or start you on preventative treatment as mentioned earlier. The DEXA Scan is a painless scan of your hip and lumbar spine. The results of this scan will be sent to you and a copy sent to your GP. Any treatment required will be explained to you.

The aim of this is to prevent fractures in the future. If you or your family would like further information you can get it on the following web sites:

- [www.nos.org.uk](http://www.nos.org.uk) (National Osteoporosis Society) phone: 01761 471771/0845 130 3076
- [www.nhs.uk](http://www.nhs.uk) (using the Health A-Z)
- [www.osteoporosistreatment.co.uk](http://www.osteoporosistreatment.co.uk)
Falls Prevention

Having fallen and broken your hip, there may always be some fear of falling in the future. However, these are some things you can do to help.

Exercising to maintain strength and balance by using the exercises in this booklet, walking regularly and then speaking to your GP about any other community based programmes.

Making your home fall proof by:

- Minimizing hazards (loose rugs/carpets, slippery surfaces, trailing wires and clutter)
- Removing furniture that may be in the way and castors(wheels) on furniture used for support
- Improving the environment with adequate lighting, sturdy handrails and grab rails, and non-slip mats in the bath or shower
- Avoiding over reaching and over bending by having things at reasonable heights around the house, this may include a letterbox cage if required
- Wearing sensible shoes and clothes. Flat, thin soled shoes are generally recommended rather than bulky trainers, loose sandals or shoes with a heel. Avoid long night dresses, house coats or flared trousers
- Avoid using bed linen which overhangs onto the floor
- Regular eye tests and wearing the appropriate glasses to ensure good vision. Take care with glasses which are bifocals and varifocals as they can make vision blurry
- Regular medication checks with your GP and understanding any side-effects of medications
- Taking your time getting up from lying or after resting in the chair. Doing a few arm and leg movements before standing can help prevent sudden dizziness

See your GP if you have to toilet frequently during the night, especially if there is a real urgency to avoid an accident.

Further information can be found at: www.helptheaged.org.uk

Local Services:
Age UK Grimsby 01472 344976
Handy Van (NE Lincs) 0845 026 1055 (Handyman Services)
Hope Street Specialist Services 01472 313400
Reference section


Department of Health 2009; Falls and Fractures, Exercise Training to Prevent Falls.

SIGN (Scottish Intercollegiate Guidelines Network) 2009; Management of Hip Fracture in Older People.

British Orthopaedic Association 2007; The Care of Patients with Fragility Fractures.

World Health Organisation 2007; WHO Global Report on Falls Prevention in Older People.

National Patient Safety Agency 2007; Slips, trips and falls in hospital; The third report from the Patient Safety Observatory.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.
Alternatively you can email:
ng-tr.PALS@nhs.net

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