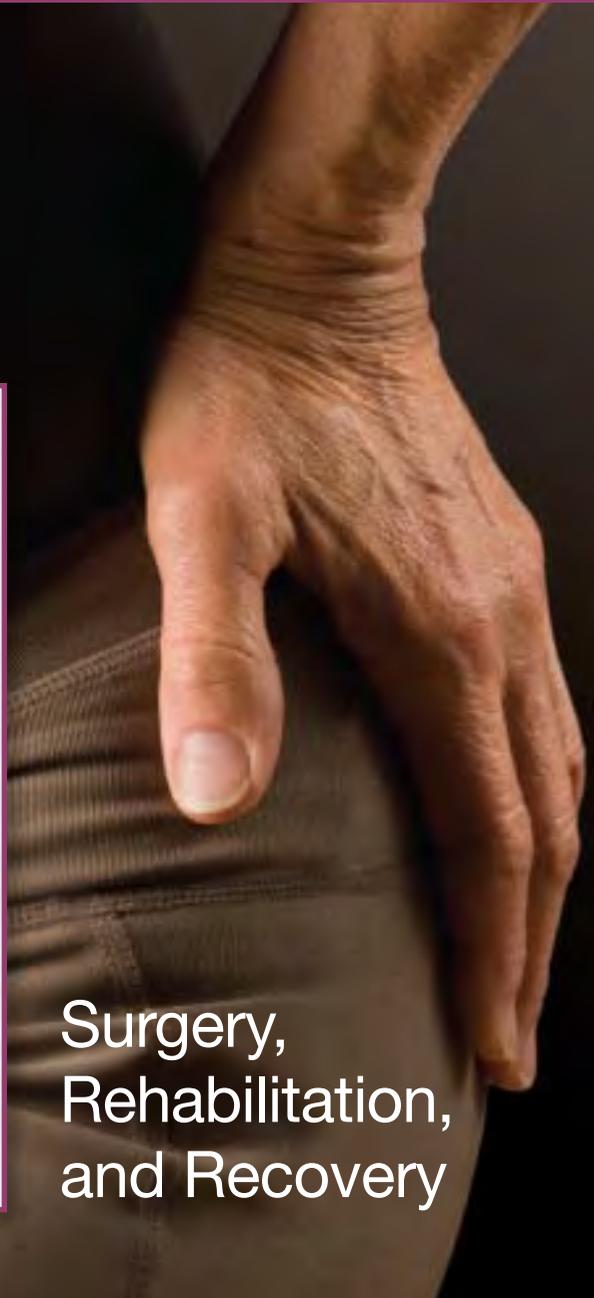


After a Hip Fracture



Surgery,
Rehabilitation,
and Recovery



A Sudden Change

No one plans on having a hip fracture. But a sudden fall or accident can be a life-changing event. You'll need surgery to repair the fracture, and time for it to heal. You may also not be able to get around as well as you did before. With time and effort, though, you can get back to many of your favorite activities.

In the Emergency Room

After a hip fracture, you will most likely be taken to the emergency room. There, your blood pressure and breathing are checked. You'll also be given pain medication. If you're alone, a nurse will try to contact your family or a friend so they can be with you.



Traction is sometimes used to relieve painful muscle spasms after a hip fracture.

What Happens Next?

A hip fracture is a serious injury. It may take several months for you to heal. These three things will help you recover:

- **Surgery** is used to repair or replace the hip. Your surgeon can talk with you about the procedure that will be used.
- **Rehabilitation (rehab)** helps you regain your strength after surgery. This includes learning how to get around safely and do basic tasks.
- **Home recovery** helps complete the healing process. This includes daily exercise. It may also mean making changes in your home so it's safer and easier to get around.

Getting Ready for Surgery

Your surgery will be done once a surgical team can be readied. This usually takes less than 48 hours. In the meantime, nurses will try to keep you comfortable. You'll also have tests to ensure you're ready for surgery. Your family or friends may be able to visit you during this time.

Medical Evaluation

An evaluation is used to learn more about your fracture and overall health.

- **X-rays** show the location of the fracture. You may also have a chest x-ray of your heart and lungs.
- **A medical history** helps your surgeon learn about your health and any medications you take. You may also discuss the anesthesia used to help you sleep during surgery.
- **Tests**, such as urine and blood tests, help show your general health. ECGs (electrocardiograms) measure how well your heart is working.



X-rays help your surgeon decide the best way to repair your hip fracture.

Your Healthcare Team

Recovering from a hip fracture isn't something you do alone. A team of healthcare providers will be there to help.

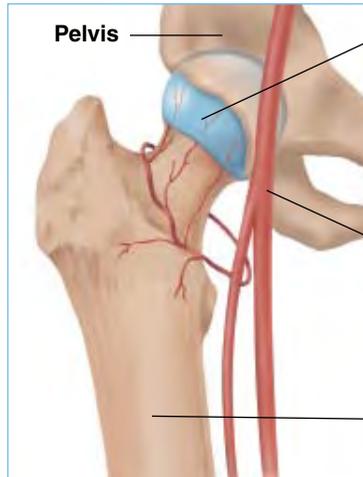
- **Orthopaedic surgeons** repair the hip and guide your treatment.
- **Nurses** provide daily care and help you manage pain.
- **Physical therapists (PTs)** teach you exercises that build strength and aid recovery. You'll also be taught how to get around safely while you heal.
- **Occupational therapists (OTs)** teach you how to do daily activities. This helps prepare you to go home.
- **Case managers** or **social workers** help prepare insurance and discharge paperwork.

Understanding Hip Fractures

The hip is the largest weight-bearing joint in the body. It's also a common place for a fracture after a fall—especially in older people. Hip fractures are even more likely in people with **osteoporosis** (a disease that leads to weakened bones).

A Healthy Hip

The hip is a ball-and-socket joint where the **femur** (thighbone) joins the pelvis. When the hip is healthy, you can walk, turn, and move without pain.



The head or “ball” of the femur fits into a socket in the pelvis. The ball and socket are each covered with smooth cartilage. This allows the ball to glide easily in the socket.

Blood vessels supply oxygen and nutrients to keep the hip joint healthy.

The femur is the thighbone.

A Fractured Hip

The hip can fracture in many places. Most often, the fracture occurs in the upper part of the femur. You can also have more than one type of fracture at a time.



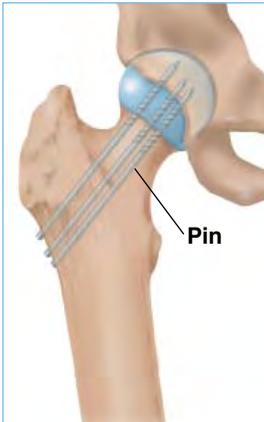
A **transcervical fracture** is a break across the neck of the femur. This type of fracture can interrupt blood flow to the joint.

An **intertrochanteric fracture** is a break through the top of the femur.

A **subtrochanteric fracture** is a break across the shaft of the femur.

Surgery to Repair or Replace the Hip

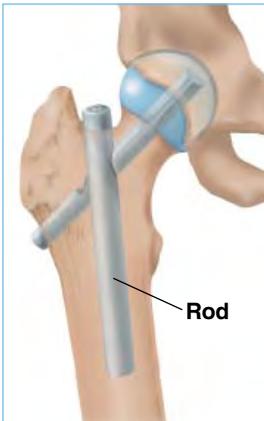
There are many ways to treat a broken hip. The type of surgery you have often depends on where the hip is fractured. In some cases, an **internal fixation** is used. These are pins, screws, or a rod placed into the fractured bone to hold it in place. In other cases, part or all of the hip is replaced. This is done when there is a lack of blood supply to the head of the femur.



Metal pins are often used to repair fractures along the neck of the femur. The pins are inserted through the bone to keep it stable while it heals.



A metal compression screw may be used to repair a fracture down through the femur. As the bone heals, the screw gets tighter. This allows the edges of the bone to grow together.



A metal rod or nail may be used if the fracture is along the shaft of the femur. The rod is inserted into the bone shaft. A screw keeps the bone edges together as they heal.



Artificial parts may be used to replace part or all of the hip joint. For a total hip replacement, a new stem and ball are placed in the femur. These fit into a new cup secured in the pelvis. For a partial hip replacement, only the stem and ball are replaced.

Risks and Complications of Surgery

The possible risks and complications of hip surgery include:

- Infection
- Dislocation of the joint
- Blood clots
- Failure of the fracture to heal
- Side effects from anesthesia
- Pneumonia
- Damage to nearby blood vessels, bones, or nerves

Recovering from Surgery

After surgery, you'll be moved to the PACU (post-anesthesia care unit). This is often called the recovery room. You'll stay there until you're fully awake—often a few hours. Then you'll be moved to your hospital room.

Right After Surgery

After surgery, you may feel groggy, thirsty, or cold. Your throat may be sore. For a few days, you may also have:

- An IV (intravenous) line to give you fluids and medication.
- A catheter (tube) to drain urine from your bladder.
- Tubes to drain your incision.
- Boots or special stockings on your legs. These help prevent blood clots.
- An incentive spirometer (breathing device). Breathing through the spirometer helps prevent lung infections.

A foam wedge or pillows may be placed between your legs after surgery. This helps keep the hip stable.



Controlling Pain

You will likely have some pain after surgery. To help you feel better, your nurse will give you pain medication. You may also have a pump that lets you give yourself pain medication. Even with medication, some pain is normal. But tell your nurse if you are very uncomfortable. Be aware that some pain medications can cause confusion or disorientation for a time. They can also cause constipation.

Addressing Your Concerns

Soon after surgery you'll begin your rehab program. This will help prepare you to leave the hospital. It's normal to have concerns about what to expect at this time. Following are answers to some common questions.

- **Can I be as active as I was before?** After a hip fracture, you may not be able to move around as easily as you did before. But with some effort and a positive attitude, you can get back to doing many things you enjoy.
- **When will the pain in my hip stop?** Your hip will likely be sore for several weeks after surgery. But this pain can be managed with medication. The pain should also lessen with time and proper exercise.
- **Why do I need to begin doing exercises right after surgery?** Exercise is needed for proper healing. Some exercises help prevent blood clots. Others build strength to help you get out of bed and get moving.
- **When can I go home?** This often depends on your health and how well you can get around. You'll usually leave the hospital within a week. But you may need to go to a rehab center or skilled nursing facility before returning home.
- **How long before I can use the bathroom on my own?** Your catheter is removed once you can move to the bathroom. This is often a day or two after surgery. A therapist will teach you how to get on and off the toilet safely.
- **When will I walk again?** You'll begin learning how to walk again before you leave the hospital. But for at least a few months after surgery, you'll need to use a walker or cane. To help speed recovery, practice walking farther each day.

Starting Your Hospital Rehabilitation

Soon after surgery, a therapist will begin teaching you basic exercises. You'll also learn how to protect your hip while it heals. Even though you'll have help, much of the work is up to you. So try to walk and move around as much as you can. It may seem hard at first. But it's the best thing you can do for recovery. The more active you are, the sooner you'll be prepared to go home.

Protecting Your Hip

After surgery, you'll learn how to move in ways that protect your hip. These are called **movement precautions**. Your precautions depend on the type of surgery used to repair your hip. Follow all the guidelines you're given.

If You Have Pins, Screws, or a Rod

It will take some time before you can put full weight on your hip without pain. This will improve as you heal. In the meantime, don't put more weight on your leg than you're told. Your surgeon may also give you other movement precautions.

If You Have an Artificial Hip

An artificial hip has a limited safe range of motion. This means it can't bend and turn as much as a natural hip. Your therapist will teach you how to stay within your hip's safe range of motion. Ask how long you should follow the precautions listed below.

Flexion Precaution

Don't bend over at the waist so that your upper body is lower than your waist.



Adduction Precaution

Don't cross your operated leg over your other leg. Always keep your thighs apart.



Rotation Precaution

Don't turn your operated leg inward (pigeon-toed).

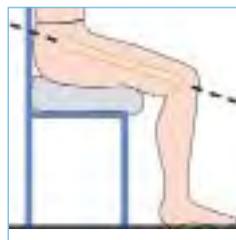


Sitting Precautions

Always sit in chairs with high, firm seats. Avoid low sofas or chairs so your hips don't sink lower than your knees.



Don't bend forward from your seat to stand up, or to pick up something off the floor. This can dislocate the hip.



Always sit with your hips higher than your knees. This prevents stress on the hip.

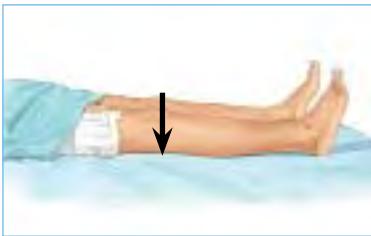
Exercising in Bed

The following exercises can be done in bed. Some help improve blood flow. Others help build strength. Your PT may give you special instructions. Otherwise, repeat each exercise 10 times. Do them at least twice each day.



Ankle Pumps

- Point, then flex, both feet.
- Doing this 10 to 30 times each hour helps prevent blood clots in your legs.



Quadriceps Sets

- Lie in bed with your legs straight. Tighten the front thigh muscle of your operated leg while pressing the back of your knee down into the bed.
- Hold for 5 seconds, then relax the leg.



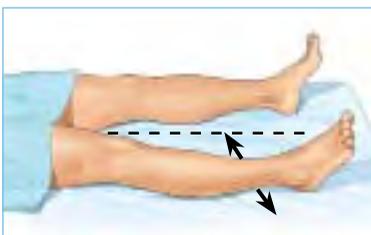
Gluteal Sets

- Squeeze your buttocks together tightly. Your hips will rise slightly off the bed.
- Hold for 5 seconds, then release.



Heel Slides

- Keep the heel of your operated leg on the bed. Then slide the heel toward your buttocks as far as you comfortably can.
- Hold for 5 seconds. Then slide your heel back.



Abduction/Adduction

- Start with your feet slightly apart. Keeping your knee and foot pointing toward the ceiling, slowly slide your operated leg out to the side.
- Slide your leg back to its starting position without crossing the midline of your body.

Learning the Basics

Your healthcare team will help you learn how to safely do basic tasks. These include getting out of bed, walking short distances, and using the bathroom. The more you practice, the easier these tasks will become.

Getting Out of Bed



Get out of bed on the side of your operated leg. Take it slowly, and keep your thighs apart as you move.



Pivot on your hips, using your arms for support. Then use your good leg to scoot to the edge of the bed. Keep your operated leg out to the side. Don't twist it inward.



Sit on the edge of the bed with your operated leg slightly forward. With one hand behind your hip, push up to stand. Don't bend forward as you push.

Using a Walker

To walk forward:

- Move the walker a few inches in front of you.
- Use your arms and hands to lean on the walker so it supports your weight. Step into the center with your operated leg, taking care not to twist it.
- Step once with your other leg. Land with it slightly in front of your operated leg. Then repeat these steps.
- As you progress, you'll be able to move the walker as you step. Try to walk smoothly, taking even steps.



Standing to Sitting



Choose a firm chair with a high seat, straight back, and armrests. Back up until you feel the chair touching you.



Reach back for the armrests. Keep your operated leg slightly out in front. Lower yourself slowly without leaning forward.



Sit, then lean back in the chair. Keep your hips higher than your knees. To stand up, reverse these steps.

Using the Toilet

To use the toilet:

- Back up until you feel the toilet touch the back of your legs.
- Place your operated leg in front of you, keeping your weight on the other leg.
- Look behind you and grasp the grab bar or side rails.
- Lower yourself onto the front of the toilet, then scoot back. To get up, reverse these steps.



Taking the Next Step Toward Recovery

As you build your strength, you'll begin learning more advanced exercises. You'll also learn how to do daily tasks such as bathing and dressing yourself. If you need extra help, you may go to another healthcare facility after you leave the hospital. Although the pace of recovery can sometimes seem slow, stick with it. By taking an active role in your rehab, you can improve how you and your hip feel.

Learning to Do Daily Tasks

An occupational therapist (OT) can teach you how to make daily tasks easier and safer. This therapy often begins in the hospital. But it may continue in a rehabilitation center or skilled nursing facility.



Bathing

A long-handled sponge and a shower hose make it easier to bathe without bending your hip. Your therapist can also show you how to use a shower bench or chair.



Dressing

A sock aid and long-handled shoehorn let you put on socks, stockings, and shoes with less stress on your hip. Other dressing aids can help you put on underwear and pants.



Housekeeping and Cooking

A reacher comes in handy when you need to grasp objects above or below you. It also helps to store items at a convenient height. Small items can be carried in a basket on your walker.



Getting into Cars

A car seat should be set back to give you room to get in. Keeping your operated leg forward, lower yourself onto the seat. Then slide back and pivot your body. Bring your legs into the car one at a time. Also, avoid sitting in the back seat of a car where your knees may go higher than your hips.

Preparing to Go Home

Going home is a big step. To help you prepare, your health-care team will arrange for any medication, equipment, and services you need. Family and friends can help by doing errands and providing emotional support. You may also need a family member or friend to stay with you for a time.

Planning Your Discharge

You'll meet with a discharge planner or case manager before you go home. He or she will help you fill out paperwork and order any equipment or supplies you need. In many cases, the planner will also arrange for home-health or outpatient therapy.

Getting Help from Others

It takes time to heal from a hip fracture. So don't be afraid to ask family or friends for support. They can help with shopping and taking you to the doctor's office. They can also help by making some changes to your living space.



Managing Pain at Home

You may be prescribed pain medication to use at home. Ask your doctor what your medication does and how long it takes to work. Don't wait for pain to get bad. Take your medication on time as directed. Be sure to tell your doctor if it doesn't help ease your pain. Also mention if it causes constipation. This can often be eased by taking over-the-counter laxatives.

Call your doctor if you have:

- Severe or increasing hip pain.
- A large amount of swelling in the hip or calf.
- Redness or drainage at the incision site.
- A fever over 101° F (38.3° C).
- Shortness of breath, or chest pain.

Making Your Home Safe

Ask a family member or friend to help prepare your living space. This helps make it safer and more comfortable while you heal. Use the following tips as a guide. Keep in mind that some equipment you'll need won't be ordered until you're ready to go home.

Home Tips

- Stock up on toiletries, foods that are easy to prepare, and other items you'll need during recovery.
- Store foods and other supplies between waist and shoulder level. This makes it easier to reach things without straining your hip.
- Buy or borrow a portable telephone so you can keep it within easy reach.
- Ask your doctor whether you need to limit using stairs.



Bathroom Tips

- Prevent slips and falls by using non-slip surfaces in your bathroom. Consider putting in grab bars and railings for support.
- Watch out for hazards, such as wet floors.
- Talk with your OT if you need more instructions in using bath aids.



Stepping Back into Your Life

Daily exercise is important for healing. But it's just as important to get back to your normal routine. Try to stay as active as you can. See friends and family. Go shopping. And make time for things you enjoy.

Walking Farther

Walking a little more each day is the best thing you can do for recovery. Walking helps build strength and ease pain. It also helps keep your hip from getting stiff. Try to make walking part of your daily routine. Start with short walks. Then go a little farther each time. Keep in mind, recovering from a hip fracture takes time. Some days it will be harder to get around than others. But try to stay upbeat. Set simple goals that you can meet. Doing even basic tasks, like checking your mail or going to the grocer's, can help you feel better.



Seeing Your Doctor

Keep follow-up appointments with your doctor. These help make sure you're healing well. You should also ask your doctor about:

- Tests and treatment for osteoporosis.
- When it's okay to begin driving again.
- Safe positions for sex.
- Dental and medical work. If you have an artificial hip, you may need to take antibiotics before and after certain procedures.

Getting Out and About

As you regain your strength, get back to doing activities that make you feel good. Maybe that means going to the salon, or playing with your grandkids. It doesn't really matter what you do. The important thing is just getting out and about. It may help to remind yourself that being active isn't just good for your hip. It's also good for your overall well-being.

Keeping Up Your Strength

At home, keep walking and doing your exercises. This helps you regain your strength. It can also help ease pain and prevent falls in the future. Below is a list of exercises described in this booklet. Do these, or any others you are given, as instructed by your healthcare provider.

- Ankle pumps
- Quadriceps sets
- Gluteal sets
- Heel slides
- Abduction/Adduction
- Walking (minutes/sessions)

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