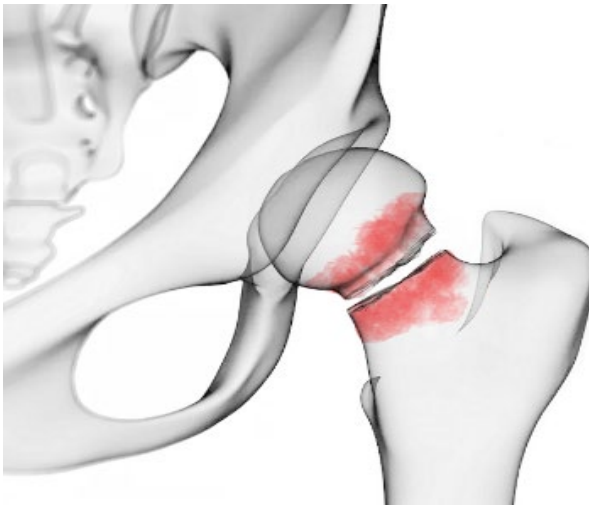


# Hip Fracture

Information booklet for patients and carers

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Created by Orthopaedic Physiotherapy Department, Royal Infirmary of Edinburgh

## **Trauma wards in Royal Infirmary Edinburgh**

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There are three trauma wards at the Royal Infirmary:

- Ward 108
- Ward 109
- Ward 209

People recovering from a hip fracture are the most common reason for a hospital stay within these wards.

Hip fractures are more common in elderly or frail people, who may require a greater degree of care before and after an operation.

## Staff involved in your care

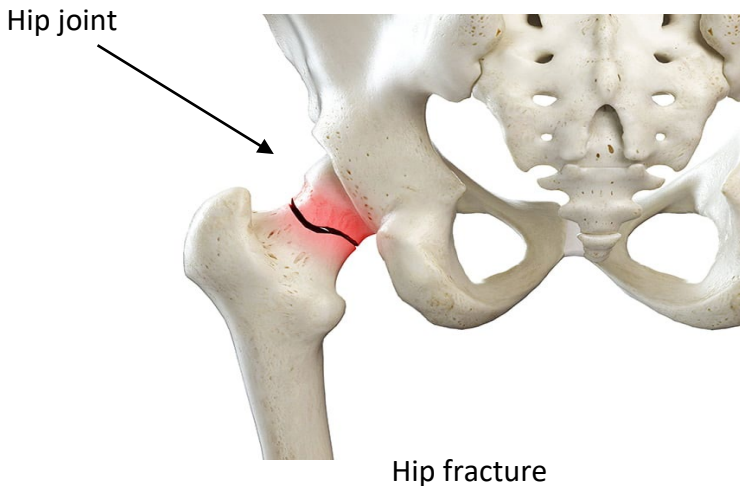
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<b>Orthopaedic Surgeon</b>	Specialist doctor with training in operating on or managing your hip fracture
<b>Anaesthetist</b>	Specialist doctors who will see you before your operation to plan your anaesthesia and care for you in theatre and recovery
<b>Orthogeriatrician</b>	Senior doctor with specialist training in care of the elderly, especially with people with fractures or a high risk of falls
<b>Physiotherapist</b>	They will aim to get you moving as soon as possible after your surgery and maximise your functional recovery
<b>Occupational Therapist</b>	They will assess how you will manage at home on discharge from hospital. They may advise that you need some support to help you with daily activities, or they may offer some small aids to help you at home

## What is a hip fracture?

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- Your hip joint is a 'ball and socket' joint where the top of your thigh bone (ball shaped) meets your pelvis (socket shaped).
- A hip fracture is a fracture (or break) within the top of the thigh bone.
- The fracture (or break) in the bone can occur in a variety of different places. The orthopaedic surgeon will decide how to best fix the break.



## Fixing your hip fracture

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- Most people will need an operation to fix their hip fracture, to improve pain in the hip, and allow for better movement.
- There are a number of different types of surgeries to either repair or replace your fractured hip.



Hemiarthroplasty



Dynamic Hip Screw



Cannulated Screws



Intertan Nail



Femoral Nail



Total Hip Replacement

## Decisions about your care

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A hip fracture is a major injury.

During your hospital stay you may have to make important decisions about:

- Your health
- Maintaining your mobility
- The set-up of your home environment
- Preventing further falls
- How much help you might need after discharge
- Whether you would like to be resuscitated if you are found without a pulse

If you are unable to make decisions about your care in hospital, healthcare professionals may speak with your relatives, unless you have asked them not to.

## Hydration

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- When you are in hospital the amount that you drink will be closely monitored and recorded.
- Dehydration can have a negative impact on your ability to recover following your surgery.
- In the fasting period before your surgery you may be given fluids from a drip to keep you hydrated or the staff will let you know if you are allowed to continue with small sips of water instead.
- After your surgery, once you feel well enough, you should aim to drink regularly. Ward staff will also encourage this.

## Nutrition

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- It is quite common to lose your appetite in hospital, however eating and drinking as regularly as possible will help with your recovery.
- The amount you eat and drink will be monitored by the nursing staff to determine if you need additional supplements or fluid.
- You will be offered a nutritional drink daily to help with this.

## Constipation

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- Having surgery, limited mobility, strong painkillers and reduced appetite can all cause constipation.
- The nursing staff will monitor how often you are managing to move your bowels. If you are struggling to move your bowels or feel discomfort you should let the nursing staff know. You may be offered laxatives on a daily basis.
- If you have a catheter following your surgery you will need to regularly move your bowels before this can be taken out.

## Pain relief

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- Everyone experiences pain differently following surgery, but you should expect to have some pain even after having painkillers.
- Pain can also have an effect on how quickly you recover from your surgery. It can often limit your ability to get up and moving.
- It is important that you are as comfortable as possible to help your recovery. Please let the nursing team know if you feel you require more pain relief.



## Delirium

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Delirium is a state of mental confusion that can happen if you become unwell.

Illness, surgery and medications can all cause delirium. It often starts suddenly, but will improve as the underlying cause gets better.

Delirium can be distressing for not only the person experiencing it but also those around them.

For further information on delirium please request a booklet from a member of staff.

## Nursing

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Nursing staff will assist you with all aspects of your care and recovery following your surgery. This can include:

- Giving you your medication
- Helping you with your meals, if needed
- Helping you with your washing and dressing
- Helping you in/out of bed
- Helping you to the toilet.

# Physiotherapy

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Physiotherapy will begin the day after your surgery (this may vary on a weekend).

The physiotherapist will ask you questions about:

- Your mobility before your operation
- Your house layout
- If you have any friends/family to support you at home.

The physiotherapist or nursing staff will help you get out of bed and ideally sit in a chair one day after your surgery.

You will be shown exercises by the physiotherapy team to help get your hip moving and strengthen the muscles (these are at the back of the booklet).

You may find it useful to have your family or carers help you with these exercises when they are visiting you in hospital.

The physiotherapy team will continue to see you in hospital to help you with your movement but this may not be every day.

It is important to remember that the nursing staff also have an important role in helping you with your mobility

on the ward, and they will help you with this many times throughout the day.

The physiotherapy team will help you set goals to work towards getting you back home.

## Occupational Therapy

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An Occupational Therapist (OT) will come and see you when you are in hospital and begin by gathering information about your home environment and previous level of function. With your consent, we may ask your family to help gather this information. This may include:

- Your home environment, including any equipment or adaptations
  - How you manage daily activities such as washing, dressing, meal preparation and domestic tasks
  - If you have any formal or informal support (e.g. package of care, family support, community services)
  - How your cognition was before coming into hospital.
- Once you have been assessed by Physiotherapy, and are able to move with an appropriate aid and approaching discharge, the Occupational Therapist will carry out a

functional assessment to determine your needs and goals for discharge.

This may include assessment of bed/chair/toilet transfers, toileting, personal care, and kitchen tasks.

During your recovery you will be encouraged to attempt tasks by yourself outwith OT sessions, such as washing and dressing, toileting, feeding and moving items. This will all help in your recovery.

- Once OT assessment is complete, the OT will identify if any equipment or follow-up support is required.
- We may ask if family can collect equipment, or support with daily activities in the first instance. However, if this is not possible the OT will explore other options for equipment and getting you some support.

## **The role of your family and/or carers**

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Friends and family can play a vital role in your recovery and helping you get back home after your operation.

Some helpful ways for them to assist you are:

- Bringing in clothes and appropriate footwear for you to wear in hospital.
- Bringing in snacks you like to help you recover, in addition to the hospital food.

- Letting ward staff know if family/friends will be able to support you at home initially with tasks like shopping or meal preparation.

Family/friends may also be able to assist in getting you home by:

- Helping to provide measurements from home, such as your toilet and bed heights. OTs can provide a form for them to fill out.
- Collecting equipment from the ward before you are discharged home.
- Moving furniture. For example; bringing your bed downstairs before you go home to help when you are not as mobile initially.
- Arranging for family/friends to collect you on the day you are discharged.
- Providing practical 'hands-on' support when you get home, if they are able to do so.

Our motto in NHS Lothian is 'Get up, Get dressed, Get moving'

Donald where's your troosers?

**NHS**  
Lothian

# Get Up Get Dressed Get Moving

Getting out of your pyjamas helps you get back to normal more quickly

Getting moving prevents blood clots, muscle wasting and chest infections.

- You don't always need to wear pyjamas in Hospital
- Reduce risk of muscle weakness
- Quicker recovery
- Get home sooner

**Ask staff what you can do to keep active in Hospital**

**#EndPJParalysis**



## Discharge planning

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Everybody recovers differently following an operation.

Medical, nursing, OT and physiotherapy staff will discuss and decide a date for your discharge from hospital. This may be soon or you may need to wait a little longer until appropriate support is available. We will inform you and/or your family when we have a discharge date.

Dependent on your recovery, you may go straight home from the Royal Infirmary or you may need a bit longer to recover until you can go home. If the healthcare team feel you need longer to recover, you may go to another healthcare site where you will continue your recovery.

When you are at a safe level for home:

- You may require some support. The therapy team will arrange this support for you at home. This may include carers, therapy staff, or a combination of both but this will be discussed with you before you go home.
- Please make sure you take your walking aid, which you have been using in hospital, home with you.

## Hip Exercises

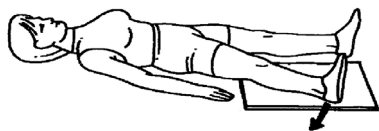
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- Only complete the exercises advised by your physiotherapist.
- You may need help to complete your exercises.
- You should try to do them 2-3 times per day.
- Aim to do 10 repetitions each time.



Lying on a bed with a sliding sheet under your leg.

Bend and straighten your hip and knee by sliding your foot up and down the sheet.



Lying on a bed with a sliding sheet under your affected leg.

Move your affected leg out to the side and then back to the mid position.

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Lying in your bed with your unaffected leg bent and the affected leg straight.

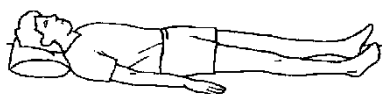


Bend the ankle of the straight leg and press the back of the knee against the floor using your front thigh muscles.

Hold the tension for a 5 seconds and then relax.



Lying on your back with your legs straight. Gently pull your toes up towards you and push your toes away.



Lie flat on your back for at least one hour a day to stretch the front of your hip and reduce swelling in your leg.



## Stairs

If a handrail is present use it (if no handrail, use both sticks).

### Going Up:

- 1) First take a step up with your healthy leg.
- 2) Then take a step up with your affected leg.
- 3) Then bring your stick up onto the same step.

Always go one step at a time.

### Going Down:

- 1) First take your stick down onto the step below.
- 2) Then take a step down with your affected leg.
- 3) Then take a step down with your healthy leg onto the same step.

# Handy Hints

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## Walking

Walking is the best exercise to do.

Increase the distance you walk gradually everyday remembering to use your walking aid.

## Remember

Do not sit for too long otherwise your hip will stiffen up.

## Contact details

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### Ward 108

Base A: 0131 242 1081

Base B: 0131 242 1087

Base C: 0131 242 1088

### Ward 109

Base A: 0131 242 1091

Base B: 0131 242 1097

Base C: 0131 242 1098

### Ward 209

Base A: 0131 242 2091

Base B: 0131 242 2097

### Physiotherapy

0131 242 3405

### Occupational Therapy

0131 242 3464

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